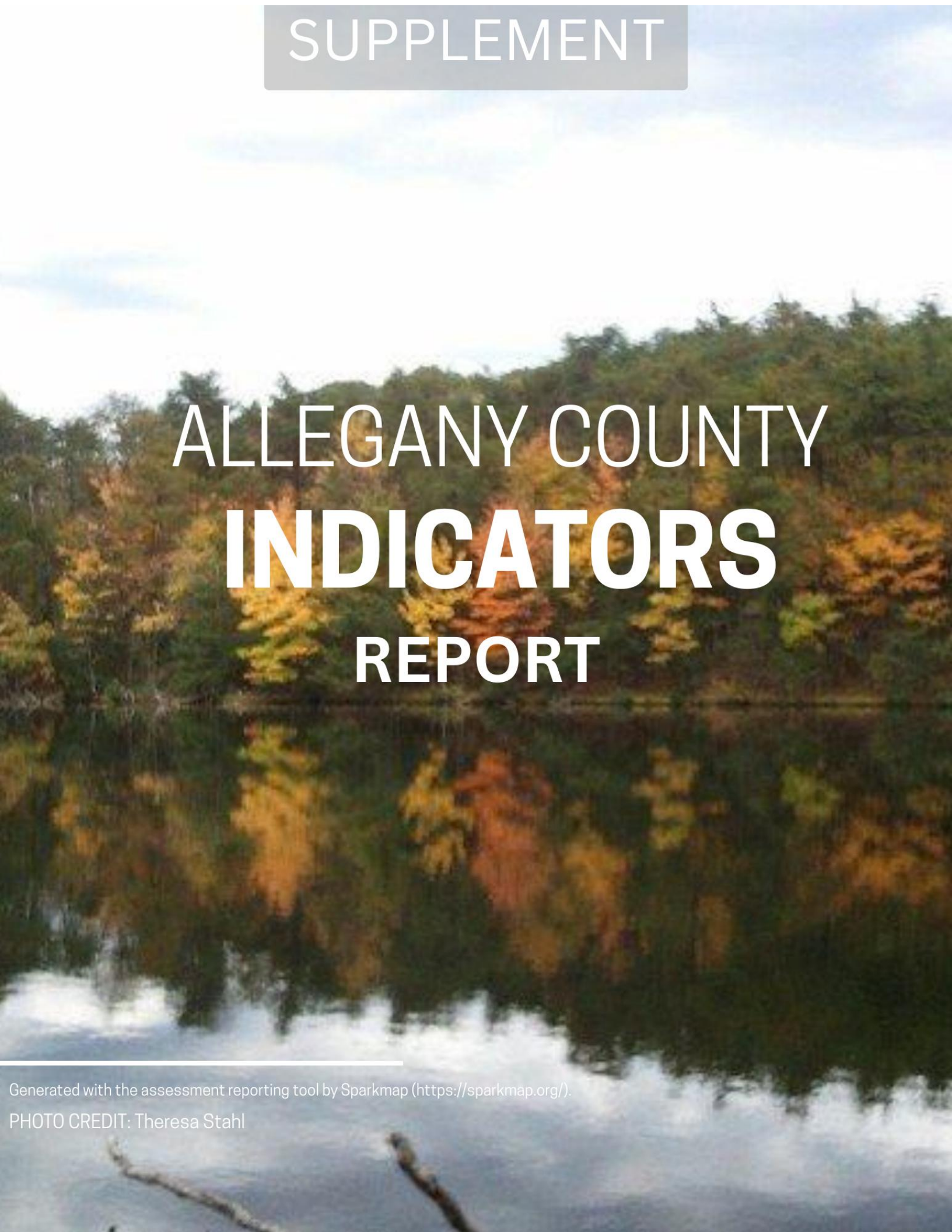
SUPPLEMENT

ALLEGANY COUNTY INDICATORS REPORT



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Location

Allegany County, MD

Community Health Needs Assessment - Quick Facts

Demographics

Data Indicator	Indicator Variable	Location Summary	Maryland
Total Population	Total Population	68,161	6,161,707
	Total Land Area (Square Miles)	422.20	9,711.15
	Population Density (Per Square Mile)	161	634
Total Population (Census 2020)	Total Population	68,106	6,177,224
	Total Land Area (Square Miles)	422.20	9,711.15
	Population Density (Per Square Mile)	161	636
Total Population Change, 2010 - 2020	Total Population, 2010 Census	74,989	5,773,552
	Total Population, 2020 Census	68,106	6,177,224
	Population Change, 2010-2020	-6,883	403,672
	Population Change, 2010-2020, Percent	**-9.18%**	**6.99%**
Total Population Change, 2000 - 2010	Total Population, 2000 Census	74,930	5,296,477
	Total Population, 2010 Census	75,087	5,773,552
	Population Change, 2000-2010	157	477,075
	Population Change, 2000-2010, Percent	**0.21%**	**9.01%**
Urban and Rural Population (2020) - Rural	Total Population	68,106	6,177,224
	Urban Population	44,279	5,288,760
	Rural Population	23,827	888,464
	Urban Population, Percent	65.01%	85.62%
	Rural Population, Percent	34.99%	14.38%
Urban and Rural Population (2020) - Urban	Total Population	68,106	6,177,224
	Urban Population	44,279	5,288,760
	Rural Population	23,827	888,464
	Urban Population, Percent	65.01%	85.62%
	Rural Population, Percent	34.99%	14.38%
Urban and Rural Population (Incorporated) (Census 2020)	Total Population, 2020 Census	68,106	6,177,224
	Total in Incorporated Areas	51,430	5,203,572
	Percentage in Incorporated Areas	75.51%	84.24%
	Total Outside Incorporated Areas	16,676	973,652
	Percentage Outside Incorporated Areas	24.49%	15.76%
Group Quarters Population	Total Population, 2020 Census	68,106	6,177,224
	Population Living in Group Quarters	6,163	125,505
	Population Living in Group Quarters, Percentage	9.05%	2.03%
Median Age	Total Population	68,161	6,161,707
	Median Age	41.9	39.1

Data Indicator	Indicator Variable	Location Summary	Maryland
Female Population	Total Population	68,161	6,161,707
	Female Population	32,249	3,158,811
	Percent Female Population	47.31%	51.27%
Male Population	Total Population	68,161	6,161,707
	Male Population	35,912	3,002,896
	Percent Male Population	52.69%	48.73%
Population Under Age 18	Total Population	68,161	6,161,707
	Population Age 0-17	11,991	1,360,294
	Population Age 0-17, Percent	17.59%	22.08%
Population Age 0-4	Total Population	68,161	6,161,707
	Population Age 0-4	3,058	358,539
	Percent Population Age 0-4	4.49%	5.82%
Population Age 5-17	Total Population	68,161	6,161,707
	Population Age 5-17	8,933	1,001,755
	Population Age 5-17, Percent	13.11%	16.26%
Population Age 18-64	Total Population	68,161	6,161,707
	Population Age 18-64	41,998	3,815,259
	Population Age 18-64, Percent	61.62%	61.92%
Population Age 18-24	Total Population	68,161	6,161,707
	Population Age 18-24	8,256	541,318
	Percent Population Age 18-24	12.11%	8.79%
Population Age 25-34	Total Population	68,161	6,161,707
	Population Age 25-34	8,119	823,558
	Percent Population Age 25-34	11.91%	13.37%
Population Age 35-44	Total Population	68,161	6,161,707
	Population Age 35-44	7,958	814,413
	Percent Population Age 35-44	11.68%	13.22%
Population Age 45-54	Total Population	68,161	6,161,707
	Population Age 45-54	8,400	802,348
	Percent Population Age 45-54	12.32%	13.02%
Population Age 55-64	Total Population	68,161	6,161,707
	Population Age 55-64	9,265	833,622
	Percent Population Age 55-64	13.59%	13.53%
Population Age 65+	Total Population	68,161	6,161,707
	Population Age 65+	14,172	986,154
	Population Age 65+, Percent	20.79%	16.00%
Population with Any Disability	Total Population (For Whom Disability Status Is Determined)	63,226	6,070,969
	Population with a Disability	11,980	686,244
	Population with a Disability, Percent	**18.95%**	**11.30%**
Population in Limited English Households	Population Age 5+	65,103	5,803,168
	Linguistically Isolated Population Age 5+	130	199,588
	Linguistically Isolated Population Age 5+, Percent	**0.20%**	**3.44%**
	Population Age 5+	65,103	5,803,168

Data Indicator	Indicator Variable	Location Summary	Maryland
Population with Limited English Proficiency	Population Age 5+ with Limited English Proficiency	559	425,006
	Population Age 5+ with Limited English Proficiency, Percent	**0.86%**	**7.32%**
Language Spoken at Home	Population Aged 5 and Older	65,103	5,803,168
	Speak only English	96.73%	80.21%
	Speak a Language Other than English	3.27%	19.79%
Population Geographic Mobility	Total Population	67,597	6,096,285
	Population In-Migration	3,607	379,996
	Percent Population In-Migration	5.34%	6.23%
Foreign-Born Population	Total Population	68,161	6,161,707
	Naturalized U.S. Citizens	827	525,573
	Population w/o U.S. Citizenship	565	440,065
	Total Foreign-Birth Population	1,392	965,638
	Foreign-Birth Population, Percent of Total Population	2.04%	15.67%
Hispanic Population	Total Population	68,161	6,161,707
	Non-Hispanic Population	66,784	5,488,802
	Percent Population Non-Hispanic	97.98%	89.08%
	Hispanic or Latino Population	1,377	672,905
	Percent Population Hispanic or Latino	2.02%	10.92%
Non-Hispanic White Population	Total Population	68,161	6,161,707
	Non-Hispanic White Population	59,108	2,989,005
	Percent Population Non-Hispanic White	86.72%	48.51%
Black or African American Population	Total Population	68,161	6,161,707
	Black or African American Population Alone	4,962	1,841,926
	Percent Population Black or African American Alone	7.28%	29.89%
	Black or African American Population Alone or in Combination	6,329	2,002,743
	Percent Population Black or African American Alone or in Combination	9.29%	32.5%
Native American / Alaska Native Population	Total Population	68,161	6,161,707
	Native American/Alaska Native Population Alone	95	18,343
	Percent Population Native American/Alaska Native Alone	0.14%	0.3%
	Native American/Alaska Native Population Alone or in Combination	536	80,326
	Percent Population Native American/Alaska Native Alone or in Combination	0.79%	1.3%
People of Color (Not Non-Hispanic White)	Total Population	68,161	6,161,707
	Non Hispanic Non-White Population	9,053	3,172,702
	Percent Population Non Hispanic Non-White	13.28%	51.49%
Citizenship Status	Native	66,373	5,093,154
	Born in a US Territory	40	20,909
	Born Abroad to US Citizens	356	82,006
	Naturalized	827	525,573
	Non-Citizen	565	440,065
	Non-Citizen, Percent	0.83%	7.14%

Data Indicator	Indicator Variable	Location Summary	Maryland
Veteran Population	Total Population Age 18+	56,129	4,769,843
	Total Veterans	4,684	345,104
	Veterans, Percent of Total Population	8.35%	7.24%
Migration Patterns - Total Population (2012-2022)	Starting Population (2012)	73,947	5,886,992
	Inflows	16,932	3,080,760
	Outflows	18,005	3,255,641
	Net Migration	-1,073	-174,881
	Migration Rate	**-1.45%**	**-2.97%**
Migration Patterns - Total Population (2010-2000)	Ending Population (2010)	75,017	5,797,300
	Ending Population (2020)	61,924	5,787,388
	Net Migration	-3,656	162,877
	Migration Rate	**-5.57%**	**2.90%**
Migration Patterns - Young Adult (2010-2020)	Ending Population (2010)	20,144	1,551,760
	Ending Population (2020)	18,523	1,629,029
	Net Migration	-1,762	79,236
	Migration Rate	**-8.69%**	**5.11%**
Population Living in Native American Lands	Total Population (2020)	68,106	6,177,224
	Population in Tribal and Native Lands, Total	0	0
	Population in Tribal and Native Lands, Percent	0.00%	0.00%

Income and Economics

Data Indicator	Indicator Variable	Location Summary	Maryland
Commuter Travel Patterns - Driving Alone to Work	Population Age 16+	26,115	3,101,081
	Population Commuting to Work Alone in a Car	21,148	2,114,759
	Percentage Commuting to Work Alone in a Car	**80.98%**	**68.19%**
Commuter Travel Patterns - Long Commute	Population Age 16+ that Commutes to Work	24,313	2,646,267
	Population Commuting More than 60 Minutes	1,844	371,252
	Population Commuting More than 60 Minutes, Percent	**7.58%**	**14.03%**
Commuter Travel Patterns - Overview	Workers 16 and Up	26,115	3,101,081
	Percent Drive Alone	**81.0%**	**68.2%**
	Percent Carpool	8.3%	7.8%
	Percent Public Transportation	0.6%	5.5%
	Percent Bicycle or Walk	2.6%	2.2%
	Percent Taxi or Other	0.7%	1.6%
	Percent Work at Home	6.9%	14.7%
Commuter Travel Patterns - Overview 2	Workers that Commute Age 16 and Up	24,313	2,646,267
	% Workers Travelling	19.35%	7.70%
	% Workers Travelling between 10 and 30 mins	58.91%	41.89%
	% Workers Travelling between 30 and 60 mins	14.16%	36.38%
	% Workers Travelling > 60 mins	7.58%	14.03%

Data Indicator	Indicator Variable	Location Summary	Maryland
	Average Commute Time (mins)	No data	31.99
Commuter Travel Patterns - Public Transportation	Total Population Employed Age 16+	26,115	3,101,081
	Population Using Public Transit for Commute to Work	155	171,785
	Percent Population Using Public Transit for Commute to Work	**0.59%**	**5.54%**
Commuter Travel Patterns - Walking or Biking	Total Working Population Age 16+	26,115	3,101,081
	Workers Commuting by Walking or Biking	669	67,976
	Percent of Workers Commuting by Walking or Biking	**2.56%**	**2.19%**
Employment - Business Creation	Initial Year Establishments	1,551	121,384
	Establishment "Births"	965	125,587
	Establishment "Deaths"	1,158	121,360
	Establishment Net Change	-193	4,218
	Establishment Net Change Rate	**-12.44%**	**3.47%**
Employment - Employment Change	Initial Year Employment	22,621	2,410,613
	Employment Net Change	-1,132	29,244
	Employment Net Change Rate	-4.88%	1.21%
Employment - Class of Worker	Total Employed	26,552	3,131,413
	Federal Government Workers	864	320,937
	State Government Workers	2,456	136,481
	Local Government Workers	2,005	235,279
	Private For-Profit Wage and Salary Workers	17,344	1,952,047
	Private Not-For-Profit Wage and Salary Workers	2,583	319,763
	Self-Employed in Own Not Incorporated Business Workers	1,261	160,843
	Unpaid Family Workers	39	6,063
Employment - Jobs and Earnings by Sector	Farm Jobs	287	17,072
	Farm Earnings ($1,000)	$332	$865,194
	Farm Average	$1,157	$50,679
	Nonfarm Jobs	35,473	3,869,819
	Nonfarm Earnings ($1,000)	$1,967,095	$287,058,637
	Nonfarm Average	$55,453	$74,179
	Private Nonfarm Jobs	29,355	3,293,217
	Private Nonfarm Earnings ($1,000)	$1,456,726	$217,331,311
	Private Nonfarm Average	$49,624	$65,994
Employment - Average Hours Worked	Total Population	**37.6**	**38.8**
	Male	39.7	40.5
	Female	35.1	37
Employment - Labor Force Participation Rate	Total Population Age 16+	57,489	4,957,297
	Labor Force	28,517	3,331,958
	Labor Force Participation Rate	**49.60%**	**67.21%**
Employment - Unemployment Rate	Labor Force	31,567	3,274,437
	Number Employed	30,333	3,165,140
	Number Unemployed	1,234	109,297
	Unemployment Rate	**3.9%**	**3.3%**

Data Indicator	Indicator Variable	Location Summary	Maryland
Gross Domestic Product (GDP)	2021 GDP (Millions)	$3,121.77	$443,929.94
	10-Year Percent Change in GDP	**18.09%**	**33.50%**
Employment - Employment by Disability Status	Employed w/ Disability	1,784	151,302
	Employed w/o Disability	23,075	2,732,727
	Employed w/ Disability, Percent	7.18%	5.25%
	Employed w/o Disability, Percent	92.82%	94.75%
Income - Earned Income Tax Credit	Total Returns Claiming EITC	6,830	505,580
	Total EITC Amount ($1,000)	13,215	979,543
	Average EITC Amount per Return ($)	**1,934**	**1,937**
Income - Families Earning Over $75,000	Total Families	15,770	1,525,066
	Families with Income Over $75,000	7,521	1,087,078
	Percent Families with Income Over $75,000	**47.69%**	**71.28%**
Income - Income and AMI	Households with Income Below 15% AMI	5.88%	6.69%
	Households with Income At 15%-30% AMI	9.17%	7.22%
	Households with Income At 30%-40% AMI	5.48%	5.18%
	Households with Income At 40%-60% AMI	10.94%	10.67%
	Households with Income At 60%-80% AMI	9.89%	10.52%
	Households with Income At 80%-100% AMI	8.75%	9.68%
	Households with Income At 100%-125% AMI	9.75%	28.95%
Income - Inequality (Atkinson Index)	Total Households	28,596	2,128,377
	Percent Households with Income Under $50,000	58.70%	33.93%
	Percent Households with Income $50,000-$100,000	28.80%	31.65%
	Percent Households with Income $100,000-$200,000	11.23%	26.36%
	Percent Households with Income Over $200,000	1.27%	8.06%
	Atkinson Index (e=0.5) 0 = Complete Equality 1 = Complete Inequality	**0.16**	**0.16**
Income - Inequality (GINI Index)	Total Households	27,462	2,318,124
	Gini Index Value	**0.4506**	**0.4559**
Income - Median Family Income	Total Family Households	15,770	1,525,066
	Average Family Income	$87,420.79	$152,796.93
	Median Family Income	**$71,459**	**$120,081**
Income - Median Household Income	Total Households	27,462	2,318,124
	Average Household Income	$70,740.90	$129,642.38
	Median Household Income	**$55,248**	**$98,461**
Income - Net Income of Farming Operations	Total Farms	270	12,550
	Farms with Net Gains	84	4,809
	Farms with Net Losses	186	7,741
	Net Cash Farm Income	$-61,000	$935,058,000
	Average Farm Income	$-225	$74,507
Income - Per Capita Income	Total Population	68,161	6,161,707
	Total Income ($)	$2,000,053,200	$307,252,018,800
	Per Capita Income ($)	**$29,343**	**$49,864**
	Total Population	67,729	6,165,129

Data Indicator	Indicator Variable	Location Summary	Maryland
Income - Proprietor Employment and Income	Total Employment	34,707	3,714,211
	Non-Farm Proprietors	5,183	946,737
	Percent Non-Farm Proprietors	14.93%	25.49%
	Average Non-Farm Proprietor Income	**$23,340**	**$28,567**
Income - Public Assistance Income	Total Households	27,462	2,318,124
	Households with Public Assistance Income	1,216	58,755
	Percent Households with Public Assistance Income	**4.43%**	**2.53%**
Income - Transfer Payments	Total Population	70,416	6,045,680
	Total Personal Income ($1,000)	$2,919,020	$390,792,492
	Personal Income from Transfer Payments ($1,000)	$977,256	$54,796,760
	Per Capita Transfer Payment Income ($)	$13,878	$9,064
	Transfer Payment Income, Percentage of Total Income	33.48%	14.02%
Poverty - Children Below 100% FPL	Total Population	61,098	6,034,320
	Population	11,740	1,339,515
	Population	2,015	158,474
	Population	**17.16%**	**11.83%**
Poverty - Children Below 200% FPL	Total Population Under Age 18	11,740	1,339,515
	Population Under Age 18 Below 200% FPL	5,371	371,873
	Population Under Age 18 Below 200% FPL, Percent	**45.75%**	**27.76%**
Poverty - Children Eligible for Free/Reduced Price Lunch	Total Students	8,181	889,995
	Students Eligible for Free or Reduced Price Lunch	4,931	450,906
	Students Eligible for Free or Reduced Price Lunch, Percent	**60.3%**	**50.7%**
Poverty - Households in Poverty by Family Type	Total Households	15,770	1,525,066
	Households in Poverty	4,620	217,400
	Non-Family Households in Poverty - Including Persons Living Alone	3,104	122,621
	Married Couples in Poverty	551	33,104
	Male Head of Household in Poverty	98	9,374
	Female Head of Household in Poverty	867	52,301
Poverty - Population Below 100% FPL	Total Population	61,098	6,034,320
	Population in Poverty	9,692	558,567
	Population in Poverty, Percent	**15.86%**	**9.26%**
Poverty - Population Below 100% FPL (Annual)	Total Population	61,155	6,017,898
	Population in Poverty	11,069	589,754
	Percent Population in Poverty	**18.10%**	**9.80%**
Poverty - Population Below 185% FPL	Total Population	61,098	6,034,320
	Population with Income Below 185% FPL	20,930	1,144,581
	Population with Income Below 185% FPL, Percent	**34.26%**	**18.97%**
Poverty - Population Below 200% FPL	Total Population	61,098	6,034,320
	Population with Income Below 200% FPL	22,244	1,262,707
	Population with Income Below 200% FPL, Percent	**36.41%**	**20.93%**
Poverty - Population Below 50% FPL	Total Population	61,098	6,034,320
	Population with Income Below 50% FPL	4,737	277,146

Data Indicator	Indicator Variable	Location Summary	Maryland
	Population with Income Below 50% FPL, Percent	**7.75%**	**4.59%**
Poverty - Poverty Profile	50% or Less	7.75%	4.59%
	51% - 100%	8.11%	4.67%
	101%-150%	10.56%	5.62%
	151% - 200%	9.99%	6.05%
	201% - 500%	44.72%	35.68%
	Over 500%	18.87%	43.39%
Debt - Student Loan Debt	Share with Any Student Loan Debt	**12.80%**	**16.42%**
	Median Student Loan Debt	$20,767	$23,965.5
	Median Monthly Student Loan Payment	$141.5	$182
Debt - Any Debt in Collections	Share with Any Debt in Collections	**33.14%**	**24.45%**
	Median Debt in Collections	$1,153	$1,562

Education

Data Indicator	Indicator Variable	Location Summary	Maryland
Access - Childcare Centers	Population under 5	3,167	No data
	Total Childcare Centers	19	No data
	Rate of Childcare Centers per 1,000 Population Age	**6.00**	**6.00**
Access - Head Start	Children Under Age 5	3,496	364,488
	Total Head Start Programs	9	223
	Head Start Programs, Rate (Per 10,000 Children Under Age 5)	**25.74**	**6.12**
Access - Childcare Cost Burden	Childcare Costs, Percentage of Household Income (Median-Income Family)	**30.00%**	**23.00%**
Access - Preschool Enrollment (Age 3-4)	Population Age 3-4	1,347	152,669
	Population Age 3-4 Enrolled in School	528	69,933
	Population Age 3-4 Enrolled in School, Percent	**39.20%**	**45.81%**
Access - Enrollment (Age 5-17)	Population Age 5-17	8,933	1,001,755
	Population Age 5-17 Enrolled in School	8,619	963,864
	Population Age 5-17 Enrolled in School, Percent	**96.48%**	**96.22%**
Access - Post-Secondary Enrollment	Population Age 3+	66,450	5,955,837
	Enrolled in Post-Secondary School	5,104	445,576
	Enrolled in Post-Secondary School, Percent	**7.68%**	**7.48%**
Attainment - Overview	No High School Diploma	**9.5%**	**9.0%**
	High School Only	40.7%	23.8%
	Some College	19.4%	18.1%
	Associate's Degree	9.7%	6.9%
	Bachelor's Degree	12.0%	22.4%
	Graduate or Professional Degree	8.9%	19.9%
Attainment - Associate's Level Degree or Higher	Total Population Age 25+	47,914	21,294,190
	Population Age 25+ with Associate's Degree or Higher	14,624	10,455,491
	Percent Population Age 25+ with Associate's Degree or Higher	**30.52%**	**49.10%**

Data Indicator	Indicator Variable	Location Summary	Maryland
Attainment - Bachelor's Degree or Higher	Total Population Age 25+	47,914	4,260,095
	Population Age 25+ with Bachelor's Degree or Higher	9,979	1,798,746
	Population Age 25+ with Bachelor's Degree or Higher, Percent	**20.83%**	**42.22%**
Attainment - No High School Diploma	Total Population Age 25+	47,914	4,260,095
	Population Age 25+ with No High School Diploma	4,527	383,917
	Population Age 25+ with No High School Diploma, Percent	**9.45%**	**9.01%**
Attainment - Some Post-secondary Education	Population Age 25-44	16,077	1,637,971
	Percentage of Adults Age 25-44 with Some Post-secondary Education	54.97%	71.12%
Attainment - High School Graduation Rate	Adjusted Student Cohort	602	65,819
	Number of Diplomas Issued	542	57,371
	Cohort Graduation Rate	**90.0%**	**87.2%**
Employment Status by Educational Attainment	Population Age 25-64	33,742	3,273,941
	Sub High School Unemployed	65	13,014
	High School Only Unemployed	573	33,974
	Some College or Associate's Unemployed	328	31,366
	Bachelor's or Higher Unemployed	196	33,175
Chronic Absence Rate	Student Cohort	8,075	866,547
	Number Chronically Absent	1,572	201,101
	Chronic Absence Rate	**19.47%**	**23.21%**
Harassment or Bullying	Total Enrolled	8,075	882,282
	Allegations, Total	0	93
	Allegations, Rate per 1,000	**0.00**	**0.01**
Proficiency - Student Math Proficiency (4th Grade)	Students with Valid Test Scores	2,239	237,991
	Students Scoring 'Proficient' or Better, Percent	15.1%	18.1%
	Students Scoring 'Not Proficient' or Worse, Percent	**84.9%**	**81.9%**
Proficiency - Student Reading Proficiency (4th Grade)	Students with Valid Test Scores	2,235	238,154
	Students Scoring 'Proficient' or Better, Percent	19.5%	20.8%
	Students Scoring 'Not Proficient' or Worse, Percent	**80.5%**	**79.2%**
Public School Revenue	Total Revenue (Millions)	142	16,887
	Revenue Per Student ($)	**16,868**	**18,589.00**
	Revenue From Federal Sources (%)	9.23	5.27
	Revenue From State Sources (%)	66.84	43.17
	Revenue From Local Sources (%)	23.93	51.57
Public School Expenditures	Total Expenditures (Millions)	137	16,446
	Expenditures Per Student ($)	**17,074**	**18,657**
	Expenditures Spent on Instruction (%)	63.30	57.06
	Expenditures spent on Support Services (%)	29.56	29.25
	Expenditures Spent on Capital Outlay (%)	3.31	8.99
	Expenditures Spent on Non-Elementary/Secondary Education (%)	0.56	0.13
School Funding Adequacy	Actual Spending Per Pupil	$16,354	$16,417
	Required Spending Per Pupil	$12,471	$18,271
	Gap between Actual and Required Spending	**$3,883**	**$-1,854**

Data Indicator	Indicator Variable	Location Summary	Maryland
School Segregation Index	Population Age 5-17	8,933	1,001,755
	School Segregation Index	**0.05**	**0.26**

Housing and Families

Data Indicator	Indicator Variable	Location Summary	Maryland
Housing Units - Overview (2020)	Total Housing Units	32,911	2,530,844
	Occupied, Total	27,596	2,321,208
	Vacant, Total	5,315	209,636
	Occupied, Percent	83.85%	91.72%
	Vacant, Percent	**16.15%**	**8.28%**
Housing Units - Annual Trends	July 2014	33,126	2,416,438
	July 2015	33,036	2,426,669
	July 2016	32,970	2,437,416
	July 2017	32,915	2,448,604
	July 2018	32,828	2,458,577
	July 2019	32,737	2,470,316
	July 2020	32,894	2,533,835
	July 2021	32,804	2,546,113
	July 2022	32,734	2,558,930
	July 2023	32,647	2,572,412
Households and Families - Overview	Total Households	27,462	2,318,124
	Family Households	15,770	1,525,066
	Family Households, Percent	57.42%	65.79%
	Non-Family Households	11,692	793,058
	Non-Family Households, Percent	42.58%	34.21%
Families - Overview	Total Number of Families	15,770	1,525,066
	Married Couple	11,782	1,092,896
	Female, Spouse Absent	2,814	319,179
	Male, Spouse Absent	1,174	112,991
Affordable Housing	Units Affordable at 15% AMI	4.12%	3.24%
	Units Affordable at 30% AMI	12.60%	6.90%
	Units Affordable at 40% AMI	18.98%	11.30%
	Units Affordable at 50% AMI	30.10%	17.24%
	Units Affordable at 60% AMI	40.99%	24.69%
	Units Affordable at 80% AMI	59.13%	42.29%
	Units Affordable at 100% AMI	**73.67%**	**59.82%**
	Units Affordable at 125% AMI	83.19%	70.78%
Affordable Housing - Low Income Tax Credits	LIHTC Properties	13	706
	LIHTC Units	600	59,628
	Total Housing Units (2022)	27,369	2,230,527

Data Indicator	Indicator Variable	Location Summary	Maryland
Affordable Housing - Assisted Housing Units	Total HUD-Assisted Housing Units	1,691	102,264
	HUD-Assisted Units, Rate per 10,000 Housing Units	**617.85**	**458.47**
Household Structure - Families with Children	Total Households	27,462	2,318,124
	Total Family Households	15,770	1,525,066
	Families with Children (Age 0-17)	6,638	717,581
	Families with Children (Age 0-17), Percent of Total Households	24.17%	30.96%
Household Structure - Single-Parent Households	Population Age 0-17	11,978	1,357,915
	Children in Single-Parent Households	2,856	349,440
	Percentage of Children in Single-Parent Households	**23.84%**	**25.73%**
Household Structure - Older Adults Living Alone	Total Occupied Households	27,462	2,318,124
	Total Households with Seniors (Age 65+)	9,960	702,633
	Households with Seniors Living Alone	4,668	259,289
	Percentage of Total Households	17.00%	11.19%
	Percentage of Senior Households	**46.87%**	**36.90%**
Housing Costs - Cost Burden (30%)	Total Households	27,462	2,318,124
	Cost-Burdened Households	6,577	709,537
	Cost-Burdened Households, Percent	**23.95%**	**30.61%**
Housing Costs - Cost Burden, Severe (50%)	Total Households	27,462	2,318,124
	Severely Burdened Households	2,872	318,915
	Severely Burdened Households, Percent	**10.46%**	**13.76%**
Housing Costs - Owner Costs	Total Owner-Occupied Housing Units	19,252	1,564,056
	Average Monthly Owner Costs	$927	$2,008
	Median Monthly Owner Costs	**$830**	**$1,815**
Housing Costs - Owner Costs by Mortgage Status	Median Monthly Total Ownership Cost	**$830**	**$1,815**
	Median Monthly Total Ownership Cost with Mortgage	$1,160	$2,245
	Median Monthly Total Ownership Cost with no Mortgage	$457	$703
Housing Costs - Renter Costs	Total Renter-Occupied Housing Units	8,210	754,068
	Average Gross Rent	$675	$1,588
	Median Gross Rent	**$743**	**$1,598**
Housing Quality - Overcrowding	Total Occupied Housing Units	26,385	1,294,310
	Overcrowded Housing Units	230	55,675
	Percentage of Housing Units Overcrowded	**0.87%**	**4.30%**
Housing Quality - Substandard Housing	Total Occupied Housing Units	27,462	2,318,124
	Occupied Housing Units with One or More Substandard Conditions	6,563	716,165
	Occupied Housing Units with One or More Substandard Conditions, Percent	**23.90%**	**30.89%**
Housing Quality - Substandard Housing, Severe	Occupied Households	28,325	2,166,395
	Percentage of Households with One or More Severe Problems	14.99%	16.86%
Housing Stock - Age	Total Housing Units	32,882	2,531,075
	Median Year Structures Built	1957	1978
Housing Stock - Housing Unit Value	Total Owner-Occupied Housing Units	19,252	1,564,056
	Average Household Value	$171,643	$455,821
	Median Household Value	**$143,300**	**$380,500**

Data Indicator	Indicator Variable	Location Summary	Maryland
Housing Stock - Modern Housing	Total Housing Units	32,882	2,531,075
	Housing Units Constructed After 1999	2,088	481,052
	Percent of Housing Units Constructed After 1999	6.35%	19.01%
Housing Stock - Older Housing	Total Housing Units	32,882	2,531,075
	Housing Units Constructed Before 1960	17,563	688,024
	Percentage of Housing Units Constructed Before 1960	**53.41%**	**27.18%**
Housing Stock - Mortgage Lending Profile	Total Population (2020)	68,106	6,177,224
	Loan Originations	1,871	329,843
	Loans Originations, Approval Rate	59.83%	55.38%
	Loan Originations, Rate per 10,000 Population	**274.72**	**533.97**
Housing Stock - Net Change	Total Households (2017)	27,759	2,181,093
	Total Households (2022)	27,462	2,318,124
	Change in Households	-297	137,031
	Percent Change	**-1.07%**	**6.28%**
Housing Stock - Residential Construction	Total Housing Units	32,803	2,546,344
	New Building Permits	36	18,496
	New Building Permits, Rate per 10,000 Housing Units	10.97	72.64
Housing Units - Single-Unit Housing	Total Population in Housing Units	60,951	6,035,558
	Population in Single-Unit Housing	51,185	4,815,038
	Percent of Population in Single-Unit Housing	83.98%	79.78%
Tenure - Mortgage Status	Total Owner Occupied Housing Units	19,252	1,564,056
	Housing Units w/ a Mortgage	10,661	1,122,350
	Housing Units w/o a Mortgage	8,591	441,706
	Percentage with a Mortgage	55.38%	71.76%
	Percentage With No Mortgage	44.62%	28.24%
Tenure - Owner-Occupied Housing	Total Occupied Housing Units	27,462	2,318,124
	Owner-Occupied Housing Units	19,252	1,564,056
	Percent Owner-Occupied Housing Units	70.10%	67.47%
Tenure - Renter-Occupied Housing	Total Occupied Housing Units	27,462	2,318,124
	Renter-Occupied Housing Units	8,210	754,068
	Percent Renter-Occupied Housing Units	29.90%	32.53%
Vacancy (ACS)	Total Housing Units	32,882	2,531,075
	Vacant Housing Units	5,420	212,951
	Vacant Housing Units, Percent	**16.48%**	**8.41%**
Vacancy (HUD)	Residential Addresses	36,929	2,847,796
	Vacant Residential Addresses	3,036	55,901
	Residential Vacancy Rate	**8.2%**	**2.0%**
	Business Addresses	3,318	244,674
	Vacant Business Addresses	538	19,364
	Business Vacancy Rate	16.2%	7.9%
Evictions	Renter Occupied Households	9,664	131,919
	Eviction Filings	No data	136,740
	Evictions	No data	4,694

Data Indicator	Indicator Variable	Location Summary	Maryland
	Eviction Filing Rate	No data	103.65%
	Eviction Rate	No data	3.56%
Historic Redlining	Total Population	68106	6177224
	Population in HOLC Areas, Percentage	0.00%	10.39%
	Population in Redlined Neighborhoods	No data	99,468
	Population in Redlined Neighborhoods, Percentage	No data	1.61%

Other Social & Economic Factors

Data Indicator	Indicator Variable	Location Summary	Maryland
Area Deprivation Index	Total Population (2020)	68,106	6,177,224
	State Percentile	83	50
	National Percentile	**69**	**34**
Food Insecurity Rate	Total Population	68,716	6,144,914
	Food Insecure Population, Total	10,170	575,810
	Food Insecurity Rate	**14.8%**	**9.37%**
Homeless Children & Youth	Students in Reported Districts	8,437	909,404
	Homeless Students	50	15,798
	Homeless Students, Percent	**0.60%**	**1.74%**
	Districts Reporting	100.00%	100.00%
	Students in Reported Districts	100.00%	100.00%
Households with No Motor Vehicle	Total Occupied Households	27,462	2,318,124
	Households with No Motor Vehicle	2,625	201,002
	Households with No Motor Vehicle, Percent	**9.56%**	**8.67%**
Incarceration Rate	Total Population (2010)	75,087	5,773,552
	Incarceration Rate	**0.7%**	**1.6%**
Insurance - Insured Population and Provider Type	Total Population (For Whom Insurance Status is Determined)	63,226	6,070,969
	Population with Health Insurance	60,713	5,710,484
	Percentage with Private Insurance	**68.70%**	**78.42%**
	Percentage with Public Insurance	51.53%	36.10%
Insurance - Medicare Enrollment Demographics	Total Medicare Beneficiaries	16,231	948,203
	Medicaid Advantage Beneficiaries	1,564	200,619
	Fee-for-Service Beneficiaries	14,667	747,584
	Medicaid Eligible, Percentage	23.53%	17.41%
	Average Age	72	73
Insurance - Population Receiving Medicaid	Total Population (For Whom Insurance Status is Determined)	63,226	6,070,969
	Population with Any Health Insurance	60,713	5,710,484
	Population Receiving Medicaid	18,746	1,155,689
	Percent of Insured Population Receiving Medicaid	**30.88%**	**20.24%**
	Total Population Age 18-64	36,588	3,677,714

Data Indicator	Indicator Variable	Location Summary	Maryland
Insurance - Uninsured Adults	Pop. Age 18-64 w/ Insurance	34,055	3,385,496
	Pop. Age 18-64 w/ Insurance, Percent	93.08%	92.05%
	Pop. Age 18-64 w/o Insurance	2,533	292,218
	Pop. Age 18-64 w/o Insurance, Percent	**6.92%**	**7.95%**
Insurance - Uninsured Children	Total Population Age 0-18	12,527	1,383,507
	Pop. Age 0-18 w/ Insurance	12,050	1,330,308
	Pop. Age 0-18 w/ Insurance, Percent	96.19%	96.15%
	Pop. Age 0-18 w/o Insurance	477	53,199
	Pop. Age 0-18 w/o Insurance, Percent	**3.81%**	**3.85%**
Insurance - Uninsured Population (ACS)	Total Population (For Whom Insurance Status is Determined)	63,226	6,070,969
	Uninsured Population	2,513	360,485
	Uninsured Population, Percent	**3.97%**	**5.94%**
Insurance - Uninsured Population (SAHIE)	Total Population Age 0-64	48,441	4,994,536
	Pop. Age 0-64 w/ Insurance	45,481	4,653,591
	Pop. Age 0-64 w/ Insurance, Percent	93.89%	93.17%
	Pop. Age 0-64 w/o Insurance	2,960	340,945
	Pop. Age 0-64 w/o Insurance, Percent	**6.11%**	**6.83%**
Racial Diversity (Theil Index)	Non-Hispanic White, Percent	88.81%	49.63%
	Non-Hispanic Black, Percent	8.10%	30.57%
	Non-Hispanic Asian, Percent	1.12%	7.12%
	Non-Hispanic AI/AN, Percent	0.18%	0.21%
	Non-Hispanic NH/PI, Percent	0.03%	0.04%
	Hispanic/Latino, Percent	1.76%	12.43%
	Diversity Index	**0.26**	**0.62**
Racial Segregation (Interaction Index)	Total Population	76,354	5,954,696
	Non-Hispanic White Population	67,262	3,257,918
	Non-Hispanic Black Population	6,678	1,745,599
	Segregation Index	0.72	No data
SNAP Benefits - Households Receiving SNAP (ACS)	Total Households	27,462	2,318,124
	Households Receiving SNAP Benefits	5,817	250,042
	Percent Households Receiving SNAP Benefits	**21.18%**	**10.79%**
SNAP Benefits - Population Receiving SNAP (SAIPE)	Total Population	68,106	6,177,224
	Population Receiving SNAP Benefits	14,873	826,547
	Population Receiving SNAP Benefits, Percent	**21.8%**	**13.4%**
Social Capital - Social Capital Index	Total Population (2014)	73,008	5,975,346
	Associations, Rate per 100,000 Population (2014)	17.53	8.94
	Total Not-for-Profit Associations (2014)	459	30,780
	Census Mail-In Response Rate (2010)	75.00	76.44
	Average Voter Turnout Rate (2012)	71.55	74.01
	Social Capital Index 0 = High	0.61	No data
Social Capital - 501c3 organizations	Total Population (2020)	68,106	6,177,224
	Total 501c3 or 501c4 Organizations	357	35,895

Data Indicator	Indicator Variable	Location Summary	Maryland
	501c3 or 501c4 Organizations, Rate per 100,000 Population	**524.18**	**581.09**
Social Capital - ACS Self-response Rate	2016-20 ACS Self-Response Rate	**73.25%**	**64.43%**
Social Capital - Voter Participation Rate	Total Citizens Age 18+ (ACS2015-19)	58,294	4,280,946
	Total Votes Cast	30,641	3,037,030
	Voter Participation Rate	**52.6%**	**70.9%**
Social Vulnerability Index (SoVI)	Total Population	68,161	6,161,707
	Socioeconomic Theme Score	0.53	0.36
	Household Composition Theme Score	0.39	0.42
	Minority Status Theme Score	0.38	0.81
	Housing & Transportation Theme Score	0.73	0.55
	Social Vulnerability Index Score	**0.56**	**0.47**
Teen Births	Female Population Age 15-19	16,063	1,320,478
	Teen Births, Rate per 1,000 Female Population Age 15-19	**21.1**	**13.3**
Teen Births (ACS)	Females Age 15 to 19	2,255	194,329
	Births to Teens	45	1,288
	Births per 1,000 Teens	**19.96**	**6.63**
Arrests - Juvenile Arrest Rate	Juvenile Population	5,500	603,700
	Juvenile Arrests	224	6,624
	Rate of Delinquency Cases per 1,000 Juveniles	**41.00**	**11.00**
Property Crime - Total	Total Population	72,460	5,996,420
	Property Crimes, Annual Average	2,231	145,136
	Property Crimes, Annual Rate (Per 100,000 Pop.)	**3,078.9**	**2,420.4**
Violent Crime - Assault	Total Population	74,041	6,221,642
	Assaults, 3-year Total	524	48,981
	Assaults, Annual Rate (Per 100,000 Pop.)	**235.90**	**262.40**
Violent Crime - Rape	Total Population	74,041	6,221,642
	Rapes, 3-year Total	55	5,120
	Rapes, Annual Rate (Per 100,000 Pop.)	**24.70**	**27.40**
Violent Crime - Robbery	Total Population	74,041	6,221,642
	Robberies, 3-year Total	200	31,533
	Robberies, Annual Rate (Per 100,000 Pop.)	**90.00**	**168.90**
Violent Crime - Total	Total Population	74,041	6,221,642
	Violent Crimes, 3-year Total	792	87,227
	Violent Crimes, Annual Rate (Per 100,000 Pop.)	**356.50**	**467.30**
Housing + Transportation Affordability Index (H+T Index)	Total Households (ACS 2015-19)	27,369	2,230,527
	Housing + Transportation Costs % Income	**50%**	**40%**
	Housing Costs % Income	23%	25%
	Transportation Costs % Income	27%	16%
Young People Not in School and Not Working	Population Age 16-19	3,743	315,342
	Population Age 16-19 Not in School and Not Employed	192	18,908
	Population Age 16-19 Not in School and Not Employed, Percent	**5.13%**	**6.00%**

Data Indicator	Indicator Variable	Location Summary	Maryland
Gender Pay Gap	Ratio of Female vs. Male Median Earnings	**0.78**	**0.86**
Opportunity Index	Total Population	72,194	6,004,692
	Opportunity Index Score	**48.8**	**56.5**
Vulnerable Populations - Electricity-Dependent Medicare Beneficiaries	Total Medicare Beneficiaries	17,327	1,118,810
	At-Risk Beneficiaries	946	35,811
	At-Risk Beneficiaries, Percentage	5.46%	3.20%

Physical Environment

Data Indicator	Indicator Variable	Location Summary	Maryland
Air & Water Quality - Drinking Water Safety	Population Estimate, 2019	73,060	5,959,902
	Total Violations	2	20
Air & Water Quality - Ozone	Total Population	75,087	5,773,552
	Number of Days Exceeding NAAQS Standards	0.00	4.00
	Percentage of Days Exceeding Standards, Crude Average	0.00%	1.11%
	Percentage of Days Exceeding Standards, Pop. Adjusted Average	**0.00%**	**1.07%**
Air & Water Quality - Particulate Matter 2.5	Total Population	75,087	5,773,552
	Average Daily Ambient Particulate Matter 2.5	7.20	7.54
	Number of Days Exceeding NAAQS Standards	0.00	0.00
	Percentage of Days Exceeding Standards, Crude Average	0.00%	0.03%
	Percentage of Days Exceeding Standards, Pop. Adjusted Average	**0.00%**	**0.03%**
Air & Water Quality - Diesel Particulate Mattern	Total Population	71,002	6,037,624
	Diesel PM	**0.13**	**0.32**
	Percentile for Diesel PM	22	61
	EJ Index for Diesel PM	5.9	23.6
Air & Water Quality - Air Toxics Cancer Risk	Total Population	71,002	6,037,624
	Air Toxics Cancer Risk	**23.4**	**30.1**
	Percentile for Air Toxics Cancer Risk	51	80
	EJ Index for Air Toxics Cancer Risk	13.5	29.1
Air & Water Quality - Air Toxics Respiratory Hazard Index	Total Population	71,002	6,037,624
	Air Toxics Respiratory HI	**0.3**	**0.4**
	Percentile for Air Toxics Respiratory HI	38	70
	EJ Index for Air Toxics Respiratory HI	9.6	26.3
Air & Water Quality - Respiratory Hazard Index	Total Population	75,085	5,773,411
	Respiratory Hazard Index Score	**0.24**	**0.33**
Air & Water Quality - RSEI Score	RSEI Score	34,199.80	736,405.05
	Total Facilities	3	154
	Gross Release (lbs) Per Square Mile	2,605.39	317.20

Data Indicator	Indicator Variable	Location Summary	Maryland
Air & Water Quality - Wastewater Discharge	Total Population	71,002	6,037,624
	Wastewater Discharge	**0.01**	**0.35**
	Percentile for Wastewater Discharge	50	24
	EJ Index for Wastewater Discharge	12.5	9.1
Built Environment - Banking Institutions	Total Population (2020)	68,106	6,177,224
	Number of Establishments	29	1,821
	Establishments, Rate per 100,000 Population	**42.58**	**29.48**
Built Environment - Households with Cellular Internet Only	Total Households	27,462	2,318,124
	Households with Cellular Internet Only	3,134	222,185
	Households with Cellular Internet Only, Percent	**11.41%**	**9.58%**
Built Environment - Broadband Access	Total Number of Broadband Serviceable Locations	29,987	1,857,192
	Access to DL Speeds >= 25MBPS and UL Speeds >= 3 MBPS	**91.86%**	**98.03%**
	Access to DL Speeds >= 100MBPS and UL Speeds >= 20 MBPS	87.89%	96.98%
Built Environment - Households with No Computer	Total Households	27,462	2,318,124
	Households with No Computer	3,219	109,908
	Households with No Computer, Percent	**11.72%**	**4.74%**
Built Environment - Households with No or Slow Internet	Total Households	27,462	2,318,124
	Households with No or Slow Internet	4,851	218,748
	Households with No or Slow Internet, Percent	**17.66%**	**9.44%**
Built Environment - Liquor Stores	Total Population (2020)	68,106	6,177,224
	Number of Establishments	13	1,270
	Establishments, Rate per 100,000 Population	**19.09**	**20.56**
Built Environment - Recreation and Fitness Facility Access	Total Population (2020)	68,106	6,177,224
	Number of Establishments	3	704
	Establishments, Rate per 100,000 Population	**4.40**	**11.40**
Built Environment - Social Associations	Total Population (2020)	68,106	6,177,224
	Number of Establishments	109	5,761
	Establishments, Rate per 100,000 Population	**160.04**	**93.26**
Built Environment - Tobacco Product Compliance Check Violations	Total Inspections	88	5,525
	Compliance Violations	6	986
	Compliance Violations, Percentage	**6.8%**	**17.8%**
	Minor-Involved Violations	6	984
	Minor-Involved Violations, Percentage	6.8%	17.8%
Environmental Justice - Traffic Proximity and Volume	Total Population	71,002	6,037,624
	Traffic Proximity	**323.0**	**695.2**
	Percentile for Traffic Proximity	45	52
	EJ Index for Traffic Proximity	12.0	20.8
Environmental Justice - Superfund Proximity	Total Population	71,002	6,037,624
	Superfund Proximity	**0.17**	**0.13**
	Percentile for Superfund Proximity	74	61
	EJ Index for Superfund Proximity	18.7	22.6

Data Indicator	Indicator Variable	Location Summary	Maryland
Environmental Justice - Risk Management Plan (RMP) Facility Proximity	Total Population	71,002	6,037,624
	RMP Facility Proximity	**0.29**	**0.67**
	Percentile for RMP Facility Proximity	34	45
	EJ Index for RMP Facility Proximity	9.2	17.7
Environmental Justice - Hazardous Waste Proximity	Total Population	71,002	6,037,624
	Hazardous Waste Proximity	**0.40**	**3.44**
	Percentile for Hazardous Waste Proximity	35	67
	EJ Index for Hazardous Waste Proximity	8.9	26.1
Environmental Justice - Underground Storage Tanks (UST) and Leaking UST (LUST)	Total Population	71,002	6,037,624
	Underground Storage Tanks	**0.90**	**1.73**
	Percentile for Underground Storage Tanks	38	43
	EJ Index for Underground Storage Tanks	10.3	16.8
Population Directly Affected by Wildfire	Total Population (2020)	68,106	6,177,224
	Affected Population (2020)	No data	No data
	Population Affected (%)	No data	No data
Climate & Health - Climate-Related Mortality Impacts	Total Population	73,883	5,891,783
	Estimated Climate Change Impacts (% GDP)	9.8%	6.5%
Land and Agriculture - Dominant Land Cover	Dominant Land Cover	Deciduous Forest	Deciduous Forest
	Dominant Land Cover Acres	309,353	2,453,406
	Dominant Land Cover Percent	66.9	18.7
Climate & Health - Drought Severity	Time Period	2017-2019	2017-2019
	Weeks in D0 (Abnormally Dry), Percent	4.19%	15.11%
	Weeks in D1 (Moderate Drought), Percent	0.00%	14.18%
	Weeks in D2 (Severe Drought), Percent	0.00%	1.85%
	Weeks in D3 (Extreme Drought), Percent	0.00%	0.00%
	Weeks in D4 (Exceptional Drought), Percent	0.00%	0.00%
	Weeks in Drought (Any), Percent	**0.00%**	**16.02%**
Climate & Health - Flood Vulnerability	Total Households	33,295	2,369,168
	Percentage of Housing Units Within a FEMA Designated Special Flood Hazard Area	4.64%	4.19%
Climate & Health - High Heat Index Days (Relative)	Days Above the 95th Percentile	10	12
	Days Above the 98th Percentile	3	4
	Days Above the 99th Percentile	**1**	**1**
Climate & Health - High Heat Index Days (Absolute)	Days Above 95°F	3	25
	Days above 100°F	0	8
	Days Above 105°F	**0**	**0**
Climate & Health - National Risk Index	National Risk Index Score	**42.38**	**87.47**
	Expected Annual Loss Score	42.96	88.30
	Social Vulnerability Score	54.90	46.79
	Community Resilience Score	71.39	70.23
Climate & Health - Tree Canopy	Total Population	71,002	6,037,624
	Area Covered by Canopy, Percent (Crude)	66.90%	33.89%

Data Indicator	Indicator Variable	Location Summary	Maryland
	Area Covered by Canopy, Percent (Population Weighted)	47.99%	33.94%
Community Design - Distance to Public Transit	Total Population	71,977	6,003,435
	Population Within 0.5 Miles of Public Transit	33,928	2,845,468
	Percentage of Population within Half Mile of Public Transit	47.14%	47.4%
Community Design - Park Access (CDC)	Total Population, 2016-20	71,002	6,037,624
	Population Within 1/2 Mile of a Park	29,820	4,461,804
	Percent Within 1/2 Mile of a Park	42.00%	73.90%
Community Design - Park Access (ESRI)	Total Population, 2010 Census	75,087	5,773,552
	Population Within 1/2 Mile of a Park	9,698.00	2,914,536.00
	Percent Within 1/2 Mile of a Park	12.92%	50.48%
Community Design - Road Network Density	Total Area (Sq. Mi.)	428.00	12,406.00
	Total Road Miles	1,413.00	48,662.00
	Total Road Network Density (Road Miles per Sq. Mi.)	3.30	3.92
Community Design - Walkability Index Score	Total Population (2018)	71,977	6,003,435
	Walkability Index Score	10	10
Community Design - Community Diversity (Emp. + Housing)	Total Households	27,837	2,192,518
	Total Workers	27,739	2,518,408
	Diversity Score	0.63	0.67
Food Environment - Fast Food Restaurants	Total Population (2020)	68,106	6,177,224
	Number of Establishments	60	5,466
	Establishments, Rate per 100,000 Population	88.10	88.49
Food Environment - Food Desert Census Tracts	Total Population (2010)	75,087	5,773,552
	Food Desert Census Tracts	9	131
	Other Census Tracts	14	1,259
	Food Desert Population	33,190	552,017
	Other Population	41,897	5,221,535
Food Environment - Grocery Stores	Total Population (2020)	68,106	6,177,224
	Number of Establishments	13	1,228
	Establishments, Rate per 100,000 Population	19.09	19.88
Land and Agriculture - Leading Agricultural Products (1)	Total Sales ($1,000)	4,165	2,472,805
	Top Commodity	Other Field Crops and Hay	Poultry and Eggs
	Top Commodity Sales ($1,000)	1,839	1,180,970
	2nd Commodity	Cattle and Calves	Corn (All)
	2nd Commodity Sales ($1,000)	890	280,846
	3rd Commodity	Corn (All)	Soybeans
	3rd Commodity Sales ($1,000)	430	237,140
Food Environment - Low Food Access	Total Population (2010)	75,087	5,773,552
	Population with Low Food Access	22,797	1,311,250
	Percent Population with Low Food Access	30.36%	22.71%
	Total Population	75,087	5,773,552

Data Indicator	Indicator Variable	Location Summary	Maryland
Food Environment - Low Income & Low Food Access	Low Income Population	26,822	1,273,995
	Low Income Population with Low Food Access	7,316	205,277
	Percent Low Income Population with Low Food Access	**27.28%**	**16.11%**
Food Environment - Modified Retail Food Environment Index	Total Population	75,087	5,773,552
	Percent Population in Tracts with No Food Outlet	2.61%	0.74%
	Percent Population in Tracts with No Healthy Food Outlet	30.03%	18.21%
	Percent Population in Tracts with Low Healthy Food Access	20.44%	27.76%
	Percent Population in Tracts with Moderate Healthy Food Access	40.82%	47.83%
	Percent Population in Tracts with High Healthy Food Access	6.10%	5.46%
Food Environment - SNAP-Authorized Food Stores	Total Population (2020)	67,666	5,053,281
	Total SNAP-Authorized Retailers	63	3,809
	SNAP-Authorized Retailers, Rate per 10,000 Population	**9.31**	**7.31**
Land and Agriculture - Orchards	Farms with Harvested Cropland	193.00	7,530.00
	Farms with Orchards	9.00	358.00
	Harvested Acres in Orchards	45.00	3,973.00
	Acres in Orchards, Percentage of Total Harvested Acres	0.48%	0.31%
Threatened and Endangered Species	Number of T&E Species	3	
	Threatened Species	Northern Long-Eared Bat	
	Endangered Species	Harperella, Indiana bat	
Access to Exercise Opportunities	Total Population (2020)	68,106	6,177,224
	Population with Access to Exercise Opportunities	45,631	5,683,046
	Percentage of Population with Access to Exercise Opportunities	**67.00%**	**92.00%**
Environmental Justice Index (EJI Index) - High Scoring Areas	Total Population (2020)	68,106	6,177,224
	Population in High Scoring Tracts (EJI > 0.75)	16,214	913,099
	Population in High Scoring Tracts, Percentage	**23.00%**	**14.00%**
Environmental Justice Index (EJI Index) - Details	Total Population	71,002	6,037,624
	Number of Neighborhoods in Report Area	22	1,475
	Neighborhoods Meeting Environmental Justice Social Criteria	7	514
	Population in Neighborhoods Meeting EJ Social Criteria (%)	26.91%	32.22%
	Neighborhoods Meeting Environmental Justice Health Criteria	8	658
	Population in Neighborhoods Meeting EJ Health Criteria (%)	31.10%	40.84%
Land and Agriculture - Forested Acres	Acres	462,172.91	13,146,887.56
	Woodland Acres	51,861.29	494,459.03
	Percent of Woodland Acres	11.22	3.76
	Forested Acres	154,504.13	1,548,722.83

Data Indicator	Indicator Variable	Location Summary	Maryland
	Percent of Forested Acres	33.43	11.78
	Percent of Acres not in Forest or Woodland	55.35	84.46
Land and Agriculture - Recreational Land Acres	Total Acres	273,858	7,939,763
	Reacreational Land Acres	53,509	555,742
	Percent of Acres in Recreational Land	19.54	7.00

Clinical Care and Prevention

Data Indicator	Indicator Variable	Location Summary	Maryland
Cancer Screening - Mammogram (Medicare)	Medicare Beneficiaries	16,597	940,731
	Female Beneficiaries with Recent Mammogram, Percent	37%	35%
Cancer Screening - Mammogram (Adult)	Total Population	67,267	6,164,660
	Females Age 50-74 with Recent Mammogram (Crude)	78.0%	80.7%
	Females Age 50-74 with Recent Mammogram (Age-Adjusted)	77.6%	80.3%
Cancer Screening - Sigmoidoscopy or Colonoscopy	Total Population	67,267	6,164,660
	Adults Age 50-75 with Adequate Colorectal Cancer Screening (Crude)	59.7%	68.2%
	Adults Age 50-75 with Adequate Colorectal Cancer Screening (Age-Adjusted)	52.8%	63.6%
Dental Care Utilization	Total Population	67,267	6,164,660
	Adults Age 18+ with Recent Dental Visit (Crude)	58.9%	64.4%
	Adults Age 18+ with Recent Dental Visit (Age-Adjusted)	58.5%	63.9%
Diabetes Management - Hemoglobin A1c Test	Medicare Enrollees with Diabetes	1,914	89,167
	Medicare Enrollees with Diabetes with Annual Exam	1,675	77,971
	Medicare Enrollees with Diabetes with Annual Exam, Percent	87.51%	87.44%
Hospitalizations - Preventable Conditions	Medicare Beneficiaries	16,597	940,731
	Preventable Hospitalizations, Rate per 100,000 Beneficiaries	2,840	2,432
Hospitalizations - Emergency Room Visits	Medicare Part A and B Beneficiaries	16,231	948,203
	Emergency Room Visits	9,473	403,619
	Emergency Room Visits, Rate (per 1,000 Beneficiaries)	645.9	539.9
Hospitalizations - Inpatient Stays	Medicare Part A and B Beneficiaries	16,231	948,203
	Total Beneficiaries with Inpatient Stays	2,432	100,074
	Beneficiaries with Inpatient Stays	16.6%	13.4%
	Total Inpatient Stays, Rate (per 1,000 Beneficiaries)	259.9	210.9
Hospitalizations - Heart Disease	Medicare Beneficiaries	16,597	64,485
	Cardiovascular Disease Hospitalizations, Rate per 1,000	12.3	9.7
Hospitalizations - Stroke	Medicare Beneficiaries	16,597	64,485
	Ischemic Stroke Hospitalizations, Rate per 1,000	12.2	8.9
Late or No Prenatal Care	Total Births	Suppressed	212,899
	Births with Late/No Care	Suppressed	13,880
	% of Births with Late/No Care	Suppressed	6.52%
	Medicare Beneficiaries	16,231	948,203

Data Indicator	Indicator Variable	Location Summary	Maryland
Opioid Drug Claims	Total Prescription Drug Claims	528,771	20,254,098
	Opioid Drug Claims	27,311	862,484
	Opioid Drug Claims, Percentage of Total Claims	**5.2%**	**4.3%**
Prevention - Annual Wellness Exam (Medicare)	Medicare Beneficiaries	16,597	940,731
	Beneficiaries with Annual Wellness Visit, Percent	**44%**	**40%**
Prevention - Seasonal Influenza Vaccine	Total Population (2021)	67,691	6,174,610
	Percentage of Adults with Recent Influenza Immunization	**37.2%**	**48.7%**
Health Care - FQHC Patient Profile	Total Patients	29,284.00	322,045.00
	Under Age 18	13.04%	26.74%
	Age 18 - 64	64.48%	61.99%
	Age 65 and Older	22.48%	12.59%
Health Care - FQHC Patient Services Profile	Total Patients	29,284.00	322,045.00
	Medical Patients	99.75%	89.51%
	Dental Patients	0.00%	13.44%
	Mental Health Patients	2.73%	7.91%
Health Care - FQHC Preventative Services	Total Patients	29,284.00	322,045.00
	Cervical Cancer Screening	60.45%	56.69%
	Breast Cancer Screening	65.13%	55.34%
	Colorectal Cancer Screening	52.69%	36.58%
	Childhood Immunization Status	23.75%	31.67%
Health Care - FQHC Maternal and Child Health	Total Prenatal Care Patients	431	9,118
	Early Entry into Prenatal Care	93.74%	59.15%
	Low and Very Low Birth Weight	11.68%	8.51%
Prevention - High Blood Pressure Management (Medicare)	Medicare Beneficiaries	16,597	940,731
	Blood Pressure Medication Nonadherence, Percentage	**20.1%**	**21.5%**
Prevention - Recent Primary Care Visit (Medicare)	Medicare Enrollees	12,502	656,158
	Medicare Enrollees with Recent Primary Care Visit	11,045	543,364
	Medicare Enrollees with Recent Primary Care Visit, Percent	**88.35%**	**82.81%**
Prevention - Recent Primary Care Visit (Adult)	Total Population	67,267	6,164,660
	Adults Age 18+ with Routine Checkup in Past 1 Year (Crude)	**80.5%**	**77.2%**
	Adults Age 18+ with Routine Checkup in Past 1 Year (Age-Adjusted)	78.6%	75.5%
Readmissions - All Cause (Medicare Population)	Medicare Part A and B Beneficiaries	16,231	948,203
	30-Day Hospital Readmissions	659	29,375
	30-Day Hospital Readmissions, Rate	**18.9%**	**19.9%**
Readmissions - Chronic Obstructive Pulmonary Disease	Discharges for COPD	821	19,191
	30-day Readmission Rate	**20.90%**	**19.12%**
Readmissions - Heart Attack	Discharges for Heart Attack	438	8,891
	30-day Readmission Rate	**14.20%**	**15.40%**
Readmissions - Heart Failure	Discharges for Heart Failure	687	26,795
	30-day Readmission Rate	**22.90%**	**21.10%**
Readmissions - Pneumonia	Discharges for Pneumonia	886	26,379
	30-day Readmission Rate	**16.30%**	**16.55%**

Data Indicator	Indicator Variable	Location Summary	Maryland
Timely and Effective Care - Heart Attack	Patients with Heart Attack or Chest Pain	0	122
	Median Facility Transfer Time	No data	80.87
Timely and Effective Care - Elective Delivery	In-Hospital Births	73	2,304
	Early Elective Deliveries, Percent	**3.00%**	**1.21%**
Timely and Effective Care - Stroke	Ischemic Stroke Patients	0	229
	Patients Receiving Therapy, Percent	No data	92.93%

Health Behaviors

Data Indicator	Indicator Variable	Location Summary	Maryland	Maryland
Alcohol - Heavy Alcohol Consumption	Population Age 18+	55,736	4,818,437	
	Adults Reporting Excessive Drinking	9,038	730,263	
	Percentage of Adults Reporting Excessive Drinking	**16.22%**	**15.16%**	
Alcohol - Binge Drinking	Total Population	67,267		6,164,660
	Adults Age 18+ Binge Drinking in the Past 30 Days (Crude)	**15.8%**	**14.7%**	
	Adults Age 18+ Binge Drinking in the Past 30 Days (Age-Adjusted)	17.9%	15.8%	
Alcohol - Expenditures	State Rank	7.00		No data
	Z-Score (US)	-0.14	0.5	
	Z-Score (Within-State)	-1.30	No data	
	Average Expenditures (USD)	Suppressed	$926.48	
	Percentage of Food-At-Home Expenditures	Suppressed	15.42%	
Fruit/Vegetable Expenditures	State Rank	22		No data
	Z-Score (US)	-1.82	0.26	
	Z-Score (Within-State)	-2.04	No data	
	Average Expenditures (USD)	Suppressed	$772.16	
	Percentage of Food-At-Home Expenditures	Suppressed	12.86%	
Physical Inactivity	Population Age 20+	53,479		4,642,816
	Adults Age 20+ with No Leisure Time Physical Activity	14,065	922,307	
	Adults Age 20+ with No Leisure Time Physical Activity, Percent	**24.7%**	**19.2%**	
Soda Expenditures	State Rank	24.00		No data
	Z-Score (US)	2.12	-0.52	
	Z-Score (Within-State)	2.48	No data	
	Average Expenditures (USD)	Suppressed	$224.86	
	Percentage of Food-At-Home Expenditures	Suppressed	3.74%	
STI - Chlamydia Incidence	Total Population	67,267		6,164,660
	Chlamydia Infections	196	31,234	
	Chlamydia Infections, Rate per 100,000 Pop.	**291.38**	**506.66**	
STI - Gonorrhea Incidence	Total Population	67,729		6,164,660
	Gonorrhea Infections	Suppressed	11,164	
	Gonorrhea Infections, Rate per 100,000 Pop.	Suppressed	181.1	
	Population Age 13+	58,875	5,215,645	5,215,645

Data Indicator	Indicator Variable	Location Summary	Maryland	Maryland
STI - HIV Incidence	Total HIV / AIDS Infections	Suppressed	748	748
	HIV / AIDS Infections, Rate per 100,000 Pop.	Suppressed	14.3	14.3
STI - HIV Prevalence	Population Age 13+	58,875	5,215,645	5,215,645
	Population with HIV / AIDS	177	33,580	33,580
	Population with HIV / AIDS, Rate per 100,000 Pop.	**300.6**	**643.8**	**643.8**
Tobacco Expenditures	State Rank	24.00	No data	
	Z-Score (US)	1.82	-0.89	
	Z-Score (Within-State)	2.59	No data	
	Average Expenditures (USD)	Suppressed	$746.14	
	Percentage of Total Expenditures	Suppressed	1.18%	
Insufficient Sleep	Total Population (2020)	67,267	6,164,660	
	Adults Age 18+ Sleeping Less Than 7 Hours on Average (Crude)	**41.0%**	**37.7%**	
	Adults Age 18+ Sleeping Less Than 7 Hours on Average (Age-Adjusted)	42.5%	38.4%	
Tobacco Usage - Current Smokers	Total Population	67,267	6,164,660	
	Adults Age 18+ as Current Smokers (Crude)	**15.0%**	**11.5%**	
	Adults Age 18+ as Current Smokers (Age-Adjusted)	15.8%	11.7%	
Walking or Biking to Work	Population Age 16+	26,115	3,101,081	
	Population Walking or Biking to Work	669	67,976	
	Percentage Walking or Biking to Work	**2.56%**	**2.19%**	

Health Outcomes

Data Indicator	Indicator Variable	Location Summary	Maryland
Birth Outcomes - Infant Mortality (CDC)	Number of Infant Deaths	36	3,081
	Deaths per 1,000 Live Births	**8.0**	**6.0**
Birth Outcomes - Low Birth Weight (CDC)	Total Live Births	4,384	491,395
	Low Birthweight Births	383	42,852
	Low Birthweight Births, Percentage	**9.0%**	**8.7%**
Cancer Incidence - All Sites	Estimated Total Population	100,498	7,284,856
	New Cases (Annual Average)	524	32,760
	Cancer Incidence Rate (Per 100,000 Population)	**521.4**	**449.7**
Cancer Incidence - Breast	Estimated Total Population (Female)	48,797	3,825,075
	New Cases (Annual Average)	69	5,095
	Cancer Incidence Rate (Per 100,000 Females)	**141.4**	**133.2**
Cancer Incidence - Cervical	Estimated Total Population (Female)	No data	3,378,787
	New Cases (Annual Average)	Suppressed	223
	Cancer Incidence Rate (Per 100,000 Females)	Suppressed	6.6
Cancer Incidence - Colon and Rectum	Estimated Total Population	98,850	7,153,409
	New Cases (Annual Average)	43	2,518
	Cancer Incidence Rate (Per 100,000 Population)	**43.5**	**35.2**
	Estimated Total Population	110,354	7,455,598

Data Indicator	Indicator Variable	Location Summary	Maryland
Cancer Incidence - Lung	New Cases (Annual Average)	81	3,862
	Cancer Incidence Rate (Per 100,000 Population)	**73.4**	**51.8**
Cancer Incidence - Prostate	Estimated Total Population (Male)	51,088	3,576,271
	New Cases (Annual Average)	61	4,853
	Cancer Incidence Rate (Per 100,000 Males)	**119.4**	**135.7**
Chronic Conditions - Alcohol Use Disorder (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	15,412	768,522
	Beneficiaries with Alcohol Use Disorder	352	15,241
	Percentage with Alcohol Use Disorder	**2.3%**	**2.0%**
Chronic Conditions - Alzheimer's Disease (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	15,412	768,522
	Beneficiaries with Alzheimer's Disease	1,617	86,800
	Beneficiaries with Alzheimer's Disease, Percent	**10.5%**	**11.3%**
Chronic Conditions - Asthma (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	15,412	768,522
	Beneficiaries with Asthma	1,056	41,511
	Percentage with Asthma	**6.9%**	**5.4%**
Chronic Conditions - Asthma Prevalence (Adult)	Total Population	67,267	6,164,660
	Adults Age 18+ with Asthma (Crude)	**12.1%**	**10.7%**
	Adults Age 18+ with Asthma (Age-Adjusted)	12.1%	10.7%
Chronic Conditions - Cancer (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	15,412	768,522
	Beneficiaries with Cancer	1,384	70,994
	Percentage with Cancer	**9.0%**	**9.2%**
Chronic Conditions – Chronic Obstructive Pulmonary Disease (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	15,412	768,522
	Beneficiaries with COPD	2,226	78,631
	Percentage with COPD	**14.4%**	**10.2%**
Chronic Conditions - Chronic Obstructive Pulmonary Disease (Adult)	Total Population	67,267	6,164,660
	Adults Age 18+ Ever Diagnosed with COPD(Crude)	**9.1%**	**5.8%**
	Adults Age 18+ with COPD (Age-Adjusted)	7.6%	5.1%
Chronic Conditions - Depression (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	15,412	768,522
	Beneficiaries with Depression	3,437	138,508
	Beneficiaries with Depression, Percent	**22.3%**	**18.0%**
Chronic Conditions - Diabetes Incidence (Adult)	Population Age 20+	4,859	407,591
	Adults Age 20+ Newly Diagnosed with Diabetes	447	34,402
	Adults Age 20+ Newly Diagnosed with Diabetes, Age-Adjusted Rate per 1,000	**8.5**	**8.0**
Chronic Conditions - Diabetes Prevalence (Adult)	Population Age 20+	53,600	4,648,598
	Adults Age 20+ with Diagnosed Diabetes	6,432	491,614
	Adults Age 20+ with Diagnosed Diabetes, Age-Adjusted Rate	**10.3%**	**9.4%**
Chronic Conditions - Diabetes Prevalence (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	15,412	768,522
	Beneficiaries with Diabetes	4,835	227,236
	Beneficiaries with Diabetes, Percent	**31.4%**	**29.6%**
Chronic Conditions - Heart Disease (Adult)	Total Population	67,267	6,164,660
	Adults Age 18+ Ever Diagnosed with CHD (Crude)	**8.5%**	**6.0%**
	Adults Age 18+ Ever Diagnosed with CHD (Age-Adjusted)	6.7%	5.1%
	Total Medicare Fee-for-Service Beneficiaries	15,412	768,522

Data Indicator	Indicator Variable	Location Summary	Maryland
Chronic Conditions - Heart Disease (Medicare Population)	Beneficiaries with Heart Disease	4,471	202,899
	Beneficiaries with Heart Disease, Percent	**29.0%**	**26.4%**
Chronic Conditions - High Blood Pressure (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	15,412	768,522
	Beneficiaries with High Blood Pressure	10,443	470,535
	Beneficiaries with High Blood Pressure, Percent	**67.8%**	**61.2%**
Chronic Conditions - High Cholesterol (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	15,412	768,522
	Beneficiaries with High Cholesterol	9,364	399,087
	Percent with High Cholesterol	**60.8%**	**51.9%**
Chronic Conditions - Kidney Disease (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	15,412	768,522
	Beneficiaries with Chronic Kidney Disease	4,397	193,061
	Percentage with Chronic Kidney Disease	**28.5%**	**25.1%**
Chronic Conditions - Mental Health and Substance Use Conditions	Medicare Beneficiaries	16,498	920,001
	Beneficiaries with Mental Health and Substance Use Conditions, Percent	**41%**	**31%**
Chronic Conditions - Substance Use Disorder (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	15,412	768,522
	Beneficiaries with Drug/Substance Use Disorder	921	27,047
	Percentage with Drug/Substance Use Disorder	**6.0%**	**3.5%**
Chronic Conditions - Opioid Use Disorder	Medicare Beneficiaries	16,597	940,731
	Opioid Use Disorder Emergency Department Utilization, Rate per 100,000 Beneficiaries	**68**	**48**
Chronic Conditions - Multiple Chronic Conditions (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	15,412	768,522
	Beneficiaries with 2 or More Chronic Conditions	12,352	553,643
	Beneficiaries with 2 or More Chronic Conditions, Percent	**80.1%**	**72.0%**
Deaths of Despair (Suicide + Drug/Alcohol Poisoning)	Total Population, 2018-2022 Average	69,289	6,094,798
	Five Year Total Deaths, 2018-2022 Total	309	18,902
	Crude Death Rate (Per 100,000 Population)	89.2	62.0
Mortality - Cancer	Total Population, 2018-2022 Average	69,289	6,094,798
	Five Year Total Deaths, 2018-2022 Total	822	53,833
	Crude Death Rate (Per 100,000 Population)	237.3	176.7
Mortality - Coronary Heart Disease	Total Population, 2018-2022 Average	69,289	6,094,798
	Five Year Total Deaths, 2018-2022 Total	769	32,953
	Crude Death Rate (Per 100,000 Population)	**222.0**	**108.1**
Mortality - Firearm	Total Population, 2018-2022 Average	69,289	6,094,798
	Five Year Total Deaths, 2018-2022 Total	32	3,995
	Crude Death Rate (Per 100,000 Population)	**9.2**	**13.1**
Mortality - Heart Disease	Total Population, 2018-2022 Average	69,289	6,094,798
	Five Year Total Deaths, 2018-2022 Total	1,243	60,301
	Crude Death Rate (Per 100,000 Population)	**358.8**	**197.9**
Mortality - Homicide	Total Population, 2018-2022 Average	69,289	6,094,798
	Five Year Total Deaths, 2018-2022 Total	No data	3,135
	Crude Death Rate (Per 100,000 Population)	No data	10.3
Mortality - Influenza & Pneumonia	Total Population, 2018-2022 Average	69,289	6,094,798
	Five Year Total Deaths, 2018-2022 Total	110	4,044

Data Indicator	Indicator Variable	Location Summary	Maryland
	Crude Death Rate (Per 100,000 Population)	31.8	13.3
Mortality - Life Expectancy	Total Population	62,908	5,687,094
	Life Expectancy at Birth (2019-21)	**74.2**	**78.0**
Mortality - Life Expectancy	Total Population (2019)	70,416	6,045,680
	Life Expectancy at Birth (2019)	**76.75**	**79.29**
Mortality - Life Expectancy (Census Tract)	Total Population (2010-2015)	73,549	5,930,538
	Life Expectancy at Birth (2010-2015)	**76.64**	**79.26**
Mortality - All Cause Mortality	Total Population, 2018-2021 Average	55,835	4,861,866
	Four Year Total Deaths, 2018-2021 Total	4,002	219,557
	Crude Death Rate (Per 100,000 Population)	**1,433.5**	**903.2**
	Age Adjusted Death Rate (Per 100,000 Population)	No data	761.6
Mortality - Liver Disease	Total Population, 2018-2022 Average	69,289	6,094,798
	Five Year Total Deaths, 2018-2022 Total	81	3,103
	Crude Death Rate (Per 100,000 Population)	23.4	10.2
Mortality - Lung Disease	Total Population, 2018-2022 Average	69,289	6,094,798
	Five Year Total Deaths, 2018-2022 Total	261	10,203
	Crude Death Rate (Per 100,000 Population)	75.3	33.5
Mortality - Motor Vehicle Crash (NVSS)	Total Population, 2018-2022 Average	69,289	6,094,798
	Five Year Total Deaths, 2018-2022 Total	33	2,918
	Crude Death Rate (Per 100,000 Population)	9.5	9.6
Mortality - Motor Vehicle Crash (NHTSA)	Total Population (2020)	68,106	6,177,224
	Total Crash Deaths (2018-2022)	72	5,643
	Fatal Crash Deaths, Annual Rate per 100,000 Population	**21.1**	**18.3**
Mortality - Motor Vehicle Crash, Alcohol-Involved	Total Population (2020)	68,106	6,177,224
	Alcohol-Involved Crash Deaths (2018-2022)	7	612
	Alcohol-Involved Crash Deaths, Annual Rate per 100,000 Population	**2.1**	**1.8**
Mortality - Motor Vehicle Crash, Pedestrian	Total Population (2020)	68,106	6,177,224
	Pedestrian Deaths (2018-2022)	5	555
	Pedestrian Deaths, Annual Rate per 100,000 Population	**1.5**	**1.7**
Mortality - Drug Overdose (All Substances)	Total Population, 2018-2022 Average	69,289	6,094,798
	Five Year Total Deaths, 2018-2022 Total	177	12,774
	Crude Death Rate (Per 100,000 Population)	51.1	41.9
Mortality - Opioid Overdose	Total Population, 2018-2022 Average	69,289	6,094,798
	Five Year Total Deaths, 2018-2022 Total	164	11,571
	Crude Death Rate (Per 100,000 Population)	47.3	38.0
Mortality - Poisoning	Total Population, 2018-2022 Average	69,289	6,094,798
	Five Year Total Deaths, 2018-2022 Total	182	13,220
	Crude Death Rate (Per 100,000 Population)	52.5	43.4
Mortality - Premature Death	Premature Deaths, 2019-2021	1,340	80,445
	Years of Potential Life Lost, 2019-2021	20,045	1,351,424
	Years of Potential Life Lost, Rate per 100,000 Population	**10,621**	**7,921**
	Total Population, 2018-2022 Average	69,289	6,094,798

Data Indicator	Indicator Variable	Location Summary	Maryland
Mortality - Stroke	Five Year Total Deaths, 2018-2022 Total	261	15,872
	Crude Death Rate (Per 100,000 Population)	75.3	52.1
Mortality - Suicide	Total Population, 2018-2022 Average	69,289	6,094,798
	Five Year Total Deaths, 2018-2022 Total	54	3,120
	Crude Death Rate (Per 100,000 Population)	15.6	10.2
Mortality - Unintentional Injury (Accident)	Total Population, 2018-2022 Average	69,289	6,094,798
	Five Year Total Deaths, 2018-2022 Total	213	14,079
	Crude Death Rate (Per 100,000 Population)	61.5	46.2
Obesity	Population Age 20+	53,454	4,644,848
	Adults with BMI > 30.0 (Obese)	19,885	1,510,640
	Adults with BMI > 30.0 (Obese), Percent	**37.3%**	**32.4%**
Poor Dental Health - Teeth Loss	Total Population	67,267	6,164,660
	Adults Age 18+ with Poor Dental Health (Crude)	**19.3%**	**9.8%**
	Adults Age 18+ with Poor Dental Health (Age-Adjusted)	19.2%	10.1%
Poor or Fair Health	Total Population	67,267	6,164,660
	Adults Age 18+ with Poor or Fair General Health (Crude)	**20.1%**	**15.6%**
	Adults Age 18+ with Poor or Fair General Health (Age-Adjusted)	18.5%	14.9%
Poor Mental Health - Days	Population Age 18+	55,736	9,637,093
	Average Poor Mental Health Days per Month	**5.6**	**4.6**
Poor Mental Health	Total Population	67,267	6,164,660
	Adults Age 18+ with Poor Mental Health (Crude)	**18.4%**	**15.2%**
	Adults Age 18+ with Poor Mental Health (Age-Adjusted)	19.3%	15.9%
Poor Physical Health - Days	Population Age 18+	55,736	4,818,437
	Average Poor Physical Health Days per Month	**3.8**	**2.8**
Poor Physical Health	Total Population	67,267	6,164,660
	Adults Age 18+ with Poor Physical Health (Crude)	**14.8%**	**10.9%**
	Adults Age 18+ with Poor Physical Health (Age-Adjusted)	13.6%	10.4%
Stroke (Adult)	Total Population	67,267	6,164,660
	Adults Age 18+ Ever Having a Stroke (Crude)	**4.5%**	**3.4%**
	Adults Age 18+ Ever Having a Stroke (Age-Adjusted)	3.6%	3.0%
Stroke (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	15,412	768,522
	Beneficiaries Diagnosed with Stroke	845	34,530
	Percent Diagnosed with Stroke	**5.5%**	**4.5%**

Healthcare Workforce

Data Indicator	Indicator Variable	Location Summary	Maryland
Access to Care - Addiction/Substance Abuse Providers	Total Population (2020)	68,106	6,177,224
	Number of Facilities	20	1,477
	Number of Providers	44	1,032
	Providers, Rate per 100,000 Population	**64.61**	**16.71**

Data Indicator	Indicator Variable	Location Summary	Maryland
Access to Care - Buprenorphine Providers	Total Population (2019)	70,416	6,045,680
	Buprenorphine Providers, Number	38	1,658
	Buprenorphine Providers, Rate per 100,000 Population	**53.97**	**27.42**
Access to Care - Dental Health	Estimated Population	67,532	6,148,148
	Number of Dentists	52	4,980
	Ratio of Dental Providers to Population (1 Provider per x Persons)	1,298.7	1,234.6
	Dentists, Rate (Per 100,000 Population)	**77**	**81**
Access to Care - Dental Health Providers	Total Population (2020)	68,106	6,177,224
	Number of Facilities	9	1,090
	Number of Providers	21	2,499
	Providers, Rate per 100,000 Population	**30.83**	**40.46**
Access to Care - Mental Health	Estimated Population	67,259	6,159,767
	Number of Mental Health Providers	265	21,128
	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	253.8	291.5
	Mental Health Care Provider Rate (Per 100,000 Population)	**394**	**343**
Access to Care - Mental Health Providers	Total Population (2020)	68,106	6,177,224
	Number of Facilities	49	4,137
	Number of Providers	139	13,064
	Providers, Rate per 100,000 Population	**204.09**	**211.49**
Access to Care - Nurse Practitioners	Total Population (2020)	68,106	6,177,224
	Number of Facilities	2	160
	Number of Providers	54	3,552
	Providers, Rate per 100,000 Population	**79.29**	**57.50**
Access to Care - Primary Care	Total Population	70,057	6,055,802
	Primary Care Physicians	36	5,344
	Primary Care Physicians, Rate per 100,000 Population	**51.39**	**88.25**
Access to Care - Primary Care Providers	Total Population (2020)	68,106	6,177,224
	Number of Facilities	39	2,836
	Number of Providers	76	7,176
	Providers, Rate per 100,000 Population	**111.59**	**116.17**
Federally Qualified Health Centers	Total Population (2020)	68,106	6,177,224
	Number of Federally Qualified Health Centers	3	111
	Rate of Federally Qualified Health Centers per 100,000 Population	**4.40**	**1.80**
Hospitals with Cardiac Rehabilitation Units	Total Population (2020)	68,106	6,177,224
	Hospitals with Cardiac Rehab Units	1	27
	Hospitals, Rate per 100,000 Population	**1.47**	**0.44**
Health Professional Shortage Areas - All	Primary Care Facilities	1	18
	Mental Health Care Facilities	2	22
	Dental Health Care Facilities	1	17
	Total HPSA Facility Designations	4	57
	Total Population (ACS 2122 5-Year Estimates)	68,161	6,161,707
	Population Living in an Area Affected by a HPSA	22,634	1,641,827

Data Indicator	Indicator Variable	Location Summary	Maryland
Health Professional Shortage Areas - Dental Care	Percentage of Population Living in an Area Affected by a Dental Care HPSA	**33.21%**	**26.65%**
	Percentage of HPSA Population Underserved	95.41%	60.31%
Population Living in a Health Professional Shortage Area	Total Population (ACS 2122 5-Year Estimates)	68,161	6,161,707
	Population Living in an Area Affected by a HPSA	22,634	1,126,517
	Percentage of Population Living in an Area Affected by a Primary Care HPSA	**33.21%**	**18.28%**
	Percentage of HPSA Population Underserved	86.14%	70.47%

Special Topics - COVID-19

Data Indicator	Indicator Variable	Location Summary	Maryland
COVID-19 - Confirmed Cases	Total Population	70,975	6,042,718
	Total Confirmed Cases	21,731	1,365,297
	Confirmed Cases, Rate per 100,000 Population	**30,617.82**	**22,594.09**
	Last Update	03/10/2023	03/10/2023
COVID-19 - Mortality	Total Population	70,975	6,042,718
	Total Deaths	392	16,509
	Deaths, Rate per 100,000 Population	**552.31**	**273.20**
	Last Update	03/10/2023	03/10/2023
COVID-19 Fully Vaccinated Adults	Percent of Adults Fully Vaccinated	**64.10%**	**83.48%**
	Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	9.96%	6.79%
	Vaccine Coverage Index	0.31	0.16
	Last Update	09/28/2022	09/28/2022
Social Distancing - Mobility Reports (Google)	Report Date	2/1/2022 12:00:00 AM	2/1/2022 12:00:00 AM
	Retail and recreation	7%	-15%
	Grocery and pharmacy	-3%	-7%
	Parks	No data	-2%
	Transit stations	-11%	-41%
	Workplaces	-10%	-28%
	Residential	5%	9%

Community Health Needs Assessment

Location

Allegany County, MD

Demographics

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

Total Population

A total of 68,161 people live in the 422.20 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2018-22 5-year estimates. The population density for this area, estimated at 161 persons per square mile, is greater than the national average population density of 94 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Allegany County, MD	68,161	422.20	161
Maryland	6,161,707	9,711.15	634
United States	331,097,593	3,533,269.34	94

Data Source: US Census Bureau, American Community Survey. 2018-22.

View larger map

Population, Density (Persons per Sq Mile) by Tract, ACS 2018-22

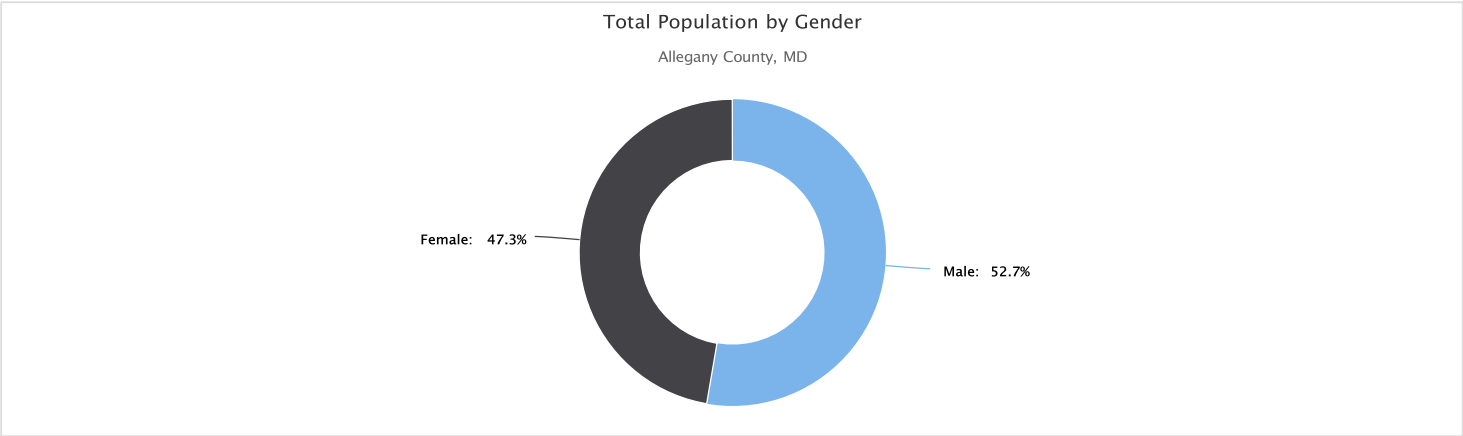
- Over 5,000
- 1,001 - 5,000
- 501 - 1,000
- 51 - 500
- Under 51
- No Data or Data Suppressed
- Allegany County, MD

Total Population by Gender

This indicator reports the total population of the report area by gender.
The percentage values could be interpreted as, for example, *"Among the total report area population, the percentage of population that is male is (value)."*

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	35,912	32,249	52.69%	47.31%
Maryland	3,002,896	3,158,811	48.73%	51.27%
United States	164,200,298	166,897,295	49.59%	50.41%

Data Source: US Census Bureau, American Community Survey. 2018-22.

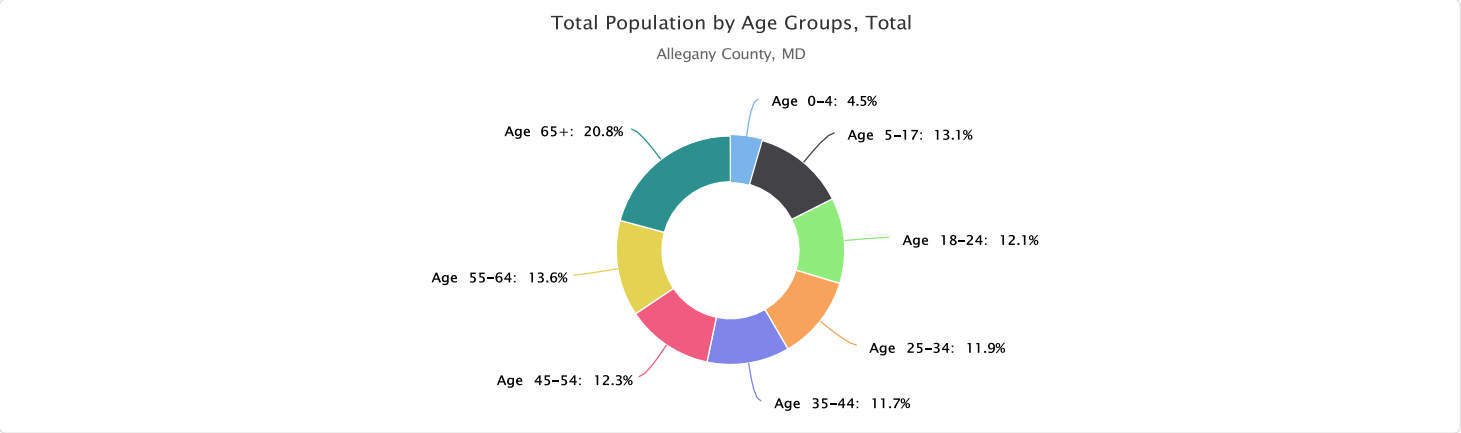


Total Population by Age Groups, Total

This indicator reports the total population of the report area by age groups.

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Allegany County, MD	3,058	8,933	8,256	8,119	7,958	8,400	9,265	14,172
Maryland	358,539	1,001,755	541,318	823,558	814,413	802,348	833,622	986,154
United States	19,004,925	54,208,780	31,282,896	45,388,153	42,810,359	41,087,357	42,577,475	54,737,648

Data Source: US Census Bureau, American Community Survey. 2018-22.

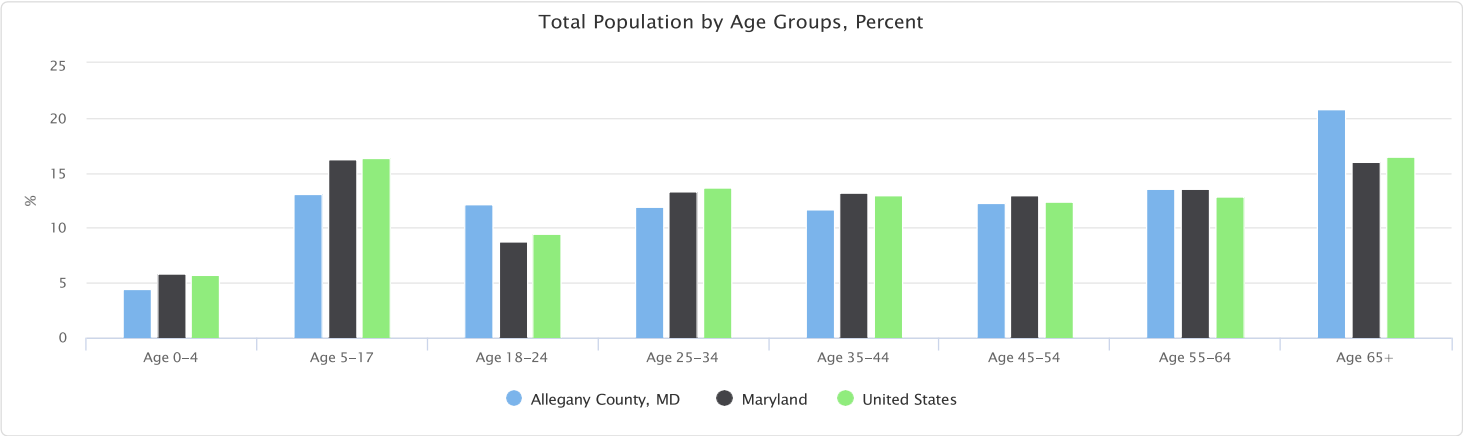


Total Population by Age Groups, Percent

This indicator reports the percentage of age groups in the population of the report area.
The percentage values could be interpreted as, for example, *"Of the total population in the report area, the percentage of population age 0-4 is (value)."*

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Allegany County, MD	4.49%	13.11%	12.11%	11.91%	11.68%	12.32%	13.59%	20.79%
Maryland	5.82%	16.26%	8.79%	13.37%	13.22%	13.02%	13.53%	16.00%
United States	5.74%	16.37%	9.45%	13.71%	12.93%	12.41%	12.86%	16.53%

Data Source: US Census Bureau, American Community Survey. 2018-22.

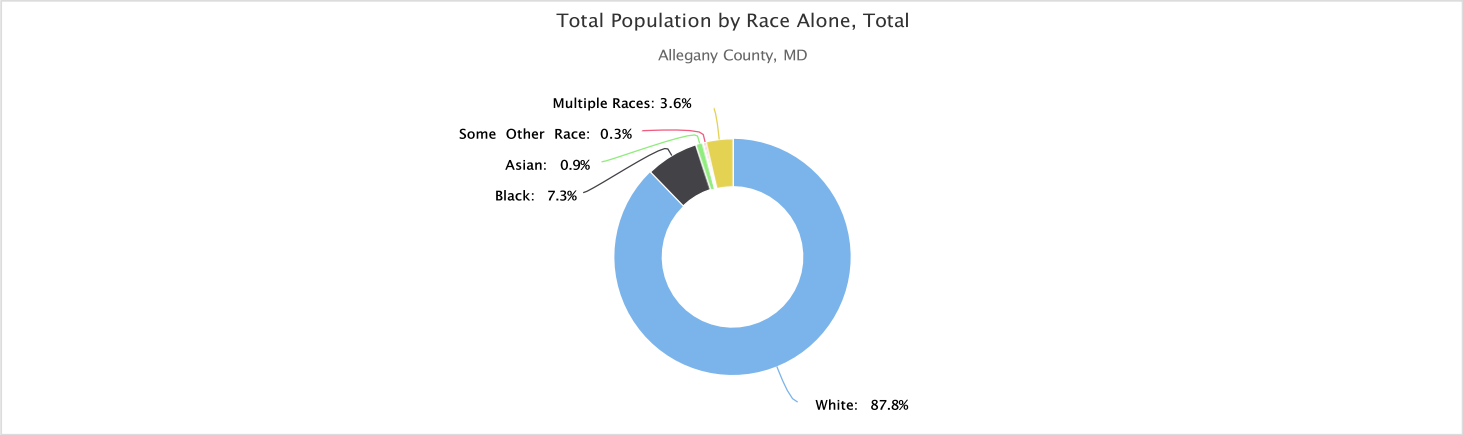


Total Population by Race Alone, Total

This indicator reports the total population of the report area by race alone.

Report Area	White	Black	Asian	American Indian / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Allegany County, MD	59,828	4,962	631	95	5	194	2,446
Maryland	3,154,247	1,841,926	399,736	18,343	3,120	355,402	388,933
United States	218,123,424	41,288,572	19,112,979	2,786,431	624,863	20,018,544	29,142,780

Data Source: US Census Bureau, American Community Survey. 2018-22.

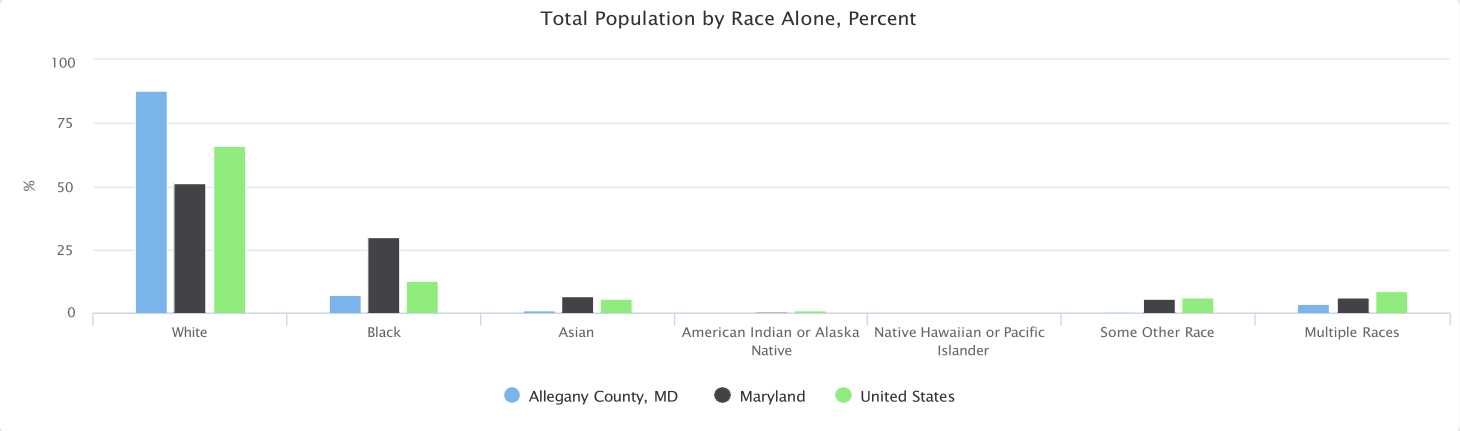


Total Population by Race Alone, Percent

This indicator reports the percentage of population by race alone in the report area.
The percentage values could be interpreted as, for example, *"Of all the population in the report area, the percentage of population who are white is (value)."*

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Allegany County, MD	87.77%	7.28%	0.93%	0.14%	0.01%	0.28%	3.59%
Maryland	51.19%	29.89%	6.49%	0.30%	0.05%	5.77%	6.31%
United States	65.88%	12.47%	5.77%	0.84%	0.19%	6.05%	8.80%

Data Source: US Census Bureau, American Community Survey. 2018-22.



Total Population by Race Alone or in Combination with One or More Other Races, Total

This indicator reports the total population of the report area by race alone or in combination with one or more other races.

Report Area	White	Black	Asian	American Indian / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race
Allegany County, MD	62,169	6,329	943	536	41	839
Maryland	3,485,703	2,002,743	488,600	80,326	12,779	523,704
United States	244,954,342	47,498,346	23,330,887	6,749,000	1,513,124	38,354,036

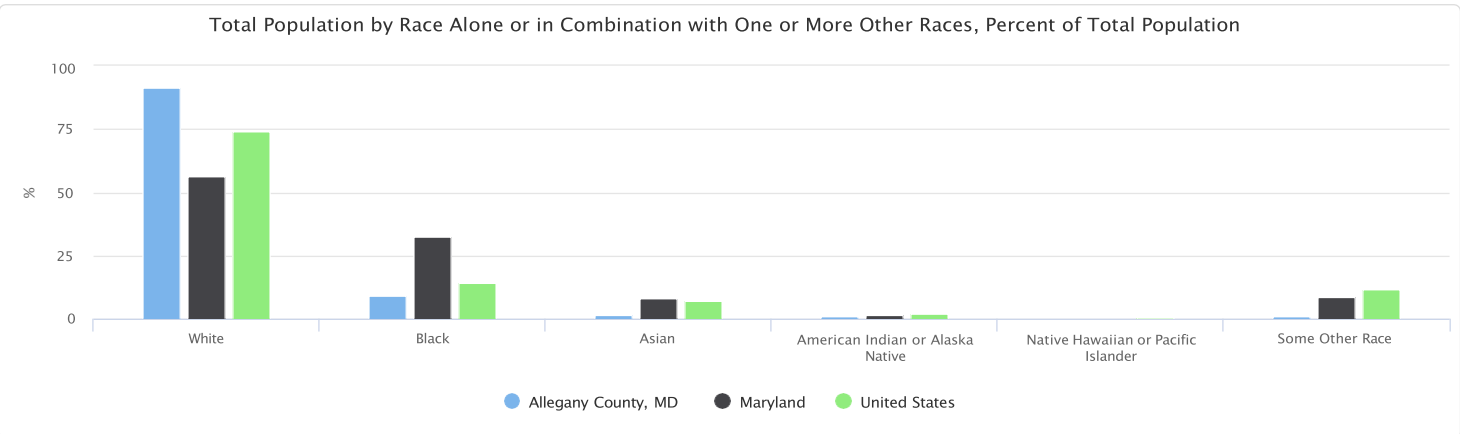
Data Source: US Census Bureau, American Community Survey. 2018-22.

Total Population by Race Alone or in Combination with One or More Other Races, Percent of Total Population

This indicator reports the percentage of population by race alone or in combination with one or more other races in the report area.
The percentage values could be interpreted as, for example, *"Of all the population in the report area, the percentage of population who are white alone or in combination with one or more other races is (value)."*

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race
Allegany County, MD	91.21%	9.29%	1.38%	0.79%	0.06%	1.23%
Maryland	56.57%	32.50%	7.93%	1.30%	0.21%	8.50%
United States	73.98%	14.35%	7.05%	2.04%	0.46%	11.58%

Data Source: US Census Bureau, American Community Survey. 2018-22.

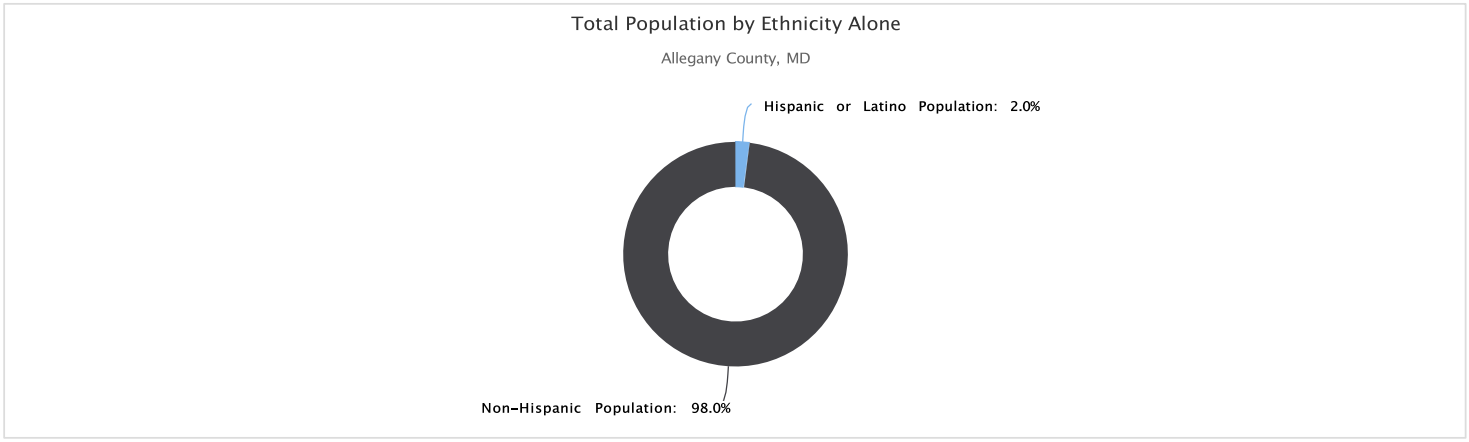


Total Population by Ethnicity Alone

This indicator reports the total population of the report area by ethnicity alone.

Report Area	Total Population	Hispanic or Latino Population	Hispanic or Latino Population, Percent	Non-Hispanic Population	Non-Hispanic Population, Percent
Allegany County, MD	68,161	1,377	2.02%	66,784	97.98%
Maryland	6,161,707	672,905	10.92%	5,488,802	89.08%
United States	331,097,593	61,755,866	18.65%	269,341,727	81.35%

Data Source: US Census Bureau, American Community Survey. 2018-22.

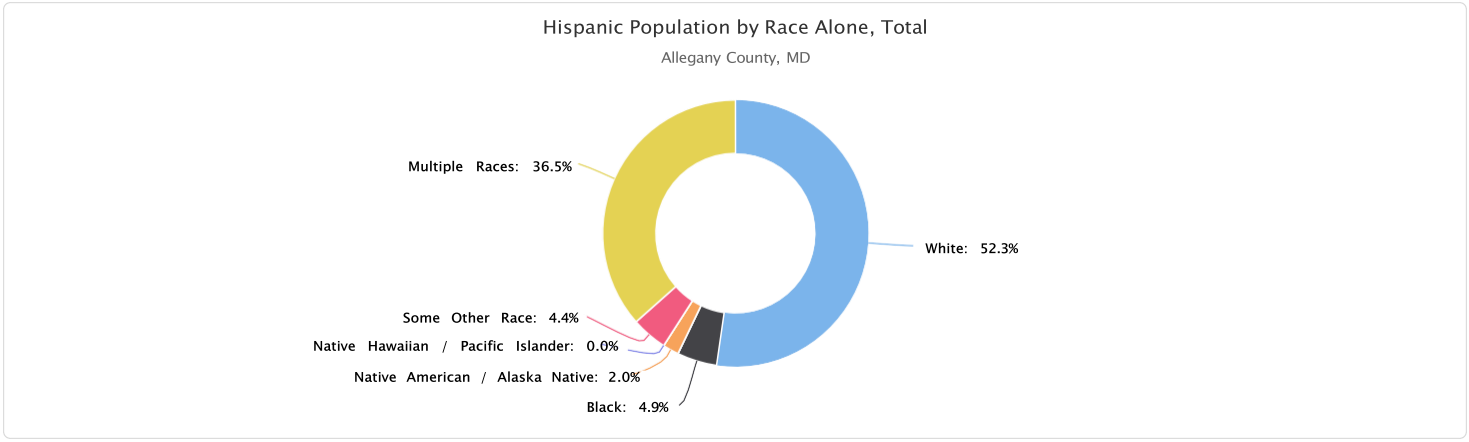


Hispanic Population by Race Alone, Total

This indicator reports the total of Hispanic or Latino population in the report area by race alone.

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Allegany County, MD	720	67	0	27	0	60	503
Maryland	165,242	26,049	2,753	9,863	1,015	322,870	145,113
United States	23,236,960	1,142,180	239,537	960,145	63,302	18,600,063	17,513,679

Data Source: US Census Bureau, American Community Survey. 2018-22.

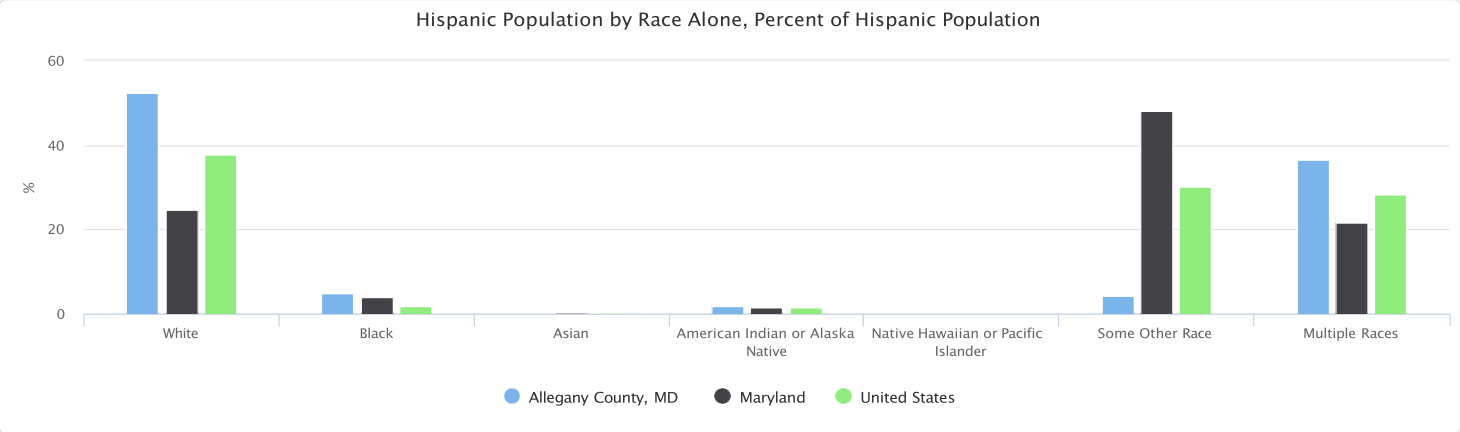


Hispanic Population by Race Alone, Percent of Hispanic Population

This indicator reports the percentage of Hispanic or Latino population in the report area by race alone.
The percentage values could be interpreted as, for example, *"Of all the Hispanic population in the report area, the percentage of population who are white is (value)."*

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Allegany County, MD	52.29%	4.87%	0.00%	1.96%	0.00%	4.36%	36.53%
Maryland	24.56%	3.87%	0.41%	1.47%	0.15%	47.98%	21.57%
United States	37.63%	1.85%	0.39%	1.55%	0.10%	30.12%	28.36%

Data Source: US Census Bureau, American Community Survey. 2018-22.

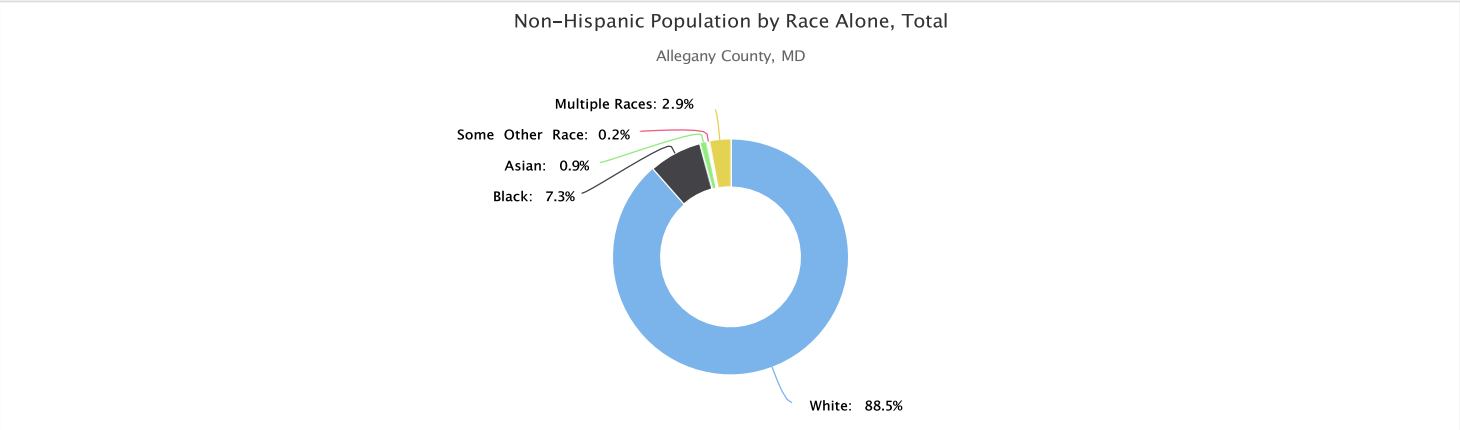


Non-Hispanic Population by Race Alone, Total

This indicator reports the total non-Hispanic population in the report area by race alone.

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Allegany County, MD	59,108	4,895	631	68	5	134	1,943
Maryland	2,989,005	1,815,877	396,983	8,480	2,105	32,532	243,820
United States	194,886,464	40,146,392	18,873,442	1,826,286	561,561	1,418,481	11,629,101

Data Source: US Census Bureau, American Community Survey. 2018-22.

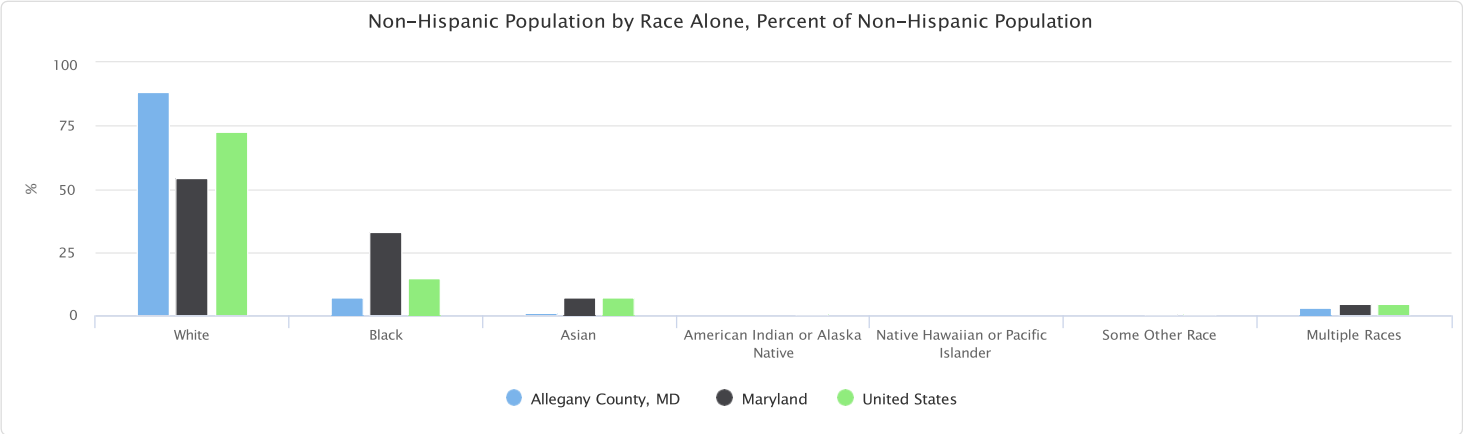


Non-Hispanic Population by Race Alone, Percent of Non-Hispanic Population

This indicator reports the percentage of the non-Hispanic population in the report area by race alone.
The percentage values could be interpreted as, for example, *"Of all the non-Hispanic population in the report area, the percentage of population who are white is (value)."*

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Allegany County, MD	88.51%	7.33%	0.94%	0.10%	0.01%	0.20%	2.91%
Maryland	54.46%	33.08%	7.23%	0.15%	0.04%	0.59%	4.44%
United States	72.36%	14.91%	7.01%	0.68%	0.21%	0.53%	4.32%

Data Source: US Census Bureau, American Community Survey. 2018-22.



Total Population by Combined Race and Ethnicity

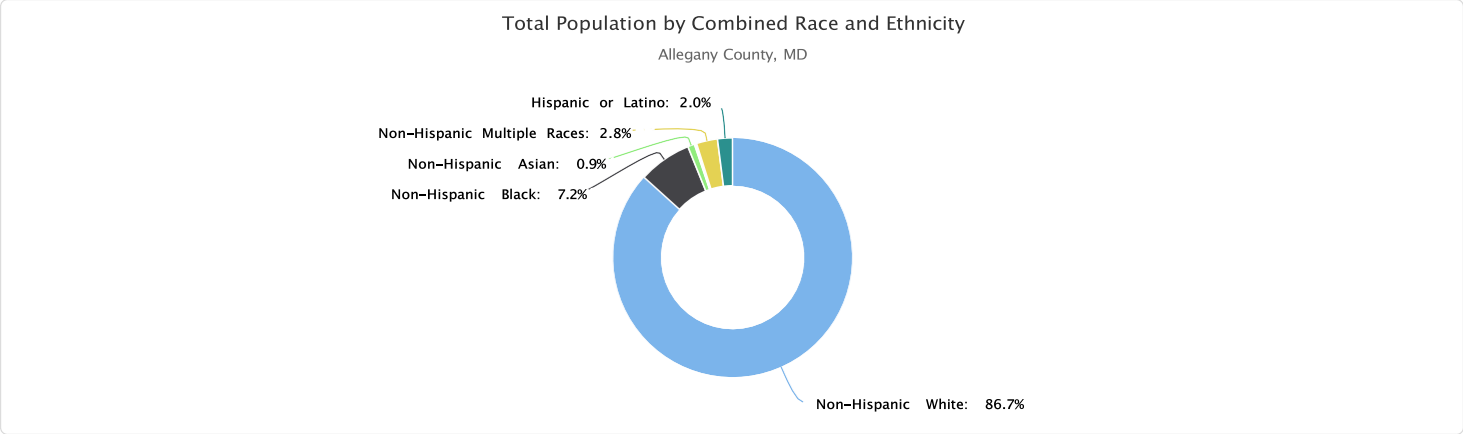
This indicator reports the percentage of the total population in the report area by combined race and ethnicity.
The percentage values could be interpreted as, for example, *"Of all the population in the report area, the percentage of population who are non-Hispanic white is (value)."*

Note: Some of the combined race/ethnicity groups use acronyms for their names in the following table and chart. The full forms are as followed:

- *Non-Hispanic NAAN = Non-Hispanic Native American or Alaska Native*
- *Non-Hispanic NPI = Non-Hispanic Native Hawaiian or Pacific Islander*
- *Non-Hispanic Other = Non-Hispanic Some Other Race*

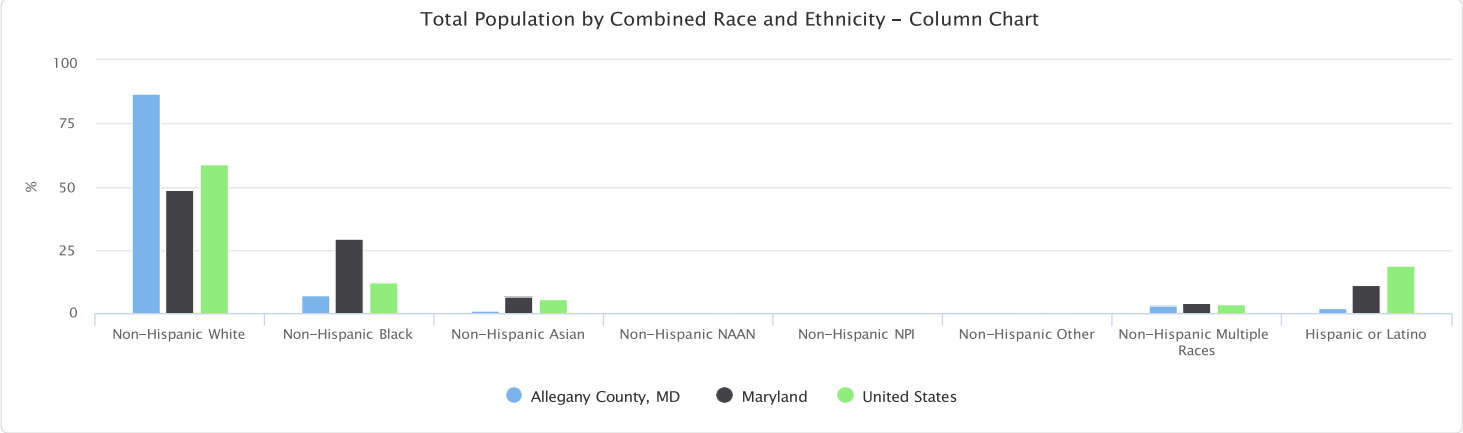
Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic NAAN	Non-Hispanic NPI	Non-Hispanic Other	Non-Hispanic Multiple Races	Hispanic or Latino
Allegany County, MD	86.72%	7.18%	0.93%	0.10%	0.01%	0.20%	2.85%	2.02%
Maryland	48.51%	29.47%	6.44%	0.14%	0.03%	0.53%	3.96%	10.92%
United States	58.86%	12.13%	5.70%	0.55%	0.17%	0.43%	3.51%	18.65%

Data Source: US Census Bureau, American Community Survey. 2018-22.



Total Population by Combined Race and Ethnicity - Column Chart

The chart below represents combined race and ethnicity data in a column chart. This chart enables comparison between the report area and state and/or national averages.

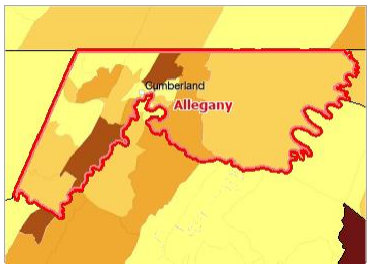


Total Population (Census 2020)

This indicator reports total population and the population density. Population density is defined as the number of persons per square mile of land area. Data are obtained from the Census 2020. A total of 68,106 people live in the 422.20 square mile report area defined for this assessment. The population density for this area, estimated at 161 persons per square mile, is greater than the national average population density of 94 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Allegany County, MD	68,106	422.20	161
Maryland	6,177,224	9,711.15	636
United States	331,449,281	3,533,018.38	94

Data Source: US Census Bureau, Decennial Census. 2020.



View larger map

Total Population, Total by Tract, US Census Bureau 2020

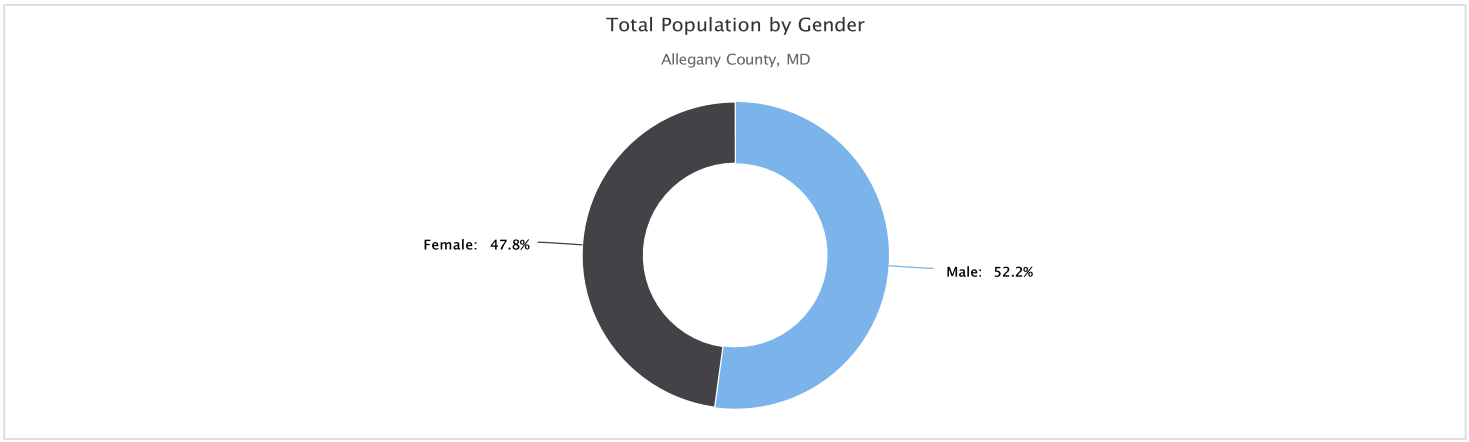
- Over 6,000
- 5,001 - 6,000
- 4,001 - 5,000
- 3,001 - 4,000
- Under 3,001
- Allegany County, MD

Total Population by Gender

This indicator reports the total population of the report area by gender.
The percentage values could be interpreted as, for example, *"Among the total report area population, the percentage of population that is male is (value)."*

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	35,532	32,574	52.17%	47.83%
Maryland	2,975,416	3,201,808	48.17%	51.83%
United States	162,685,811	168,763,470	49.08%	50.92%

Data Source: US Census Bureau, Decennial Census. 2020.

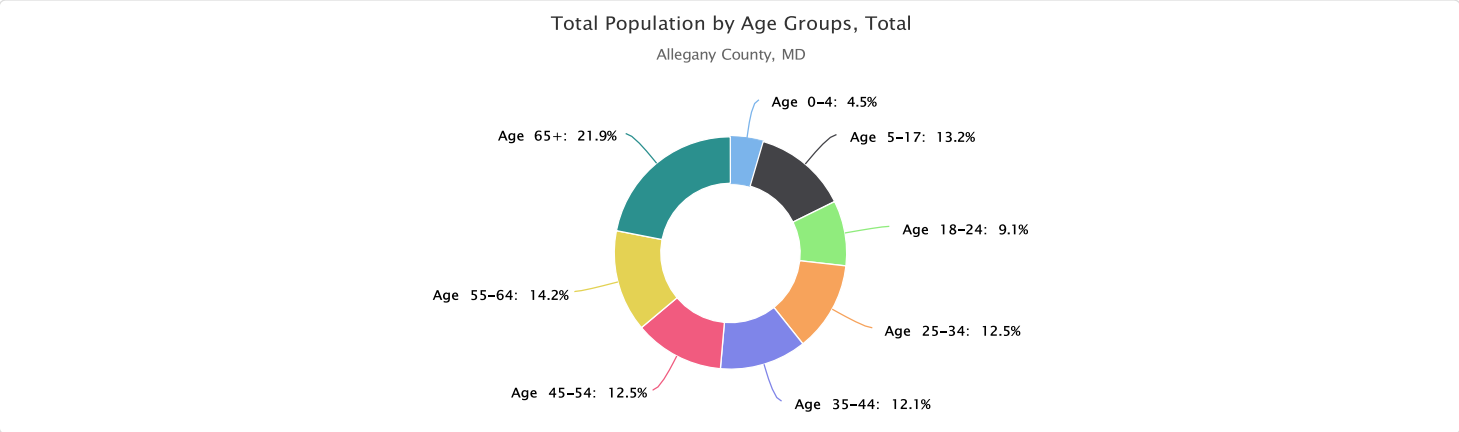


Total Population by Age Groups, Total

This indicator reports the total population of the report area by age groups.

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Allegany County, MD	3,095	8,972	6,171	8,522	8,235	8,527	9,654	14,930
Maryland	345,047	1,016,975	558,037	840,975	805,867	787,757	836,251	986,315
United States	18,400,235	54,705,765	31,254,763	44,834,666	42,184,137	40,868,806	43,408,408	55,792,501

Data Source: US Census Bureau, Decennial Census. 2020.

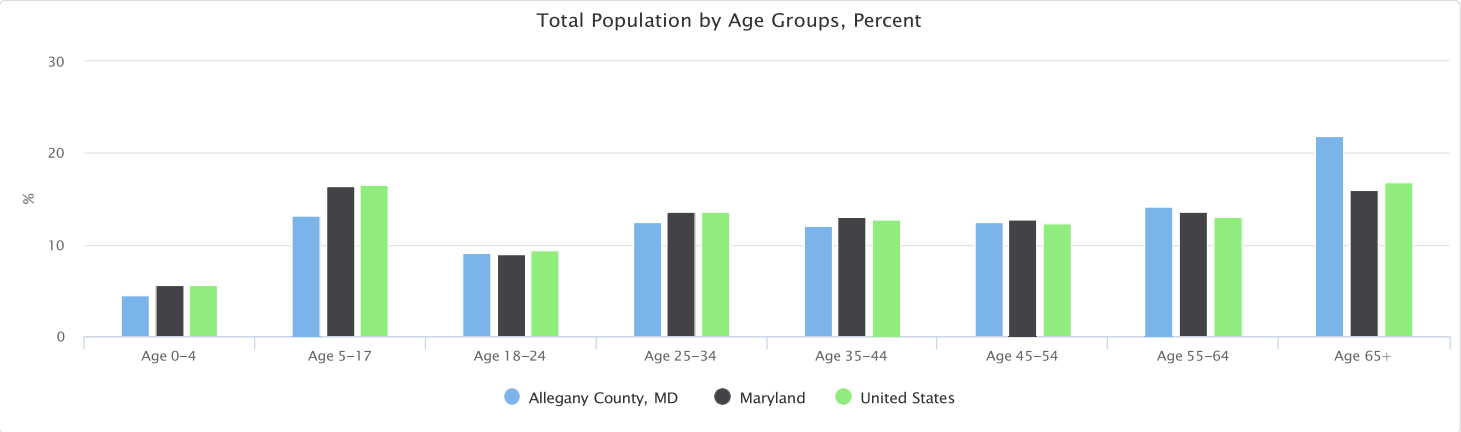


Total Population by Age Groups, Percent

This indicator reports the percentage of age groups in the population of the report area.
The percentage values could be interpreted as, for example, *"Of the total population in the report area, the percentage of population age 0-4 is (value)."*

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Allegany County, MD	4.54%	13.17%	9.06%	12.51%	12.09%	12.52%	14.17%	21.92%
Maryland	5.59%	16.46%	9.03%	13.61%	13.05%	12.75%	13.54%	15.97%
United States	5.55%	16.51%	9.43%	13.53%	12.73%	12.33%	13.1%	16.83%

Data Source: US Census Bureau, Decennial Census. 2020.

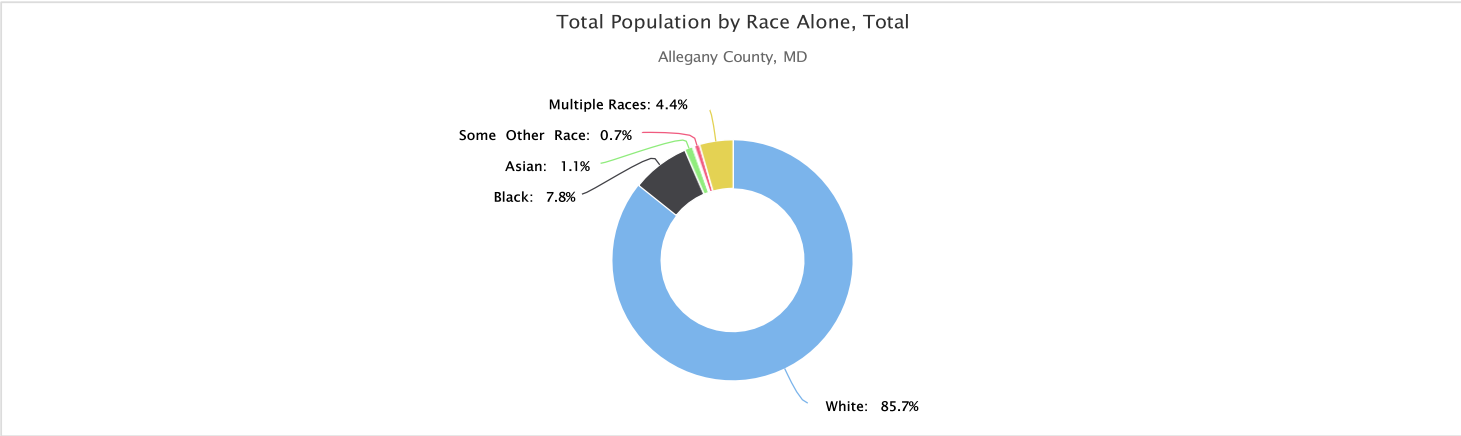


Total Population by Race Alone, Total

This indicator reports the total population of the report area by race alone.

Report Area	White	Black	Asian	American Indian / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Allegany County, MD	58,377	5,341	742	137	22	468	3,019
Maryland	3,007,874	1,820,472	420,944	31,845	3,247	410,941	481,901
United States	204,277,273	41,104,200	19,886,049	3,727,135	689,966	27,915,715	33,848,943

Data Source: US Census Bureau, Decennial Census. 2020.

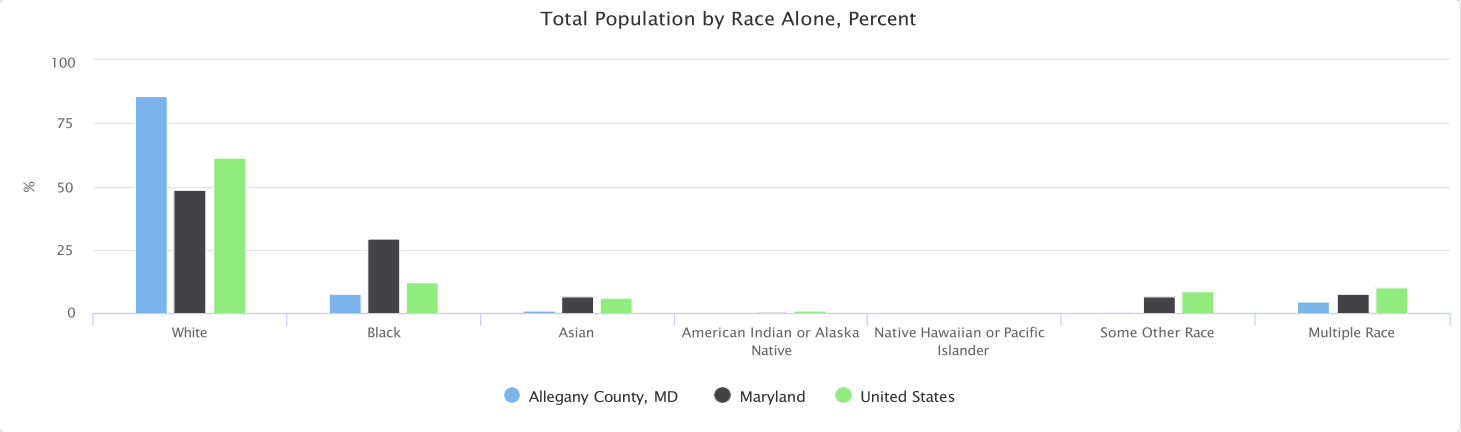


Total Population by Race Alone, Percent

This indicator reports the percentage of population by race alone in the report area.
The percentage values could be interpreted as, for example, *"Of all the population in the report area, the percentage of population who are white is (value)."*

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	85.71%	7.84%	1.09%	0.2%	0.03%	0.69%	4.43%
Maryland	48.69%	29.47%	6.81%	0.52%	0.05%	6.65%	7.8%
United States	61.63%	12.4%	6%	1.12%	0.21%	8.42%	10.21%

Data Source: US Census Bureau, Decennial Census. 2020.

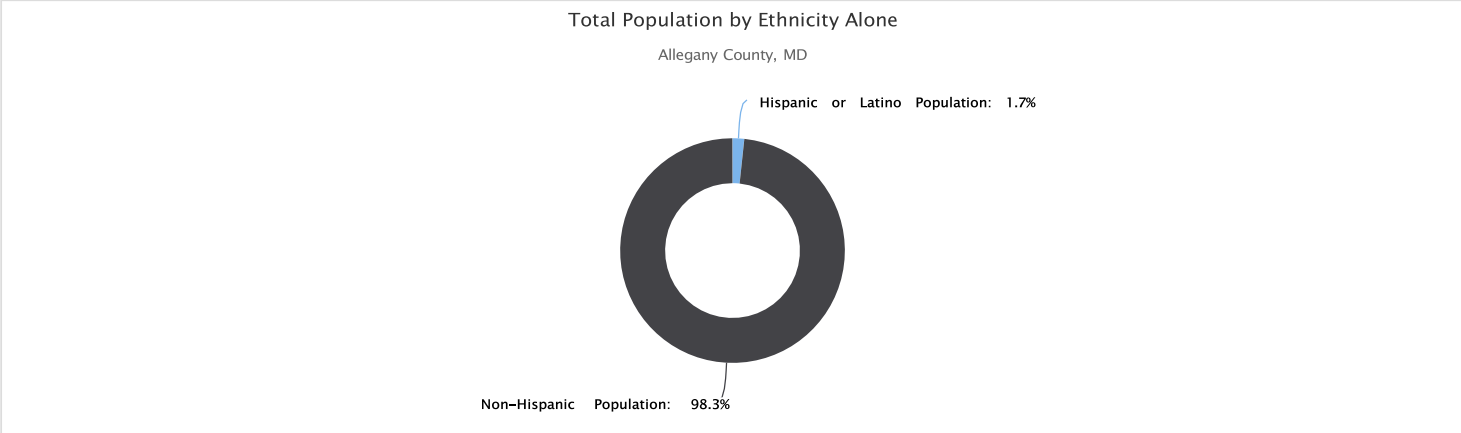


Total Population by Ethnicity Alone

This indicator reports the total population of the report area by ethnicity alone.

Report Area	Total Population	Hispanic or Latino Population	Hispanic or Latino Population, Percent	Non-Hispanic Population	Non-Hispanic Population, Percent
Allegany County, MD	68,106	1,149	1.69%	66,957	98.31%
Maryland	6,177,224	729,745	11.81%	5,447,479	88.19%
United States	331,449,281	62,080,044	18.73%	269,369,237	81.27%

Data Source: US Census Bureau, Decennial Census. 2020.

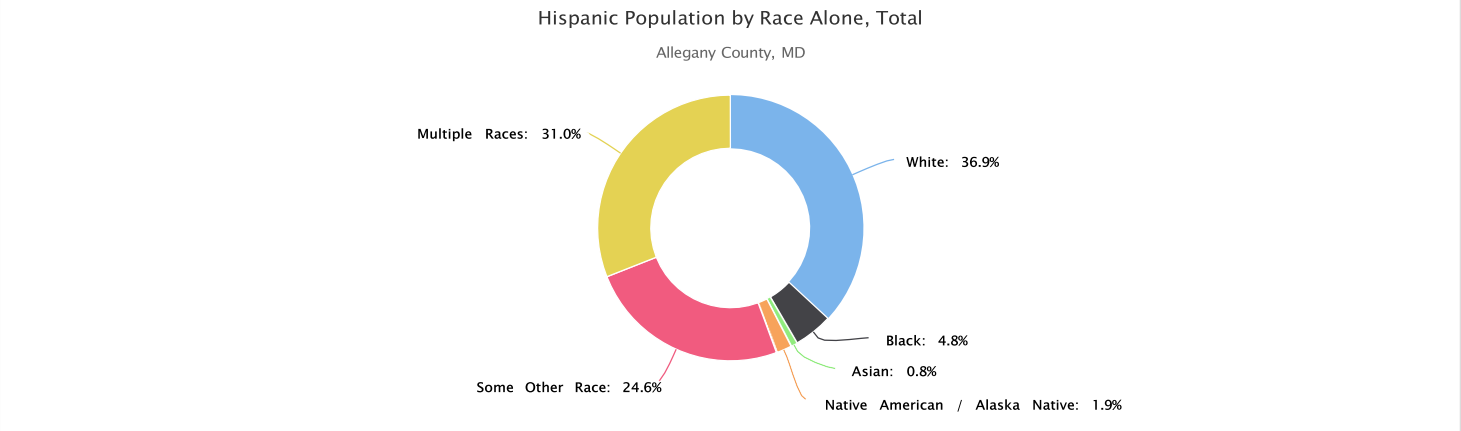


Hispanic Population by Race Alone, Total

This indicator reports the total of Hispanic or Latino population in the report area by race alone.

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Allegany County, MD	424	55	9	22	0	283	356
Maryland	94,092	25,445	2,982	19,790	672	375,627	211,137
United States	12,579,626	1,163,862	267,330	1,475,436	67,948	26,225,882	20,299,960

Data Source: US Census Bureau, Decennial Census. 2020.

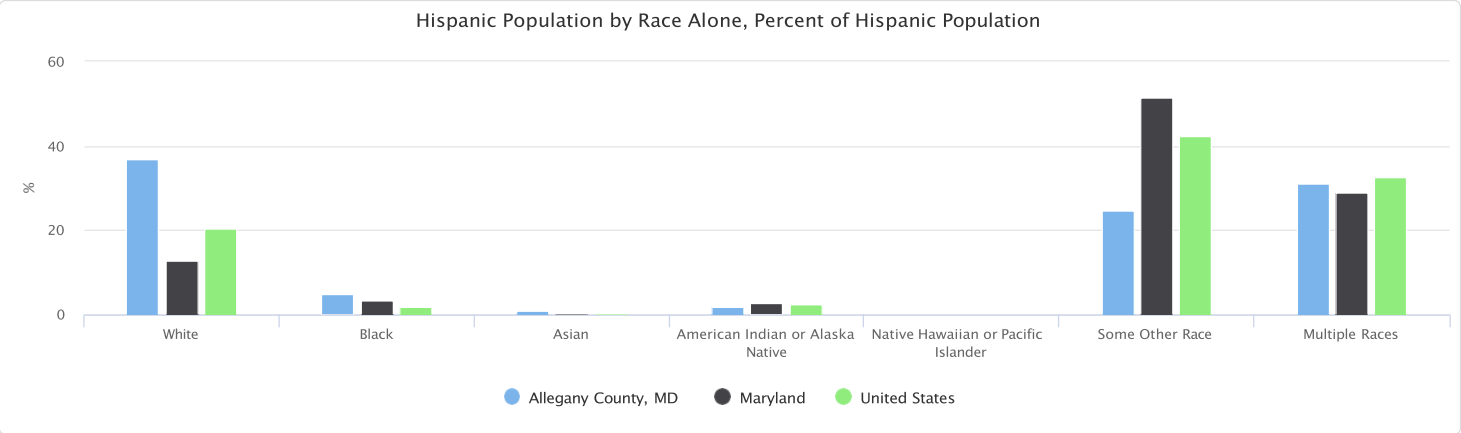


Hispanic Population by Race Alone, Percent of Hispanic Population

This indicator reports the percentage of Hispanic or Latino population in the report area by race alone.
The percentage values could be interpreted as, for example, *"Of all the Hispanic population in the report area, the percentage of population who are white is (value)."*

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Allegany County, MD	36.9%	4.79%	0.78%	1.91%	0%	24.63%	30.98%
Maryland	12.89%	3.49%	0.41%	2.71%	0.09%	51.47%	28.93%
United States	20.26%	1.87%	0.43%	2.38%	0.11%	42.25%	32.7%

Data Source: US Census Bureau, Decennial Census. 2020.

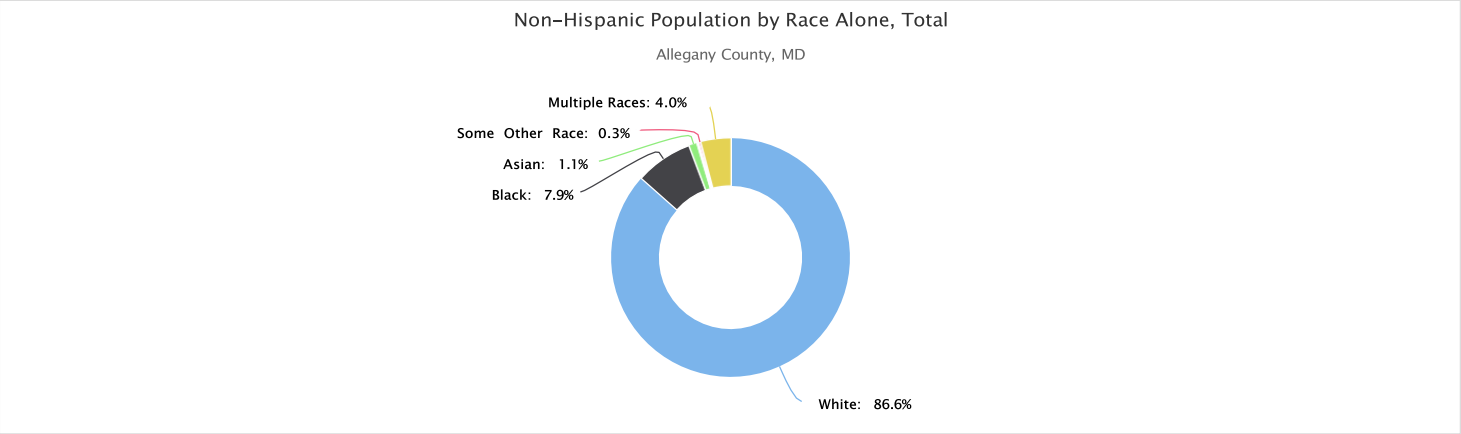


Non-Hispanic Population by Race Alone, Total

This indicator reports the total non-Hispanic population in the report area by race alone.

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Allegany County, MD	57,953	5,286	733	115	22	185	2,663
Maryland	2,913,782	1,795,027	417,962	12,055	2,575	35,314	270,764
United States	191,697,647	39,940,338	19,618,719	2,251,699	622,018	1,689,833	13,548,983

Data Source: US Census Bureau, Decennial Census. 2020.

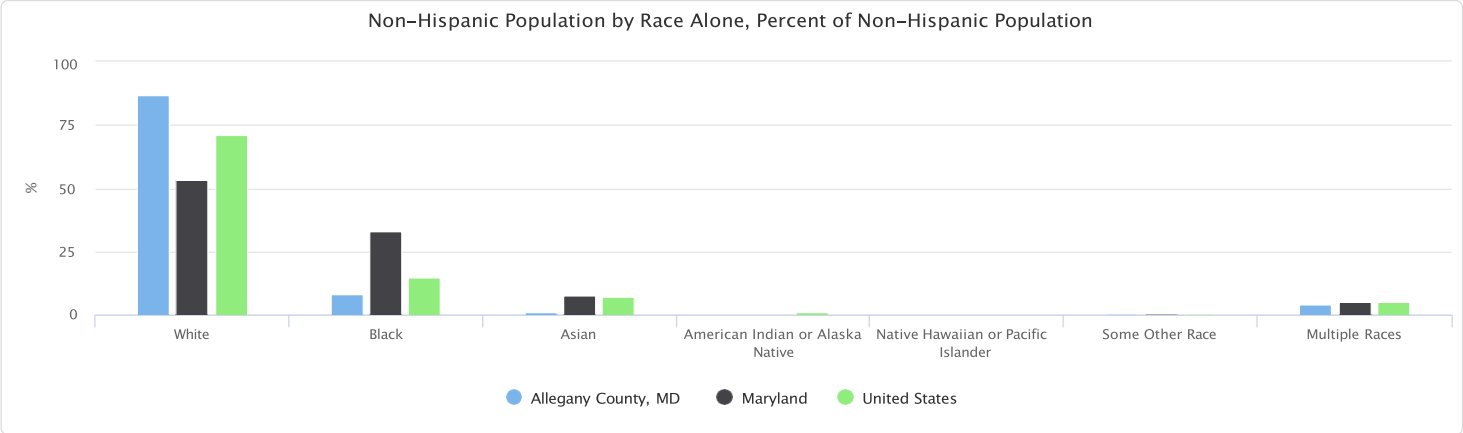


Non-Hispanic Population by Race Alone, Percent of Non-Hispanic Population

This indicator reports the percentage of the non-Hispanic population in the report area by race alone.
The percentage values could be interpreted as, for example, *"Of all the non-Hispanic population in the report area, the percentage of population who are white is (value)."*

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Allegany County, MD	86.55%	7.89%	1.09%	0.17%	0.03%	0.28%	3.98%
Maryland	53.49%	32.95%	7.67%	0.22%	0.05%	0.65%	4.97%
United States	71.17%	14.83%	7.28%	0.84%	0.23%	0.63%	5.03%

Data Source: US Census Bureau, Decennial Census. 2020.



Population by Combined Race and Ethnicity

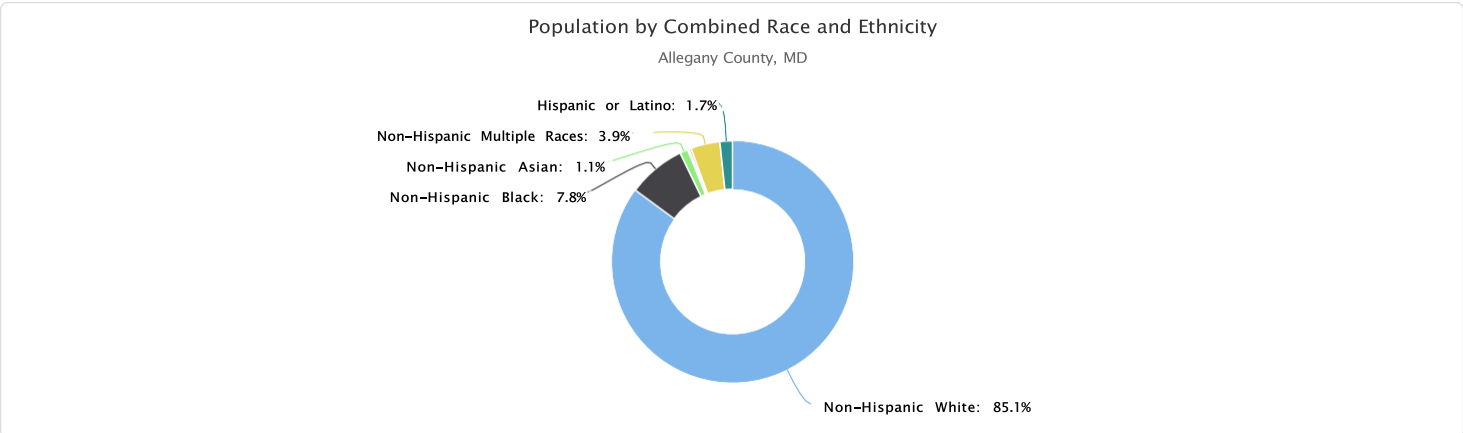
This indicator reports the percentage of the total population in the report area by combined race and ethnicity. The percentage values could be interpreted as, for example, *"Of all the population in the report area, the percentage of population who are non-Hispanic white is (value)."*

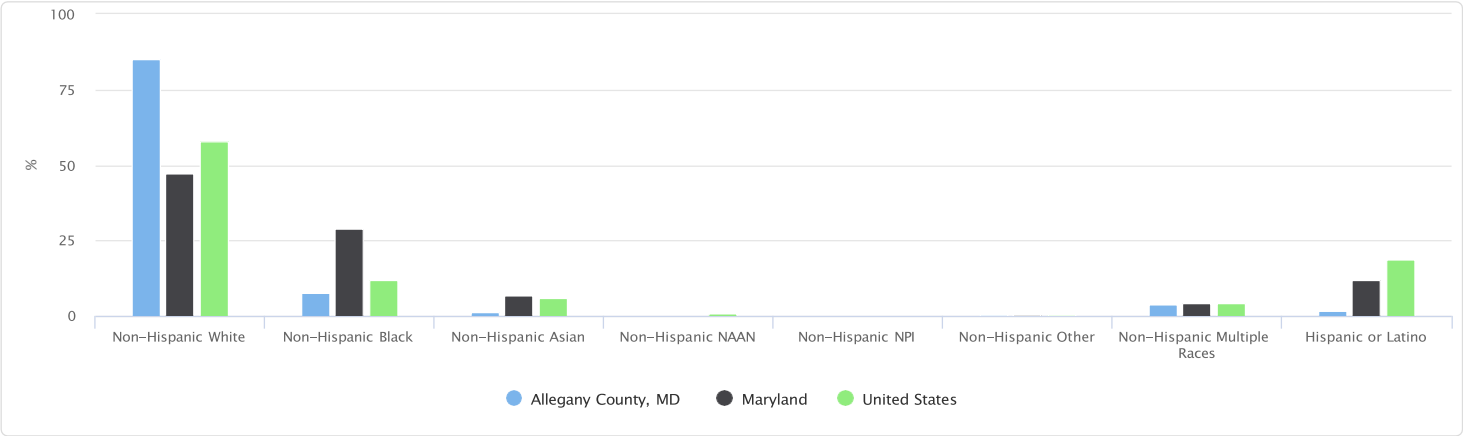
Note: Some of the combined race/ethnicity groups use acronyms for their names in the following table and chart. The full forms are as followed:

- *Non-Hispanic NAAN = Non-Hispanic Native American or Alaska Native*
- *Non-Hispanic NPI = Non-Hispanic Native Hawaiian or Pacific Islander*
- *Non-Hispanic Other = Non-Hispanic Some Other Race*

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic NAAN	Non-Hispanic NPI	Non-Hispanic Other	Non-Hispanic Multiple Races	Hispanic or Latino
Allegany County, MD	85.09%	7.76%	1.08%	0.17%	0.03%	0.27%	3.91%	1.69%
Maryland	47.17%	29.06%	6.77%	0.2%	0.04%	0.57%	4.38%	11.81%
United States	57.84%	12.05%	5.92%	0.68%	0.19%	0.51%	4.09%	18.73%

Data Source: US Census Bureau, Decennial Census. 2020.



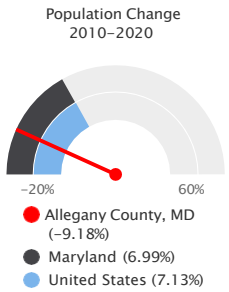


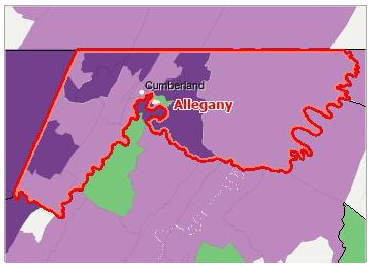
Total Population Change, 2010 - 2020

According to the United States Census Bureau Decennial Census, between 2010 and 2020 the population in the report area fell by -6,883 persons, a change of -9.18%. A significant 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, 2020 Census	Population Change, 2010-2020	Population Change, 2010-2020, Percent
Allegany County, MD	74,989	68,106	-6,883	**-9.18%**
Maryland	5,773,552	6,177,224	403,672	6.99%
United States	312,471,161	334,735,155	22,263,994	7.13%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, Decennial Census. 2020.





View larger map

Population Change, Percent by Tract, US Census Bureau 2010 - 2020

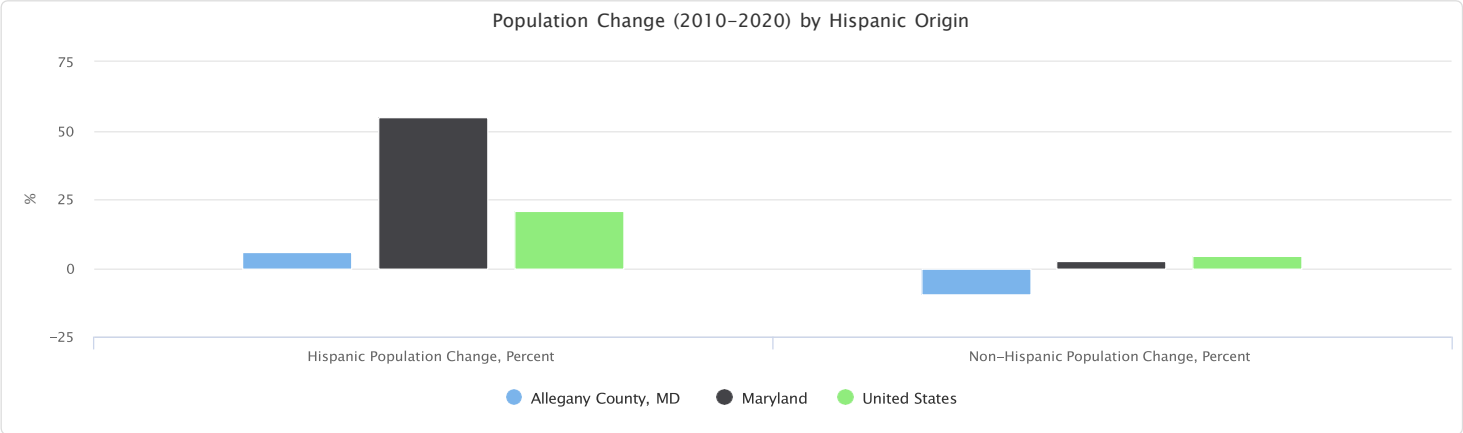
- Over 10.0% Increase (+)
- 2.0 - 10.0% Increase (+)
- Less Than 2.0% Change (+/-)
- 2.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data
- Allegany County, MD

Population Change (2010-2020) by Hispanic Origin

This indicator reports the Hispanic or Latino population change in the report area.
The percentage values could be interpreted as, for example, *"Of all the Hispanic population within the report area, there is a population change of (value) during the report time period."*

Report Area	Hispanic Population Change, Total	Hispanic Population Change, Percent	Non-Hispanic Population Change, Total	Non-Hispanic Population Change, Percent
Allegany County, MD	64	5.90%	-6,947	-9.40%
Maryland	259,110	55.06%	144,558	2.73%
United States	11,163,011	20.61%	11,100,922	4.30%

Data Source: US Census Bureau, Decennial Census. 2020.



Total Population Change (2010-2020) by Race

This indicator reports the total population change of the report area by combined race and ethnicity.

Note: Some of the combined race/ethnicity groups use acronyms for their names in the following table. The full forms are as followed:

- *Non-Hispanic AIAN = Non-Hispanic American Indian or Alaska Native*
- *Non-Hispanic NPI = Non-Hispanic Native Hawaiian or Pacific Islander*
- *Non-Hispanic Other = Non-Hispanic Some Other Race*

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic AIAN	Non-Hispanic Asian	Non-Hispanic NPI	Non-Hispanic Other	Non-Hispanic Multiple Race	Hispanic/Latino
Allegany County, MD	-8,146	-671	25	167	-4	126	1,556	64
Maryland	-244,180	120,801	-1,760	101,266	163	23,342	144,924	259,110
United States	-5,122,185	2,254,139	4,595	5,153,427	140,453	1,087,053	7,583,494	11,163,011

Data Source: US Census Bureau, Decennial Census. 2020.

Percent Population Change (2010-2020) by Race

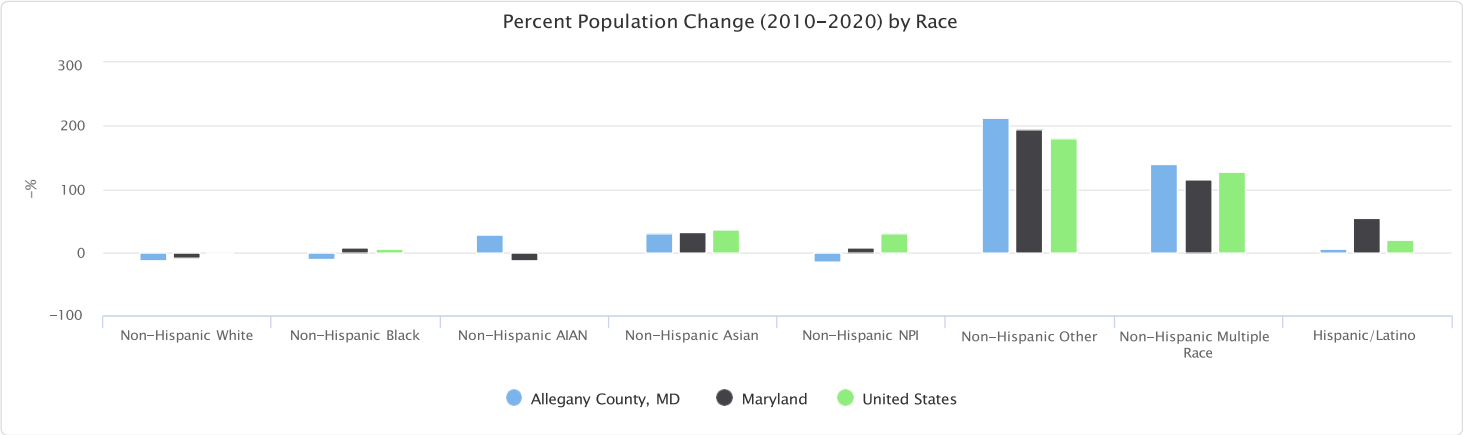
This indicator reports the total population change of the report area by combined race and ethnicity.
The percentage values could be interpreted as, for example, *"Of all the non-Hispanic white population within the report area, there is a population change of (value) during the report time period."*

Note: Some of the combined race/ethnicity groups use acronyms for their names in the following table and chart. The full forms are as followed:

- *Non-Hispanic AIAN = Non-Hispanic American Indian or Alaska Native*
- *Non-Hispanic NPI = Non-Hispanic Native Hawaiian or Pacific Islander*
- *Non-Hispanic Other = Non-Hispanic Some Other Race*

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic AIAN	Non-Hispanic Asian	Non-Hispanic NPI	Non-Hispanic Other	Non-Hispanic Multiple Race	Hispanic/Latino
Allegany County, MD	-12.32%	-11.26%	27.78%	29.51%	-15.38%	213.56%	140.56%	5.90%
Maryland	-7.73%	7.22%	-12.74%	31.98%	6.76%	194.97%	115.17%	55.06%
United States	-2.60%	5.98%	0.20%	35.62%	29.16%	179.59%	127.07%	20.61%

Data Source: US Census Bureau, Decennial Census. 2020.

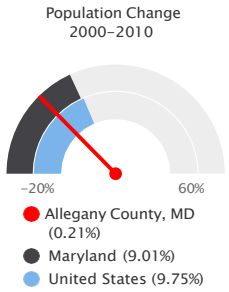


Total Population Change, 2000 - 2010

According to the United States Census Bureau Decennial Census, between 2000 and 2010 the population in the report area grew by 157 persons, a change of 0.21%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Population Change, 2000-2010	Population Change, 2000-2010, Percent
Allegany County, MD	74,930	75,087	157	**0.21%**
Maryland	5,296,477	5,773,552	477,075	9.01%
United States	280,405,781	307,745,539	27,339,758	9.75%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, Decennial Census. 2000 - 2010.



View larger map

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

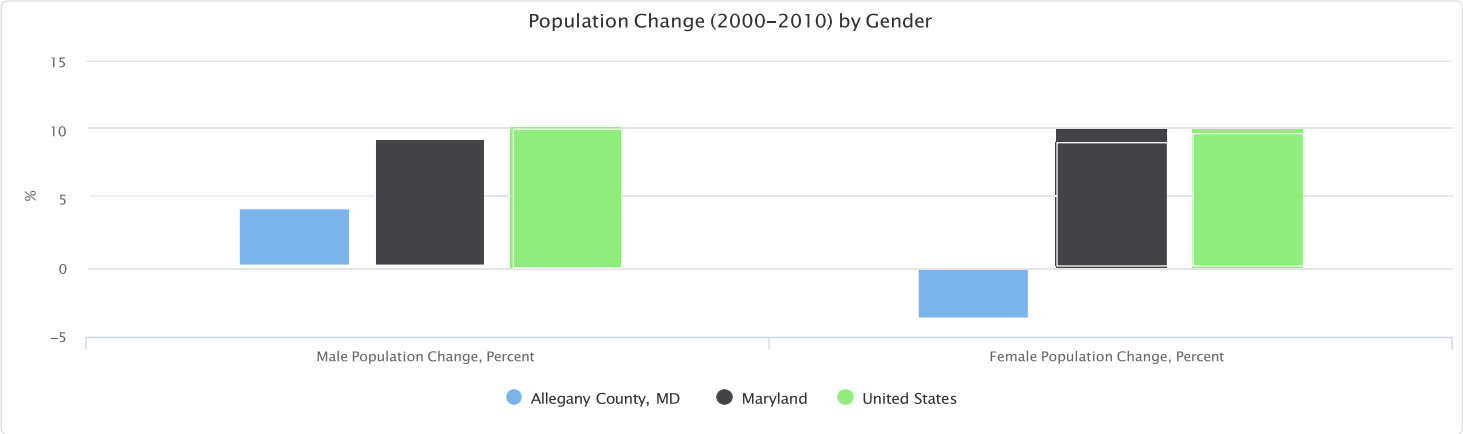
- Over 10.0% Increase (+)
- 1.0 - 10.0% Increase (+)
- Less Than 1.0% Change (+/-)
- 1.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data
- Allegany County, MD

Population Change (2000-2010) by Gender

This indicator reports the population change of the report area by gender.
The percentage values could be interpreted as, for example, *"Of all the male population within the report area, there is a population change of (value) during the report time period."*

Report Area	Male Population Change, Total	Male Population Change, Percent	Female Population Change, Total	Female Population Change, Percent
Allegany County, MD	1,523	4.08%	-1,366	-3.63%
Maryland	233,972	9.15%	243,103	8.88%
United States	13,738,020	10.02%	13,601,733	9.55%

Data Source: US Census Bureau, Decennial Census. 2000 - 2010.

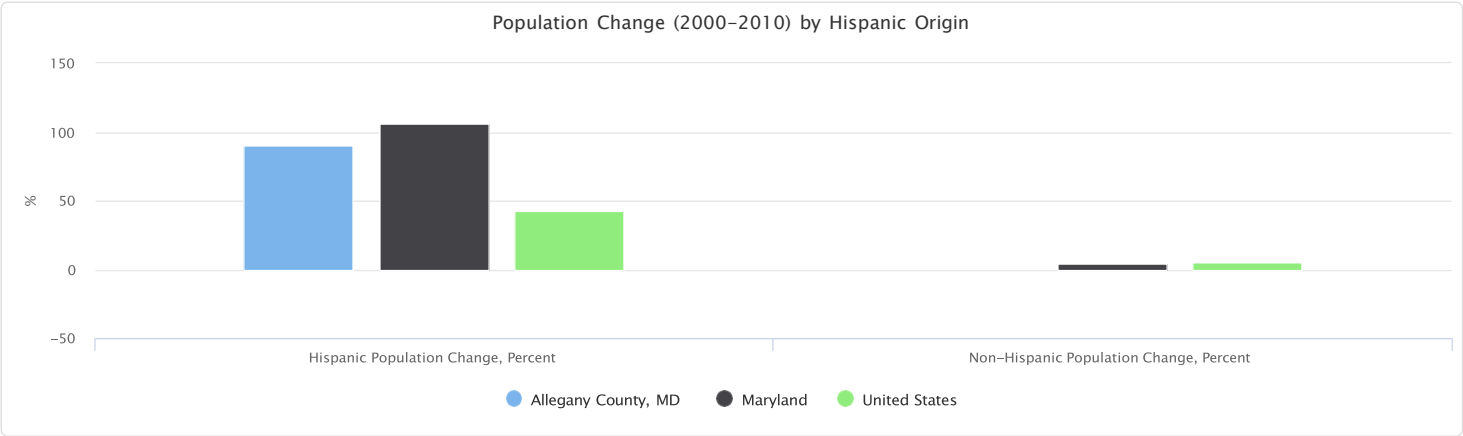


Population Change (2000-2010) by Hispanic Origin

This indicator reports the Hispanic or Latino population change in the report area.
The percentage values could be interpreted as, for example, *"Of all the Hispanic population within the report area, there is a population change of (value) during the report time period."*

Report Area	Hispanic Population Change, Total	Hispanic Population Change, Percent	Non-Hispanic Population Change, Total	Non-Hispanic Population Change, Percent
Allegany County, MD	515	90.35%	-357	-0.48%
Maryland	242,715	106.49%	234,360	4.62%
United States	15,152,943	42.93%	12,099,099	4.92%

Data Source: US Census Bureau, Decennial Census. 2000 - 2010.



Total Population Change (2000-2010) by Race

This indicator reports the total population change of the report area by race.

Report Area	White	Black	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	-2,721	2,022	-7	178	12	46	627
Maryland	-32,015	222,887	4,997	107,924	854	111,307	61,121
United States	12,199,518	5,189,316	521,420	4,433,864	141,446	3,703,567	2,190,889

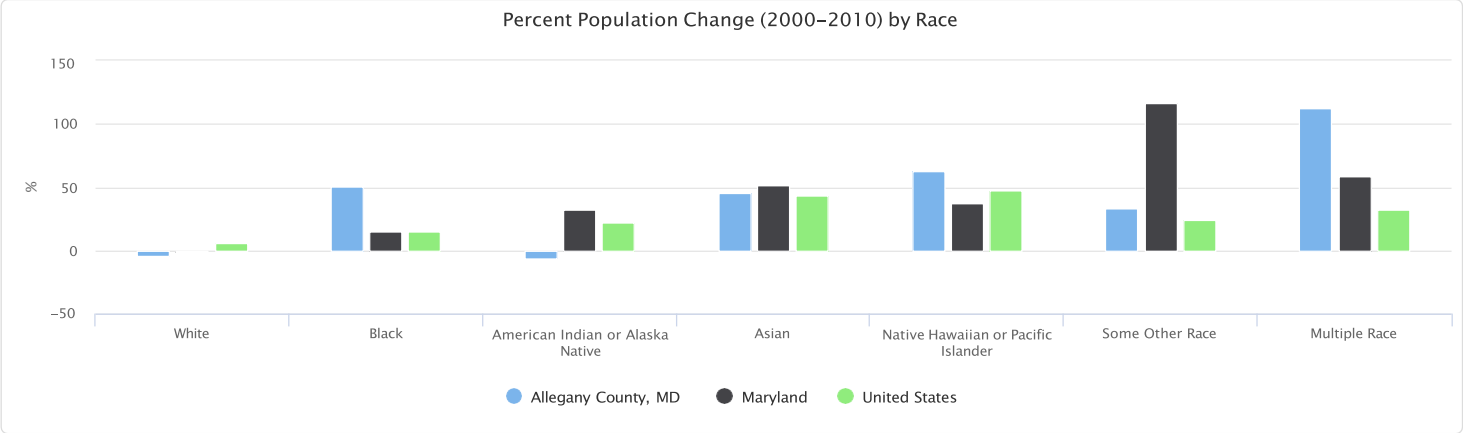
Data Source: US Census Bureau, Decennial Census. 2000 - 2010.

Percent Population Change (2000-2010) by Race

This indicator reports the percentage of population change of the report area by race.
The percentage values could be interpreted as, for example, *"Of all the white population within the report area, there is a population change of (value) during the report time period."*

Report Area	White	Black	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	-3.9%	50.47%	-6.14%	45.64%	63.16%	32.86%	112.16%
Maryland	-0.94%	15.09%	32.4%	51.17%	37.08%	116.52%	59%
United States	5.8%	15.43%	22.56%	43.72%	47.37%	24.2%	32.61%

Data Source: US Census Bureau, Decennial Census. 2000 - 2010.

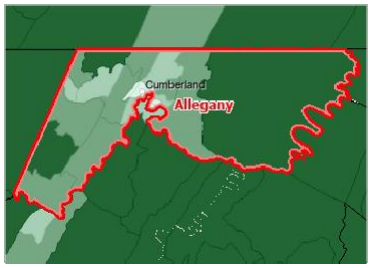


Urban and Rural Population (2020) - Rural

This indicator reports the percentage of population living in urban and rural areas as of 2020. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. Of the report areas 68,106 population, 44,279 or 65.01% of the population is classified urban while 23,827 or 34.99% is rural.

Report Area	Total Population	Urban Population	Rural Population	Urban Population, Percent	Rural Population, Percent
Allegany County, MD	68,106	44,279	23,827	65.01%	34.99%
Maryland	6,177,224	5,288,760	888,464	85.62%	14.38%
United States	331,449,281	265,149,027	66,300,254	80.00%	20.00%

Data Source: US Census Bureau, Decennial Census. 2020.



View larger map

Population Living in Rural Areas, Percent by Tract, US Census Bureau 2020

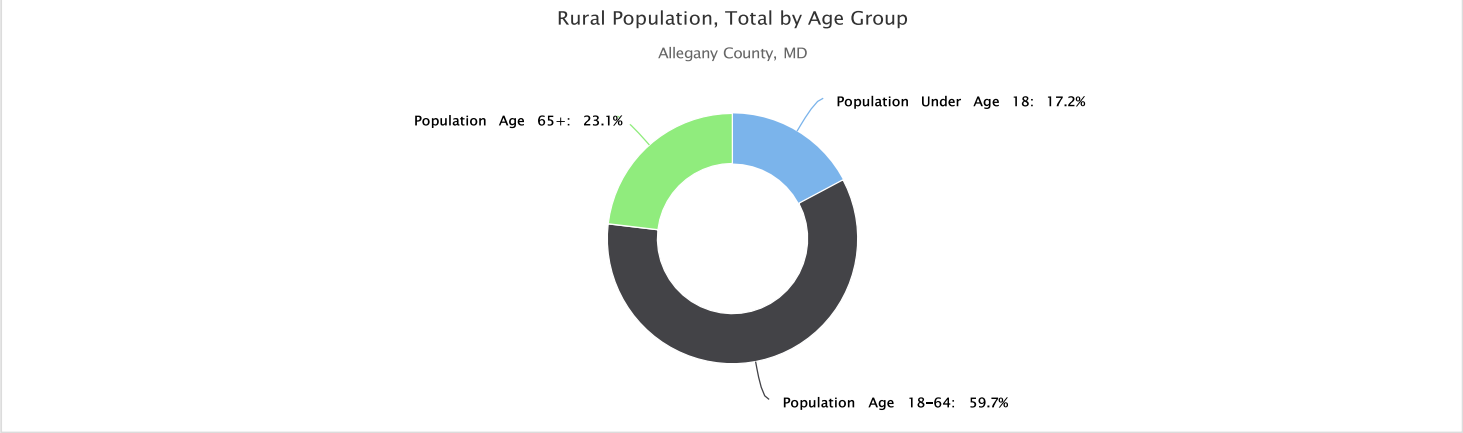
- Over 99.0%
- 17.0 - 99.0%
- Under 17.0%
- No Rural Population
- No Data or Data Suppressed
- Allegany County, MD

Rural Population, Total by Age Group

This indicator reports the total rural population of the report area by age group.

Report Area	Population Under Age 18	Population Age 18-64	Population Age 65+
Allegany County, MD	4,087	14,167	5,488
Maryland	178,863	527,195	175,752
United States	13,901,034	38,682,984	13,426,319

Data Source: US Census Bureau, Decennial Census. 2020.

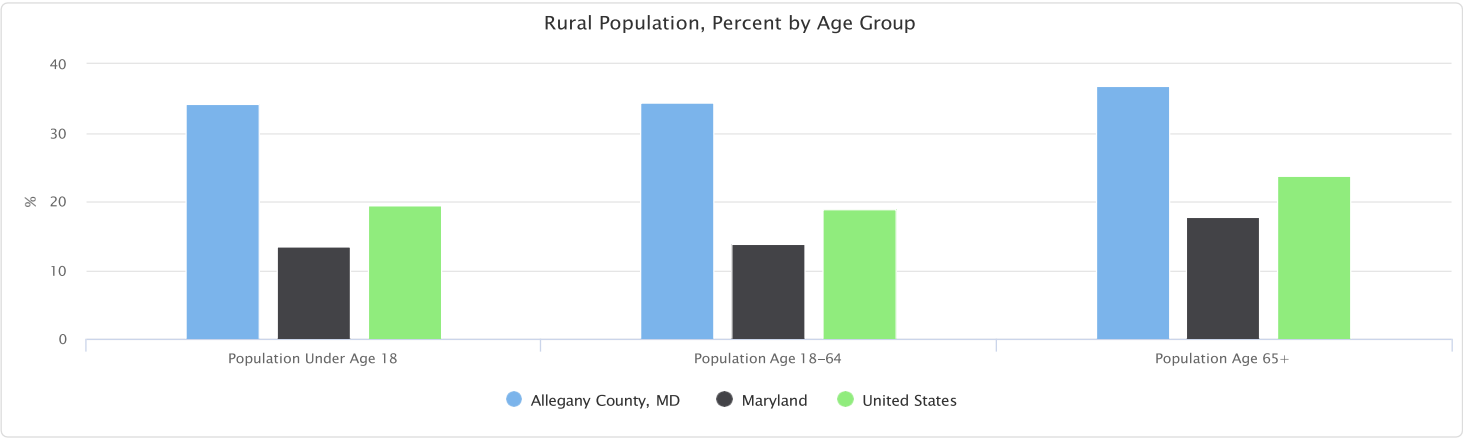


Rural Population, Percent by Age Group

This indicator reports the total rural population of the report area by age group.
The percentage values could be interpreted as, for example, *"Of all the population under age 18 within the report area, the proportion of rural population is (value)."*

Report Area	Population Under Age 18	Population Age 18-64	Population Age 65+
Allegany County, MD	34.19%	34.46%	36.76%
Maryland	13.50%	13.77%	17.82%
United States	19.35%	18.91%	23.75%

Data Source: US Census Bureau, Decennial Census. 2020.

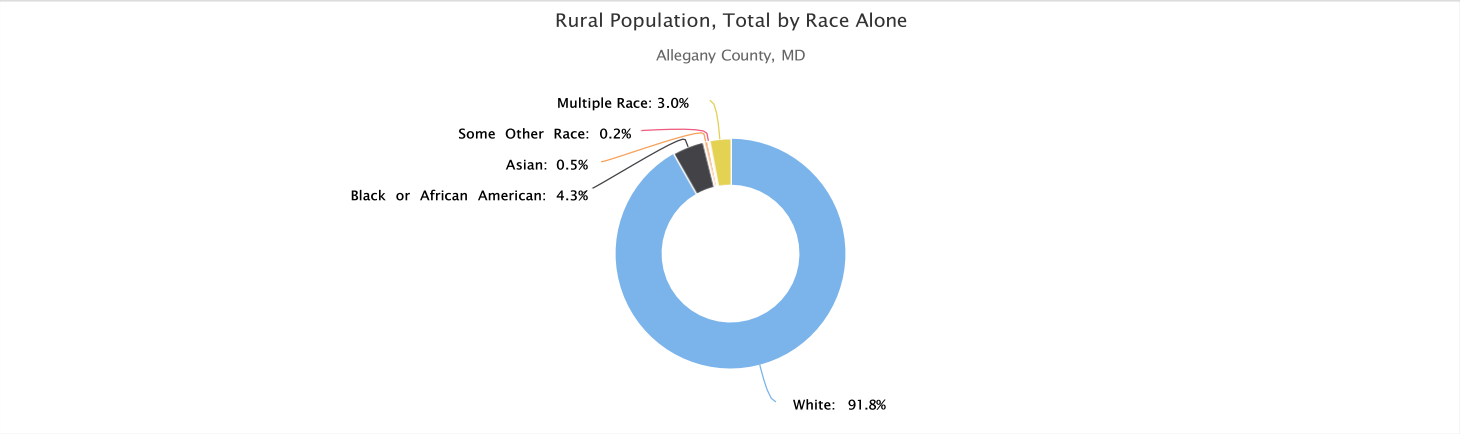


Rural Population, Total by Race Alone

This indicator reports the total rural population of the report area by race alone.

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	21,876	1,036	30	114	9	55	707
Maryland	712,607	80,187	2,896	20,825	405	16,478	55,066
United States	54,088,660	3,902,208	1,209,823	611,072	67,638	2,238,639	4,449,180

Data Source: US Census Bureau, Decennial Census. 2020.

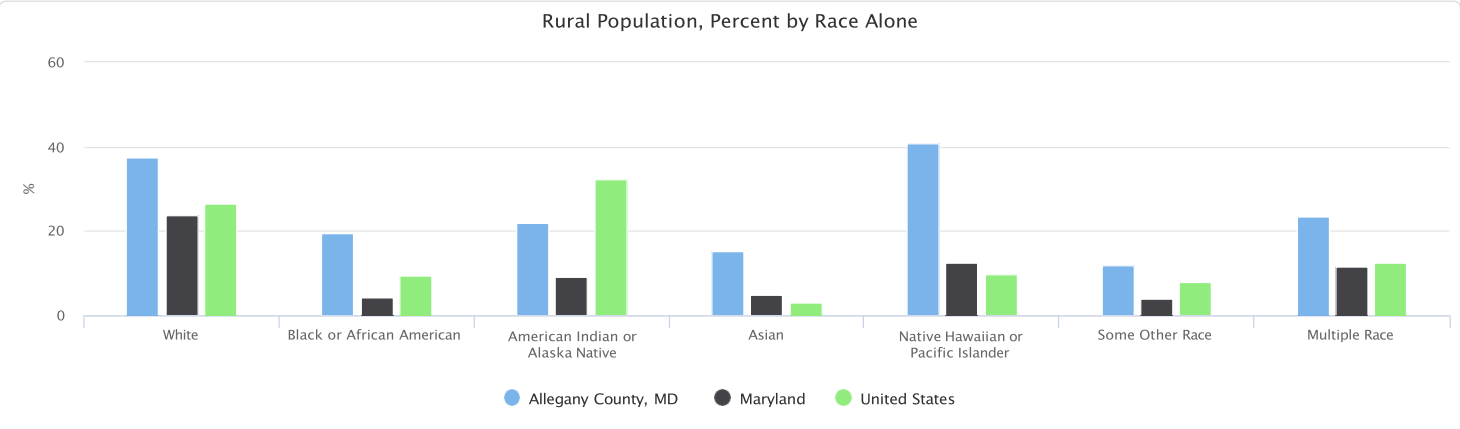


Rural Population, Percent by Race Alone

This indicator reports the percentage of rural population in the report area by race alone.
The percentage values could be interpreted as, for example, *"Of all the white population within the report area, the proportion of rural population is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	37.47%	19.40%	21.90%	15.36%	40.91%	11.75%	23.42%
Maryland	23.69%	4.40%	9.09%	4.95%	12.47%	4.01%	11.43%
United States	26.41%	9.44%	32.30%	3.07%	9.79%	7.79%	12.54%

Data Source: US Census Bureau, Decennial Census. 2020.

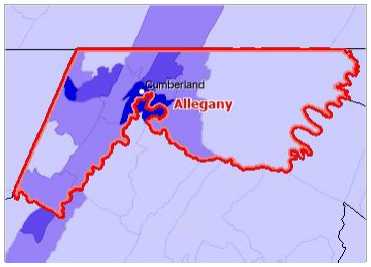


Urban and Rural Population (2020) - Urban

This indicator reports the percentage of population living in urban and rural areas as of 2020. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. Of the report areas 68,106 population, 44,279 or 65.01% of the population is classified urban while 23,827 or 34.99% is rural.

Report Area	Total Population	Urban Population	Rural Population	Urban Population, Percent	Rural Population, Percent
Allegany County, MD	68,106	44,279	23,827	65.01%	34.99%
Maryland	6,177,224	5,288,760	888,464	85.62%	14.38%
United States	331,449,281	265,149,027	66,300,254	80.00%	20.00%

Data Source: US Census Bureau, Decennial Census. 2020.



View larger map

Population Living in Urban Areas, Percent by Tract, US Census Bureau 2020

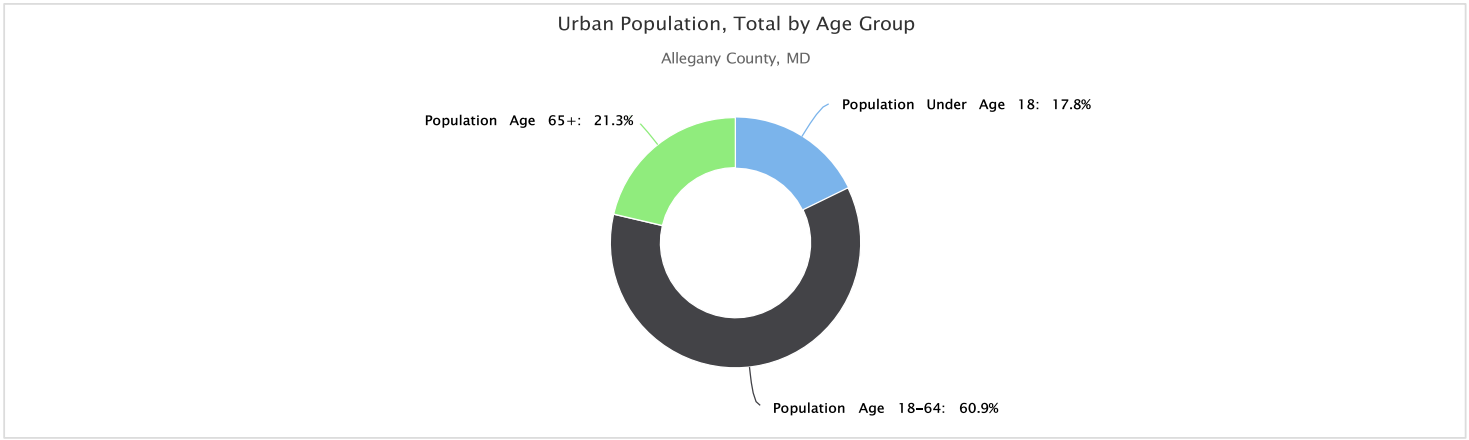
- Over 90.0%
- 80.0 - 90.0%
- Under 80.0%
- No Urban Population
- No Data or Data Suppressed
- Allegany County, MD

Urban Population, Total by Age Group

This indicator reports the total urban population of the report area by age group.

Report Area	Population Under Age 18	Population Age 18-64	Population Age 65+
Allegany County, MD	7,867	26,942	9,442
Maryland	1,145,998	3,301,692	810,563
United States	57,925,511	165,860,800	43,098,081

Data Source: US Census Bureau, Decennial Census. 2020.

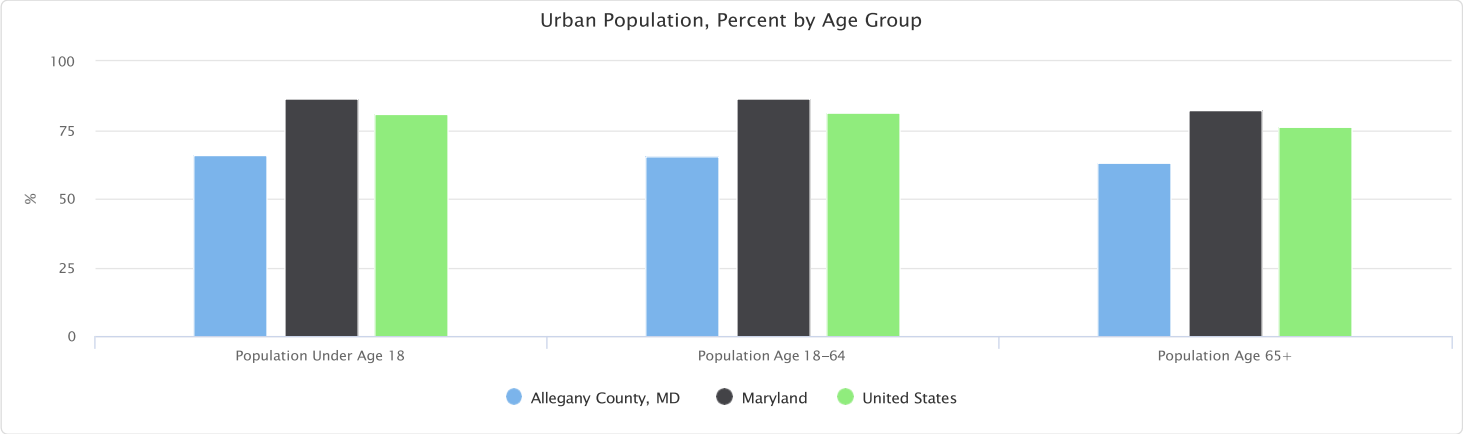


Urban Population, Percent by Age Group

This indicator reports the total urban population of the report area by age group.
The percentage values could be interpreted as, for example, *"Of all the population under age 18 within the report area, the proportion of urban population is (value)."*

Report Area	Population Under Age 18	Population Age 18-64	Population Age 65+
Allegany County, MD	65.81%	65.54%	63.24%
Maryland	86.50%	86.23%	82.18%
United States	80.65%	81.09%	76.25%

Data Source: US Census Bureau, Decennial Census. 2020.

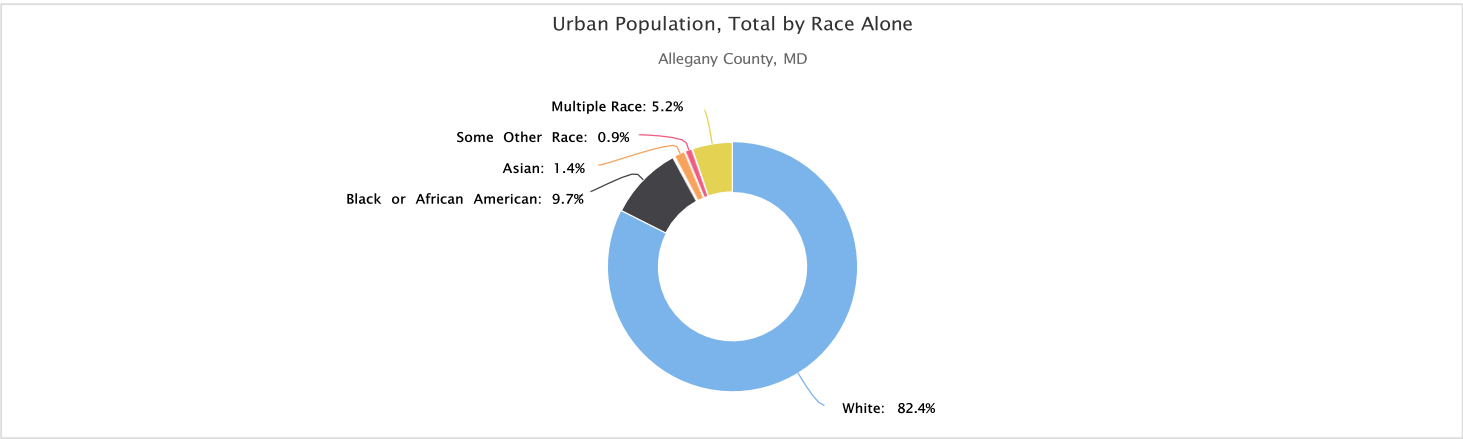


Urban Population, Total by Race Alone

This indicator reports the total urban population of the report area by race alone.

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	36,501	4,305	107	628	13	413	2,312
Maryland	2,295,267	1,740,285	28,949	400,119	2,842	394,463	426,835
United States	150,749,205	37,430,703	2,535,182	19,278,978	622,921	26,515,392	31,035,554

Data Source: US Census Bureau, Decennial Census. 2020.

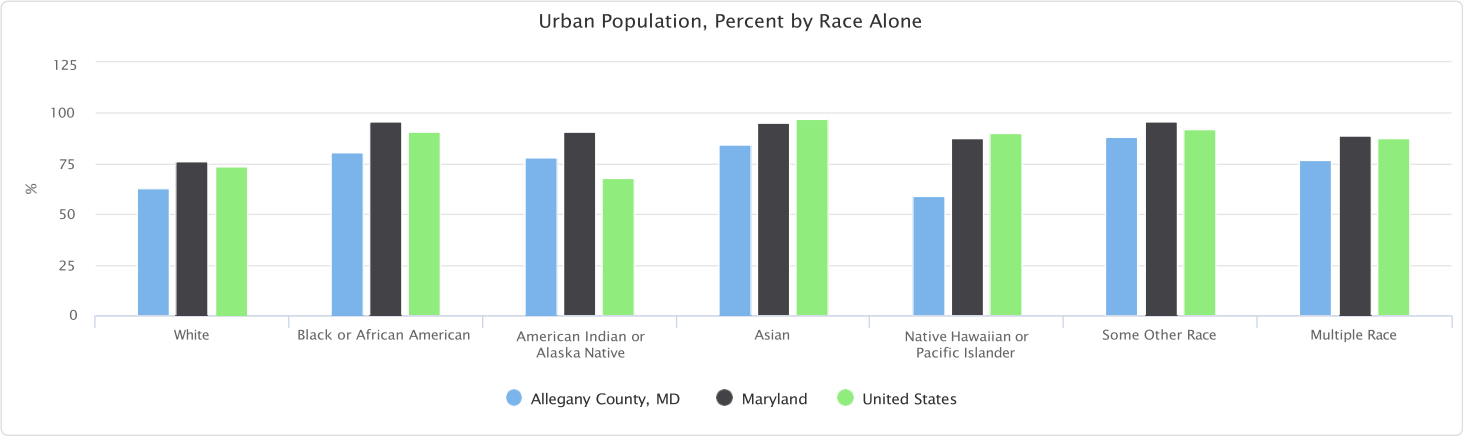


Urban Population, Percent by Race Alone

This indicator reports the percentage of urban population in the report area by race alone.
The percentage values could be interpreted as, for example, *"Of all the white population within the report area, the proportion of urban population is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	62.53%	80.60%	78.10%	84.64%	59.09%	88.25%	76.58%
Maryland	76.31%	95.60%	90.91%	95.05%	87.53%	95.99%	88.57%
United States	73.59%	90.56%	67.70%	96.93%	90.21%	92.21%	87.46%

Data Source: US Census Bureau, Decennial Census. 2020.

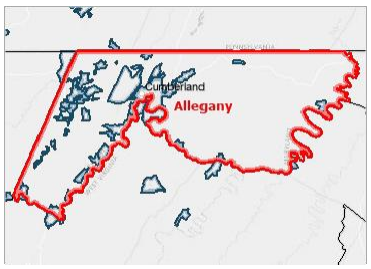


Urban and Rural Population (Incorporated) (Census 2020)

This indicator reports the percentage of the population living in incorporated areas (cities or towns).

Report Area	Total Population, 2020 Census	Total in Incorporated Areas	Percentage in Incorporated Areas	Total Outside Incorporated Areas	Percentage Outside Incorporated Areas
Allegany County, MD	68,106	51,430	75.51%	16,676	24.49%
Maryland	6,177,224	5,203,572	84.24%	973,652	15.76%
United States	334,735,155	251,616,800	75.17%	83,118,355	24.83%

Data Source: US Census Bureau, Decennial Census. 2020.



View larger map

City/Place Boundaries, TIGER 2021

City/Place Boundaries, TIGER 2021
Allegany County, MD

Group Quarters Population

This indicator reports the total population living in group quarters. Group quarters refers to a group residence or a living arrangement that is owned or managed by an entity or organization providing housing and/or services for the residents. Group quarters include such places as college residence halls, residential treatment centers, skilled-nursing facilities, group homes, military barracks, correctional facilities, and workers' dormitories. There were 6,163 persons living in group quarters at the time of the 2020 Decennial Census, or 9.05% of the total report area population.

Report Area	Total Population, 2020 Census	Population Living in Group Quarters	Population Living in Group Quarters, Percentage
Allegany County, MD	68,106	6,163	9.05%
Maryland	6,177,224	125,505	2.03%
United States	334,735,155	8,276,525	2.47%

Data Source: US Census Bureau, Decennial Census. 2020.

View larger map

Population Living in Group Quarters, Percent by Tract, US Census Bureau 2020

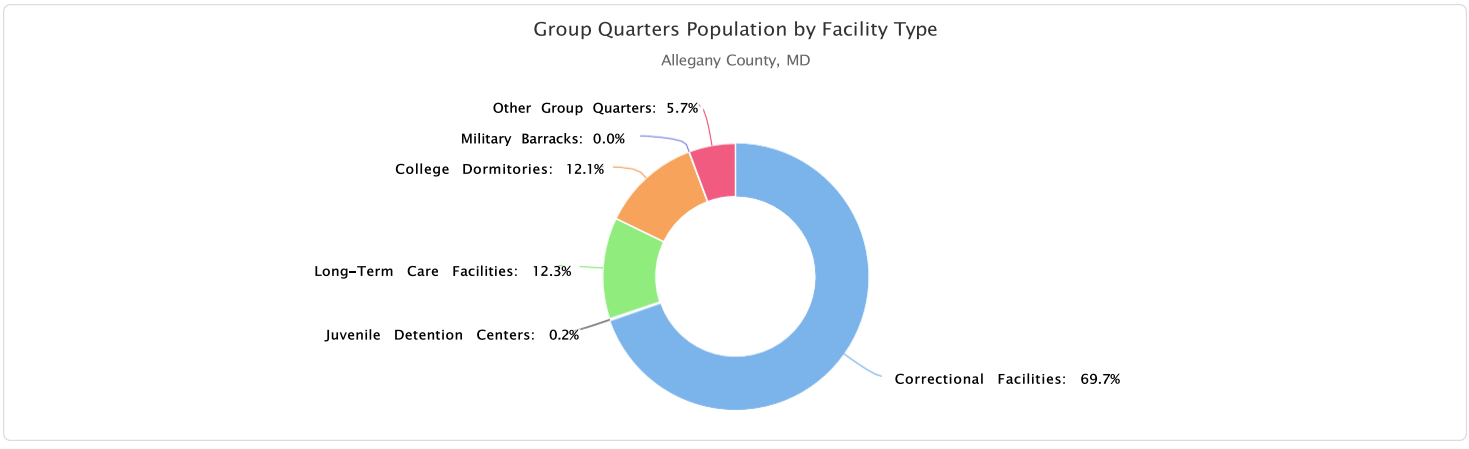
- Over 64 %
- 28 - 64 %
- 7 - 28 %
- Under 7 %
- Allegany County, MD

Group Quarters Population by Facility Type

The table below reports the population living in group quarters by facility type.

Report Area	Correctional Facilities	Juvenile Detention Centers	Long-Term Care Facilities	College Dormitories	Military Barracks	Other Group Quarters
Allegany County, MD	4,293	13	759	747	0	351
Maryland	54,080	2,016	58,504	92,358	4,928	39,124
United States	1,978,489	88,800	1,638,564	2,794,201	328,615	1,447,856

Data Source: US Census Bureau, Decennial Census. 2020.

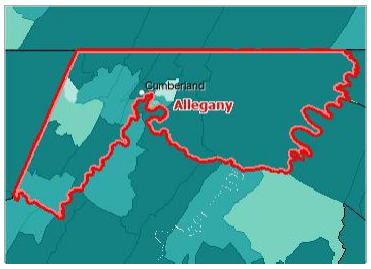


Median Age

Of the estimated 68,161 total population in the report area, the median age of all persons is 41.9. This indicates that the report population as a whole generally trends older than the state, which has a median age of 39.1. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates.

Report Area	Total Population	Median Age
Allegany County, MD	68,161	41.9
Maryland	6,161,707	39.1
United States	331,097,593	38.5

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Median Age by Tract, ACS 2018-22

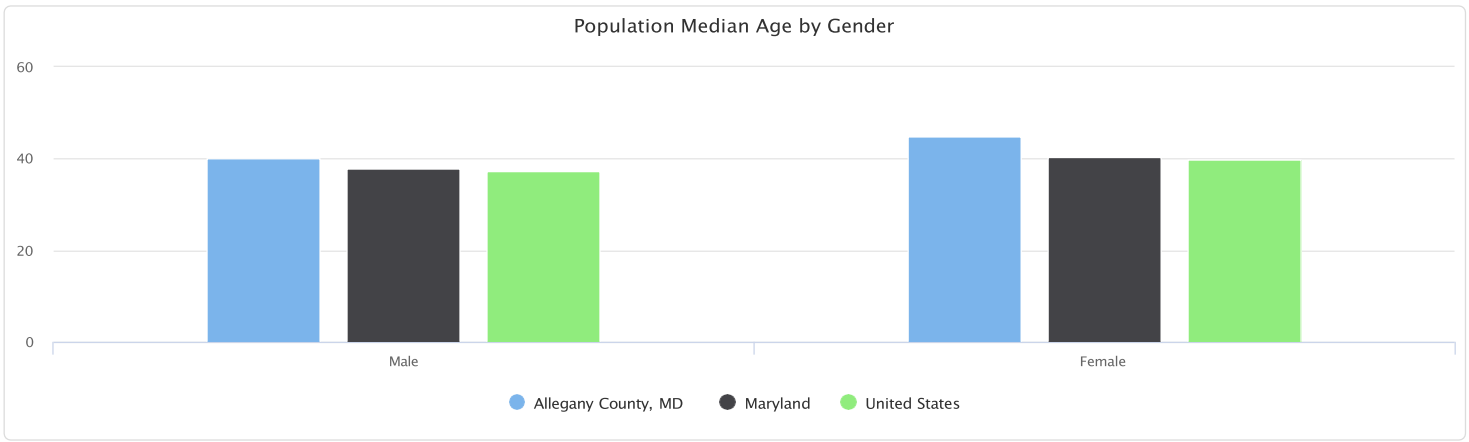
- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed
- Allegany County, MD

Population Median Age by Gender

This indicator reports the median age of the population by gender.

Report Area	Male	Female
Allegany County, MD	40.0	45.0
Maryland	37.8	40.4
United States	37.4	39.7

Data Source: US Census Bureau, American Community Survey. 2018-22.

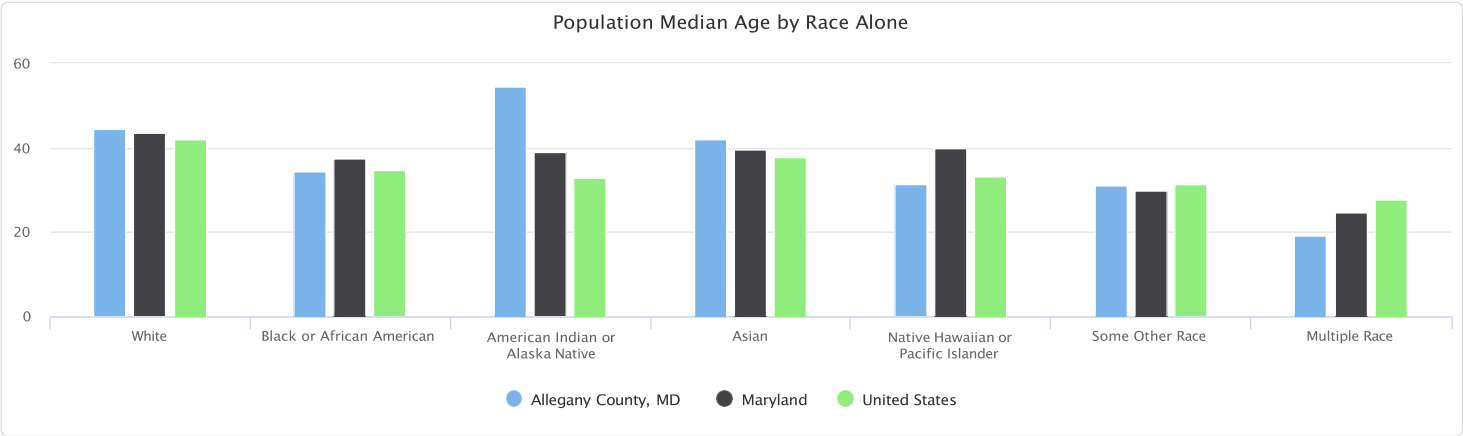


Population Median Age by Race Alone

This indicator reports the median age of the population by race alone.

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	44.6	34.3	54.4	42.0	31.3	31.2	19.1
Maryland	43.5	37.6	39.0	39.7	40.0	29.7	24.7
United States	41.9	34.8	32.9	37.9	33.1	31.4	27.6

Data Source: US Census Bureau, American Community Survey. 2018-22.

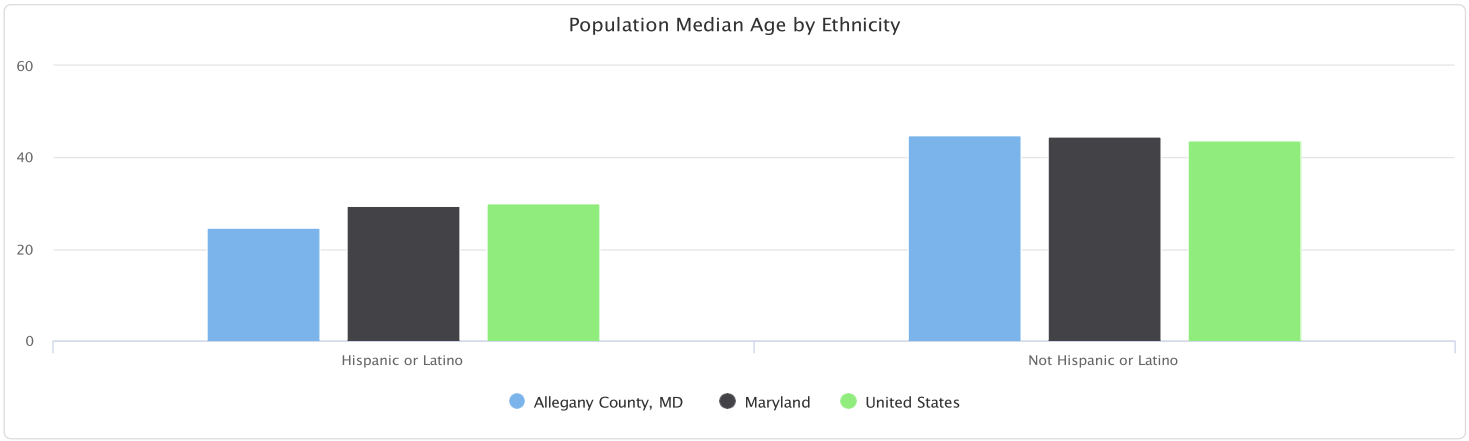


Population Median Age by Ethnicity

This indicator reports the median age of the population by ethnicity.

Report Area	Hispanic or Latino	Not Hispanic or Latino
Allegany County, MD	24.7	44.9
Maryland	29.4	44.6
United States	30.1	43.8

Data Source: US Census Bureau, American Community Survey. 2018-22.

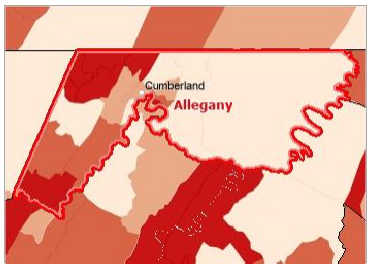


Female Population

A total of 32,249 females reside in the report area according to the U.S. Census Bureau American Community Survey 2018-22 5-year estimates. Females represent 47.31% of the total population in the area, which is less than the national average of 50.41%.

Report Area	Total Population	Female Population	Percent Female Population
Allegany County, MD	68,161	32,249	47.31%
Maryland	6,161,707	3,158,811	51.27%
United States	331,097,593	166,897,295	50.41%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Female Population, Percent by Tract, ACS 2018-22

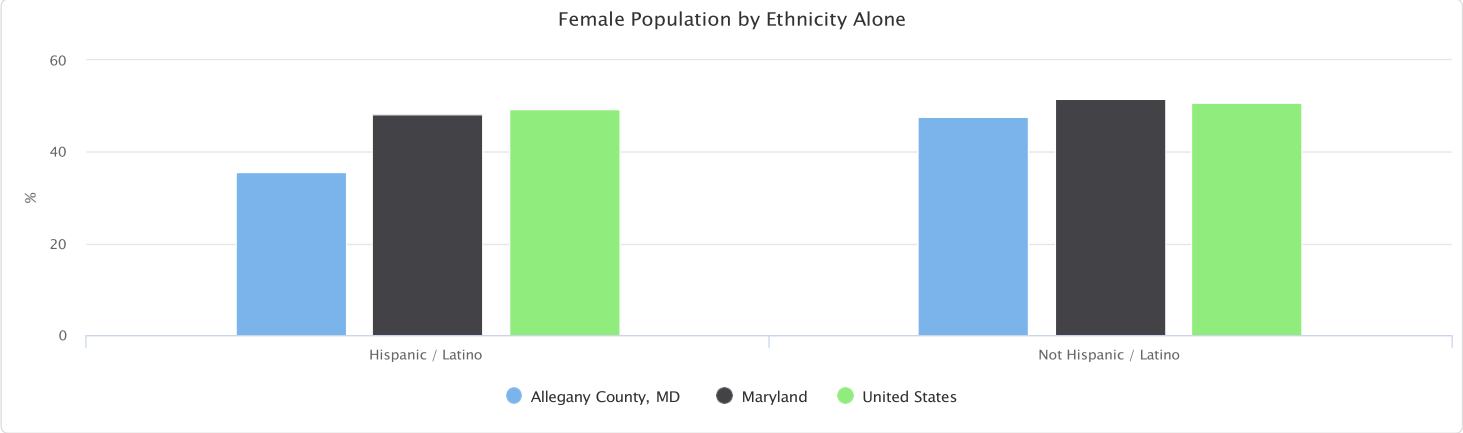
- Over 52.0%
- 50.1 - 52.0%
- 48.1 - 50.0%
- Under 48.1%
- No Female Population Reported
- No Data or Data Suppressed
- Allegany County, MD

Female Population by Ethnicity Alone

The table below reports the percentage of the female population by ethnicity alone. Among the Hispanic population in the report area, 35.58% are female. Among the non-Hispanic population, 47.55% are female.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	490	31,759	35.58%	47.55%
Maryland	323,830	2,834,981	48.12%	51.65%
United States	30,425,570	136,471,725	49.27%	50.67%

Data Source: US Census Bureau, American Community Survey. 2018-22.

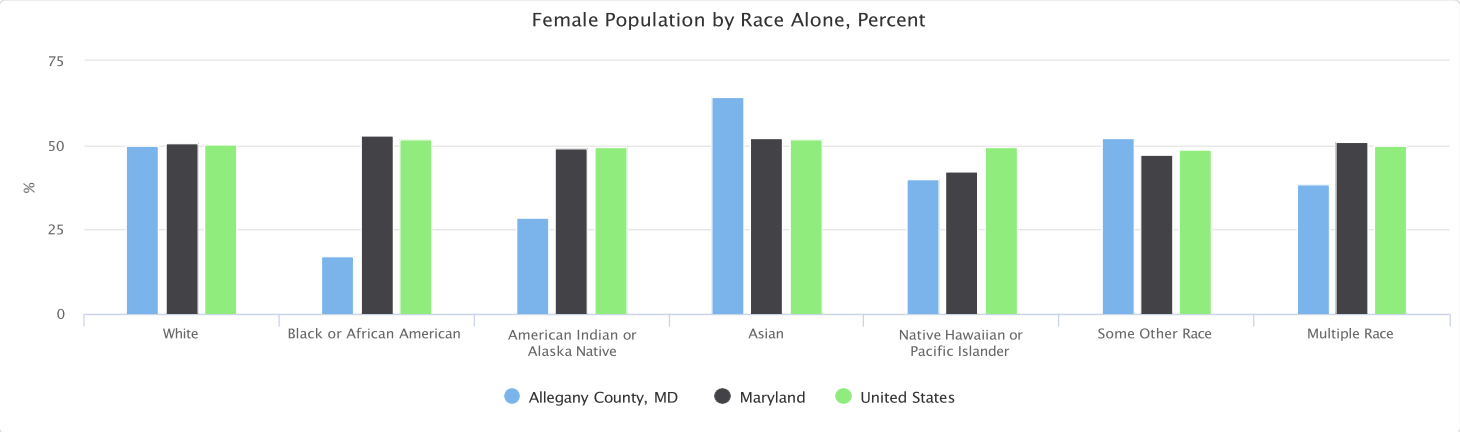


Female Population by Race Alone, Percent

The table below reports the percentage of the female population by race alone. The percentage could be interpreted as, for example, among the white population in the report area, 50.02% are female; among the black population, 17.17% are female; etc.

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	50.02%	17.17%	28.42%	64.18%	40.00%	52.06%	38.35%
Maryland	50.56%	53.08%	48.96%	52.18%	42.08%	47.34%	51.18%
United States	50.26%	51.88%	49.48%	51.96%	49.32%	48.60%	49.75%

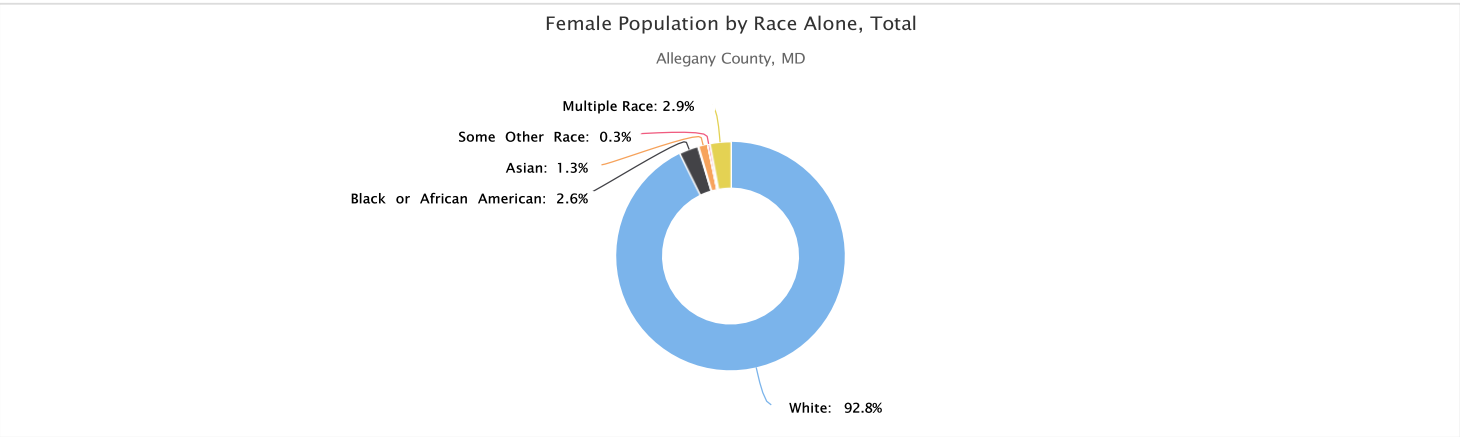
Data Source: US Census Bureau, American Community Survey. 2018-22.



Female Population by Race Alone, Total

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	29,924	852	27	405	2	101	938
Maryland	1,594,917	977,734	8,981	208,564	1,313	168,251	199,051
United States	109,631,562	21,421,657	1,378,794	9,930,266	308,197	9,729,377	14,497,442

Data Source: US Census Bureau, American Community Survey. 2018-22.



Male Population

A total of 35,912 males reside in the report area according to the U.S. Census Bureau American Community Survey 2018-22 5-year estimates. Males represent 52.69% of the total population in the area, which is greater than the national average of 49.59%.

Report Area	Total Population	Male Population	Percent Male Population
Allegany County, MD	68,161	35,912	52.69%
Maryland	6,161,707	3,002,896	48.73%
United States	331,097,593	164,200,298	49.59%

Data Source: US Census Bureau, American Community Survey. 2018-22.

View larger map

Male Population, Percent by Tract, ACS 2018-22

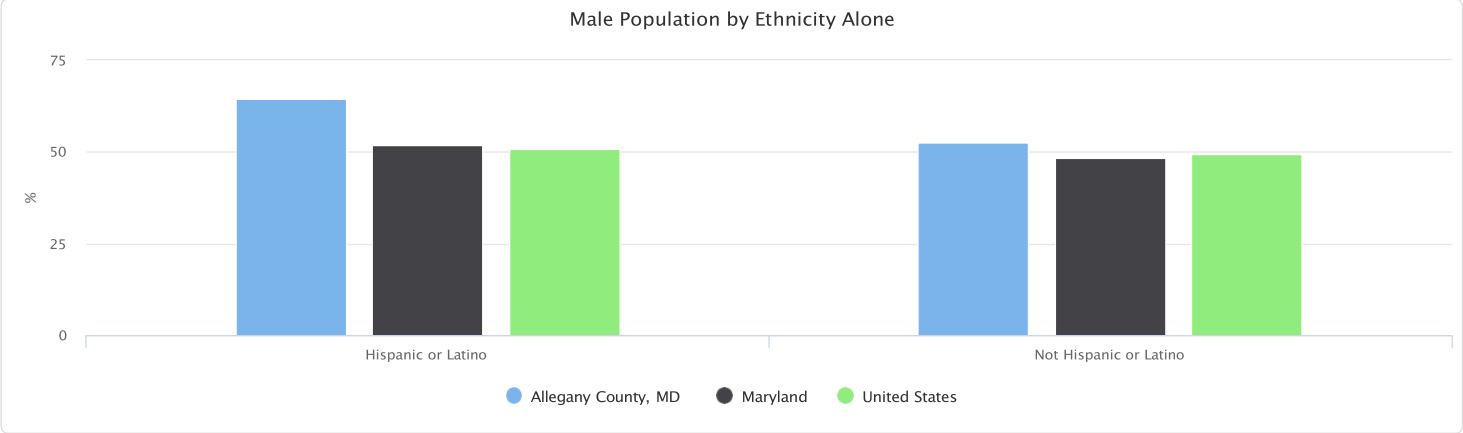
- Over 52.0%
- 50.1 - 52.0%
- 48.1 - 50.0%
- Under 48.1%
- No Male Population Reported
- No Data or Data Suppressed
- Allegany County, MD

Male Population by Ethnicity Alone

The table below reports the percentage of the male population by ethnicity alone. Among the Hispanic population in the report area, 64.42% are male. Among the non-Hispanic population, 52.45% are male.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	887	35,025	64.42%	52.45%
Maryland	349,075	2,653,821	51.88%	48.35%
United States	31,330,296	132,870,002	50.73%	49.33%

Data Source: US Census Bureau, American Community Survey. 2018-22.

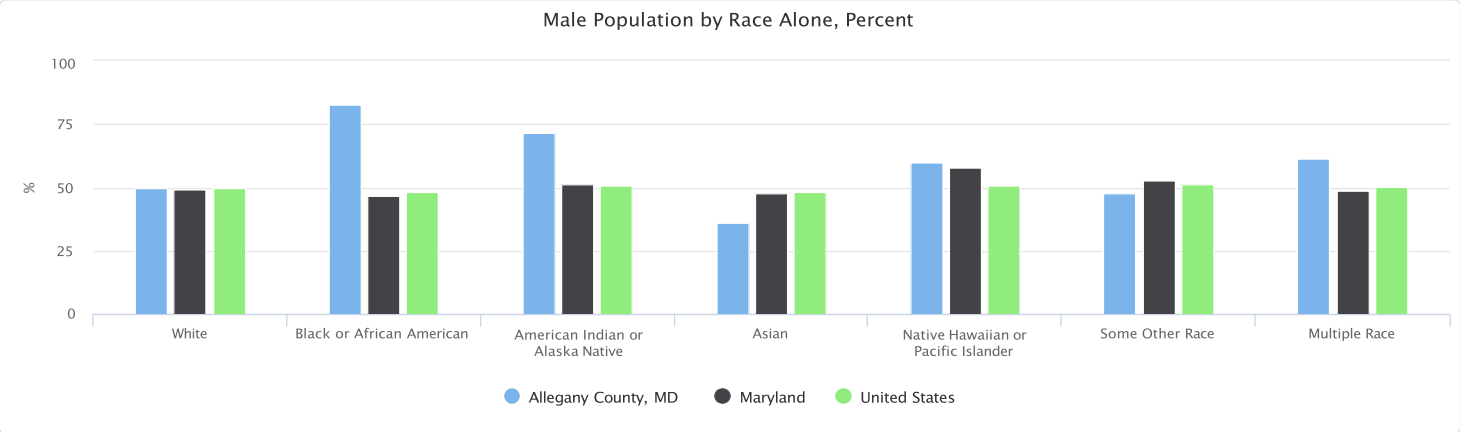


Male Population by Race Alone, Percent

The table below reports the percentage of the male population by race alone. The percentage could be interpreted as, for example, among the white population in the report area, 49.98% are male; among the black population, 82.83% are male; etc.

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	49.98%	82.83%	71.58%	35.82%	60.00%	47.94%	61.65%
Maryland	49.44%	46.92%	51.04%	47.82%	57.92%	52.66%	48.82%
United States	49.74%	48.12%	50.52%	48.04%	50.68%	51.40%	50.25%

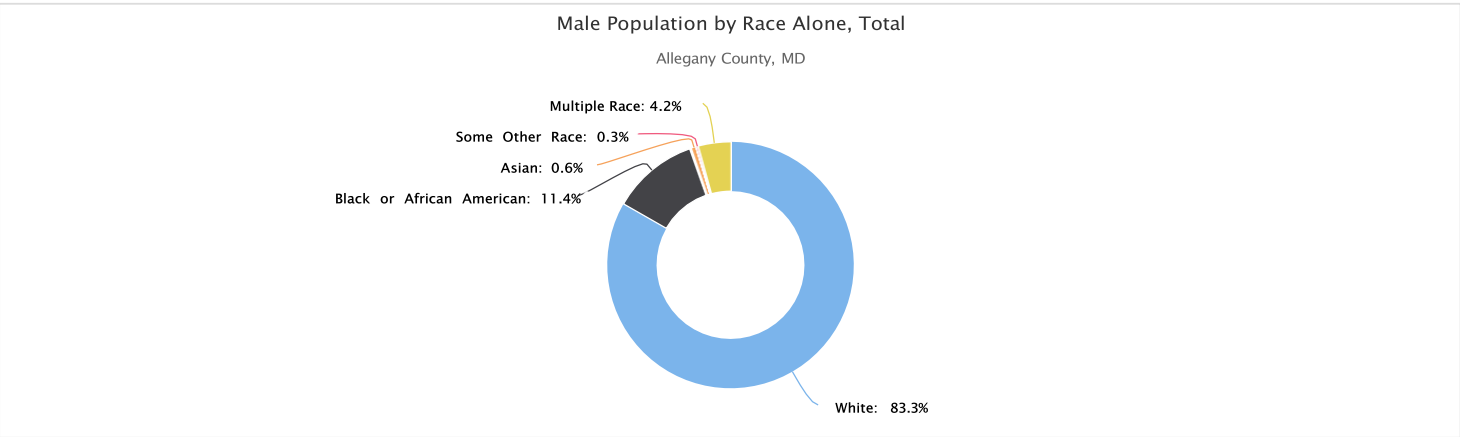
Data Source: US Census Bureau, American Community Survey. 2018-22.



Male Population by Race Alone, Total

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	29,904	4,110	68	226	3	93	1,508
Maryland	1,559,330	864,192	9,362	191,172	1,807	187,151	189,882
United States	108,491,862	19,866,915	1,407,637	9,182,713	316,666	10,289,167	14,645,338

Data Source: US Census Bureau, American Community Survey. 2018-22.



Population Under Age 18

Of the estimated 68,161 total population in the report area, an estimated 11,991 persons are under the age of 18, representing 17.59% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of persons under age 18 is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 0-17	Population Age 0-17, Percent
Allegany County, MD	68,161	11,991	17.59%
Maryland	6,161,707	1,360,294	22.08%
United States	331,097,593	73,213,705	22.11%

Data Source: US Census Bureau, American Community Survey. 2018-22.

View larger map

Population Age 0-17, Percent by Tract, ACS 2018-22

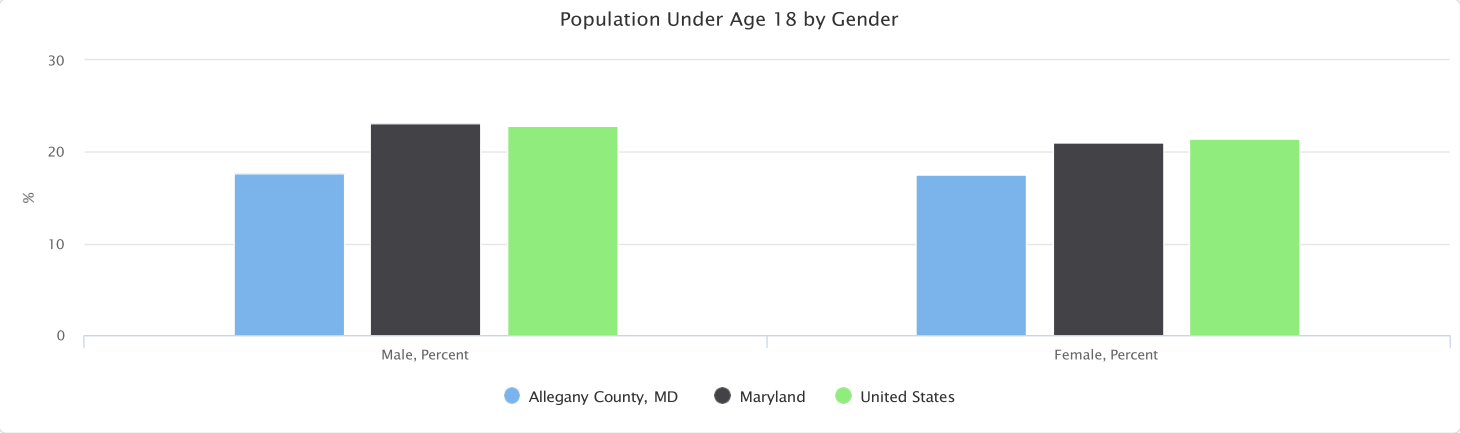
- Over 26.0%
- 23.1 - 26.0%
- 20.1 - 23.0%
- Under 20.1%
- No Data or Data Suppressed
- Allegany County, MD

Population Under Age 18 by Gender

This indicator reports the percentage of population that is under age 18 by gender, when compared to the total population all ages, by gender.

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	6,326	5,665	17.62%	17.57%
Maryland	695,024	665,270	23.15%	21.06%
United States	37,488,147	35,725,558	22.83%	21.41%

Data Source: US Census Bureau, American Community Survey. 2018-22.

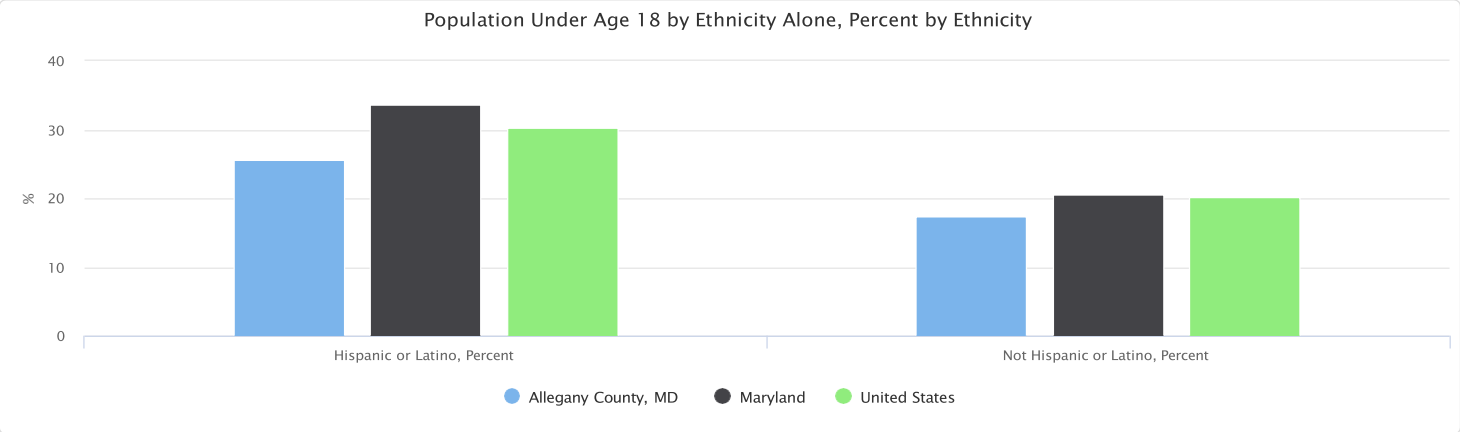


Population Under Age 18 by Ethnicity Alone, Percent by Ethnicity

This indicator reports the percentage of population who are under age 18 by ethnicity alone during 2018-2022, according to the American Community Survey (ACS). Within the report area, there were 352 persons of Hispanic or Latino origin under age 18 in the report area, representing 25.56% of the Hispanic or Latino population. There were 11,639 persons not of Hispanic or Latino origin under age 18 in the report area, representing 17.43% of the total non-Hispanic population. Data for this indicator is only reported for individuals where age, race, and ethnicity were identified in the American Community Survey.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	352	11,639	25.56%	17.43%
Maryland	226,718	1,133,576	33.69%	20.65%
United States	18,722,708	54,490,997	30.32%	20.23%

Data Source: US Census Bureau, American Community Survey. 2018-22.

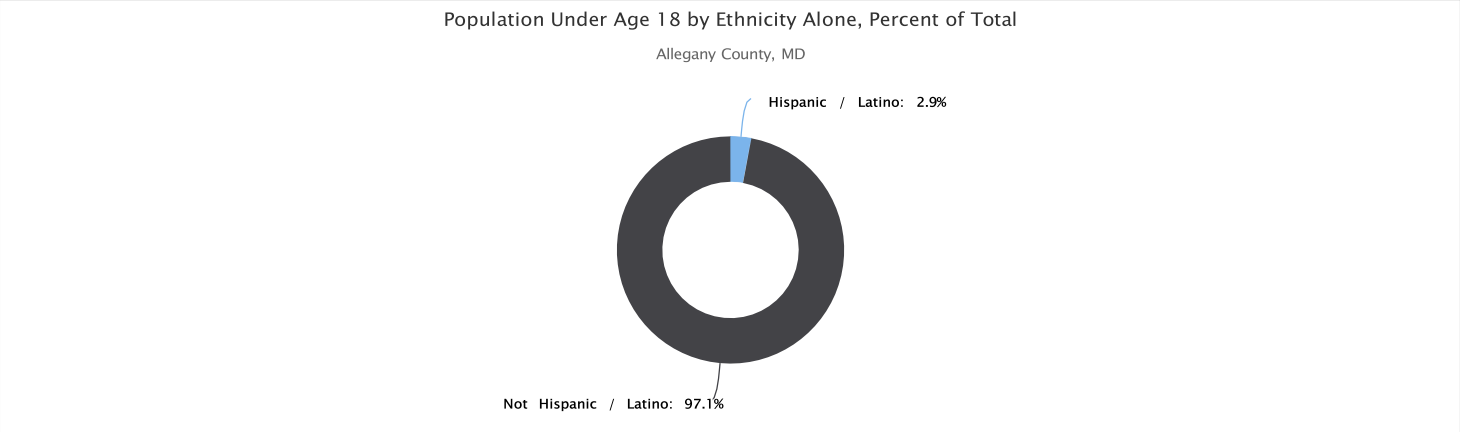


Population Under Age 18 by Ethnicity Alone, Percent of Total

This indicator reports the percentage of population who are under age 18 by ethnicity alone during 2018-2022, according to the American Community Survey (ACS). Within the report area, there were 352 persons of Hispanic or Latino origin under age 18, representing 2.94% of the total population under age 18. There were 11,639 persons not of Hispanic or Latino origin under age 18 in the report area, representing 97.06% of the total population under age 18. Data for this indicator is only reported for individuals where age, race, and ethnicity were identified in the American Community Survey.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	352	11,639	2.94%	97.06%
Maryland	226,718	1,133,576	16.67%	83.33%
United States	18,722,708	54,490,997	25.57%	74.43%

Data Source: US Census Bureau, American Community Survey. 2018-22.

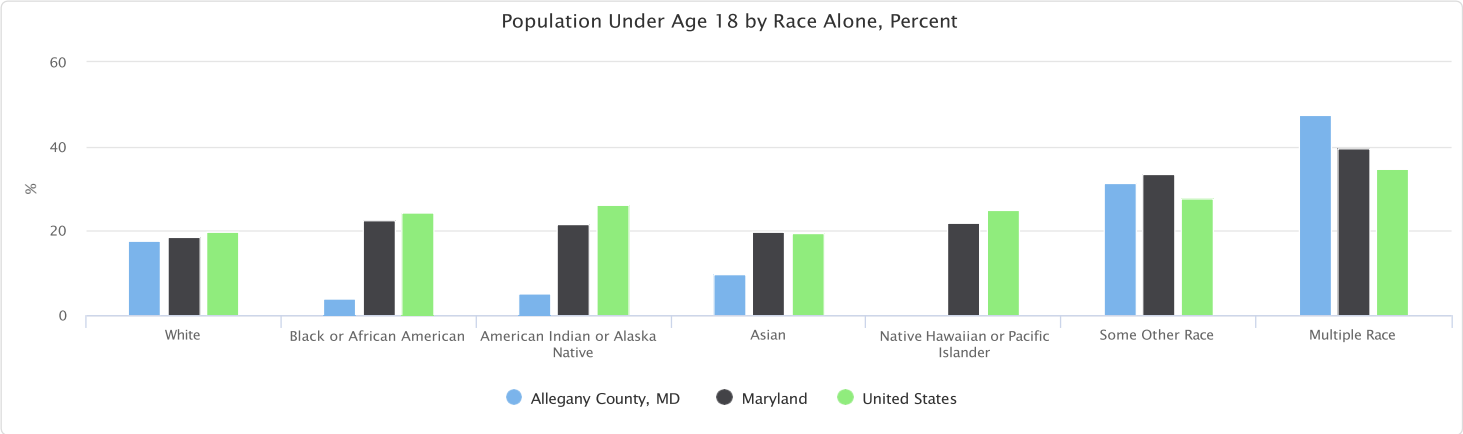


Population Under Age 18 by Race Alone, Percent

This indicator reports the percentage of population that is under age 18 by race alone. The percentage values could be interpreted as, for example, *"Of all the white population in the report area, the percentage under age 18 is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	17.55%	4.11%	5.26%	9.67%	No data	31.44%	47.55%
Maryland	18.69%	22.40%	21.56%	19.94%	21.83%	33.62%	39.71%
United States	19.65%	24.26%	26.08%	19.60%	25.07%	27.75%	34.80%

Data Source: US Census Bureau, American Community Survey. 2018-22.

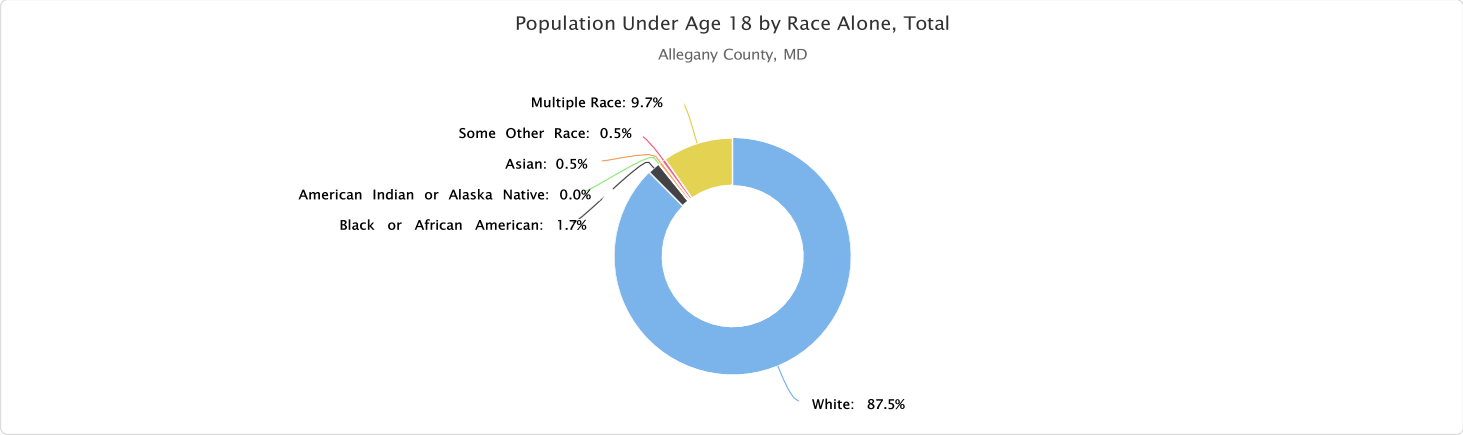


Population Under Age 18 by Race Alone, Total

This indicator reports the proportion of each race (alone) making up the population under age 18.

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	10,497	204	5	61	0	61	1,163
Maryland	589,409	412,620	3,954	79,718	681	119,472	154,440
United States	42,871,526	10,015,977	726,692	3,745,474	156,631	5,555,906	10,141,499

Data Source: US Census Bureau, American Community Survey. 2018-22.

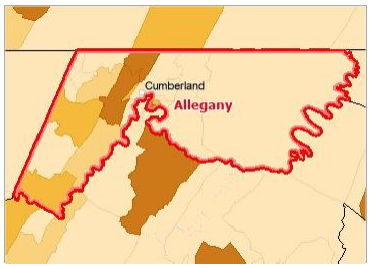


Population Age 0-4

Of the estimated 68,161 total population in the report area, an estimated 3,058 are children under the age of 5, representing 4.49% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of children under age 5 is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 0-4	Percent Population Age 0-4
Allegany County, MD	68,161	3,058	4.49%
Maryland	6,161,707	358,539	5.82%
United States	331,097,593	19,004,925	5.74%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Population Age 0-4, Percent by Tract, ACS 2018-22

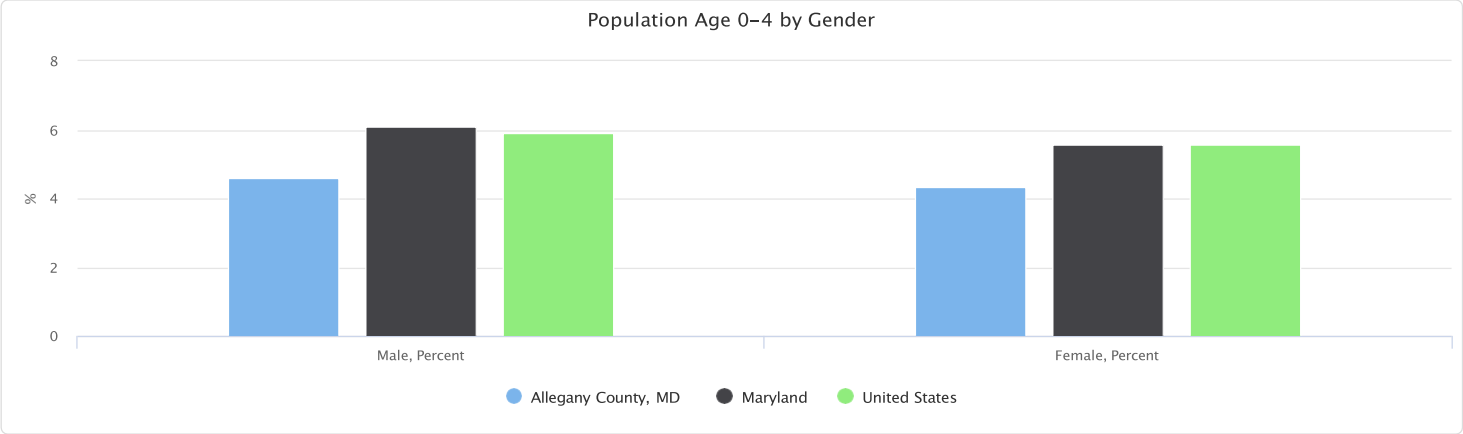
- Over 7.0%
- 6.1 - 7.0%
- 5.1 - 6.0%
- Under 5.1%
- No Data or Data Suppressed
- Allegany County, MD

Population Age 0-4 by Gender

The table below reports the percentage of the population that is under age 5 by gender. Among the male population in the report area, 4.61% are aged 0-4 years. Among the female population, 4.35% are aged 0-4 years.

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	1,654	1,404	4.61%	4.35%
Maryland	182,758	175,781	6.09%	5.56%
United States	9,725,644	9,279,281	5.92%	5.56%

Data Source: US Census Bureau, American Community Survey. 2018-22.

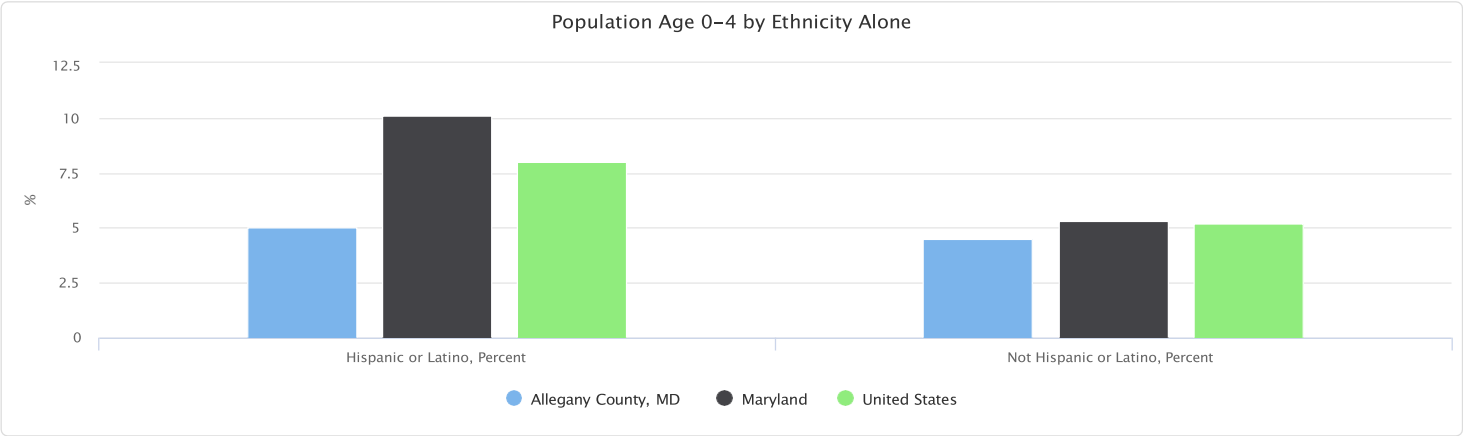


Population Age 0-4 by Ethnicity Alone

This indicator reports the percentage of population age under 5 by ethnicity alone. The percentage values could be interpreted as, for example, *"Among the Hispanic population in the report area, the percentage of the population age under 5 is (value)."*

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	69	2,989	5.01%	4.48%
Maryland	67,980	290,559	10.10%	5.29%
United States	4,937,753	14,067,172	8.00%	5.22%

Data Source: US Census Bureau, American Community Survey. 2018-22.

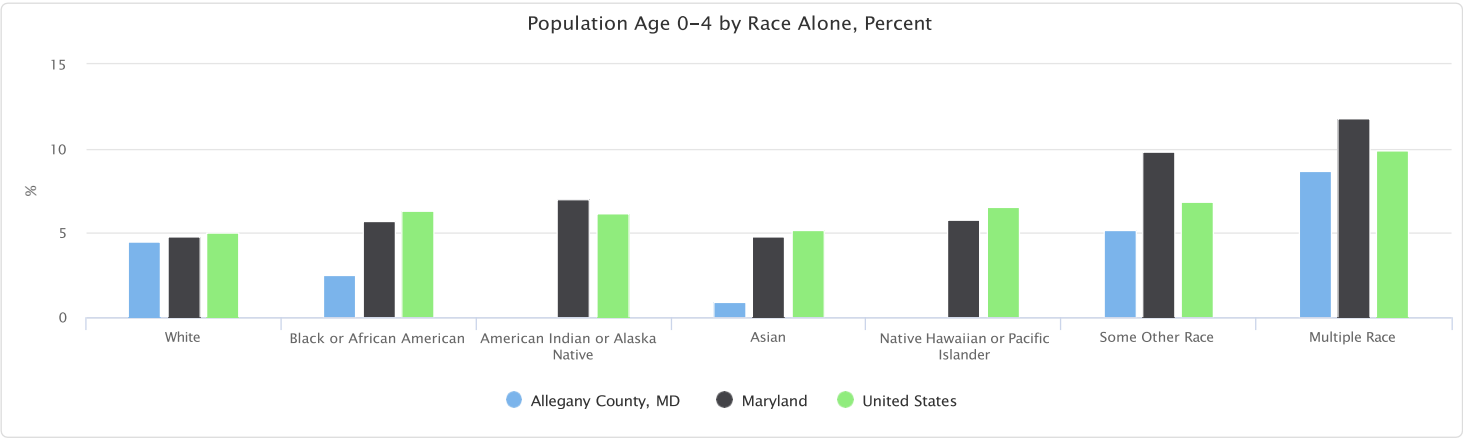


Population Age 0-4 by Race Alone, Percent

This indicator reports the percentage of population that are under age 5 by race alone. The percentage values could be interpreted as, for example, *"Among the white population in the report area, the percentage of the population age under 5 is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	4.52%	2.52%	0.00%	0.95%	0.00%	5.15%	8.67%
Maryland	4.81%	5.71%	7.00%	4.82%	5.80%	9.84%	11.84%
United States	5.02%	6.29%	6.20%	5.15%	6.57%	6.85%	9.92%

Data Source: US Census Bureau, American Community Survey. 2018-22.

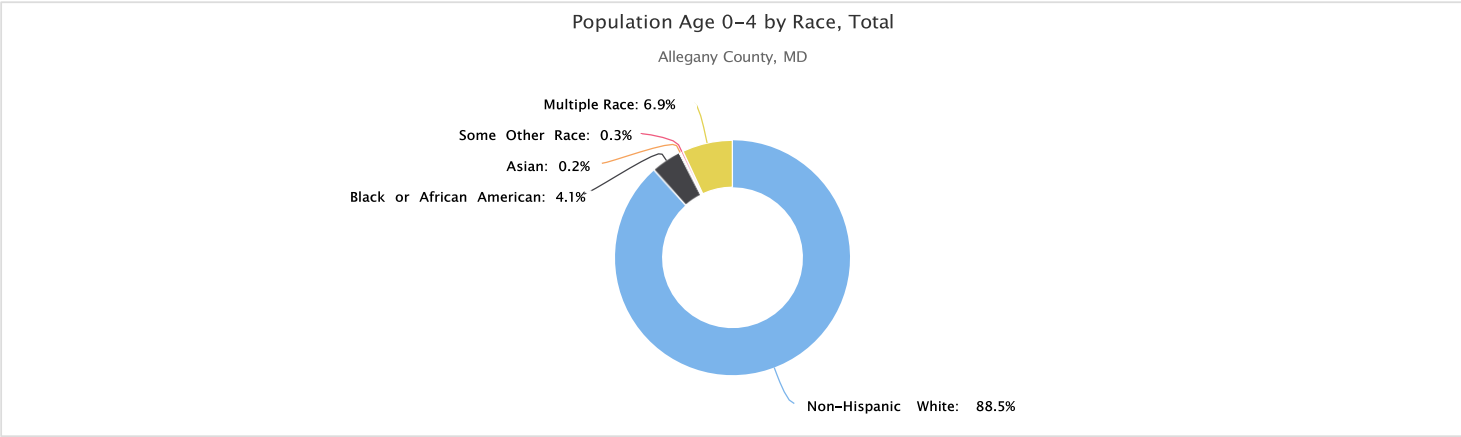


Population Age 0-4 by Race, Total

This indicator reports the proportion of each race (alone) making up the population aged under 5.

Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	2,705	125	0	6	0	10	212
Maryland	151,619	105,174	1,284	19,284	181	34,963	46,034
United States	10,949,155	2,595,543	172,663	984,544	41,052	1,371,987	2,889,981

Data Source: US Census Bureau, American Community Survey. 2018-22.

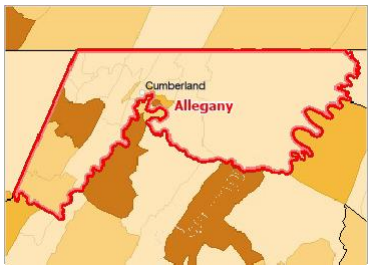


Population Age 5-17

Of the estimated 68,161 total population in the report area, an estimated 8,933 persons are youth between the ages of 5 and 17, representing 13.11% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of young persons in the report area is relevant because this population has needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 5-17	Population Age 5-17, Percent
Allegany County, MD	68,161	8,933	13.11%
Maryland	6,161,707	1,001,755	16.26%
United States	331,097,593	54,208,780	16.37%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Population Age 5-17, Percent by Tract, ACS 2018-22

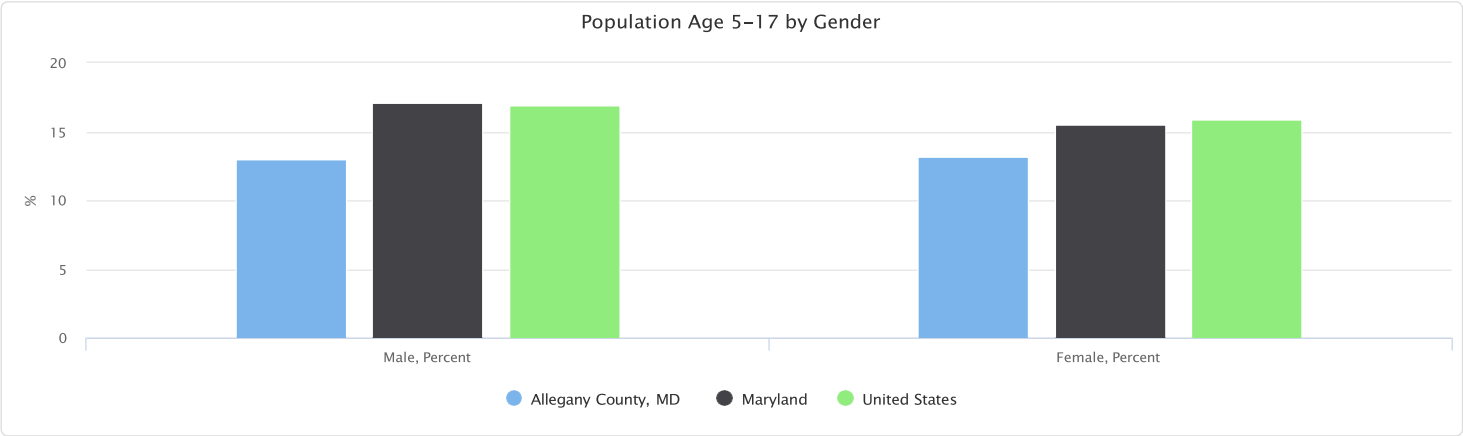
- Over 19.0%
- 17.1 - 19.0%
- 15.1 - 17.0%
- Under 15.1%
- No Data or Data Suppressed
- Allegany County, MD

Population Age 5-17 by Gender

The table below reports the percentage of the population that is age 5 to 17 by gender. Among the male population in the report area, 13.01% are aged 5-17 years. Among the female population, 13.21% are aged 5-17 years.

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	4,672	4,261	13.01%	13.21%
Maryland	512,266	489,489	17.06%	15.50%
United States	27,762,503	26,446,277	16.91%	15.85%

Data Source: US Census Bureau, American Community Survey. 2018-22.

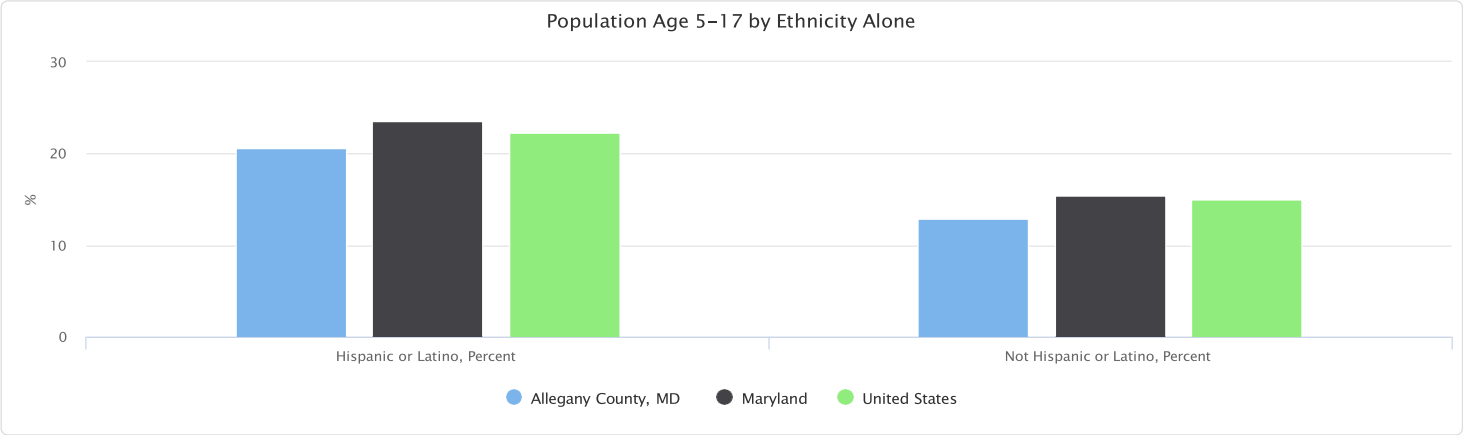


Population Age 5-17 by Ethnicity Alone

This indicator reports the percentage of population that are at age 5-17 by ethnicity alone. In the report area, 20.55% of the Hispanic or Latino population and 12.95% of the non-Hispanic or Latino population are between the ages of 5-17.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	283	8,650	20.55%	12.95%
Maryland	158,738	843,017	23.59%	15.36%
United States	13,784,955	40,423,825	22.32%	15.01%

Data Source: US Census Bureau, American Community Survey. 2018-22.

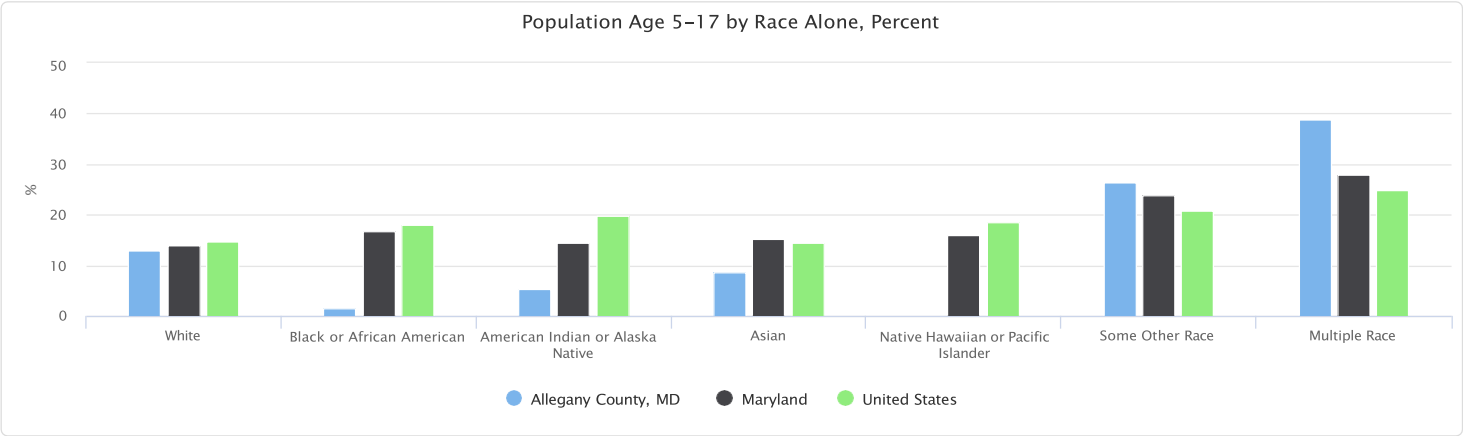


Population Age 5-17 by Race Alone, Percent

This indicator reports the percentage of population age 5-17 by race alone. The percentage values could be interpreted as, for example, *"Among the white population in the report area, the percentage of the population age 5-17 is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	13.02%	1.59%	5.26%	8.72%	0.00%	26.29%	38.88%
Maryland	13.88%	16.69%	14.56%	15.12%	16.03%	23.78%	27.87%
United States	14.64%	17.97%	19.88%	14.45%	18.50%	20.90%	24.88%

Data Source: US Census Bureau, American Community Survey. 2018-22.

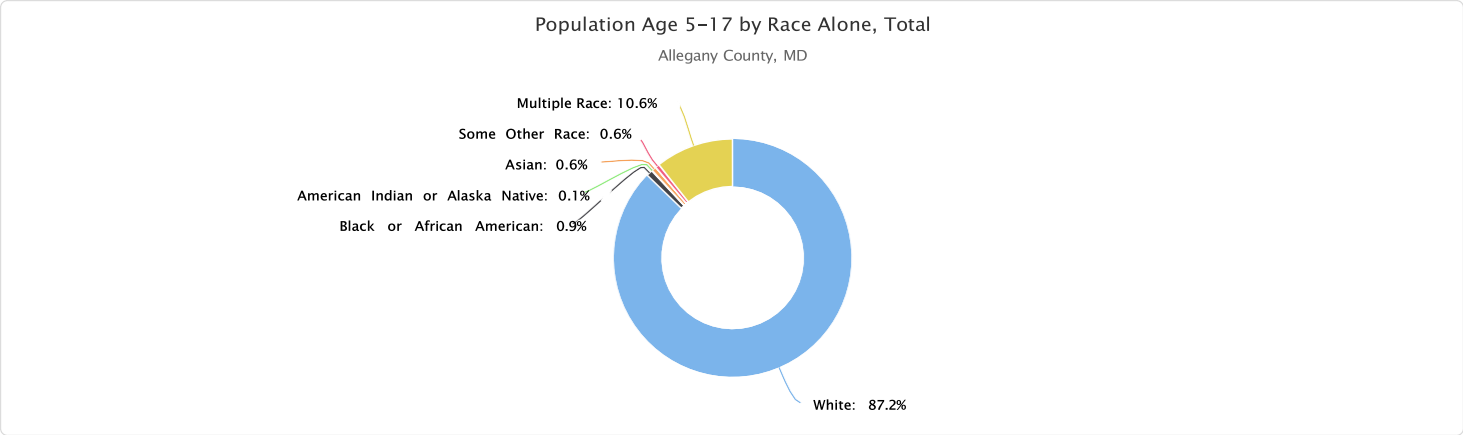


Population Age 5-17 by Race Alone, Total

This indicator reports the proportion of each race (alone) making up the population aged 5 - 17.

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	7,792	79	5	55	0	51	951
Maryland	437,790	307,446	2,670	60,434	500	84,509	108,406
United States	31,922,371	7,420,434	554,029	2,760,930	115,579	4,183,919	7,251,518

Data Source: US Census Bureau, American Community Survey. 2018-22.

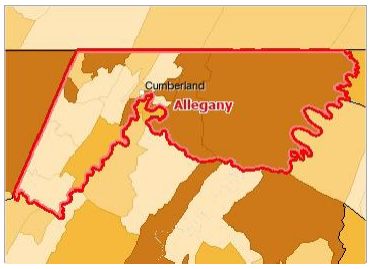


Population Age 18-64

Of the estimated 68,161 total population in the report area, an estimated 41,998 persons are between the ages of 18 and 64, representing 61.62% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 18-64	Population Age 18-64, Percent
Allegany County, MD	68,161	41,998	61.62%
Maryland	6,161,707	3,815,259	61.92%
United States	331,097,593	203,146,240	61.36%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Population Age 18-64, Percent by Tract, ACS 2018-22

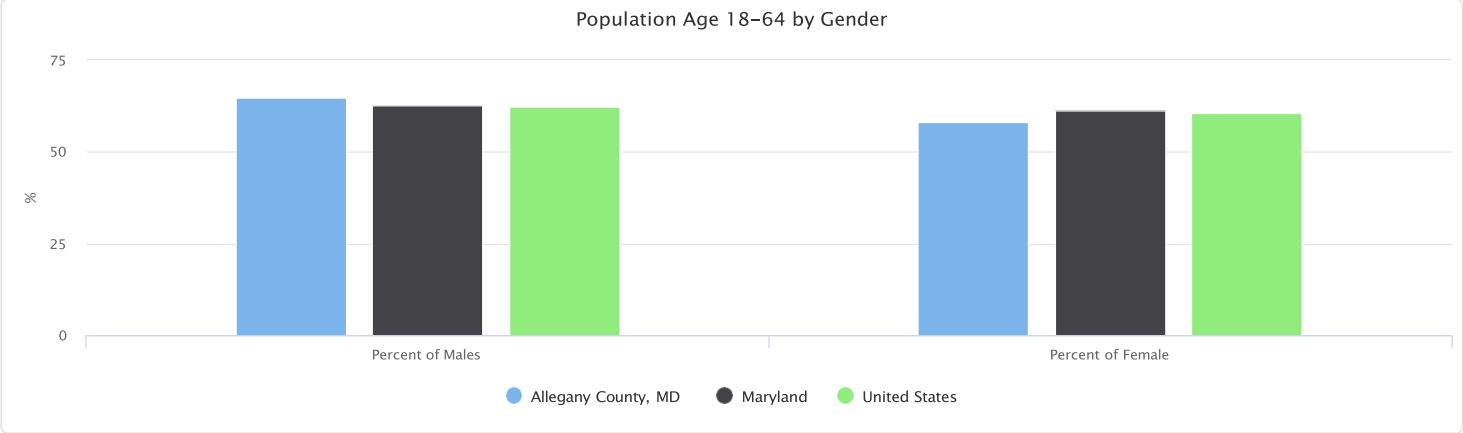
- Over 63.0%
- 60.1 - 63.0%
- 57.1 - 60.0%
- Under 57.1%
- No Data or Data Suppressed
- Allegany County, MD

Population Age 18-64 by Gender

The table below reports the percentage of the population that is age 18 to 64 by gender. Among the male population in the report area, 64.81% are aged 18-64 years. Among the female population, 58.06% are aged 18-64 years.

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	23,274	18,724	64.81%	58.06%
Maryland	1,879,444	1,935,815	62.59%	61.28%
United States	102,230,144	100,916,096	62.26%	60.47%

Data Source: US Census Bureau, American Community Survey. 2018-22.

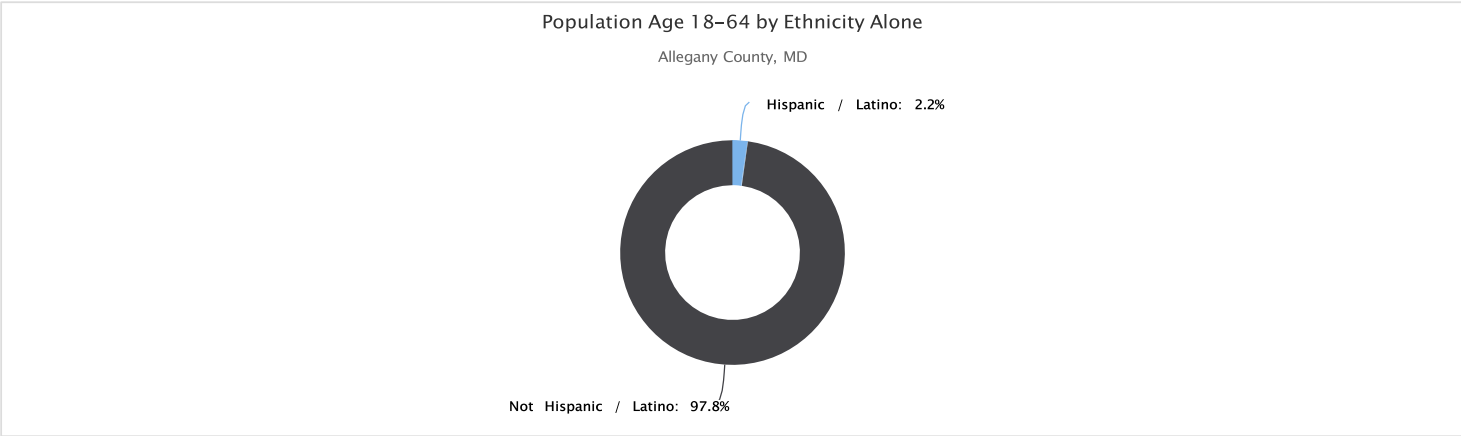


Population Age 18-64 by Ethnicity Alone

This indicator reports the percentage of population by ethnicity alone that are between the ages of 18 to 64. In the report area, among the population age 18-64, 2.20% are Hispanic or Latino and 97.80% are not Hispanic or Latino.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	922	41,076	2.20%	97.80%
Maryland	409,972	3,405,287	10.75%	89.25%
United States	38,246,694	164,899,546	18.83%	81.17%

Data Source: US Census Bureau, American Community Survey. 2018-22.

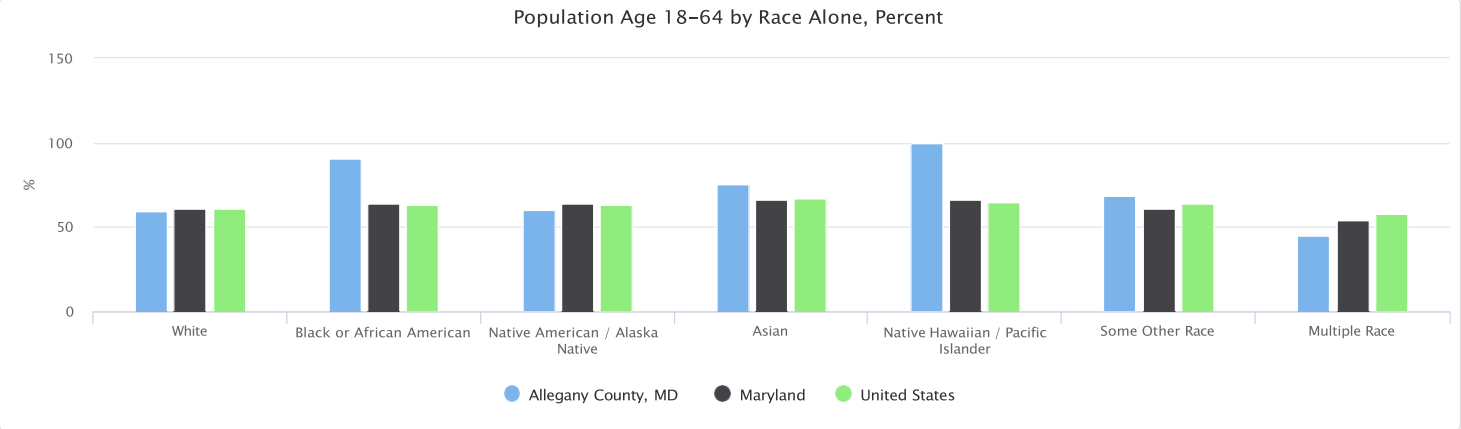


Population Age 18-64 by Race Alone, Percent

This indicator reports the percentage of population age 18-64 by race alone. The percentage values could be interpreted as, for example, *"Among the white population in the report area, the percentage of the population age 18-64 is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	59.72%	90.81%	60.00%	75.44%	100.00%	68.56%	44.56%
Maryland	61.11%	64.23%	63.93%	65.93%	65.93%	60.89%	54.25%
United States	60.67%	63.55%	63.42%	66.98%	64.78%	64.14%	57.53%

Data Source: US Census Bureau, American Community Survey. 2018-22.

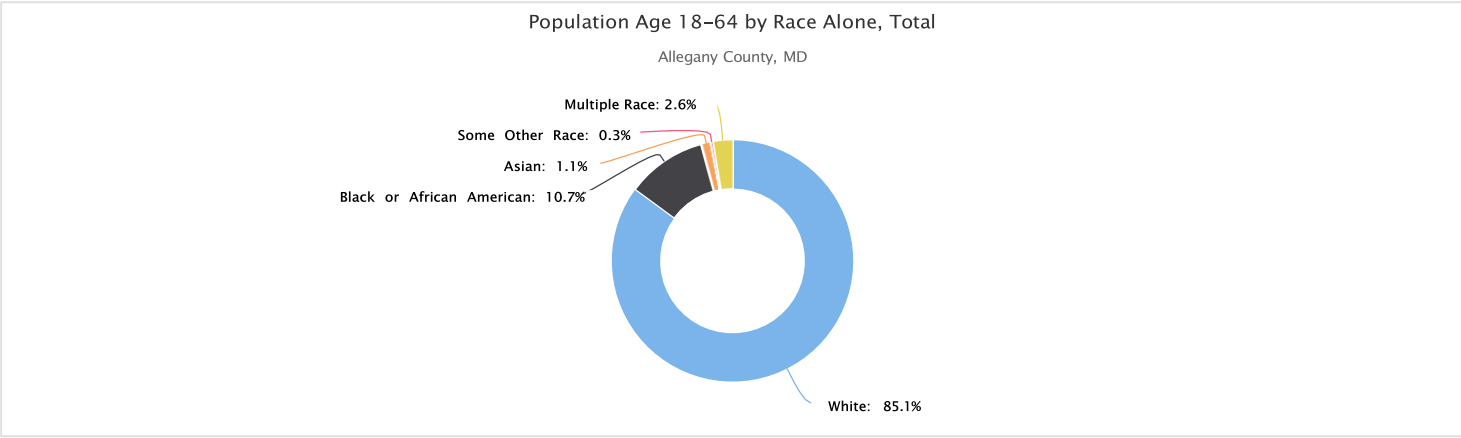


Population Age 18-64 by Race Alone, Total

This indicator reports the proportion of each race (alone) making up the population aged 18 to 64.

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	35,731	4,506	57	476	5	133	1,090
Maryland	1,927,498	1,183,041	11,727	263,540	2,057	216,394	211,002
United States	132,326,407	26,239,988	1,767,191	12,801,620	404,813	12,839,901	16,766,320

Data Source: US Census Bureau, American Community Survey. 2018-22.

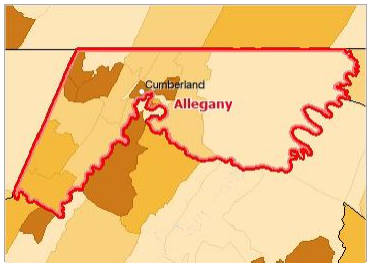


Population Age 18-24

Of the estimated 68,161 total population in the report area, an estimated 8,256 persons are between the ages of 18 and 24, representing 12.11% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of young adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 18-24	Percent Population Age 18-24
Allegany County, MD	68,161	8,256	12.11%
Maryland	6,161,707	541,318	8.79%
United States	331,097,593	31,282,896	9.45%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Population Age 18-24, Percent by Tract, ACS 2018-22

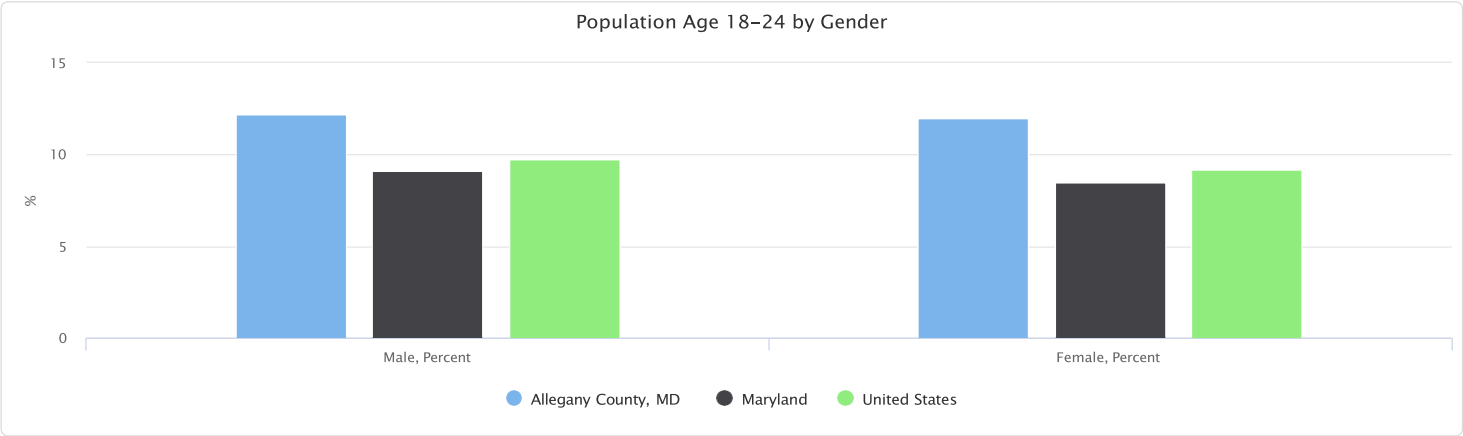
- Over 11.0%
- 9.1 - 11.0%
- 7.1 - 9.0%
- Under 7.1%
- No Data or Data Suppressed
- Allegany County, MD

Population Age 18-24 by Gender

The table below reports the percentage of the population that is age 18 to 24 by gender. Among the male population in the report area, 12.20% are aged 18-24 years. Among the female population, 12.01% are aged 18-24 years.

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	4,382	3,874	12.20%	12.01%
Maryland	273,669	267,649	9.11%	8.47%
United States	16,019,697	15,263,199	9.76%	9.15%

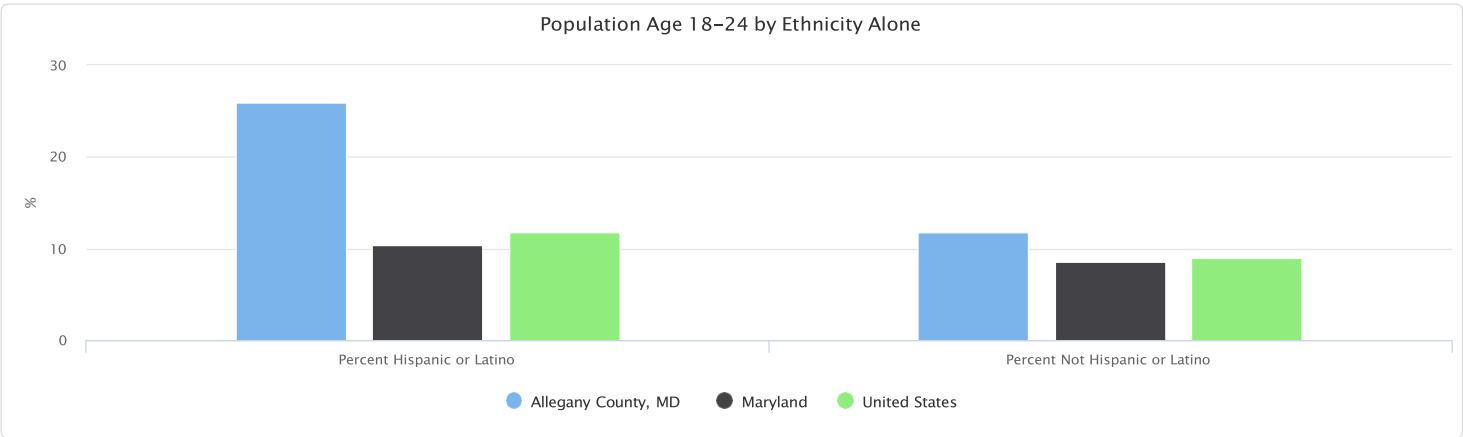
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population Age 18-24 by Ethnicity Alone

Report Area	Total Hispanic or Latino	Total Not Hispanic or Latino	Percent Hispanic or Latino	Percent Not Hispanic or Latino
Allegany County, MD	357	7,899	25.93%	11.83%
Maryland	69,841	471,477	10.38%	8.59%
United States	7,240,764	24,042,132	11.72%	8.93%

Data Source: US Census Bureau, American Community Survey. 2018-22.

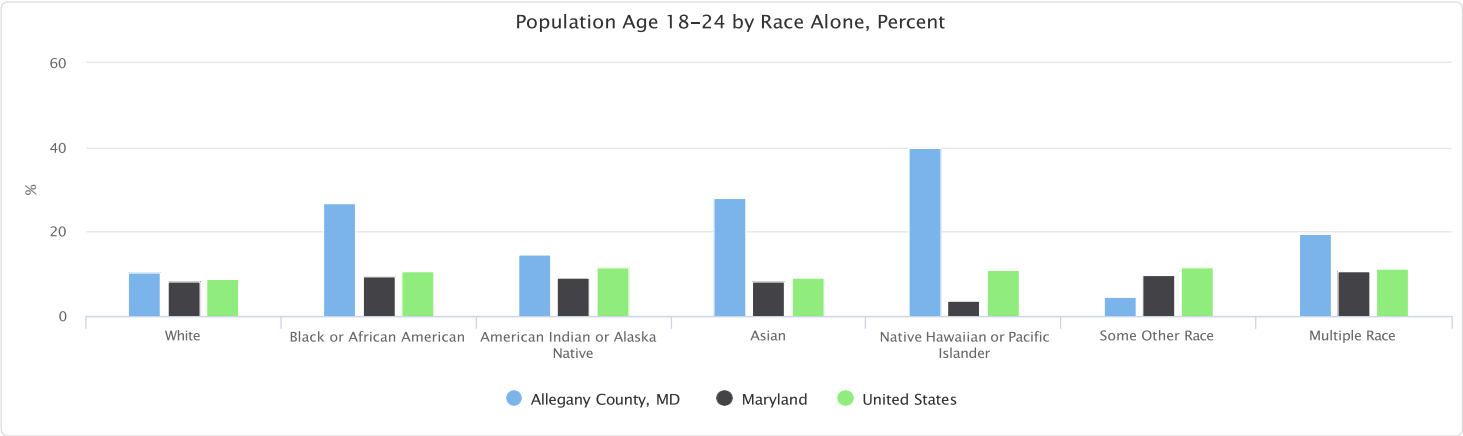


Population Age 18-24 by Race Alone, Percent

This indicator reports the percentage of population age 18-24 by race alone. The percentage values could be interpreted as, for example, *"Among the white population in the report area, the percentage of the population age 18-24 is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	10.45%	26.72%	14.74%	27.89%	40.00%	4.64%	19.54%
Maryland	8.17%	9.39%	9.14%	8.17%	3.65%	9.87%	10.61%
United States	8.76%	10.65%	11.54%	9.13%	11.04%	11.63%	11.38%

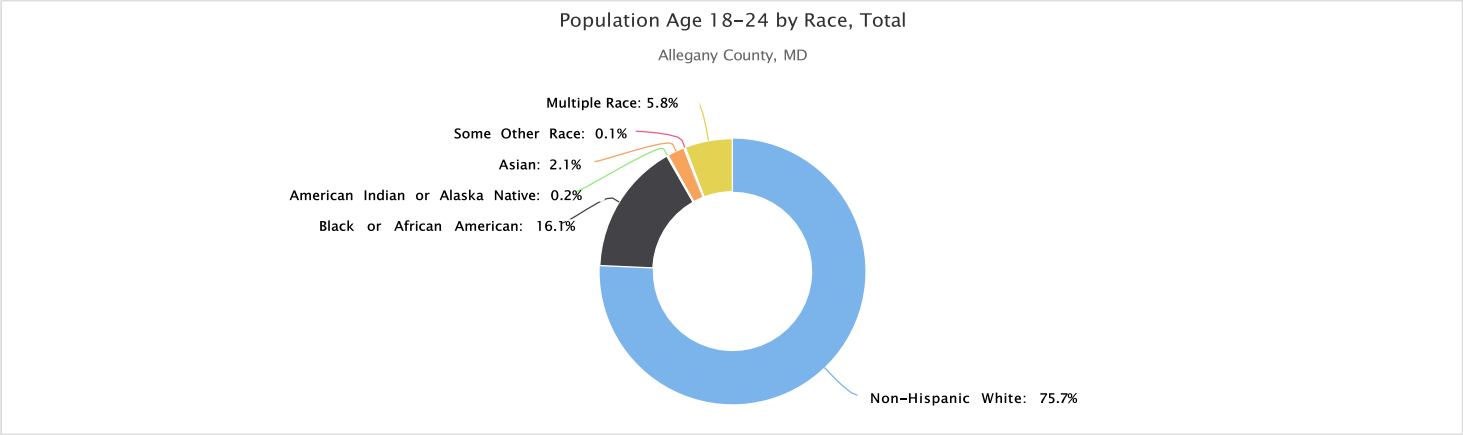
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population Age 18-24 by Race, Total

Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	6,251	1,326	14	176	2	9	478
Maryland	257,654	172,913	1,677	32,639	114	35,061	41,260
United States	19,105,488	4,395,174	321,613	1,745,126	68,996	2,328,655	3,317,844

Data Source: US Census Bureau, American Community Survey. 2018-22.

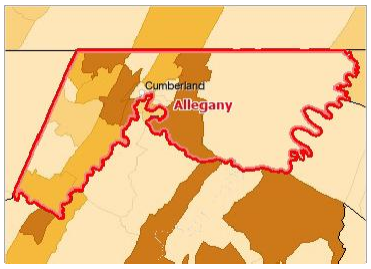


Population Age 25-34

Of the estimated 68,161 total population in the report area, an estimated 8,119 persons are between the ages of 25 and 34, representing 11.91% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of young adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 25-34	Percent Population Age 25-34
Allegany County, MD	68,161	8,119	11.91%
Maryland	6,161,707	823,558	13.37%
United States	331,097,593	45,388,153	13.71%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Population Age 25-34, Percent by Tract, ACS 2018-22

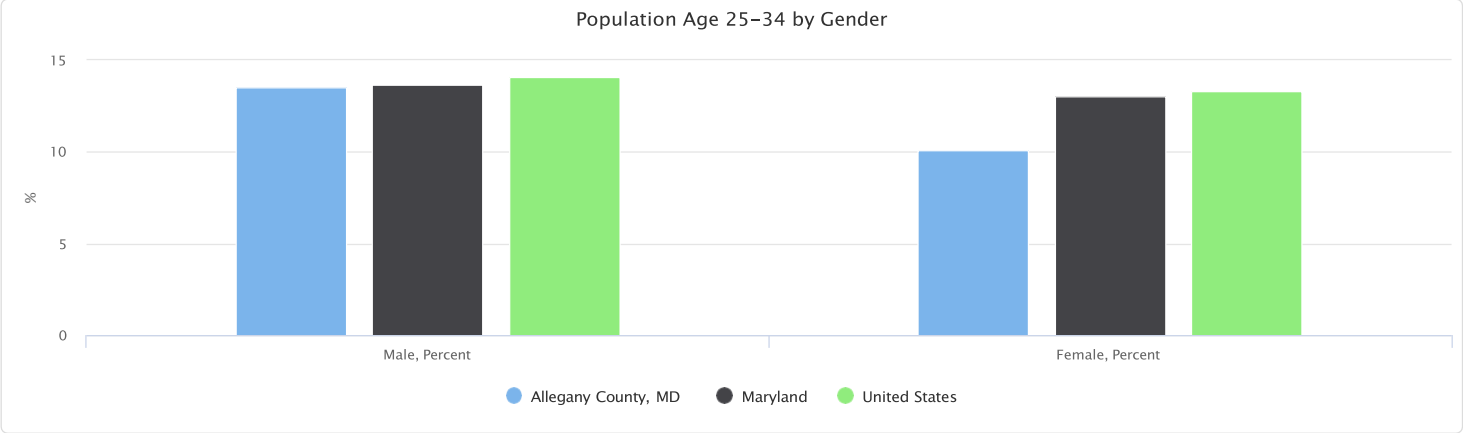
- Over 14.0%
- 12.1 - 14.0%
- 10.1 - 12.0%
- Under 10.1%
- No Data or Data Suppressed
- Allegany County, MD

Population Age 25-34 by Gender

The table below reports the percentage of the population that is age 25 to 34 by gender. Among the male population in the report area, 13.54% are aged 25-34 years. Among the female population, 10.10% are aged 25-34 years.

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	4,862	3,257	13.54%	10.10%
Maryland	410,829	412,729	13.68%	13.07%
United States	23,107,964	22,280,189	14.07%	13.35%

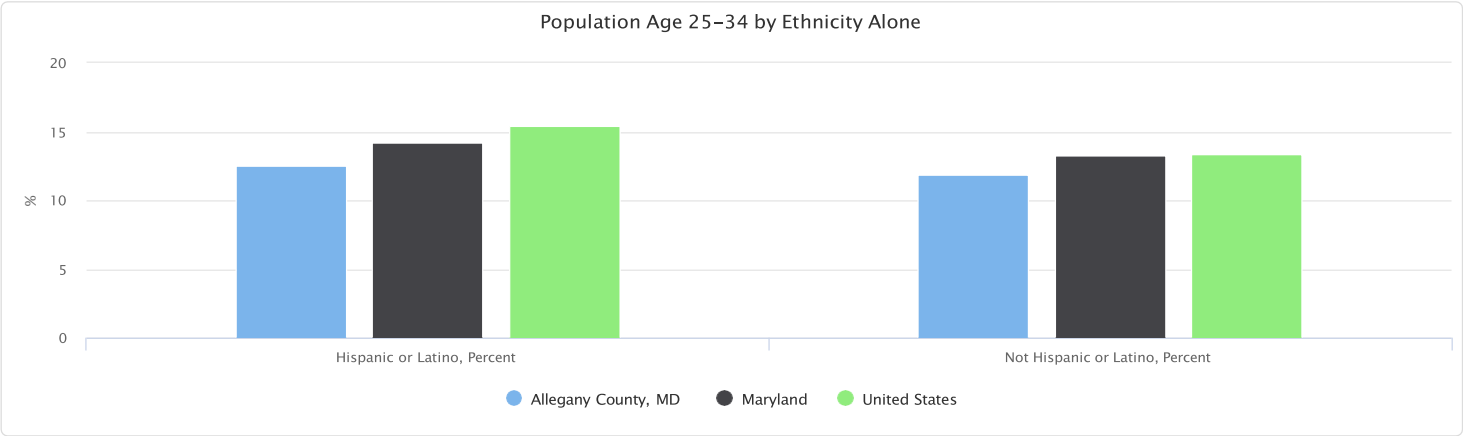
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population Age 25-34 by Ethnicity Alone

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	172	7,947	12.49%	11.90%
Maryland	95,783	727,775	14.23%	13.26%
United States	9,504,815	35,883,338	15.39%	13.32%

Data Source: US Census Bureau, American Community Survey. 2018-22.

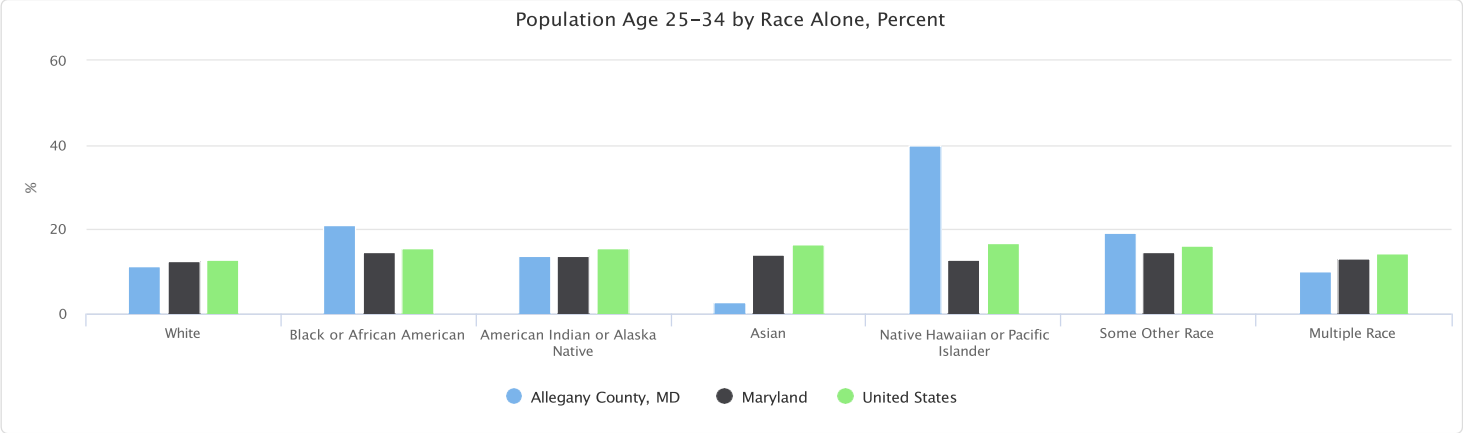


Population Age 25-34 by Race Alone, Percent

This indicator reports the percentage of population age 25-34 by race alone. The percentage values could be interpreted as, for example, *"Among the white population in the report area, the percentage of the population age 25-34 is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	11.30%	21.06%	13.68%	2.69%	40.00%	19.07%	10.10%
Maryland	12.48%	14.56%	13.73%	14.08%	12.76%	14.53%	13.05%
United States	12.83%	15.45%	15.45%	16.30%	16.88%	16.12%	14.24%

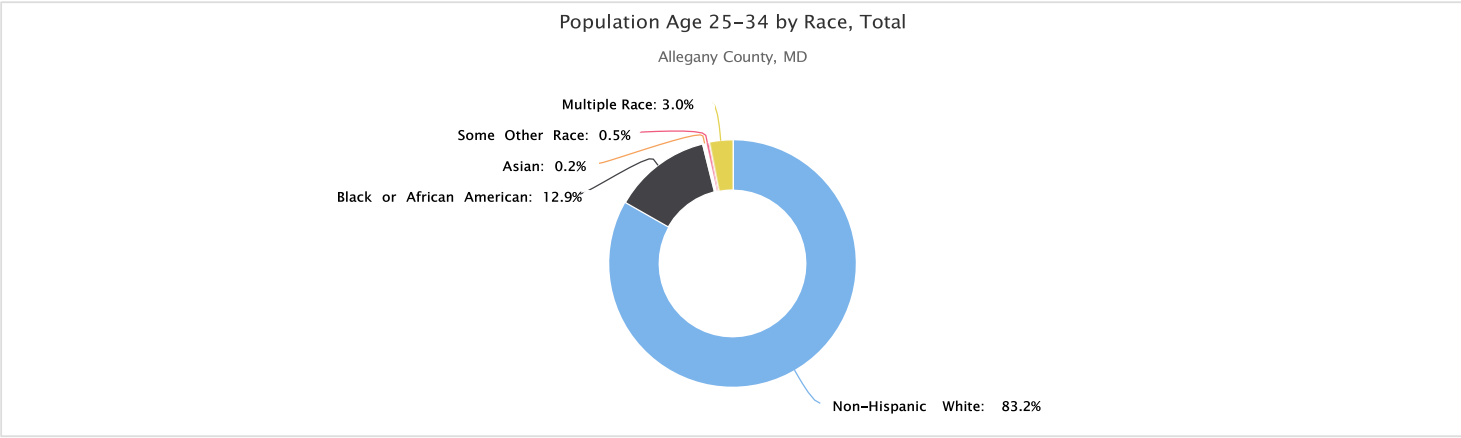
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population Age 25-34 by Race, Total

Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	6,758	1,045	13	17	2	37	247
Maryland	393,680	268,253	2,519	56,294	398	51,654	50,760
United States	27,978,293	6,381,127	430,627	3,115,402	105,490	3,226,794	4,150,420

Data Source: US Census Bureau, American Community Survey. 2018-22.



Population Age 35-44

Of the estimated 68,161 total population in the report area, an estimated 7,958 persons are between the ages of 35 and 44, representing 11.68% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 35-44	Percent Population Age 35-44
Allegany County, MD	68,161	7,958	11.68%
Maryland	6,161,707	814,413	13.22%
United States	331,097,593	42,810,359	12.93%

Data Source: US Census Bureau, American Community Survey. 2018-22.

View larger map

Population Age 35-44, Percent by Tract, ACS 2018-22

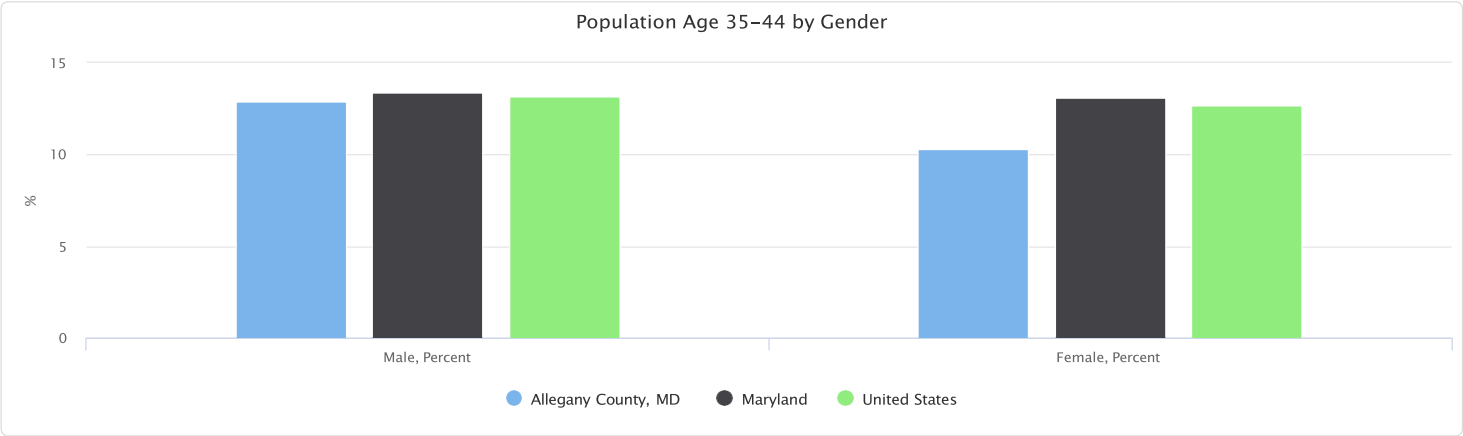
- Over 14.0%
- 12.1 - 14.0%
- 10.1 - 12.0%
- Under 10.1%
- No Data or Data Suppressed
- Allegany County, MD

Population Age 35-44 by Gender

The table below reports the percentage of the population that is age 35 to 44 by gender. Among the male population in the report area, 12.90% are aged 35-44 years. Among the female population, 10.31% are aged 35-44 years.

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	4,632	3,326	12.90%	10.31%
Maryland	401,160	413,253	13.36%	13.08%
United States	21,636,615	21,173,744	13.18%	12.69%

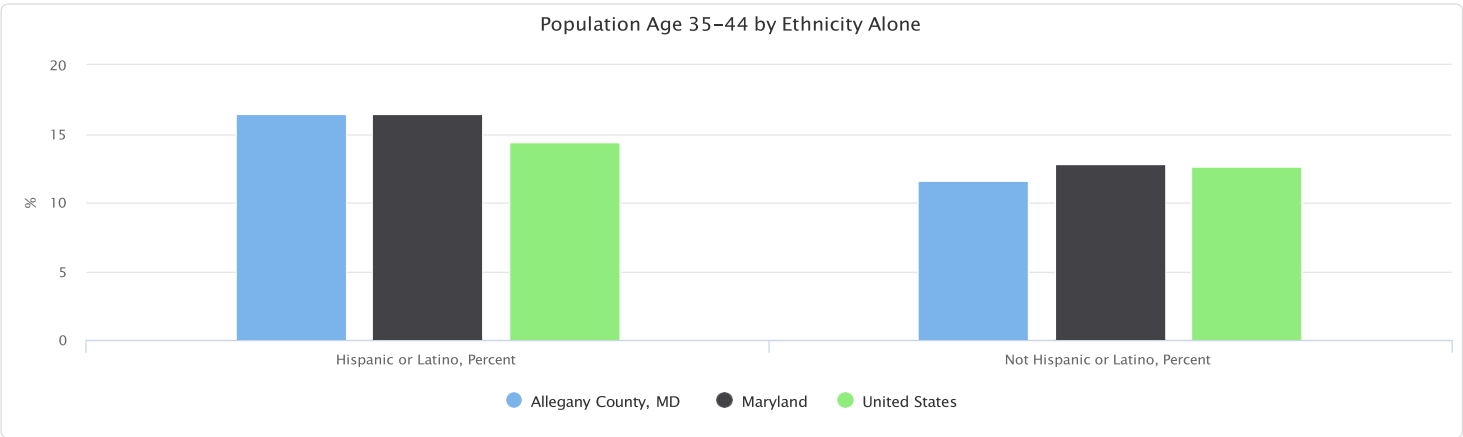
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population Age 35-44 by Ethnicity Alone

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	227	7,731	16.49%	11.58%
Maryland	110,893	703,520	16.48%	12.82%
United States	8,871,503	33,938,856	14.37%	12.60%

Data Source: US Census Bureau, American Community Survey. 2018-22.

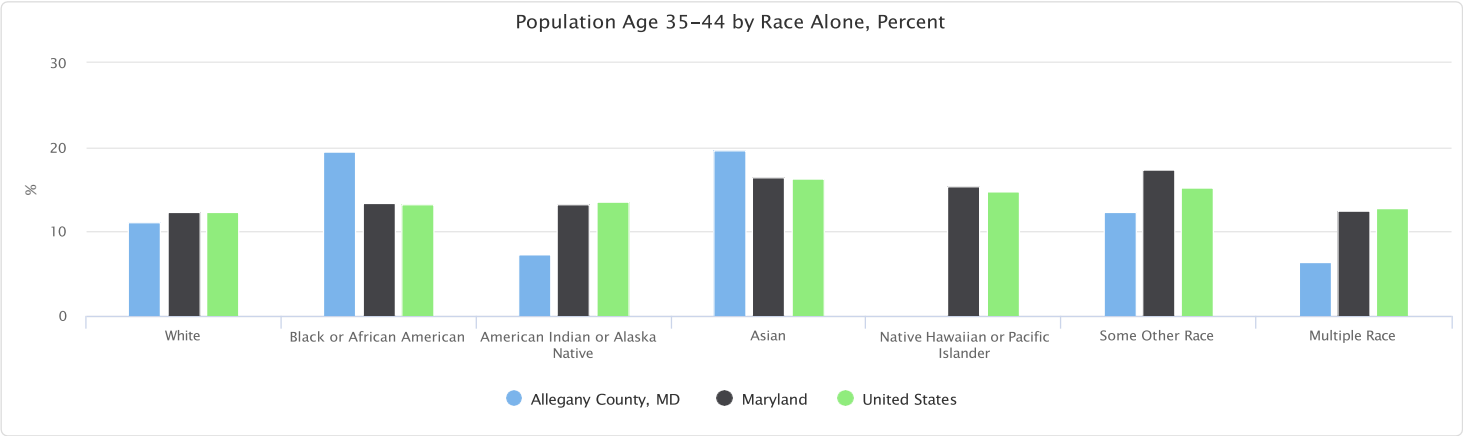


Population Age 35-44 by Race Alone, Percent

This indicator reports the percentage of population age 35-44 by race alone. The percentage values could be interpreted as, for example, *"Among the white population in the report area, the percentage of the population age 35-44 is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	11.16%	19.53%	7.37%	19.65%	0.00%	12.37%	6.46%
Maryland	12.32%	13.38%	13.18%	16.52%	15.45%	17.39%	12.48%
United States	12.39%	13.18%	13.61%	16.24%	14.78%	15.18%	12.75%

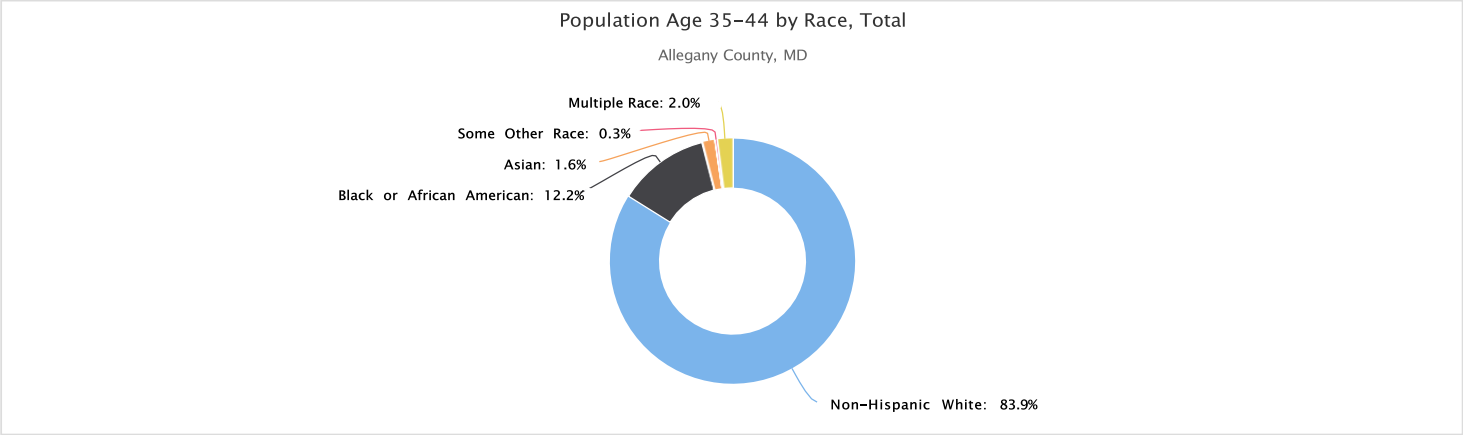
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population Age 35-44 by Race, Total

Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	6,676	969	7	124	0	24	158
Maryland	388,750	246,387	2,417	66,023	482	61,811	48,543
United States	27,035,900	5,442,969	379,155	3,103,887	92,326	3,039,668	3,716,454

Data Source: US Census Bureau, American Community Survey. 2018-22.

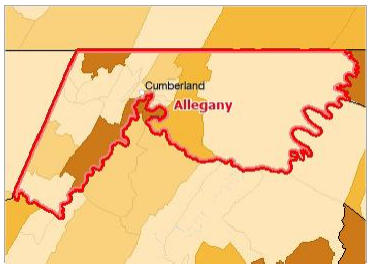


Population Age 45-54

Of the estimated 68,161 total population in the report area, an estimated 8,400 persons are between the ages of 45 and 54, representing 12.32% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 45-54	Percent Population Age 45-54
Allegany County, MD	68,161	8,400	12.32%
Maryland	6,161,707	802,348	13.02%
United States	331,097,593	41,087,357	12.41%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Population Age 45-54, Percent by Tract, ACS 2018-22

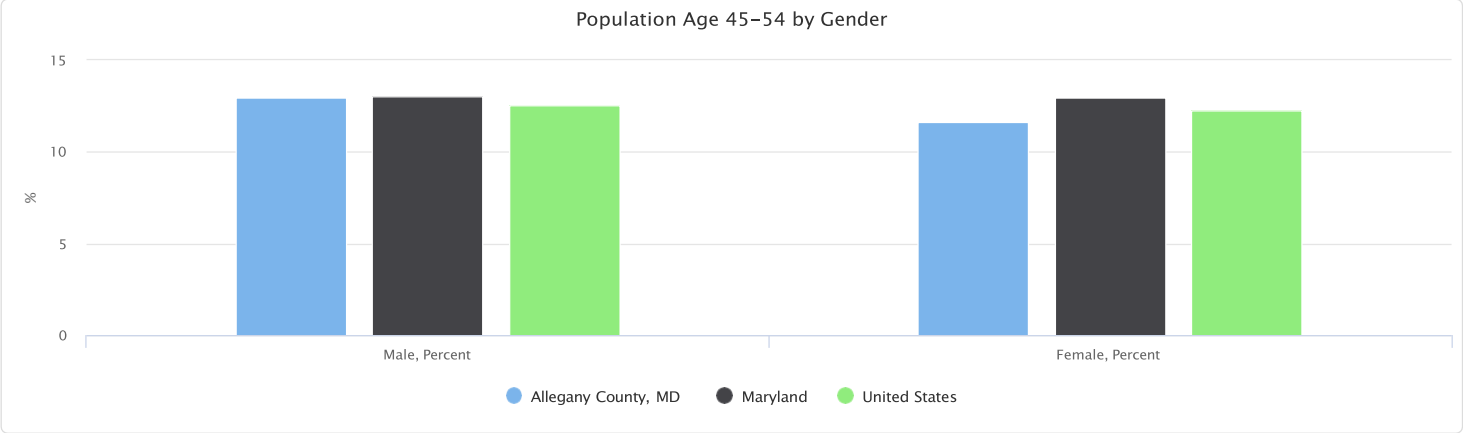
- Over 17.0%
- 15.1 - 17.0%
- 13.1 - 15.0%
- Under 13.1%
- No Data or Data Suppressed
- Allegany County, MD

Population Age 45-54 by Gender

The table below reports the percentage of the population that is age 45 to 54 by gender. Among the male population in the report area, 12.94% are aged 45-54 years. Among the female population, 11.63% are aged 45-54 years.

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	4,648	3,752	12.94%	11.63%
Maryland	392,007	410,341	13.05%	12.99%
United States	20,593,598	20,493,759	12.54%	12.28%

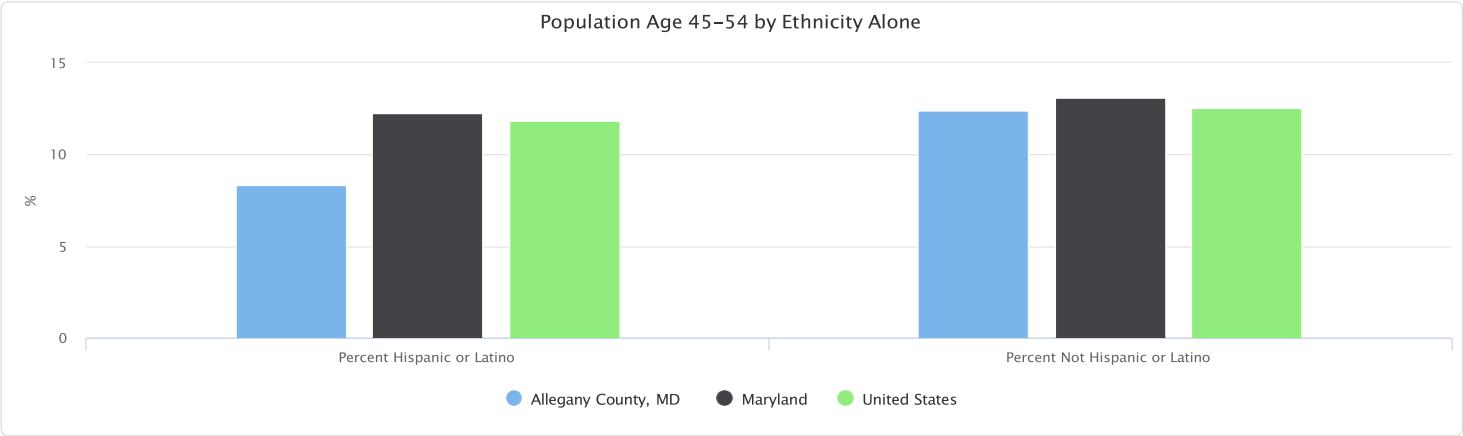
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population Age 45-54 by Ethnicity Alone

Report Area	Total Hispanic or Latino	Total Not Hispanic or Latino	Percent Hispanic or Latino	Percent Not Hispanic or Latino
Allegany County, MD	115	8,285	8.35%	12.41%
Maryland	82,540	719,808	12.27%	13.11%
United States	7,337,888	33,749,469	11.88%	12.53%

Data Source: US Census Bureau, American Community Survey. 2018-22.

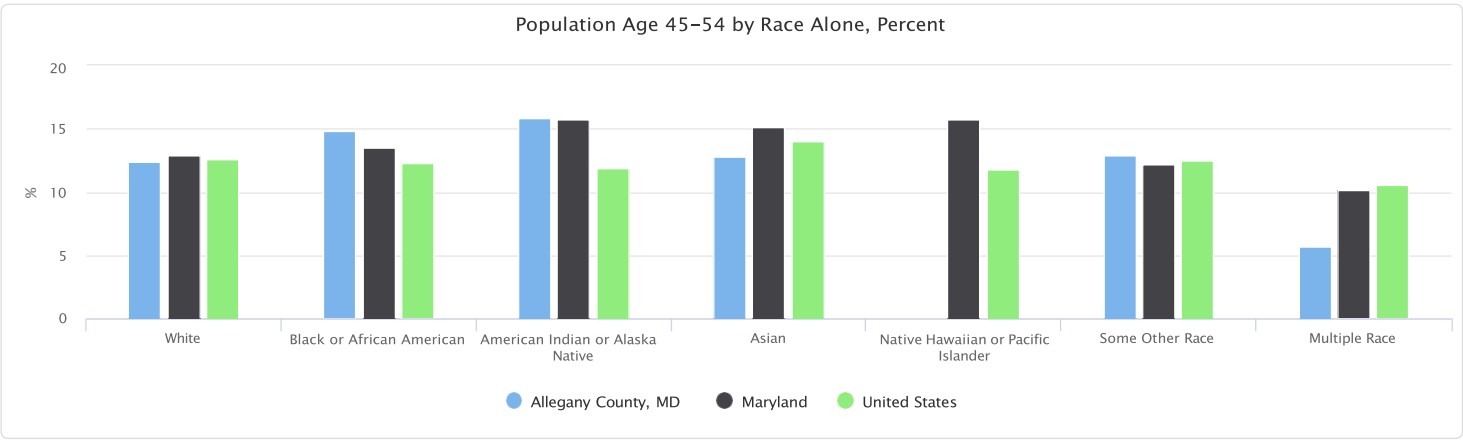


Population Age 45-54 by Race Alone, Percent

This indicator reports the percentage of population age 45-54 by race alone. The percentage values could be interpreted as, for example, *"Among the white population in the report area, the percentage of the population age 45-54 is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	12.37%	14.85%	15.79%	12.84%	0.00%	12.89%	5.68%
Maryland	12.90%	13.52%	15.72%	15.10%	15.71%	12.15%	10.11%
United States	12.54%	12.28%	11.88%	14.05%	11.76%	12.49%	10.58%

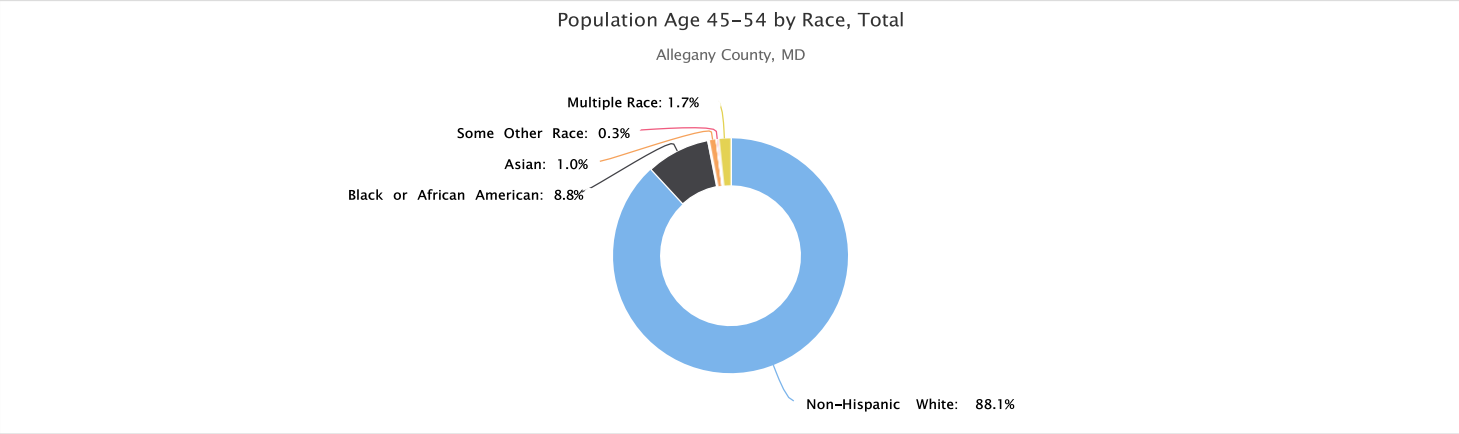
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population Age 45-54 by Race, Total

Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	7,403	737	15	81	0	25	139
Maryland	407,016	249,103	2,883	60,355	490	43,189	39,312
United States	27,343,366	5,070,706	330,935	2,684,983	73,457	2,501,236	3,082,674

Data Source: US Census Bureau, American Community Survey. 2018-22.

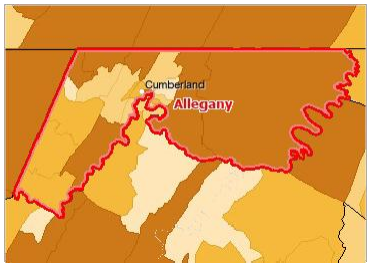


Population Age 55-64

Of the estimated 68,161 total population in the report area, an estimated 9,265 persons are between the ages of 55 and 64, representing 13.59% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 55-64	Percent Population Age 55-64
Allegany County, MD	68,161	9,265	13.59%
Maryland	6,161,707	833,622	13.53%
United States	331,097,593	42,577,475	12.86%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Population Age 55-64, Percent by Tract, ACS 2018-22

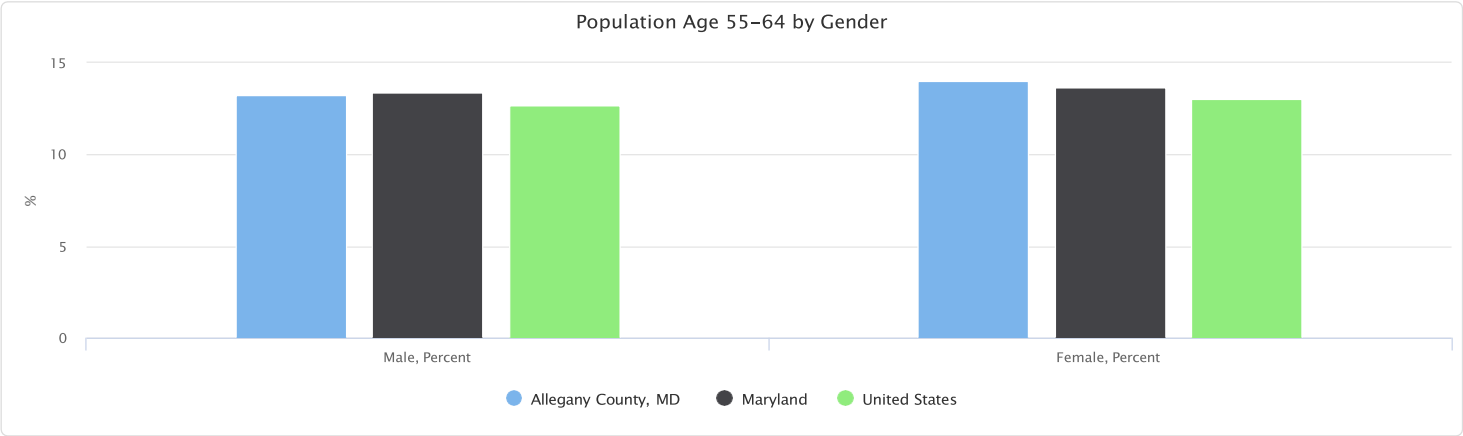
- Over 15.0%
- 13.1 - 15.0%
- 11.1 - 13.0%
- Under 11.1%
- No Data or Data Suppressed
- Allegany County, MD

Population Age 55-64 by Gender

The table below reports the percentage of the population that is age 55 to 64 by gender. Among the male population in the report area, 13.23% are aged 55-64 years. Among the female population, 14.00% are aged 55-64 years.

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	4,750	4,515	13.23%	14.00%
Maryland	401,779	431,843	13.38%	13.67%
United States	20,872,270	21,705,205	12.71%	13.01%

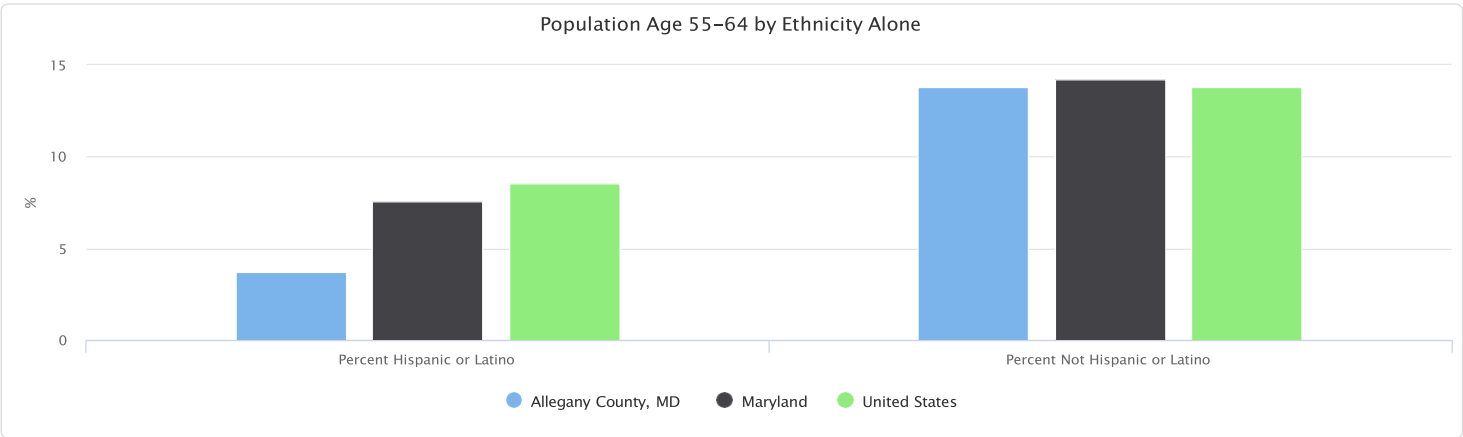
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population Age 55-64 by Ethnicity Alone

Report Area	Total Hispanic or Latino	Total Not Hispanic or Latino	Percent Hispanic or Latino	Percent Not Hispanic or Latino
Allegany County, MD	51	9,214	3.70%	13.80%
Maryland	50,915	782,707	7.57%	14.26%
United States	5,291,724	37,285,751	8.57%	13.84%

Data Source: US Census Bureau, American Community Survey. 2018-22.

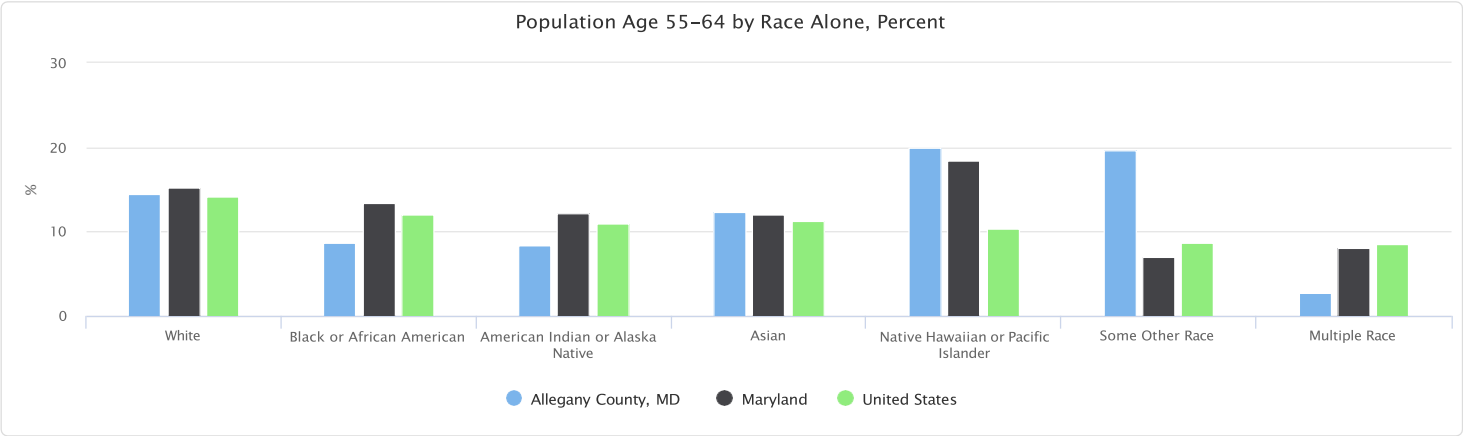


Population Age 55-64 by Race Alone, Percent

This indicator reports the percentage of population age 55-64 by race alone. The percentage values could be interpreted as, for example, *"Among the white population in the report area, the percentage of the population age 55-64 is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	14.45%	8.65%	8.42%	12.36%	20.00%	19.59%	2.78%
Maryland	15.23%	13.38%	12.16%	12.07%	18.37%	6.94%	8.00%
United States	14.15%	11.99%	10.94%	11.26%	10.33%	8.71%	8.57%

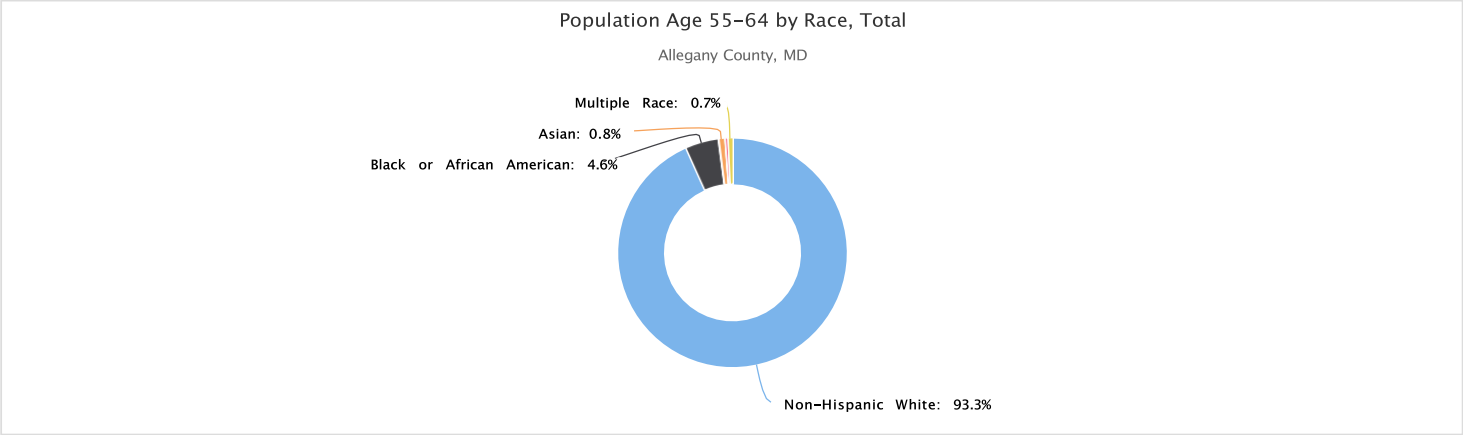
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population Age 55-64 by Race, Total

Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	8,643	429	8	78	1	38	68
Maryland	480,398	246,385	2,231	48,229	573	24,679	31,127
United States	30,863,360	4,950,012	304,861	2,152,222	64,544	1,743,548	2,498,928

Data Source: US Census Bureau, American Community Survey. 2018-22.

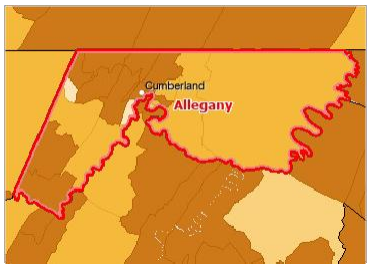


Population Age 65+

Of the estimated 68,161 total population in the report area, an estimated 14,172 persons are adults aged 65 and older, representing 20.79% of the population. These data are based on the latest U.S. Census Bureau American Community Survey 5-year estimates. The number of older adults in the report area is relevant because this population has unique needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 65+	Population Age 65+, Percent
Allegany County, MD	68,161	14,172	20.79%
Maryland	6,161,707	986,154	16.00%
United States	331,097,593	54,737,648	16.53%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Population Age 65+, Percent by Tract, ACS 2018-22

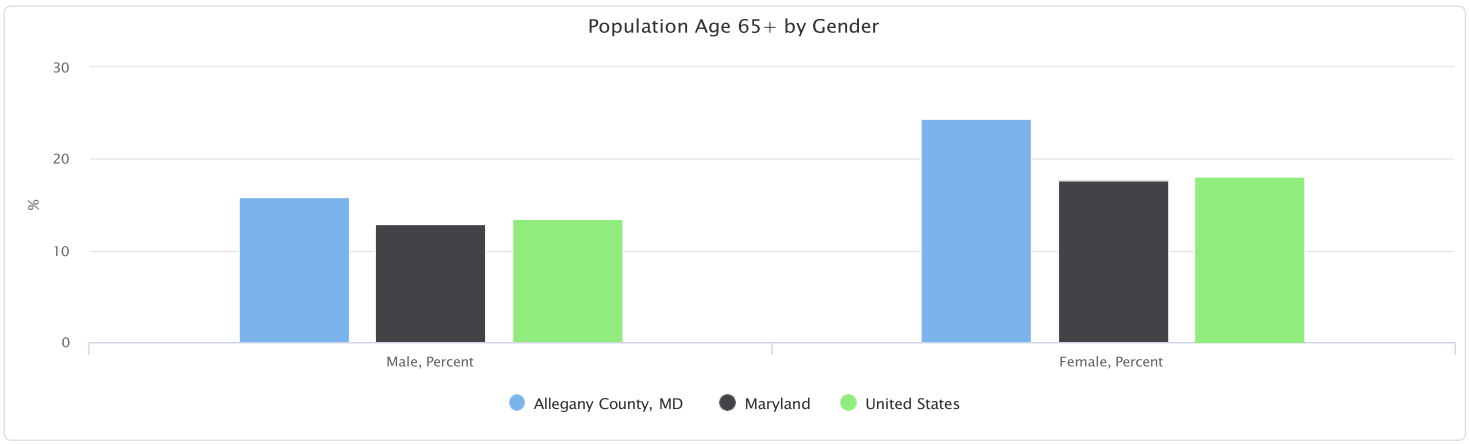
- Over 20.0%
- 16.1 - 20.0%
- 12.1 - 16.0%
- Under 12.1%
- No Data or Data Suppressed
- Allegany County, MD

Population Age 65+ by Gender

The table below reports the percentage of the population that is age 65 or older by gender. Among the male population in the report area, 15.91% are aged 65 years or older. Among the female population, 24.37% are aged 65 years or older.

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	5,713	7,860	15.91%	24.37%
Maryland	387,594	557,726	12.91%	17.66%
United States	22,157,050	30,255,641	13.49%	18.13%

Data Source: US Census Bureau, American Community Survey. 2018-22.

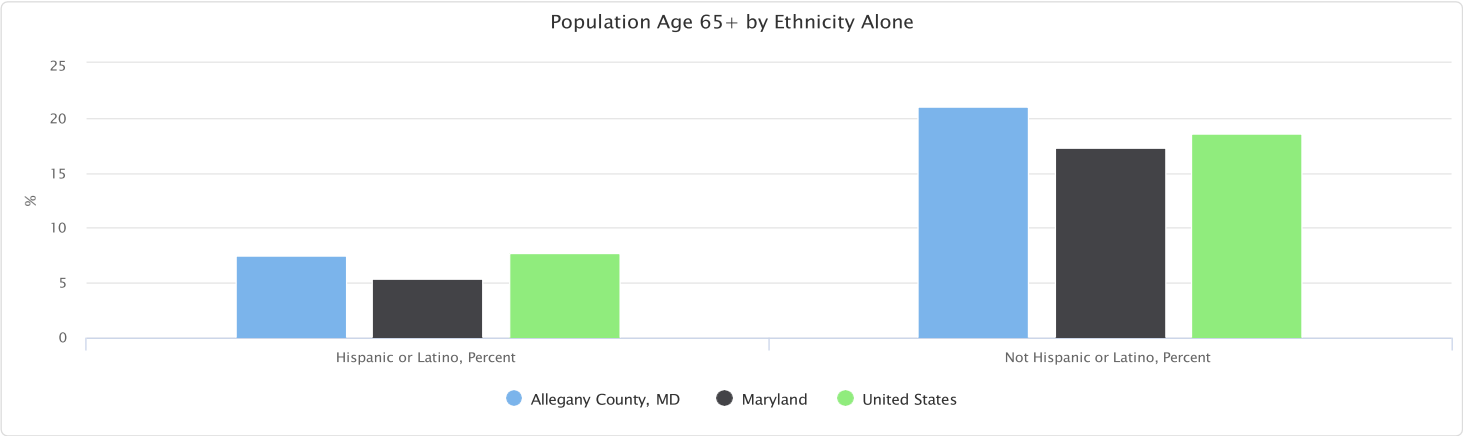


Population Age 65+ by Ethnicity Alone

This indicator reports the percentage of population that are at age 65+ by ethnicity alone. In the report area, 7.48% of Hispanic / Latino population are at age 65+, and 21.07% of non Hispanic / Latino population are at age 65+.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	103	14,069	7.48%	21.07%
Maryland	36,215	949,939	5.38%	17.31%
United States	4,786,464	49,951,184	7.75%	18.55%

Data Source: US Census Bureau, American Community Survey. 2018-22.

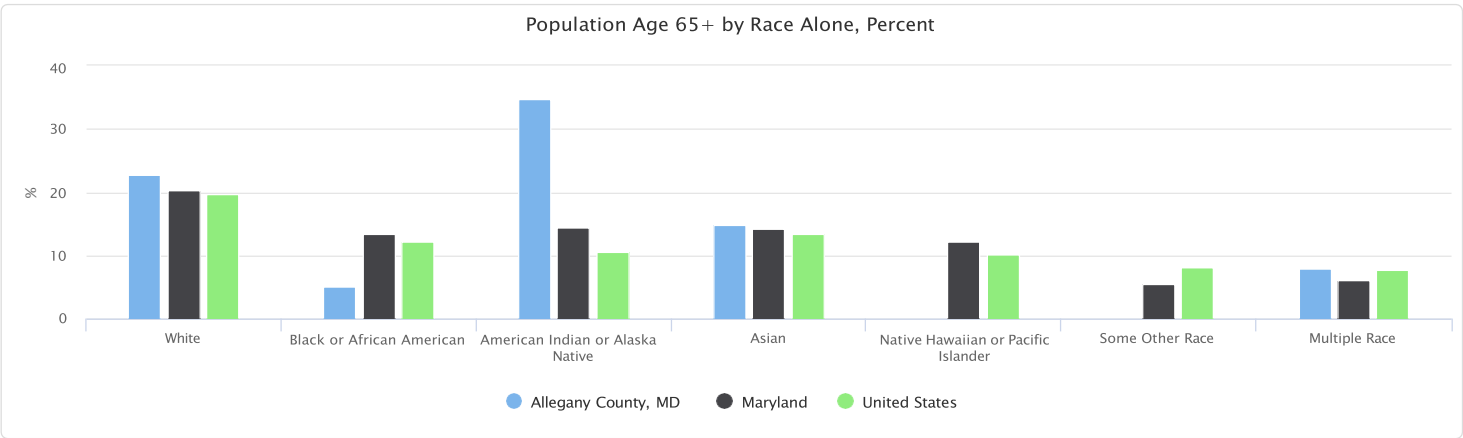


Population Age 65+ by Race Alone, Percent

This indicator reports the percentage of population age 65+ by race alone. The percentage values could be interpreted as, for example, *"Among the white population in the report area, the percentage of the population age 65+ is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	22.73%	5.08%	34.74%	14.90%	0.00%	0.00%	7.89%
Maryland	20.21%	13.37%	14.51%	14.13%	12.24%	5.50%	6.04%
United States	19.68%	12.19%	10.50%	13.42%	10.15%	8.11%	7.67%

Data Source: US Census Bureau, American Community Survey. 2018-22.

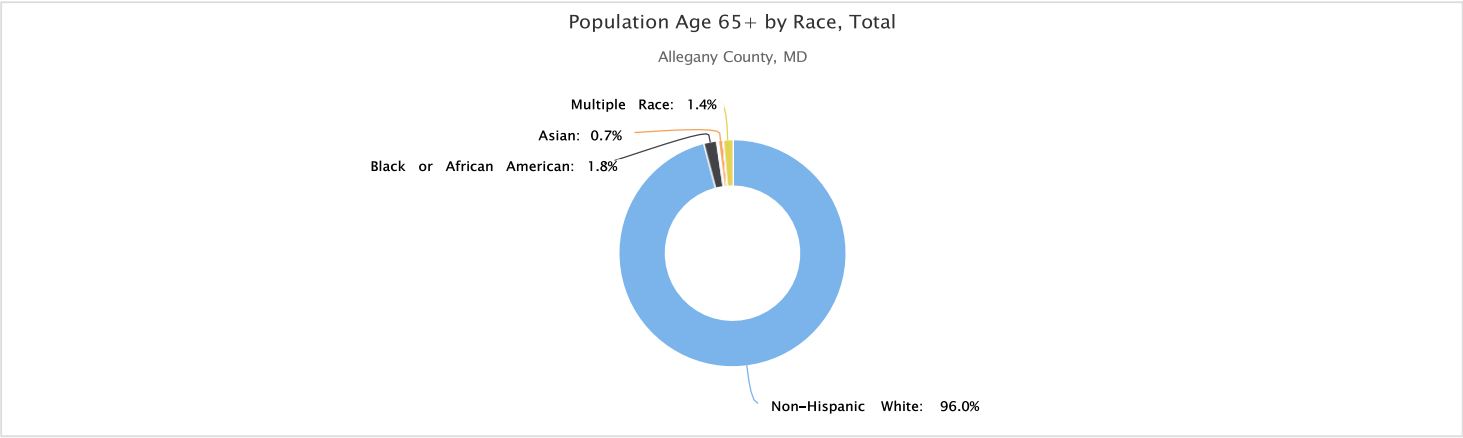


Population Age 65+ by Race, Total

This indicator reports the proportion of each race (alone) making up the population aged 65 or older.

Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	13,600	252	33	94	0	0	193
Maryland	637,340	246,265	2,662	56,478	382	19,536	23,491
United States	42,925,491	5,032,607	292,548	2,565,885	63,419	1,622,737	2,234,961

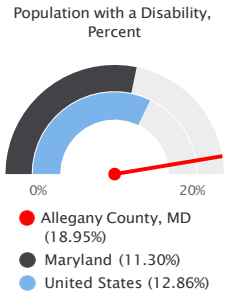
Data Source: US Census Bureau, American Community Survey. 2018-22.



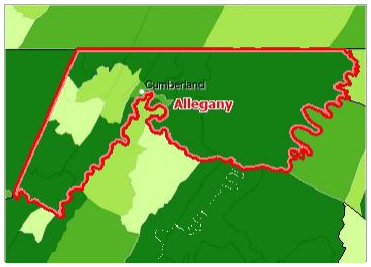
Population with Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. The report area has a total population of 63,226 for whom disability status has been determined, of which 11,980 or 18.95% have any disability. This indicator is relevant because disabled individuals may require targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status Is Determined)	Population with a Disability	Population with a Disability, Percent
Allegany County, MD	63,226	11,980	**18.95%**
Maryland	6,070,969	686,244	11.30%
United States	326,147,510	41,941,456	12.86%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



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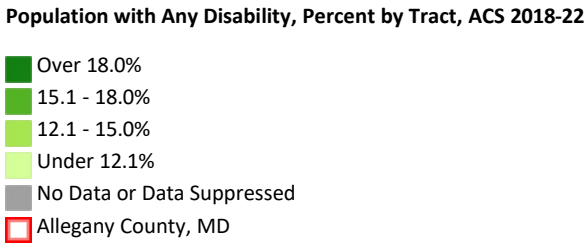
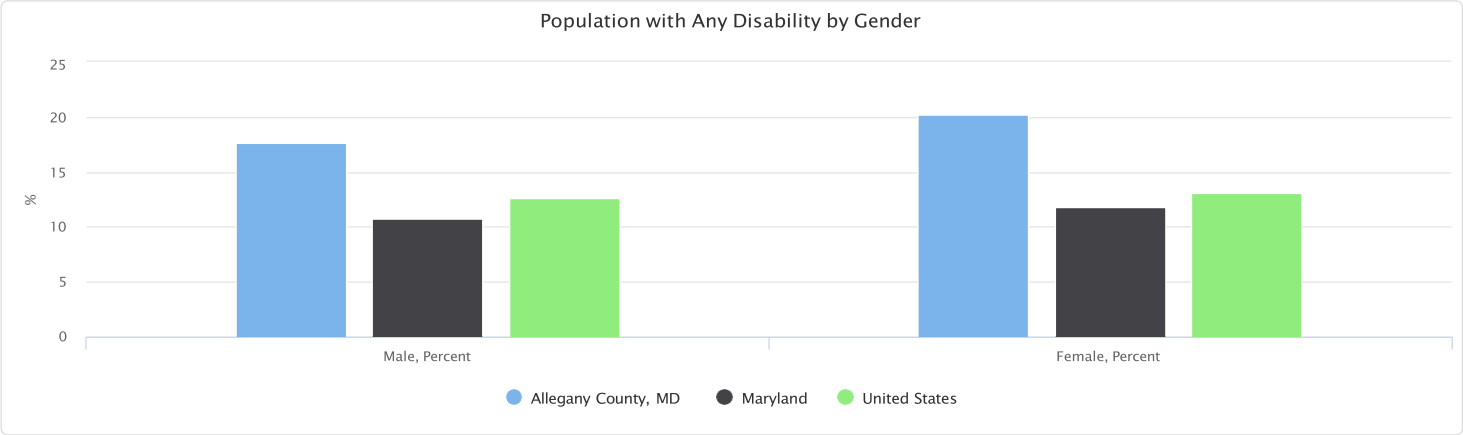


Population with Any Disability by Gender

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by gender. Of the total male population in the report area, the percentage with a disability is 17.68%. Of the total females in the report area, the percentage with a disability is 20.22%.

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	5,586	6,394	17.68%	20.22%
Maryland	315,383	370,861	10.73%	11.84%
United States	20,349,626	21,591,830	12.67%	13.05%

Data Source: US Census Bureau, American Community Survey. 2018-22.

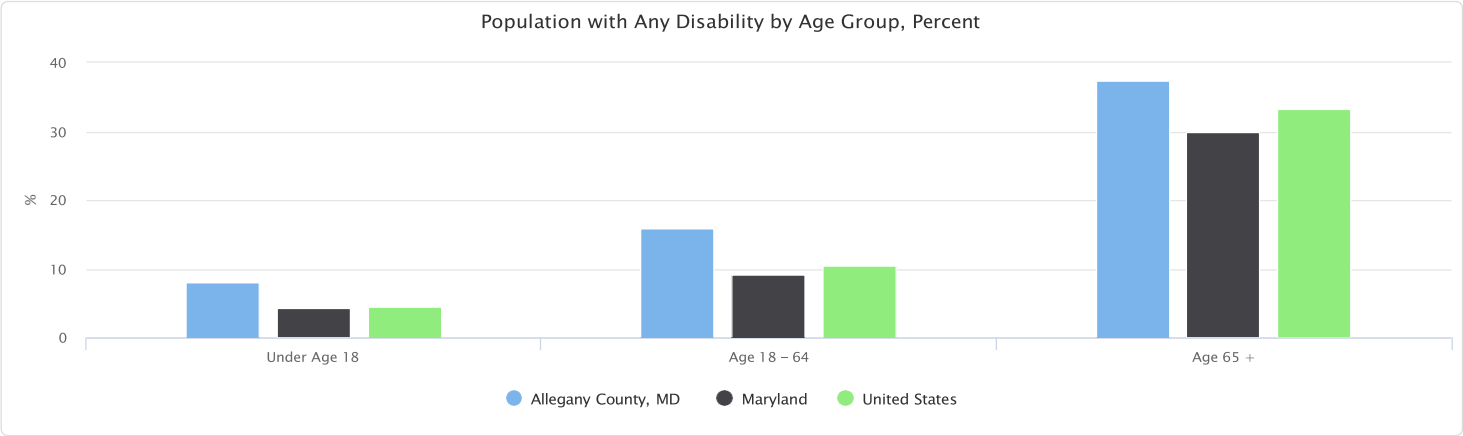


Population with Any Disability by Age Group, Percent

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by age group. The percentage values could be interpreted as, for example, *"Among the population age 65+ in the report area, the percentage of population with disability is (value)."*

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Allegany County, MD	8.11%	15.94%	37.35%
Maryland	4.27%	9.07%	29.93%
United States	4.53%	10.46%	33.27%

Data Source: US Census Bureau, American Community Survey. 2018-22.

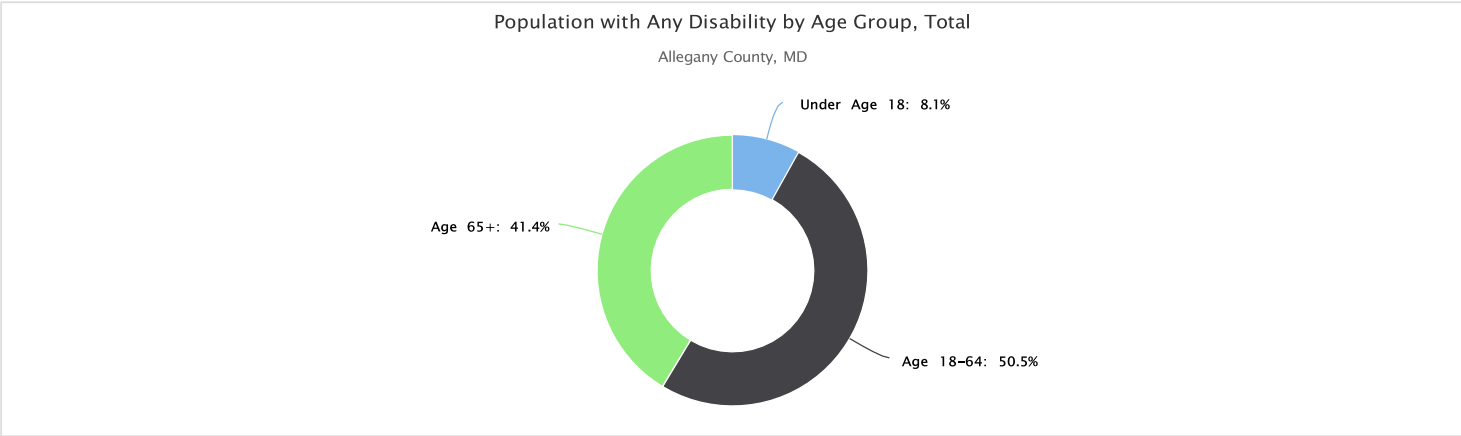


Population with Any Disability by Age Group, Total

This indicator reports the proportion of the total civilian non-institutionalized population with a disability by age group.

Report Area	Under Age 18	Age 18-64	Age 65+
Allegany County, MD	971	6,054	4,955
Maryland	58,077	340,183	287,984
United States	3,312,006	20,879,820	17,749,630

Data Source: US Census Bureau, American Community Survey. 2018-22.

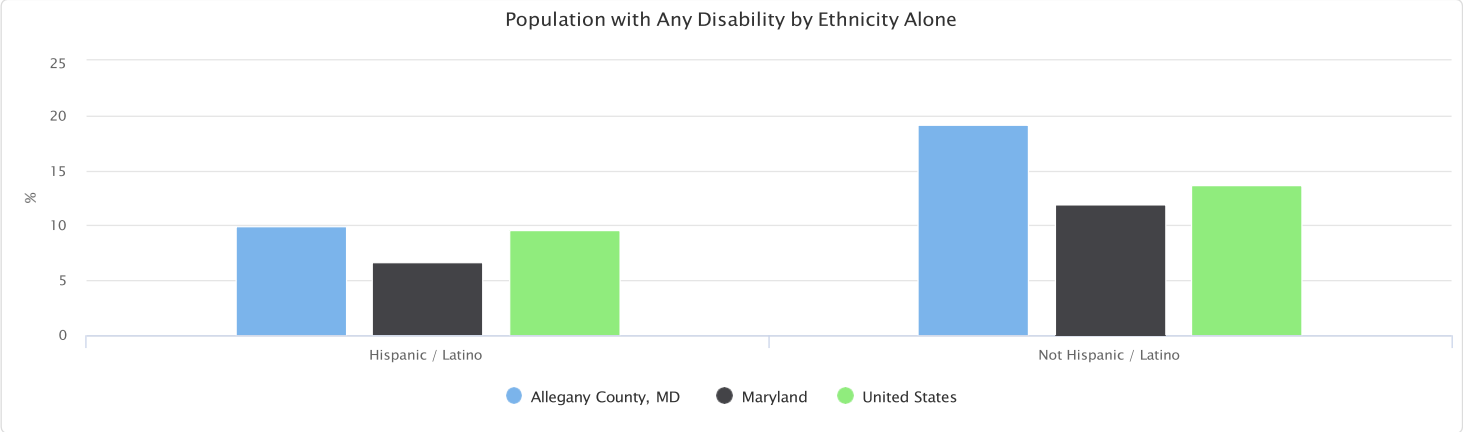


Population with Any Disability by Ethnicity Alone

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by ethnicity alone. The percentage values could be interpreted as, for example, *"Among the Hispanic population in the report area, the percentage of the population with disability is (value)."*

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	112	11,868	9.88%	19.11%
Maryland	44,304	641,940	6.64%	11.88%
United States	5,860,137	36,081,319	9.60%	13.61%

Data Source: US Census Bureau, American Community Survey. 2018-22.

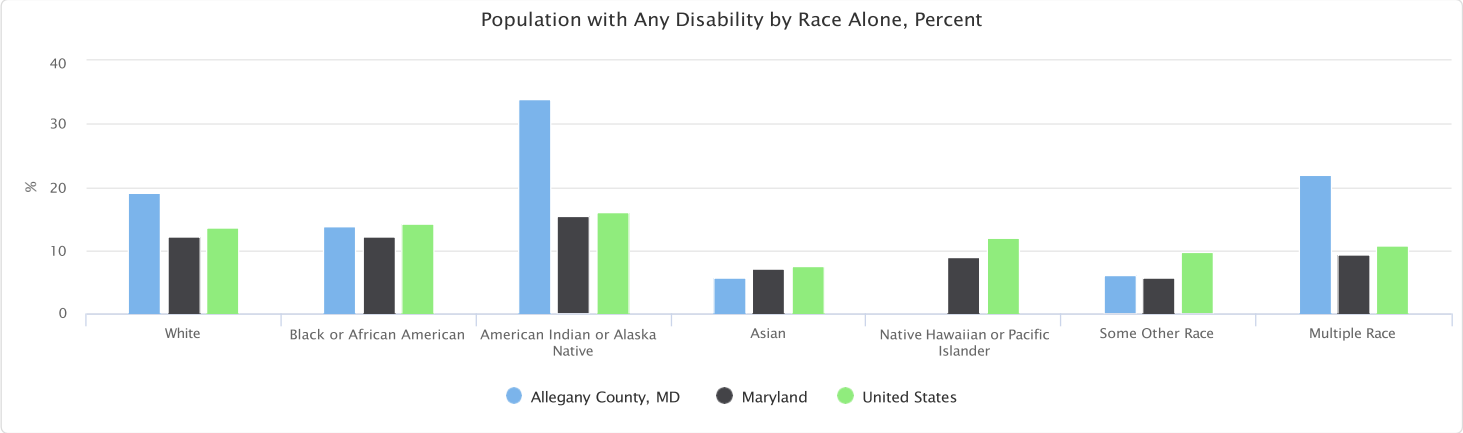


Population with Any Disability by Race Alone, Percent

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by race alone. The percentage values could be interpreted as, for example, *"Of all the white population in the report area, the percentage of population with disability is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	19.16%	13.72%	33.82%	5.78%	0.00%	6.19%	22.03%
Maryland	12.18%	12.19%	15.35%	7.10%	8.96%	5.67%	9.41%
United States	13.62%	14.20%	15.96%	7.60%	11.93%	9.69%	10.70%

Data Source: US Census Bureau, American Community Survey. 2018-22.

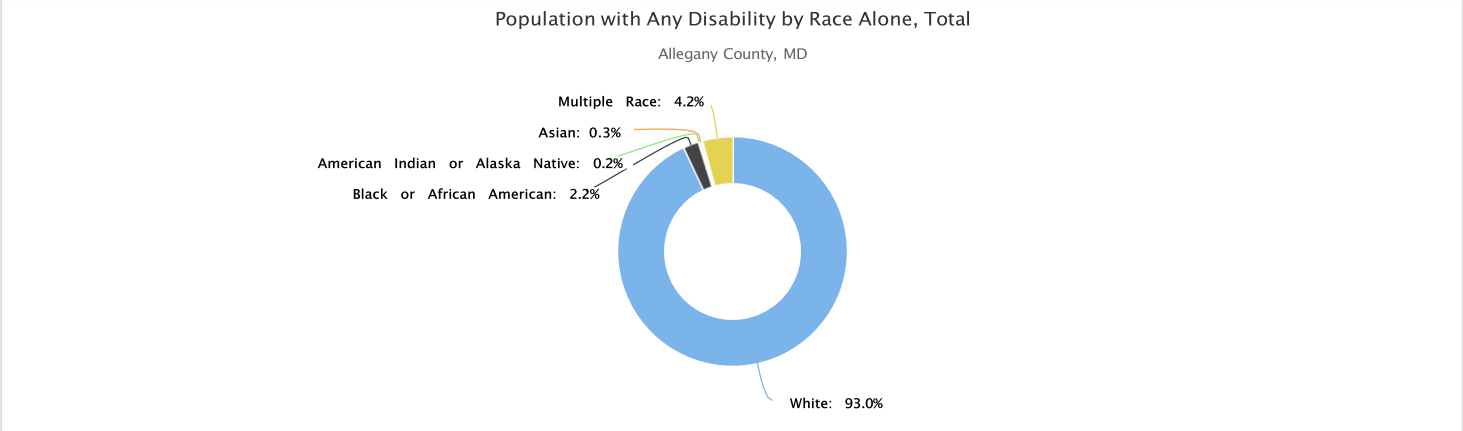


Population with Any Disability by Race Alone, Total

This indicator reports the proportion of the total civilian non-institutionalized population with a disability by race alone.

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	11,144	258	23	36	0	12	507
Maryland	378,659	220,088	2,745	28,231	260	20,054	36,207
United States	29,292,518	5,696,234	434,053	1,445,222	72,806	1,919,294	3,081,329

Data Source: US Census Bureau, American Community Survey. 2018-22.



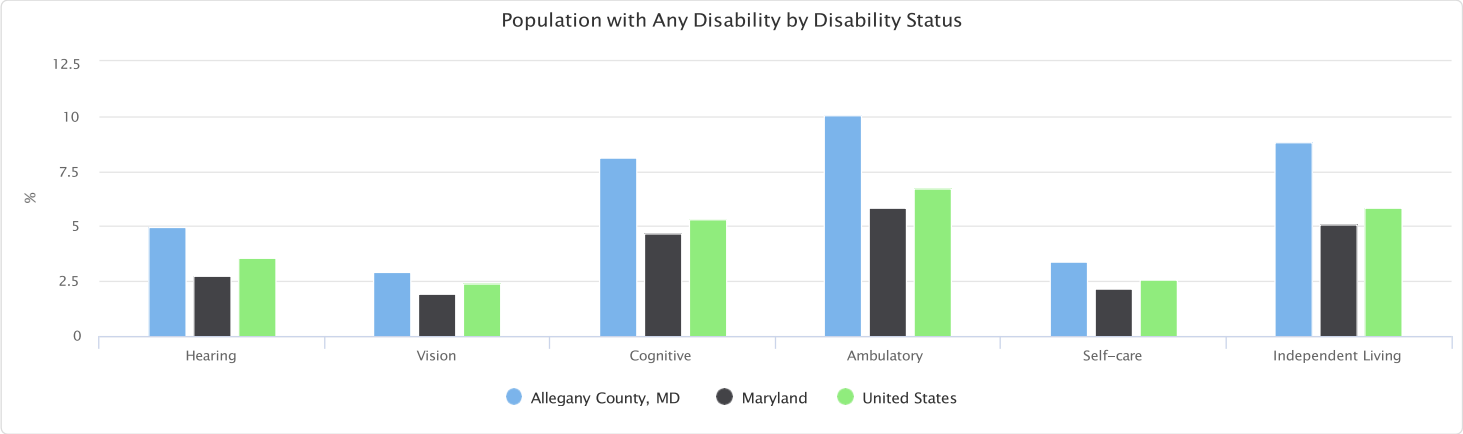
Population with Any Disability by Disability Status

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by disability status. Note that ACS measures disability status within different age groups: hearing and vision difficulty for all the people; cognitive, ambulatory, and self-care for people 5 years and older; and independent living for people 15 years and older (reported for people 18 years and older in ACS2018-22 data).

Percentage values can be interpreted as follows: Within the report area, individuals with hearing difficulty are 4.94% of the total population; individuals with vision difficulty are 2.94% of the total population; individuals with cognitive difficulty are 8.11% of the total population age 5+; individuals with ambulatory difficulty are 10.06% of the total population age 5+; individuals with self-care difficulty are 3.36% of the total population age 5+; and individuals with independent living difficulty are 8.84% of the total population age 18+.

Report Area	Hearing	Vision	Cognitive	Ambulatory	Self-care	Independent Living
Allegany County, MD	4.94%	2.94%	8.11%	10.06%	3.36%	8.84%
Maryland	2.75%	1.90%	4.68%	5.83%	2.18%	5.07%
United States	3.55%	2.38%	5.30%	6.69%	2.57%	5.82%

Data Source: US Census Bureau, American Community Survey. 2018-22.



Children with Disability / Limited Ability

This indicator reports the percentage of children limited or prevented in their ability to do the things most children of the same age can do because of medical, behavioral, or other health condition. Data are acquired from the 2022 topical data of the National Survey of Children's Health (NSCH).

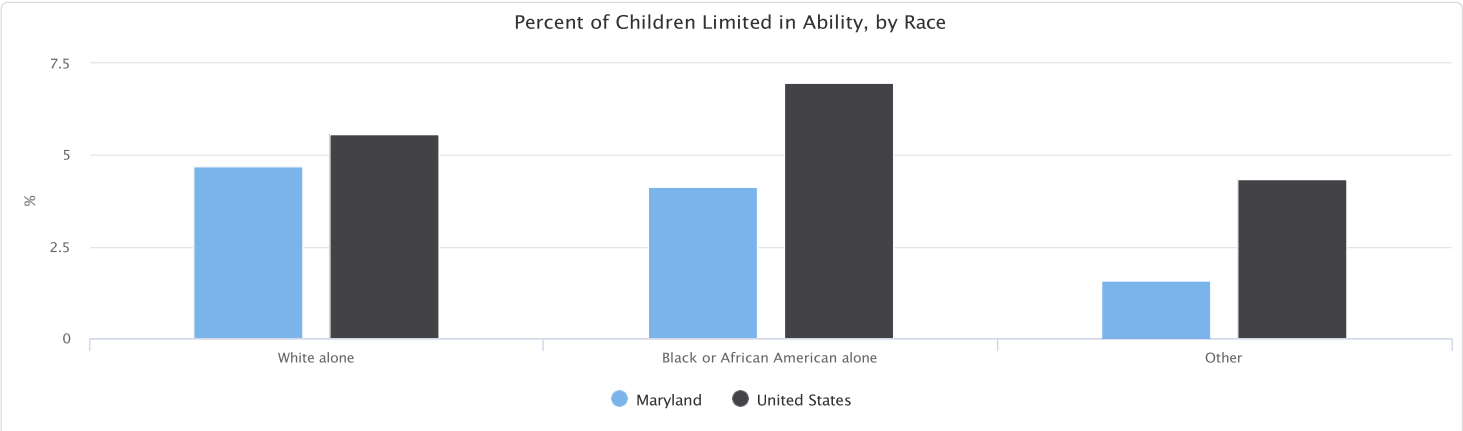
Report Area	Population (Children Age 0-17)	Children Limited in Ability due to Health, Count	Children Limited in Ability due to Health, Rate
Maryland	1,357,472	54,209	3.99%
United States	73,292,572	4,078,304	5.56%

Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.

Percent of Children Limited in Ability, by Race

Report Area	White alone	Black or African American alone	Other
Maryland	4.71%	4.14%	1.57%
United States	5.58%	6.96%	4.33%

Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.

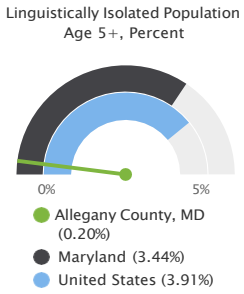


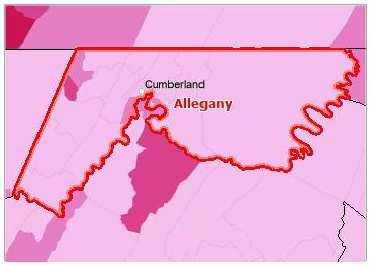
Population in Limited English Households

This indicator reports the percentage of the population aged 5 years and older living in Limited English speaking households. A limited English speaking household is one in which **no** household member 14 years old and over speaks only English at home, or no household member speaks a language other than English at home and speaks English "very well". In the report area, 130 individuals, or 0.20% live in limited English households. This indicator is significant as it identifies households and populations that may need English-language assistance.

Report Area	Population Age 5+	Linguistically Isolated Population Age 5+	Linguistically Isolated Population Age 5+, Percent
Allegany County, MD	65,103	130	0.20%
Maryland	5,803,168	199,588	3.44%
United States	312,092,668	12,212,124	3.91%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Population in Linguistically Isolated Households, Percent by Tract, ACS 2018-22

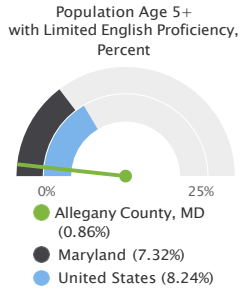
- Over 3.0%
- 1.1 - 3.0%
- 0.1 - 1.1%
- No Population in Linguistically Isolated Households
- No Data or Data Suppressed
- Allegany County, MD

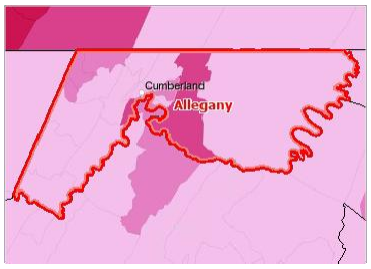
Population with Limited English Proficiency

This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well". This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education. Of the 65,103 total population aged 5 and older in the report area, 559 or 0.86% have limited English proficiency.

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, Percent
Allegany County, MD	65,103	559	0.86%
Maryland	5,803,168	425,006	7.32%
United States	312,092,668	25,704,846	8.24%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Population with Limited English Proficiency, Percent by Tract, ACS 2018-22

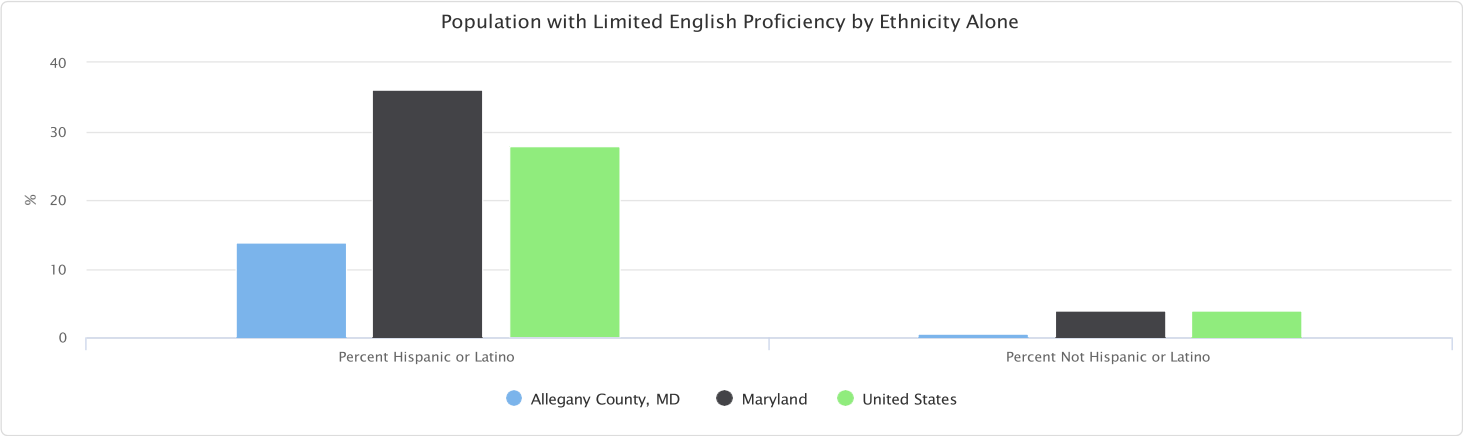
- Over 4.0%
- 2.1 - 4.0%
- 1.1 - 2.0%
- Under 1.1%
- No Data or Data Suppressed
- Allegany County, MD

Population with Limited English Proficiency by Ethnicity Alone

This indicator reports the total and percentage of population aged 5 and older who speak a language other than English at home and speak English less than "very well" by ethnicity alone in the report area. The percentage values could be interpreted as, for example, *"Among the Hispanic population in the report area, the percentage of the population with limited English proficiency is (value)."*

Report Area	Total Hispanic or Latino	Total Not Hispanic or Latino	Percent Hispanic or Latino	Percent Not Hispanic or Latino
Allegany County, MD	182	377	13.91%	0.59%
Maryland	217,931	207,075	36.03%	3.98%
United States	15,809,414	9,895,432	27.82%	3.88%

Data Source: US Census Bureau, American Community Survey. 2018-22.

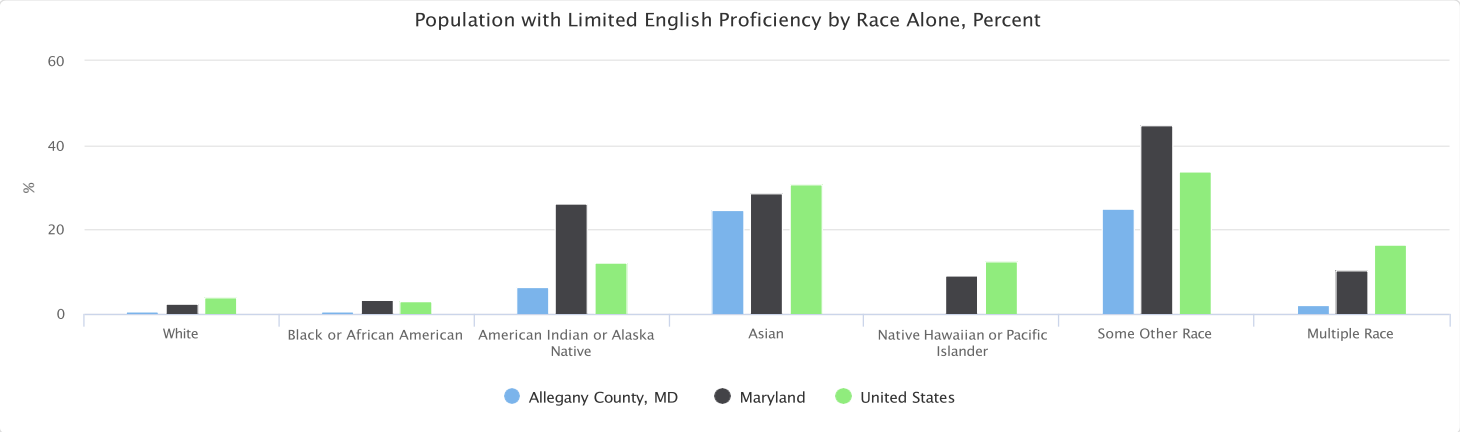


Population with Limited English Proficiency by Race Alone, Percent

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" by race alone in the report area.
The percentage values could be interpreted as, for example, *"Of all the white population in the report area, the percentage of population with limited English proficiency is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	0.49%	0.62%	6.32%	24.64%	0.00%	25.00%	2.01%
Maryland	2.57%	3.20%	26.23%	28.54%	9.05%	44.69%	10.41%
United States	3.82%	3.08%	12.16%	30.74%	12.42%	33.75%	16.53%

Data Source: US Census Bureau, American Community Survey. 2018-22.

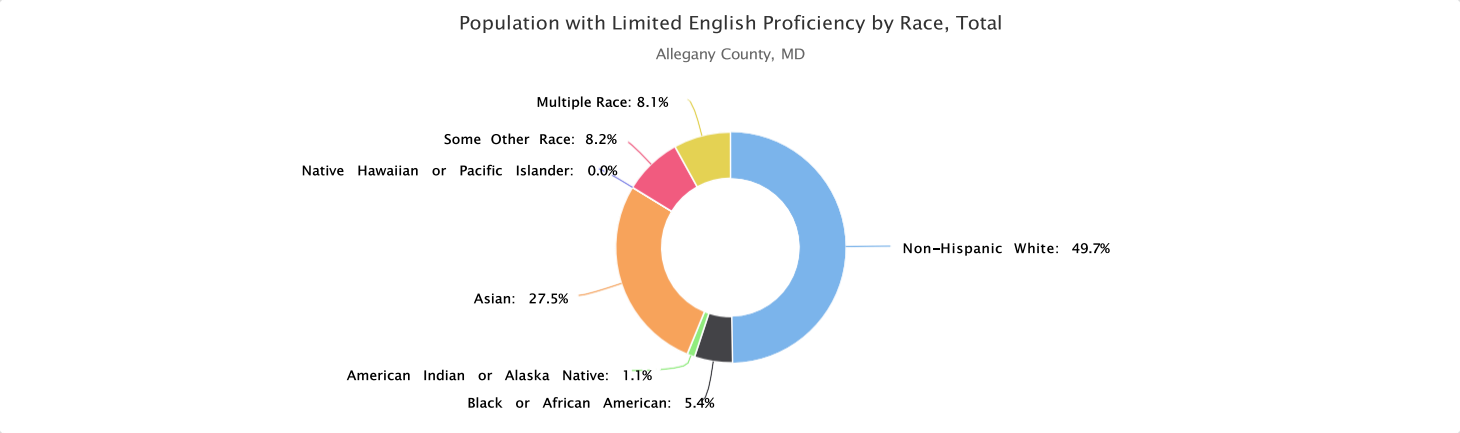


Population with Limited English Proficiency by Race, Total

This indicator reports the total population aged 5 and older who speak a language other than English at home and speak English less than "very well" by race alone in the report area.

Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	278	30	6	154	0	46	45
Maryland	77,275	55,529	4,474	108,570	266	143,197	35,695
United States	7,914,665	1,193,100	317,727	5,572,506	72,529	6,293,787	4,340,532

Data Source: US Census Bureau, American Community Survey. 2018-22.

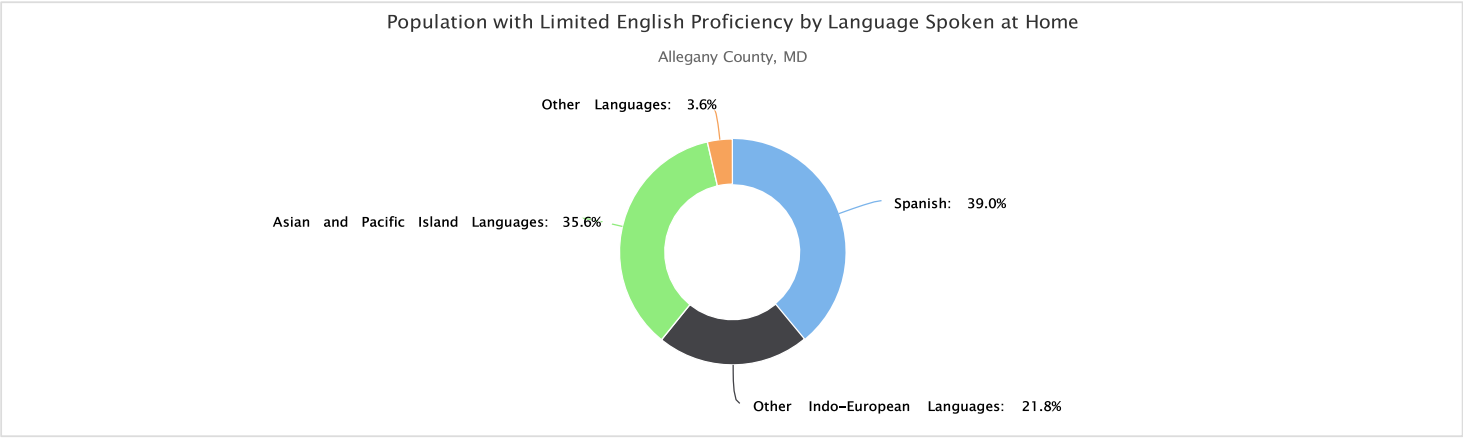


Population with Limited English Proficiency by Language Spoken at Home

This indicator reports the total population aged 5 and older who speak a language other than English at home and speak English less than "very well" by language spoken at home in the report area.

Report Area	Spanish	Other Indo-European Languages	Asian and Pacific Island Languages	Other Languages
Allegany County, MD	218	122	199	20
Maryland	225,785	75,256	86,328	37,637
United States	16,175,851	3,550,294	4,878,471	1,100,230

Data Source: US Census Bureau, American Community Survey. 2018-22.



Language Spoken at Home

This indicator reports information about the primary language spoken at home by the population aged 5 and older households. This indicator is significant as it identifies households and populations that may need English-language assistance.

Report Area	Population Aged 5 and Older	Speak only English	Speak a Language Other than English
Allegany County, MD	65,103	96.73%	3.27%
Maryland	5,803,168	80.21%	19.79%
United States	312,092,668	78.26%	21.74%

Data Source: US Census Bureau, American Community Survey. 2018-22.

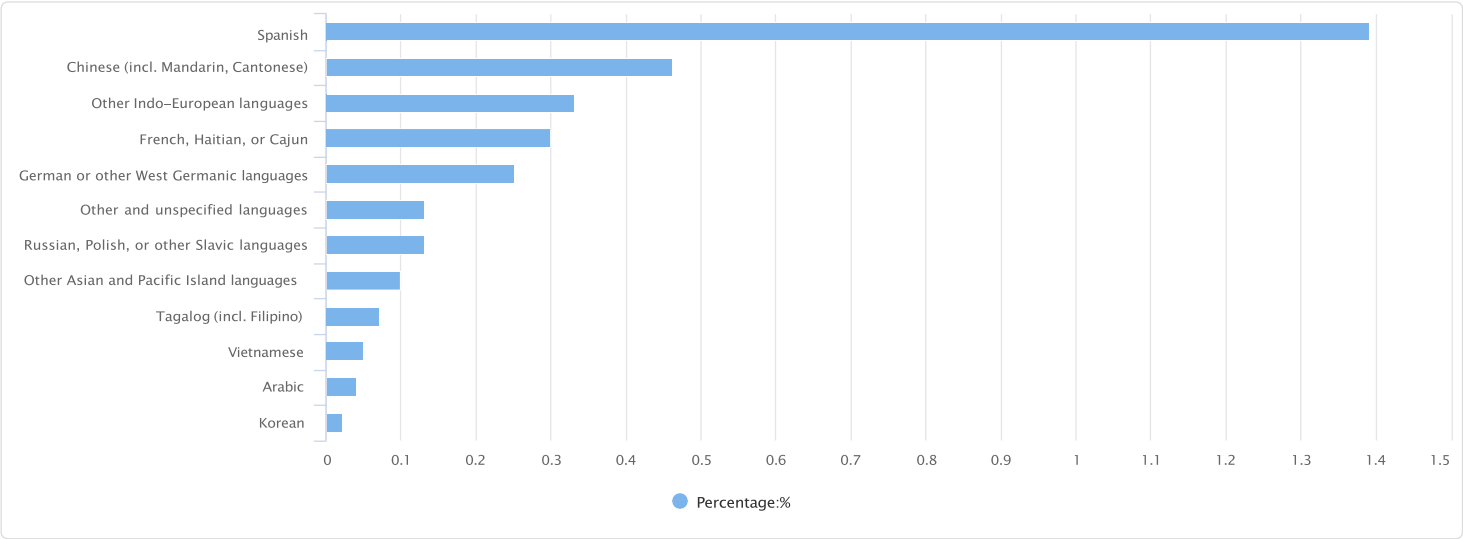
Language Spoken at Home - Report Area Detail

The tables and charts below display information about the primary language spoken at home for the population age 5 and older. The tabulations below are inclusive of the total population age 5 and up who do not speak English at home, regardless of English language proficiency.
Note: Data for counties, towns, and other sub-state areas are available for 12 non-English language groups. Additional detailed tabulations on languages spoken at home are available at the state and national level. Find further information here.

Report Area	Language	Population	Percent
Allegany County, Maryland	Spanish	902	1.39%
Allegany County, Maryland	Chinese (incl. Mandarin, Cantonese)	301	0.46%
Allegany County, Maryland	Other Indo-European languages	215	0.33%
Allegany County, Maryland	French, Haitian, or Cajun	195	0.30%
Allegany County, Maryland	German or other West Germanic languages	163	0.25%
Allegany County, Maryland	Other and unspecified languages	84	0.13%
Allegany County, Maryland	Russian, Polish, or other Slavic languages	82	0.13%
Allegany County, Maryland	Other Asian and Pacific Island languages	65	0.10%
Allegany County, Maryland	Tagalog (incl. Filipino)	46	0.07%
Allegany County, Maryland	Vietnamese	32	0.05%
Allegany County, Maryland	Arabic	28	0.04%
Allegany County, Maryland	Korean	14	0.02%

Data Source: US Census Bureau, American Community Survey. 2018-22.

Language Spoken at Home - Report Area Chart

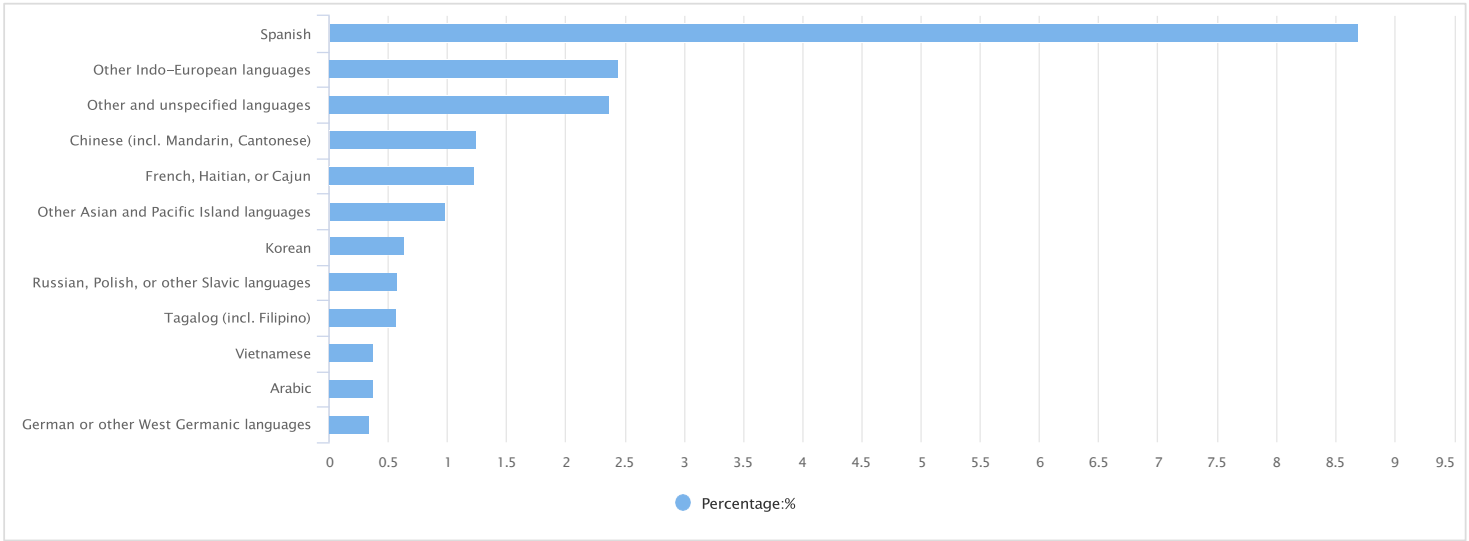


Language Spoken at Home - State

Report Area	Language	Population	Percent
Maryland	Spanish	504,449	8.69%
Maryland	Other Indo-European languages	141,749	2.44%
Maryland	Other and unspecified languages	136,826	2.36%
Maryland	Chinese (incl. Mandarin, Cantonese)	71,876	1.24%
Maryland	French, Haitian, or Cajun	71,457	1.23%
Maryland	Other Asian and Pacific Island languages	56,588	0.98%
Maryland	Korean	36,327	0.63%
Maryland	Russian, Polish, or other Slavic languages	33,850	0.58%
Maryland	Tagalog (incl. Filipino)	32,452	0.56%
Maryland	Vietnamese	21,451	0.37%
Maryland	Arabic	21,425	0.37%
Maryland	German or other West Germanic languages	19,851	0.34%

Data Source: US Census Bureau, American Community Survey. 2018-22.

Language Spoken at Home - State Chart



Population Geographic Mobility

This indicator reports information about population in-migration by assessing changes in residence within a one year period. Of the 67,597 persons residing in the report area, an estimated 5.34% relocated to the area, according to the latest American Community Survey 5-year estimates. Persons who moved to a new household from outside of their current county of residence, from outside their state of residence, or from abroad are considered part of the in-migrated population. Persons who moved to a new household from a different household within their current county of residence are not included.

Report Area	Total Population	Population In-Migration	Percent Population In-Migration
Allegany County, MD	67,597	3,607	5.34%
Maryland	6,096,285	379,996	6.23%
United States	327,615,004	20,007,963	6.11%

Data Source: US Census Bureau, American Community Survey. 2018-22.

View larger map

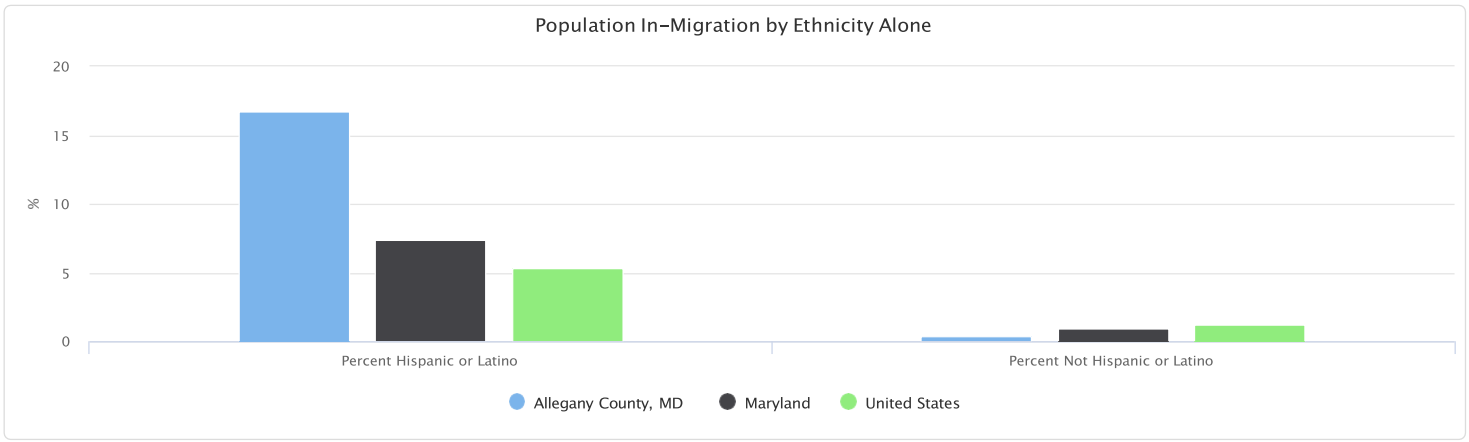
Population Migrated from Outside of the County, State, or Country, Percent of Total Population by Tract, ACS 2018-22

- Over 8.0%
- 5.1 - 8.0%
- 2.1 - 5.0%
- Under 2.1%
- No Data or Data Suppressed
- Allegany County, MD

Population In-Migration by Ethnicity Alone

Report Area	Total Hispanic or Latino	Total Not Hispanic or Latino	Percent Hispanic or Latino	Percent Not Hispanic or Latino
Allegany County, MD	225	3,382	16.73%	0.34%
Maryland	48,946	331,050	7.42%	0.90%
United States	3,265,250	16,742,713	5.36%	1.22%

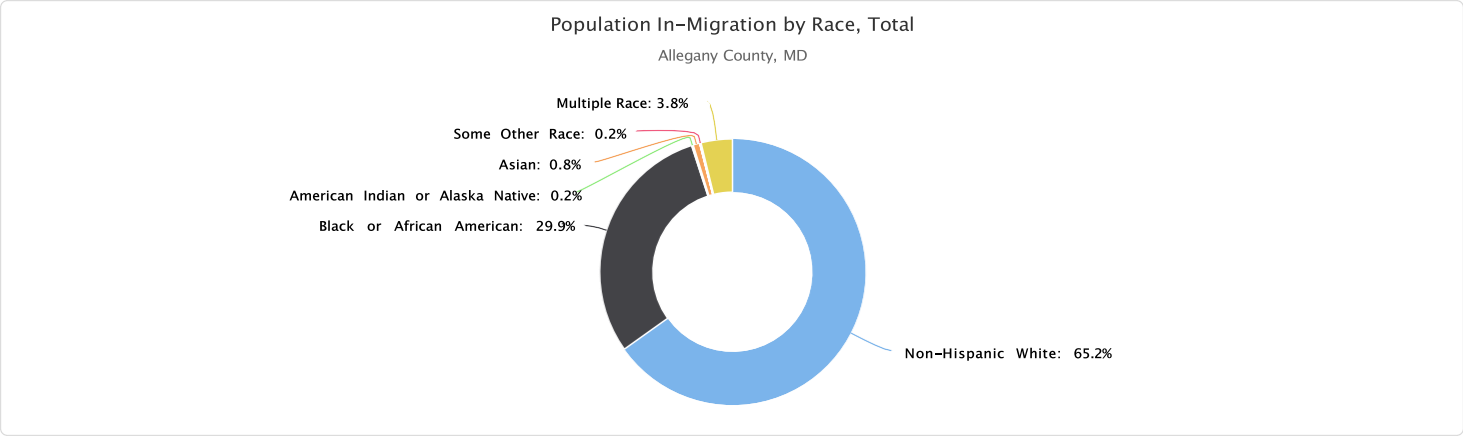
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population In-Migration by Race, Total

Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	2,350	1,077	7	29	0	6	138
Maryland	182,846	113,844	983	31,853	264	20,559	29,647
United States	12,888,225	2,561,781	171,739	1,517,672	45,957	1,021,370	1,801,219

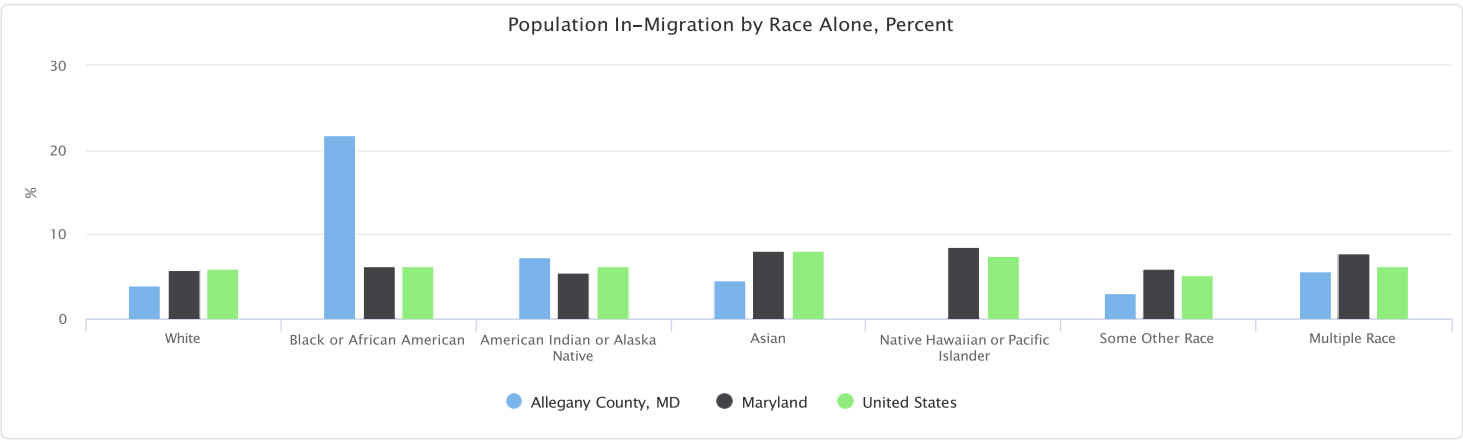
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population In-Migration by Race Alone, Percent

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	3.96%	21.85%	7.37%	4.60%	0.00%	3.09%	5.69%
Maryland	5.85%	6.24%	5.43%	8.03%	8.47%	5.91%	7.80%
United States	5.96%	6.27%	6.23%	8.01%	7.46%	5.17%	6.30%

Data Source: US Census Bureau, American Community Survey. 2018-22.



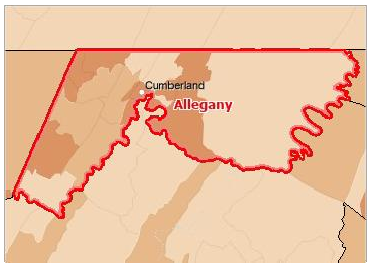
Foreign-Born Population

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

Census Bureau show that 1,392 persons in the report area are of foreign birth, which represents 2.04% of the report area population. This percentage is less than the national average of 13.68%.

Report Area	Total Population	Naturalized U.S. Citizens	Population w/o U.S. Citizenship	Total Foreign-Birth Population	Foreign-Birth Population, Percent of Total Population
Allegany County, MD	68,161	827	565	1,392	2.04%
Maryland	6,161,707	525,573	440,065	965,638	15.67%
United States	331,097,593	23,666,167	21,614,904	45,281,071	13.68%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Foreign-Born Population (Non-Citizen or Naturalized), Percent by Tract, ACS 2018-22

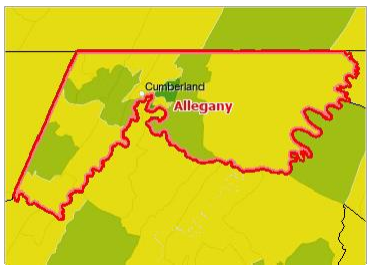
- Over 5.0%
- 2.1 - 5.0%
- 1.1 - 2.0%
- Under 1.1%
- No Data or Data Suppressed
- Allegany County, MD

Hispanic Population

The estimated population that is of Hispanic, Latino, or Spanish origin in the report area is 1,377. This represents 2.02% of the total report area population, which is less than the national rate of 18.65%. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Report Area	Total Population	Non-Hispanic Population	Percent Population Non-Hispanic	Hispanic or Latino Population	Percent Population Hispanic or Latino
Allegany County, MD	68,161	66,784	97.98%	1,377	2.02%
Maryland	6,161,707	5,488,802	89.08%	672,905	10.92%
United States	331,097,593	269,341,727	81.35%	61,755,866	18.65%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Population, Hispanic or Latino, Percent by Tract, ACS 2018-22

- Over 10.0%
- 5.1 - 10.0%
- 2.1 - 5.0%
- Under 2.1%
- No Hispanic Population Reported
- No Data or Data Suppressed
- Allegany County, MD

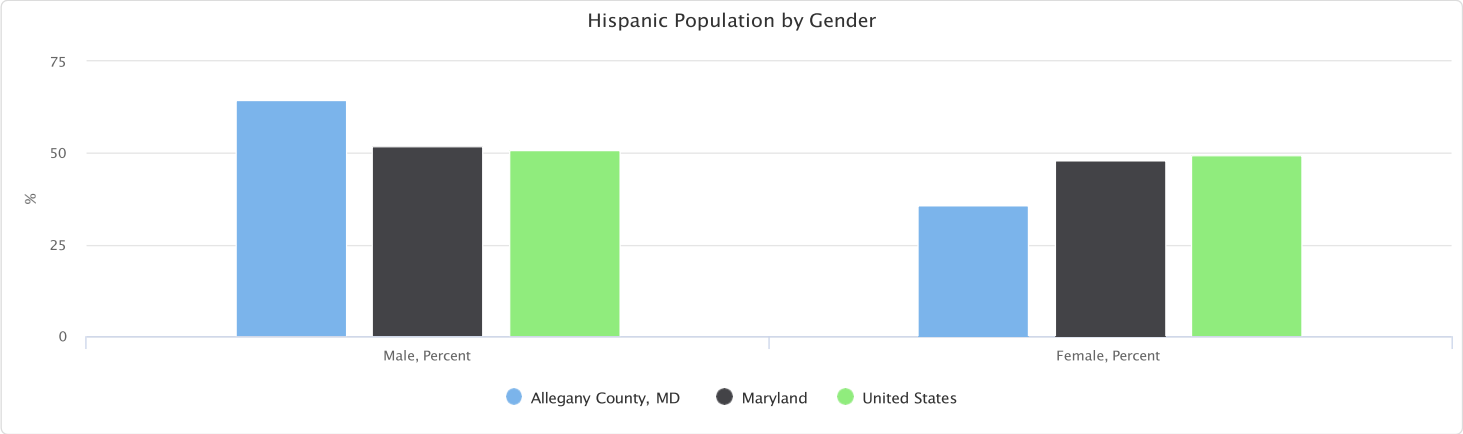
Hispanic Population by Gender

This indicator reports the total and percentage of Hispanic population by gender. Among the Hispanic population in the report

area, 64.42% are male and 35.58% are female.

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	887	490	64.42%	35.58%
Maryland	349,075	323,830	51.88%	48.12%
United States	31,330,296	30,425,570	50.73%	49.27%

Data Source: US Census Bureau, American Community Survey. 2018-22.

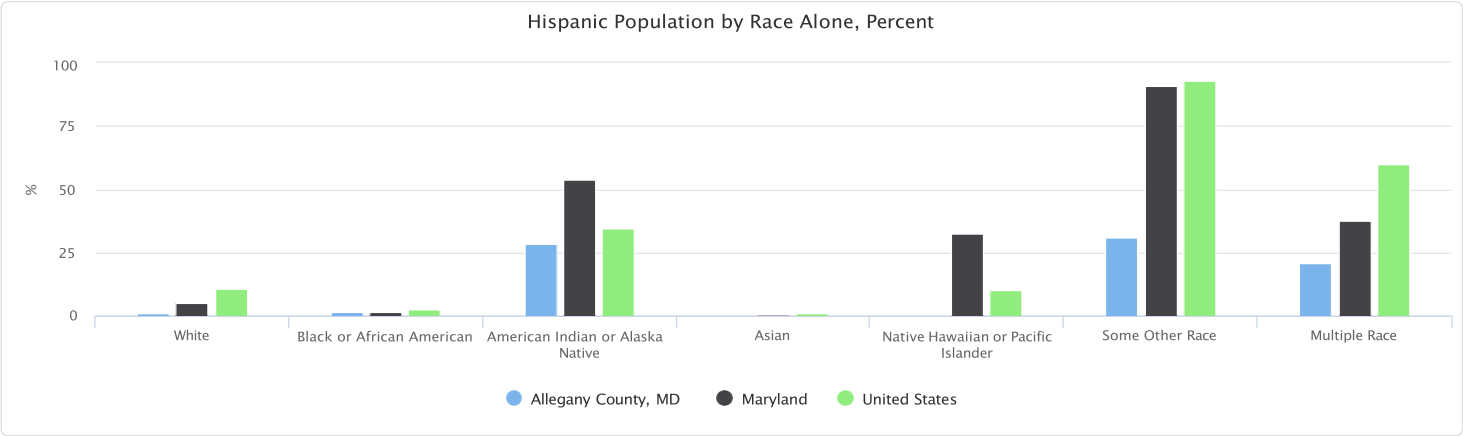


Hispanic Population by Race Alone, Percent

This indicator reports the percentage of Hispanic population by race alone.
The percentage values could be interpreted as, for example, *"Of all the white population in the report area, the percentage of people who are Hispanic is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	1.20%	1.35%	28.42%	0.00%	0.00%	30.93%	20.56%
Maryland	5.24%	1.41%	53.77%	0.69%	32.53%	90.85%	37.31%
United States	10.65%	2.77%	34.46%	1.25%	10.13%	92.91%	60.10%

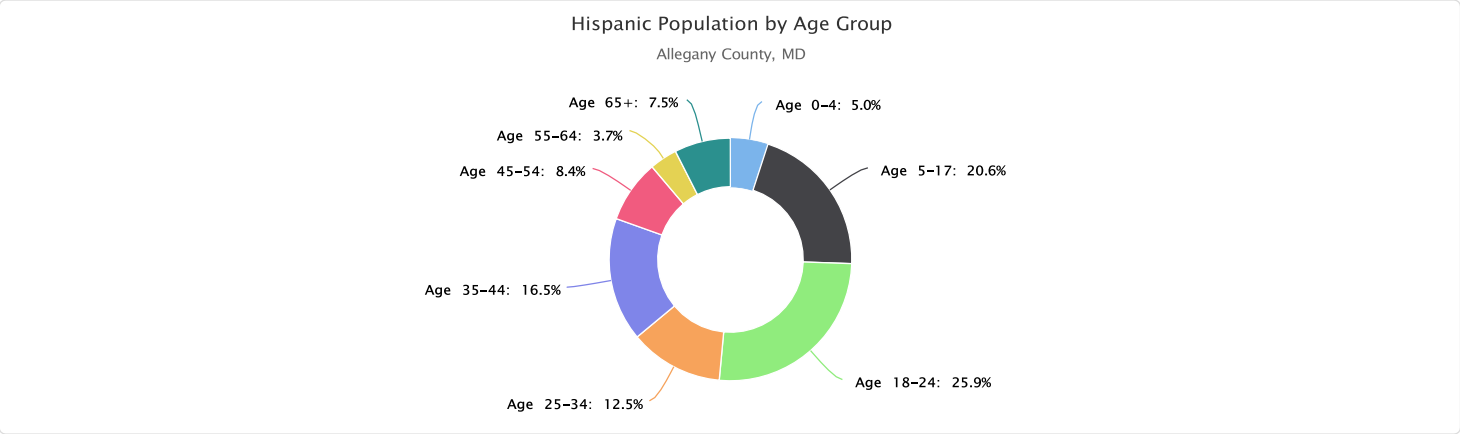
Data Source: US Census Bureau, American Community Survey. 2018-22.



Hispanic Population by Age Group

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Allegany County, MD	69	283	357	172	227	115	51	103
Maryland	67,980	158,738	69,841	95,783	110,893	82,540	50,915	36,215
United States	4,937,753	13,784,955	7,240,764	9,504,815	8,871,503	7,337,888	5,291,724	4,786,464

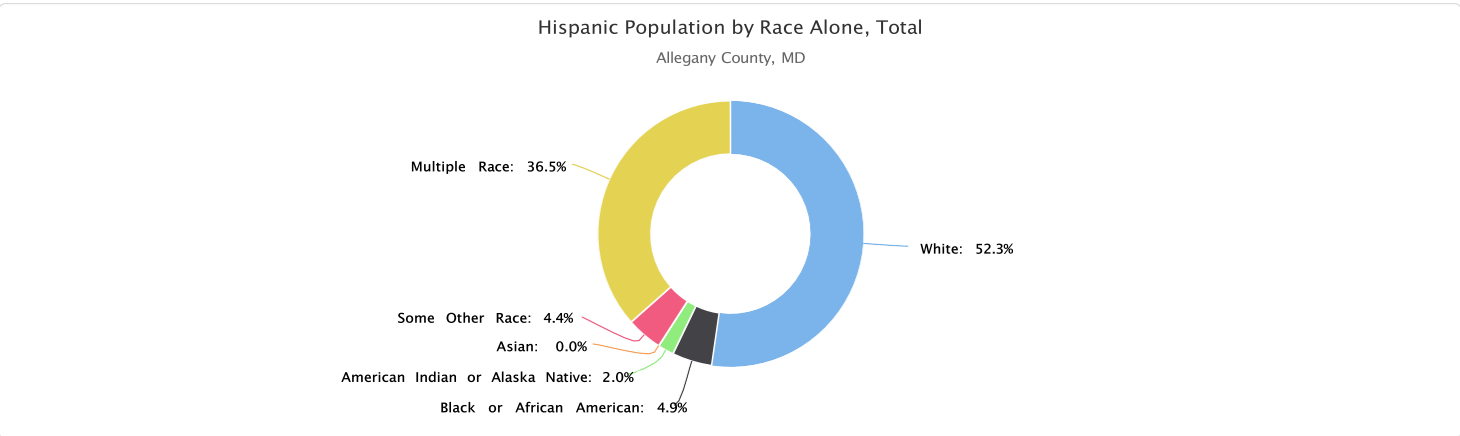
Data Source: US Census Bureau, American Community Survey. 2018-22.



Hispanic Population by Race Alone, Total

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	720	67	27	0	0	60	503
Maryland	165,242	26,049	9,863	2,753	1,015	322,870	145,113
United States	23,236,960	1,142,180	960,145	239,537	63,302	18,600,063	17,513,679

Data Source: US Census Bureau, American Community Survey. 2018-22.

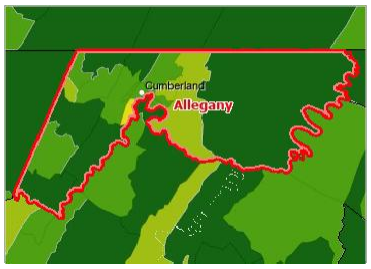


Non-Hispanic White Population

The estimated population that is non-Hispanic white in the report area is 59,108. This represents 86.72% of the total report area population, which is greater than the national rate of 58.86%.

Report Area	Total Population	Non-Hispanic White Population	Percent Population Non-Hispanic White
Allegany County, MD	68,161	59,108	86.72%
Maryland	6,161,707	2,989,005	48.51%
United States	331,097,593	194,886,464	58.86%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Population, White (Non-Hispanic), Percent by Tract, ACS 2018-22

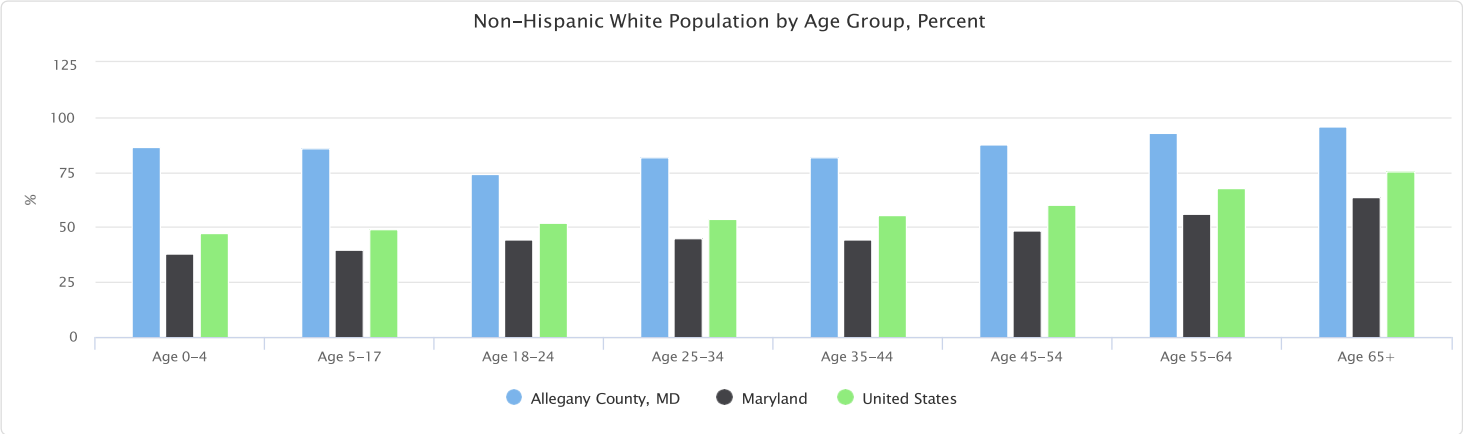
- Over 95.0%
- 85.1 - 95.0%
- 65.1 - 85.0%
- Under 65.1%
- No White (Non-Hispanic) Population Reported
- No Data or Data Suppressed
- Allegany County, MD

Non-Hispanic White Population by Age Group, Percent

This indicator reports the percentage of non-Hispanic white population by age group. The percentage values could be interpreted as, for example, among the age 0-4 population in the report area, 86.20% are non-Hispanic white; among the age 5-17 population, 86.02% are non-Hispanic white; etc.

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Allegany County, MD	86.20%	86.02%	73.98%	81.98%	81.74%	87.43%	92.82%	95.79%
Maryland	37.73%	39.98%	44.17%	44.87%	44.53%	48.30%	56.03%	63.61%
United States	47.33%	49.10%	52.23%	53.75%	55.49%	60.09%	68.02%	75.15%

Data Source: US Census Bureau, American Community Survey. 2018-22.

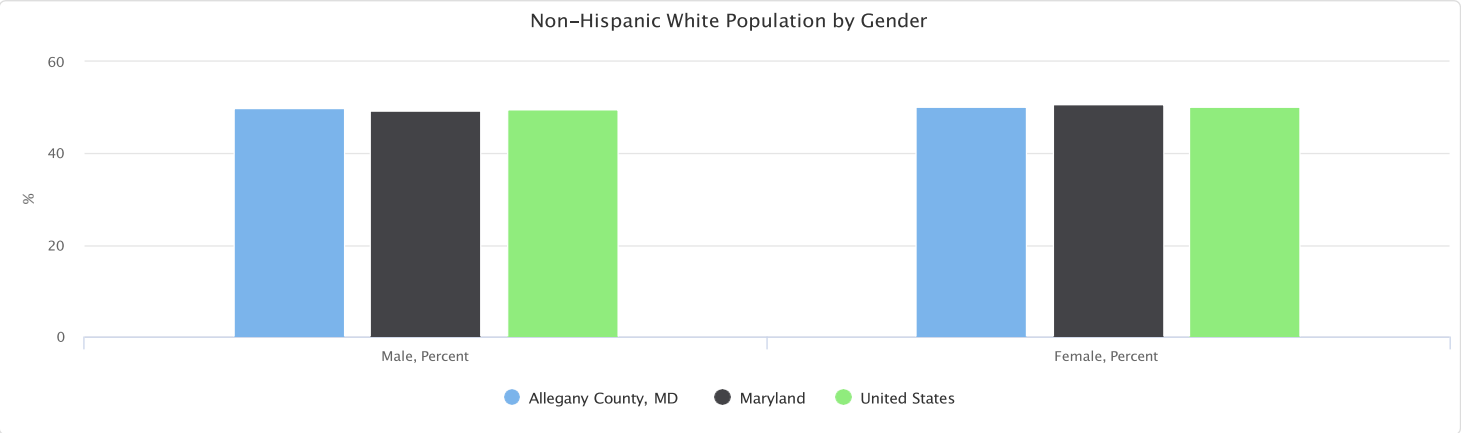


Non-Hispanic White Population by Gender

This indicator reports the total count of the non-Hispanic white population by gender. The percentage values could be interpreted as, among the non-Hispanic white population in the report area, 49.88% are male and 50.12% are female.

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	29,485	29,623	49.88%	50.12%
Maryland	1,474,066	1,514,939	49.32%	50.68%
United States	96,850,281	98,036,183	49.70%	50.30%

Data Source: US Census Bureau, American Community Survey. 2018-22.

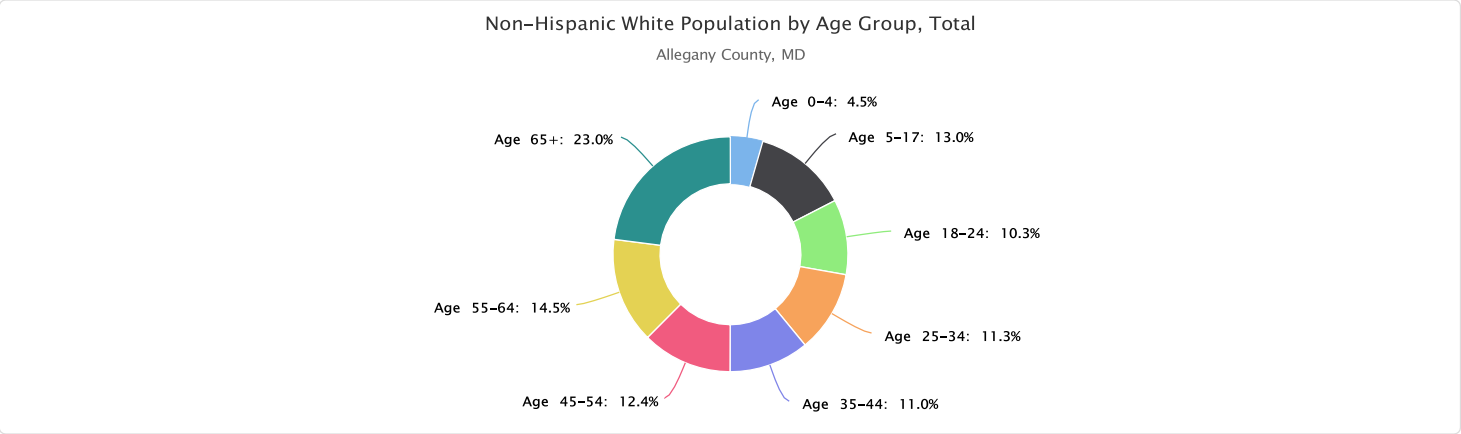


Non-Hispanic White Population by Age Group, Total

This indicator reports the total count of the non-Hispanic white population by age group.

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Allegany County, MD	2,636	7,684	6,108	6,656	6,505	7,344	8,600	13,575
Maryland	135,274	400,530	239,096	369,536	362,660	387,551	467,057	627,301
United States	8,995,825	26,617,097	16,338,365	24,394,288	23,754,934	24,687,683	28,961,917	41,136,355

Data Source: US Census Bureau, American Community Survey. 2018-22.

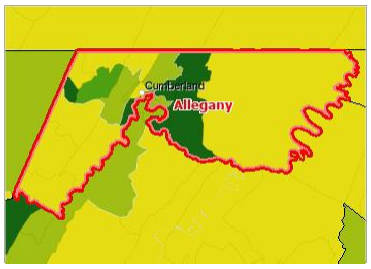


Black or African American Population

The estimated population that is Black or African American alone in the report area is 4,962. This represents 7.28% of the total report area population, which is less than the national rate of 12.47%.
By comparison, the estimated population that is Black or African American alone or in combination with one or more other races in the report area is 6,329. This represents 9.29% of the total report area population, which is less than the national rate of 14.35%.

Report Area	Total Population	Black or African American Population Alone	Percent Population Black or African American Alone	Black or African American Population Alone or in Combination	Percent Population Black or African American Alone or in Combination
Allegany County, MD	68,161	4,962	7.28%	6,329	9.29%
Maryland	6,161,707	1,841,926	29.89%	2,002,743	32.5%
United States	331,097,593	41,288,572	12.47%	47,498,346	14.35%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Population, Black or African American, Percent by Tract, ACS 2018-22

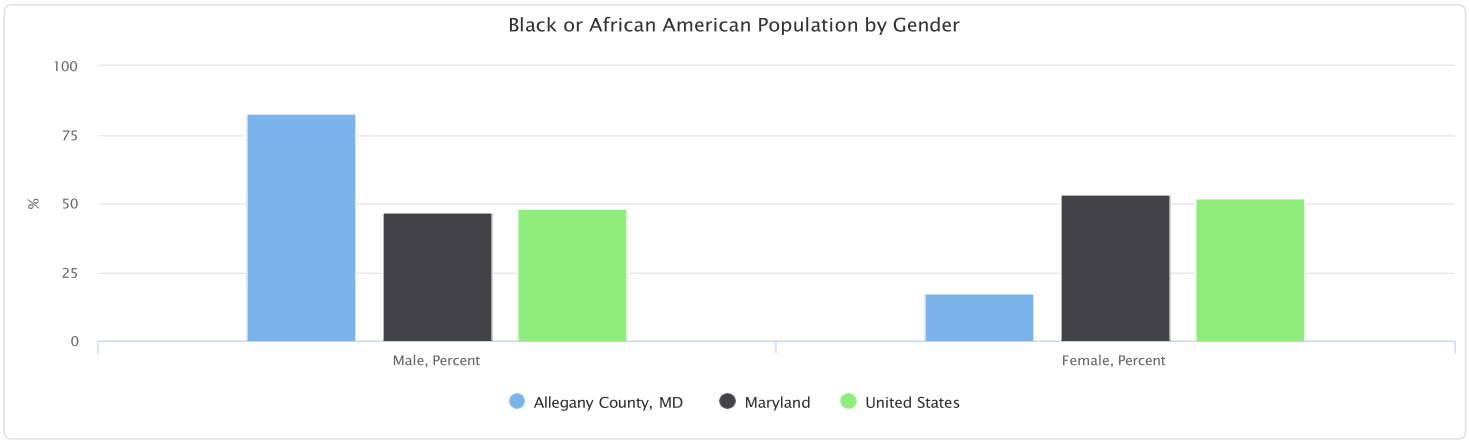
- Over 12.0%
- 3.1 - 12.0%
- 1.1 - 3.0%
- Under 1.1%
- No Black/African American Population Reported
- No Data or Data Suppressed
- Allegany County, MD

Black or African American Population by Gender

This indicator reports the total and percentage of Black or African American population by gender.
The percentage values could be interpreted as, for example, *"Of all the Black or African American population in the report area, the percentage of males is (value)."*

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	4,110	852	82.83%	17.17%
Maryland	864,192	977,734	46.92%	53.08%
United States	19,866,915	21,421,657	48.12%	51.88%

Data Source: US Census Bureau, American Community Survey. 2018-22.

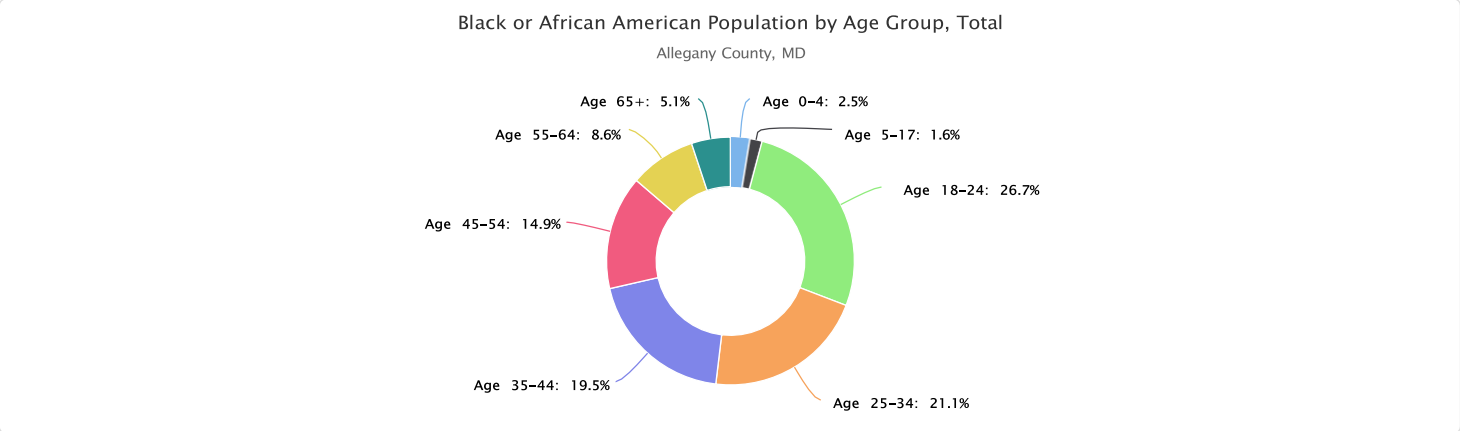


Black or African American Population by Age Group, Total

This indicator reports the total count of Black or African American population by age group.
The values could be interpreted as, for example, *"Of all the population age 0-4 in the report area, the total count of Black or African American population is (value)."*

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Allegany County, MD	125	79	1,326	1,045	969	737	429	252
Maryland	105,174	307,446	172,913	268,253	246,387	249,103	246,385	246,265
United States	2,595,543	7,420,434	4,395,174	6,381,127	5,442,969	5,070,706	4,950,012	5,032,607

Data Source: US Census Bureau, American Community Survey. 2018-22.

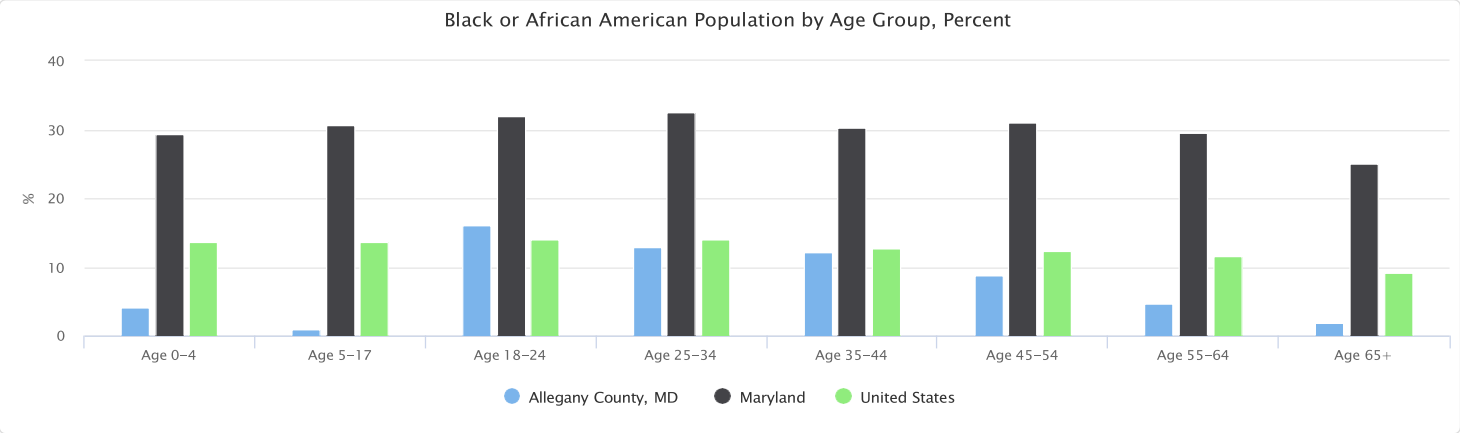


Black or African American Population by Age Group, Percent

This indicator reports the percentage of Black or African American population by age group.
The values could be interpreted as, for example, *"Of all the population age 0-4 in the report area, the percentage of Black or African American population is (value)."*

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Allegany County, MD	4.09%	0.88%	16.06%	12.87%	12.18%	8.77%	4.63%	1.78%
Maryland	29.33%	30.69%	31.94%	32.57%	30.25%	31.05%	29.56%	24.97%
United States	13.66%	13.69%	14.05%	14.06%	12.71%	12.34%	11.63%	9.19%

Data Source: US Census Bureau, American Community Survey. 2018-22.



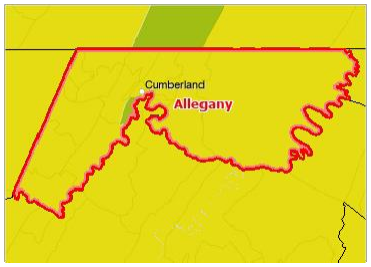
Native American / Alaska Native Population

The estimated population that is Native American or Alaska Native alone in the report area is 95. This represents 0.14% of the total report area population, which is less than the national rate of 0.84%.
By comparison, the estimated population that is Native American or Alaska Native alone or in combination with one or more other races in the report area is 536. This represents 0.79% of the total report area population, which is less than the national

rate of 2.04%.

Report Area	Total Population	Native American/Alaska Native Population Alone	Percent Population Native American/Alaska Native Alone	Native American/Alaska Native Population Alone or in Combination	Percent Population Native American/Alaska Native Alone or in Combination
Allegany County, MD	68,161	95	0.14%	536	0.79%
Maryland	6,161,707	18,343	0.3%	80,326	1.3%
United States	331,097,593	2,786,431	0.84%	6,749,000	2.04%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Population, Native American / Alaska Native, Percent by Tract, ACS 2018-22

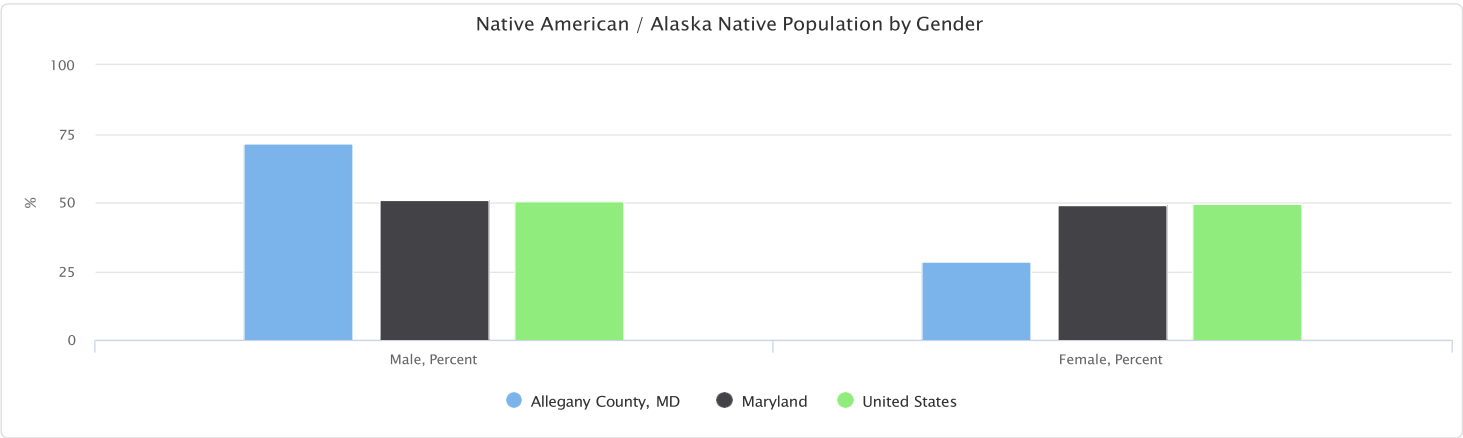
- Over 2.0%
- 1.1 - 2.0%
- 0.6 - 1.0%
- Under 0.6%
- No Native American/Alaska Native Population Reported
- No Data or Data Suppressed
- Allegany County, MD

Native American / Alaska Native Population by Gender

This indicator reports the total and percentage of Native American or Alaska Native population by gender.
The percentage values could be interpreted as, for example, *"Of all the Native American or Alaska Native population in the report area, the percentage of males is (value)."*

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	68	27	71.58%	28.42%
Maryland	9,362	8,981	51.04%	48.96%
United States	1,407,637	1,378,794	50.52%	49.48%

Data Source: US Census Bureau, American Community Survey. 2018-22.

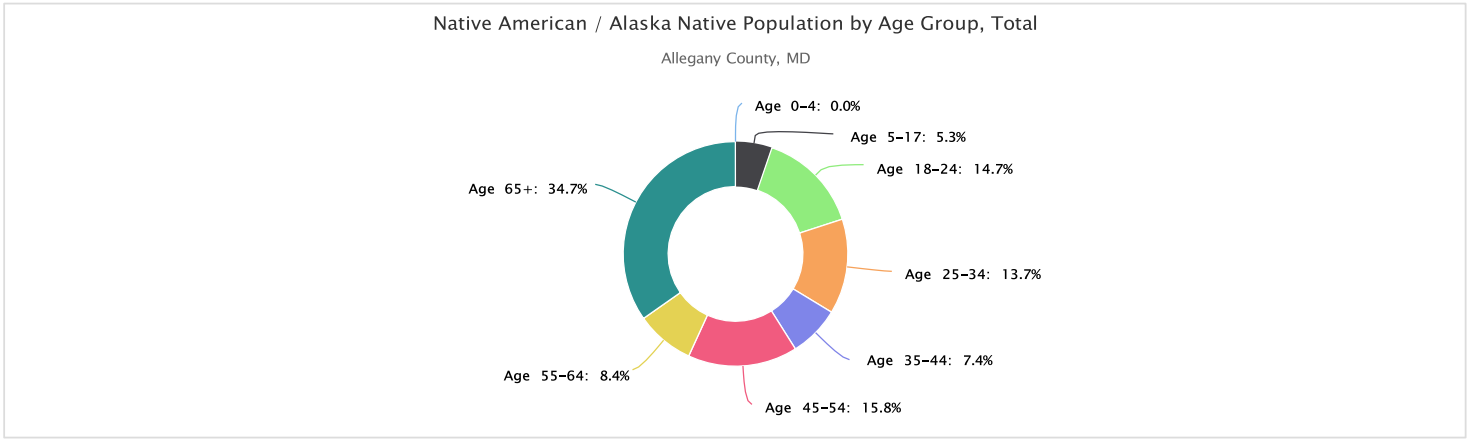


Native American / Alaska Native Population by Age Group, Total

This indicator reports the total count of Native American or Alaska Native population by age group.
The values could be interpreted as, for example, *"Of all the population age 0-4 in the report area, the total count of Native American or Alaska Native population is (value)."*

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Allegany County, MD	0	5	14	13	7	15	8	33
Maryland	1,284	2,670	1,677	2,519	2,417	2,883	2,231	2,662
United States	172,663	554,029	321,613	430,627	379,155	330,935	304,861	292,548

Data Source: US Census Bureau, American Community Survey. 2018-22.

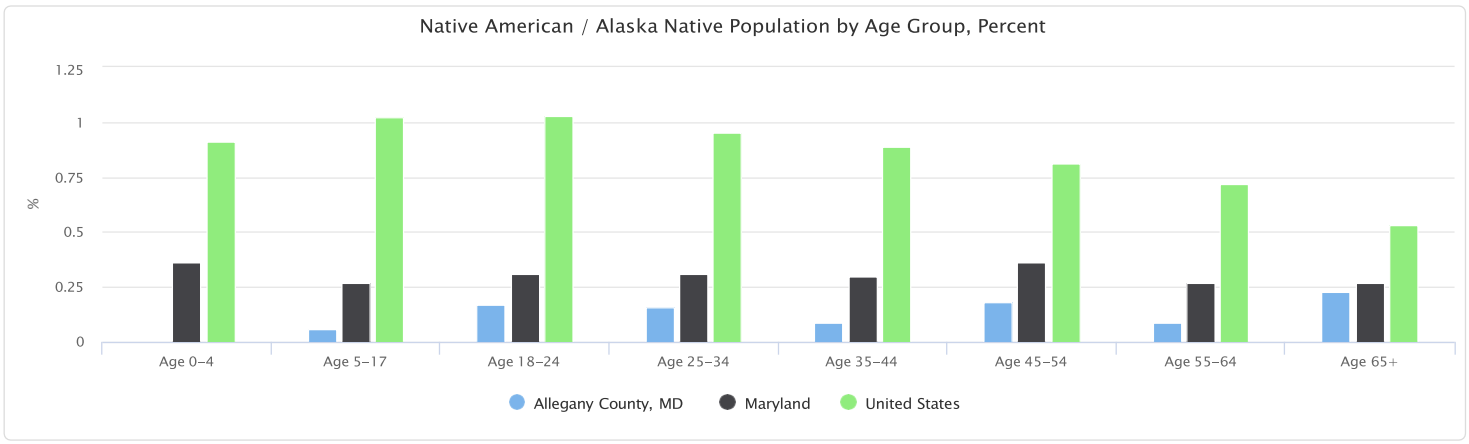


Native American / Alaska Native Population by Age Group, Percent

This indicator reports the percentage of Native American or Alaska Native population by age group.
The values could be interpreted as, for example, *"Of all the population age 0-4 in the report area, the percentage of Native American or Alaska Native population is (value)."*

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Allegany County, MD	0.00%	0.06%	0.17%	0.16%	0.09%	0.18%	0.09%	0.23%
Maryland	0.36%	0.27%	0.31%	0.31%	0.30%	0.36%	0.27%	0.27%
United States	0.91%	1.02%	1.03%	0.95%	0.89%	0.81%	0.72%	0.53%

Data Source: US Census Bureau, American Community Survey. 2018-22.



People of Color (Not Non-Hispanic White)

The estimated population that is non White Non-Hispanic in the report area is 9,053. This represents 13.28% of the total

report area population, which is less than the national rate of 41.14%.

Report Area	Total Population	Non Hispanic Non-White Population	Percent Population Non Hispanic Non-White
Allegany County, MD	68,161	9,053	13.28%
Maryland	6,161,707	3,172,702	51.49%
United States	331,097,593	194,886,464	41.14%

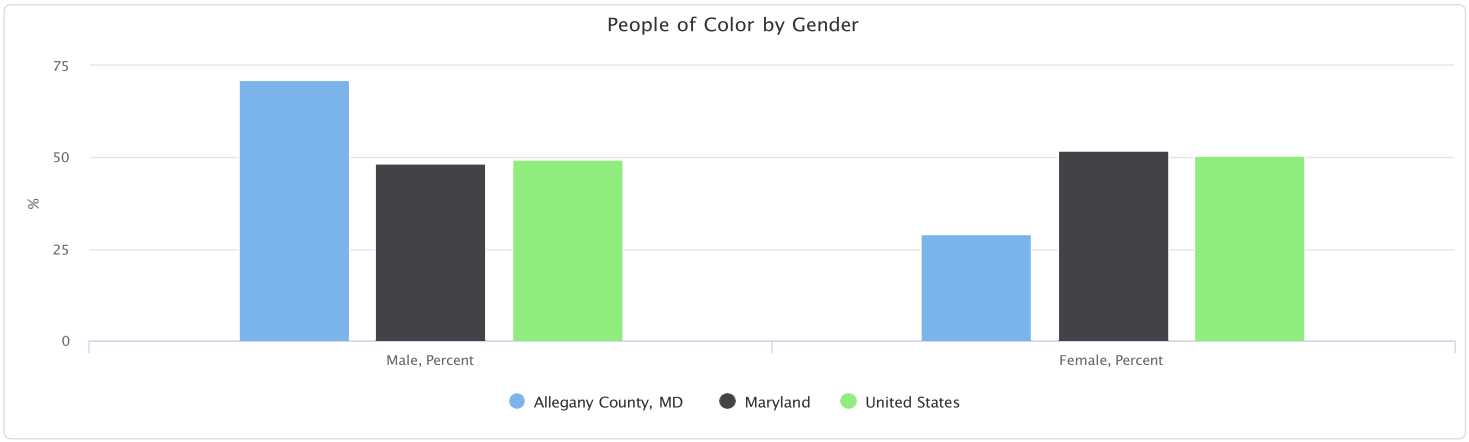
Data Source: US Census Bureau, American Community Survey. 2018-22.

People of Color by Gender

This indicator reports the total and percentage of population who are not Non-Hispanic White by gender.
The percentage values could be interpreted as, for example, *"Of all the population who are not Non-Hispanic White in the report area, the percentage of males is (value)."*

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	6,427	2,626	70.99%	29.01%
Maryland	1,528,830	1,643,872	48.19%	51.81%
United States	67,350,017	68,861,112	49.45%	50.55%

Data Source: US Census Bureau, American Community Survey. 2018-22.

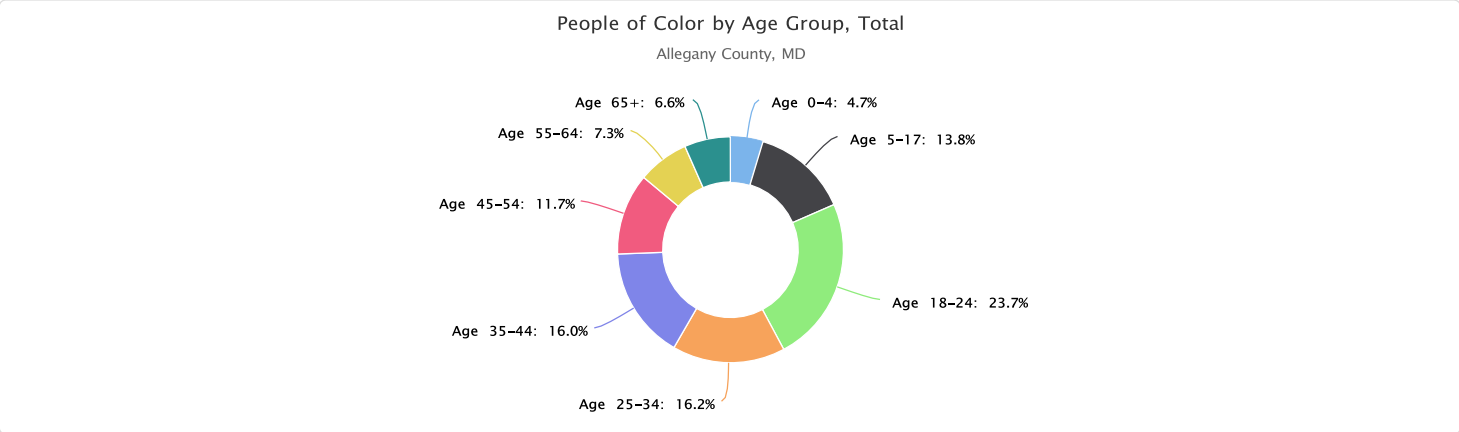


People of Color by Age Group, Total

This indicator reports the total count of population who are not Non-Hispanic White by age group.
The values could be interpreted as, for example, *"Of all the population age 0-4 in the report area, the total count of population who are not Non-Hispanic White is (value)."*

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Allegany County, MD	422	1,249	2,148	1,463	1,453	1,056	665	597
Maryland	223,265	601,225	302,222	454,022	451,753	414,797	366,565	358,853
United States	10,009,100	27,591,683	14,944,531	20,993,865	19,055,425	16,399,674	13,615,558	13,601,293

Data Source: US Census Bureau, American Community Survey. 2018-22.

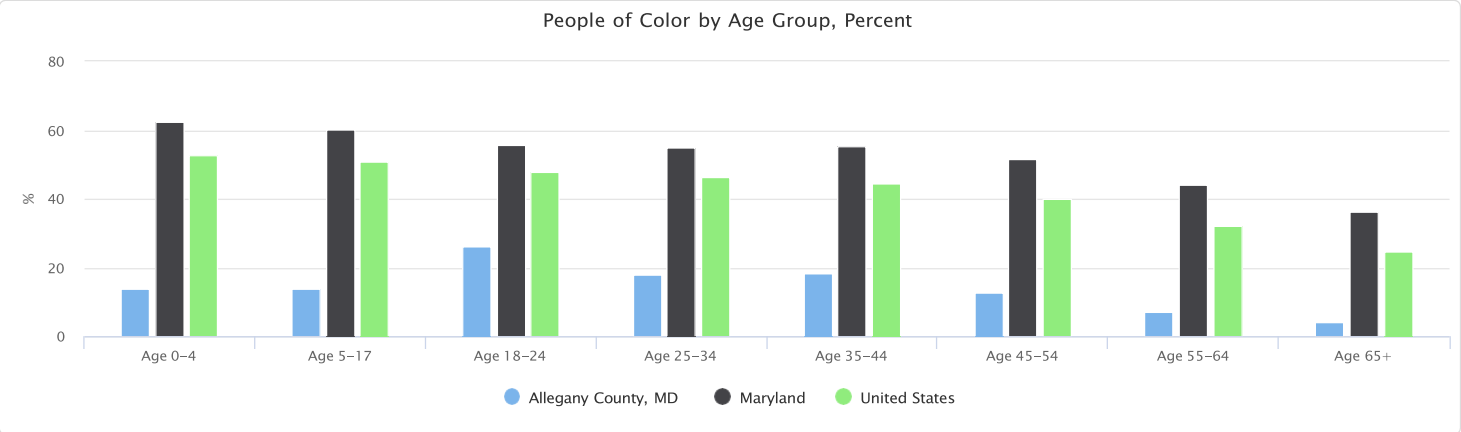


People of Color by Age Group, Percent

This indicator reports the percentage of population who are not Non-Hispanic White by age group.
The values could be interpreted as, for example, *"Of all the population age 0-4 in the report area, the percentage of population who are not Non-Hispanic White is (value)."*

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Allegany County, MD	13.80%	13.98%	26.02%	18.02%	18.26%	12.57%	7.18%	4.21%
Maryland	62.27%	60.02%	55.83%	55.13%	55.47%	51.70%	43.97%	36.39%
United States	52.67%	50.90%	47.77%	46.25%	44.51%	39.91%	31.98%	24.85%

Data Source: US Census Bureau, American Community Survey. 2018-22.

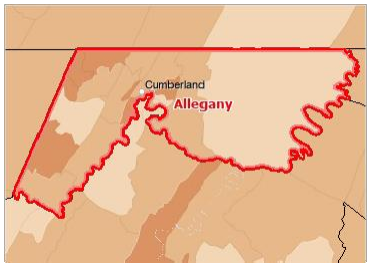


Citizenship Status

The table below shows the numbers and percent of population by citizenship status for the report area. According to the latest American Community Survey (ACS), the report area has a total of 565 non-Citizens, or 0.83% of the total population of 68,161 persons, in contrast to the state average of 7.14% of the population and the national average of 6.53% non-Citizens living in the United States.

Report Area	Native	Born in a US Territory	Born Abroad to US Citizens	Naturalized	Non-Citizen	Non-Citizen, Percent
Allegany County, MD	66,373	40	356	827	565	0.83%
Maryland	5,093,154	20,909	82,006	525,573	440,065	7.14%
United States	280,288,133	2,074,396	3,453,993	23,666,167	21,614,904	6.53%

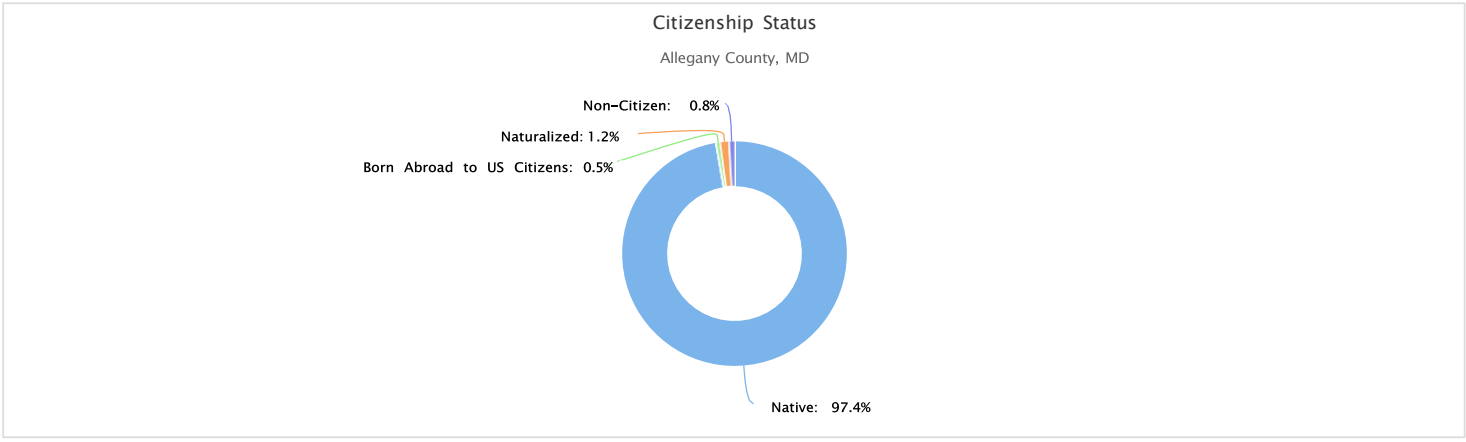
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Non US Citizen Population, Percent by Tract, ACS 2018-22

- Over 4.0%
- 1.1 - 4.0%
- Under 1.1%
- No Non-Citizens
- No Data or Data Suppressed
- Allegany County, MD

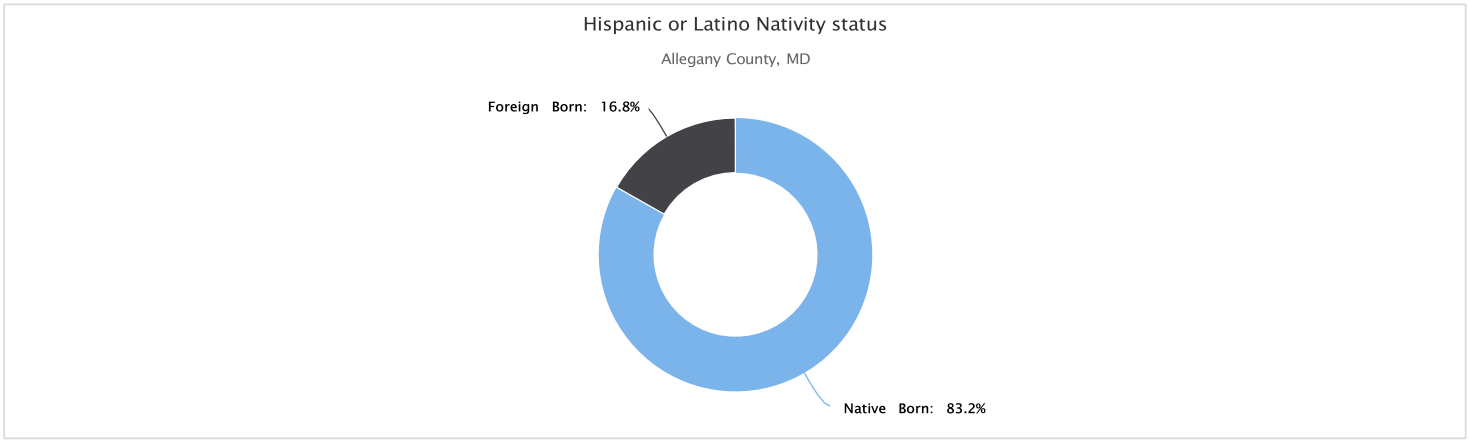


Hispanic or Latino Nativity status

This indicator reports the nativity status of the Hispanic or Latino population within the report area.

Report Area	Native Born	Native Born, Percent	Foreign Born	Foreign Born, Percent
Allegany County, MD	1,146	83.22%	231	16.78%
Maryland	369,159	54.86%	303,746	45.14%
United States	41,897,693	67.84%	19,858,173	32.16%

Data Source: US Census Bureau, American Community Survey. 2018-22.

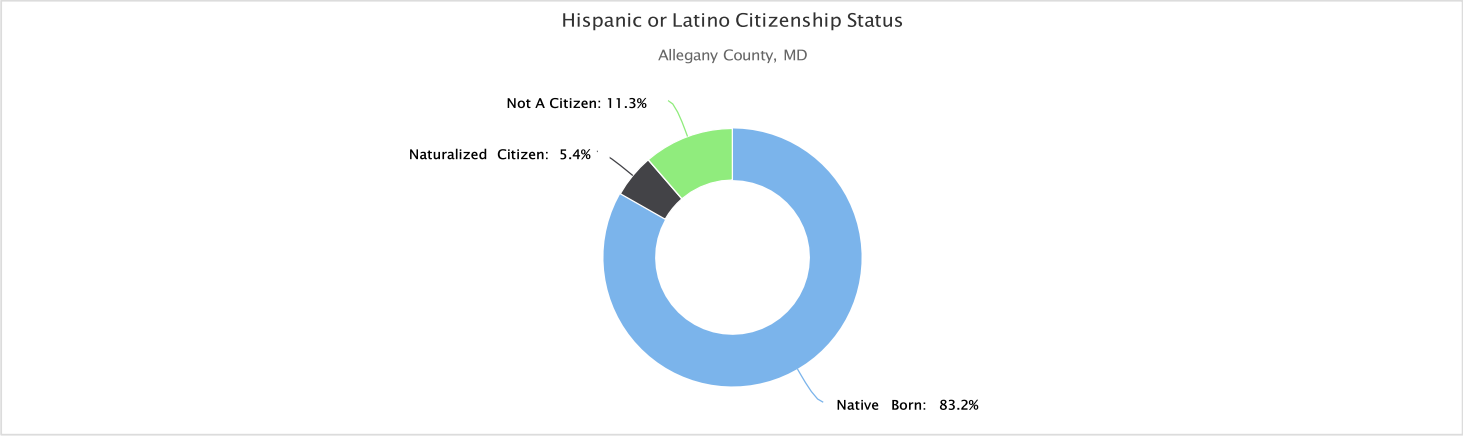


Hispanic or Latino Citizenship Status

This indicator reports the citizenship status of the Hispanic or Latino population within the report area.

Report Area	Native Born	Native Born, Percent	Naturalized Citizen	Naturalized Citizen, Percent	Not A Citizen	Not A Citizen, Percent
Allegany County, MD	1,146	83.22%	75	5.45%	156	11.33%
Maryland	369,159	54.86%	106,541	15.83%	197,205	29.31%
United States	41,897,693	67.84%	8,048,949	13.03%	11,809,224	19.12%

Data Source: US Census Bureau, American Community Survey. 2018-22.

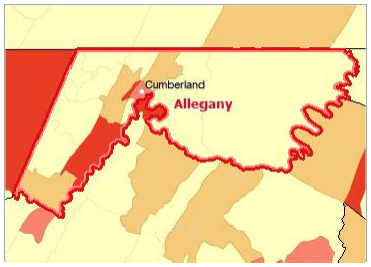


Veteran Population

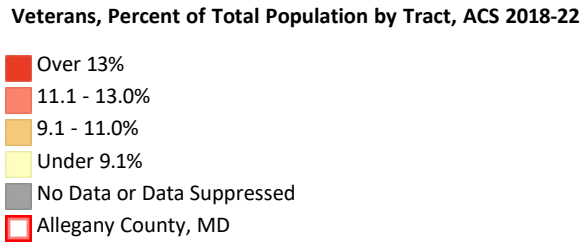
This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II. Of the 56,129 population of the report area, 4,684 or 8.35% are veterans.

Report Area	Total Population Age 18+	Total Veterans	Veterans, Percent of Total Population
Allegany County, MD	56,129	4,684	8.35%
Maryland	4,769,843	345,104	7.24%
United States	256,649,167	17,038,807	6.64%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

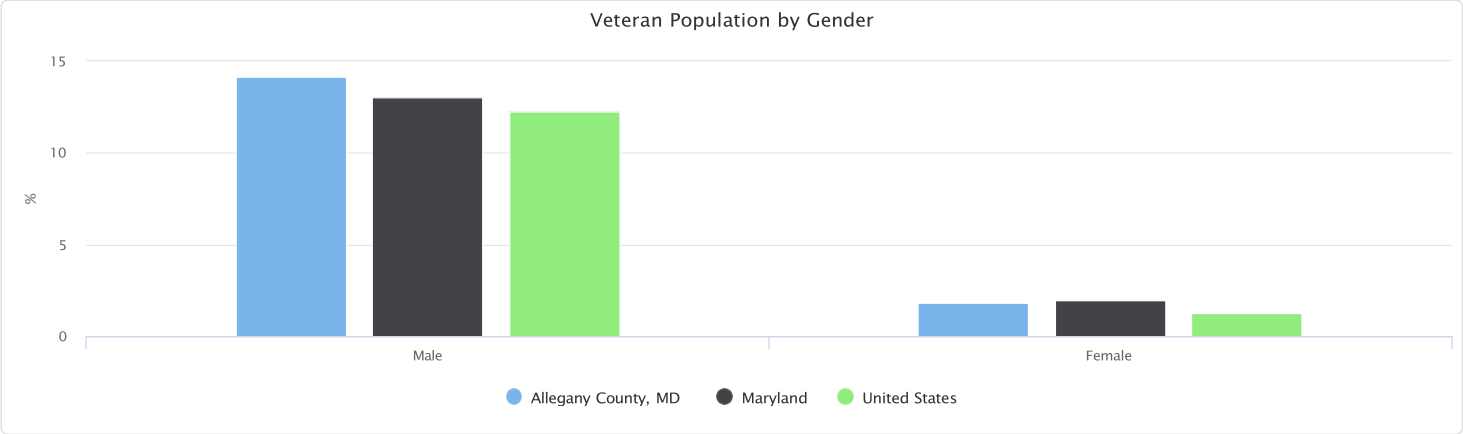


Veteran Population by Gender

This indicator reports the veteran population in the report area by gender.
The percentage values could be interpreted as, of all the males within the report area, the veteran population is 14.19%; of all the females within the report area, the veteran population is 1.85%.

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	4,193	491	14.19%	1.85%
Maryland	297,064	48,040	13.01%	1.93%
United States	15,393,807	1,645,000	12.25%	1.26%

Data Source: US Census Bureau, American Community Survey. 2018-22.

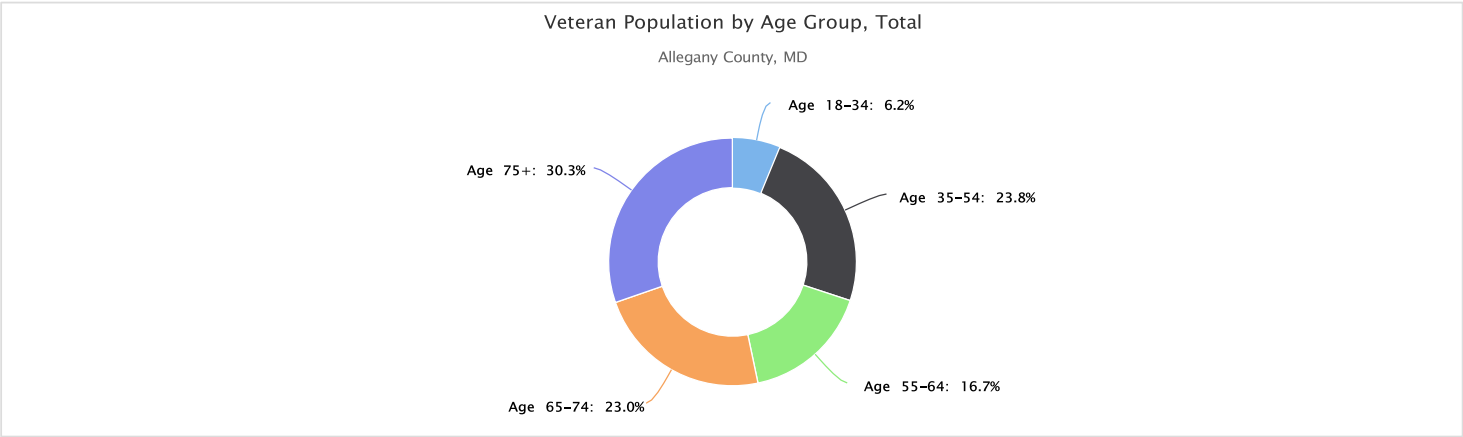


Veteran Population by Age Group, Total

This indicator reports the total veteran population in the report area by age group.

Report Area	Age 18-34	Age 35-54	Age 55-64	Age 65-74	Age 75+
Allegany County, MD	291	1,117	780	1,076	1,420
Maryland	27,818	94,903	72,611	75,486	74,286
United States	1,466,430	4,049,416	3,120,173	4,256,020	4,146,768

Data Source: US Census Bureau, American Community Survey. 2018-22.

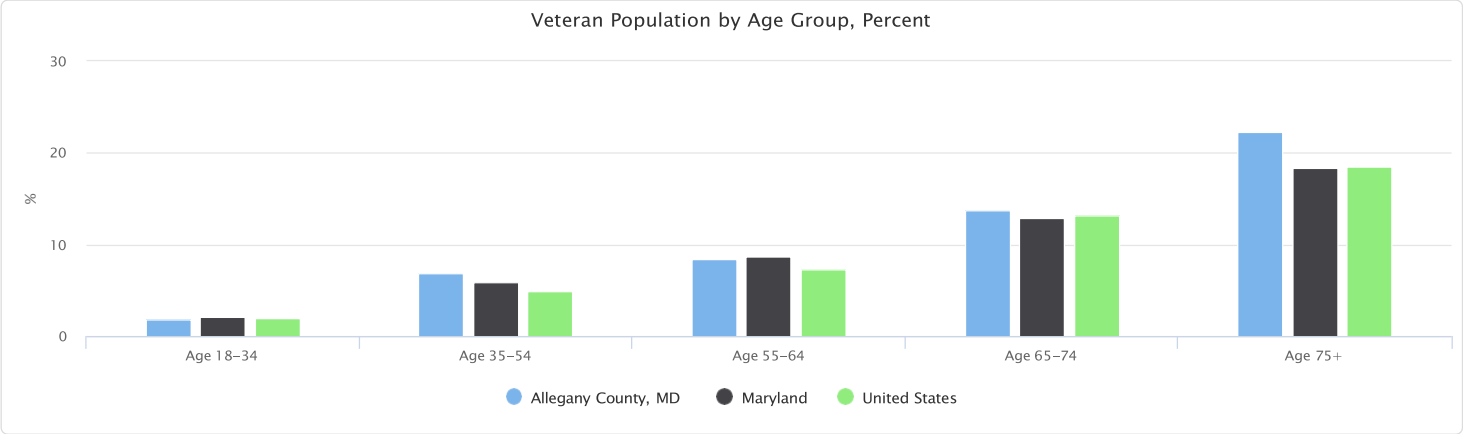


Veteran Population by Age Group, Percent

This indicator reports the percentage of veterans in the report area by age group.
The percentage values could be interpreted as, for example, *"Of all the population age 18-34 in the report area, the percentage of veterans is (value)."*

Report Area	Age 18-34	Age 35-54	Age 55-64	Age 65-74	Age 75+
Allegany County, MD	1.78%	6.84%	8.42%	13.78%	22.31%
Maryland	2.07%	5.92%	8.71%	12.96%	18.39%
United States	1.94%	4.85%	7.33%	13.19%	18.45%

Data Source: US Census Bureau, American Community Survey. 2018-22.



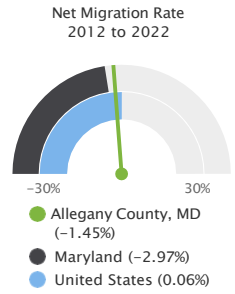
Migration Patterns - Total Population (2012-2022)

This indicator reports the net change in total population due to migration for U.S. counties between 2012 and 2022, expressed as a percent change. Data is obtained from the Internal Revenue Service.

From 2012 to 2022, the net migration is -1,073 or -1.45% within the report area. This rate is higher than the state's reported net migration rate of -2.97%.

Report Area	Starting Population (2012)	Inflows	Outflows	Net Migration	Migration Rate
Allegany County, MD	73,947	16,932	18,005	-1,073	-1.45%
Maryland	5,886,992	3,080,760	3,255,641	-174,881	-2.97%
United States	310,236,354	151,571,306	151,393,977	177,329	0.06%

Note: This indicator is compared to the state average.
Data Source: IRS - Statistics of Income. 2012-2022.



View larger map

Net Population Migration (Gain or Loss) by County, IRS 2012-2022

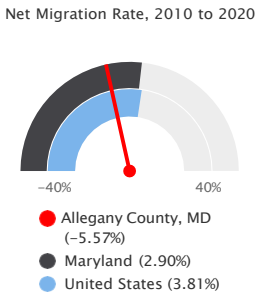
- Gain: Over 5,000
- Gain: 1,001 - 5,000
- Gain: 0 - 1,000
- Loss: 1 - 1,000
- Loss: 1,001 - 5,000
- Loss: Over 5,000
- Allegany County, MD

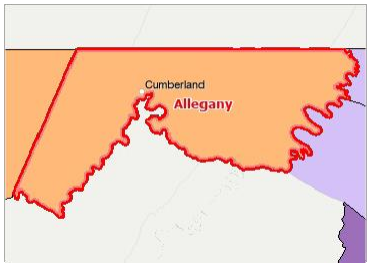
Migration Patterns - Total Population (2010-2000)

This indicator reports the net migration rate of the total population between 2010 and 2020.

Report Area	Ending Population (2010)	Ending Population (2020)	Net Migration	Migration Rate
Allegany County, MD	75,017	61,924	-3,656	-5.57%
Maryland	5,797,300	5,787,388	162,877	2.90%
United States	309,745,042	309,658,992	11,370,583	3.81%

Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Net Migration Patterns for US Counties. 2010 to 2020.





View larger map

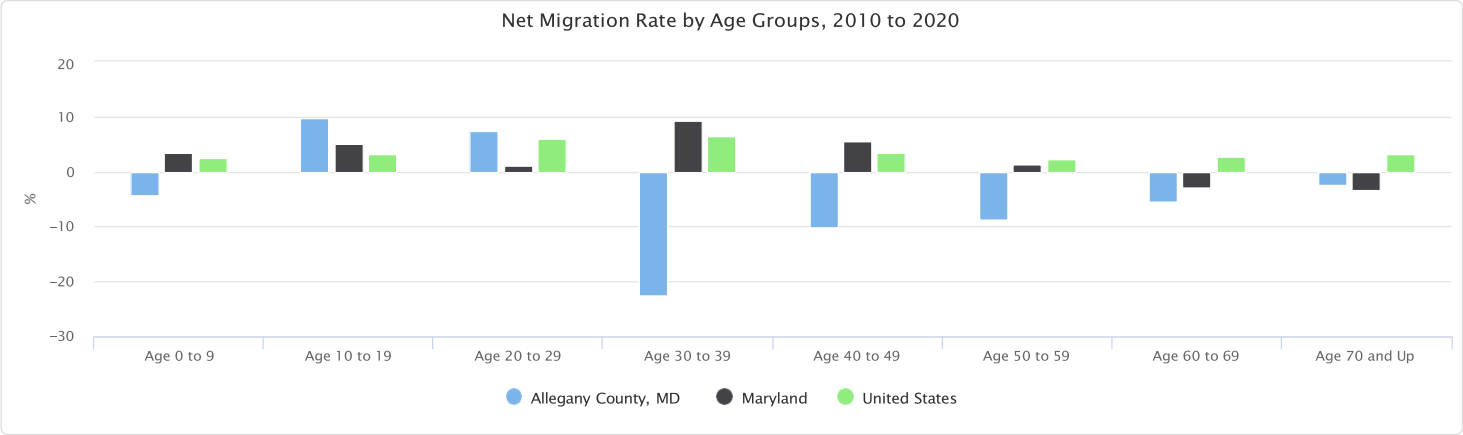
Net Migration, Rate per 100 Population by County, Uni. of Wisconsin 2010 to 2020

- Over 10.0% Increase (+)
- 2.0 - 10.0% Increase (+)
- Less Than 2.0% Change (+/-)
- 2.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data
- Allegany County, MD

Net Migration Rate by Age Groups, 2010 to 2020

Report Area	Age 0 to 9	Age 10 to 19	Age 20 to 29	Age 30 to 39	Age 40 to 49	Age 50 to 59	Age 60 to 69	Age 70 and Up
Allegany County, MD	-4.19%	9.75%	7.37%	-22.53%	-10.21%	-8.82%	-5.41%	-2.54%
Maryland	3.42%	4.94%	1.01%	9.15%	5.58%	1.30%	-2.86%	-3.41%
United States	2.44%	3.25%	5.92%	6.51%	3.47%	2.33%	2.73%	3.18%

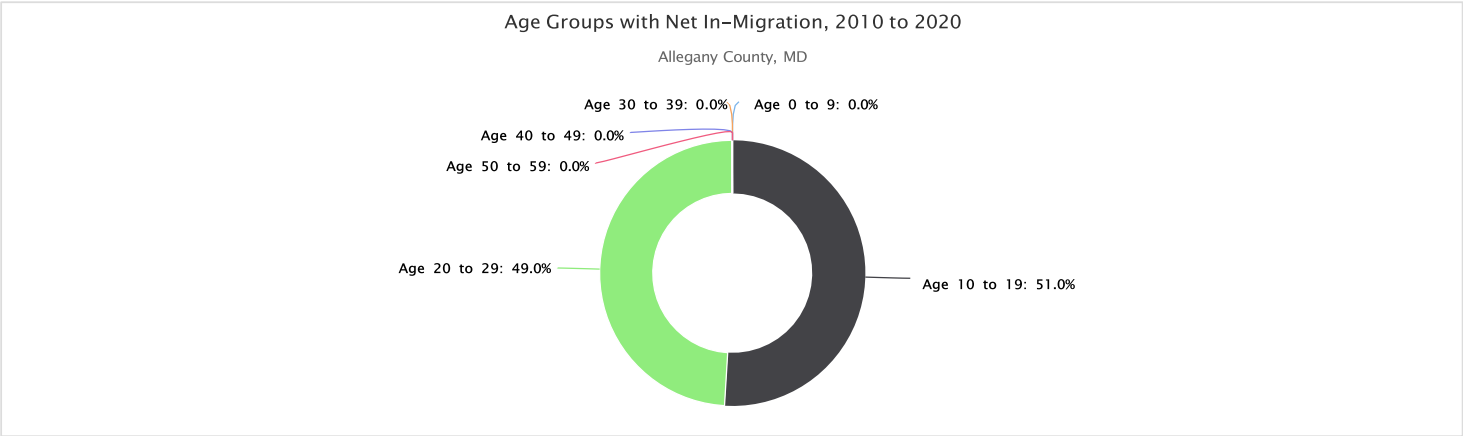
Data Source: University of Wisconsin Net Migration Patterns for US Counties. 2010 to 2020.



Age Groups with Net In-Migration, 2010 to 2020

Report Area	Age 0 to 9	Age 10 to 19	Age 20 to 29	Age 30 to 39	Age 40 to 49	Age 50 to 59	Age 60 to 69	Age 70 and Up
Allegany County, MD	0	719	692	0	0	0	0	0
Maryland	24,610	37,361	7,774	71,462	41,102	11,053	0	0
United States	947,613	1,361,055	2,481,177	2,751,427	1,373,475	975,179	1,034,851	445,806

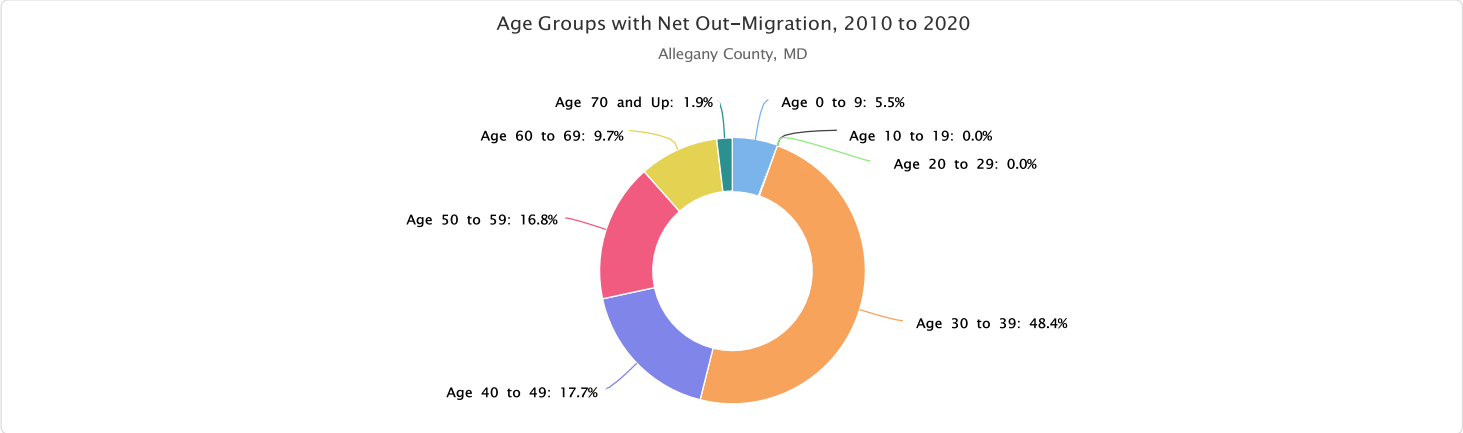
Data Source: University of Wisconsin Net Migration Patterns for US Counties. 2010 to 2020.



Age Groups with Net Out-Migration, 2010 to 2020

Report Area	Age 0 to 9	Age 10 to 19	Age 20 to 29	Age 30 to 39	Age 40 to 49	Age 50 to 59	Age 60 to 69	Age 70 and Up
Allegany County, MD	278	0	0	2,454	898	851	490	96
Maryland	0	0	0	0	0	0	21,361	9,124
United States	0	0	0	0	0	0	0	0

Data Source: University of Wisconsin Net Migration Patterns for US Counties. 2010 to 2020.

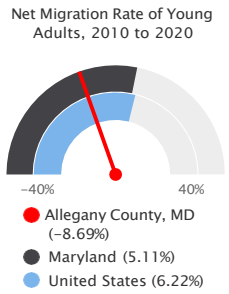


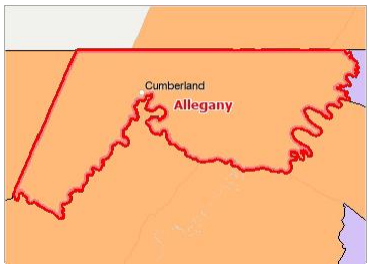
Migration Patterns - Young Adult (2010-2020)

This indicator reports the net migration rate of young adults (age 20-39) between 2010 and 2020. This indicator is important because Millennials now constitute the largest proportion of the workforce, and their migration patterns affect the viability of local economies across the United States.

Report Area	Ending Population (2010)	Ending Population (2020)	Net Migration	Migration Rate
Allegany County, MD	20,144	18,523	-1,762	**-8.69%**
Maryland	1,551,760	1,629,029	79,236	5.11%
United States	83,662,776	89,396,088	5,232,604	6.22%

Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Net Migration Patterns for US Counties. 2010 to 2020.





View larger map

Net Migration, Young Adults, Rate per 100 Population Age 20-39 by County, Uni. of Wisconsin 2010 to 2020

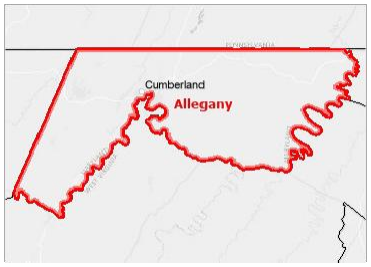
- Over 20.0% Increase (+)
- 3.0 - 20.0% Increase (+)
- Less Than 3.0% Change (+/-)
- 3.0 - 20.0% Decrease (-)
- Over 20.0% Decrease (-)
- No Population or No Data
- Allegany County, MD

Population Living in Native American Lands

This indicator reports the percentage of the population living in tribal and native lands as of 2020.

Report Area	Total Population (2020)	Population in Tribal and Native Lands, Total	Population in Tribal and Native Lands, Percent
Allegany County, MD	68,106	0	0.00%
Maryland	6,177,224	0	0.00%
United States	331,449,281	5,117,371	1.54%

Data Source: US Census Bureau, Decennial Census. 2020.



View larger map

Tribal and Native Lands, TIGER 2020

- Tribal and Native Lands, TIGER 2020
- Allegany County, MD

National Origin

This indicator reports the top 10 countries of origin for the foreign born population in the report area. The foreign-born population includes anyone who was not a U.S. citizen at birth. This includes respondents who indicated they were a U.S. citizen by naturalization or not a U.S. citizen.

Report Area	Rank	Country	Percentage
Allegany County, Maryland	1	China, excluding Hong Kong and Taiwan	15.95%
Allegany County, Maryland	2	Germany	7.83%
Allegany County, Maryland	3	Pakistan	7.61%
Allegany County, Maryland	4	El Salvador	5.39%
Allegany County, Maryland	4	Mexico	5.39%
Allegany County, Maryland	6	Vietnam	5.10%
Allegany County, Maryland	7	Jamaica	4.45%
Allegany County, Maryland	8	Turkey	3.81%
Allegany County, Maryland	9	Philippines	3.45%
Allegany County, Maryland	10	Korea	3.02%
United States	1	Mexico	23.78%
-	2	India	6.03%
-	3	China, excluding Hong Kong and Taiwan	4.89%
-	4	Philippines	4.39%

-	5	El Salvador	3.11%
-	6	Vietnam	2.98%
-	7	Cuba	2.93%
-	8	Dominican Republic	2.70%
-	9	Guatemala	2.32%
-	10	Korea	2.28%

Data Source: US Census Bureau, American Community Survey. 2018-22.

National Origin - Top 10 Countries of Origin by State

Report Area	Rank	Country	Percentage
Maryland	1	El Salvador	11.71%
Maryland	2	India	6.59%
Maryland	3	China, excluding Hong Kong and Taiwan	4.72%
Maryland	4	Guatemala	4.41%
Maryland	5	Nigeria	4.40%
Maryland	6	Philippines	3.93%
Maryland	7	Mexico	3.61%
Maryland	8	Korea	3.51%
Maryland	9	Ethiopia	2.97%
Maryland	10	Jamaica	2.95%

Data Source: US Census Bureau, American Community Survey. 2018-22.

Community Health Needs Assessment

Location

Allegany County, MD

Income and Economics

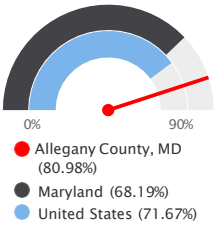
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to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

Commuter Travel Patterns - Driving Alone to Work

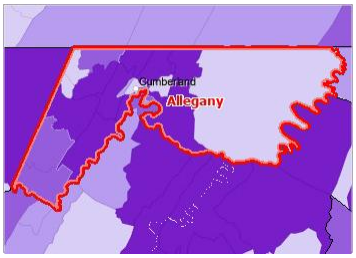
This indicator reports the percentage of the population that commutes to work on a daily basis using a motor vehicle where they were the only occupant of the vehicle. This indicator provides information on how vital the transportation network is to people's daily routines, but also conveys information about the efficiency of the public transportation network and the availability of carpool opportunities.

Report Area	Population Age 16+	Population Commuting to Work Alone in a Car	Percentage Commuting to Work Alone in a Car
Allegany County, MD	26,115	21,148	80.98%

Percentage of Workers Commuting by Car, Alone



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

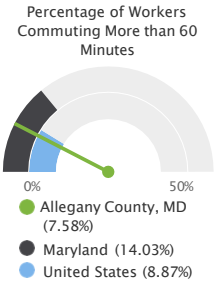
Workers Traveling to Work by Car Alone, Percent by Tract, ACS 2018-22

- Over 83.0%
- 79.1 - 83.0%
- 75.1 - 79.0%
- Under 75.1%
- No Data or Data Suppressed
- Allegany County, MD

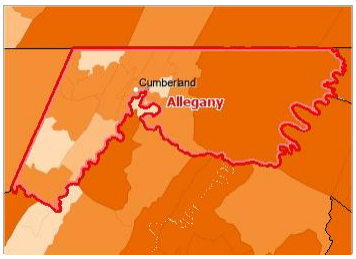
Commuter Travel Patterns - Long Commute

This indicator reports the percentage of the population that commutes to work for over 60 minutes each direction.

Report Area	Population Age 16+ that Commutes to Work	Population Commuting More than 60 Minutes	Population Commuting More than 60 Minutes, Percent
Allegany County, MD	24,313	1,844	**7.58%**
Maryland	2,646,267	371,252	14.03%
United States	138,386,938	12,273,797	8.87%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Workers Commuting Over 60 Minutes, Percent by Tract, ACS 2018-22

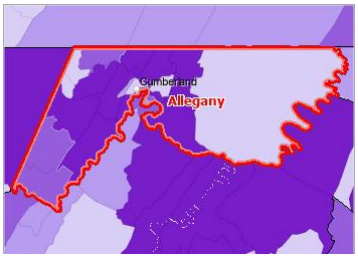
- Over 10.0%
- 6.1 - 10.0%
- 3.1 - 6.0%
- Under 3.1%
- No Data or Data Suppressed
- Allegany County, MD

Commuter Travel Patterns - Overview

This indicator shows the method of transportation workers used to travel to work for the report area. Of the 26,115 workers in the report area, 81.0% drove to work alone while 8.3% carpooled. 0.6% of all workers reported that they used some form of public transportation, while others used some optional means including 2.6% walking or riding bicycles, and 0.7% used taxicabs to travel to work.

Report Area	Workers 16 and Up	Percent Drive Alone	Percent Carpool	Percent Public Transportation	Percent Bicycle or Walk	Percent Taxi or Other	Percent Work at Home
Allegany County, MD	26,115	81.0%	8.3%	0.6%	2.6%	0.7%	6.9%
Maryland	3,101,081	68.2%	7.8%	5.5%	2.2%	1.6%	14.7%
United States	156,703,623	71.7%	8.5%	3.8%	2.9%	1.4%	11.7%

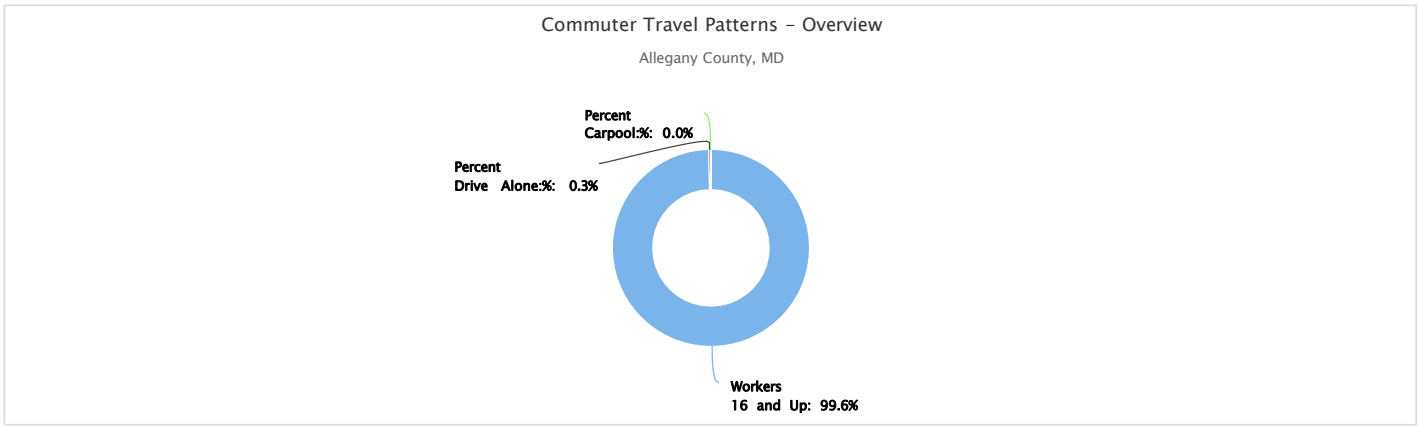
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Workers Traveling to Work by Car Alone, Percent by Tract, ACS 2018-22

- Over 83.0%
- 79.1 - 83.0%
- 75.1 - 79.0%
- Under 75.1%
- No Data or Data Suppressed
- Allegany County, MD



Non-Hispanic Commuters

Report Area	Workers 16 and Up	Travel by Car	Use Public Transit	Bike/Walk	Work from Home
Allegany County, MD	No data	No data	No data	No data	No data
Maryland	2,816,639	No data	5.65%	3.64%	15.01%
United States	128,628,803	0.00%	3.50%	4.19%	12.56%

Data Source: US Census Bureau, American Community Survey. 2018-22.

White Non-Hispanic Commuters

This indicator shows the method of transportation white non-Hispanic workers used to travel to work for the report area. Of the 27,671 white non-Hispanic workers in the report area, 91.40% drove to work. 0.24% of all workers reported that they used some form of public transportation, while others used some optional means including 2.28% walking or riding bicycles, and 6.08% worked from home.

Report Area	Workers 16 and Up	Travel by Car	Use Public Transit	Bike/Walk	Work from Home
Allegany County, MD	27,671	91.40%	0.24%	2.28%	6.08%
Maryland	1,527,203	79.08%	1.25%	3.15%	16.52%
United States	95,058,013	81.12%	2.24%	3.86%	12.78%

Data Source: US Census Bureau, American Community Survey. 2018-22.

Hispanic Commuters

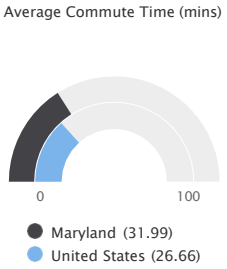
Report Area	Workers 16 and Up	Travel by Car	Use Public Transit	Bike/Walk	Work from Home
Allegany County, MD	No data	No data	No data	No data	No data
Maryland	284,442	79.30%	4.49%	4.93%	11.27%
United States	29,126,527	82.60%	4.99%	4.80%	7.61%

Data Source: US Census Bureau, American Community Survey. 2018-22.

Commuter Travel Patterns - Overview 2

Travel time for workers who travel to work (do not work at home) are shown for the report area.

Report Area	Workers that Commute Age 16 and Up	% Workers Travelling < 10 mins	% Workers Travelling between 10 and 30 mins	% Workers Travelling between 30 and 60 mins	% Workers Travelling > 60 mins	Average Commute Time (mins)
Allegany County, MD	24,313	19.35%	58.91%	14.16%	7.58%	No data
Maryland	2,646,267	7.70%	41.89%	36.38%	14.03%	31.99
United States	138,386,938	12.50%	49.64%	28.99%	8.87%	26.66

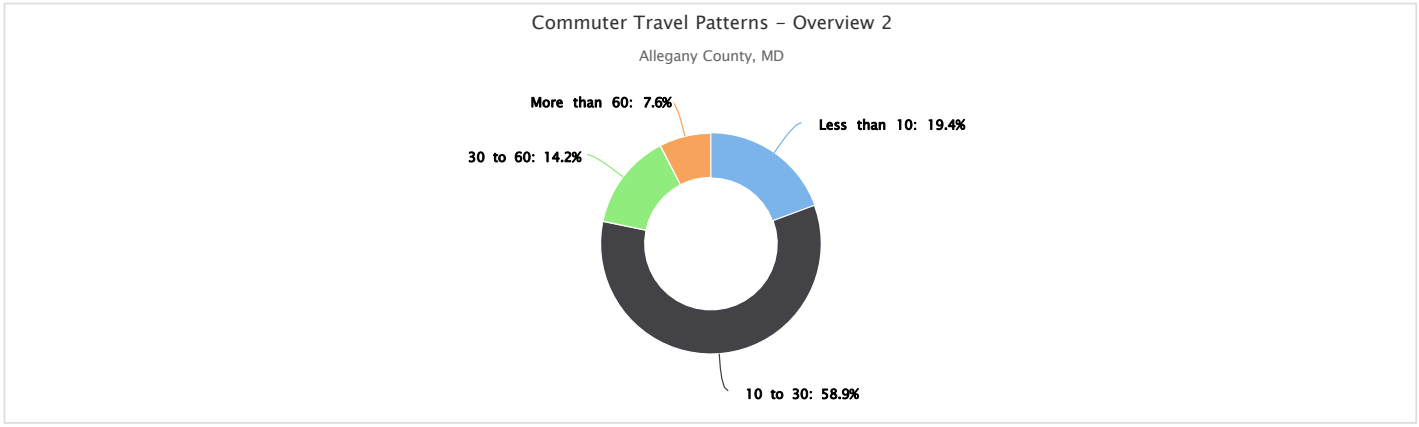


Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.

View larger map

Average Work Commute Time (Minutes), Average by Tract, ACS 2018-22

- Over 28 Minutes
- 25 - 28 Minutes
- 21 - 24 Minutes
- Under 21 Minutes
- No Data or Data Suppressed
- Allegany County, MD

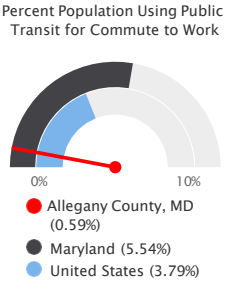


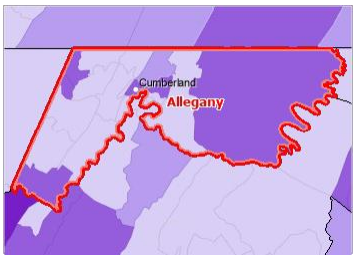
Commuter Travel Patterns - Public Transportation

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

Report Area	Total Population Employed Age 16+	Population Using Public Transit for Commute to Work	Percent Population Using Public Transit for Commute to Work
Allegany County, MD	26,115	155	**0.59%**
Maryland	3,101,081	171,785	5.54%
United States	156,703,623	5,945,723	3.79%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Workers Traveling to Work Using Public Transit, Percent by Tract, ACS 2018-22

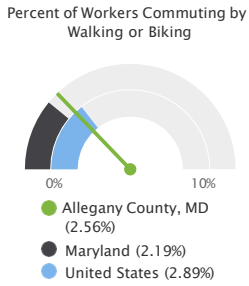
- Over 4.0%
- 1.1 - 4.0%
- 0.1 - 1.0%
- No Workers Using Public Transit
- No Data or Data Suppressed
- Allegany County, MD

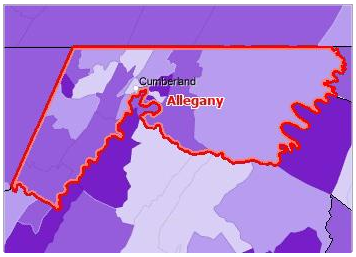
Commuter Travel Patterns - Walking or Biking

This indicator reports the percentage of the working population that primarily walks or bikes when they commute to work.

Report Area	Total Working Population Age 16+	Workers Commuting by Walking or Biking	Percent of Workers Commuting by Walking or Biking
Allegany County, MD	26,115	669	2.56%
Maryland	3,101,081	67,976	2.19%
United States	156,703,623	4,530,043	2.89%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Workers Traveling to Work by Walking/Biking, Percent by Tract, ACS 2018-22

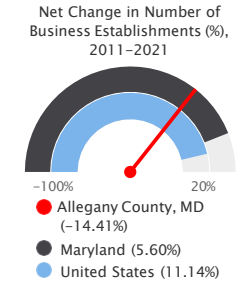
- Over 4.0%
- 1.1 - 4.0%
- 0.1 - 1.0%
- No Workers Walking or Biking
- No Data or Data Suppressed
- Allegany County, MD

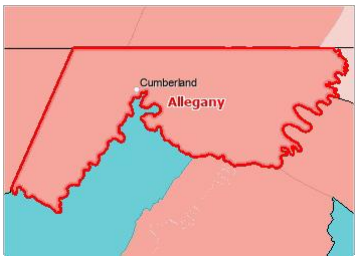
Employment - Business Creation

The rate of business change reflects the net gain or loss in total establishments. The report area saw a net loss of 224 businesses between 2011 and 2021. There were 1,052 establishment "births" and 1,276 "deaths" contributing to the change. The rate of change was -14.41% over the ten year period, which is lower than the state average of 5.60%.

Report Area	Initial Year Establishments	Establishment "Births"	Establishment "Deaths"	Establishment Net Change	Establishment Net Change Rate
Allegany County, MD	1,555	1,052	1,276	-224	-14.41%
Maryland	121,307	140,310	133,511	6,799	5.60%
United States	6,668,497	8,428,939	7,686,377	742,707	11.14%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, US Census Business Dynamics Statistics. 2011-2022.

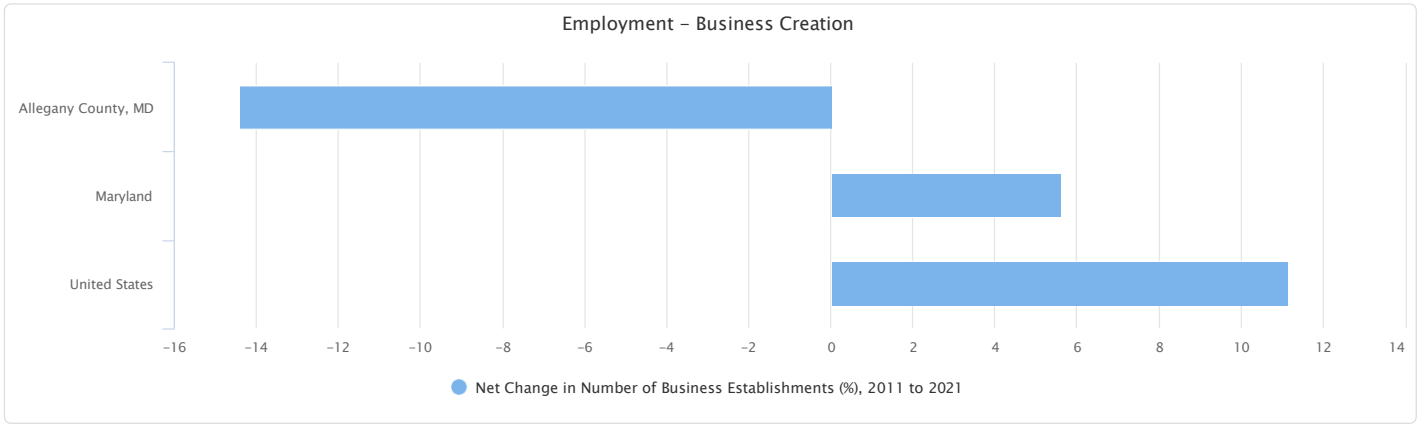




View larger map

Net Change in Number of Establishments, Rate Per 100 Establishments (Initial Year) by County, Census BDS 2019-2020

- Over 2.0
- 0.1 - 2.0
- -0.9 - 0.0
- -1.0 or Less
- No Data
- Allegany County, MD



Employment - Employment Change

This indicator reports the net rate of change in employment within the report area. Rates are calculated by dividing the net change in employment due to business births, deaths, expansions, and contractions by the total number of employees in the previous year.

Report Area	Initial Year Employment	Employment Net Change	Employment Net Change Rate
Allegany County, MD	21,660	757	3.56%
Maryland	2,392,697	111,258	4.65%
United States	133,689,028	6,674,604	4.99%

Data Source: US Census Bureau, US Census Business Dynamics Statistics. 2022.

View larger map

Net Change Rate in Employment, Percent Change in Employment (Over Initial Year) by County, Census BDS 2019-2020

- Over 3.0
- 1.1 - 3.0
- -0.9 - 1.0
- Under -0.9
- No Data
- Allegany County, MD

Employment - Job Sectors, Largest

In the report area, the largest sector by employment size is Government and government enterprises , which employs 6,118 people. The average wage for the industry is $83,420. Health care and social assistance and Retail trade are the next largest sectors, employing 5,575 and 4,738 workers, respectively.

Area Name	Rank (Size)	Job Sector	Total Employment	Average Wage
Allegany County, MD	1	Government and government enterprises	6,118	$83,420
Allegany County, MD	2	Health care and social assistance	5,575	$66,551
Allegany County, MD	3	Retail trade	4,738	$32,610
Maryland	1	Health care and social assistance	442,319	$66,777
Maryland	2	Professional, scientific, and technical services	401,156	$92,412
Maryland	3	Retail trade	351,570	$38,214

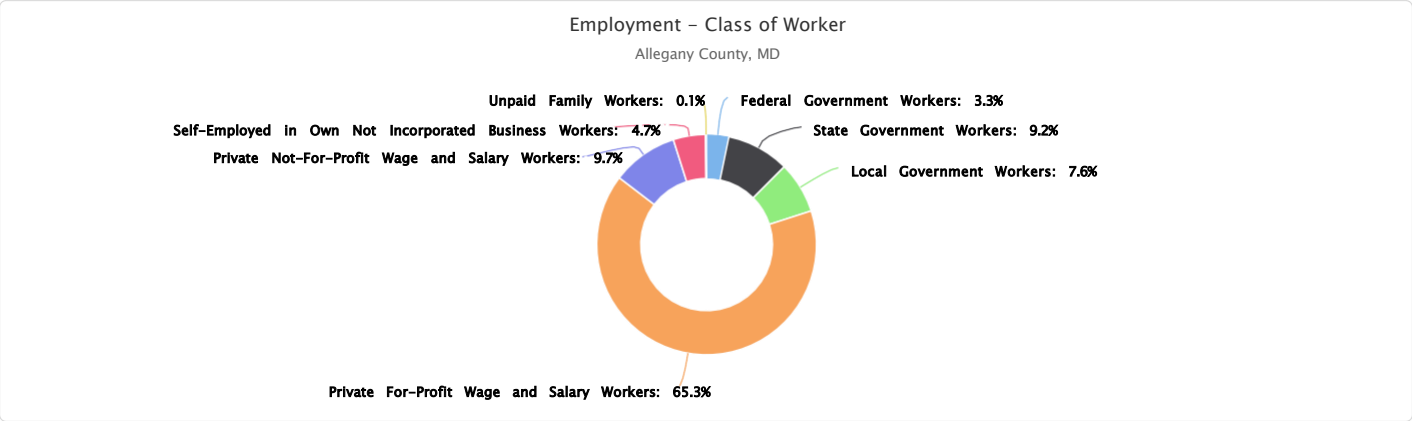
Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2022.

Employment - Class of Worker

This indicator reports the civilian employed population 16 years and over by class of worker in the report area.

Report Area	Total Employed	Federal Government Workers	State Government Workers	Local Government Workers	Private For-Profit Wage and Salary Workers	Private Not-For-Profit Wage and Salary Workers	Self-Employed in Own Not Incorporated Business Workers	Unpaid Family Workers
Allegany County, MD	26,552	864	2,456	2,005	17,344	2,583	1,261	39
Maryland	3,131,413	320,937	136,481	235,279	1,952,047	319,763	160,843	6,063
United States	158,913,204	4,133,438	6,788,018	11,656,201	113,085,320	13,492,070	9,447,742	310,415

Data Source: US Census Bureau, American Community Survey. 2018-22.

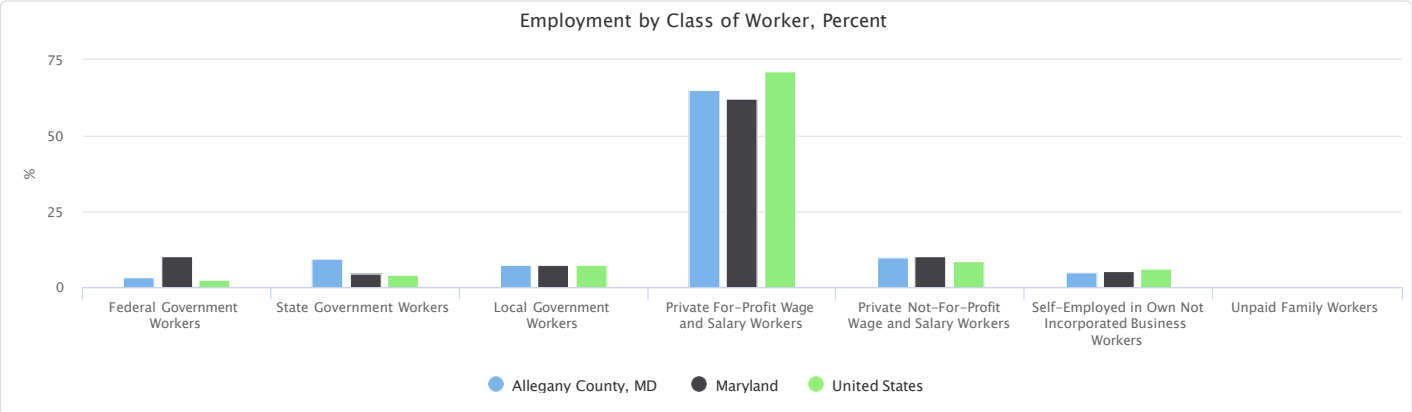


Employment by Class of Worker, Percent

This indicator reports the proportion of each of the class of workers who are employed civilians 16 years and over in the report area.

Report Area	Federal Government Workers	State Government Workers	Local Government Workers	Private For-Profit Wage and Salary Workers	Private Not-For-Profit Wage and Salary Workers	Self-Employed in Own Not Incorporated Business Workers	Unpaid Family Workers
Allegany County, MD	3.25%	9.25%	7.55%	65.32%	9.73%	4.75%	0.15%
Maryland	10.25%	4.36%	7.51%	62.34%	10.21%	5.14%	0.19%
United States	2.60%	4.27%	7.33%	71.16%	8.49%	5.95%	0.20%

Data Source: US Census Bureau, American Community Survey. 2018-22.



Employment - Jobs and Earnings by Sector

The number of jobs and total wage and salary earnings from employment in the report area are broken down by economic sector in this indicator output. These figures include both private and government employment. The sectors listed represent private employment except for the last table which includes all the earnings from jobs with local, state and federal government. A negative number means that overall business in that sector lost money for the year in the report area.

Farm; Nonfarm; Private Nonfarm

Report Area	Farm *Jobs*	Farm *Earnings* ($1,000)	Farm *Average*	Nonfarm *Jobs*	Nonfarm *Earnings* ($1,000)	Nonfarm *Average*	Private Nonfarm *Jobs*	Private Nonfarm *Earnings* ($1,000)	Private Nonfarm *Average*
Allegany County, MD	287	$332	$1,157	35,473	$1,967,095	$55,453	29,355	$1,456,726	$49,624
Maryland	17,072	$865,194	$50,679	3,869,819	$287,058,637	$74,179	3,293,217	$217,331,311	$65,994
United States	2,567,000	$114,272,000	$44,516	209,875,000	$15,093,680,000	$71,917	185,677,000	$12,861,899,000	$69,270

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2022.

Forestry, Fishing, and Related Activities; Mining; Utilities

Report Area	Forestry, Fishing, and Related Activities *Jobs*	Forestry, Fishing, and Related Activities *Earnings* ($1,000)	Forestry, Fishing, and Related Activities *Average*	Mining *Jobs*	Mining *Earnings* ($1,000)	Mining *Average*	Utilities *Jobs*	Utilities *Earnings* ($1,000)	Utilities *Average*
Allegany County, MD	No data	No data	No data	No data	No data	No data	No data	No data	No data
Maryland	6,899	$136,707	$19,815	3,029	$248,351	$81,991	10,831	$1,840,027	$169,885
United States	966,800	$39,487,000	$40,843	1,050,200	$170,144,000	$162,011	605,600	$128,249,000	$211,772

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2022.

Construction; Manufacturing

Report Area	Construction *Jobs*	Construction *Earnings* ($1,000)	Construction *Average*	Manufacturing *Jobs*	Manufacturing *Earnings* ($1,000)	Manufacturing *Average*
Allegany County, MD	1,506	$89,763	$59,604	2,147	$127,688	$59,473
Maryland	247,436	$19,180,370	$77,516	121,968	$12,934,179	$106,046
United States	11,867,800	$915,317,000	$77,126	13,523,700	$1,335,947,000	$98,786

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2022.

Wholesale Trade; Retail Trade; Transportation and Warehousing

Report Area	Wholesale Trade *Jobs*	Wholesale Trade *Earnings* ($1,000)	Wholesale Trade *Average*	Retail Trade *Jobs*	Retail Trade *Earnings* ($1,000)	Retail Trade *Average*	Transportation and Warehousing *Jobs*	Transportation and Warehousing *Earnings* ($1,000)	Transportation and Warehousing *Average*
Allegany County, MD	1,441	$81,968	$56,883	4,738	$163,578	$34,525	No data	No data	No data
Maryland	95,229	$9,797,054	$102,879	351,570	$14,669,039	$41,724	222,118	$8,655,446	$38,968
United States	6,757,300	$710,955,000	$105,213	19,510,300	$861,699,000	$44,166	11,473,500	$638,088,000	$55,614

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2022.

Information; Finance and Insurance; Real Estate and Rental and Leasing

Report Area	Information *Jobs*	Information *Earnings* ($1,000)	Information *Average*	Finance and Insurance *Jobs*	Finance and Insurance *Earnings* ($1,000)	Finance and Insurance *Average*	Real Estate and Rental and Leasing *Jobs*	Real Estate and Rental and Leasing *Earnings* ($1,000)	Real Estate and Rental and Leasing *Average*
Allegany County, MD	390	$40,672	$104,287	1,212	$55,741	$45,991	1,130	$22,904	$20,269
Maryland	53,614	$9,382,439	$175,000	197,294	$15,291,354	$77,505	220,794	$6,079,315	$27,534
United States	3,861,900	$566,943,000	$146,804	12,982,300	$1,078,856,000	$83,102	11,832,200	$389,364,000	$32,907

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2022.

Professional, Scientific, and Technical Services; Management of Companies and Enterprises

Report Area	Professional, Scientific, and Technical Services *Jobs*	Professional, Scientific, and Technical Services *Earnings* ($1,000)	Professional, Scientific, and Technical Services *Average*	Management of Companies and Enterprises *Jobs*	Management of Companies and Enterprises *Earnings* ($1,000)	Management of Companies and Enterprises *Average*
Allegany County, MD	1,059	$49,545	$46,785	326	$17,735	$54,402
Maryland	401,156	$42,683,429	$106,401	32,340	$3,146,002	$97,279
United States	15,978,400	$1,725,868,000	$108,013	2,953,800	$416,065,000	$140,858

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2022.

Administrative and Waste Management Services; Educational Services

Report Area	Administrative and Waste Management Services *Jobs*	Administrative and Waste Management Services *Earnings* ($1,000)	Administrative and Waste Management Services *Average*	Educational Services *Jobs*	Educational Services *Earnings* ($1,000)	Educational Services *Average*
Allegany County, MD	1,594	$78,224	$49,074	507	$19,750	$38,955
Maryland	243,224	$13,178,809	$54,184	109,076	$6,152,255	$56,403
United States	13,058,300	$691,776,000	$52,976	4,885,700	$254,764,000	$52,145

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2022.

Health Care and Social Assistance; Arts, Entertainment, and Recreation

Report Area	Health Care and Social Assistance *Jobs*	Health Care and Social Assistance *Earnings* ($1,000)	Health Care and Social Assistance *Average*	Arts, Entertainment, and Recreation *Jobs*	Arts, Entertainment, and Recreation *Earnings* ($1,000)	Arts, Entertainment, and Recreation *Average*
Allegany County, MD	5,575	$400,078	$71,763	477	$6,119	$12,828
Maryland	442,319	$32,153,214	$72,692	82,875	$2,939,916	$35,474
United States	23,545,500	$1,684,068,000	$71,524	4,457,300	$203,533,000	$45,663

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2022.

Accommodation and Food Services; Other Services, Except Public Administration

Report Area	Accommodation and Food Services *Jobs*	Accommodation and Food Services *Earnings* ($1,000)	Accommodation and Food Services *Average*	Other Services, Except Public Administration *Jobs*	Other Services, Except Public Administration *Earnings* ($1,000)	Other Services, Except Public Administration *Average*
Allegany County, MD	3,665	$115,526	$31,521	1,864	$72,874	$39,095
Maryland	235,416	$8,681,663	$36,878	216,029	$10,181,742	$47,131
United States	14,750,300	$536,234,000	$36,354	11,616,100	$514,542,000	$44,296

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2022.

Government and Government Enterprises

Report Area	Government and Government Enterprises *Jobs*	Government and Government Enterprises *Earnings* ($1,000)	Government and Government Enterprises *Average*
Allegany County, MD	6,118	$510,369	$83,421
Maryland	576,602	$69,727,326	$120,928
United States	24,198,000	$2,231,781,000	$92,230

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2022.

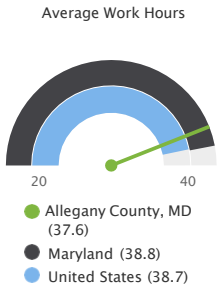
Employment - Average Hours Worked

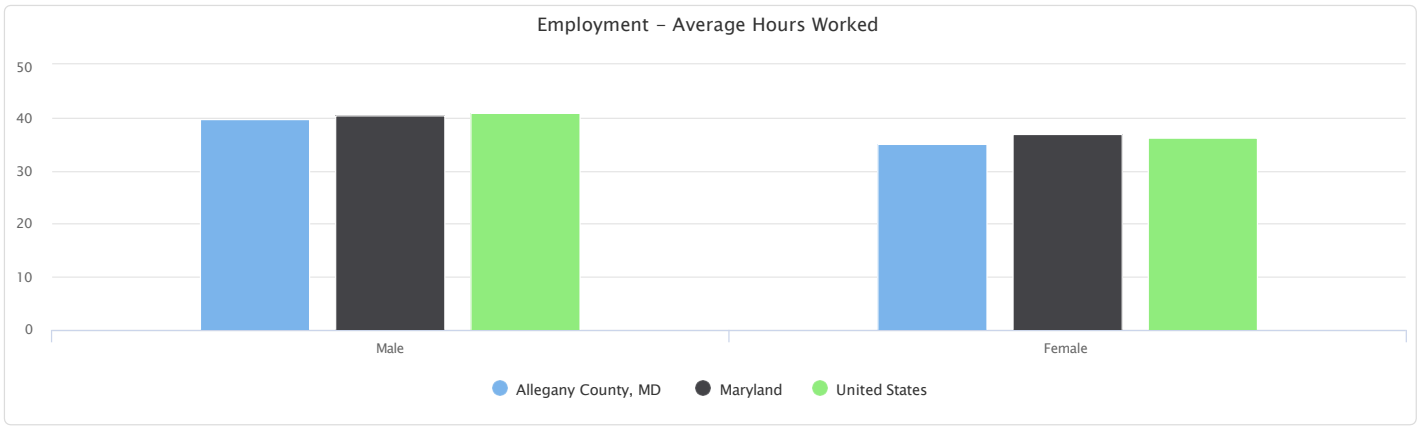
This indicator reports the mean usual hours worked per week in the past 12 months for workers age 16 to 64 years. Data are reported for the total working population and workers by gender. Data are obtained from the 2018-2022 American Community Survey 5-Year estimates.

In the report area, workers age 16-64 work an average of 37.6 hours per week. Males workers average 39.7 hours per week and females workers average 35.1 hours per week.

Report Area	Total Population	Male	Female
Allegany County, MD	37.6	39.7	35.1
Maryland	38.8	40.5	37
United States	38.7	40.9	36.2

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





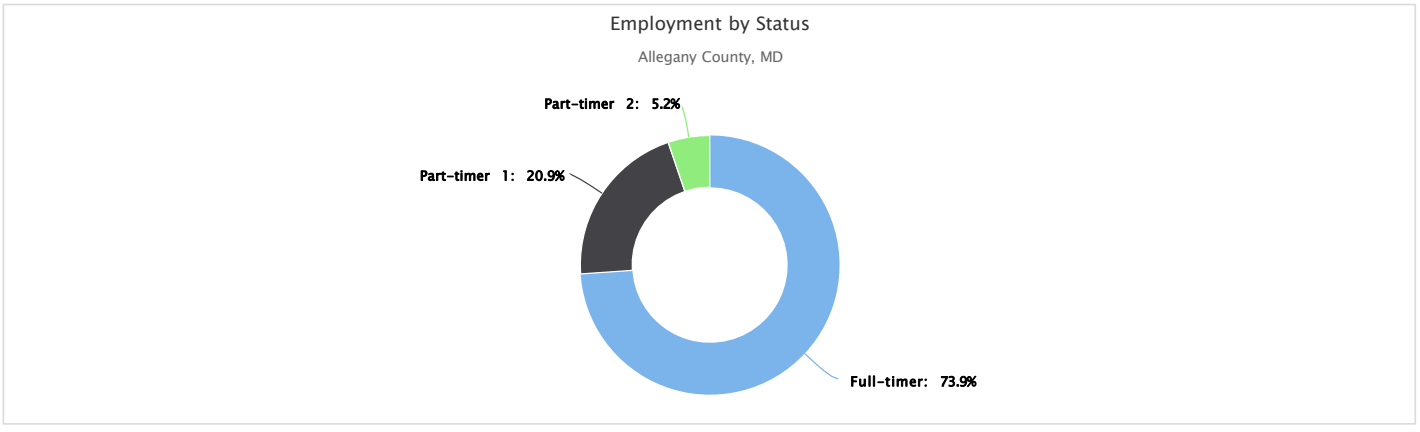
Employment by Status

This indicator reports the proportion of employees who worked 35+ hours (full time), 15-34 hours (part time 1), or under 15 hours (part time 2) per week, of the total population age 16-64 who worked in the past 12 months in the report area.

Of all the 29,100 people age 16-64 who worked in the past 12 months in the report area, 21,507 or 73.91% worked full time, 6,076 or 20.88% worked 15-34 hours, and 1,517 or 5.21% worked 1-14 hours per week.

Report Area	Total Employed	Full-time, Total	Full-time, Percent	Part-time (15-34), Total	Part-time (15-34), Percent	Part-time (<15), Total	Part-time (<15), Percent
Allegany County, MD	29,100	21,507	73.91%	6,076	20.88%	1,517	5.21%
Maryland	3,188,816	2,558,378	80.23%	485,868	15.24%	144,570	4.53%
United States	164,191,964	128,346,215	78.17%	28,199,137	17.17%	7,646,612	4.66%

Data Source: US Census Bureau, American Community Survey. 2018-22.



Employment - Job Sectors, Highest Earnings

This indicator reports the top three job sectors with the highest average earnings in the report area.

Area Name	Rank (Avg. Wage)	Job Sector	Total Employment	Average Wage
Allegany, MD	1	Health care and social assistance	5,575	$66,551
Allegany, MD	2	Manufacturing	2,147	$58,127
Allegany, MD	3	Wholesale trade	1,441	$56,849
Maryland	1	Utilities	10,831	$168,948
Maryland	2	Management of companies and enterprises	32,340	$137,001
Maryland	3	Information	53,614	$113,545

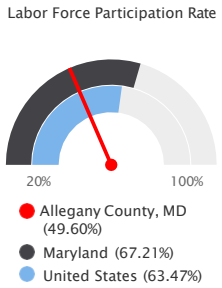
Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2022.

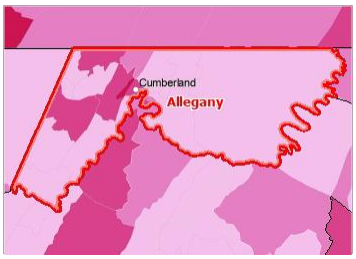
Employment - Labor Force Participation Rate

The table below displays the labor force participation rate for the report area. According to the 2018 – 2022 American Community Survey, of the 57,489 working age population, 28,517 are included in the labor force. The labor force participation rate is 49.60%.

Report Area	Total Population Age 16+	Labor Force	Labor Force Participation Rate
Allegany County, MD	57,489	28,517	**49.60%**
Maryland	4,957,297	3,331,958	67.21%
United States	266,411,973	169,093,585	63.47%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Labor Force, Participation Rate by Tract, ACS 2018-22

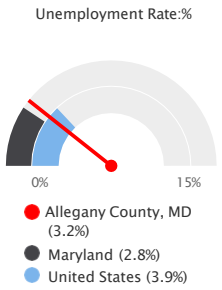
- Over 66.0%
- 60.1% - 66.0%
- 54.1% - 60.0%
- Under 54.1%
- No Data or Data Suppressed
- Allegany County, MD

Employment - Unemployment Rate

Total unemployment in the report area for the current month equals 991, or 3.2% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Allegany County, MD	31,373	30,382	991	**3.2%**
Maryland	3,231,992	3,142,077	89,915	2.8%
United States	169,777,533	163,187,465	6,590,069	3.9%

Note: This indicator is compared to the state average.
Data Source: US Department of Labor, Bureau of Labor Statistics. 2024 - September.



View larger map

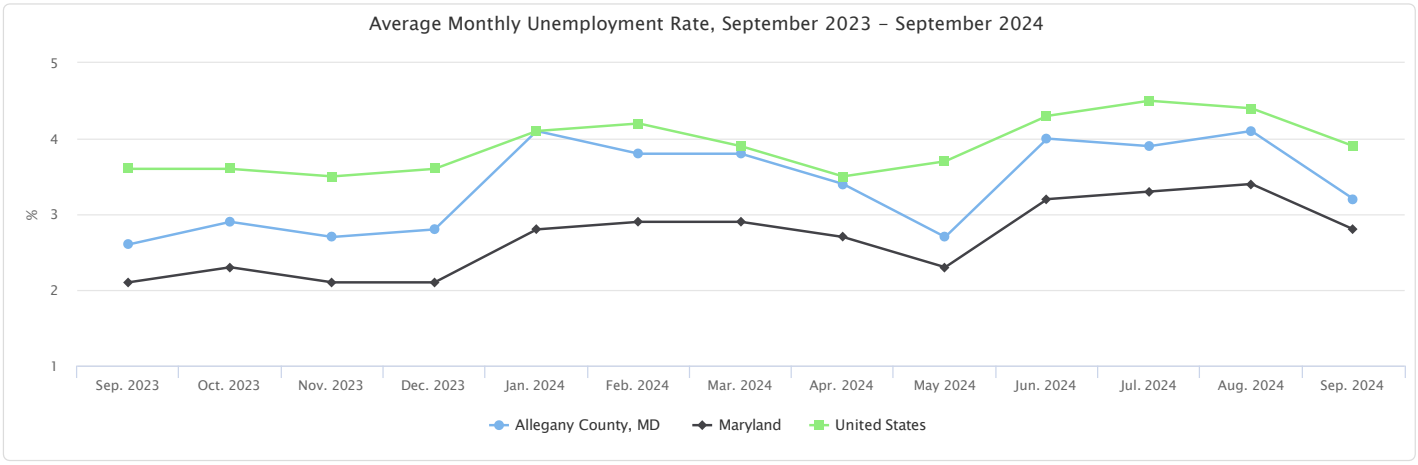
Unemployment, Rate by County, BLS 2024 - September

- Over 12.0%
- 9.1 - 12.0%
- 6.1 - 9.0%
- 3.1 - 6.0%
- Under 3.1%
- Allegany County, MD

Average Monthly Unemployment Rate, September 2023 - September 2024

Report Area	Sep. 2023	Oct. 2023	Nov. 2023	Dec. 2023	Jan. 2024	Feb. 2024	Mar. 2024	Apr. 2024	May 2024	Jun. 2024	Jul. 2024	Aug. 2024	Sep. 2024
Allegany County, MD	2.6%	2.9%	2.7%	2.8%	4.1%	3.8%	3.8%	3.4%	2.7%	4.0%	3.9%	4.1%	3.2%
Maryland	2.1%	2.3%	2.1%	2.1%	2.8%	2.9%	2.9%	2.7%	2.3%	3.2%	3.3%	3.4%	2.8%
United States	3.6%	3.6%	3.5%	3.6%	4.1%	4.2%	3.9%	3.5%	3.7%	4.3%	4.5%	4.4%	3.9%

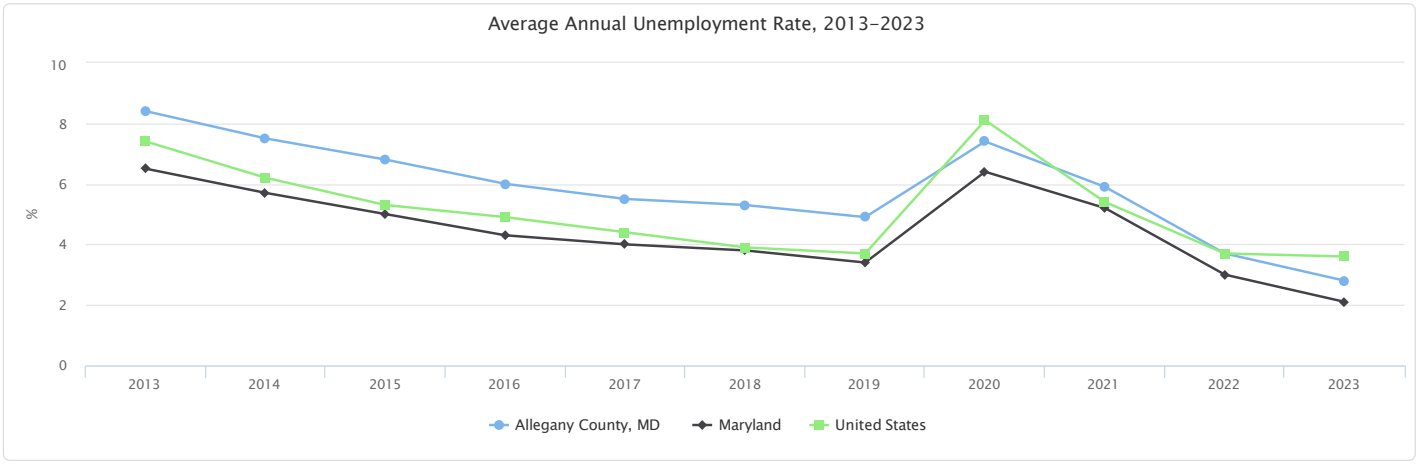
Data Source: US Census Bureau, American Community Survey. 2024 - September.



Average Annual Unemployment Rate, 2013-2023

Report Area	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Allegany County, MD	8.4%	7.5%	6.8%	6.0%	5.5%	5.3%	4.9%	7.4%	5.9%	3.7%	2.8%
Maryland	6.5%	5.7%	5.0%	4.3%	4.0%	3.8%	3.4%	6.4%	5.2%	3.0%	2.1%
United States	7.4%	6.2%	5.3%	4.9%	4.4%	3.9%	3.7%	8.1%	5.4%	3.7%	3.6%

Data Source: US Census Bureau, American Community Survey. 2024 - September.



Gross Domestic Product (GDP)

Report Area	2022 GDP (Millions)	10-Year Percent Change in GDP
Allegany County, MD	$3,247.28	**24.98%**
Maryland	$480,112.7	41.25%
United States	$25,744,107.52	52.51%

Note: This indicator is compared to the state average.
Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2022.

View larger map

Gross Domestic Product, Total (Millions of Dollars) by County, BEA 2022

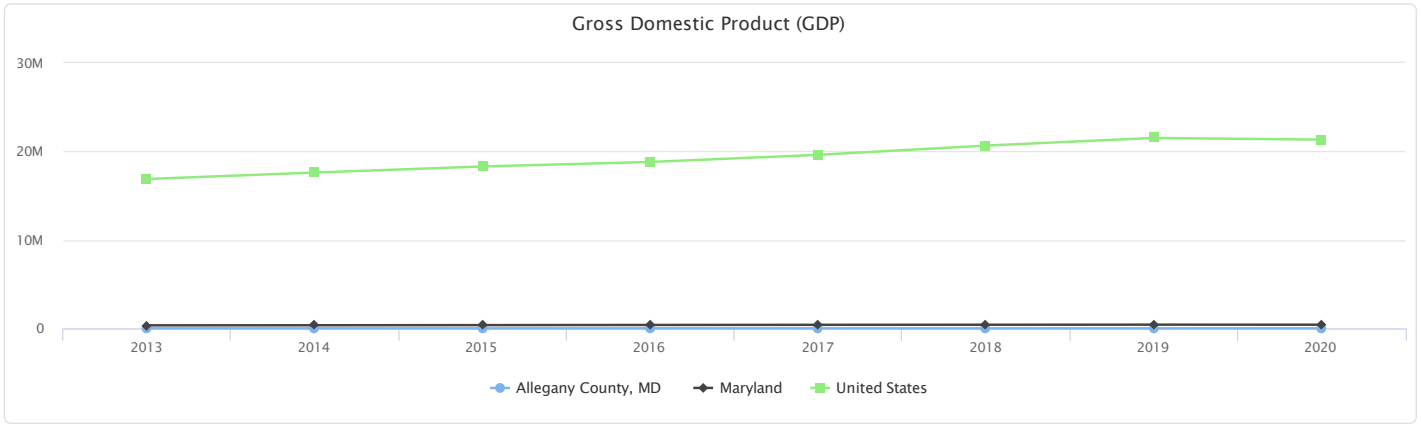
- Over 5,000
- 2,000 - 5,000
- 1,000 - 1,999
- 500 - 999
- Under 500
- Allegany County, MD

Gross Domestic Product (GDP)

This indicator shows GDP in Millions of Dollars as a trend over time.

Report Area	2013	2014	2015	2016	2017	2018	2019	2020	2021
Allegany County, MD	2,598.34	2,687.78	2,772.45	2,972.88	3,068.26	3,161.52	3,211.01	3,068.3	3176.23
Maryland	339,895.78	351,743.14	367,314.08	386,496.35	399,714.53	410,771.78	419,447.55	413,417.66	446941.02
United States	16,880,683.01	17,608,138.75	18,295,019.52	18,804,912.13	19,612,102.66	20,656,515.07	21,521,395.71	21,322,950.66	23594031.1

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2022.

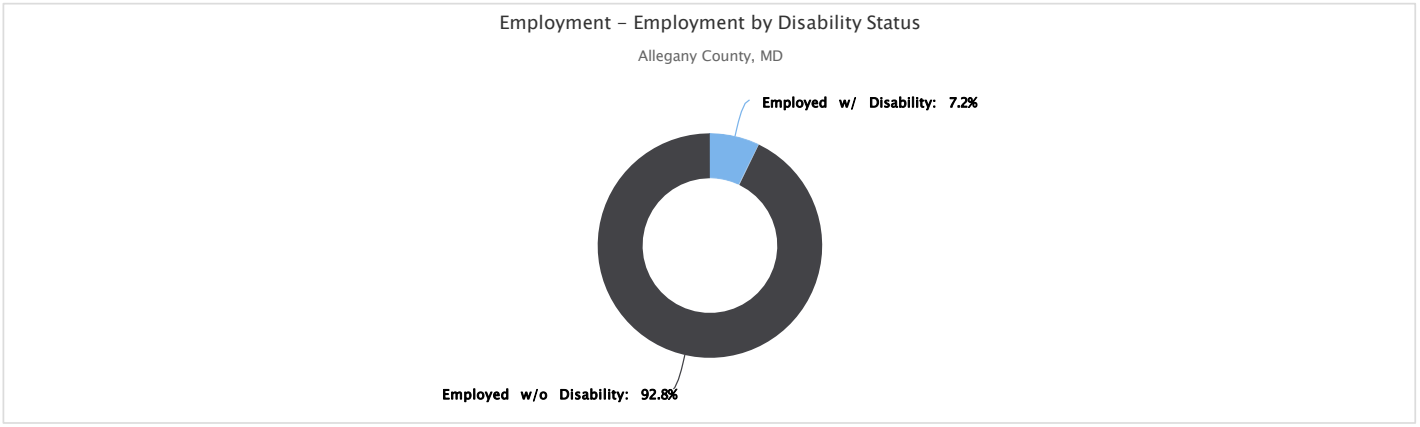


Employment - Employment by Disability Status

This indicator reports the proportion of employed population age 18-64 by disability status for the report area.

Report Area	Employed w/ Disability	Employed w/o Disability	Employed w/ Disability, Percent	Employed w/o Disability, Percent
Allegany County, MD	1,784	23,075	7.18%	92.82%
Maryland	151,302	2,732,727	5.25%	94.75%
United States	8,401,988	138,802,596	5.71%	94.29%

Data Source: US Census Bureau, American Community Survey. 2018-22.



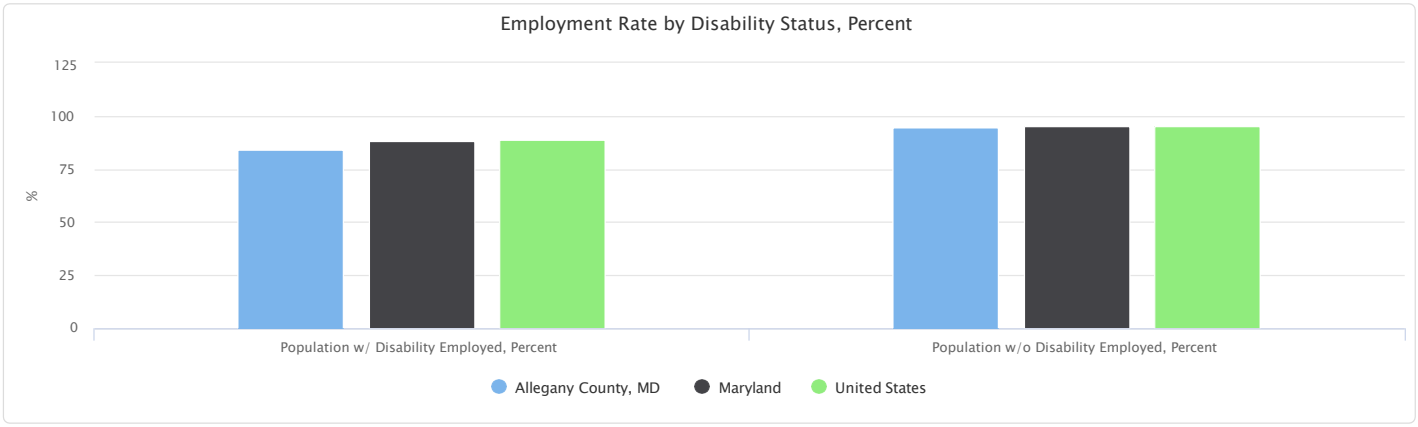
Employment Rate by Disability Status, Percent

This indicator reports the employment rate of civilian noninstitutionalized population age 18-64 by disability status for the report area.

Of all the 2,120 civilian noninstitutionalized population age 18-64 in labor force (LF) with a disability in the report area, there are 1,784 or 84.15% population that are employed; of all the 24,440 civilian noninstitutionalized population age 18-64 in labor force (LF) with no disability in the report area, 23,075 or 94.41% population are employed.

Report Area	Population w/ Disability in LF	Population w/ Disability Employed	Population w/ Disability Employed, Percent	Population w/o Disability in LF	Population w/o Disability Employed	Population w/o Disability Employed, Percent
Allegany County, MD	2,120	1,784	84.15%	24,440	23,075	94.41%
Maryland	171,974	151,302	87.98%	2,866,386	2,732,727	95.34%
United States	9,492,098	8,401,988	88.52%	145,915,073	138,802,596	95.13%

Data Source: US Census Bureau, American Community Survey. 2018-22.

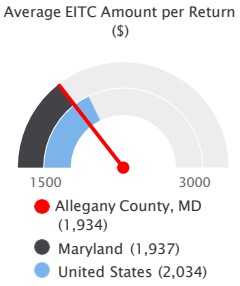


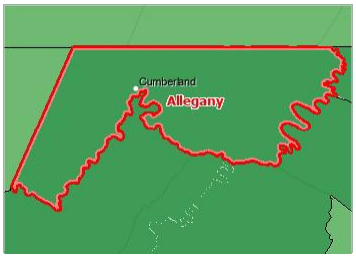
Income - Earned Income Tax Credit

The indicator reports information about tax filers claiming the Earned Income Tax Credit (EITC). Data are obtained through an analysis of the IRS Statistics of Income (SOI) data tables.

Report Area	Total Returns Claiming EITC	Total EITC Amount ($1,000)	Average EITC Amount per Return ($)
Allegany County, MD	6,830	13,215	**1,934**
Maryland	505,580	979,543	1,937
United States	32,048,530	65,174,414	2,034

Note: This indicator is compared to the state average.
Data Source: IRS - Statistics of Income. 2021.





View larger map

Returns Claiming Earned Income Tax Credits, Percent by County, IRS 2021

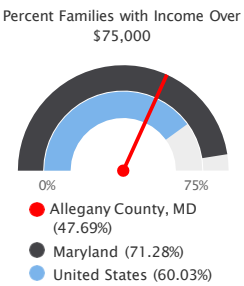
- Over 25.0%
- 20.0% - 25.0%
- 15.0% - 19.9%
- Under 15.0%
- No Data or Data Suppressed
- Allegany County, MD

Income - Families Earning Over $75,000

In the report area, 47.69%, or 7,521 families report a total annual income of $75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

Report Area	Total Families	Families with Income Over $75,000	Percent Families with Income Over $75,000
Allegany County, MD	15,770	7,521	**47.69%**
Maryland	1,525,066	1,087,078	71.28%
United States	81,432,908	48,885,007	60.03%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

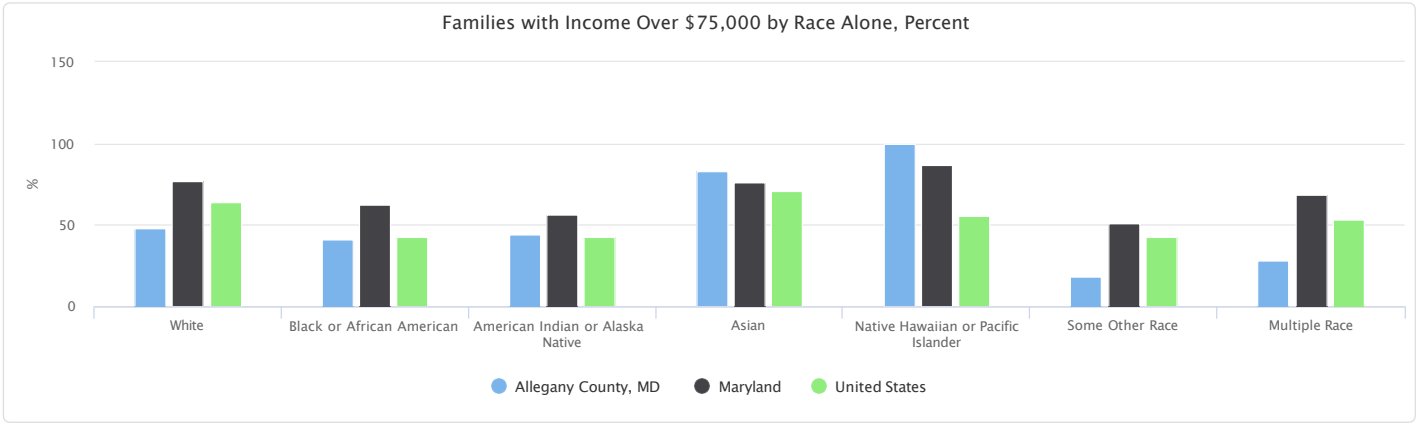
Family Income Over $75,000, Percent by Tract, ACS 2018-22

- Over 55.0%
- 40.1 - 55.0%
- 25.1 - 40.0%
- Under 25.1%
- No Data or Data Suppressed
- Allegany County, MD

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

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	47.73%	41.41%	44.44%	82.96%	100.00%	18.60%	28.41%
Maryland	77.26%	62.26%	56.04%	76.00%	86.67%	51.04%	68.36%
United States	64.16%	42.49%	42.45%	70.49%	55.83%	42.71%	53.21%

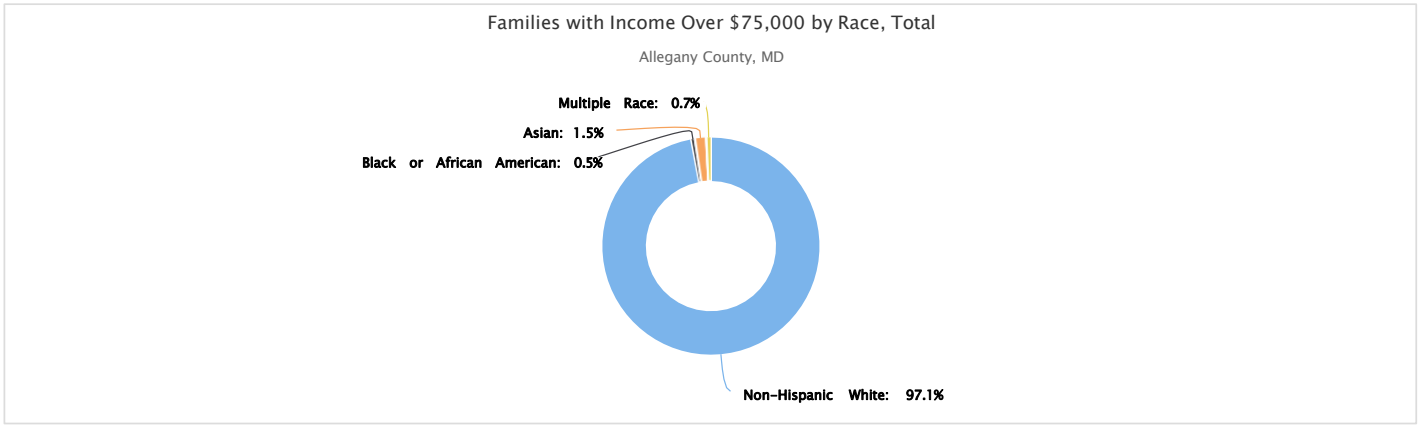
Data Source: US Census Bureau, American Community Survey. 2018-22.



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

Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	7,301	41	8	112	1	8	50
Maryland	656,521	266,518	2,110	76,967	546	36,394	48,022
United States	36,619,656	3,881,677	255,131	3,253,073	71,801	1,831,910	2,971,759

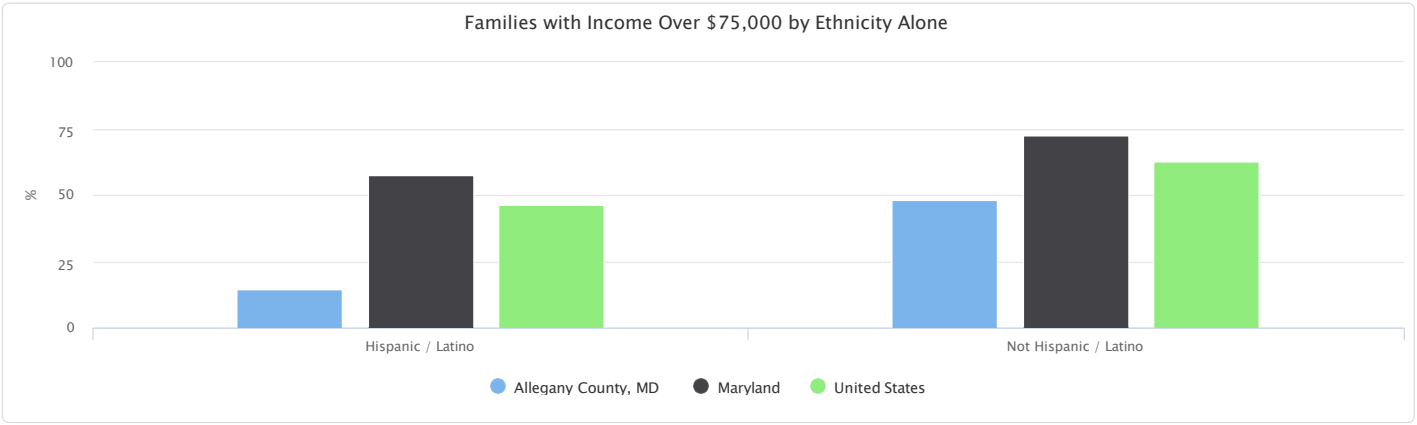
Data Source: US Census Bureau, American Community Survey. 2018-22.



Families with Income Over $75,000 by Ethnicity Alone

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	19	7,502	14.50%	47.97%
Maryland	77,357	1,009,721	57.61%	72.60%
United States	6,079,215	42,805,792	46.26%	62.68%

Data Source: US Census Bureau, American Community Survey. 2018-22.

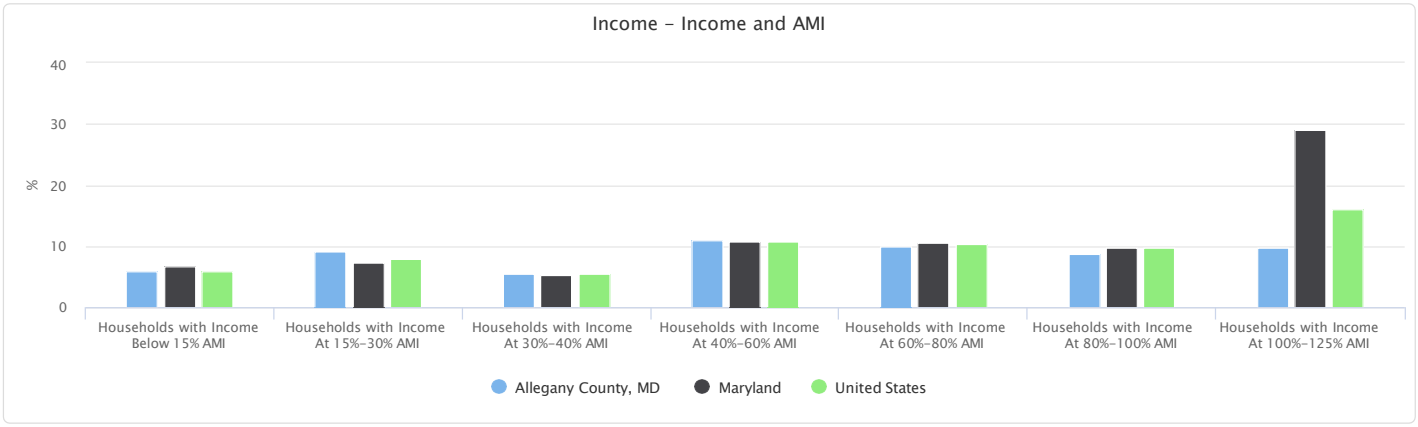


Income - Income and AMI

This indicator reports the percentage of households at various income levels relative to Area Median Income (AMI) of total households.

Report Area	Households with Income Below 15% AMI	Households with Income At 15%-30% AMI	Households with Income At 30%-40% AMI	Households with Income At 40%-60% AMI	Households with Income At 60%-80% AMI	Households with Income At 80%-100% AMI	Households with Income At 100%-125% AMI
Allegany County, MD	5.88%	9.17%	5.48%	10.94%	9.89%	8.75%	9.75%
Maryland	6.69%	7.22%	5.18%	10.67%	10.52%	9.68%	28.95%
United States	5.86%	7.84%	5.48%	10.85%	10.29%	9.76%	16.05%

Data Source: US Census Bureau, American Community Survey. 2018-22.

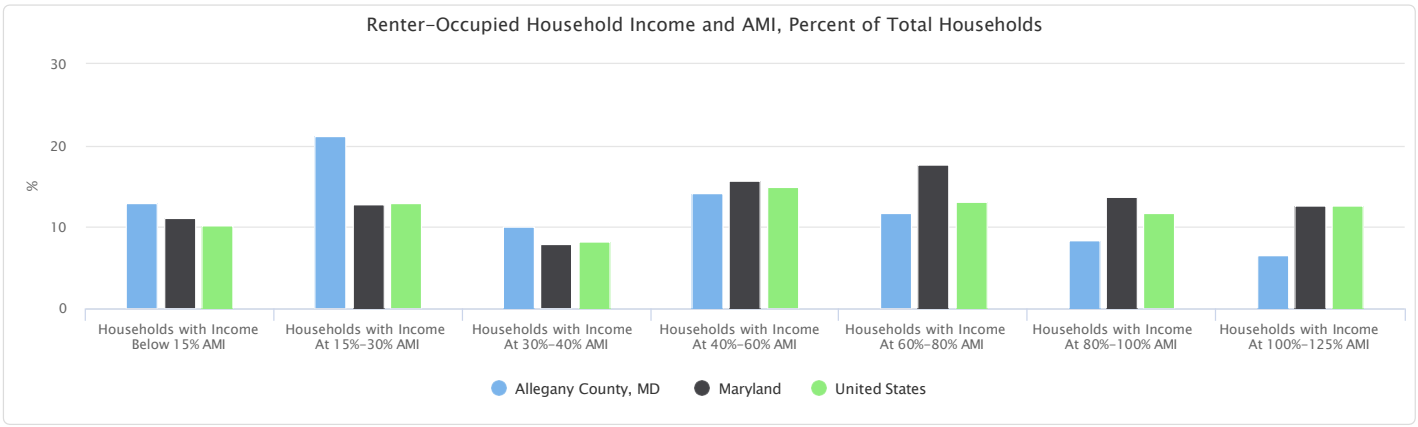


Renter-Occupied Household Income and AMI, Percent of Total Households

This indicator reports the percentage of renter-occupied households at various income levels relative to Area Median Income (AMI) of total households.
The percentage values could be interpreted as, for example, *"Of all the households within the report area, the percentage of renter-occupied households with income below 15% AMI is (value)."*

Report Area	Households with Income Below 15% AMI	Households with Income At 15%-30% AMI	Households with Income At 30%-40% AMI	Households with Income At 40%-60% AMI	Households with Income At 60%-80% AMI	Households with Income At 80%-100% AMI	Households with Income At 100%-125% AMI
Allegany County, MD	12.92%	21.15%	10.04%	14.21%	11.76%	8.39%	6.51%
Maryland	11.14%	12.78%	7.94%	15.7%	17.72%	13.63%	12.6%
United States	10.16%	12.96%	8.16%	14.95%	13.1%	11.69%	12.67%

Data Source: US Census Bureau, American Community Survey. 2018-22.

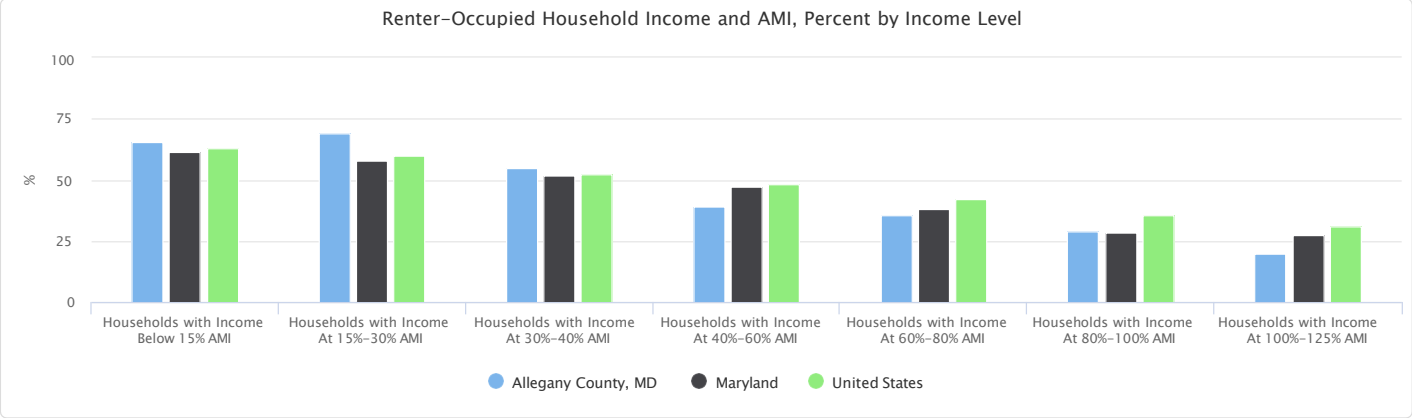


Renter-Occupied Household Income and AMI, Percent by Income Level

This indicator reports the percentage of renter-occupied households at various income levels relative to Area Median Income (AMI) as a proportion of total households at said income level.
The percentage values could be interpreted as, for example, *"Of all the households with income below 15% AMI within the report area, the percentage of renter-occupied households is (value)."*

Report Area	Households with Income Below 15% AMI	Households with Income At 15%-30% AMI	Households with Income At 30%-40% AMI	Households with Income At 40%-60% AMI	Households with Income At 60%-80% AMI	Households with Income At 80%-100% AMI	Households with Income At 100%-125% AMI
Allegany County, MD	65.72%	68.92%	54.74%	38.84%	35.54%	28.69%	19.96%
Maryland	61.18%	58.04%	51.54%	47.28%	38.1%	28.56%	27.66%
United States	62.74%	59.69%	52.52%	48%	42.11%	35.42%	30.91%

Data Source: US Census Bureau, American Community Survey. 2018-22.

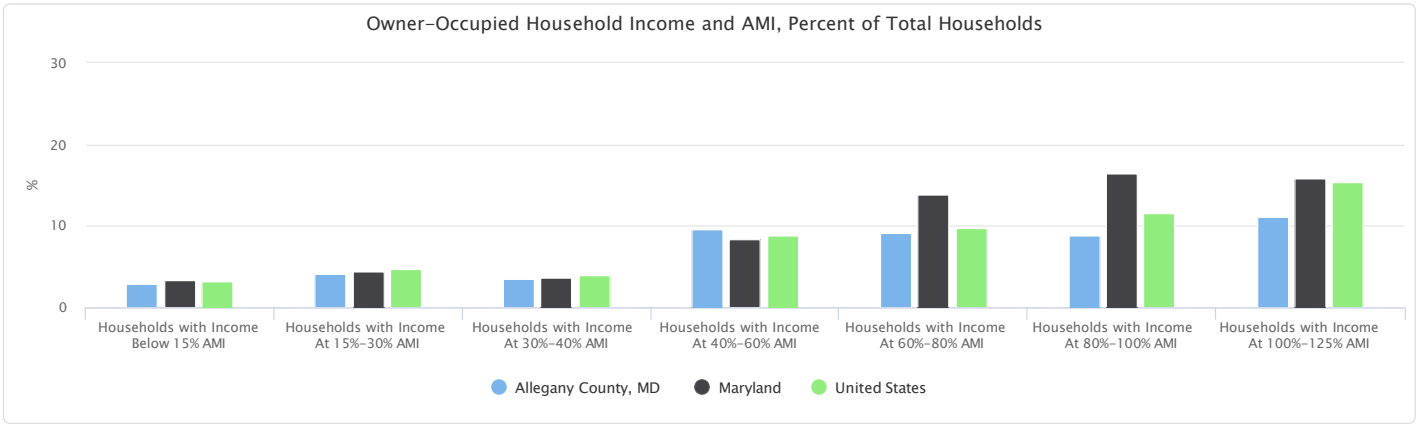


Owner-Occupied Household Income and AMI, Percent of Total Households

This indicator reports the percentage of owner-occupied households at various income levels relative to Area Median Income (AMI) of total households.
The percentage values could be interpreted as, for example, *"Of all the households within the report area, the percentage of owner-occupied households with income below 15% AMI is (value)."*

Report Area	Households with Income Below 15% AMI	Households with Income At 15%-30% AMI	Households with Income At 30%-40% AMI	Households with Income At 40%-60% AMI	Households with Income At 60%-80% AMI	Households with Income At 80%-100% AMI	Households with Income At 100%-125% AMI
Allegany County, MD	2.87%	4.07%	3.54%	9.54%	9.1%	8.9%	11.13%
Maryland	3.41%	4.46%	3.6%	8.44%	13.88%	16.44%	15.89%
United States	3.27%	4.76%	3.98%	8.78%	9.76%	11.56%	15.35%

Data Source: US Census Bureau, American Community Survey. 2018-22.

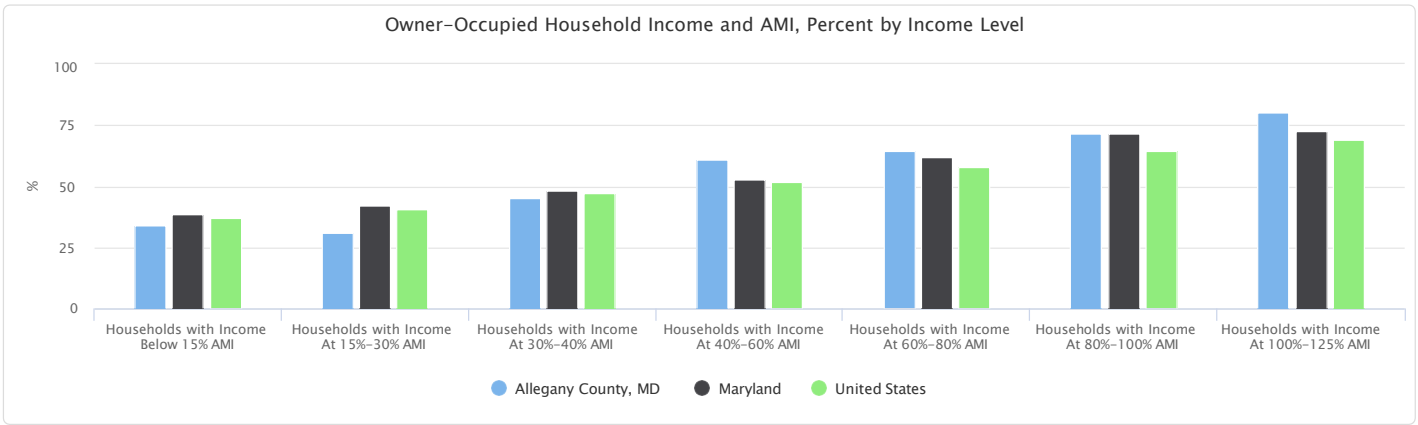


Owner-Occupied Household Income and AMI, Percent by Income Level

This indicator reports the percentage of owner-occupied households at various income levels relative to Area Median Income (AMI) as a proportion of total households at said income level.
The percentage values could be interpreted as, for example, *"Of all the households with income below 15% AMI within the report area, the percentage of owner-occupied households is (value)."*

Report Area	Households with Income Below 15% AMI	Households with Income At 15%-30% AMI	Households with Income At 30%-40% AMI	Households with Income At 40%-60% AMI	Households with Income At 60%-80% AMI	Households with Income At 80%-100% AMI	Households with Income At 100%-125% AMI
Allegany County, MD	34.26%	31.12%	45.22%	61.14%	64.47%	71.32%	80.01%
Maryland	38.83%	41.96%	48.46%	52.72%	61.9%	71.44%	72.34%
United States	37.26%	40.46%	47.28%	52%	57.89%	64.58%	69.09%

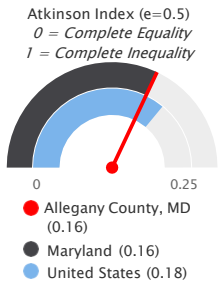
Data Source: US Census Bureau, American Community Survey. 2018-22.



Income - Inequality (Atkinson Index)

The Atkinson measure of income disparity within the report area is 0.16. This value is used to measure income inequality, and to determine which end of the income distribution contributes most to the observed inequality. Atkinson's measure of income disparity is a fraction between 0 and 1, where 0 represents a state of equal income distribution.

Report Area	Total Households	Percent Households with Income Under $50,000	Percent Households with Income $50,000-$100,000	Percent Households with Income $100,000-$200,000	Percent Households with Income Over $200,000	Atkinson Index (e=0.5) *0 = Complete Equality 1 = Complete Inequality*
Allegany County, MD	28,596	58.70%	28.80%	11.23%	1.27%	**0.16**
Maryland	2,128,377	33.93%	31.65%	26.36%	8.06%	0.16
United States	114,761,359	47.45%	30.71%	17.35%	4.49%	0.18



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. University of Missouri, Center for Applied Research and Engagement Systems. 2007-11.

View larger map

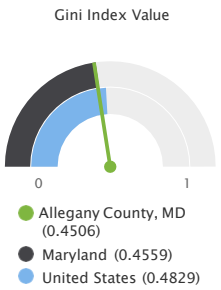
Income Inequality (Atkinson Index) by County, ACS 2007-11

- 0.001 - 0.130 (High Income Equality)
- 0.131 - 0.150
- 0.151 - 0.180
- 0.181 - 1.000 (Low Income Equality)
- No Data or Data Suppressed
- Allegany County, MD

Income - Inequality (GINI Index)

This indicator reports income inequality using the Gini coefficient. Gini index values range between zero and one. A value of one indicates perfect inequality where only one household has any income. A value of zero indicates perfect equality, where all households have equal income.
Note: Index values are acquired from the 2018-22 American Community Survey and are not available for custom report areas or multi-county areas.

Report Area	Total Households	Gini Index Value
Allegany County, MD	27,462	**0.4506**
Maryland	2,318,124	0.4559
United States	125,736,353	0.4829



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.

View larger map

Income Inequality (GINI), Index Value by Tract, ACS 2018-22

- Over 0.460
- 0.431 - 0.460
- 0.401 - 0.430
- Under 0.401
- No Data or Data Suppressed
- Allegany County, MD

Income Inequality (GINI Index) by Year

This indicator reports the GINI index from 2012-16 to 2017-21.

Report Area	2012-16	2013-17	2014-18	2015-19	2016-20	2017-21	2018-22
Allegany County, MD	0.4542	0.4445	0.4480	0.4390	0.4394	0.4386	0.4506
Maryland	0.4513	0.4520	0.4520	0.4535	0.4526	0.4548	0.4559
United States	0.4804	0.4815	0.4822	0.4823	0.4817	0.4818	0.4829

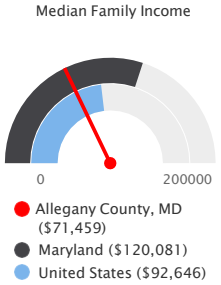
Data Source: US Census Bureau, American Community Survey. 2018-22.

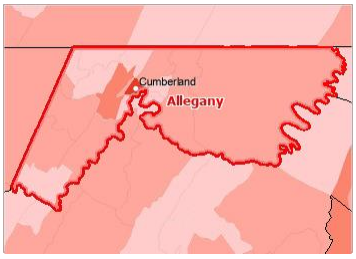
Income - Median Family Income

This indicator reports median family income based on the latest 5-year American Community Survey estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members age 15 and older.

Report Area	Total Family Households	Average Family Income	Median Family Income
Allegany County, MD	15,770	$87,420.79	**$71,459**
Maryland	1,525,066	$152,796.93	$120,081
United States	81,432,908	$124,529.93	$92,646

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

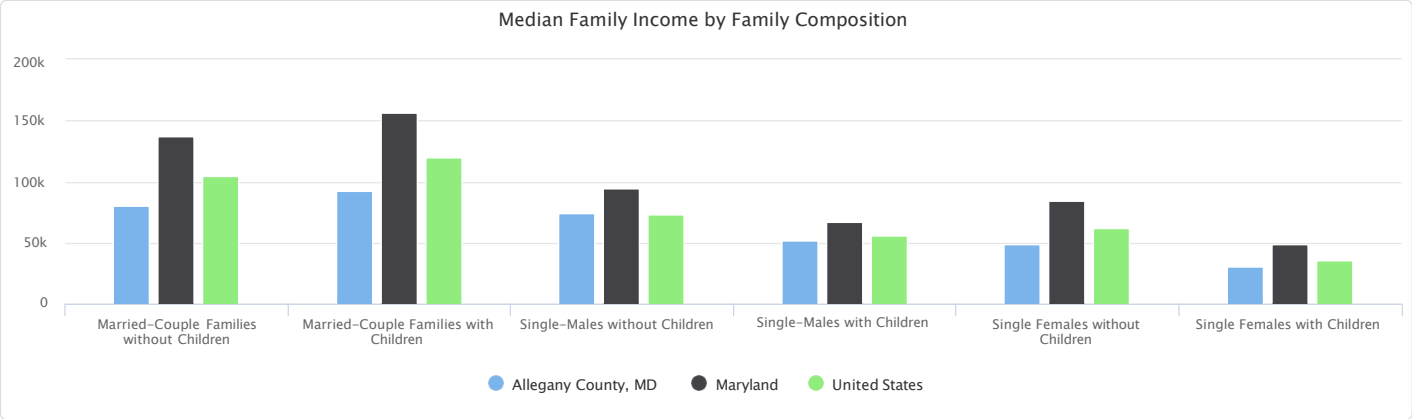
Median Family Income by Tract, ACS 2018-22

- Over $100,000
- $80,001 - $100,000
- $60,001 - $80,000
- Under $60,001
- No Data or Data Suppressed
- Allegany County, MD

Median Family Income by Family Composition

Report Area	Married-Couple Families without Children	Married-Couple Families with Children	Single-Males without Children	Single-Males with Children	Single Females without Children	Single Females with Children
Allegany County, MD	$80,259	$91,938	$74,444	$52,188	$48,405	$30,625
Maryland	$136,824	$156,064	$94,754	$66,645	$84,571	$48,241
United States	$104,323	$119,934	$73,433	$55,671	$62,044	$35,779

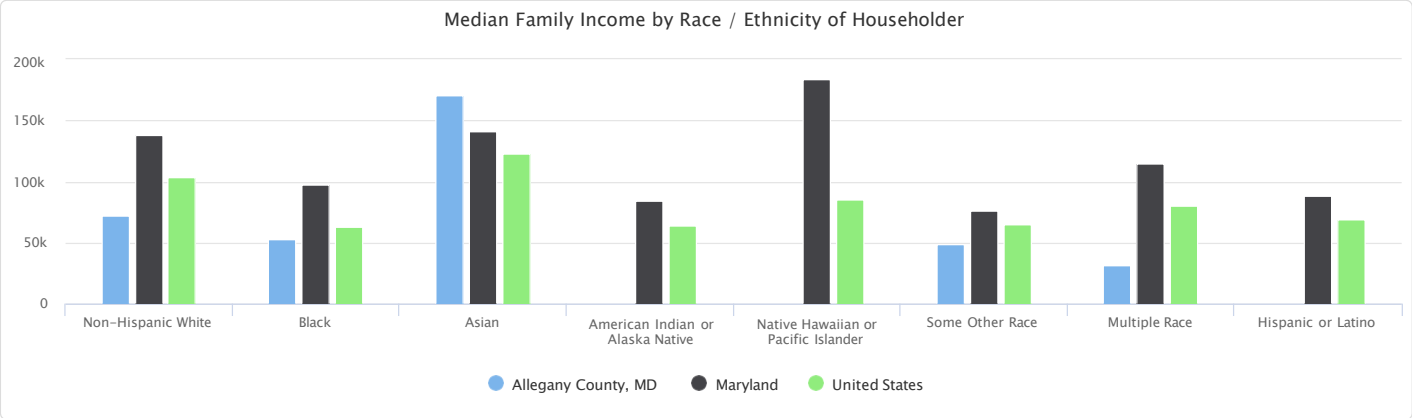
Data Source: US Census Bureau, American Community Survey. 2018-22.



Median Family Income by Race / Ethnicity of Householder

Report Area	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race	Hispanic or Latino
Allegany County, MD	$71,846	$52,969	$170,804	No data	No data	$48,807	$31,250	No data
Maryland	$137,753	$97,778	$140,627	$84,647	$183,802	$76,417	$114,902	$87,826
United States	$103,092	$63,338	$123,165	$64,062	$85,121	$64,894	$80,092	$69,470

Data Source: US Census Bureau, American Community Survey. 2018-22.

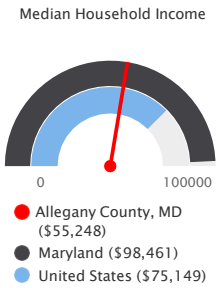


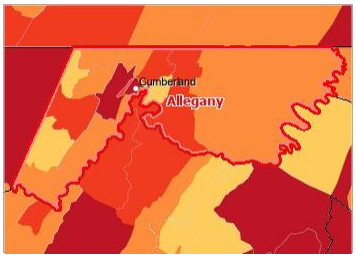
Income - Median Household Income

This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. There are 27,462 households in the report area, with an average income of $70,741 and a median income of $55,248.

Report Area	Total Households	Average Household Income	Median Household Income
Allegany County, MD	27,462	$70,741	**$55,248**
Maryland	2,318,124	$129,642	$98,461
United States	125,736,353	$105,833	$75,149

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Median Household Income by Tract, ACS 2018-22

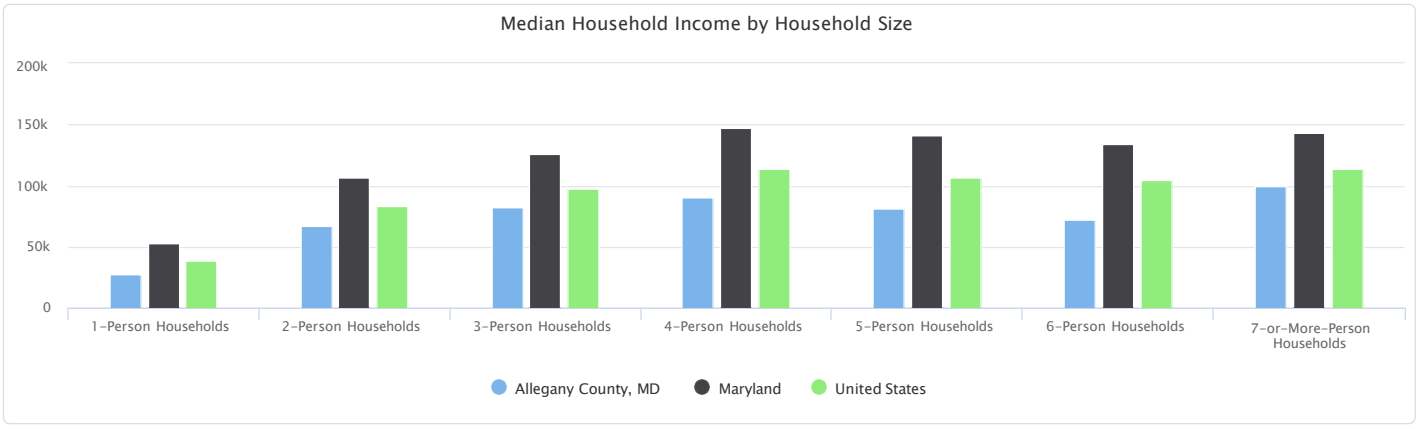
- Over $70,000
- $60,000 - $70,000
- $50,000 - $59,999
- Under $50,000
- No Data or Data Suppressed
- Allegany County, MD

Median Household Income by Household Size

This indicator reports the median household income of the report area by household size.

Report Area	1-Person Households	2-Person Households	3-Person Households	4-Person Households	5-Person Households	6-Person Households	7-or-More-Person Households
Allegany County, MD	$27,863	$66,571	$81,963	$90,576	$81,466	$72,115	$99,792
Maryland	$52,357	$106,374	$125,805	$147,243	$140,758	$133,834	$142,856
United States	$38,445	$83,185	$97,644	$113,664	$106,473	$104,420	$113,370

Data Source: US Census Bureau, American Community Survey. 2018-22.

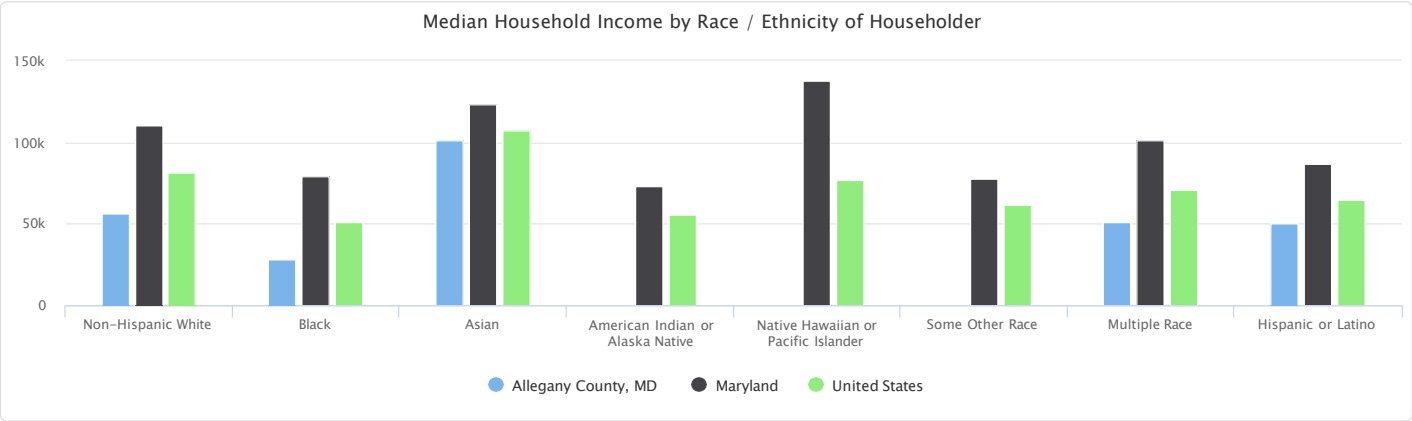


Median Household Income by Race / Ethnicity of Householder

This indicator reports the median household income of the report area by race / ethnicity of householder.

Report Area	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race	Hispanic or Latino
Allegany County, MD	$55,997	$28,281	$101,250	No data	No data	No data	$50,938	$50,422
Maryland	$110,044	$79,161	$123,123	$73,253	$137,725	$77,943	$101,100	$86,721
United States	$81,423	$50,901	$107,637	$55,925	$76,568	$61,851	$70,596	$64,936

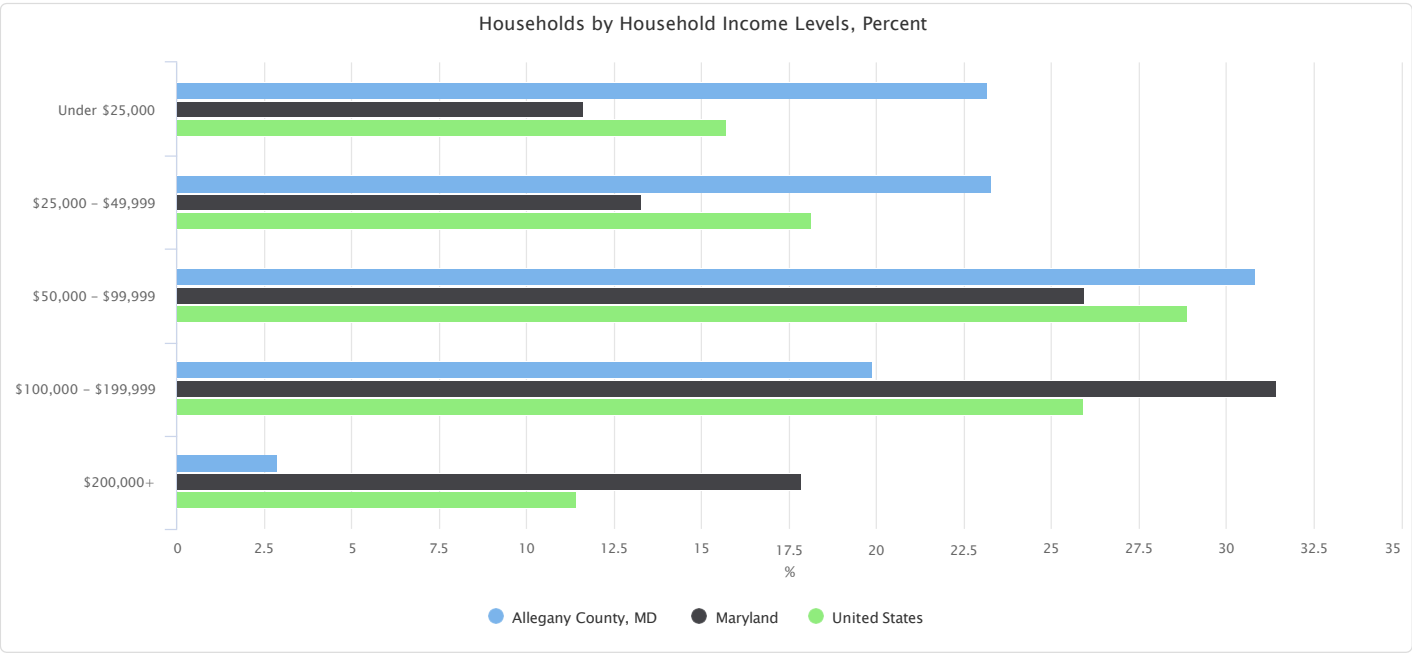
Data Source: US Census Bureau, American Community Survey. 2018-22.



Households by Household Income Levels, Percent

Report Area	Under $25,000	$25,000 - $49,999	$50,000 - $99,999	$100,000 - $199,999	$200,000+
Allegany County, MD	23.14%	23.26%	30.83%	19.87%	2.89%
Maryland	11.58%	13.25%	25.91%	31.42%	17.85%
United States	15.71%	18.11%	28.88%	25.88%	11.41%

Data Source: US Census Bureau, American Community Survey. 2018-22.



Income - Net Income of Farming Operations

Net farm income (total sales, government payments, and other farm-related income minus total farm expenses) reflects the

strength of the local agricultural community and can be an important measure for lenders and policy makers. The report area had a combined net farm income of $-61,000 in 2017, an average of $-225 per farm. This is below the statewide average farm income of $74,507.

Report Area	Total Farms	Farms with Net Gains	Farms with Net Losses	Net Cash Farm Income	Average Farm Income
Allegany County, MD	270	84	186	$-61,000	$-225
Maryland	12,550	4,809	7,741	$935,058,000	$74,507
United States	3,800,974	1,615,522	2,185,452	$303,279,481,000	$3,972,728

Data Source: US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture. 2022.

View larger map

Average Income Per Farm by County, Census of Agriculture 2022

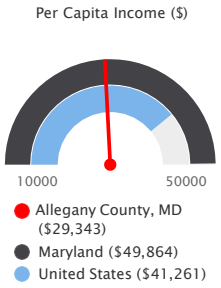
- Over $48,000
- $32,001 - $48,000
- $23,000 - $32,000
- Under $23,000
- Income Loss
- No Farms or No Data
- Allegany County, MD

Income - Per Capita Income

The per capita income for the report area is $29,343. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income ($)	Per Capita Income ($)
Allegany County, MD	68,161	$2,000,053,200	**$29,343**
Maryland	6,161,707	$307,252,018,800	$49,864
United States	331,097,593	$13,661,572,219,300	$41,261

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Per Capita Income by Tract, ACS 2018-22

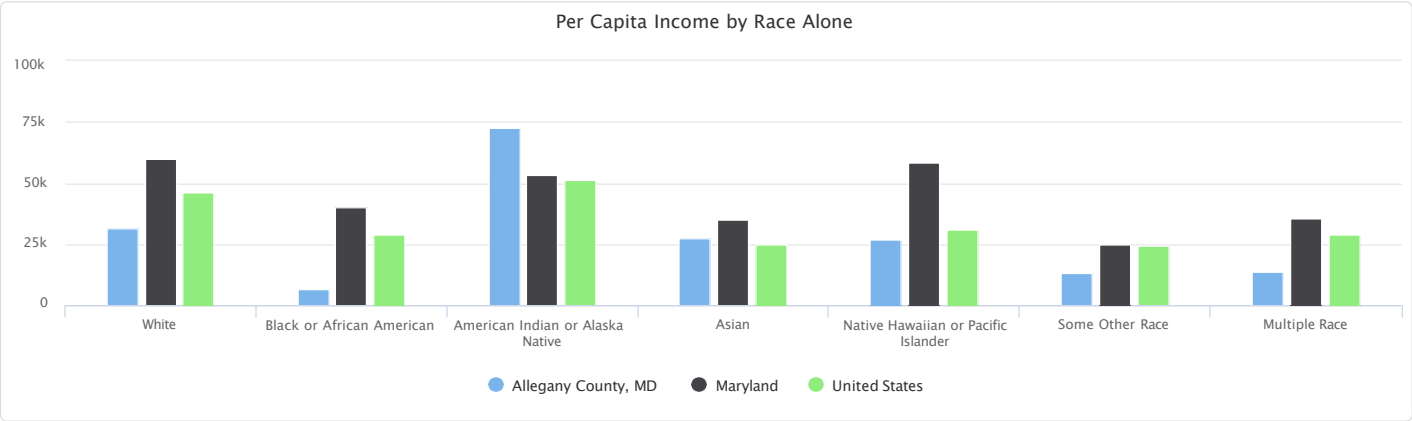
- Over $30,000
- $25,000 - $30,000
- $20,000 - $24,999
- Under $20,000
- No Data or Data Suppressed
- Allegany County, MD

Per Capita Income by Race Alone

This indicator reports the per capita income of the report area by race alone.

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	$31,459	$6,800	$72,511	$27,457	$27,040	$13,148	$13,550
Maryland	$59,801	$39,971	$53,397	$34,787	$58,401	$25,124	$35,753
United States	$46,218	$28,689	$51,224	$24,901	$30,940	$24,544	$28,713

Data Source: US Census Bureau, American Community Survey. 2018-22.

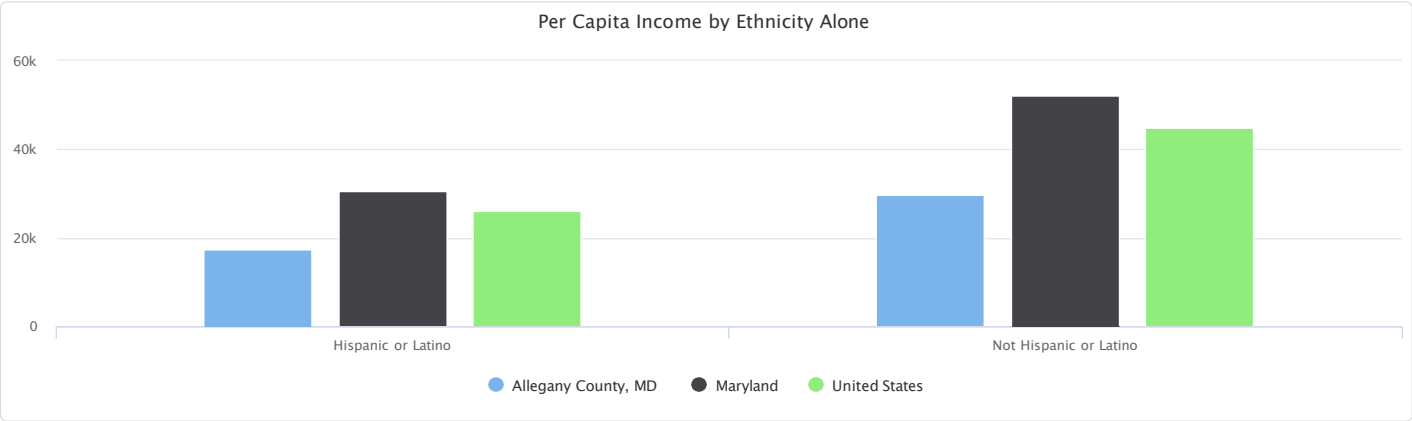


Per Capita Income by Ethnicity Alone

This indicator reports the per capita income of the report area by ethnicity alone.

Report Area	Hispanic or Latino	Not Hispanic or Latino
Allegany County, MD	$17,330	$29,591
Maryland	$30,593	$52,227
United States	$26,124	$44,732

Data Source: US Census Bureau, American Community Survey. 2018-22.

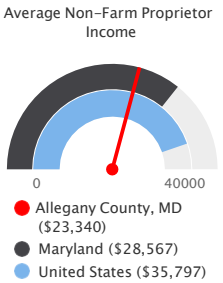


Income - Proprietor Employment and Income

Non-farm proprietors' income represents the portion of the total income earned from current production that is accounted for by unincorporated non-farm businesses in the United States. Data are from the US Bureau of Labor Statistics Bureau of Economic Analysis (BEA). According to the BEA, the measure is a particularly useful analytical indicator of the health of non-corporate businesses.

Report Area	Total Population	Total Employment	Non-Farm Proprietors	Percent Non-Farm Proprietors	Average Non-Farm Proprietor Income
Allegany County, MD	67,729	34,707	5,183	14.93%	**$23,340**
Maryland	6,165,129	3,714,211	946,737	25.49%	$28,567
United States	331,893,745	201,142,600	47,552,600	23.64%	$35,797

Note: This indicator is compared to the state average.
Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2021.



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Non-Farm Proprietors, Average Income (USD) by County, BEA 2021

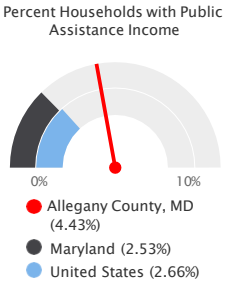
- Over $28,000
- $22,001 - $28,000
- $18,001 - $22,000
- Under $18,001
- No Data or Data Suppressed
- Allegany County, MD

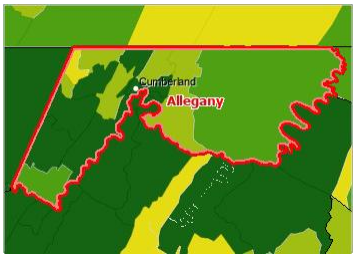
Income - Public Assistance Income

This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Allegany County, MD	27,462	1,216	**4.43%**
Maryland	2,318,124	58,755	2.53%
United States	125,736,353	3,339,152	2.66%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

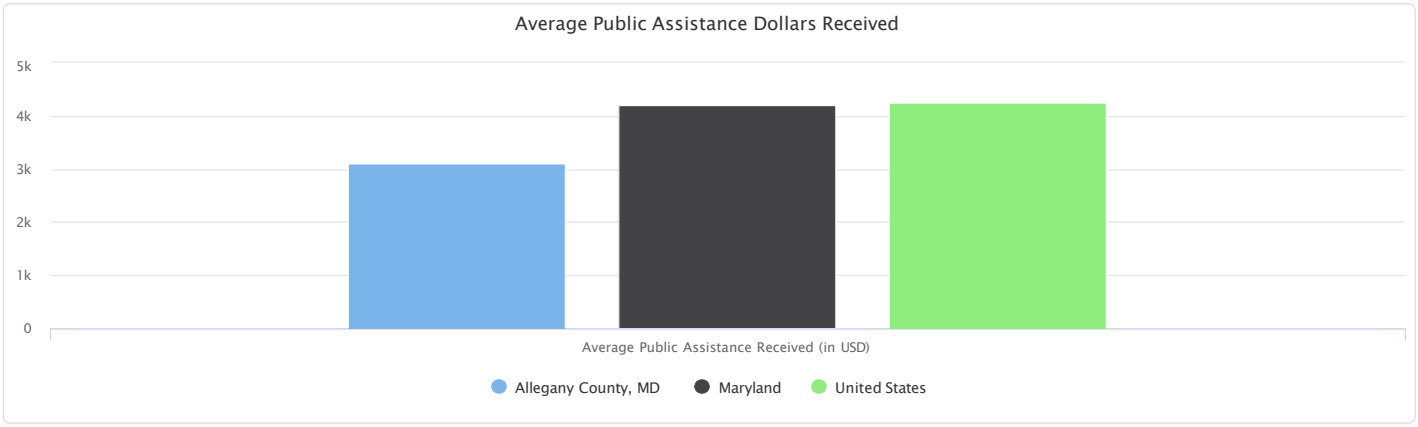
Households with Public Assistance Income, Percent by Tract, ACS 2018-22

- Over 3.0%
- 2.1 - 3.0%
- 1.1 - 2.0%
- Under 1.1%
- No Data or Data Suppressed
- Allegany County, MD

Average Public Assistance Dollars Received

Report Area	Total Households Receiving Public Assistance Income	Aggregate Public Assistance Dollars Received	Average Public Assistance Received (in USD)
Allegany County, MD	1,216	$3,783,200	$3,111
Maryland	58,755	$246,748,900	$4,199
United States	3,339,152	$14,167,234,100	$4,242

Data Source: US Census Bureau, American Community Survey. 2018-22.



Income - Transfer Payments

In personal income, transfer receipts are benefits received by persons for which no current services are performed. They are payments by government and business to individuals and non-profit institutions. Specifically, transfer payment income encompasses all receipts from: Retirement and disability; Medical benefits; Income maintenance benefits (SSI, EITC, SNAP, etc.); Unemployment; Veterans' benefits; Education and training assistance; Other government benefits; Payments from businesses.

Within the report area, there was a Per Capita Transfer Payment of $$13,878. This makes up 33.48% of total income.

Data are from the US Bureau of Labor Statistics Bureau of Economic Analysis (BEA).

Report Area	Total Population	Total Personal Income ($1,000)	Personal Income from Transfer Payments ($1,000)	Per Capita Transfer Payment Income ($)	Transfer Payment Income, Percentage of Total Income
Allegany County, MD	70,416	$2,919,020	$977,256	$13,878	33.48%
Maryland	6,045,680	$390,792,492	$54,796,760	$9,064	14.02%
United States	328,239,523	$18,542,262,000	$3,125,174,000	$9,521	16.85%

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2019.

View larger map

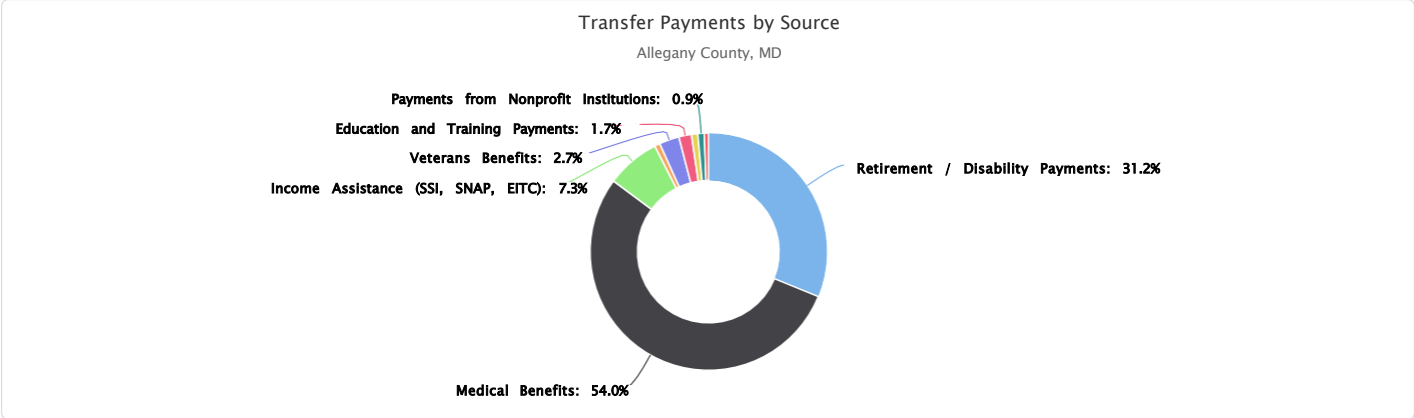
Income from Transfer Payments, Percentage of Total Income by County, BEA 2019

- Over 30.0%
- 20.1 - 30.0%
- 15.1 - 20.0%
- Under 15.1%
- No Data or Data Suppressed
- Allegany County, MD

Transfer Payments by Source

Report Area	Retirement / Disability Payments ($)	Medical Benefits ($)	Income Assistance (SSI, SNAP, EITC) ($)	Unemployment Benefits ($)	Veterans Benefits ($)	Education and Training Payments ($)	Other Government Payments ($)	Payments from Nonprofit Institutions ($)	Payments from Businesses ($)
Allegany County, MD	$304,681	$527,655	$71,760	$7,130	$26,649	$16,818	$8,386	$8,595	$5,582
Maryland	$18,248,791	$26,513,679	$4,265,461	$451,170	$2,331,206	$793,190	$860,611	$807,936	$524,716
United States	$1,065,612,000	$1,425,049,000	$268,682,000	$28,075,000	$130,890,000	$70,089,000	$64,526,000	$43,803,000	$28,448,000

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2019.

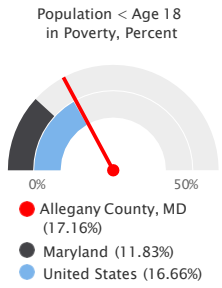


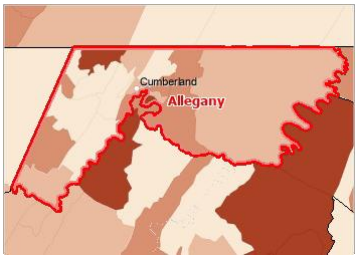
Poverty - Children Below 100% FPL

In the report area 17.16% or 2,015 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population < Age 18	Population < Age 18 in Poverty	Population < Age 18 in Poverty, Percent
Allegany County, MD	61,098	11,740	2,015	**17.16%**
Maryland	6,034,320	1,339,515	158,474	11.83%
United States	323,275,448	72,035,358	12,002,351	16.66%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2018-22

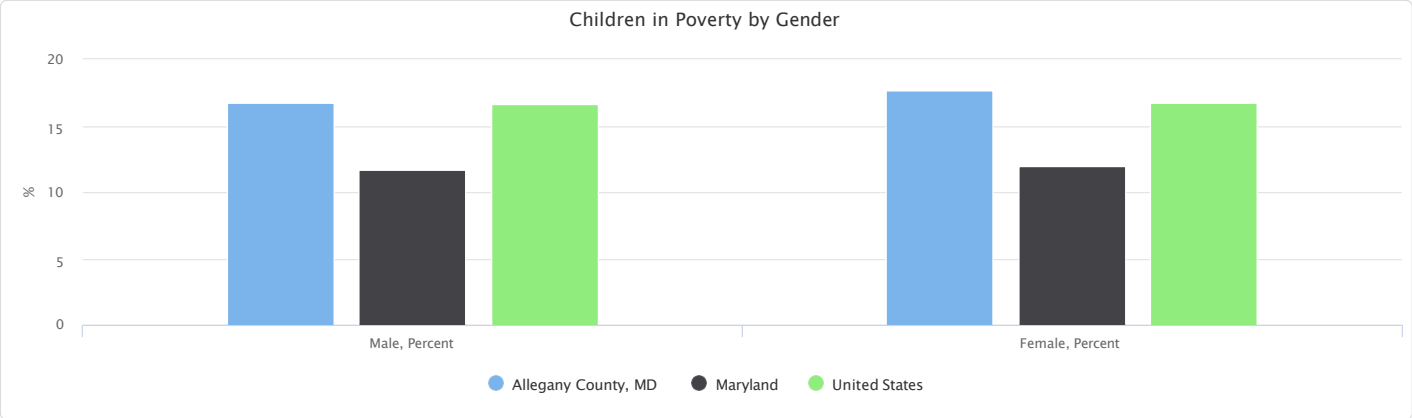
- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- Allegany County, MD

Children in Poverty by Gender

This indicator reports children aged 0-17 living in households with income below the federal poverty level by gender. The percentage values could be interpreted as, for example, *"Of all the boys under age 18 within the report area, the percentage of boys living in households with income below the federal poverty level is (value)."*

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	1,037	978	16.70%	17.68%
Maryland	79,771	78,703	11.67%	12.00%
United States	6,124,747	5,877,604	16.61%	16.72%

Data Source: US Census Bureau, American Community Survey. 2018-22.

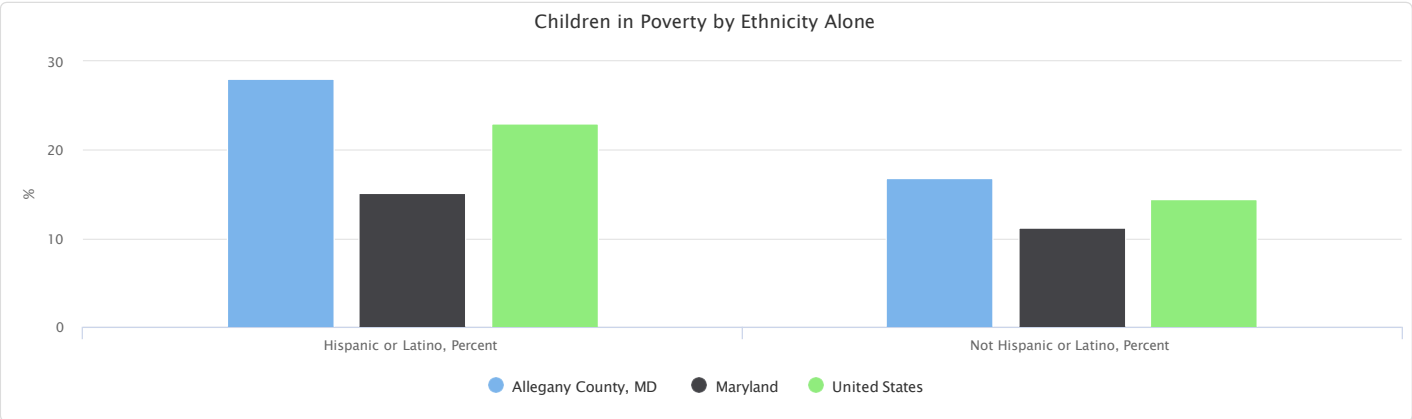


Children in Poverty by Ethnicity Alone

This indicator reports children aged 0-17 living in households with income below the federal poverty level by ethnicity alone. The percentage values could be interpreted as, for example, *"Of all the Hispanic children under age 18 within the report area, the proportion living in households with income below the federal poverty level is (value)."*

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	98	1,917	28.00%	16.83%
Maryland	33,615	124,859	15.18%	11.17%
United States	4,231,686	7,770,665	22.95%	14.50%

Data Source: US Census Bureau, American Community Survey. 2018-22.

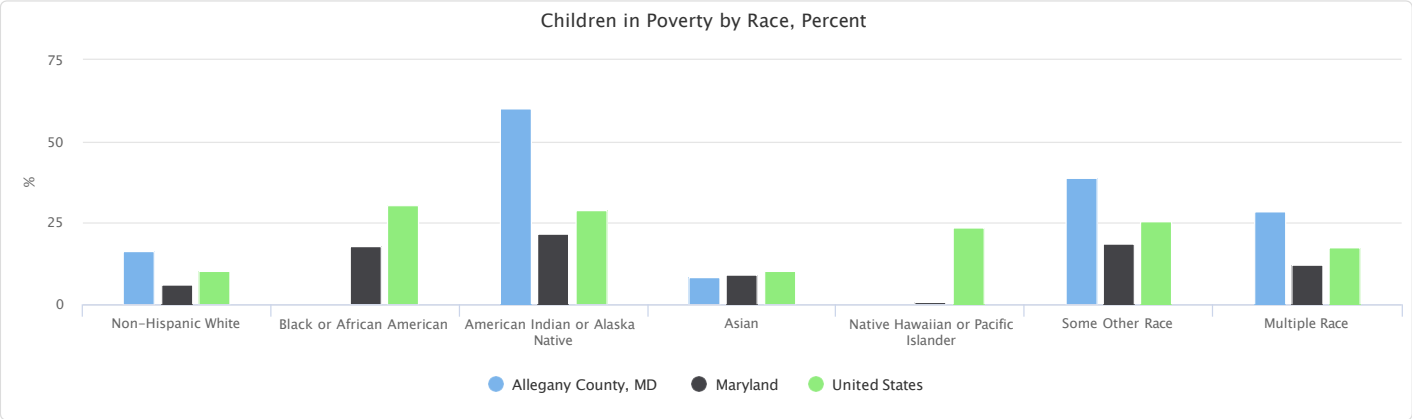


Children in Poverty by Race, Percent

This indicator reports percent of children aged 0-17 living in households with income below the federal poverty level by race. The percentage values could be interpreted as, for example, *"Of all the non-Hispanic white children under age 18 within the report area, the proportion living in households with income below the federal poverty level is (value)."*

Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	16.28%	0.00%	60.00%	8.20%	No data	38.89%	28.44%
Maryland	6.04%	17.83%	21.89%	9.02%	0.75%	18.57%	12.23%
United States	10.21%	30.62%	29.11%	10.17%	23.44%	25.46%	17.68%

Data Source: US Census Bureau, American Community Survey. 2018-22.

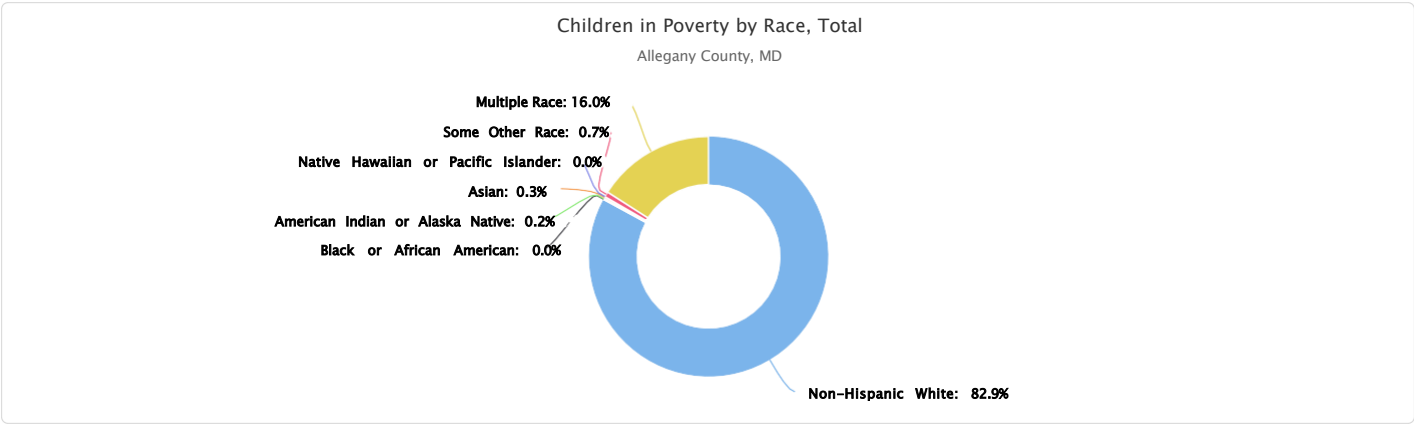


Children in Poverty by Race, Total

This indicator reports the total children aged 0-17 living in households with income below the federal poverty level by race alone.

Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	1,652	0	3	5	0	14	318
Maryland	31,942	72,394	847	7,137	5	21,491	18,674
United States	3,577,433	3,006,512	205,808	377,412	35,545	1,385,687	1,767,675

Data Source: US Census Bureau, American Community Survey. 2018-22.



Poverty - Children Below 200% FPL

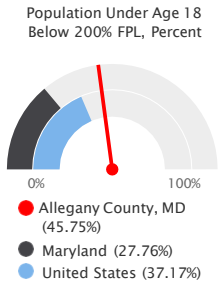
In the report area 45.75% or 5,371 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

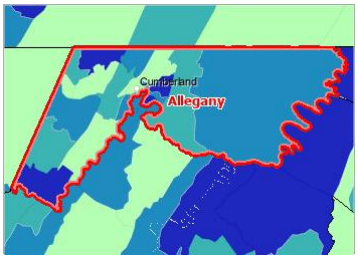
Note: The total population measurements for poverty reports are lower than population totals for some other indicators, as poverty

data collection does not include people in group quarters. See "Show more details" for more information.

Report Area	Total Population Under Age 18	Population Under Age 18 Below 200% FPL	Population Under Age 18 Below 200% FPL, Percent
Allegany County, MD	11,740	5,371	**45.75%**
Maryland	1,339,515	371,873	27.76%
United States	72,035,358	26,772,207	37.17%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2018-22

- Over 56.0%
- 47.1 - 56.0%
- 38.1 - 47.0%
- Under 38.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- Allegany County, MD

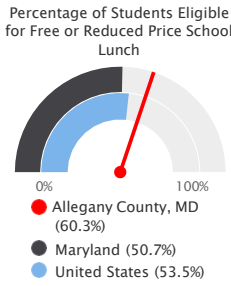
Poverty - Children Eligible for Free/Reduced Price Lunch

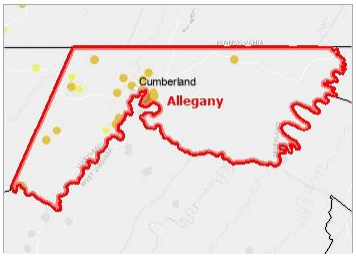
Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130 percent (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).

Out of 8,181 total public school students in the report area, 4,931 were eligible for the free or reduced price lunch program in the latest report year. This represents 60.3% of public school students, which is higher than the state average of 50.7%.
Note: States with more than 80% records "not reported" are suppressed for all geographic areas, including hospital service area, census tract, zip code, school district, county, state, etc.

Report Area	Total Students	Students Eligible for Free or Reduced Price Lunch	Students Eligible for Free or Reduced Price Lunch, Percent
Allegany County, MD	8,181	4,931	**60.3%**
Maryland	889,995	450,906	50.7%
United States	46,791,755	24,677,523	53.5%

Note: This indicator is compared to the state average.
Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2022-2023.





View larger map

Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2022-23

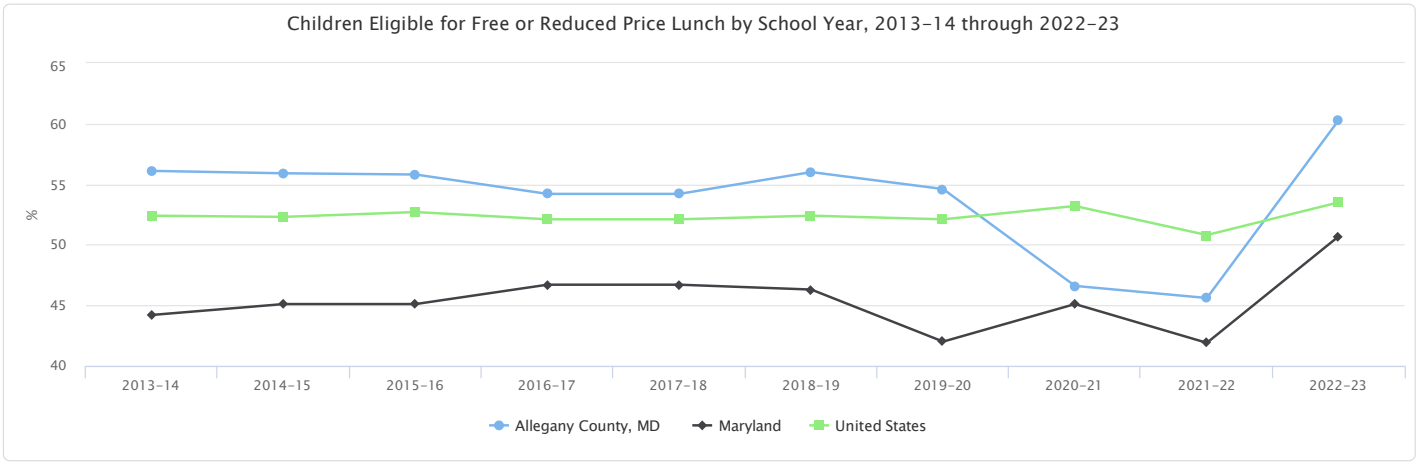
- Over 90.0%
- 75.1% - 90.0%
- 50.1% - 75.0%
- 20.1% - 50.0%
- Under 20.1%
- Not Reported
- Allegany County, MD

Children Eligible for Free or Reduced Price Lunch by School Year, 2013-14 through 2022-23

The table below shows local, state, and national trends in student free and reduced lunch eligibility by percent.
Note: The states below have more than 80% public schools labeled as "not reported" in 2022-2023. For consistency, these states still have their values calculated with the limited records on all geographic levels (unless there is not a single record reported in the selected area). Use with caution when comparing to other years. This issue might occur in other states/years as well.
For 2022-2023, watch out for Delaware, District of Columbia, Massachusetts, Montana, Tennessee, West Virginia, American Samoa, and Guam.

Report Area	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Allegany County, MD	56.1%	55.9%	55.8%	54.2%	54.2%	56.0%	54.6%	46.6%	45.6%	60.3%
Maryland	44.2%	45.1%	45.1%	46.7%	46.7%	46.3%	42.0%	45.1%	41.9%	50.7%
United States	52.4%	52.3%	52.7%	52.1%	52.1%	52.4%	52.1%	53.2%	50.8%	53.5%

Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2022-2023.



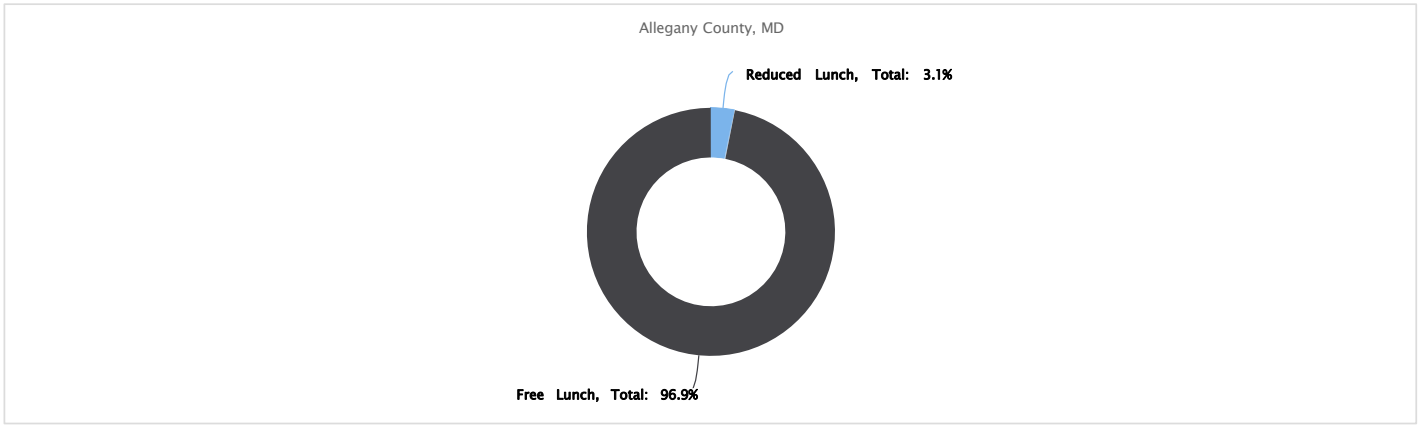
Children Eligible for Free or Reduced Price Lunch by Eligibility

The table below displays the number and percentage of students eligible for free or reduced price lunch by income eligibility category. Percentages in the table below are out of the total student population.
Note: States with more than 80% records labeled as "not reported" are suppressed for all geographic areas.

Report Area	Free Lunch, Total	Free Lunch, Percent	Reduced Lunch, Total	Reduced Lunch, Percent
Allegany County, MD	4,778	58.4%	153	1.9%
Maryland	411,960	46.3%	38,943	4.4%
United States	21,117,358	42.8%	2,275,791	4.6%

Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2022-2023.

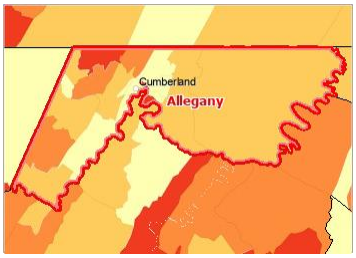
The chart below displays the percentage of the students in each eligibility category out of the total number of students eligible for free or reduced price lunch. Of all the 4,931 students eligible for free or reduced price lunch, 96.9% are eligible for free lunch and 3.1% are eligible for reduced lunch.



Poverty - Households in Poverty by Family Type

Report Area	Total Households	Households in Poverty	Non-Family Households in Poverty - Including Persons Living Alone	Married Couples in Poverty	Male Head of Household in Poverty	Female Head of Household in Poverty
Allegany County, MD	15,770	4,620	3,104	551	98	867
Maryland	1,525,066	217,400	122,621	33,104	9,374	52,301
United States	81,432,908	15,616,265	8,465,098	2,666,469	783,254	3,701,444

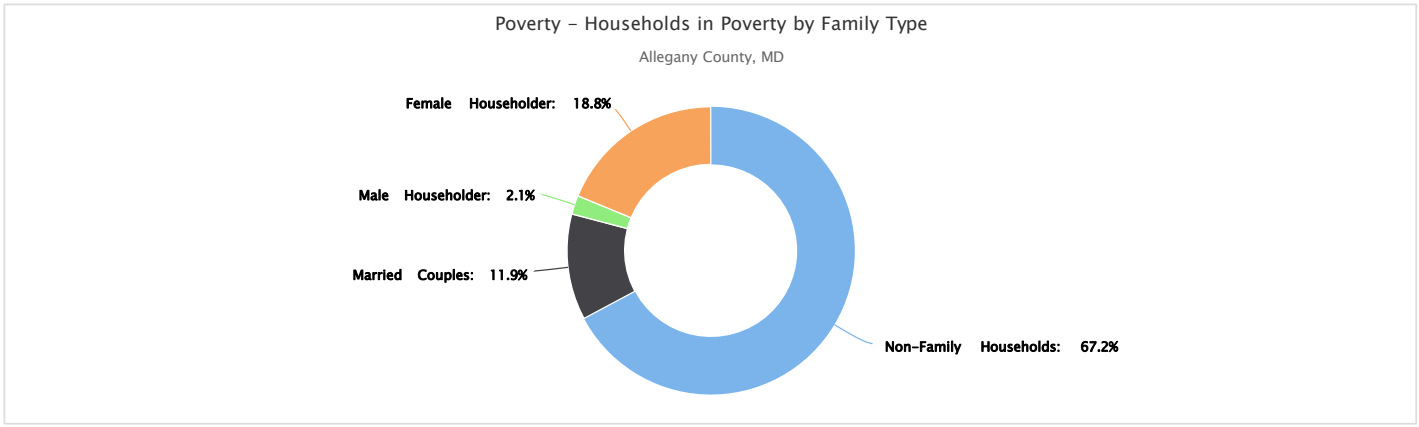
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Married Family Households Living Below the Poverty Level, Percent by Tract, ACS 2018-22

- Over 9.0%
- 6.1 - 9.0%
- 3.1 - 6.0%
- Under 3.1%
- No Married Families Reported
- No Data or Data Suppressed
- Allegany County, MD



Poverty - Population Below 100% FPL

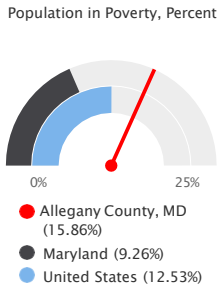
Poverty is considered a *key driver* of health status.

Within the report area 15.86% or 9,692 individuals for whom poverty status is determined are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health

services, healthy food, and other necessities that contribute to poor health status.
Note: The total population measurements for poverty reports are lower than population totals for some other indicators, as poverty data collection does not include people in group quarters. See "Show more details" for more information.

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
Allegany County, MD	61,098	9,692	**15.86%**
Maryland	6,034,320	558,567	9.26%
United States	323,275,448	40,521,584	12.53%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Population Below the Poverty Level, Percent by Tract, ACS 2018-22

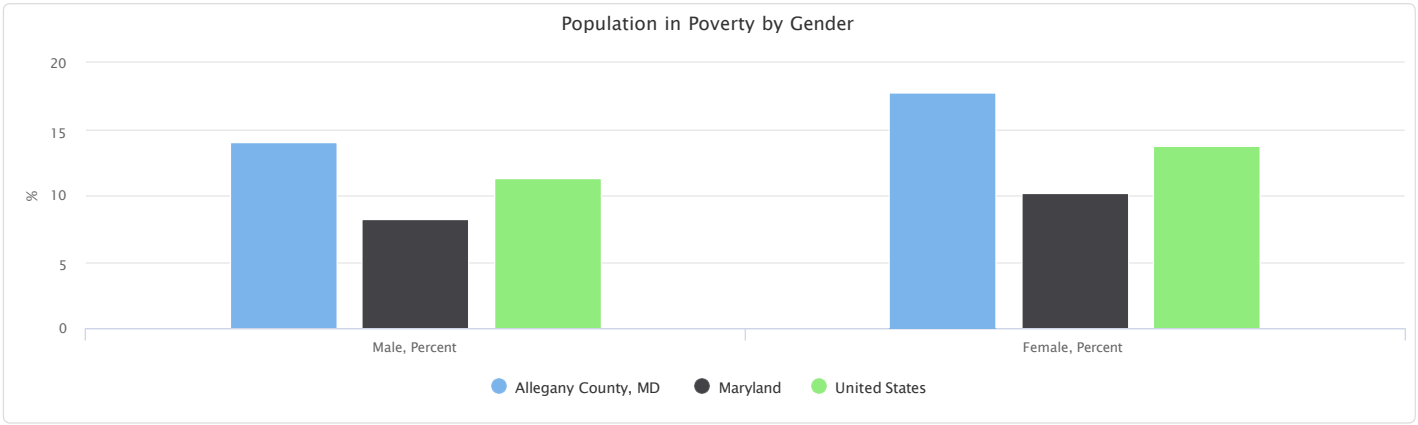
- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Allegany County, MD

Population in Poverty by Gender

This indicator reports the population in poverty in the report area by gender.
The percentage values could be interpreted as, for example, *"Of all the male population within the report area, the proportion living in households with income below the federal poverty level is (value)."*

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	4,281	5,411	14.00%	17.72%
Maryland	241,193	317,374	8.23%	10.23%
United States	18,109,332	22,412,252	11.34%	13.70%

Data Source: US Census Bureau, American Community Survey. 2018-22.

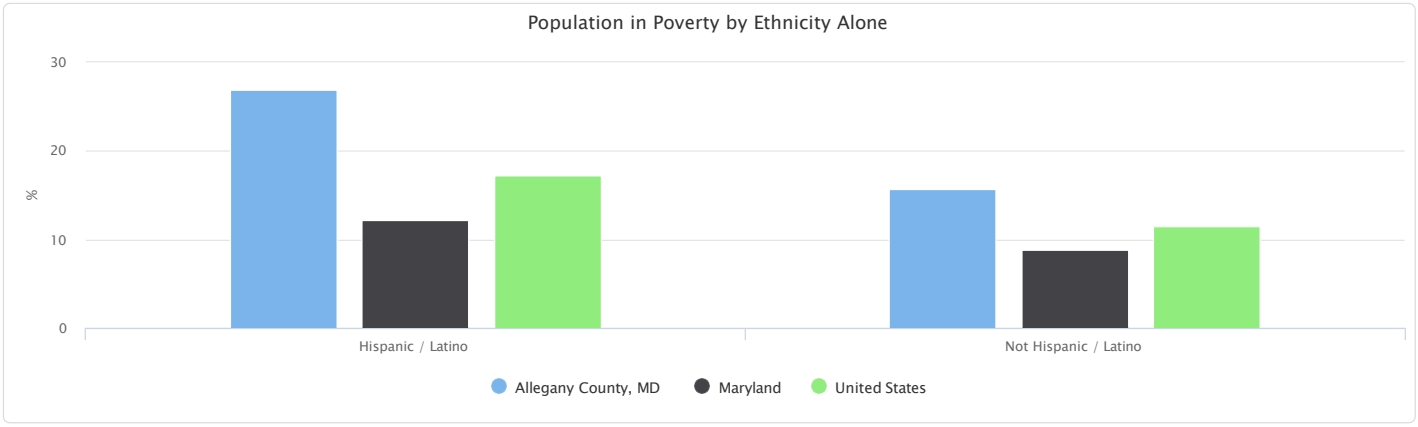


Population in Poverty by Ethnicity Alone

This indicator reports the population in poverty in the report area by ethnicity alone.
The percentage values could be interpreted as, for example, *"Of all the Hispanic population within the report area, the proportion living in households with income below the federal poverty level is (value)."*

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	263	9,429	26.97%	15.68%
Maryland	80,984	477,583	12.24%	8.89%
United States	10,447,540	30,074,044	17.24%	11.45%

Data Source: US Census Bureau, American Community Survey. 2018-22.

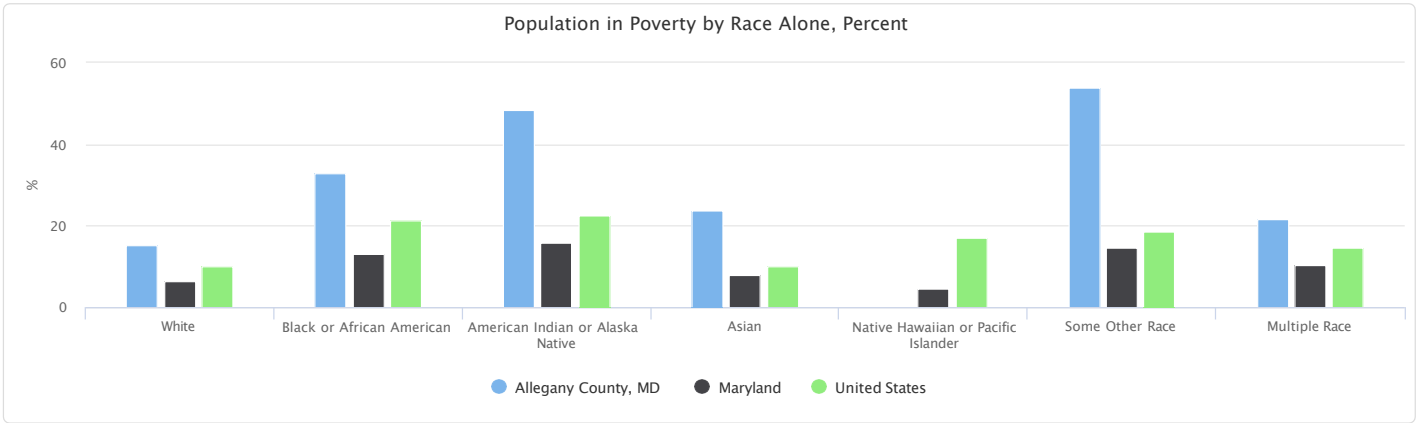


Population in Poverty by Race Alone, Percent

This indicator reports the percentage of population in poverty in the report area by race alone.
The percentage values could be interpreted as, for example, *"Of all the white population within the report area, the proportion living in households with income below the federal poverty level is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	15.17%	32.97%	48.53%	23.79%	0.00%	53.85%	21.65%
Maryland	6.49%	12.98%	15.91%	8.03%	4.71%	14.65%	10.27%
United States	10.09%	21.46%	22.60%	10.12%	16.97%	18.57%	14.76%

Data Source: US Census Bureau, American Community Survey. 2018-22.

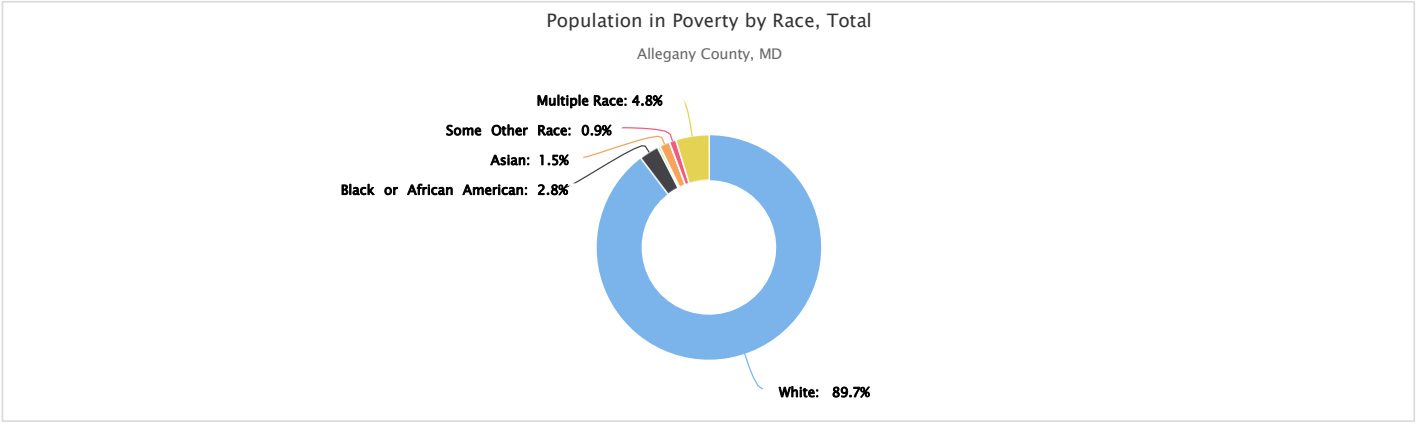


Population in Poverty by Race, Total

This indicator reports the total population in poverty in the report area by race alone.

Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	8,691	271	33	143	0	91	463
Maryland	201,073	232,160	2,827	31,735	142	51,358	39,272
United States	21,525,577	8,519,391	608,547	1,897,150	103,050	3,652,060	4,215,809

Data Source: US Census Bureau, American Community Survey. 2018-22.

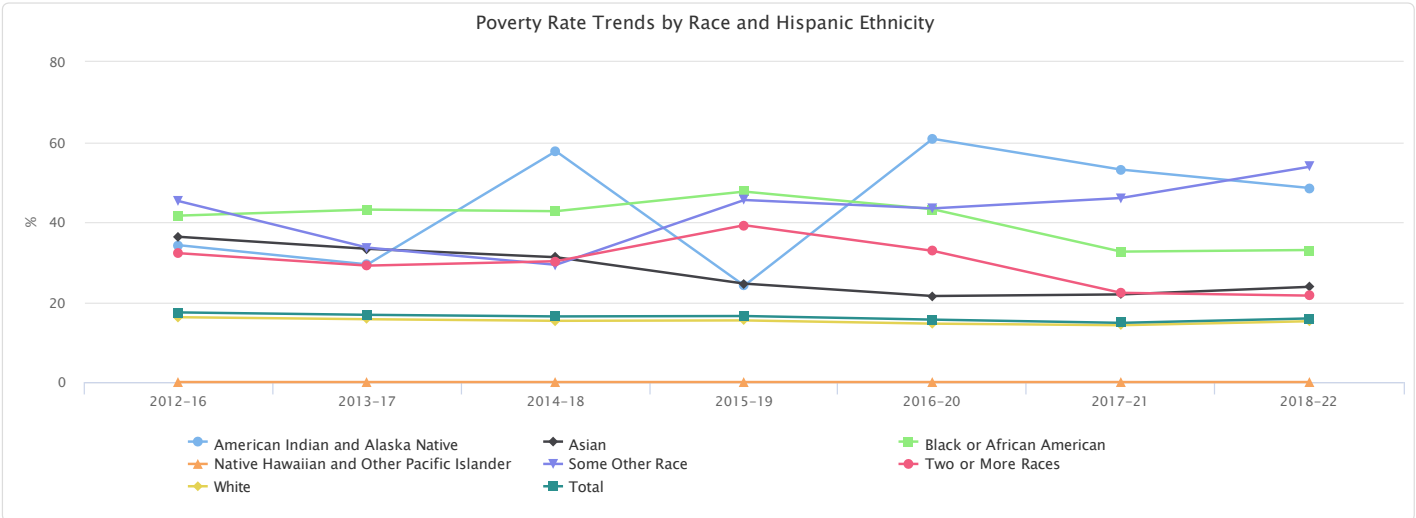


Poverty Rate Trends by Race and Hispanic Ethnicity

This table and chart below display trends in poverty rates by race and Hispanic origin for Allegany County, MD. Data are 5-year period estimates from the American Community Survey.

Population Group	2012-16	2013-17	2014-18	2015-19	2016-20	2017-21	2018-22
American Indian and Alaska Native	34.2%	29.4%	57.7%	24.1%	60.8%	53.1%	48.5%
Asian	36.3%	33.3%	31.2%	24.6%	21.5%	21.9%	23.8%
Black or African American	41.6%	43.1%	42.7%	47.6%	43.2%	32.6%	33.0%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Some Other Race	45.2%	33.6%	29.3%	45.5%	43.4%	46.0%	53.8%
Two or More Races	32.2%	29.1%	30.2%	39.2%	32.8%	22.3%	21.6%
White	16.2%	15.7%	15.3%	15.4%	14.6%	14.2%	15.2%
Total	17.4%	16.8%	16.4%	16.5%	15.6%	14.8%	15.9%

Data Source: US Census Bureau, American Community Survey. 2018-22.



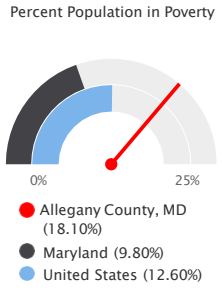
Poverty - Population Below 100% FPL (Annual)

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

In the report area 18.10% or 11,069 individuals for whom poverty status is determined are living in households with income 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	Population in Poverty	Percent Population in Poverty
Allegany County, MD	61,155	11,069	**18.10%**
Maryland	6,017,898	589,754	9.80%
United States	325,012,887	40,951,625	12.60%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2022.



View larger map

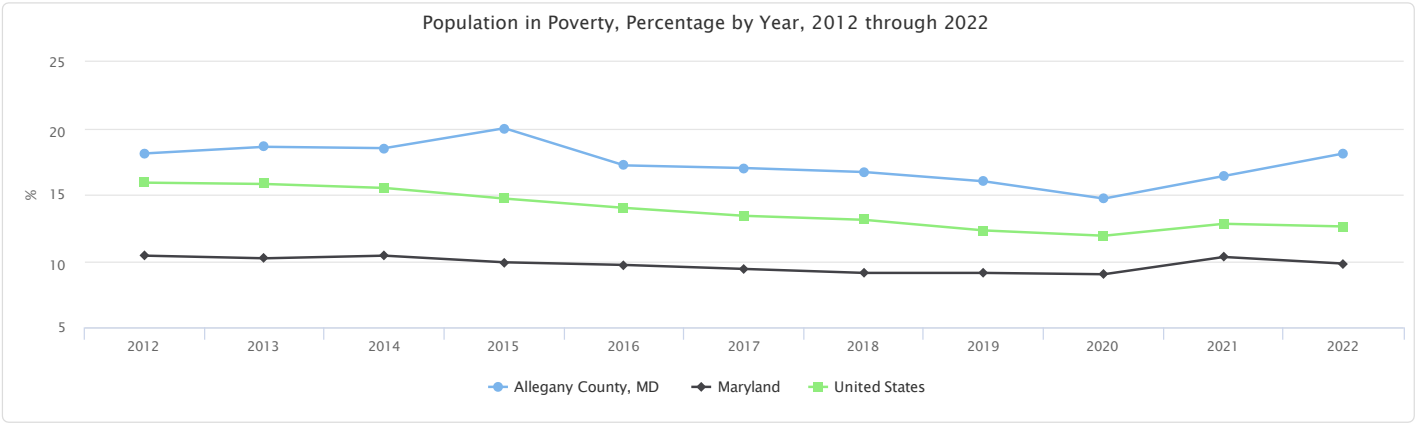
Population Below the Poverty Level, Percent by County, SAIPE 2022

- Over 30%
- 22.01% - 30%
- 16.01% - 22%
- 12.01% - 16%
- Under 12%
- Allegany County, MD

Population in Poverty, Percentage by Year, 2012 through 2022

Report Area	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Allegany County, MD	18.1%	18.6%	18.5%	20.0%	17.2%	17.0%	16.7%	16.0%	14.7%	16.4%	18.1%
Maryland	10.4%	10.2%	10.4%	9.9%	9.7%	9.4%	9.1%	9.1%	9.0%	10.3%	9.8%
United States	15.9%	15.8%	15.5%	14.7%	14.0%	13.4%	13.1%	12.3%	11.9%	12.8%	12.6%

Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2022.



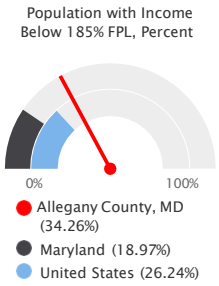
Poverty - Population Below 185% FPL

In the report area 34.26% or 20,930 individuals for whom poverty status is determined are living in households with income below

185% 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.
Note: The total population measurements for poverty reports are lower than population totals for some other indicators, as poverty data collection does not include people in group quarters. See "Show more details" for more information.

Report Area	Total Population	Population with Income Below 185% FPL	Population with Income Below 185% FPL, Percent
Allegany County, MD	61,098	20,930	**34.26%**
Maryland	6,034,320	1,144,581	18.97%
United States	323,275,448	84,842,073	26.24%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Population Below 185% Poverty Level, Percent by Tract, ACS 2018-22

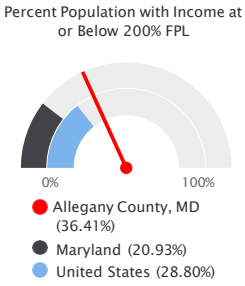
- Over 43.0%
- 35.1 - 43.0%
- 27.1 - 35.0%
- Under 27.1%
- No Data or Data Suppressed
- Allegany County, MD

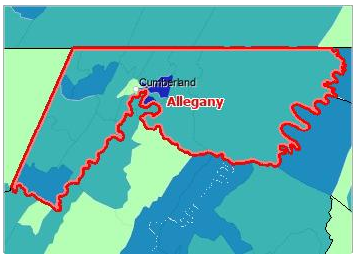
Poverty - Population Below 200% FPL

In the report area 36.41% or 22,244 individuals for whom poverty status is determined are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
Note: The total population measurements for poverty reports are lower than population totals for some other indicators, as poverty data collection does not include people in group quarters. See "Show more details" for more information.

Report Area	Total Population	Population with Income Below 200% FPL	Population with Income Below 200% FPL, Percent
Allegany County, MD	61,098	22,244	**36.41%**
Maryland	6,034,320	1,262,707	20.93%
United States	323,275,448	93,118,710	28.80%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Population Below 200% Poverty Level, Percent by Tract, ACS 2018-22

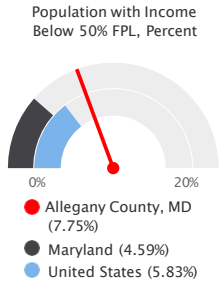
- Over 50.0%
- 38.1 - 50.0%
- 26.1 - 38.0%
- Under 26.1%
- No Data or Data Suppressed
- Allegany County, MD

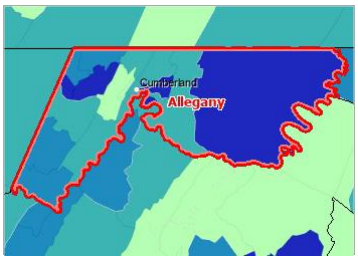
Poverty - Population Below 50% FPL

In the report area 7.75% or 4,737 individuals for whom poverty status is determined are living in households with income below 50% 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.
Note: The total population measurements for poverty reports are lower than population totals for some other indicators, as poverty data collection does not include people in group quarters. See "Show more details" for more information.

Report Area	Total Population	Population with Income Below 50% FPL	Population with Income Below 50% FPL, Percent
Allegany County, MD	61,098	4,737	**7.75%**
Maryland	6,034,320	277,146	4.59%
United States	323,275,448	18,860,708	5.83%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Population Below 50% Poverty Level, Percent by Tract, ACS 2018-22

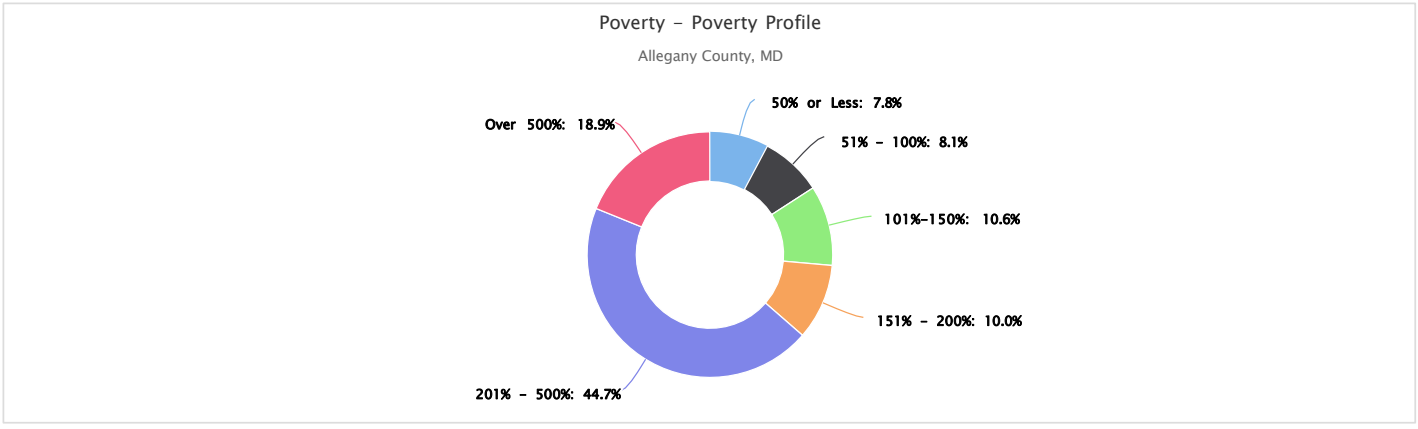
- Over 9.0%
- 6.1 - 9.0%
- 3.1 - 6.0%
- Under 3.1%
- No Data or Data Suppressed
- Allegany County, MD

Poverty - Poverty Profile

This indicator reports the percentage of the total population living in households with incomes at various thresholds relative to the Federal Poverty Level (FPL). The Federal Poverty Level is updated each year and varies by household size and state (there is one set of thresholds for the contiguous states - Alaska and Hawaii thresholds are determined independently). For further information, please see the latest poverty guidelines .

Report Area	50% or Less	51% - 100%	101%-150%	151% - 200%	201% - 500%	Over 500%
Allegany County, MD	7.75%	8.11%	10.56%	9.99%	44.72%	18.87%
Maryland	4.59%	4.67%	5.62%	6.05%	35.68%	43.39%
United States	5.83%	6.70%	7.96%	8.31%	40.31%	30.89%

Data Source: US Census Bureau, American Community Survey. 2018-22.



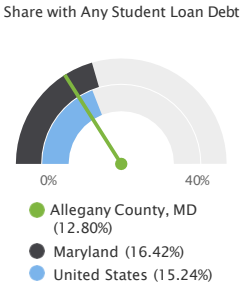
Debt - Student Loan Debt

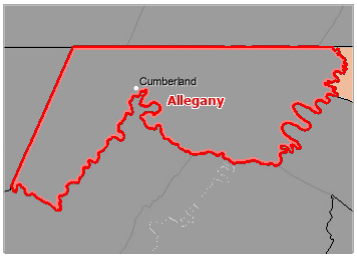
This indicator reports data from a 2 percent nationally representative panel of deidentified, consumer-level records from a major credit bureau at the national, state, and county levels for the 50 states and Washington, DC, as of 2023, compiled by the Urban Institute. The share with any student loan debt, as well as the median student loan debt and the monthly payment, within the report area is shown as below. As of 2023, of all the people who have a credit bureau record in the report area, there were 12.80% that have student loan debt of any status (including student accounts that are open, deferred, and in collections) at a median amount of $20,767, with a median monthly payment of $141.5.

Note: Data are not reported where a state or county has fewer than 50 credit bureau data records.

Report Area	Share with Any Student Loan Debt	Median Student Loan Debt	Median Monthly Student Loan Payment
Allegany County, MD	12.80%	$20,767	$141.5
Maryland	16.42%	$23,965.5	$182
United States	15.24%	$20,108	$160

Note: This indicator is compared to the state average.
Data Source: Debt in America, The Urban Institute. 2018-22.





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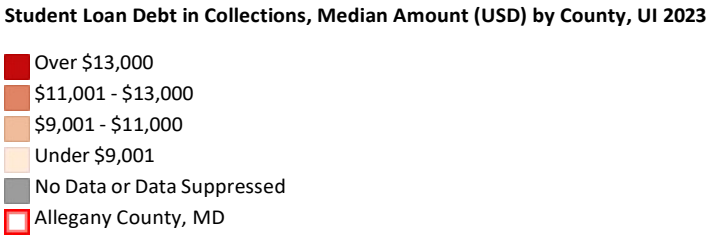


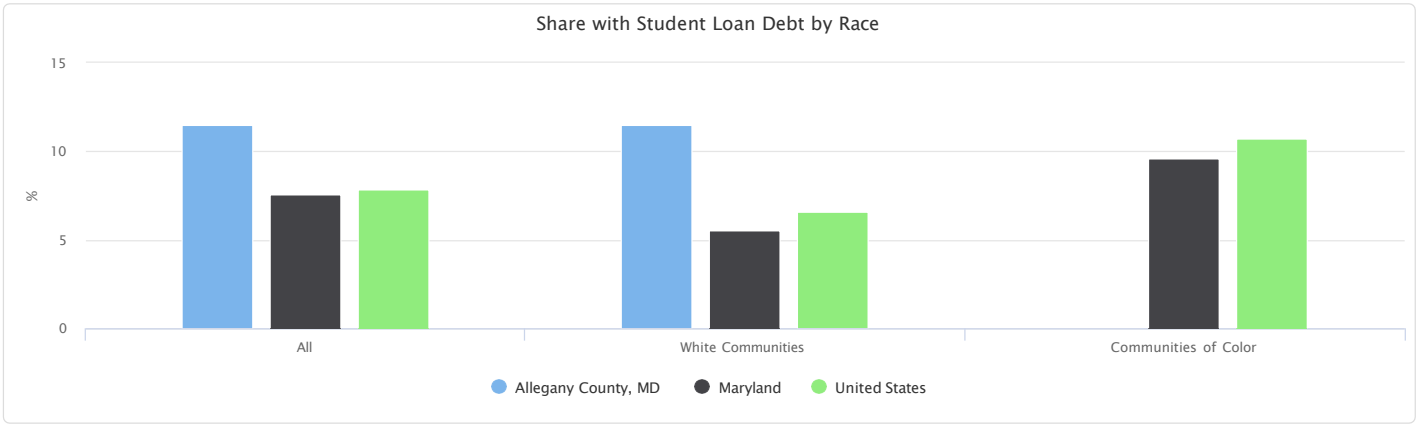
Share with Student Loan Debt by Race

The table below reports how debt affects communities across the US in terms of race, i.e., the ratio of people with student loan debt in white communities and the ratio in communities of color. White communities and communities of color are based on zip codes where most residents are white (at least 60 percent of the population are white) or most residents are people of color (at least 60 percent of the population are of color).

Note: Credit bureau metrics are not reported when they are based on fewer than 50 people. In some cases, values for white communities and communities of color are not reported because there are no zip codes with predominantly white populations or populations of color in the county or state.

Report Area	Share with Student Loan Debt, All	Share with Student Loan Debt, White Communities	Share with Student Loan Debt, Communities of Color
Allegany County, MD	11.52%	11.52%	No data
Maryland	7.56%	5.53%	9.60%
United States	7.86%	6.57%	10.73%

Data Source: Debt in America, The Urban Institute. 2018-22.



Debt - Any Debt in Collections

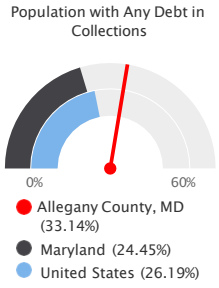
This indicator reports data from a 2 percent nationally representative panel of deidentified, consumer-level records from a major credit bureau at the national, state, and county levels for the 50 states and Washington, DC, as of 2023, compiled by the Urban Institute. The share with any debt in collections and the median debt in collections within the report area are shown as below. The Share with Any Debt in Collections is defined as the share of people with a credit bureau record who have any debt in collections. This includes past-due credit lines that have been closed and charged-off on the creditor's books as well as unpaid bills reported to the credit bureaus that the creditor is attempting to collect. The Median Debt in Collections is the median amount of all debt in collections among those with any debt in collections.

As of 2023, of all the people who have a credit bureau record in the report area, there were 33.14% that have any debt in collections at a median amount of $1,153.

Note: Credit bureau metrics are not reported when they are based on fewer than 50 people.

Report Area	Share with Any Debt in Collections	Median Debt in Collections
Allegany County, MD	**33.14%**	$1,153
Maryland	24.45%	$1,562
United States	26.19%	$1,739

Note: This indicator is compared to the state average.
Data Source: Debt in America, The Urban Institute. 2018-22.



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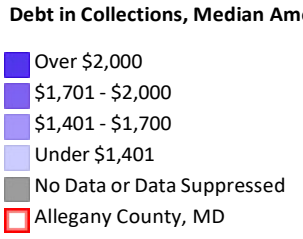


Share with Any Debt in Collections by Race

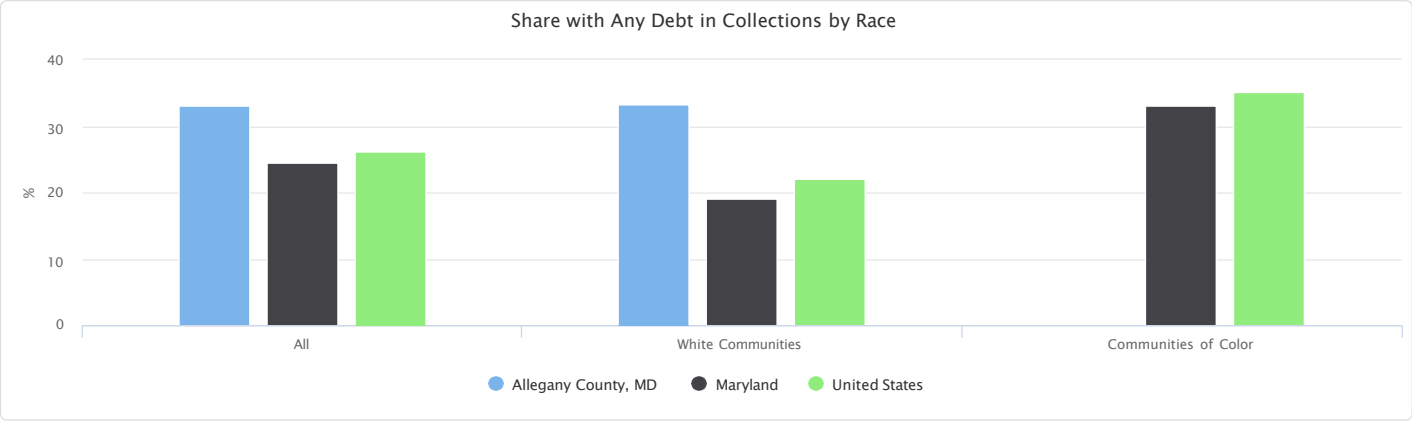
The table below reports how debt affects communities across the US in terms of race, i.e., the ratio of people with any debt in collections in white communities and the ratio in communities of color. White communities and communities of color are based on zip codes where most residents are white (at least 60 percent of the population are white) or most residents are people of color (at least 60 percent of the population are of color).

Note: Credit bureau metrics are not reported when they are based on fewer than 50 people. In some cases, values for white

communities and communities of color are not reported because there are no zip codes with predominantly white populations or populations of color in the county or state.

Report Area	Share with Any Debt in Collections, All	Share with Any Debt in Collections, White Communities	Share with Any Debt in Collections, Communities of Color
Allegany County, MD	33.14%	33.26%	No data
Maryland	24.45%	19.14%	33.04%
United States	26.19%	22.07%	35.19%

Data Source: Debt in America, The Urban Institute. 2018-22.



Community Health Needs Assessment

Location

Allegany County, MD

Education

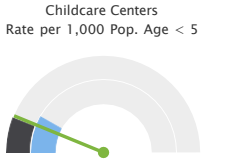
This category contains indicators that describe the education system and the educational outcomes of report area populations. Education metrics can be used to describe variation in population access, proficiency, and attainment throughout the education system, from access to pre-kindergarten through advanced degree attainment. These indicators are important because education is closely tied to health outcomes and economic opportunity.

Access - Childcare Centers

This indicator reports the number of childcare centers per 1,000 population under 5 years old. Data are acquired from the 2010-2022 Homeland Infrastructure Foundation-Level Data (HIFLD) and are used in the 2024 County Health Rankings.

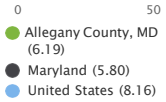
Within the report area there is a total of 19 childcare centers or a rate of 6.19 childcare centers per 1,000 population under 5 years old, which is greater than the state rate of 5.80.

Report Area	Population under 5	Total Childcare Centers	Rate of Childcare Centers per 1,000 Population Age < 5
Allegany County, MD	3,069	19	6.19
Maryland	363,466	2,031	5.80
United States	19,392,694	132,071	8.16



Note: This indicator is compared to the state average.
Data Source: Department of Homeland Security, Homeland Infrastructure

Foundation-Level Data. 2010-2022.



View larger map

Child Care Centers, Rate per 1,000 population under 5 years old by County, HIFLD 2010-2022

- Over 8.0
- 6.1 - 8.0
- 4.0 - 6.0
- Under 4.0
- No Data or Data Suppressed
- No Data or Data Suppressed
- Allegany County, MD

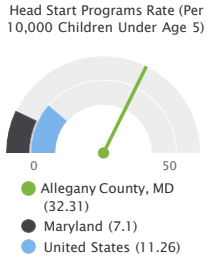
Access - Head Start

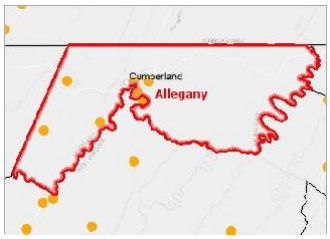
Head Start is a program designed to help children from birth to age five who come from families at or below poverty level. The program's goal is to help children become ready for kindergarten while also providing the needed requirements to thrive, including health care and food support.

This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5. Head Start facility data is acquired from the US Department of Health and Human Services (HHS) 2024 Head Start locator. Population data is from the 2020 US Decennial Census. The report area has a total of 10 Head Start programs with a rate of 32.31 per 10,000 children under 5 years old.

Report Area	Children Under Age 5	Total Head Start Programs	Head Start Programs, Rate (Per 10,000 Children Under Age 5)
Allegany County, MD	3,095	10	**32.31**
Maryland	345,047	245	7.1
United States	18,515,341	20,847	11.26

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, HRSA - Administration for Children and Families. 2024.





View larger map

Head Start Facilities, All Facilities, ACF 2024

- Head Start Facilities, All Facilities, ACF 2024
- Allegany County, MD

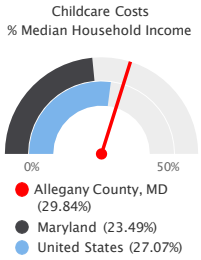
Access - Childcare Cost Burden

This indicator reports the childcare costs for a median-income household with two children as a percentage of household income. Data are acquired from the 2023&2022 Living Wage Calculator and Small Area Income and Poverty Estimates and are used in the 2024 County Health Rankings.

Within the report area, on average households with two children spend $15,095 or 29.84% of their household income on childcare, which is higher than the state average of 23.49%.

Report Area	Median Household Income	Childcare Cost	Childcare Costs, Percentage of Median Household Income
Allegany County, MD	$50,582	$15,095	**29.84%**
Maryland	$94,957	$22,307	23.49%
United States	$74,755	$20,239	27.07%

Note: This indicator is compared to the state average.
Data Source: United States Census Bureau, Living Wage Agency, US Census Small Area Income and Poverty Estimates and Living Wage Calculator. Accessed via County Health Rankings. 2023&2022.



View larger map

Child Care Cost Burden, Percent of Median Household Income by County, SAIPE & LWC 2023 & 2022

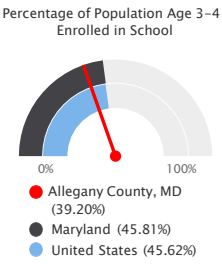
- Over 30.0%
- 25.1 - 30.0%
- 21.0 - 25.0%
- Under 21.0%
- No Data or Data Suppressed
- Allegany County, MD

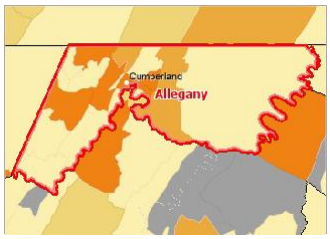
Access - Preschool Enrollment (Age 3-4)

This indicator reports the percentage of the population age 3-4 that is enrolled in school. This indicator helps identify places where preschool opportunities are either abundant or lacking in the educational system.

Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, Percent
Allegany County, MD	1,347	528	**39.20%**
Maryland	152,669	69,933	45.81%
United States	7,958,841	3,631,021	45.62%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Enrollment in School, Children (Age 3-4), Percent by Tract, ACS 2018-22

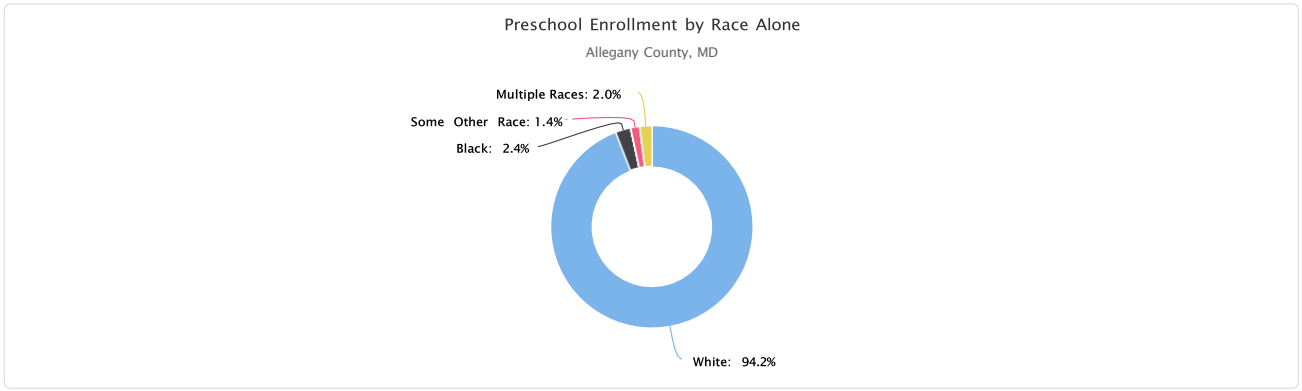
- Over 55.0%
- 45.1 - 55.0%
- 35.1 - 45.0%
- Under 35.1%
- No Population Age 3-4 Reported
- No Data or Data Suppressed
- Allegany County, MD

Preschool Enrollment by Race Alone

This indicator reports the population age 3-4 enrolled in preschool of the report area by race alone.

Report Area	White	Black	Asian	American Indian / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Allegany County, MD	671	17	0	0	0	10	14
Maryland	43,004	26,229	4,973	258	16	5,010	11,548
United States	2,816,735	623,521	247,602	38,549	6,020	253,596	648,010

Data Source: US Census Bureau, American Community Survey. 2018-22.

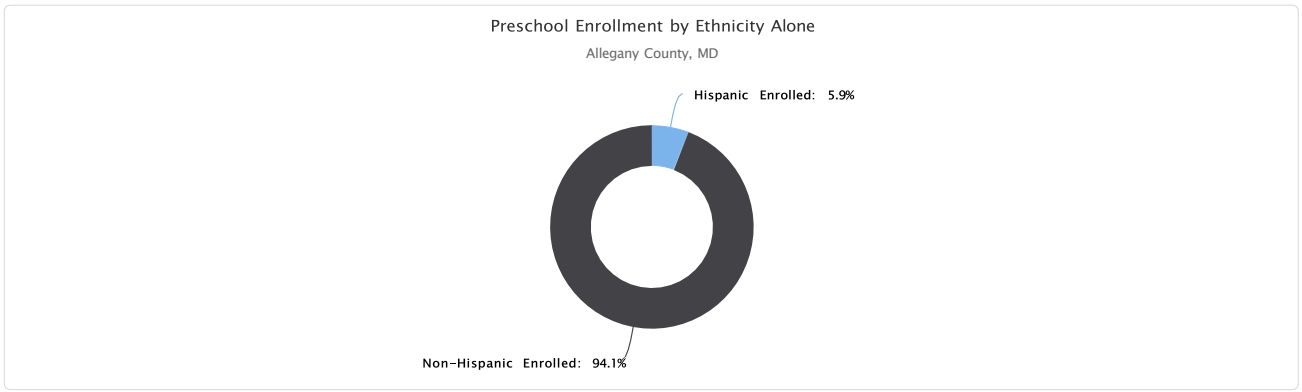


Preschool Enrollment by Ethnicity Alone

This indicator reports the population age 3-4 enrolled in preschool of the report area by ethnicity alone.
Of all age 3-4 enrolled in preschool in the report area, 31 or 5.87% are Hispanic or Latino while 497 or 94.13% are non-Hispanic.

Report Area	Total Enrolled in Preschool	Hispanic Enrolled	Hispanic Enrolled, Percent	Non-Hispanic Enrolled	Non-Hispanic Enrolled, Percent
Allegany County, MD	528	31	5.87%	497	94.13%
Maryland	69,933	12,484	17.85%	57,449	82.15%
United States	3,631,021	999,949	27.54%	2,631,072	72.46%

Data Source: US Census Bureau, American Community Survey. 2018-22.

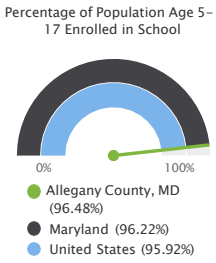


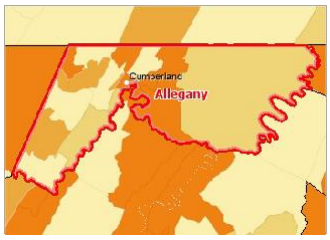
Access - Enrollment (Age 5-17)

This indicator reports the percentage of the population age 5-17 that is enrolled in school. This indicator helps identify places where K-12 school opportunities are either abundant or lacking in the educational system.

Report Area	Population Age 5-17	Population Age 5-17 Enrolled in School	Population Age 5-17 Enrolled in School, Percent
Allegany County, MD	8,933	8,619	96.48%
Maryland	1,001,755	963,864	96.22%
United States	54,208,780	51,998,174	95.92%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Enrollment in School, Children (Age 5-17), Percent by Tract, ACS 2018-22

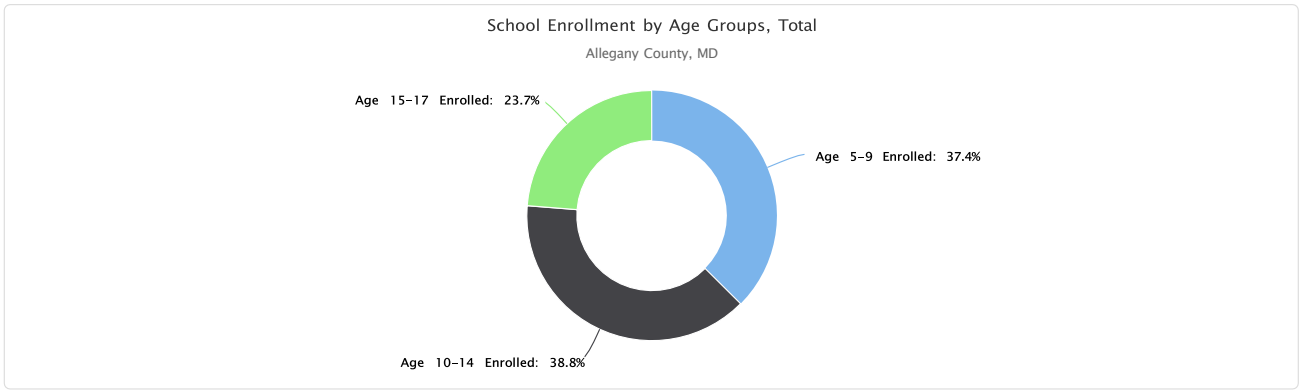
- Over 98.0%
- 97.1 - 98.0%
- 96.1 - 97.0%
- Under 96.1%
- No Population Age 5-17 Reported
- No Data or Data Suppressed
- Allegany County, MD

School Enrollment by Age Groups, Total

This indicator reports the population age 5-17 enrolled in school of the report area by age groups.

Report Area	Age 5-9 Enrolled	Age 10-14 Enrolled	Age 15-17 Enrolled
Allegany County, MD	3,227	3,346	2,046
Maryland	352,090	383,316	228,458
United States	18,742,572	20,885,041	12,370,561

Data Source: US Census Bureau, American Community Survey. 2018-22.

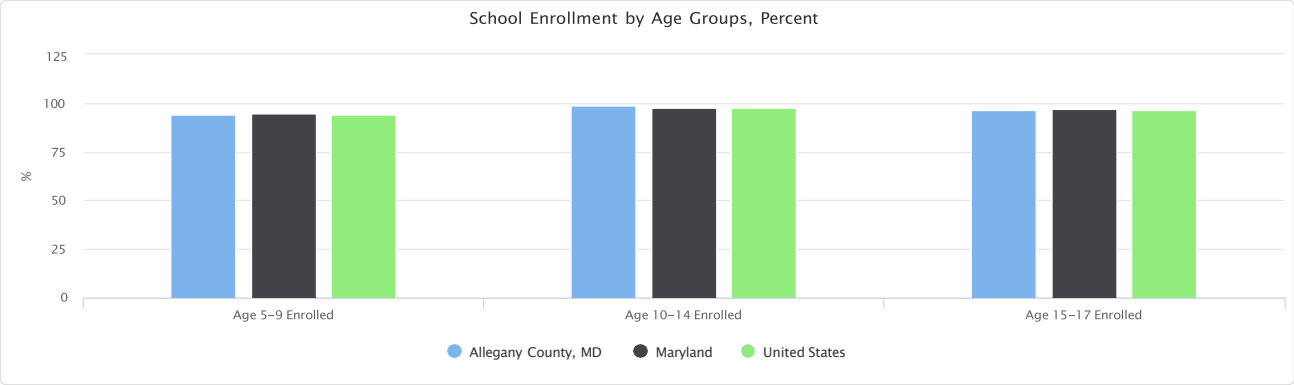


School Enrollment by Age Groups, Percent

This indicator reports the percentage enrolled in school of age groups in the population age 5-17 of the report area.
The percentage values could be interpreted as, for example, *"Of the total population age 5-9 in the report area, the percentage enrolled in school is (value)."*

Report Area	Age 5-9 Enrolled	Age 10-14 Enrolled	Age 15-17 Enrolled
Allegany County, MD	94.16%	98.96%	96.28%
Maryland	94.38%	97.49%	97.02%
United States	94.00%	97.44%	96.36%

Data Source: US Census Bureau, American Community Survey. 2018-22.

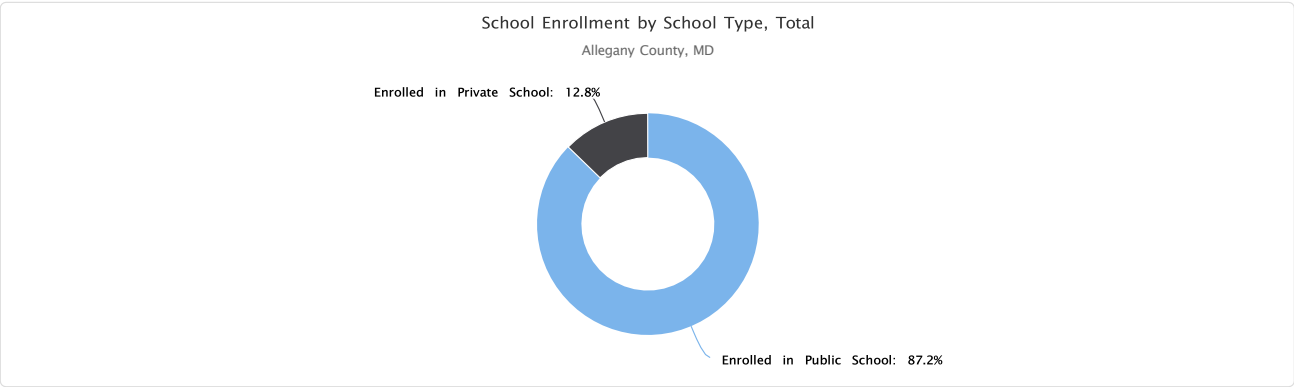


School Enrollment by School Type, Total

This indicator reports the population age 5-17 enrolled in school of the report area by school type (i.e., public school or private school).
Of all age 5-17 enrolled in school in the report area, 7,838 or 87.24% are enrolled in K-12 public school; 1,146 or 12.76% are enrolled in K-12 private school.

Report Area	Enrolled in Public School	Enrolled in Private School	Enrolled in Public School, Percent	Enrolled in Private School, Percent
Allegany County, MD	7,838	1,146	87.24%	12.76%
Maryland	850,247	148,823	85.10%	14.90%
United States	47,481,044	6,324,678	88.25%	11.75%

Data Source: US Census Bureau, American Community Survey. 2018-22.

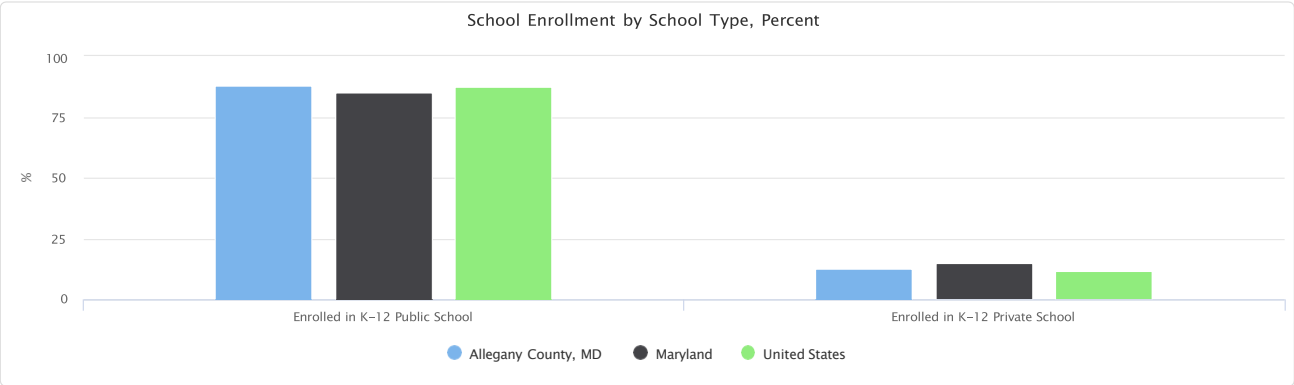


School Enrollment by School Type, Percent

This indicator reports the percentage enrolled in school of different types in the population age 5-17 of the report area.
Of the total population age 5-17 in the report area, 87.74% are enrolled in K-12 public school while 12.83% are enrolled in K-12 private school.

Report Area	Population Age 5-17	Enrolled in K-12 Public School	Enrolled in K-12 Private School
Allegany County, MD	8,933	87.74%	12.83%
Maryland	1,001,755	84.88%	14.86%
United States	54,208,780	87.59%	11.67%

Data Source: US Census Bureau, American Community Survey. 2018-22.



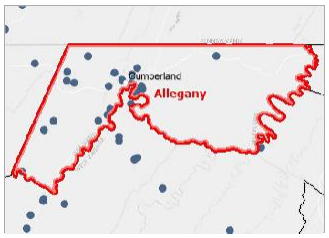
Access - Public Schools

Public Schools - Elementary

This indicator reports the top 10 largest public elementary schools by student enrollment in the report area.

County	School Name	School District	Total Students	Lowest Grade Level	Highest Grade Level
Allegany County	South Penn Elementary	Allegany County Public Schools	523	PK	5
Allegany County	Beall Elementary	Allegany County Public Schools	451	PK	5
Allegany County	West Side Elementary	Allegany County Public Schools	305	PK	5
Allegany County	Cash Valley Elementary	Allegany County Public Schools	275	PK	5
Allegany County	Northeast Elementary	Allegany County Public Schools	272	PK	5
Allegany County	George's Creek Elementary	Allegany County Public Schools	268	PK	5
Allegany County	Cresaptown Elementary	Allegany County Public Schools	267	PK	5
Allegany County	Westernport Elementary	Allegany County Public Schools	261	PK	5
Allegany County	Frost Elementary	Allegany County Public Schools	236	PK	5
Allegany County	John Humbird Elementary	Allegany County Public Schools	234	PK	5

Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2022-2023.



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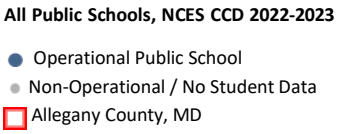


Public Schools - Middle

The indicator table below lists the top 10 largest public middle schools by student enrollment in the report area.

County	School Name	School District	Total Students	Lowest Grade Level	Highest Grade Level
Allegany County	Washington Middle	Allegany County Public Schools	609	6	8
Allegany County	Braddock Middle	Allegany County Public Schools	605	6	8
Allegany County	Mount Savage Middle	Allegany County Public Schools	383	6	8
Allegany County	Westmar Middle	Allegany County Public Schools	256	6	8

Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2022-2023.

Public Schools - High

The indicator table below lists the top 10 largest public high schools by student enrollment in the report area.

County	School Name	School District	Total Students	Lowest Grade Level	Highest Grade Level
Allegany County	Mountain Ridge High School	Allegany County Public Schools	771	9	12
Allegany County	Allegany High	Allegany County Public Schools	736	9	12
Allegany County	Fort Hill High	Allegany County Public Schools	657	9	12
Allegany County	Center for Career & Technical Education	Allegany County Public Schools	258	11	12

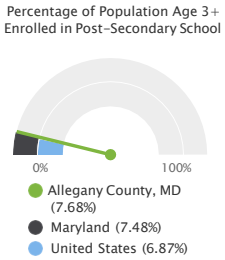
Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2022-2023.

Access - Post-Secondary Enrollment

This indicator reports the percentage of the population age 3+ enrolled in post-secondary education (i.e., in undergraduate, graduate, or professional school). This indicator helps identify places where post-secondary education opportunities are either abundant or lacking in the educational system.

Report Area	Population Age 3+	Enrolled in Post-Secondary School	Enrolled in Post-Secondary School, Percent
Allegany County, MD	66,450	5,104	7.68%
Maryland	5,955,837	445,576	7.48%
United States	320,051,509	21,985,950	6.87%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Enrollment in School, Adults (Age 18-24), Percent by Tract, ACS 2018-22

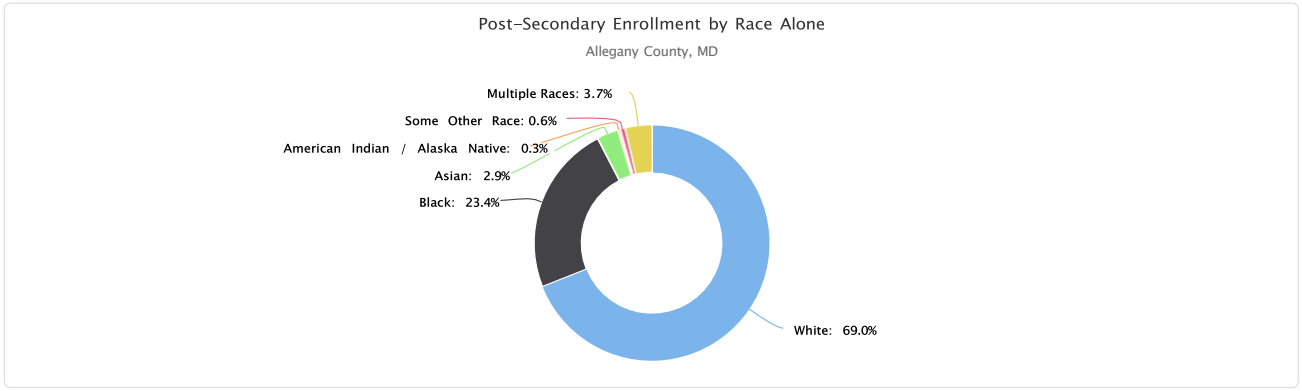
- Over 50.0%
- 40.1 - 50.0%
- 30.1 - 40.0%
- Under 30.1%
- No Population Age 18-24 Reported
- No Data or Data Suppressed
- Allegany County, MD

Post-Secondary Enrollment by Race Alone

This indicator reports the population age 3+ enrolled in post-secondary education (i.e., in undergraduate, graduate, or professional school) of the report area by race alone.

Report Area	White	Black	Asian	American Indian / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Allegany County, MD	3,521	1,194	150	16	1	33	189
Maryland	200,684	157,434	38,284	1,267	207	15,862	31,838
United States	13,303,899	3,156,103	1,934,884	172,994	42,854	1,300,654	2,074,562

Data Source: US Census Bureau, American Community Survey. 2018-22.

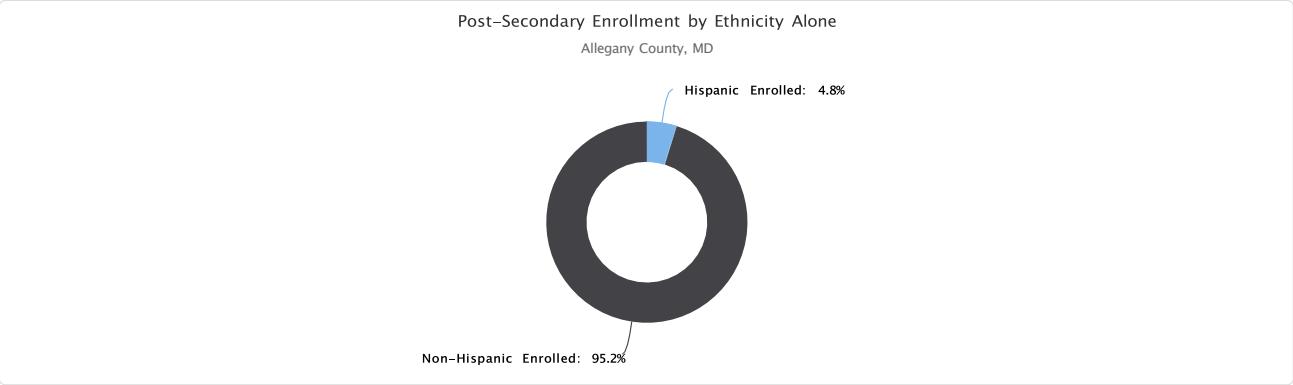


Post-Secondary Enrollment by Ethnicity Alone

This indicator reports the population age 3+ enrolled in post-secondary education (i.e., in undergraduate, graduate, or professional school) of the report area by ethnicity alone.
Of all age 3+ enrolled in post-secondary school in the report area, 245 or 4.80% are Hispanic or Latino while 4,859 or 95.20% are non-Hispanic.

Report Area	Total Enrolled in Post-Secondary School	Hispanic Enrolled	Hispanic Enrolled, Percent	Non-Hispanic Enrolled	Non-Hispanic Enrolled, Percent
Allegany County, MD	5,104	245	4.80%	4,859	95.20%
Maryland	445,576	41,296	9.27%	404,280	90.73%
United States	21,985,950	4,244,119	19.30%	17,741,831	80.70%

Data Source: US Census Bureau, American Community Survey. 2018-22.

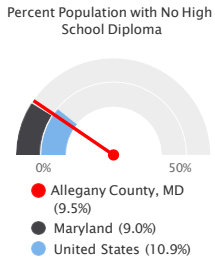


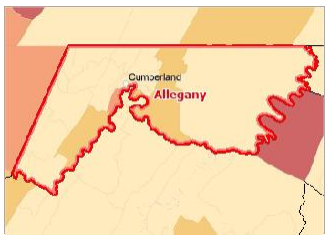
Attainment - Overview

Educational Attainment shows the distribution of the highest level of education achieved in the report area, and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Educational attainment is calculated for persons over 25 years old, and is an estimated average for the period from 2018 to 2022.
For the selected area, 12.0% have at least a college bachelor's degree, while 40.7% stopped their formal educational attainment after high school.

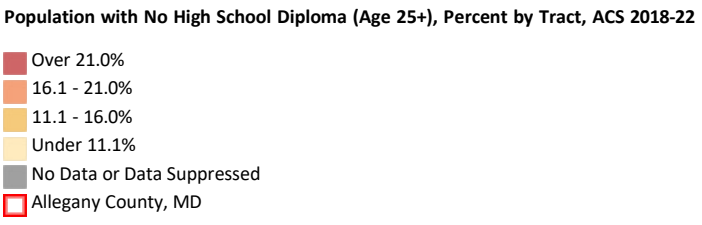
Report Area	No High School Diploma	High School Only	Some College	Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
Allegany County, MD	9.5%	40.7%	19.4%	9.7%	12.0%	8.9%
Maryland	9.0%	23.8%	18.1%	6.9%	22.4%	19.9%
United States	10.9%	26.4%	19.7%	8.7%	20.9%	13.4%

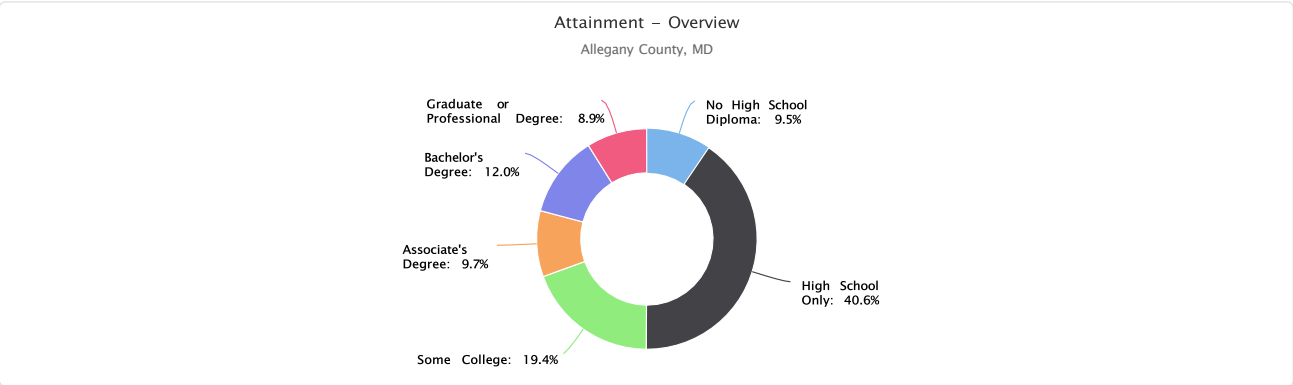
Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map



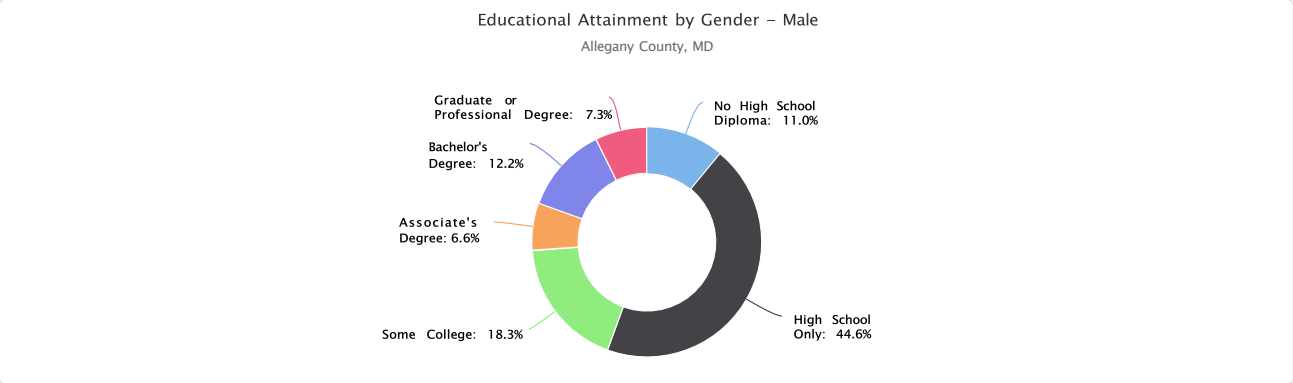


Educational Attainment by Gender - Male

This indicator reports the distribution of the highest level of education achieved by males age 25+ in the report area.

Report Area	No High School Diploma	High School Only	Some College	Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
Allegany County, MD	2,768	11,240	4,606	1,673	3,078	1,839
Maryland	201,279	512,450	361,696	120,929	450,412	387,437
United States	12,817,536	30,567,609	21,693,203	8,684,105	22,644,549	14,285,452

Data Source: US Census Bureau, American Community Survey. 2018-22.

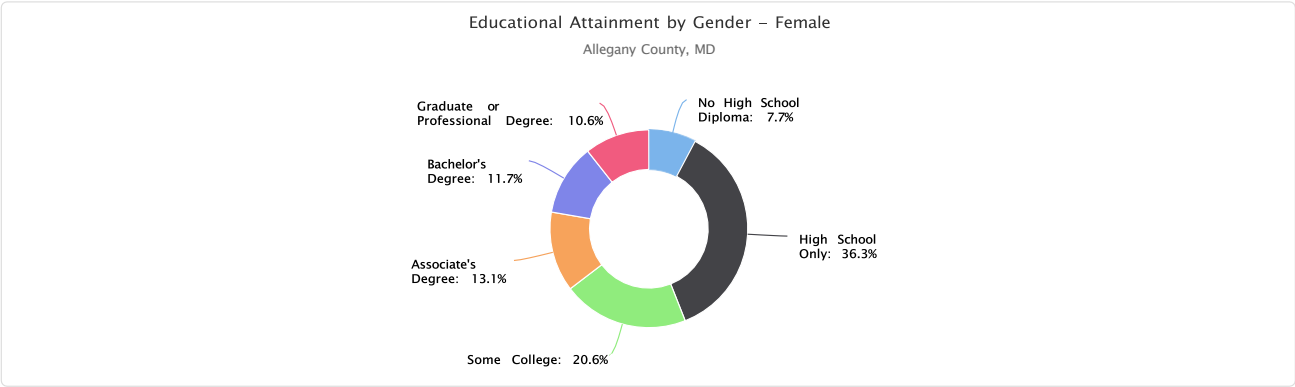


Educational Attainment by Gender - Female

This indicator reports the distribution of the highest level of education achieved by females age 25+ in the report area.

Report Area	No High School Diploma	High School Only	Some College	Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
Allegany County, MD	1,759	8,236	4,681	2,972	2,648	2,414
Maryland	182,638	500,274	410,922	171,161	502,504	458,393
United States	11,782,162	29,174,216	22,999,187	11,131,627	24,747,124	16,074,222

Data Source: US Census Bureau, American Community Survey. 2018-22.

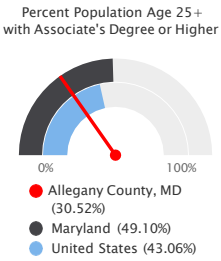


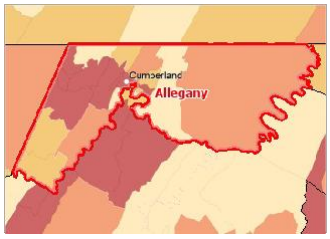
Attainment - Associate's Level Degree or Higher

30.52% of the population aged 25 and older, or 14,624 have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Associate's Degree or Higher	Percent Population Age 25+ with Associate's Degree or Higher
Allegany County, MD	47,914	14,624	**30.52%**
Maryland	21,294,190	10,455,491	49.10%
United States	226,600,992	97,567,079	43.06%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Population with an Associate Level Degree or Higher, Percent by Tract, ACS 2018-22

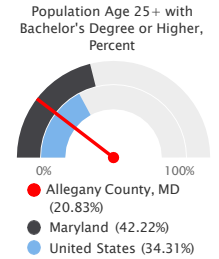
- Over 32.0%
- 26.1 - 32.0%
- 20.1 - 26.0%
- Under 20.1%
- No Data or Data Suppressed
- Allegany County, MD

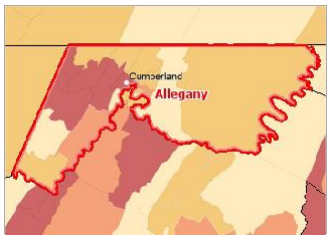
Attainment - Bachelor's Degree or Higher

20.83% of the population aged 25 and older, or 9,979 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Population Age 25+ with Bachelor's Degree or Higher, Percent
Allegany County, MD	47,914	9,979	**20.83%**
Maryland	4,260,095	1,798,746	42.22%
United States	226,600,992	77,751,347	34.31%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Population with a Bachelor's Degree or Higher, Percent by Tract, ACS 2018-22

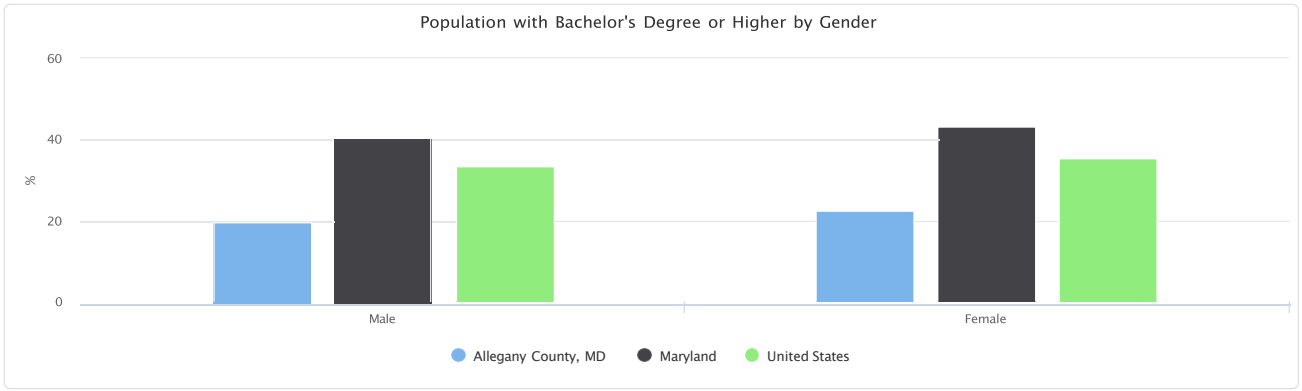
- Over 23.0%
- 18.1 - 23.0%
- 13.1 - 18.0%
- Under 13.1%
- No Data or Data Suppressed
- Allegany County, MD

Population with Bachelor's Degree or Higher by Gender

This indicator reports the population age 25+ with a bachelor's degree or higher education level by gender.
The percentage values could be interpreted as, for example, *"Of all the males age 25+ within the report area, the percentage with a bachelor's degree or higher is (value)."*

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	4,917	5,062	19.51%	22.29%
Maryland	837,849	960,897	41.19%	43.17%
United States	36,930,001	40,821,346	33.36%	35.22%

Data Source: US Census Bureau, American Community Survey. 2018-22.

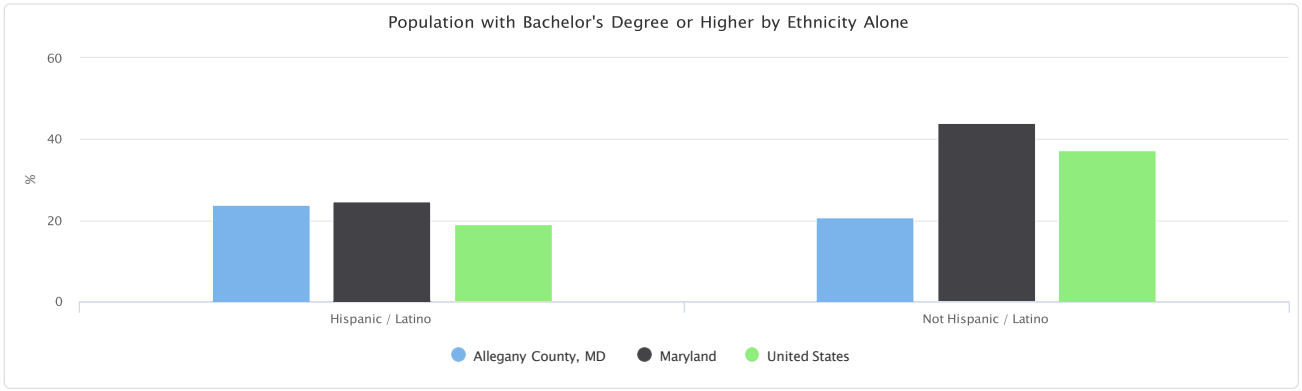


Population with Bachelor's Degree or Higher by Ethnicity Alone

This indicator reports the total and percentage of population age 25+ with a bachelor's degree or higher education level by ethnicity alone.
The percentage values could be interpreted as, for example, *"Of all the Hispanic population age 25+ within the report area, the percentage with a bachelor's degree or higher is (value)."*

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	159	9,820	23.80%	20.78%
Maryland	92,880	1,705,866	24.68%	43.92%
United States	6,845,500	70,905,847	19.13%	37.16%

Data Source: US Census Bureau, American Community Survey. 2018-22.

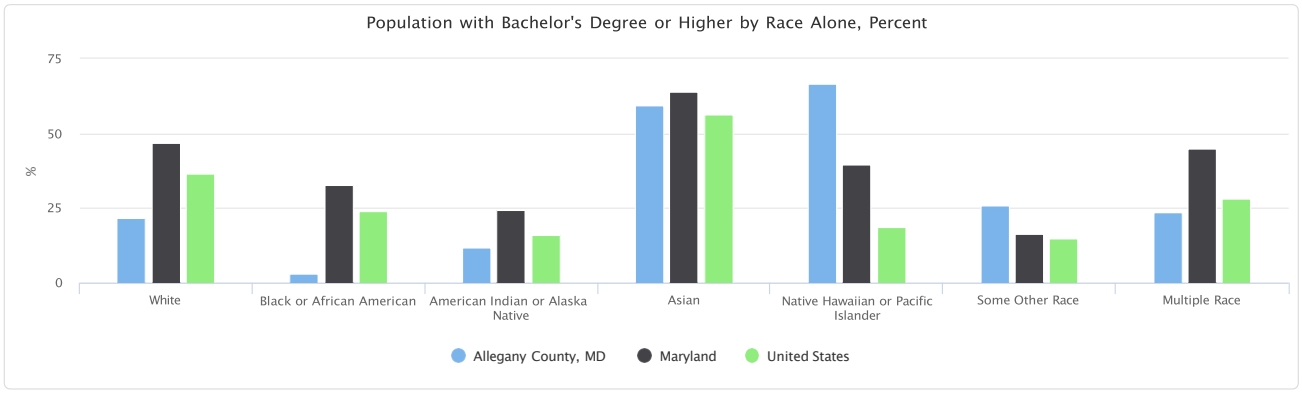


Population with Bachelor's Degree or Higher by Race Alone, Percent

This indicator reports the percentage of population age 25+ with a bachelor's degree or higher education level by race alone in the report area. The percentage values could be interpreted as, for example, *"Of all the white population age 25+ in the report area, the percentage with a bachelor's degree or higher is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	21.85%	2.91%	11.84%	59.39%	66.67%	25.81%	23.48%
Maryland	46.81%	32.73%	24.34%	64.12%	39.53%	16.29%	44.82%
United States	36.52%	24.02%	15.83%	56.34%	18.74%	14.83%	28.30%

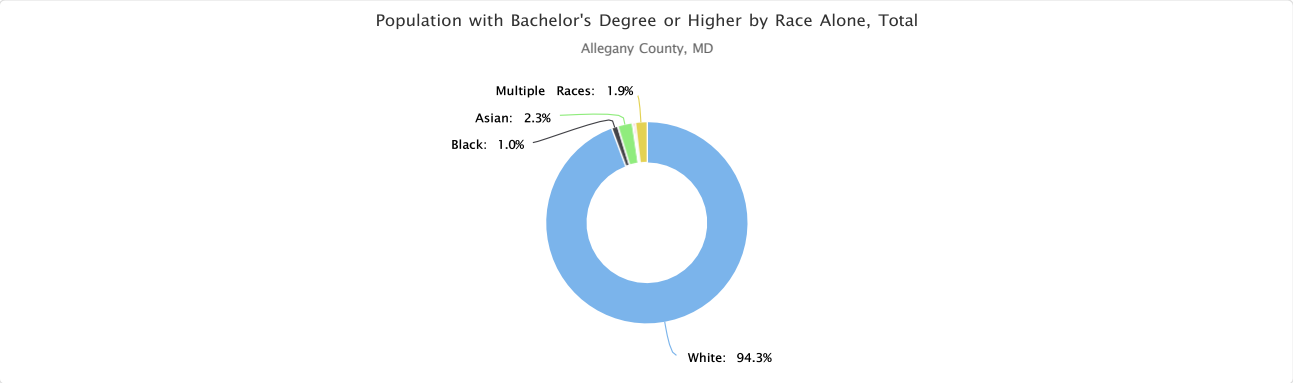
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population with Bachelor's Degree or Higher by Race Alone, Total

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Allegany County, MD	9,413	100	234	9	2	32	189
Maryland	1,079,905	411,239	184,256	3,094	919	32,727	86,606
United States	57,032,433	6,456,228	7,674,467	275,096	74,829	1,799,176	4,439,118

Data Source: US Census Bureau, American Community Survey. 2018-22.

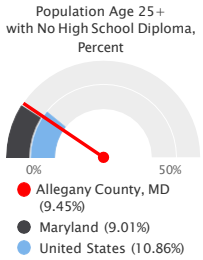


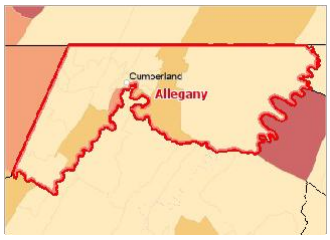
Attainment - No High School Diploma

Within the report area there are 4,527 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 9.45% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg & Ruglis, 2007).

Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Population Age 25+ with No High School Diploma, Percent
Allegany County, MD	47,914	4,527	9.45%
Maryland	4,260,095	383,917	9.01%
United States	226,600,992	24,599,698	10.86%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





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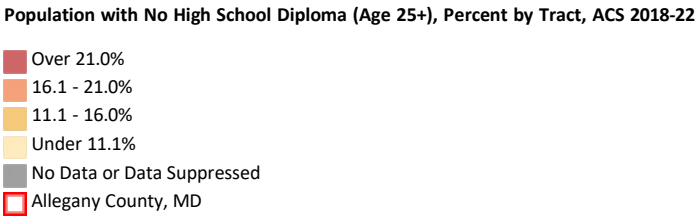
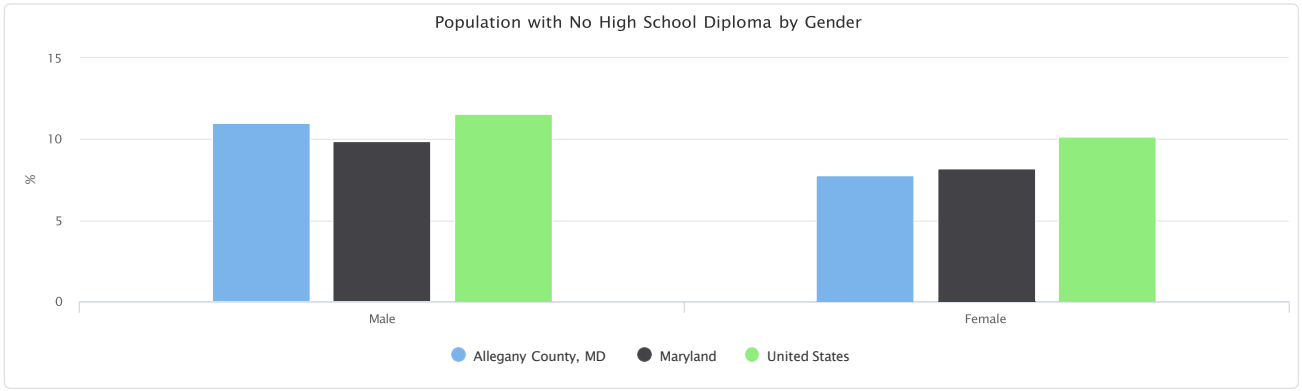


Population with No High School Diploma by Gender

This indicator reports the population age 25+ with no high school diploma by gender.
The percentage values could be interpreted as, of all the males age 25+ within the report area, the percentage without a high school diploma is 10.98%; of all the females age 25+ within the report area, the percentage without a high school diploma is 7.75%.

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	2,768	1,759	10.98%	7.75%
Maryland	201,279	182,638	9.89%	8.21%
United States	12,817,536	11,782,162	11.58%	10.17%

Data Source: US Census Bureau, American Community Survey. 2018-22.

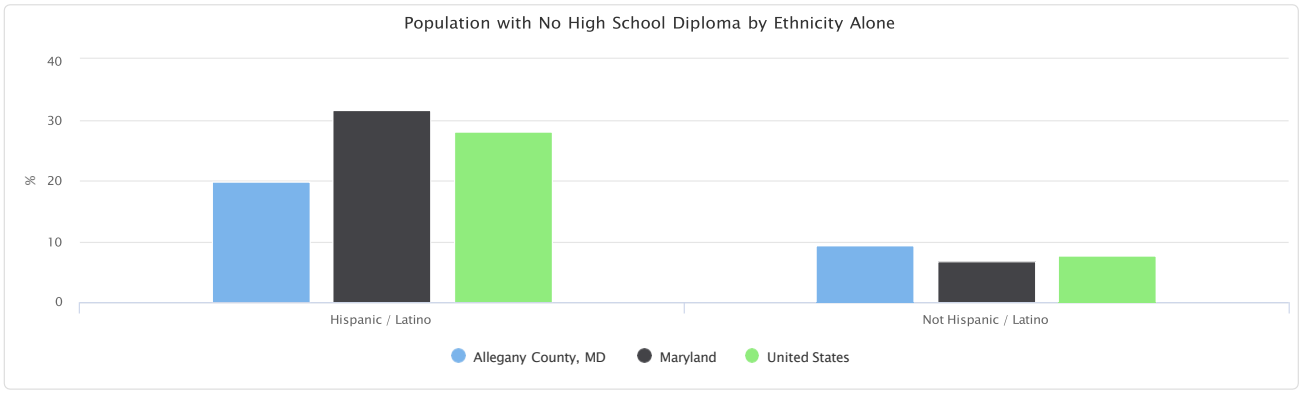


Population with No High School Diploma by Ethnicity Alone

This indicator reports the population age 25+ with no high school diploma by ethnicity alone.
The percentage values could be interpreted as, of all the Hispanic population age 25+ within the report area, the percentage without a high school diploma is 19.76%; of all the non-Hispanic population age 25+ within the report area, the percentage without a high school diploma is 9.30%.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	132	4,395	19.76%	9.30%
Maryland	119,105	264,812	31.65%	6.82%
United States	10,051,823	14,547,875	28.08%	7.62%

Data Source: US Census Bureau, American Community Survey. 2018-22.

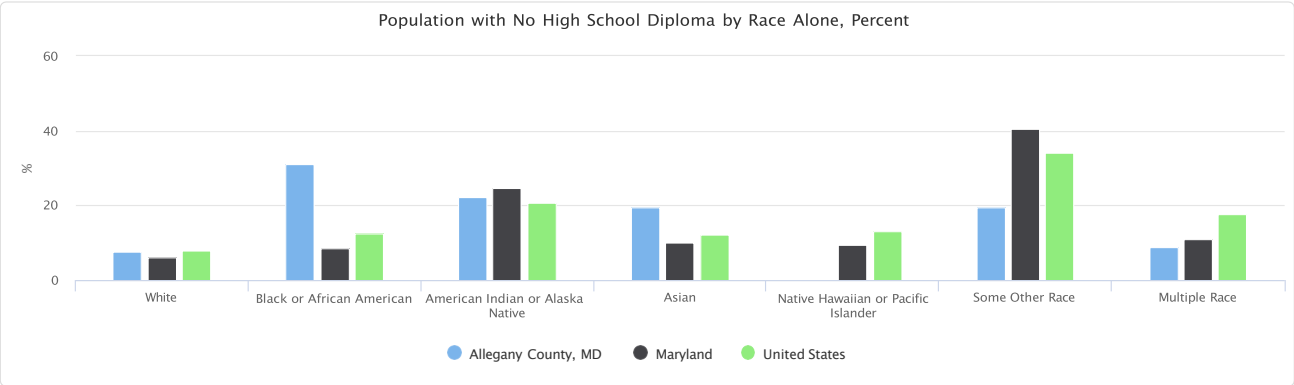


Population with No High School Diploma by Race Alone, Percent

This indicator reports the percentage of population age 25+ with no high school diploma by race alone in the report area.
The percentage values could be interpreted as, for example, *"Of all the white population age 25+ in the report area, the percentage with no high school diploma is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	7.60%	31.00%	22.37%	19.54%	0.00%	19.35%	8.94%
Maryland	6.12%	8.58%	24.54%	10.19%	9.38%	40.36%	11.01%
United States	7.87%	12.36%	20.81%	12.20%	12.98%	33.99%	17.78%

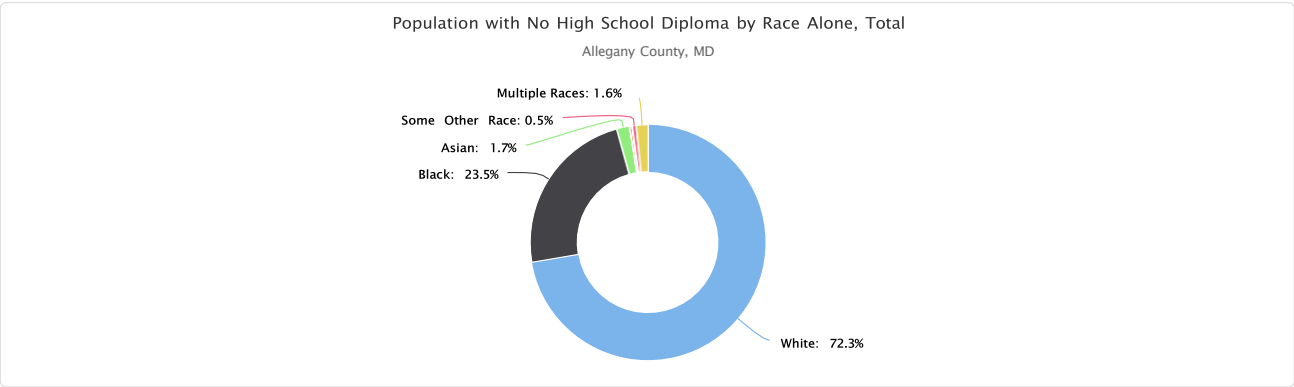
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population with No High School Diploma by Race Alone, Total

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
Allegany County, MD	3,273	1,064	77	17	0	24	72
Maryland	141,089	107,849	29,298	3,120	218	81,068	21,275
United States	12,289,922	3,321,795	1,661,655	361,752	51,818	4,124,873	2,787,883

Data Source: US Census Bureau, American Community Survey. 2018-22.

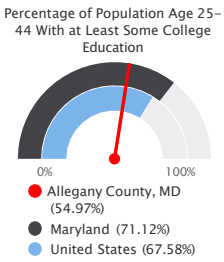


Attainment - Some Post-secondary Education

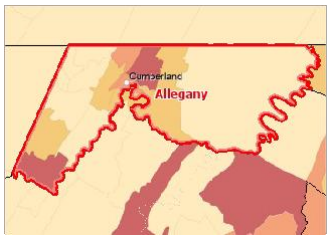
This indicator reports the percentage of population age 25-44 with at least some post-secondary education. It includes individuals who pursued education following high school but did not receive a degree as well as those who attained degrees. Data are based on the U.S. Census Bureau American Community Survey 2018-22 5-year estimates.

Of all the 16,077 population age 25-44 in the report area, there are 8,838 or 54.97% people who have at least some college education.

Report Area	Population Age 25-44	Population Age 25-44 with at least Some College Education, Total	Population Age 25-44 with at Least Some College Education, Percent
Allegany County, MD	16,077	8,838	**54.97%**
Maryland	1,637,971	1,164,972	71.12%
United States	88,198,512	59,607,181	67.58%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Population with Some College Education, No Degree, Percent by Tract, ACS 2018-22

- Over 25.0%
- 21.1 - 25.0%
- 17.1 - 21.0%
- Under 17.1%
- No Data or Data Suppressed
- Allegany County, MD

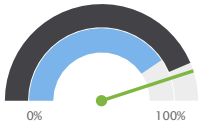
Attainment - High School Graduation Rate

The adjusted cohort graduation rate (ACGR) is a graduation metric that follows a “cohort” of first-time 9th graders in a particular school year, and adjusts this number by adding any students who transfer into the cohort after 9th grade and subtracting any students who transfer out, emigrate to another country, or pass away. The ACGR is the percentage of the students in this cohort who graduate within four years. In the report area, the adjusted cohort graduation rate was 90.0% during the most recently reported school year. Students in the report area performed better than the state, which had an ACGR of 87.2%.

Report Area	Adjusted Student Cohort	Number of Diplomas Issued	Cohort Graduation Rate
Allegany County, MD	602	542	90.0%
Maryland	65,819	57,371	87.2%
United States	3,448,175	2,795,415	81.1%

Note: This indicator is compared to the state average.
Data Source: US Department of Education, EDFacts. Additional data analysis by CARES. 2020-21.

Adjusted Cohort Graduation Rate



- Allegany County, MD (90.0%)
- Maryland (87.2%)
- United States (81.1%)

View larger map

On-Time Graduation, Rate by School District (Secondary), ED*Facts* 2020-21

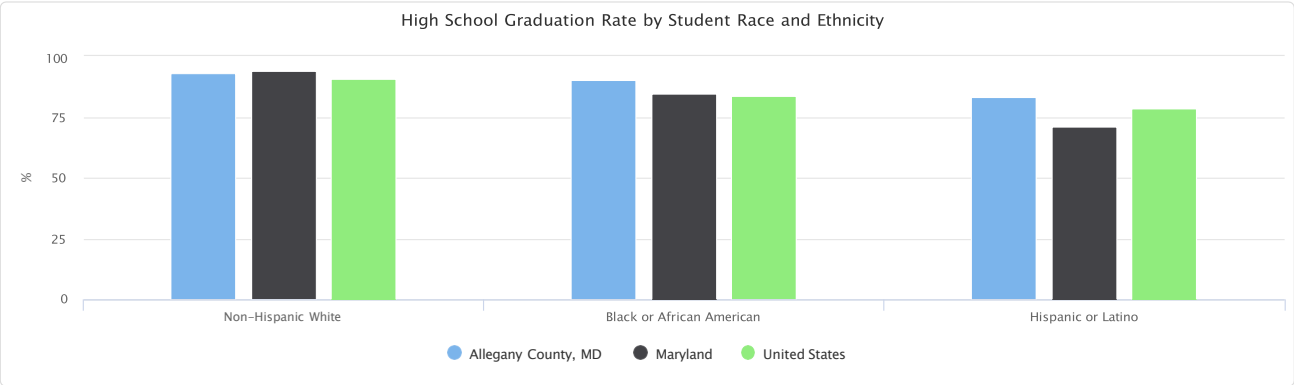
- Over 94.0%
- 85.1 - 94.0%
- 75.1 - 85.0%
- Under 75.1%
- No Data or Data Suppressed
- Allegany County, MD

High School Graduation Rate by Student Race and Ethnicity

The table and chart below display county, state, and national variation in cohort graduation rates by student race and ethnicity.
Note: Data are suppressed for some school districts for population groups when the "universe" population falls below a certain threshold. County, state, and national summaries are aggregates of district level data and may not represent all students when suppression has occurred .

Report Area	White	Black or African American	Hispanic or Latino
Allegany County, MD	93.0%	90.0%	83.3%
Maryland	94.1%	84.6%	71.2%
United States	90.8%	83.6%	78.5%

Data Source: US Department of Education, EDFacts. Additional data analysis by CARES. 2020-21.

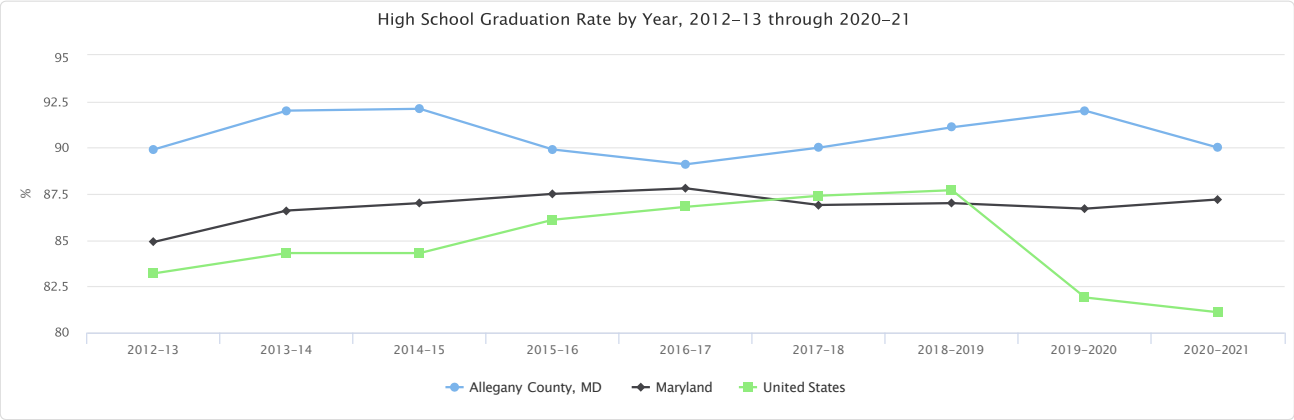


High School Graduation Rate by Year, 2012-13 through 2020-21

The table below shows county, state, and national trends in cohort graduation rates.
Note: Data for some states are omitted each year when they fail to meet federal reporting standards or deadlines. Use caution when comparing national trends as the "universe" population may differ over time.

Report Area	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-2019	2019-2020	2020-2021
Allegany County, MD	89.9%	92.0%	92.1%	89.9%	89.1%	90.0%	91.1%	92.0%	90.0%
Maryland	84.9%	86.6%	87.0%	87.5%	87.8%	86.9%	87.0%	86.7%	87.2%
United States	83.2%	84.3%	84.3%	86.1%	86.8%	87.4%	87.7%	81.9%	81.1%

Data Source: US Department of Education, EDFacts. Additional data analysis by CARES. 2020-21.



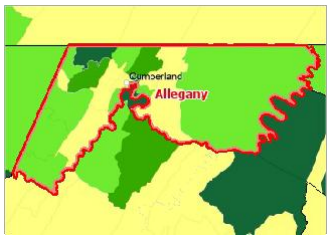
Employment Status by Educational Attainment

This indicator reports the employment status of population age 25-64 by educational attainment for the report area.

Unemployed Population by Educational Attainment

Report Area	Population Age 25-64	Sub High School Unemployed	High School Only Unemployed	Some College or Associate's Unemployed	Bachelor's or Higher Unemployed
Allegany County, MD	33,742	65	573	328	196
Maryland	3,273,941	13,014	33,974	31,366	33,175
United States	171,863,344	829,834	1,842,336	1,843,290	1,485,966

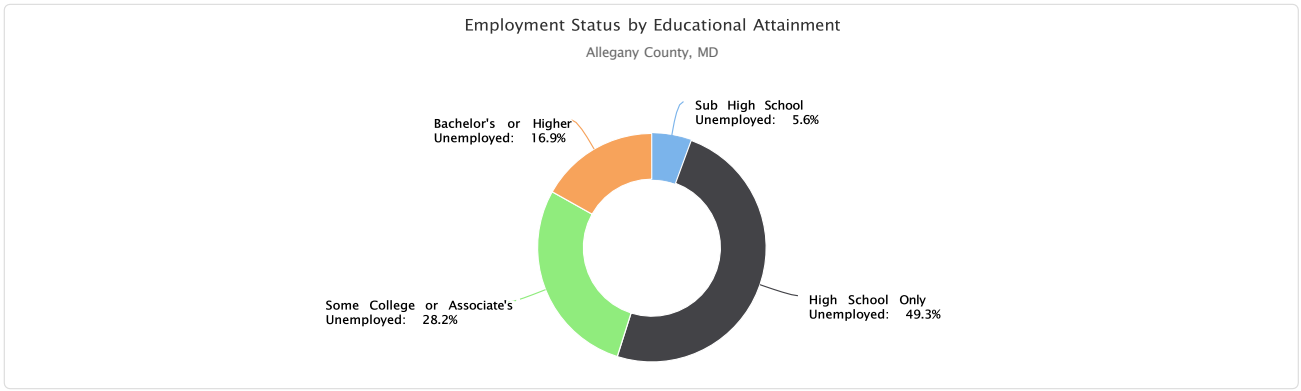
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Unemployed Workers w/ a High School Diploma or Higher Education Level, Percent by Tract, ACS 2018-22

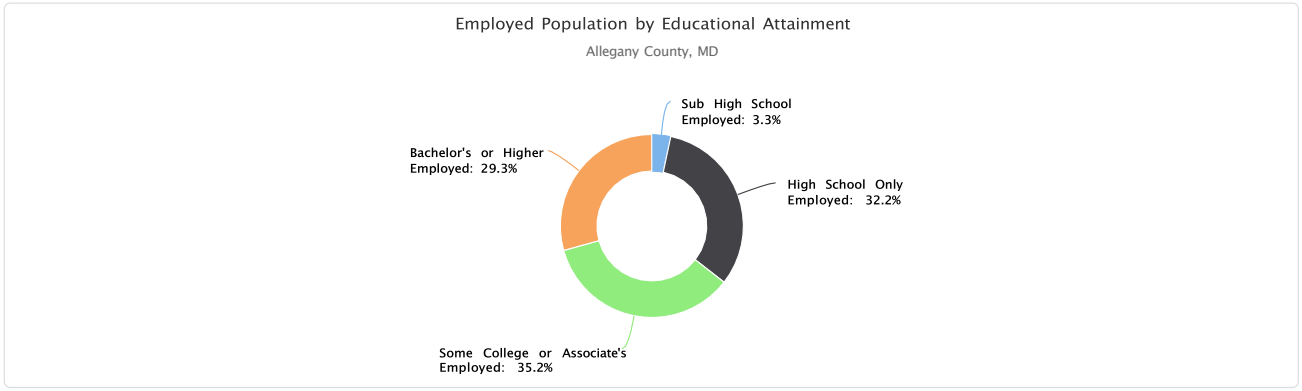
- Over 8.0%
- 6.1 - 8.0%
- 4.1 - 6.0%
- Under 4.1%
- No Pop w/ HS Diploma or Higher in Labor Force Reported
- No Data or Data Suppressed
- Allegany County, MD



Employed Population by Educational Attainment

Report Area	Population Age 25-64	Sub High School Employed	High School Only Employed	Some College or Associate's Employed	Bachelor's or Higher Employed
Allegany County, MD	33,742	687	6,671	7,281	6,071
Maryland	3,273,941	162,386	525,294	643,365	1,237,676
United States	171,863,344	9,814,569	29,302,246	37,506,888	51,859,512

Data Source: US Census Bureau, American Community Survey. 2018-22.

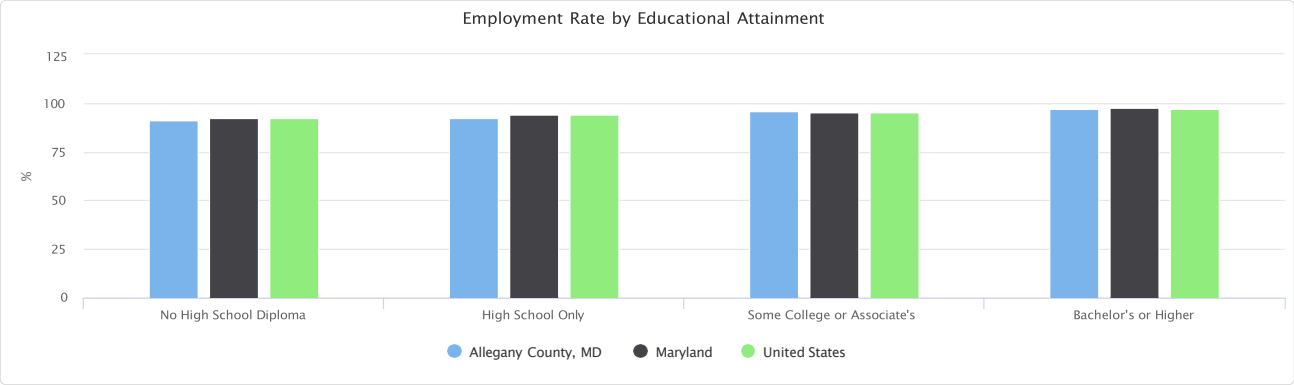


Employment Rate by Educational Attainment

This indicator reports the employment rate of population age 25-64 in civilian labor force by educational attainment for the report area. Of all the people age 25-64 in civilian labor force with no High School diploma, 91.36% are employed; of all the people age 25-64 in civilian labor force with only a High School diploma, 92.09% are employed; of all the people age 25-64 in civilian labor force with some college or Associate's degree, 95.69% are employed; of all the people age 25-64 in civilian labor force with Bachelor's degree or higher, 96.87% are employed.

Report Area	No High School Diploma	High School Only	Some College or Associate's	Bachelor's or Higher
Allegany County, MD	91.36%	92.09%	95.69%	96.87%
Maryland	92.58%	93.93%	95.35%	97.39%
United States	92.20%	94.08%	95.32%	97.21%

Data Source: US Census Bureau, American Community Survey. 2018-22.

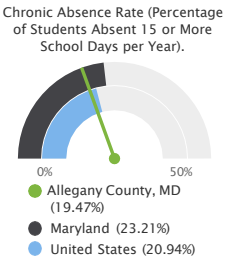


Chronic Absence Rate

This indicator reports the rate of chronic absenteeism (students who were absent 15 or more school days during the school year). In the report area 19.47% or 1,572 children were chronically absent (missing 15 or more school days) during the 2020-21 school year. This indicator is important because chronic absence can jeopardizes students' academic proficiency, social engagement, and opportunities for long-term success (NEA, 2018).
Note: The instances of 0 might indicate true 0 or reserve codes in data files, such as missing data or suppressed data. Interpret with caution.

Report Area	Student Cohort	Number Chronically Absent	Chronic Absence Rate
Allegany County, MD	8,075	1,572	**19.47%**
Maryland	866,547	201,101	23.21%
United States	47,932,391	10,034,827	20.94%

Note: This indicator is compared to the state average.
Data Source: U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2020-21.



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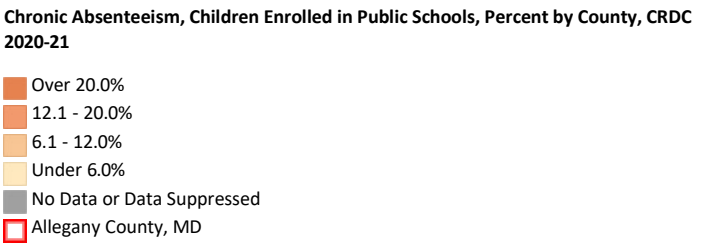
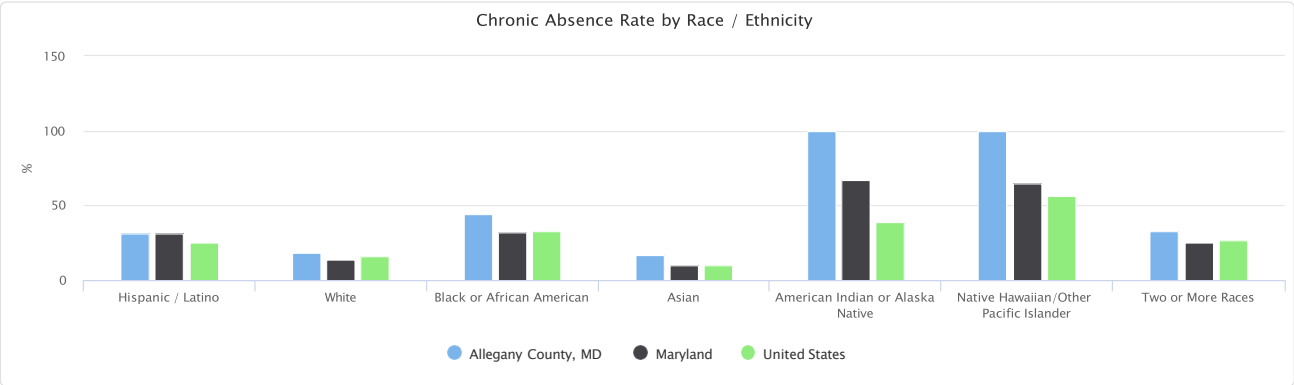


Chronic Absence Rate by Race / Ethnicity

This indicator reports the rate of chronic absenteeism (students who were absent 15 or more school days during the school year) by race/ethnicity during the 2020-21 school year.
Note: The instances of 0 might indicate true 0 or reserve codes in data files, such as missing data or suppressed data. Interpret with caution.

Report Area	Hispanic / Latino	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian/Other Pacific Islander	Two or More Races
Allegany County, MD	31%	18%	44%	17%	100%	100%	33%
Maryland	31%	14%	32%	10%	67%	65%	25%
United States	25%	16%	33%	10%	39%	56%	27%

Data Source: U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2020-21.



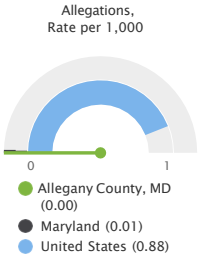
Harassment or Bullying

This indicator reports the total count and rate per 1,000 enrolled students of allegations of harassment or bullying on the basis of sex; race, color, national origin; disability; sexual orientation; and religion. Data are obtained from the National Center for Educatio n Statistics (NCES) Civil Rights Data Collection (CRDC), 2020-2021.

Note: The instances of 0 might indicate true 0 or reserve codes in data files, such as missing data or suppressed data. Interpret with caution.

Report Area	Total Enrolled	Allegations, Total	Allegations, Rate per 1,000
Allegany County, MD	8,075	0	0.00
Maryland	882,282	93	0.01
United States	48,823,835	42,749	0.88

Note: This indicator is compared to the state average.
Data Source: U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2020-21.



Allegations by Type, Total

The tables and charts below display information about allegations by type (i.e., sex, race, disability, orientation, religion), in total and as a rate per 1,000 enrolled students.

Note: The instances of 0 might indicate true 0 or reserve codes in data files, such as missing data or suppressed data. Interpret with caution.

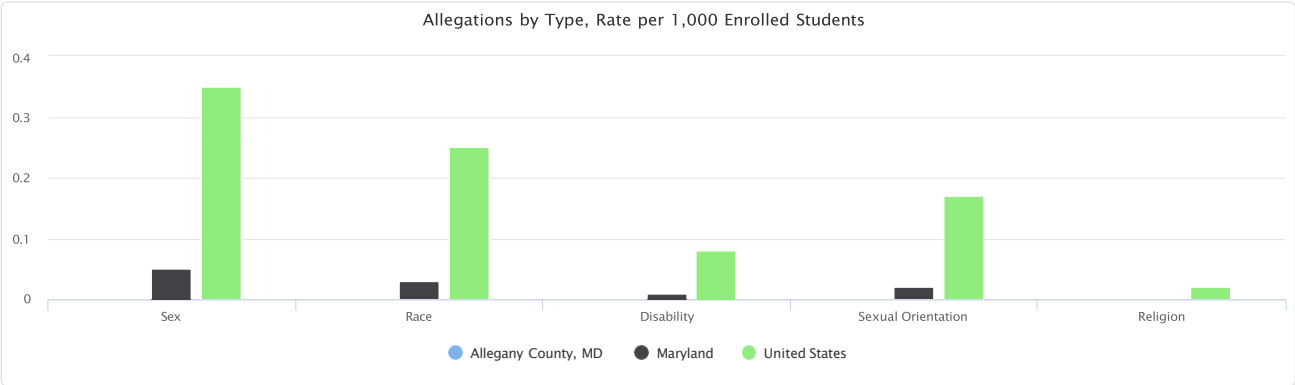
Report Area	Sex	Race	Disability	Sexual Orientation	Religion
Allegany County, MD	0	0	0	0	0
Maryland	41	26	7	18	1
United States	17,089	12,423	3,911	8,199	1,127

Data Source: U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2020-21.

Allegations by Type, Rate per 1,000 Enrolled Students

Report Area	Sex	Race	Disability	Sexual Orientation	Religion
Allegany County, MD	0.00	0.00	0.00	0.00	0.00
Maryland	0.05	0.03	0.01	0.02	0.00
United States	0.35	0.25	0.08	0.17	0.02

Data Source: U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2020-21.

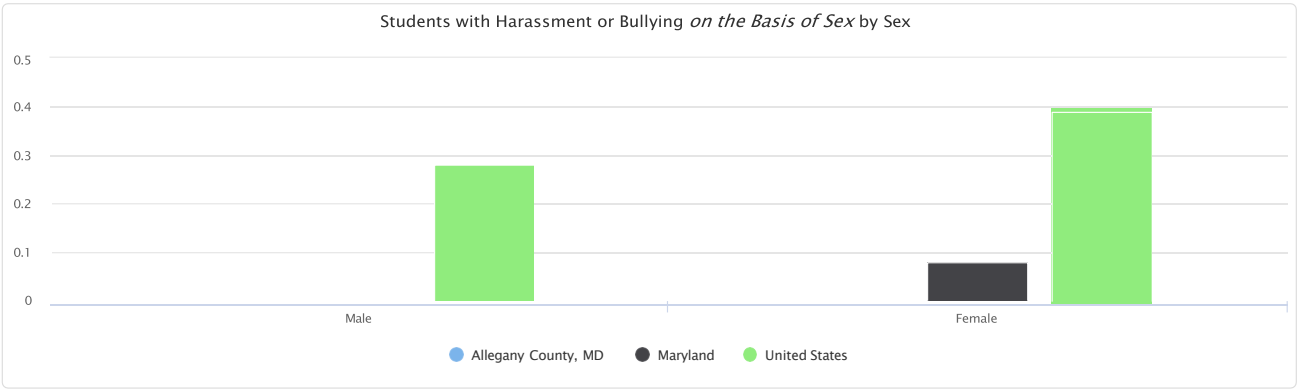


Students with Harassment or Bullying *on the Basis of Sex* by Sex

The table and chart below display information about students with harassment or bullying *on the basis of sex* by sex. Data are shown as total counts and as rates per 1,000 enrolled students.
Of all the enrolled male students in the report area, there are a total of 0 or 0.00 per 1,000 that reported harassment or bullying based on their sex. For female students, the number is 0 or 0.00 per 1,000 female enrollees.
Note: The instances of 0 might indicate true 0 or reserve codes in data files, such as missing data or suppressed data. Interpret with caution.

Report Area	Male, Total	Female, Total	Male, Rate per 1,000	Female, Rate per 1,000
Allegany County, MD	0	0	0.00	0.00
Maryland	14	34	0.03	0.08
United States	8,078	10,051	0.28	0.39

Data Source: U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2020-21.



Students with Harassment or Bullying *on the Basis of Sex* by Race

The tables and charts below display information about students with harassment or bullying *on the basis of sex* by race. . Data are shown as total counts and as rates per 1,000 enrolled students.
Note: The instances of 0 might indicate true 0 or reserve codes in data files, such as missing data or suppressed data. Interpret with caution.

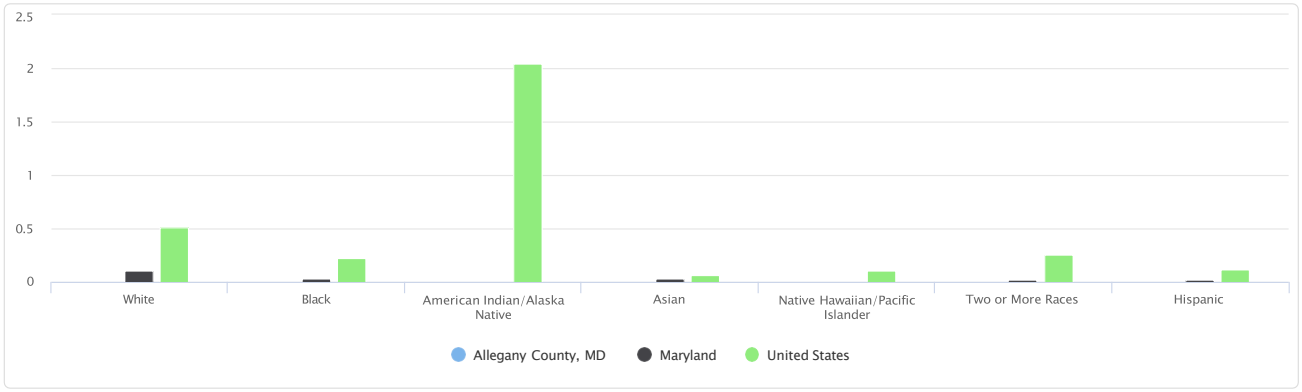
Report Area	White	Black	American Indian/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Two or More Races	Hispanic
Allegany County, MD	0	0	0	0	0	0	0
Maryland	33	8	0	2	0	1	4
United States	12,625	1,842	1,013	171	21	605	1,852

Data Source: U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2020-21.

The rates could be interpreted as, for example, of all the enrolled white students in the report area, there are 0.00 per 1,000 that reported harassment or bullying based on their gender.

Report Area	White	Black	American Indian/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Two or More Races	Hispanic
Allegany County, MD	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maryland	0.11	0.03	0.00	0.03	0.00	0.02	0.02
United States	0.51	0.22	2.04	0.06	0.11	0.26	0.12

Data Source: U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2020-21.

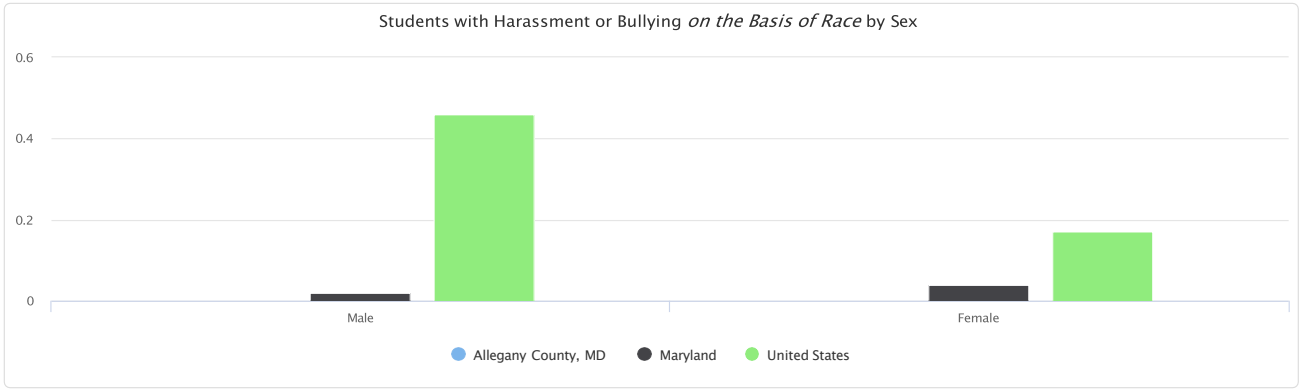


Students with Harassment or Bullying *on the Basis of Race* by Sex

The table and chart below display information about students with harassment or bullying *on the basis of race* by sex. Data are shown as total counts and as rates per 1,000 enrolled students.
Of all the enrolled male students in the report area, there are a total of 0 or 0.00 per 1,000 that reported harassment or bullying based on their race, color, or national origin. For female students, the number is 0 or 0.00 per 1,000 female enrollees.
Note: The instances of 0 might indicate true 0 or reserve codes in data files, such as missing data or suppressed data. Interpret with caution.

Report Area	Male, Total	Female, Total	Male, Rate per 1,000	Female, Rate per 1,000
Allegany County, MD	0	0	0.00	0.00
Maryland	8	17	0.02	0.04
United States	13,301	4,417	0.46	0.17

Data Source: U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2020-21.



Students with Harassment or Bullying *on the Basis of Race* by Race

The tables and charts below display information about students with harassment or bullying *on the basis of race* by race. . Data are shown as total counts and as rates per 1,000 enrolled students.
Note: The instances of 0 might indicate true 0 or reserve codes in data files, such as missing data or suppressed data. Interpret with caution.

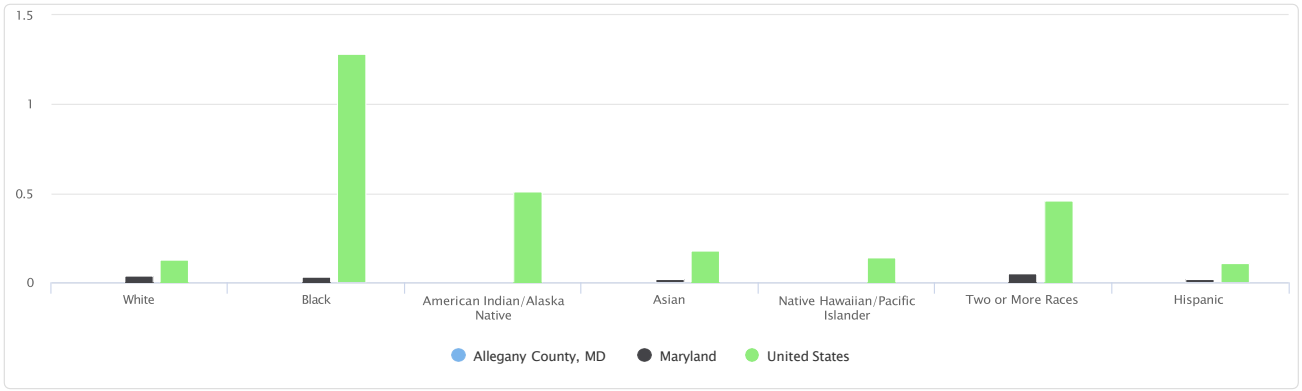
Report Area	White	Black	American Indian/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Two or More Races	Hispanic
Allegany County, MD	0	0	0	0	0	0	0
Maryland	11	8	0	1	0	2	3
United States	3,301	10,862	254	506	28	1,061	1,706

Data Source: U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2020-21.

The rates could be interpreted as, for example, of all the enrolled white students in the report area, there are 0.00 per 1,000 that reported harassment or bullying based on their race, color, or national origin.

Report Area	White	Black	American Indian/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Two or More Races	Hispanic
Allegany County, MD	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maryland	0.04	0.03	0.00	0.02	0.00	0.05	0.02
United States	0.13	1.28	0.51	0.18	0.14	0.46	0.11

Data Source: U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2020-21.

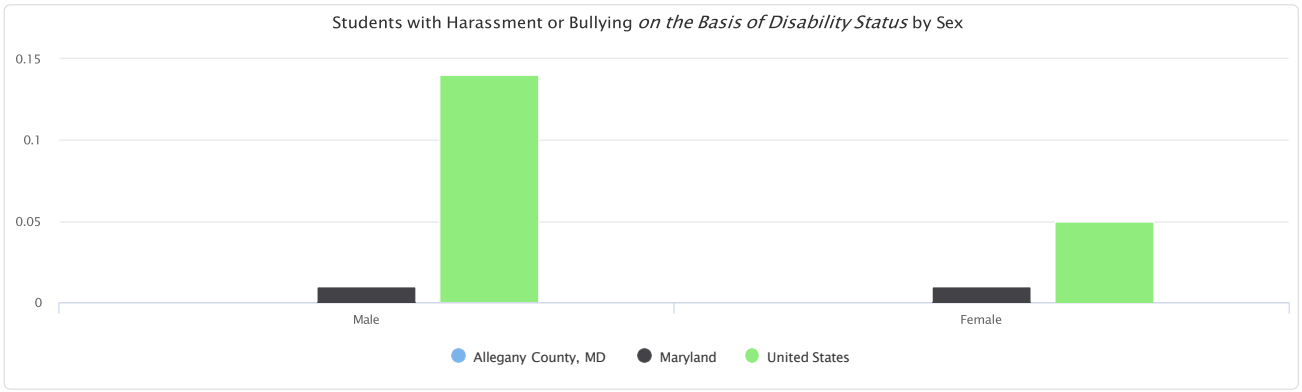


Students with Harassment or Bullying *on the Basis of Disability Status* by Sex

The table and chart below display information about students with harassment or bullying *on the basis of disability status* by sex. Data are shown as total counts and as rates per 1,000 enrolled students.
Of all the enrolled male students in the report area, there are a total of 0 or 0.00 per 1,000 that reported harassment or bullying based on their disability status. For female students, the number is 0 or 0.00 per 1,000 female enrollees.
Note: The instances of 0 might indicate true 0 or reserve codes in data files, such as missing data or suppressed data. Interpret with caution.

Report Area	Male, Total	Female, Total	Male, Rate per 1,000	Female, Rate per 1,000
Allegany County, MD	0	0	0.00	0.00
Maryland	4	6	0.01	0.01
United States	3,981	1,203	0.14	0.05

Data Source: U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2020-21.



Students with Harassment or Bullying *on the Basis of Disability Status* by Race

The tables and charts below display information about students with harassment or bullying *on the basis of disability status* by race. . Data are shown as total counts and as rates per 1,000 enrolled students.
Note: The instances of 0 might indicate true 0 or reserve codes in data files, such as missing data or suppressed data. Interpret with caution.

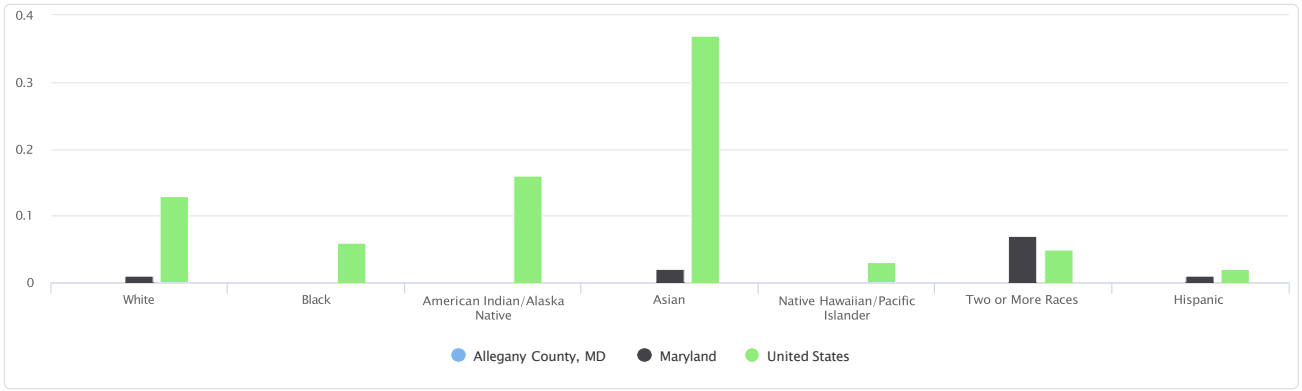
Report Area	White	Black	American Indian/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Two or More Races	Hispanic
Allegany County, MD	0	0	0	0	0	0	0
Maryland	4	1	0	1	0	3	1
United States	3,164	472	80	1,039	5	113	311

Data Source: U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2020-21.

The rates could be interpreted as, for example, of all the enrolled white students in the report area, there are 0.00 per 1,000 that reported harassment or bullying based on their disability status.

Report Area	White	Black	American Indian/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Two or More Races	Hispanic
Allegany County, MD	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maryland	0.01	0.00	0.00	0.02	0.00	0.07	0.01
United States	0.13	0.06	0.16	0.37	0.03	0.05	0.02

Data Source: U.S. Department of Education, US Department of Education - Civil Rights Data Collection. 2020-21.

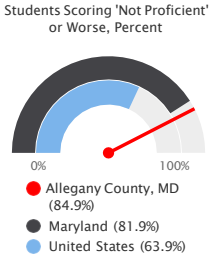


Proficiency - Student Math Proficiency (4th Grade)

Information about student performance in the 4th grade Math portion of the state-specific standardized tests are displayed in the table below. Of 2,239 students tested, 15.1% of 4th graders performed at or above the "proficient" level, and 84.9% tested below the "proficient" level, according to the latest data. Students in the report area tested worse than the statewide rate of 18.1%.

Report Area	Students with Valid Test Scores	Students Scoring 'Proficient' or Better, Percent	Students Scoring 'Not Proficient' or Worse, Percent
Allegany County, MD	2,239	15.1%	**84.9%**
Maryland	237,991	18.1%	81.9%
United States	5,080,634	36.1%	63.9%

Note: This indicator is compared to the state average.
Data Source: US Department of Education, EDFacts. Additional data analysis by CARES. 2020-21.



View larger map

Math Test Scores, Grade 4, Percent Not Proficient by School District (Elementary), ED*Facts* 2020-21

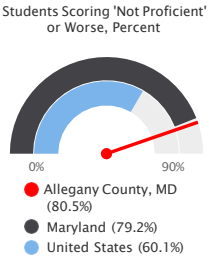
- Over 50.0%
- 30.1 - 50.0%
- 20.1 - 30.0%
- Under 20.1%
- No Data or Data Suppressed
- Allegany County, MD

Proficiency - Student Reading Proficiency (4th Grade)

Information about student performance in the 4th grade English Language Arts portion of the state-specific standardized tests are displayed in

the table below. Of 2,235 students tested, 19.5% of 4th graders performed at or above the "proficient" level, and 80.5% tested below the "proficient" level, which is worse than the statewide rate of 20.8%, according to the latest data.

Report Area	Students with Valid Test Scores	Students Scoring 'Proficient' or Better, Percent	Students Scoring 'Not Proficient' or Worse, Percent
Allegany County, MD	2,235	19.5%	**80.5%**
Maryland	238,154	20.8%	79.2%
United States	4,968,367	39.9%	60.1%



Note: This indicator is compared to the state average.
Data Source: US Department of Education, EDFacts. Additional data analysis by CARES. 2020-21.

View larger map

Language Arts Test Scores, Grade 4, Percent Not Proficient by School District (Elementary), ED*Facts* 2020-21

- Over 50.0%
- 30.1 - 50.0%
- 20.1 - 30.0%
- Under 20.1%
- No Data or Data Suppressed
- Allegany County, MD

Public School Revenue

This indicator displays the total revenue that public schools receive from federal, state, and local sources.

Report Area	Total Revenue (Millions)	Revenue Per Student ($)	Revenue From Federal Sources (%)	Revenue From State Sources (%)	Revenue From Local Sources (%)
Allegany County, MD	142	**16,868**	9.23	66.84	23.93
Maryland	16,887	18,589.00	5.27	43.17	51.57
United States	803,660	16,004.00	7.24	46.28	46.48

Note: This indicator is compared to the state average.
Data Source: National Center for Education Statistics, NCES - Common Core of Data. Additional data analysis by CARES. 2019-20.

View larger map

All Public Education Revenue, Rate (in USD) per Student by County, NCES CCD 2020-21

- Over $18,000
- $15,001 - $18,000
- $12,000 - $15,000
- Under $12,000
- No Data
- Allegany County, MD

Public School Expenditures

This indicator reports the total expenditures of public schools including spending on instruction, salaries, capital outlay, support services, and other areas.

Report Area	Total Expenditures (Millions)	Expenditures Per Student ($)	Expenditures Spent on Instruction (%)	Expenditures spent on Support Services (%)	Expenditures Spent on Capital Outlay (%)	Expenditures Spent on Non-Elementary/Secondary Education (%)
Allegany County, MD	137	17,074	63.30	29.56	3.31	0.56
Maryland	16,446	18,657	57.06	29.25	8.99	0.13
United States	827,605	17,001	50.31	29.77	10.07	0.90

Note: This indicator is compared to the state average.
Data Source: National Center for Education Statistics, NCES - Common Core of Data. Additional data analysis by CARES. 2020-21.

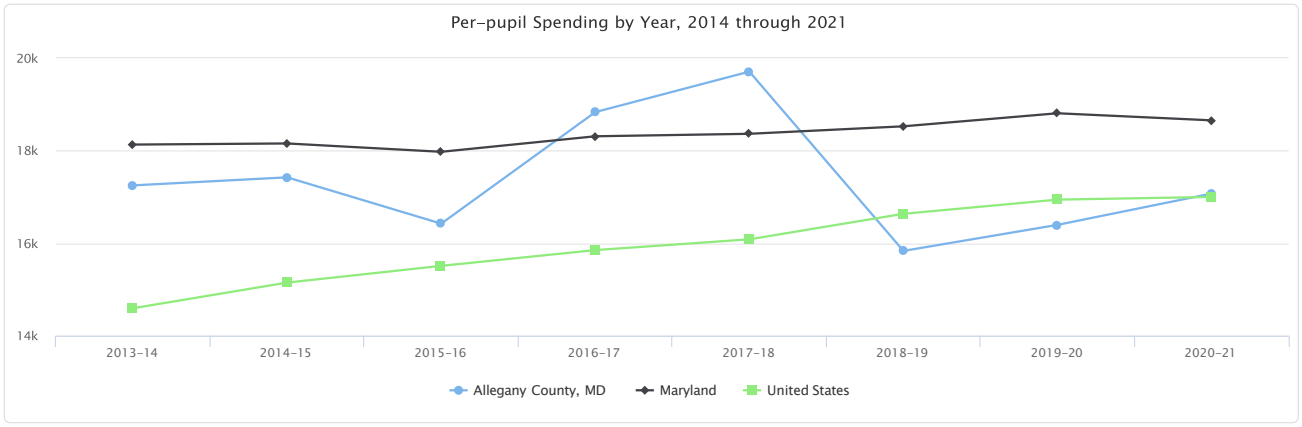
View larger map

All Public Education Expenditures, Rate (in USD) per Student by County, NCES CCD 2020-21

- Over $17,000
- $14,000 - $17,000
- $12,000 - 14,000
- Under $12,000
- No Data
- Allegany County, MD

Per-pupil Spending by Year, 2014 through 2021

This indicator reports the per-pupil spending in public schools over the years from school year 2013-14 to 2020-21. Data are inflation adjusted to the latest data year dollars.



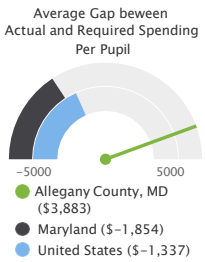
School Funding Adequacy

This indicator reports the average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district. Data are acquired from the 2021 School Finance Indicators Database and are used in the 2024 County Health Rankings.

Within the report area, the average per-pupil spending is $16,354 while the required spending is $12,471, thus resulting in a gap of $3,883 that is greater than the state average of $-1,854.

Report Area	Actual Spending Per Pupil	Required Spending Per Pupil	Gap between Actual and Required Spending
Allegany County, MD	$16,354	$12,471	$3,883
Maryland	$16,418	$18,272	$-1,854
United States	$14,116	$15,453	$-1,337

Note: This indicator is compared to the state average.
Data Source: School Finance Indicators Database, SFID - School Finance Indicators Database. 2021.



View larger map

School Funding Adequacy, Gap in Dollars by County, SFID 2021

- Over $12,000
- $3,001 - $12,000
- $0 - $3,000
- Under $0
- No Data or Data Suppressed
- Allegany County, MD

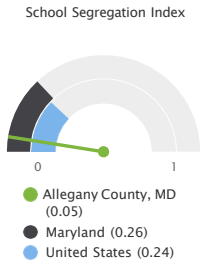
School Segregation Index

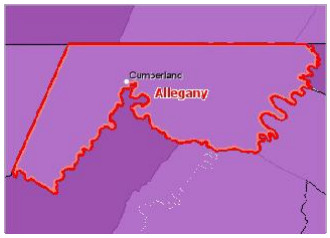
This indicator reports the extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation. Data are acquired from the 2022-2023 National Center for Education Statistics (NCES) data and are used in the 2024 County Health Rankings.

Within the report area, the school segregation index is 0.05, which is lower than the state average of 0.26.

Report Area	Population Age 5-17	School Segregation Index
Allegany County, MD	8,933	0.05
Maryland	1,001,755	0.26
United States	54,208,780	0.24

Note: This indicator is compared to the state average.
Data Source: National Center for Education Statistics, NCES - School Segregation Index. Accessed via County Health Rankings. 2022-2023.





View larger map

School Segregation Index, Ranges from 0 to 1 by County, NCES 2022-2023

- Over 0.10
- 0.06 - 0.10
- 0.03 - 0.05
- Under 0.03
- No Data or Data Suppressed
- Allegany County, MD

Housing and Families

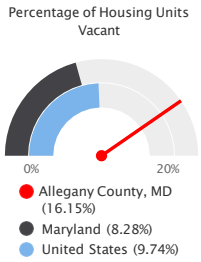
This category contains indicators that describe the structure of housing and families, and the condition and quality of housing units and residential neighborhoods. These indicators are important because housing issues like overcrowding and affordability have been linked to multiple health outcomes, including infectious disease, injuries, and mental disorders. Furthermore, housing metrics like home-ownership rates and housing prices are key for economic analysis.

Housing Units - Overview (2020)

This indicator reports the total number of housing units and their occupancy status in the report area. Data are obtained from the U.S. Census Bureau Decennial Census 2020.
Of all the 32,911 housing units in the report area, 27,596 or 83.85% are occupied and 5,315 or 16.15% are vacant.

Report Area	Total Housing Units	Occupied, Total	Vacant, Total	Occupied, Percent	Vacant, Percent
Allegany County, MD	32,911	27,596	5,315	83.85%	16.15%
Maryland	2,530,844	2,321,208	209,636	91.72%	8.28%
United States	140,498,736	126,817,580	13,681,156	90.26%	9.74%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, Decennial Census. 2020.



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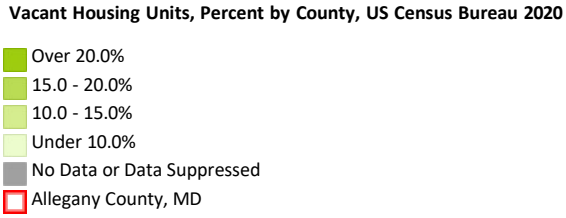
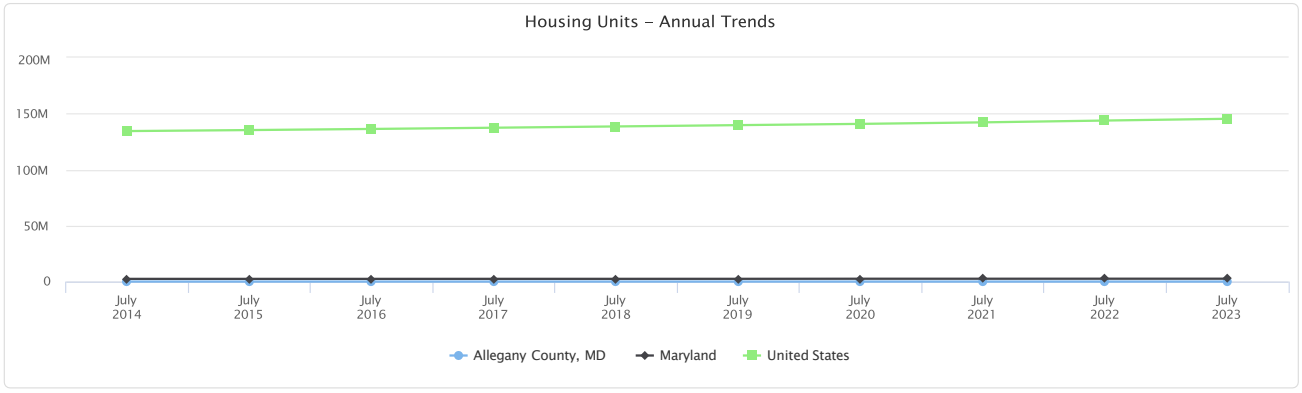


Housing Units - Annual Trends

The number of housing units within the report area in July of each year from 2014-2023 is shown below. According to the U.S. Census, there were a total of 32,647 housing units in the report area in 2023, an decrease of -479 (or -1.45%) since 2014 compared to a 6.45% increase statewide.

Report Area	July 2014	July 2015	July 2016	July 2017	July 2018	July 2019	July 2020	July 2021	July 2022	July 2023
Allegany County, MD	33,126	33,036	32,970	32,915	32,828	32,737	32,894	32,804	32,734	32,647
Maryland	2,416,438	2,426,669	2,437,416	2,448,604	2,458,577	2,470,316	2,533,835	2,546,113	2,558,930	2,572,412
United States	134,388,318	135,285,123	136,286,436	137,366,902	138,516,439	139,684,244	140,808,401	142,163,952	143,789,637	145,344,636

Data Source: US Census Bureau, US Census Population Estimates.



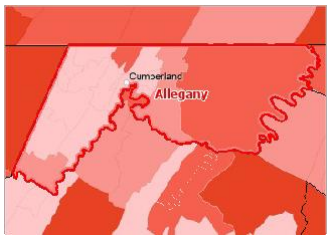
Households and Families - Overview

This indicator reports the total number and percentage of households by composition (married couple family, nonfamily, etc.). According to the American Community Survey subject definitions, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption*. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

**Family households and married-couple families do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption.*

Report Area	Total Households	Family Households	Family Households, Percent	Non-Family Households	Non-Family Households, Percent
Allegany County, MD	27,462	15,770	57.42%	11,692	42.58%
Maryland	2,318,124	1,525,066	65.79%	793,058	34.21%
United States	125,736,353	81,432,908	64.76%	44,303,445	35.24%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Family Households, Percent by Tract, ACS 2018-22

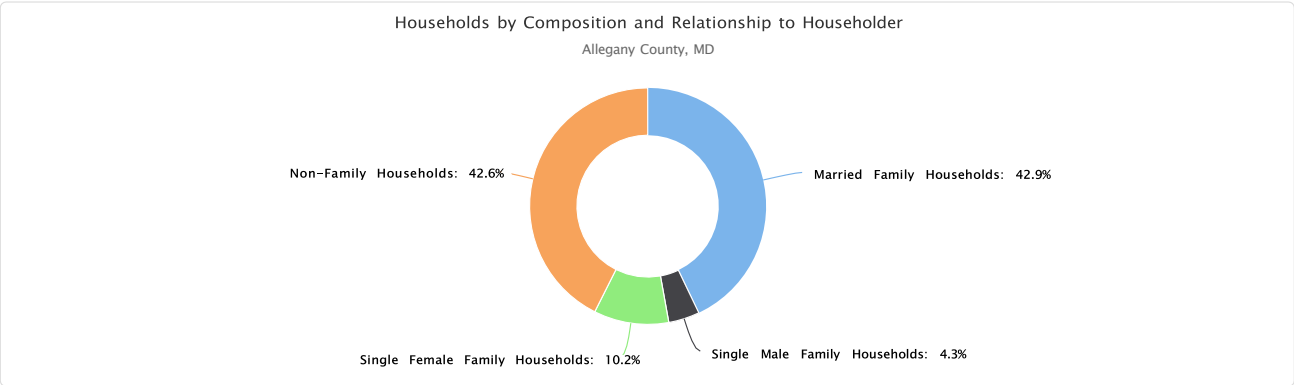
- Over 72.0%
- 68.1 - 72.0%
- 65.1 - 68.0%
- Under 65.1%
- No Data or Data Suppressed
- Allegany County, MD

Households by Composition and Relationship to Householder

This indicator reports households by composition and relationship to householder.

Report Area	Total Households	Married Family Households	Single Male Family Households	Single Female Family Households	Non-Family Households
Allegany County, MD	27,462	11,782	1,174	2,814	11,692
Maryland	2,318,124	1,092,896	112,991	319,179	793,058
United States	125,736,353	59,760,581	6,298,607	15,373,720	44,303,445

Data Source: US Census Bureau, American Community Survey. 2018-22.

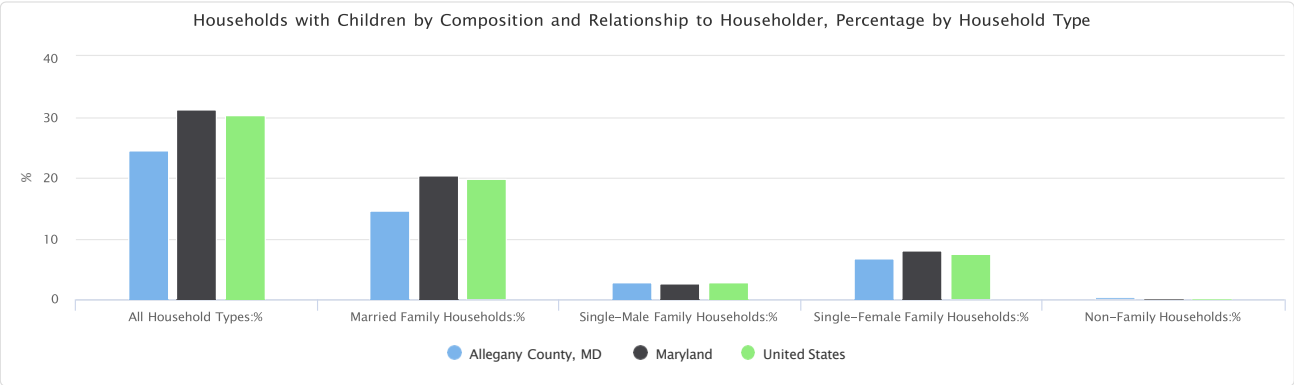


Households with Children by Composition and Relationship to Householder, Percentage by Household Type

This indicator reports households with children by composition and relationship to householder by percentage of total households.
The percentage values could be interpreted as, for example, *"Of all types of households within the report area, the households with children is (value); of all the married family households within the report area, the households with children is (value); etc."*

Report Area	All Household Types	Married Family Households	Single-Male Family Households	Single-Female Family Households	Non-Family Households
Allegany County, MD	24.56%	14.50%	2.85%	6.82%	0.39%
Maryland	31.23%	20.34%	2.63%	7.99%	0.27%
United States	30.19%	19.73%	2.72%	7.47%	0.27%

Data Source: US Census Bureau, American Community Survey. 2018-22.

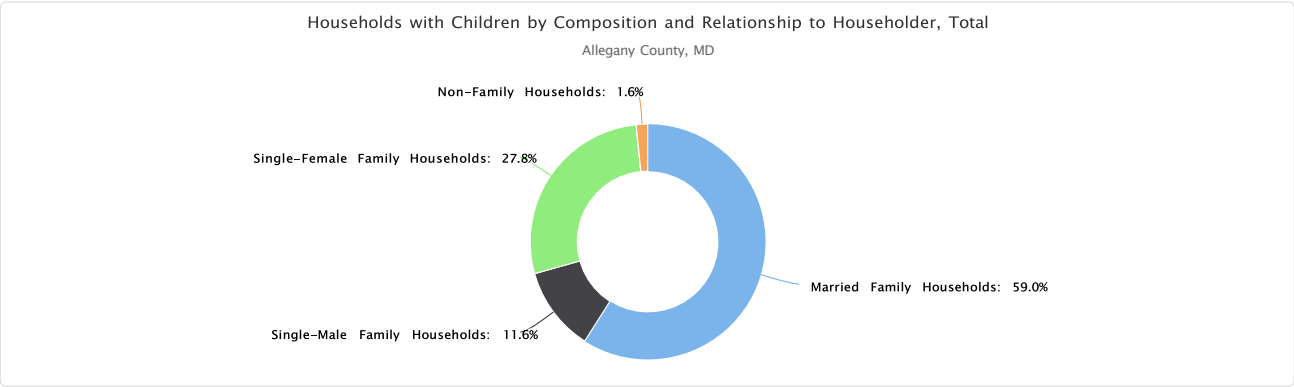


Households with Children by Composition and Relationship to Householder, Total

This indicator reports the total number of households with children by composition and relationship to householder.

Report Area	All Household Types	Married Family Households	Single-Male Family Households	Single-Female Family Households	Non-Family Households
Allegany County, MD	6,745	3,981	784	1,873	107
Maryland	723,835	471,465	60,889	185,227	6,254
United States	37,956,469	24,811,679	3,417,786	9,393,016	333,988

Data Source: US Census Bureau, American Community Survey. 2018-22.

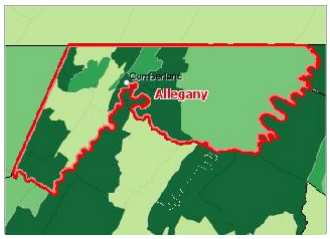


Families - Overview

The American Community Survey (ACS) estimated there were 15,770 families in the report area in 2022. Married couple families comprised 74.71% of the total number. Families headed by men without wives comprised 7.44% of the total, while women without husbands headed 17.84% of families.

Report Area	Total Number of Families	Married Couple	Female, Spouse Absent	Male, Spouse Absent
Allegany County, MD	15,770	11,782	2,814	1,174
Maryland	1,525,066	1,092,896	319,179	112,991
United States	81,432,908	59,760,581	15,373,720	6,298,607

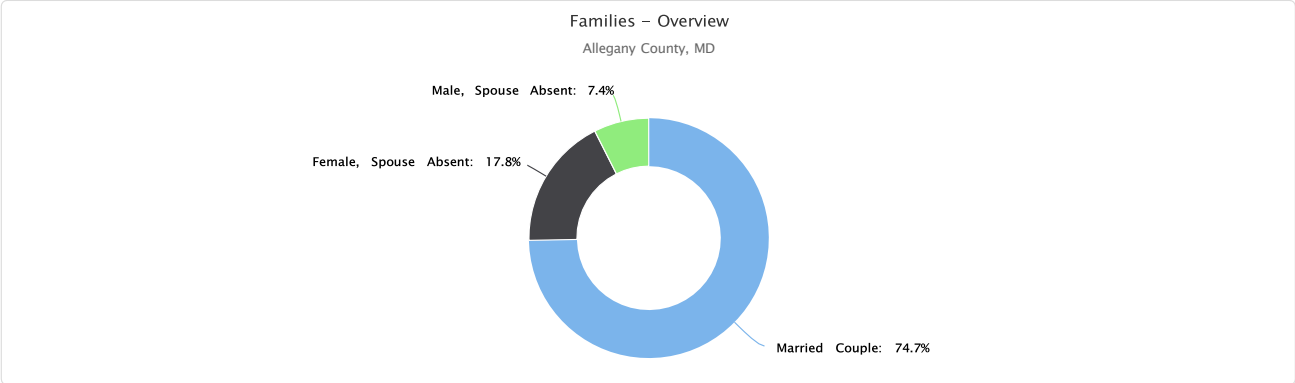
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Single Parent Households with Children (Age 0-17), Percent by Tract, ACS 2018-22

- Over 38.0%
- 32.1 - 38.0%
- 26.1 - 32.0%
- Under 26.1%
- No Households with Children Reported
- No Data or Data Suppressed
- Allegany County, MD

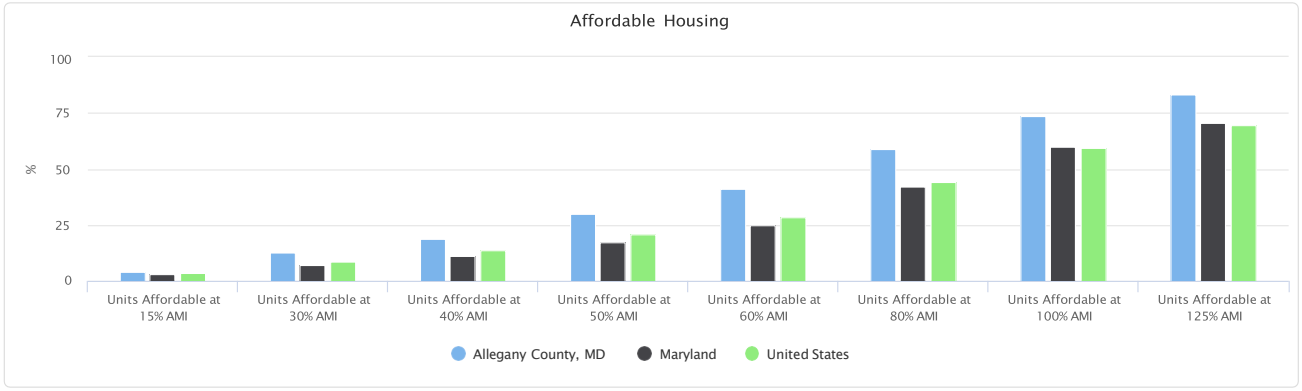


Affordable Housing

This indicator reports the number and percentage of housing units affordable at various income levels. Affordability is defined by assuming that housing costs should not exceed 30% of total household income. Income levels are expressed as a percentage of each county's area median household income (AMI).

Report Area	Units Affordable at 15% AMI	Units Affordable at 30% AMI	Units Affordable at 40% AMI	Units Affordable at 50% AMI	Units Affordable at 60% AMI	Units Affordable at 80% AMI	Units Affordable at 100% AMI	Units Affordable at 125% AMI
Allegany County, MD	4.12%	12.60%	18.98%	30.10%	40.99%	59.13%	**73.67%**	83.19%
Maryland	3.24%	6.90%	11.30%	17.24%	24.69%	42.29%	59.82%	70.78%
United States	3.56%	8.38%	13.55%	20.73%	28.61%	44.19%	59.45%	69.61%

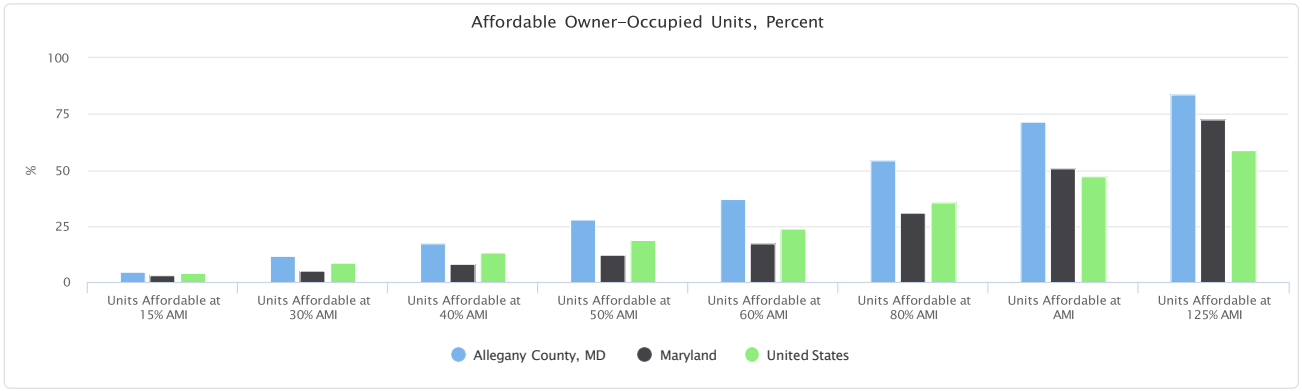
Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



Affordable Owner-Occupied Units, Percent

Report Area	Units Affordable at 15% AMI	Units Affordable at 30% AMI	Units Affordable at 40% AMI	Units Affordable at 50% AMI	Units Affordable at 60% AMI	Units Affordable at 80% AMI	Units Affordable at AMI	Units Affordable at 125% AMI
Allegany County, MD	4.49%	11.73%	17.14%	27.81%	36.89%	54.15%	71.42%	83.69%
Maryland	2.92%	5.28%	8.16%	12.01%	17.30%	31.14%	50.55%	72.76%
United States	4.25%	8.72%	13.30%	18.64%	24.02%	35.48%	47.43%	58.74%

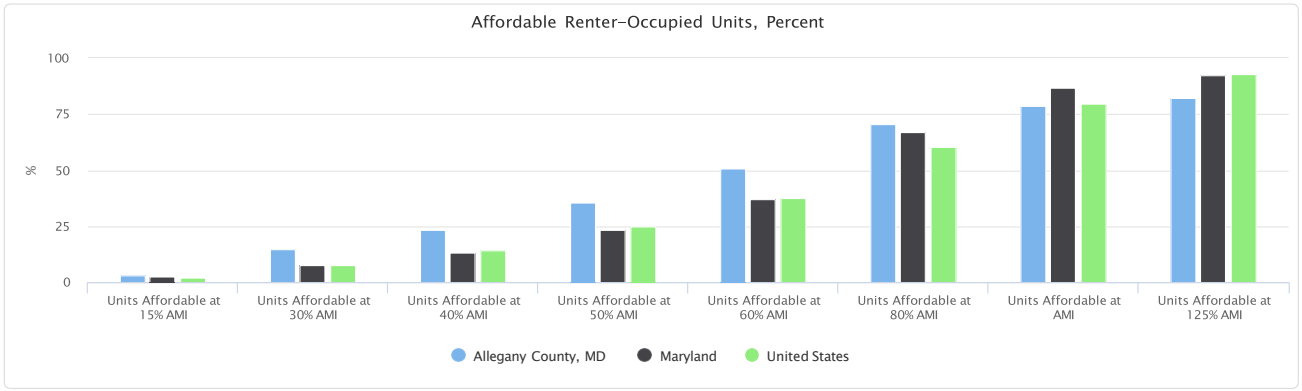
Data Source: US Census Bureau, American Community Survey. 2018-22.



Affordable Renter-Occupied Units, Percent

Report Area	Units Affordable at 15% AMI	Units Affordable at 30% AMI	Units Affordable at 40% AMI	Units Affordable at 50% AMI	Units Affordable at 60% AMI	Units Affordable at 80% AMI	Units Affordable at AMI	Units Affordable at 125% AMI
Allegany County, MD	3.27%	14.64%	23.27%	35.48%	50.62%	70.80%	78.93%	82.00%
Maryland	2.79%	7.79%	13.45%	23.17%	37.12%	66.98%	86.70%	92.22%
United States	2.18%	7.63%	14.21%	24.84%	37.57%	60.54%	79.53%	92.95%

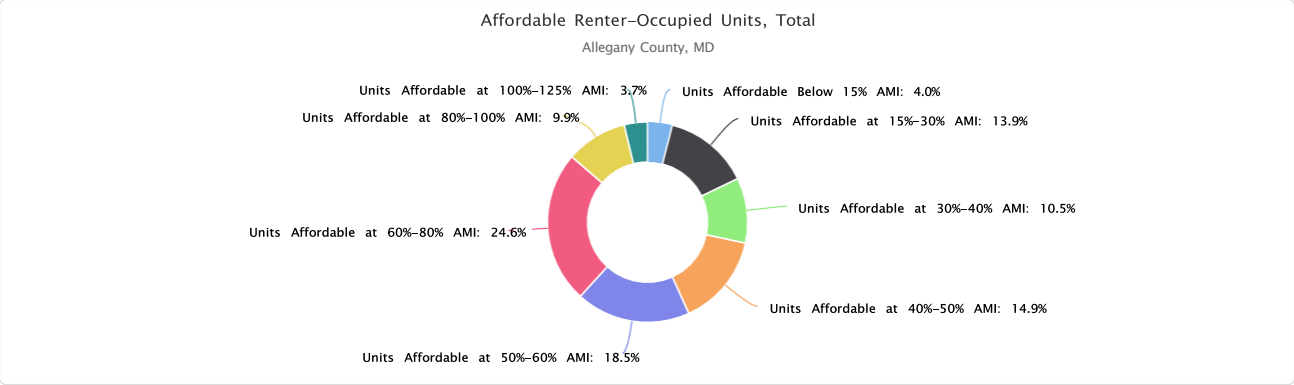
Data Source: US Census Bureau, American Community Survey. 2018-22.



Affordable Renter-Occupied Units, Total

Report Area	Units Affordable Below 15% AMI	Units Affordable at 15%-30% AMI	Units Affordable at 30%-40% AMI	Units Affordable at 40%-50% AMI	Units Affordable at 50%-60% AMI	Units Affordable at 60%-80% AMI	Units Affordable at 80%-100% AMI	Units Affordable at 100%-125% AMI
Allegany County, MD	268.84	932.90	709.07	1,001.77	1,243.24	1,656.58	667.73	252.34
Maryland	68,650.58	122,680.61	139,114.89	238,873.58	342,874.21	733,493.10	484,647.86	135,704.68
United States	12,661,403.42	31,739,428.35	38,240,984.29	61,842,133.71	74,046,296.11	133,595,712.88	110,401,813.07	78,082,598.09

Data Source: US Census Bureau, American Community Survey. 2018-22.



Affordable Housing - Low Income Tax Credits

The Low Income Housing Tax Credit (LIHTC) program gives State and local LIHTC-allocating agencies the equivalent of nearly $8 billion in annual budget authority to issue tax credits for the acquisition, rehabilitation, or new construction of rental housing targeted to lower-income households. This indicator reports the total number of housing units benefiting from Low Income Housing Tax Credits.

Report Area	LIHTC Properties	LIHTC Units
Allegany County, MD	13	600
Maryland	706	59,628
United States	43,092	2,784,155

Data Source: US Department of Housing and Urban Development. 2019.

View larger map

Low Income Housing Tax Credit (LIHTC) Units, Total by Tract, HUD 2019

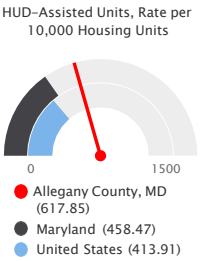
- 201 - 3354
- 101 - 200
- 51 - 100
- 1 - 50
- -9999 - 0
- Allegany County, MD

Affordable Housing - Assisted Housing Units

This indicator reports the total number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households).

Report Area	Total Housing Units (2022)	Total HUD-Assisted Housing Units	HUD-Assisted Units, Rate per 10,000 Housing Units
Allegany County, MD	27,369	1,691	617.85
Maryland	2,230,527	102,264	458.47
United States	123,559,968	5,114,316	413.91

Note: This indicator is compared to the state average.
Data Source: US Department of Housing and Urban Development. 2017-21.



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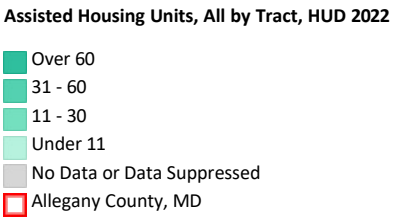
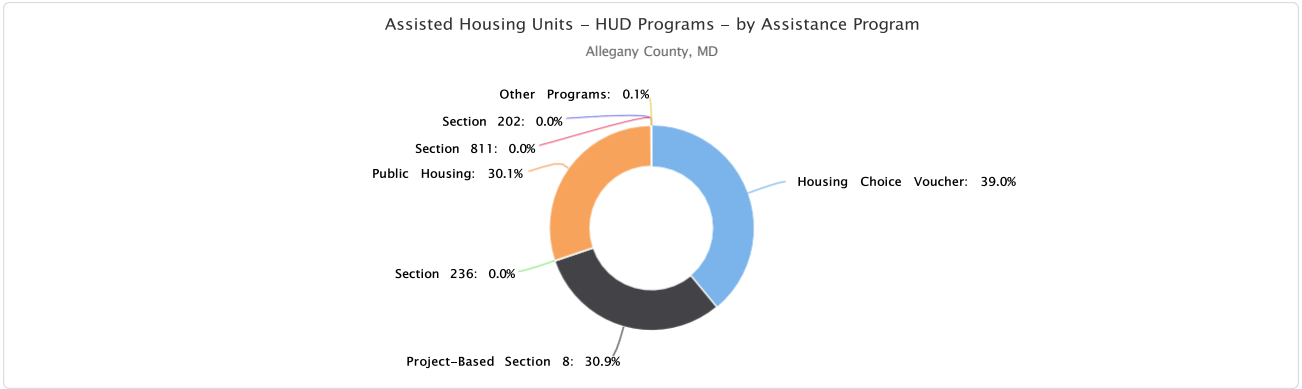


Assisted Housing Units - HUD Programs - by Assistance Program

Report Area	Housing Choice Voucher Units	Project-Based Section 8 Units	Section 236 Units (Federal Housing Authority Projects)	Public Housing Authority Units	Section 202 Units (Supportive Housing for the Elderly)	Section 811 Units (Supportive Housing for Persons with Disabilities)	Other Multi-Family Program Units (RAP, SUP, Moderate Rehab, Etc.)
Allegany County, MD	668.00	529.00	0.00	516.00	0.00	0.00	1.00
Maryland	57,292.00	28,220.00	309.00	11,671.00	3,363.00	1,168.00	145.00
United States	2,669,691.00	1,306,727.00	14,149.00	931,624.00	125,568.00	33,860.00	16,423.00

Data Source: US Department of Housing and Urban Development. 2017-21.



Household Structure - Families with Children

According to the most recent American Community Survey estimates, 24.17% of all occupied households in the report area are family households with one or more child(ren) under the age of 18. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

Report Area	Total Households	Total Family Households	Families with Children (Age 0-17)	Families with Children (Age 0-17), Percent of Total Households
Allegany County, MD	27,462	15,770	6,638	24.17%
Maryland	2,318,124	1,525,066	717,581	30.96%
United States	125,736,353	81,432,908	37,622,481	29.92%

Data Source: US Census Bureau, American Community Survey. 2018-22.

View larger map

Households with Children (Age 0-17), Percent by Tract, ACS 2018-22

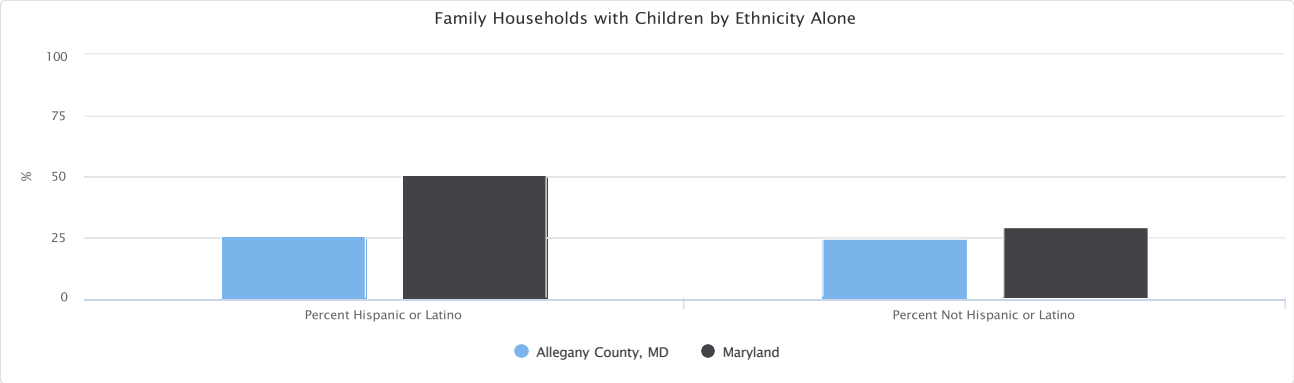
- Over 35.0%
- 31.6 - 35.0%
- 28.1 - 31.5%
- Under 28.1%
- No Data or Data Suppressed
- Allegany County, MD

Family Households with Children by Ethnicity Alone

This indicator reports the total and percentage of family households with children by ethnicity alone.
The percentage values could be interpreted as, for example, *"Of all the Hispanic or Latino households in the report area, the percentage that are families with children under 18 is (value)."*

Report Area	Total Hispanic or Latino	Total Not Hispanic or Latino	Percent Hispanic or Latino	Percent Not Hispanic or Latino
Allegany County, MD	80	6,517	25.89%	24.00%
Maryland	89,734	624,736	52.06%	29.12%

Data Source: US Census Bureau, American Community Survey. 2018-22.

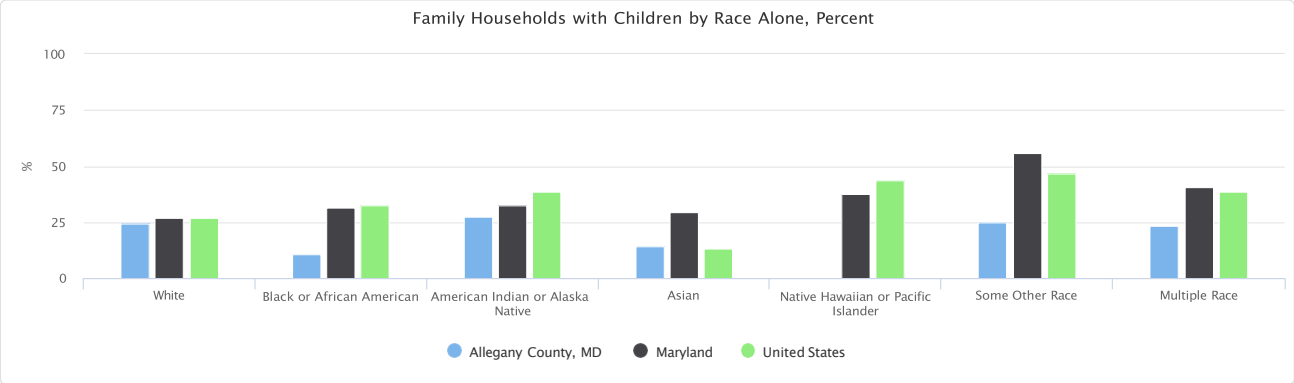


Family Households with Children by Race Alone, Percent

This indicator reports the percentage of family households with children by race alone.
The percentage values could be interpreted as, for example, *"Of all the white households in the report area, the percentage that are families with children under 18 is (value)."*

Report Area	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	24.20%	10.76%	27.27%	14.24%	0.00%	24.66%	23.11%
Maryland	27.11%	31.63%	32.27%	29.68%	37.74%	55.96%	40.81%
United States	26.85%	32.40%	38.49%	13.21%	43.57%	46.55%	38.58%

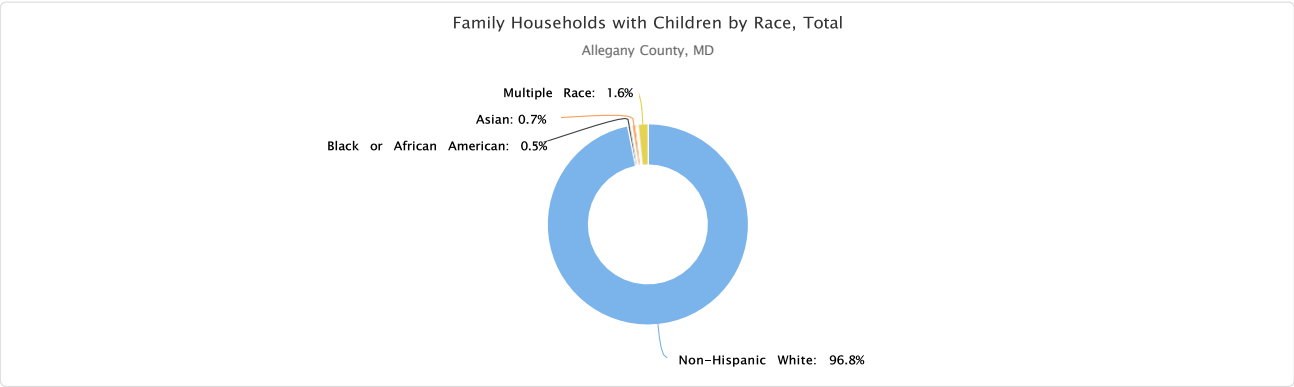
Data Source: US Census Bureau, American Community Survey. 2018-22.



Family Households with Children by Race, Total

Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	6,385	31	12	44	0	18	107
Maryland	350,855	219,783	1,890	51,158	391	48,775	41,618
United States	23,924,399	4,987,865	340,220	2,337,704	76,073	2,618,063	3,158,967

Data Source: US Census Bureau, American Community Survey. 2018-22.

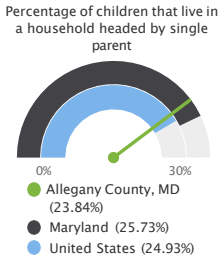


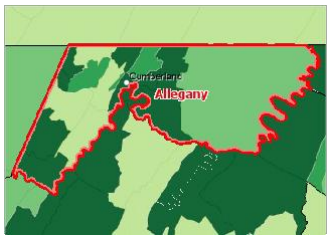
Household Structure - Single-Parent Households

This indicator reports the percentage of children who live in households where only one parent is present.

Report Area	Population Age 0-17	Children in Single-Parent Households	Percentage of Children in Single-Parent Households
Allegany County, MD	11,978	2,856	**23.84%**
Maryland	1,357,915	349,440	25.73%
United States	73,025,646	18,206,449	24.93%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Single Parent Households with Children (Age 0-17), Percent by Tract, ACS 2018-22

- Over 38.0%
- 32.1 - 38.0%
- 26.1 - 32.0%
- Under 26.1%
- No Households with Children Reported
- No Data or Data Suppressed
- Allegany County, MD

Household Structure - Older Adults Living Alone

This indicator reports the percentage of households occupied by a single older adult (age 65+). This indicator is important because older adults who live alone are vulnerable populations who may have challenges accessing basic needs, including health needs.

Report Area	Total Occupied Households	Total Households with Seniors (Age 65+)	Households with Seniors Living Alone	Percentage of Total Households	Percentage of Senior Households
Allegany County, MD	27,462	9,960	4,668	17.00%	**46.87%**
Maryland	2,318,124	702,633	259,289	11.19%	36.90%
United States	125,736,353	38,775,247	14,433,125	11.48%	37.22%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.

View larger map

Households with Seniors (Age 65+) Living Alone, Percent by Tract, ACS 2018-22

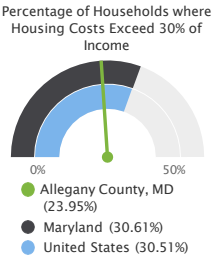
- Over 13.0%
- 11.1 - 13.0%
- 9.1 - 11.0%
- Under 9.1%
- No Data or Data Suppressed
- Allegany County, MD

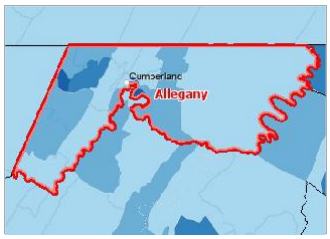
Housing Costs - Cost Burden (30%)

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 27,462 total households in the report area, 6,577 or 23.95% of the population live in cost burdened households.

Report Area	Total Households	Cost-Burdened Households	Cost-Burdened Households, Percent
Allegany County, MD	27,462	6,577	**23.95%**
Maryland	2,318,124	709,537	30.61%
United States	125,736,353	38,363,931	30.51%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Tract, ACS 2018-22

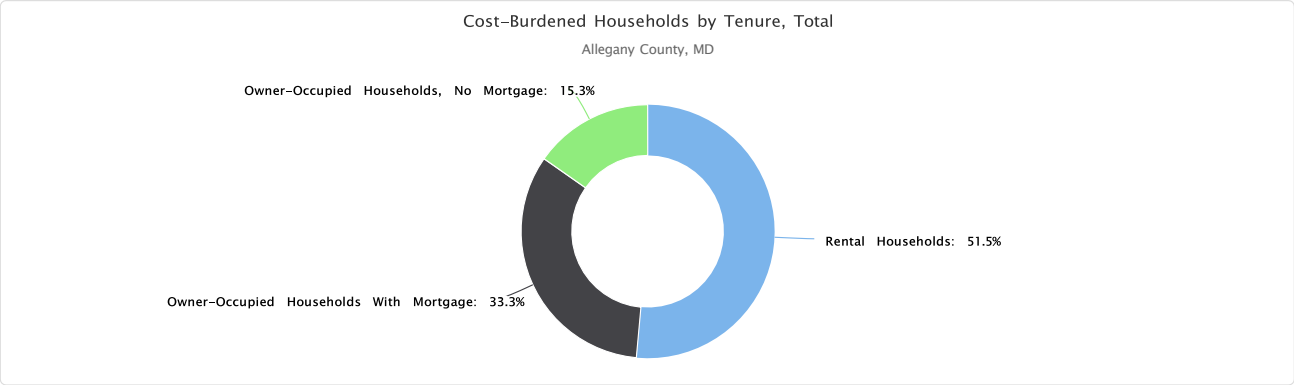
- Over 35.1%
- 28.1 - 35.0%
- 21.1 - 28.0%
- Under 21.1%
- No Data or Data Suppressed
- Allegany County, MD

Cost-Burdened Households by Tenure, Total

These data show the number of households that spend more than 30% of the household income on housing costs. In the report area, there were 6,577 cost burdened households according to the U.S. Census Bureau American Community Survey (ACS) 2018-2022 5-year estimates. The data for this indicator is only reported for households where household housing costs and income earned was identified in the American Community Survey.

Report Area	Cost-Burdened Households	Cost-Burdened Rental Households	Cost-Burdened Owner-Occupied Households w/ Mortgage	Cost-Burdened Owner-Occupied Households w/o Mortgage
Allegany County, MD	6,577	3,384	2,189	1,004
Maryland	709,537	359,549	293,328	56,660
United States	38,363,931	20,547,938	13,624,400	4,191,593

Data Source: US Census Bureau, American Community Survey. 2018-22.

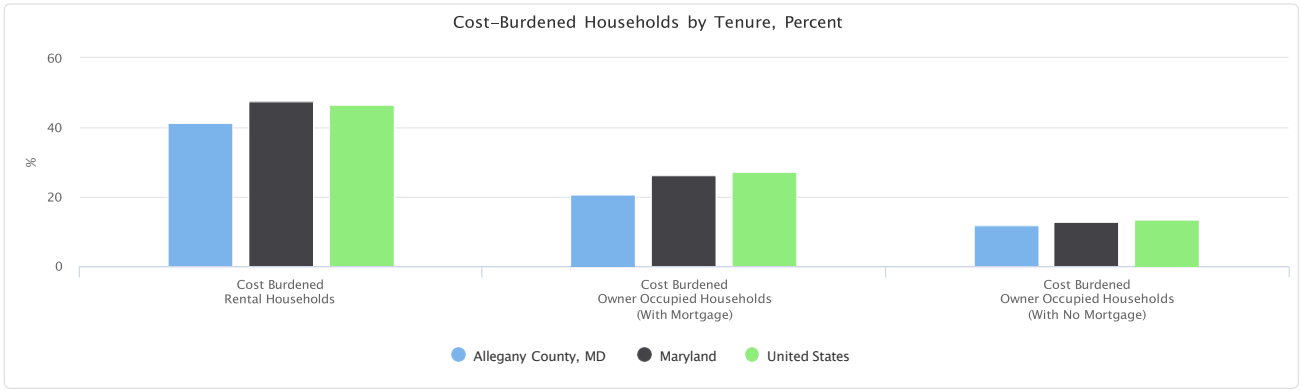


Cost-Burdened Households by Tenure, Percent

These data show the percentage of households by tenure that are cost burdened. Cost burdened rental households (those that spent more than 30% of the household income on rental costs) represented 41.22% of all of the rental households in the report area, according to the U.S. Census Bureau American Community Survey (ACS) 2018-2022 5-year estimates. The data for this indicator is only reported for households where tenure, household housing costs, and income earned was identified in the American Community Survey.

Report Area	Rental Households	Rental Households Cost-Burdened, Percent	Owner-Occupied Households w/ Mortgage	Owner-Occupied Households w/ Mortgage Cost-Burdened, Percent	Owner-Occupied Households w/o Mortgage	Owner-Occupied Households w/o Mortgage Cost-Burdened, Percent
Allegany County, MD	8,210	41.22%	10,661	20.53%	8,591	11.69%
Maryland	754,068	47.68%	1,122,350	26.14%	441,706	12.83%
United States	44,238,593	46.45%	50,148,459	27.17%	31,349,301	13.37%

Data Source: US Census Bureau, American Community Survey. 2018-22.

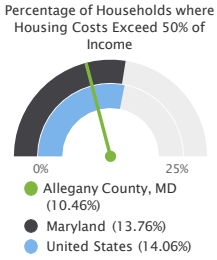


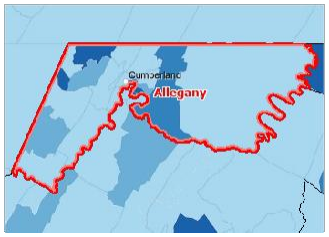
Housing Costs - Cost Burden, Severe (50%)

This indicator reports the percentage of the households where housing costs are 50% or more total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

Report Area	Total Households	Severely Burdened Households	Severely Burdened Households, Percent
Allegany County, MD	27,462	2,872	10.46%
Maryland	2,318,124	318,915	13.76%
United States	125,736,353	17,679,129	14.06%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Severely Cost Burdened Households (Housing Costs Exceed 50% of Household Income), Percent by Tract, ACS 2018-22

- Over 15.0%
- 12.1 - 15.0%
- 9.1 - 12.0%
- Under 9.1%
- No Data or Data Suppressed
- Allegany County, MD

Severely Cost-Burdened Households by Tenure, Total

This data shows the number of households that spend more than 50% of the household income on housing costs. In the report area, there were 2,872 severely cost burdened households according to the U.S. Census Bureau American Community Survey (ACS) 2018-2022 5-year estimates. The data for this indicator is only reported for households where household housing costs and income earned was identified in the American Community Survey.

Report Area	Severely Burdened Households	Severely Burdened Rental Households	Severely Burdened Owner-Occupied Households w/ Mortgage	Severely Burdened Owner-Occupied Households w/o Mortgage
Allegany County, MD	2,872	1,454	908	510
Maryland	318,915	178,343	111,584	28,988
United States	17,679,129	10,301,618	5,419,588	1,957,923

Data Source: US Census Bureau, American Community Survey. 2018-22.

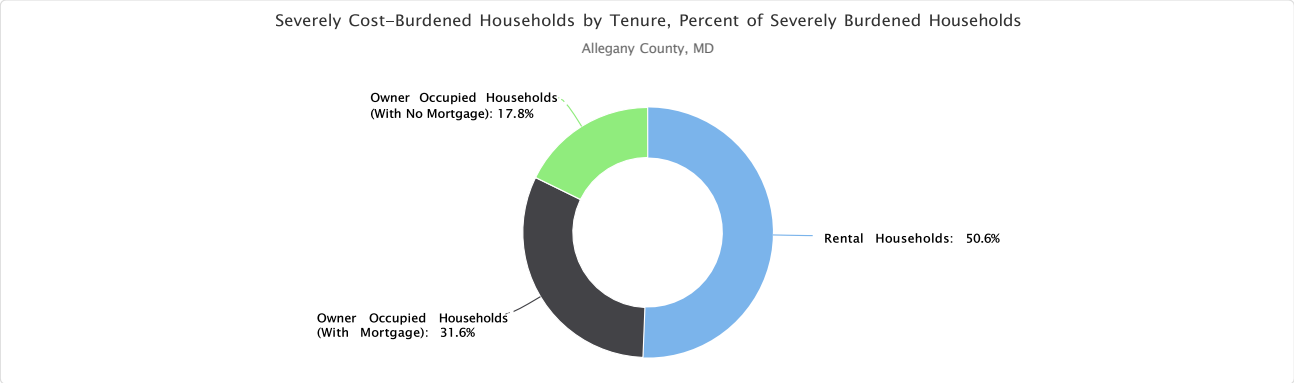
Severely Cost-Burdened Households by Tenure, Percent of Severely Burdened Households

This data shows the percentage of severely cost burdened households that each tenure type represented. Rental households that spent more than 50% of the household income on rental costs represented 50.63% of all of the severely cost burdened households in the report area,

according to the U.S. Census Bureau American Community Survey (ACS) 2018-2022 5-year estimates. The data for this indicator is only reported for households where tenure, household housing costs, and income earned was identified in the American Community Survey.

Report Area	Severely Burdened Households	Rental Households, Percent	Owner-Occupied Households w/ Mortgage, Percent	Owner-Occupied Households w/o Mortgage, Percent
Allegany County, MD	2,872	50.63%	31.62%	17.76%
Maryland	318,915	55.92%	34.99%	9.09%
United States	17,679,129	58.27%	30.66%	11.07%

Data Source: US Census Bureau, American Community Survey. 2018-22.

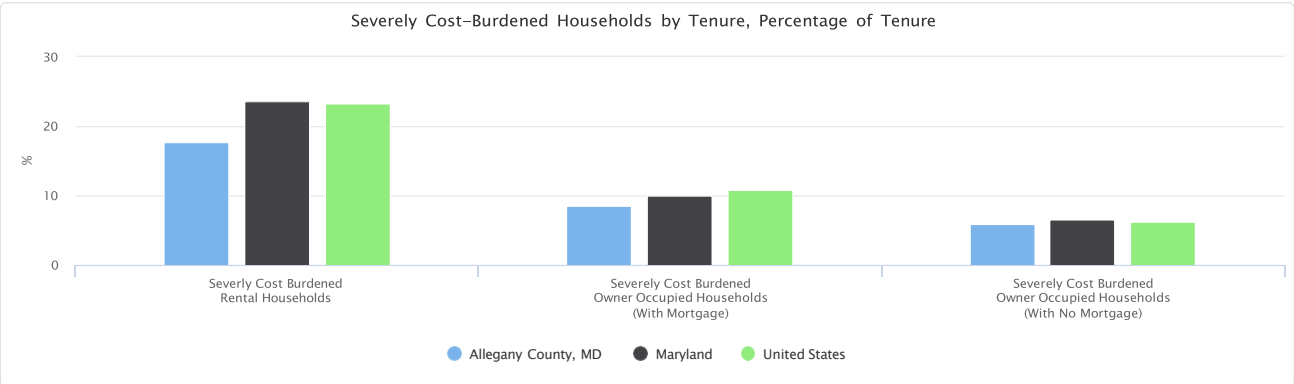


Severely Cost-Burdened Households by Tenure, Percentage of Tenure

This data shows the percentage of each tenure type that represented severely cost burdened households. Severely cost burdened rental households (those that spent more than 50% of the household income on rental costs) represented 17.71% of all of the rental households in the report area, according to the U.S. Census Bureau American Community Survey (ACS) 2018-2022 5-year estimates. The data for this indicator is only reported for households where tenure, household housing costs, and income earned was identified in the American Community Survey.

Report Area	Rental Households	Rental Households Severely Burdened, Percent	Owner-Occupied Households w/ Mortgage	Owner-Occupied Households w/ Mortgage Severely Burdened, Percent	Owner-Occupied Households w/o Mortgage	Owner-Occupied Households w/o Mortgage Severely Burdened, Percent
Allegany County, MD	8,210	17.71%	10,661	8.52%	8,591	5.94%
Maryland	754,068	23.65%	1,122,350	9.94%	441,706	6.56%
United States	44,238,593	23.29%	50,148,459	10.81%	31,349,301	6.25%

Data Source: US Census Bureau, American Community Survey. 2018-22.

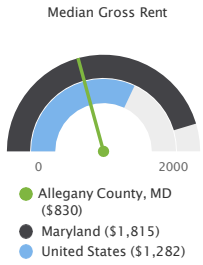


Housing Costs - Owner Costs

Selected monthly owner costs are the sum of payments for mortgages, deeds of trust, contracts to purchase, or similar debts on the property (including payments for the first mortgage, second mortgages, home equity loans, and other junior mortgages); real estate taxes; fire, hazard, and flood insurance on the property; utilities (electricity, gas, and water and sewer); and fuels (oil, coal, kerosene, wood, etc.). It also includes, where appropriate, the monthly condominium fee for condominiums and mobile home costs. Selected monthly owner costs were tabulated for all owner-occupied units, and usually are shown separately for units "with a mortgage" and for units "not mortgaged."

Report Area	Total Owner-Occupied Housing Units	Average Monthly Owner Costs	Median Monthly Owner Costs
Allegany County, MD	19,252	$927	$830
Maryland	1,564,056	$2,008	$1,815
United States	81,497,760	$1,604	$1,282

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Monthly Homeowner Housing Costs, All Units, Median by Tract, ACS 2018-22

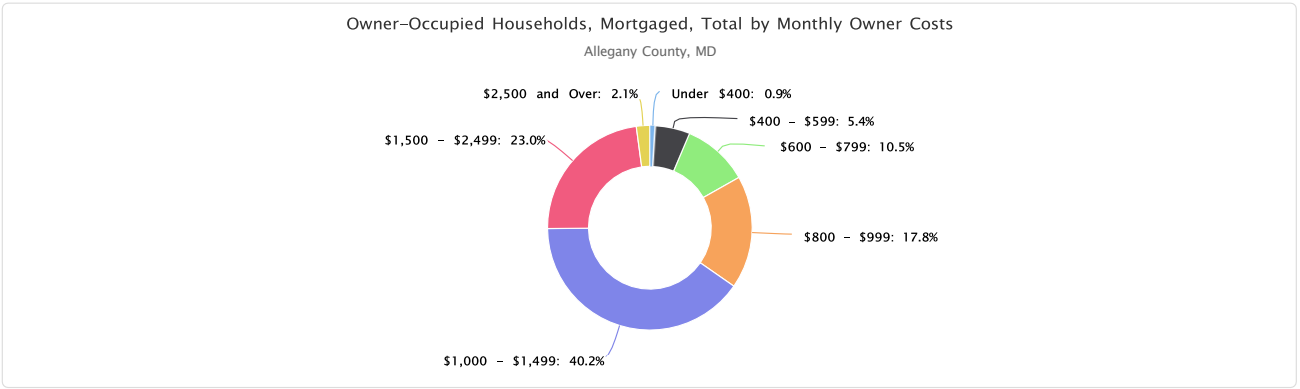
- Over $1,100
- $801 - $1,100
- $651 - $800
- $501 - $650
- Under $501
- No Data or Data Suppressed
- Allegany County, MD

Owner-Occupied Households, Mortgaged, Total by Monthly Owner Costs

This indicator reports the total number of owner-occupied households with mortgage by monthly owner costs.

Report Area	Under $400	$400 - $599	$600 - $799	$800 - $999	$1,000 - $1,499	$1,500 - $2,499	$2,500 or More
Allegany County, MD	103	592	1,147	1,954	4,403	2,518	232
Maryland	3,927	12,485	16,300	28,651	153,551	466,518	446,962
United States	187,234	1,380,670	1,859,607	3,364,525	11,648,218	18,456,259	13,994,812

Data Source: US Census Bureau, American Community Survey. 2018-22.

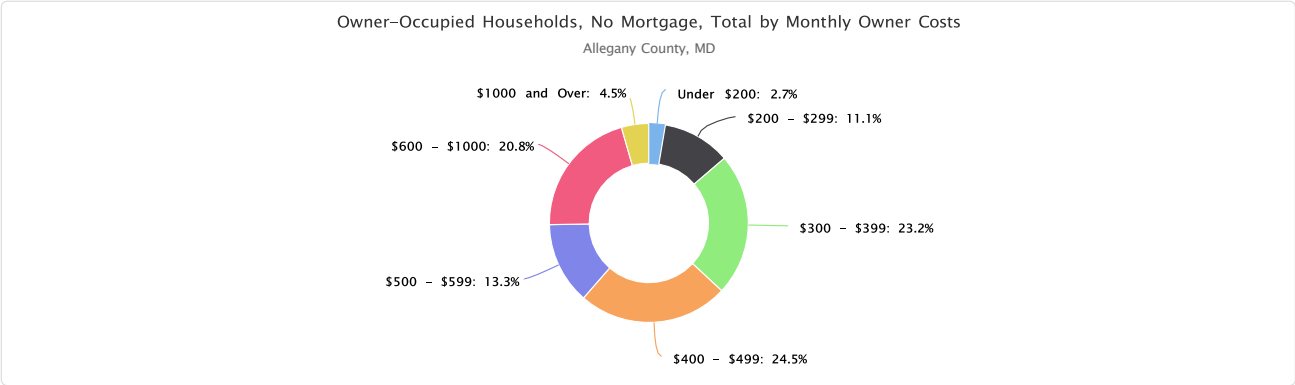


Owner-Occupied Households, No Mortgage, Total by Monthly Owner Costs

This indicator reports the total number of owner-occupied households without mortgage by monthly owner costs.

Report Area	Under $200	$200 - $299	$300 - $399	$400 - $499	$500 - $599	$600 - $999	$1,000 Or More
Allegany County, MD	233	967	2,027	2,139	1,164	1,819	389
Maryland	8,878	18,918	27,674	46,247	60,110	187,836	95,928
United States	1,372,247	3,407,017	3,969,545	4,348,511	3,971,903	9,410,220	5,601,522

Data Source: US Census Bureau, American Community Survey. 2018-22.

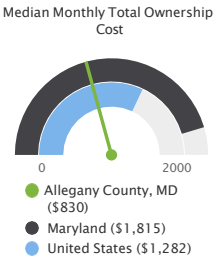


Housing Costs - Owner Costs by Mortgage Status

The median monthly total ownership cost of owner occupied housing units for the report area are shown below.

Report Area	Median Monthly Total Ownership Cost	Median Monthly Total Ownership Cost with Mortgage	Median Monthly Total Ownership Cost with no Mortgage
Allegany County, MD	$830	$1,160	$457
Maryland	$1,815	$2,245	$703
United States	$1,282	$1,828	$584

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Monthly Homeowner Housing Costs, All Units, Median by Tract, ACS 2018-22

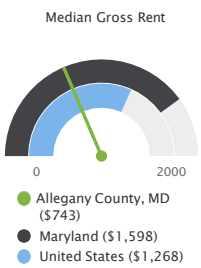
- Over $1,100
- $801 - $1,100
- $651 - $800
- $501 - $650
- Under $501
- No Data or Data Suppressed
- Allegany County, MD

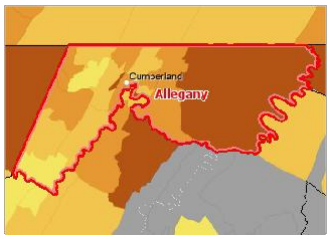
Housing Costs - Renter Costs

Gross rent is the contract rent plus the estimated average monthly cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else). Gross rent provides information on the monthly housing cost expenses for renters. When the data is used in conjunction with income data, the information offers an excellent measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels, and to provide assistance to agencies in determining policies on fair rent.

Report Area	Total Renter-Occupied Housing Units	Average Gross Rent	Median Gross Rent
Allegany County, MD	8,210	$675	$743
Maryland	754,068	$1,588	$1,598
United States	44,238,593	$1,366	$1,268

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Median Gross Rent, Median by Tract, ACS 2018-22

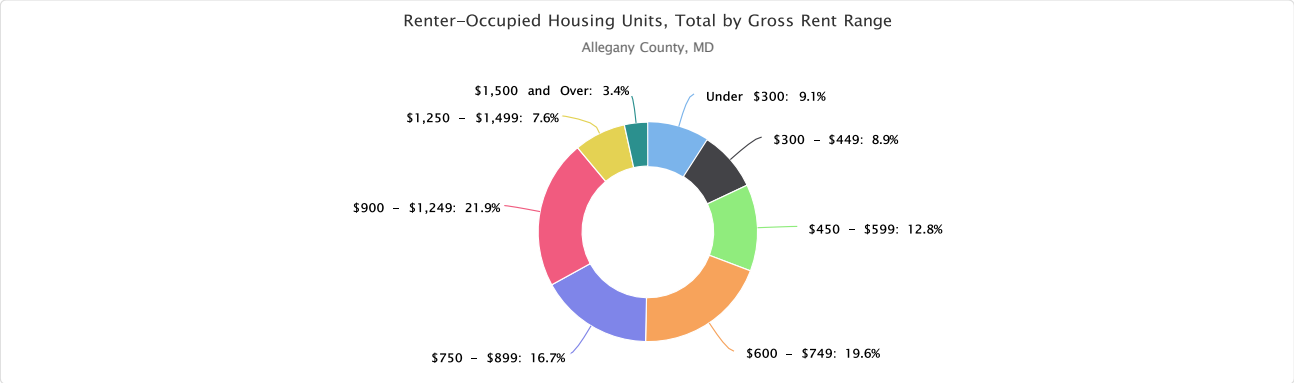
- Over $900
- $751 - $900
- $601 - $750
- Under $601
- No Data or Data Suppressed
- Allegany County, MD

Renter-Occupied Housing Units, Total by Gross Rent Range

This indicator reports the total number of renter-occupied housing units by gross rent paid.

Report Area	Under $300	$300 - $449	$450 - $599	$600 - $749	$750 - $899	$900 - $1,249	$1,250 - $1,499	$1,500 and Over
Allegany County, MD	642	630	904	1,382	1,178	1,551	539	243
Maryland	21,603	18,322	15,177	18,865	26,559	109,483	328,721	333,267
United States	1,207,804	1,279,064	1,646,175	2,719,319	3,769,365	10,004,920	13,744,194	11,971,834

Data Source: US Census Bureau, American Community Survey. 2018-22.

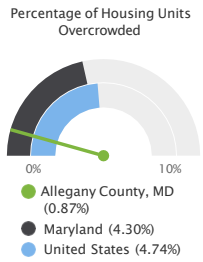


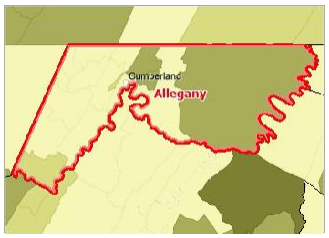
Housing Quality - Overcrowding

This indicator reports data on overcrowded housing from the latest 5-year American Community Survey. The Census Bureau has no official definition of crowded units, but this report considers units with more than one occupant per room to be crowded.

Report Area	Total Occupied Housing Units	Overcrowded Housing Units	Percentage of Housing Units Overcrowded
Allegany County, MD	26,385	230	0.87%
Maryland	1,294,310	55,675	4.30%
United States	89,093,698	4,225,487	4.74%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Overcrowded Housing (Over 1 Person/Room), Percent by Tract, ACS 2018-22

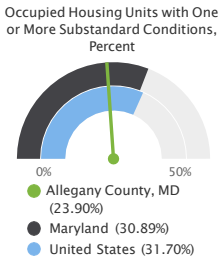
- Over 4.0%
- 2.1 - 4.0%
- 1.1 - 2.0%
- Under 1.1%
- No Data or Data Suppressed
- Allegany County, MD

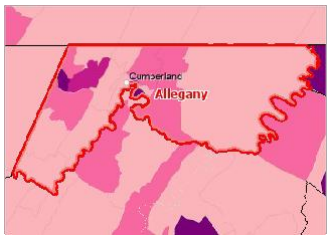
Housing Quality - Substandard Housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard. Of the 27,462 total occupied housing units in the report area, 6,563 or 23.90% have one or more substandard conditions.

Report Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Occupied Housing Units with One or More Substandard Conditions, Percent
Allegany County, MD	27,462	6,563	23.90%
Maryland	2,318,124	716,165	30.89%
United States	125,736,353	39,858,044	31.70%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Substandard Housing Units, Percent of Total by Tract, ACS 2018-22

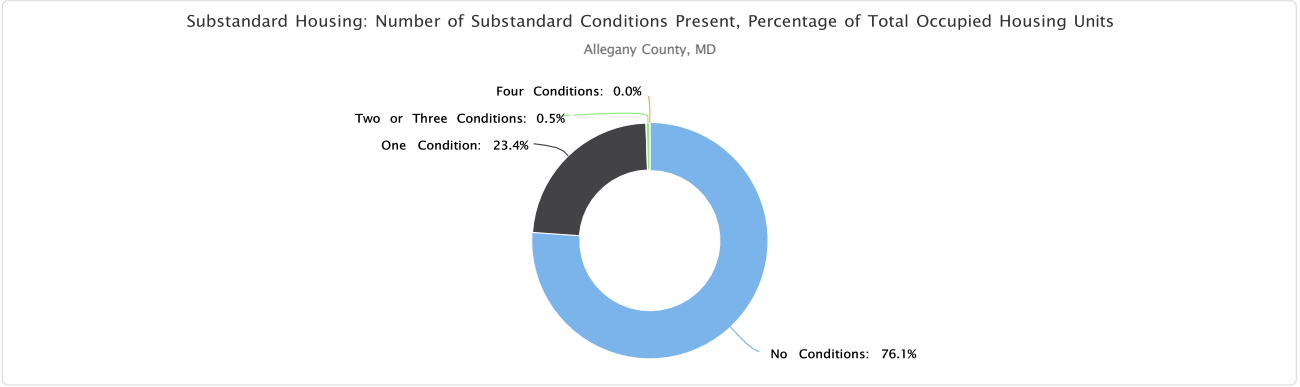
- Over 34.0%
- 28.1 - 34.0%
- 22.1 - 28.0%
- Under 22.1%
- No Data or Data Suppressed
- Allegany County, MD

Substandard Housing: Number of Substandard Conditions Present, Percentage of Total Occupied Housing Units

This indicator reports the percentage of total occupied housing units by number of substandard conditions.

Report Area	No Conditions	One Condition	Two or Three Conditions	Four Conditions
Allegany County, MD	76.10%	23.37%	0.52%	0.00%
Maryland	69.11%	29.50%	1.40%	0.00%
United States	68.30%	29.91%	1.78%	0.01%

Data Source: US Census Bureau, American Community Survey. 2018-22.

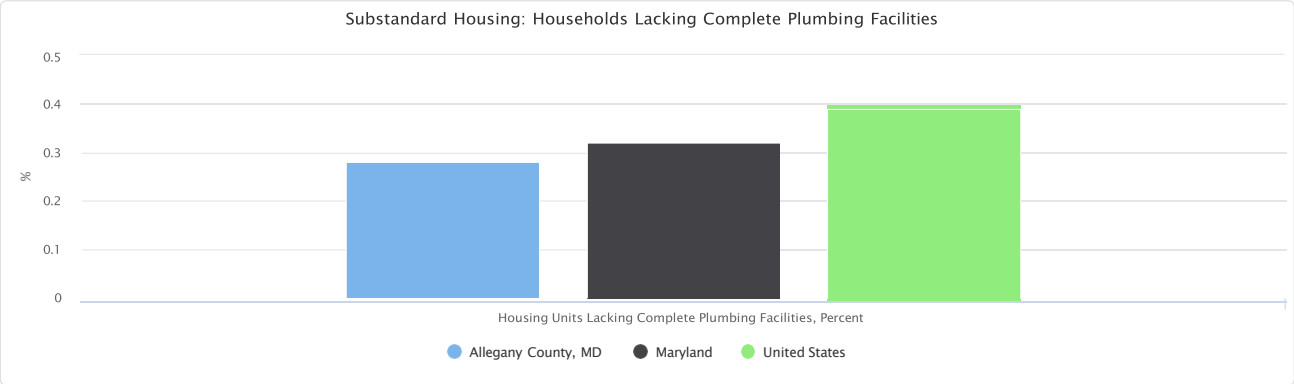


Substandard Housing: Households Lacking Complete Plumbing Facilities

Complete plumbing facilities include: (a) hot and cold running water, (b) a flush toilet, and (c) a bathtub or shower. All three facilities must be located inside the house, apartment, or mobile home, but not necessarily in the same room. Housing units are classified as lacking complete plumbing facilities when any of the three facilities is not present.

Report Area	Occupied Housing Units	Housing Units Lacking Complete Plumbing Facilities	Housing Units Lacking Complete Plumbing Facilities, Percent
Allegany County, MD	27,462	76	0.28%
Maryland	2,318,124	7,486	0.32%
United States	125,736,353	486,881	0.39%

Data Source: US Census Bureau, American Community Survey. 2018-22.

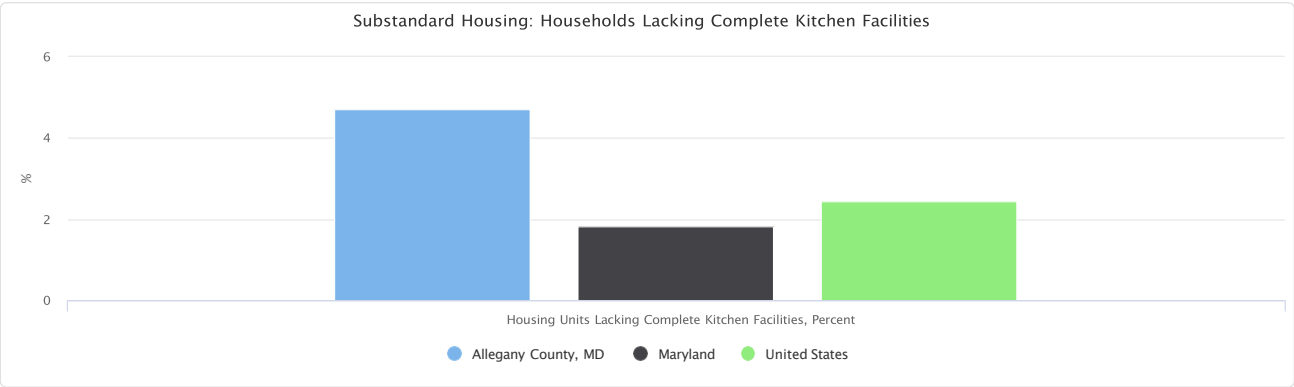


Substandard Housing: Households Lacking Complete Kitchen Facilities

A unit has complete kitchen facilities when it has all three of the following facilities: (a) a sink with a faucet, (b) a stove or range, and (c) a refrigerator. All kitchen facilities must be located in the house, apartment, or mobile home, but they need not be in the same room. A housing unit having only a microwave or portable heating equipment such as a hot plate or camping stove should not be considered as having complete kitchen facilities. An icebox is not considered to be a refrigerator.

Report Area	Occupied Housing Units	Housing Units Lacking Complete Kitchen Facilities	Housing Units Lacking Complete Kitchen Facilities, Percent
Allegany County, MD	32,882	1,550	4.71%
Maryland	2,531,075	45,745	1.81%
United States	140,943,613	3,439,478	2.44%

Data Source: US Census Bureau, American Community Survey. 2018-22.

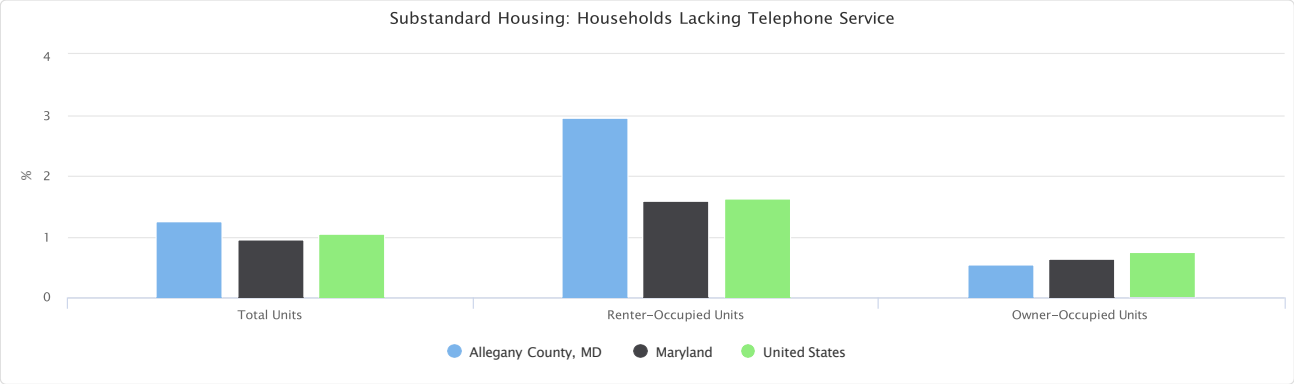


Substandard Housing: Households Lacking Telephone Service

A telephone must be in working order and service available in the house, apartment, or mobile home that allows the respondent to both make and receive calls. Households that have cell-phones (no land-line) are counted as having telephone service available. Households whose service has been discontinued for nonpayment or other reasons are not counted as having telephone service available.

Report Area	Housing Units Lacking Telephone Service	Housing Units Lacking Telephone Service	Owner-Occupied Units Lacking Telephone Service	Owner-Occupied Units Lacking Telephone Service	Renter-Occupied Units Lacking Telephone Service	Renter-Occupied Units Lacking Telephone Service
Allegany County, MD	345	1.26%	103	0.54%	242	2.95%
Maryland	21,986	0.95%	10,010	0.64%	11,976	1.59%
United States	1,317,528	1.05%	599,679	0.74%	717,849	1.62%

Data Source: US Census Bureau, American Community Survey. 2018-22.



Housing Quality - Substandard Housing, Severe

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.51 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 50%, and 5) gross rent as a percentage of household income greater than 50%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard.

Report Area	Occupied Households	Percentage of Households with One or More Severe Problems
Allegany County, MD	27,565	**11.25%**
Maryland	2,294,270	11.37%
United States	125,207,785	13.07%

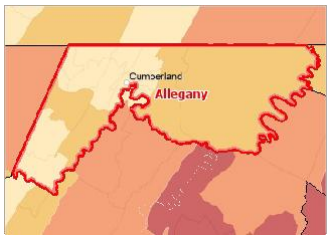
Note: This indicator is compared to the state average.
Data Source: US Department of Housing and Urban Development, Consolidated Planning/CHAS Data. 2017-2021.

Housing Stock - Age

This indicator reports, for a given geographic area, the median year in which all housing units (vacant and occupied) were first constructed. The year the structure was built provides information on the age of housing units. These data help identify new housing construction and measures the disappearance of old housing from the inventory, when used in combination with data from previous years. This data also serves to aid in the development of formulas to determine substandard housing and provide assistance in forecasting future services, such as energy consumption and fire protection. There are a total 32,882 housing units in the report area, and the median year built is 1957.

Report Area	Total Housing Units	Median Year Structures Built
Allegany County, MD	32,882	1957
Maryland	2,531,075	1978
United States	140,943,613	1979

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Median Year Structure Built by Tract, ACS 2018-22

- Newer than 1985
- 1976 - 1985
- 1966 - 1975
- Older than 1966
- No Data or Data Suppressed
- Allegany County, MD

All Housing Units by Age (Time Period Constructed), Total

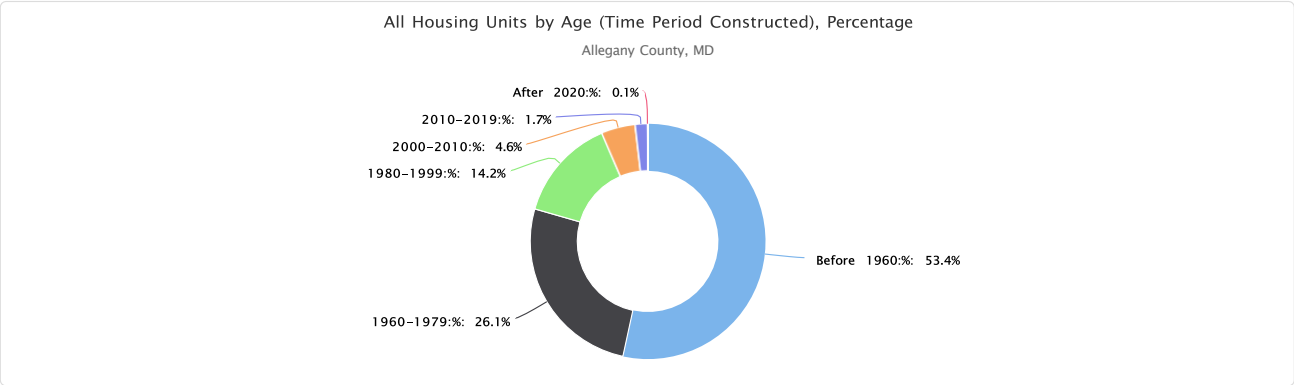
Report Area	Before 1960	1960-1979	1980-1999	2000-2010	2010-2019	After 2020
Allegany County, MD	17,563	8,566	4,665	1,501	547	40
Maryland	688,024	633,352	728,647	286,775	184,378	9,899
United States	37,380,530	34,964,964	37,139,637	19,083,462	11,588,494	786,526

Data Source: US Census Bureau, American Community Survey. 2018-22.

All Housing Units by Age (Time Period Constructed), Percentage

Report Area	Before 1960	1960-1979	1980-1999	2000-2010	2010-2019	After 2020
Allegany County, MD	53.41%	26.05%	14.19%	4.56%	1.66%	0.12%
Maryland	27.18%	25.02%	28.79%	11.33%	7.28%	0.39%
United States	26.52%	24.81%	26.35%	13.54%	8.22%	0.56%

Data Source: US Census Bureau, American Community Survey. 2018-22.



Owner-Occupied Housing Units by Age, Total

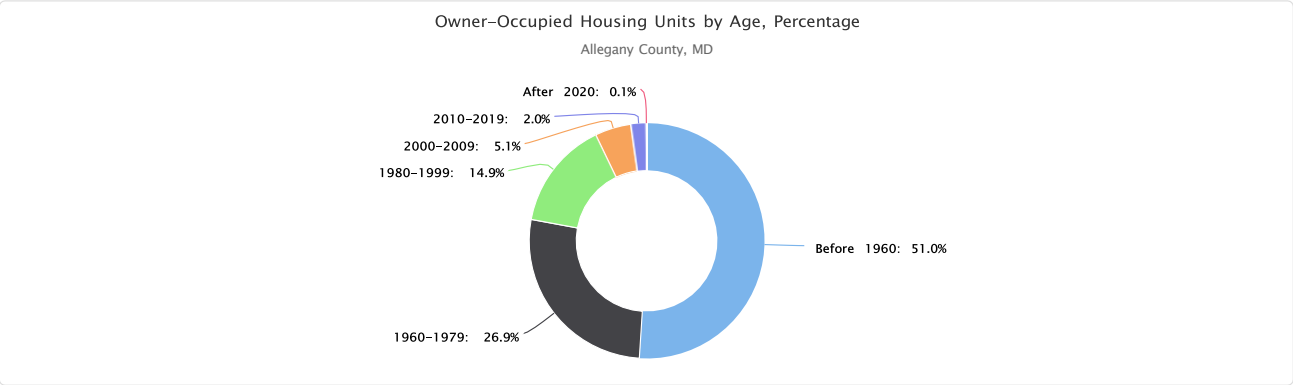
Report Area	Before 1960	1960-1979	1980-1999	2000-2009	2010-2019	After 2020
Allegany County, MD	9,821	5,179	2,877	972	376	27
Maryland	416,836	362,556	481,627	191,245	104,123	7,669
United States	21,113,504	19,274,790	21,764,765	12,447,551	6,400,443	496,707

Data Source: US Census Bureau, American Community Survey. 2018-22.

Owner-Occupied Housing Units by Age, Percentage

Report Area	Before 1960	1960-1979	1980-1999	2000-2009	2010-2019	After 2020
Allegany County, MD	51.01%	26.90%	14.94%	5.05%	1.95%	0.14%
Maryland	26.65%	23.18%	30.79%	12.23%	6.66%	0.49%
United States	25.91%	23.65%	26.71%	15.27%	7.85%	0.61%

Data Source: US Census Bureau, American Community Survey. 2018-22.



Renter-Occupied Housing Units by Age, Total

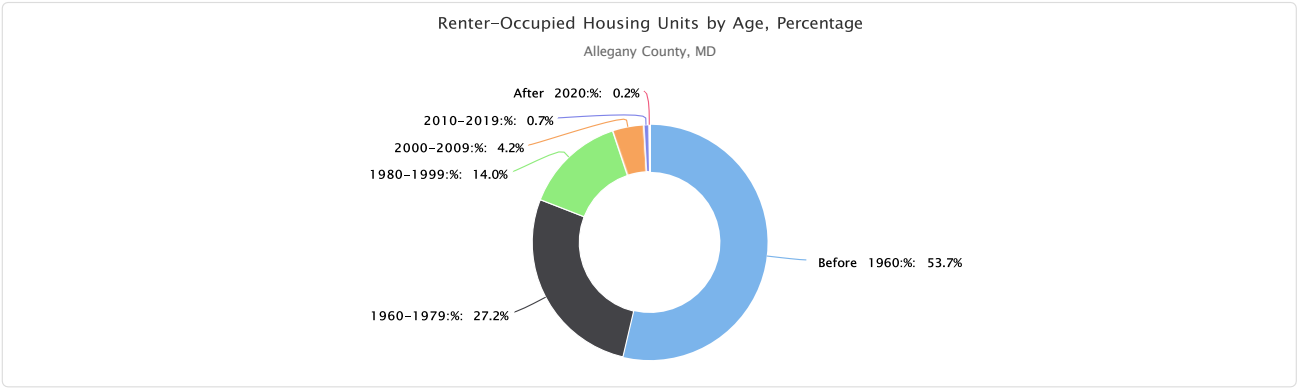
Report Area	Before 1960	1960-1979	1980-1999	2000-2009	2010-2019	After 2020
Allegany County, MD	4,407	8,566	1,148	346	60	13
Maryland	190,497	633,352	198,880	75,647	68,499	1,635
United States	11,772,248	34,964,964	11,507,471	4,819,574	4,070,660	184,260

Data Source: US Census Bureau, American Community Survey. 2018-22.

Renter-Occupied Housing Units by Age, Percentage

Report Area	Before 1960	1960-1979	1980-1999	2000-2009	2010-2019	After 2020
Allegany County, MD	53.68%	27.24%	13.98%	4.21%	0.73%	0.16%
Maryland	25.26%	29.03%	26.37%	10.03%	9.08%	0.22%
United States	26.61%	26.86%	26.01%	10.89%	9.20%	0.42%

Data Source: US Census Bureau, American Community Survey. 2018-22.

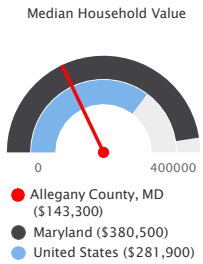


Housing Stock - Housing Unit Value

This indicator reports information about housing value. Value is the estimate of how much a property (house and lot, mobile home and lot, or condominium unit) would sell for if it were for sale. The value of a home provides information on neighborhood quality, housing affordability, and wealth. These data provide socioeconomic information not captured by household income and comparative information on the state of local housing markets. The data also serve to aid in the development of housing programs designed to meet the housing needs of persons at different economic levels. Value is tabulated for all owner-occupied housing units. Renter-occupied units are not included in value tabulations.

Report Area	Total Owner-Occupied Housing Units	Average Household Value	Median Household Value
Allegany County, MD	19,252	$171,643	**$143,300**
Maryland	1,564,056	$455,821	$380,500
United States	81,497,760	$399,434	$281,900

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Housing Unit Value, Median by Tract, ACS 2018-22

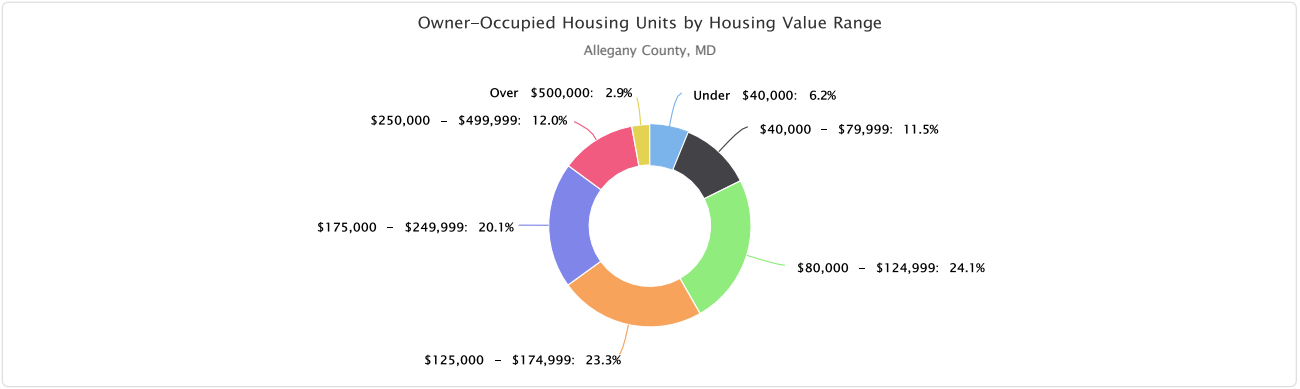
- Over $180,000
- $120,001 - $180,000
- $90,001 - $120,000
- $70,001 - $90,000
- Under $70,001
- No Data or Data Suppressed
- Allegany County, MD

Owner-Occupied Housing Units by Housing Value Range

This indicator reports the total number of owner-occupied housing units by range of housing value.

Report Area	Under $40,000	$40,000 - $79,999	$80,000 - $124,999	$125,000 - $174,999	$175,000 - $249,999	$250,000 - $499,999	Over $500,000
Allegany County, MD	1,189	2,206	4,620	4,471	3,855	2,307	551
Maryland	35,793	25,752	47,272	78,267	182,485	727,662	439,239
United States	3,727,793	4,089,116	6,894,626	8,412,869	12,787,562	27,191,264	16,436,327

Data Source: US Census Bureau, American Community Survey. 2018-22.

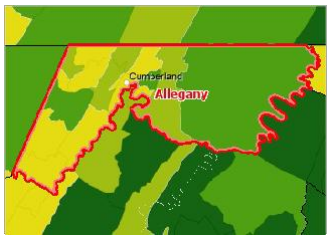


Housing Stock - Modern Housing

This indicator reports the total number and percentage of housing units built after 1999.

Report Area	Total Housing Units	Housing Units Constructed After 1999	Percent of Housing Units Constructed After 1999
Allegany County, MD	32,882	2,088	6.35%
Maryland	2,531,075	481,052	19.01%
United States	140,943,613	31,458,482	22.32%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Housing Constructed After 1999, Percent by Tract, ACS 2018-22

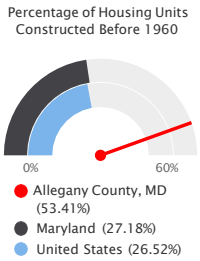
- Over 16.0%
- 12.1 - 16.0%
- 8.1 - 12.0%
- Under 8.1%
- No Data or Data Suppressed
- Allegany County, MD

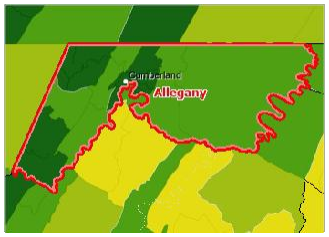
Housing Stock - Older Housing

This indicator reports the total number and percentage of housing units built before 1960.

Report Area	Total Housing Units	Housing Units Constructed Before 1960	Percentage of Housing Units Constructed Before 1960
Allegany County, MD	32,882	17,563	**53.41%**
Maryland	2,531,075	688,024	27.18%
United States	140,943,613	37,380,530	26.52%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Housing Constructed Before 1960, Percent by Tract, ACS 2018-22

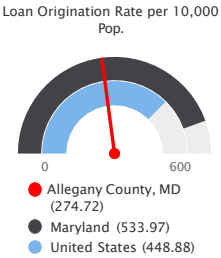
- Over 45.0%
- 30.1 - 45.0%
- 20.1 - 30.0%
- Under 20.1%
- No Data or Data Suppressed
- Allegany County, MD

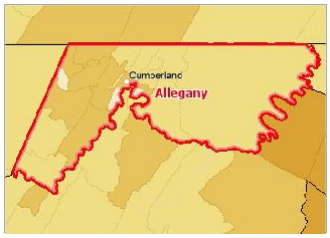
Housing Stock - Mortgage Lending Profile

Lending institutions must report all loans for home purchases, home improvements, and mortgage refinancing based on the Home Mortgage Disclosure Act (HMDA) of 1975. This indicator displays information derived from the 2021 HMDA loan-level data files. Within the report area there are 1,871 loan originations with an approval rate of 59.83%.

Report Area	Total Population (2020)	Loan Originations	Loans Originations, Approval Rate	Loan Originations, Rate per 10,000 Population
Allegany County, MD	68,106	1,871	59.83%	**274.72**
Maryland	6,177,224	329,843	55.38%	533.97
United States	334,735,149	15,025,677	57.94%	448.88

Note: This indicator is compared to the state average.
Data Source: Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act. Additional data analysis by CARES. 2021.





View larger map

All Home Loan Originations, Rate per 10,000 Population by Tract, HMDA 2014

- Over 360.0
- 240.1 - 360.0
- 170.1 - 240.0
- 100.1 - 170.0
- Under 100.0
- No Originations
- Allegany County, MD

Loan Originated by Loan Type

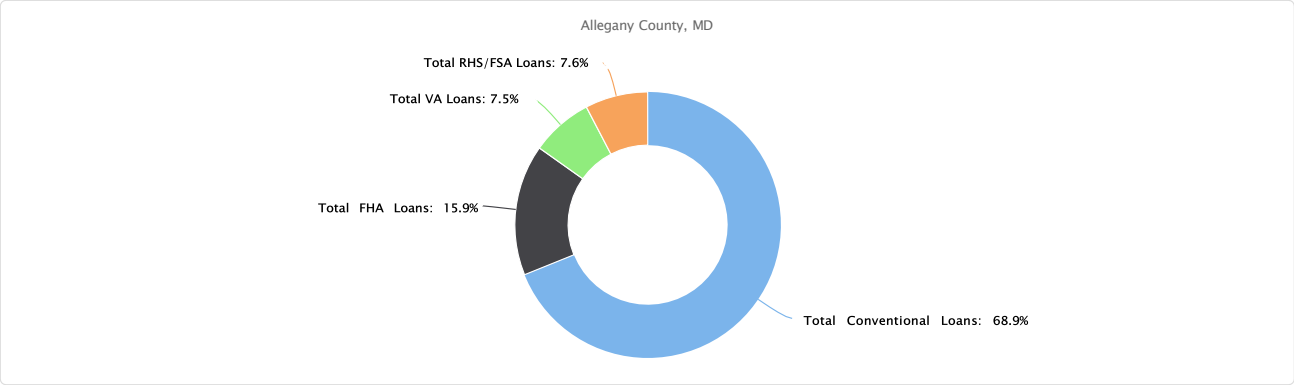
This indicator reports the total number and percentage of loan originated in the report area by loan type. Types reported in the HMDA flat files include: Conventional loans (not insured or guaranteed by FHA, VA, RHS, or FSA); Loans insured by the Federal Housing Administration (FHA loans); Loans guaranteed by the Veterans Affairs (VA loans); and USDA Rural Housing Service loans or Farm Service Agency guaranteed (RHS/FSA).

Report Area	Total Conventional Loans	Total FHA Loans	Total VA Loans	Total RHS/FSA Loans
Allegany County, MD	1,289	298	141	143
Maryland	251,055	40,002	36,194	2,592
United States	12,287,867	1,385,331	1,236,182	116,297

Data Source: Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act. Additional data analysis by CARES. 2021.

Report Area	Total Conventional Loans	Total FHA Loans	Total VA Loans	Total RHS/FSA Loans
Allegany County, MD	68.89%	15.93%	7.54%	7.64%
Maryland	76.11%	12.13%	10.97%	0.79%
United States	82.55%	9.31%	8.30%	0.78%

Data Source: Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act. Additional data analysis by CARES. 2021.



Home Purchase Loan Originated by Loan Amount

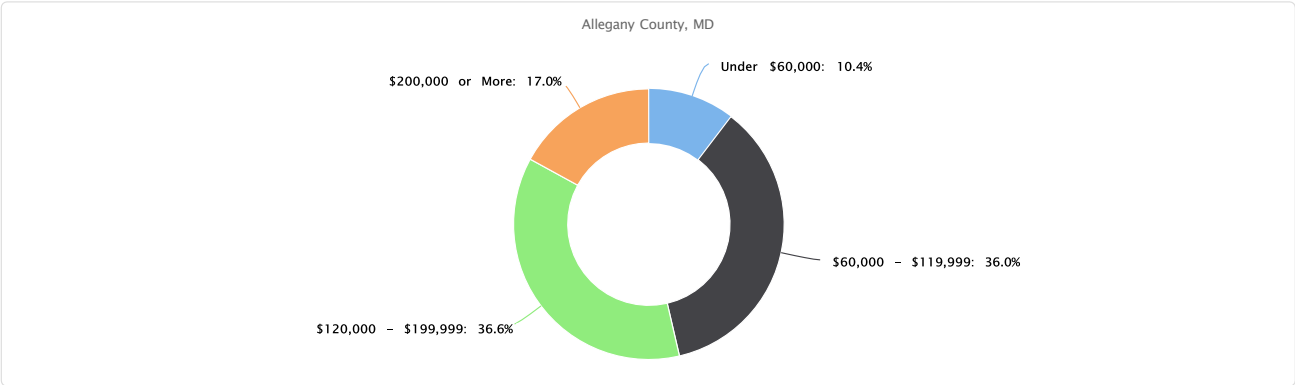
This indicator reports the total number and percentage of home purchase loan originated, grouped by loan amount.

Report Area	Under $60,000	$60,000 - $119,999	$120,000 - $199,999	$200,000 or More
Allegany County, MD	89	309	314	146
Maryland	2,260	3,625	12,634	90,103
United States	181,590	431,686	1,026,271	3,742,772

Data Source: Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act. Additional data analysis by CARES. 2021.

Report Area	Under $60,000	$60,000 - $119,999	$120,000 - $199,999	$200,000 or More
Allegany County, MD	10.37%	36.01%	36.60%	17.02%
Maryland	2.08%	3.34%	11.63%	82.95%
United States	3.46%	8.23%	19.58%	71.40%

Data Source: Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act. Additional data analysis by CARES. 2021.



Home Purchase Loan Originated by Race/Ethnicity

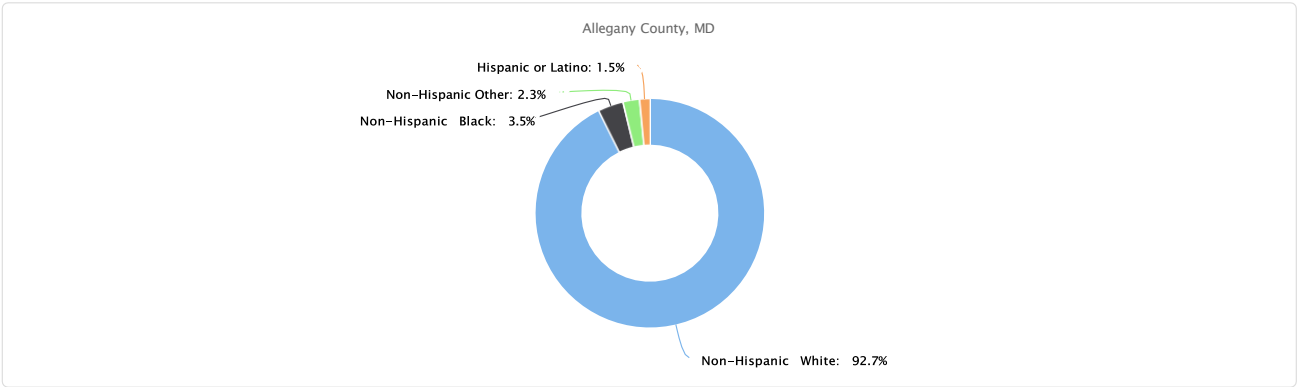
This indicator reports the total number and percentage of home purchase loan originated, grouped by the applicant's race and ethnicity. Both primary and co-applicant's race and ethnicity are taken into account using the derived race/ethnicity variables as provided by the public HMDA - LAR dataset (2021).
Note that Non-Hispanic Other includes Non-Hispanic American Indian or Alaska Native, Non-Hispanic Native Hawaiian or Other Pacific Islander, and Non-Hispanic Asian.

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other	Hispanic or Latino
Allegany County, MD	685	26	17	11
Maryland	44,623	22,725	8,177	8,607
United States	2,914,613	353,429	389,341	594,940

Data Source: Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act. Additional data analysis by CARES. 2021.

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other	Hispanic or Latino
Allegany County, MD	92.44%	3.51%	2.29%	1.48%
Maryland	52.81%	26.89%	9.68%	10.19%
United States	68.42%	8.30%	9.14%	13.97%

Data Source: Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act. Additional data analysis by CARES. 2021.



Housing Stock - Net Change

This indicator compares two separate American Community Survey (ACS) 5-year estimates to create a 5-year change in total households. The change in number of households within the report area are from 2013-2017 ACS, and 2018-2022 ACS.

Total households for the report area decreased by -297, or -1.07% in those areas reporting 2022 ACS 5-year data. This compares to a statewide increase of 6.28%.

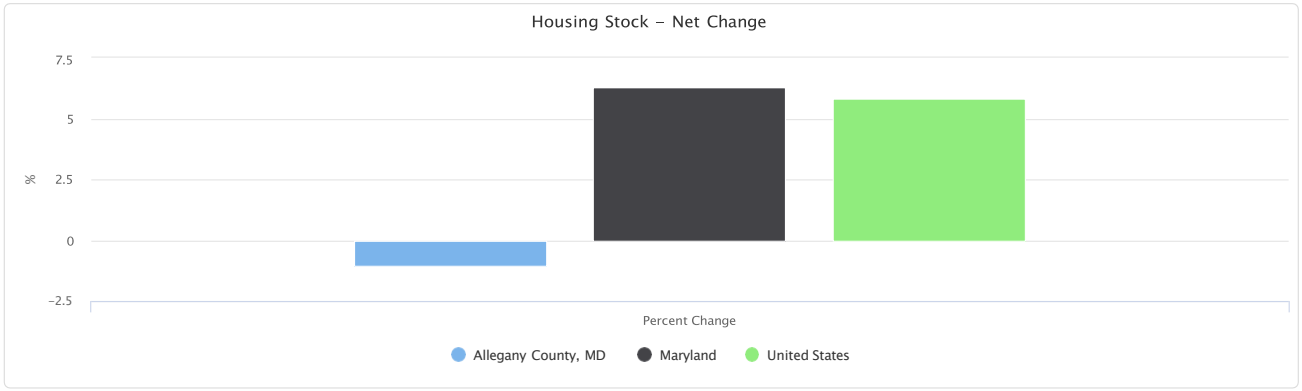
Report Area	Total Households (2017)	Total Households (2022)	Change in Households	Percent Change
Allegany County, MD	27,759	27,462	-297	-1.07%
Maryland	2,181,093	2,318,124	137,031	6.28%
United States	118,825,921	125,736,353	6,910,432	5.82%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.

View larger map

Total Households by Tract, ACS 2018-22

- Over 2,000
- 1,501 - 2,000
- 1,001 - 1,500
- Under 1,001
- No Data or Data Suppressed
- Allegany County, MD



Housing Stock - Residential Construction

This indicator reports the total number of new residential building permits issued in 2021 and the rate per 10,000 housing un its of the year. Data is obtained from HUD's State of the Cities Data System (SOCDS) Building Permits Database, 2021.

Report Area	Total Housing Units	New Building Permits	New Building Permits, Rate per 10,000 Housing Units
Allegany County, MD	32,803	36	10.97
Maryland	2,546,344	18,496	72.64
United States	142,153,010	1,738,057	122.27

Data Source: US Department of Housing and Urban Development. 2021.

View larger map

All New Building Permits, Rate per 10,000 Housing Units by County, HUD 2021

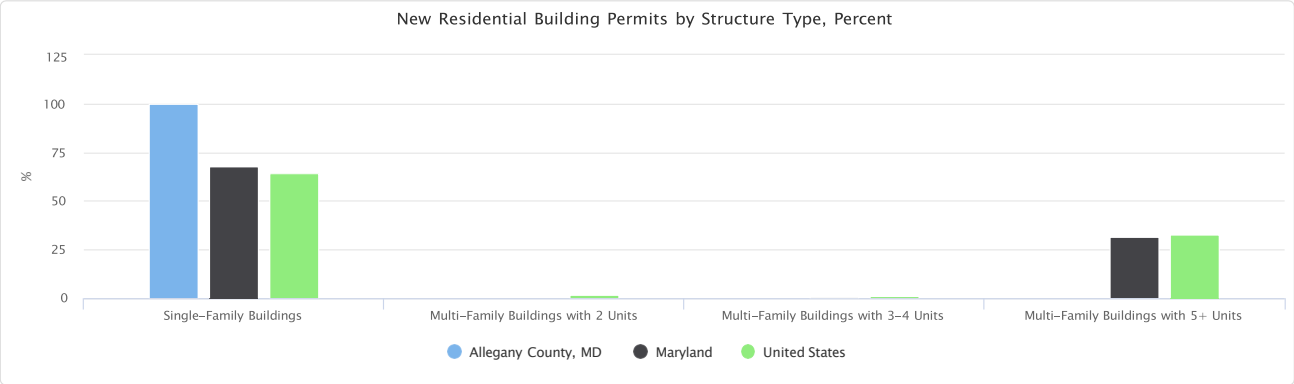
- Over 60.0
- 20.1 - 60.0
- 5.1 - 20.0
- Under 5.1
- No Data or Data Suppressed
- Allegany County, MD

New Residential Building Permits by Structure Type, Percent

This indicator reports the percentage of each structure type within new residential building permits of the report area in 2021.

Report Area	Single-Family Buildings	Multi-Family Buildings with 2 Units	Multi-Family Buildings with 3-4 Units	Multi-Family Buildings with 5+ Units
Allegany County, MD	100.00%	0.00%	0.00%	0.00%
Maryland	67.69%	0.27%	0.38%	31.66%
United States	64.23%	1.83%	1.21%	32.72%

Data Source: US Department of Housing and Urban Development. 2021.

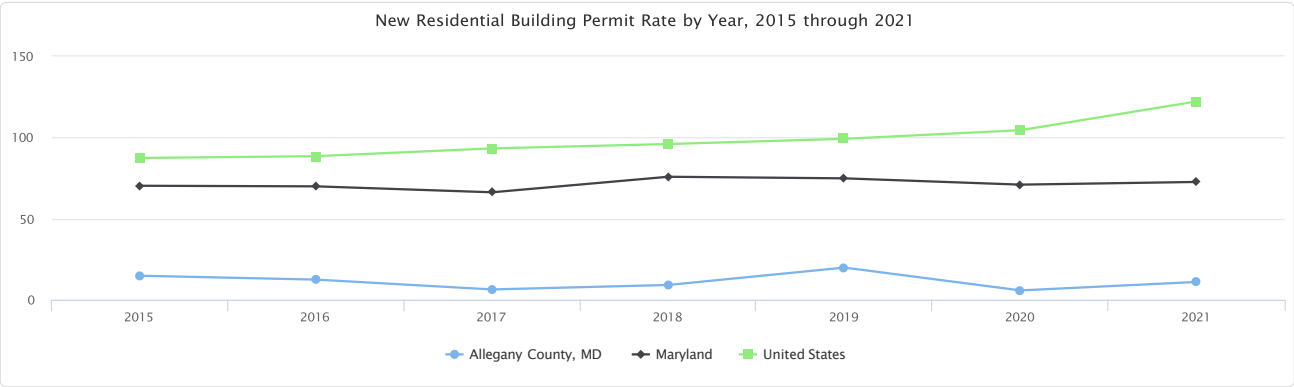


New Residential Building Permit Rate by Year, 2015 through 2021

This indicator reports the rate of all types of new residential building permits per 10,000 housing units in the report area from 2015 to 2021.

Report Area	2015	2016	2017	2018	2019	2020	2021
Allegany County, MD	14.83	12.44	6.38	9.14	19.86	5.78	10.97
Maryland	70.29	69.93	66.26	75.84	74.85	70.97	72.64
United States	87.41	88.54	93.34	96.01	99.24	104.55	122.27

Data Source: US Department of Housing and Urban Development. 2021.

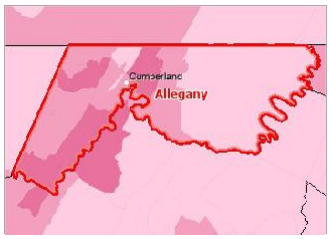


Housing Units - Single-Unit Housing

This indicator reports the percentage of the total population living in single-unit housing structures. Detached single-family homes, and attached homes (row houses) are considered single-unit housing structures.

Report Area	Total Population in Housing Units	Population in Single-Unit Housing	Percent of Population in Single-Unit Housing
Allegany County, MD	60,951	51,185	83.98%
Maryland	6,035,558	4,815,038	79.78%
United States	322,994,302	239,310,579	74.09%

Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

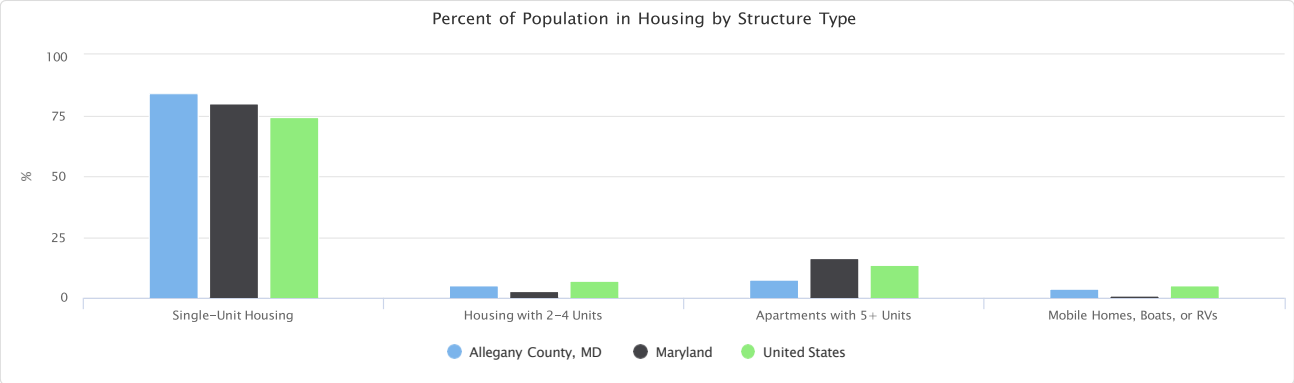
Population in Single Unit Housing Structures, Percent by Tract, ACS 2018-22

- Over 500
- 150 - 500
- 20 - 149
- Under 20
- No Data or Data Suppressed
- Allegany County, MD

Percent of Population in Housing by Structure Type

Report Area	Single-Unit Housing	Housing with 2-4 Units	Housing with 5+ Units (Apartment / Condominium)	Other Housing (Mobile Home, Boat, or RV)
Allegany County, MD	83.98%	5.00%	7.30%	3.72%
Maryland	79.78%	2.74%	16.38%	1.11%
United States	74.09%	6.83%	13.78%	5.30%

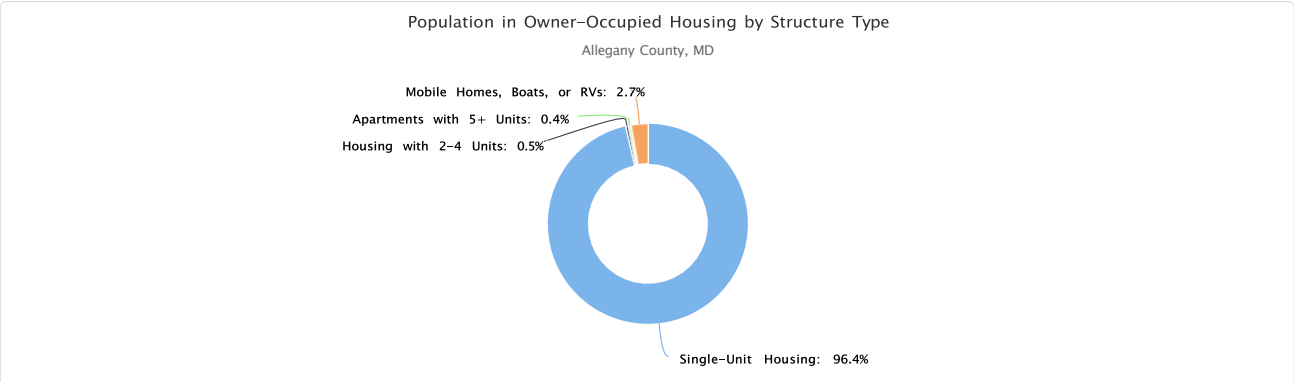
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population in Owner-Occupied Housing by Structure Type

Report Area	Single-Unit Housing	Housing with 2-4 Units	Housing with 5+ Units (Apartment / Condominium)	Other Housing (Mobile Home, Boat, or RV)
Allegany County, MD	43,014	207	172	1,210
Maryland	4,067,244	20,815	117,889	50,307
United States	196,617,786	4,108,124	4,858,535	12,132,521

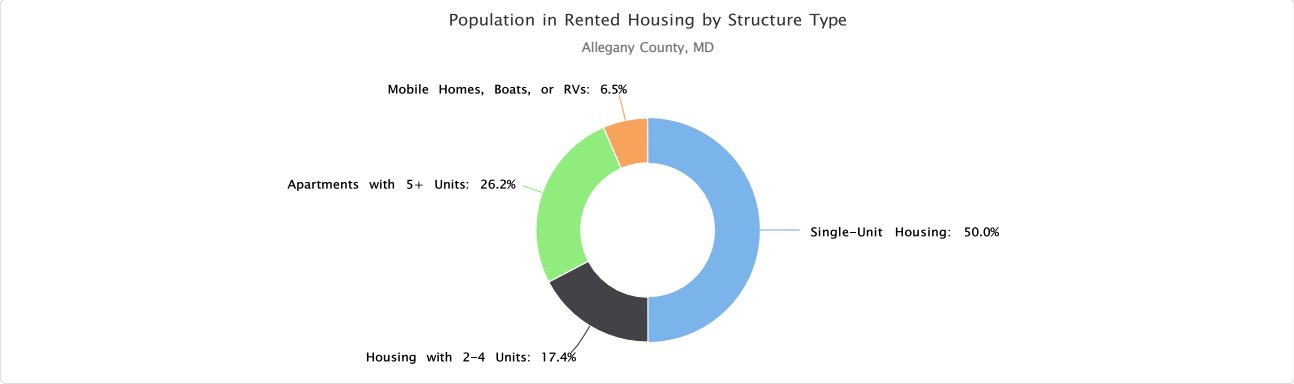
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population in Rented Housing by Structure Type

Report Area	Single-Unit Housing	Housing with 2-4 Units	Housing with 5+ Units (Apartment / Condominium)	Other Housing (Mobile Home, Boat, or RV)
Allegany County, MD	8,171	2,838	4,279	1,060
Maryland	747,794	144,508	870,440	16,561
United States	42,692,793	17,940,053	39,654,524	4,989,966

Data Source: US Census Bureau, American Community Survey. 2018-22.



Tenure - Mortgage Status

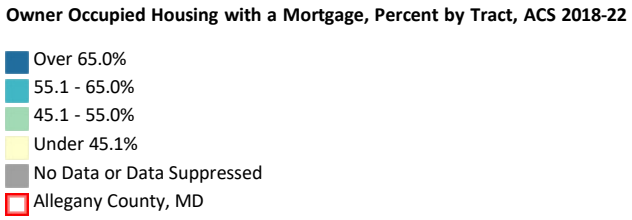
The data on mortgage status were obtained from the 2018-22 American Community Survey. Indicator data reflects the universe of owner-occupied housing units.

Mortgage status provides information on the cost of home ownership. When the data is used in conjunction with mortgage payment data, the information determines shelter costs for living quarters. These data can be use in the development of housing programs aimed to meet the needs of people at different economic levels. The data also serve to evaluate the magnitude of and to plan facilities for condominiums, which are becoming an important source of supply of new housing in many areas.

Report Area	Total Owner Occupied Housing Units	Housing Units w/ a Mortgage	Housing Units w/o a Mortgage	Percentage with a Mortgage	Percentage With No Mortgage
Allegany County, MD	19,252	10,661	8,591	55.38%	44.62%
Maryland	1,564,056	1,122,350	441,706	71.76%	28.24%
United States	81,497,760	50,148,459	31,349,301	61.53%	38.47%

Data Source: US Census Bureau, American Community Survey. 2018-22.

View larger map



Tenure - Owner-Occupied Housing

Tenure provides a measurement of home ownership, which has served as an indicator of the nation's economy for decades. This data covers all occupied housing units, which are classified as either owner occupied or renter occupied. These data are used to aid in the distribution of funds for programs such as those involving mortgage insurance, rental housing, and national defense housing. Data on tenure allows planners to evaluate the overall viability of housing markets and to assess the stability of neighborhoods. The data also serve in understanding the characteristics of owner occupied and renter occupied units to aid builders, mortgage lenders, planning officials, government agencies, etc., in the planning of housing programs and services.

Owner-Occupied Housing

A housing unit is owner-occupied if the owner or co-owner lives in the unit, even if it is mortgaged or not fully paid for. The unit also is considered owned with a mortgage if it is built on leased land and there is a mortgage on the unit. Mobile homes occupied by owners with installment loan balances also are included in this category.

Report Area	Total Occupied Housing Units	Owner-Occupied Housing Units	Percent Owner-Occupied Housing Units
Allegany County, MD	27,462	19,252	70.10%
Maryland	2,318,124	1,564,056	67.47%
United States	125,736,353	81,497,760	64.82%

Data Source: US Census Bureau, American Community Survey. 2018-22.

View larger map

Owner-Occupied Housing Units, Percent by Tract, ACS 2018-22

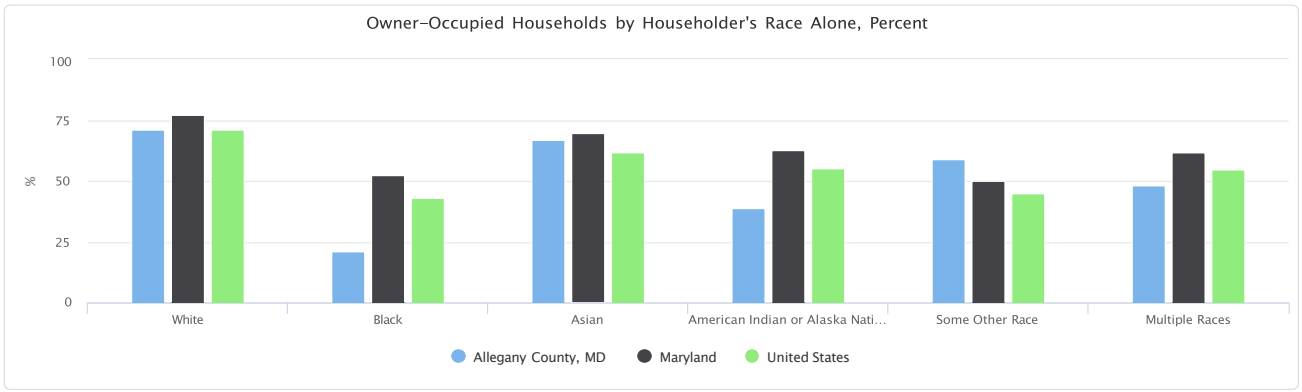
- Over 82.0%
- 74.1 - 82.0%
- 66.1 - 74.0%
- Under 66.1%
- No Data or Data Suppressed
- Allegany County, MD

Owner-Occupied Households by Householder's Race Alone, Percent

This indicator reports the percentage of owner-occupied households by householder's race alone.
The percentage values could be interpreted as, for example, *"Of all the housing units with a white householder within the report area, the percentage of owner-occupied households is (value)."*

Report Area	White	Black	Asian	American Indian or Alaska Native	Some Other Race	Multiple Races
Allegany County, MD	71.14%	20.83%	66.83%	38.64%	58.90%	48.16%
Maryland	76.88%	52.54%	69.84%	62.75%	49.93%	61.88%
United States	71.13%	43.12%	61.57%	55.04%	45.09%	54.48%

Data Source: US Census Bureau, American Community Survey. 2018-22.

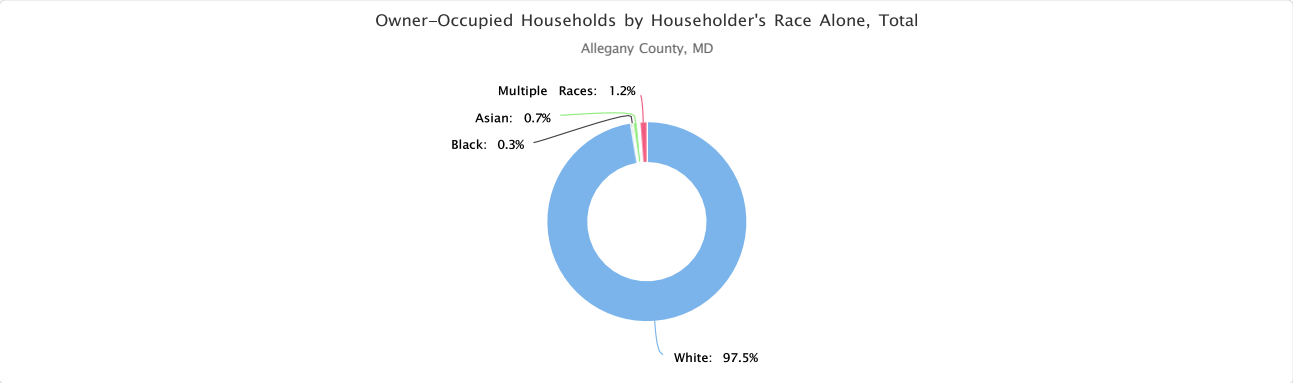


Owner-Occupied Households by Householder's Race Alone, Total

This indicator reports the total count of owner-occupied households by householder's race alone.

Report Area	White	Black	Asian	American Indian or Alaska Native	Some Other Race	Multiple Races
Allegany County, MD	18,769	60	139	17	43	223
Maryland	995,113	365,082	92,852	3,675	43,519	63,113
United States	63,373,589	6,639,368	3,925,859	486,488	2,536,371	4,460,522

Data Source: US Census Bureau, American Community Survey. 2018-22.

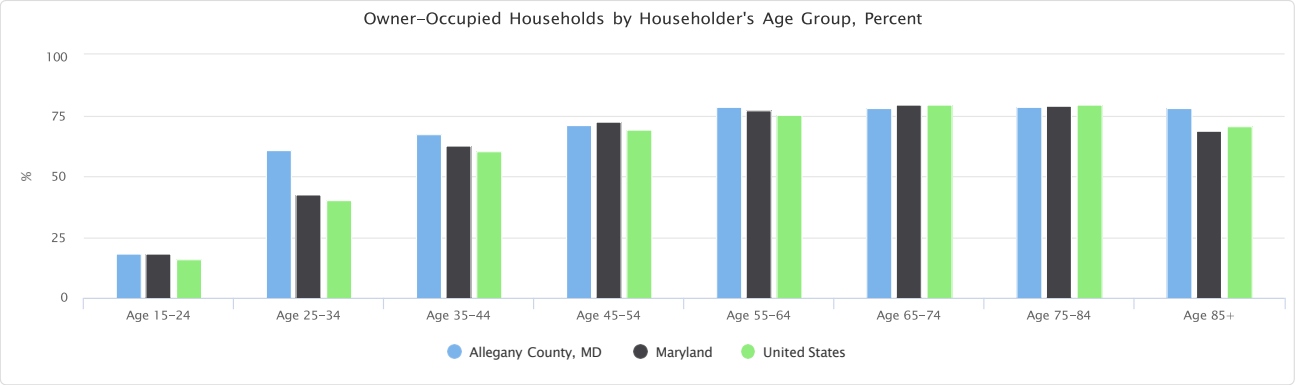


Owner-Occupied Households by Householder's Age Group, Percent

This indicator reports the percentage of owner-occupied households by householder's age group.
The percentage values could be interpreted as, for example, *"Of all the housing units with a householder aged 15-24 within the report area, the percentage of owner-occupied households is (value)."*

Report Area	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Allegany County, MD	18.31%	60.56%	67.36%	71.08%	78.64%	78.16%	78.72%	78.16%
Maryland	18.16%	42.60%	62.55%	72.44%	77.01%	79.65%	79.03%	68.88%
United States	15.83%	40.34%	60.09%	69.36%	75.09%	79.37%	79.49%	70.45%

Data Source: US Census Bureau, American Community Survey. 2018-22.

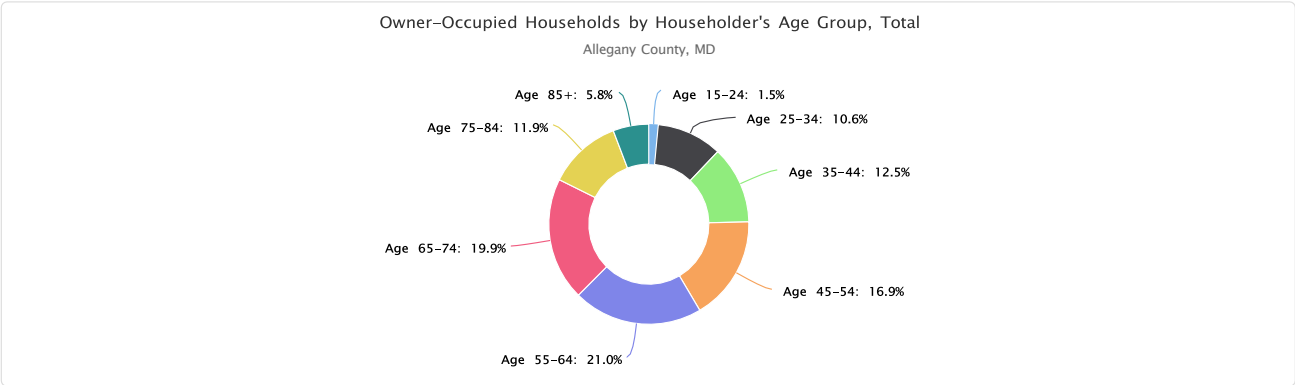


Owner-Occupied Households by Householder's Age Group, Total

This indicator reports the total count of owner-occupied households by householder's age group.

Report Area	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Allegany County, MD	291	2,038	2,413	3,247	4,034	3,830	2,286	1,113
Maryland	10,741	140,085	259,608	317,400	367,284	280,404	137,916	50,618
United States	751,373	7,719,672	13,099,935	15,414,979	18,200,781	15,509,393	7,928,913	2,872,714

Data Source: US Census Bureau, American Community Survey. 2018-22.



Tenure - Renter-Occupied Housing

Tenure provides a measurement of home ownership, which has served as an indicator of the nation's economy for decades. This data covers all occupied housing units, which are classified as either owner occupied or renter occupied. These data are used to aid in the distribution of funds for programs such as those involving mortgage insurance, rental housing, and national defense housing. Data on tenure allows planners to evaluate the overall viability of housing markets and to assess the stability of neighborhoods. The data also serve in understanding the characteristics of owner occupied and renter occupied units to aid builders, mortgage lenders, planning officials, government agencies, etc., in the planning of housing programs and services.

Renter-Occupied Housing

All occupied housing units that are not owner occupied, whether they are rented or occupied without payment of rent, are classified as renter occupied.

Report Area	Total Occupied Housing Units	Renter-Occupied Housing Units	Percent Renter-Occupied Housing Units
Allegany County, MD	27,462	8,210	29.90%
Maryland	2,318,124	754,068	32.53%
United States	125,736,353	44,238,593	35.18%

Data Source: US Census Bureau, American Community Survey. 2018-22.

View larger map

Renter-Occupied Housing Units, Percent by Tract, ACS 2018-22

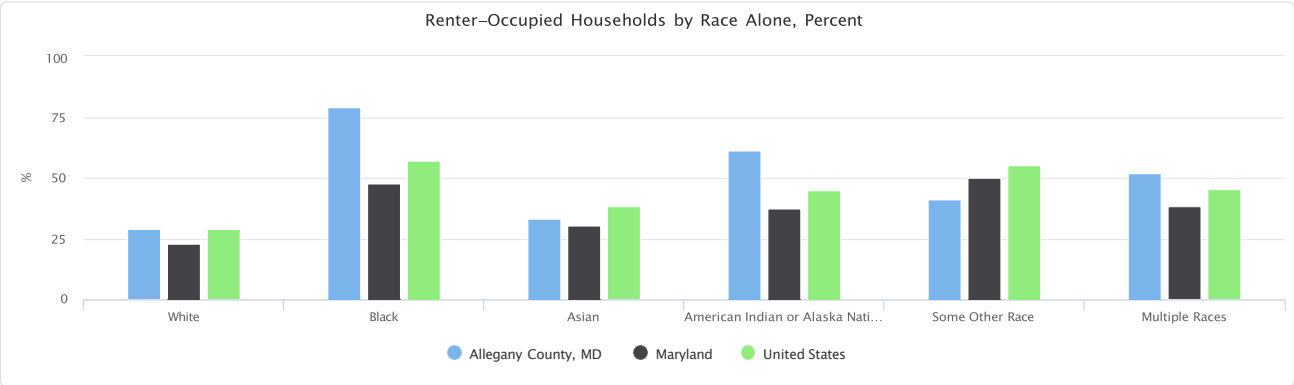
- Over 38.0%
- 30.1 - 38.0%
- 22.1 - 30.0%
- Under 22.1%
- No Data or Data Suppressed
- Allegany County, MD

Renter-Occupied Households by Race Alone, Percent

This indicator reports the percentage of renter-occupied households by race alone.
The percentage values could be interpreted as, for example, *"Of all the households with white residents within the report area, the percentage of renter-occupied households is (value)."*

Report Area	White	Black	Asian	American Indian or Alaska Native	Some Other Race	Multiple Races
Allegany County, MD	28.86%	79.17%	33.17%	61.36%	41.10%	51.84%
Maryland	23.12%	47.46%	30.16%	37.25%	50.07%	38.12%
United States	28.87%	56.88%	38.43%	44.96%	54.91%	45.52%

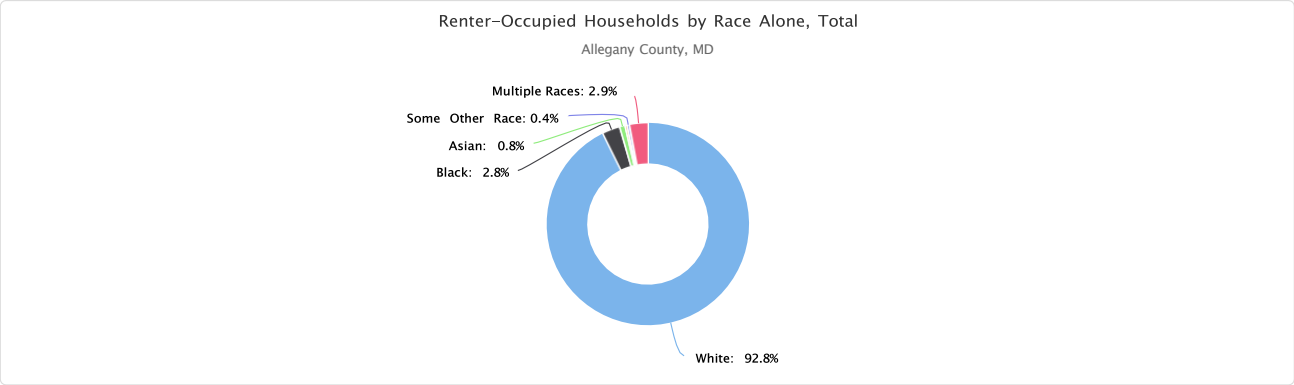
Data Source: US Census Bureau, American Community Survey. 2018-22.



Renter-Occupied Households by Race Alone, Total

Report Area	White	Black	Asian	American Indian or Alaska Native	Some Other Race	Multiple Races
Allegany County, MD	7,616	228	69	27	30	240
Maryland	299,197	329,744	40,097	2,182	43,635	38,879
United States	25,720,109	8,756,971	2,449,938	397,387	3,088,359	3,726,785

Data Source: US Census Bureau, American Community Survey. 2018-22.

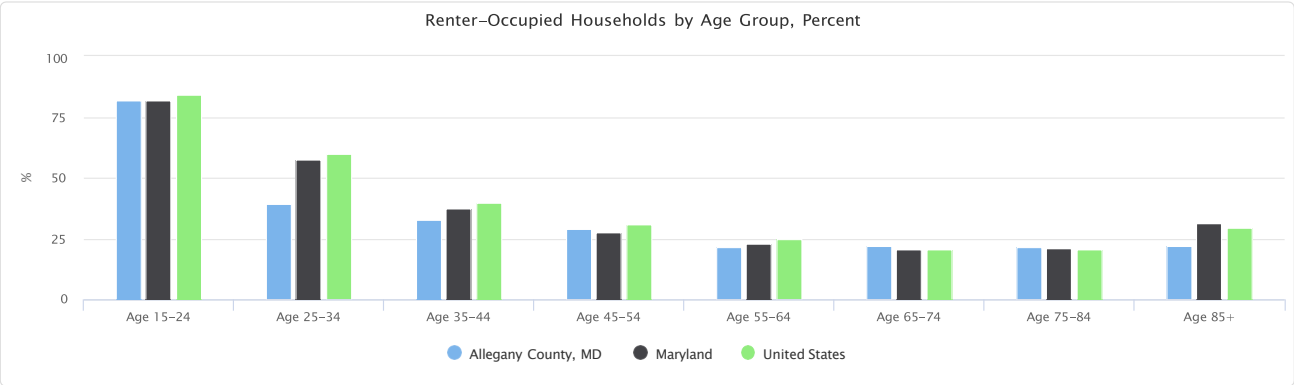


Renter-Occupied Households by Age Group, Percent

This indicator reports the percentage of renter-occupied households by age group.
The percentage values could be interpreted as, for example, *"Of all the households with residents age 25-34 within the report area, the percentage of renter-occupied households is (value)."*

Report Area	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Allegany County, MD	81.69%	39.44%	32.64%	28.92%	21.36%	21.84%	21.28%	21.84%
Maryland	81.84%	57.40%	37.45%	27.56%	22.99%	20.35%	20.97%	31.12%
United States	84.17%	59.66%	39.91%	30.64%	24.91%	20.63%	20.51%	29.55%

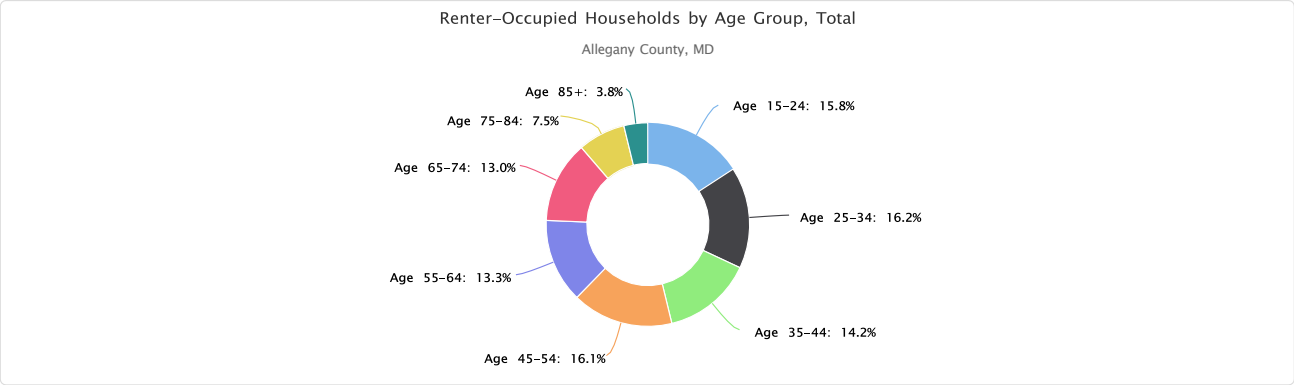
Data Source: US Census Bureau, American Community Survey. 2018-22.



Renter-Occupied Households by Age Group, Total

Report Area	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Allegany County, MD	1,298	1,327	1,169	1,321	1,096	1,070	618	311
Maryland	48,416	188,715	155,419	120,783	109,627	71,656	36,587	22,865
United States	3,995,625	11,415,821	8,699,657	6,809,100	6,037,634	4,030,178	2,045,838	1,204,740

Data Source: US Census Bureau, American Community Survey. 2018-22.

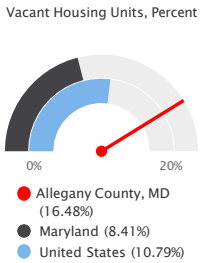


Vacancy (ACS)

This indicator reports the number and percentage of housing units that are vacant. A housing unit is considered vacant by the American Community Survey if no one is living in it at the time of interview. Units occupied at the time of interview entirely by persons who are staying two months or less and who have a more permanent residence elsewhere are considered to be temporarily occupied, and are classified as "vacant."

Report Area	Total Housing Units	Vacant Housing Units	Vacant Housing Units, Percent
Allegany County, MD	32,882	5,420	**16.48%**
Maryland	2,531,075	212,951	8.41%
United States	140,943,613	15,207,260	10.79%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

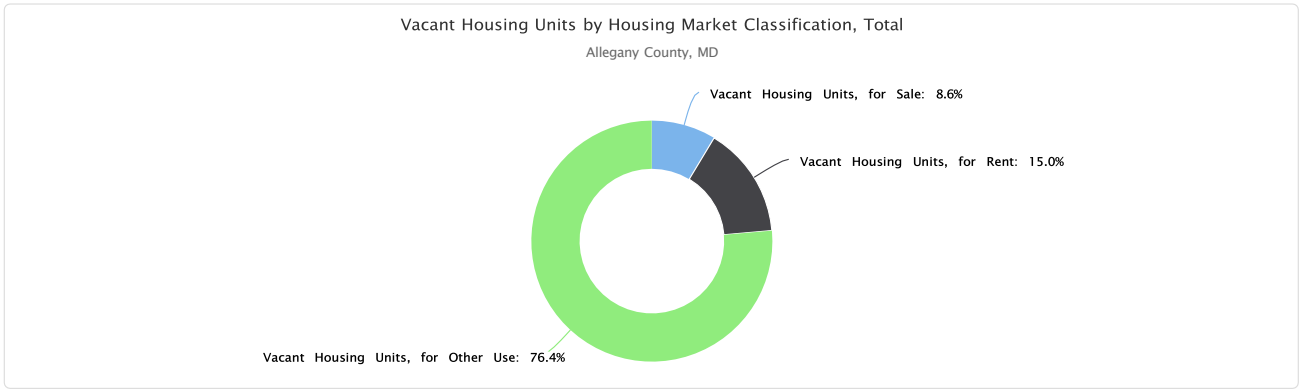
Vacant Housing Units, Percent by Tract, ACS 2018-22

- Over 20.0%
- 14.1 - 20.0%
- 8.1 - 14.0%
- Under 8.1%
- No Data or Data Suppressed
- Allegany County, MD

Vacant Housing Units by Housing Market Classification, Total

Report Area	Vacant Housing Units, for Sale	Vacant Housing Units, for Rent	Vacant Housing Units, for Other Use
Allegany County, MD	468	812	4,140
Maryland	26,943	47,675	138,333
United States	1,549,548	3,160,388	10,497,324

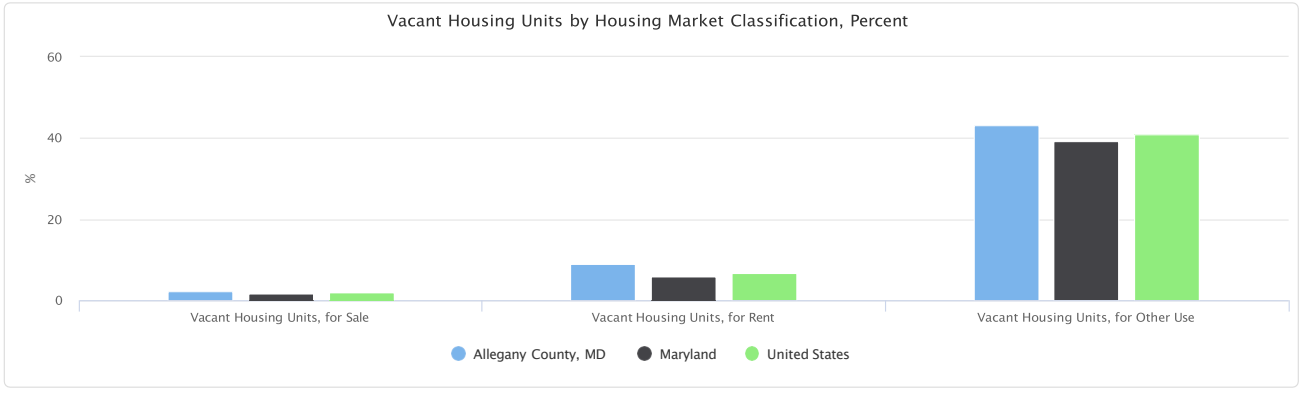
Data Source: US Census Bureau, American Community Survey. 2018-22.



Vacant Housing Units by Housing Market Classification, Percent

Report Area	Vacant Housing Units, for Sale	Vacant Housing Units, for Rent	Vacant Housing Units, for Other Use
Allegany County, MD	2.37%	9.00%	43.31%
Maryland	1.69%	5.95%	39.38%
United States	1.87%	6.67%	40.84%

Data Source: US Census Bureau, American Community Survey. 2018-22.



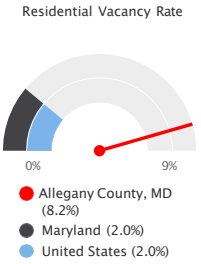
Vacancy (HUD)

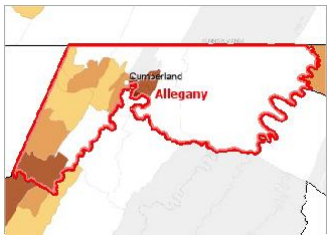
The U.S. Postal Service provided information quarterly to the U.S. Department of Housing and Urban Development on addresses identified as vacant in the previous quarter. Residential and business vacancy rates for the report area in the fourth quarter of 2023 are reported.
For this reporting period, a total of 3,036 residential addresses were identified as vacant in the report area, a vacancy rate of 8.2%, and 538

business addresses were also reported as vacant, a rate of 16.2%.

Report Area	Residential Addresses	Vacant Residential Addresses	Residential Vacancy Rate	Business Addresses	Vacant Business Addresses	Business Vacancy Rate
Allegany County, MD	36,929	3,036	**8.2%**	3,318	538	16.2%
Maryland	2,847,796	55,901	2.0%	244,674	19,364	7.9%
United States	159,150,359	3,254,308	2.0%	14,071,551	1,245,651	8.9%

Note: This indicator is compared to the state average.
Data Source: US Department of Housing and Urban Development. 2023-Q4.

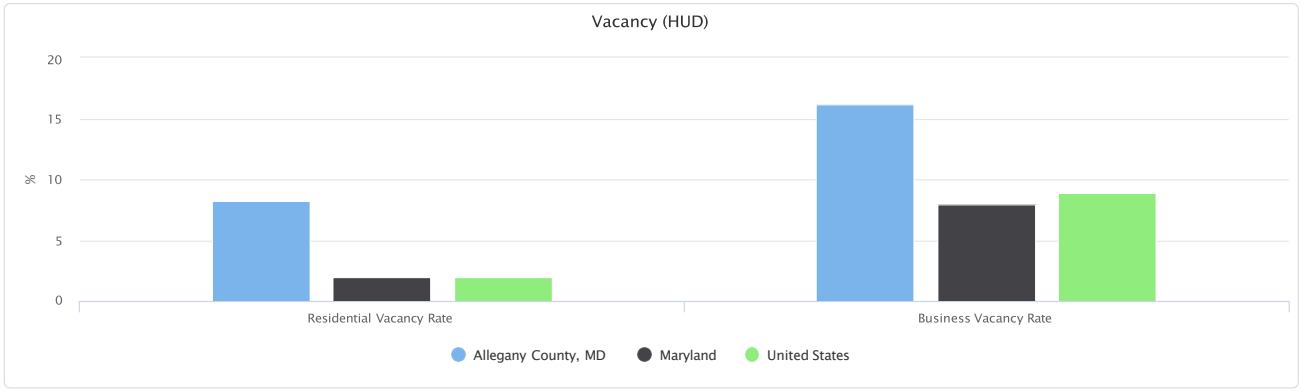




View larger map

Residential Vacancies, Percent by Tract, HUD 2023-Q4

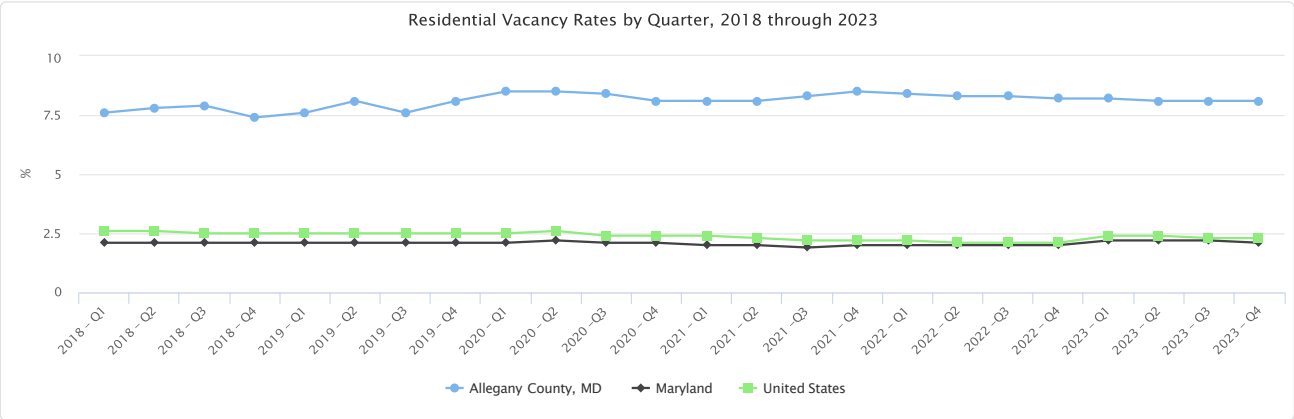
- Over 20.0%
- 10.1 - 20.0%
- 5.1 - 10.0%
- Under 5.1%
- No Residential Vacancies
- No Residential Vacancies or No Data
- Allegany County, MD



Residential Vacancy Rates by Quarter, 2018 through 2023

Report Area	2018 - Q1	2018 - Q2	2018 - Q3	2018 - Q4	2019 - Q1	2019 - Q2	2019 - Q3	2019 - Q4	2020 - Q1	2020 - Q2	2020 -Q3	2020 - Q4	2021 - Q1	2021 - Q2	2021 -Q3	2021 - Q4	2022 - Q1	2022 - Q2	2022 -Q3	2022 - Q4	2023 - Q1	2023 - Q2	2023 - Q3	2023 - Q4
Allegany County, MD	7.6%	7.8%	7.9%	7.4%	7.6%	8.1%	7.6%	8.1%	8.5%	8.5%	8.4%	8.1%	8.1%	8.1%	8.3%	8.5%	8.4%	8.3%	8.3%	8.2%	8.2%	8.1%	8.1%	8.1%
Maryland	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.2%	2.1%	2.1%	2.0%	2.0%	1.9%	2.0%	2.0%	2.0%	2.0%	2.0%	2.2%	2.2%	2.2%	2.1%
United States	2.6%	2.6%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.6%	2.4%	2.4%	2.4%	2.3%	2.2%	2.2%	2.2%	2.1%	2.1%	2.1%	2.4%	2.4%	2.3%	2.3%

Data Source: US Department of Housing and Urban Development. 2023-Q4.



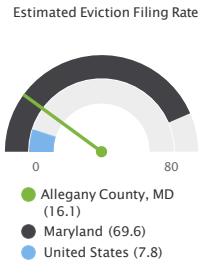
Evictions

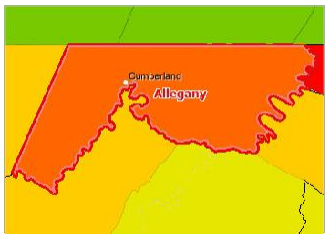
This indicator reports information about formal evictions based on court records from 48 states and the District of Columbia, compiled by the Eviction Lab. The number of eviction filings within the report area is shown in below. The "filing rate" is the ratio of the number of evictions filed in an area over the number of renter-occupied homes in that area. For the year 2018, the Eviction Lab reports that, of 9,887 rental homes in the report area, there were 1,593 eviction filings, for an eviction filing rate of 16.1.

Note: Not all counties have data that has been provided. Indicator data do not include information about "informal evictions", or those that happen outside of the courtroom.

Report Area	Renter Occupied Households	Estimated Eviction Filings	Estimated Eviction Filing Rate
Allegany County, MD	9,887	1,593	**16.1**
Maryland	1,606,030	1,117,516	69.6
United States	140,706,143	10,969,285	7.8

Note: This indicator is compared to the state average.
Data Source: Eviction Lab. 2018.





View larger map

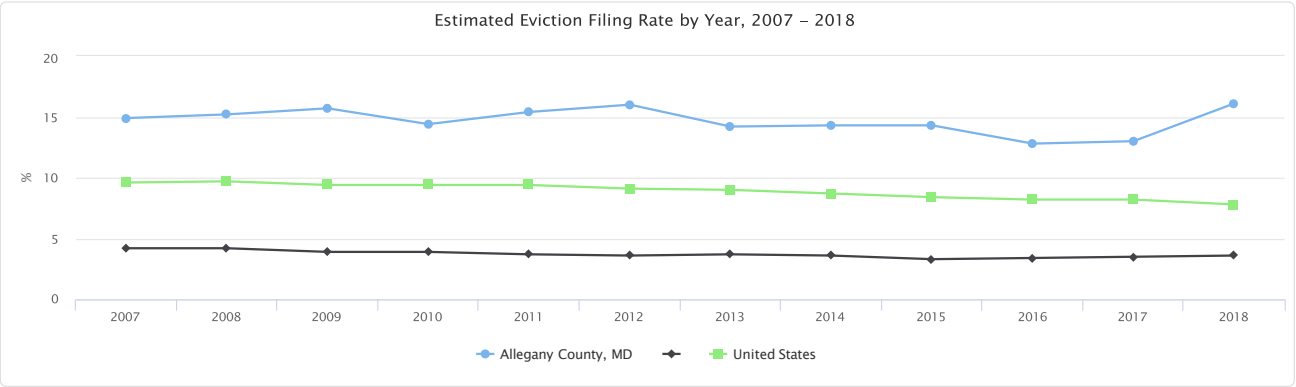
Estimated Evictions, Rate per 100 Rental Homes by County, Eviction Lab 2018

- Over 20%
- 10% - 20%
- 5% - 10%
- 2.35% - 5%
- 0 - 2.34% (US AVERAGE)
- No Data or Data Suppressed
- Allegany County, MD

Estimated Eviction Filing Rate by Year, 2007 - 2018

Report Area	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Allegany County, MD	14.9%	15.2%	15.7%	14.4%	15.4%	16.0%	14.2%	14.3%	14.3%	12.8%	13.0%	16.1%
	4.2%	4.2%	3.9%	3.9%	3.7%	3.6%	3.7%	3.6%	3.3%	3.4%	3.5%	3.6%
United States	9.6%	9.7%	9.4%	9.4%	9.4%	9.1%	9.0%	8.7%	8.4%	8.2%	8.2%	7.8%

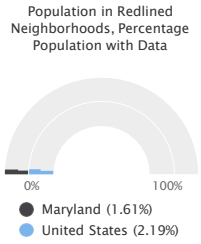
Data Source: Eviction Lab. 2018.



Historic Redlining

This indicator reports the percentage of the population living in neighborhoods identified as "hazardous" by the federal government in a practice referred to as "redlining." Individuals living in these redlined neighborhoods were unable to access low interest/low down payment mortgages underwritten by the Federal Housing Administration (FHA) and the Department of Veterans Affairs (VA). A series of maps prepared by the Home Owners' Loan Corporation (HOLC) between 1935 and 1940 provide the most comprehensive data on redlining practices in the US, with data available for over 200 cities and metro areas.

Report Area	Total Population	Population in HOLC Areas, Percentage	Population in Redlined Neighborhoods	Population in Redlined Neighborhoods, Percentage
Allegany County, MD	68106	0.00%	No data	No data
Maryland	6177224	10.39%	99,468	1.61%
United States	331449281	14.28%	7,263,879	2.19%



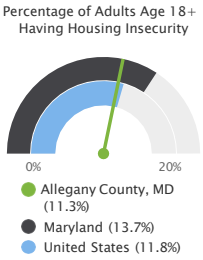
Data Source: OPEN ICPSR Historic Redlining.

Housing Insecurity

This indicator reports the percentage of adults age 18 and older who report having housing insecurity in the past 12 months.

Within the report area, there were 11.3% of adults 18 and older who report having housing insecurity in the past 12 months of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ Having Housing Insecurity (Crude)	Adults Age 18+ Having Housing Insecurity (Age-Adjusted)
Allegany County, MD	67,267	11.3%	12.5%
Maryland	6,164,660	13.7%	14.6%
United States	333,287,557	11.8%	12.9%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

View larger map

House Insecurity, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

- Over 23.0%
- 20.1% - 23.0%
- 17.1% - 20.0%
- Under 17.1%
- No Data or Data Suppressed
- Allegany County, MD

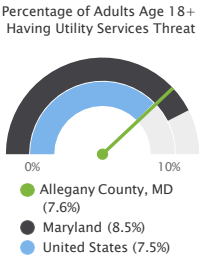
Utility Services Threat

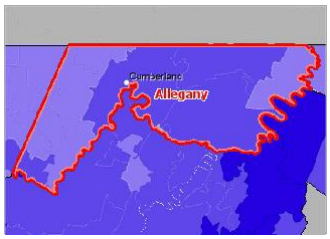
This indicator reports the percentage of adults age 18 and older who report having utility services threat in the past 12 months.

Within the report area, there were 7.6% of adults 18 and older who report having utility services threat in the past 12 months of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ Having Utility Services Threat (Crude)	Adults Age 18+ Having Utility Services Threat (Age-Adjusted)
Allegany County, MD	67,267	7.6%	8.5%
Maryland	6,164,660	8.5%	9.1%
United States	333,287,557	7.5%	8.2%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.





View larger map

Utility Services Threat, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

- Over 10.0%
- 8.1 - 10.0%
- 5.0 - 8.0%
- Under 5.0%
- No Data or Data Suppressed
- Allegany County, MD

Community Health Needs Assessment

Location

Allegany County, MD

Other Social & Economic Factors

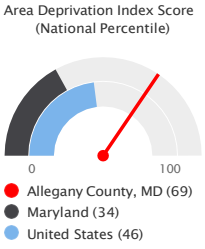
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to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

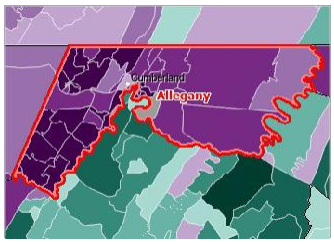
Area Deprivation Index

This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The Area Deprivation Index ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to four primary domains (Education; Income & Employment; Housing; and Household Characteristics). The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).

Report Area	Total Population (2020)	State Percentile	National Percentile
Allegany County, MD	68,106	83	69
Maryland	6,177,224	50	34
United States	331,129,211	51	46

Note: This indicator is compared to the state average.
Data Source: University of Wisconsin-Madison School of Medicine and Public Health, Neighborhood Atlas. 2022.





View larger map

Area Deprivation Index (2020), State Decile by Block Group, UW_ADI 2022

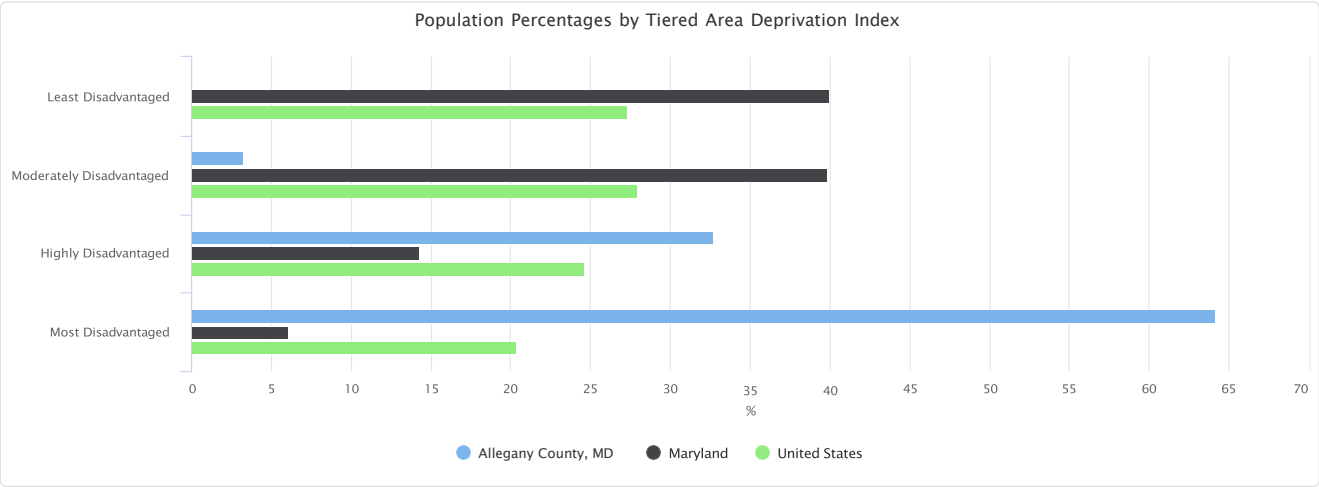
- Not Ranked
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Allegany County, MD

Population Percentages by Tiered Area Deprivation Index

This indicator reports the population percentages for four types of neighborhoods (least disadvantaged, most disadvantaged, and two middle groups) based on tiered Area Deprivation Index (ADI national percentile) for all the block groups in the selected area.

Report Area	Least Disadvantaged	Moderately Disadvantaged	Highly Disadvantaged	Most Disadvantaged
Allegany County, MD	0.00%	3.17%	32.70%	64.13%
Maryland	39.95%	39.78%	14.25%	6.02%
United States	27.23%	27.91%	24.52%	20.34%

Data Source: University of Wisconsin-Madison School of Medicine and Public Health, Neighborhood Atlas. 2022.

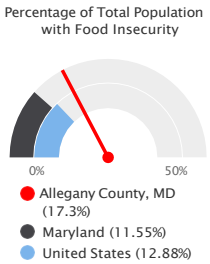


Food Insecurity Rate

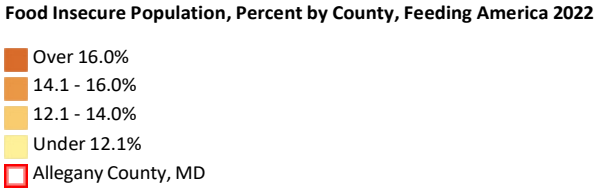
This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Allegany County, MD	67,977	11,760	**17.3%**
Maryland	6,151,278	710,670	11.55%
United States	331,148,169	42,657,200	12.88%

Note: This indicator is compared to the state average.
Data Source: Feeding America. 2022.



View larger map



Food Insecurity - Food Insecure Children

This indicator reports the estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Population Under Age 18	Food Insecure Children, Total	Child Food Insecurity Rate
Allegany County, MD	11,947	2,270	19%
Maryland	2,675,045	435,820	16.29%
United States	72,810,721	13,128,990	18.03%

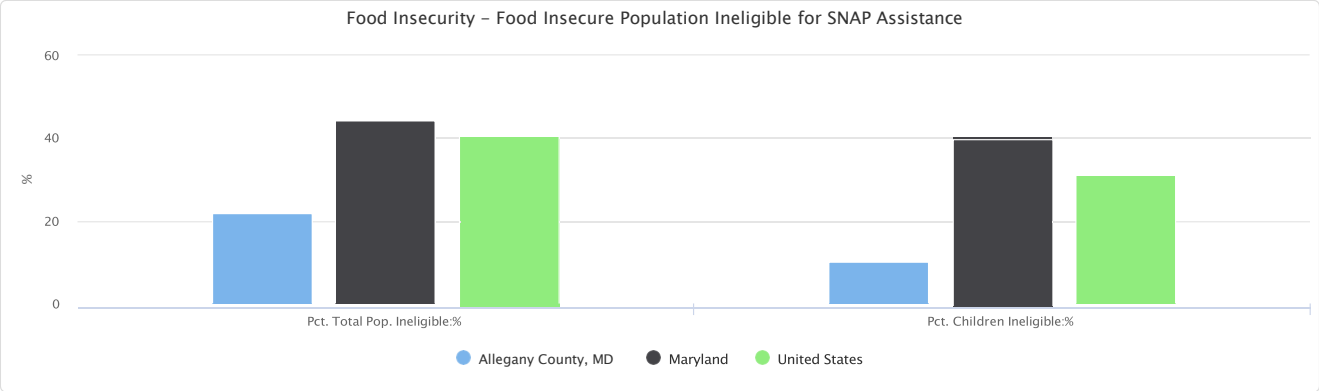
Data Source: Feeding America. 2022.

Food Insecurity - Food Insecure Population Ineligible for SNAP Assistance

This indicator reports the estimated percentage of the total population and the population under age 18 that experienced food insecurity at some point during the report year, but are ineligible for SNAP assistance. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Assistance eligibility is determined based on household income of the food insecure households relative to the maximum income-to-poverty ratio for SNAP.

Report Area	Food Insecure Population	Food Insecure Population Ineligible for Assistance, Percent	Food Insecure Children	Food Insecure Children Ineligible for Assistance, Percent
Allegany County, MD	11,760	22%	2,270	10%
Maryland	710,670	44.18%	214,610	40.32%
United States	42,657,200	41.49%	13,128,990	31.21%

Data Source: Feeding America. 2022.

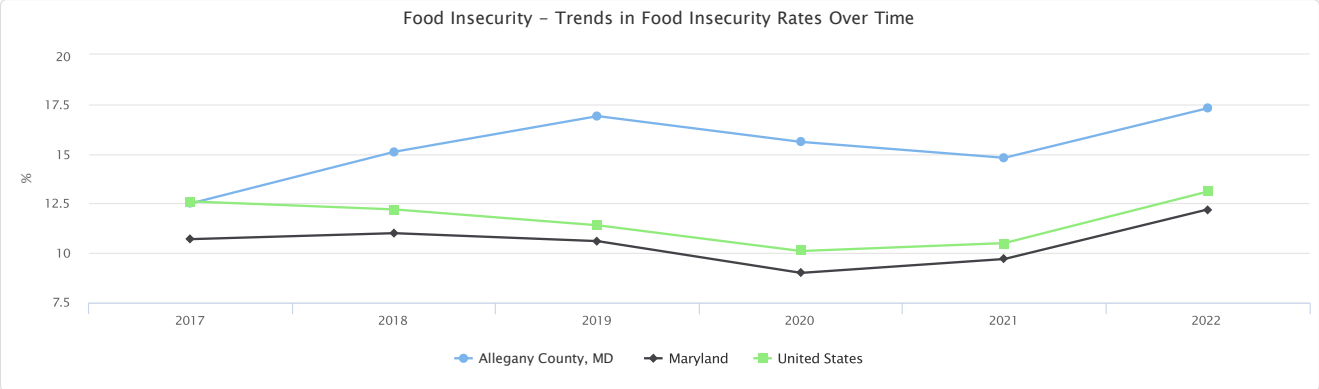


Food Insecurity - Trends in Food Insecurity Rates Over Time

This indicator reports the estimated percentage of the food insecurity trend observed at various points throughout the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	2017	2018	2019	2020	2021	2022
Allegany County, MD	12.5%	15.1%	16.9%	15.6%	14.8%	17.3%
Maryland	10.7%	11%	10.6%	9%	9.7%	12.2%
United States	12.6%	12.2%	11.4%	10.1%	10.5%	13.1%

Data Source: Feeding America. 2022.



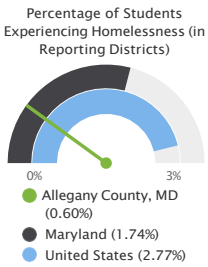
Homeless Children & Youth

This indicator reports the number of children and youth experiencing homelessness enrolled in the public school system during the 2019-2020 school year. This data source reports the number of students experiencing homelessness, defined as individuals who lack a fixed, regular, and adequate nighttime residence. This includes those who are sharing the housing of others, living in motels, hotels, or camping grounds, staying in emergency transitional shelters, or are unsheltered. Data are aggregated to the report-area level based on school-district summaries where three or more children experiencing homelessness are counted.

In the report area, of the 8,437 students enrolled in reported districts during the 2019-20 school year, there were 50 or 0.60% students experiencing homelessness, which is lower than the statewide rate of 1.74%.
Note: Data are available for 100.00% school districts in the report area, representing 100.00% of the public school student population.

Report Area	Students in Reported Districts	Students Experiencing Homelessness	Students Experiencing Homelessness, Percent	Districts Reporting	Students in Reported Districts
Allegany County, MD	8,437	50	0.60%	100.00%	100.00%
Maryland	909,404	15,798	1.74%	100.00%	100.00%
United States	47,386,316	1,311,089	2.77%	86.95%	97.47%

Note: This indicator is compared to the state average.
Data Source: US Department of Education, EDFacts. Additional data analysis by CARES. 2019-2020.



View larger map

Homeless Students, Percent by School District (Elementary), ED*Facts* 2019-20

- Over 6.0%
- 3.1 - 6.0%
- 1.1 - 3.0%
- 0.1 - 1.0%
- No Data or Data Suppressed
- Allegany County, MD

Students Experiencing Homelessness by Primary Nighttime Residence

This table and chart below report the number of students experiencing homelessness by their primary nighttime residence. Data represent students who were enrolled in the public school system during the 2019-2020 school year. The data are aggregated at the report-area level based on school district summaries where three or more students were counted.

A brief description of each column is provided below:

- Doubled-up: Refers to doubled-up or shared housing due to loss of housing, economic hardship, or similar reasons.
- Unsheltered: Includes situations such as living in cars, parks, campgrounds, temporary trailers (including FEMA trailers), or abandoned buildings.
- Hotels/Motels: As indicated by the name, refers to stays in hotels or motels.
- Shelters and Transitional Housing: Refers to stays in shelters or transitional housing programs, as indicated.

Report Area	Total	Doubled-up	Unsheltered	Hotels/motels	Shelters and transitional housing
Allegany County, MD	50	35	No data	No data	11
Maryland	15,791	12,455	151	1,280	1,673
United States	1,092,079	830,243	40,328	76,436	96,856

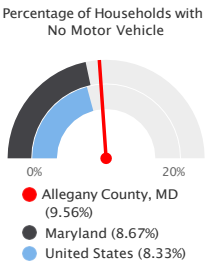
Data Source: US Department of Education, EDFacts. Additional data analysis by CARES. 2019-2020.

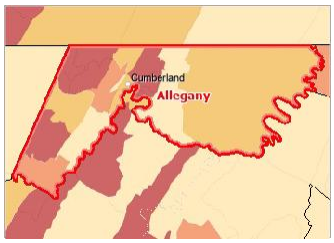
Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates. Of the 27,462 total households in the report area, 2,625 or 9.56% are without a motor vehicle.

Report Area	Total Occupied Households	Households with No Motor Vehicle	Households with No Motor Vehicle, Percent
Allegany County, MD	27,462	2,625	9.56%
Maryland	2,318,124	201,002	8.67%
United States	125,736,353	10,474,870	8.33%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Households with No Vehicle, Percent by Tract, ACS 2018-22

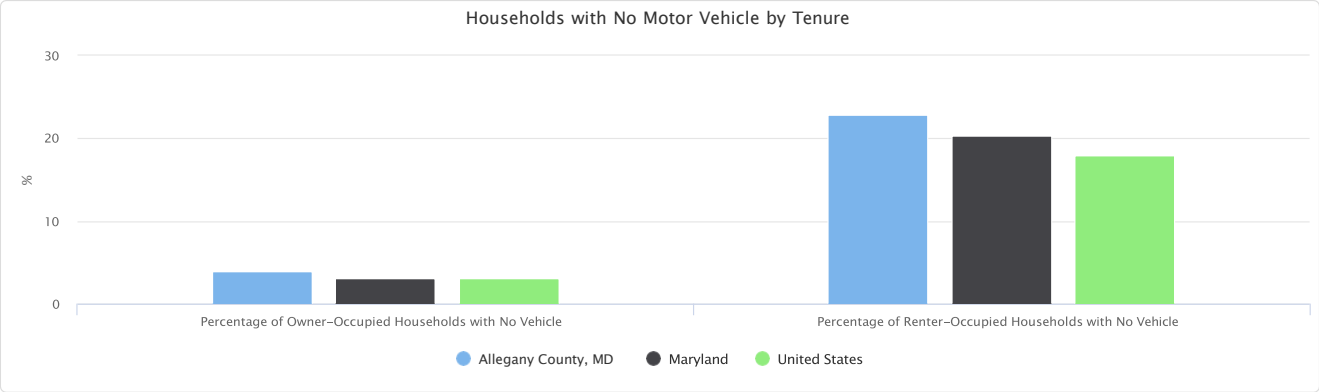
- Over 8.0%
- 6.1 - 8.0%
- 4.1 - 6.0%
- Under 4.1%
- No Data or Data Suppressed
- Allegany County, MD

Households with No Motor Vehicle by Tenure

This indicator reports the total and percentage of households with no vehicle by tenure.
These numbers in the following table could be interpreted as (take the first two columns as an example), *"Within the report area, there are a total of (value) owner-occupied households with no vehicle. This accounts for (value) of all the owner-occupied households."*

Report Area	Owner-Occupied Households	Owner-Occupied Households, Percent	Renter-Occupied Households	Renter-Occupied Households, Percent
Allegany County, MD	752	3.91%	1,873	22.81%
Maryland	47,517	3.04%	153,485	20.35%
United States	2,560,689	3.14%	7,914,181	17.89%

Data Source: US Census Bureau, American Community Survey. 2018-22.

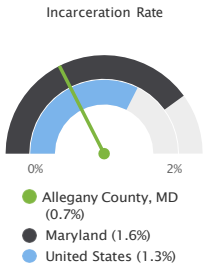


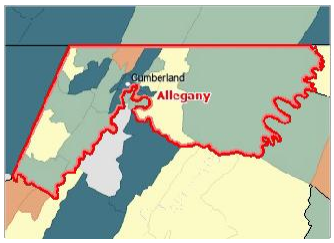
Incarceration Rate

The Opportunity Atlas estimates the percentage of individuals born in each census tract who were incarcerated at the time of the 2010 Census. According to the Atlas data, 0.7% of the report area population were incarcerated. The incarceration rate in the report area is lower than the state average of 1.6%.

Report Area	Total Population (2010)	Incarceration Rate
Allegany County, MD	75,087	0.7%
Maryland	5,773,552	1.6%
United States	312,444,060	1.3%

Note: This indicator is compared to the state average.
Data Source: Opportunity Insights. 2018.





View larger map

Incarceration Rate (2010), Total by Tract, Opportunity Insights 2018

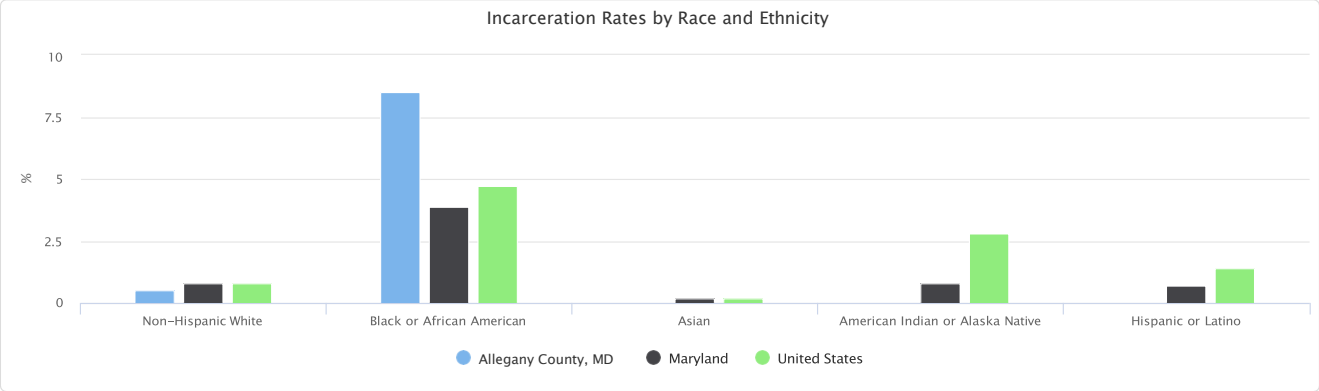
- No Data or No Incarcerations
- 0.01% - 0.50%
- 0.51% - 1.00%
- 1.01% - 2.00%
- 2.01% - 5.00%
- Over 5.00%
- Allegany County, MD

Incarceration Rates by Race and Ethnicity

The table and chart below display estimated incarceration rates (2010) by race and ethnicity from the 2018 Opportunity Insights Atlas. The percentage values could be interpreted as, for example, *"Of all the non-Hispanic white population within the report area, the incarceration rate is (value)."*

Report Area	Non-Hispanic White	Black or African American	Asian	American Indian or Alaska Native	Hispanic or Latino
Allegany County, MD	0.5%	8.5%	0.0%	No data	0.0%
Maryland	0.8%	3.9%	0.2%	0.8%	0.7%
United States	0.8%	4.7%	0.2%	2.8%	1.4%

Data Source: Opportunity Insights. 2018.



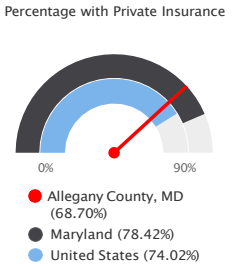
Insurance - Insured Population and Provider Type

Health insurance coverage is considered a *key driver* of health status.

In the report area 60,713 total civilians have some form of health insurance coverage. Of those, 68.70% have private insurance, e.g. insurance purchased through an employer or union, through direct purchase (e.g. on a health exchange) or have Tricare or other military health insurance. In addition, 51.53% have a form of public health insurance. Public health coverage includes the federal programs Medicare, Medicaid, and VA Health Care (provided through the Department of Veterans Affairs), as well as the Children's Health Insurance Program (CHIP). This indicator is relevant because insurance provides access to healthcare, including regular primary care, specialty care, and other health services that prevent poor health status.

Note: Percentages may exceed 100% as individuals may have more than one form of health insurance.

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Health Insurance	Percentage with Private Insurance	Percentage with Public Insurance
Allegany County, MD	63,226	60,713	**68.70%**	51.53%
Maryland	6,070,969	5,710,484	78.42%	36.10%
United States	326,147,510	297,832,418	74.02%	39.28%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.

View larger map

Insured, Private Insurance, Percent by Tract, ACS 2018-22

- Over 85.0%
- 77.1 - 85.0%
- 69.1 - 77.0%
- Under 69.1%
- No Data or Data Suppressed
- Allegany County, MD

Population with Insurance by Provider Type, Total

This indicator reports the number of individuals with various types of public or private health insurance plans.
Note: Summed totals may exceed the total number of persons with insurance, as individuals may have more than one form of health insurance.

Report Area	Employer or Union	Direct Purchase	TRICARE or Other Military	Medicare	Medicaid	VA Health Care
Allegany County, MD	33,609	9,750	1,485	15,351	18,746	1,756
Maryland	3,815,035	769,246	222,029	1,029,660	1,155,689	117,554
United States	180,334,342	44,188,710	8,856,541	58,449,712	66,532,218	7,273,519

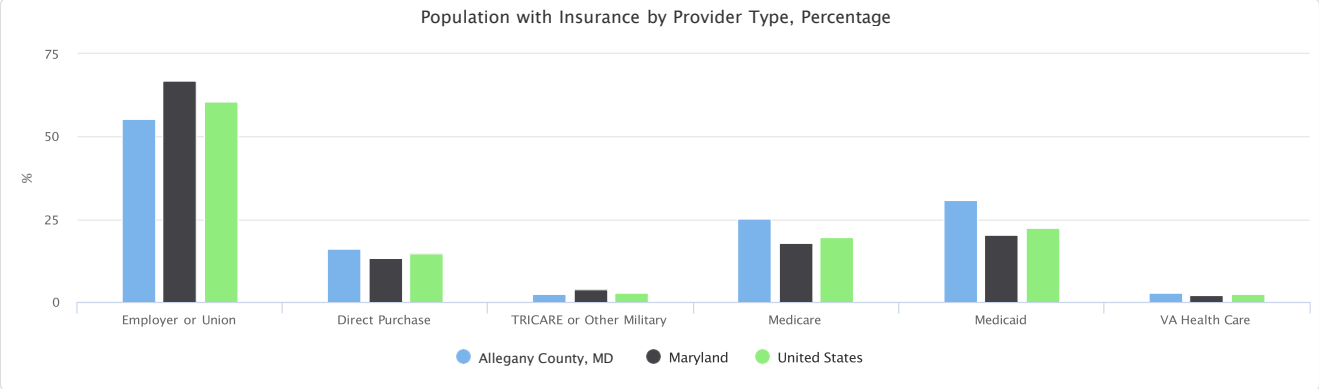
Data Source: US Census Bureau, American Community Survey. 2018-22.

Population with Insurance by Provider Type, Percentage

This indicator reports the number of individuals with various types of public or private health insurance plans as a percentage of the total number of persons with health insurance.
Note: Percentages may exceed 100% as individuals may have more than one form of health insurance.

Report Area	Employer or Union	Direct Purchase	TRICARE or Other Military	Medicare	Medicaid	VA Health Care
Allegany County, MD	55.36%	16.06%	2.45%	25.28%	30.88%	2.89%
Maryland	66.81%	13.47%	3.89%	18.03%	20.24%	2.06%
United States	60.55%	14.84%	2.97%	19.63%	22.34%	2.44%

Data Source: US Census Bureau, American Community Survey. 2018-22.



Insurance - Medicare Enrollment Demographics

This indicator reports information about the Medicare population, including the number of beneficiaries enrolled in parts A & B (the Fee-for-Service population) and the number enrolled in Medicare Advantage. Demographic information is provided for the Fee-for-Service population only. In the report area, there are 16,231 Medicare Beneficiaries. Of those, 23.53% are eligible for Medicaid. The average age of the Fee-for-Service population is 72.

Report Area	Total Medicare Beneficiaries	Medicare Advantage Beneficiaries	FFS Beneficiaries	Medicaid Eligible, Percentage	Avg. Age of FFS Beneficiaries
Allegany County, MD	16,231	1,564	14,667	23.53%	72
Maryland	948,203	200,619	747,584	17.41%	73
United States	59,319,668	29,679,713	29,639,955	16.5%	73

Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.

View larger map

Medicare Beneficiaries, Fee-for-service, Total by County, CMS 2022

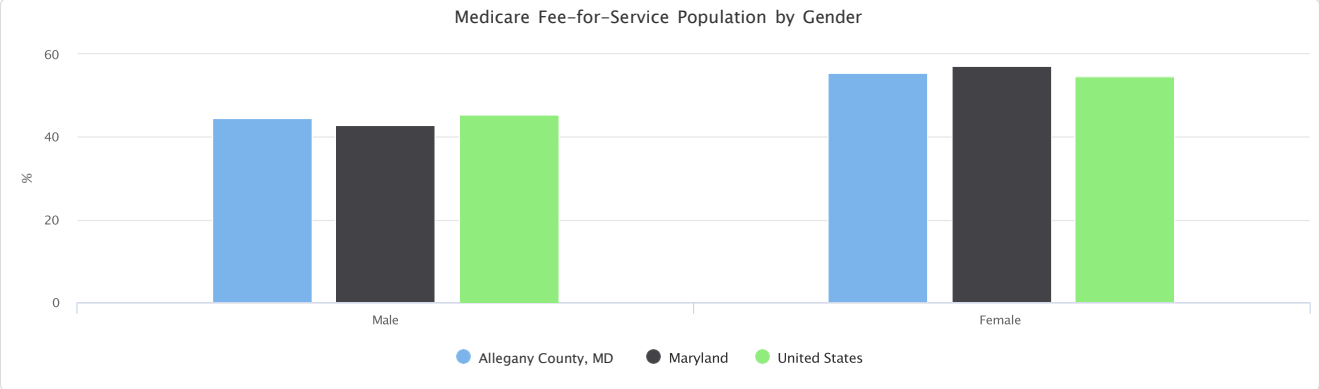
- Over 10,000
- 4,001 - 10,000
- 2,001 - 4,000
- Under 2,001
- No Data or Data Suppressed
- Allegany County, MD

Medicare Fee-for-Service Population by Gender

The table below reports the percentage of the Medicare Fee-for-Service population by gender. Among FFS Beneficiaries in the report area, 44.52% are male, and 55.48% are female.

Report Area	Fee-for-Service Beneficiaries	Male	Female
Allegany County, MD	14,667	44.52%	55.48%
Maryland	747,584	42.9%	57.1%
United States	29,639,955	45.4%	54.6%

Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.

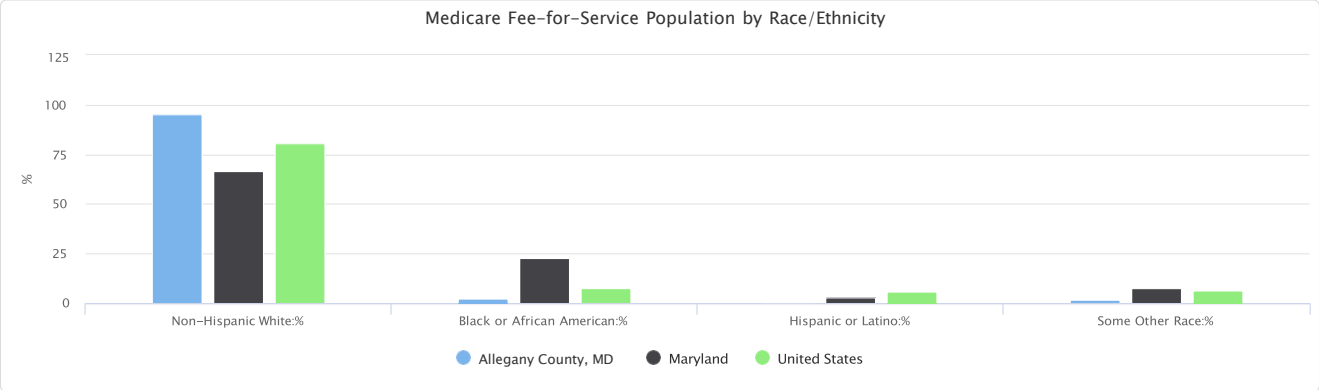


Medicare Fee-for-Service Population by Race/Ethnicity

The table below reports the percentage of the Medicare Fee-for-Service population by race and ethnicity. Among FFS Beneficiaries in the report area, 95.4% are non-Hispanic white, 2.18% are non-Hispanic Black, and 0.5% are Hispanic or Latino. The remaining population are some other race or unknown.

Report Area	Fee-for-Service Beneficiaries	Non-Hispanic White	Black or African American	Hispanic or Latino	Some Other Race
Allegany County, MD	14,667	95.4%	2.18%	0.5%	1.92%
Maryland	747,584	66.7%	22.85%	2.72%	7.73%
United States	29,639,955	80.35%	7.31%	5.68%	6.66%

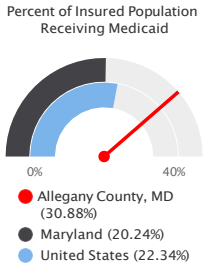
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.



Insurance - Population Receiving Medicaid

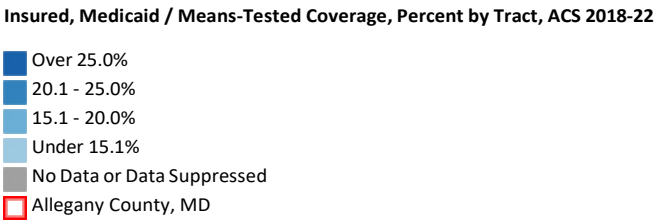
This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs;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

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Allegany County, MD	63,226	60,713	18,746	**30.88%**
Maryland	6,070,969	5,710,484	1,155,689	20.24%
United States	326,147,510	297,832,418	66,532,218	22.34%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.

View larger map

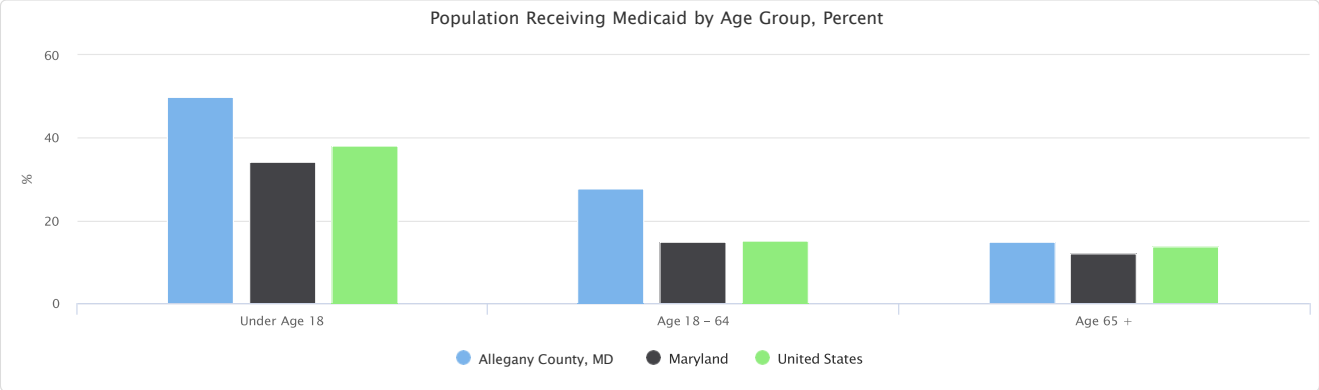


Population Receiving Medicaid by Age Group, Percent

This indicator reports percent of population receiving Medicaid by age group.
The percentage values could be interpreted as, for example, *"Of all the population under age 18 within the report area, the proportion receiving Medicaid is (value)."*

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Allegany County, MD	49.98%	27.67%	14.97%
Maryland	34.29%	14.88%	11.99%
United States	38.12%	15.17%	13.67%

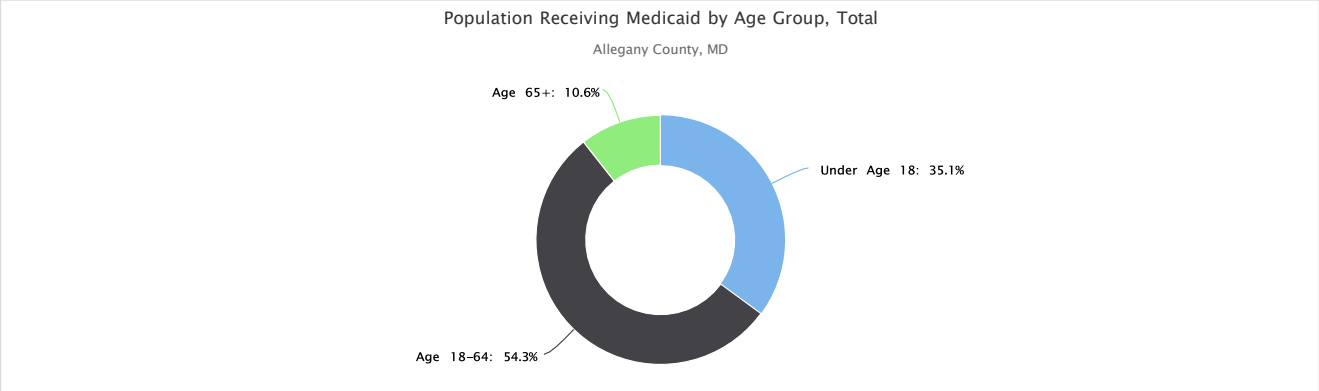
Data Source: US Census Bureau, American Community Survey. 2018-22.



Population Receiving Medicaid by Age Group, Total

Report Area	Under Age 18	Age 18-64	Age 65+
Allegany County, MD	6,576	10,184	1,986
Maryland	495,011	545,318	115,360
United States	29,649,634	29,591,709	7,290,875

Data Source: US Census Bureau, American Community Survey. 2018-22.

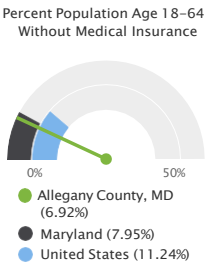


Insurance - Uninsured Adults

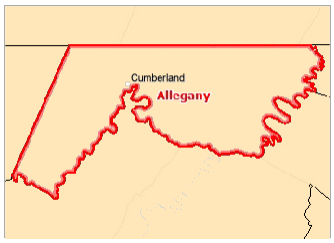
The lack of health insurance is considered a *key driver* of health status.

This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Age 18-64	Pop. Age 18-64 w/ Insurance	Pop. Age 18-64 w/ Insurance, Percent	Pop. Age 18-64 w/o Insurance	Pop. Age 18-64 w/o Insurance, Percent
Allegany County, MD	36,588	34,055	93.08%	2,533	6.92%
Maryland	3,677,714	3,385,496	92.05%	292,218	7.95%
United States	197,858,423	175,621,269	88.76%	22,237,154	11.24%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.



View larger map

Uninsured Population, Age 18-64, Percent by County, SAHIE 2022

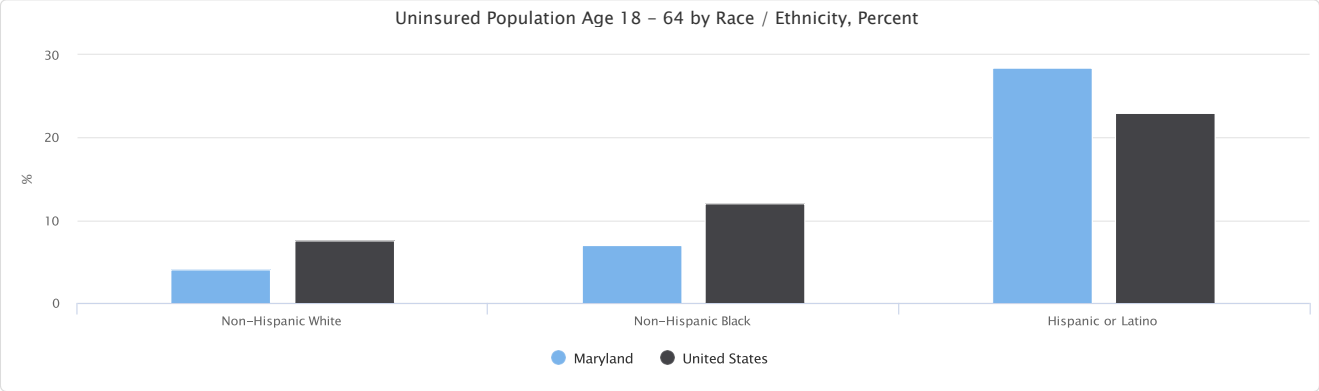
- Over 18.0%
- 13.1 - 18.0%
- 10.1 - 13.0%
- Under 10.1%
- No Data or Data Suppressed
- Allegany County, MD

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

This indicator reports the percentage of uninsured population age 18-64 by race/ethnicity.
The percentage values could be interpreted as, for example, *"Of all the non-Hispanic white population age 18-64 in the report area, the proportion without medical insurance is (value)."*
Note: There is only SAHIE data available for state/national areas for this dataset.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Maryland	4.00%	7.00%	28.50%
United States	7.57%	12.05%	22.94%

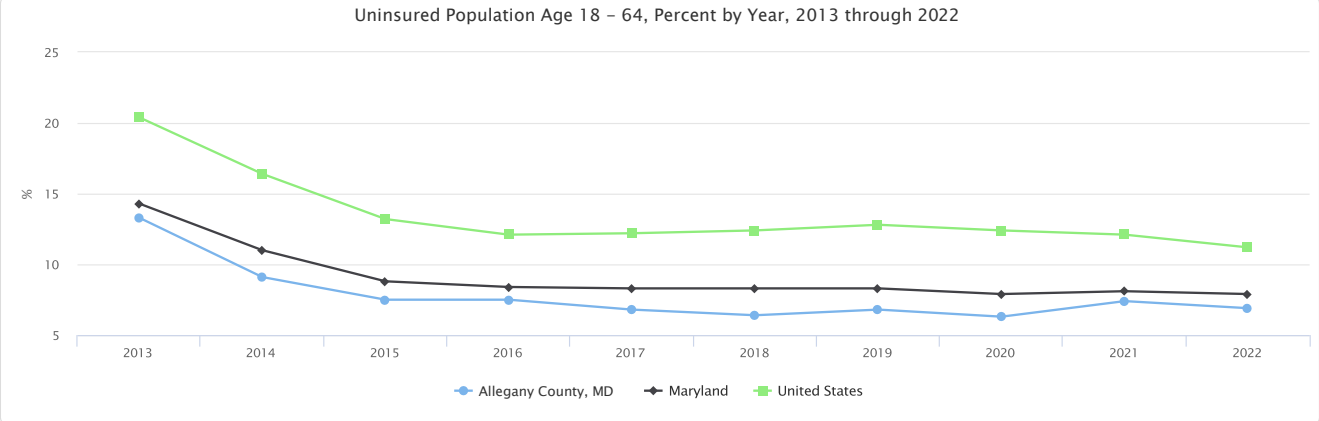
Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.



Uninsured Population Age 18 - 64, Percent by Year, 2013 through 2022

Report Area	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Allegany County, MD	13.30%	9.10%	7.50%	7.50%	6.80%	6.40%	6.80%	6.30%	7.40%	6.90%
Maryland	14.30%	11.00%	8.80%	8.40%	8.30%	8.30%	8.30%	7.90%	8.10%	7.90%
United States	20.4%	16.4%	13.2%	12.1%	12.2%	12.4%	12.8%	12.4%	12.1%	11.2%

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.



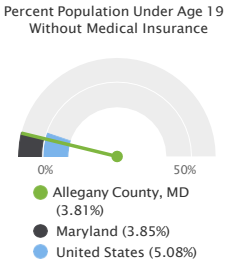
Insurance - Uninsured Children

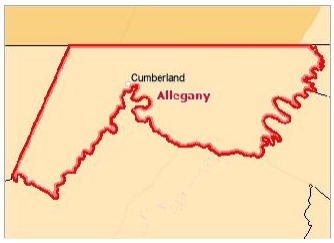
The lack of health insurance is considered a *key driver* of health status.

This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Age 0-18	Pop. Age 0-18 w/ Insurance	Pop. Age 0-18 w/ Insurance, Percent	Pop. Age 0-18 w/o Insurance	Pop. Age 0-18 w/o Insurance, Percent
Allegany County, MD	12,527	12,050	96.19%	477	**3.81%**
Maryland	1,383,507	1,330,308	96.15%	53,199	3.85%
United States	74,950,230	71,144,104	94.92%	3,806,126	5.08%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.





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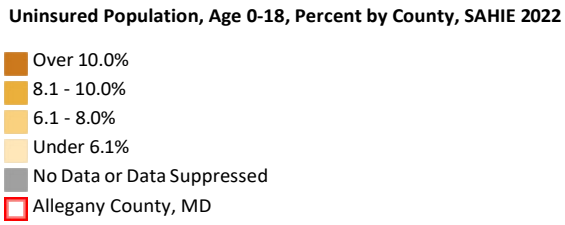
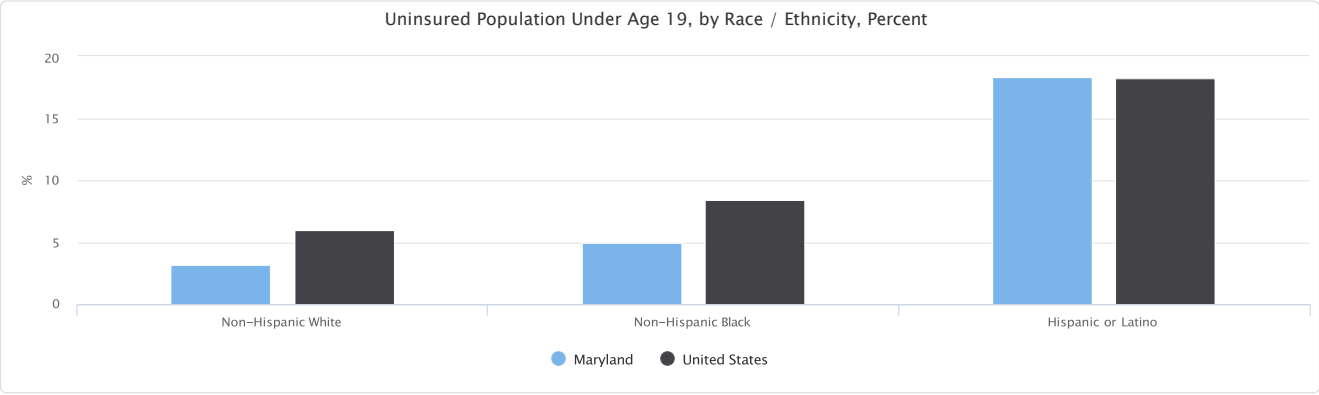


Uninsured Population Under Age 19, by Race / Ethnicity, Percent

This indicator reports the percentage of uninsured population under age 19 by race/ethnicity.
The percentage values could be interpreted as, for example, *"Of all the non-Hispanic white population under age 19 in the report area, the proportion without medical insurance is (value)."*
Note: There is only SAHIE data available for state/national areas for this dataset.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Maryland	3.20%	5.00%	18.30%
United States	5.98%	8.38%	18.22%

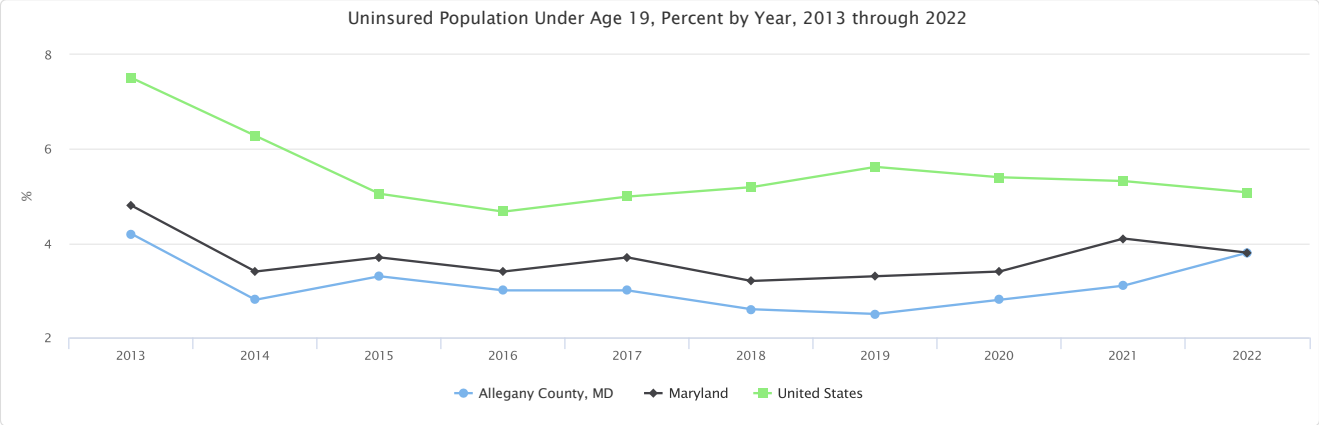
Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.



Uninsured Population Under Age 19, Percent by Year, 2013 through 2022

Report Area	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Allegany County, MD	4.20%	2.80%	3.30%	3.00%	3.00%	2.60%	2.50%	2.80%	3.10%	3.80%
Maryland	4.80%	3.40%	3.70%	3.40%	3.70%	3.20%	3.30%	3.40%	4.10%	3.80%
United States	7.51%	6.28%	5.05%	4.67%	4.99%	5.19%	5.62%	5.40%	5.32%	5.08%

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.



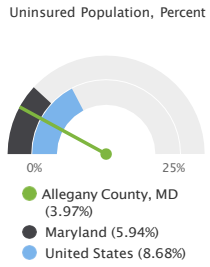
Insurance - Uninsured Population (ACS)

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

In the report area 3.97% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is less than the state average of 5.94%. 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)	Uninsured Population	Uninsured Population, Percent
Allegany County, MD	63,226	2,513	**3.97%**
Maryland	6,070,969	360,485	5.94%
United States	326,147,510	28,315,092	8.68%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



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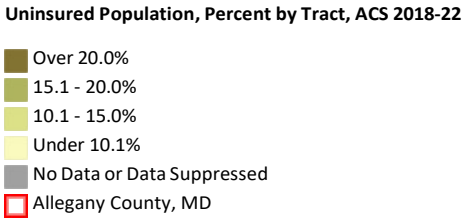
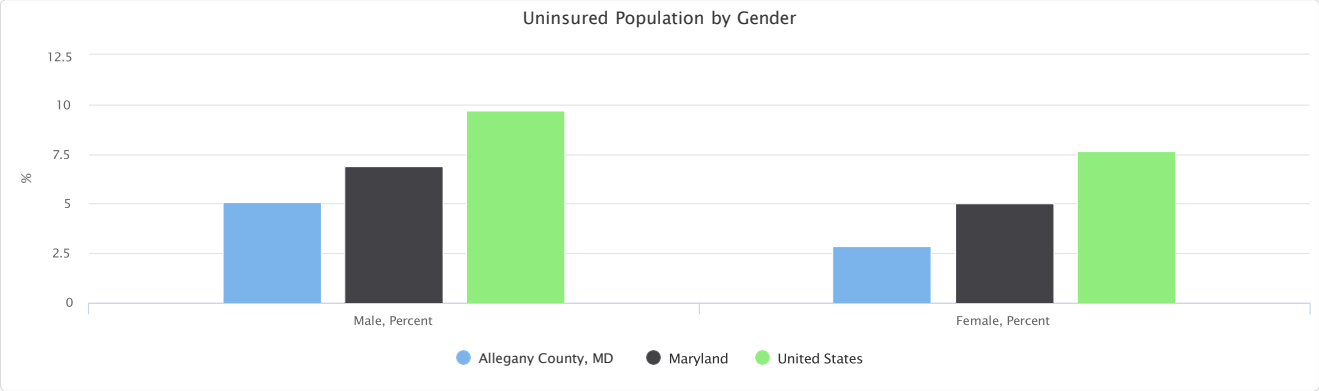


Uninsured Population by Gender

This indicator reports the uninsured population by gender.
The percentage values could be interpreted as, for example, *"Of all the male population within the report area, the proportion without health insurance coverage is (value)."*

Report Area	Male	Female	Male, Percent	Female, Percent
Allegany County, MD	1,600	913	5.06%	2.89%
Maryland	203,231	157,254	6.91%	5.02%
United States	15,616,252	12,698,840	9.72%	7.67%

Data Source: US Census Bureau, American Community Survey. 2018-22.

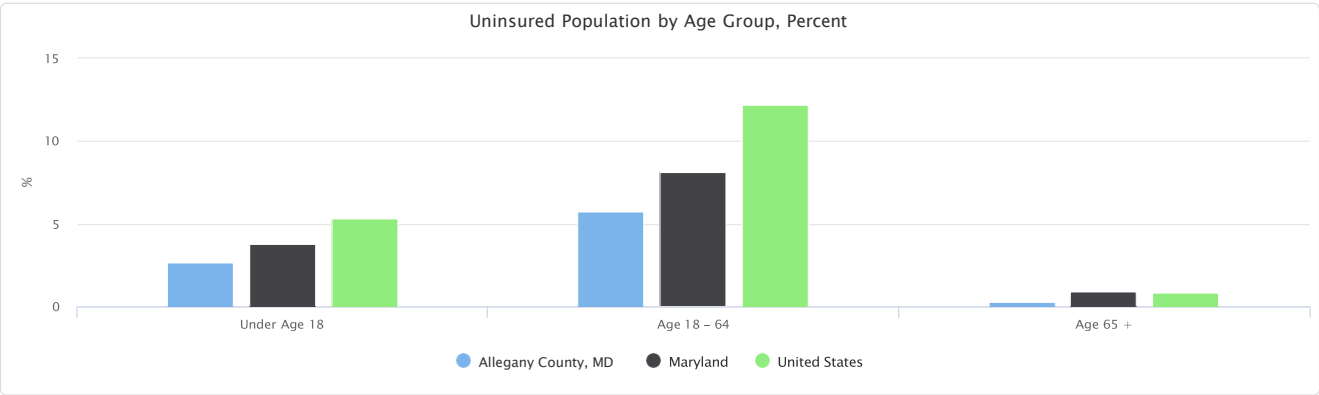


Uninsured Population by Age Group, Percent

This indicator reports the percentage of uninsured population by age group.
The percentage values could be interpreted as, for example, *"Of all the population under age 18 within the report area, the proportion without health insurance coverage is (value)."*

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Allegany County, MD	2.68%	5.77%	0.29%
Maryland	3.80%	8.10%	0.92%
United States	5.34%	12.17%	0.81%

Data Source: US Census Bureau, American Community Survey. 2018-22.

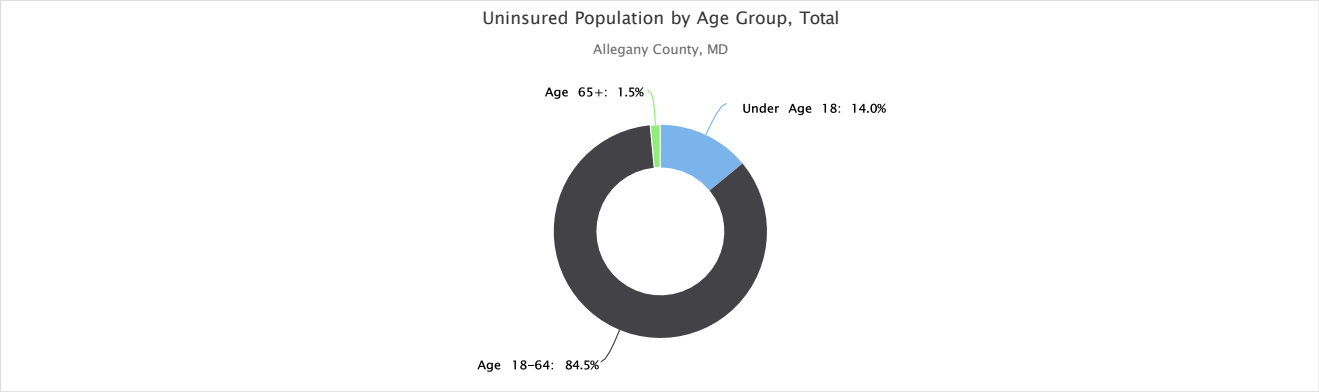


Uninsured Population by Age Group, Total

This indicator reports the total uninsured population by age group.

Report Area	Under Age 18	Age 18-64	Age 65+
Allegany County, MD	352	2,123	38
Maryland	54,783	296,827	8,875
United States	4,155,345	23,728,118	431,629

Data Source: US Census Bureau, American Community Survey. 2018-22.

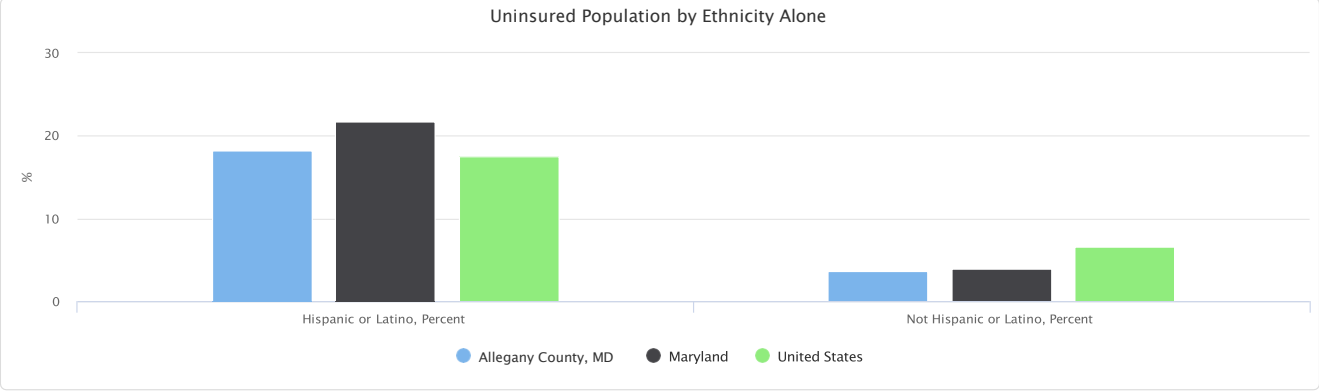


Uninsured Population by Ethnicity Alone

This indicator reports the uninsured population by ethnicity alone.
The percentage values could be interpreted as, for example, *"Of all the Hispanic population within the report area, the proportion without health insurance coverage is (value)."*

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Allegany County, MD	207	2,306	18.25%	3.71%
Maryland	144,930	215,555	21.72%	3.99%
United States	10,718,560	17,596,532	17.56%	6.64%

Data Source: US Census Bureau, American Community Survey. 2018-22.

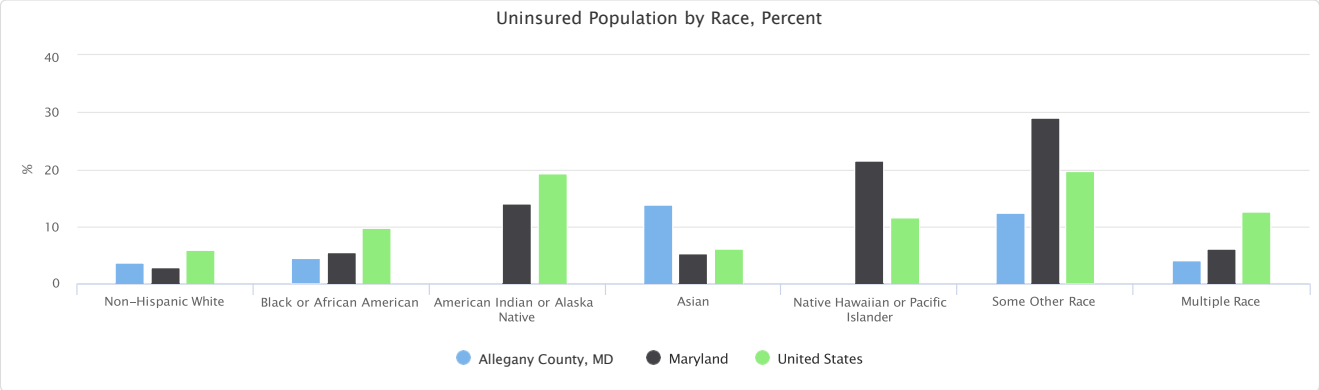


Uninsured Population by Race, Percent

This indicator reports the percentage of uninsured population by race alone.
The percentage values could be interpreted as, for example, *"Of all the non-Hispanic white population within the report area, the proportion without health insurance coverage is (value)."*

Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	3.61%	4.47%	0.00%	13.80%	0.00%	12.37%	4.04%
Maryland	2.93%	5.54%	13.92%	5.23%	21.54%	29.09%	6.15%
United States	5.87%	9.76%	19.25%	6.07%	11.49%	19.77%	12.57%

Data Source: US Census Bureau, American Community Survey. 2018-22.

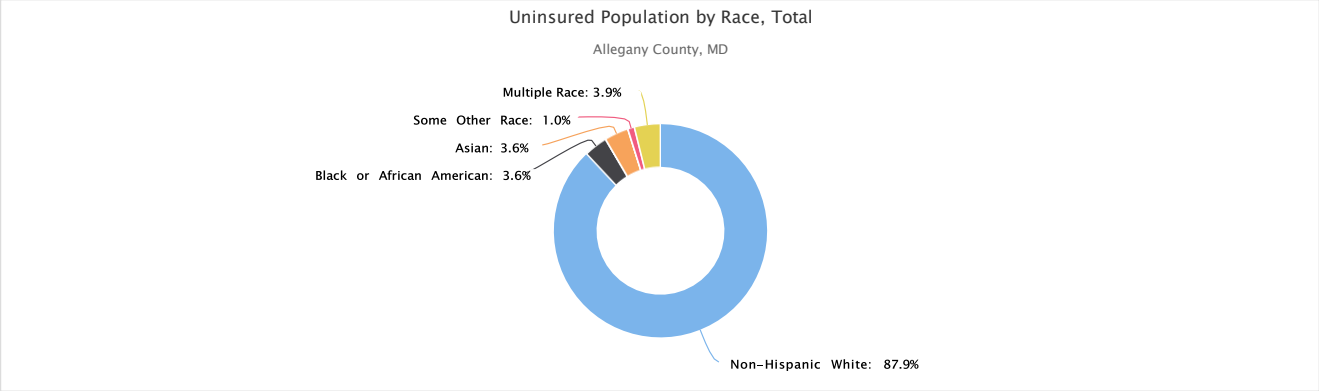


Uninsured Population by Race, Total

This indicator reports the total uninsured population by race alone.

Report Area	Non-Hispanic White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegany County, MD	2,079	84	0	86	0	24	93
Maryland	86,435	99,966	2,489	20,792	625	102,964	23,643
United States	11,281,890	3,915,412	523,619	1,154,029	70,152	3,916,729	3,618,924

Data Source: US Census Bureau, American Community Survey. 2018-22.

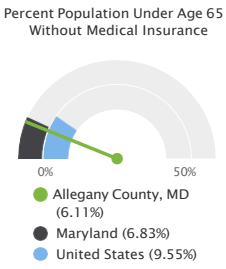


Insurance - Uninsured Population (SAHIE)

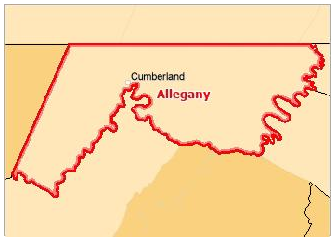
The lack of health insurance is considered a *key driver* of health status.

This indicator reports the percentage of adults under age 65 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Age 0-64	Pop. Age 0-64 w/ Insurance	Pop. Age 0-64 w/ Insurance, Percent	Pop. Age 0-64 w/o Insurance	Pop. Age 0-64 w/o Insurance, Percent
Allegany County, MD	48,441	45,481	93.89%	2,960	6.11%
Maryland	4,994,536	4,653,591	93.17%	340,945	6.83%
United States	269,100,387	243,405,665	90.45%	25,694,722	9.55%



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.



View larger map

Uninsured Population, Age 0-64, Percent by County, SAHIE 2022

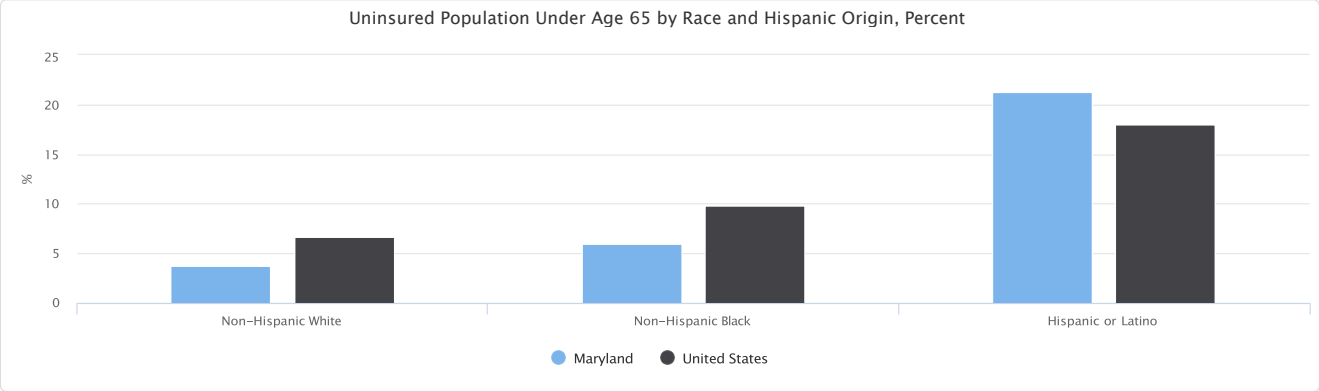
- Over 15.0%
- 10.1 - 15.0%
- 8.1 - 10.0%
- Under 8.1%
- No Data or Data Suppressed
- Allegany County, MD

Uninsured Population Under Age 65 by Race and Hispanic Origin, Percent

This indicator reports the percentage of the population under age 65 uninsured by race and Hispanic origin.
The percentage values could be interpreted as, for example, *"Of all the non-Hispanic white population under age 65 in the report area, the proportion without medical insurance is (value)."*
Note: This data source provides data on insurance status by population groupings at the state and national levels only.

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Maryland	3.70%	5.90%	21.30%
United States	6.71%	9.84%	17.99%

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.

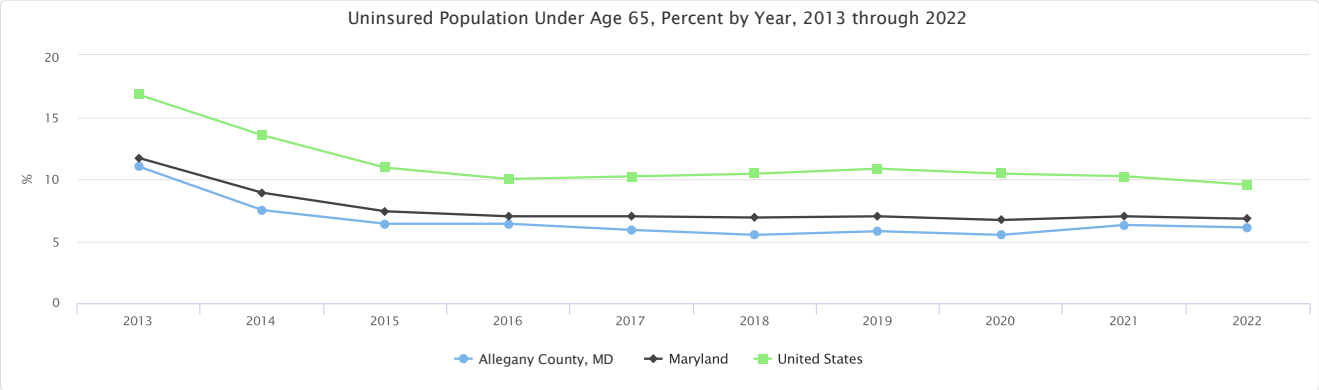


Uninsured Population Under Age 65, Percent by Year, 2013 through 2022

The table and chart below display trends in the percentage of the population under age 65 uninsured in Allegany County, MD compared to national average.

Report Area	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Allegany County, MD	11.00%	7.50%	6.40%	6.40%	5.90%	5.50%	5.80%	5.50%	6.30%	6.10%
Maryland	11.70%	8.90%	7.40%	7.00%	7.00%	6.90%	7.00%	6.70%	7.00%	6.80%
United States	16.79%	13.54%	10.92%	10.01%	10.22%	10.43%	10.84%	10.44%	10.23%	9.55%

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.

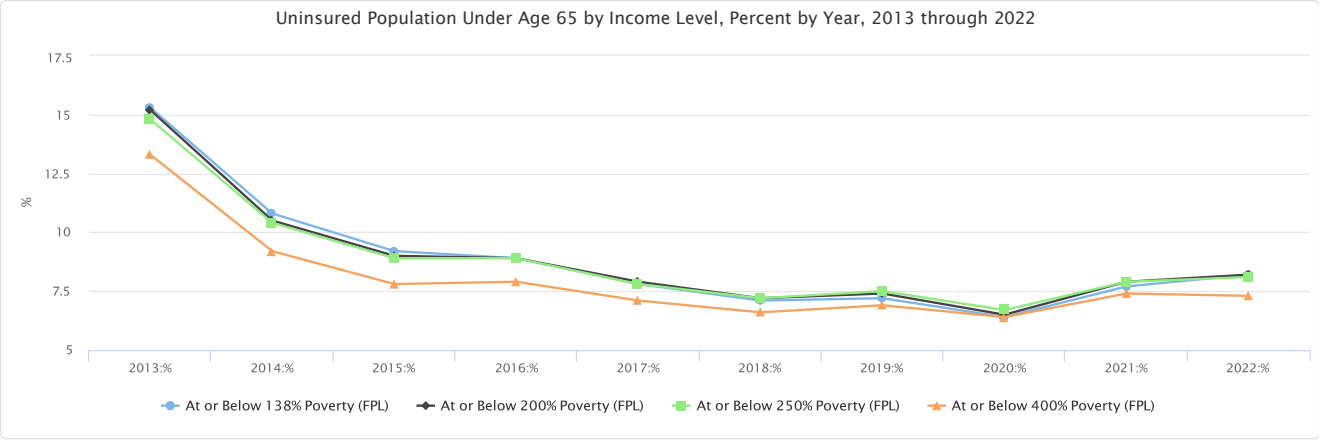


Uninsured Population Under Age 65 by Income Level, Percent by Year, 2013 through 2022

The table and chart below display trends in the percentage of the population under age 65 uninsured by household income relative to the federal poverty level (FPL) in Allegany County, MD.

Population Group	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
At or Below 138% Poverty (FPL)	15.30%	10.80%	9.20%	8.90%	7.80%	7.10%	7.20%	6.40%	7.70%	8.20%
At or Below 200% Poverty (FPL)	15.20%	10.50%	9.00%	8.90%	7.90%	7.20%	7.40%	6.50%	7.90%	8.20%
At or Below 250% Poverty (FPL)	14.80%	10.40%	8.90%	8.90%	7.80%	7.20%	7.50%	6.70%	7.90%	8.10%
At or Below 400% Poverty (FPL)	13.30%	9.20%	7.80%	7.90%	7.10%	6.60%	6.90%	6.40%	7.40%	7.30%

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.

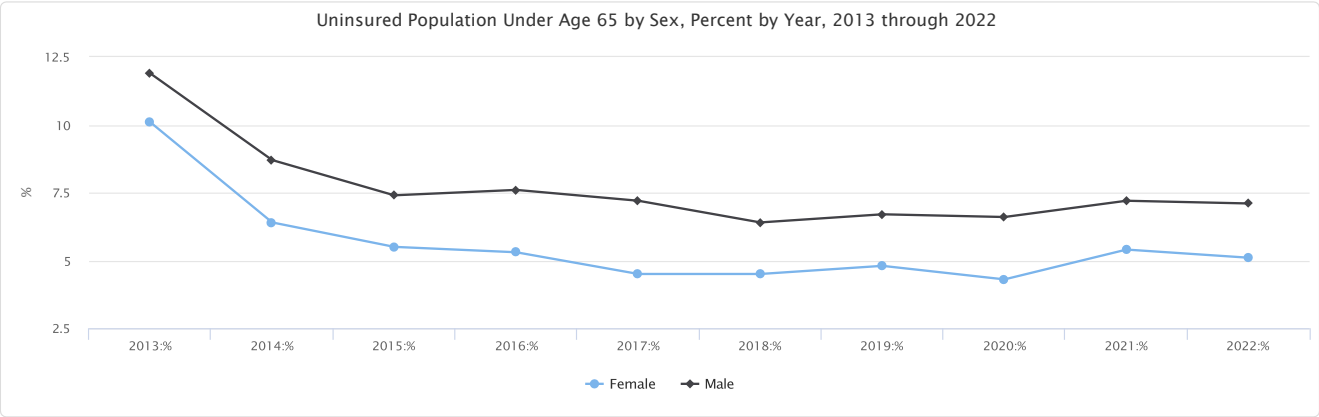


Uninsured Population Under Age 65 by Sex, Percent by Year, 2013 through 2022

The table and chart below display trends in the percentage of the population under age 65 uninsured by gender in Allegany County, MD.

Population Group	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Female	10.10%	6.40%	5.50%	5.30%	4.50%	4.50%	4.80%	4.30%	5.40%	5.10%
Male	11.90%	8.70%	7.40%	7.60%	7.20%	6.40%	6.70%	6.60%	7.20%	7.10%

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.

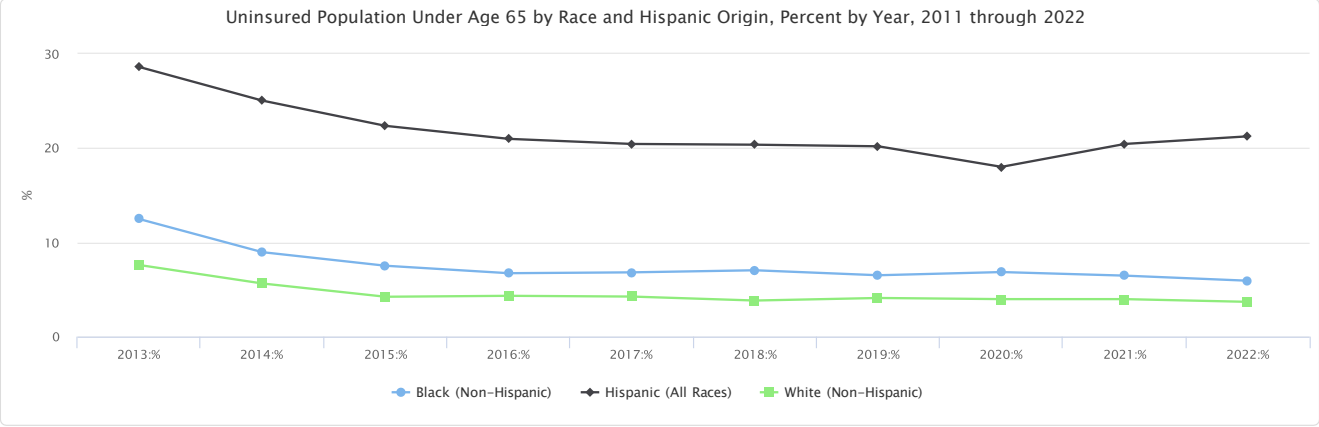


Uninsured Population Under Age 65 by Race and Hispanic Origin, Percent by Year, 2011 through 2022

The table and chart below display trends in the percentage of the population under age 65 uninsured by race and Hispanic origin in Maryland.
Note: This data source provides data on insurance status by population groupings at the state and national levels only.

Population Group	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Black (Non-Hispanic)	12.48%	8.96%	7.52%	6.73%	6.82%	7.04%	6.51%	6.85%	6.47%	5.93%
Hispanic (All Races)	28.61%	25.04%	22.36%	20.98%	20.44%	20.36%	20.19%	18.01%	20.44%	21.25%
White (Non-Hispanic)	7.60%	5.64%	4.23%	4.33%	4.25%	3.83%	4.10%	3.98%	3.98%	3.69%

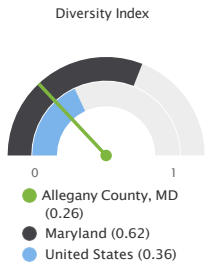
Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.



Racial Diversity (Theil Index)

This indicator measures the spatial distribution or evenness of population demographic groups in neighborhoods throughout the county. This indicator is presented as an index with values ranging between 0 and 1, with higher values indicating higher levels of segregation between neighborhoods.

Report Area	Non-Hispanic White, Percent	Non-Hispanic Black, Percent	Non-Hispanic Asian, Percent	Non-Hispanic AI/AN, Percent	Non-Hispanic NH/PI, Percent	Hispanic/Latino, Percent	Diversity Index
Allegany County, MD	88.81%	8.10%	1.12%	0.18%	0.03%	1.76%	0.26
Maryland	49.63%	30.57%	7.12%	0.21%	0.04%	12.43%	0.62
United States	60.01%	12.50%	6.14%	0.70%	0.19%	20.42%	0.36



Note: This indicator is compared to the state average.
Data Source: University of Missouri, Center for Applied Research and Engagement Systems. 2020.

View larger map

Racial Segregation (Theil Index) by County, US Census Bureau 2020

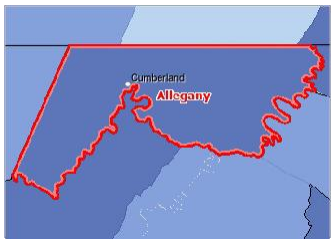
- 0.301 - 1.000 (High Segregation)
- 0.201 - 0.300
- 0.101 - 0.200
- 0.051 - 0.100
- 0.000 - 0.050 (Low Segregation)
- Allegany County, MD

Racial Segregation (Interaction Index)

This indicator measures the spatial segregation of population demographic groups. The indicator is presented as an index with values ranging between 0 and 1, with higher values indicating greater levels of segregation. This indicator specifically measures segregation between the White (Non-Hispanic) and Black (Non-Hispanic) population.

Report Area	Total Population	Non-Hispanic White Population	Non-Hispanic Black Population	Segregation Index
Allegany County, MD	76,354	67,262	6,678	0.72
Maryland	5,954,696	3,257,918	1,745,599	No data
United States	318,575,855	201,856,108	40,123,525	No data

Data Source: University of Missouri, Center for Applied Research and Engagement Systems. 2010.



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Racial Segregation (Interaction Index), White - Black by County, US Census Bureau 2010

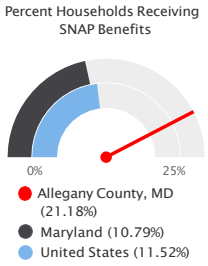
- Over 50.0 (High Interaction)
- 8.1 - 50.0
- 2.1 - 8.0
- Under 2.1 (Low Interaction)
- No Black Population
- Allegany County, MD

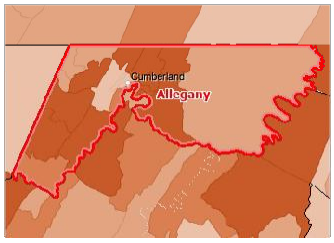
SNAP Benefits - Households Receiving SNAP (ACS)

In the report area, an estimate of 5,817 or 21.18% households receive Supplemental Nutrition Assistance Program (SNAP) benefits. The value for the report area is greater than the national average of 11.52%. 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 Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Allegany County, MD	27,462	5,817	**21.18%**
Maryland	2,318,124	250,042	10.79%
United States	125,736,353	14,486,880	11.52%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Households Receiving SNAP Benefits, Percent by Tract, ACS 2018-22

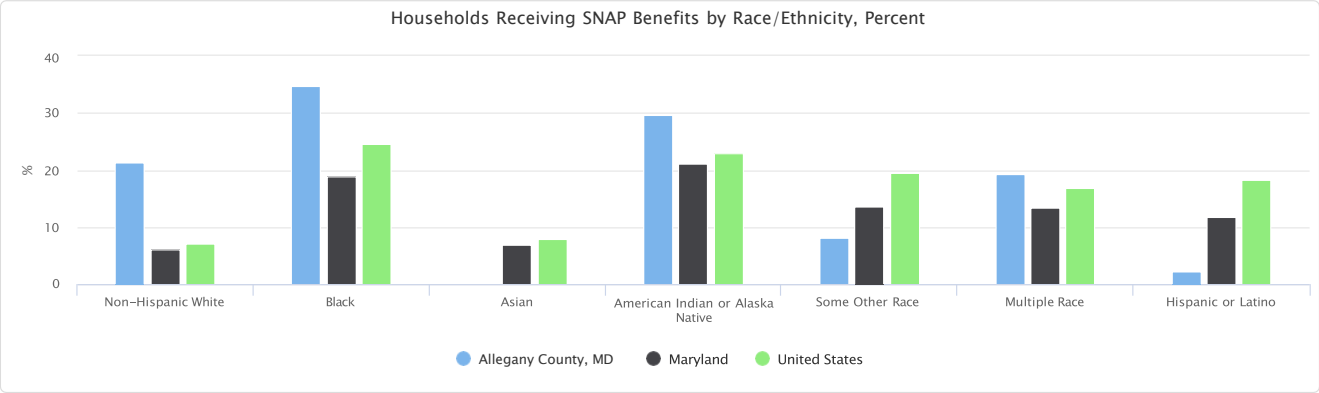
- Over 19.0%
- 14.1 - 19.0%
- 9.1 - 14.0%
- Under 9.1%
- No Data or Data Suppressed
- Allegany County, MD

Households Receiving SNAP Benefits by Race/Ethnicity, Percent

This indicator reports the percent of households receiving SNAP benefits by race/ethnicity.
The percentage values could be interpreted as, for example, *"Of all the non-Hispanic white households within the report area, the proportion receiving SNAP benefits is (value)."*

Report Area	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Some Other Race	Multiple Race	Hispanic or Latino
Allegany County, MD	21.25%	34.72%	0.00%	29.55%	8.22%	19.22%	2.27%
Maryland	6.07%	18.90%	6.97%	21.12%	13.55%	13.48%	11.87%
United States	7.09%	24.61%	7.90%	22.94%	19.52%	16.86%	18.37%

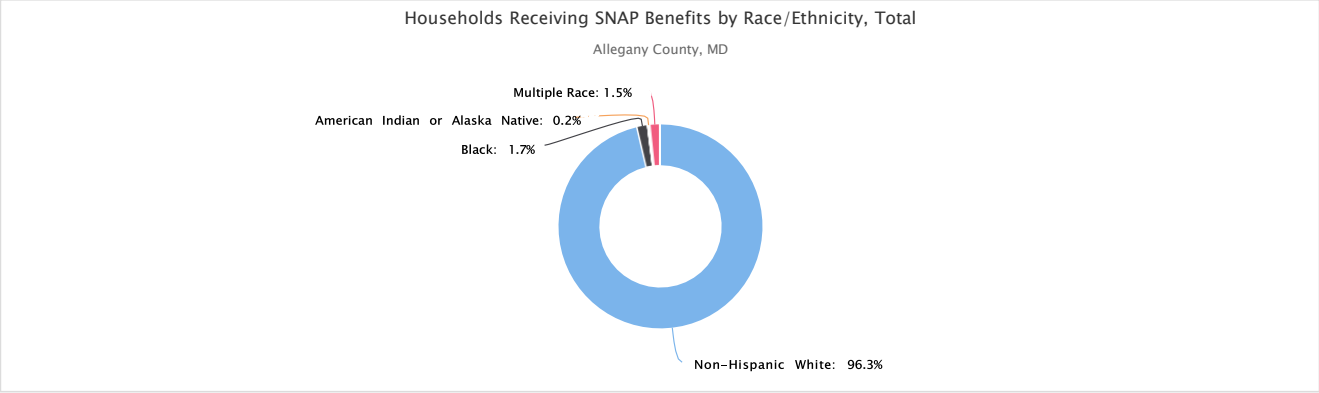
Data Source: US Census Bureau, American Community Survey. 2018-22.



Households Receiving SNAP Benefits by Race/Ethnicity, Total

Report Area	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Some Other Race	Multiple Race	Hispanic or Latino
Allegany County, MD	5,608	100	0	13	6	89	7
Maryland	78,517	131,347	9,264	1,237	11,810	13,750	20,470
United States	6,315,257	3,789,071	503,660	202,779	1,097,862	1,380,001	3,250,614

Data Source: US Census Bureau, American Community Survey. 2018-22.

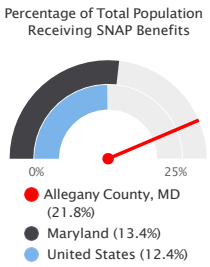


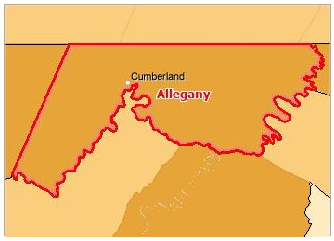
SNAP Benefits - Population Receiving SNAP (SAIPE)

The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. This indicator reports the average percentage of the population receiving SNAP benefits during the month of July during the most recent report year.

Report Area	Total Population	Population Receiving SNAP Benefits	Population Receiving SNAP Benefits, Percent
Allegany County, MD	68,106	14,873	**21.8%**
Maryland	6,177,224	826,547	13.4%
United States	331,449,281	41,030,381	12.4%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2021.





View larger map

Population Receiving SNAP Benefits, Percent by County, SAIPE 2021

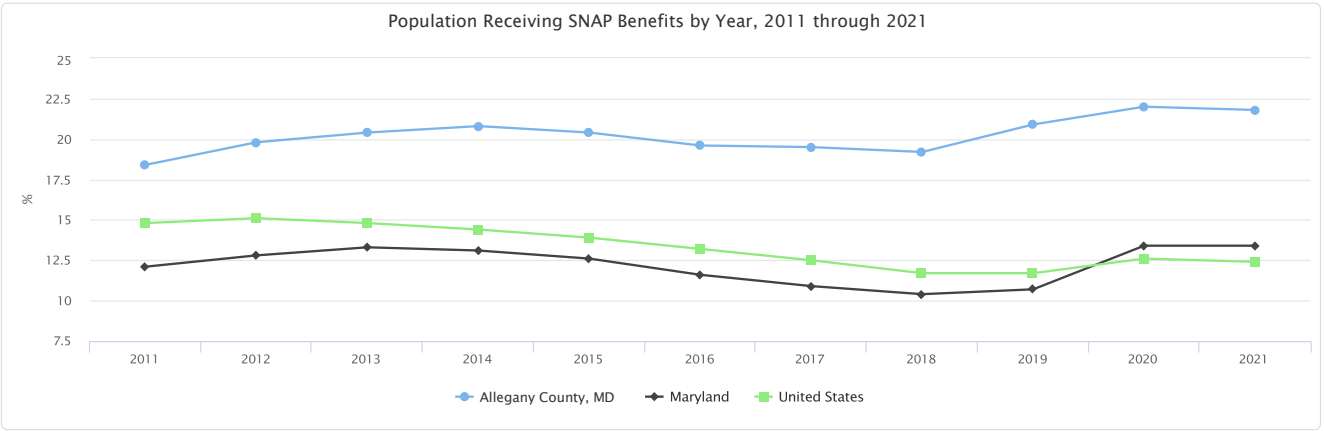
- Over 22.0%
- 14.1 - 22.0%
- 6.1 - 14.0%
- Under 6.1%
- No Data or Data Suppressed
- Allegany County, MD

Population Receiving SNAP Benefits by Year, 2011 through 2021

The table below reports local, state, and National trends in SNAP participation rates.

Report Area	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Allegany County, MD	18.4%	19.8%	20.4%	20.8%	20.4%	19.6%	19.5%	19.2%	20.9%	22.0%	21.8%
Maryland	12.1%	12.8%	13.3%	13.1%	12.6%	11.6%	10.9%	10.4%	10.7%	13.4%	13.4%
United States	14.8%	15.1%	14.8%	14.4%	13.9%	13.2%	12.5%	11.7%	11.7%	12.6%	12.4%

Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2021.

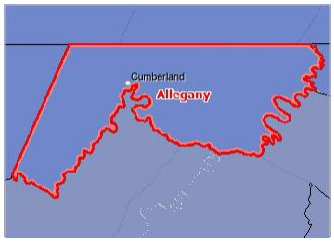


Social Capital - Social Capital Index

Social capital is a measure of economic benefits gained from cooperation between individuals and groups. The indicator measures each county's social capital as an index relative to all other counties in the United States. An index score of less than 0 indicates lower economic benefits while a score of more than 0 indicates higher economic benefits from cooperation between individuals and groups.

Report Area	Total Population (2014)	Associations, Rate per 100,000 Population (2014)	Total Not-for-Profit Associations (2014)	Census Mail-In Response Rate (2010)	Average Voter Turnout Rate (2012)	Social Capital Index *< 0 = Low > 0 = High*
Allegany County, MD	73,008	17.53	459	75.00	71.55	0.61
Maryland	5,975,346	8.94	30,780	76.44	74.01	No data
United States	318,901,112	9.36	1,454,903	74.21	67.64	No data

Data Source: Pennsylvania State University, College of Agricultural Sciences, Northeast Regional Center for Rural Development. 2014.



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Social Capital Index by County, NERCRD 2014

- +1.01 - +20.0 (High Social Capital)
- +0.01 - +1.00
- -0.01 - -1.00
- -1.01 - -20.0 (Low Social Capital)
- No Data or Data Suppressed
- Allegany County, MD

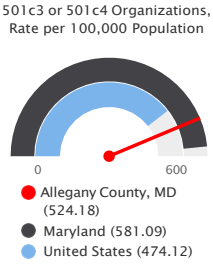
Social Capital - 501c3 organizations

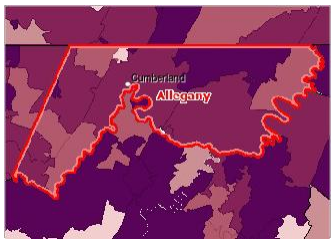
This indicator reports the rate of social services organizations with 501(c)(3) or 501(c)(4) status per 100,000 total population. Data are obtained from the Internal Revenue Service (IRS) Exempt Organizations Business Master File.

Within the report area the charitable nonprofit organization rate is 524.18 per 100,000 total population. This rate is lower than the state's reported rate of 581.09 per 100,000 people.

Report Area	Total Population (2020)	Total 501c3 or 501c4 Organizations	501c3 or 501c4 Organizations, Rate per 100,000 Population
Allegany County, MD	68,106	357	**524.18**
Maryland	6,177,224	35,895	581.09
United States	334,735,155	1,587,059	474.12

Note: This indicator is compared to the state average.
Data Source: IRS - Exempt Organizations Business Master File. Additional data analysis by CARES. 2023.





View larger map

Nonprofit Organizations, Rate of 501(c)(3)s or 501(c)(4)s (Per 100,000 Pop.) by ZCTA, IRS 2023

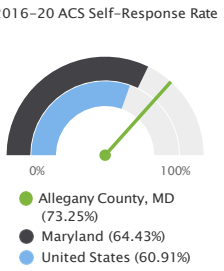
- Over 600.0
- 400.1 - 600.0
- 300.1 - 400.0
- 200.1 - 300.0
- Under 200.1
- No Data or Data Suppressed
- Allegany County, MD

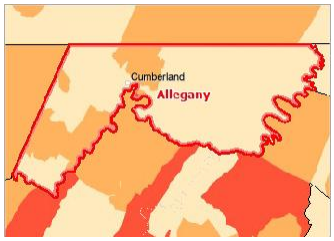
Social Capital - ACS Self-response Rate

This indicator reports the percentage of eligible households that provide an internet, mail, or Telephone Questionnaire Assistance (TQA) response to the American Community Survey. For this response rate, responses from the mail, TQA, and internet modes are combined into a single self-response mode. County and state values in this report are aggregated from census tract values from the 2022 Planning Database. This indicator is important because it represents community engagement.

Report Area	2016-20 ACS Self-Response Rate
Allegany County, MD	73.25%
Maryland	64.43%
United States	60.91%

Note: This indicator is compared to the state average.
Data Source: US Census Planning Database; ACS 2015-19; CARES. 2022.





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Self Response Rate, 2016-2020 ACS by Tract, US Census Bureau 2020

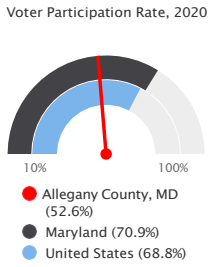
- Over 70 %
- 61 - 70 %
- 51 - 60 %
- 41 - 50 %
- Under 40 %
- No Data or Data Suppressed
- Allegany County, MD

Social Capital - Voter Participation Rate

This indicator reports the percentage of the adult population that voted in the national elections on November 2, 2020. Results are preliminary as of December 14, 2020. Voter participation rates are calculated as a percentage of the voting age population (age 18+) and not as a percentage of registered voters. In the 2020 election, of the report area's 58,294 voting age population, 30,641 or 52.6% have cast a vote.

Report Area	Total Citizens Age 18+ (ACS2015-19)	Total Votes Cast	Voter Participation Rate
Allegany County, MD	58,294	30,641	52.6%
Maryland	4,280,946	3,037,030	70.9%
United States	230,428,731	158,433,557	68.8%

Note: This indicator is compared to the state average.
Data Source: Townhall.com Election Results. 2020.



View larger map

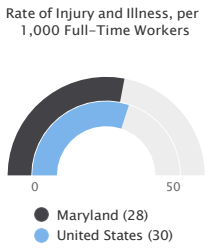
Voter Turnout, Rate by County, Townhall.com 2020

- 70.00 - 140.28
- 60.00 - 69.99
- 50.00 - 59.99
- 19.34 - 49.99
- No Data
- Allegany County, MD

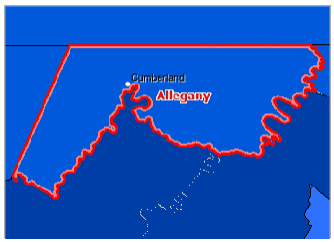
Work Injuries and Illness

This indicator reports the total and rate of illness and injury cases per 1,000 full-time workers in all establishment sizes (1 to over 1,000 employees per establishment) in the United States for the latest year. Data are from the Injuries, Illnesses, and Fatalities (IIF) program by the US Bureau of Labor Statistics which produces a wide range of information about workplace injuries and illnesses.

Report Area	Total Population	Rate of Illness, per 1,000 Full-Time Workers	Rate of Injury, per 1,000 Full-Time Workers	Rate of Injury and Illness, per 1,000 Full-Time Workers	Total Illness Cases	Total Injury Cases	Total Injury and illness Cases
Maryland	6,177,224	3	24	28	7,300	49,700	56,900
United States	329,725,481	5	25	30	605,800	2,898,800	3,504,600



Data Source: US Department of Labor, Bureau of Labor Statistics. 2022.



View larger map

Total Reported Work Injury and Illness, per 1,000 Full-Time Workers by State, BLS 2022

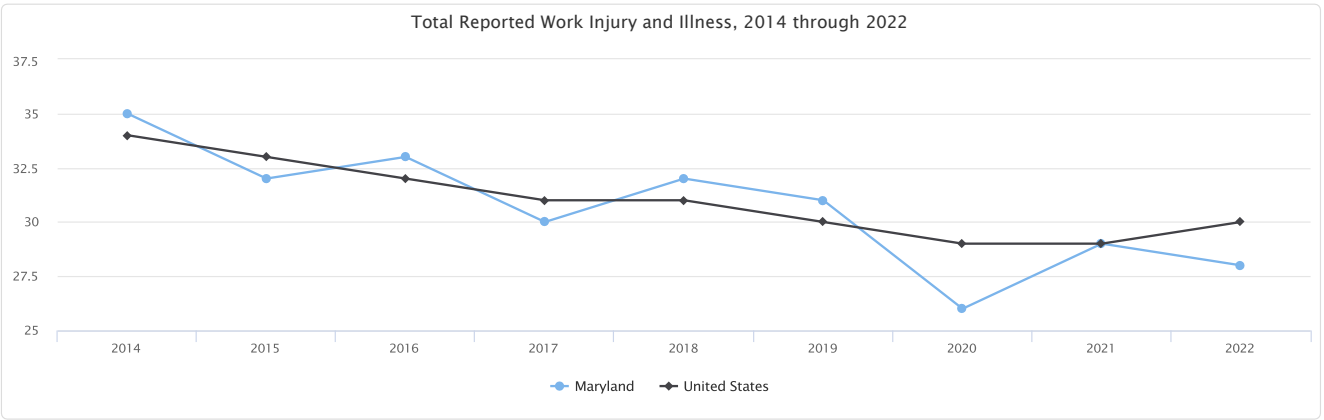
- Over 35.0
- 30.1 - 35.0
- 25.0 - 30.0
- under 25.0
- No Data or Data Suppressed
- Allegany County, MD

Total Reported Work Injury and Illness, 2014 through 2022

The table and chart below display trends in rate of illness and injury cases per 1,000 full-time workers in all establishment sizes (1 to over 1,000 employees per establishment) for 2014 through 2022.

Report Area	2014	2015	2016	2017	2018	2019	2020	2021	2022
Maryland	35	32	33	30	32	31	26	29	28
United States	34	33	32	31	31	30	29	29	30

Data Source: US Department of Labor, Bureau of Labor Statistics. 2022.

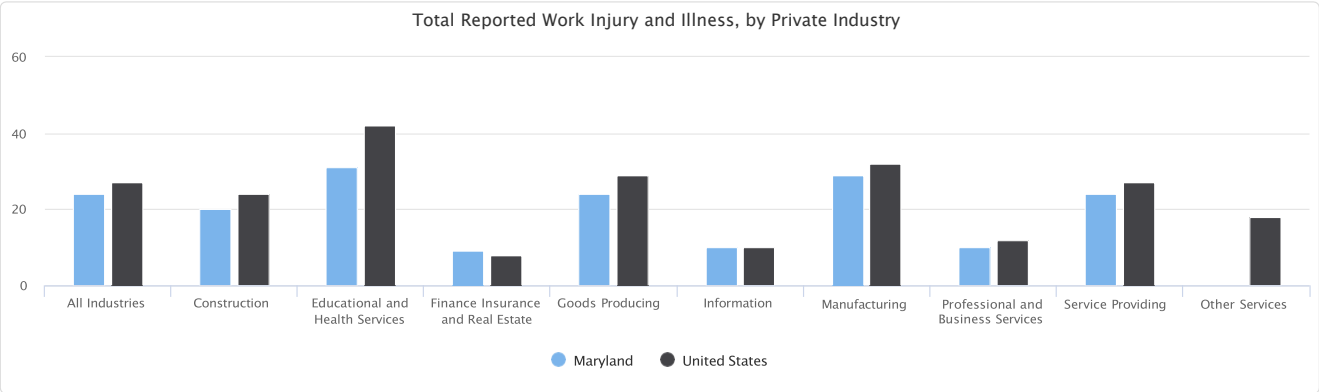


Total Reported Work Injury and Illness, by Private Industry

The table and chart below display trends in rate of illness and injury cases per 1,000 full-time workers in all establishment sizes (1 to over 1,000 employees per establishment) by private industry in 2022.

Report Area	All Industries	Construction	Educational and Health Services	Finance Insurance and Real Estate	Goods Producing	Information	Manufacturing	Professional and Business Services	Service Providing	Other Services
Maryland	24	20	31	9	24	10	29	10	24	No data
United States	27	24	42	8	29	10	32	12	27	18

Data Source: US Department of Labor, Bureau of Labor Statistics. 2022.

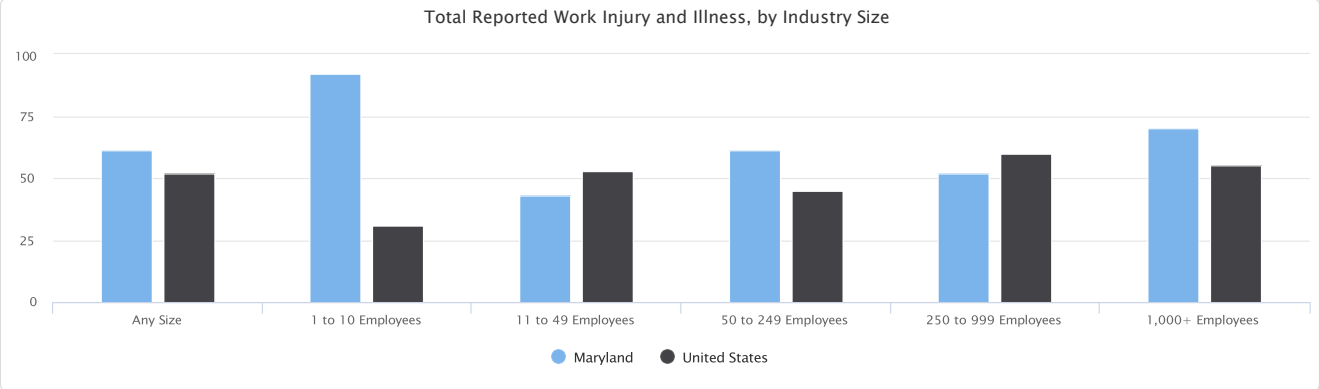


Total Reported Work Injury and Illness, by Industry Size

The table and chart below display trends in rate of illness and injury cases per 1,000 full-time workers by establishment size in 2022.

Report Area	Any Size	1 to 10 Employees	11 to 49 Employees	50 to 249 Employees	250 to 999 Employees	1,000+ Employees
Maryland	61	92	43	61	52	70
United States	52	31	53	45	60	55

Data Source: US Department of Labor, Bureau of Labor Statistics. 2022.

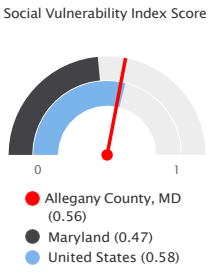


Social Vulnerability Index (SoVI)

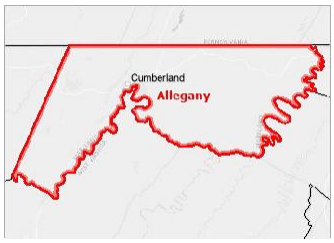
The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. The report area has a social vulnerability index score of 0.56, which is which is greater than the state average of 0.47.

Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Allegany County, MD	68,161	0.53	0.39	0.38	0.73	**0.56**
Maryland	6,161,707	0.36	0.42	0.81	0.55	0.47
United States	331,097,593	0.54	0.47	0.72	0.63	0.58



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP. 2022.



View larger map

Social Vulnerability Index by Tract, CDC 2020

- 0.81 - 1.00 (Highest Vulnerability)
- 0.61 - 0.80
- 0.41 - 0.60
- 0.21 - 0.40
- 0.00 - 0.20 (Lowest Vulnerability)
- No Data or Data Suppressed
- Allegany County, MD

Population Percentages by Tiered Social Vulnerability Index

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

Report Area	Least Disadvantaged	Moderately Disadvantaged	Highly Disadvantaged	Most Disadvantaged
Allegany County, MD	0.00%	3.17%	32.70%	64.13%
Maryland	33.17%	21.11%	17.44%	28.28%
United States	14.19%	22.98%	27.82%	35.01%

Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP. 2022.

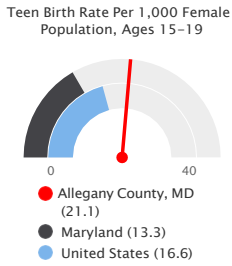
Teen Births

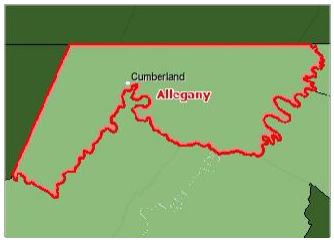
This indicator reports the seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics - Natality files (2016-2022) and are used for the 2024 County Health Rankings.

In the report area, of the 16,063 total female population age 15-19, the teen birth rate is 21.1 per 1,000, which is greater than the state's teen birth rate of 13.3.
Note: Data are suppressed for counties with fewer than 10 teen births in the time frame.

Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Female Population Age 15-19
Allegany County, MD	16,063	**21.1**
Maryland	1,320,478	13.3
United States	72,648,322	16.6

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2016-2022.





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Teen Births, Z-Score by County, County Health Rankings 2024

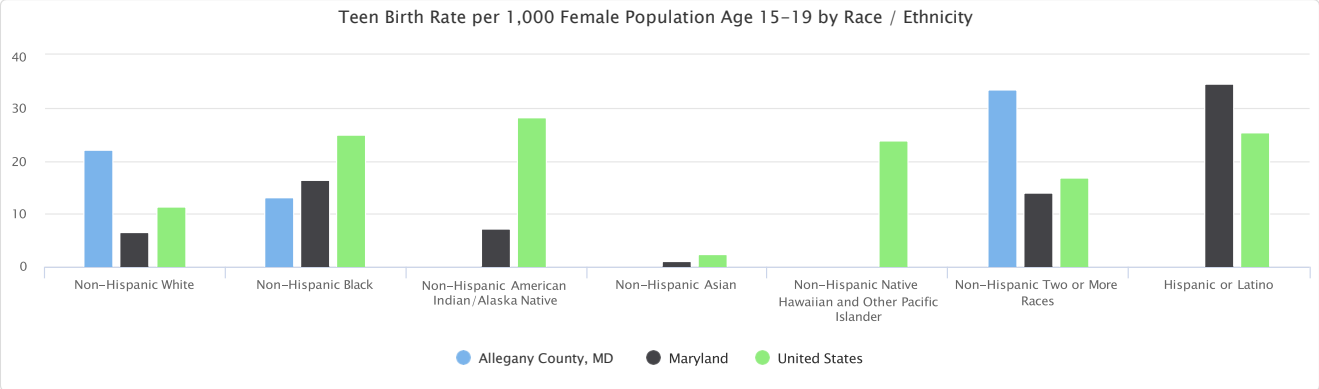
- Over 0.66 (Worse)
- 0.11 - 0.66
- -0.32 - 0.10
- Under -0.32 (Better)
- No Data or Data Suppressed
- Allegany County, MD

Teen Birth Rate per 1,000 Female Population Age 15-19 by Race / Ethnicity

This indicator reports the 2016-2022 seven-year average teen birth rate per 1,000 female population age 15-19 by race / ethnicity.

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic American Indian/Alaska Native	Non-Hispanic Asian	Non-Hispanic Native Hawaiian and Other Pacific Islander	Non-Hispanic Two or More Races	Hispanic or Latino
Allegany County, MD	22.1	13.1	No data	No data	No data	33.4	No data
Maryland	6.6	16.4	7.3	1.2	No data	14.0	34.5
United States	11.3	24.9	28.1	2.5	23.9	16.8	25.4

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2016-2022.

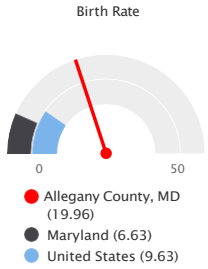


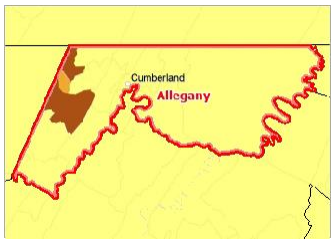
Teen Births (ACS)

Based on American Community Survey 2018-2022 5-year estimates, there was an average of 19.96 births for every 1,000 teens (age 15 - 19) in the report area.

Report Area	Females Age 15 to 19	Births to Teens	Births per 1,000 Teens
Allegany County, MD	2,255	45	**19.96**
Maryland	194,329	1,288	6.63
United States	10,683,985	102,904	9.63

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





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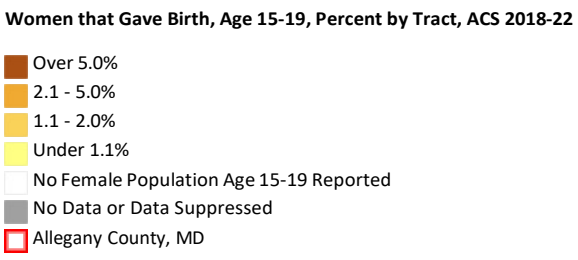


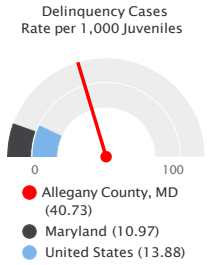
Arrests - Juvenile Arrest Rate

This indicator reports the rate of delinquency cases per 1,000 juveniles. Data are acquired from the 2021 Easy Access to State and County Juvenile Court Case Counts (EZACO) and are used in the 2024 County Health Rankings.

Within the report area there is a total of 224 juvenile arrest cases or a rate of 40.73 delinquency cases per 1,000 juveniles, which is greater than the state rate of 10.97.

Report Area	Juvenile Population	Juvenile Arrests	Rate of Delinquency Cases per 1,000 Juveniles
Allegany County, MD	5,500	224	**40.73**
Maryland	603,700	6,624	10.97
United States	17,182,400	238,554	13.88

Note: This indicator is compared to the state average.
Data Source: Office of Juvenile Justice and Delinquency Department, Easy Access to State and County Juvenile Court Case Counts (EZACO). Accessed via County Health Rankings. 2021.



View larger map

Juvenile Arrests, Rate by County, County Health Rankings 2021

- Over 30
- 16 - 30
- Under 15
- No Arrests
- No Data or Data Suppressed
- Allegany County, MD

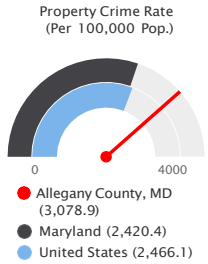
Property Crime - Total

This indicator reports the rate of property crime offenses reported by law enforcement per 100,000 residents. Property crimes include burglary, larceny-theft, motor vehicle theft, and arson. This indicator is relevant because it assesses community safety.

In the report area, 2,231 property crimes occurred in 2014 and 2016 (two years). The property crime rate of 3,078.9 per 100,000 residents is higher than the statewide rate of 2,420.4 per 100,000.
Note: Data are suppressed for counties if, for both years of available data, the population reported by agencies is less than 50% of the population reported in Census, or if less than 80% of agencies measuring crimes reported data.

Report Area	Total Population	Property Crimes, Annual Average	Property Crimes, Annual Rate (Per 100,000 Pop.)
Allegany County, MD	72,460	2,231	**3,078.9**
Maryland	5,996,420	145,136	2,420.4
United States	321,015,117	7,915,583	2,466.1

Note: This indicator is compared to the state average.
Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2014&2016.



View larger map

Property Crimes, All, Rate (Per 100,000 Pop.) by County, FBI UCR 2014; 2016

- Over 2,600
- 1,801 - 2,600
- 1,001 - 1,800
- Under 1,001
- No Property Crime Reported
- No Data or Data Suppressed
- Allegany County, MD

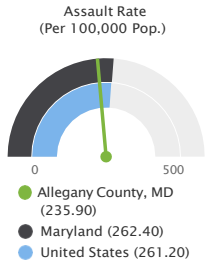
Violent Crime - Assault

This indicator reports the rate of assault (reported by law enforcement) per 100,000 residents.

Within the report area, the 2015-2017 three-year total of reported assaults was 524, which equates to an annual rate of 235.90 assaults per 100,000 people, lower than the statewide rate of 262.40.

Report Area	Total Population	Assaults, 3-year Total	Assaults, Annual Rate (Per 100,000 Pop.)
Allegany County, MD	74,041	524	235.90
Maryland	6,221,642	48,981	262.40
United States	366,886,849	2,875,273	261.20

Note: This indicator is compared to the state average.
Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2015-2017.



View larger map

Assault, Rate (Per 100,000 Pop.) by County, FBI UCR 2015-2017

- Over 280.0
- 140.1 - 280.0
- 70.1 - 140.0
- Under 70.1
- No Assault Reported
- No Data or Data Suppressed
- Allegany County, MD

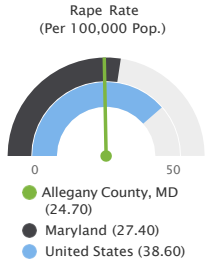
Violent Crime - Rape

This indicator reports the rate of rape (reported by law enforcement) per 100,000 residents.

Within the report area, the 2015-2017 three-year total of reported rapes was 55, which equates to an annual rate of 24.70 rapes per 100,000 people, lower than the statewide rate of 27.40.

Report Area	Total Population	Rapes, 3-year Total	Rapes, Annual Rate (Per 100,000 Pop.)
Allegany County, MD	74,041	55	24.70
Maryland	6,221,642	5,120	27.40
United States	366,886,849	425,743	38.60

Note: This indicator is compared to the state average.
Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2015-2017.



View larger map

Rape, Rate (Per 100,000 Pop.) by County, FBI UCR 2015-2017

- Over 40.0
- 25.1 - 40.0
- 10.1 - 25.0
- Under 10.1
- No Rape Reported
- No Data or Data Suppressed
- Allegany County, MD

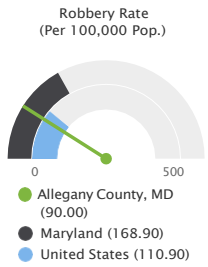
Violent Crime - Robbery

This indicator reports the rate of robbery (reported by law enforcement) per 100,000 residents.

Within the report area, the 2015-2017 three-year total of reported robberies was 200, which equates to an annual rate of 90.00 robberies per 100,000 people, lower than the statewide rate of 168.90.

Report Area	Total Population	Robberies, 3-year Total	Robberies, Annual Rate (Per 100,000 Pop.)
Allegany County, MD	74,041	200	90.00
Maryland	6,221,642	31,533	168.90
United States	366,886,849	1,220,679	110.90

Note: This indicator is compared to the state average.
Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2015-2017.



View larger map

Robbery, Rate (Per 100,000 Pop.) by County, FBI UCR 2015-2017

- Over 60.0
- 30.1 - 60.0
- 15.1 - 30.0
- Under 15.1
- No Robbery Reported
- No Data or Data Suppressed
- Allegany County, MD

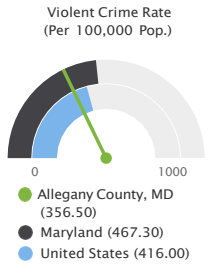
Violent Crime - Total

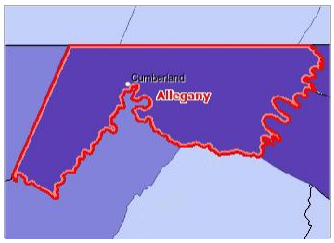
Violent crime includes homicide, rape, robbery, and aggravated assault.

Within the report area, the 2015-2017 three-year total of reported violent crimes was 792, which equates to an annual rate of 356.50 crimes per 100,000 people, lower than the statewide rate of 467.30.

Report Area	Total Population	Violent Crimes, 3-year Total	Violent Crimes, Annual Rate (Per 100,000 Pop.)
Allegany County, MD	74,041	792	356.50
Maryland	6,221,642	87,227	467.30
United States	366,886,849	4,579,031	416.00

Note: This indicator is compared to the state average.
Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2015-2017.





View larger map

Violent Crimes, All, Rate (Per 100,000 Pop.) by County, FBI UCR 2015-2017

- Over 380.0
- 260.1 - 380.0
- 180.1 - 260.0
- 100.1 - 180.0
- Under 100.1
- No Data or Data Suppressed
- Allegany County, MD

Housing + Transportation Affordability Index (H+T Index)

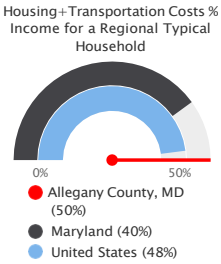
The H+T Index measures the affordability of housing by including transportation costs at a home's location to better reflect the true cost of households' location choices. 15 percent of household income is considered to be an attainable goal for transportation affordability while 30 percent be the housing affordability standard, adding up to the affordability defined as combined housing and transportation costs consuming no more than 45 percent of household income. Index values are obtained from the Center for Neighborhood Technology (CNT), 2022.

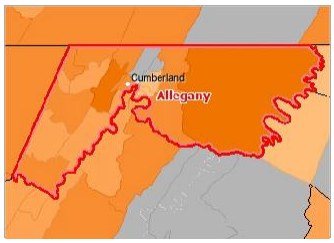
The table belows shows the housing and transportation cost as a percentage of household income for a regional typical household, i.e., a household earning the median income for the region, with the average household size for the region, and the average number of commuters per household for the region. Within the report area, the combined housing and transportation costs consuming 50% of household income for a regional typical household. This rate is higher than the H+T-Index-recommended affordability of no more than 45 percent.

Note: Values other than census tract- or county-level are household-weighted averages.

Report Area	Total Households (ACS 2015-19)	Housing + Transportation Costs % Income	Housing Costs % Income	Transportation Costs % Income
Allegany County, MD	27,369	50%	23%	27%
Maryland	2,230,527	40%	25%	16%
United States	122,357,396	48%	26%	21%

Note: This indicator is compared to the state average.
Data Source: Center for Neighborhood Technology. 2022.





View larger map

Housing +Transportation Costs for the Regional Typical Household, Percent Income by Tract, CNT H+T 2020

- Over 57%
- 51 - 57%
- 45 - 50%
- 37 - 44%
- Under 37%
- No Data or Data Suppressed
- Allegany County, MD

Transportation Costs % Income

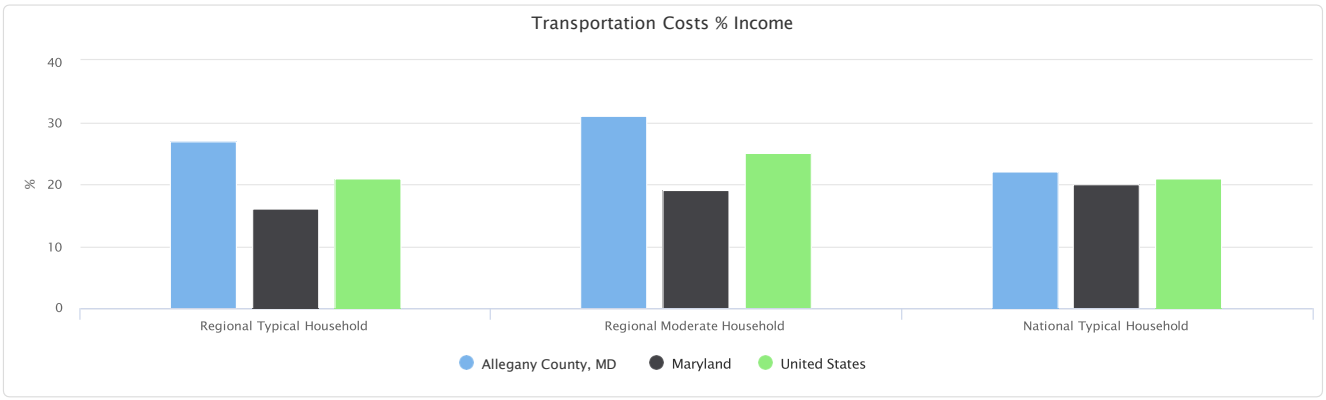
This indicator reports the transportation cost as a percentage of household income for three types of households:

1. Regional Typical Household, which assumes a household income that is the median income for the region, the average household size for the region and the average commuters per household for the region.
2. Regional Moderate Household, which assumes a household income of 80% of the regional median, the regional average household size and the regional average commuters per household.
3. National Typical Household, which assumes a household income of $61,828 (the national median household income), a national average household size of 2.72 and a national average number of commuters per household of 1.22.

WIthin the report area, the transportation costs consuming 27% of household income for a regional typical household, 31% for a regional moderate household, and 22% for a national typical household.
Note:
1. 15% of the Area Median Income (AMI) is an attainable goal for transportation affordability as recommended by The Center for Neighborhood Technology (CNT).
2. Values other than census tract- or county-level are household-weighted averages.

Report Area	Total Households (ACS 2015-19)	Regional Typical Household	Regional Moderate Household	National Typical Household
Allegany County, MD	27,369	27%	31%	22%
Maryland	2,230,527	16%	19%	20%
United States	122,357,396	21%	25%	21%

Data Source: Center for Neighborhood Technology. 2022.

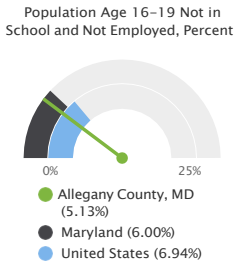


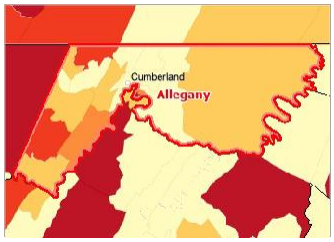
Young People Not in School and Not Working

This indicator reports the percentage of youth age 16-19 who are not currently enrolled in school and who are not employed. The report area has a total population of 3,743 between the ages, of which 192 are not in school and not employed.

Report Area	Population Age 16-19	Population Age 16-19 Not in School and Not Employed	Population Age 16-19 Not in School and Not Employed, Percent
Allegany County, MD	3,743	192	5.13%
Maryland	315,342	18,908	6.00%
United States	17,571,402	1,220,306	6.94%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Youths Not Enrolled in School and Not Employed, Percent by Tract, ACS 2018-22

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- 5.1 - 10.0%
- Under 5.1%
- No Data or Data Suppressed
- Allegany County, MD

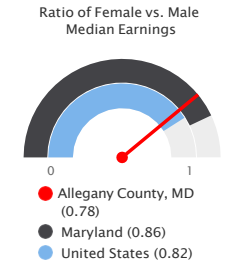
Gender Pay Gap

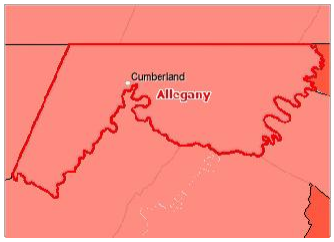
This indicator reports the ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar." Data are acquired from the 2018-2022 American Community Survey and are used in the 2024 County Health Rankings.

Within the report area, on average women were paid $0.78 for every dollar in male median earnings, which is less than the state average of $0.86.

Report Area	Ratio of Female vs. Male Median Earnings
Allegany County, MD	0.78
Maryland	0.86
United States	0.82

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-2022.





View larger map

Gender Pay Gap, Ratio by County, ACS 2018-2022

- Over 0.9
- 0.9
- 0.7 - 0.8
- Under 0.7
- No Data or Data Suppressed
- Allegany County, MD

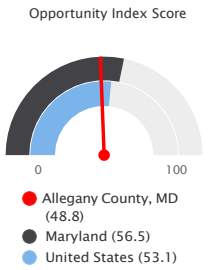
Opportunity Index

This indicator reports the Opportunity Index score for the report area. The Opportunity Index includes indicators within four dimensions of community well-being: Economy; Education; Health; and Community. The overall score combines sixteen underlying indicators for states, and fourteen for counties. The Opportunity Index score has a potential range of 0 (indicating no opportunity) to 100 (indicating maximum

opportunity).

Report Area	Total Population	Opportunity Index Score
Allegany County, MD	72,194	**48.8**
Maryland	6,004,692	56.5
United States	323,071,342	53.1

Note: This indicator is compared to the state average.
Data Source: Opportunity Nation. 2018.

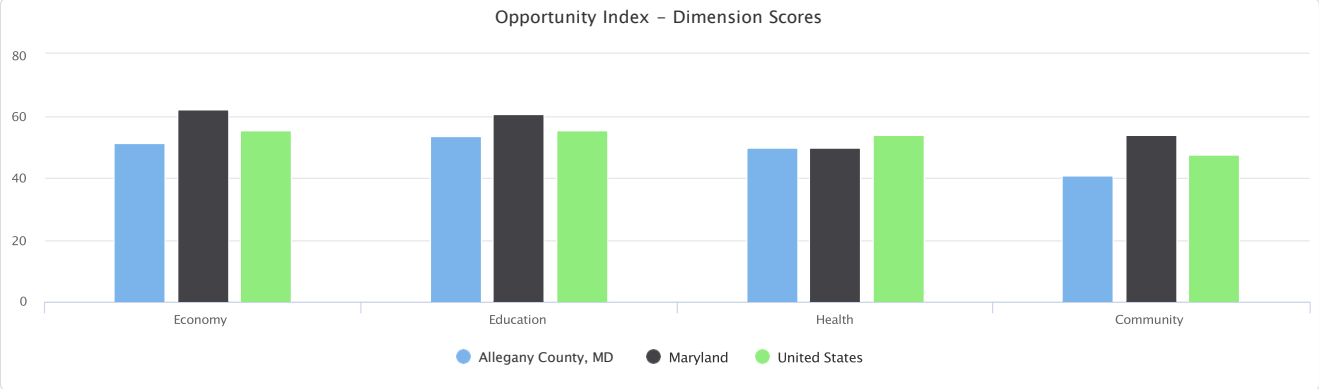


Opportunity Index - Dimension Scores

This indicator reports the index scores for each of the four dimensions that make up the Opportunity Index. Each dimension is in turn composed of three to seven indicators that measure opportunity. Index scores have a potential range of 0 (indicating no opportunity) to 100 (indicating maximum opportunity).

Report Area	Economy	Education	Health	Community
Allegany County, MD	51.1	53.4	49.8	40.9
Maryland	62.0	60.4	49.6	53.8
United States	55.4	55.2	54.0	47.6

Data Source: Opportunity Nation. 2018.

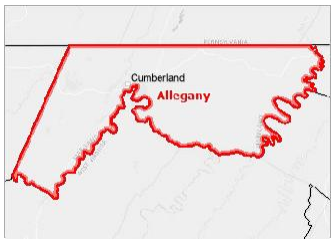


Vulnerable Populations - Electricity-Dependent Medicare Beneficiaries

In the report area, 979 or 5.64% of Medicare Beneficiaries who live independently are at-risk during a natural disaster or emergency situation due to reliance on electricity-dependent durable medical and assistive equipment and devices, and/or certain essential health care services. These populations may need special considerations in the event of an incident, emergency, or disaster. Understanding the distribution of these populations in and around a community provides key information to enhance planning and response activities to support continuity of care, and reduce health system surge.

Report Area	Total Medicare Beneficiaries	At-Risk Beneficiaries	At-Risk Beneficiaries, Percentage
Allegany County, MD	17,368	979	5.64%
Maryland	1,136,993	36,703	3.23%
United States	66,370,546	3,039,283	4.58%

Data Source: HHS emPOWER. 2024.



Allegany County, MD

View larger map

Vulnerable Medicare Beneficiaries and Select Health Care Services

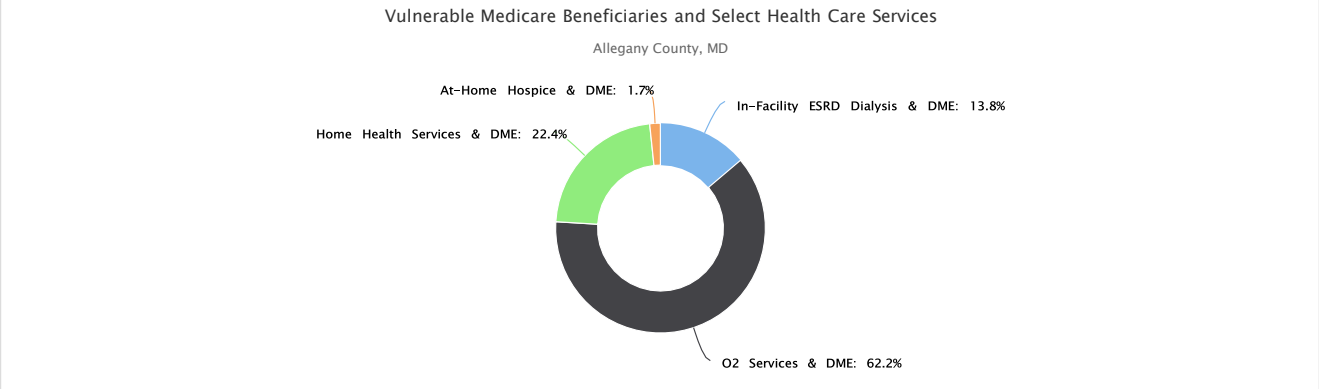
The table and chart below report the number of of beneficiaries with electricity dependent durable medical equipment *and* select health care services:

- The "In-Facility ESRD Dialysis Any DME" option displays beneficiaries who receive in-facility End Stage Renal Disease (ESRD) dialysis treatment services and use one or more types of the electricity-dependent DME and devices.
- The "O2 Services Any DME" option displays individuals who receive home oxygen tank service delivery and use one or more types of the electricity-dependent DME and devices.
- The "Home Health Services Any DME" option displays individuals who receive home health care services and use one or more types of the electricity-dependent DME and devices.
- The "At-Home Hospice Any DME" option displays individuals who receive at-home hospice care and use one or more types of the electricity-dependent DME and devices.
- The "Any Healthcare Service Any DME" option displays individuals who receive any health care service(s) and use one or more types of the electricity-dependent DME and devices.

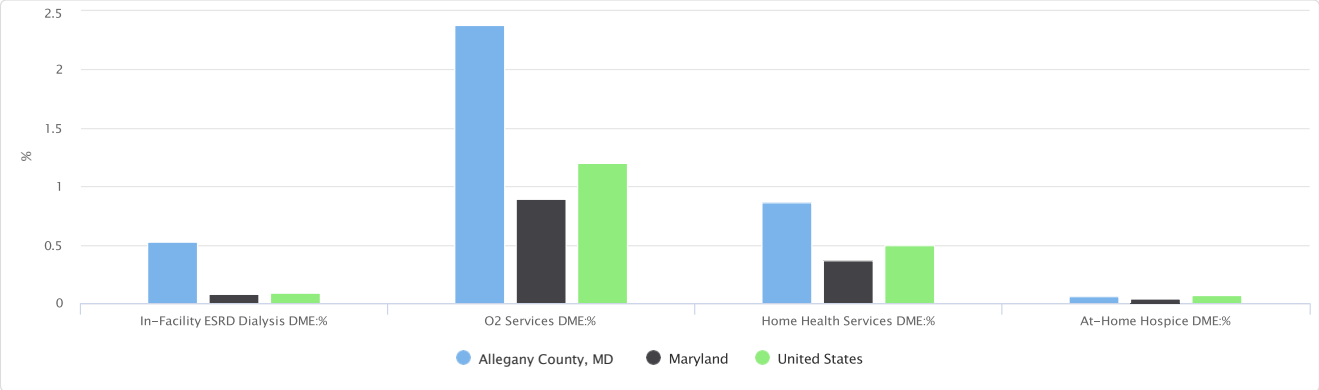
Number of Vulnerable Beneficiaries with Any DME and Select Services

Report Area	Any Healthcare Service	In-Facility ESRD Dialysis & DME	O2 Services & DME	Home Health Services & DME	At-Home Hospice & DME
Allegany County, MD	666	92	414	149	11
Maryland	13,992	939	10,078	4,224	451
United States	1,093,912	62,045	796,834	330,535	46,200

Data Source: HHS emPOWER. 2024.



Percentage of Total Beneficiaries with Any DME and Select Services



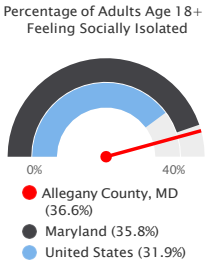
Feeling Socially Isolated

This indicator reports the percentage of adults age 18 and older who report feeling socially isolated.

Within the report area, there were 36.6% of adults 18 and older who reported feeling socially isolated of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ Feeling Socially Isolated (Crude)	Adults Age 18+ Feeling Socially Isolated (Age-Adjusted)
Allegany County, MD	67,267	**36.6%**	37.4%
Maryland	6,164,660	35.8%	36.8%
United States	333,287,557	31.9%	33.0%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.



View larger map

Feeling Socially Isolated, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

- Over 23.0%
- 20.1% - 23.0%
- 17.1% - 20.0%
- Under 17.1%
- No Data or Data Suppressed
- Allegany County, MD

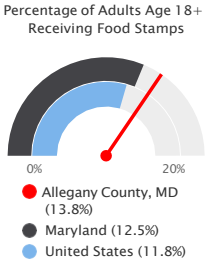
Received Food Stamps

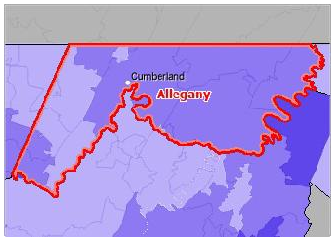
This indicator reports the percentage of adults age 18 and older who report received food stamps in the past 12 months.

Within the report area, there were 13.8% of adults 18 and older who received food stamps in the past 12 months of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ Receiving Food Stamps (Crude)	Adults Age 18+ Receiving Food Stamps (Age-Adjusted)
Allegany County, MD	67,267	**13.8%**	14.6%
Maryland	6,164,660	12.5%	12.9%
United States	333,287,557	11.8%	12.4%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.





View larger map

Received Food Stamps, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

- Over 29.1%
- 22.1% - 29.0%
- 15.1% - 22.0%
- Under 15.1%
- No Data or Data Suppressed
- Allegany County, MD

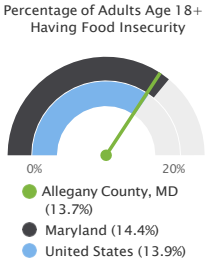
Food Insecurity

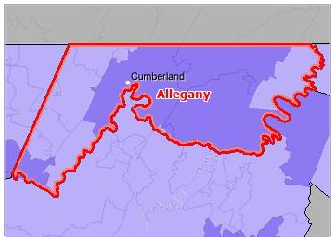
This indicator reports the percentage of adults age 18 and older who report having food insecurity in the past 12 months.

Within the report area, there were 13.7% of adults 18 and older who report having food insecurity 12 months of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ Having Food Insecurity (Crude)	Adults Age 18+ Having Food Insecurity (Age-Adjusted)
Allegany County, MD	67,267	**13.7%**	14.2%
Maryland	6,164,660	14.4%	14.9%
United States	333,287,557	13.9%	14.5%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.





View larger map

Food Insecurity, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

- Over 29.1%
- 22.1% - 29.0%
- 15.1% - 22.0%
- Under 15.1%
- No Data or Data Suppressed
- Allegany County, MD

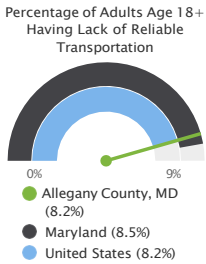
Lack of Reliable Transportation

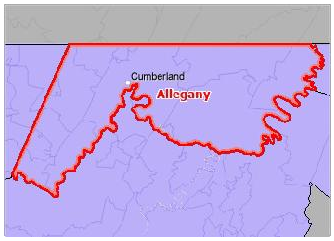
This indicator reports the percentage of adults age 18 and older who report having a lack of reliable transportation in the past 12 months.

Within the report area, there were 8.2% of adults 18 and older who rreport having a lack of reliable transportation in the past 12 months of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ Having Lack of Reliable Transportation (Crude)	Adults Age 18+ Having Lack of Reliable Transportation (Age-Adjusted)
Allegany County, MD	67,267	**8.2%**	8.6%
Maryland	6,164,660	8.5%	8.9%
United States	333,287,557	8.2%	8.7%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.





View larger map

Lack of Reliable Transportation, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

- Over 29.1%
- 22.1% - 29.0%
- 15.1% - 22.0%
- Under 15.1%
- No Data or Data Suppressed
- Allegany County, MD

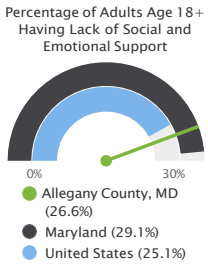
Lack of Social and Emotional Support

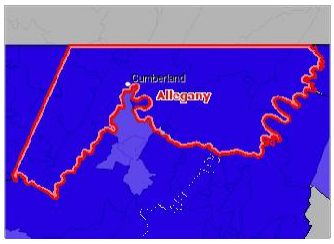
This indicator reports the percentage of adults age 18 and older who report having a lack of social and emotional support.

Within the report area, there were 26.6% of adults 18 and older who report having a lack of social and emotional support in the past 12 months of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ Having Lack of Social and Emotional Support (Crude)	Adults Age 18+ Having Lack of Social and Emotional Support (Age-Adjusted)
Allegany County, MD	67,267	26.6%	27.1%
Maryland	6,164,660	29.1%	29.7%
United States	333,287,557	25.1%	25.7%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.





View larger map

Lack of Social and Emotional Support, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

- Over 23.0%
- 20.1% - 23.0%
- 17.1% - 20.0%
- Under 17.1%
- No Data or Data Suppressed
- Allegany County, MD

Physical Environment

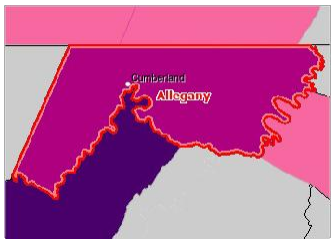
A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

Air & Water Quality - Drinking Water Safety

This indicator displays the total number of drinking water violations recorded in a two year period. Health-based violations include incidents where either the amount of contaminant exceeded the maximum contaminant level (MCL) safety standard, or where water was not treated properly. In cases where a water system serves multiple counties and has a violation, each county served by the system is given a violation.

Report Area	Population Estimate, 2019	Total Violations
Allegany County, MD	73,060	2
Maryland	5,959,902	20
United States	322,078,025	16,107

Data Source: US Environmental Protection Agency. 2023.



View larger map

Drinking Water Violations, Percent of Population Affected by County, EPA 2021-2023

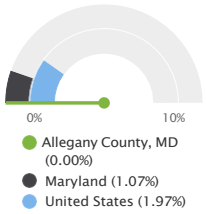
- Over 25.0%
- 5.0 - 25.0%
- 1.0 - 4.9%
- Under 1.0%
- No Health Violations
- Allegany County, MD

Air & Water Quality - Ozone

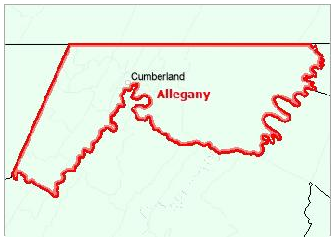
This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. This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

Report Area	Total Population	Number of Days Exceeding NAAQS Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Allegany County, MD	75,087	0.00	0.00%	**0.00%**
Maryland	5,773,552	4.00	1.11%	1.07%
United States	307,647,627	7.00	1.84%	1.97%

Percentage of Days Exceeding Standards, Pop. Adjusted Average



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2019.



View larger map

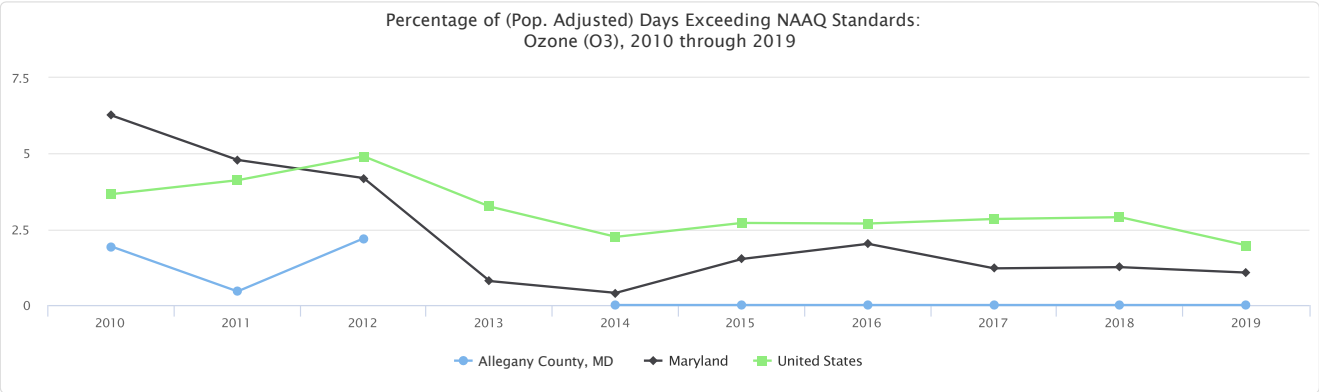
Ozone Levels (O3), Number of Days Above NAAQ Standards for Ozone (O3) by Tract, NEPHTN 2015

- Over 3.0%
- 1.1 - 3.0%
- 0.51 - 1.0%
- Under - 0.51%
- No Days Above NAAQS Standards
- No Data or Data Suppressed
- Allegany County, MD

Percentage of (Pop. Adjusted) Days Exceeding NAAQ Standards: Ozone (O3), 2010 through 2019

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Allegany County, MD	1.93	0.45	2.20	No data	0.00	0.00	0.00	0.00	0.00	0.00
Maryland	6.26	4.79	4.19	0.79	0.40	1.52	2.02	1.21	1.25	1.07
United States	3.66	4.12	4.91	3.25	2.25	2.71	2.69	2.84	2.90	1.97

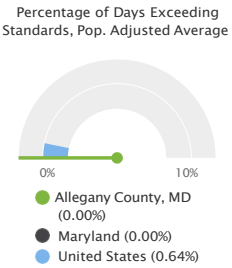
Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2019.



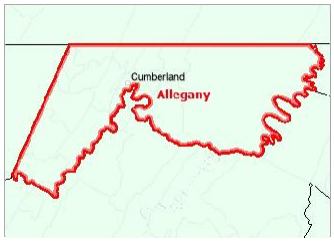
Air & Water Quality - Particulate Matter 2.5

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

Report Area	Total Population	Average Daily Ambient Particulate Matter 2.5	Number of Days Exceeding NAAQS Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Allegany County, MD	68,106	6.30	0.00	0.00%	**0.00%**
Maryland	6,177,224	6.56	0.00	0.00%	0.00%
United States	330,251,614	9.19	2.00	0.59%	0.64%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2020.



View larger map

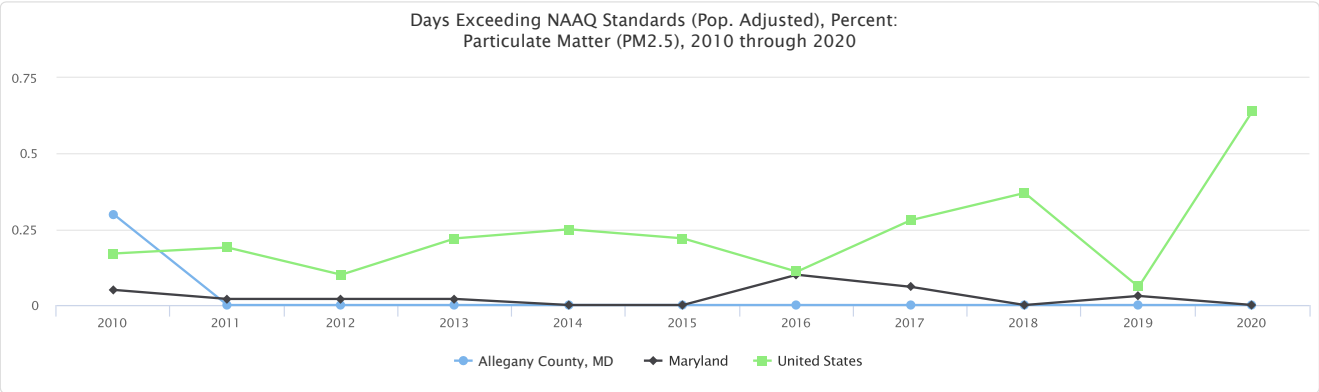
Fine Particulate Matter Levels (PM 2.5), Percentage of Days Above NAAQ Standards by Tract, NEPHTN 2020

- Over 3.0%
- 1.5 - 3.0%
- 0.4 - 1.4%
- Under 0.3%
- No Days Above NAAQ Standards
- No Data or Data Suppressed
- Allegany County, MD

Days Exceeding NAAQ Standards (Pop. Adjusted), Percent: Particulate Matter (PM2.5), 2010 through 2020

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Allegany County, MD	0.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maryland	0.05	0.02	0.02	0.02	0.00	0.00	0.10	0.06	0.00	0.03	0.00
United States	0.17	0.19	0.10	0.22	0.25	0.22	0.11	0.28	0.37	0.06	0.64

Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2020.



Children Reported Safe In Neighborhood

This indicator reports the percentage of children reported safe in their neighborhood. Data are acquired from the 2022 topical data of the National Survey of Children's Health (NSCH).

Report Area	Population (Children Age 0-17)	Children Reported Safe in Neighborhood, Count	Children Reported Safe in Neighborhood, Rate
Maryland	1,357,472	1,229,839	90.60%
United States	73,292,572	66,683,889	90.98%

Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.

Children Reported Safe In Neighborhood, by Race

Report Area	White alone	Black or African American alone	Other
Maryland	96.29%	97.23%	95.05%
United States	95.64%	91.02%	94.42%

Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.

Children Reported Safe In Neighborhood, by Reporter's Education Level

This indicator reports the percentage of children reported safe in their neighborhood by the reporter's education level.

Report Area	Less than high school	High school	More than high school
Maryland	No data	94.70%	96.32%
United States	92.32%	91.32%	95.97%

Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.

Children Reported Safe In Neighborhood, by Reporter's Affordability

This indicator reports the percentage of children reported safe in their neighborhood by the reporter's affordability, i.e., the frequency of it being hard to cover the basics, like food or housing, on the family's income.

Report Area	Never	Rarely	Somewhat often	Very often
Maryland	97.37%	94.64%	94.31%	No data
United States	97.25%	94.39%	88.15%	80.15%

Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.

Children in Neighborhood without Vandalism

This indicator reports the percentage of children living in neighborhood without vandalism, such as broken windows or graffiti. Data are acquired from the 2022 topical data of the National Survey of Children's Health (NSCH).

Report Area	Population (Children Age 0-17)	Children in Neighborhood without Vandalism, Count	Children in Neighborhood without Vandalism, Rate
Maryland	1,357,472	1,226,837	90.38%
United States	73,292,572	66,028,731	90.09%

Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.

Children in Neighborhood without Vandalism, by Race

Report Area	White alone	Black or African American alone	Other
Maryland	96.36%	92.04%	97.27%
United States	93.77%	92.22%	92.07%

Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.

Children in Neighborhood without Vandalism, by Reporter's Affordability

This indicator reports the percentage of children living in neighborhood without vandalism, such as broken windows or graffiti, by the reporter's affordability, i.e., the frequency of it being hard to cover the basics, like food or housing, on the family's income.

Report Area	Never	Rarely	Somewhat often	Very often
Maryland	98.44%	87.29%	93.84%	No data
United States	95.59%	92.38%	87.59%	81.55%

Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.

Children in Neighborhood without Vandalism, by Reporter's Education Level

Report Area	Less than high school	High school	More than high school
Maryland	No data	90.68%	96.44%
United States	91.67%	91.05%	94.03%

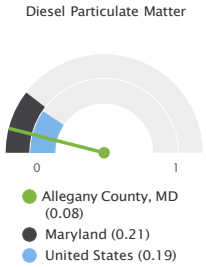
Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.

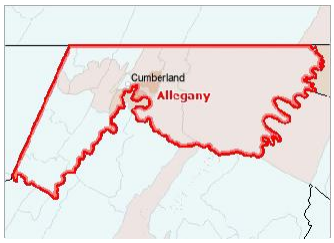
Air & Water Quality - Diesel Particulate Matter

This indicator reports the estimated concentration of diesel PM in air. The value of the indicator is in µg /m3. Areas with higher diesel PM levels (i.e., more harmful to human health) are placed higher in percentile (national ranking). The percentile could be interpreted as, for example, for a place at the 80th percentile nationwide, 20% (i.e., 100 minus the percentile) of the U.S. population lives in a block group that has a higher value.
The EJ Index for Diesel PM is a combination of this environmental indicator and the Demographic Index (the average of percent low-income and percent people of color).
Data are acquired from EPA's EJScreen dataset, 2024.

Report Area	Total Population	Diesel PM	Percentile for Diesel PM	EJ Index for Diesel PM
Allegany County, MD	68,161	0.08	21	24.8
Maryland	6,161,707	0.21	61	86.2
United States	334,369,975	0.19	50	73.7

Note: This indicator is compared to the state average.
Data Source: Environmental Protection Agency, EPA - EJScreen. 2024.

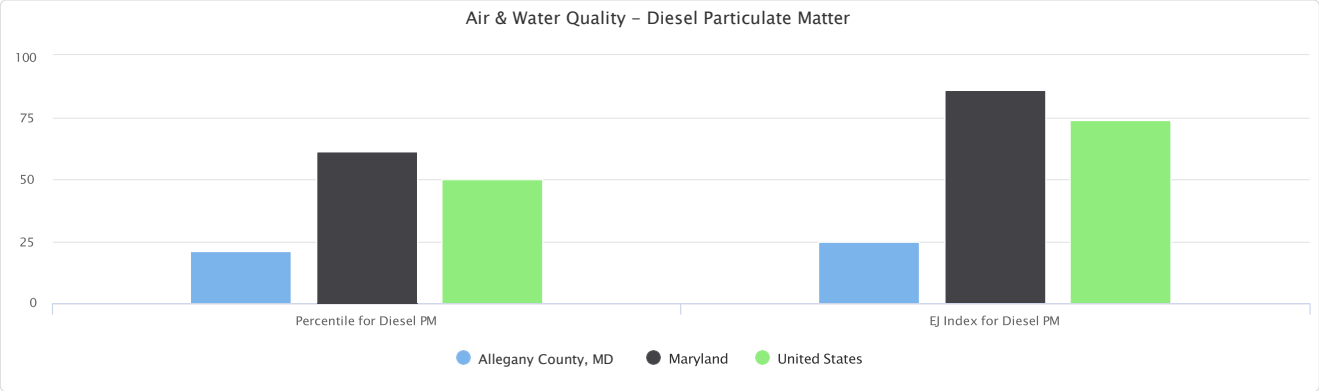




View larger map

Diesel Particulate Matter, EJ Screen Index by Tract, EPA EJ-Screen 2024

- Over 130.0
- 65.0 - 130.0
- 35.0 - 64.9
- 15.0 -34.9
- Under 15.0
- No Data
- Allegany County, MD

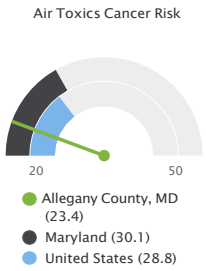


Air & Water Quality - Air Toxics Cancer Risk

This indicator reports the estimated lifetime inhalation cancer risk from the analyzed carcinogens in ambient outdoor air. The value of the indicator is persons per million lifetime. Areas with higher air toxics cancer risk levels (i.e., more harmful to human health) are placed higher in percentile (national ranking). The percentile could be interpreted as, for example, for a place at the 80th percentile nationwide, 20% (i.e., 100 minus the percentile) of the U.S. population lives in a block group that has a higher value.
The EJ Index for Air Toxics Cancer Risk is a combination of this environmental indicator and the Demographic Index (the average of percent low-income and percent people of color).
Data are acquired from EPA's EJScreen dataset, 2022.

Report Area	Total Population	Air Toxics Cancer Risk	Percentile for Air Toxics Cancer Risk	EJ Index for Air Toxics Cancer Risk
Allegany County, MD	71,002	23.4	51	13.5
Maryland	6,037,624	30.1	80	29.1
United States	329,824,950	28.8	69	25.8

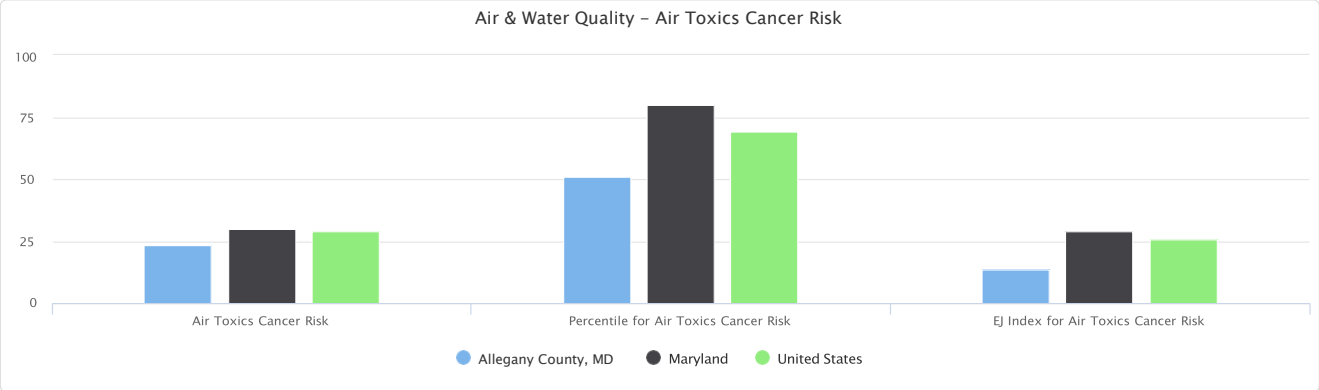
Note: This indicator is compared to the state average.
Data Source: Environmental Protection Agency, EPA - EJScreen. 2022.



View larger map

Air Toxin Cancer Risk, EJ Screen Index by Tract, EPA EJ-Screen 2022

- Over 16.0
- 11.0 - 16.0
- 7.0 - 10.9
- 4.0 - 6.9
- Under 4.0
- No Data
- Allegany County, MD

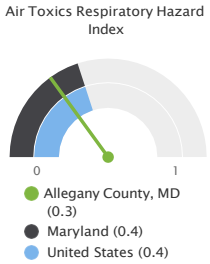


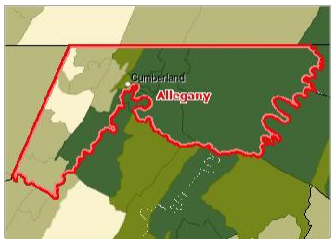
Air & Water Quality - Air Toxics Respiratory Hazard Index

This indicator reports the respiratory Hazard Index (HI) from the analyzed carcinogens in ambient outdoor air. The HI is the sum of hazard indices for those air toxics with reference concentrations based on respiratory endpoints, where each hazard index is the ratio of exposure concentration in the air to the health-based reference concentration set by EPA. Areas with higher air toxics respiratory HI levels (i.e., more harmful to human health) are placed higher in percentile (national ranking). The percentile could be interpreted as, for example, for a place at the 80th percentile nationwide, 20% (i.e., 100 minus the percentile) of the U.S. population lives in a block group that has a higher value. The EJ Index for Air Toxics Respiratory HI is a combination of this environmental indicator and the Demographic Index (the average of percent low-income and percent people of color).
Data are acquired from EPA's EJScreen dataset, 2022.

Report Area	Total Population	Air Toxics Respiratory HI	Percentile for Air Toxics Respiratory HI	EJ Index for Air Toxics Respiratory HI
Allegany County, MD	71,002	0.3	38	9.6
Maryland	6,037,624	0.4	70	26.3
United States	329,824,950	0.4	64	24.0

Note: This indicator is compared to the state average.
Data Source: Environmental Protection Agency, EPA - EJScreen. 2022.





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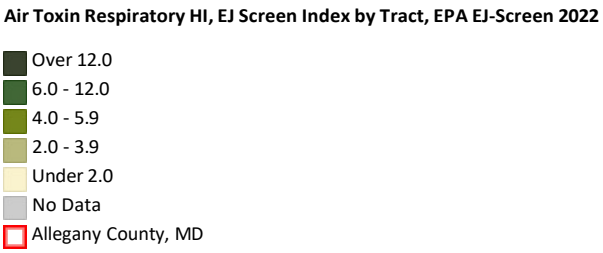
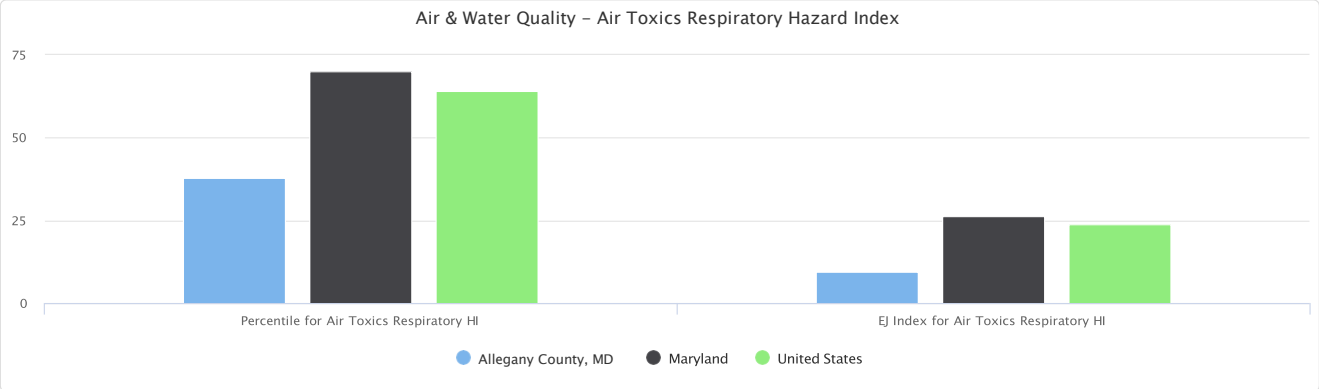


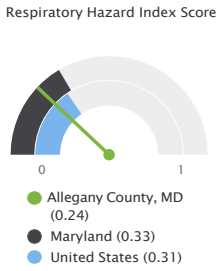


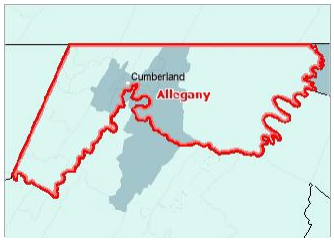
Air & Water Quality - Respiratory Hazard Index

This indicator reports the non-cancer respiratory hazard index score. This score represents the potential for noncancer adverse health effects, where scores less than 1.0 indicate adverse health effects are unlikely, and scores of 1.0 or more indicate a potential for adverse health effects.

Report Area	Total Population	Respiratory Hazard Index Score
Allegany County, MD	75,085	**0.24**
Maryland	5,773,411	0.33
United States	312,566,557	0.31

Note: This indicator is compared to the state average.
Data Source: EPA - AirToxScreen. 2019.

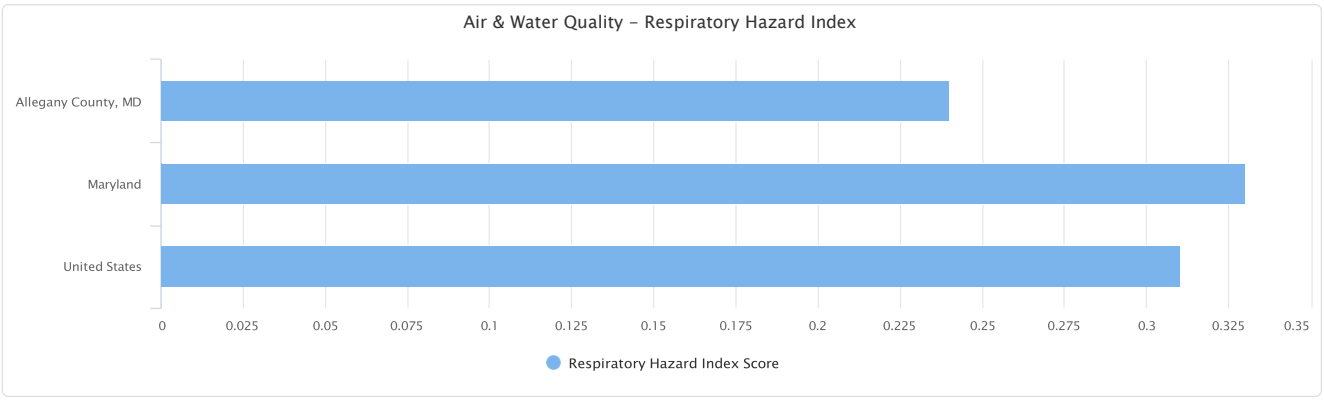




View larger map

Air Toxics Exposure, Respiratory Hazard Index, Index by Tract, EPA - AirToxScreen 2019

- Over 0.45
- 0.38 - 0.45
- 0.32 - 0.37
- 0.25 - 0.31
- Under 0.25
- No Data
- Allegany County, MD

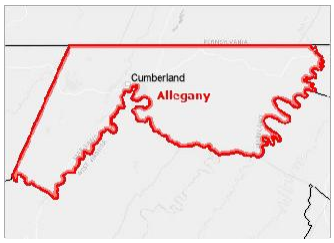


Air & Water Quality - RSEI Score

The Risk-Screening Environmental Indicators (RSEI) score is a unitless value that accounts for the size of a chemical release, the fate and transport of the chemical through the environment, the size and location of the exposed population, and the chemical's toxicity. A RSEI Score 10 times higher than another RSEI Score suggests that the potential for risk is 10 times higher at the same geographic level (ie compare county to county and state to state).

Report Area	RSEI Score	Total Facilities	Gross Release (lbs) Per Square Mile
Allegany County, MD	34,199.80	3	2,605.39
Maryland	736,405.05	154	317.20

Data Source: US Environmental Protection Agency. 2019.



Allegany County, MD

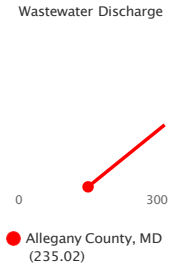
View larger map

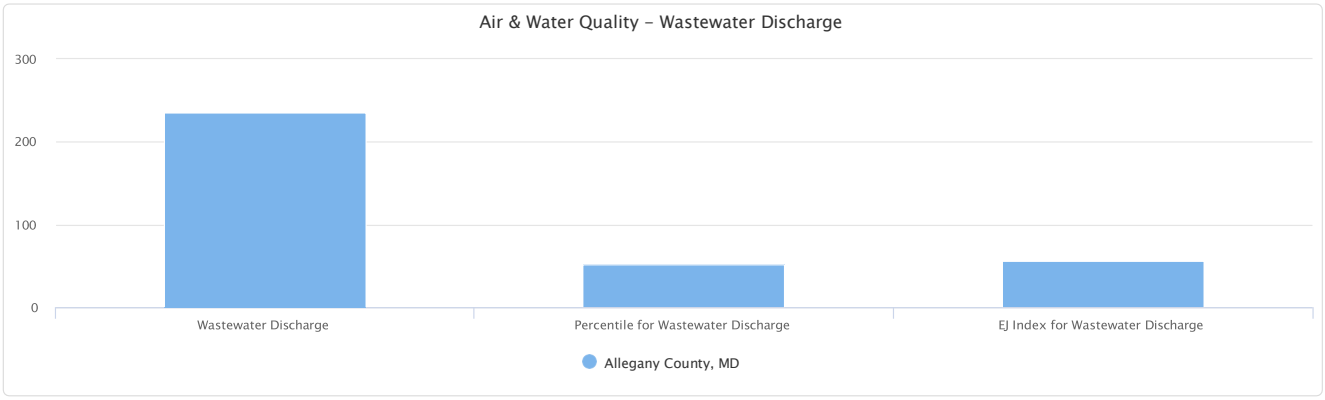
Air & Water Quality - Wastewater Discharge

This indicator reports the RSEI modeled Toxic Concentrations at stream segments within 500 meters, divided by distance in kilometers (km). It quantifies a block group's relative risk of exposure to pollutants in downstream water bodies. Areas with higher wastewater discharge values are placed higher in percentile (national ranking). The percentile could be interpreted as, for example, for a place at the 80th percentile nationwide, 20% (i.e., 100 minus the percentile) of the U.S. population lives in a block group that has a higher value.
The EJ Index for Wastewater Discharge is a combination of this environmental indicator and the Demographic Index (the average of percent low-income and percent people of color).
Data are acquired from EPA's EJScreen dataset, 2024.

Report Area	Total Population	Wastewater Discharge	Percentile for Wastewater Discharge	EJ Index for Wastewater Discharge
Allegany County, MD	68,161	235.02	52	55.7

Note: This indicator is compared to the state average.
Data Source: Environmental Protection Agency, EPA - EJScreen. 2024.



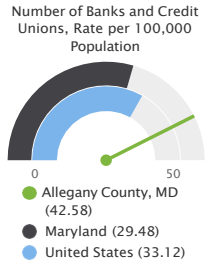


Built Environment - Banking Institutions

This indicator reports the number of banking institutions (commercial banks, savings institutions and credit unions) per 100,000, as defined by North American Industry Classification System (NAICS) codes 522110, 522130, and 522120. These are establishments primarily engaged in accepting deposits and making loans. In the report area, there are approximately 29 banking institutions. The rate of these institutions per 100,000 population is 42.58, which is higher than the statewide rate.
Note: Counts of establishments < 3 are suppressed.

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Allegany County, MD	68,106	29	42.58
Maryland	6,177,224	1,821	29.48
United States	331,449,275	109,778	33.12

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.



View larger map

Banks and Commercial Lending Institutions, Rate (Per 100,000 Pop.) by County, CBP 2022

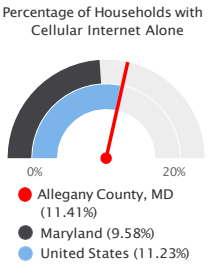
- Over 60.0
- 40.1 - 60.0
- 25.1 - 40.0
- Under 25.1
- Data Suppressed (<3 Commercial Banks or Lending Institutions)
- Allegany County, MD

Built Environment - Households with Cellular Internet Only

This indicator reports the percentage of households who report having access to the internet through a mobile or cellular data plan with no other type of internet subscription. Of the 27,462 total households in the report area, 3,134 or 11.41% have internet access through a mobile or cellular plan only.
Note: The ACS 2018-22 questions about internet/computer usage are not asked for the group quarters population, so data do not include people living in housing such as dorms, prisons, nursing homes, etc.

Report Area	Total Households	Households with Cellular Internet Only	Households with Cellular Internet Only, Percent
Allegany County, MD	27,462	3,134	11.41%
Maryland	2,318,124	222,185	9.58%
United States	125,736,353	14,120,561	11.23%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

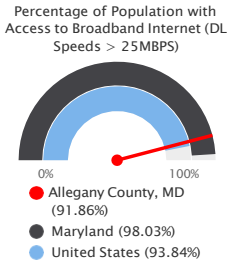
Households with Cellular Internet Alone, Percent by Tract, ACS 2018-22

- Over 16.0%
- 12.1 - 16.0%
- 8.1 - 12.0%
- 4.1 - 8.0%
- Under 4.1%
- No Data or Data Suppressed
- Allegany County, MD

Built Environment - Broadband Access

This indicator reports the percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 25 MBPS or more and upload speeds of 3 MBPS or more. These data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.

Report Area	Total Number of Broadband Serviceable Locations	Access to DL Speeds >= 25MBPS and UL Speeds >= 3 MBPS	Access to DL Speeds >= 100MBPS and UL Speeds >= 20 MBPS
Allegany County, MD	29,987	**91.86%**	87.89%
Maryland	1,857,192	98.03%	96.98%
United States	115,342,228	93.84%	91.20%



Note: This indicator is compared to the state average.
Data Source: FCC FABRIC Data. Additional data analysis by CARES. December, 2023.

View larger map

Broadband Access - FABRIC Locations, 25/3+ MBPS, Percent by County, FCC December, 2023

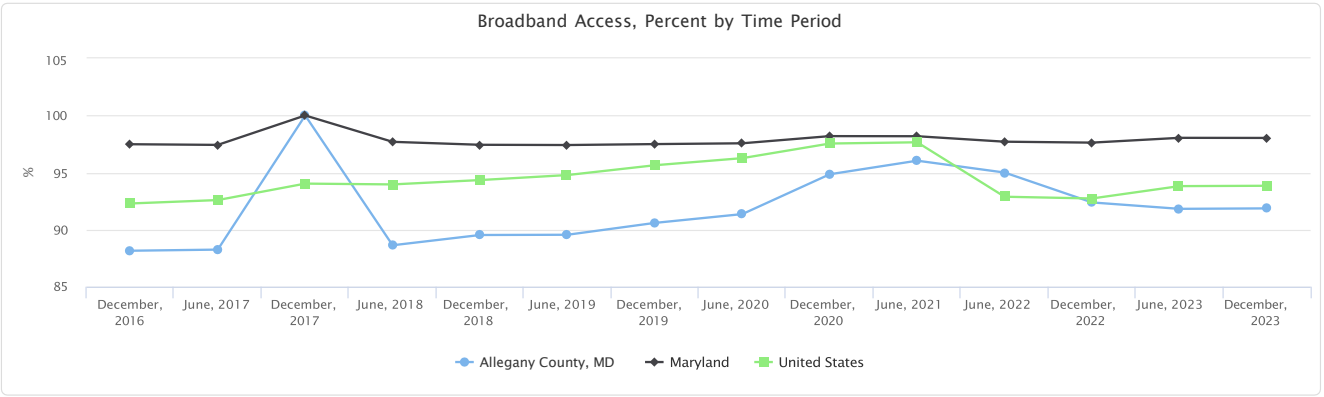
- Over 98.0%
- 95.0 - 98.0%
- 90.0 - 94.9%
- 50.0 - 89.9%
- Under 50.0%
- No Locations
- Allegany County, MD

Broadband Access, Percent by Time Period

The table below displays temporal trends in high-speed internet availability as the percent of the population with access to broadband in the indicated area. Because the FCC switched from the 477 data to the location based Fabric between June 2021 and June 2022, comparison between years should be done with caution.

Report Area	December, 2016	June, 2017	December, 2017	June, 2018	December, 2018	June, 2019	December, 2019	June, 2020	December, 2020	June, 2021	June, 2022	December, 2022	June, 2023	December, 2023
Allegany County, MD	88.15%	88.25%	100.00%	88.63%	89.53%	89.55%	90.59%	91.36%	94.85%	96.04%	95.00%	92.38%	91.82%	91.86%
Maryland	97.48%	97.42%	100.00%	97.69%	97.43%	97.41%	97.49%	97.56%	98.19%	98.18%	97.70%	97.62%	98.04%	98.03%
United States	92.29%	92.59%	94.03%	93.96%	94.34%	94.78%	95.64%	96.26%	97.54%	97.65%	92.88%	92.73%	93.81%	93.84%

Data Source: FCC FABRIC Data. Additional data analysis by CARES. December, 2023.

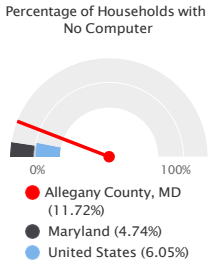


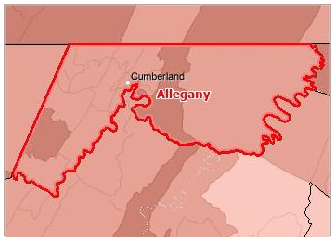
Built Environment - Households with No Computer

This indicator reports the percentage of households who don't own or use any types of computers, including desktop or laptop, smartphone, tablet or other portable wireless computer, and some other type of computer, based on the 2018-2022 American Community Survey estimates. Of the 27,462 total households in the report area, 3,219 or 11.72% are without a computer.
Note: The ACS 2018-22 questions about internet/computer usage are not asked for the group quarters population, so data do not include people living in housing such as dorms, prisons, nursing homes, etc.

Report Area	Total Households	Households with No Computer	Households with No Computer, Percent
Allegany County, MD	27,462	3,219	**11.72%**
Maryland	2,318,124	109,908	4.74%
United States	125,736,353	7,603,749	6.05%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





View larger map

Households with No Computer, Percent by Tract, ACS 2018-22

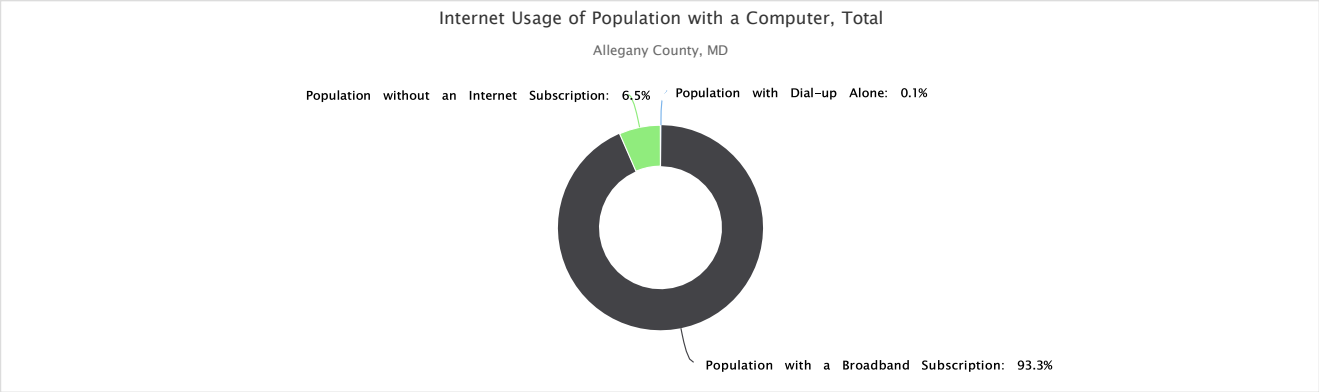
- Over 35
- 25.1 - 35.0
- 15.1 - 25.0
- 5.1 - 15.0
- Under 5
- No Data or Data Suppressed
- Allegany County, MD

Internet Usage of Population with a Computer, Total

This indicator reports the Internet usage of household population with a computer, including Internet access with dial-up alone, with a broadband subscription, and without Internet subscription, based on the 2018-2022 American Community Survey estimates.

Report Area	Total Population	Population with Any Computer	Population with Dial-up Alone	Population with A Broadband Subscription	Population without An Internet Subscription
Allegany County, MD	60,951	56,733	84	52,946	3,703
Maryland	6,035,558	5,869,684	6,434	5,610,196	253,054
United States	322,994,302	310,986,833	432,346	293,957,068	16,597,419

Data Source: US Census Bureau, American Community Survey. 2018-22.

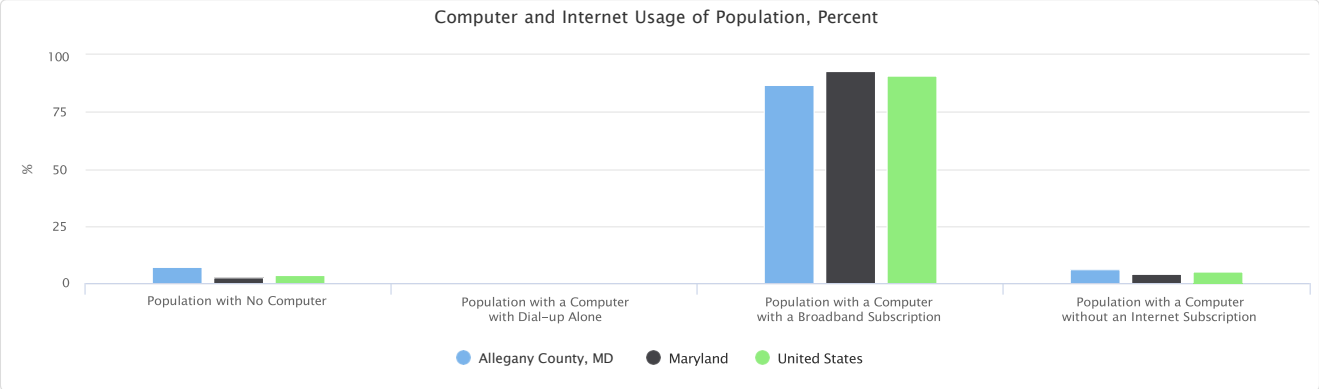


Computer and Internet Usage of Population, Percent

This indicator reports the computer and Internet usage of household population, including not using or owning a computer, with a computer and using dial-up alone for Internet access, with a computer and with a broadband subscription, and with a computer but without an Internet subscription, based on the 2018-2022 American Community Survey estimates.

Report Area	Population with No Computer	Population with Any Computer	Population with Any Computer with Dial-up Alone	Population with Any Computer with A Broadband Subscription	Population with Any Computer without An Internet Subscription
Allegany County, MD	6.92%	93.08%	0.14%	86.87%	6.08%
Maryland	2.75%	97.25%	0.11%	92.95%	4.19%
United States	3.72%	96.28%	0.13%	91.01%	5.14%

Data Source: US Census Bureau, American Community Survey. 2018-22.

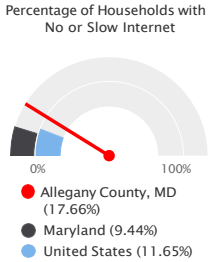


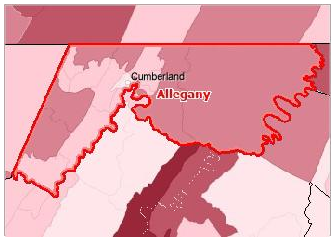
Built Environment - Households with No or Slow Internet

This indicator reports the percentage of households who either use dial-up as their only way of internet connection, or have internet access but don't pay for the service, or have no internet access in their home, based on the 2018-2022 American Community Survey estimates. Of the 27,462 total households in the report area, 4,851 or 17.66% have no or slow internet.
Note: The ACS2018-22 questions about internet/computer usage are not asked for the group quarters population, so data do not include people living in housing such as dorms, prisons, nursing homes, etc.

Report Area	Total Households	Households with No or Slow Internet	Households with No or Slow Internet, Percent
Allegany County, MD	27,462	4,851	**17.66%**
Maryland	2,318,124	218,748	9.44%
United States	125,736,353	14,652,439	11.65%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.





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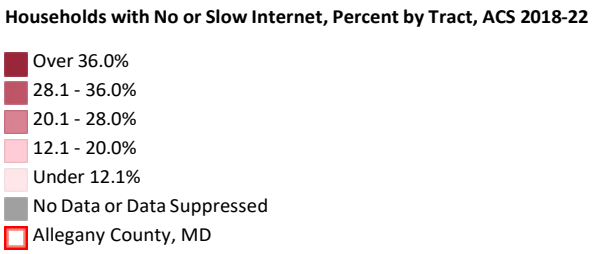
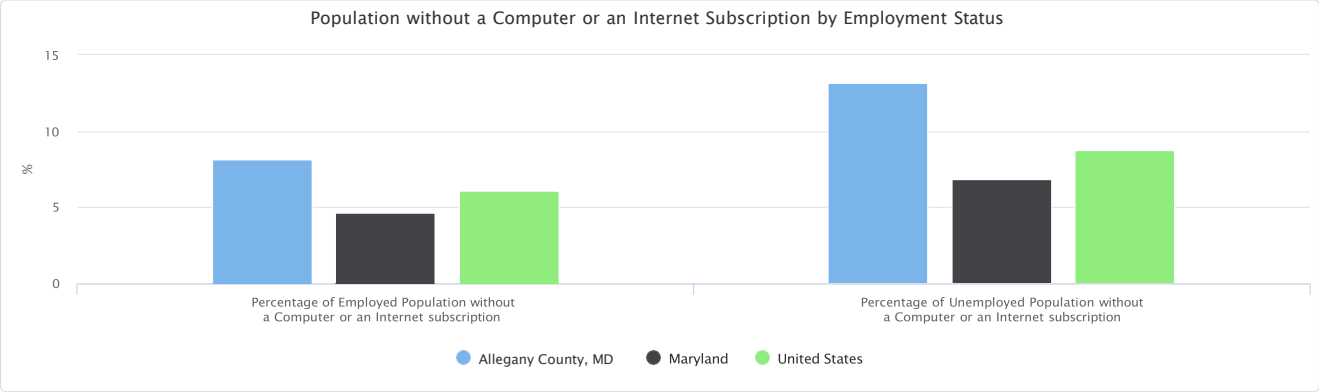


Population without a Computer or an Internet Subscription by Employment Status

This indicator reports the total and percentage of population that have no computer or Internet subscription by employment status based on the 2018-2022 American Community Survey estimates. Of the report area's 26,030 employed population, 2,113 or 8.12% have no computer or Internet subscription while of its 1,800 unemployed population, 237 or 13.17% have no computer or Internet subscription. Notice that the universe of this indicator is all civilian household population 16 years and over, including population in labor force (i.e., the employed population and the unemployed population) and population not in labor force (not listed in this table).

Report Area	Total Employed Population	Employed with No Computer or Internet Subscription, Total	Employed with No Computer or Internet Subscription, Percent	Total Unemployed Population	Unemployed with No Computer or Internet Subscription, Total	Unemployed with No Computer or Internet Subscription, Percent
Allegany County, MD	26,030	2,113	8.12%	1,800	237	13.17%
Maryland	3,113,490	145,271	4.67%	165,654	11,369	6.86%
United States	157,611,582	9,572,893	6.07%	8,743,936	766,903	8.77%

Data Source: US Census Bureau, American Community Survey. 2018-22.

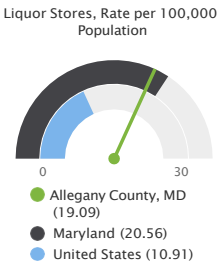


Built Environment - Liquor Stores

There are 13 establishments in the report area primarily engaged in retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor. The number of liquor stores per 100,000 population provides a measure of environmental influences on dietary behaviors and the accessibility of healthy foods. Note this data excludes establishments preparing and serving alcohol for consumption on premises (including bars and restaurants) or which sell alcohol as a secondary retail product (including gas stations and grocery stores).

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Allegany County, MD	68,106	13	19.09
Maryland	6,177,224	1,270	20.56
United States	331,449,275	36,173	10.91

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.

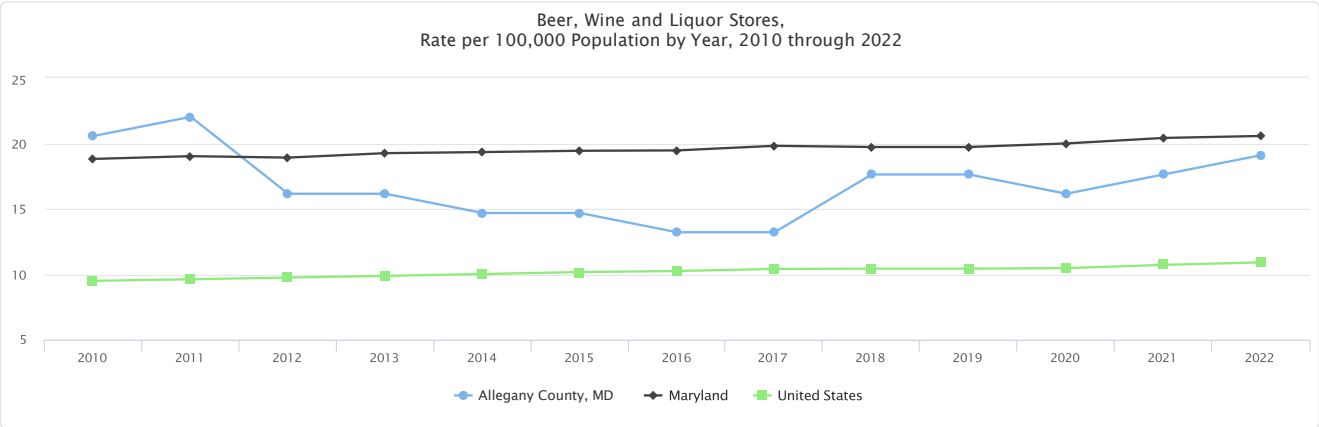


View larger map

Beer, Wine and Liquor Stores,
Rate per 100,000 Population by Year, 2010 through 2022

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Allegany County, MD	20.56	22.02	16.15	16.15	14.68	14.68	13.21	13.21	17.62	17.62	16.15	17.62	19.09
Maryland	18.81	19.02	18.91	19.25	19.33	19.43	19.46	19.81	19.72	19.72	19.99	20.41	20.56
United States	9.5	9.62	9.75	9.88	10.02	10.17	10.25	10.41	10.43	10.43	10.47	10.72	10.91

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.

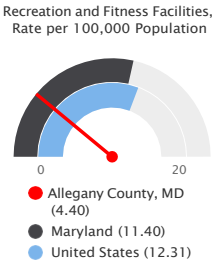


Built Environment - Recreation and Fitness Facility Access

Access to recreation and fitness facilities encourages physical activity and other healthy behaviors. The report area includes 3 establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports.

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Allegany County, MD	68,106	3	**4.40**
Maryland	6,177,224	704	11.40
United States	331,449,275	40,786	12.31

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.



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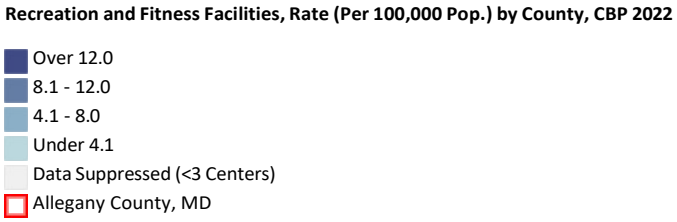
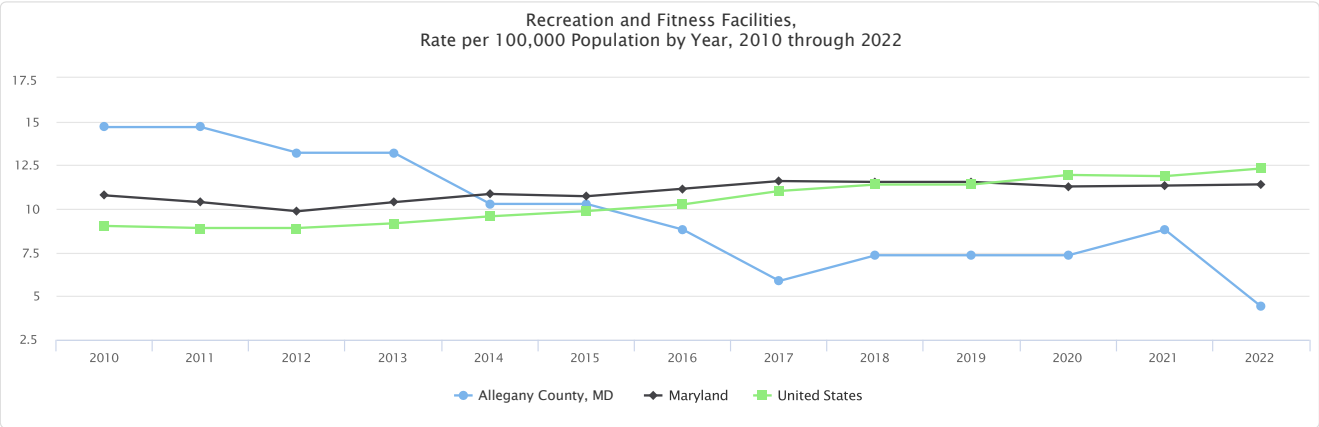


Recreation and Fitness Facilities,
Rate per 100,000 Population by Year, 2010 through 2022

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Allegany County, MD	14.68	14.68	13.21	13.21	10.28	10.28	8.81	5.87	7.34	7.34	7.34	8.81	4.4
Maryland	10.77	10.38	9.86	10.38	10.85	10.72	11.15	11.59	11.54	11.54	11.28	11.33	11.4
United States	9.02	8.9	8.9	9.17	9.57	9.87	10.25	11.02	11.39	11.39	11.94	11.87	12.31

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.

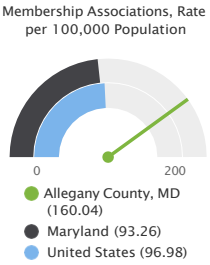


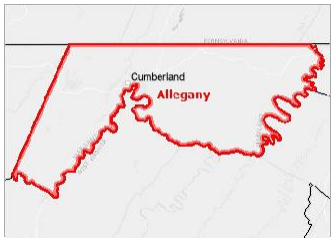
Built Environment - Social Associations

This indicator reports the number of social associations per 100,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, political organizations, labor organizations, business organizations, and professional organizations.
Note: Counts of establishments < 3 are suppressed.

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Allegany County, MD	68,106	109	160.04
Maryland	6,177,224	5,761	93.26
United States	331,449,275	321,439	96.98

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.





View larger map

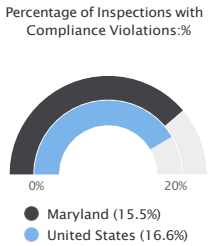
Allegany County, MD

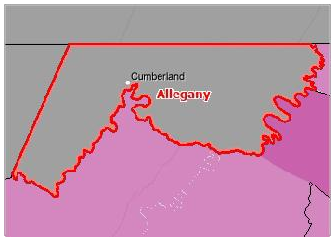
Built Environment - Tobacco Product Compliance Check Violations

This indicator reports information about tobacco product compliance check inspections among retailers in the report area. Data are reported for the latest complete three-year period, based on the inspection result decision date.

Report Area	Total Inspections	Compliance Violations	Compliance Violations, Percentage	Minor-Involved Violations	Minor-Involved Violations, Percentage
Allegany County, MD	0	0	Suppressed	0	Suppressed
Maryland	7,476	1,162	15.5%	1,150	15.4%
United States	457,819	75,960	16.6%	75,598	16.5%

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, US Food and Drug Administration Compliance Check Inspections of Tobacco Product Retailers. 2021-2023.





View larger map

Tobacco Product Compliance Check Violations, Pct. of Inspections by County, US Food and Drug Administration 2021-2023

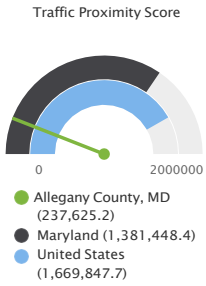
- Over 25.0%
- 15.1 - 25.0%
- 5.1 - 15.0%
- Under 5.1%
- No Data or Data Suppressed
- Allegany County, MD

Environmental Justice - Traffic Proximity and Volume

This indicator reports the count of vehicles per day (average annual daily traffic) at major roads within 500 meters (or nearest one beyond 500 m), divided by distance in meters. Although proximity to roads can provide access to amenities, in EJScreen, the indicator is designed to screen for the negative aspects of very close proximity to very high volumes of traffic, which include asthma and cardiovascular and heart disease, among others. Areas with higher traffic proximity scores are placed higher in percentile (national ranking). The percentile could be interpreted as, for example, for a place at the 80th percentile nationwide, 20% (i.e., 100 minus the percentile) of the U.S. population lives in a block group that has a higher value.
The EJ Index for Traffic Proximity and Volume is a combination of this environmental indicator and the Demographic Index (the average of percent low-income and percent people of color).
Data are acquired from EPA's EJScreen dataset, 2024.

Report Area	Total Population	Traffic Proximity	Percentile for Traffic Proximity	EJ Index for Traffic Proximity
Allegany County, MD	68,161	237,625.2	25	28.0
Maryland	6,161,707	1,381,448.4	53	78.7
United States	334,369,975	1,669,847.7	50	74.2

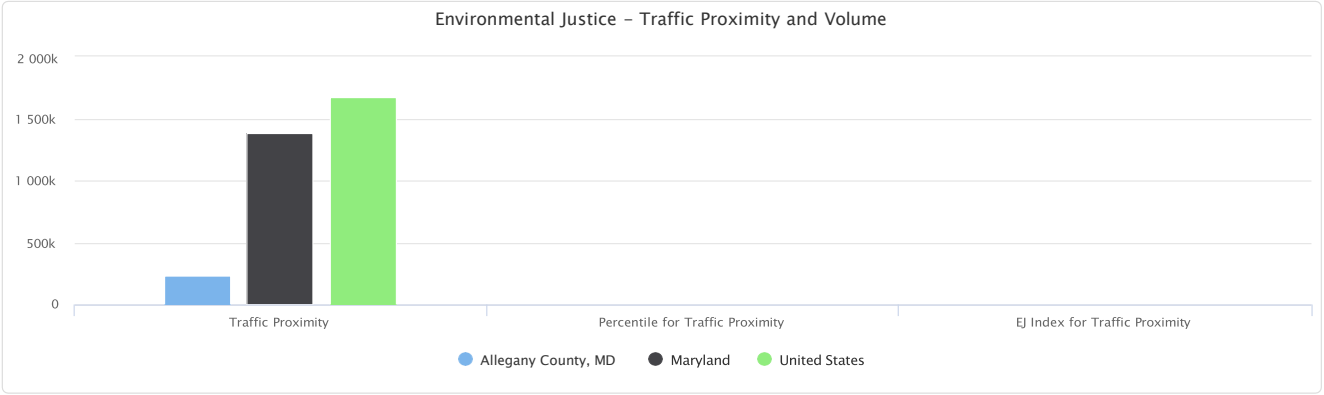
Note: This indicator is compared to the state average.
Data Source: Environmental Protection Agency, EPA - EJScreen. 2024.



View larger map

Traffic Proximity and Volume, EJ Screen Index by Tract, EPA EJ-Screen 2024

- Over 100.0
- 65.0 - 100.0
- 35.0 - 64.9
- 15.0 - 34.9
- Under 15.0
- No Data
- Allegany County, MD



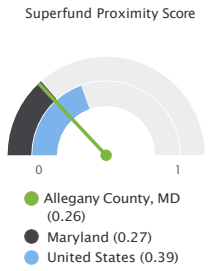
Environmental Justice - Superfund Proximity

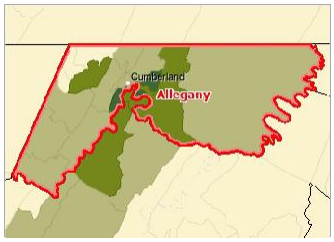
This indicator reports the count of proposed and listed NPL sites (deleted sites excluded) within 5 km (or nearest one beyond 5 km), each

divided by distance in km. Areas with higher Superfund proximity scores are placed higher in percentile (national ranking). The percentile could be interpreted as, for example, for a place at the 80th percentile nationwide, 20% (i.e., 100 minus the percentile) of the U.S. population lives in a block group that has a higher value.
The EJ Index for Superfund Proximity is a combination of this environmental indicator and the Demographic Index (the average of percent low-income and percent people of color).
Data are acquired from EPA's EJScreen dataset, 2024.

Report Area	Total Population	Superfund Proximity	Percentile for Superfund Proximity	EJ Index for Superfund Proximity
Allegany County, MD	68,161	0.26	62	65.8
Maryland	6,161,707	0.27	41	61.7
United States	334,369,975	0.39	34	50.3

Note: This indicator is compared to the state average.
Data Source: Environmental Protection Agency, EPA - EJScreen. 2024.

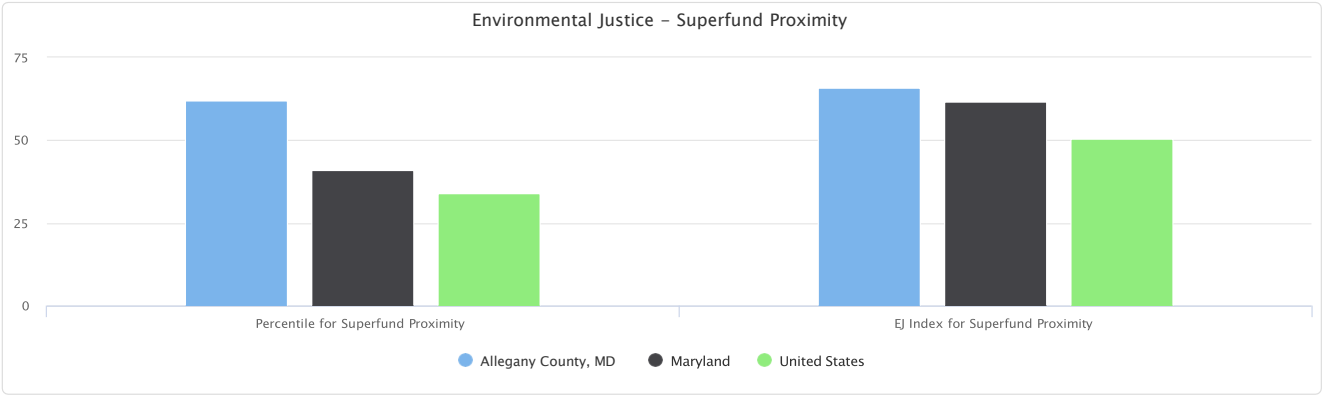




View larger map

Superfund Proximity, EJ Screen Index by Tract, EPA EJ-Screen 2024

- Over 125.0
- 125.0 - 200.0
- 75.0 - 124.9
- 0.1 - 74.9
- 0.0
- No Data
- Allegany County, MD

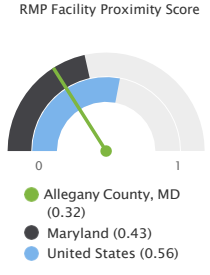


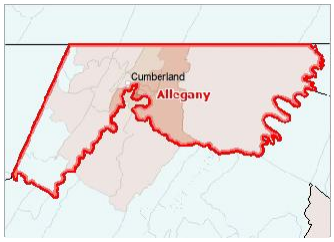
Environmental Justice - Risk Management Plan (RMP) Facility Proximity

This indicator reports the count of RMP (potential chemical accident management plan) facilities within 5 km (or nearest one beyond 5 km), each divided by distance in km. Areas with higher RMP Facility proximity scores are placed higher in percentile (national ranking). The percentile could be interpreted as, for example, for a place at the 80th percentile nationwide, 20% (i.e., 100 minus the percentile) of the U.S. population lives in a block group that has a higher value.
The EJ Index for RMP Facility Proximity is a combination of this environmental indicator and the Demographic Index (the average of percent low-income and percent people of color).
Data are acquired from EPA's EJScreen dataset, 2024.

Report Area	Total Population	RMP Facility Proximity	Percentile for RMP Facility Proximity	EJ Index for RMP Facility Proximity
Allegany County, MD	68,161	0.32	40	45.1
Maryland	6,161,707	0.43	36	54.6
United States	334,369,975	0.56	46	68.0

Note: This indicator is compared to the state average.
Data Source: Environmental Protection Agency, EPA - EJScreen. 2024.

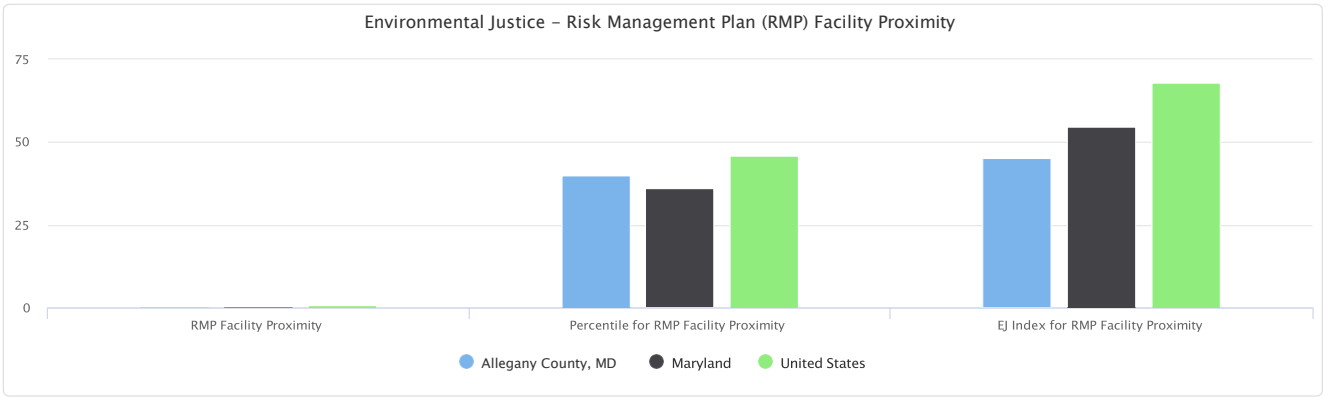




View larger map

RMP Facility Proximity, EJ Screen Index by Tract, EPA EJ-Screen 2024

- Over 75.0
- 75.0 - 150.0
- 50.0 - 74.9
- 0.1 - 49.9
- 0.0
- No Data
- Allegany County, MD

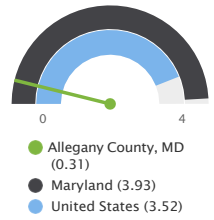


Environmental Justice - Hazardous Waste Proximity

This indicator reports the count of hazardous waste management facilities (TSDFs and LQGs) within 5 km (or nearest one beyond 5 km), each divided by distance in km. Areas with higher RMP Facility proximity scores are placed higher in percentile (national ranking). The percentile could be interpreted as, for example, for a place at the 80th percentile nationwide, 20% (i.e., 100 minus the percentile) of the U.S. population lives in a block group that has a higher value.
The EJ Index for Hazardous Waste Proximity is a combination of this environmental indicator and the Demographic Index (the average of percent low-income and percent people of color).
Data are acquired from EPA's EJScreen dataset, 2024.

Report Area	Total Population	Hazardous Waste Proximity	Percentile for Hazardous Waste Proximity	EJ Index for Hazardous Waste Proximity
Allegany County, MD	68,161	**0.31**	22	24.4
Maryland	6,161,707	3.93	60	85.3
United States	334,369,975	3.52	49	71.8

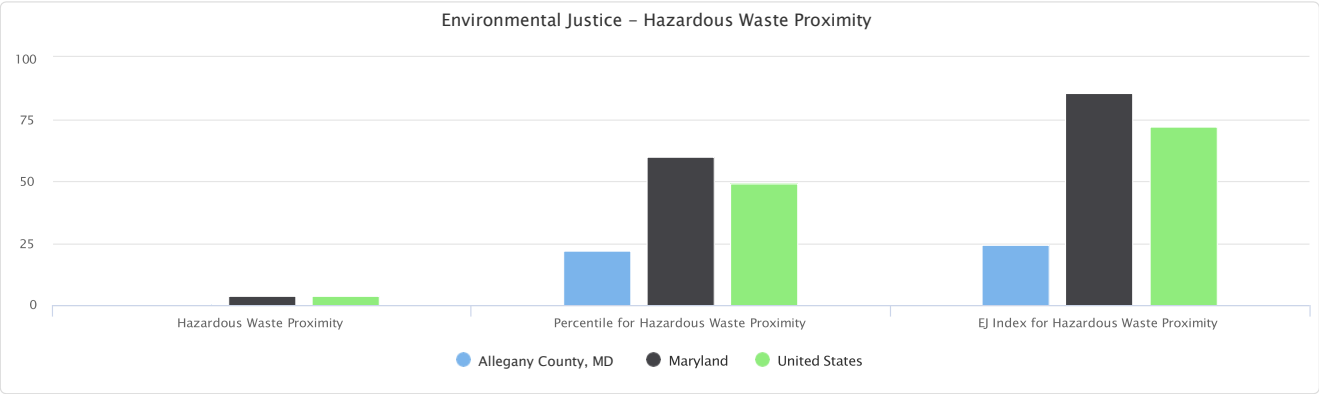
Note: This indicator is compared to the state average.
Data Source: Environmental Protection Agency, EPA - EJScreen. 2024.



View larger map

Hazardous Waste Proximity, EJ Screen Index by Tract, EPA EJ-Screen 2024

- Over 125.0
- 60.0 - 125.0
- 35.0 - 59.9
- 15.0 - 34.9
- Under 15.0
- No Data
- Allegany County, MD

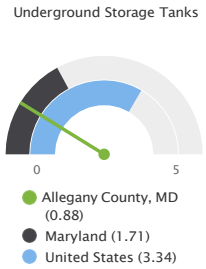


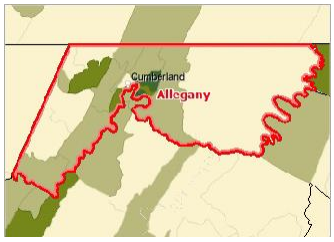
Environmental Justice - Underground Storage Tanks (UST) and Leaking UST (LUST)

This indicator reports the count of LUSTs (multiplied by a factor of 7.7) and the number of USTs within a 1,500-foot buffered block group. Areas with higher UST scores are placed higher in percentile (national ranking). The percentile could be interpreted as, for example, for a place at the 80th percentile nationwide, 20% (i.e., 100 minus the percentile) of the U.S. population lives in a block group that has a higher value.
The EJ Index for Underground Storage Tanks is a combination of this environmental indicator and the Demographic Index (the average of percent low-income and percent people of color).
Data are acquired from EPA's EJScreen dataset, 2024.

Report Area	Total Population	Underground Storage Tanks	Percentile for Underground Storage Tanks	EJ Index for Underground Storage Tanks
Allegany County, MD	68,161	0.88	41	47.6
Maryland	6,161,707	1.71	46	65.8
United States	334,369,975	3.34	45	64.3

Note: This indicator is compared to the state average.
Data Source: Environmental Protection Agency, EPA - EJScreen. 2024.

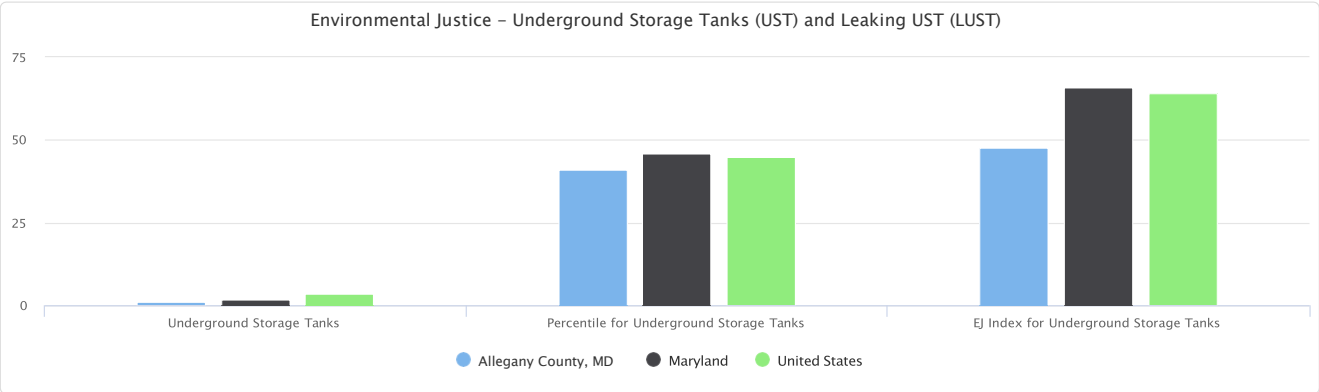




View larger map

Underground Storage Tanks, EJ Screen Index by Tract, EPA EJ-Screen 2024

- Over 150.0
- 100.0 - 150.0
- 50.0 - 99.9
- 25.0 - 49.9
- Under 25.0
- No Data
- Allegany County, MD

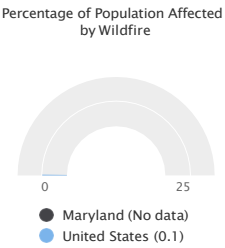


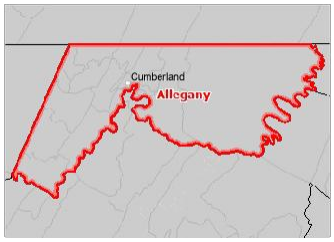
Population Directly Affected by Wildfire

This indicator reports the percent of population that lives in a census block that intersects with a wildfire perimeter for fires the occured between 2010 and 2020.

Report Area	Total Population (2020)	Affected Population (2020)	Population Affected (%)
Allegany County, MD	68,106	No data	No data
Maryland	6,177,224	No data	No data
United States	334,735,155	283,428	0.1

Note: This indicator is compared to the state average.
Data Source: University of Missouri, Center for Applied Research and Engagement Systems. 2010-2020.





View larger map

Population Directly Affected by Wildfire and Population Change by Tract, CARES 2010-2020

- High Percent Affected/Population Gain
- High Percent Affected/Population Loss
- Low Percent Affected/Population Gain
- Low Percent Affected/Population Loss
- Not Affected by Fire
- Allegany County, MD

Climate & Health - Climate-Related Mortality Impacts

This indicator reports the median estimated economic impacts from changes in all-cause mortality rates, across all age groups. These impacts are the central estimate for average annual damage during 2080-2099 under a business-as-usual scenario (RCP8.5). Impacts are changes relative to counterfactual “no additional climate change” trajectories.

Report Area	Total Population	Estimated Climate Change Impacts (% GDP)
Allegany County, MD	73,883	9.8%
Maryland	5,891,783	6.5%
United States	314,083,063	9.5%

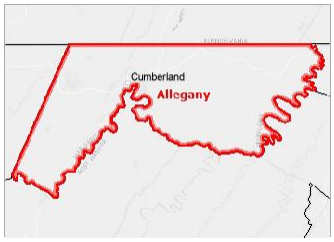
Data Source: Climate Impact Lab.

Land and Agriculture - Dominant Land Cover

Dominant land cover indicates the way land in an area is utilized and excludes open water. Land cover can provide insights into the type of economy, topography, and natural resources in the area, and can be important for urban planning, natural resources management, emergency preparedness, and more. Dominant land cover type was calculated by summarizing the 2019 National Land Cover Database by land cover type and determining the type with the largest area in each county or report area.

Report Area	Dominant Land Cover	Dominant Land Cover Acres	Dominant Land Cover Percent
Allegany County, MD	Deciduous Forest	309,353	66.9
Maryland	Deciduous Forest	2,453,406	18.7
United States	Cultivated Crops	488,603,932	14.4

Data Source: Multi-Resolution Land Characteristics Consortium, National Land Cover Database. 2021.

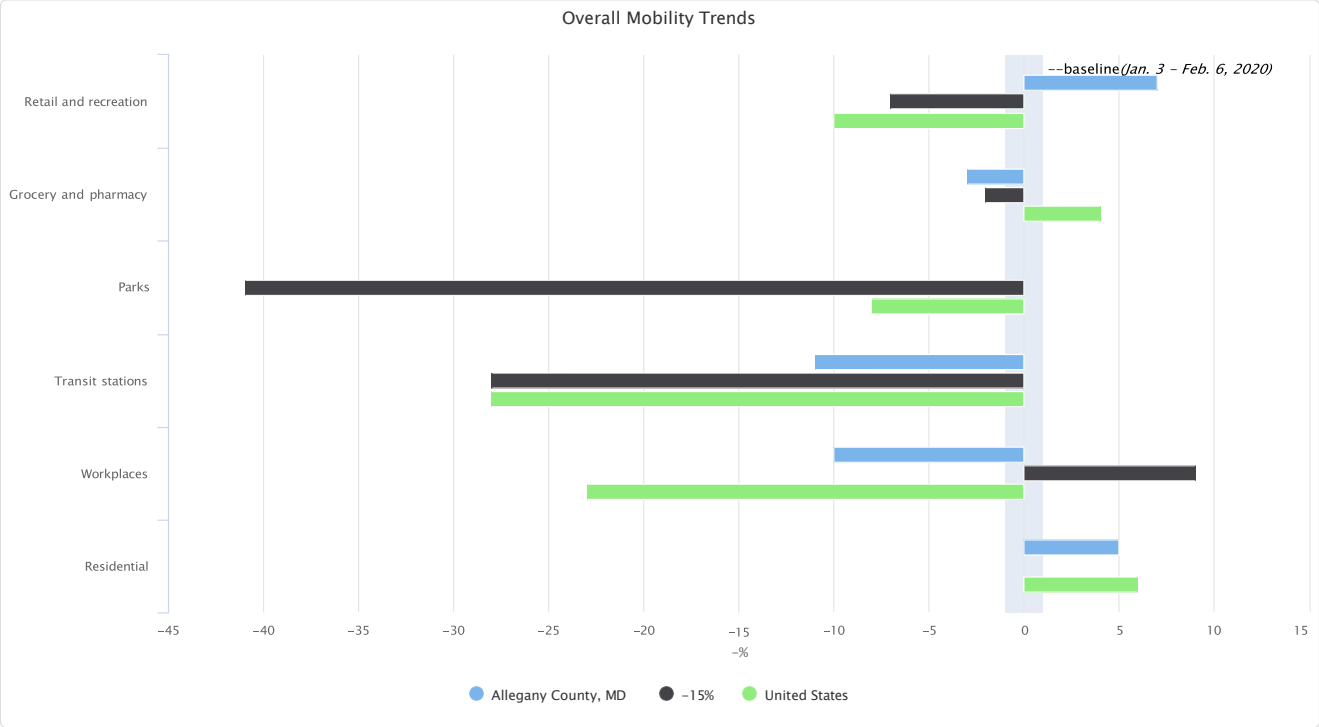


View larger map

- Allegany County, MD

Overall Mobility Trends

The chart below displays the percentage change in mobility (time and frequency of visits) in the report area compared to the January 3 - February 6, 2020 baseline.



Dominant Land Cover

Report Area	Barren Land	Cultiv'd Crops	Hay/ Pasture	Grass Land	Devel. (High)	Devel. (Medium)	Devel. (Low)	Devel. (Open)
Allegany County, MD	1,946	1,944	39,378	7,220	2,408	7,346	13,887	23,673
Maryland	32,343	2,086,091	1,028,694	59,233	140,589	354,659	631,987	969,746
United States	24,715,742	488,603,932	202,469,697	297,531,857	12,149,952	34,227,159	56,507,610	88,535,524

Data Source: Multi-Resolution Land Characteristics Consortium, National Land Cover Database. 2021.

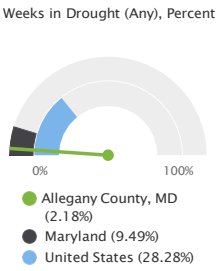
Report Area	Decid. Forest	Evergr. Forest	Mixed Forest	Shrub/ Scrub	Water	Snow/ Ice	Emerg. Wetlands	Woody Wetlands
Allegany County, MD	309,353	3,744	44,166	2,080	4,419	0	291	318
Maryland	2,453,406	249,825	812,385	56,438	2,815,702	0	343,280	1,112,531
United States	300,877,329	248,897,690	106,019,300	247,319,620	128,443,279	422,927	53,245,845	134,643,802

Data Source: Multi-Resolution Land Characteristics Consortium, National Land Cover Database. 2021.

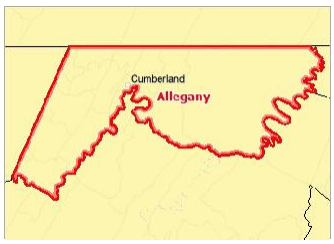
Climate & Health - Drought Severity

Drought is defined as a moisture deficit bad enough to have social, environmental or economic effects. The Drought Monitor map identifies areas of drought and labels them by intensity[1]. D1 is the least intense level and D4 the most intense. In the report area, 2.18% of weeks during the 2021-2023 period were spent in drought (any level). An additional 28.64% of weeks were categorized spent in "abnormally dry conditions" (D0) indicating that drought could occur, or that the area is recovering from drought but are not yet back to normal.

Report Area	Time Period	Weeks in D0 (Abnormally Dry), Percent	Weeks in D1 (Moderate Drought), Percent	Weeks in D2 (Severe Drought), Percent	Weeks in D3 (Extreme Drought), Percent	Weeks in D4 (Exceptional Drought), Percent	Weeks in Drought (Any), Percent
Allegany County, MD	2021-2023	28.64%	2.18%	0.00%	0.00%	0.00%	2.18%
Maryland	2021-2023	16.41%	8.10%	1.39%	0.00%	0.00%	9.49%
United States	2021-2023	16.99%	12.18%	8.92%	5.04%	2.14%	28.28%



Note: This indicator is compared to the state average.
Data Source: US Drought Monitor. 2021-2023.



View larger map

Drought - Weeks in Drought (Any), Percent by Tract, US Drought Monitor 2021-2023

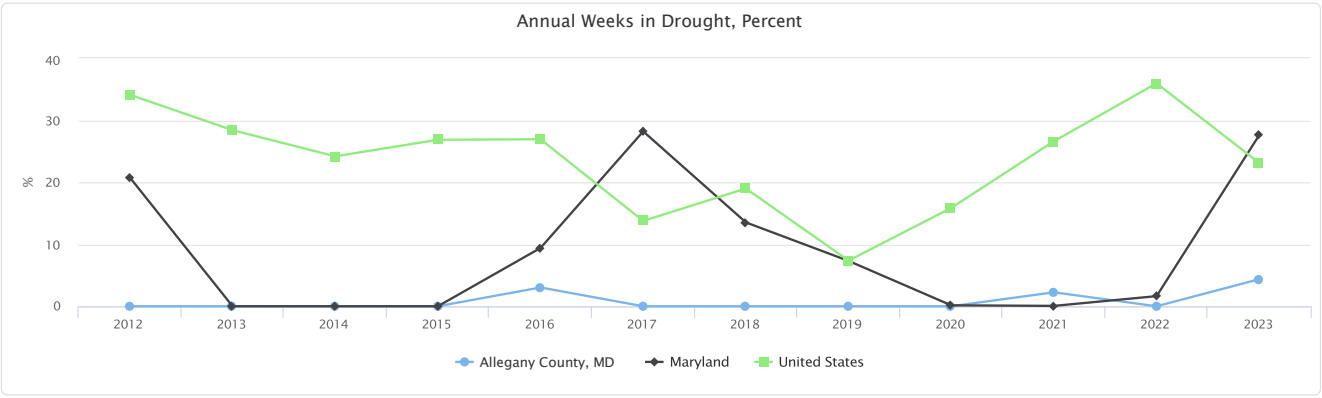
- All Weeks in Drought
- 80.1 - 99.9%
- 40.1 - 8.00%
- 20.1 - 40.0%
- 0.1 - 20.0%
- No Weeks in Drought
- Allegany County, MD

Annual Weeks in Drought, Percent

Data reported is the population-weighted percentage of weeks in drought for each calendar year, beginning January 1, 2012.

Report Area	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Allegany County, MD	0.00%	0.00%	0.00%	0.00%	3.03%	0.00%	0.00%	0.00%	0.00%	2.25%	0.00%	4.36%
Maryland	20.77%	0.00%	0.00%	0.00%	9.40%	28.20%	13.52%	7.31%	0.15%	0.06%	1.63%	27.61%
United States	34.11%	28.40%	24.18%	26.85%	26.93%	13.76%	18.99%	7.36%	15.86%	26.61%	35.96%	23.11%

Data Source: US Drought Monitor. 2021-2023.



Climate & Health - Flood Vulnerability

This indicator reports the estimated number of housing units within the special flood hazard area (SFHA) per county. The SFHAs have 1% annual chance of coastal or riverine flooding.

Report Area	Total Households	Percentage of Housing Units Within a FEMA Designated Special Flood Hazard Area
Allegany County, MD	33,295	4.64%
Maryland	2,369,168	4.19%
United States	131,030,897	6.45%

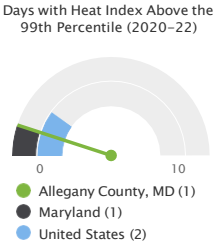
Data Source: Federal Emergency Management Agency, National Flood Hazard Layer. Accessed via the CDC National Environmental Public Health Tracking Network. 2011.

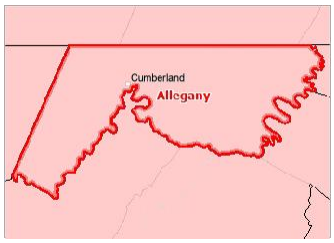
Climate & Health - High Heat Index Days (Relative)

This indicator reports the relative threshold heat index days (2020-22 three-year average) of the daily heat metrics as the 95th, 98th, and 99th percentile. The "heat index" is a single value that takes both temperature and humidity into account. The higher the heat index, the hotter the weather feels, since sweat does not readily evaporate and cool the skin. The heat index is a better measure than air temperature alone for estimating the risk to workers from environmental heat sources. Data were obtained from the North America Land Data Assimilation System (NLDAS) via the CDC National Environmental Public Health Tracking Network, 2024.

Report Area	Days Above the 95th Percentile	Days Above the 98th Percentile	Days Above the 99th Percentile
Allegany County, MD	10	3	1
Maryland	12	4	1
United States	12	5	2

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking. 2020-22.





View larger map

Heat Index - Average Days Above 99th Percentile, Days by County, CDC EPHTN 2020-2022

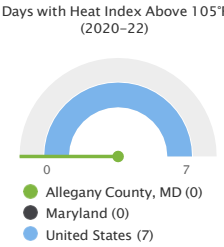
- Over 4
- 4
- 3
- 2
- 1
- No Days
- Allegany County, MD

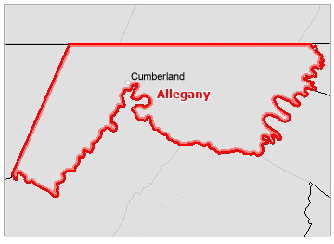
Climate & Health - High Heat Index Days (Absolute)

This indicator reports the absolute threshold heat index days (2020-22 three-year average) of the daily heat metrics as 95, 100, and 105 degrees Fahrenheit. The "heat index" is a single value that takes both temperature and humidity into account. The higher the heat index, the hotter the weather feels, since sweat does not readily evaporate and cool the skin. The heat index is a better measure than air temperature alone for estimating the risk to workers from environmental heat sources. Data were obtained from the North America Land Data Assimilation System (NLDAS) via the CDC National Environmental Public Health Tracking Network, 2024.

Report Area	Days Above 95°F	Days above 100°F	Days Above 105°F
Allegany County, MD	3	0	0
Maryland	25	8	0
United States	38	19	7

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking. 2020-22.





View larger map

Heat Index - Average Days Above 105 Degrees, Days by County, CDC EPHTN 2020-2022

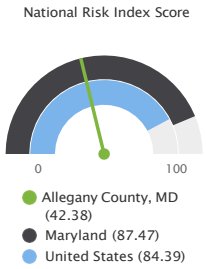
- Over 15
- 9 -15
- 5 - 8
- 2 - 4
- 1
- No Days
- Allegany County, MD

Climate & Health - National Risk Index

The FEMA National Risk Index provides a holistic view of community-level risk nationwide by combining multiple hazards with

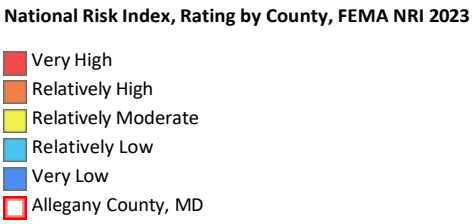
socioeconomic and built environment factors. It calculates a baseline relative risk measurement for each United States county and census tract for 18 natural hazard types as a composite score from the summation of all 18 hazard types (as shown in the main table) as well as individual scores for each hazard type (as shown in the breakout tables).
This indicator displays the composite FEMA National Risk Index score and the scores of the three components - Expected Annual Loss, Social Vulnerability, and Community Resilience. All the scores are constrained into a scale ranging from 0 (lowest risk) to 100 (highest risk) describing a community's relative position among all other communities. For example, a county's Risk Index score (as shown in the table below) and rating (as displayed in the map inset) is relative to all other counties in the United States. Similarly, a Census tract's Risk Index score and rating is relative to all other Census tracts in the United States.
Note: Use caution when comparing data for custom areas to national averages. View methodology for more information.

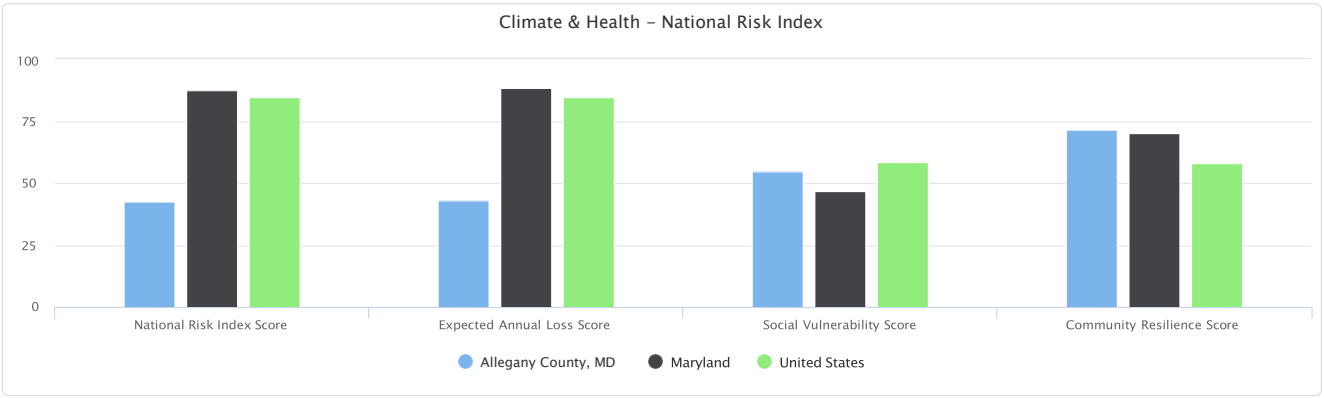
Report Area	National Risk Index Score	Expected Annual Loss Score	Social Vulnerability Score	Community Resilience Score
Allegany County, MD	42.38	42.96	54.90	71.39
Maryland	87.47	88.30	46.79	70.23
United States	84.39	84.47	58.54	57.95



Note: This indicator is compared to the state average.
Data Source: Federal Emergency Management Agency, National Risk Index. 2023.

View larger map



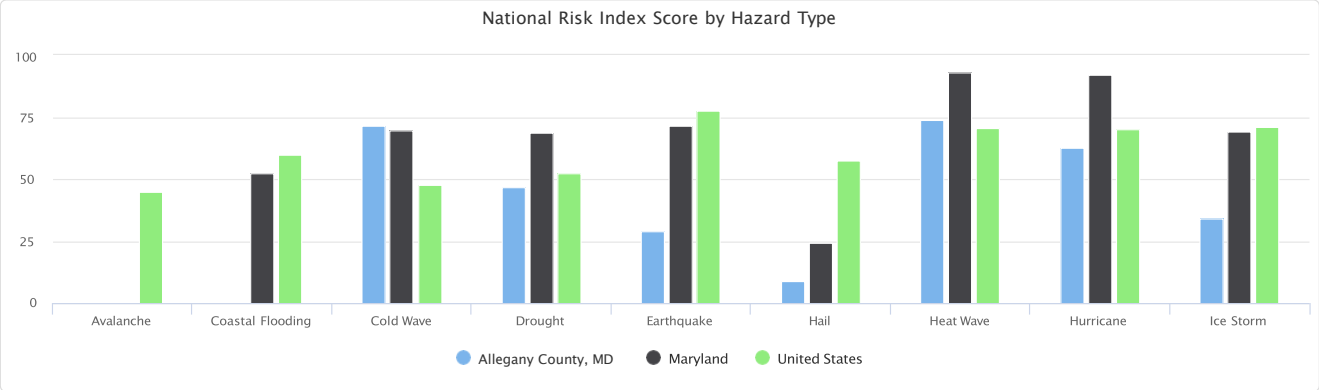


National Risk Index Score by Hazard Type

This indicator reports the Risk Index score of each individual hazard type in the report area.
Note: Use caution when comparing data for custom areas to national averages. View methodology for more information.

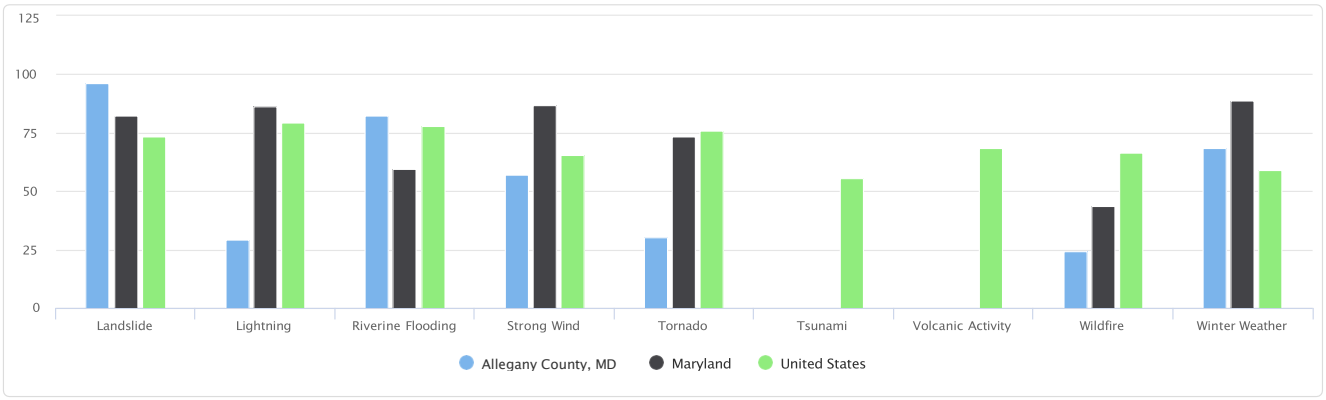
Report Area	Avalanche	Coastal Flooding	Cold Wave	Drought	Earthquake	Hail	Heat Wave	Hurricane	Ice Storm
Allegany County, MD	No data	No data	71.27	46.71	28.92	9.04	73.66	62.54	33.88
Maryland	No data	52.52	69.58	68.83	71.61	24.29	93.11	92.20	69.15
United States	44.86	59.89	47.44	52.43	77.38	57.34	70.75	70.20	71.21

Data Source: Federal Emergency Management Agency, National Risk Index. 2023.



Report Area	Landslide	Lightning	Riverine Flooding	Strong Wind	Tornado	Tsunami	Volcanic Activity	Wildfire	Winter Weather
Allegany County, MD	96.47	29.12	82.44	56.92	30.45	No data	No data	24.24	68.60
Maryland	82.38	86.21	59.73	86.66	73.19	No data	No data	43.44	88.92
United States	73.23	79.14	77.69	65.58	75.65	55.76	68.29	66.25	58.78

Data Source: Federal Emergency Management Agency, National Risk Index. 2023.

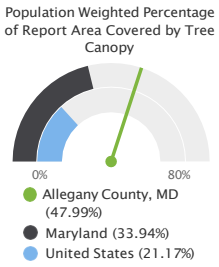


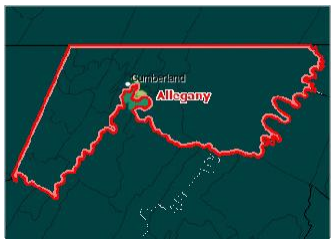
Climate & Health - Tree Canopy

This indicator reports the percentage of the report area that is covered by tree canopy. Report data is based on analysis of the 2021 National Land Cover Database - Tree Canopy analytical dataset.

Report Area	Total Population	Area Covered by Canopy, Percent (Crude)	Area Covered by Canopy, Percent (Population Weighted)
Allegany County, MD	71,002	66.90%	**47.99%**
Maryland	6,037,624	33.89%	33.94%
United States	324,412,244	21.68%	21.17%

Note: This indicator is compared to the state average.
Data Source: Multi-Resolution Land Characteristics Consortium, National Land Cover Database. 2021.





View larger map

Area in Tree Canopy, Percentage by Tract, USGS NLCD 2021

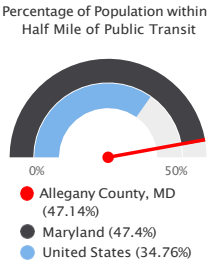
- Over 40.0%
- 20.0 - 40.0%
- 10.0 - 19.9%
- 5.0 - 9.9%
- 2.0 - 4.9%
- Under 2.0%
- No Data or Data Excluded
- Allegany County, MD

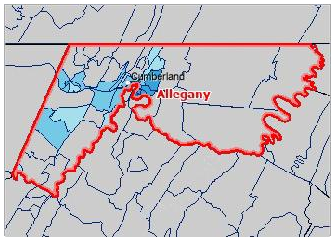
Community Design - Distance to Public Transit

This indicator measures the proportion of the population living within 0.5 miles of a GTFS or fixed-guideway transit stop. Transit data is available from over 200 transit agencies across the United States, as well as all existing fixed-guideway transit service in the U.S. This includes rail, streetcars, ferries, trolleys, and some bus rapid transit systems.

Report Area	Total Population	Population Within 0.5 Miles of Public Transit	Percentage of Population within Half Mile of Public Transit
Allegany County, MD	71,977	33,928	**47.14%**
Maryland	6,003,435	2,845,468	47.4%
United States	322,903,030	112,239,342	34.76%

Note: This indicator is compared to the state average.
Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.





View larger map

Distance to Nearest Transit Stop, (Meters) by Block Group, EPA SLD 2021

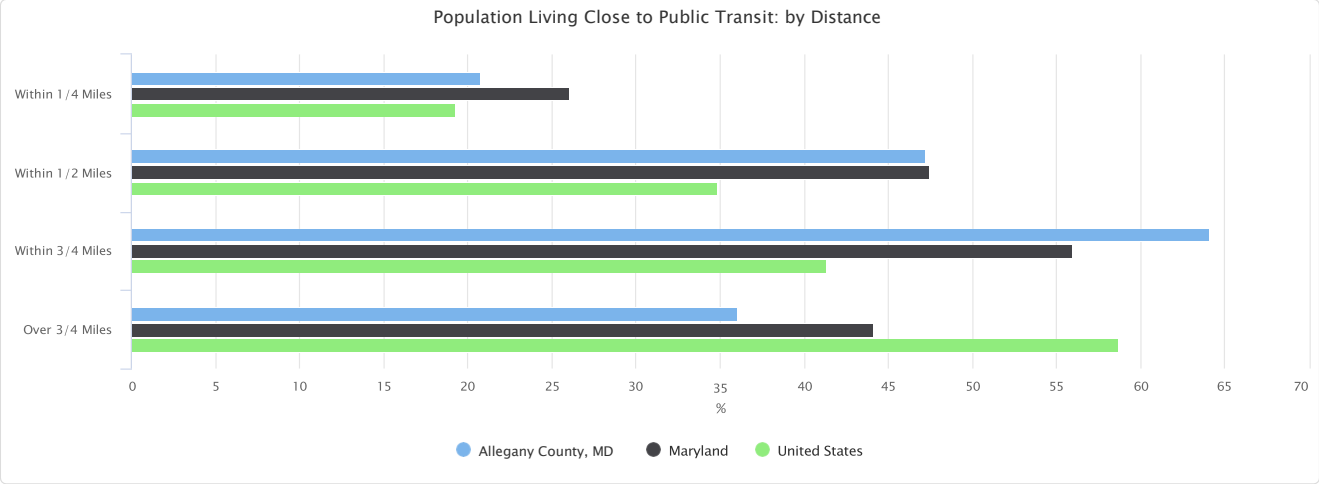
- 800 - 1200 Meters (0.5 - 0.75 Miles)
- 400 - 800 Meters (0.25 - 0.5 Miles)
- 200 - 400 Meters (0.125 - 0.25 Miles)
- Closer than 200 Meters (< 0.125 Miles)
- Further than 1200 Meters (> 0.75 Miles)
- Allegany County, MD

Population Living Close to Public Transit: by Distance

This indicator reports the percentages of population living within 1/4, 1/2, 3/4, and over 3/4 miles from the nearest transit stop.

Report Area	Within 1/4 Miles	Within 1/2 Miles	Within 3/4 Miles	Over 3/4 Miles
Allegany County, MD	20.65%	47.14%	64.01%	35.99%
Maryland	25.95%	47.4%	55.88%	44.04%
United States	19.25%	34.76%	41.26%	58.64%

Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.

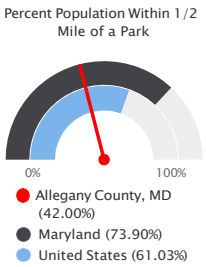


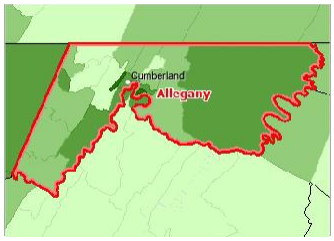
Community Design - Park Access (CDC)

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

Report Area	Total Population, 2016-20	Population Within 1/2 Mile of a Park	Percent Within 1/2 Mile of a Park
Allegany County, MD	71,002	29,820	**42.00%**
Maryland	6,037,624	4,461,804	73.90%
United States	326,569,308	199,317,503	61.03%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2020.





View larger map

Population With Park Access (Within 1/2 Mile) by Tract, CDC EPHTN 2015

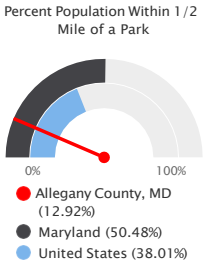
- Over 82%
- 53 - 82%
- 22 - 52%
- Under 22%
- Allegany County, MD

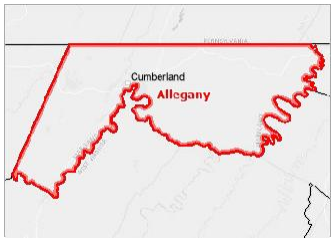
Community Design - Park Access (ESRI)

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

Report Area	Total Population, 2010 Census	Population Within 1/2 Mile of a Park	Percent Within 1/2 Mile of a Park
Allegany County, MD	75,087	9,698.00	**12.92%**
Maryland	5,773,552	2,914,536.00	50.48%
United States	308,745,538	117,361,303.00	38.01%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, Decennial Census. ESRI Map Gallery. 2013.





View larger map

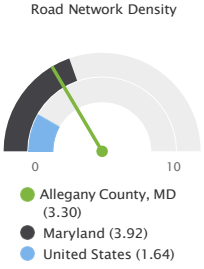
- Allegany County, MD

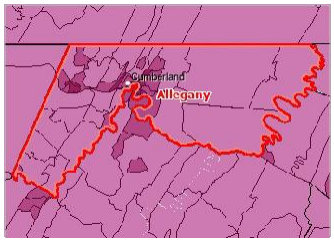
Community Design - Road Network Density

This indicator reports total road network density in terms of road miles per square mile.

Report Area	Total Area (Sq. Mi.)	Total Road Miles	Total Road Network Density (Road Miles per Sq. Mi.)
Allegany County, MD	428.00	1,413.00	**3.30**
Maryland	12,406.00	48,662.00	3.92
United States	3,797,086.00	6,233,755.00	1.64

Note: This indicator is compared to the state average.
Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.





View larger map

Total Road Network Density, Road Miles per Sq. Mile by Block Group, EPA SLD 2021

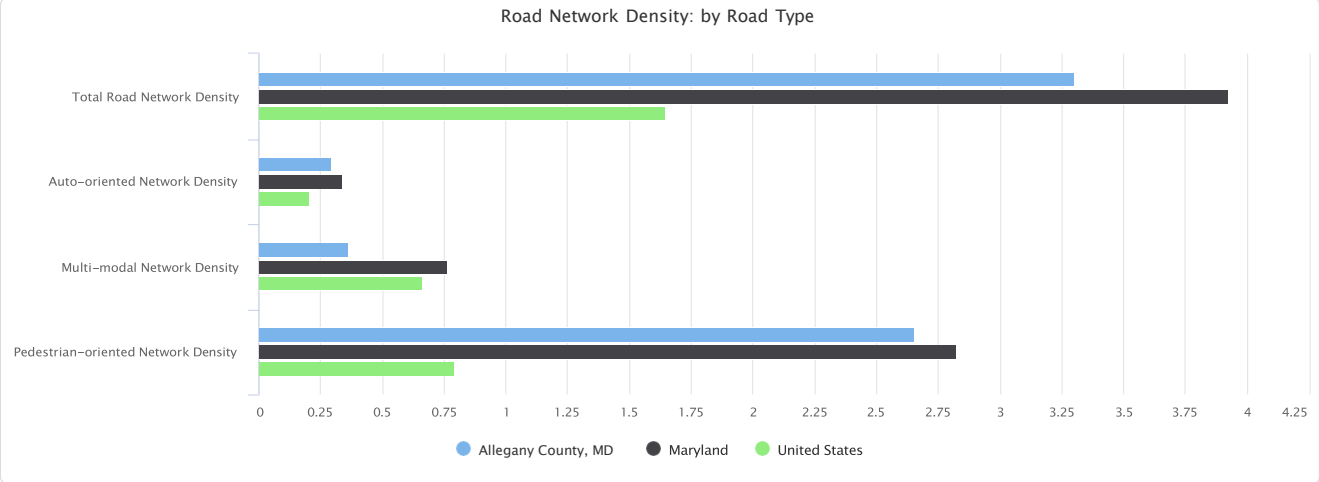
- Over 12.0
- 3.1 - 12.0
- 1.1 - 3.0
- Under 1.1
- Allegany County, MD

Road Network Density: by Road Type

This indicator reports road network density in terms of road miles per square mile by road type.

Report Area	Total Road Network Density	Auto-oriented Network Density	Multi-modal Network Density	Pedestrian-oriented Network Density
Allegany County, MD	3.30	0.29	0.36	2.65
Maryland	3.92	0.34	0.76	2.82
United States	1.64	0.20	0.66	0.79

Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.

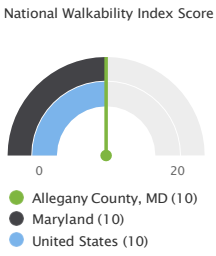


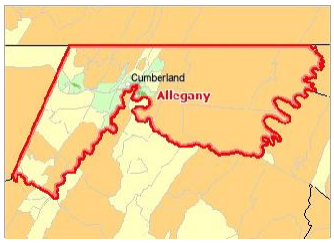
Community Design - Walkability Index Score

The National Walkability Index (2021) is a nationwide index score developed by EPA that ranks block groups according to their relative walkability using selected variables on density, diversity of land uses, and proximity to transit from the Smart Location Database. The block groups are assigned their final National Walkability Index scores on a scale of 1 to 20 where the higher a score, the more walkable the community is.

Report Area	Total Population (2018)	Walkability Index Score
Allegany County, MD	71,977	10
Maryland	6,003,435	10
United States	322,903,030	10

Note: This indicator is compared to the state average.
Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.





View larger map

National Walkability Index, National Walkability Index Score by Block Group, EPA SLD 2021

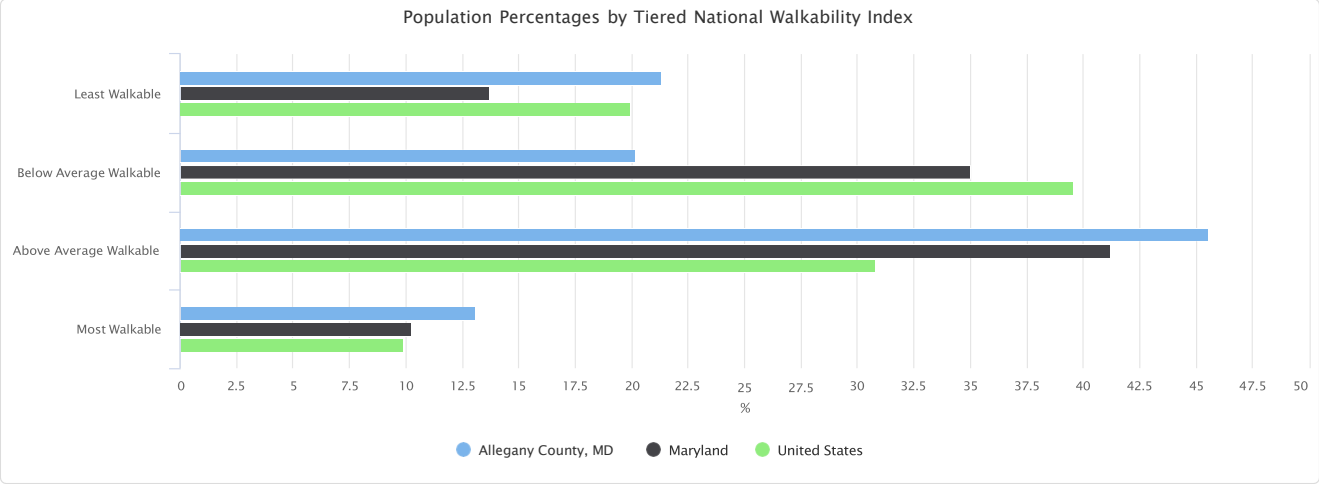
- 1.00 - 5.75 (Least Walkable)
- 5.76 - 10.50 (Below Average)
- 10.51 - 15.25 (Above Average)
- 15.26 - 20.00 (Most Walkable)
- Allegany County, MD

Population Percentages by Tiered National Walkability Index

This indicator reports the percentages of population living in a neighborhood of one of four walkability levels: least walkable, below average walkable, above average walkable, and most walkable. The walkability level is categorized based on the National Walkability Index (NWI) value, i.e., least walkable (NWI 1.0-5.75), below average walkable (NWI 5.76-10.5), above average walkable (NWI 10.51-15.25), most walkable (NWI 15.26-20.0).

Report Area	Least Walkable	Below Average Walkable	Above Average Walkable	Most Walkable
Allegany County, MD	21.31%	20.11%	45.55%	13.03%
Maryland	13.64%	34.99%	41.19%	10.19%
United States	19.92%	39.51%	30.74%	9.84%

Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.

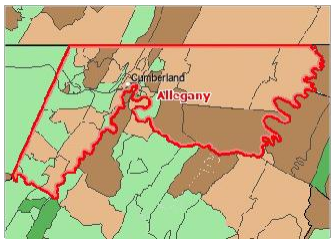


Community Design - Community Diversity (Emp. + Housing)

This indicator reports the employment and household entropy score from EPA's Smart Location Dababase, 2021. This score represents the characteristics of the built environment known to be supportive of walking, especially mixed community land use. The higher the score, the higher diversity in community land use.

Report Area	Total Households	Total Workers	Diversity Score
Allegany County, MD	27,837	27,739	**0.63**
Maryland	2,192,518	2,518,408	0.67
United States	119,730,128	141,076,366	0.66

Note: This indicator is compared to the state average.
Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.



View larger map

Employment and Household Entropy by Block Group, EPA SLD 2021

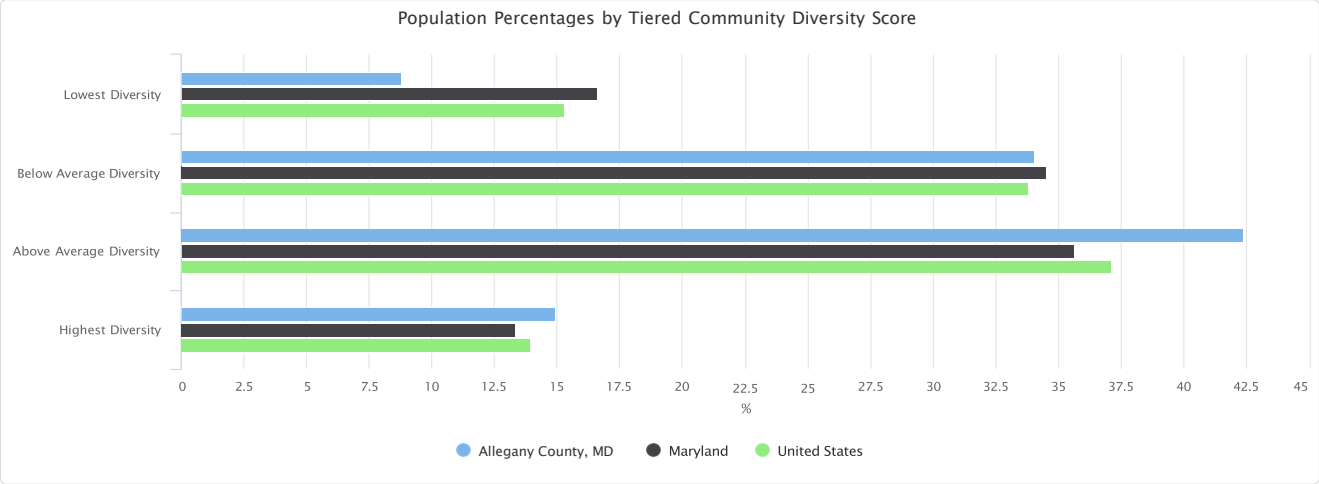
- 0.76 - 100
- 0.51 - 0.75
- 0.26 - 0.5
- -0.99 - 0.25
- -9,999 - -1
- Allegany County, MD

Population Percentages by Tiered Community Diversity Score

This indicator reports the percentages of population living in a neighborhood of one of four community diversity levels: lowest diversity, below average diversity, above average diversity, and highest diversity. The diversity level is quartile ranked based on the EPA Smart Location Database (SLD) Employment and Household Entropy score.

Report Area	Lowest Diversity	Below Average Diversity	Above Average Diversity	Highest Diversity
Allegany County, MD	8.75%	33.98%	42.38%	14.89%
Maryland	16.54%	34.51%	35.61%	13.33%
United States	15.25%	33.74%	37.09%	13.92%

Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.

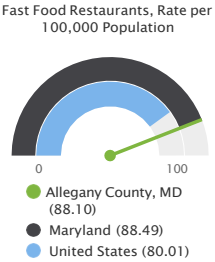


Food Environment - Fast Food Restaurants

This indicator reports the number of fast food restaurants per 100,000 population. The prevalence of fast food restaurants provides a measure of both access to healthy food and environmental influences on dietary behaviors. 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.
Note: Counts of establishments < 3 are suppressed.

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Allegany County, MD	68,106	60	**88.10**
Maryland	6,177,224	5,466	88.49
United States	331,449,275	265,179	80.01

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.



View larger map

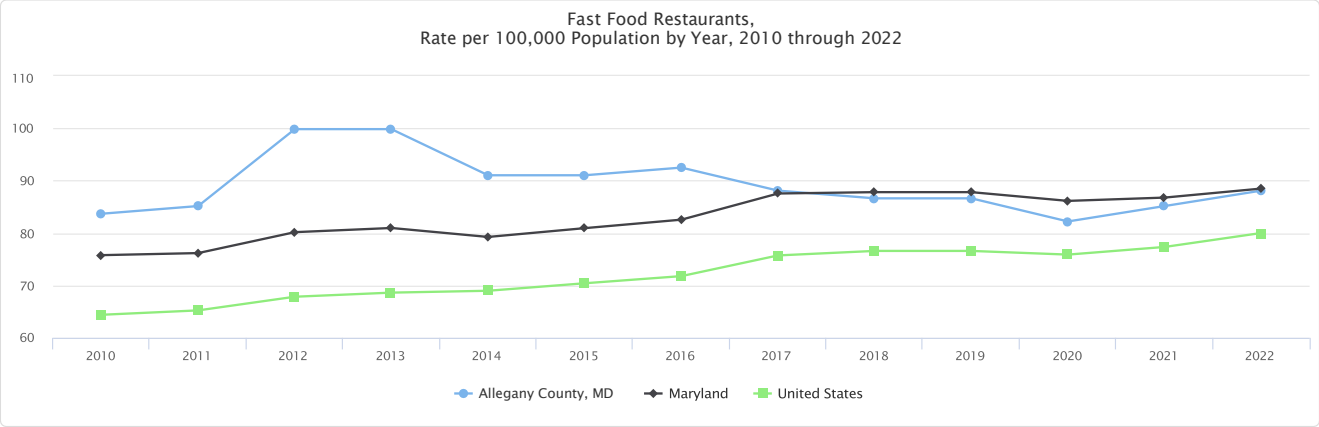
Fast Food Restaurants, Rate (Per 100,000 Pop.) by County, CBP 2022

- Over 100.0
- 75.1 - 100.0
- 50.1 - 75.0
- Under 50.1
- Data Suppressed (<3 Restaurants)
- Allegany County, MD

Fast Food Restaurants,
Rate per 100,000 Population by Year, 2010 through 2022

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Allegany County, MD	83.69	85.16	99.84	99.84	91.03	91.03	92.5	88.1	86.63	86.63	82.22	85.16	88.1
Maryland	75.78	76.18	80.17	80.97	79.26	80.94	82.56	87.55	87.81	87.81	86.14	86.77	88.49
United States	64.4	65.24	67.85	68.63	68.99	70.42	71.78	75.73	76.59	76.59	75.89	77.35	80.01

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.

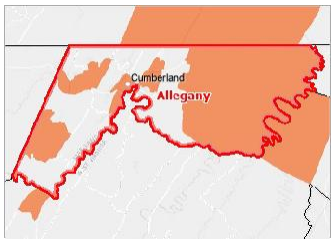


Food Environment - Food Desert Census Tracts

This indicator reports the number of neighborhoods in the report area that are within food deserts. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. The report area has a population of 33,190 living in food deserts and a total of 9 census tracts classified as food deserts by the USDA.

Report Area	Total Population (2010)	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Allegany County, MD	75,087	9	14	33,190	41,897
Maryland	5,773,552	131	1,259	552,017	5,221,535
United States	308,745,538	9,293	63,238	39,074,974	269,670,564

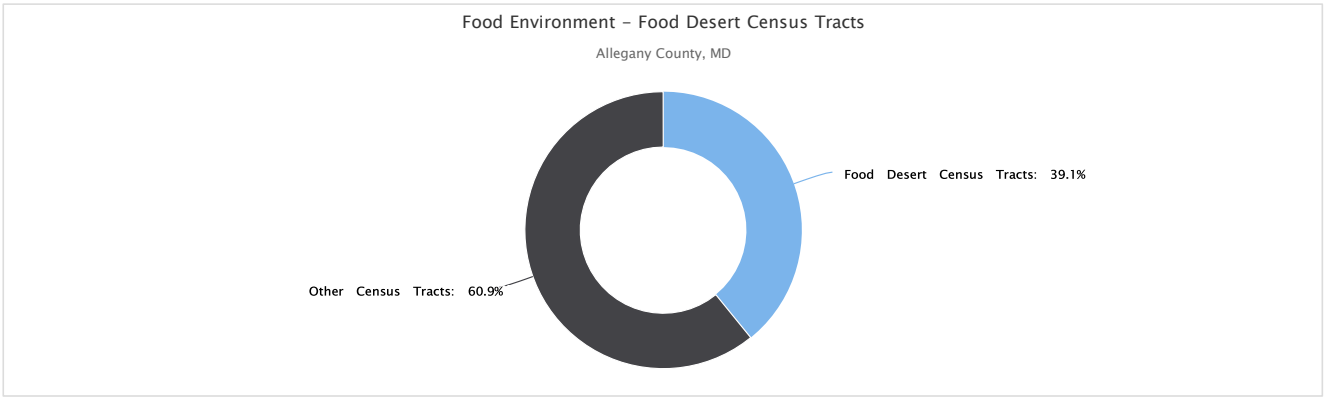
Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.



View larger map

Food Desert Census Tracts, 1 Mi. / 10 Mi. by Tract, USDA - FARA 2019

- Food Desert
- Not a Food Desert
- No Data
- Allegany County, MD

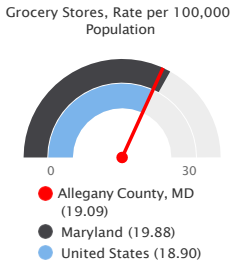


Food Environment - Grocery Stores

Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. There are 13 grocery establishments in the report area, a rate of 19.09 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. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Allegany County, MD	68,106	13	**19.09**
Maryland	6,177,224	1,228	19.88
United States	331,449,275	62,647	18.90

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.



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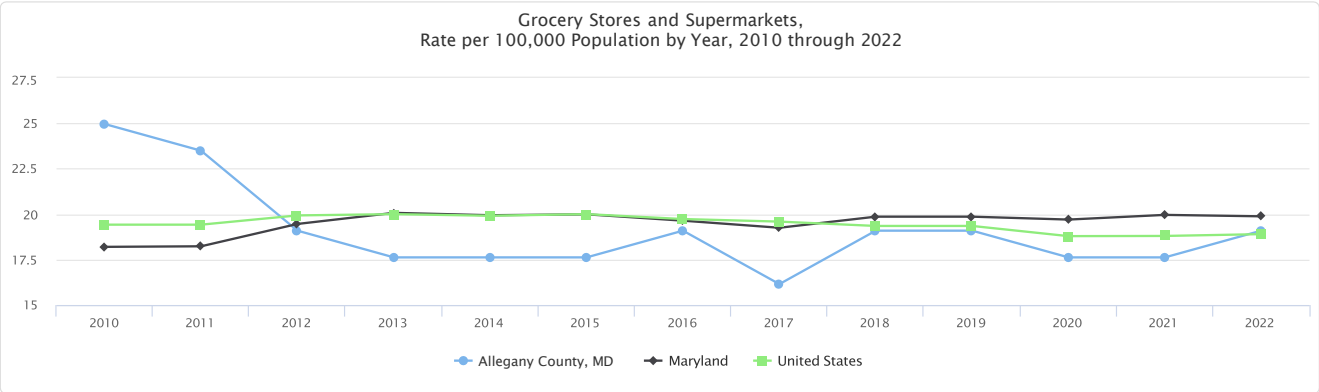
Grocery Stores and Supermarkets, Rate per 100,000 Population by Year, 2010 through 2022

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Allegany County, MD	24.96	23.49	19.09	17.62	17.62	17.62	19.09	16.15	19.09	19.09	17.62	17.62	19.09
Maryland	18.2	18.23	19.46	20.07	19.94	19.99	19.64	19.25	19.86	19.86	19.7	19.96	19.88
United States	19.42	19.42	19.93	20	19.91	20	19.73	19.59	19.35	19.35	18.79	18.8	18.9

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.

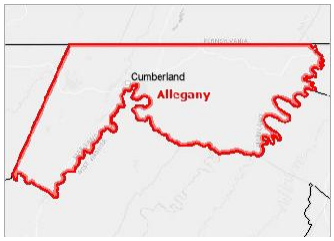


Land and Agriculture - Leading Agricultural Products (1)

Leading agricultural products reflect the types and diversity of farm commodities in an area. The top commodity by sales value in 2017 for the report area was Other Field Crops and Hay. The top three commodities represented 75.85% of total 2017 sales in the report area.

Report Area	Total Sales ($1,000)	Top Commodity	Top Commodity Sales ($1,000)	2nd Commodity	2nd Commodity Sales ($1,000)	3rd Commodity	3rd Commodity Sales ($1,000)
Allegany County, MD	4,165	Other Field Crops and Hay	1,839	Cattle and Calves	890	Corn (All)	430
Maryland	2,472,805	Poultry and Eggs	1,180,970	Corn (All)	280,846	Soybeans	237,140
United States	388,522,695	Cattle and Calves	77,189,334	Corn (All)	51,219,763	Poultry and Eggs	49,210,070

Data Source: US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture. 2017.



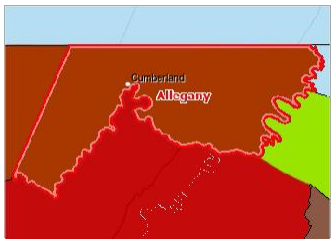
View larger map

Allegany County, MD

Land and Agriculture - Leading Agricultural Products (2)

Commodity	Commodity Sales	Rank (Sales)
CATTLE AND CALVES	1,202,000	1
OTHER FIELD CROPS AND HAY	1,052,000	2
VEGETABLES, MELONS, POTATOES, AND SWEET POTATOES	972,000	3
Other	315,000	4
POULTRY AND EGGS	1,616,998	1
CORN, ALL	460,470	2
SOYBEANS	334,589	3
Other	1,524,440	4
CATTLE AND CALVES	$178,755,273,000	1
CORN, ALL	$177,008,229,000	2
POULTRY AND EGGS	$152,863,479,000	3
Other	$576,968,137,000	4

Data Source: US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture. 2022.



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Top Commodity Produced, Sales by County, Census of Agriculture 2022

- ALL GRAINS, OILSEEDS, DRY BEANS, AND DRY PEAS
- AQUACULTURE
- BARLEY
- BERRIES
- CATTLE AND CALVES
- CORN, ALL
- COTTON, ALL
- CULTIVATED CHRISTMAS TREES
- FRUIT AND TREE NUTS
- FRUIT, TREE NUTS, AND BERRIES
- HOGS AND PIGS
- HORSES, PONIES, MULES, BURROS, AND DONKEYS
- LIVESTOCK, POULTRY, AND THEIR PRODUCTS
- MILK FROM COWS
- NURSERY, GREENHOUSE, FLORICULTURE, AND SOD
- OTHER ANIMALS AND THEIR PRODUCTS
- OTHER FIELD CROPS AND HAY
- OTHER GRAINS, OILSEEDS, DRY BEANS, AND DRY PEAS
- POULTRY AND EGGS
- RICE
- SHEEP, GOATS, WOOL, MOHAIR, AND MILK
- SOYBEANS
- TOBACCO
- VEGETABLES, MELONS, POTATOES, AND SWEET POTATOES
- WHEAT, ALL
- No Data or Data Suppressed
- Allegany County, MD

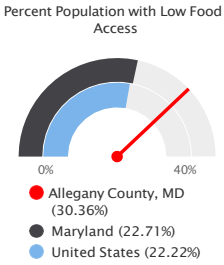
Food Environment - Low Food Access

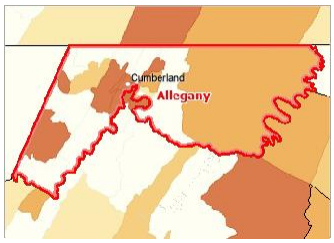
This indicator reports the percentage of the population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. Data are from the 2019 Food Access Research Atlas dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity.

30.36% of the total population in the report area have low food access. The total population in the report area with low food access is 22,797.

Report Area	Total Population (2010)	Population with Low Food Access	Percent Population with Low Food Access
Allegany County, MD	75,087	22,797	**30.36%**
Maryland	5,773,552	1,311,250	22.71%
United States	308,745,538	68,611,398	22.22%

Note: This indicator is compared to the state average.
Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.





View larger map

Population with Limited Food Access, Percent by Tract, USDA - FARA 2019

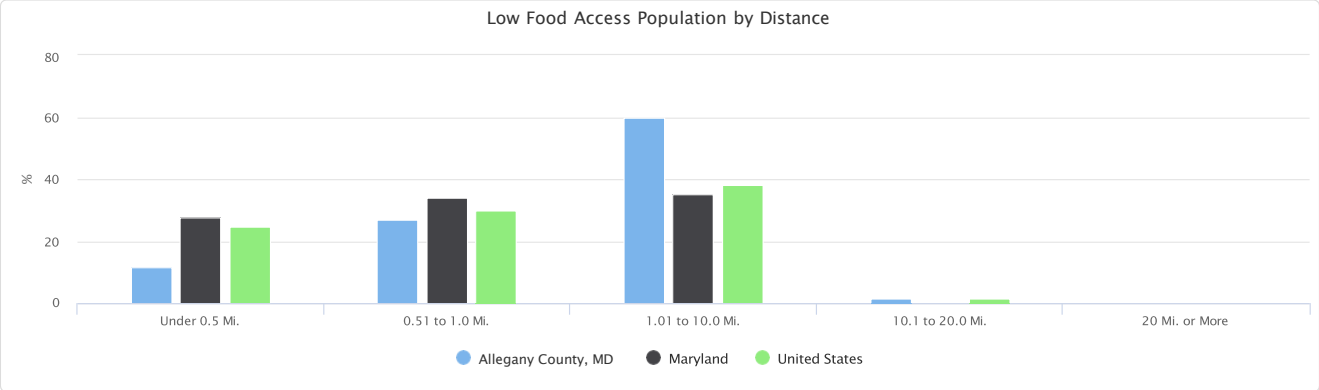
- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access
- Allegany County, MD

Low Food Access Population by Distance

The table below displays the percentage of the total population in groupings based on distance to large grocery stores.

Report Area	Under 0.5 Mi.	0.51 to 1.0 Mi.	1.01 to 10.0 Mi.	10.1 to 20.0 Mi.	20 Mi. or More
Allegany County, MD	11.49%	26.96%	59.88%	1.68%	0.00%
Maryland	27.50%	33.99%	35.32%	0.10%	0.00%
United States	24.80%	29.91%	38.12%	1.49%	0.18%

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.



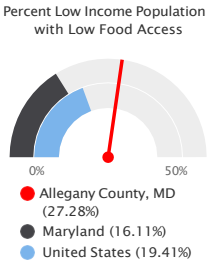
Food Environment - Low Income & Low Food Access

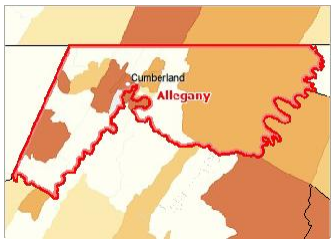
This indicator reports the percentage of the low income population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. Data are from the April 2021 Food Access Research Atlas dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity.

27.28% of the low-income population in the report area have low food access. The total low-income population in the report area with low food access is 7,316.

Report Area	Total Population	Low Income Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Allegany County, MD	75,087	26,822	7,316	**27.28%**
Maryland	5,773,552	1,273,995	205,277	16.11%
United States	308,745,538	97,055,825	18,834,033	19.41%

Note: This indicator is compared to the state average.
Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.





View larger map

Population with Limited Food Access, Low Income, Percent by Tract, USDA - FARA 2019

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access
- Allegany County, MD

Food Environment - Modified Retail Food Environment Index

This indicator reports the percentage of population living in census tracts with no or low access to healthy retail food stores. Figures are based on the CDC Modified Retail Food Environment Index. For this indicator, low food access tracts are considered those with index scores of 10.0 or less.

Report Area	Total Population	Percent Population in Tracts with No Food Outlet	Percent Population in Tracts with No Healthy Food Outlet	Percent Population in Tracts with Low Healthy Food Access	Percent Population in Tracts with Moderate Healthy Food Access	Percent Population in Tracts with High Healthy Food Access
Allegany County, MD	75,087	2.61%	30.03%	20.44%	40.82%	6.10%
Maryland	5,773,552	0.74%	18.21%	27.76%	47.83%	5.46%
United States	308,741,655	1.00%	18.86%	31.27%	43.81%	5.08%

Data Source: Centers for Disease Control and Prevention, CDC - Division of Nutrition, Physical Activity, and Obesity. 2011.

View larger map

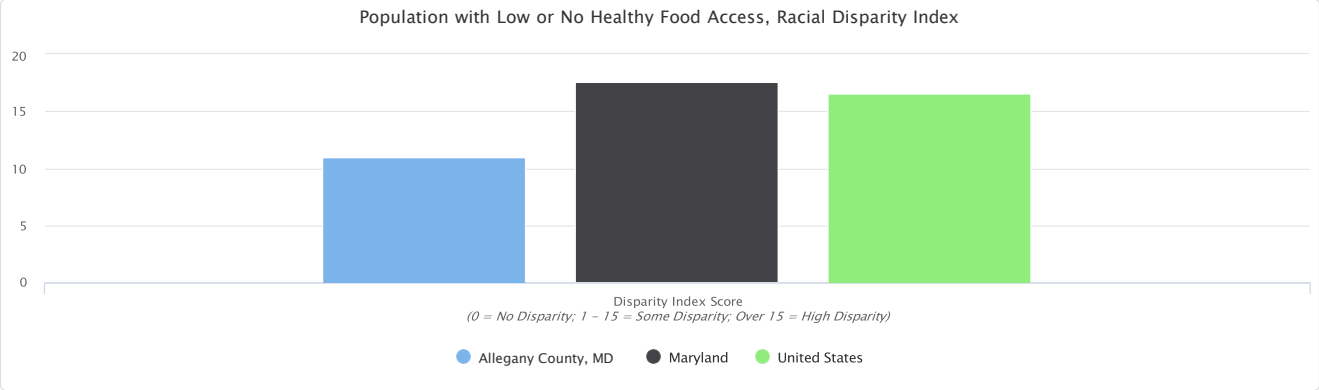
Modified Retail Food Environmental Index Score by Tract, CDC DNPAO 2011

- Index Score Over 30 (High Access)
- Index Score 15 - 30 (Moderate Access)
- Index Score 5 - 15 (Low Access)
- Index Score Under 5 (Poor Access)
- No Healthy Retail Food Outlet (No Access)
- No Retail Food Outlets Present (Food Desert)
- Allegany County, MD

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

Report Area	Disparity Index Score *(0 = No Disparity; 1 - 15 = Some Disparity; Over 15 = High Disparity)*
Allegany County, MD	10.94
Maryland	17.59
United States	16.59

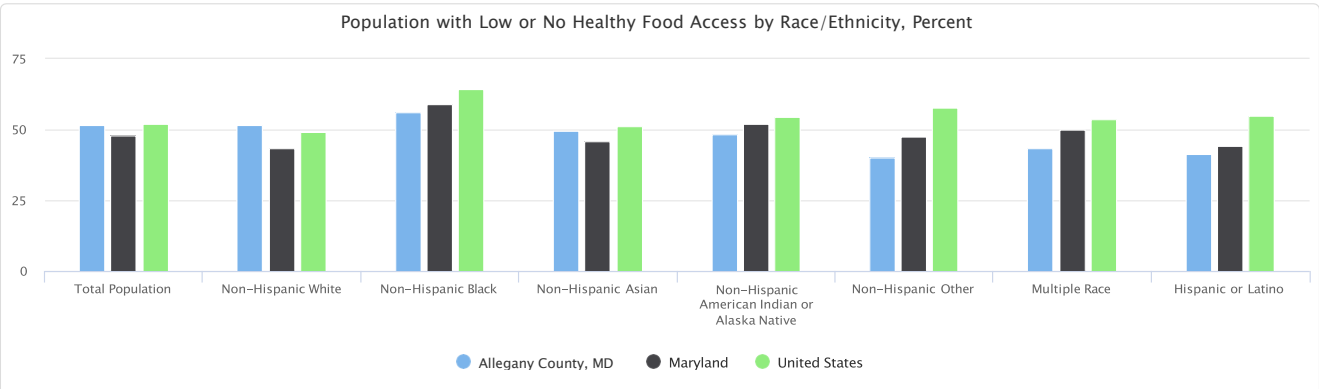
Data Source: Centers for Disease Control and Prevention, CDC - Division of Nutrition, Physical Activity, and Obesity. 2011.



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

Report Area	Total Population	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian or Alaska Native	Non-Hispanic Other	Multiple Race	Hispanic or Latino
Allegany County, MD	51.60	51.50%	56.31%	49.61%	48.54%	40.00%	43.63%	41.51%
Maryland	47.98	43.33%	59.17%	45.85%	51.88%	47.44%	50.14%	44.14%
United States	52.02	49.33%	64.15%	51.26%	54.56%	57.92%	53.64%	54.98%

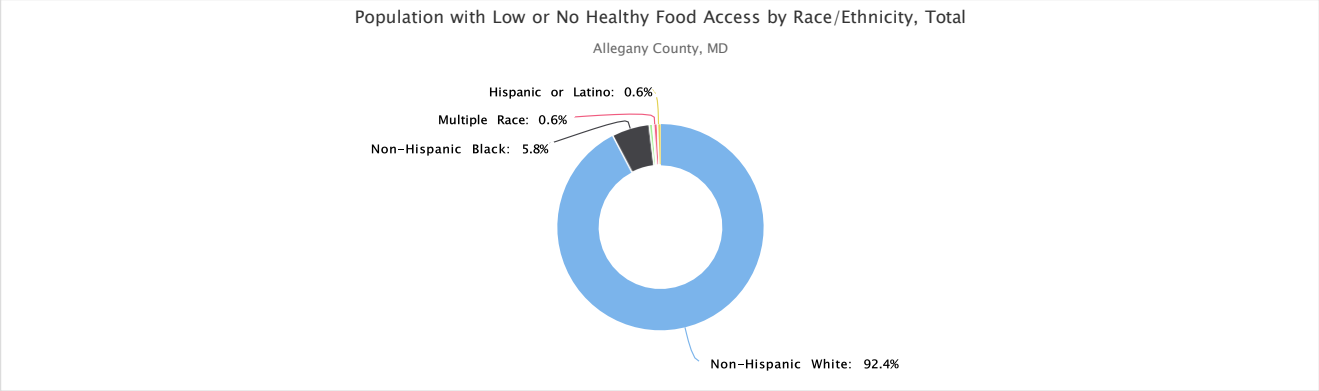
Data Source: Centers for Disease Control and Prevention, CDC - Division of Nutrition, Physical Activity, and Obesity. 2011.



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

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian or Alaska Native	Non-Hispanic Other	Multiple Race	Hispanic or Latino
Allegany County, MD	35,707.00	2,231.00	190.00	50.00	20.00	219.00	237.00
Maryland	1,424,137.00	866,664.00	96,170.00	6,906.00	4,449.00	41,592.00	100,595.00
United States	95,978,903.00	21,776,320.00	5,189,224.00	1,128,698.00	270,921.00	2,468,453.00	19,410,660.00

Data Source: Centers for Disease Control and Prevention, CDC - Division of Nutrition, Physical Activity, and Obesity. 2011.

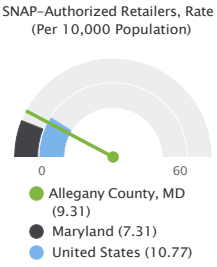


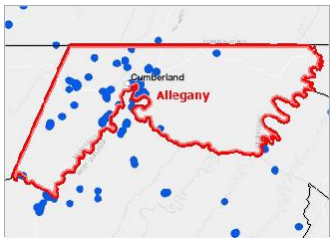
Food Environment - SNAP-Authorized Food Stores

This indicator reports the number of SNAP-authorized food stores as a rate per 10,000 population. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits. The report area contains a total of 63 SNAP-authorized retailers with a rate of 9.31.

Report Area	Total Population (2020)	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Allegany County, MD	67,666	63	9.31
Maryland	5,053,281	3,809	7.31
United States	236,977,224	262,606	10.77

Note: This indicator is compared to the state average.
Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2024.





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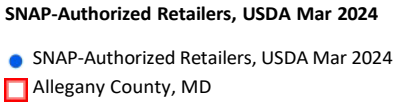


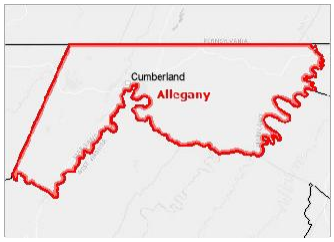
Land and Agriculture - Orchards

The indicator shows information about orchards. Data reported include the number of farms with acres harvested and the total number and percentage of acres in orchards harvested. The USDA Census of Agriculture defines land in orchards as containing bearing age and nonbearing age fruit trees, citrus or other groves, vineyards, and nut trees of all ages, including land on which all fruit crops failed. Farms with abandoned plantings and plantings of fewer than 20 total fruit, citrus, or nut trees or grapevines are not included in reported totals.

Note: Data are *suppressed* when the threshold rule is violated and the cell contains less than three operations OR the dominance rule is violated and distribution of the data within the cell allowed a data user to estimate any respondent's data too closely.

Report Area	Farms with Harvested Cropland	Farms with Orchards	Harvested Acres in Orchards	Acres in Orchards, Percentage of Total Harvested Acres
Allegany County, MD	193.00	9.00	45.00	0.48%
Maryland	7,530.00	358.00	3,973.00	0.31%
United States	2,577,750	212,976	10,399,460	1.65%

Data Source: US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture. 2012.



View larger map

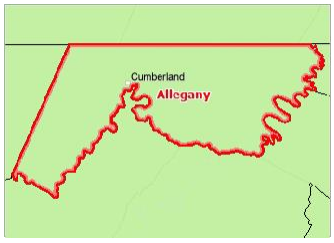
Allegany County, MD

Threatened and Endangered Species

Endangered species are those plants and animals that have become so rare they are in danger of becoming extinct. Threatened species are plants and animals that are likely to become endangered within the foreseeable future throughout all or a significant portion of its range. A total of 3 unique species are listed for the report location.

Report Area	Number of T&E Species	Threatened Species	Endangered Species
Allegany County, MD	3	Northern Long-Eared Bat	Harperella, Indiana bat

Data Source: US Fish and Wildlife Service, Environmental Conservation Online System. 2024.



View larger map

Threatened and Endangered Species, Total by County, USFWS 2024

- Over 55
- 30 - 54
- 15 - 29
- 7 - 14
- 1 - 6
- No Endangered Species
- Allegany County, MD

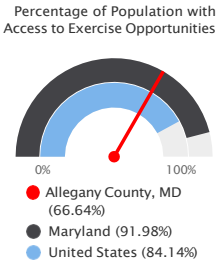
Access to Exercise Opportunities

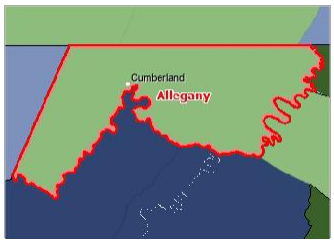
This indicator reports the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. The numerator is the 2020 total population living in census blocks with adequate access to at least one location for physical activity (adequate access is defined as census blocks where the border is a half-mile or less from a park, 1 mile or less from a recreational facility in an urban area, or 3 miles or less from a recreational facility in a rural area) and the denominator is the 2020 resident county population. This indicator is used in the 2024 County Health Rankings.

Within the report area there are 45,386 people with adequate access to locations for physical activity. This represents 66.64% of the total population, which is less than the state rate of 91.98%.

Report Area	Total Population (2020)	Population with Access to Exercise Opportunities	Percentage of Population with Access to Exercise Opportunities
Allegany County, MD	68,106	45,386	**66.64%**
Maryland	6,177,224	5,681,551	91.98%
United States	331,449,281	278,894,807	84.14%

Note: This indicator is compared to the state average.
Data Source: ArcGIS Business Analyst and Living Atlas of the World, YMCA & US Census Tigerline Files. Accessed via County Health Rankings. 2023, 2022&2020.





View larger map

Access to Exercise Opportunities, Z-Score by County, County Health Rankings 2024

- Over 0.66 (Worse)
- 0.11 - 0.66
- -0.32 - 0.10
- Under -0.32 (Better)
- No Data or Data Suppressed
- Allegany County, MD

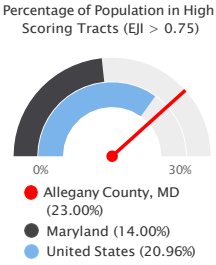
Environmental Justice Index (EJI Index) - High Scoring Areas

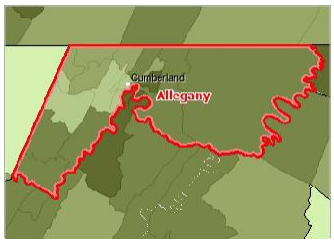
The Environmental Justice Index (EJI) is the first national, place-based tool designed to measure the cumulative impacts of environmental burden through the lens of human health and health equity. The EJI scores census tracts using a percentile ranking which represents the proportion of tracts that experience cumulative impacts of environmental burden and injustice equal to or lower than a tract of interest. For example, an EJI ranking of 0.75 signifies that 75% of tracts in the nation likely experience less severe cumulative impacts on health and well-being than the tract of interest, and that 25% of tracts in the nation likely experience more severe cumulative impacts from environmental burden.

Within the report area, there are a total of 16,214 or 23.00% population living in high scoring census tracts (EJI > 0.75, i.e., people living in these tracts are worse off than 75% of tracts all over the country). This is greater than the state's proportion of 14.00% population living in high scoring tracts with EJI > 0.75.

Report Area	Total Population (2020)	Population in High Scoring Tracts (EJI > 0.75)	Population in High Scoring Tracts, Percentage
Allegany County, MD	68,106	16,214	**23.00%**
Maryland	6,177,224	913,099	14.00%
United States	331,449,275	69,485,494	20.96%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - Agency for Toxic Substances and Disease Registry. Accessed via CDC National Environmental Public Health Tracking. 2022.





View larger map

Environmental Justice Index (EJI Index), Percentile Rank by Tract, CDC Environmental Justice Explorer 2022

- Over 0.80
- 0.61 - 0.80
- 0.41 - 0.60
- 0.20 - 0.40
- Under 0.20
- No Data or Data Suppressed
- Allegany County, MD

Environmental Justice Index (EJI Index) - Details

The Environmental Justice Index (EJI) is the first national, place-based tool designed to measure the cumulative impacts of environmental burden through the lens of human health and health equity. The EJI scores census tracts using a percentile ranking which represents the proportion of tracts that experience cumulative impacts of environmental burden and injustice equal to or lower than a tract of interest. The indicator summary data displays the number of neighborhoods (census tracts) within the report area exceeding the 90th percentile

ranking for environmental justice social criteria or health criteria.

Report Area	Total Population	Number of Neighborhoods in Report Area	Neighborhoods Meeting Environmental Justice Social Criteria	Population in Neighborhoods Meeting EJ Social Criteria (%)	Neighborhoods Meeting Environmental Justice Health Criteria	Population in Neighborhoods Meeting EJ Health Criteria (%)
Allegany County, MD	71,002	22	7	26.91%	8	31.10%
Maryland	6,037,624	1,475	514	32.22%	658	40.84%
United States	326,569,308	85,019	32,953	36.79%	45,692	53.46%

Data Source: Centers for Disease Control and Prevention, CDC - Agency for Toxic Substances and Disease Registry. Accessed via CDC National Environmental Public Health Tracking. 2022.

View larger map

Vulnerable Neighborhoods, Social and Environmental Factors, Number of Factors in the Scoting 80th Percentile or Higher by Tract, EPA EJ-Screen 2024

- 11 or More
- 7 - 10
- 4 - 6
- 1 - 3
- 0
- No Data
- Allegany County, MD

Environmental Justice Social Factors - Neighborhoods

The table below displays the number of neighborhoods in the report area ranking in the 90th percentile or higher for each of the seven Environmental Justice social criteria. Neighborhoods may rank in the 90th percentile for more than one criteria and therefore totals may exceed 100%. Neighborhoods not meeting any of the thresholds are also tallied.

Report Area	No Criteria Exceeded	People of Color	Low Income	Unemployment	Limited English Speaking Households	Less than High School Education	Under Age 5	Over Age 64
Allegany County, MD	15	0	3	2	0	0	0	2
Maryland	961	245	49	107	65	73	140	96
United States	52,066	7,626	7,771	7,967	7,620	8,200	8,523	8,351

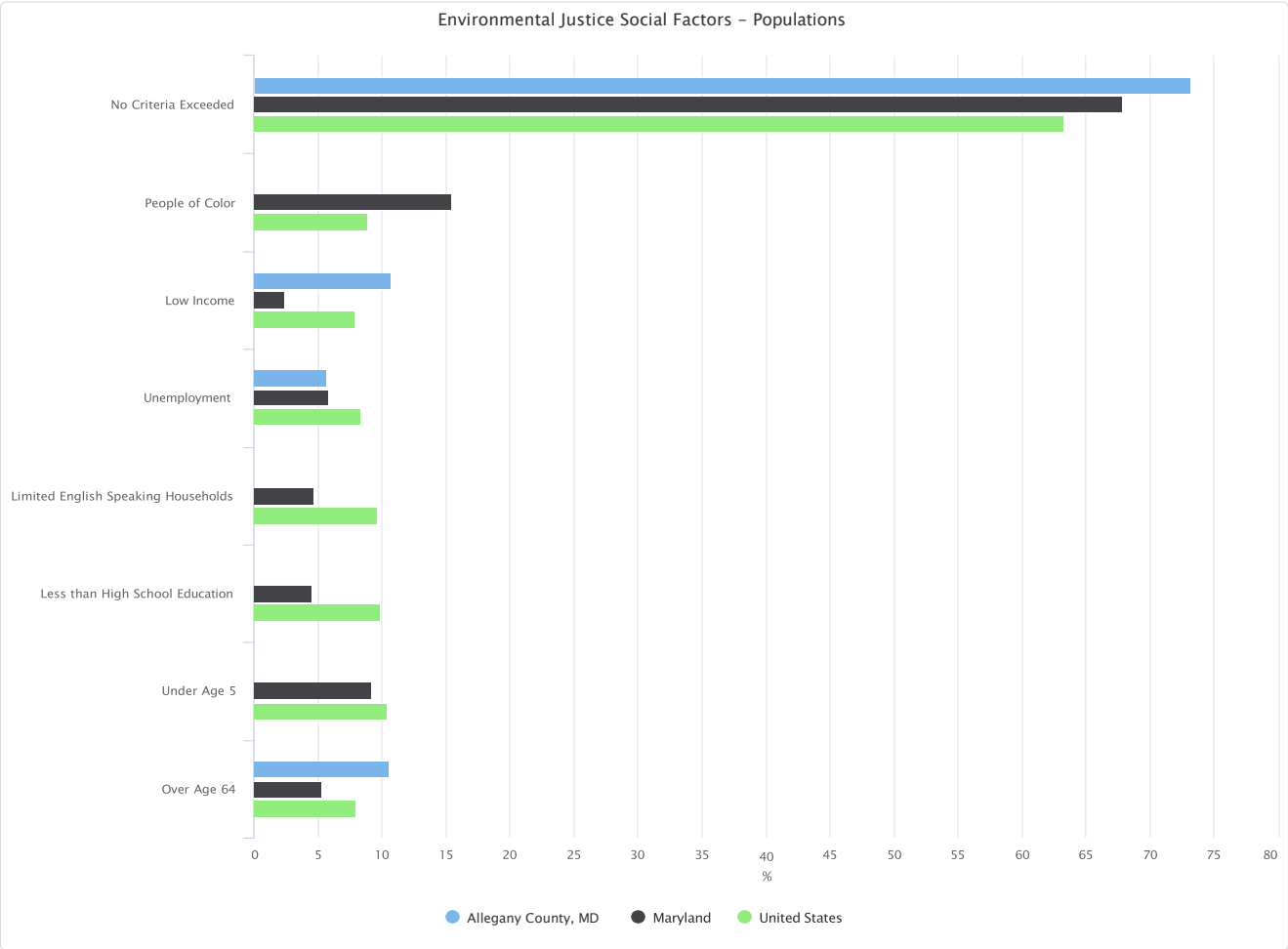
Data Source: Centers for Disease Control and Prevention, CDC - Agency for Toxic Substances and Disease Registry. Accessed via CDC National Environmental Public Health Tracking. 2022.

Environmental Justice Social Factors - Populations

The table below displays the percentage of the report area's total population living in neighborhoods that rank in the 90th percentile or higher for each of the seven Environmental Justice social criteria. Neighborhoods may rank in the 90th percentile for more than one criteria and therefore totals may exceed 100%. Neighborhoods not meeting any of the thresholds are also tallied.

Report Area	No Criteria Exceeded	People of Color	Low Income	Unemployment	Limited English Speaking Households	Less than High School Education	Under Age 5	Over Age 64
Allegany County, MD	73.09%	0.00%	10.70%	5.65%	0.00%	0.00%	0.00%	10.56%
Maryland	67.78%	15.39%	2.38%	5.85%	4.69%	4.51%	9.23%	5.29%
United States	63.21%	8.83%	7.90%	8.29%	9.60%	9.78%	10.38%	7.96%

Data Source: Centers for Disease Control and Prevention, CDC - Agency for Toxic Substances and Disease Registry. Accessed via CDC National Environmental Public Health Tracking. 2022.

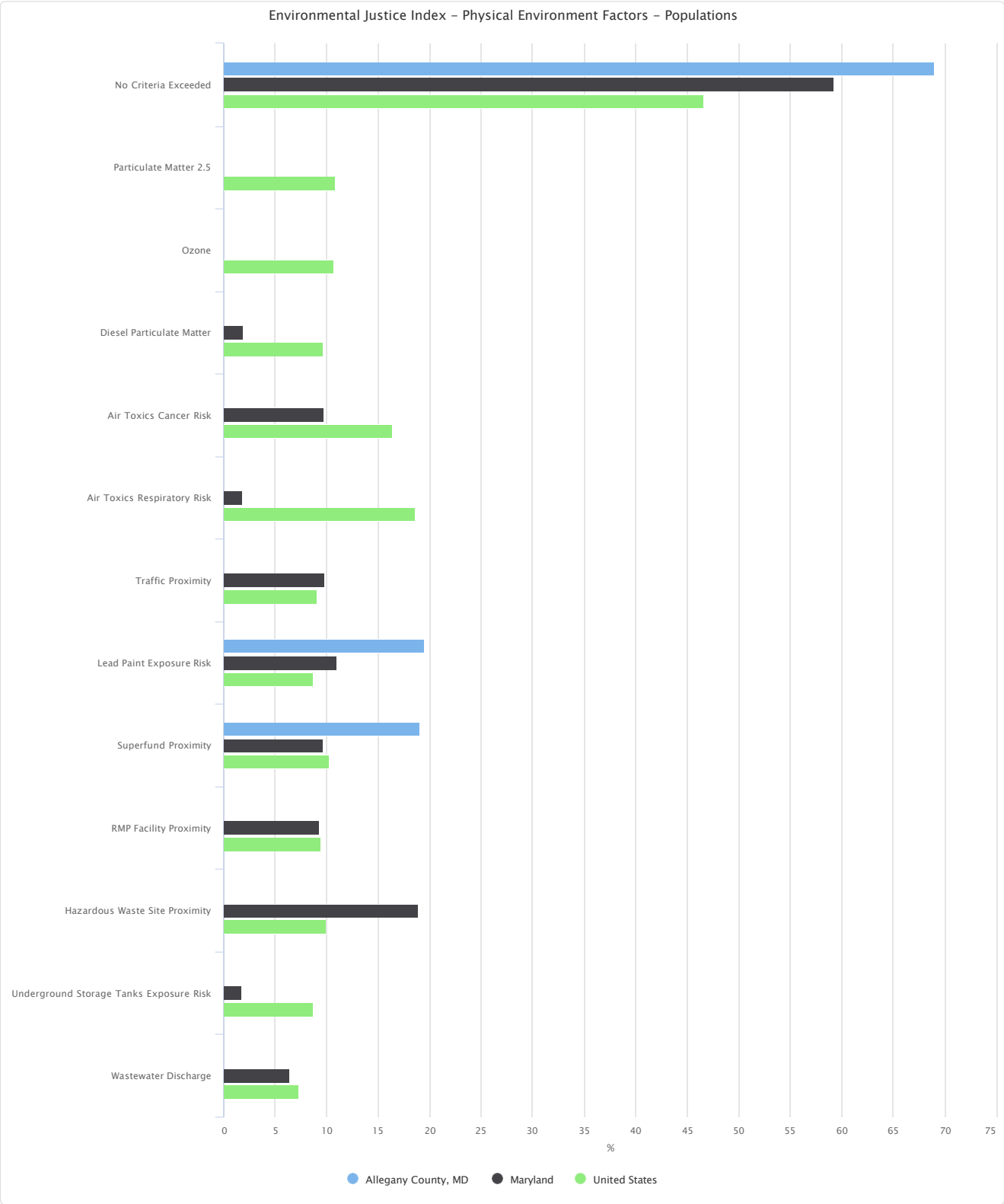


Environmental Justice Index - Physical Environment Factors - Populations

The table below displays the percentage of the report area's total population living in neighborhoods that rank in the 90th percentile or higher for each of the 12 Environmental Justice Index physical environment risk factors. Neighborhoods may rank in the 90th percentile for more than one criteria and therefore totals may exceed 100%. Neighborhoods not meeting any of the thresholds are also tallied.

Report Area	No Criteria Exceeded	Particulate Matter 2.5	Ozone	Diesel Particulate Matter	Air Toxics Cancer Risk	Air Toxics Respiratory Risk	Traffic Proximity	Lead Paint Exposure Risk	Superfund Proximity	RMP Facility Proximity	Hazardous Waste Site Proximity	Underground Storage Tanks Exposure Risk	Wastewater Discharge
Allegany County, MD	68.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	19.42%	19.02%	0.00%	0.00%	0.00%	0.00%
Maryland	59.16%	0.00%	0.00%	1.89%	9.67%	1.80%	9.73%	10.99%	9.62%	9.26%	18.86%	1.74%	6.32%
United States	46.54%	10.82%	10.58%	9.63%	16.36%	18.57%	9.02%	8.67%	10.16%	9.45%	9.91%	8.69%	7.30%

Data Source: Centers for Disease Control and Prevention, CDC - Agency for Toxic Substances and Disease Registry. Accessed via CDC National Environmental Public Health Tracking. 2022.



Environmental Justice Index - Physical Environment Factors - Neighborhoods

The table below displays the number of neighborhoods in the report area ranking in the 90th percentile or higher for each of the 12 Environmental Justice Index physical environment risk factors. Neighborhoods may rank in the 90th percentile for more than one criteria and therefore totals may exceed 100%. Neighborhoods not meeting any of the thresholds are also tallied.

Report Area	No Criteria Exceeded	Particulate Matter 2.5	Ozone	Diesel Particulate Matter	Air Toxics Cancer Risk	Air Toxics Respiratory Risk	Traffic Proximity	Lead Paint Exposure Risk	Superfund Proximity	RMP Facility Proximity	Hazardous Waste Site Proximity	Underground Storage Tanks Exposure Risk	Wastewater Discharge

Allegany County, MD	14	0	0	0	0	0	0	6	4	0	0	0	0
Maryland	817	0	0	43	159	28	173	219	154	190	325	40	88
United States	39,327	8,352	8,352	8,472	13,882	15,815	8,135	8,521	8,444	8,424	8,535	8,447	6,028

Data Source: Centers for Disease Control and Prevention, CDC - Agency for Toxic Substances and Disease Registry. Accessed via CDC National Environmental Public Health Tracking. 2022.

Land and Agriculture - Forested Acres

This indicator displays the percent of total acreage in a county that is forested.

Report Area	Acres	Woodland Acres	Percent of Woodland Acres	Forested Acres	Percent of Forested Acres	Percent of Acres not in Forest or Woodland
Allegany County, MD	462,172.91	51,861.29	11.22	154,504.13	**33.43**	55.35
Maryland	13,146,887.56	494,459.03	3.76	1,548,722.83	11.78	84.46
United States	3,404,884,311.10	206,434,370.94	6.06	212,732,772.44	6.25	87.69

Note: This indicator is compared to the state average.
Data Source: Multi-Resolution Land Characteristics Consortium, National Land Cover Database.

Land and Agriculture - Recreational Land Acres

This indicator displays the percent of acres in a county that are in the Protected Areas Database owned by Local, State, or Federal governments and open to the public.

Report Area	Total Acres	Reacreational Land Acres	Percent of Acres in Recreational Land
Allegany County, MD	273,858	53,509	19.54
Maryland	7,939,763	555,742	7.00
United States	2,439,683,092	611,466,613	25.06

Data Source: United States Geological Survey (USGS) Protected Areas Database. 2023.

Community Health Needs Assessment

Location

Allegany County, MD

Clinical Care and Prevention

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

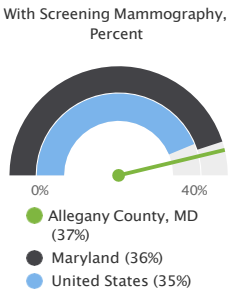
Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform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

Cancer Screening - Mammogram (Medicare)

This indicator reports the unsmoothed age-adjusted rate of screening mammography for female Medicare FFS population in

2022. Data were obtained from the CMS Mapping Medicare Disparities tool.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 (rate displayed as zero for such counties.)

Report Area	Female FFS Beneficiaries	With Screening Mammography, Total	With Screening Mammography, Percent
Allegany County, MD	8,245	3,051	**37%**
Maryland	436,305	157,070	36%
United States	16,853,060	5,898,571	35%



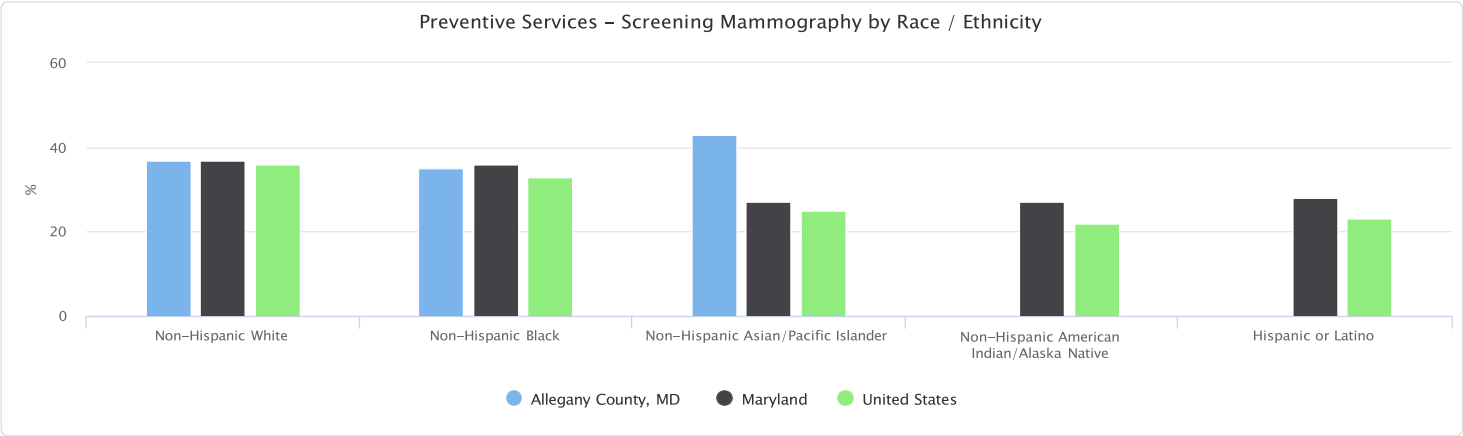
Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

Preventive Services - Screening Mammography by Race / Ethnicity

This indicator reports the unsmoothed age-adjusted rate of screening mammography by race and ethnicity for female Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Non-Hispanic American Indian/Alaska Native	Hispanic or Latino
Allegany County, MD	37%	35%	43%	No data	0%
Maryland	37%	36%	27%	27%	28%
United States	36%	33%	25%	22%	23%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

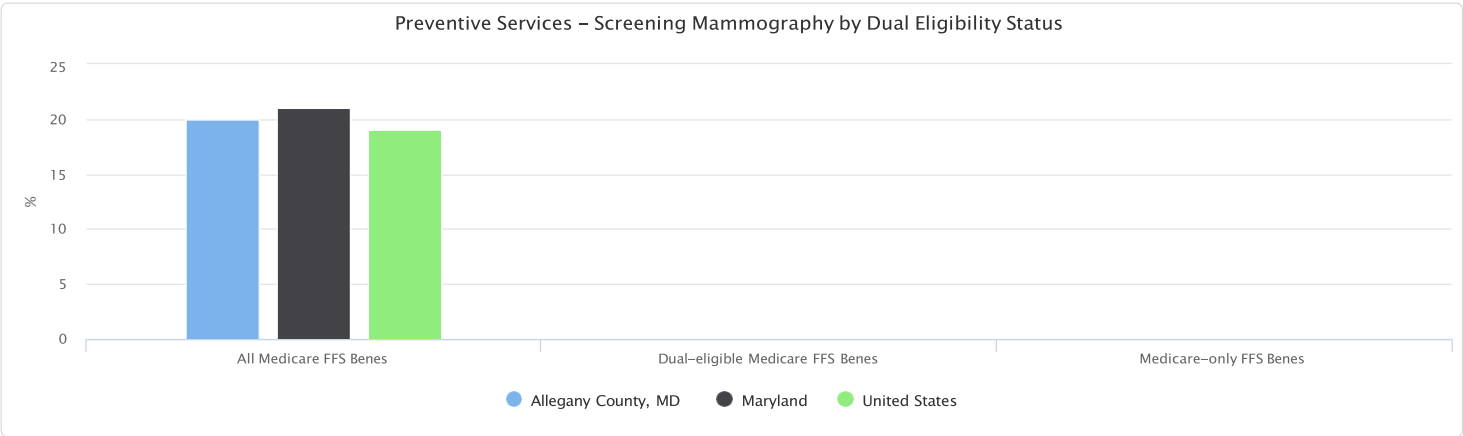


Preventive Services - Screening Mammography by Dual Eligibility Status

This indicator reports the unsmoothed age-adjusted rate of screening mammography by dual eligibility status for female Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	All Medicare FFS Benes	Dual-eligible Medicare FFS Benes	Medicare-only FFS Benes
Allegany County, MD	20%	No data	No data
Maryland	21%	No data	No data
United States	19%	No data	No data

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.



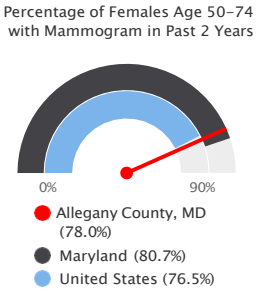
Cancer Screening - Mammogram (Adult)

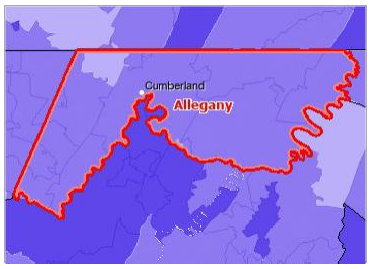
This indicator reports the percentage of females age 50-74 years who report having had a mammogram within the previous 2 years.

Within the report area there are 78.0% women age 50-74 who recently had a mammogram of the total female population age 50-74.

Report Area	Total Population	Females Age 50-74 with Recent Mammogram (Crude)	Females Age 50-74 with Recent Mammogram (Age-Adjusted)
Allegany County, MD	67,267	**78.0%**	77.6%
Maryland	6,164,660	80.7%	80.3%
United States	333,287,557	76.5%	76.0%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.





View larger map

Mammogram (Past 2 Years), Prevalence Among Women Age 50-74 by ZCTA, CDC BRFSS PLACES Project 2022

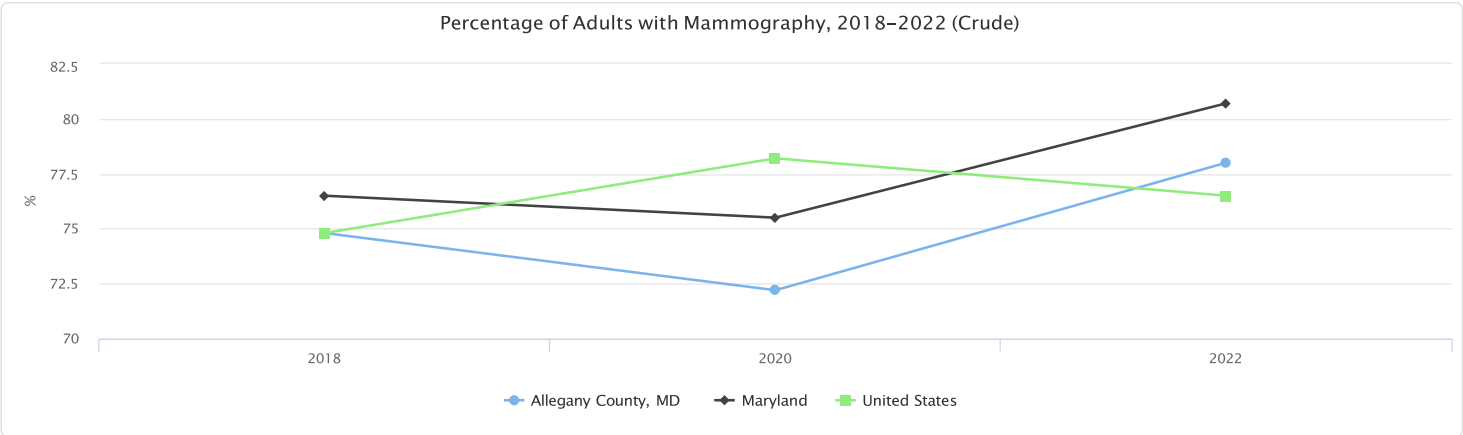
- Over 81.0%
- 77.1 - 81.0%
- 73.1 - 77.0%
- Under 73.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Mammography, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adult females age 50-74 and older who report having had a recent breast cancer screening.

Report Area	2018	2020	2022
Allegany County, MD	74.8%	72.2%	78.0%
Maryland	76.5%	75.5%	80.7%
United States	74.8%	78.2%	76.5%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.



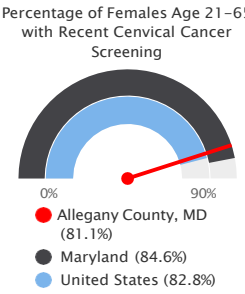
Cancer Screening - Cervical Cancer Screening

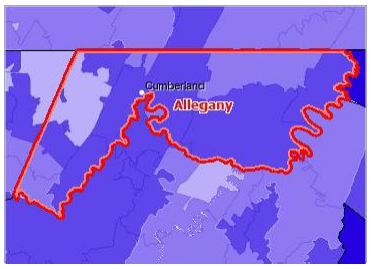
This indicator reports the percentage of females age 21–65 years who report having had recommended cervical cancer screening test.

Within the report area there are 81.1% women age 21-65 who have had recommended cervical cancer screening test of the total female population age 21-65.

Report Area	Total Population	Females Age 21-65 with Cervical Cancer Screening Test (Crude)	Females Age 21-65 with Cervical Cancer Screening Test (Age-Adjusted)
Allegany County, MD	70,057	81.1%	82.5%
Maryland	6,055,802	84.6%	84.9%
United States	331,449,281	82.8%	83.7%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.





View larger map

Recent Cervical Cancer Screening, Prevalence Among Female Age 21-65 by ZCTA, CDC BRFSS PLACES Project 2020

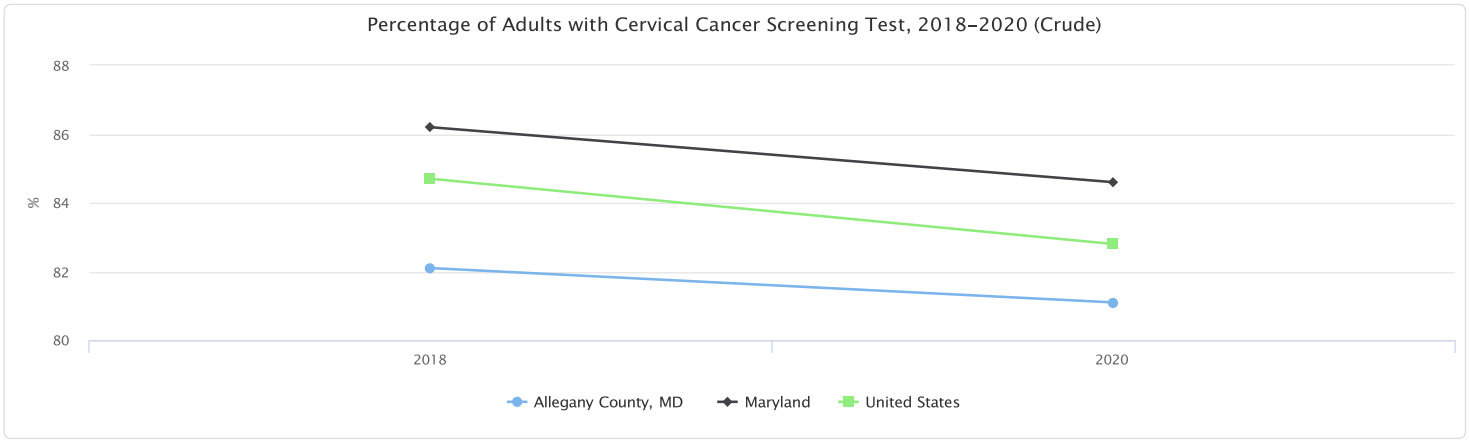
- Over 84.0%
- 82.1 - 84.0%
- 80.1 - 82.0%
- Under 80.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Cervical Cancer Screening Test, 2018-2020 (Crude)

The table and chart below display annual trends in the percentage of adult females age 21-65 who report having had a recent cervical cancer screening.

Report Area	2018	2020
Allegany County, MD	82.1%	81.1%
Maryland	86.2%	84.6%
United States	84.7%	82.8%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.



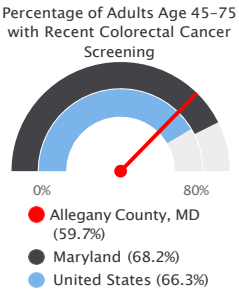
Cancer Screening - Sigmoidoscopy or Colonoscopy

This indicator reports the percentage of population age 45–75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a FIT-DNA test within the previous 3 years, 3) a sigmoidoscopy within the previous 5 years, 4) a sigmoidoscopy within the previous 10 years with a FIT in the past year, 5) a colonoscopy within the previous 10 years, or 6) a CT colonography (virtual colonoscopy) within the previous 5 years.

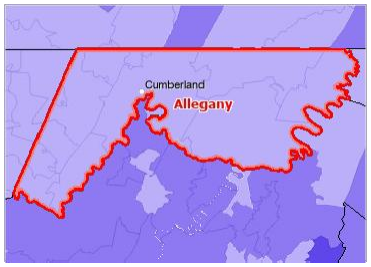
Within the report area there are 59.7% population age 45–75 who have received a recommended colorectal cancer screening

test within the appropriate time interval of the total population age 45-75.

Report Area	Total Population	Adults Age 45-75 with Adequate Colorectal Cancer Screening (Crude)	Adults Age 45-75 with Adequate Colorectal Cancer Screening (Age-Adjusted)
Allegany County, MD	67,267	59.7%	52.8%
Maryland	6,164,660	68.2%	63.6%
United States	333,287,557	66.3%	54.1%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



View larger map

Colon Cancer Screening, Percent of Adults Age 45-75 by ZCTA, CDC BRFSS PLACES Project 2022

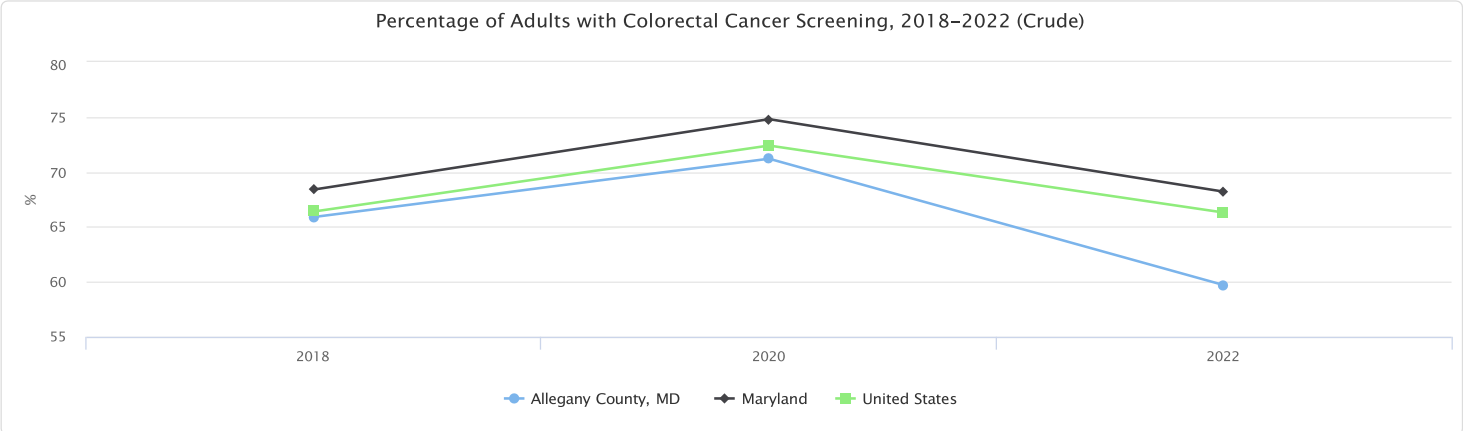
- Over 76.0%
- 72.1 - 76.0%
- 68.1 - 72.0%
- Under 68.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Colorectal Cancer Screening, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 45-75 who have had a recent colorecal cancer screening.

Report Area	2018	2020	2022
Allegany County, MD	65.9%	71.2%	59.7%
Maryland	68.4%	74.8%	68.2%
United States	66.4%	72.4%	66.3%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



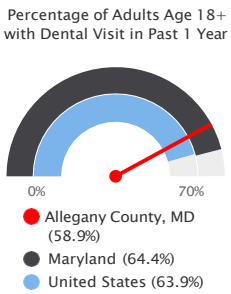
Dental Care Utilization

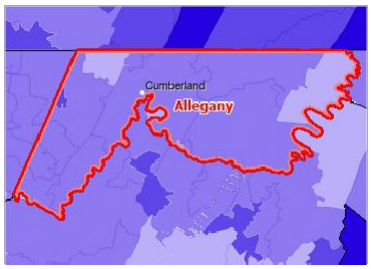
This indicator reports the percentage of adults age 18 and older who report having been to the dentist or dental clinic in the previous year.

Within the report area there are 58.9% adults age 18+ who went to the dentist in the past year of the total population age 18+.

Report Area	Total Population	Adults Age 18+ with Recent Dental Visit (Crude)	Adults Age 18+ with Recent Dental Visit (Age-Adjusted)
Allegany County, MD	67,267	58.9%	58.5%
Maryland	6,164,660	64.4%	63.9%
United States	333,287,557	63.9%	63.4%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .





View larger map

Dental Care Visit, Percent of Adults Seen in Past 1 Year by ZCTA, CDC BRFSS PLACES Project 2022

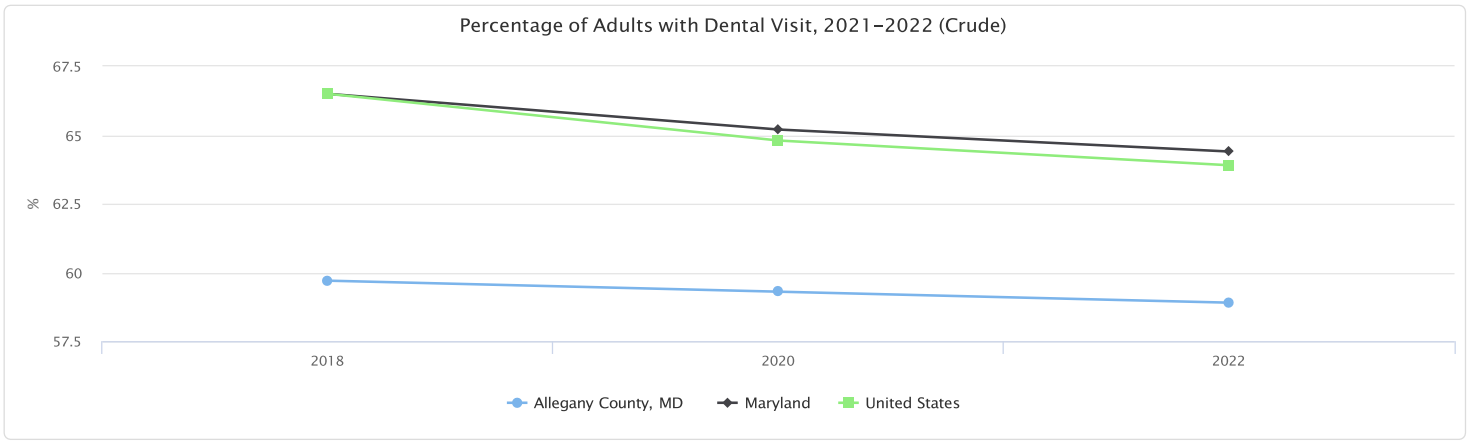
- Over 65.0%
- 60.1 - 65.0%
- 55.1 - 60.0%
- Under 55.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Dental Visit, 2021-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who report having a recent dental exam.

Report Area	2018	2020	2022
Allegany County, MD	59.7%	59.3%	58.9%
Maryland	66.5%	65.2%	64.4%
United States	66.5%	64.8%	63.9%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



Diabetes Management - Hemoglobin A1c Test

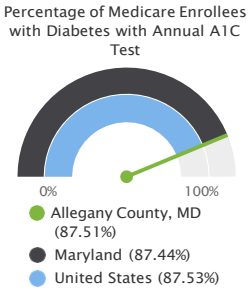
This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. Data is obtained from the Dartmouth Atlas Data - Selected Primary Care Access and Quality Measures (2008-2019). 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.

As of year 2019, 1,675 or 87.51% Medicare enrollees with diabetes have had an annual exam out of 1,914 Medicare enrollees with diabetes in the report area.

Report Area	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Medicare Enrollees with Diabetes with Annual Exam, Percent
Allegany County, MD	1,914	1,675	**87.51%**
Maryland	89,167	77,971	87.44%
United States	6,792,740	5,945,988	87.53%

Note: This indicator is compared to the state average.
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.



View larger map

Patients with Annual HA1C Test (Diabetes), Percent of Medicare Enrollees with Diabetes by County, Dartmouth Atlas 2019

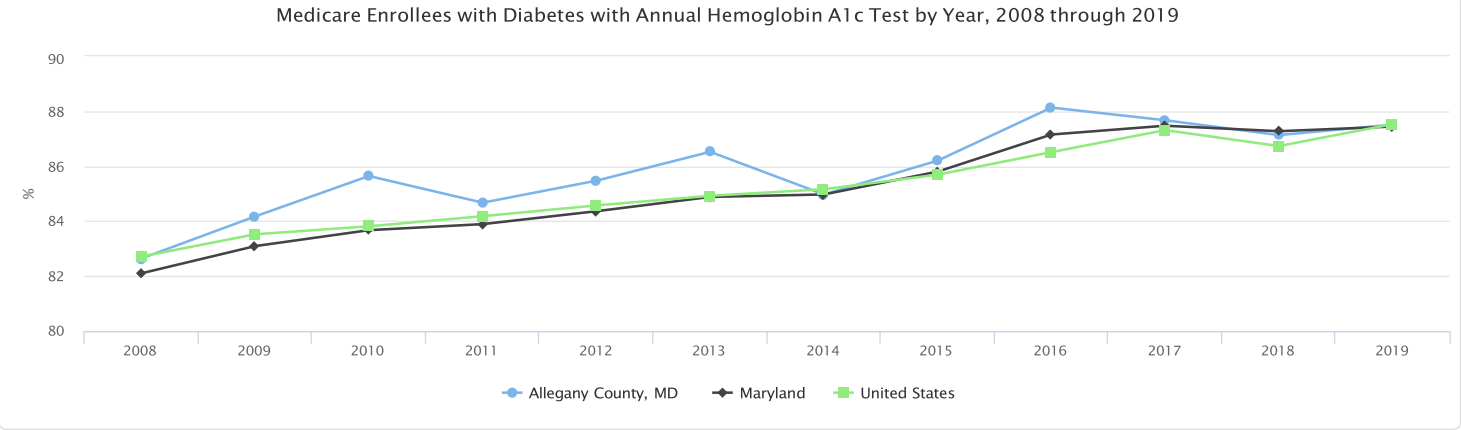
- Over 95%
- 90.1 - 95%
- 85.1 - 90%
- 80.1 - 85%
- Under 80%
- No Data or Data Suppressed
- Allegany County, MD

Medicare Enrollees with Diabetes with Annual Hemoglobin A1c Test by Year, 2008 through 2019

This indicator reports the percentage of Medicare enrollees with diabetes who have annual Hemoglobin A1c Test from 2008 to 2019.
Note: The Dartmouth Atlas Data team has noted substantial decreases in hemoglobin A1c testing in several HRRs in Montana and North Dakota between 2017 and 2018. A conclusive explanation cannot be established thus far for these changes, especially in smaller rural areas; caution should be used in interpreting longitudinal data for the measure.

Report Area	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Allegany County, MD	82.64%	84.17%	85.64%	84.67%	85.47%	86.52%	84.97%	86.20%	88.13%	87.67%	87.13%	87.51%
Maryland	82.10%	83.09%	83.67%	83.89%	84.36%	84.88%	84.97%	85.80%	87.15%	87.47%	87.27%	87.44%
United States	82.71%	83.52%	83.81%	84.18%	84.57%	84.92%	85.16%	85.69%	86.51%	87.31%	86.73%	87.53%

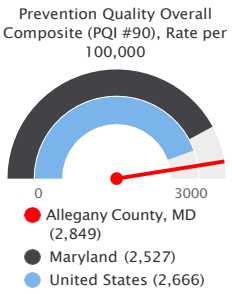
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.



Hospitalizations - Preventable Conditions

This indicator reports the unsmoothed age-adjusted rate of Prevention Quality Overall Composite (PQI #90) for Medicare FFS population in 2022. Data were obtained from the CMS Mapping Medicare Disparities tool.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 (rate displayed as zero for such counties.)

Report Area	FFS Beneficiaries	Prevention Quality Overall Composite (PQI #90), Total	Prevention Quality Overall Composite (PQI #90), Rate per 100,000
Allegany County, MD	14,991	427	**2,849**
Maryland	764,777	19,326	2,527
United States	30,900,366	823,804	2,666



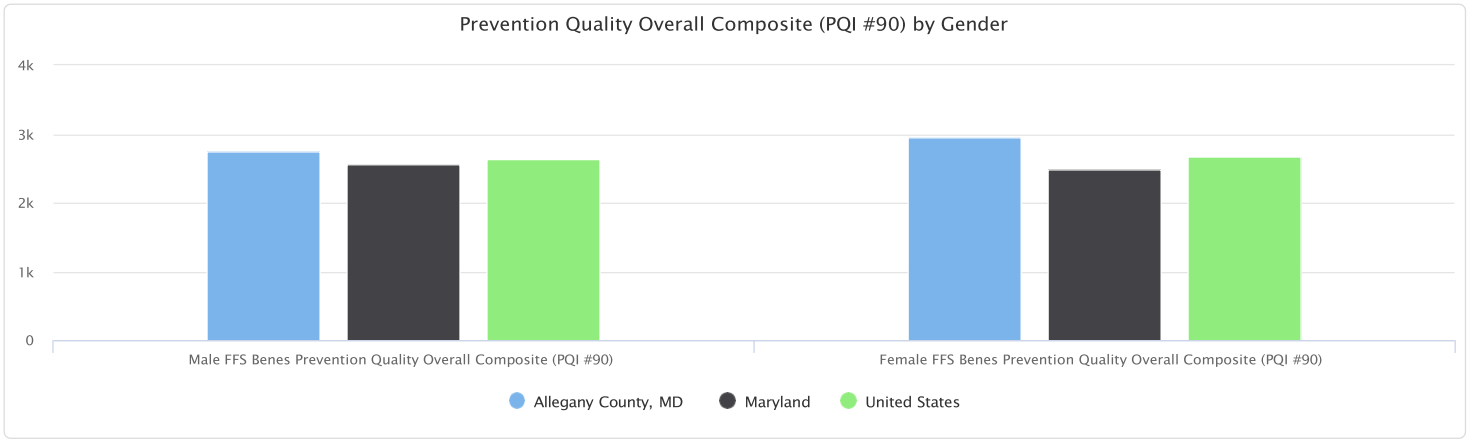
Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

Prevention Quality Overall Composite (PQI #90) by Gender

This indicator reports the unsmoothed age-adjusted rate of Prevention Quality Overall Composite (PQI #90) by gender for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Male FFS Benes	Female FFS Benes	Male FFS Benes Prevention Quality Overall Composite (PQI #90), Rate per 100,000	Female FFS Benes Prevention Quality Overall Composite (PQI #90), Rate per 100,000
Allegany County, MD	6,746	8,245	2,756	2,944
Maryland	328,472	436,305	2,566	2,486
United States	14,047,306	16,853,060	2,644	2,677

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

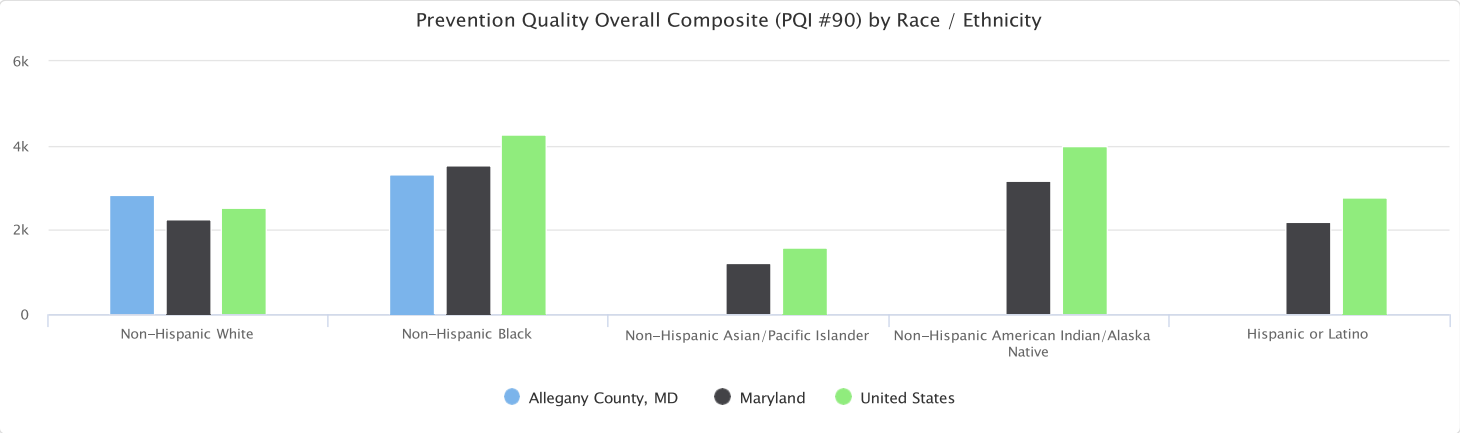


Prevention Quality Overall Composite (PQI #90) by Race / Ethnicity

This indicator reports the unsmoothed age-adjusted rate of Prevention Quality Overall Composite (PQI #90) per 100,000 by race and ethnicity for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Non-Hispanic American Indian/Alaska Native	Hispanic or Latino
Allegany County, MD	2,841	3,335	0	No data	0
Maryland	2,251	3,536	1,214	3,177	2,186
United States	2,529	4,268	1,576	4,000	2,758

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.



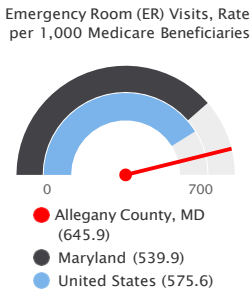
Hospitalizations - Emergency Room Visits

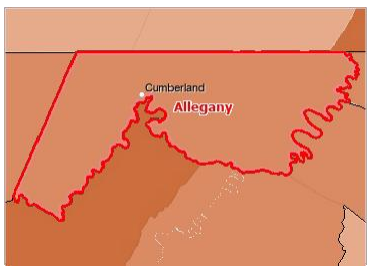
This indicator reports the number and rate of emergency room (ER) visits among Medicare beneficiaries age 65 and older. This indicator is relevant because emergency room visits are "high intensity" services that can burden on both health care systems and patients. High rates of emergency room visits "may indicate poor care management, inadequate access to care or poor patient choices, resulting in ED visits that could be prevented"[1].

In the latest reporting period there were 16,231 Medicare beneficiaries in the report area. Beneficiaries had 9,473 emergency room visits, and the rate of visits per 1,000 beneficiaries was 645.9. The ER visit rate in the report area was higher than the state rate of 539.9 during the same time period.

Report Area	Medicare Part A and B Beneficiaries	Emergency Room Visits	Emergency Room Visits, Rate (per 1,000 Beneficiaries)
Allegany County, MD	16,231	9,473	**645.9**
Maryland	948,203	403,619	539.9
United States	59,319,668	17,059,786	575.6

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.





View larger map

Emergency Room Visits, ER Visits, Rate per 1,000 Beneficiaries by County, CMS 2022

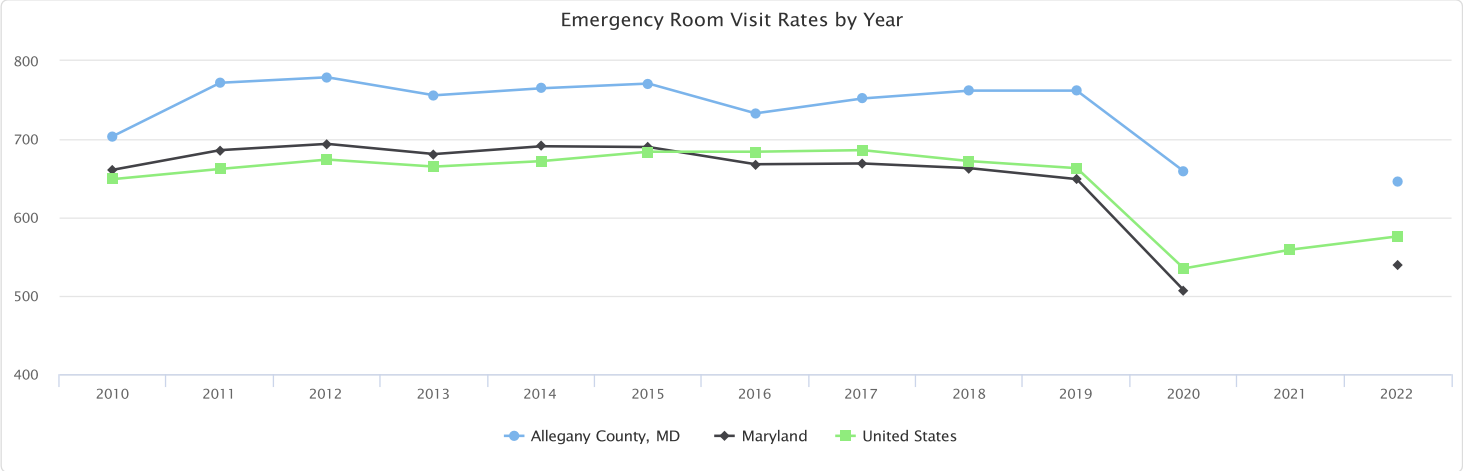
- Over 700.0
- 600.1 - 700.0
- 500.1 - 600.0
- Under 500.1
- No Data or Data Suppressed
- Allegany County, MD

Emergency Room Visit Rates by Year

The table and chart below display local, state, and national trends in emergency room visit rates per 1,000 Medicare beneficiaries.

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Allegany County, MD	704	772	779	756	765	771	733	752	762	762	659	No data	646
Maryland	661	686	694	681	691	690	668	669	663	649	507	No data	540
United States	649	662	674	665	672	684	684	686	672	663	535	559%	576

Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.

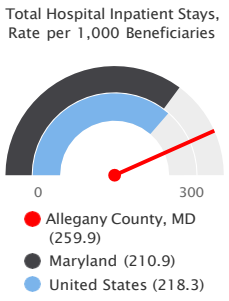


Hospitalizations - Inpatient Stays

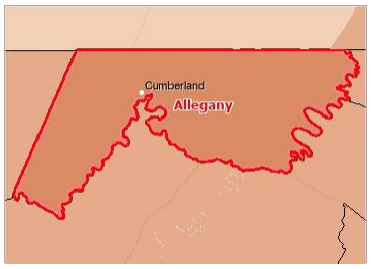
This indicator reports the number and rate of hospital inpatient stays among Medicare beneficiaries.

In the latest reporting period there were 16,231 Medicare beneficiaries in the report area. Approximately 2,432 total beneficiaries, or 16.6%, had a hospital inpatient stay, and the rate of stays per 1,000 beneficiaries was 259.9. The rate of inpatient stays in the report area was higher than the state rate of 210.9 during the same time period.

Report Area	Medicare Part A and B Beneficiaries	Total Beneficiaries with Inpatient Stays	Beneficaries with Inpatient Stays	Total Inpatient Stays, Rate (per 1,000 Beneficiaries)
Allegany County, MD	16,231	2,432	16.6%	**259.9**
Maryland	948,203	100,074	13.4%	210.9
United States	59,319,668	4,177,285	14.1%	218.3



Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.



View larger map

Hospital Inpatient Stays, Rate per 1,000 Beneficiaries by County, CMS 2022

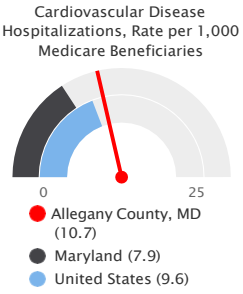
- Over 260.0
- 230.1 - 260.0
- 200.1 - 230.0
- Under 200.1
- No Data
- Allegany County, MD

Hospitalizations - Heart Disease

This indicator reports the hospitalization rate for coronary heart disease among Medicare beneficiaries age 65 and older for hospital stays occurring between 2019 and 2021.

Report Area	Medicare Beneficiaries	Cardiovascular Disease Hospitalizations, Rate per 1,000
Allegany County, MD	16,204	**10.7**
Maryland	941,019	7.9
United States	57,702,494	9.6

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke . 2019-2021.



View larger map

Coronary Heart Disease Hospitalizations, Rate per 1,000 Medicare Beneficiaries by County, CDC DHDSP Atlas 2019-2021

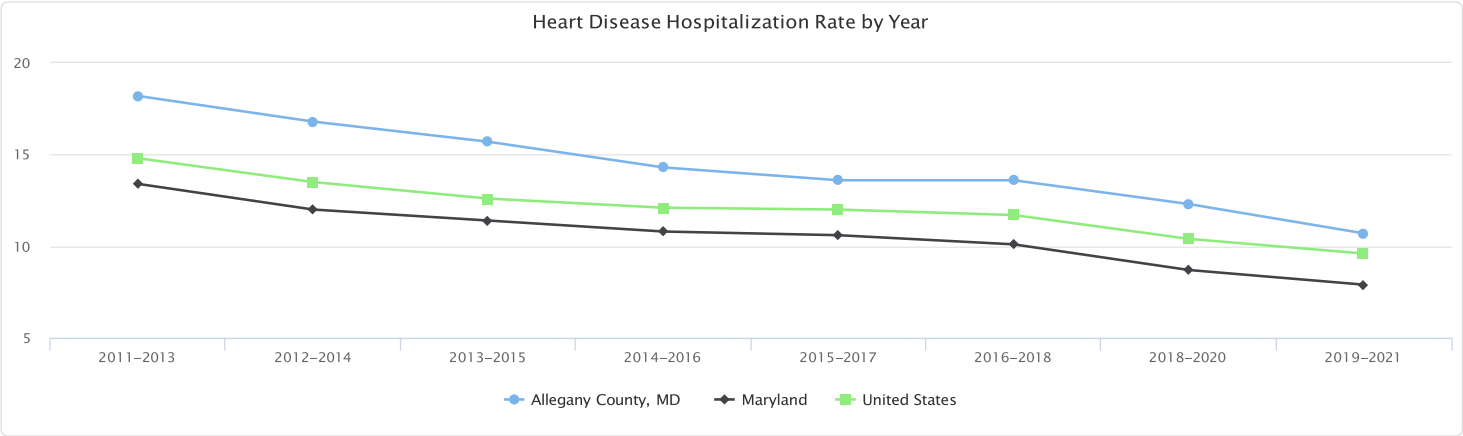
- Over 18.0
- 14.1 - 18.0
- 11.1 - 14.0
- Under 11.1
- No Data or Data Suppressed
- Allegany County, MD

Heart Disease Hospitalization Rate by Year

The table and chart below display local, state, and national trends in coronary heart disease hospitalization rates per 1,000 Medicare beneficiaries.

Report Area	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2018-2020	2019-2021
Allegany County, MD	18.2	16.8	15.7	14.3	13.6	13.6	12.3	10.7
Maryland	13.4	12.0	11.4	10.8	10.6	10.1	8.7	7.9
United States	14.8	13.5	12.6	12.1	12.0	11.7	10.4	9.6

Data Source: Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke . 2019-2021.

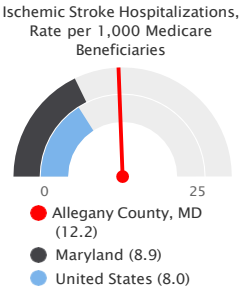


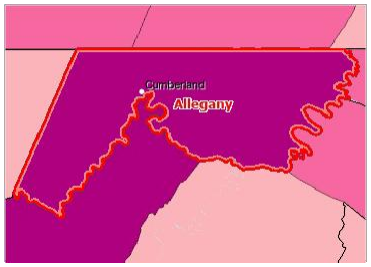
Hospitalizations - Stroke

This indicator reports the hospitalization rate for Ischemic stroke among Medicare beneficiaries age 65 and older for hospital stays occurring between 2018 and 2021.

Report Area	Medicare Beneficiaries	Ischemic Stroke Hospitalizations, Rate per 1,000
Allegany County, MD	16,597	**12.2**
Maryland	64,485	8.9
United States	58,670,593	8.0

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke . 2018-2020.





View larger map

Stroke Hospitalizations, Rate per 1,000 Medicare Beneficiaries by County, CDC DHDSP Atlas 2018-2020

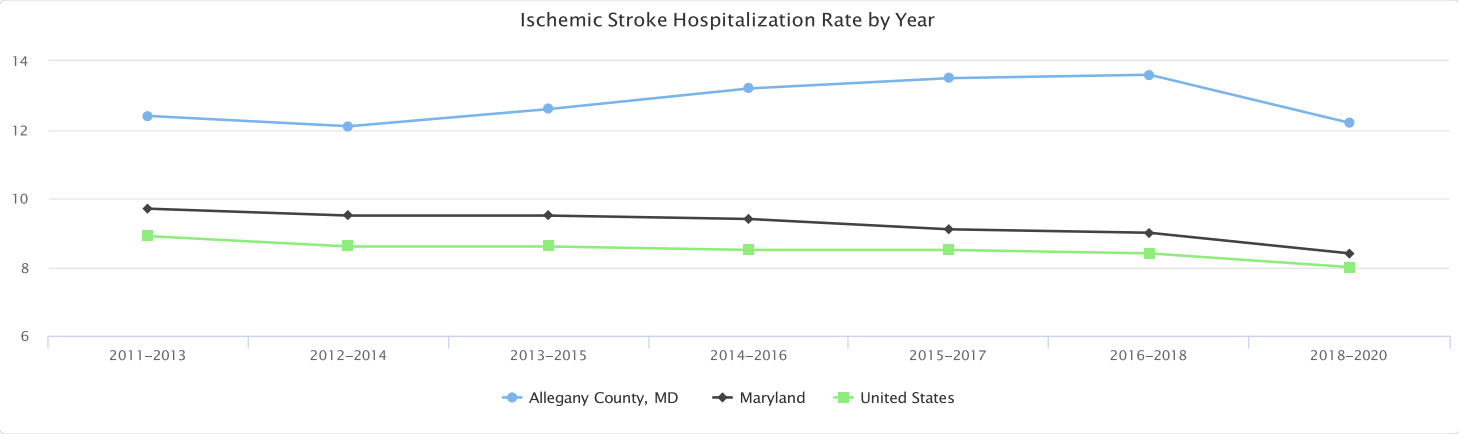
- Over 14.0
- 12.1 - 14.0
- 9.1 - 12.0
- Under 9.1
- No Data or Data Suppressed
- Allegany County, MD

Ischemic Stroke Hospitalization Rate by Year

The table and chart below display local, state, and national trends in ischemic stroke hospitalization rates per 1,000 Medicare beneficiaries.

Report Area	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2018-2020
Allegany County, MD	12.4	12.1	12.6	13.2	13.5	13.6	12.2
Maryland	9.7	9.5	9.5	9.4	9.1	9.0	8.4
United States	8.9	8.6	8.6	8.5	8.5	8.4	8.0

Data Source: Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke . 2018-2020.

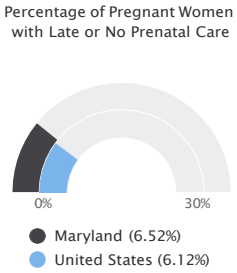


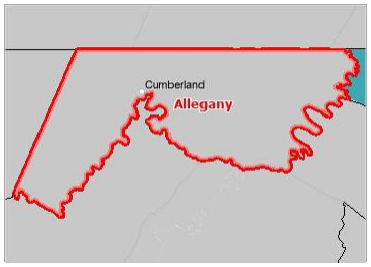
Late or No Prenatal Care

This indicator reports the percentage of women who did not obtain prenatal care until the 7th month (or later) of pregnancy or who didn't have any prenatal care, as of all who gave birth during the three year period from 2017 to 2019. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Births	Births with Late/No Care	% of Births with Late/No Care
Allegany County, MD	Suppressed	Suppressed	Suppressed
Maryland	212,899	13,880	6.52%
United States	11,394,752	697,581	6.12%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2017-19.





View larger map

Mothers with Late or No Prenatal Care, Percent by County, CDC NVSS 2017-19

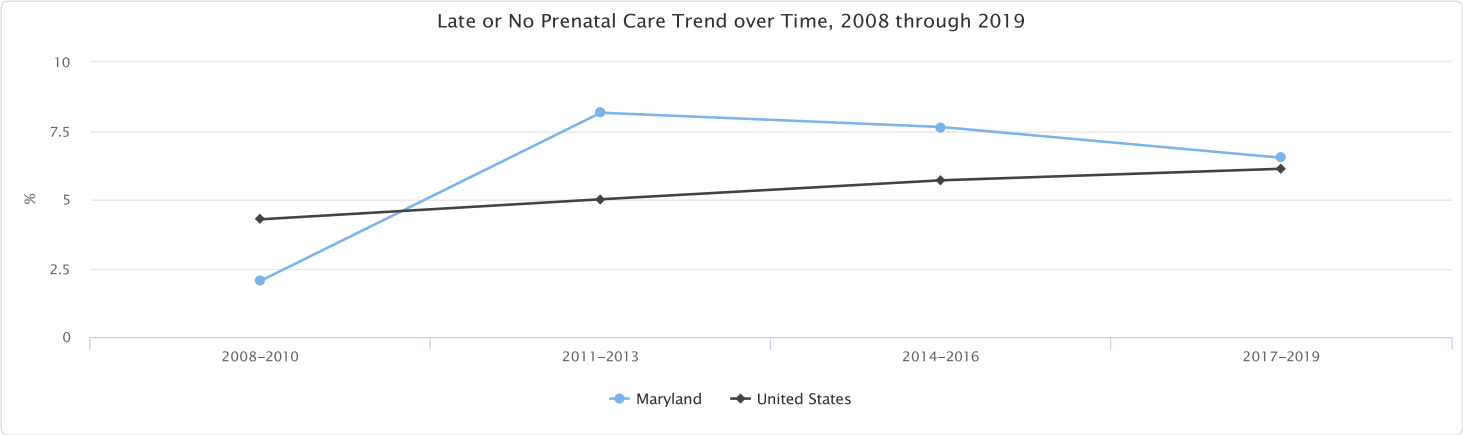
- Over 7.0%
- 5.1 - 7.0%
- 3.1 - 5.0%
- Under 3.0%
- No Data or Data Suppressed
- Allegany County, MD

Late or No Prenatal Care Trend over Time, 2008 through 2019

This indicator reports the 2008 to 2019 three-year period trend of the percentage of women who did not obtain prenatal care until the 7th month (or later) of pregnancy or who didn't have any prenatal care, as of all who gave birth during the relevant time period.

Report Area	2008-2010	2011-2013	2014-2016	2017-2019
Allegany County, MD	Suppressed	Suppressed	Suppressed	Suppressed
Maryland	2.04%	8.16%	7.64%	6.52%
United States	4.28%	5.01%	5.70%	6.12%

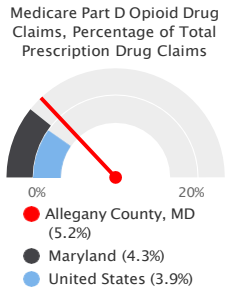
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2017-19.



Opioid Drug Claims

This indicator provides information about Medicare Part D opioid drug claims. Report data includes the number of Medicare Part D claims (for both original prescriptions and refills), and the number of opioid drug claims as a percentage of total prescription drug claims.

Report Area	Medicare Beneficiaries	Total Prescription Drug Claims	Opioid Drug Claims	Opioid Drug Claims, Percentage of Total Claims
Allegany County, MD	16,231	528,771	27,311	**5.2%**
Maryland	948,203	20,254,098	862,484	4.3%
United States	No data	1,541,263,682	59,766,596	3.9%



Note: This indicator is compared to the state average.
Data Source: Centers for Medicare & Medicaid Services, CMS - Part D Opioid Drug Mapping Tool. 2022.

View larger map

Opioid Drug Claims, Percentage of Total Prescription Drug Claims by ZCTA, CMS 2022

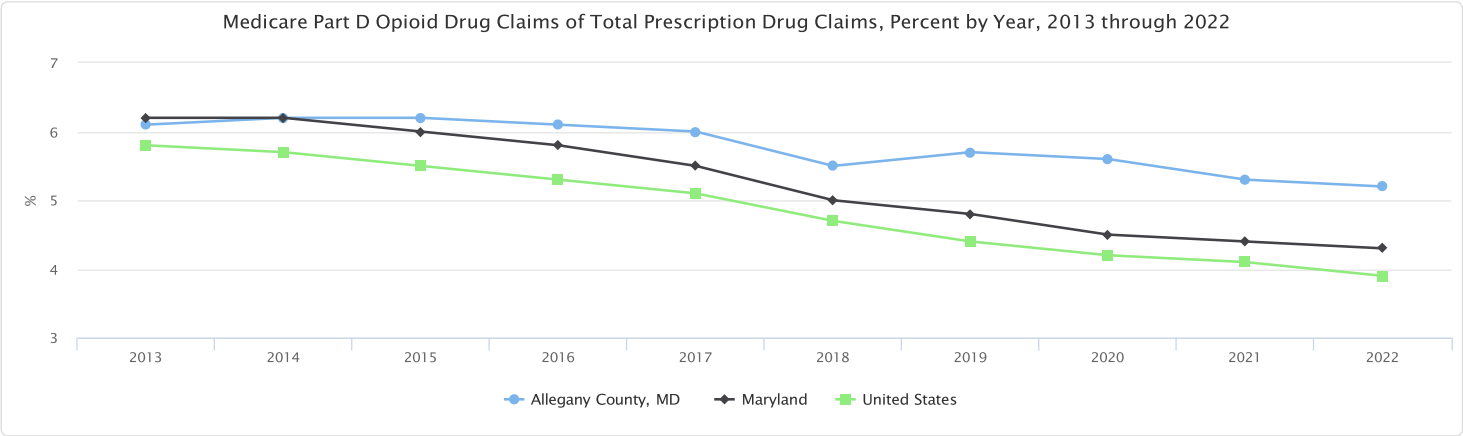
- Over 8.0%
- 6.1 - 8.0%
- 4.1 - 6.0%
- Under 4.1%
- No Claims or No Data
- Allegany County, MD

Medicare Part D Opioid Drug Claims of Total Prescription Drug Claims, Percent by Year, 2013 through 2022

The table below displays local, state, and national trends in prescription opioid drug claims among Medicare Part D beneficiaries, as a percentage of total prescription drug claims.

Report Area	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Allegany County, MD	6.10%	6.20%	6.20%	6.10%	6.00%	5.50%	5.70%	5.60%	5.30%	5.20%
Maryland	6.20%	6.20%	6.00%	5.80%	5.50%	5.00%	4.80%	4.50%	4.40%	4.30%
United States	5.80%	5.70%	5.50%	5.30%	5.10%	4.70%	4.40%	4.20%	4.10%	3.90%

Data Source: Centers for Medicare & Medicaid Services, CMS - Part D Opioid Drug Mapping Tool. 2022.

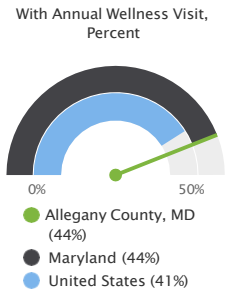


Prevention - Annual Wellness Exam (Medicare)

This indicator reports the unsmoothed age-adjusted rate of annual wellness visit for Medicare FFS population in 2022. Data were obtained from the CMS Mapping Medicare Disparities tool.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 (rate displayed as zero for such counties.)

Report Area	FFS Beneficiaries	With Annual Wellness Visit, Total	With Annual Wellness Visit, Percent
Allegany County, MD	14,991	6,596	**44%**
Maryland	764,777	336,502	44%
United States	30,900,366	12,669,150	41%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

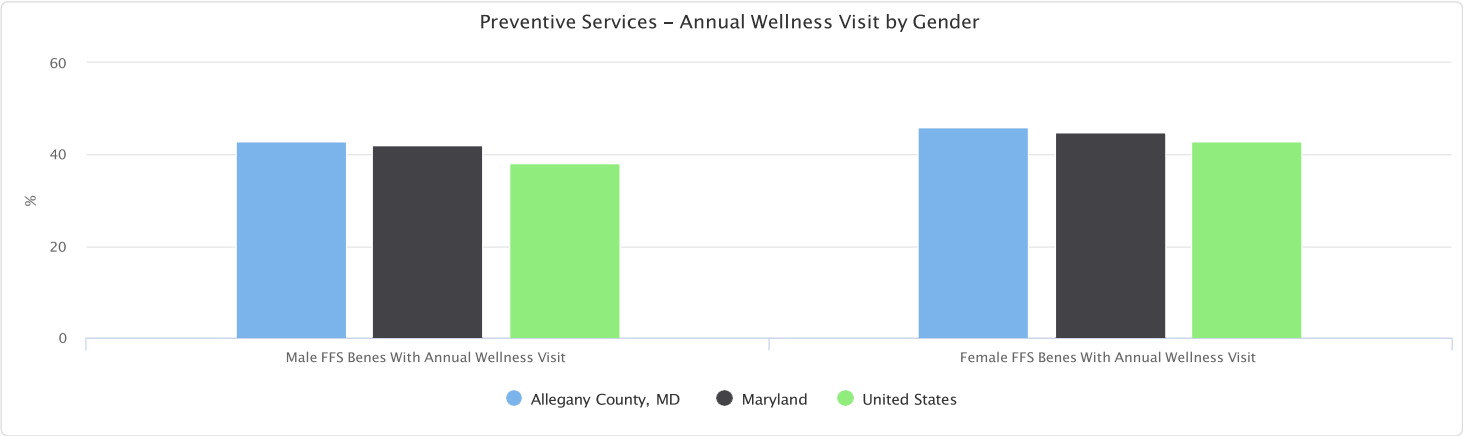


Preventive Services - Annual Wellness Visit by Gender

This indicator reports the unsmoothed age-adjusted rate of annual wellness visit by gender for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Male FFS Benes	Female FFS Benes	Male FFS Benes With Annual Wellness Visit, Percent	Female FFS Benes With Annual Wellness Visit, Percent
Allegany County, MD	6,746	8,245	43%	46%
Maryland	328,472	436,305	42%	45%
United States	14,047,306	16,853,060	38%	43%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

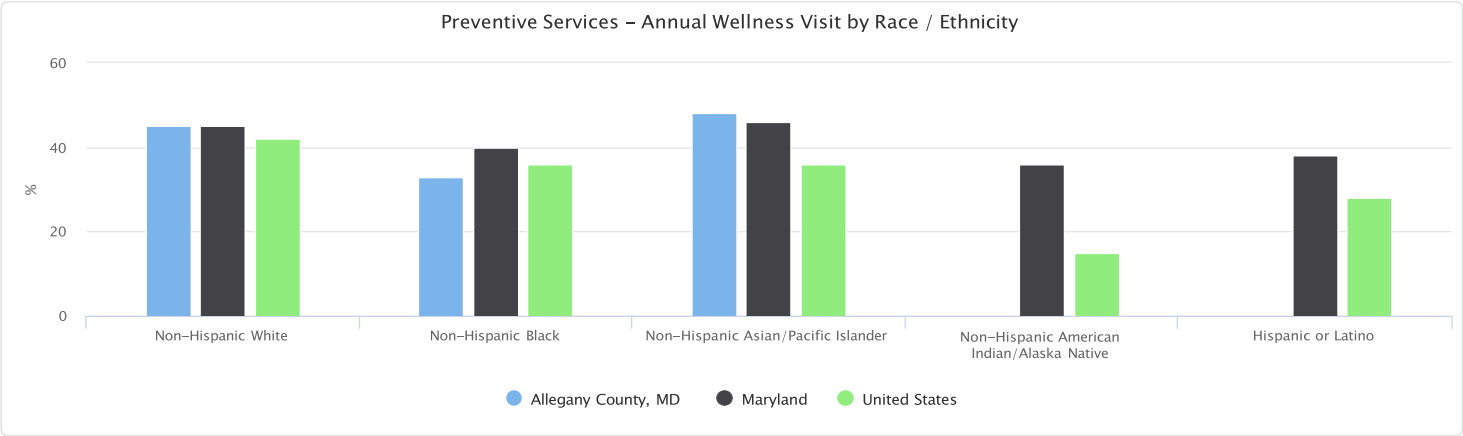


Preventive Services - Annual Wellness Visit by Race / Ethnicity

This indicator reports the unsmoothed age-adjusted rate of annual wellness visit by race and ethnicity for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Non-Hispanic American Indian/Alaska Native	Hispanic or Latino
Allegany County, MD	45%	33%	48%	No data	0%
Maryland	45%	40%	46%	36%	38%
United States	42%	36%	36%	15%	28%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

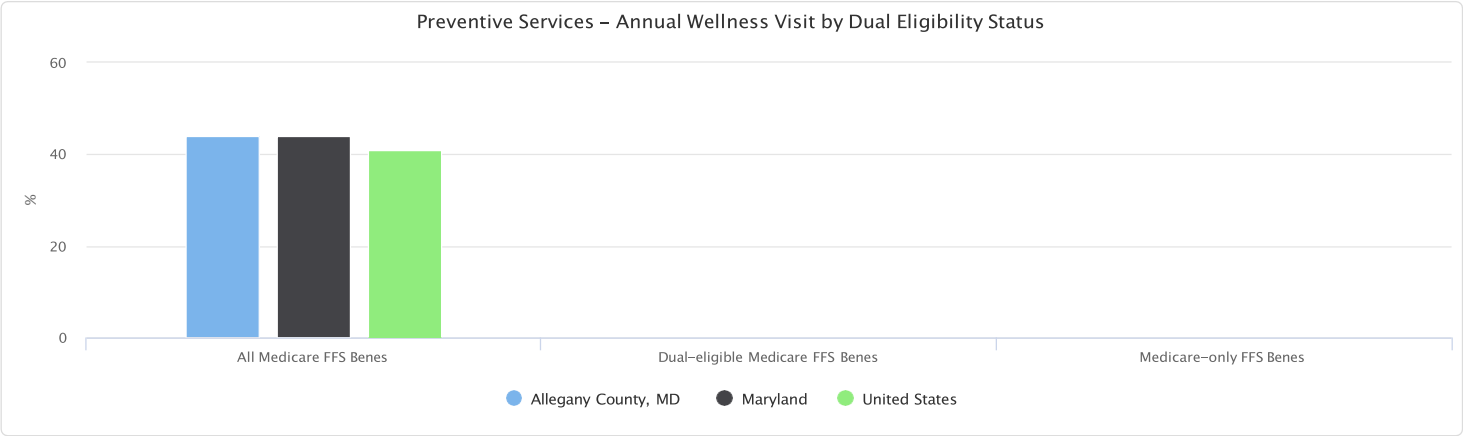


Preventive Services - Annual Wellness Visit by Dual Eligibility Status

This indicator reports the unsmoothed age-adjusted rate of annual wellness visit by dual eligibility status for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	All Medicare FFS Benes	Dual-eligible Medicare FFS Benes	Medicare-only FFS Benes
Allegany County, MD	44%	No data	No data
Maryland	44%	No data	No data
United States	41%	No data	No data

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.



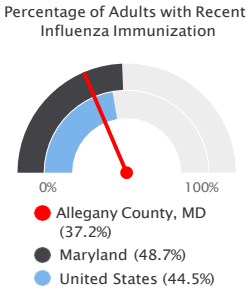
Prevention - Seasonal Influenza Vaccine

The most recent data from the report area show that 37.2% of adults aged 18 and older reported receiving an influenza vaccination in the past 12 months. The immunization rate in the report area was lower than the state rate of 48.7% during the same time period. These data are obtained from the Centers for Disease Control and Prevention (CDC) FluVaxView data portal.

Note: The county-level estimates within FluVaxView are derived from responses to the 2019 BRFSS. State and national estimates in the table below are aggregated from county-level values.

Report Area	Total Population (2021)	Percentage of Adults with Recent Influenza Immunization
Allegany County, MD	67,687	**37.2%**
Maryland	6,175,045	48.7%
United States	306,614,578	44.5%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - FluVaxView. 2021.



View larger map

Seasonal Influenza Vaccine, Adults Age 18+, Percentage Immunized by County, CDC 2021

- Over 56.0%
- 50.1% - 56.0%
- 44.1% - 50.0%
- 38.1% - 44.0%
- Under 38.1%
- No Data or Data Suppressed
- Allegany County, MD

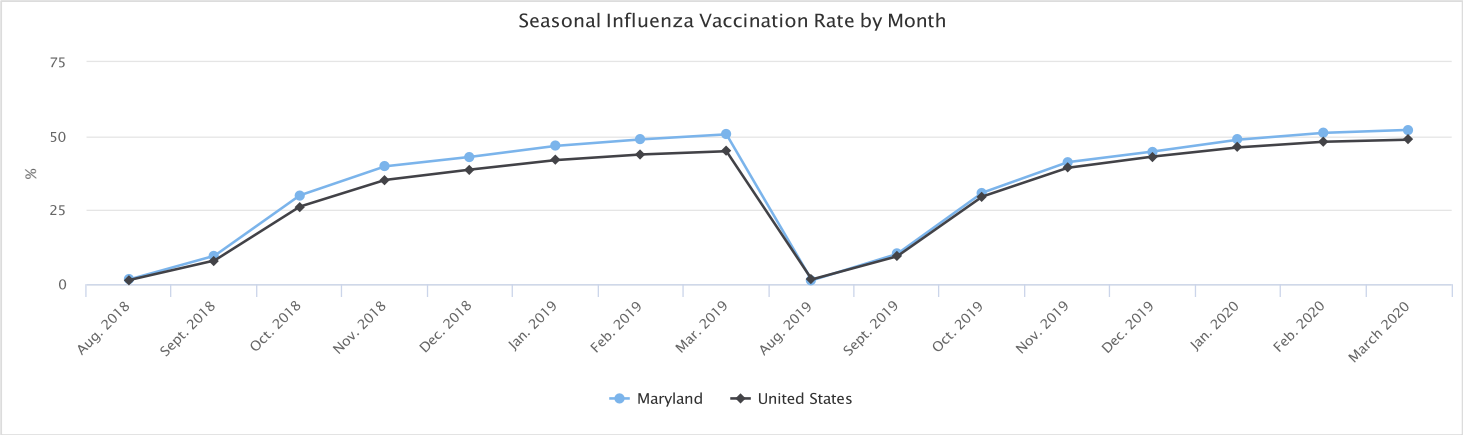
Seasonal Influenza Vaccination Rate by Month

The table below displays trends in state and national seasonal influenza vaccination rates for adults aged 18 and older. Data are reported by season and month, with data for a new flu season beginning each August.

Note: State and national data should not be compared to aggregated county-level data reported in the table above.

Report Area	Aug. 2018	Sept. 2018	Oct. 2018	Nov. 2018	Dec. 2018	Jan. 2019	Feb. 2019	Mar. 2019	Aug. 2019	Sept. 2019	Oct. 2019	Nov. 2019	Dec. 2019	Jan. 2020	Feb. 2020	March 2020
Maryland	1.6%	9.6%	30.0%	39.8%	43.0%	46.7%	48.9%	50.6%	1.3%	10.2%	30.9%	41.2%	44.8%	48.8%	51.1%	52.1%
United States	1.4%	8.0%	26.2%	35.2%	38.7%	41.9%	43.8%	44.9%	1.6%	9.4%	29.6%	39.3%	43.1%	46.2%	48.1%	48.8%

Data Source: Centers for Disease Control and Prevention, CDC - FluVaxView. 2021.



Health Care - FQHC Area Served

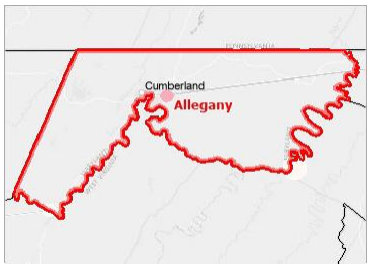
This indicator provides details about the area served by Federally Qualified Health Centers (FQHC) and/or FQHC Look-alikes that operate within the report area. An FQHC is a federally funded nonprofit health center or clinic that serves a medically underserved area or populations Federally qualified health centers provide primary care services regardless of ability to pay. Services are provided on a sliding scale fee based on ability to pay.

An FQHC may operate one or more service delivery sites and provide services to individual in multiple cities and/or counties. The list below displays the service-area (county based) of the FQHCs who operate any service-delivery sites within the report area.

Use the map room to find more information about service delivery sites in the area.

Provider Name	Number of Service-Delivery Sites	Area Served (Counties)
TRI-STATE COMMUNITY HEALTH CENTER	7	Allegany, MD; Fulton, PA; Morgan, WV; Washington, MD
WESTERN MARYLAND HEALTH CARE CORPORATION	5	Allegany, MD; Garrett, MD; Preston, WV

Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.



View larger map

HRSA Facility Data - Total Patients, Total Patients, HRSA - Uniform Data System 2023

- Over 80,000
- 40,000 - 80,000
- 15,000 - 39,999
- Under 15,000
- No Data
- Allegany County, MD

Prevention - Cholesterol Screening

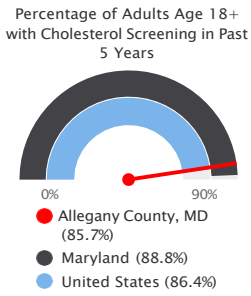
This indicator reports the percentage of adults age 18 and older who report having their cholesterol checked within the

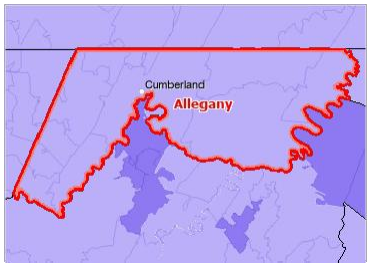
previous 5 years.

Within the report area there are 85.7% adults age 18+ with recent cholesterol screening of the total population age 18+.

Report Area	Total Population	Adults Age 18+ with Recent Cholesterol Screening (Crude)	Adults Age 18+ with Recent Cholesterol Screening (Age-Adjusted)
Allegany County, MD	67,267	**85.7%**	84.4%
Maryland	6,164,660	88.8%	87.7%
United States	333,287,557	86.4%	84.3%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.





View larger map

Cholesterol Screening, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2021

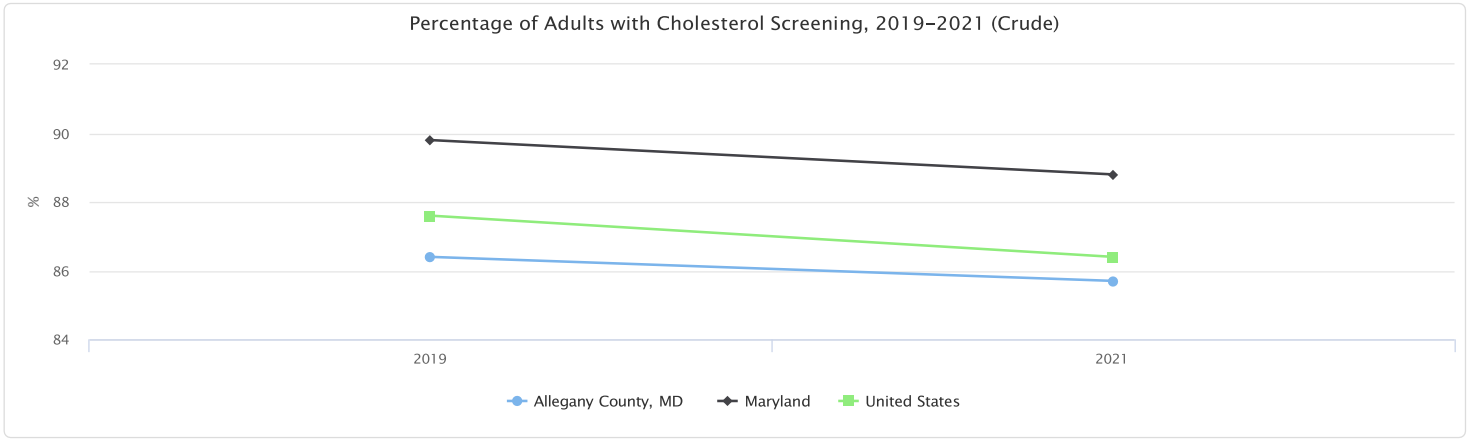
- Over 92.0%
- 90.1% - 92.0%
- 88.1% - 90.0%
- Under 88.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Cholesterol Screening, 2019-2021 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who report having had a recent cholesterol screening.

Report Area	2019	2021
Allegany County, MD	86.4%	85.7%
Maryland	89.8%	88.8%
United States	87.6%	86.4%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.



Prevention - High Blood Pressure Management (Adult)

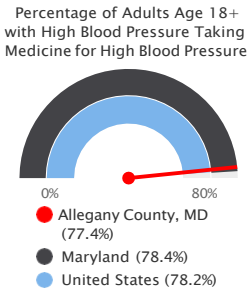
This indicator reports the number and percentage of adults age 18 and older with high blood pressure (HTN) who report

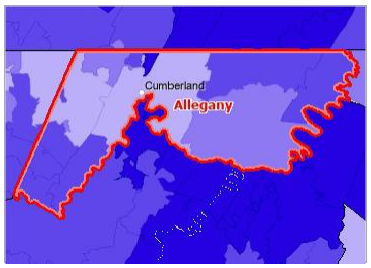
taking HTN medicine.

Within the report area there are 77.4% adults age 18 and older with high blood pressure who report taking HTN medicine of the total population age 18 and older with high blood pressure.

Report Area	Total Population	Adults Age 18+ with HTN Who Take Medicine for HTN (Crude)	Adults Age 18+ with HTN Who Take Medicine for HTN (Age-Adjusted)
Allegany County, MD	67,267	**77.4%**	58.5%
Maryland	6,164,660	78.4%	60.7%
United States	333,287,557	78.2%	58.9%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.





View larger map

Blood Pressure Control, Percentage of Hypertensive Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2021

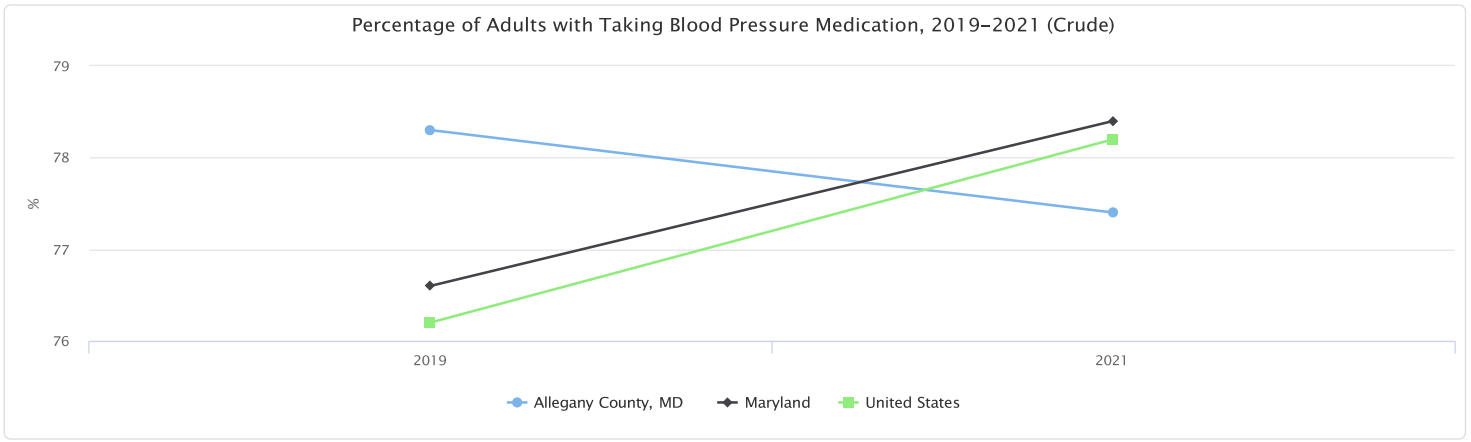
- Over 80.0%
- 78.1% - 80.0%
- 76.1% - 78.0%
- Under 76.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Taking Blood Pressure Medication, 2019-2021 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who report taking blood pressure medication to control their high blood pressure.

Report Area	2019	2021
Allegany County, MD	78.3%	77.4%
Maryland	76.6%	78.4%
United States	76.2%	78.2%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

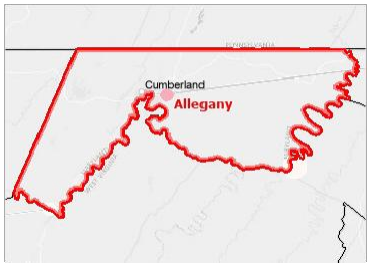


Health Care - FQHC Patient Profile

This indicator provides a demographic profile of patients seen in Federally Qualified Health Centers or FQHC Look-alikes that operate one or more service delivery sites within the report area.
Note: Data are based on the location of the health center and may include patients who reside outside of the report area.

Report Area	Total Patients	Under Age 18	Age 18 - 64	Age 65 and Older
Allegany County, MD	29,284.00	13.04%	64.48%	22.48%
Maryland	322,045.00	26.74%	61.99%	12.59%
United States	29,685,584.67	29.30%	58.95%	11.93%

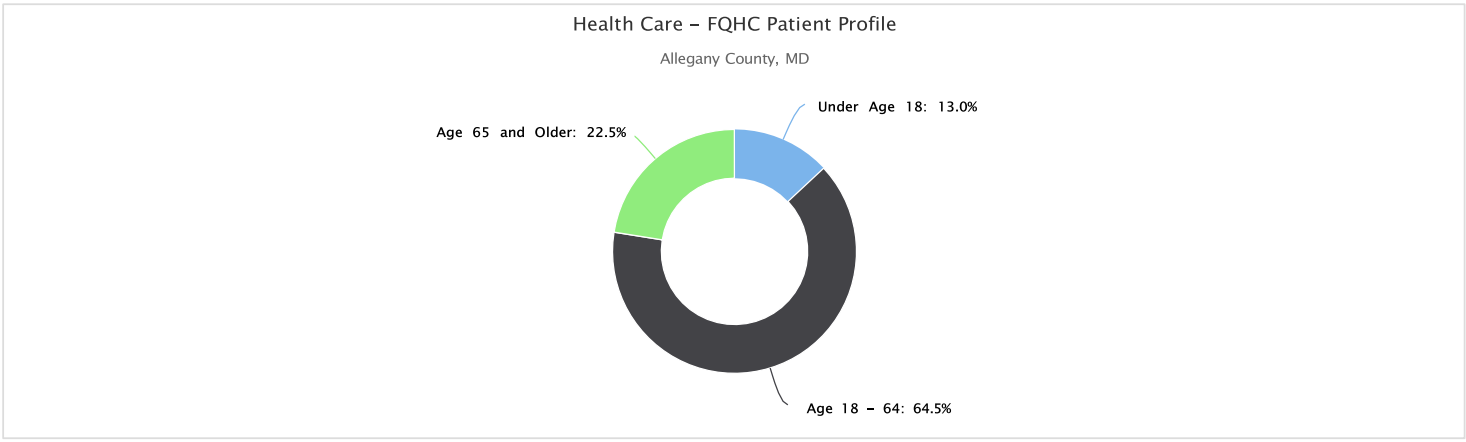
Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.



View larger map

HRSA Facility Data - Total Patients, Total Patients, HRSA - Uniform Data System 2023

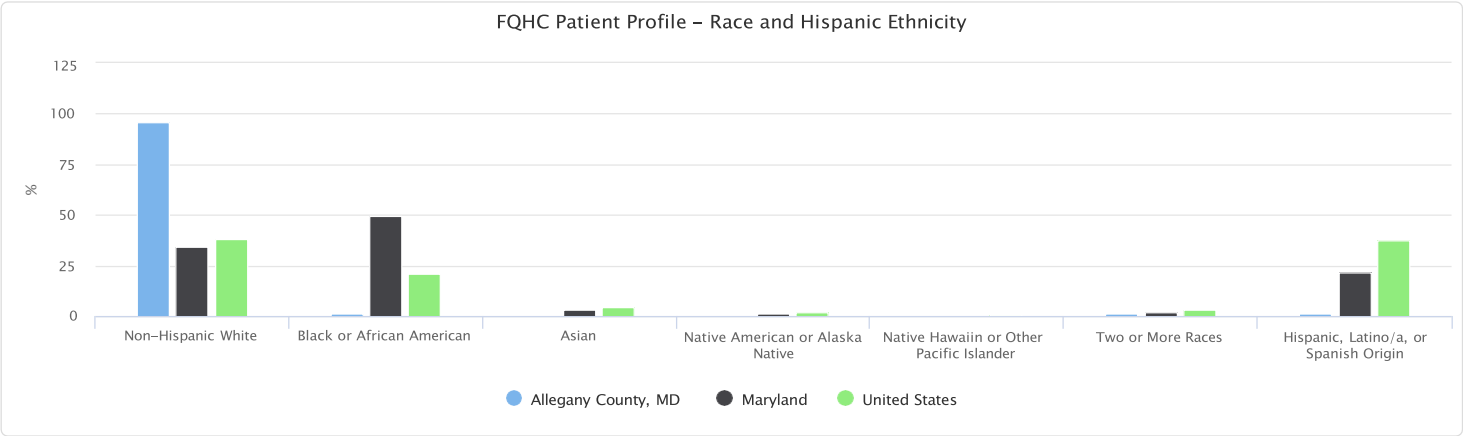
- Over 80,000
- 40,000 - 80,000
- 15,000 - 39,999
- Under 15,000
- No Data
- Allegany County, MD



FQHC Patient Profile - Race and Hispanic Ethnicity

Report Area	Non-Hispanic White	Black or African American	Asian	Native American or Alaska Native	Native Hawaiin or Other Pacific Islander	Two or More Races	Hispanic, Latino/a, or Spanish Origin
Allegany County, MD	96.05%	1.55%	0.28%	0.12%	No data	1.15%	1.07%
Maryland	34.35%	49.40%	2.89%	1.27%	0.31%	1.91%	21.28%
United States	37.77%	21.03%	4.71%	1.77%	0.94%	3.31%	37.71%

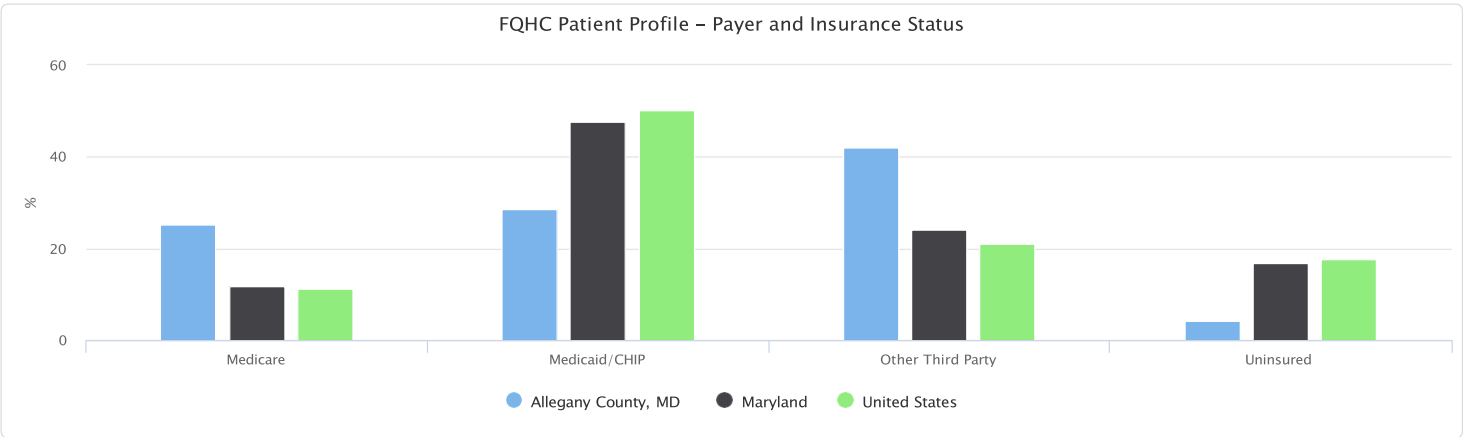
Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.



FQHC Patient Profile - Payer and Insurance Status

Report Area	Medicare	Medicaid/CHIP	Other Third Party	Uninsured
Allegany County, MD	25.12%	28.59%	41.98%	4.31%
Maryland	11.87%	47.57%	24.10%	16.82%
United States	11.16%	50.10%	21.14%	17.65%

Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.

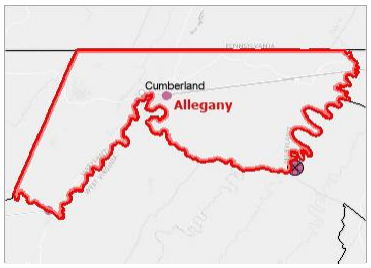


Health Care - FQHC Patient Services Profile

This indicator provides an overview of patient services provided to individuals seen in Federally Qualified Health Centers or FQHC Look-alikes that operate one or more service delivery sites within the report area. Percentages may exceed 100% as patients may be seen for more than one type of service.
Note: Data are based on the location of the health center and may include patients who reside outside of the report area.

Report Area	Total Patients	Medical Patients	Dental Patients	Mental Health Patients
Allegany County, MD	29,284.00	99.75%	0.00%	2.73%
Maryland	322,045.00	89.51%	13.44%	7.91%
United States	29,685,584.67	84.98%	20.17%	8.97%

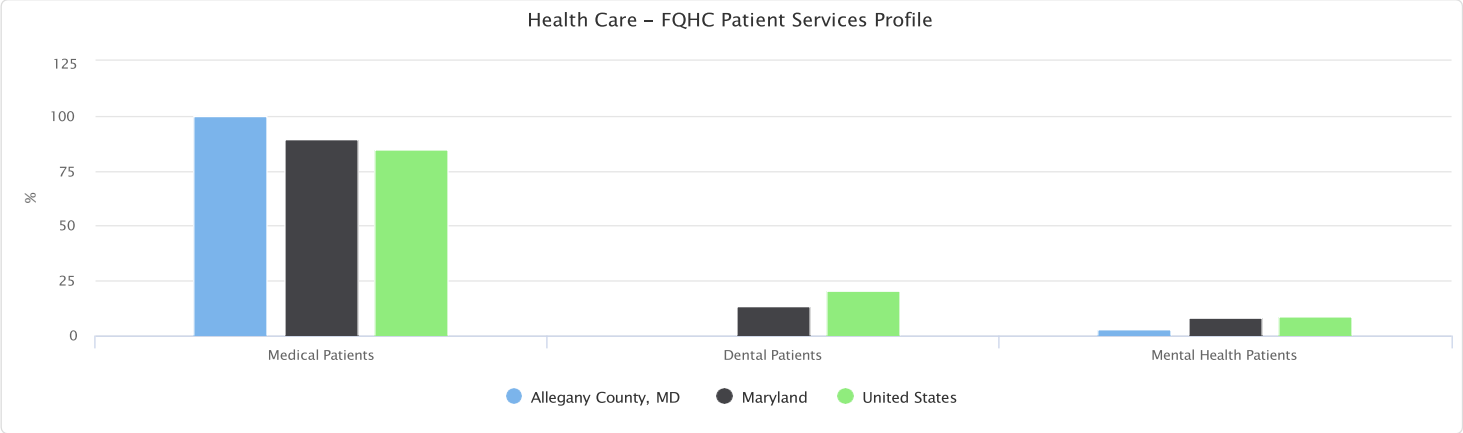
Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.



View larger map

HRSA Facility Data - Patients with Medical Services, Percentage of Patients Total Patients, HRSA - Uniform Data System 2023

- Over 95.0%
- 90.0 - 95.0%
- 78.0 - 89.9%
- Under 78.0%
- No Data
- Allegany County, MD

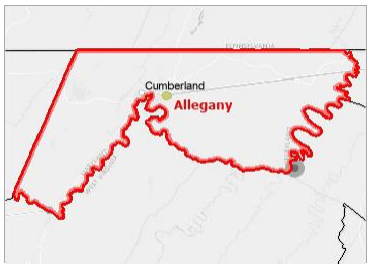


Health Care - FQHC Preventative Services

This indicator provides an overview of the prevalence of select preventative services utilization among patients seen in Federally Qualified Health Centers or FQHC Look-alikes that operate one or more service delivery sites within the report area. Percentages may exceed 100% as patients may be seen or more than one type of service.
Note: Data are based on the location of the health center and may include patients who reside outside of the report area.

Report Area	Total Patients	Cervical Cancer Screening	Breast Cancer Screening	Colorectal Cancer Screening	Childhood Immunization Status
Allegany County, MD	29,284.00	60.45%	65.13%	52.69%	23.75%
Maryland	322,045.00	56.69%	55.34%	36.58%	31.67%
United States	29,685,584.67	53.97%	51.42%	40.26%	31.44%

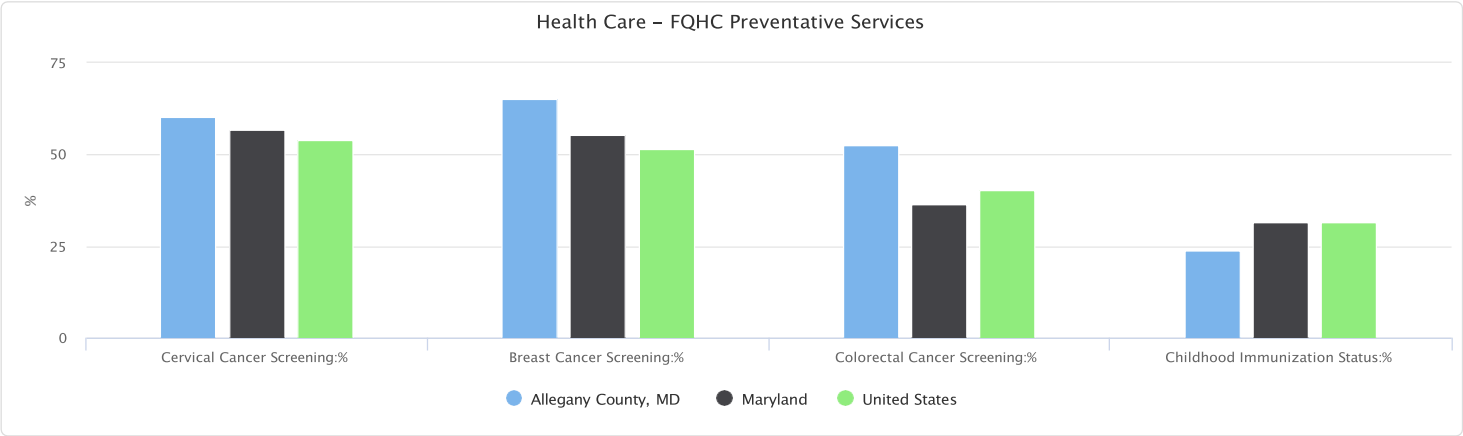
Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.



View larger map

HRSA Facility Data - Childhood Immunizations, Percentage of Children who Received Childhood Immunizations That Should be Completed by Age 2 , HRSA - Uniform Data System 2023

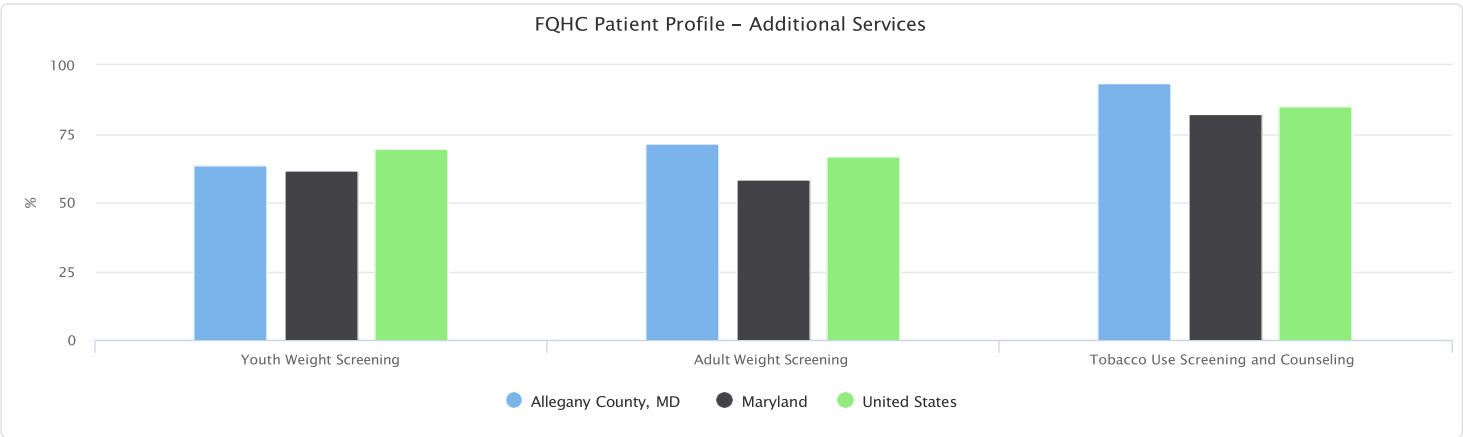
- Over 30.0%
- 23.1 - 30.0%
- 16.1 - 23.0%
- Under 16.1%
- No Data
- Allegany County, MD



FQHC Patient Profile - Additional Services

Report Area	Youth Weight Screening	Adult Weight Screening	Tobacco Use Screening and Counseling
Allegany County, MD	63.33%	71.58%	93.37%
Maryland	61.80%	58.31%	82.20%
United States	69.58%	66.94%	84.94%

Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.

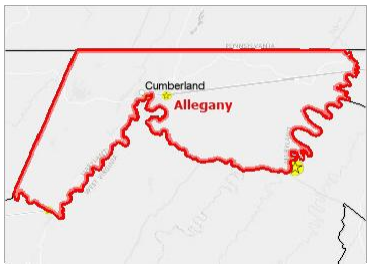


Health Care - FQHC Medical Conditions

This indicator provides an overview of the prevalence of select medical conditions among patients seen in Federally Qualified Health Centers or FQHC Look-alikes that operate one or more service delivery sites within the report area. Percentages may exceed 100% as patients may be seen or more than one type of service.
Note: Data are based on the location of the health center and may include patients who reside outside of the report area.

Report Area	Total Patients	Diabetes	Hypertension	Asthma	Human immunodeficiency virus (HIV)
Maryland	322,045.00	17.03%	6.86%	33.46%	1.86%
United States	29,685,584.67	16.69%	5.32%	28.48%	0.95%

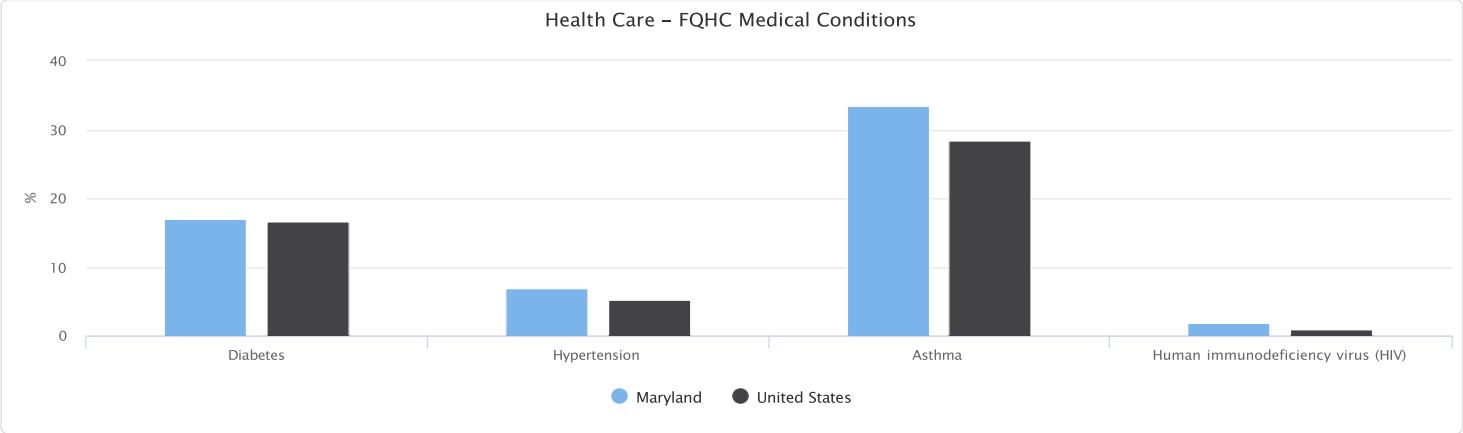
Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.



View larger map

HRSA Facility Data - Diabetes, Percentage of Patients Age 18-85 with Diabetes, HRSA - Uniform Data System 2023

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data
- Allegany County, MD

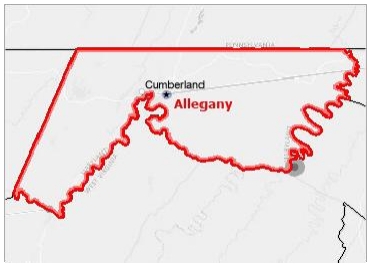


Health Care - FQHC Maternal and Child Health

This indicator provides an overview of the prenatal and perinatal health measures among prenatal care patients seen in Federally Qualified Health Centers or FQHC Look-alikes that operate one or more service delivery sites within the report area.
Note: Data are based on the location of the health center and may include patients who reside outside of the report area.

Report Area	Total Prenatal Care Patients	Early Entry into Prenatal Care	Low and Very Low Birth Weight
Allegany County, MD	431	93.74%	11.68%
Maryland	9,118	59.15%	8.51%
United States	557,069	79.82%	8.62%

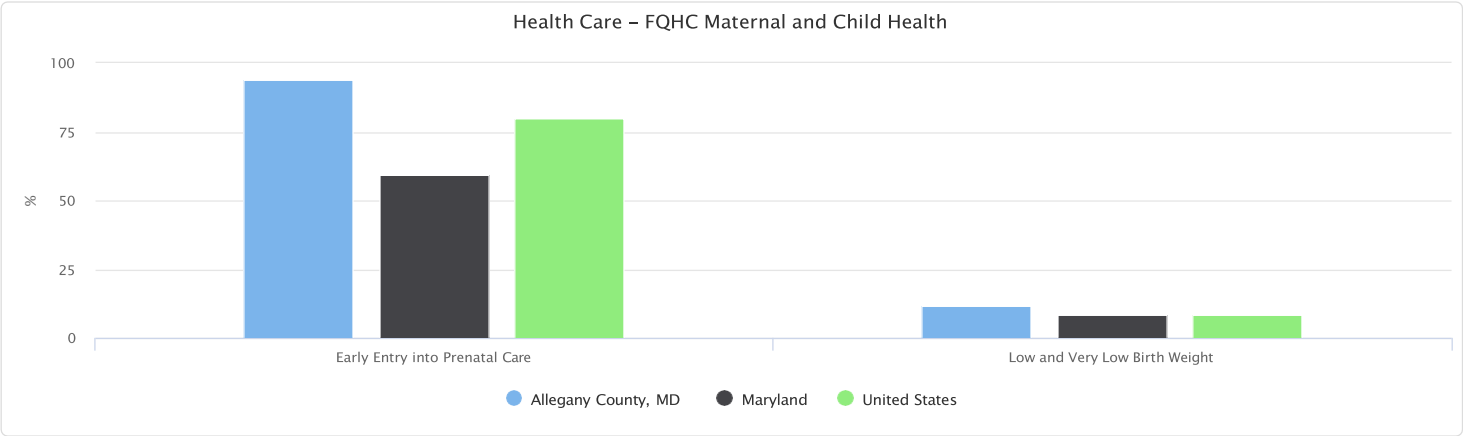
Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.



View larger map

HRSA Facility Data - Prenatal Visits in 1st Trimester, Percentage of Prenatal Patients, HRSA - Uniform Data System 2023

- Over 85.0%
- 75.0 - 85.0%
- 60.1 - 75.0%
- Under 60.0%
- No Data
- Allegany County, MD

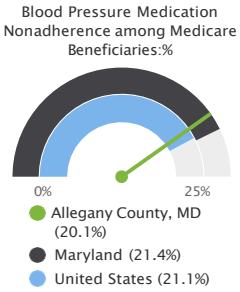


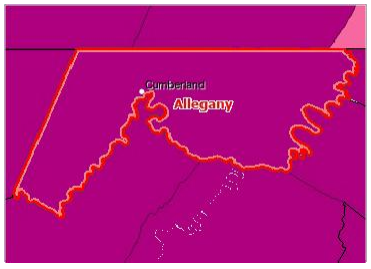
Prevention - High Blood Pressure Management (Medicare)

This indicator reports the number and percentage of Medicare beneficiaries not adhering to blood pressure medication schedules. Nonadherence is defined as having medication coverage days at less than 80%.

Report Area	Medicare Beneficiaries	Blood Pressure Medication Nonadherence, Percentage
Allegany County, MD	16,204	**20.1%**
Maryland	941,023	21.4%
United States	58,042,068	21.1%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke . 2019-2021.





View larger map

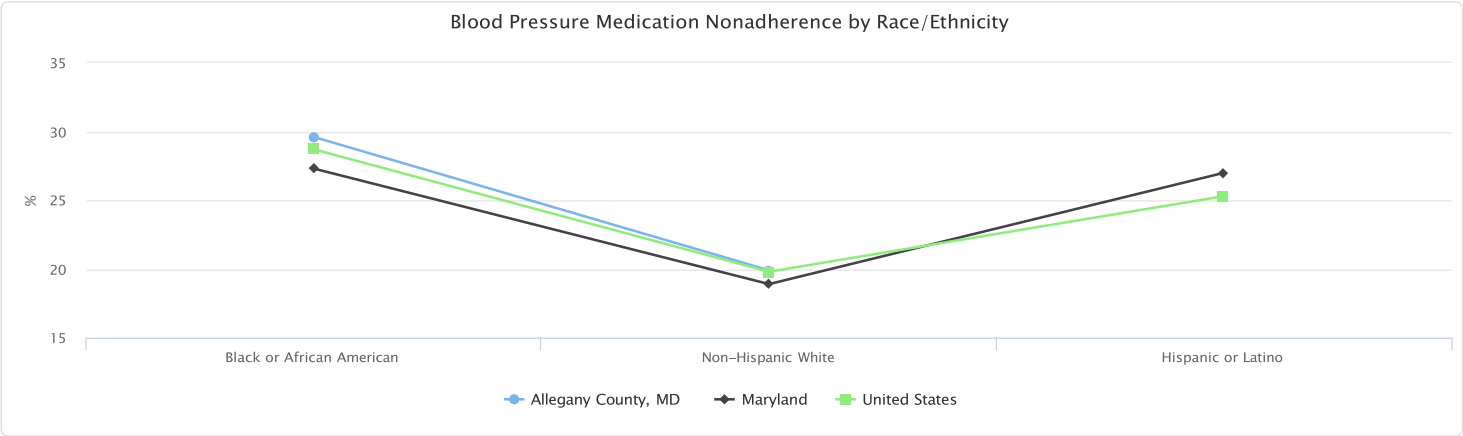
High Blood Pressure Hospitalizations, Rate per 1,000 Medicare Beneficiaries by County, CDC DHDSP Atlas 2019-2021

- Over 10.0
- 8.1 - 10.0
- 6.1 - 8.0
- Under 6.0
- No Data or Data Suppressed
- Allegany County, MD

Blood Pressure Medication Nonadherence by Race/Ethnicity

Report Area	Black or African American	Non-Hispanic White	Hispanic or Latino
Allegany County, MD	29.6%	19.9%	No data
Maryland	27.3%	18.9%	27.0%
United States	28.7%	19.8%	25.3%

Data Source: Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke . 2019-2021.



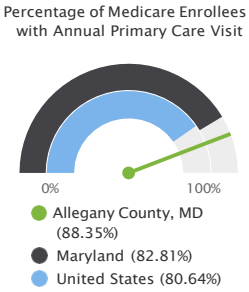
Prevention - Recent Primary Care Visit (Medicare)

This indicator reports the percentage of Medicare enrollees who self-report having at least one routine check-up with a doctor in the past 12 months. Data is obtained from the Dartmouth Atlas Data - Selected Primary Care Access and Quality Measures (2008-2019). 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.

Of the 12,502 Medicare enrollees in the report area, 11,045 or 88.35% reported a recent primary care visit as of year 2019.

Report Area	Medicare Enrollees	Medicare Enrollees with Recent Primary Care Visit	Medicare Enrollees with Recent Primary Care Visit, Percent
Allegany County, MD	12,502	11,045	88.35%
Maryland	656,158	543,364	82.81%
United States	54,701,950	44,111,328	80.64%

Note: This indicator is compared to the state average.
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.



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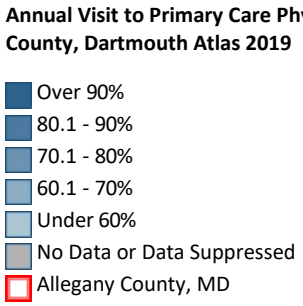
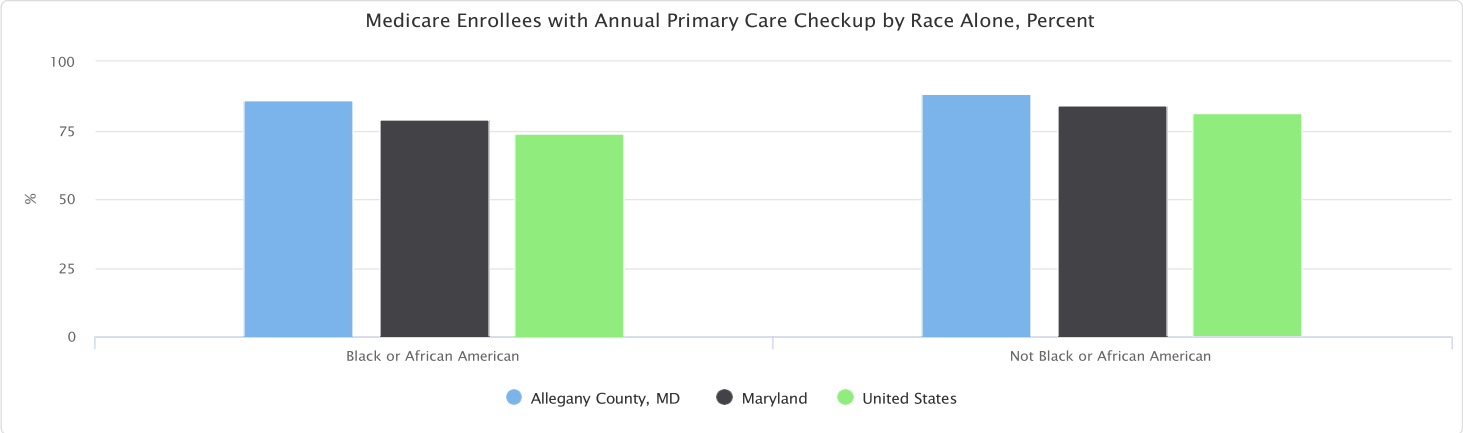


Medicare Enrollees with Annual Primary Care Checkup by Race Alone, Percent

This indicator reports the percentage of Medicare enrollees who self-report having at least one routine check-up with a doctor in the past 12 months by race alone in the report area as of year 2019.

Report Area	Black or African American	Not Black or African American
Allegany County, MD	85.78%	88.39%
Maryland	78.76%	83.93%
United States	73.65%	81.18%

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.

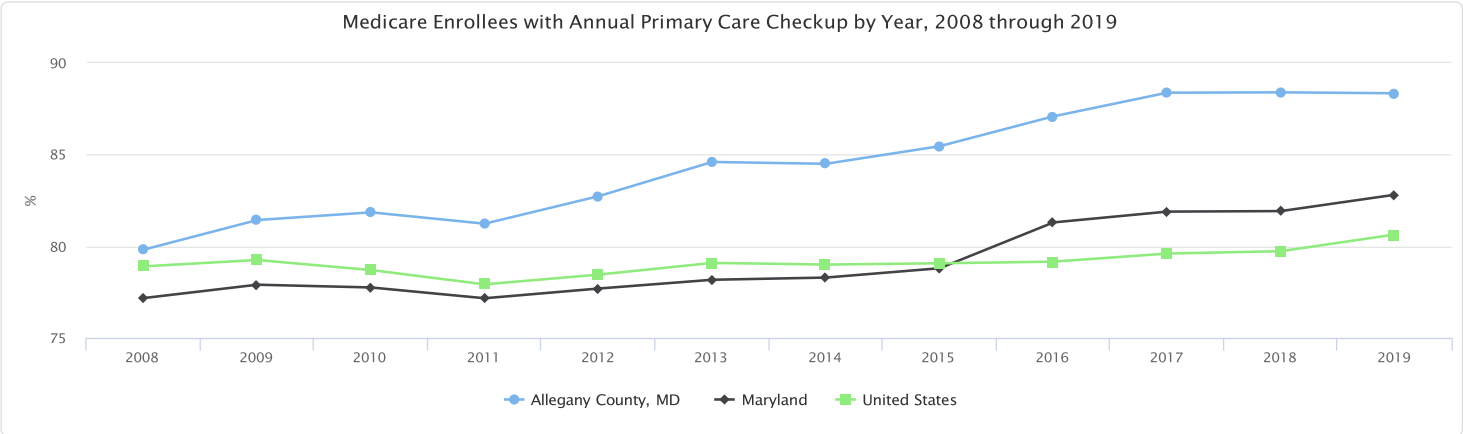


Medicare Enrollees with Annual Primary Care Checkup by Year, 2008 through 2019

This indicator reports the percentage of Medicare enrollees who self-report having at least one routine check-up with a doctor in the past 12 months from 2008 to 2019.
Note: The Dartmouth Atlas Data team has noted sudden declines in rates of primary care visits in several regions—for example, Portland, Maine and Elyria, Ohio—between 2015 and 2016. After investigating the causes of these declines, the data team determined that "the most likely explanation is the growth of primary care alternative payment models, where visits are bundled and thus not necessarily reported in the Fee-for-Service claims data."

Report Area	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Allegany County, MD	79.81%	81.43%	81.85%	81.23%	82.73%	84.60%	84.50%	85.46%	87.09%	88.38%	88.40%	88.35%
Maryland	77.17%	77.90%	77.75%	77.16%	77.69%	78.17%	78.29%	78.80%	81.30%	81.89%	81.92%	82.81%
United States	78.90%	79.25%	78.70%	77.92%	78.45%	79.09%	79.00%	79.07%	79.16%	79.60%	79.73%	80.64%

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.

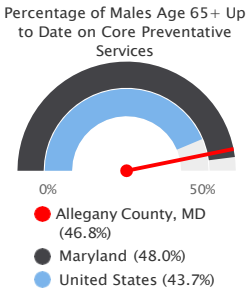


Prevention - Core Preventative Services for Men

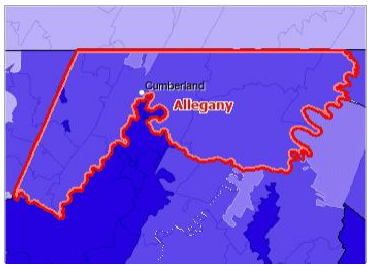
This indicator reports the percentage of males age 65 years and older who report that they are up to date on a core set of clinical preventive services. Services include: an influenza vaccination in the past year; a PPV ever; and either a fecal occult blood test (FOBT) within the past year, a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or a colonoscopy within the past 10 years.

Within the report area there are 46.8% men age 65 and older who had core preventative services in the last one to 10 years of the total male population age 65+.

Report Area	Total Population	Males Age 65+ Up to Date on Core Preventative Services (Crude)	Males Age 65+ Up to Date on Core Preventative Services (Age-Adjusted)
Allegany County, MD	70,057	**46.8%**	47.0%
Maryland	6,055,802	48.0%	48.5%
United States	331,449,281	43.7%	44.0%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.



View larger map

Preventative Services, Men Age 65+, Percent Up to Date by ZCTA, CDC BRFSS PLACES Project 2020

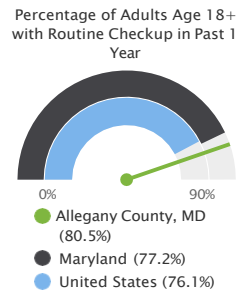
- Over 48.0%
- 44.1 - 48.0%
- 40.1 - 44.0%
- under 40.1%
- No Data or Data Suppressed
- Allegany County, MD

Prevention - Recent Primary Care Visit (Adult)

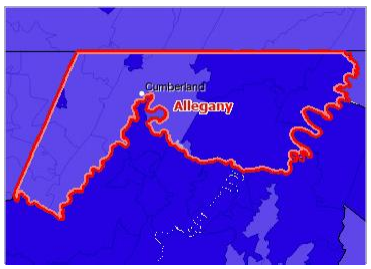
This indicator reports the percentage of adults age 18 and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, or condition) in the previous year.

Within the report area, an estimate 80.5% of adults age 18+ had a routine checkup in the past year.

Report Area	Total Population	Adults Age 18+ with Routine Checkup in Past 1 Year (Crude)	Adults Age 18+ with Routine Checkup in Past 1 Year (Age-Adjusted)
Allegany County, MD	67,267	**80.5%**	78.6%
Maryland	6,164,660	77.2%	75.5%
United States	333,287,557	76.1%	74.2%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



View larger map

Primary Care Physician Visit, Percent of Adults Seen in Past 1 Year by ZCTA, CDC BRFSS PLACES Project 2022

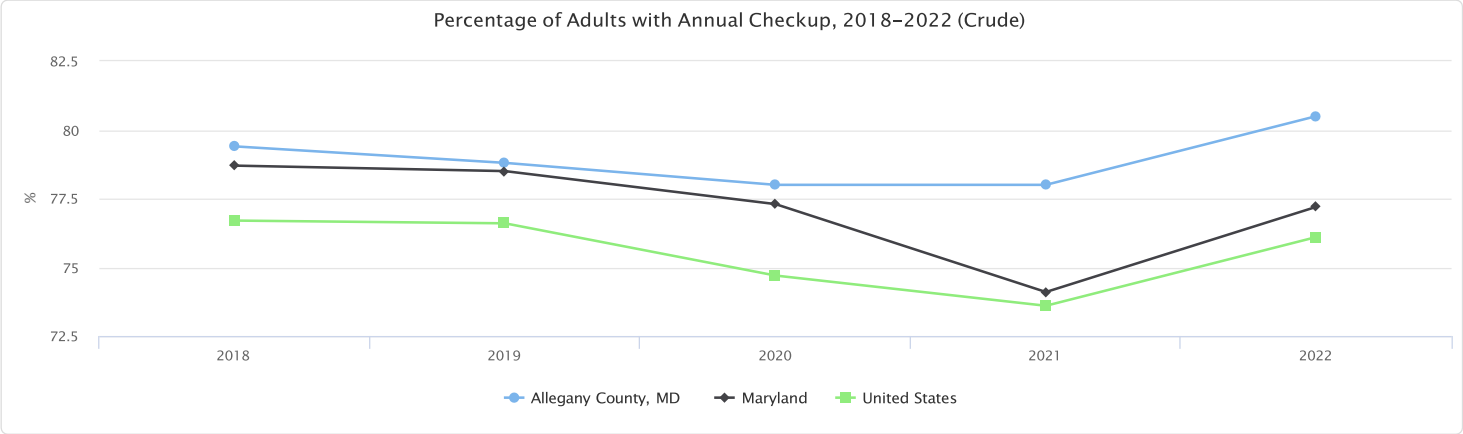
- Over 81.0%
- 77.1% - 81.0%
- 73.1% - 77.0%
- Under 73.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Annual Checkup, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who report having had a regular checkup in the past year.

Report Area	2018	2019	2020	2021	2022
Allegany County, MD	79.4%	78.8%	78.0%	78.0%	80.5%
Maryland	78.7%	78.5%	77.3%	74.1%	77.2%
United States	76.7%	76.6%	74.7%	73.6%	76.1%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .

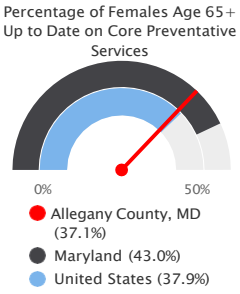


Prevention - Core Preventative Services for Women

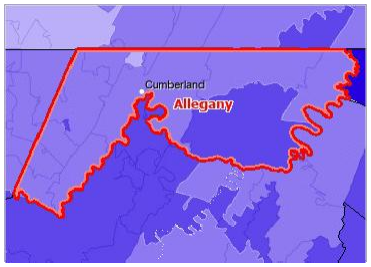
This indicator reports the percentage of females age 65 years and older who report that they are up to date on a core set of clinical preventive services. Services include: an influenza vaccination in the past year; a pneumococcal vaccination (PPV) ever; either a fecal occult blood test (FOBT) within the past year, a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or a colonoscopy within the previous 10 years; and a mammogram in the past 2 years.

Within the report area there are 37.1% women age 65 and older who had core preventative services in the last one to 10 years of the total female population age 65+.

Report Area	Total Population	Females Age 65+ Up to Date on Core Preventative Services (Crude)	Females Age 65+ Up to Date on Core Preventative Services (Age-Adjusted)
Allegany County, MD	70,057	**37.1%**	37.5%
Maryland	6,055,802	43.0%	43.1%
United States	331,449,281	37.9%	37.4%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.



View larger map

Preventative Services, Women Age 65+, Percent Up to Date by ZCTA, CDC BRFSS PLACES Project 2020

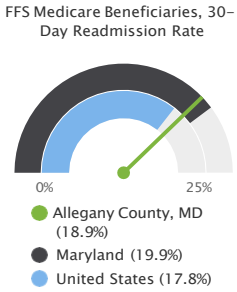
- Over 42.0%
- 38.1 - 42.0%
- 34.1 - 38.0%
- Under 34.1%
- No Data or Data Suppressed
- Allegany County, MD

Readmissions - All Cause (Medicare Population)

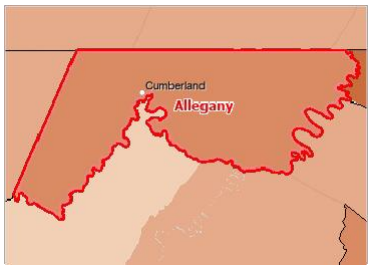
This indicator reports the number and rate of 30-day hospital readmissions among Fee-for-Service (FFS) Medicare beneficiaries. Hospital readmissions are unplanned visits to an acute care hospital within 30 days after discharge from a hospitalization. Patients may have unplanned readmissions for any reason, however readmissions within 30 days are often related to the care received in the hospital, whereas readmissions over a longer time period have more to do with other complicating illnesses, patients' own behavior, or care provided to patients after hospital discharge[1].

In the latest reporting period there were 16,231 FFS Medicare beneficiaries in the report area. 659, or 18.9% of hospitalizations resulted in a 30-day hospital readmission. The rate of readmissions in the report area was lower than the state rate of 19.9% during the same time period.

Report Area	Medicare FFS Beneficiaries	30-Day Hospital Readmissions	30-Day Hospital Readmissions, Rate
Allegany County, MD	16,231	659	18.9%
Maryland	948,203	29,375	19.9%
United States	59,319,668	1,078,862	17.8%



Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.



View larger map

30-Day Hospital Readmissions, Rate (%) by County, CMS 2022

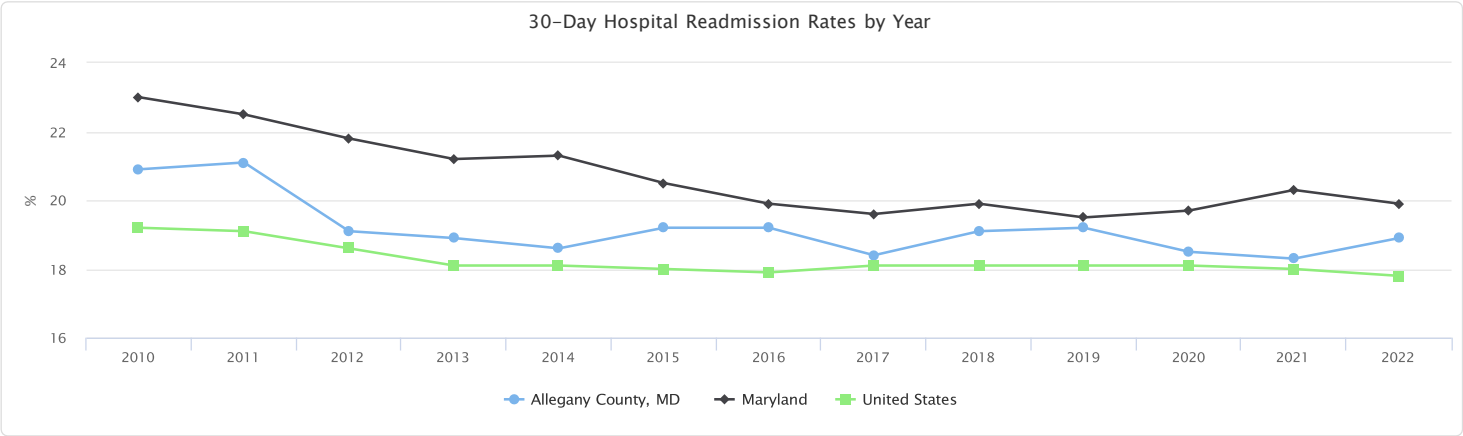
- Over 19.0%
- 17.1% - 19.0%
- 15.1% - 17.0%
- Under 15.1%
- No Data or Data Suppressed
- Allegany County, MD

30-Day Hospital Readmission Rates by Year

The table below displays local, state, and national trends in 30-day hospital readmission rates among FFS Medicare beneficiaries.

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Allegany County, MD	20.9%	21.1%	19.1%	18.9%	18.6%	19.2%	19.2%	18.4%	19.1%	19.2%	18.5%	18.3%	18.9%
Maryland	23.0%	22.5%	21.8%	21.2%	21.3%	20.5%	19.9%	19.6%	19.9%	19.5%	19.7%	20.3%	19.9%
United States	19.2%	19.1%	18.6%	18.1%	18.1%	18.0%	17.9%	18.1%	18.1%	18.1%	18.1%	18.0%	17.8%

Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.

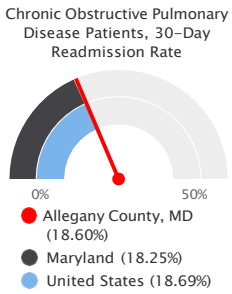


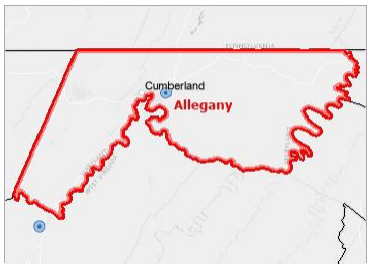
Readmissions - Chronic Obstructive Pulmonary Disease

This indicator reports the average 30-day rate of readmission for chronic obstructive pulmonary disease (COPD) patients in selected hospitals* within the report area. Readmission measures are estimates of the rate of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization due to chronic obstructive pulmonary disease (COPD).
**For a list of hospitals within the report area, see the data tables below.*

Report Area	Discharges for COPD	30-day Readmission Rate
Allegany County, MD	No data	**18.60%**
Maryland	8,789	18.25%
United States	288,796	18.69%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020-23.





View larger map

COPD Readmissions, Rate by Hospital, CMS-Unplanned 2020-23

- Over 20.0
- 19.0 - 20.0
- 18.0 - 18.9
- Under 18.0
- No Data or Data Suppressed
- Allegany County, MD

Readmissions for Chronic Obstructive Pulmonary Disease (COPD) - Hospital Data

The table below displays attribute information for hospitals reporting chronic obstructive pulmonary disease (COPD) readmissions. Table size is limited to 20 records.
Note: Location-level data are only available when county-level data are displayed.

Hospital	City	State	Readmission Rate
WESTERN MARYLAND REGIONAL MEDICAL CENTER	CUMBERLAND	No data	18.60%

Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020-23.

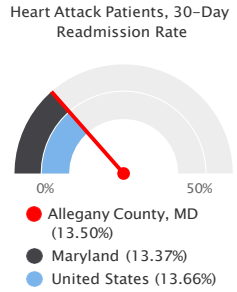
Readmissions - Heart Attack

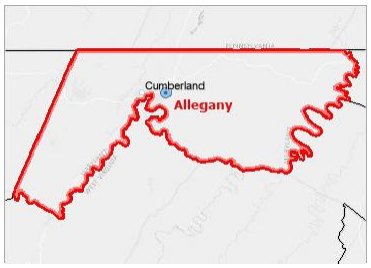
This indicator reports the average 30-day rate of readmission for heart attack patients in selected hospitals* within the report

area. Readmission measures are estimates of the rate of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization due to an acute myocardial infarction (heart attack).
**For a list of hospitals within the report area, see the data tables below.*

Report Area	Discharges for Heart Attack	30-day Readmission Rate
Allegany County, MD	No data	13.50%
Maryland	6,063	13.37%
United States	322,971	13.66%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020-23.





View larger map

Acute Myocardial Infarction (AMI) Readmissions, Rate by Hospital, CMS-Unplanned 2020-23

- Over 15.0
- 14.0 - 15.0
- 13.0 - 13.9
- Under 13.0
- No Data or Data Suppressed
- Allegany County, MD

Readmissions for Heart Attack - Hospital Data

The table below displays attribute information for hospitals reporting heart attack readmissions. Table size is limited to 20 records.
Note: Location-level data are only available when county-level data are displayed.

Hospital	City	State	Readmission Rate
WESTERN MARYLAND REGIONAL MEDICAL CENTER	CUMBERLAND	MD	13.50%

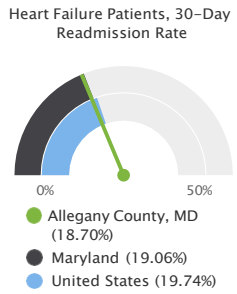
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020-23.

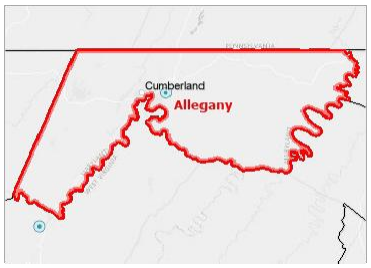
Readmissions - Heart Failure

This indicator reports the average 30-day rate of readmission for heart failure patients in selected hospitals* within the report area. Readmission measures are estimates of the rate of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization due to heart failure.
**For a list of hospitals within the report area, see the data tables below.*

Report Area	Discharges for Heart Failure	30-day Readmission Rate
Allegany County, MD	No data	18.70%
Maryland	20,917	19.06%
United States	962,329	19.74%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020-23.





View larger map

Heart Failure Readmissions, Rate by Hospital, CMS-Unplanned 2020-23

- Over 22.6
- 21.7 - 22.6
- 20.8 - 21.6
- Under 20.8
- No Data or Data Suppressed
- Allegany County, MD

Readmissions for Heart Failure - Hospital Data

The table below displays attribute information for hospitals reporting heart failure readmissions. Table size is limited to 20 records.
Note: Location-level data are only available when county-level data are displayed.

Hospital	City	State	Readmission Rate
WESTERN MARYLAND REGIONAL MEDICAL CENTER	CUMBERLAND	No data	18.70%

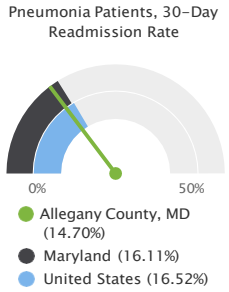
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020-23.

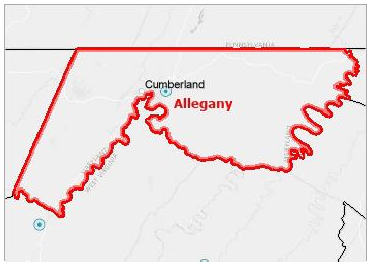
Readmissions - Pneumonia

This indicator reports the average 30-day rate of readmission for pneumonia patients in selected hospitals* within the report area. Readmission measures are estimates of the rate of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization due to pneumonia.
**For a list of hospitals within the report area, see the data tables below.*

Report Area	Discharges for Pneumonia	30-day Readmission Rate
Allegany County, MD	No data	**14.70%**
Maryland	17,318	16.11%
United States	836,858	16.52%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020-23.





View larger map

Pneumonia Readmissions, Rate by Hospital, CMS-Unplanned 2020-23

- Over 18.0
- 17.1 - 18.0
- 16.1 - 17.0
- Under 16.1
- No Data or Data Suppressed
- Allegany County, MD

Readmissions for Pneumonia - Hospital Data

The table below displays attribute information for hospitals reporting pneumonia readmissions. Table size is limited to 20 records.
Note: Location-level data are only available when county-level data are displayed.

Hospital	City	State	Readmission Rate
WESTERN MARYLAND REGIONAL MEDICAL CENTER	CUMBERLAND	No data	14.70%

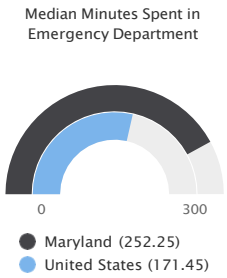
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020-23.

Median Minutes Spent in Emergency Department

This indicator reports the median number of minutes outpatients spent in the Emergency Department.
**For a list of hospitals within the report area, see the data tables below.*

Report Area	Patients Visiting Emergency Department	Median Time Spent in Emergency Depeartment
Maryland	171,702	252.25
United States	2,370,945	171.45

Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022-23.



View larger map

Average Time Spent in Emergency Department, Minutes Spent in ED Before Leaving by Hospital, CMS 2022-23

- Over 200
- 150 - 200
- 100 - 149
- Under 100
- No Data or Data Suppressed
- Allegany County, MD

Median Minutes Spent in Emergency Department

The table below displays attribute information for hospitals reporting patient wait time in the Emergency Department. Table size is limited to 20 records.
Note: Location-level data are only available when county-level data are displayed.

Hospital	City	State	Median Minutes Spent in Emergency Department
WESTERN MARYLAND REGIONAL MEDICAL CENTER	CUMBERLAND	No data	250.00

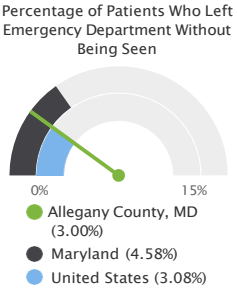
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022-23.

Patients Who Left Emergency Department Without Being Seen

This indicator reports the percentage of patients who left the emergency department before being seen by a doctor*.
**For a list of hospitals within the report area, see the data tables below.*

Report Area	Emergency Department Patients	Patients Who Left Before Being Seen, Percent
Allegany County, MD	35,563	3.00%
Maryland	1,775,029	4.58%
United States	132,014,764	3.08%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.



View larger map

Patients who Left Emergency Department Without Being Seen, Percent by Hospital, CMS 2022

- Over 5.0%
- 3.1 - 5.0%
- 1.1 - 3.0%
- Under 1.1%
- No Data or Data Suppressed
- Allegany County, MD

Patients Who Left Emergency Department Without Being Seen

The table below displays attribute information for hospitals reporting patients leaving the emergency department before receiving care. Table size is limited to 20 records.
Note: Location-level data are only available when county-level data are displayed.

Hospital	City	State	Patients Leaving Before Being Seen, Percent
WESTERN MARYLAND REGIONAL MEDICAL CENTER	CUMBERLAND	No data	3.00%

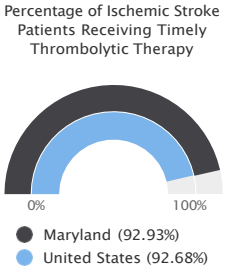
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.

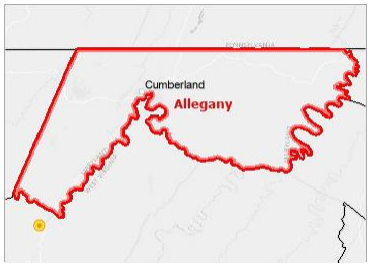
Timely and Effective Care - Stroke

This indicator reports the percentage of ischemic stroke patients who received medicine to break up a blood clot within 3 hours after symptoms started.
**For a list of hospitals within the report area, see the data tables below.*

Report Area	Ischemic Stroke Patients	Patients Receiving Therapy, Percent
Allegany County, MD	0	No data
Maryland	229	92.93%
United States	25,264	92.68%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018-20.





View larger map

Timely Stroke Care, CT Scan, Percentage of Stroke Patients Receiving Head CT Scan within 45 Minutes by Hospital, CMS 2018-20

- Over 90.0%
- 80.1 - 90.0%
- 65.1 - 80.0%
- Under 65.1%
- No Data or Data Suppressed
- Allegany County, MD

Healthcare Workforce

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.

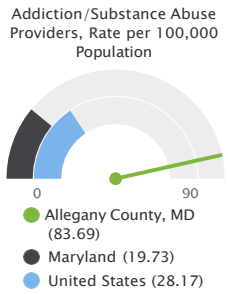
Access to Care - Addiction/Substance Abuse Providers

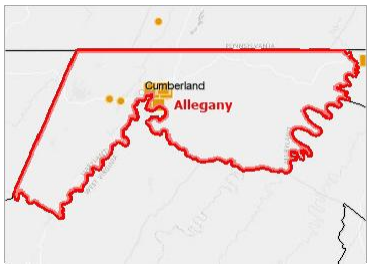
This indicator reports the number of providers who specialize in addiction or substance abuse treatment, rehabilitation, addiction medicine, or providing methadone. The providers include Doctors of Medicine (MDs), Doctor of Osteopathic Medicine (DOs), and other credentialed professionals with a Center for Medicare and Medicaid Services (CMS) and a valid National Provider Identifier (NPI). The number of facilities that specialize in addiction and substance abuse treatment are also listed (but are not included in the calculated rate). Data are from latest Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) Downloadable File.

Within the report area there are 57 providers who specialize in addiction or substance abuse. This represents 83.69 providers per 100,000 total population.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Allegany County, MD	68,106	23	57	**83.69**
Maryland	6,177,224	1,755	1,219	19.73
United States	334,735,155	21,837	94,292	28.17

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). October 2024.





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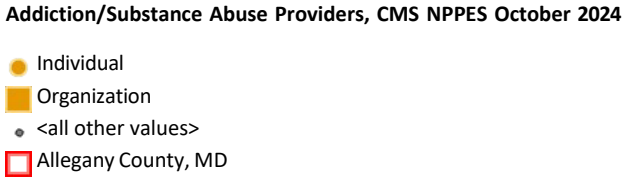


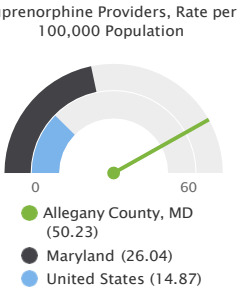
Access to Care - Buprenorphine Providers

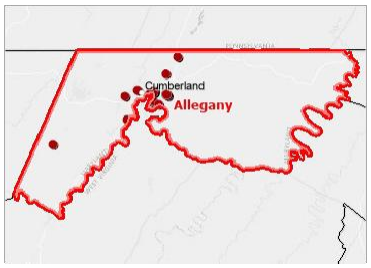
Buprenorphine is the first medication to treat opioid dependency that is permitted to be prescribed or dispensed in physician offices, significantly increasing treatment access. Qualified physicians are required to acquire and maintain certifications to legally dispense or prescribe opioid dependency medications. The table below shows the number of providers authorized to treat opioid dependency with buprenorphine based on the latest available data from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Within the report area there are 34 providers treating opioid dependency with buprenorphine. This represents 50.23 providers per 100,000 total population.

Report Area	Total Population (2021)	Buprenorphine Providers, Number	Buprenorphine Providers, Rate per 100,000 Population
Allegany County, MD	67,687	34	50.23
Maryland	6,175,045	1,608	26.04
United States	332,048,977	49,383	14.87

Note: This indicator is compared to the state average.
Data Source: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Oct. 2024.





View larger map

Physicians Authorized to Treat Opioid Dependency with Buprenorphine, SAMHSA Oct. 2024

Physicians Authorized to Treat Opioid Dependency with Buprenorphine, SAMHSA Oct. 2024
Allegany County, MD

Buprenorphine Providers

The table below lists providers in the report area certified to provide buprenorphine treatment and it is the latest available data from the SAMHSA Buprenorphine Treatment Practitioner Locator.

First Name	Last Name	Credential	Address	City	State	Zip Code	Phone Number
Jaaneali	Mehdi	M.D.	WESTERN MARYLAND HEALTH SYSTEM BEHAVIORA	Cumberland	MD	21502	240-964-8590
Jeremy	Hunt	NP	15 S. Centre St.	Cumberland	MD	21502	240-362-7279
Ali	El-Mohandes	No data	Center For Pain Management, LLC d/b/a NATIONAL SPINE & PAIN CENTERS	Cumberland	MD	21502	301-777-2543
Thomas	Devlin	M.D.	46 Jackson Street	Lonaconing	MD	21539	301-463-2216
Debra	Keller	NP	11604 Bedford Road	Cumberland	MD	21502	301-724-1144
Edward	Ehlers	M.D.	900 Seton Drive	Cumberland	MD	21502	301-759-1004
Jean	Ruiz	NP	Villa Maria of Mountain Maryland	Cumberland	MD	21502	667-600-2480
Orchid	Archer	Ms.	Allegany County Health dept	Cumberland	MD	21501	301-759-5050
Beverly	McLaughlin	NP	12503 Willowbrook Road SE	Cumberland	MD	21502	301-777-2285
Rebecca	Gauer	No data	12500 Willowbrook Road	Cumberland	MD	21502	410-598-1975
Joseph	Dekker	DO	4201 Northview Drive	Bowie	MD	20716	410-800-4466
Ashley	Chucci	NP	957 National Highway	Cumberland	MD	21502	240-362-7128
Rajendra	Lowtan	M.D.	200 GLENN STREET	CUMBERLAND	MD	21502	240-580-1919

First Name	Last Name	Credential	Address	City	State	Zip Code	Phone Number
Rishi	Bhatnagar	MD	12502 Willowbrook Drive	Cumberland	MD	21502	240-964-8631
Peggy	Ottey	NP	Ideal Option	Cumberland	MD	21502	1-877-522-1275
Damean	Freas	D.O.	211 Virginia Ave	Cumberland	MD	21502	800-405-2317
Robert	Lynn	M.D.	134 Baltimore Street	Cumberland	MD	21502	301-777-0620
Crystal	Walls	NP	15 South Centre Street	Cumberland	MD	21502	240-362-7279
Olayinka	Toby	NP	127 South Smallwood Street	Cumberland	MD	21215	410-497-4237
Beverly	McLaughlin	NP	13800 McMullen Highway	Cumberland	MD	21502	301-729-7132
Miriam	Zimela	NP	11602 Bedford Road NE	Cumberland	MD	21502	240-362-7077
William	Tham	M.D.	211 Virginia Ave	Cumberland	MD	21502	877-889-4829
Adeniran	Adeleye	NP	127 S. Smallwood Street	Cumberland	MD	21502	240-329-2535
Gratiela	Zbarcea	M.D.	UPMC Western Maryland	Cumberland	MD	21502	202-509-7741
Laurie	Poss	M.D.	127 S Smallwood Street	Cumberland	MD	21502	410-571-0904
Vamsi	Kanumuri	M.D.	Concentra	Baltimore	MD	21227	410-247-9595
Erika	Waynik	NP	200 Glenn Street Suite 302	Cumberland	MD	21502	240-580-1919
Mary	Cannon	MD	134 Baltimore St.	Cumberland	MD	21502	240-330-2430
Adaku	Ogoke	NP	127 S Smallwood Street	Cumberland	MD	21502	410-800-4466
Uchechukwu	Ifeji	NP	127 S. Smallwood St.	Cumberland	MD	21502	443-223-0073
David	Strickland	M.D.	12500 Willowbrook Road	Cumberland	MD	21502	240-964-8585
James	Deren	M.D.	WMHS Occ.Health Center,Arnes Plaza Ste15	Cumberland	MD	21502	240-964-9355
Ehsan	Abdeshahian	M.,D.	134 baltimore st st 201	cumberland	MD	21502	No data
Tiffany	Bennett	NP	12502 Willowbrook Road	Cumberland	MD	21502	240-964-8585
Miriam	Zimela	NP	11602 BEDFORD RD NE	Cumberland	MD	21502	240-362-7077
Mary	Cannon	MD	134 Baltimore St.	Cumberland	MD	21502	240-329-2535
William	Haynes	NP	72 E Greene Street	Cumberland	MD	21502	800-217-6407
Crystal	Walls	NP	15 South Centre Street	Cumberland	MD	21502	240-362-7279

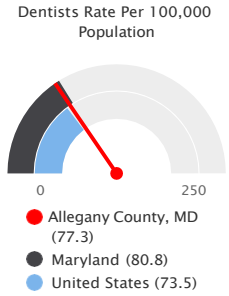
Data Source: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Oct. 2024.

Access to Care - Dental Health

This indicator reports the number of dentists in the report area as a rate per 100,000 total population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license. Data from the 2022 Area Health Resources File (AHRF) are used in the 2024 County Health Rankings.

Within the report area there are 52 dentists. This represents 77.3 providers per 100,000 total population.
Note: Data are suppressed for counties with population greater than 4,000 and 0 dentists.

Report Area	Estimated Population	Number of Dentists	Ratio of Dental Providers to Population (1 Provider per x Persons)	Dentists, Rate (Per 100,000 Population)
Allegany County, MD	67,267	52	1,293.6	**77.3**
Maryland	6,164,663	4,980	1,237.9	80.8
United States	333,266,964	244,811	1,361.3	73.5



Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. Accessed via County Health Rankings. 2022.

View larger map

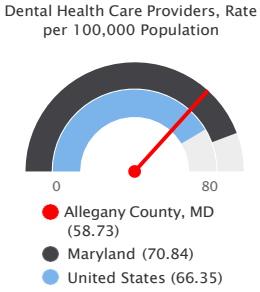
Access to Dentists, Z-Score by County, County Health Rankings 2024

- Over 0.66 (Worse)
- 0.11 - 0.66
- -0.32 - 0.10
- Under -0.32 (Better)
- No Data or Data Suppressed
- Allegany County, MD

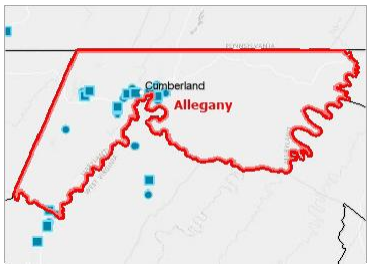
Access to Care - Dental Health Providers

This indicator reports the number of oral health care providers with a CMS National Provider Identifier (NPI). Providers included in this summary are those who list "dentist", "general practice dentist", or "pediatric dentistry" as their primary practice classification, regardless of sub-specialty. The number of facilities that specialize in oral health care are also listed (but are not included in the calculated rate). Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Allegany County, MD	68,106	14	40	**58.73**
Maryland	6,177,224	1,549	4,376	70.84
United States	334,735,155	84,047	222,089	66.35



Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). 2024.



View larger map

Dental Health Care Providers, CMS NPPES October 2024

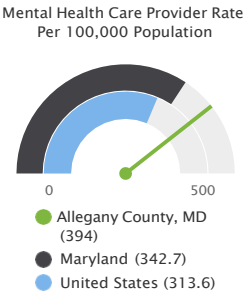
- Individual
- Organization
- <all other values>
- Allegany County, MD

Access to Care - Mental Health

This indicator reports the number of mental health providers in the report area as a rate per 100,000 total area population. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. Data from the 2023 Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file are used in the 2024 County Health Rankings.

Within the report area there are 265 mental health providers with a CMS National Provider Identifier (NPI). This represents 394 providers per 100,000 total population.
Note: Data are suppressed for counties with population greater than 1,000 and 0 mental health providers.

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Allegany County, MD	67,267	265	253.8	**394**
Maryland	6,164,655	21,128	291.8	342.7
United States	333,266,937	1,045,210	318.9	313.6



Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). Accessed via County Health Rankings. 2023.

View larger map

Access to Mental Health Care Providers, Z-Score by County, County Health Rankings 2024

- Over 0.66 (Worse)
- 0.11 - 0.66
- -0.32 - 0.10
- Under -0.32 (Better)
- No Data or Data Suppressed
- Allegany County, MD

Access to Care - Mental Health Providers

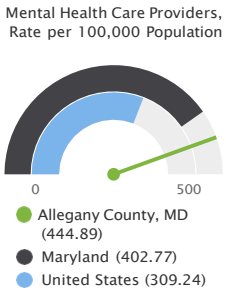
This indicator reports the number of providers with a CMS National Provider Identifier (NPI) that specialize in mental health. Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry, psychology, counseling, or child, adolescent, or adult mental health. The number of facilities that specialize in mental health are also listed (but are not included in the calculated rate). Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

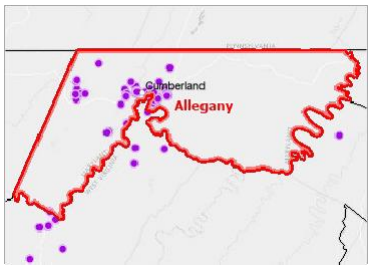
Within the report area there are 303 mental health providers with a CMS National Provider Identifier (NPI). This represents

444.89 providers per 100,000 total population.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Allegany County, MD	68,106	66	303	444.89
Maryland	6,177,224	6,389	24,880	402.77
United States	334,735,155	139,308	1,035,137	309.24

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). October 2024.





View larger map

Mental Health Providers, CMS NPPES October 2024

- Mental Health Providers, CMS NPPES October 2024
- Allegany County, MD

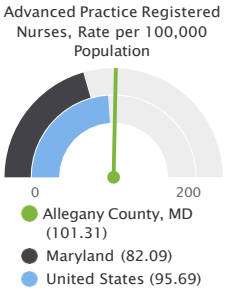
Access to Care - Nurse Practitioners

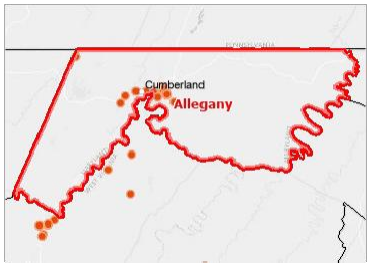
This indicator reports the number of nurses with a CMS National Provider Identifier (NPI). Nurses counted for this indicator include all advanced practice registered nurses (APRNs) and nurse practitioners, regardless of sub-specialty. Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

Within the report area there are 69 nurses with a CMS National Provider Identifier (NPI). This represents 101.31 providers per 100,000 total population.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Allegany County, MD	68,106	4	69	101.31
Maryland	6,177,224	234	5,071	82.09
United States	334,735,155	10,052	320,320	95.69

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). October 2024.





View larger map

Nurse Practitioners, CMS NPPES October 2024

- Nurse Practitioners, CMS NPPES October 2024
- Allegany County, MD

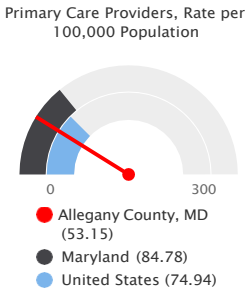
Access to Care - Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues and is used in the 2024 County Health Rankings.

Within the report area there are 36 primary care physicians. This represents 53.15 providers per 100,000 total population.
Note: Data are suppressed for counties with population greater than 2,000 and 0 primary care physicians.

Report Area	Total Population	Primary Care Physicians	Primary Care Physicians, Rate per 100,000 Population
Allegany County, MD	67,729	36	**53.15**
Maryland	6,165,129	5,227	84.78
United States	331,893,745	248,730	74.94

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. Accessed via County Health Rankings. 2021.



View larger map

Access to Primary Care Providers, Rate Per 100,000 Pop. by County, HRSA Area Health Resource File 2021

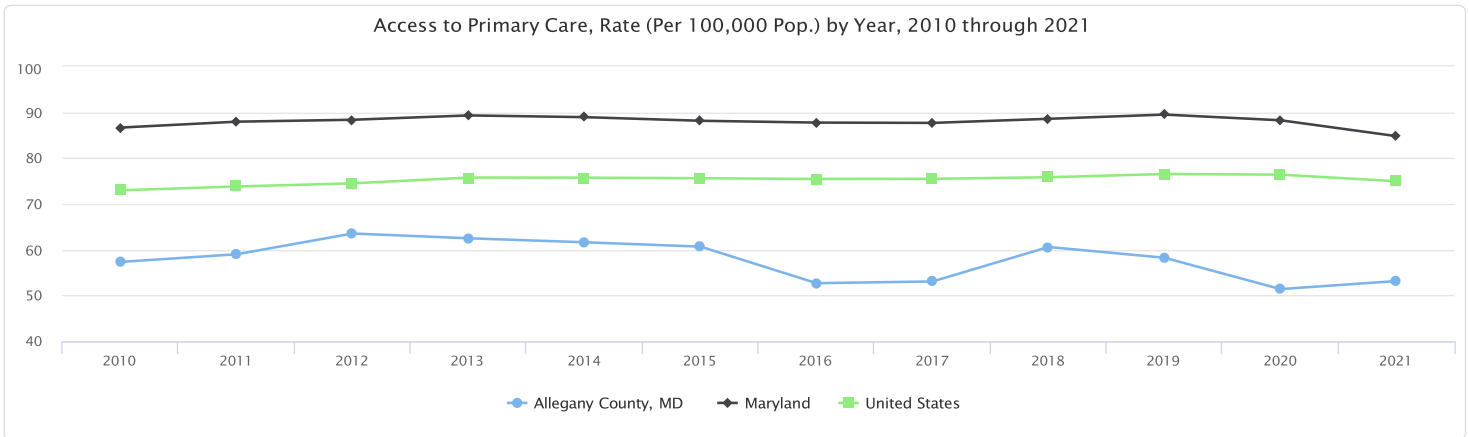
- Over 75.0
- 55.1 - 75.0
- 35.0 - 55.0
- Under 35.0
- No Data or Data Suppressed
- Allegany County, MD

Access to Primary Care, Rate (Per 100,000 Pop.) by Year, 2010 through 2021

This indicator reports the rate of primary care physicians per 100,000 population by year.

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Allegany County, MD	57.32	58.99	63.53	62.48	61.61	60.66	52.68	53.06	60.58	58.23	51.39	53.15
Maryland	86.65	87.94	88.36	89.31	88.93	88.14	87.74	87.67	88.57	89.49	88.25	84.78
United States	72.96	73.79	74.48	75.74	75.72	75.60	75.43	75.47	75.81	76.51	76.38	74.94

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. Accessed via County Health Rankings. 2021.

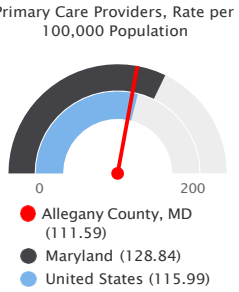


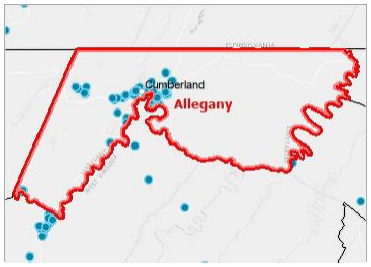
Access to Care - Primary Care Providers

This indicator reports the number of providers with a CMS National Provider Identifier (NPI) that specialize in primary care. Primary health providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics. The number of facilities that specialize in primary health care are also listed (but are not included in the calculated rate). Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Allegany County, MD	68,106	46	76	**111.59**
Maryland	6,177,224	3,030	7,959	128.84
United States	334,735,155	128,856	388,276	115.99

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). October 2024.





View larger map

Primary Care Physicians, All, CMS NPPES October 2024

All, CMS NPPES October 2024' /> Primary Care Physicians, All, CMS NPPES October 2024
Allegany County, MD

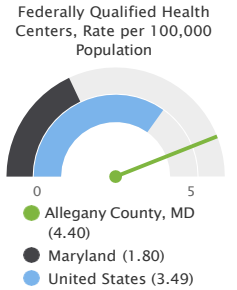
Federally Qualified Health Centers

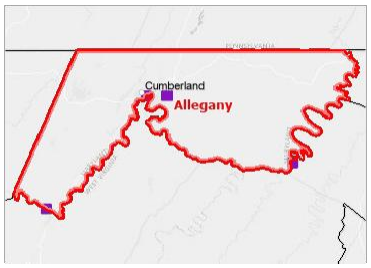
This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care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

Within the report area, there are 3 Federally Qualified Heath Centers. This means there is a rate of 4.40 Federally Qualified Health Centers per 100,000 total population.

Report Area	Total Population (2020)	Number of Federally Qualified Health Centers	Rate of Federally Qualified Health Centers per 100,000 Population
Allegany County, MD	68,106	3	**4.40**
Maryland	6,177,224	111	1.80
United States	334,735,149	11,680	3.49

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. December 2023.





View larger map

Federally Qualified Health Centers, POS December 2023

Federally Qualified Health Centers, POS December 2023
Allegany County, MD

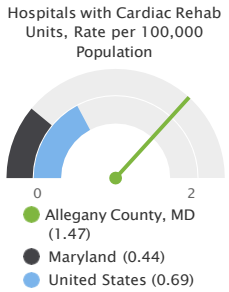
Hospitals with Cardiac Rehabilitation Units

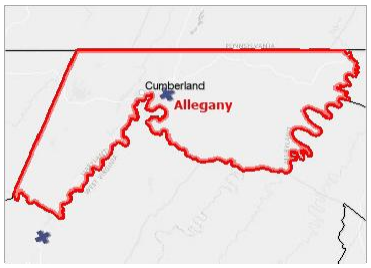
This indicator reports the number of hospitals with Cardiac Rehabilitation Units in the report area. This indicator is relevant because hospitals are community assets that provide health care to vulnerable populations.

Within the report area, there is 1 hospital with Cardiac Rehabilitation Units. This means there is a rate of 1.47 hospitals for every 100,000 total population.

Report Area	Total Population (2020)	Hospitals with Cardiac Rehab Units	Hospitals, Rate per 100,000 Population
Allegany County, MD	68,106	1	**1.47**
Maryland	6,177,224	27	0.44
United States	334,735,155	2,301	0.69

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke . 2019.





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Hospitals with Cardiac Rehabilitation Services by Address, CDC DHDSP Atlas 2019

Hospitals with Cardiac Rehabilitation Services by Address, CDC DHDSP Atlas 2019
Allegany County, MD

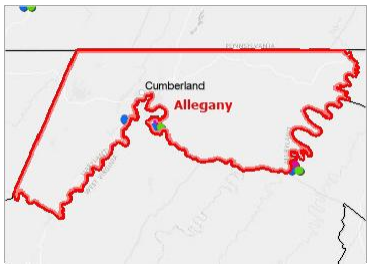
Health Professional Shortage Areas - All

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.

Within the report area, there are a total of 4 Health Professional Shortage Areas (HPSAs).

Report Area	Primary Care Facilities	Mental Health Care Facilities	Dental Health Care Facilities	Total HPSA Facility Designations
Allegany County, MD	1	2	1	4
Maryland	18	22	17	57
United States	4,446	4,519	4,388	13,353

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database. 2024.



View larger map

Facilities Designated as HPSAs, HRSA HPSA Database 2024

- Primary Care
- Mental Health
- Dental Health
- Allegany County, MD

Health Professional Shortage Areas - Dental Care

A **Health Professional Shortage Area (HPSA)** is a designation given by the Health Resources and Services Administration (HRSA) in the United States to identify geographic areas, populations, or facilities that lack sufficient health care professionals to meet the health needs of the community. HPSAs are categorized into three main types based on the specific type of health professional shortage:

Types of HPSA

- **Primary Care HPSA**: Areas with a shortage of primary care physicians, including family medicine, internal medicine, pediatrics, obstetrics, and gynecology.
- **Dental Health HPSA**: Areas with a shortage of dental health professionals, such as general and pediatric dentists.
- **Mental Health HPSA**: Areas with a shortage of mental health providers, including psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists.

This indicator reports the total population in the report area that is living in a dental health care Health Professional Shortage Area, regardless of the degree of shortage, or whether the HPSA covers the entire geographic area or a population subgroup. Indicator data are based on the following calculation:

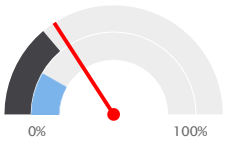
Percentage = [HPSA Population] / [Report Area Population] * 100

The population figures used in this calculation are from the 2019 American Community Survey 5-year Estimates.

Within the report area, there are 22,634 people living in a dental health care Health Professional Shortage Area. This means 31.68% of people likely don't have reliable or affordable access to a dentist.

Report Area	Total Population (ACS 2019 5-Year Estimates)	Dental Health Care HPSA Designation Population	HPSA Designation Population, Percentage of Total	Percentage of HPSA Population Underserved
Allegany County, MD	71,445	22,634	**31.68%**	95.41%
Maryland	6,018,848	1,667,145	27.70%	60.33%
United States	324,697,795	54,288,291	16.72%	67.52%

HPSA Designation Population, Percentage of Total



- Allegany County, MD (31.68%)
- Maryland (27.70%)
- United States (16.72%)

Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database. 2024.

View larger map

Dental Care HPSA Components, Type and Degree of Shortage by Tract / County, HRSA HPSA Database 2024

- Population Group; Over 20.0 FTE Needed
- Population Group; 1.1 - 20.0 FTE Needed
- Population Group; Under 1.1 FTE Needed
- Geographic Area; Over 20.0 FTE Needed
- Geographic Area; 1.1 - 20.0 FTE Needed
- Geographic Area; Under 1.1 FTE Needed
- Allegany County, MD

Population Living in a Health Professional Shortage Area

A **Health Professional Shortage Area (HPSA)** is a designation given by the Health Resources and Services Administration (HRSA) in the United States to identify geographic areas, populations, or facilities that lack sufficient health care professionals to meet the health needs of the community. HPSAs are categorized into three main types based on the specific type of health professional shortage:

Types of HPSA

- **Primary Care HPSA**: Areas with a shortage of primary care physicians, including family medicine, internal medicine, pediatrics, obstetrics, and gynecology.
- **Dental Health HPSA**: Areas with a shortage of dental health professionals, such as general and pediatric dentists.
- **Mental Health HPSA**: Areas with a shortage of mental health providers, including psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists.

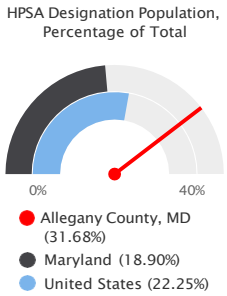
This indicator reports the total population in the report area that is living in a primary care Health Professional Shortage Area, regardless of the degree of shortage, or whether the HPSA covers the entire geographic area or a population subgroup. Indicator data are based on the following calculation:

Percentage = [HPSA Population] / [Report Area Population] * 100

The population figures used in this calculation are from the 2019 American Community Survey 5-year Estimates.

Within the report area, there are 22,634 people living in a primary care Health Professional Shortage Area. This represents 31.68% of the total population.

Report Area	Total Population (ACS 2019 5-Year Estimates)	Primary Care HPSA Designation Population	HPSA Designation Population, Percentage of Total	Percentage of HPSA Population Underserved
Allegany County, MD	71,445	22,634	**31.68%**	86.14%
Maryland	6,018,848	1,137,770	18.90%	70.48%
United States	324,697,795	72,230,619	22.25%	51.64%



Note: This indicator is compared to the state average.
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database. 2024.

View larger map

Primary Care HPSA Components, Type and Degree of Shortage by Tract / County, HRSA HPSA Database 2024

- Population Group; Over 20.0 FTE Needed
- Population Group; 1.1 - 20.0 FTE Needed
- Population Group; Under 1.1 FTE Needed
- Geographic Area; Over 20.0 FTE Needed
- Geographic Area; 1.1 - 20.0 FTE Needed
- Geographic Area; Under 1.1 FTE Needed
- Allegany County, MD

Community Health Needs Assessment

Location

Allegany County, MD

Health Behaviors

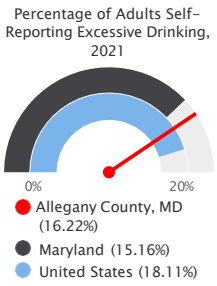
Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

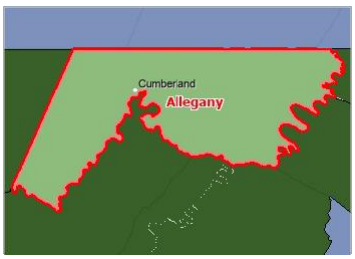
Alcohol - Heavy Alcohol Consumption

In the report area, 9,038, or 16.22% adults self-report excessive drinking in the last 30 days, which is greater than the state rate of 15.16%. Data for this indicator were based on survey responses to the 2021 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2024 County Health Rankings.
Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period. Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including: physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide. There are a number of evidence-based interventions that may reduce excessive/binge drinking; examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol abuse (Centers for Disease Control and Prevention, Preventing Excessive Alcohol Use, 2020).

Report Area	Population Age 18+	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Allegany County, MD	55,736	9,038	**16.22%**
Maryland	4,818,437	730,263	15.16%
United States	259,746,218	47,041,079	18.11%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2021.





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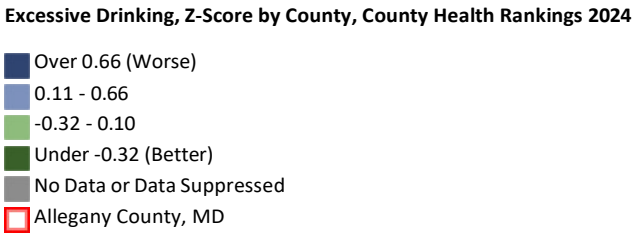


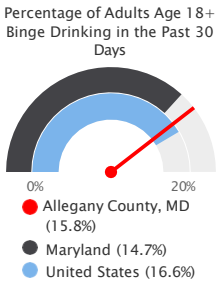
Alcohol - Binge Drinking

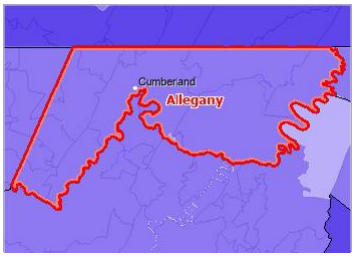
This indicator reports the percentage of adults age 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days.

Within the report area there are 15.8% adults age 18+ who reported having four or more drinks in the last month of the total population age 18+.

Report Area	Total Population	Adults Age 18+ Binge Drinking in the Past 30 Days (Crude)	Adults Age 18+ Binge Drinking in the Past 30 Days (Age-Adjusted)
Allegany County, MD	67,267	**15.8%**	17.9%
Maryland	6,164,660	14.7%	15.8%
United States	333,287,557	16.6%	18.0%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .





View larger map

Binge Drinking, Percent of Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

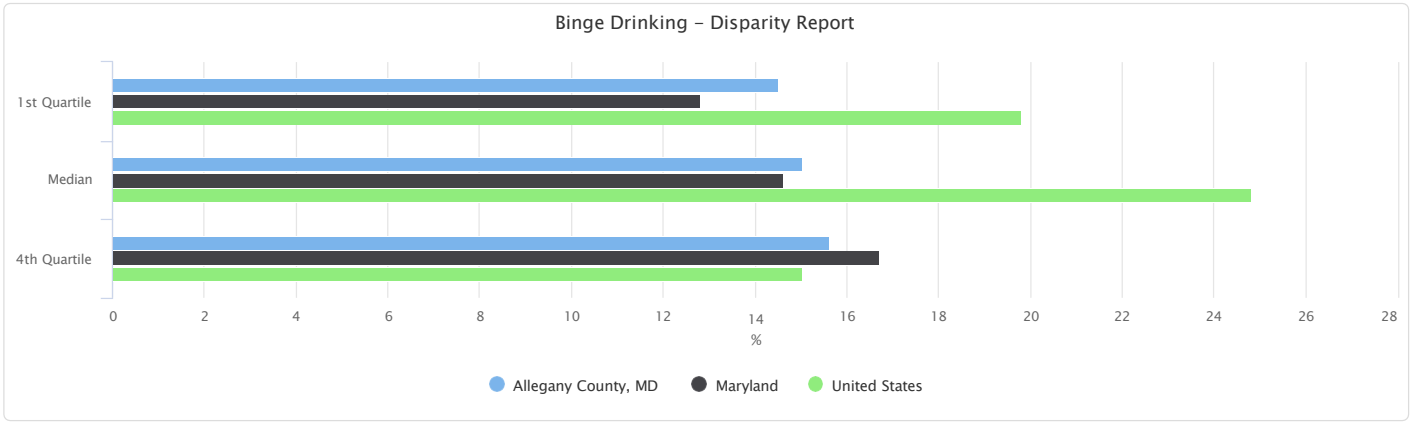
- Over 19.0%
- 16.1 - 19.0%
- 13.1 - 16.0%
- Under 13.1%
- No Data or Data Suppressed
- Allegany County, MD

Binge Drinking - Disparity Report

The table and chart below display the median and interquartile ranges for census tract values related to the indicator.

Report Area	1st Quartile	Median	4th Quartile
Allegany County, MD	14.50%	15.00%	15.60%
Maryland	12.80%	14.60%	16.70%
United States	19.80%	24.80%	15.00%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .

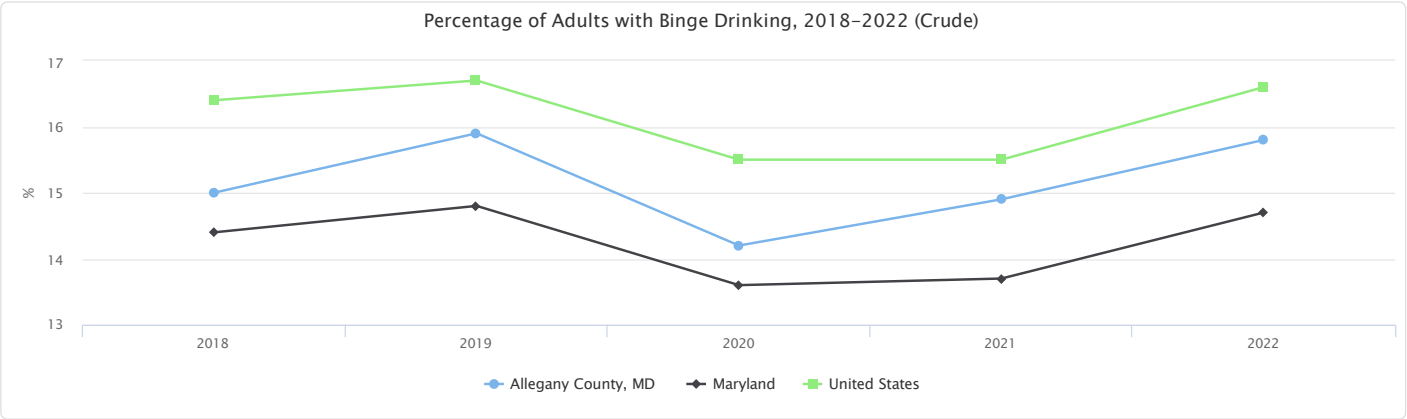


Percentage of Adults with Binge Drinking, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who report binge drinking.

Report Area	2018	2019	2020	2021	2022
Allegany County, MD	15.0%	15.9%	14.2%	14.9%	15.8%
Maryland	14.4%	14.8%	13.6%	13.7%	14.7%
United States	16.4%	16.7%	15.5%	15.5%	16.6%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .

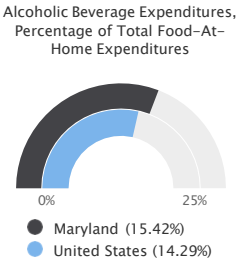


Alcohol - Expenditures

This indicator reports estimated annual expenditures for alcoholic beverages purchased at home, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (US)	Z-Score (Within-State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Allegany County, MD	7.00	-0.14	-1.30	Suppressed	Suppressed
Maryland	No data	0.5	No data	$926.48	15.42%
United States	No data	No data	No data	$839.54	14.29%

Note: This indicator is compared to the state average.
Data Source: Nielsen, Nielsen SiteReports. 2014.



View larger map

Alcoholic Beverage Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed
- Allegany County, MD

Breastfeeding - Ever

This indicator reports the percentage of children under 6 years old who were ever breastfed or fed breast milk.

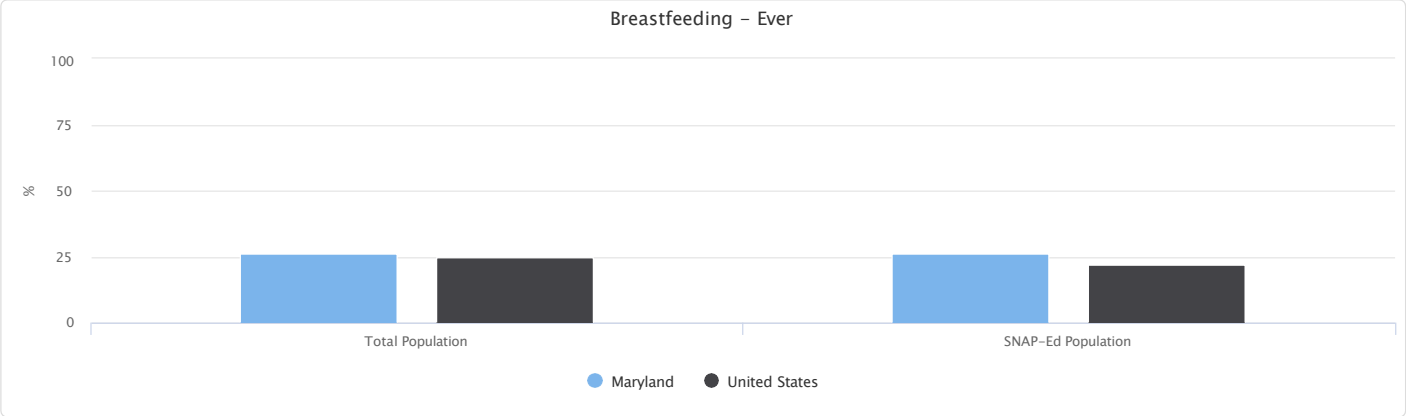
Report Area	Estimated Number of Children Ever Breastfed *Total Population*	Percentage of Children Ever Breastfed *Total Population*	Estimated Number of Children Ever Breastfed *SNAP-Ed Population*	Percentage of Children Ever Breastfed *SNAP-Ed Population*
Maryland	350,912	26.00%	97,168	26.00%
United States	18,113,282	25.00%	5,563,336	22.00%

Data Source: Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. Additional data analysis by CARES. 2023.

View larger map

Children Age 0-5 Ever Breastfed, Families Below 185% FPL, Percent by State, NSCH 2023

- Over 30.0%
- 25.1% - 30.0%
- 20.0% - 25.0%
- Under 20.0%
- Allegany County, MD

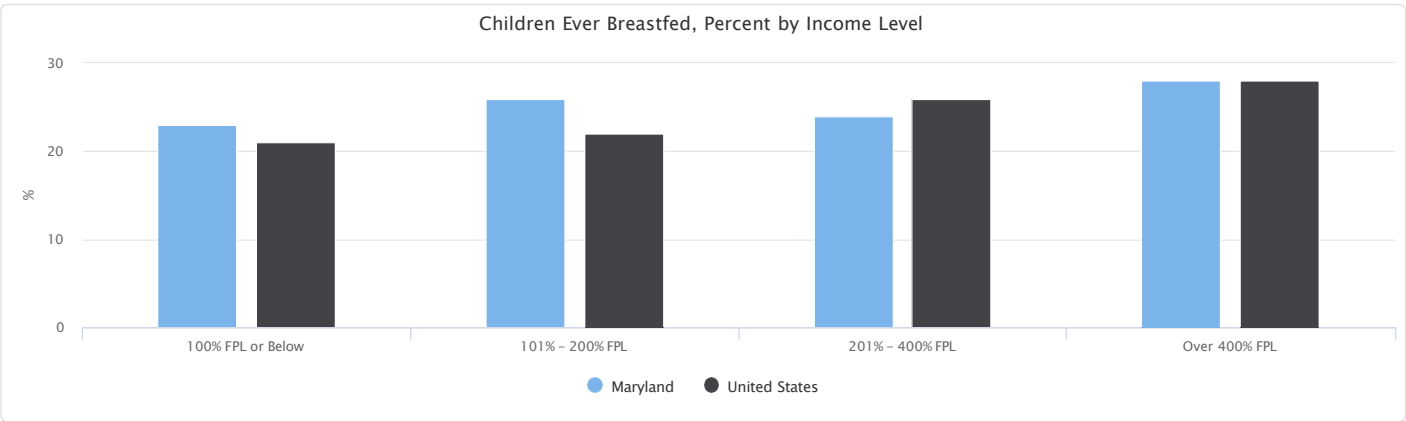


Children Ever Breastfed, Percent by Income Level

This indicator reports the percentage of children under age 6 who were ever breastfed, by income level.

Report Area	100% FPL or Below	101% - 200% FPL	201% - 400% FPL	Over 400% FPL
Maryland	23.00%	26.00%	24.00%	28.00%
United States	21.00%	22.00%	26.00%	28.00%

Data Source: Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. Additional data analysis by CARES. 2023.

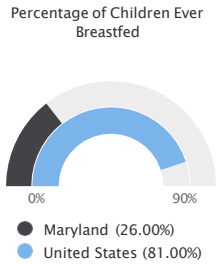


Breastfeeding (Any)

This indicator reports the percentage of mothers who are breastfeeding their infants at birth. This indicator is relevant because breastfeeding has positive health benefits for both infants and mothers and may lower infant mortality rates.

Report Area	Total Population (Age 0 - 5)	Number Ever Breastfed	Percent Ever Breastfed
Maryland	1,346,152	350,912	26.00%
United States	23,299,619	18,856,576	81.00%

Data Source: U.S. Census Bureau, National Survey of Children's Health. 2023.



View larger map

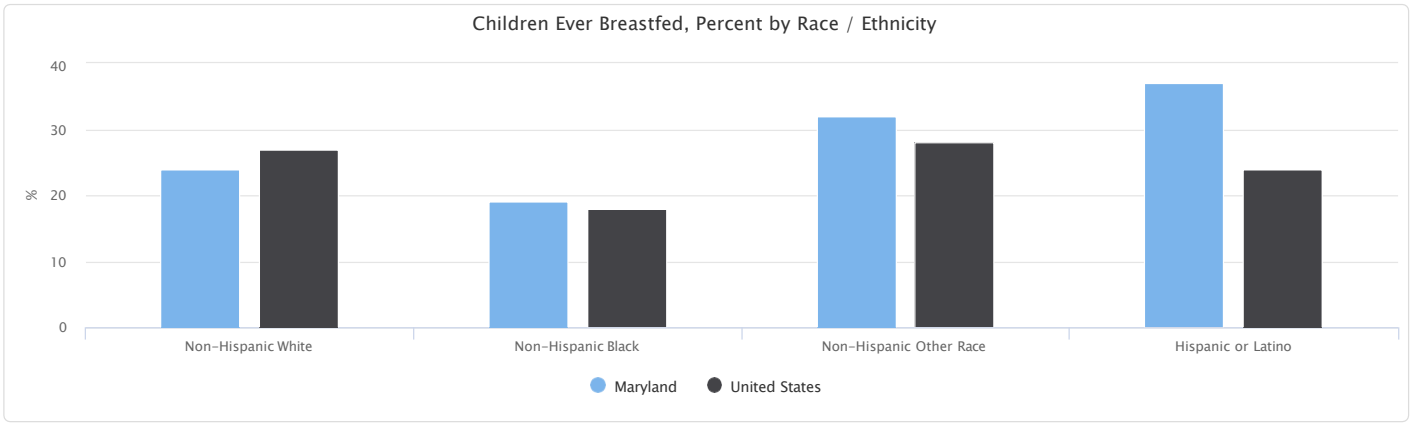
Children Age 0-5 Ever Breastfed, Percent by State, NSCH 2023

- Over 30.0%
- 25.1% - 30.0%
- 22.0% - 25.0%
- Under 22.0%
- Allegany County, MD

Children Ever Breastfed, Percent by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other Race	Hispanic or Latino
Maryland	24%	19%	32%	37%
United States	27%	18%	28%	24%

Data Source: U.S. Census Bureau, National Survey of Children's Health. 2023.

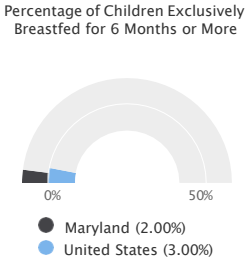


Breastfeeding (Exclusive)

This indicator reports the percentage of mothers who exclusively breastfeed their infants during their post-partum hospital stay. This indicator is relevant because breastfeeding has positive health benefits for both infants and mothers and may lower infant mortality rates.

Report Area	Total Population (Age 0 - 5)	Number Exclusively Breastfed	Percent Exclusively Breastfed
Maryland	1,346,152	31,838	2.00%
United States	23,299,619	681,899	3.00%

Data Source: U.S. Census Bureau, National Survey of Children's Health. 2023.



View larger map

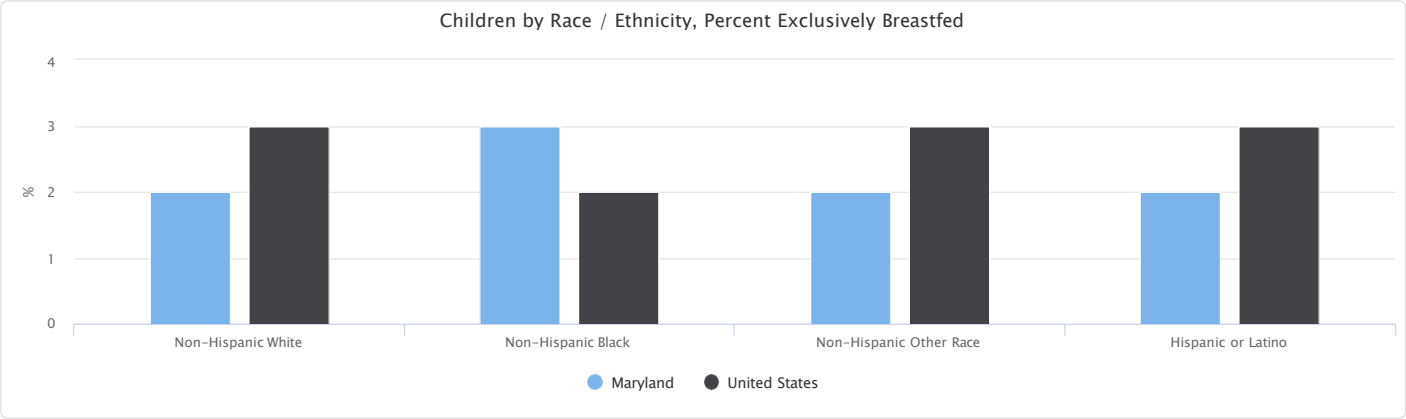
Children Age 0-5 Breastfed Exclusively for 6 Months, Percent by State, NSCH 2023

- Over 5.0%
- 3.0% - 5.0%
- 2.0% - 2.9%
- Under 2.0%
- No Data or Data Suppressed
- Allegany County, MD

Children by Race / Ethnicity, Percent Exclusively Breastfed

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other Race	Hispanic or Latino
Maryland	2%	3%	2%	2%
United States	3%	2%	3%	3%

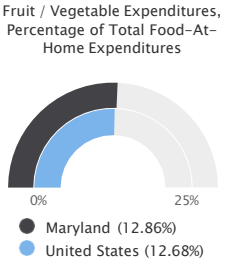
Data Source: U.S. Census Bureau, National Survey of Children's Health. 2023.



Fruit/Vegetable Expenditures

This indicator reports estimated expenditures for fruits and vegetables purchased for in-home consumption, as a percentage of total food-at-home expenditures. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (US)	Z-Score (Within-State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Allegany County, MD	22	-1.82	-2.04	Suppressed	Suppressed
Maryland	No data	0.26	No data	$772.16	12.86%
United States	No data	No data	No data	$744.71	12.68%



Note: This indicator is compared to the state average.
Data Source: Nielsen, Nielsen SiteReports. 2014.

View larger map

Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

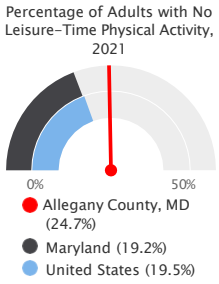
- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed
- Allegany County, MD

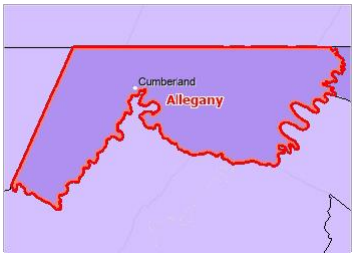
Physical Inactivity

Within the report area, 14,065 or 24.7% of adults aged 20 and older self-report no active leisure time, 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. *Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator. Estimated values for prior years (2004 - 2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.*

Report Area	Population Age 20+	Adults Age 20+ with No Leisure Time Physical Activity	Adults Age 20+ with No Leisure Time Physical Activity, Percent
Allegany County, MD	53,479	14,065	**24.7%**
Maryland	4,642,816	922,307	19.2%
United States	232,759,569	47,072,403	19.5%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.





View larger map

No Leisure-Time Physical Activity, Adults Age 20+, Percent by County, CDC NCCDPHP 2021

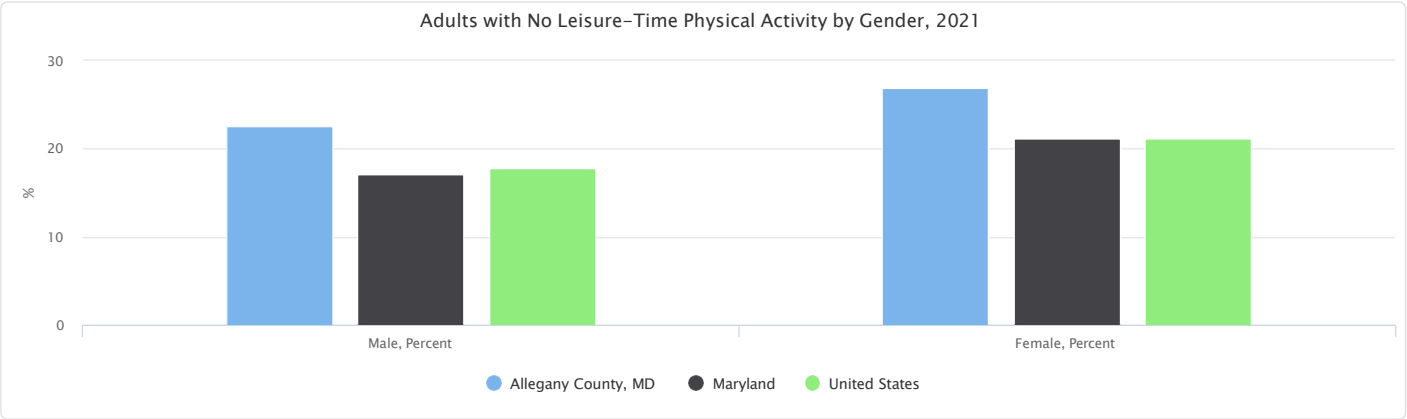
- Over 29.0%
- 26.1 - 29.0%
- 23.1 - 26.0%
- Under 23.1%
- No Data or Data Suppressed
- Allegany County, MD

Adults with No Leisure-Time Physical Activity by Gender, 2021

The table below displays national, state, and local variation in the percentage of adults reporting no leisure-time physical by gender.
The count and percentage values could be interpreted as, (take male values as an example), *"Of all the males age 20+ within the report area, there are a total of (value) people with no leisure-time physical activity, which accounts for (value) of the total males age 20+."*

Report Area	Male	Male, Percent	Female	Female, Percent
Allegany County, MD	6,587	22.6%	7,479	26.9%
Maryland	389,573	17.1%	532,737	21.2%
United States	20,816,430	17.8%	26,255,927	21.1%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.

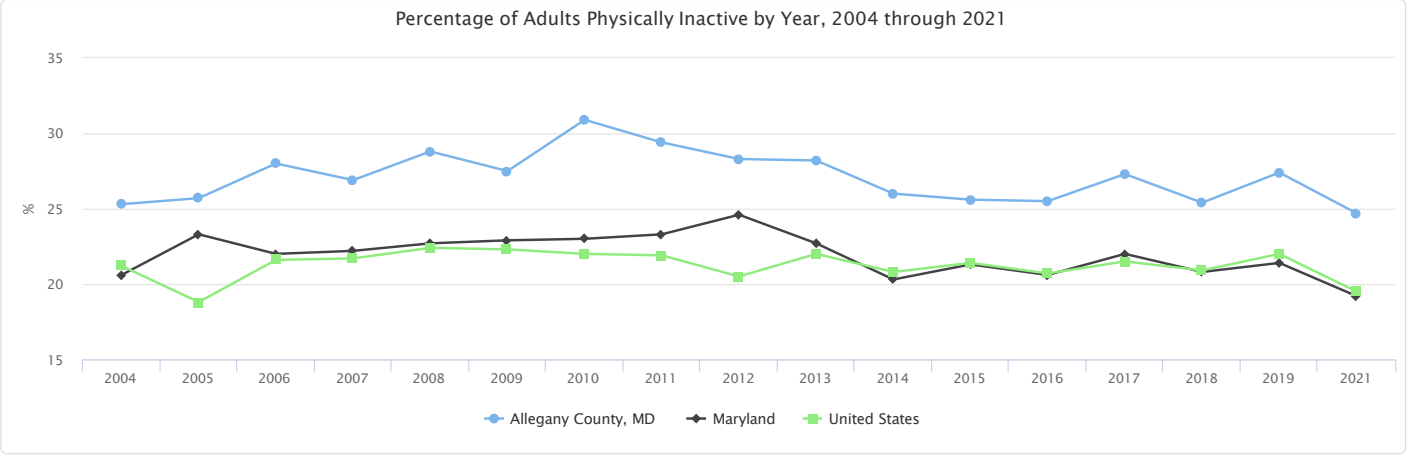


Percentage of Adults Physically Inactive by Year, 2004 through 2021

The table below displays trends in the percentage of adults reporting no leisure-time physical activity for years 2004 through 2021.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2021
Allegany County, MD	25.3%	25.7%	28.0%	26.9%	28.8%	27.5%	30.9%	29.4%	28.3%	28.2%	26.0%	25.6%	25.5%	27.3%	25.4%	27.4%	24.7%
Maryland	20.6%	23.3%	22.0%	22.2%	22.7%	22.9%	23.0%	23.3%	24.6%	22.7%	20.3%	21.3%	20.6%	22.0%	20.8%	21.4%	19.2%
United States	21.2%	18.8%	21.6%	21.7%	22.4%	22.3%	22.0%	21.9%	20.5%	22.0%	20.8%	21.4%	20.7%	21.5%	20.9%	22.0%	19.5%

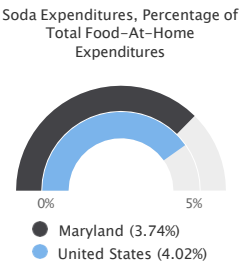
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.



Soda Expenditures

This indicator reports soft drink consumption by census tract by estimating expenditures for carbonated beverages, as a percentage of total food-at-home expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues such as diabetes and obesity. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (US)	Z-Score (Within-State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Allegany County, MD	24.00	2.12	2.48	Suppressed	Suppressed
Maryland	No data	-0.52	No data	$224.86	3.74%
United States	No data	No data	No data	$236.04	4.02%



Note: This indicator is compared to the state average.
Data Source: Nielsen, Nielsen SiteReports. 2014.

View larger map

Soda Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed
- Allegany County, MD

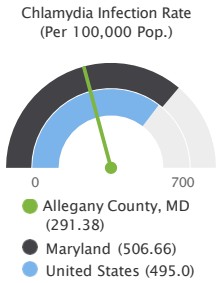
STI - Chlamydia Incidence

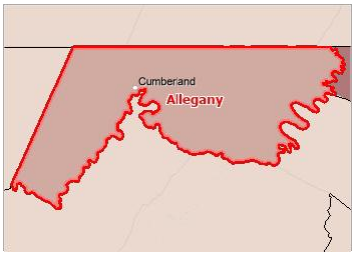
This indicator reports the number chlamydia cases occurring in the report area. Rates are presented per 100,000 population.

The number of cases is based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year. These data are delivered to and analyzed by the CDC as part of the Nationally notifiable STD surveillance system.

Report Area	Total Population	Chlamydia Infections	Chlamydia Infections, Rate per 100,000 Pop.
Allegany County, MD	67,267	196	**291.38**
Maryland	6,164,660	31,234	506.66
United States	333,287,557	1,649,716	495.0

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.





View larger map

Chlamydia, Infection Rate per 100,000 Population by County, CDC NCHHSTP 2022

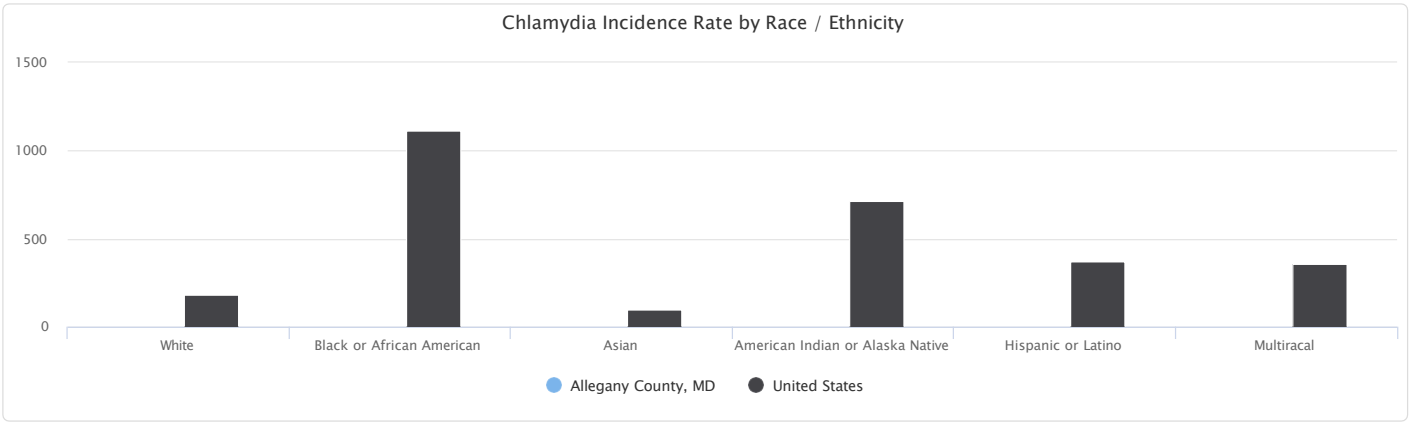
- Over 500.0
- 350.1 - 500.0
- 250.0 - 350.0
- Under 250.0
- No Data or Data Suppressed
- Allegany County, MD

Chlamydia Incidence Rate by Race / Ethnicity

The table below displays national, state, and local variation in the rate per 100,000 total population of diagnosed chlamydia cases for the latest report year by population race and ethnicity.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Hispanic or Latino	Multiracal
Allegany County, MD	Suppressed	Suppressed	0.0	0.0	0.0	Suppressed
Maryland	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
United States	184.3	1,113.3	100.6	716.6	368.0	355.6

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.

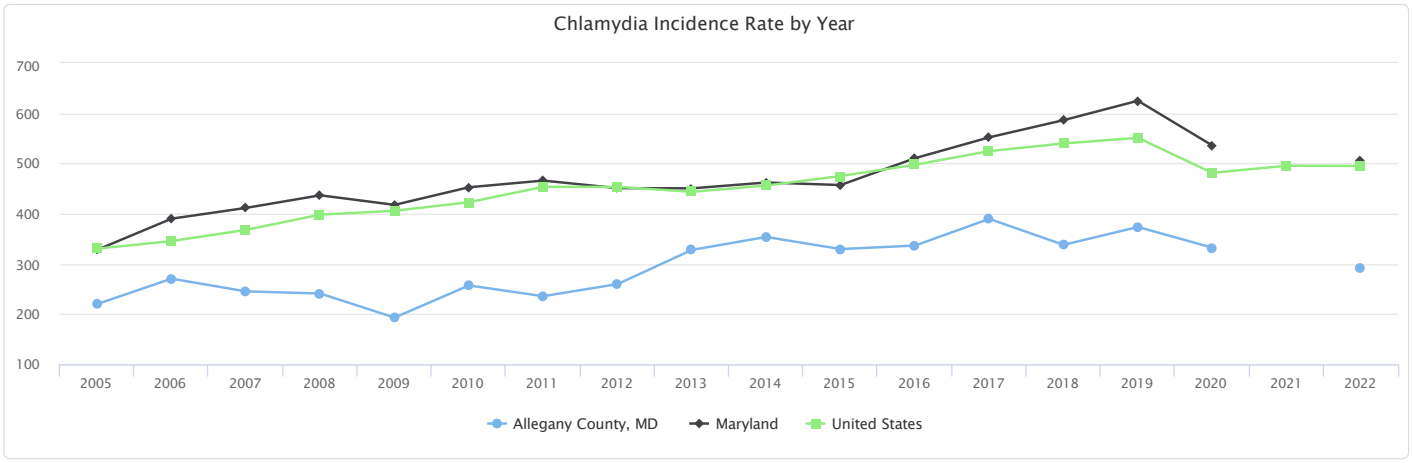


Chlamydia Incidence Rate by Year

The table below displays trends in the rate of diagnosed chlamydia cases for years 2005 through 2022. Rates are expressed per 100,000 total population.

Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Allegany County, MD	220.0	270.5	245.2	240.9	193.0	257.0	235.6	259.7	327.8	353.6	329.5	336.4	389.6	337.9	373.5	332.3	Suppressed	291.4
Maryland	328.0	390.0	411.4	436.6	417.5	452.6	465.9	450.9	450.4	462.1	457.0	510.4	552.1	586.3	624.9	535.9	No data	506.7
United States	330.3	345.4	367.7	398.0	405.7	422.8	453.4	453.4	443.5	456.1	475.0	497.3	524.6	539.9	551.0	481.3	495.5	495.0

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.



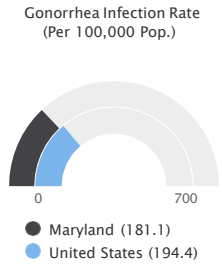
STI - Gonorrhea Incidence

This indicator reports the number gonorrhea cases occurring in the report area. Rates are presented per 100,000 population.

The number of cases is based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year. These data are delivered to and analyzed by the CDC as part of the Nationally notifiable STD surveillance system.

Report Area	Total Population	Gonorrhea Infections	Gonorrhea Infections, Rate per 100,000 Pop.
Allegany County, MD	67,729	Suppressed	Suppressed
Maryland	6,164,660	11,164	181.1
United States	333,287,557	648,056	194.4

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.



View larger map

Gonorrhea, Infection Rate per 100,000 Population by County, CDC NCHHSTP 2022

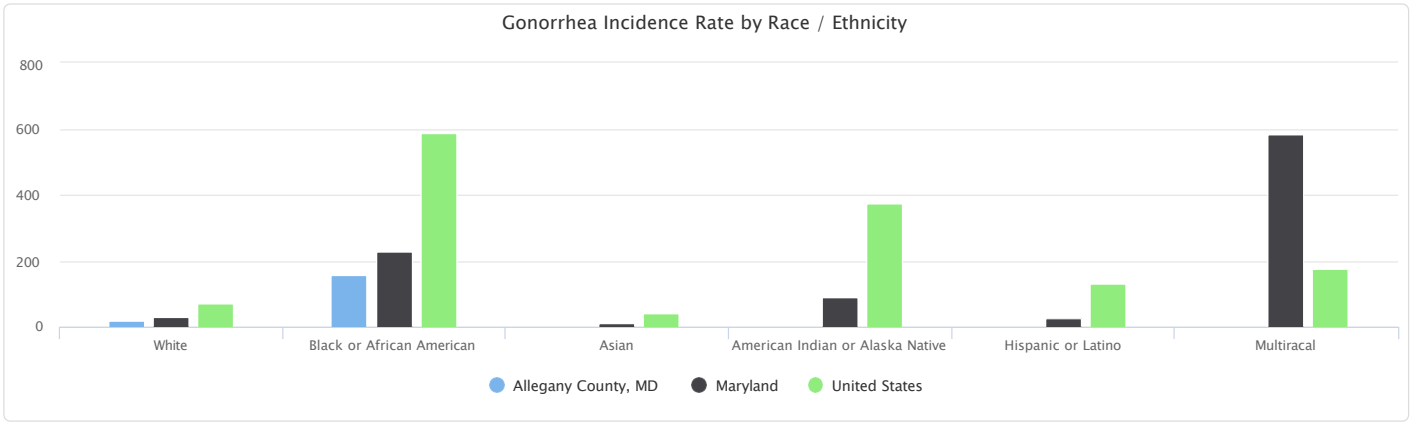
- Over 200.0
- 100.1 - 200.0
- 50.0 - 100.0
- Under 50.0
- No Data or Data Suppressed
- Allegany County, MD

Gonorrhea Incidence Rate by Race / Ethnicity

The table below displays national, state, and local variation in the rate per 100,000 of diagnosed gonorrhea cases for the latest report year by population race and ethnicity.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Hispanic or Latino	Multiracal
Allegany County, MD	18.9	156.8	0.0	0.0	Suppressed	Suppressed
Maryland	30.2	227.1	10.3	88.7	27.6	582.2
United States	72.8	585.9	39.8	373.7	131.7	177.5

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.

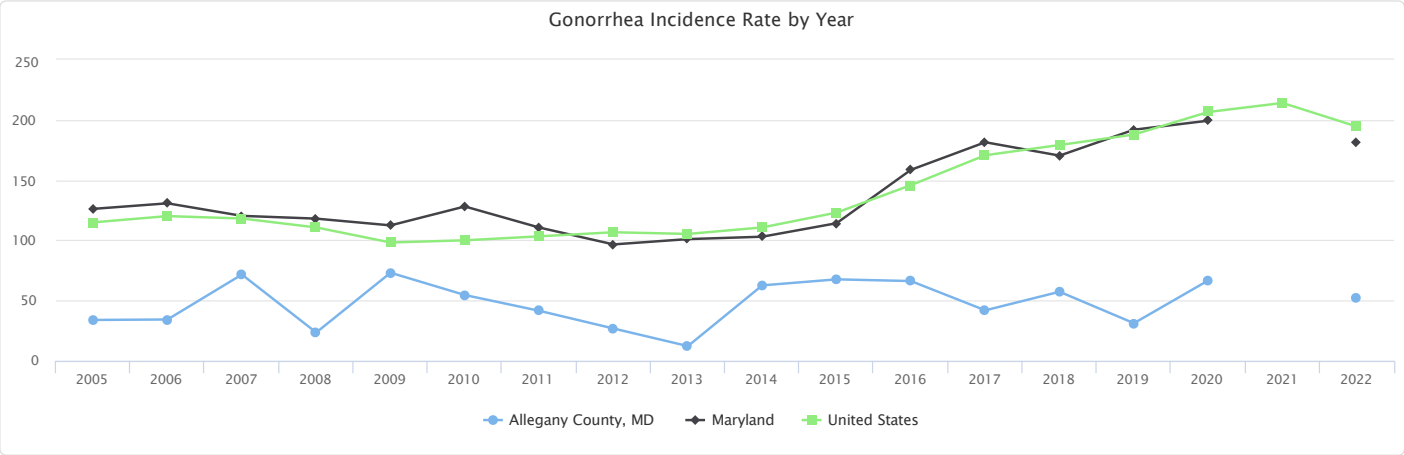


Gonorrhea Incidence Rate by Year

The table below displays trends in the rate of diagnosed gonorrhea cases for years 2005 through 2022. Rates are expressed per 100,000 total population.

Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Allegany County, MD	33.9	34.3	71.6	23.5	73.1	54.6	41.5	26.8	12.2	62.6	67.6	66.2	41.9	57.3	31.2	66.7	Suppressed	52.0
Maryland	126.1	130.7	120.3	118.0	112.4	128.1	110.6	96.6	101.0	103.0	114.2	158.5	181.4	170.3	191.8	199.3	No data	181.1
United States	114.9	120.1	118.1	110.7	98.2	100.0	103.3	106.7	105.3	110.7	123.0	145.8	170.6	179.1	187.8	206.5	214.0	194.4

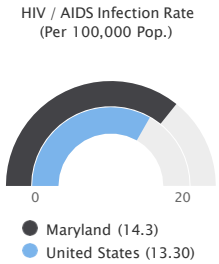
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.



STI - HIV Incidence

This indicator reports the incidence rate of HIV infection or infection classified as state 3 (AIDS) per 100,000 population. Incidence refers to the number of confirmed diagnoses during a given time period, in this case is January 1st and December 31st of the latest reporting year.

Report Area	Population Age 13+	Total HIV / AIDS Infections	HIV / AIDS Infections, Rate per 100,000 Pop.
Allegany County, MD	58,875	Suppressed	Suppressed
Maryland	5,215,645	748	14.3
Maryland	5,215,645	748	14.3
United States	282,494,087	37,601	13.30



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.

View larger map

HIV Incidence, Infection Rate per 100,000 Population by County, CDC NCHHSTP 2022

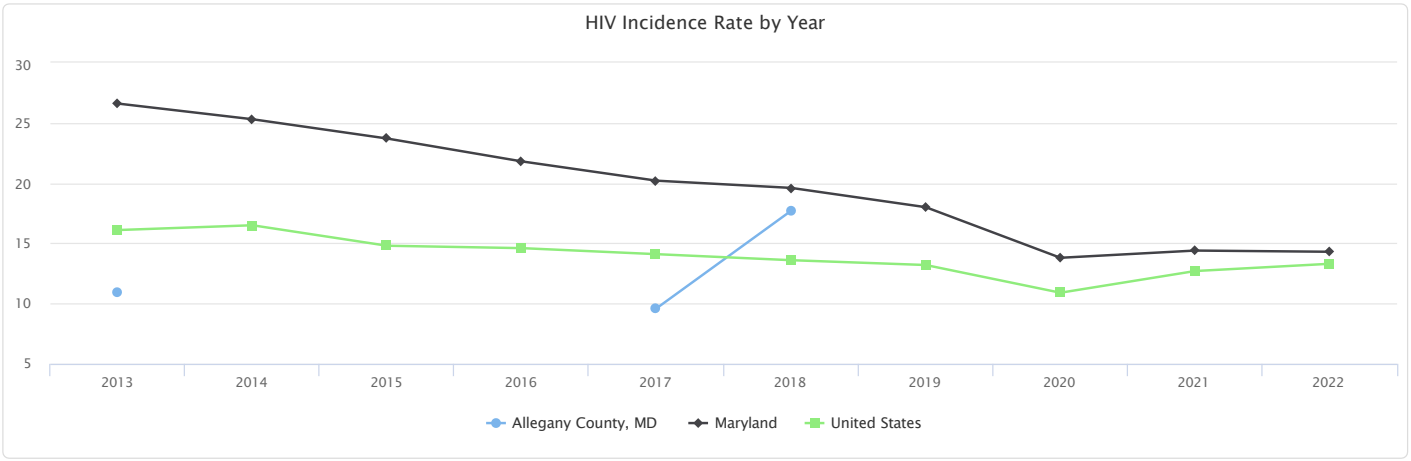
- Over 10.0
- 3.1 - 10.0
- 1.0 - 3.0
- Under 1.0
- No Data or Data Suppresed
- Allegany County, MD

HIV Incidence Rate by Year

The table below displays trends in the incidence rate for HIV/AIDS for years 20013 through 2022. Rates are expressed per 100,000 population age 13 and older.

Report Area	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Allegany County, MD	10.9	No data	No data	No data	9.6	17.7	No data	No data	No data	No data
Maryland	26.6	25.3	23.7	21.8	20.2	19.6	18.0	13.8	14.4	14.3
United States	16.1	16.5	14.8	14.6	14.1	13.6	13.2	10.9	12.7	13.3

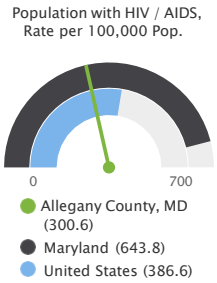
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.



STI - HIV Prevalence

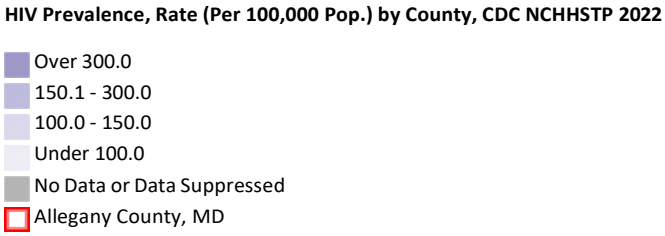
This indicator reports the prevalence of HIV in the report area as a rate per 100,000 population over age 13. The data reflect persons living with diagnosed HIV infection at the end of the latest reporting year, or persons living with infection ever classified as stage 3 (AIDS) at the end of the latest report year.

Report Area	Population Age 13+	Population with HIV / AIDS	Population with HIV / AIDS, Rate per 100,000 Pop.
Allegany County, MD	58,875	177	300.6
Maryland	5,215,645	33,580	643.8
Maryland	5,215,645	33,580	643.8
United States	282,494,087	1,092,023	386.6



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.

View larger map

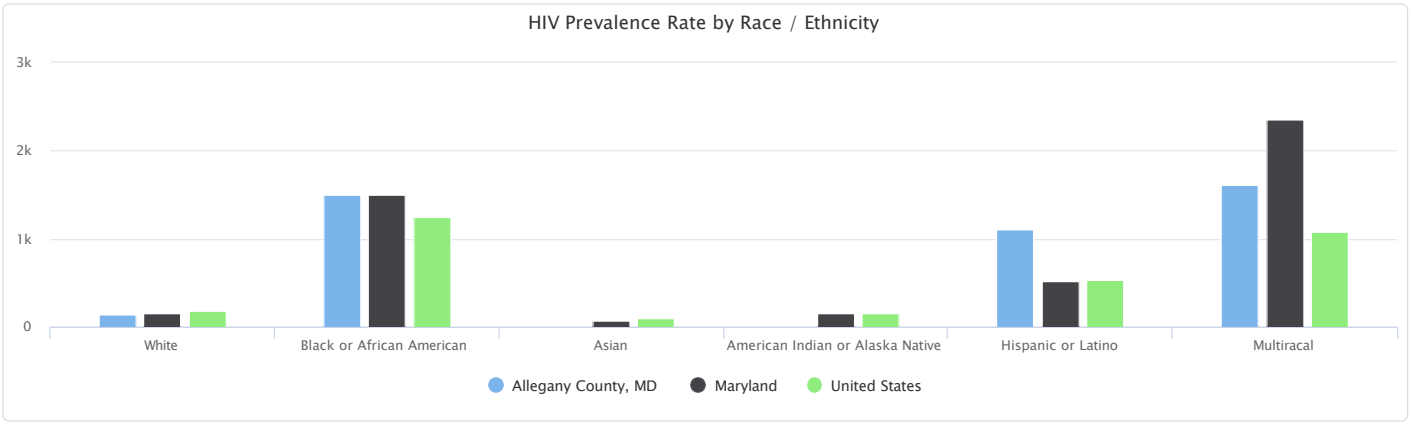


HIV Prevalence Rate by Race / Ethnicity

The table below displays trends in the prevalence rate for HIV/AIDS for the latest report year by population race and ethnicity.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Hispanic or Latino	Multiracal
Allegany County, MD	144.7	1,502.9	Suppressed	Suppressed	1,103.1	1,618.2
Maryland	153.4	1,506.3	75.3	147.4	522.0	2,359.0
United States	178.7	1,243.8	99.3	160.6	533.6	1,078.8

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.

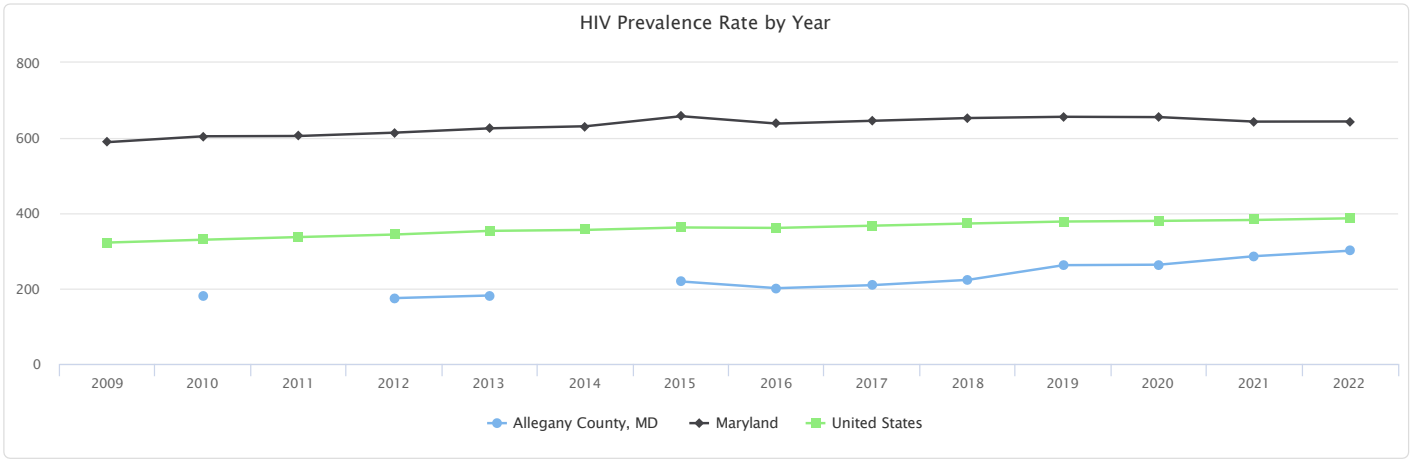


HIV Prevalence Rate by Year

The table below displays trends in the prevalence rate for HIV/AIDS for years 2009 through 2022. Rates are expressed per 100,000 population age 13 and older.

Report Area	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Allegany County, MD	No data	179.6	No data	174.7	181.6	No data	218.8	201.0	209.1	223.1	262.2	263.4	286.1	300.6
Maryland	588.9	604.5	605.2	614.1	625.6	631.1	657.8	638.2	645.6	652.9	656.2	655.4	643.4	643.8
United States	322.2	329.7	336.8	343.5	353.2	355.8	362.3	361.1	367.0	372.8	378.0	379.7	382.2	386.6

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.

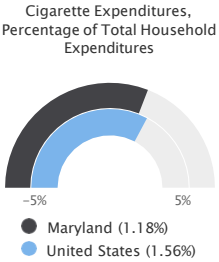


Tobacco Expenditures

This indicator reports estimated expenditures for cigarettes, as a percentage of total household expenditures. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (US)	Z-Score (Within-State)	Average Expenditures (USD)	Percentage of Total Expenditures
Allegany County, MD	24.00	1.82	2.59	Suppressed	Suppressed
Maryland	No data	-0.89	No data	$746.14	1.18%
United States	No data	No data	No data	$822.70	1.56%

Note: This indicator is compared to the state average.
Data Source: Nielsen, Nielsen SiteReports. 2014.



View larger map

Cigarette Expenditures, Percent of Total Expenditures, National Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed
- Allegany County, MD

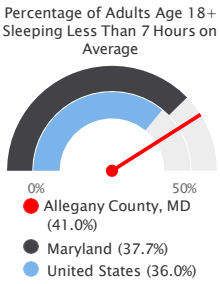
Insufficient Sleep

This indicator reports the percentage of adults age 18 and older who report usually getting insufficient sleep (<7 hours for those aged =18 years, on average, during a 24-hour period).

Within the report area there are 41.0% adults age 18+ sleeping less than 7 hours on average of the total population of the total population age 18+.

Report Area	Total Population (2020)	Adults Age 18+ Sleeping Less Than 7 Hours on Average (Crude)	Adults Age 18+ Sleeping Less Than 7 Hours on Average (Age-Adjusted)
Allegany County, MD	67,267	**41.0%**	42.5%
Maryland	6,164,660	37.7%	38.4%
United States	333,287,557	36.0%	36.8%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



View larger map

Inadequate Sleep Habits, Percent of Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

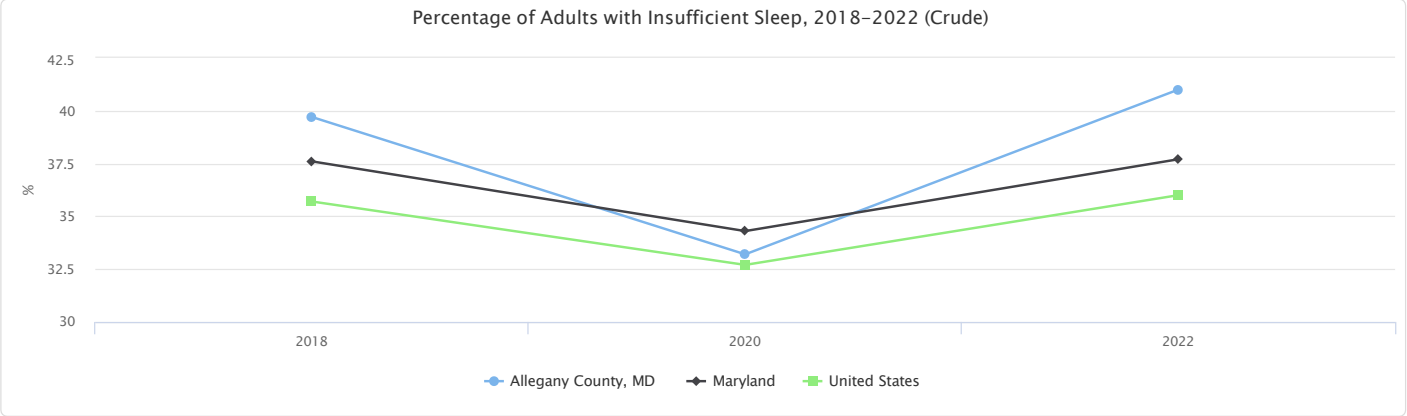
- Over 36.0%
- 34.1 - 36.0%
- 32.1 - 34.0%
- Under 32.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Insufficient Sleep, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who report having insufficient sleep.

Report Area	2018	2020	2022
Allegany County, MD	39.7%	33.2%	41.0%
Maryland	37.6%	34.3%	37.7%
United States	35.7%	32.7%	36.0%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



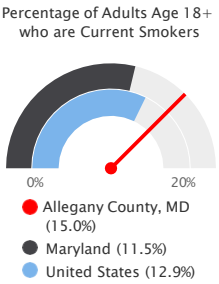
Tobacco Usage - Current Smokers

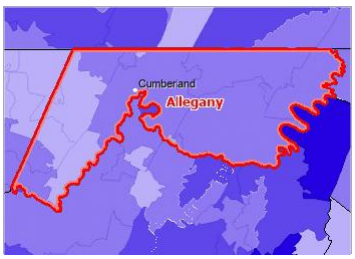
This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Within the report area there are 15.0% adults age 18+ who have smoked and currently smoke of the total population age 18+.

Report Area	Total Population	Adults Age 18+ as Current Smokers (Crude)	Adults Age 18+ as Current Smokers (Age-Adjusted)
Allegany County, MD	67,267	**15.0%**	15.8%
Maryland	6,164,660	11.5%	11.7%
United States	333,287,557	12.9%	13.2%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .





View larger map

Current Smokers, Adult, Percent of Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

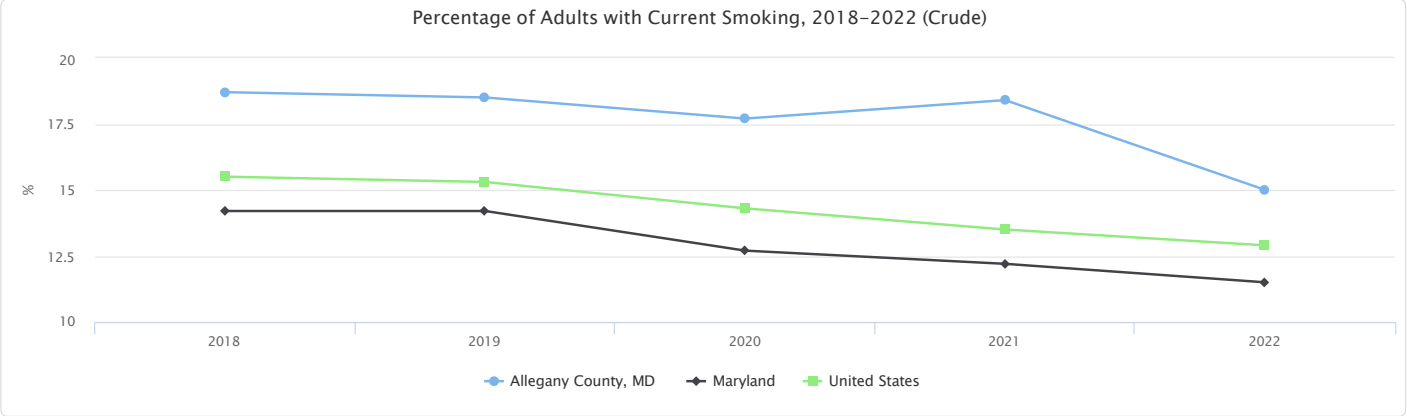
- Over 23.0%
- 20.1 - 23.0%
- 17.1 - 20.0%
- Under 17.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Current Smoking, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who report that they currently smoke cigarettes.

Report Area	2018	2019	2020	2021	2022
Allegany County, MD	18.7%	18.5%	17.7%	18.4%	15.0%
Maryland	14.2%	14.2%	12.7%	12.2%	11.5%
United States	15.5%	15.3%	14.3%	13.5%	12.9%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .

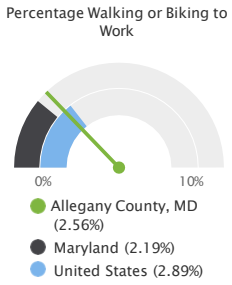


Walking or Biking to Work

This indicator reports the percentage of the population that commutes to work by either walking or riding a bicycle.

Report Area	Population Age 16+	Population Walking or Biking to Work	Percentage Walking or Biking to Work
Allegany County, MD	26,115	669	**2.56%**
Maryland	3,101,081	67,976	2.19%
United States	156,703,623	4,530,043	2.89%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2018-22.



View larger map

Workers Traveling to Work by Walking/Biking, Percent by Tract, ACS 2018-22

- Over 4.0%
- 1.1 - 4.0%
- 0.1 - 1.0%
- No Workers Walking or Biking
- No Data or Data Suppressed
- Allegany County, MD

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.

Birth Outcomes - Infant Mortality (CDC)

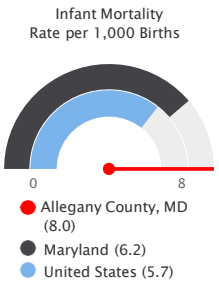
This indicator reports information about infant mortality, which is defined as the number of all infant deaths (within 1 year) per 1,000 live births. Data were from the National Center for Health Statistics - Mortality Files (2015-2021) and are used for the 2024

County Health Rankings.

Within the report area, 36 infants died during the 2015-21 seven year period. This represents 8.0 deaths per 1,000 live births.
Note: Data are suppressed for counties with fewer than 20 infant deaths in the time frame.

Report Area	Number of Infant Deaths	Deaths per 1,000 Live Births
Allegany County, MD	36	**8.0**
Maryland	3,081	6.2
United States	150,841	5.7

Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2015-2021.



View larger map

Infant Mortality, Rate per 1,000 Births by County, CDC NVSS 2015-2021

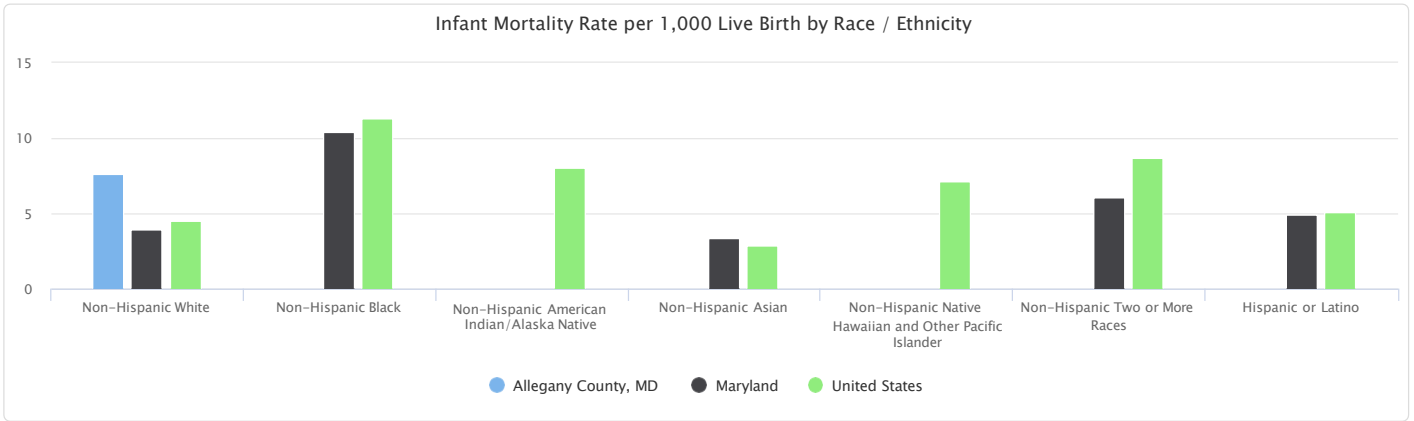
- Over 8.0
- 6.1 - 8.0
- 5.0 - 6.0
- Under 5.0
- No Data or Data Suppressed
- Allegany County, MD

Infant Mortality Rate per 1,000 Live Birth by Race / Ethnicity

The indicator reports the 2015-2021 seven-year average infant mortality rates per 1,000 births by race and by Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic American Indian/Alaska Native	Non-Hispanic Asian	Non-Hispanic Native Hawaiian and Other Pacific Islander	Non-Hispanic Two or More Races	Hispanic or Latino
Allegany County, MD	7.6	No data	No data	No data	No data	No data	No data
Maryland	3.9	10.4	No data	3.4	No data	6.1	4.9
United States	4.5	11.3	8.0	2.9	7.1	8.7	5.1

Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2015-2021.



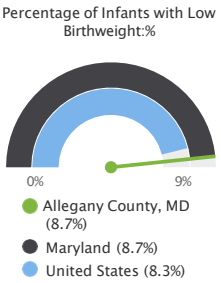
Birth Outcomes - Low Birth Weight (CDC)

This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2016-2022) and are used for the 2024 County Health Rankings.

Within the report area, there were 4,384 infants born with low birth weight. This represents 8.7% of the total live births.
Note: Data are suppressed for counties with fewer than 10 low birthweight births in the reporting period.

Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage
Allegany County, MD	383	4,384	8.7%
Maryland	42,852	491,395	8.7%
United States	2,190,533	26,262,906	8.3%

Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016-2022.



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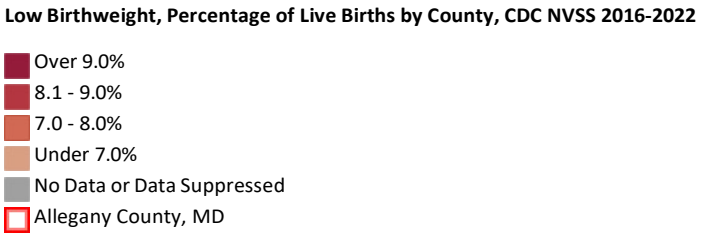
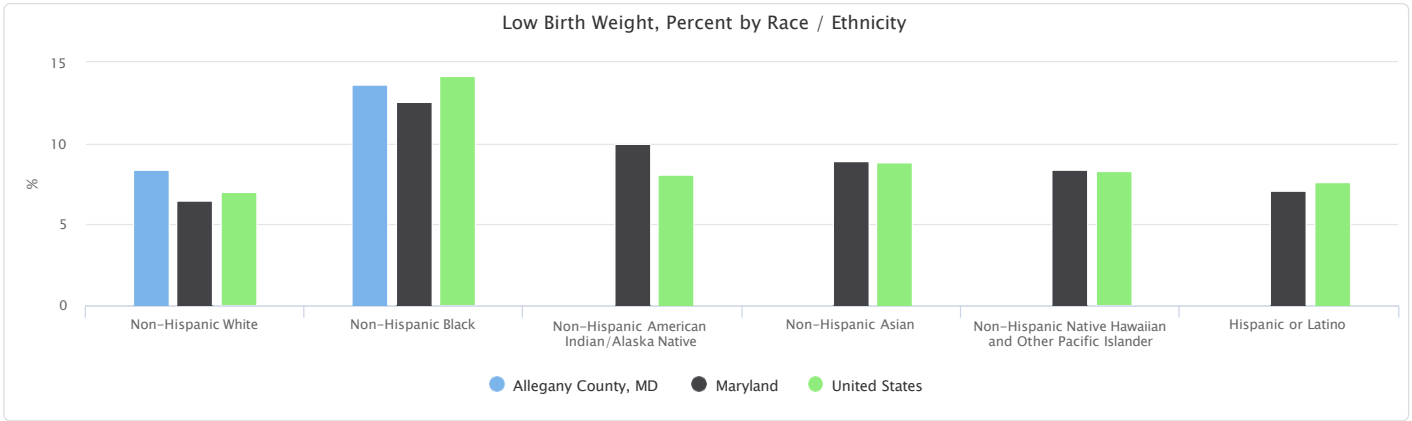


Low Birth Weight, Percent by Race / Ethnicity

This indicator reports the 2016-2022 seven-year average percentage of live births with low birthweight (< 2,500 grams) by race and by Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic American Indian/Alaska Native	Non-Hispanic Asian	Non-Hispanic Native Hawaiian and Other Pacific Islander	Hispanic or Latino
Allegany County, MD	8.4%	13.6%	No data	No data	No data	No data
Maryland	6.5%	12.6%	10.0%	8.9%	8.4%	7.1%
United States	7.0%	14.2%	8.1%	8.8%	8.3%	7.6%

Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016-2022.



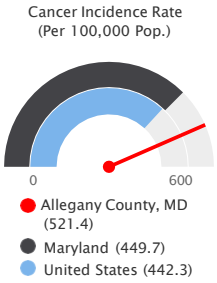
Cancer Incidence - All Sites

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).

Within the report area, there were 524 new cases of cancer reported. This means there is a rate of 521.4 for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Allegany County, MD	100,498	524	**521.4**
Maryland	7,284,856	32,760	449.7
United States	383,976,486	1,698,328	442.3

Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2016-20.



View larger map

Cancer (All Sites), Incidence Rate (Per 100,000 Pop.) by County, State Cancer Profiles 2016-20

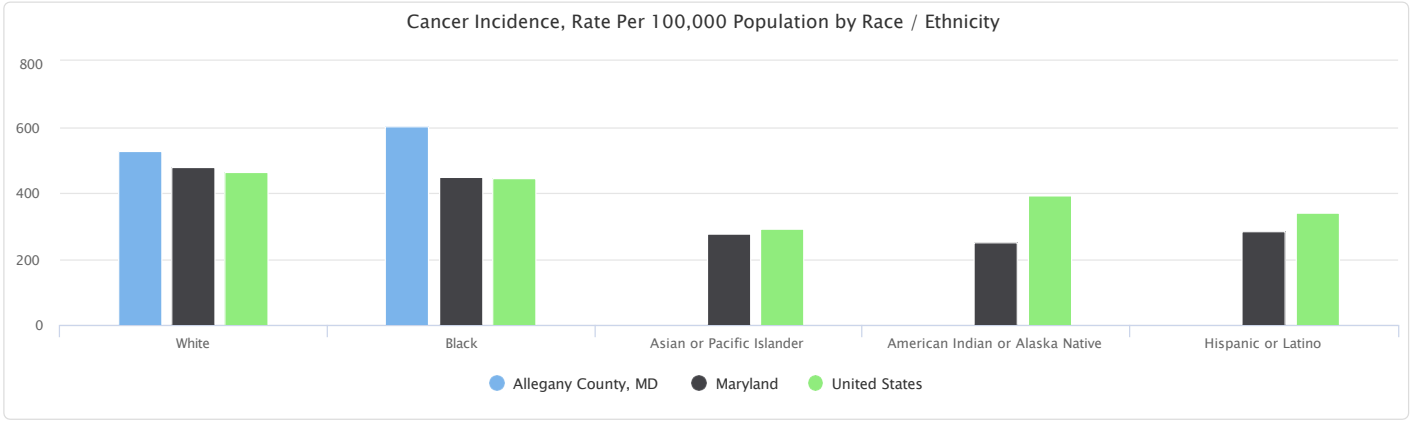
- Over 480.0
- 440.1 - 480.0
- 400.1 - 440.0
- 0.1 - 400.0
- Data Suppressed (<16 Cases)
- No Data
- Allegany County, MD

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

This indicator reports the age-adjusted cancer incidence rate per 100,000 people for the 5-year period 2016-2020 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaska Native	Hispanic or Latino
Allegany County, MD	525.9	600.7	Suppressed	Suppressed	Suppressed
Maryland	478.2	447.6	278.5	249	283.5
United States	461.9	445.9	290.3	392.6	339.6

Data Source: State Cancer Profiles. 2016-20.



Cancer Incidence (Average Annual New Cases) by Race / Ethnicity

This indicator reports the average annual number of new cases of cancer for the 5-year period 2016-2020 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaska Native	Hispanic or Latino
Allegany County, MD	499	20	Suppressed	Suppressed	Suppressed
Maryland	21,190	8,992	1,234	53	1,084
United States	1,273,624	185,596	58,857	10,241	144,154

Data Source: State Cancer Profiles. 2016-20.

Top Five Most Commonly Diagnosed Cancers

The table below shows counts and age-adjusted incidence rates of the five most common newly diagnosed cancers by site for the 5-year period 2016-2020.

Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Allegany County, Maryland	1 - Lung & Bronchus (All Stages^), 2016-2020	81	73.4
Allegany County, Maryland	2 - Breast (All Stages^), 2016-2020	69	141.4
Allegany County, Maryland	3 - Prostate (All Stages^), 2016-2020	61	119.4
Allegany County, Maryland	4 - Colon & Rectum (All Stages^), 2016-2020	43	43.5
Allegany County, Maryland	5 - Melanoma of the Skin (All Stages^), 2016-2020	25	27.2
Maryland	1 - Breast (All Stages^), 2016-2020	5,095	133.2
Maryland	2 - Prostate (All Stages^), 2016-2020	4,853	135.7
Maryland	3 - Lung & Bronchus (All Stages^), 2016-2020	3,862	51.8
Maryland	4 - Colon & Rectum (All Stages^), 2016-2020	2,518	35.2
Maryland	5 - Melanoma of the Skin (All Stages^), 2016-2020	1,745	24.5
US	1 - Breast (All Stages^), 2016-2020	249,750	127
US	2 - Lung & Bronchus (All Stages^), 2016-2020	215,307	54
US	3 - Prostate (All Stages^), 2016-2020	212,734	110.5
US	4 - Colon & Rectum (All Stages^), 2016-2020	138,021	36.5
US	5 - Melanoma of the Skin (All Stages^), 2016-2020	83,836	22.5

Data Source: State Cancer Profiles. 2016-20.

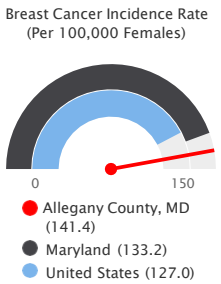
Cancer Incidence - Breast

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).

Within the report area, there were 69 new cases of breast cancer. This means there is a rate of 141.4 for every 100,000 females.

Report Area	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Females)
Allegany County, MD	48,797	69	**141.4**
Maryland	3,825,075	5,095	133.2
United States	196,653,543	249,750	127.0

Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2016-20.



View larger map

Breast Cancer, Incidence Rate (Per 100,000 Females) by County, State Cancer Profiles 2016-20

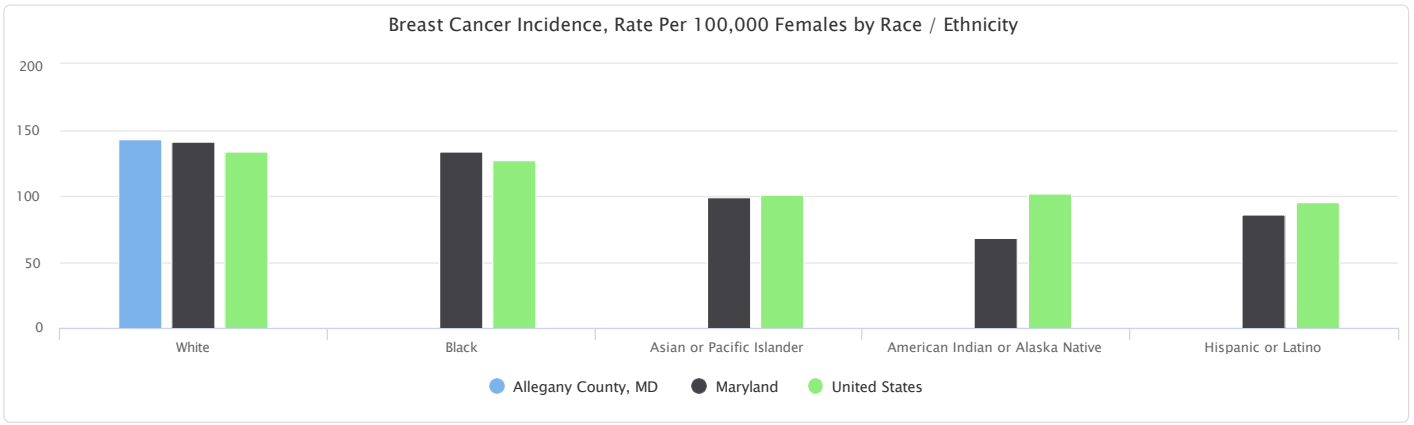
- Over 130.0
- 115.1 - 130.0
- 100.1 - 115.0
- 0.1 - 100.0
- Data Suppressed (<16 Cases)
- No Data
- Allegany County, MD

Breast Cancer Incidence, Rate Per 100,000 Females by Race / Ethnicity

This indicator reports the age-adjusted breast cancer incidence rate per 100,000 females for the 5-year period 2016-2020 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaska Native	Hispanic or Latino
Allegany County, MD	143	Suppressed	Suppressed	Suppressed	Suppressed
Maryland	141.2	133.3	99	68.3	85.8
United States	133.3	126.9	101.1	101.9	95.6

Data Source: State Cancer Profiles. 2016-20.



Breast Cancer Incidence (Average Annual New Cases) by Race / Ethnicity

This indicator reports the average annual number of new cases of breast cancer for the 5-year period 2016-2020 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaska Native	Hispanic or Latino
Allegany County, MD	67	Suppressed	Suppressed	Suppressed	Suppressed
Maryland	3,124	1,512	249	8	181
United States	182,894	29,126	11,430	1,424	22,407

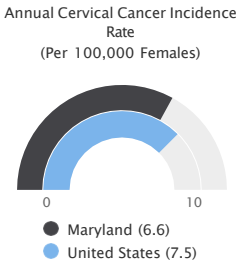
Data Source: State Cancer Profiles. 2016-20.

Cancer Incidence - Cervical

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).

Report Area	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Females)
Allegany County, MD	No data	Suppressed	Suppressed
Maryland	3,378,787	223	6.6
United States	167,373,333	12,553	7.5

Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2016-20.

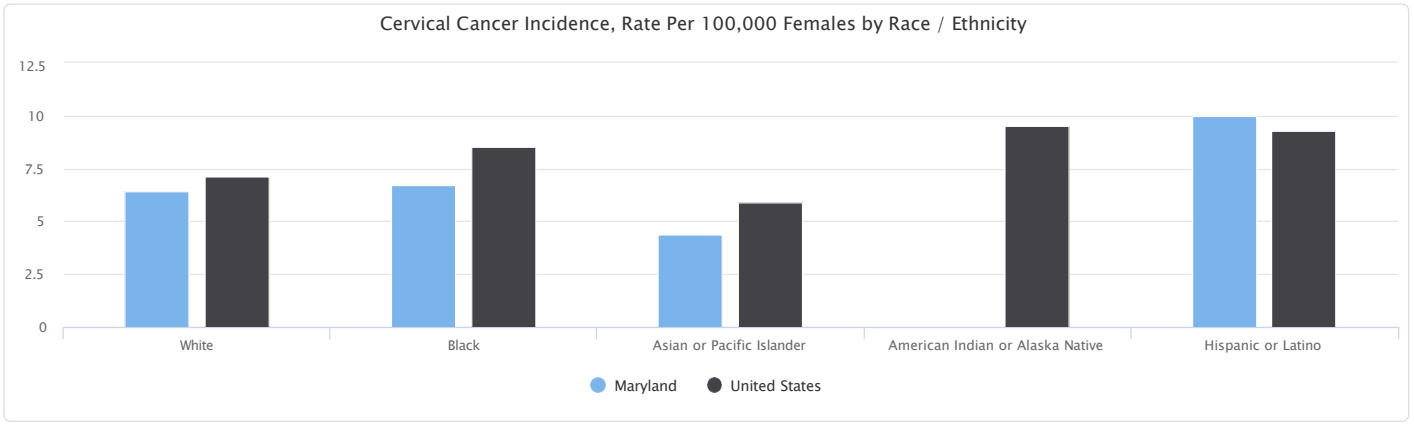


Cervical Cancer Incidence, Rate Per 100,000 Females by Race / Ethnicity

This indicator reports the age-adjusted cervical cancer incidence rate per 100,000 females for the 5-year period 2016-2020 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaska Native	Hispanic or Latino
Allegany County, MD	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Maryland	6.4	6.7	4.4	Suppressed	10
United States	7.1	8.5	5.9	9.5	9.3

Data Source: State Cancer Profiles. 2016-20.



Cervical Cancer Incidence (Average Annual New Cases) by Race / Ethnicity

This indicator reports the average annual number of new cases of cervical cancer for the 5-year period 2016-2020 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaska Native	Hispanic or Latino
Allegany County, MD	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Maryland	112	72	11	Suppressed	25
United States	7,402	1,865	667	121	2,328

Data Source: State Cancer Profiles. 2016-20.

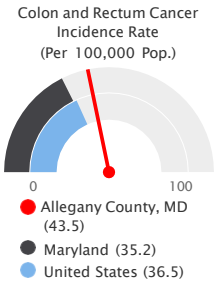
Cancer Incidence - Colon and Rectum

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).

Within the report area, there were 43 new cases of colon and rectum cancer. This means there is a rate of 43.5 for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Allegany County, MD	98,850	43	**43.5**
Maryland	7,153,409	2,518	35.2
United States	378,139,726	138,021	36.5

Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2016-20.



View larger map

Colon and Rectum Cancer, Incidence Rate (Per 100,000 Pop.) by County, State Cancer Profiles 2016-20

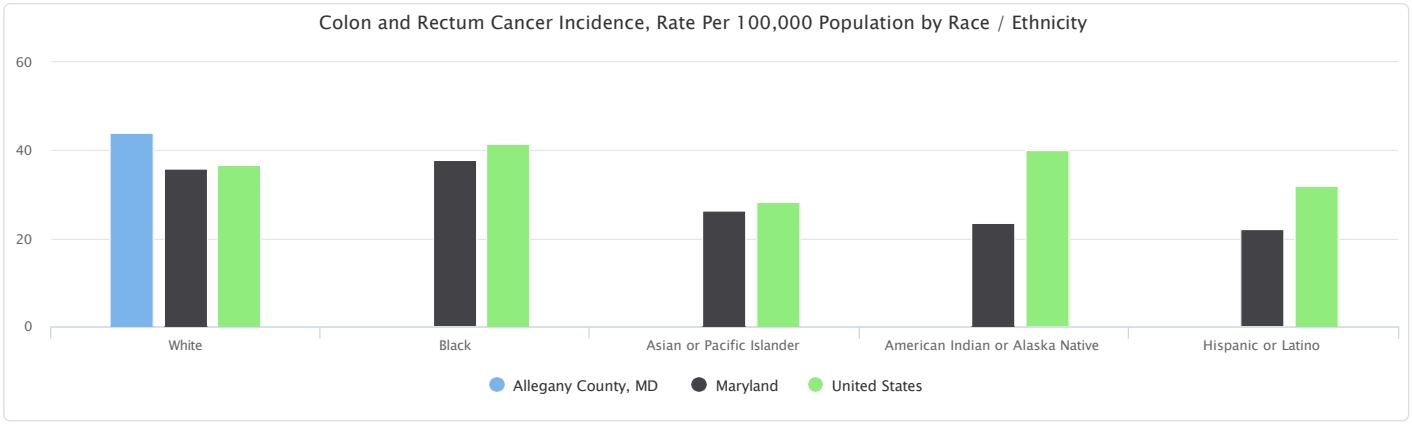
- Over 50.0
- 44.1 - 50.0
- 38.1 - 44.0
- 0.1 - 38.0
- Data Suppressed (<16 Cases)
- No Data
- Allegany County, MD

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

This indicator reports the age-adjusted colon and rectum cancer incidence rate per 100,000 people for the 5-year period 2016-2020 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaska Native	Hispanic or Latino
Allegany County, MD	44.1	Suppressed	Suppressed	Suppressed	Suppressed
Maryland	35.9	37.9	26.4	23.6	22.2
United States	36.7	41.4	28.4	40.1	32

Data Source: State Cancer Profiles. 2016-20.



Colon and Rectum Cancer Incidence (Average Annual New Cases) by Race / Ethnicity

This indicator reports the average annual number of new cases of colon and rectum cancer for the 5-year period 2016-2020 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaska Native	Hispanic or Latino
Allegany County, MD	41	Suppressed	Suppressed	Suppressed	Suppressed
Maryland	1,558	738	117	5	89
United States	99,339	16,850	5,731	1,033	13,417

Data Source: State Cancer Profiles. 2016-20.

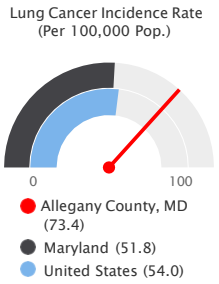
Cancer Incidence - Lung

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).

Within the report area, there were 81 new cases of lung cancer. This means there is a rate of 73.4 for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Allegany County, MD	110,354	81	**73.4**
Maryland	7,455,598	3,862	51.8
United States	398,716,666	215,307	54.0

Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2016-20.



View larger map

Lung Cancer, Incidence Rate (Per 100,000 Pop.) by County, State Cancer Profiles 2016-20

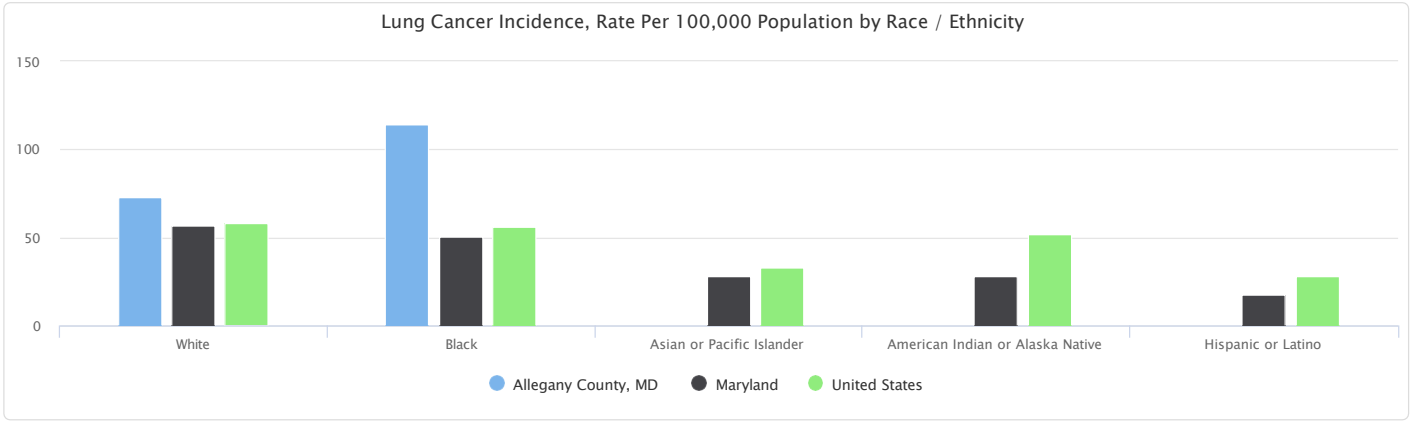
- Over 84.0
- 72.1 - 84.0
- 60.1 - 72.0
- 0.1 - 60.0
- Data Suppressed (<16 Cases)
- No Data
- Allegany County, MD

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

This indicator reports the age-adjusted lung and bronchus cancer incidence rate per 100,000 people for the 5-year period 2016-2020 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaska Native	Hispanic or Latino
Allegany County, MD	73	114.6	Suppressed	Suppressed	Suppressed
Maryland	56.6	50.8	27.7	28	17.3
United States	58.5	55.8	33	52	27.7

Data Source: State Cancer Profiles. 2016-20.



Lung Cancer Incidence (Average Annual New Cases) by Race / Ethnicity

This indicator reports the average annual number of new cases of lung and bronchus cancer for the 5-year period 2016-2020 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaska Native	Hispanic or Latino
Allegany County, MD	77	3	Suppressed	Suppressed	Suppressed
Maryland	2,683	995	119	6	54
United States	173,112	22,873	6,501	1,350	10,221

Data Source: State Cancer Profiles. 2016-20.

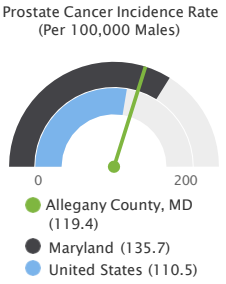
Cancer Incidence - Prostate

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).

Within the report area, there were 61 new cases of prostate cancer. This means there is a rate of 119.4 for every 100,000 males.

Report Area	Estimated Total Population (Male)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Males)
Allegany County, MD	51,088	61	119.4
Maryland	3,576,271	4,853	135.7
United States	192,519,457	212,734	110.5

Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2016-20.



View larger map

Prostate Cancer, Incidence Rate (Per 100,000 Males) by County, State Cancer Profiles 2016-20

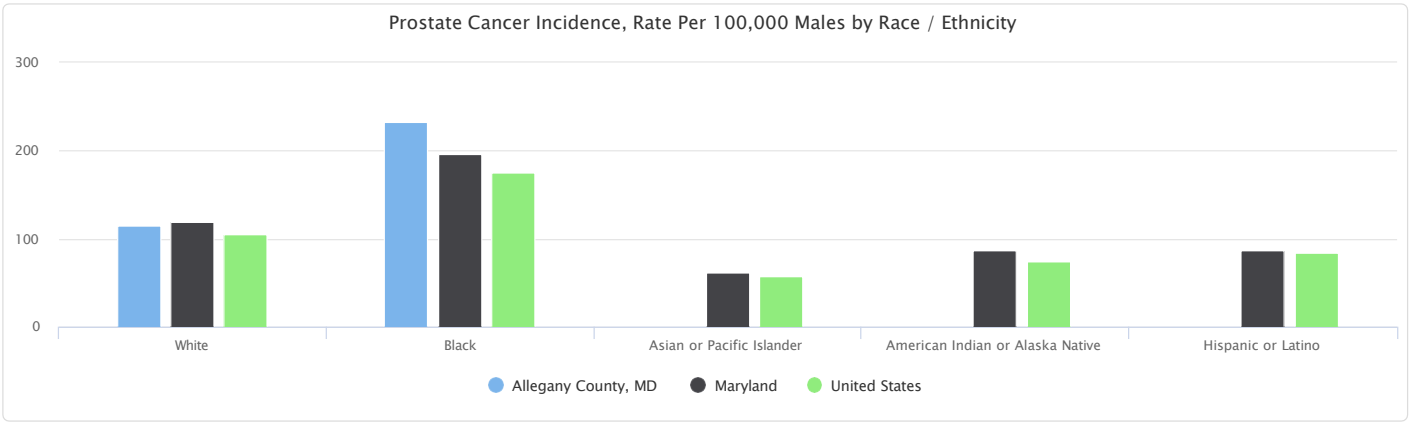
- Over 130.0
- 115.1 - 130.0
- 100.1 - 115.0
- 0.1 - 100.0
- Data Suppressed (<16 Cases)
- No Data
- Allegany County, MD

Prostate Cancer Incidence, Rate Per 100,000 Males by Race / Ethnicity

This indicator reports the age-adjusted prostate cancer incidence rate per 100,000 males for the 5-year period 2016-2020 by race and by Hispanic origin.

Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaska Native	Hispanic or Latino
Allegany County, MD	115.1	233.4	Suppressed	Suppressed	Suppressed
Maryland	119.1	196.8	62.1	86.6	87.6
United States	105	175.6	57	74.3	83.7

Data Source: State Cancer Profiles. 2016-20.



Prostate Cancer Incidence (Average Annual New Cases) by Race / Ethnicity

This indicator reports the average annual number of new cases of prostate cancer for the 5-year period 2016-2020 by race and by Hispanic origin.

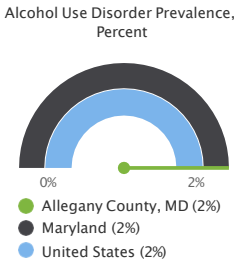
Report Area	White	Black	Asian or Pacific Islander	American Indian or Alaska Native	Hispanic or Latino
Allegany County, MD	56	4	Suppressed	Suppressed	Suppressed
Maryland	2,743	1,789	128	9	129
United States	151,099	33,737	5,171	933	15,236

Data Source: State Cancer Profiles. 2016-20.

Chronic Conditions - Alcohol Use Disorder (Medicare Population)

This indicator reports the unsmoothed age-adjusted rate of alcohol use disorder prevalence for Medicare FFS population in 2022. Data were obtained from the CMS Mapping Medicare Disparities tool.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 (rate displayed as zero for such counties.)

Report Area	FFS Beneficiaries	Alcohol Use Disorder Prevalence, Total	Alcohol Use Disorder Prevalence, Percent
Allegany County, MD	14,991	300	2%
Maryland	764,777	15,296	2%
United States	30,900,366	618,007	2%



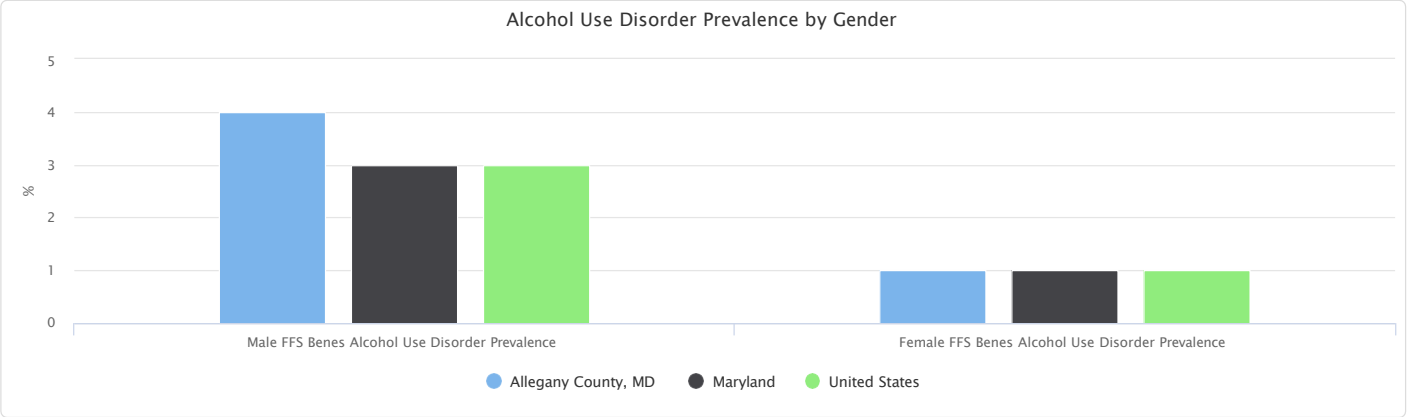
Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

Alcohol Use Disorder Prevalence by Gender

This indicator reports the unsmoothed age-adjusted rate of alcohol use disorder prevalence by gender for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Male FFS Benes	Female FFS Benes	Male FFS Benes Alcohol Use Disorder Prevalence, Percent	Female FFS Benes Alcohol Use Disorder Prevalence, Percent
Allegany County, MD	6,746	8,245	4%	1%
Maryland	328,472	436,305	3%	1%
United States	14,047,306	16,853,060	3%	1%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

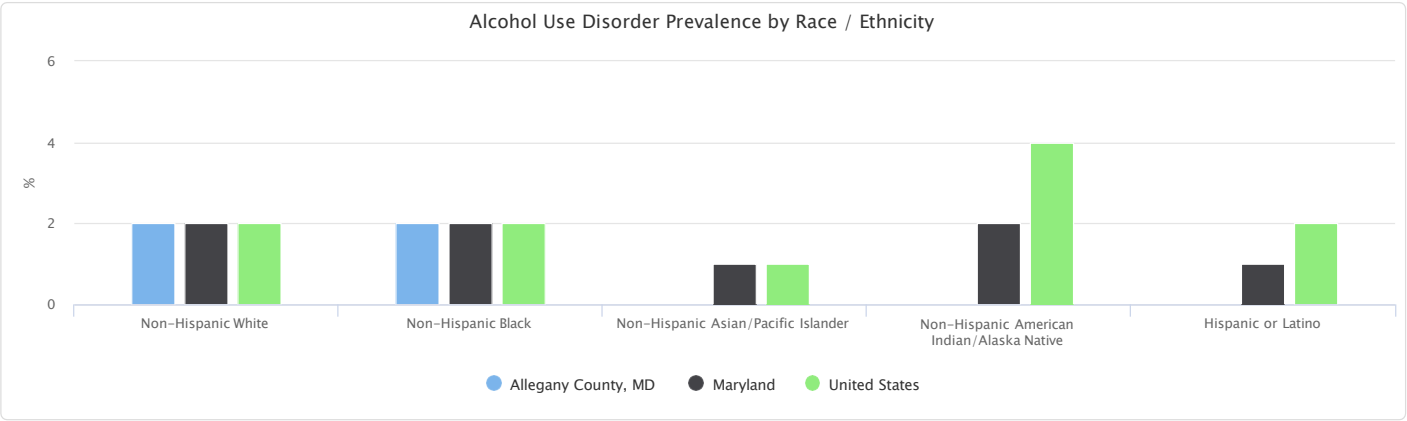


Alcohol Use Disorder Prevalence by Race / Ethnicity

This indicator reports the unsmoothed age-adjusted rate of alcohol use disorder prevalence by race and ethnicity for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Non-Hispanic American Indian/Alaska Native	Hispanic or Latino
Allegany County, MD	2%	2%	0%	No data	0%
Maryland	2%	2%	1%	2%	1%
United States	2%	2%	1%	4%	2%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

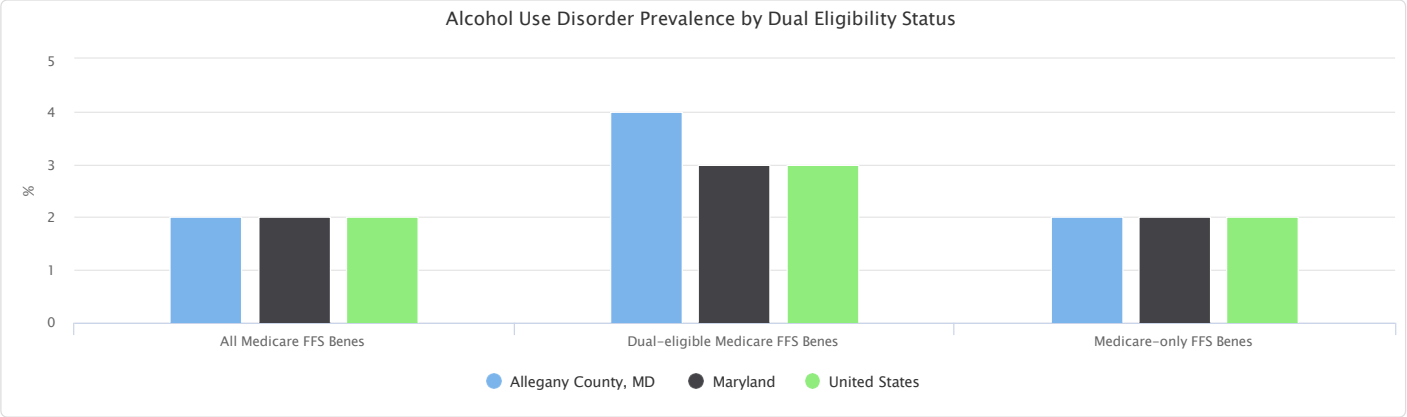


Alcohol Use Disorder Prevalence by Dual Eligibility Status

This indicator reports the unsmoothed age-adjusted rate of alcohol use disorder prevalence by dual eligibility status for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	All Medicare FFS Benes	Dual-eligible Medicare FFS Benes	Medicare-only FFS Benes
Allegany County, MD	2%	4%	2%
Maryland	2%	3%	2%
United States	2%	3%	2%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

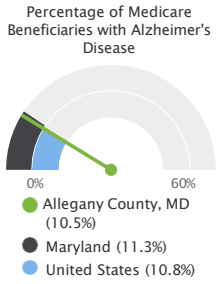


Chronic Conditions - Alzheimer's Disease (Medicare Population)

This indicator reports the number and percentage of Medicare Fee-for-Service population with Alzheimer's Disease. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program.

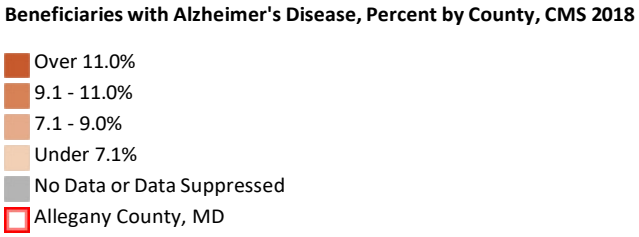
Within the report area, there were 1,617 beneficiaries with Alzheimer's Disease based on administrative claims data in the latest report year. This represents 10.5% of the total Medicare Fee-for-Service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Alzheimer's Disease	Beneficiaries with Alzheimer's Disease, Percent
Allegany County, MD	15,412	1,617	**10.5%**
Maryland	768,522	86,800	11.3%
United States	33,499,472	3,610,640	10.8%



Note: This indicator is compared to the state average.
Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.

View larger map

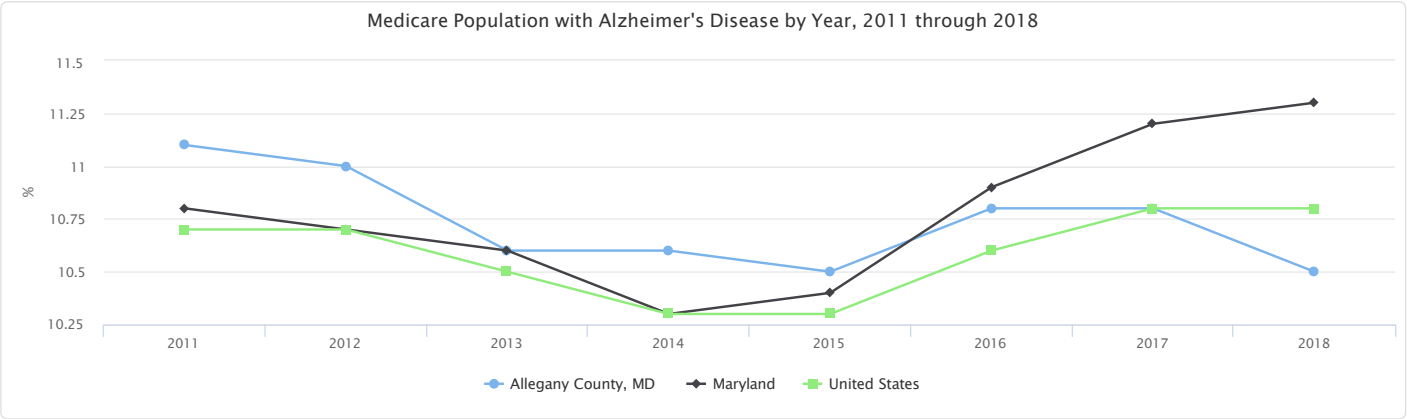


Medicare Population with Alzheimer's Disease by Year, 2011 through 2018

This indicator reports the percentage of the Medicare Fee-for-Service population with Alzheimer's Disease over time.

Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Allegany County, MD	11.1%	11.0%	10.6%	10.6%	10.5%	10.8%	10.8%	10.5%
Maryland	10.8%	10.7%	10.6%	10.3%	10.4%	10.9%	11.2%	11.3%
United States	10.7%	10.7%	10.5%	10.3%	10.3%	10.6%	10.8%	10.8%

Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.

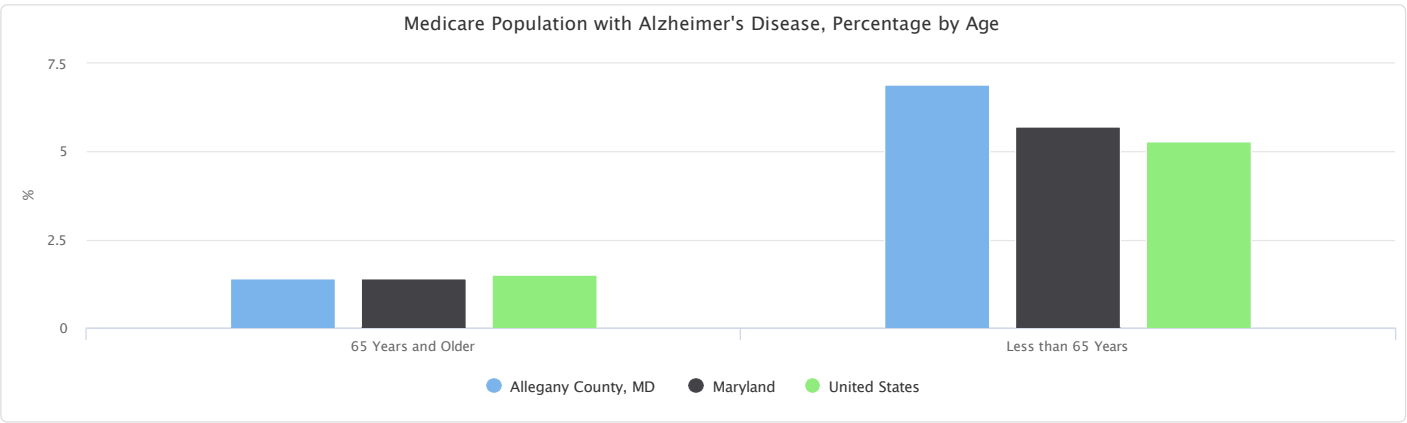


Medicare Population with Alzheimer's Disease, Percentage by Age

This indicator reports the prevalence of Alzheimer Disease among Medicare beneficiaries by age.
The percentage values could be interpreted as, for example, *"Of all the Medicare beneficiaries age 65 years and older within the report area, the proportion with Alzheimer's Disease is (value)."*

Report Area	65 Years and Older	Less than 65 Years
Allegany County, MD	1.4%	6.9%
Maryland	1.4%	5.7%
United States	1.5%	5.3%

Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.



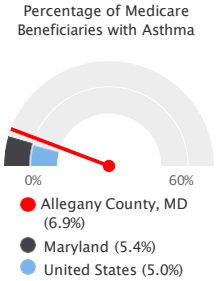
Chronic Conditions - Asthma (Medicare Population)

This indicator reports the number and percentage of the Medicare Fee-for-Service population with asthma. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program.

Within the report area, there were 1,056 beneficiaries with asthma based on administrative claims data in the latest report year. This represents 6.9% of the total Medicare Fee-for-Service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Asthma	Percentage with Asthma
Allegany County, MD	15,412	1,056	**6.9%**
Maryland	768,522	41,511	5.4%
United States	33,499,472	1,665,694	5.0%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.



View larger map

Beneficiaries with Asthma, Percent by County, CMS 2018

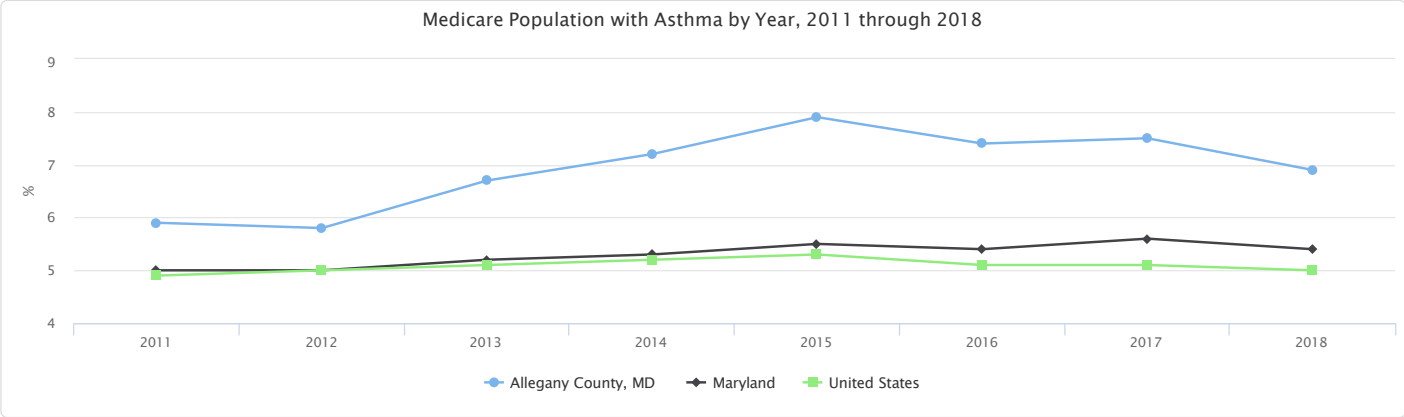
- Over 7.0%
- 5.1 - 7.0%
- 3.1 - 5.0%
- Under 3.1%
- No Data or Data Suppressed
- Allegany County, MD

Medicare Population with Asthma by Year, 2011 through 2018

This indicator reports the percentage of the Medicare Fee-for-Service population with asthma over time.

Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Allegany County, MD	5.9%	5.8%	6.7%	7.2%	7.9%	7.4%	7.5%	6.9%
Maryland	5.0%	5.0%	5.2%	5.3%	5.5%	5.4%	5.6%	5.4%
United States	4.9%	5.0%	5.1%	5.2%	5.3%	5.1%	5.1%	5.0%

Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.

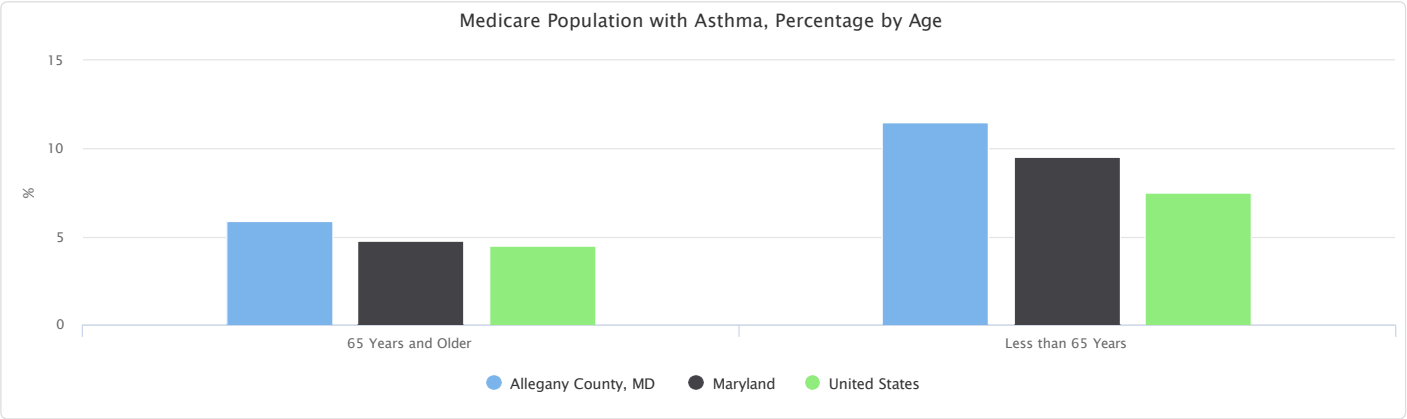


Medicare Population with Asthma, Percentage by Age

This indicator reports the prevalence of asthma among Medicare beneficiaries by age.
The percentage values could be interpreted as, for example, *"Of all the Medicare beneficiaries age 65 years and older within the report area, the proportion with asthma is (value)."*

Report Area	65 Years and Older	Less than 65 Years
Allegany County, MD	5.9%	11.5%
Maryland	4.8%	9.5%
United States	4.5%	7.5%

Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.



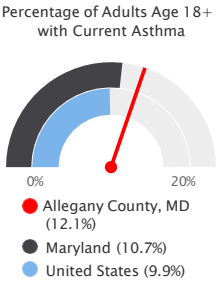
Chronic Conditions - Asthma Prevalence (Adult)

This indicator reports the percentage of adults age 18 and older who answer “yes” to both of the following questions: “Have you ever been told by a doctor, nurse, or other health professional that you have asthma?” and the question “Do you still have asthma?”

Within the report area, there were 12.1% of adults age 18+ who reported having asthma of the total population age 18+.

Report Area	Total Population	Adults Age 18+ with Asthma (Crude)	Adults Age 18+ with Asthma (Age-Adjusted)
Allegany County, MD	67,267	**12.1%**	12.1%
Maryland	6,164,660	10.7%	10.7%
United States	333,287,557	9.9%	9.9%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



☐ View larger map

Asthma, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

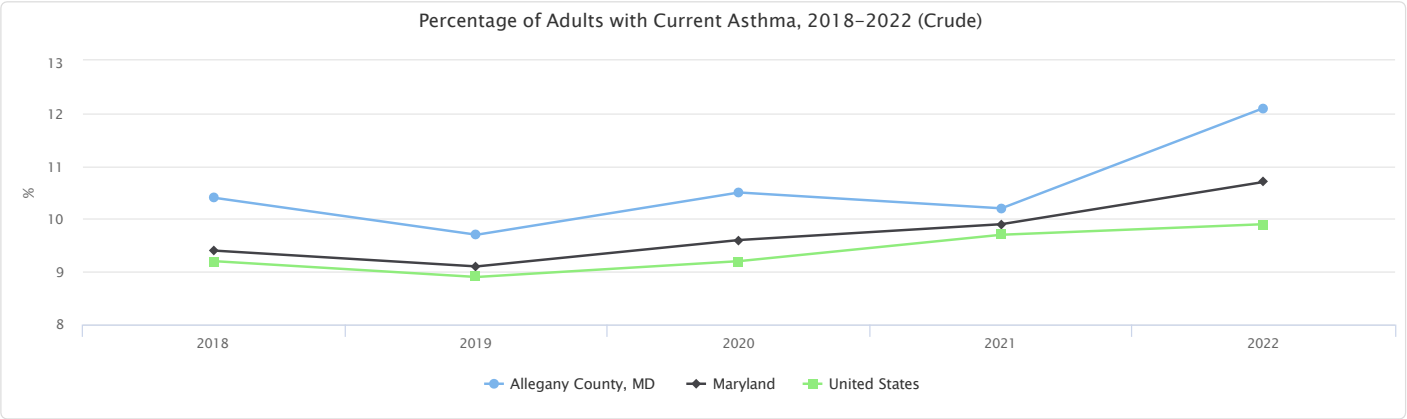
- Over 11.0%
- 10.1 - 11.0%
- 9.1 - 10.0%
- Under 9.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Current Asthma, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who have are currently diagnosed with asthma.

Report Area	2018	2019	2020	2021	2022
Allegany County, MD	10.4%	9.7%	10.5%	10.2%	12.1%
Maryland	9.4%	9.1%	9.6%	9.9%	10.7%
United States	9.2%	8.9%	9.2%	9.7%	9.9%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .

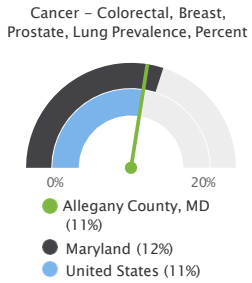


Chronic Conditions - Cancer (Medicare Population)

This indicator reports the unsmoothed age-adjusted rate of cancer - colorectal, breast, prostate, lung prevalence for Medicare FFS population in 2022. Data were obtained from the CMS Mapping Medicare Disparities tool.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 (rate displayed as zero for such counties.)

Report Area	FFS Beneficiaries	Cancer - Colorectal, Breast, Prostate, Lung Prevalence, Total	Cancer - Colorectal, Breast, Prostate, Lung Prevalence, Percent
Allegany County, MD	14,991	1,649	11%
Maryland	764,777	91,773	12%
United States	30,900,366	3,399,040	11%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

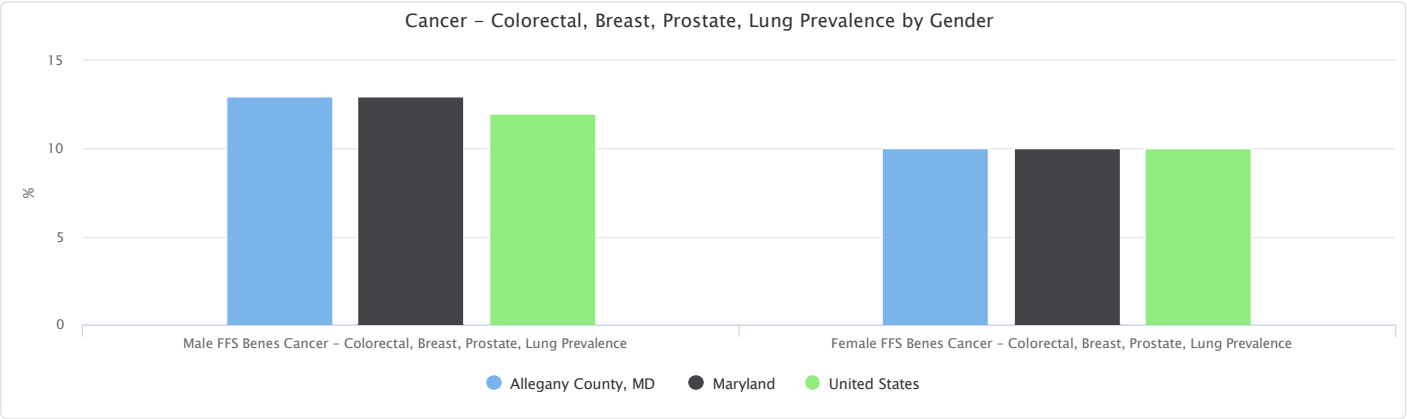


Cancer - Colorectal, Breast, Prostate, Lung Prevalence by Gender

This indicator reports the unsmoothed age-adjusted rate of cancer - colorectal, breast, prostate, lung prevalence by gender for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Male FFS Benes	Female FFS Benes	Male FFS Benes Cancer - Colorectal, Breast, Prostate, Lung Prevalence, Percent	Female FFS Benes Cancer - Colorectal, Breast, Prostate, Lung Prevalence, Percent
Allegany County, MD	6,746	8,245	13%	10%
Maryland	328,472	436,305	13%	10%
United States	14,047,306	16,853,060	12%	10%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

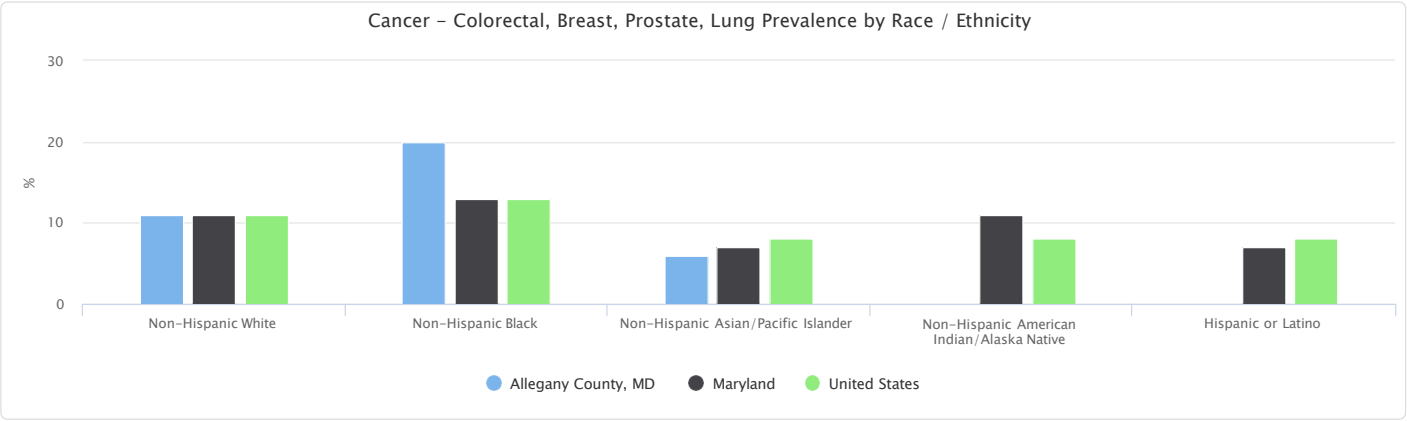


Cancer - Colorectal, Breast, Prostate, Lung Prevalence by Race / Ethnicity

This indicator reports the unsmoothed age-adjusted rate of cancer - colorectal, breast, prostate, lung prevalence by race and ethnicity for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Non-Hispanic American Indian/Alaska Native	Hispanic or Latino
Allegany County, MD	11%	20%	6%	No data	0%
Maryland	11%	13%	7%	11%	7%
United States	11%	13%	8%	8%	8%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

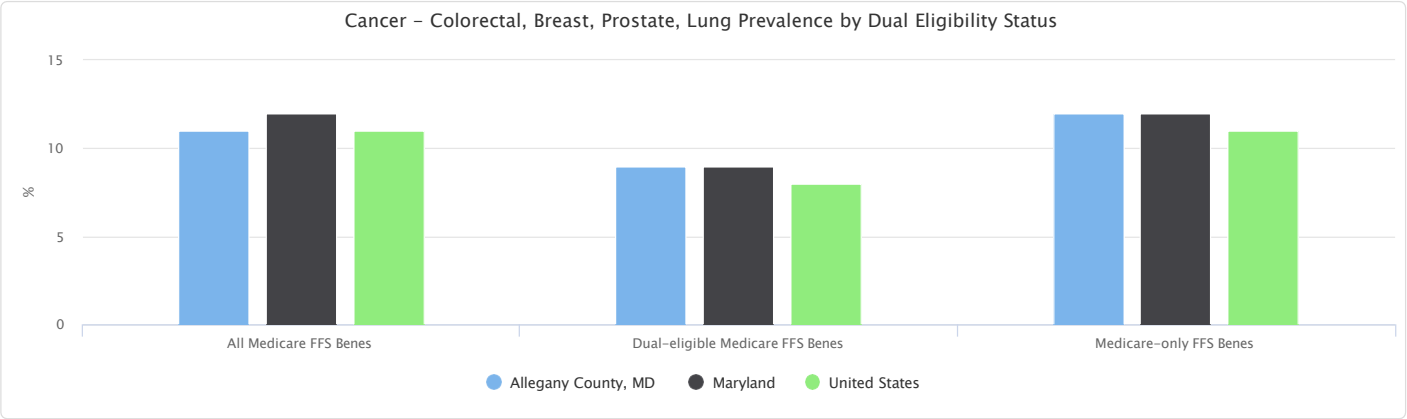


Cancer - Colorectal, Breast, Prostate, Lung Prevalence by Dual Eligibility Status

This indicator reports the unsmoothed age-adjusted rate of cancer - colorectal, breast, prostate, lung prevalence by dual eligibility status for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	All Medicare FFS Benes	Dual-eligible Medicare FFS Benes	Medicare-only FFS Benes
Allegany County, MD	11%	9%	12%
Maryland	12%	9%	12%
United States	11%	8%	11%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

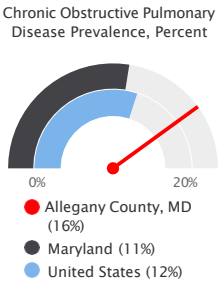


Chronic Conditions - Chronic Obstructive Pulmonary Disease (Medicare Population)

This indicator reports the unsmoothed age-adjusted rate of chronic obstructive pulmonary disease prevalence for Medicare FFS population in 2022. Data were obtained from the CMS Mapping Medicare Disparities tool.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 (rate displayed as zero for such counties.)

Report Area	FFS Beneficiaries	Chronic Obstructive Pulmonary Disease Prevalence, Total	Chronic Obstructive Pulmonary Disease Prevalence, Percent
Allegany County, MD	14,991	2,399	**16%**
Maryland	764,777	84,125	11%
United States	30,900,366	3,708,044	12%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

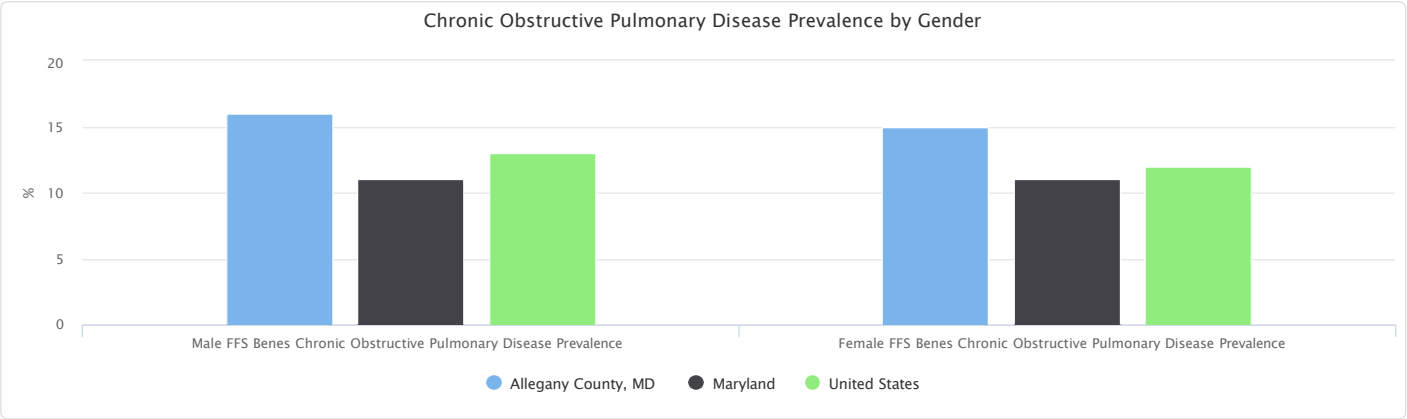


Chronic Obstructive Pulmonary Disease Prevalence by Gender

This indicator reports the unsmoothed age-adjusted rate of chronic obstructive pulmonary disease prevalence by gender for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Male FFS Benes	Female FFS Benes	Male FFS Benes Chronic Obstructive Pulmonary Disease Prevalence, Percent	Female FFS Benes Chronic Obstructive Pulmonary Disease Prevalence, Percent
Allegany County, MD	6,746	8,245	16%	15%
Maryland	328,472	436,305	11%	11%
United States	14,047,306	16,853,060	13%	12%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

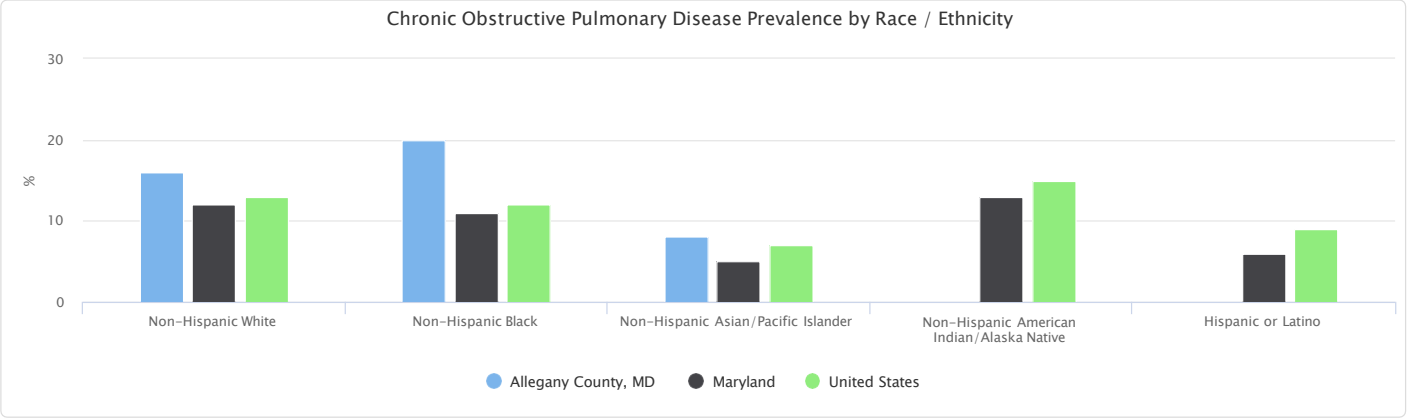


Chronic Obstructive Pulmonary Disease Prevalence by Race / Ethnicity

This indicator reports the unsmoothed age-adjusted rate of chronic obstructive pulmonary disease prevalence by race and ethnicity for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Non-Hispanic American Indian/Alaska Native	Hispanic or Latino
Allegany County, MD	16%	20%	8%	No data	0%
Maryland	12%	11%	5%	13%	6%
United States	13%	12%	7%	15%	9%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

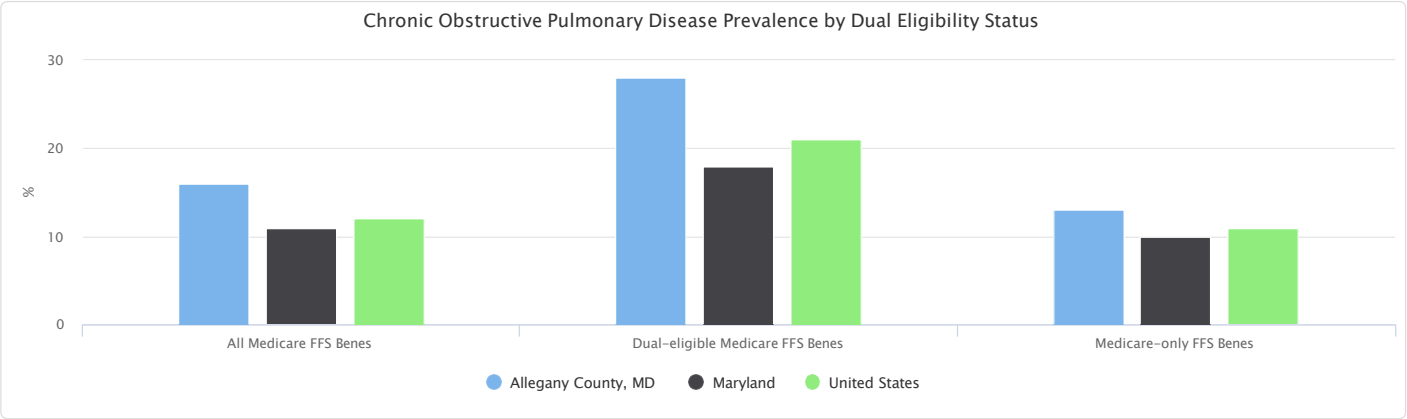


Chronic Obstructive Pulmonary Disease Prevalence by Dual Eligibility Status

This indicator reports the unsmoothed age-adjusted rate of chronic obstructive pulmonary disease prevalence by dual eligibility status for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	All Medicare FFS Benes	Dual-eligible Medicare FFS Benes	Medicare-only FFS Benes
Allegany County, MD	16%	28%	13%
Maryland	11%	18%	10%
United States	12%	21%	11%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.



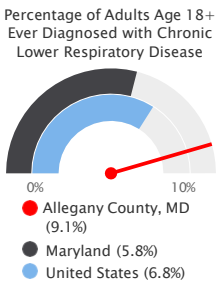
Chronic Conditions - Chronic Obstructive Pulmonary Disease (Adult)

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.

Within the report area, there were 9.1% of adults age 18 and older who reported having chronic obstructive pulmonary disease of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ Ever Diagnosed with COPD(Crude)	Adults Age 18+ with COPD (Age-Adjusted)
Allegany County, MD	67,267	**9.1%**	7.6%
Maryland	6,164,660	5.8%	5.1%
United States	333,287,557	6.8%	5.9%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



View larger map

Chronic Obstructive Pulmonary Disease, Percent of Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

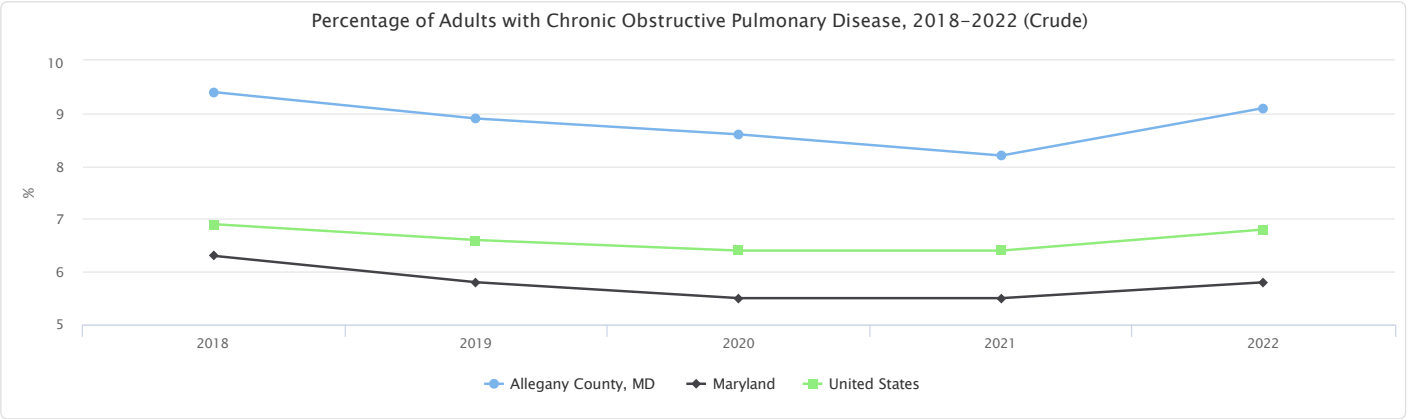
- Over 10.0%
- 9.1 - 10.0%
- 8.1 - 9.0%
- Under 8.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Chronic Obstructive Pulmonary Disease, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who have ever been diagnosed with chronic obstructive pulmonary disease (COPD).

Report Area	2018	2019	2020	2021	2022
Allegany County, MD	9.4%	8.9%	8.6%	8.2%	9.1%
Maryland	6.3%	5.8%	5.5%	5.5%	5.8%
United States	6.9%	6.6%	6.4%	6.4%	6.8%

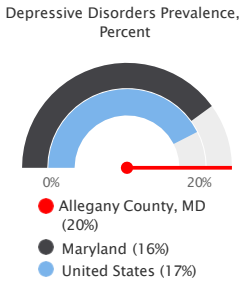
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



Chronic Conditions - Depression (Medicare Population)

This indicator reports the unsmoothed age-adjusted rate of depressive disorders prevalence for Medicare FFS population in 2022. Data were obtained from the CMS Mapping Medicare Disparities tool.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 (rate displayed as zero for such counties.)

Report Area	FFS Beneficiaries	Depressive Disorders Prevalence, Total	Depressive Disorders Prevalence, Percent
Allegany County, MD	14,991	2,998	**20%**
Maryland	764,777	122,364	16%
United States	30,900,366	5,253,062	17%



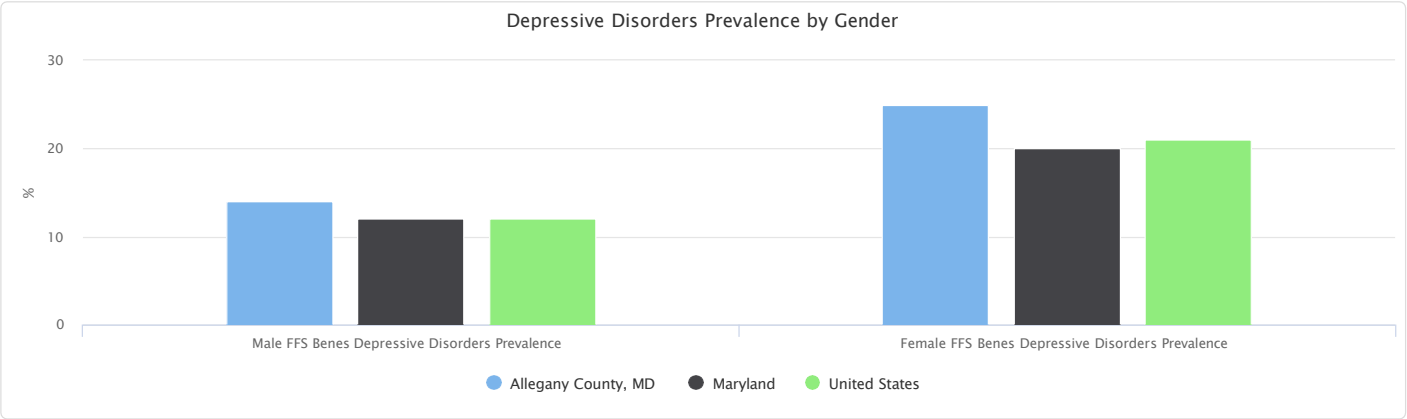
Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

Depressive Disorders Prevalence by Gender

This indicator reports the unsmoothed age-adjusted rate of depressive disorders prevalence by gender for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Male FFS Benes	Female FFS Benes	Male FFS Benes Depressive Disorders Prevalence, Percent	Female FFS Benes Depressive Disorders Prevalence, Percent
Allegany County, MD	6,746	8,245	14%	25%
Maryland	328,472	436,305	12%	20%
United States	14,047,306	16,853,060	12%	21%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

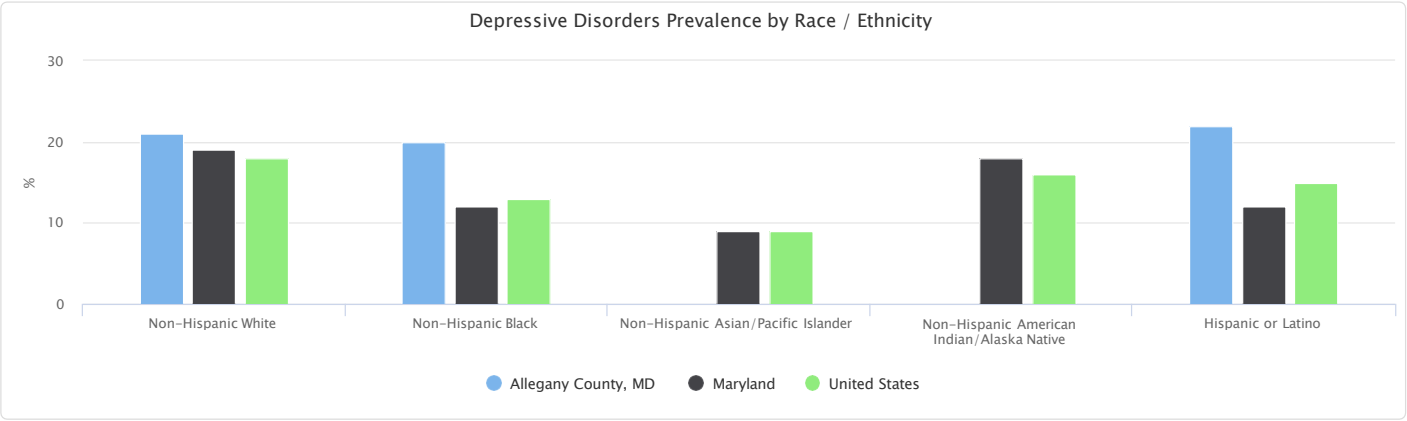


Depressive Disorders Prevalence by Race / Ethnicity

This indicator reports the unsmoothed age-adjusted rate of depressive disorders prevalence by race and ethnicity for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Non-Hispanic American Indian/Alaska Native	Hispanic or Latino
Allegany County, MD	21%	20%	0%	No data	22%
Maryland	19%	12%	9%	18%	12%
United States	18%	13%	9%	16%	15%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

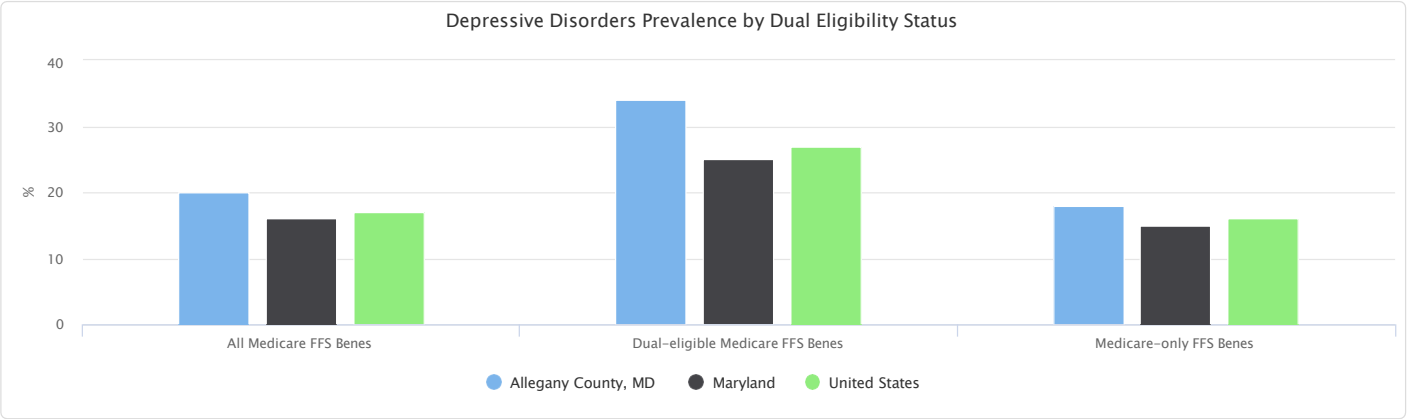


Depressive Disorders Prevalence by Dual Eligibility Status

This indicator reports the unsmoothed age-adjusted rate of depressive disorders prevalence by dual eligibility status for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	All Medicare FFS Benes	Dual-eligible Medicare FFS Benes	Medicare-only FFS Benes
Allegany County, MD	20%	34%	18%
Maryland	16%	25%	15%
United States	17%	27%	16%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.



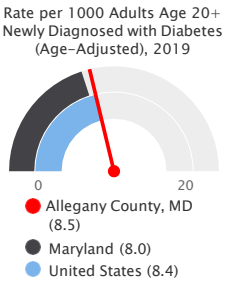
Chronic Conditions - Diabetes Incidence (Adult)

This indicator reports the number and rate (per 1,000) of adults age 20 and older who have been diagnosed with diabetes in the last year, i.e., the difference between their age at the time of the CDC's Behavioral Risk Factor Surveillance System (BRFSS) survey and the age they provided to the question, "How old were you when you were told you have diabetes?" was less than one. If the difference was between one year and two years, the person was weighted as half a newly diagnosed case. 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.

Within the report area, 447 of adults age 20 and older have been newly diagnosed with diabetes. This represents 8.5 per 1,000 adults age 20+.

Report Area	Population Age 20+	Adults Age 20+ Newly Diagnosed with Diabetes	Adults Age 20+ Newly Diagnosed with Diabetes, Age-Adjusted Rate per 1,000
Allegany County, MD	4,859	447	**8.5**
Maryland	407,591	34,402	8.0
United States	21,574,096	1,889,103	8.4

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019.



View larger map

Diabetes Incidence, Rate per 1,000 Adults Age 20+ by County, CDC NCCDPHP 2019

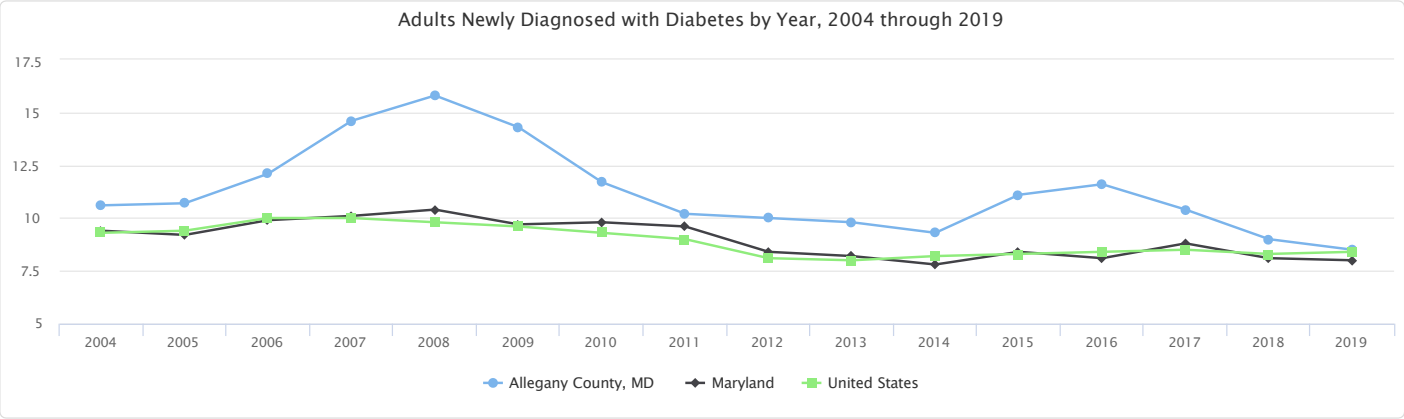
- Over 7.0
- 6.6 - 7.0
- 6.0 - 6.5
- Under 6.0
- No Data or Data Suppressed
- Allegany County, MD

Adults Newly Diagnosed with Diabetes by Year, 2004 through 2019

The table below displays the rate (per 1,000) of adults age 20+ newly diagnosed with diabetes over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Allegany County, MD	10.6	10.7	12.1	14.6	15.8	14.3	11.7	10.2	10.0	9.8	9.3	11.1	11.6	10.4	9.0	8.5
Maryland	9.4	9.2	9.9	10.1	10.4	9.7	9.8	9.6	8.4	8.2	7.8	8.4	8.1	8.8	8.1	8.0
United States	9.3	9.4	10.0	10.0	9.8	9.6	9.3	9.0	8.1	8.0	8.2	8.3	8.4	8.5	8.3	8.4

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019.



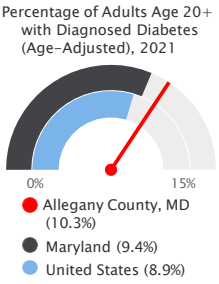
Chronic Conditions - Diabetes Prevalence (Adult)

This indicator reports the number and percentage of adults age 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.

Within the report area, 6,432 of adults age 20 and older have diabetes. This represents 10.3% of all the adults age 20+.
Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator. Estimated values for prior years (2004 - 2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.

Report Area	Population Age 20+	Adults Age 20+ with Diagnosed Diabetes	Adults Age 20+ with Diagnosed Diabetes, Age-Adjusted Rate
Allegany County, MD	53,600	6,432	**10.3%**
Maryland	4,648,598	491,614	9.4%
United States	232,706,003	23,263,962	8.9%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.



View larger map

Diabetes Prevalence, Percent of Adults Age 20+ by County, CDC NCCDPHP 2021

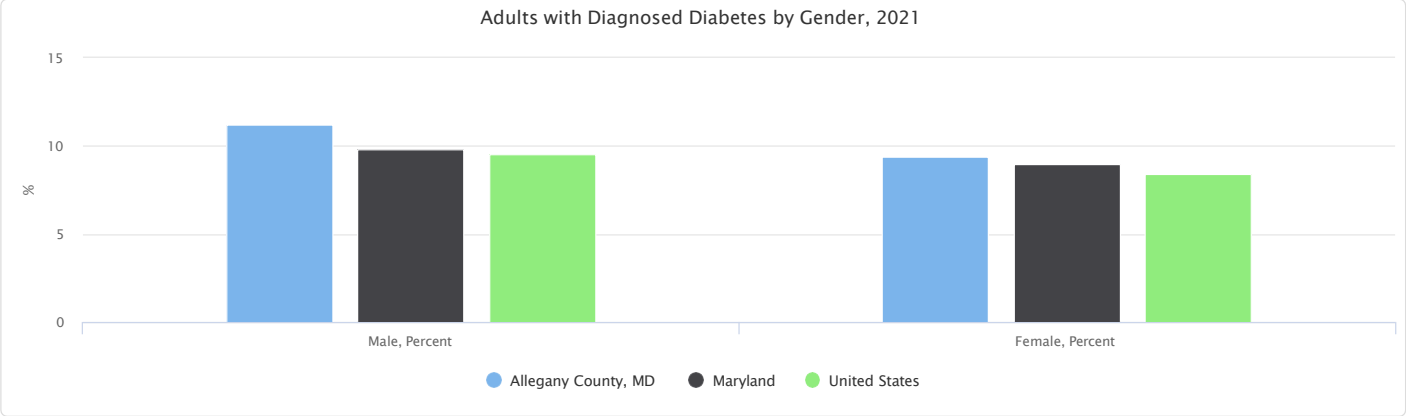
- Over 11.0%
- 9.6 - 11.0%
- 8.1 - 9.5%
- Under 8.1%
- No Data or Data Suppressed
- Allegany County, MD

Adults with Diagnosed Diabetes by Gender, 2021

The table below displays national, state, and local variation in the prevalence of diabetes among adults age 20+ by gender. The percentage values could be interpreted as, for example, *"Of all the adult females age 20+ within the report area, the proportion that have ever been told by a doctor that they have diabetes is (value)."*

Report Area	Male	Male, Percent	Female	Female, Percent
Allegany County, MD	3,501	11.2%	2,931	9.4%
Maryland	239,900	9.8%	251,711	9.0%
United States	11,866,746	9.5%	11,397,164	8.4%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.

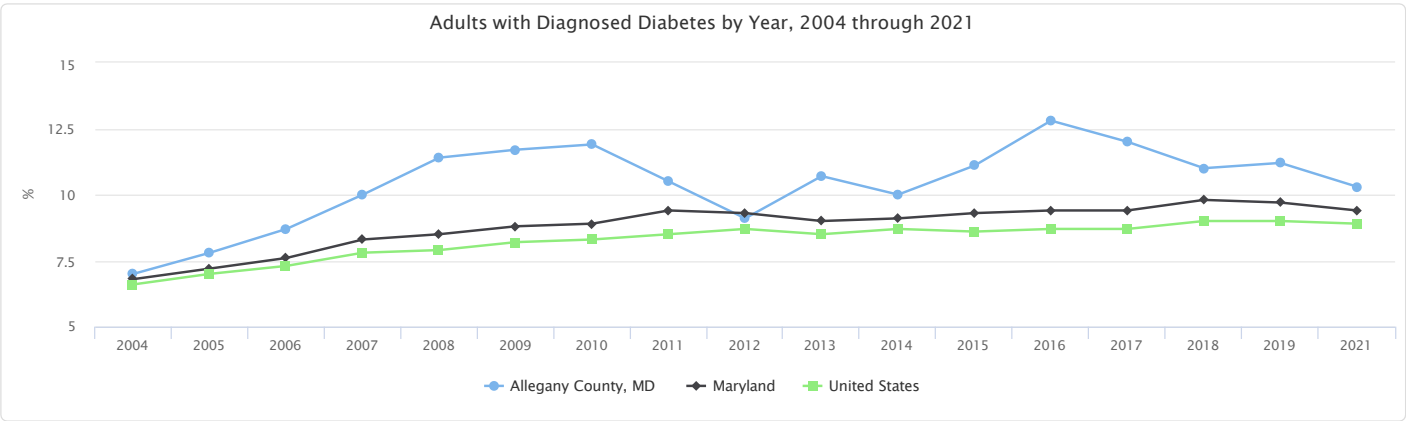


Adults with Diagnosed Diabetes by Year, 2004 through 2021

The table below displays the percentage of adults age 20+ with diabetes over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2021
Allegany County, MD	7.0%	7.8%	8.7%	10.0%	11.4%	11.7%	11.9%	10.5%	9.1%	10.7%	10.0%	11.1%	12.8%	12.0%	11.0%	11.2%	10.3%
Maryland	6.8%	7.2%	7.6%	8.3%	8.5%	8.8%	8.9%	9.4%	9.3%	9.0%	9.1%	9.3%	9.4%	9.4%	9.8%	9.7%	9.4%
United States	6.6%	7.0%	7.3%	7.8%	7.9%	8.2%	8.3%	8.5%	8.7%	8.5%	8.7%	8.6%	8.7%	8.7%	9.0%	9.0%	8.9%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.

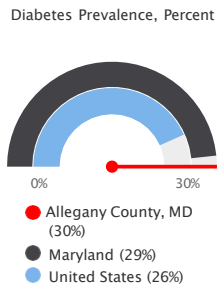


Chronic Conditions - Diabetes Prevalence (Medicare Population)

This indicator reports the unsmoothed age-adjusted rate of diabetes prevalence for Medicare FFS population in 2022. Data were obtained from the CMS Mapping Medicare Disparities tool.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 (rate displayed as zero for such counties.)

Report Area	FFS Beneficiaries	Diabetes Prevalence, Total	Diabetes Prevalence, Percent
Allegany County, MD	14,991	4,497	**30%**
Maryland	764,777	221,785	29%
United States	30,900,366	8,034,095	26%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

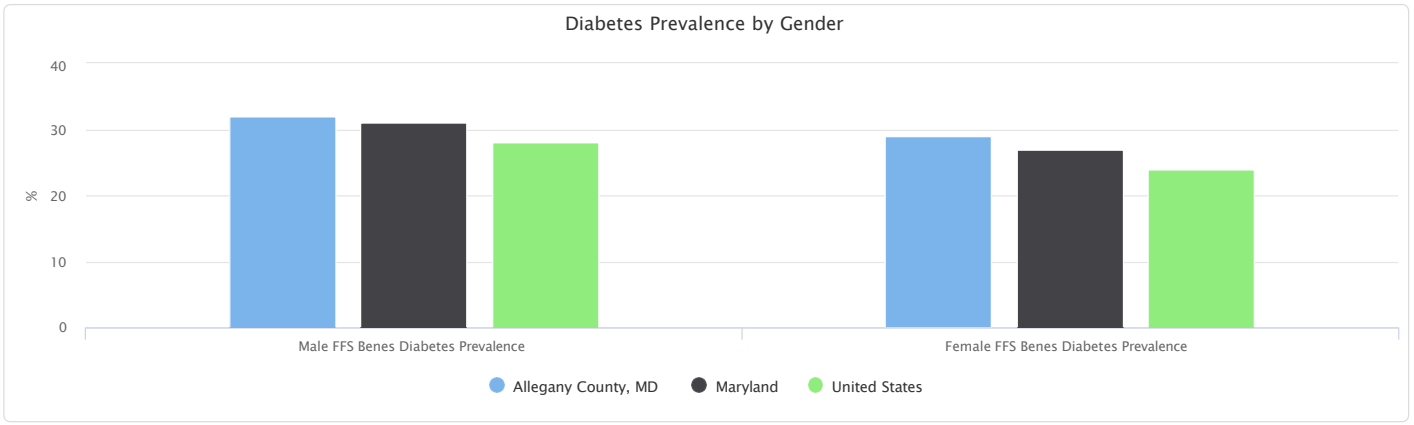


Diabetes Prevalence by Gender

This indicator reports the unsmoothed age-adjusted rate of diabetes prevalence by gender for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Male FFS Benes	Female FFS Benes	Male FFS Benes Diabetes Prevalence, Percent	Female FFS Benes Diabetes Prevalence, Percent
Allegany County, MD	6,746	8,245	32%	29%
Maryland	328,472	436,305	31%	27%
United States	14,047,306	16,853,060	28%	24%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

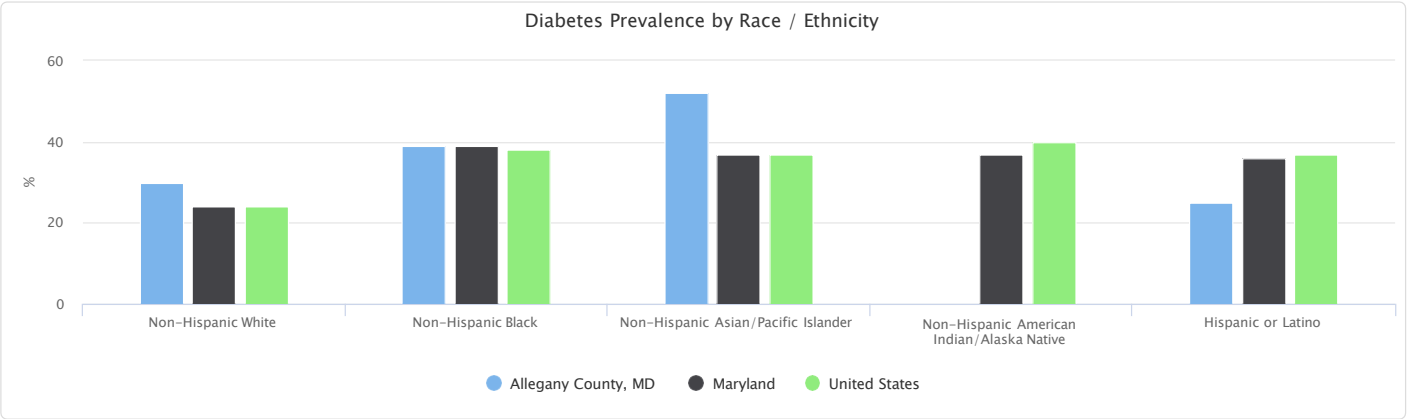


Diabetes Prevalence by Race / Ethnicity

This indicator reports the unsmoothed age-adjusted rate of diabetes prevalence by race and ethnicity for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Non-Hispanic American Indian/Alaska Native	Hispanic or Latino
Allegany County, MD	30%	39%	52%	No data	25%
Maryland	24%	39%	37%	37%	36%
United States	24%	38%	37%	40%	37%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

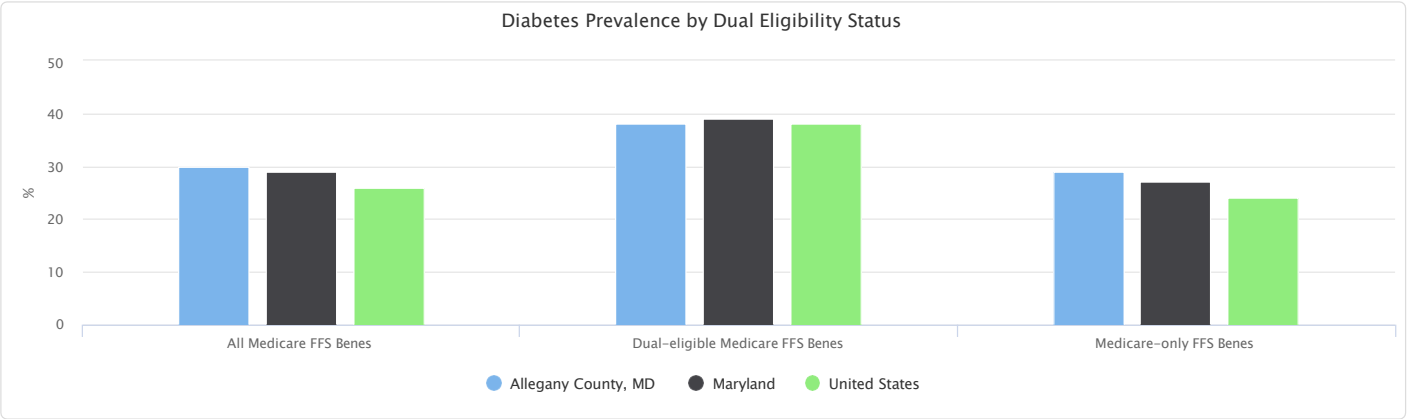


Diabetes Prevalence by Dual Eligibility Status

This indicator reports the unsmoothed age-adjusted rate of diabetes prevalence by dual eligibility status for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	All Medicare FFS Benes	Dual-eligible Medicare FFS Benes	Medicare-only FFS Benes
Allegany County, MD	30%	38%	29%
Maryland	29%	39%	27%
United States	26%	38%	24%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.



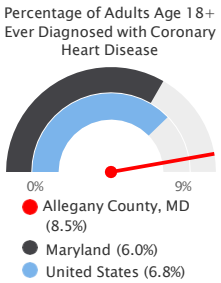
Chronic Conditions - Heart Disease (Adult)

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease.

Within the report area, there were 8.5% of adults 18 and older who reported having coronary heart disease of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ Ever Diagnosed with CHD (Crude)	Adults Age 18+ Ever Diagnosed with CHD (Age-Adjusted)
Allegany County, MD	67,267	8.5%	6.7%
Maryland	6,164,660	6.0%	5.1%
United States	333,287,557	6.8%	5.7%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



View larger map

Coronary Heart Disease, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

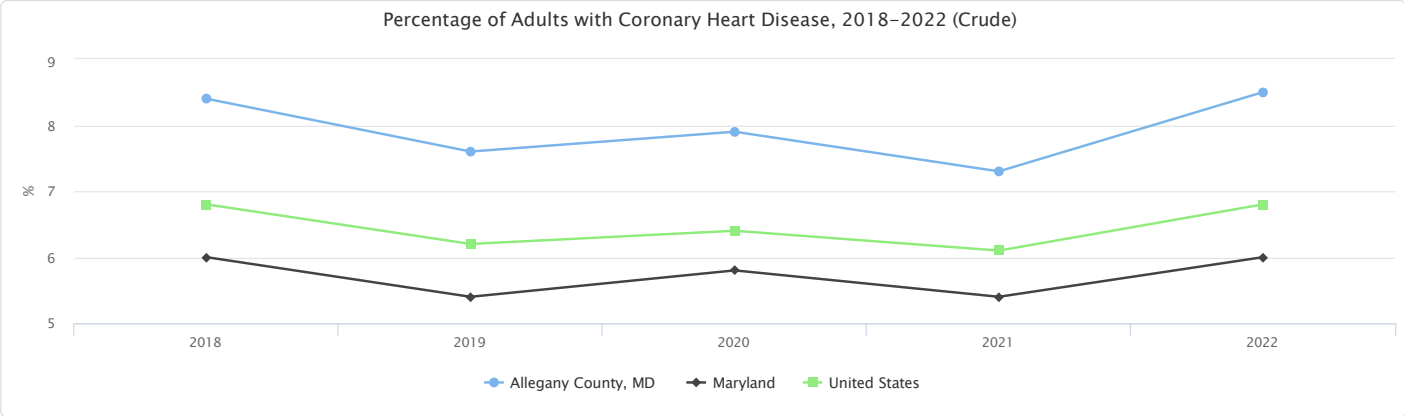
- Over 8.0%
- 7.1 - 8.0%
- 6.1 - 7.0%
- Under 6.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Coronary Heart Disease, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who have ever been diagnosed with coronary heart disease.

Report Area	2018	2019	2020	2021	2022
Allegany County, MD	8.4%	7.6%	7.9%	7.3%	8.5%
Maryland	6.0%	5.4%	5.8%	5.4%	6.0%
United States	6.8%	6.2%	6.4%	6.1%	6.8%

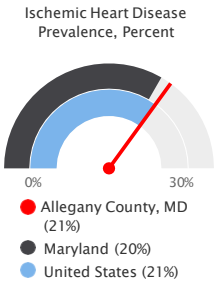
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



Chronic Conditions - Heart Disease (Medicare Population)

This indicator reports the unsmoothed age-adjusted rate of ischemic heart disease prevalence for Medicare FFS population in 2022. Data were obtained from the CMS Mapping Medicare Disparities tool.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 (rate displayed as zero for such counties.)

Report Area	FFS Beneficiaries	Ischemic Heart Disease Prevalence, Total	Ischemic Heart Disease Prevalence, Percent
Allegany County, MD	14,991	3,148	21%
Maryland	764,777	152,955	20%
United States	30,900,366	6,489,077	21%



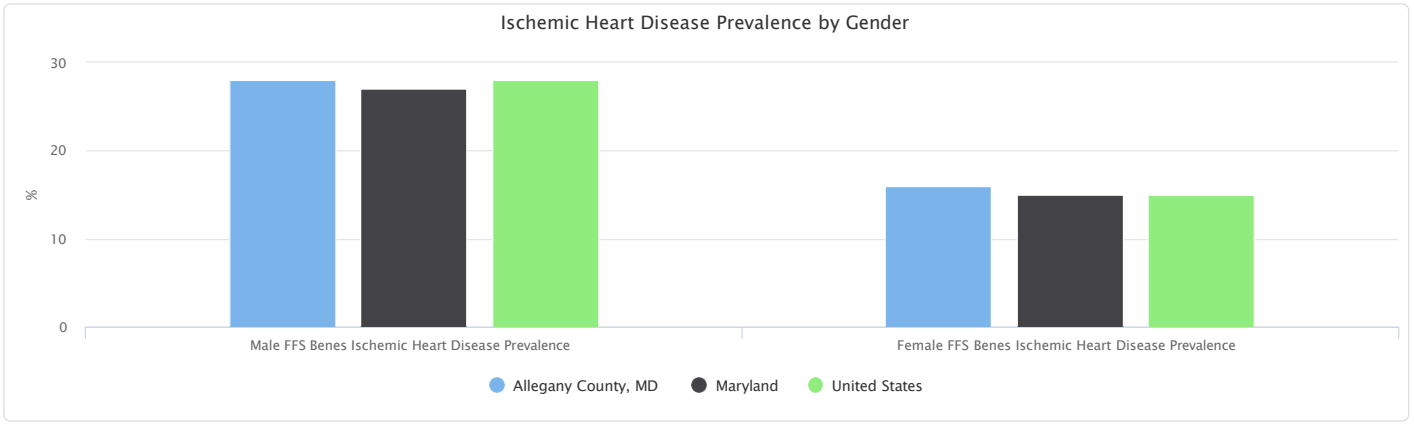
Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

Ischemic Heart Disease Prevalence by Gender

This indicator reports the unsmoothed age-adjusted rate of ischemic heart disease prevalence by gender for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Male FFS Benes	Female FFS Benes	Male FFS Benes Ischemic Heart Disease Prevalence, Percent	Female FFS Benes Ischemic Heart Disease Prevalence, Percent
Allegany County, MD	6,746	8,245	28%	16%
Maryland	328,472	436,305	27%	15%
United States	14,047,306	16,853,060	28%	15%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

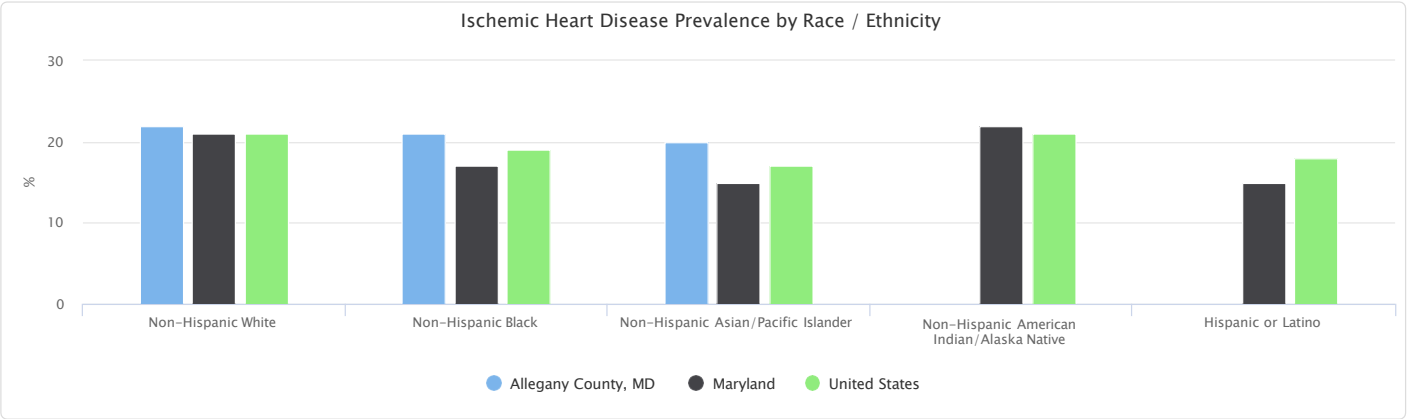


Ischemic Heart Disease Prevalence by Race / Ethnicity

This indicator reports the unsmoothed age-adjusted rate of ischemic heart disease prevalence by race and ethnicity for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Non-Hispanic American Indian/Alaska Native	Hispanic or Latino
Allegany County, MD	22%	21%	20%	No data	0%
Maryland	21%	17%	15%	22%	15%
United States	21%	19%	17%	21%	18%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

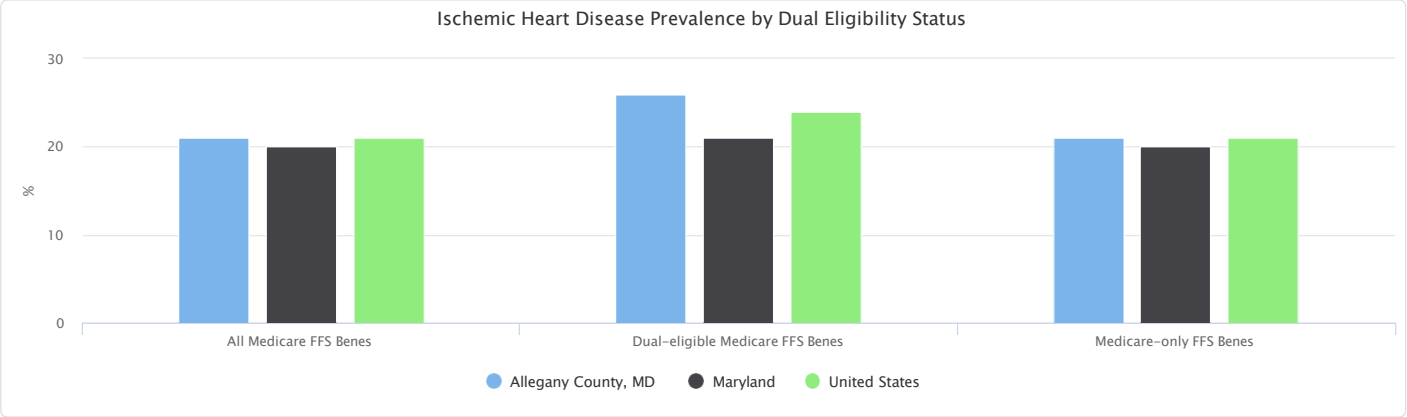


Ischemic Heart Disease Prevalence by Dual Eligibility Status

This indicator reports the unsmoothed age-adjusted rate of ischemic heart disease prevalence by dual eligibility status for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	All Medicare FFS Benes	Dual-eligible Medicare FFS Benes	Medicare-only FFS Benes
Allegany County, MD	21%	26%	21%
Maryland	20%	21%	20%
United States	21%	24%	21%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.



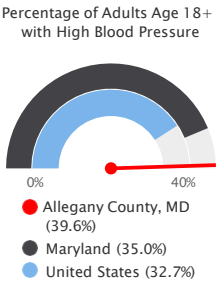
Chronic Conditions - High Blood Pressure (Adult)

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (HTN). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

Within the report area, there were 39.6% of adults age 18+ who reported having high blood pressure of the total population age 18+.

Report Area	Total Population	Adults Age 18+ with HTN (Crude)	Adults Age 18+ with HTN (Age-Adjusted)
Allegany County, MD	67,267	**39.6%**	35.5%
Maryland	6,164,660	35.0%	32.0%
United States	333,287,557	32.7%	29.6%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.



View larger map

High Blood Pressure, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2021

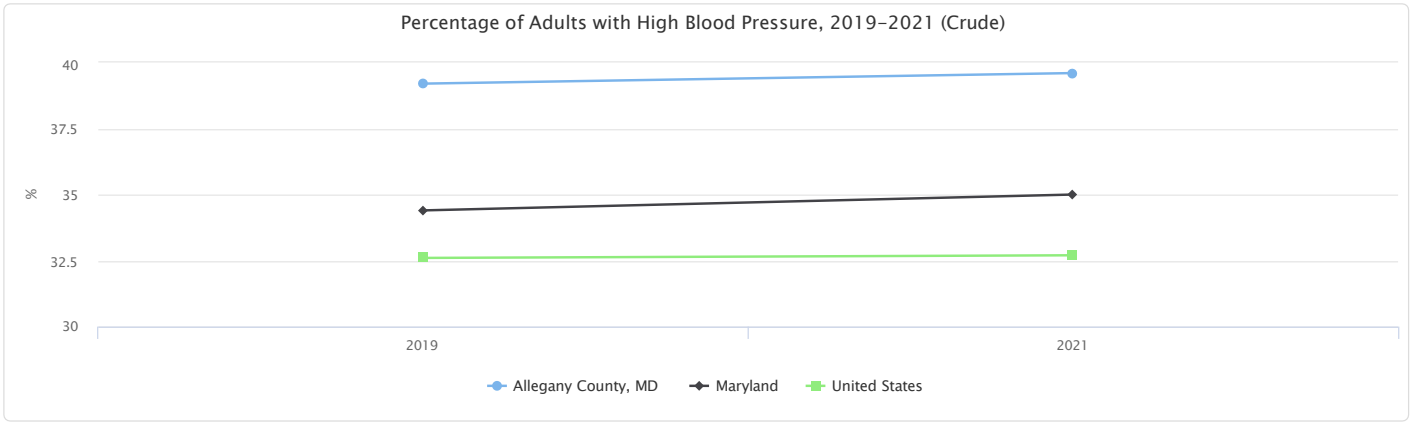
- Over 42.0%
- 37.1% - 42.0%
- 32.1% - 37.0%
- Under 32.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with High Blood Pressure, 2019-2021 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who have ever been diagnosed with high blood pressure.

Report Area	2019	2021
Allegany County, MD	39.2%	39.6%
Maryland	34.4%	35.0%
United States	32.6%	32.7%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

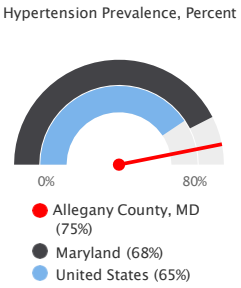


Chronic Conditions - High Blood Pressure (Medicare Population)

This indicator reports the unsmoothed age-adjusted rate of hypertension prevalence for Medicare FFS population in 2022. Data were obtained from the CMS Mapping Medicare Disparities tool.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 (rate displayed as zero for such counties.)

Report Area	FFS Beneficiaries	Hypertension Prevalence, Total	Hypertension Prevalence, Percent
Allegany County, MD	14,991	11,243	75%
Maryland	764,777	520,048	68%
United States	30,900,366	20,085,238	65%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

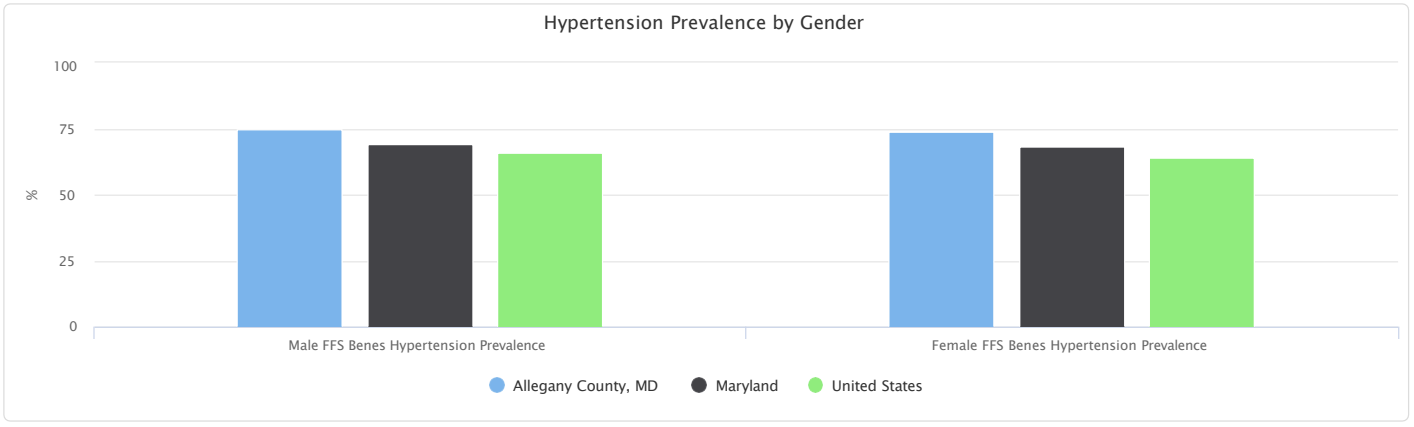


Hypertension Prevalence by Gender

This indicator reports the unsmoothed age-adjusted rate of hypertension prevalence by gender for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Male FFS Benes	Female FFS Benes	Male FFS Benes Hypertension Prevalence, Percent	Female FFS Benes Hypertension Prevalence, Percent
Allegany County, MD	6,746	8,245	75%	74%
Maryland	328,472	436,305	69%	68%
United States	14,047,306	16,853,060	66%	64%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

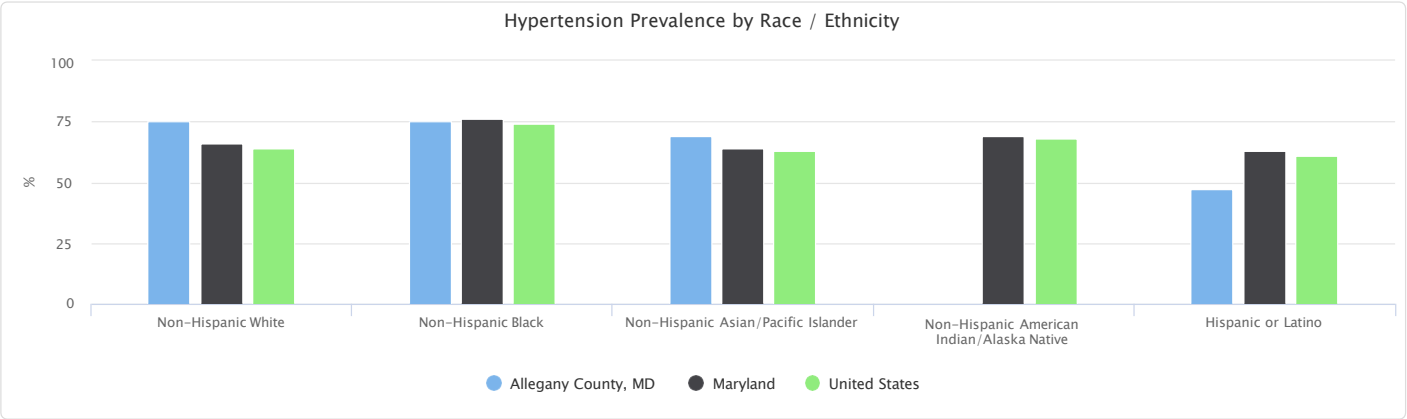


Hypertension Prevalence by Race / Ethnicity

This indicator reports the unsmoothed age-adjusted rate of hypertension prevalence by race and ethnicity for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Non-Hispanic American Indian/Alaska Native	Hispanic or Latino
Allegany County, MD	75%	75%	69%	No data	47%
Maryland	66%	76%	64%	69%	63%
United States	64%	74%	63%	68%	61%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

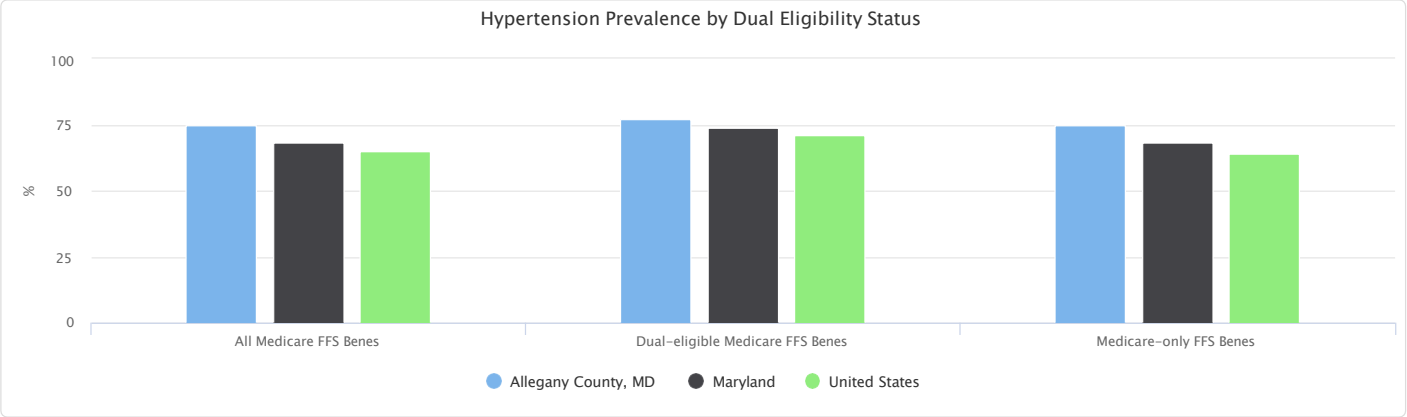


Hypertension Prevalence by Dual Eligibility Status

This indicator reports the unsmoothed age-adjusted rate of hypertension prevalence by dual eligibility status for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	All Medicare FFS Benes	Dual-eligible Medicare FFS Benes	Medicare-only FFS Benes
Allegany County, MD	75%	77%	75%
Maryland	68%	74%	68%
United States	65%	71%	64%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.



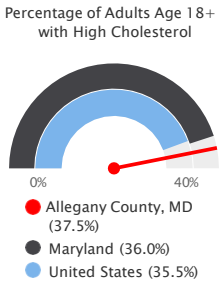
Chronic Conditions - High Cholesterol (Adult)

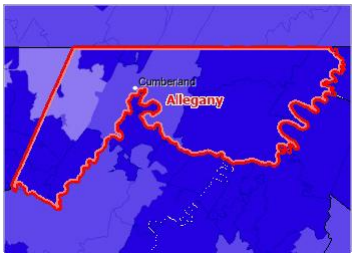
This indicator reports the percentage of adults age 18 and older who report having been told by a doctor, nurse, or other health professional that they had high cholesterol.

Within the report area, there were 37.5% of adults age 18 and older who reported having high cholesterol of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ with High Cholesterol (Crude)	Adults Age 18+ with High Cholesterol (Age-Adjusted)
Allegany County, MD	67,267	**37.5%**	32.3%
Maryland	6,164,660	36.0%	32.0%
United States	333,287,557	35.5%	30.4%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021 .





View larger map

High Cholesterol, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2021

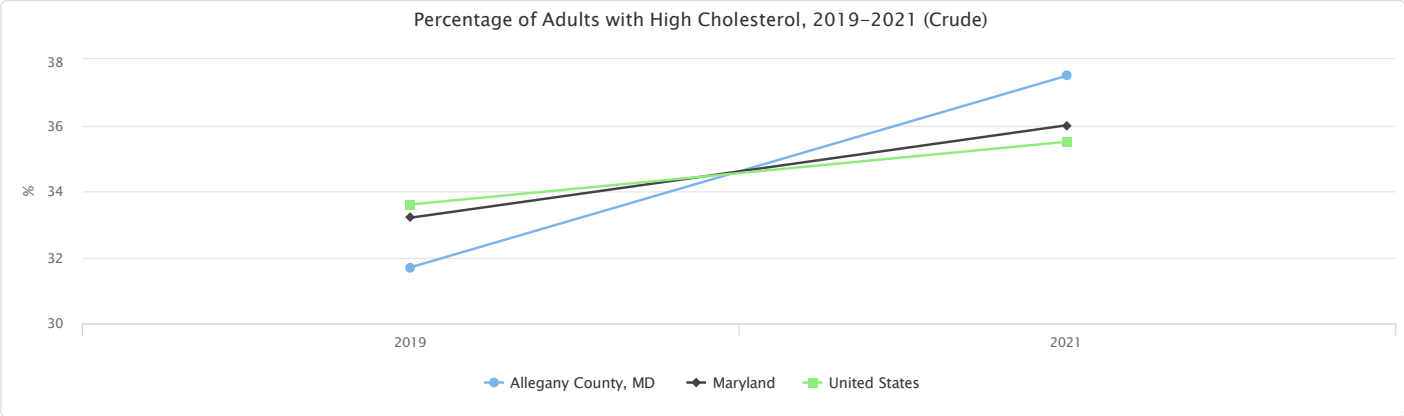
- Over 38.0%
- 34.1% - 38.0%
- 30.1% - 34.0%
- Under 30.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with High Cholesterol, 2019-2021 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who have ever been told they have high cholesterol.

Report Area	2019	2021
Allegany County, MD	31.7%	37.5%
Maryland	33.2%	36.0%
United States	33.6%	35.5%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021 .

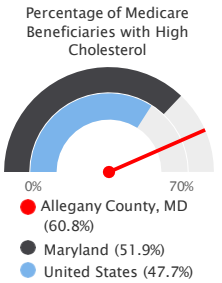


Chronic Conditions - High Cholesterol (Medicare Population)

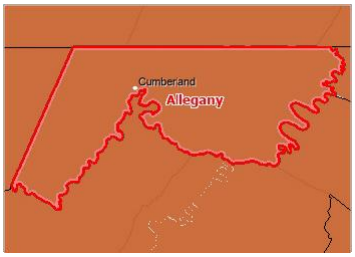
This indicator reports the number and percentage of the Medicare Fee-for-Service population with hyperlipidemia, which is typically associated with high cholesterol. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program.

Within the report area, there were 9,364 beneficiaries with hyperlipidemia based on administrative claims data in the latest report year. This represents 60.8% of the total Medicare Fee-for-Service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Cholesterol	Percent with High Cholesterol
Allegany County, MD	15,412	9,364	60.8%
Maryland	768,522	399,087	51.9%
United States	33,499,472	15,965,312	47.7%



Note: This indicator is compared to the state average.
Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.



View larger map

Beneficiaries with High Cholesterol, Percent by County, CMS 2018

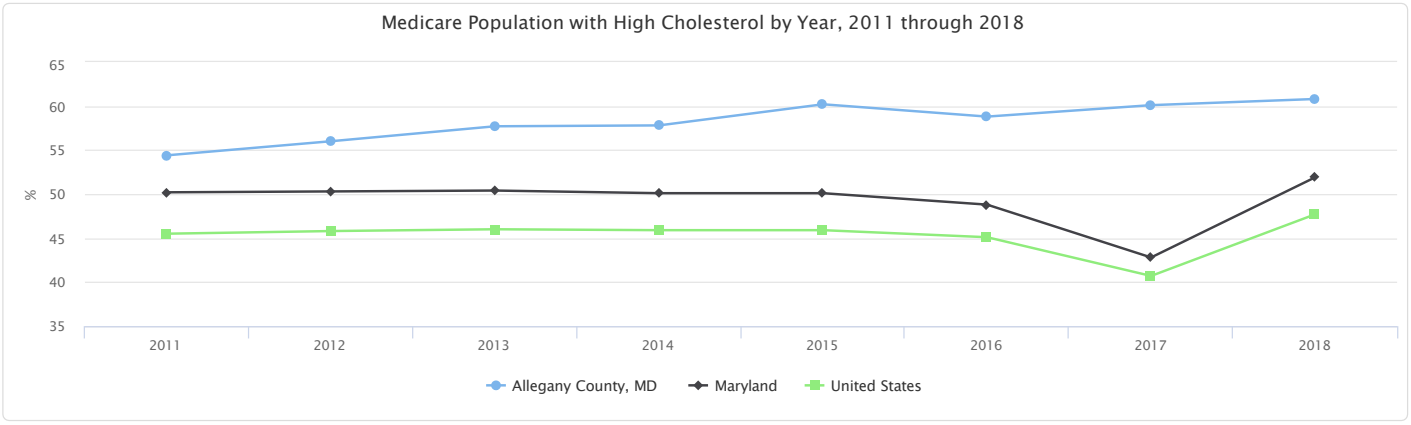
- Over 48.0%
- 42.1 - 48.0%
- 36.1 - 42.0%
- Under 36.1%
- No Data or Data Suppressed
- Allegany County, MD

Medicare Population with High Cholesterol by Year, 2011 through 2018

This indicator reports the percentage of the Medicare Fee-for-Service population with high cholesterol over time.

Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Allegany County, MD	54.4%	56.0%	57.7%	57.8%	60.2%	58.8%	60.1%	60.8%
Maryland	50.2%	50.3%	50.4%	50.1%	50.1%	48.8%	42.8%	51.9%
United States	45.5%	45.8%	46.0%	45.9%	45.9%	45.1%	40.7%	47.7%

Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.

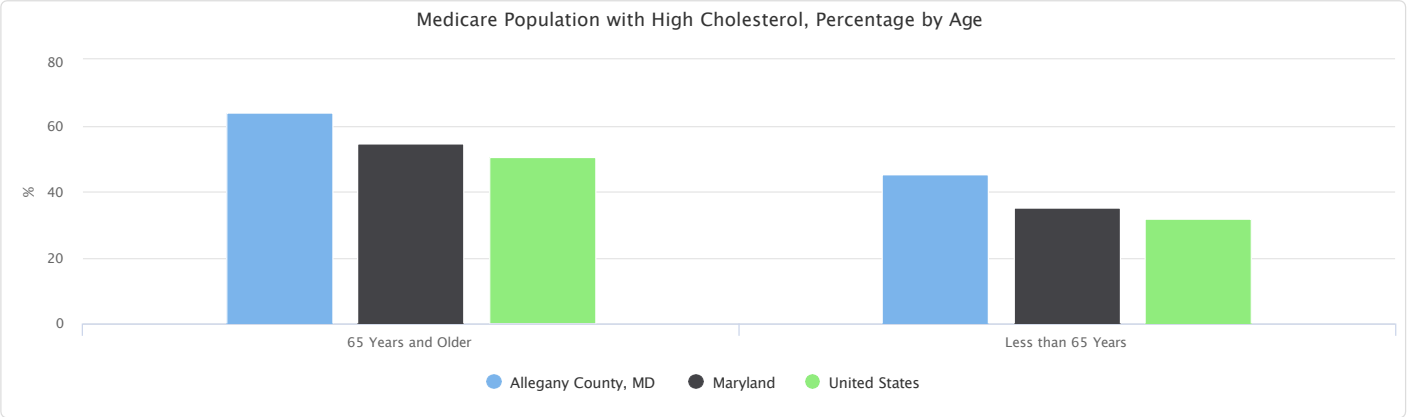


Medicare Population with High Cholesterol, Percentage by Age

This indicator reports the prevalence of high cholesterol among Medicare beneficiaries by age.
The percentage values could be interpreted as, for example, *"Of all the Medicare beneficiaries age 65 years and older within the report area, the proportion with high cholesterol is (value)."*

Report Area	65 Years and Older	Less than 65 Years
Allegany County, MD	63.8%	45.2%
Maryland	54.5%	35.3%
United States	50.5%	31.9%

Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.

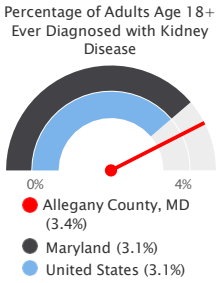


Chronic Conditions - Kidney Disease (Adult)

This indicator reports the number and percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have kidney disease.

Within the report area there are 3.4% adults age 18 and older with kidney disease of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ Ever Diagnosed with Kidney Disease (Crude)	Adults Age 18+ with Kidney Disease (Age-Adjusted)
Allegany County, MD	67,729	**3.4%**	2.9%
Maryland	6,165,129	3.1%	2.8%
United States	331,893,745	3.1%	2.7%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

View larger map

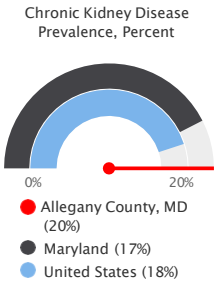
Chronic Kidney Disease, Percent of Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2021

- Over 4.0%
- 3.1 - 4.0%
- 2.1 - 3.0%
- Under 2.1%
- No Data or Data Suppressed
- Allegany County, MD

Chronic Conditions - Kidney Disease (Medicare Population)

This indicator reports the unsmoothed age-adjusted rate of chronic kidney disease prevalence for Medicare FFS population in 2022. Data were obtained from the CMS Mapping Medicare Disparities tool.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 (rate displayed as zero for such counties.)

Report Area	FFS Beneficiaries	Chronic Kidney Disease Prevalence, Total	Chronic Kidney Disease Prevalence, Percent
Allegany County, MD	14,991	2,998	20%
Maryland	764,777	130,012	17%
United States	30,900,366	5,562,066	18%



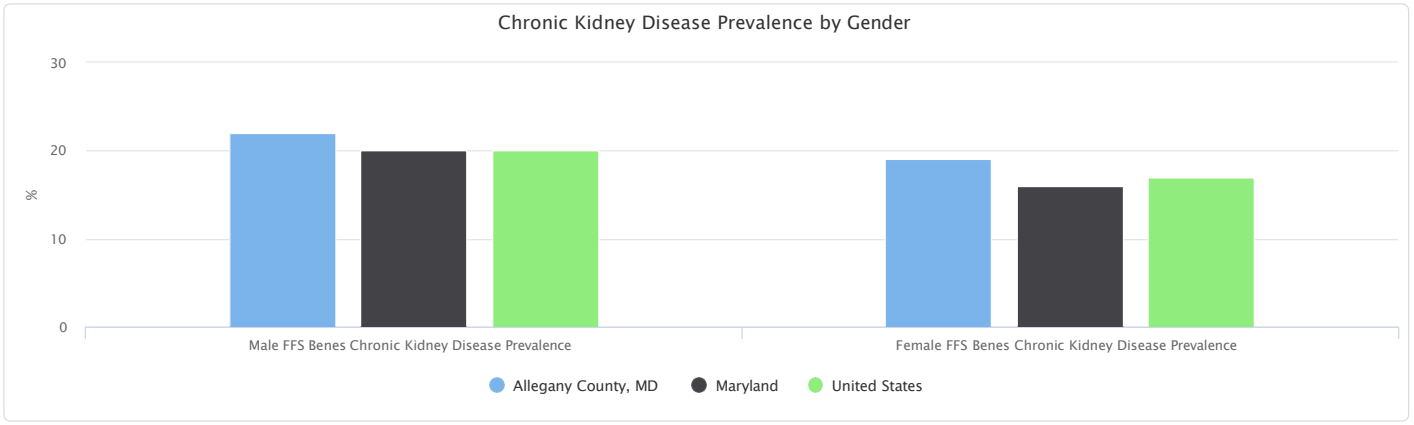
Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

Chronic Kidney Disease Prevalence by Gender

This indicator reports the unsmoothed age-adjusted rate of chronic kidney disease prevalence by gender for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Male FFS Benes	Female FFS Benes	Male FFS Benes Chronic Kidney Disease Prevalence, Percent	Female FFS Benes Chronic Kidney Disease Prevalence, Percent
Allegany County, MD	6,746	8,245	22%	19%
Maryland	328,472	436,305	20%	16%
United States	14,047,306	16,853,060	20%	17%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

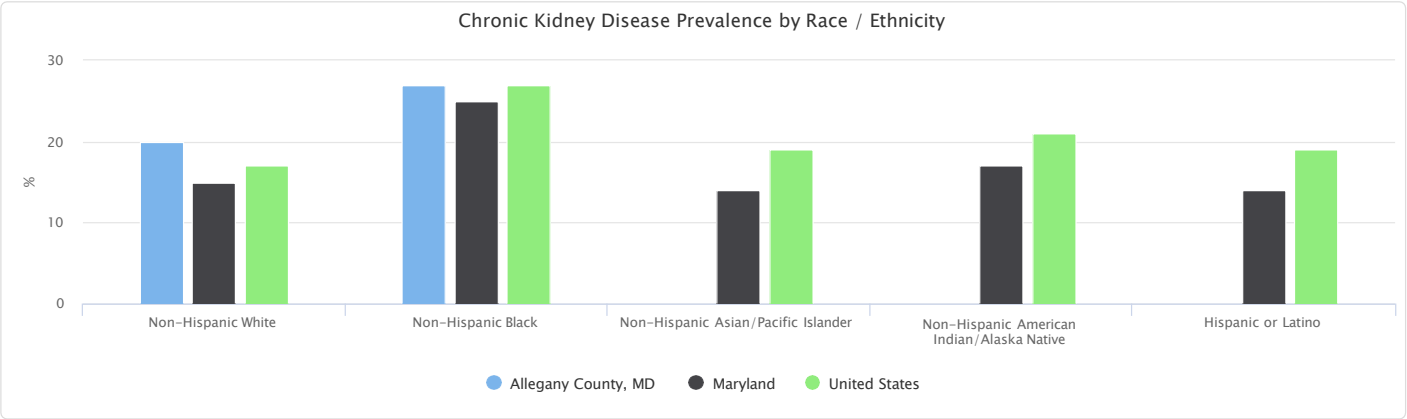


Chronic Kidney Disease Prevalence by Race / Ethnicity

This indicator reports the unsmoothed age-adjusted rate of chronic kidney disease prevalence by race and ethnicity for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Non-Hispanic American Indian/Alaska Native	Hispanic or Latino
Allegany County, MD	20%	27%	0%	No data	0%
Maryland	15%	25%	14%	17%	14%
United States	17%	27%	19%	21%	19%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

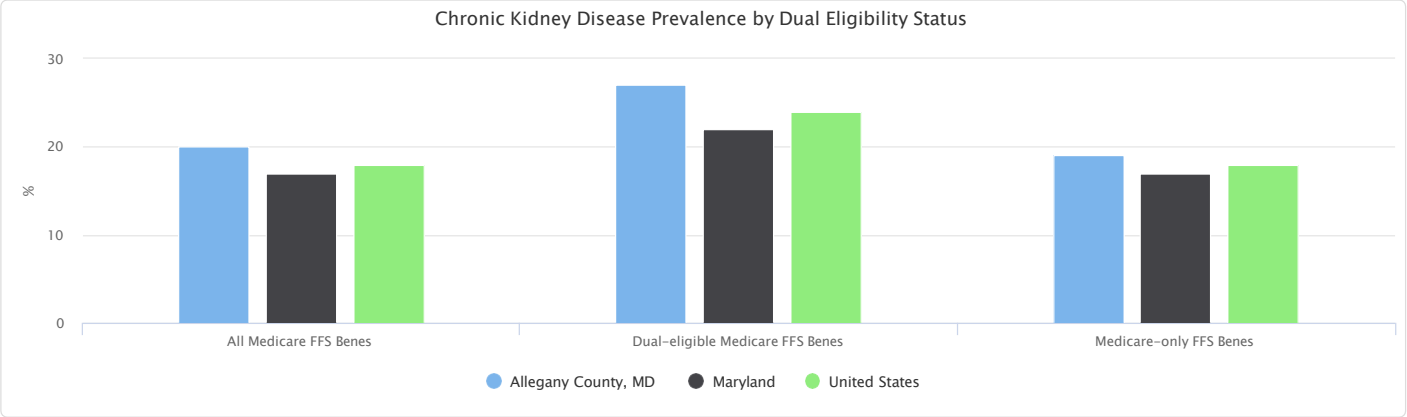


Chronic Kidney Disease Prevalence by Dual Eligibility Status

This indicator reports the unsmoothed age-adjusted rate of chronic kidney disease prevalence by dual eligibility status for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	All Medicare FFS Benes	Dual-eligible Medicare FFS Benes	Medicare-only FFS Benes
Allegany County, MD	20%	27%	19%
Maryland	17%	22%	17%
United States	18%	24%	18%

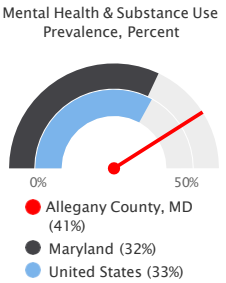
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.



Chronic Conditions - Mental Health and Substance Use Conditions

This indicator reports the unsmoothed age-adjusted rate of mental health & substance use prevalence for Medicare FFS population in 2022. Data were obtained from the CMS Mapping Medicare Disparities tool.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 (rate displayed as zero for such counties.)

Report Area	FFS Beneficiaries	Mental Health & Substance Use Prevalence, Total	Mental Health & Substance Use Prevalence, Percent
Allegany County, MD	14,991	6,146	41%
Maryland	764,777	244,729	32%
United States	30,900,366	10,197,121	33%



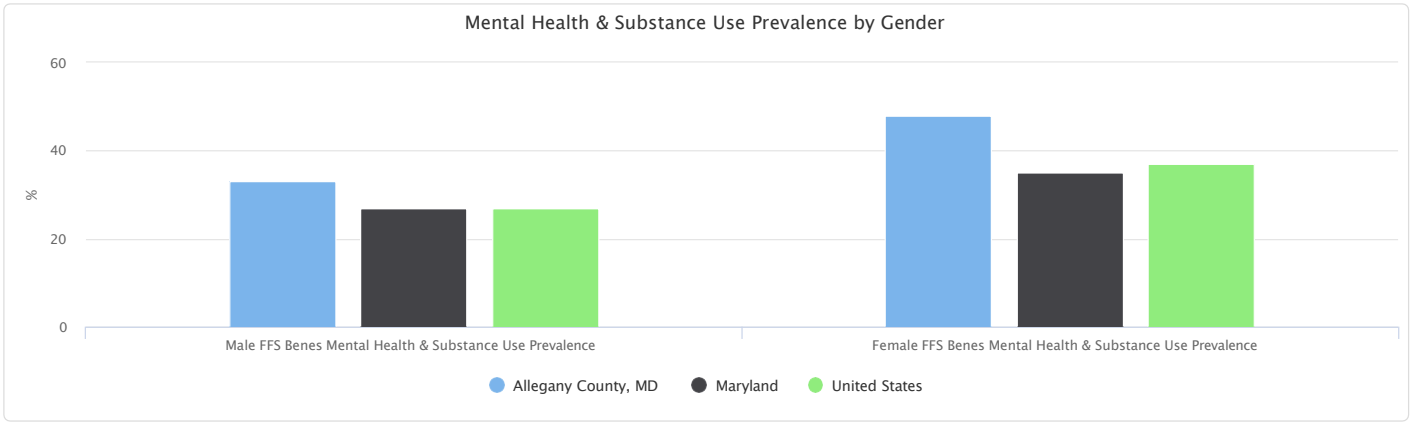
Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

Mental Health & Substance Use Prevalence by Gender

This indicator reports the unsmoothed age-adjusted rate of mental health & substance use prevalence by gender for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Male FFS Benes	Female FFS Benes	Male FFS Benes Mental Health & Substance Use Prevalence, Percent	Female FFS Benes Mental Health & Substance Use Prevalence, Percent
Allegany County, MD	6,746	8,245	33%	48%
Maryland	328,472	436,305	27%	35%
United States	14,047,306	16,853,060	27%	37%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

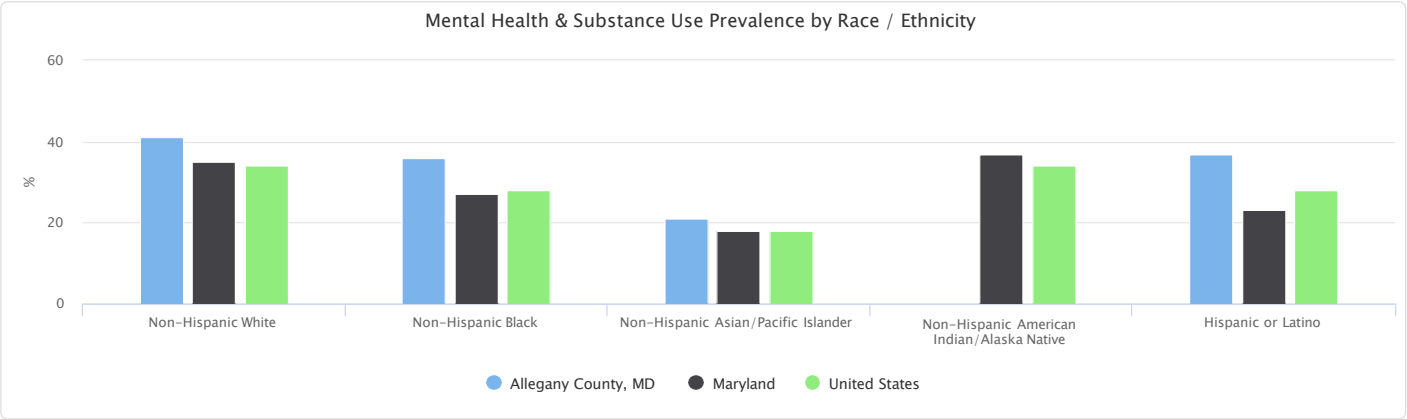


Mental Health & Substance Use Prevalence by Race / Ethnicity

This indicator reports the unsmoothed age-adjusted rate of mental health & substance use prevalence by race and ethnicity for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Non-Hispanic American Indian/Alaska Native	Hispanic or Latino
Allegany County, MD	41%	36%	21%	No data	37%
Maryland	35%	27%	18%	37%	23%
United States	34%	28%	18%	34%	28%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

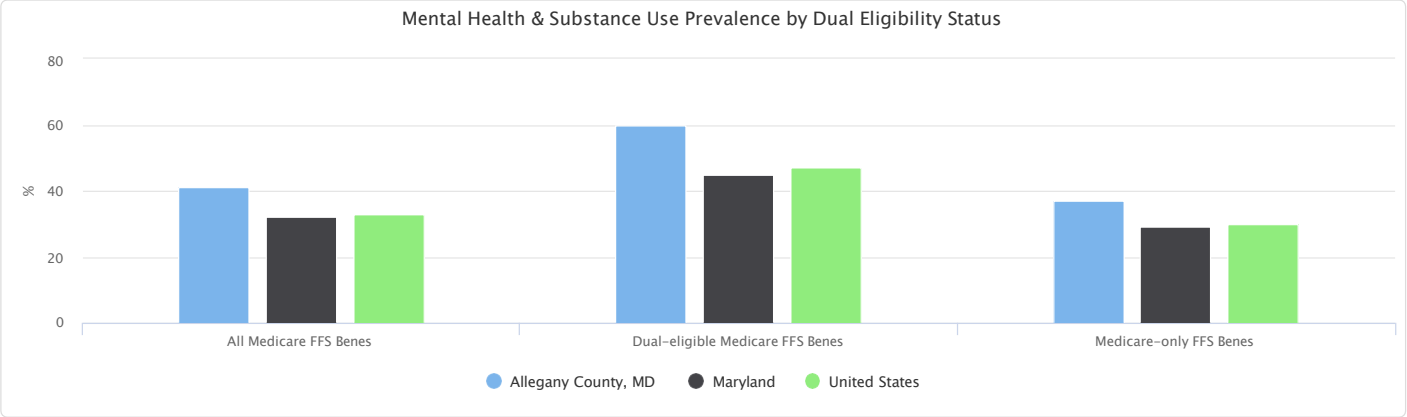


Mental Health & Substance Use Prevalence by Dual Eligibility Status

This indicator reports the unsmoothed age-adjusted rate of mental health & substance use prevalence by dual eligibility status for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	All Medicare FFS Benes	Dual-eligible Medicare FFS Benes	Medicare-only FFS Benes
Allegany County, MD	41%	60%	37%
Maryland	32%	45%	29%
United States	33%	47%	30%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

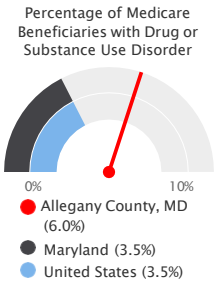


Chronic Conditions - Substance Use Disorder (Medicare Population)

This indicator reports the percentage of the Medicare Fee-for-Service population with substance use disorder. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program.

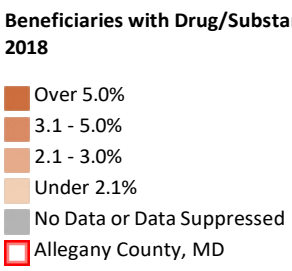
Within the report area, there are a total of 921 beneficiaries with substance use disorder. This represents a 6.0% of the Medicare Fee-for-Service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Drug/Substance Use Disorder	Percentage with Drug/Substance Use Disorder
Allegany County, MD	15,412	921	6.0%
Maryland	768,522	27,047	3.5%
United States	33,499,472	1,172,214	3.5%



Note: This indicator is compared to the state average.
Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.

View larger map

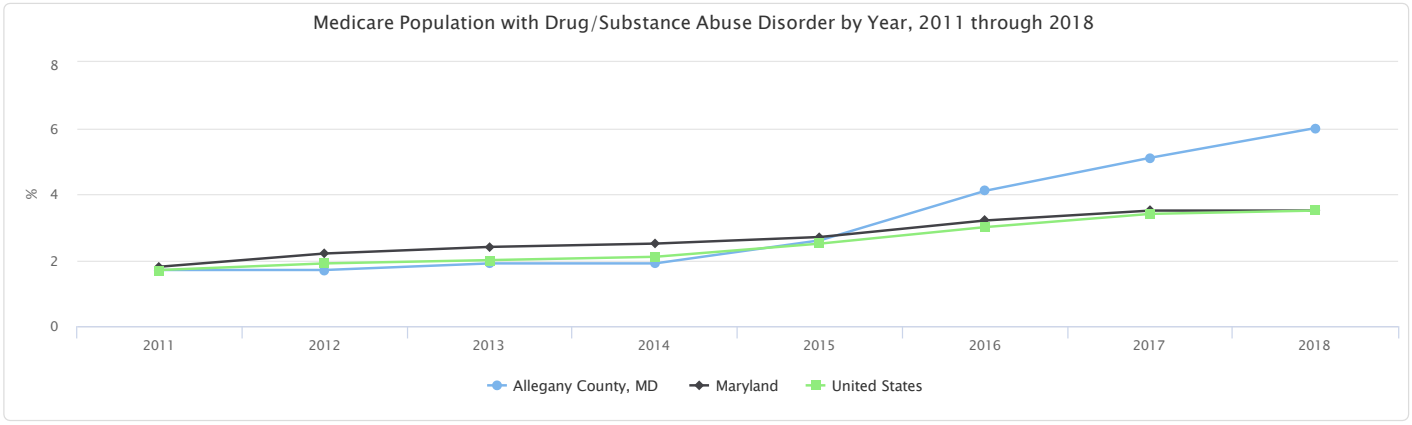


Medicare Population with Drug/Substance Abuse Disorder by Year, 2011 through 2018

This indicator reports the percentage of the Medicare Fee-for-Service population with drug or substance use disorders over time.

Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Allegany County, MD	1.7%	1.7%	1.9%	1.9%	2.6%	4.1%	5.1%	6.0%
Maryland	1.8%	2.2%	2.4%	2.5%	2.7%	3.2%	3.5%	3.5%
United States	1.7%	1.9%	2.0%	2.1%	2.5%	3.0%	3.4%	3.5%

Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.

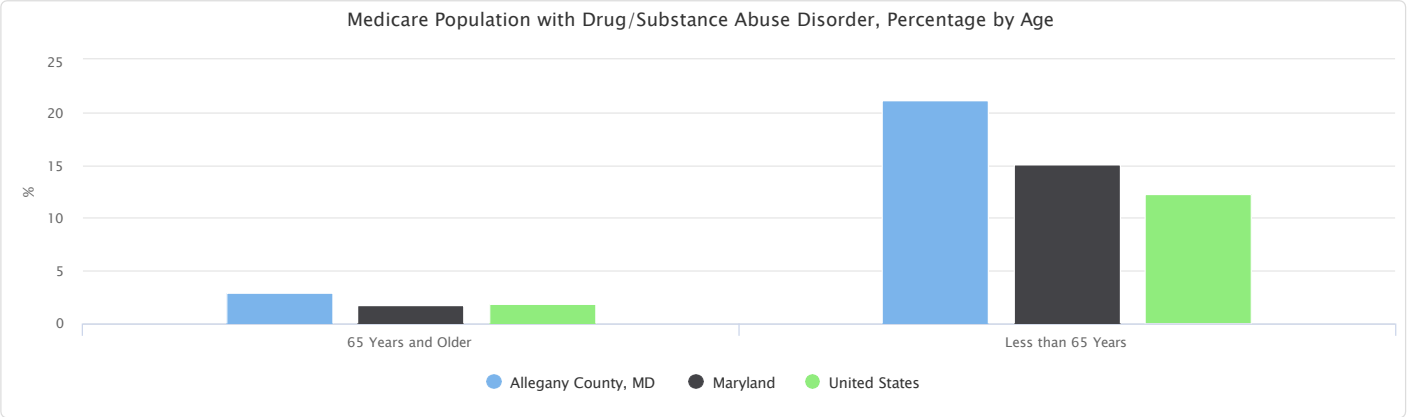


Medicare Population with Drug/Substance Abuse Disorder, Percentage by Age

This indicator reports the prevalence of drug or substance use disorders among Medicare beneficiaries by age.
The percentage values could be interpreted as, for example, *"Of all the Medicare beneficiaries age 65 and older within the report area, the proportion with drug or substance use disorders is (value)."*

Report Area	65 Years and Older	Less than 65 Years
Allegany County, MD	2.9%	21.2%
Maryland	1.7%	15.1%
United States	1.9%	12.3%

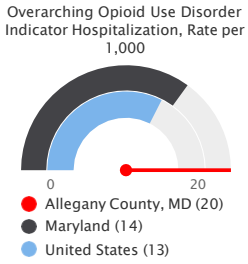
Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.



Chronic Conditions - Opioid Use Disorder

This indicator reports the unsmoothed age-adjusted rate of overarching opioid use disorder indicator hospitalization for Medicare FFS population in 2022. Data were obtained from the CMS Mapping Medicare Disparities tool.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 (rate displayed as zero for such counties.)

Report Area	FFS Beneficiaries	Overarching Opioid Use Disorder Indicator Hospitalization, Total	Overarching Opioid Use Disorder Indicator Hospitalization, Rate per 1,000
Allegany County, MD	14,991	300	**20**
Maryland	764,777	10,707	14
United States	30,900,366	401,705	13



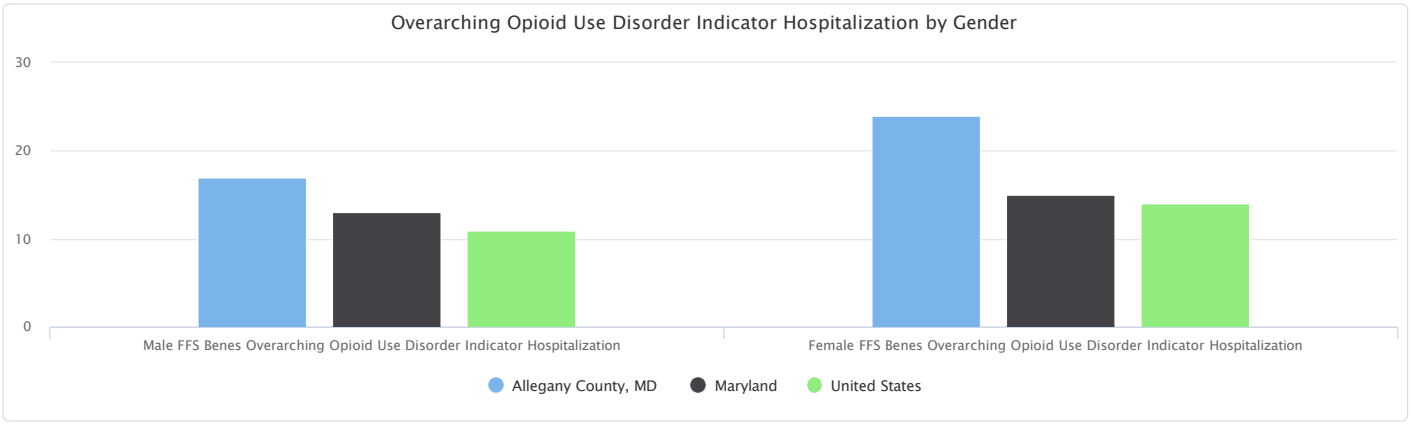
Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

Overarching Opioid Use Disorder Indicator Hospitalization by Gender

This indicator reports the unsmoothed age-adjusted rate of overarching opioid use disorder indicator hospitalization by gender for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Male FFS Benes	Female FFS Benes	Male FFS Benes Overarching Opioid Use Disorder Indicator Hospitalization, Rate per 1,000	Female FFS Benes Overarching Opioid Use Disorder Indicator Hospitalization, Rate per 1,000
Allegany County, MD	6,746	8,245	17	24
Maryland	328,472	436,305	13	15
United States	14,047,306	16,853,060	11	14

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

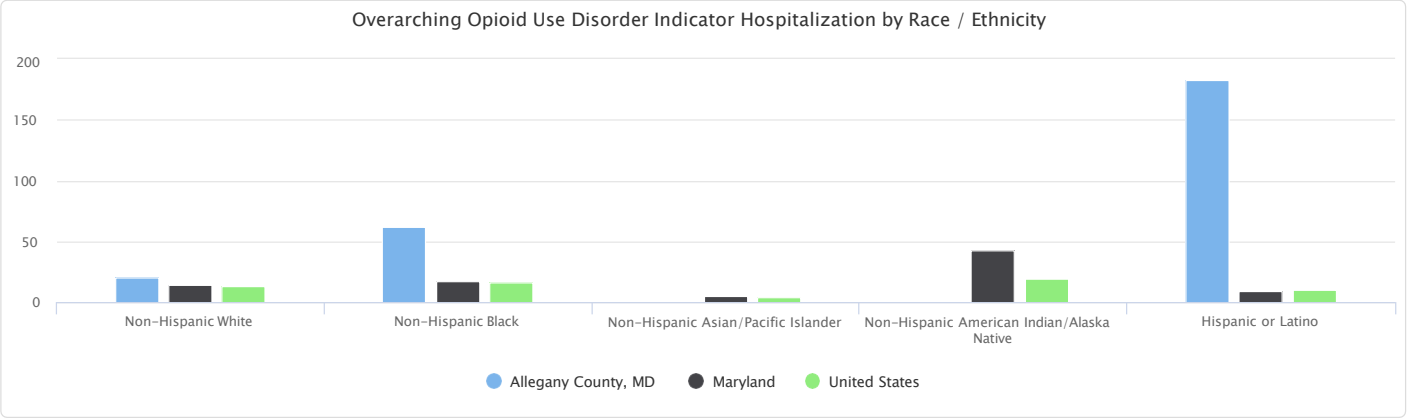


Overarching Opioid Use Disorder Indicator Hospitalization by Race / Ethnicity

This indicator reports the unsmoothed age-adjusted rate of overarching opioid use disorder indicator hospitalization per 1,000 by race and ethnicity for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian/Pacific Islander	Non-Hispanic American Indian/Alaska Native	Hispanic or Latino
Allegany County, MD	20	62	0	No data	183
Maryland	14	17	5	43	9
United States	13	16	4	19	10

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.

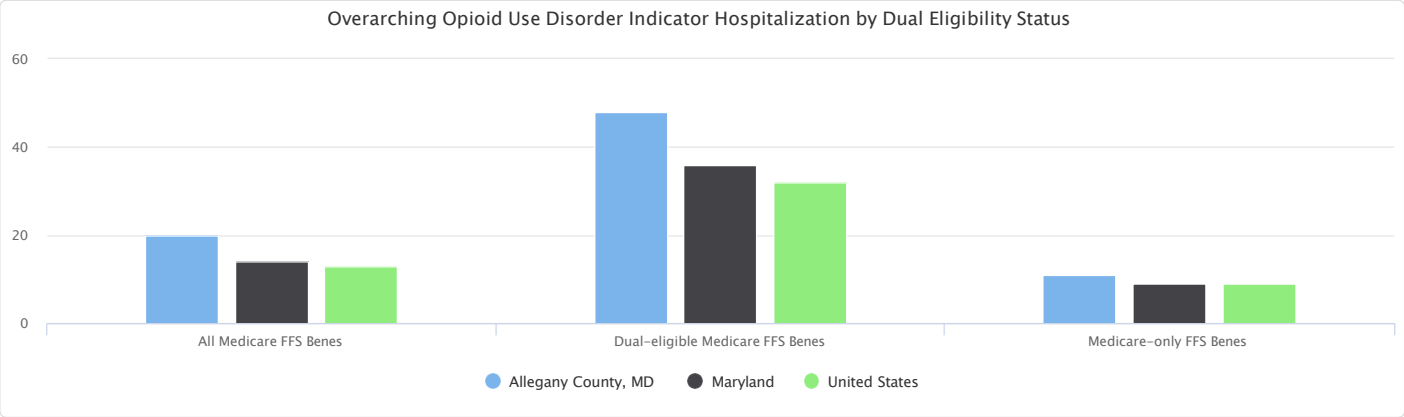


Overarching Opioid Use Disorder Indicator Hospitalization by Dual Eligibility Status

This indicator reports the unsmoothed age-adjusted rate of overarching opioid use disorder indicator hospitalization per 1,000 by dual eligibility status for Medicare FFS population in 2022.
Note: Data are suppressed 1) where total population is less than 11 or 2) when the count of a measure is less than 3 or greater than 0 (rate displayed as zero.)

Report Area	All Medicare FFS Benes	Dual-eligible Medicare FFS Benes	Medicare-only FFS Benes
Allegany County, MD	20	48	11
Maryland	14	36	9
United States	13	32	9

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.



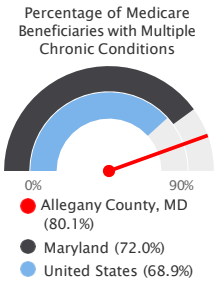
Chronic Conditions - Multiple Chronic Conditions (Medicare Population)

This indicator reports the number and percentage of the Medicare Fee-for-Service population with multiple (more than one) chronic conditions. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program.

Within the report area, there were 12,352 beneficiaries with multiple chronic conditions based on administrative claims data in the latest report year. This represents 80.1% of the total Medicare Fee-for-Service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with 2 or More Chronic Conditions	Beneficiaries with 2 or More Chronic Conditions, Percent
Allegany County, MD	15,412	12,352	**80.1%**
Maryland	768,522	553,643	72.0%
United States	33,499,472	23,084,486	68.9%

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services. 2018.



View larger map

Beneficiaries with 2 or More Chronic Conditions, Percent by County, CMS 2018

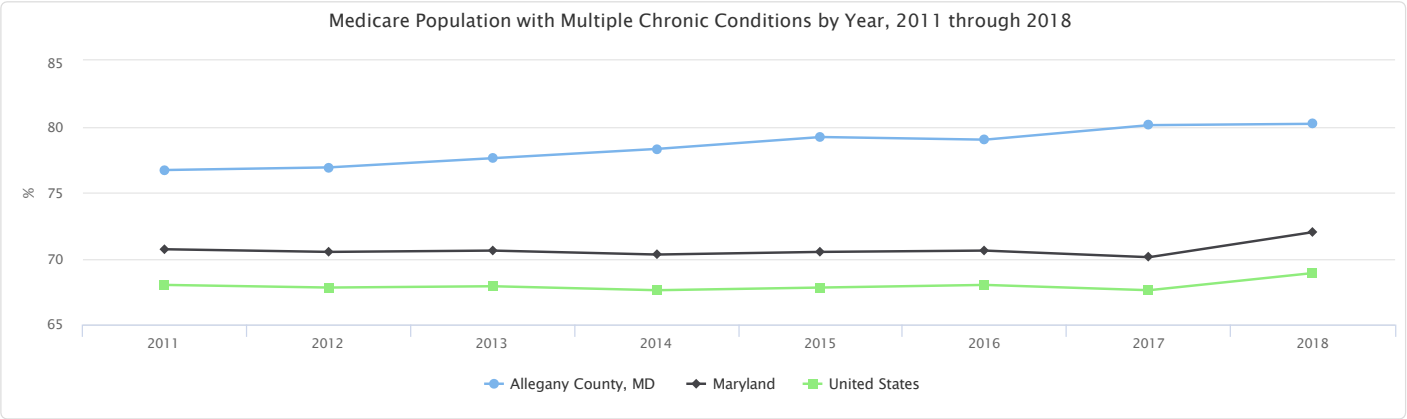
- Over 72.0%
- 68.1% - 72.0%
- 64.1% - 68.0%
- Under 64.1%
- No Data or Data Suppressed
- Allegany County, MD

Medicare Population with Multiple Chronic Conditions by Year, 2011 through 2018

This indicator reports the percentage of the Medicare Fee-for-Service population with multiple chronic conditions over time.

Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Allegany County, MD	76.7%	76.9%	77.6%	78.3%	79.2%	79.0%	80.1%	80.2%
Maryland	70.7%	70.5%	70.6%	70.3%	70.5%	70.6%	70.1%	72.0%
United States	68.0%	67.8%	67.9%	67.6%	67.8%	68.0%	67.6%	68.9%

Data Source: Centers for Medicare and Medicaid Services. 2018.

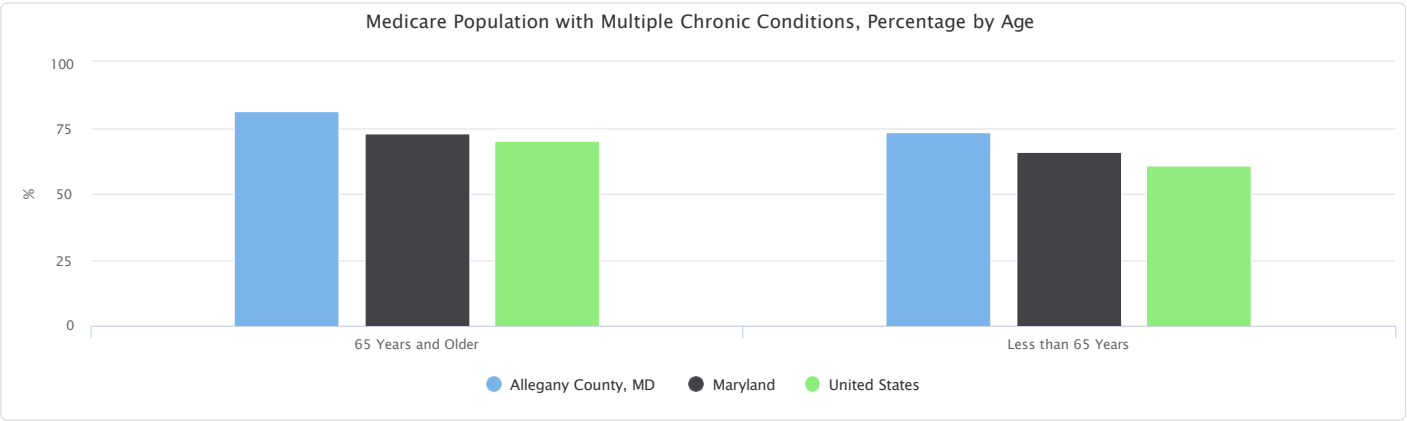


Medicare Population with Multiple Chronic Conditions, Percentage by Age

This indicator reports the proportion of each age group of Medicare beneficiaries with multiple chronic conditions.
The percentage values could be interpreted as, for example, *"Of all the Medicare beneficiaries age 65 years and older within the report area, the proportion with multiple chronic conditions is (value)."*

Report Area	65 Years and Older	Less than 65 Years
Allegany County, MD	81.5%	73.3%
Maryland	73.0%	65.7%
United States	70.3%	60.9%

Data Source: Centers for Medicare and Medicaid Services. 2018.

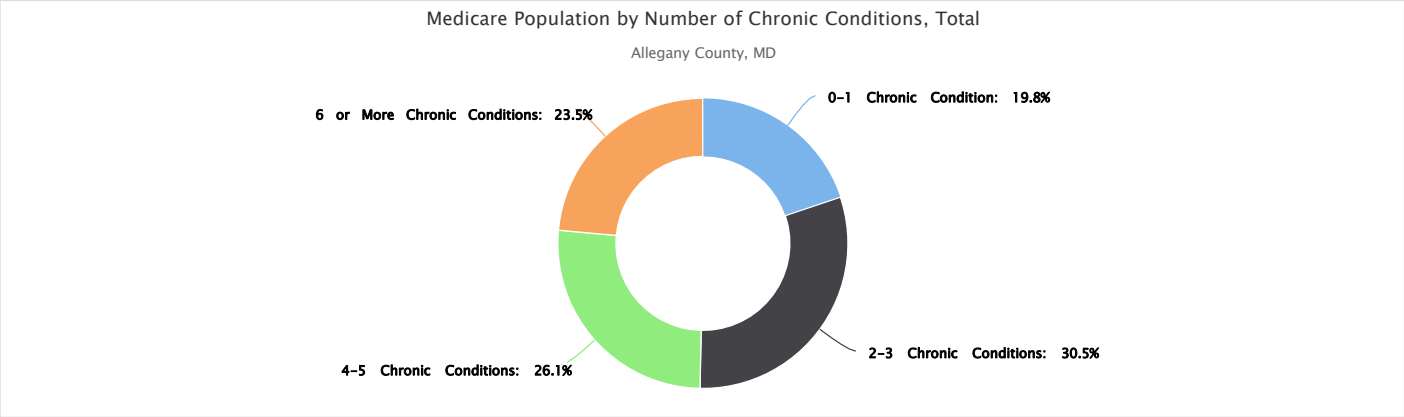


Medicare Population by Number of Chronic Conditions, Total

This indicator reports Medicare population of the report area by number of chronic conditions.

Report Area	0-1 Chronic Condition	2-3 Chronic Conditions	4-5 Chronic Conditions	6 or More Chronic Conditions
Allegany County, MD	3,256	4,999	4,289	3,862
Maryland	251,987	271,551	215,113	162,822
United States	17,420,235	16,293,999	12,399,801	9,917,599

Data Source: Centers for Medicare and Medicaid Services. 2018.

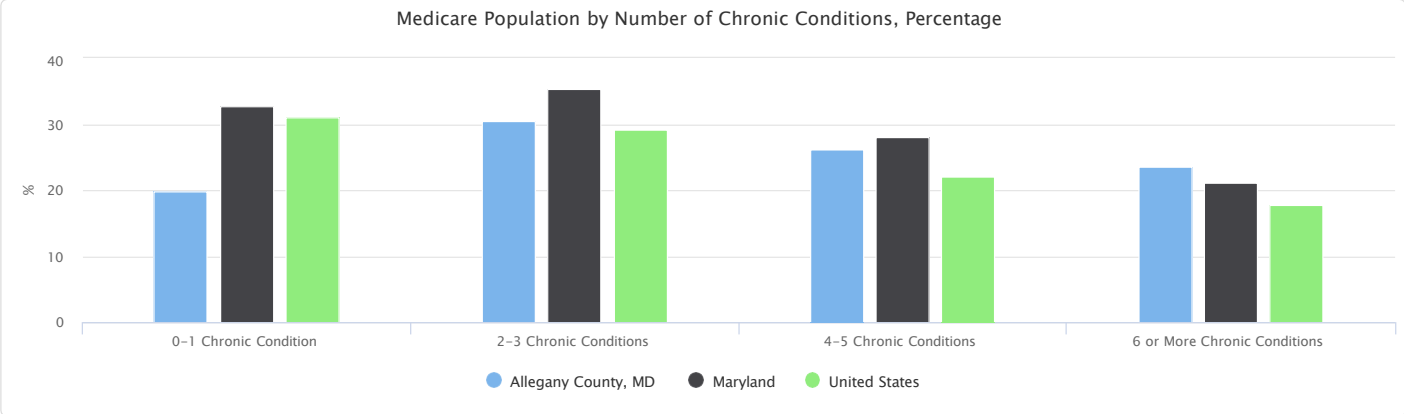


Medicare Population by Number of Chronic Conditions, Percentage

This indicator reports the percentage of chronic conditions in the Medicare population of the report area.

Report Area	0-1 Chronic Condition	2-3 Chronic Conditions	4-5 Chronic Conditions	6 or More Chronic Conditions
Allegany County, MD	19.9%	30.5%	26.1%	23.5%
Maryland	32.8%	35.3%	28.0%	21.2%
United States	31.1%	29.1%	22.1%	17.7%

Data Source: Centers for Medicare and Medicaid Services. 2018.



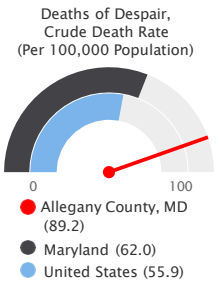
Deaths of Despair (Suicide + Drug/Alcohol Poisoning)

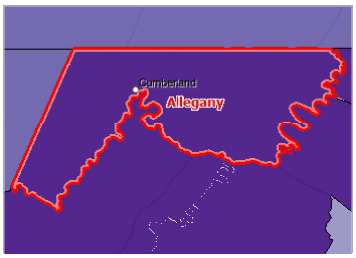
This indicator reports average rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdose, also known as "deaths of despair", per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because death of despair is an indicator of poor mental health.

Within the report area, there were 309 deaths of despair. This represents a crude death rate of 89.2 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Allegany County, MD	69,289	309	**89.2**
Maryland	6,094,798	18,902	62.0
United States	330,014,476	922,513	55.9

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.





View larger map

Deaths of Despair, Crude Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-22

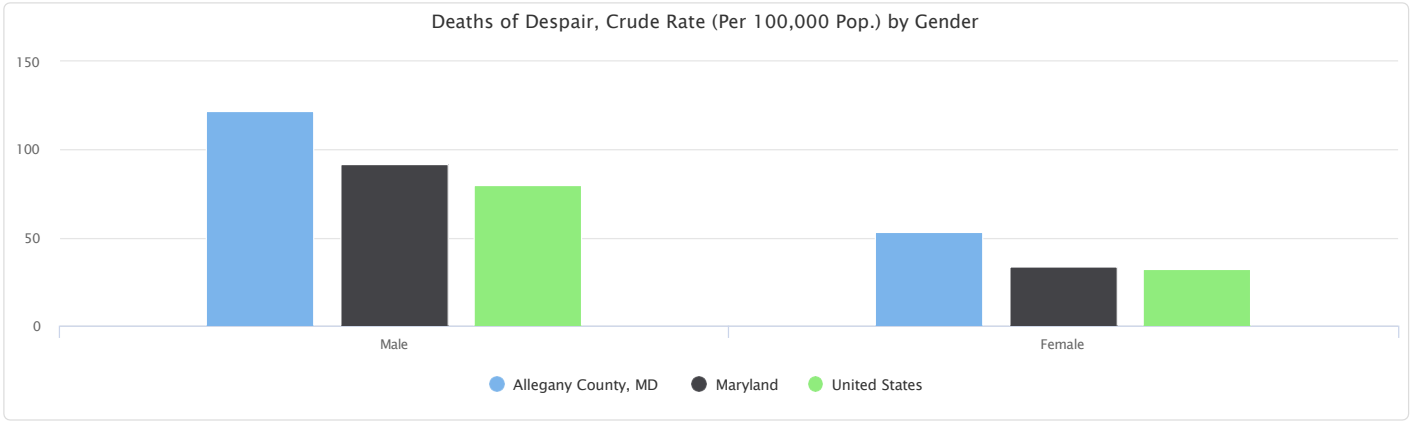
- Over 70.0
- 50.1 - 70.0
- 40.1 - 50.0
- Under 40.1
- Data Suppressed (<10 Deaths)
- Allegany County, MD

Deaths of Despair, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses, also known as "deaths of despair" for the 5-year period 2018-2022. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Allegany County, MD	122.0	53.3
Maryland	91.8	33.9
United States	80.1	32.3

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

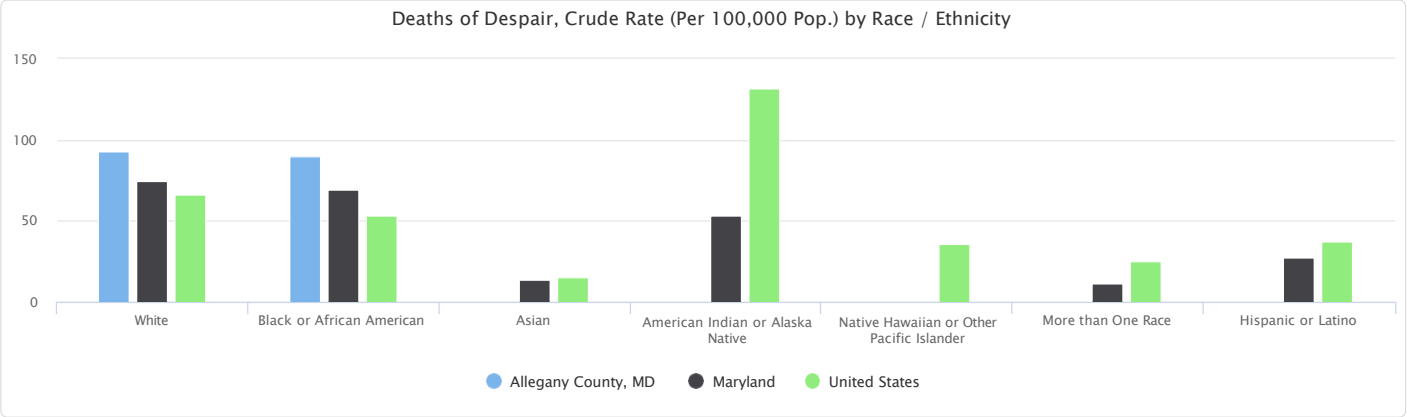


Deaths of Despair, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses, also known as "deaths of despair" for the 5-year period 2018-2022. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Allegany County, MD	93.1	89.7	No data	No data	No data	No data	No data
Maryland	74.3	69.1	13.8	53.0	No data	11.7	27.3
United States	66.2	53.4	15.1	131.8	35.5	24.9	37.2

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

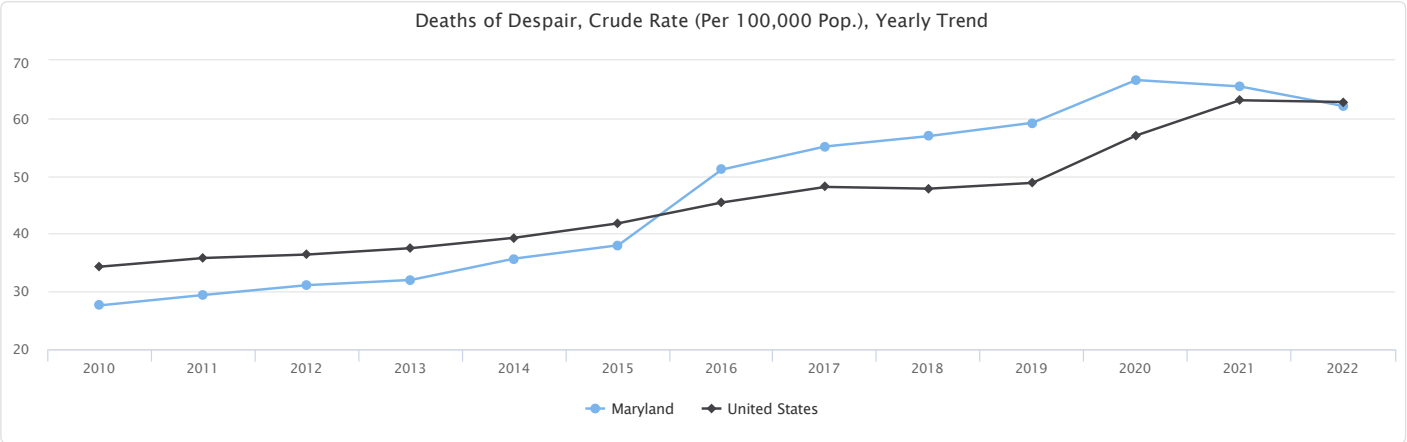


Deaths of Despair, Crude Rate (Per 100,000 Pop.), Yearly Trend

The table below shows crude death rates due to intentional self-harm (suicide), alcohol-related disease, and drug overdoses, also known as "deaths of despair," per 100,000 population over time.

Report Area	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Maryland	27.6	29.4	31.1	32.0	35.7	38.0	51.1	55.1	56.9	59.2	66.6	65.5	62.1
United States	34.3	35.8	36.4	37.5	39.3	41.8	45.4	48.1	47.8	48.8	57.0	63.1	62.8

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



Mortality - Cancer

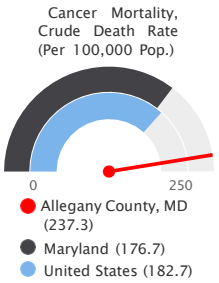
This indicator reports the 2018-2022 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

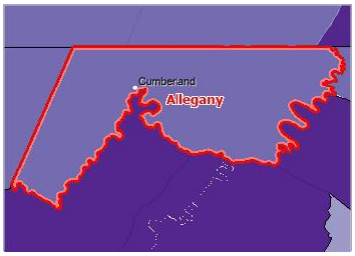
Within the report area, there are a total of 822 deaths due to cancer. This represents a crude death rate of 237.3 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Allegany County, MD	69,289	822	**237.3**
Maryland	6,094,798	53,833	176.7
United States	330,014,476	3,014,809	182.7

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.





View larger map

Cancer Mortality, Crude Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-22

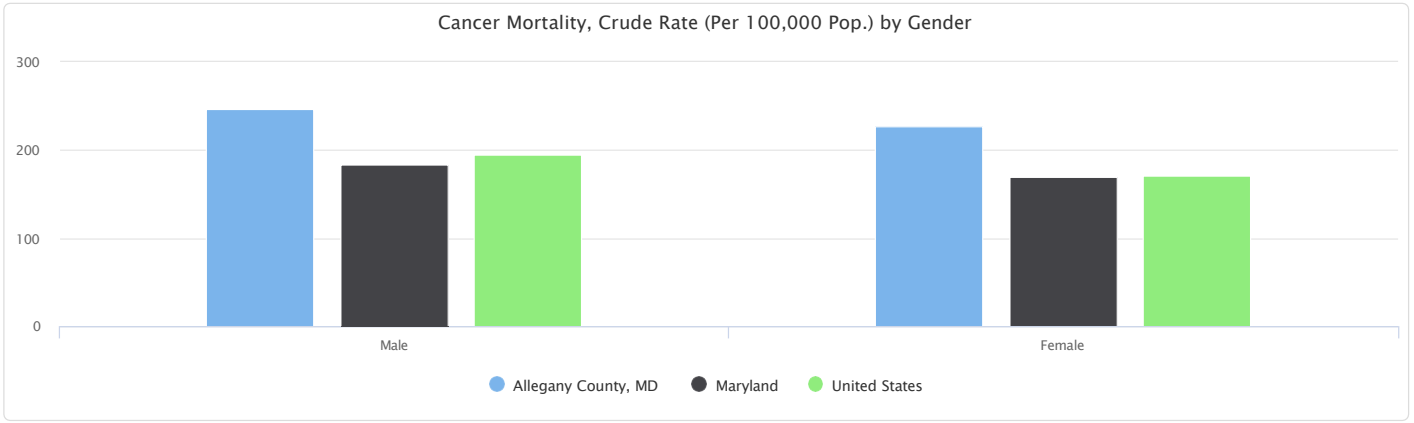
- Over 260.0
- 220.1 - 260.0
- 180.1 - 220.0
- Under 180.1
- Data Suppressed (<10 Deaths)
- Allegany County, MD

Cancer Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to cancer. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Allegany County, MD	246.1	227.6
Maryland	184.3	169.5
United States	194.8	170.9

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

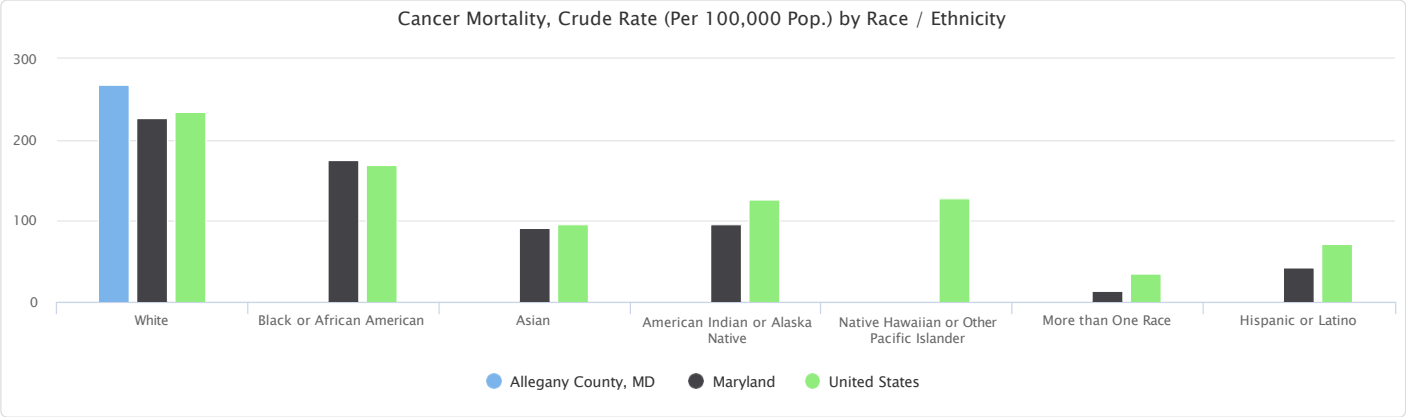


Cancer Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to cancer. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Allegany County, MD	268.3	No data	No data	No data	No data	No data	No data
Maryland	226.9	175.6	91.7	96.5	No data	13.4	43.4
United States	234.7	169.5	95.3	126.0	128.6	34.6	72.0

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

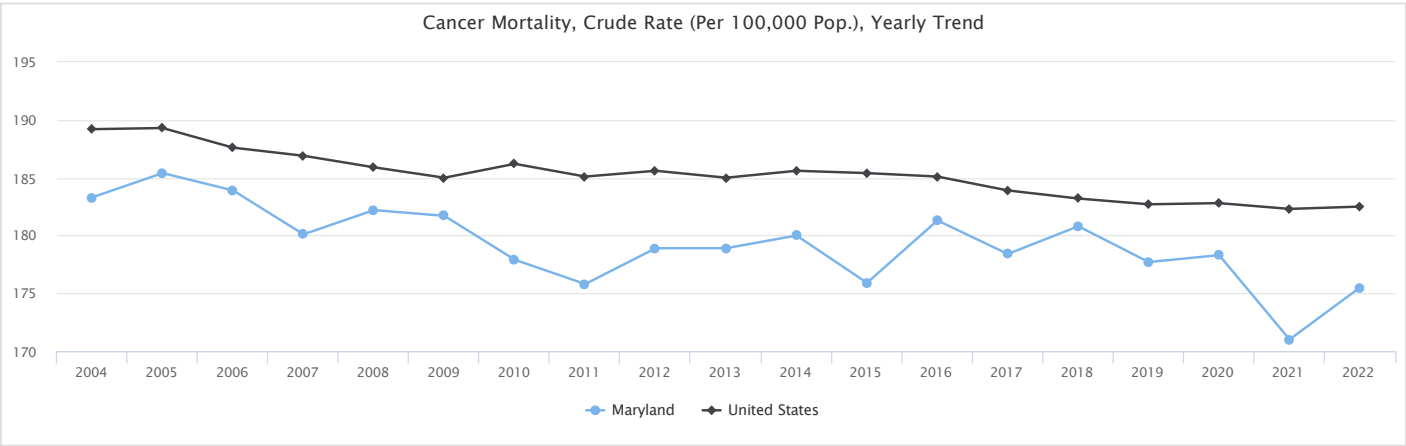


Cancer Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend

The table below shows crude death rates due to cancer per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Maryland	183.3	185.4	183.9	180.1	182.2	181.7	177.9	175.8	178.9	178.9	180.0	175.9	181.3	178.4	180.8	177.7	178.3	171.0	175.5
United States	189.2	189.3	187.6	186.9	185.9	185.0	186.2	185.1	185.6	185.0	185.6	185.4	185.1	183.9	183.2	182.7	182.8	182.3	182.5

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



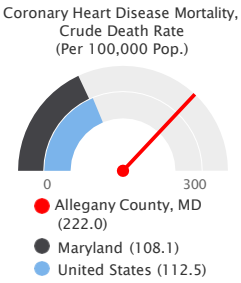
Mortality - Coronary Heart Disease

This indicator reports the 2018-2022 five-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because coronary heart disease is a leading cause of death in the United States.

Within the report area, there are a total of 769 deaths due to coronary heart disease. This represents a crude death rate of 222.0 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Allegany County, MD	69,289	769	**222.0**
Maryland	6,094,798	32,953	108.1
United States	330,014,476	1,856,446	112.5

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



View larger map

Ischemic Heart Diseases Mortality, Crude Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-22

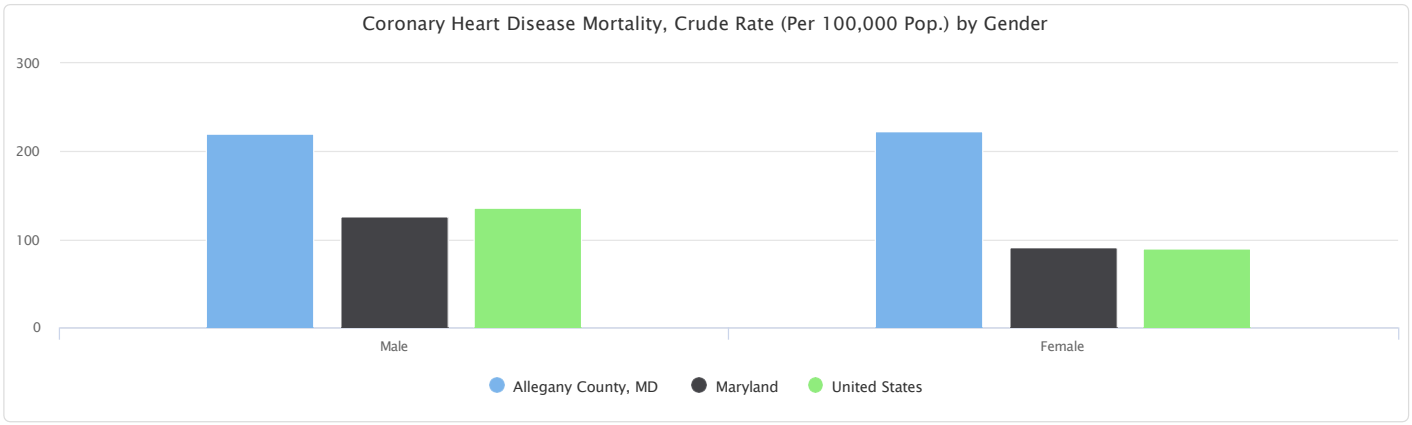
- Over 150.0
- 120.1 - 150.0
- 100.1 - 120.0
- Under 100.1
- Data Suppressed (<10 Deaths)
- Allegany County, MD

Coronary Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to coronary heart disease. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Allegany County, MD	220.7	223.3
Maryland	126.0	91.3
United States	135.8	89.8

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

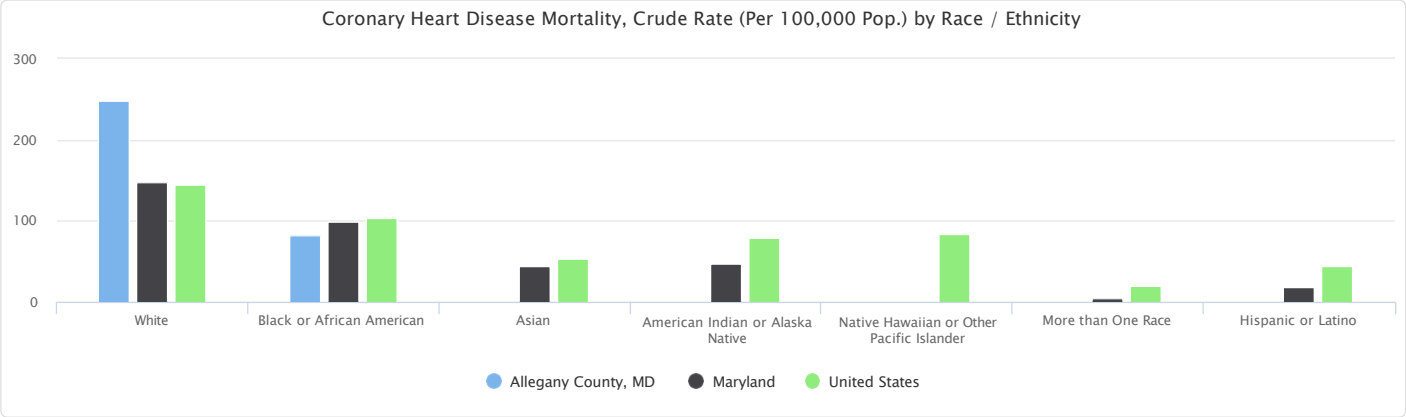


Coronary Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to coronary heart disease. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Allegany County, MD	247.6	82.6	No data	No data	No data	No data	No data
Maryland	147.3	99.3	44.9	47.6	No data	4.4	18.4
United States	145.1	103.8	52.6	79.3	83.3	19.3	44.0

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

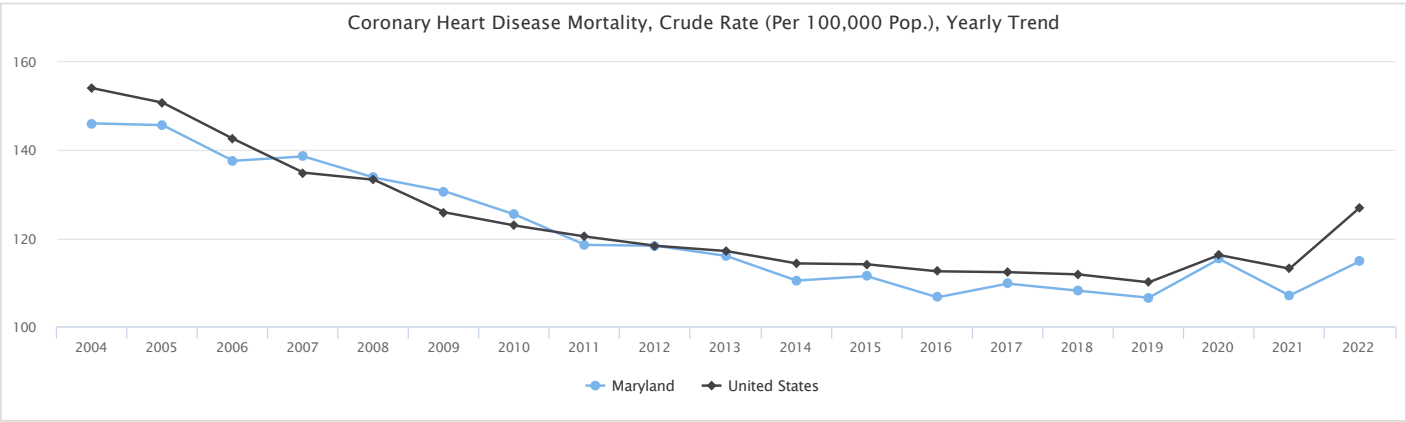


Coronary Heart Disease Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend

This indicator reports crude rate of death due to coronary heart disease per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Maryland	146.1	145.7	137.6	138.6	133.8	130.7	125.4	118.5	118.3	116.0	110.4	111.4	106.6	109.7	108.1	106.5	115.3	107.0	114.8
United States	154.1	150.8	142.6	134.9	133.3	125.9	122.9	120.4	118.3	117.1	114.3	114.1	112.5	112.3	111.8	110.0	116.2	113.1	127.0

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



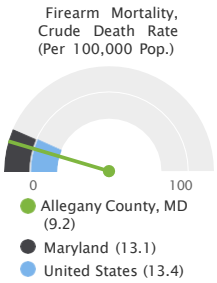
Mortality - Firearm

This indicator reports the 2018-2022 five-year average rate of death due to firearm wounds per 100,000 population, which includes gunshot wounds from powder-charged handguns, shotguns, and rifles. Figures are reported as crude rates. This indicator is relevant because firearm deaths are preventable and they are a cause of premature death.

Within the report area, there are a total of 32 deaths due to firearm wounds. This represents a crude death rate of 9.2 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Allegany County, MD	69,289	32	9.2
Maryland	6,094,798	3,995	13.1
United States	330,014,476	221,703	13.4

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



View larger map

Firearm-related Injury Mortality, Crude Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-22

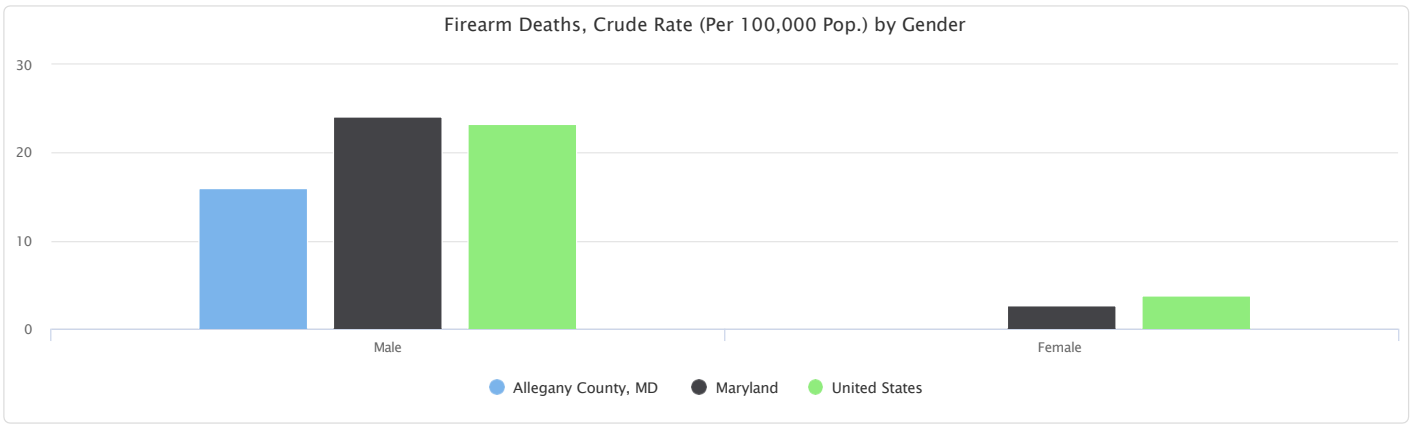
- Over 18.0
- 12.1 - 18.0
- 9.1 - 12.0
- Under 9.1
- Data Suppressed (<10 Deaths)
- Allegany County, MD

Firearm Deaths, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths caused by a firearm. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Allegany County, MD	16.0	No data
Maryland	24.1	2.7
United States	23.3	3.8

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

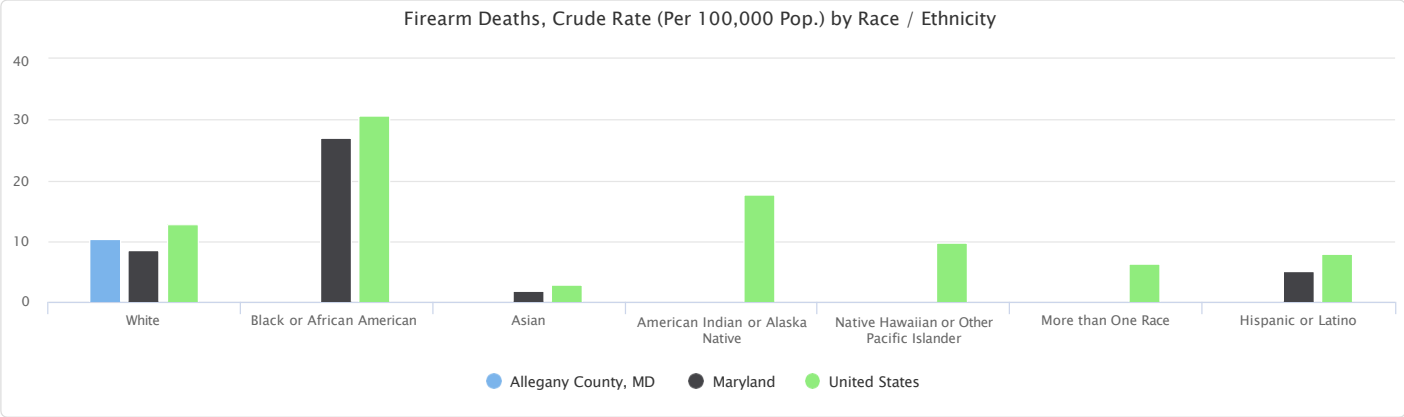


Firearm Deaths, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths caused by a firearm. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Allegany County, MD	10.3	No data	No data	No data	No data	No data	No data
Maryland	8.5	27.1	1.9	No data	No data	No data	5.0
United States	12.8	30.6	2.8	17.6	9.8	6.3	8.0

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



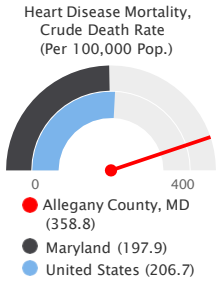
Mortality - Heart Disease

This indicator reports the 2018-2022 five-year average rate of death due to heart disease (ICD10 Codes I00-I09, I11, I13, I20-I151) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

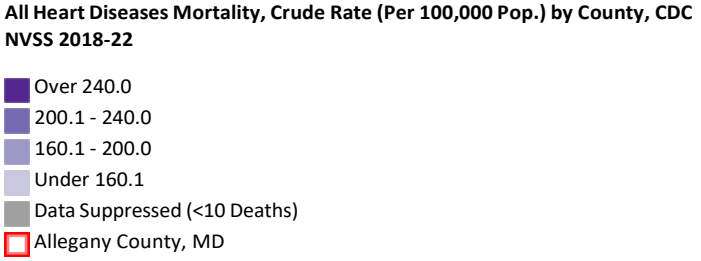
Within the report area, there are a total of 1,243 deaths due to heart disease. This represents a crude death rate of 358.8 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Allegany County, MD	69,289	1,243	**358.8**
Maryland	6,094,798	60,301	197.9
United States	330,014,476	3,409,811	206.7

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



View larger map



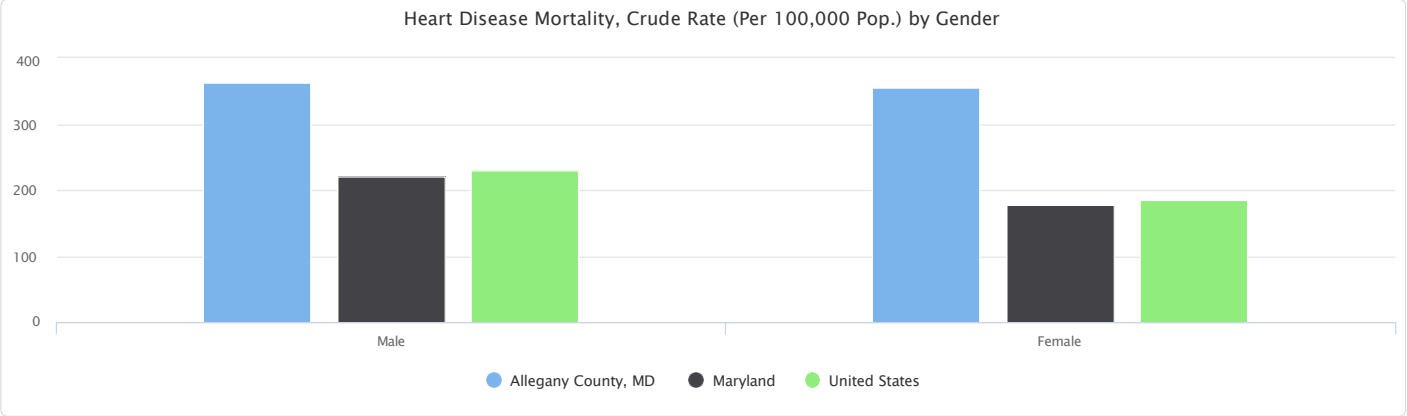
Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to heart disease. Rates are calculated per 100,000

population and grouped by gender.

Report Area	Male	Female
Allegany County, MD	362.5	354.7
Maryland	219.7	177.3
United States	229.1	184.7

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

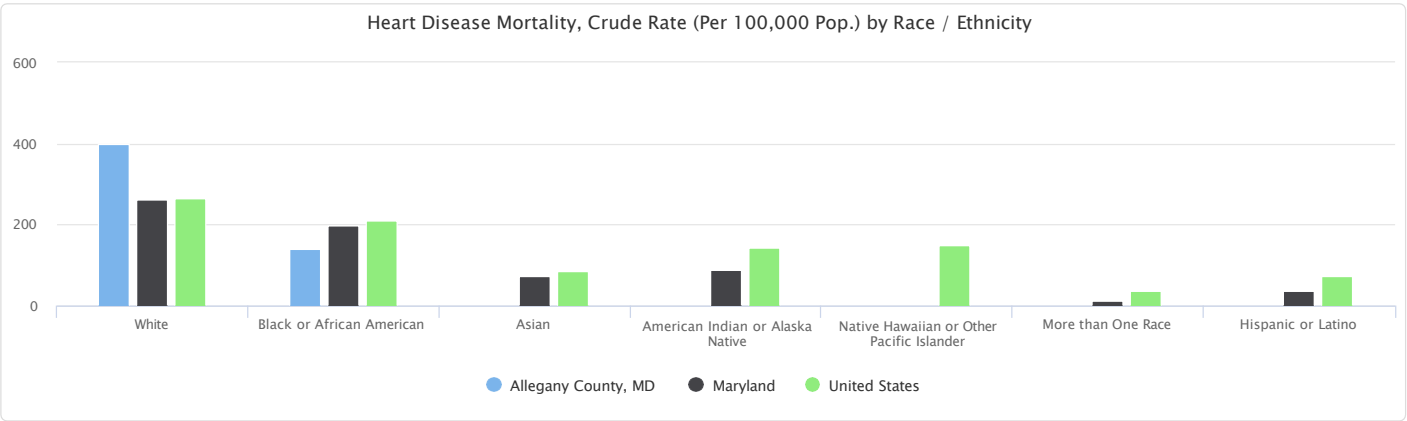


Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to heart disease. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Allegany County, MD	399.1	140.0	No data	No data	No data	No data	No data
Maryland	260.7	197.3	73.1	89.7	No data	11.1	35.8
United States	266.3	209.3	84.5	143.5	149.4	35.7	73.3

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

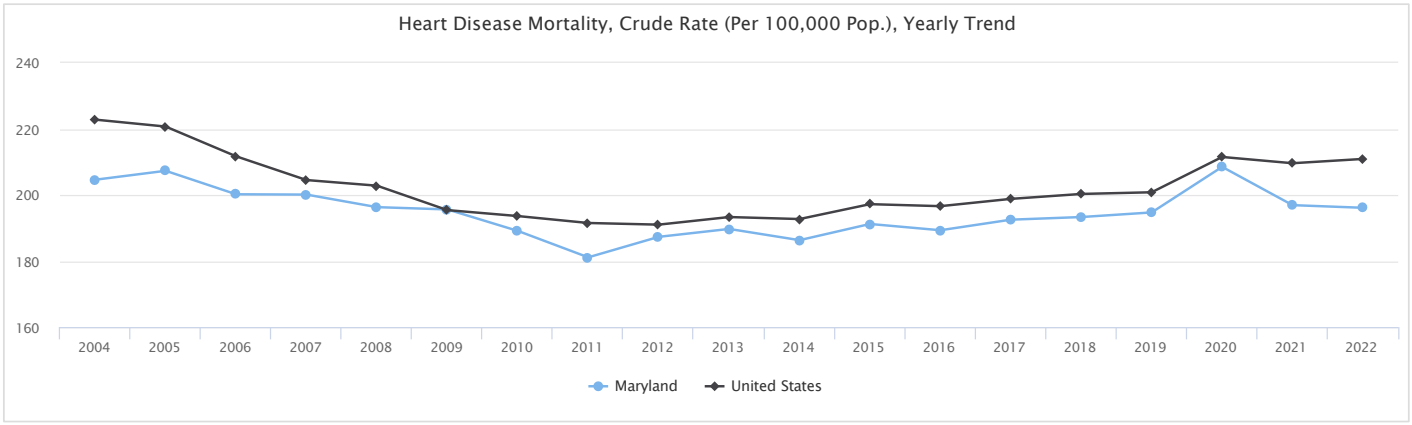


Heart Disease Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend

This indicator reports crude rate of death due to heart disease per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Maryland	204.6	207.3	200.2	200.1	196.3	195.6	189.1	181.1	187.3	189.7	186.3	191.2	189.3	192.5	193.3	194.7	208.5	196.9	196.1
United States	222.8	220.7	211.7	204.5	202.8	195.4	193.6	191.5	191.0	193.3	192.7	197.2	196.6	198.8	200.3	200.8	211.5	209.6	210.9

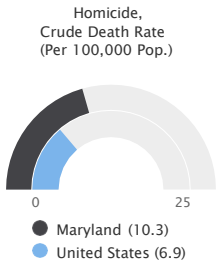
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



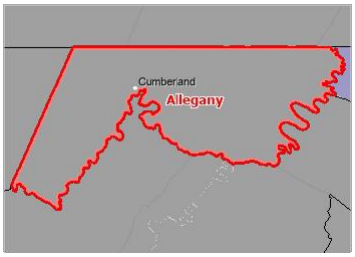
Mortality - Homicide

This indicator reports the 2018-2022 five-year average rate of death due to assault (homicide) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because homicide rate is a measure of poor community safety and is a leading cause of premature death. *Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.*

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Allegany County, MD	69,289	No data	No data
Maryland	6,094,798	3,135	10.3
United States	330,014,476	113,427	6.9



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



View larger map

Homicide Mortality, Crude Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-22

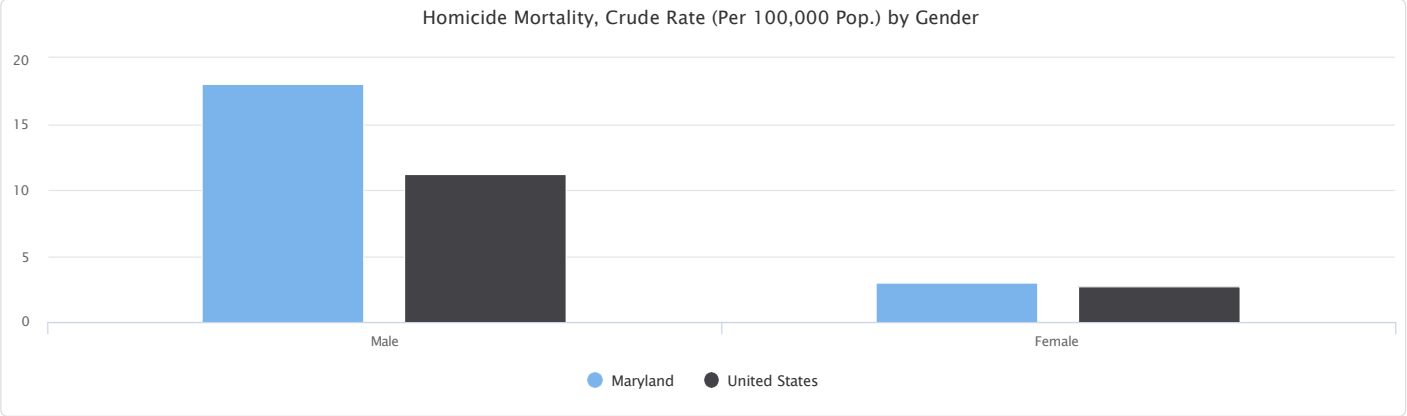
- Over 9.0
- 6.1 - 9.0
- 3.1 - 6.0
- Under 3.1
- Data Suppressed (<10 Deaths)
- Allegany County, MD

Homicide Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to homicide. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Allegany County, MD	No data	No data
Maryland	18.0	3.0
United States	11.2	2.7

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

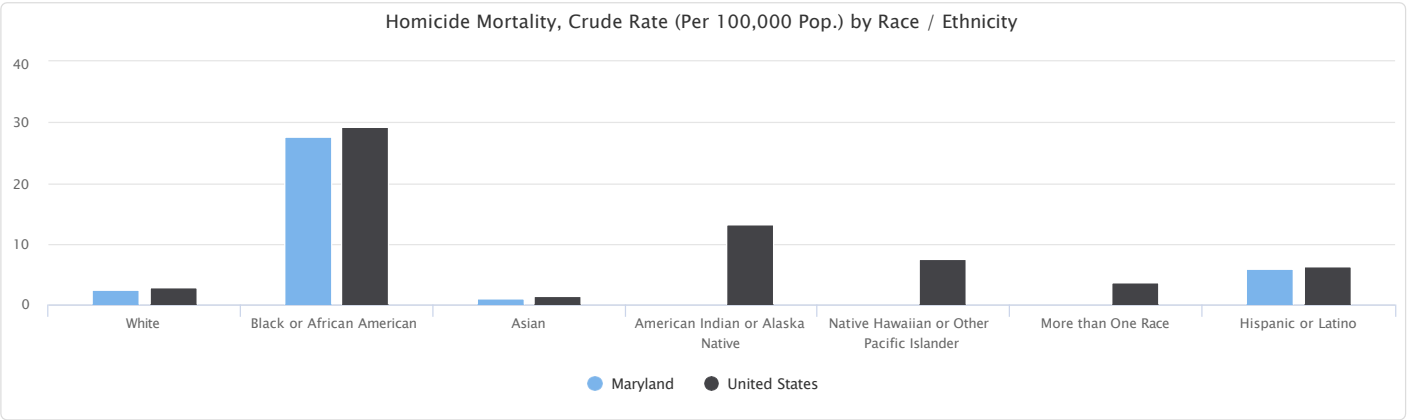


Homicide Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to homicide. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Allegany County, MD	No data	No data	No data	No data	No data	No data	No data
Maryland	2.4	27.7	1.1	No data	No data	No data	5.8
United States	2.9	29.2	1.5	13.2	7.5	3.7	6.2

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

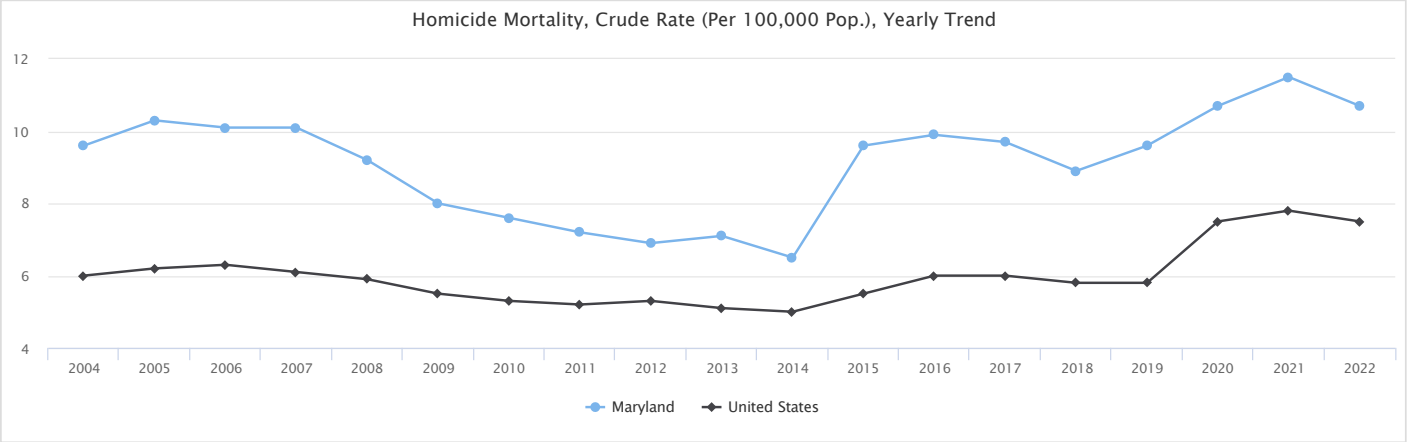


Homicide Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend

This indicator reports the crude rate of death due to homicide per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Maryland	9.6	10.3	10.1	10.1	9.2	8.0	7.6	7.2	6.9	7.1	6.5	9.6	9.9	9.7	8.9	9.6	10.7	11.5	10.7
United States	6.0	6.2	6.3	6.1	5.9	5.5	5.3	5.2	5.3	5.1	5.0	5.5	6.0	6.0	5.8	5.8	7.5	7.8	7.5

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



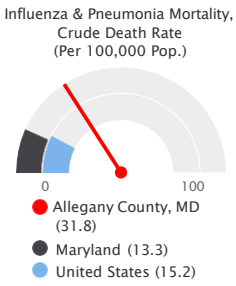
Mortality - Influenza & Pneumonia

This indicator reports the 2018-2022 five-year average rate of death due to influenza and pneumonia (ICD10 Codes J09-J18) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because influenza and pneumonia is a leading cause of death in the United States.

Within the report area, there are a total of 110 deaths due to influenza and pneumonia. This represents a crude death rate of 31.8 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Allegany County, MD	69,289	110	**31.8**
Maryland	6,094,798	4,044	13.3
United States	330,014,476	251,416	15.2

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



View larger map

Influenza and Pneumonia Mortality, Crude Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-22

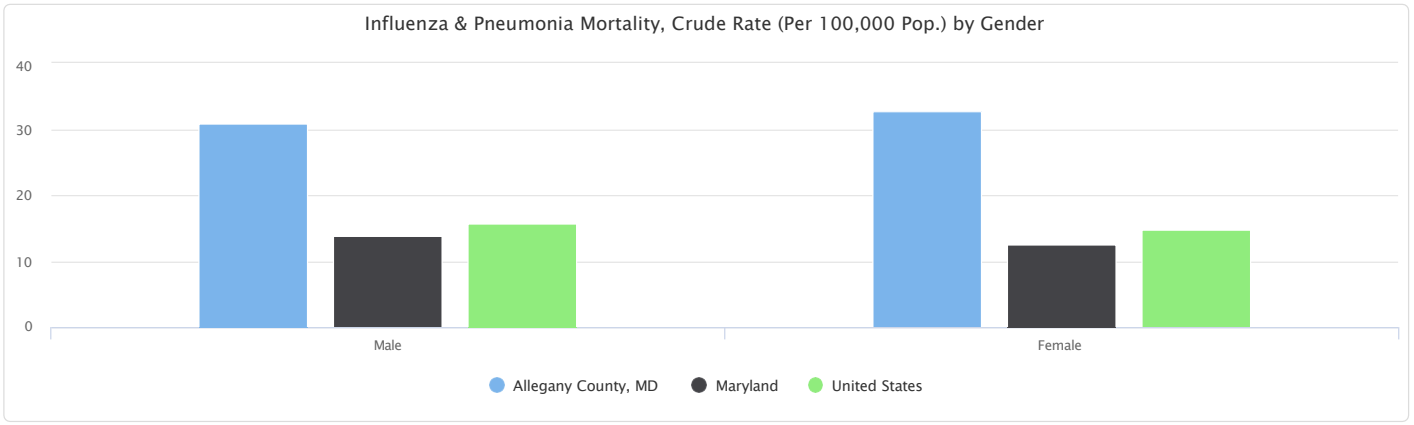
- Over 24.0
- 18.1 - 24.0
- 14.1 - 18.0
- Under 14.1
- Data Suppressed (<10 Deaths)
- Allegany County, MD

Influenza & Pneumonia Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to influenza and pneumonia. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Allegany County, MD	30.9	32.7
Maryland	13.9	12.6
United States	15.7	14.8

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

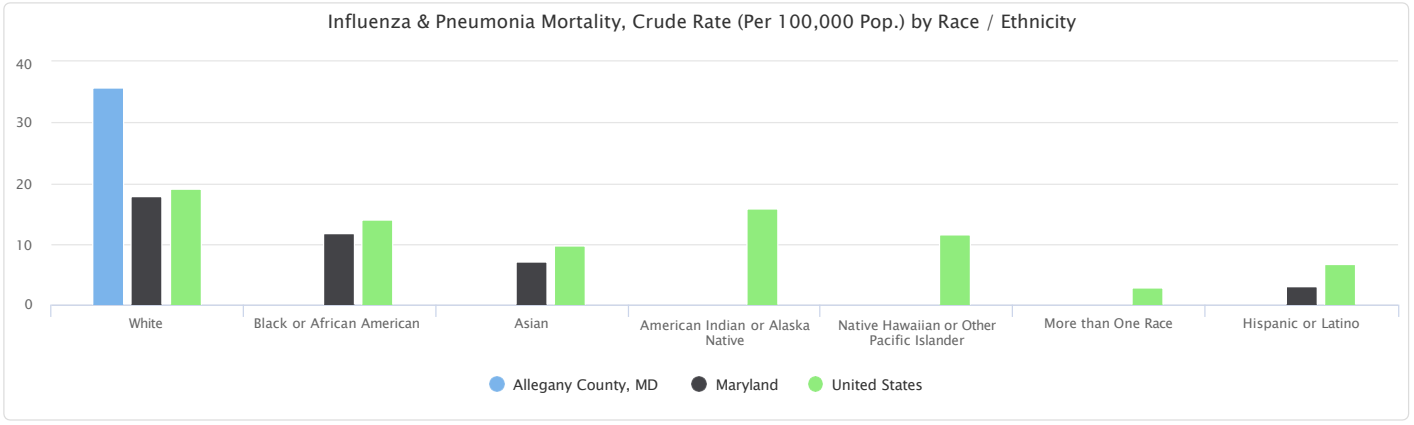


Influenza & Pneumonia Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to influenza and pneumonia. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Allegany County, MD	35.7	No data	No data	No data	No data	No data	No data
Maryland	17.9	11.8	7.1	No data	No data	No data	3.0
United States	19.1	14.0	9.7	15.9	11.5	2.8	6.7

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

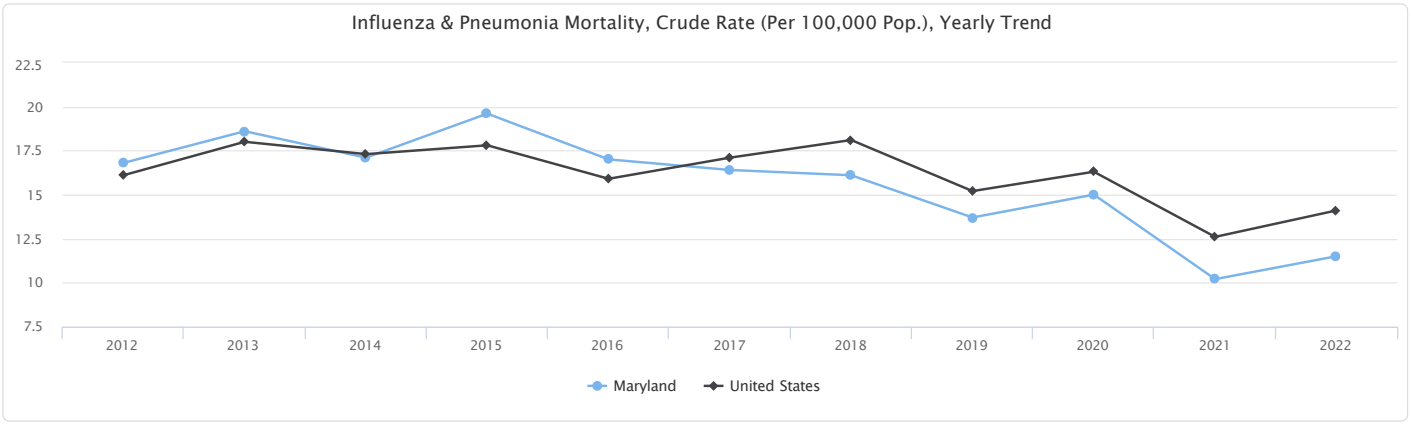


Influenza & Pneumonia Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend

This indicator reports the crude rate of death due to influenza and pneumonia per 100,000 people over time.

Report Area	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Maryland	16.8	18.6	17.1	19.6	17.0	16.4	16.1	13.7	15.0	10.2	11.5
United States	16.1	18.0	17.3	17.8	15.9	17.1	18.1	15.2	16.3	12.6	14.1

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



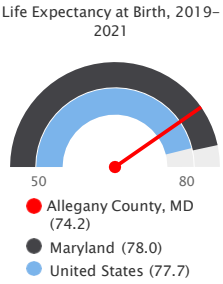
Mortality - Life Expectancy

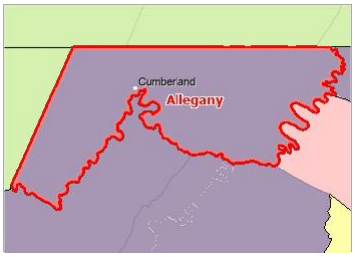
This indicator reports the average life expectancy at birth (age-adjusted to 2000 standard). Data were from the National Center for Health Statistics - Mortality Files (2019-2021) and are used for the 2024 County Health Rankings.

Of the total 62,908 population in the report area, the average life expectancy during the 2019-21 three-year period is 74.2, which is lower than the statewide rate of 78.0.
Note: Data are suppressed for counties with fewer than 5,000 population-years-at-risk in the time frame.

Report Area	Total Population	Life Expectancy at Birth (2019-21)
Allegany County, MD	62,908	**74.2**
Maryland	5,687,094	78.0
United States	307,250,254	77.7

Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2019-2021.





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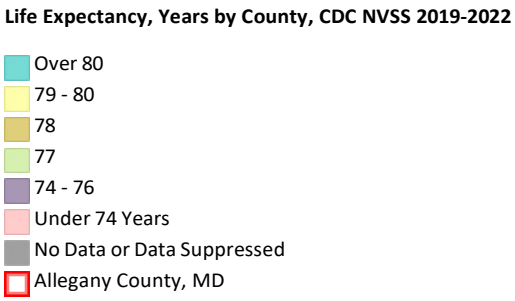
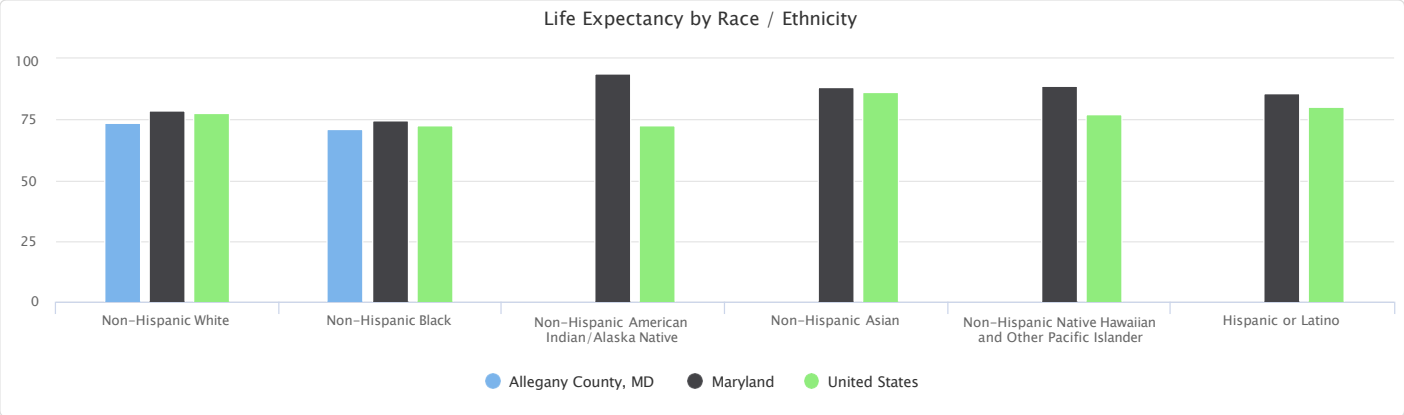


Life Expectancy by Race / Ethnicity

This indicator reports the 2019-2021 three-year average number of years a person can expect to live by race / ethnicity.

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic American Indian/Alaska Native	Non-Hispanic Asian	Non-Hispanic Native Hawaiian and Other Pacific Islander	Hispanic or Latino
Allegany County, MD	73.8	70.9	No data	No data	No data	No data
Maryland	78.5	74.5	93.7	88.2	88.7	85.8
United States	77.6	72.7	72.8	86.5	77.1	80.3

Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2019-2021.



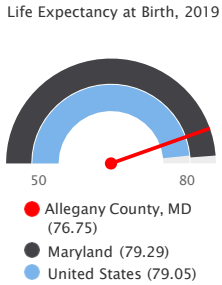
Mortality - Life Expectancy

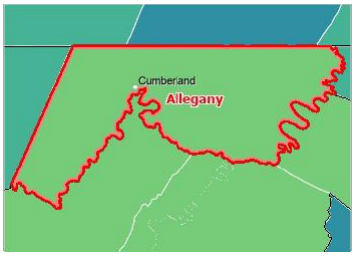
This indicator reports the average life expectancy at birth. Life expectancy measures the average number of years from birth a person can expect to live, according to the current mortality experience (age-specific death rates) of the population. Life expectancy takes into account the number of deaths in a given time period and the average number of people at risk of dying during that period, allowing us to compare data across counties with different population sizes.

Within the report area, the average life expectancy at birth is 76.75 of the total population.
Note: Data are suppressed for counties with fewer than 20 total deaths during the study period.

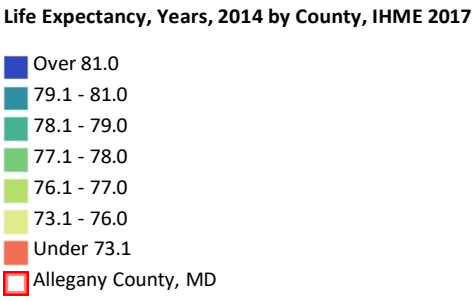
Report Area	Total Population (2019)	Life Expectancy at Birth (2019)
Allegany County, MD	70,416	**76.75**
Maryland	6,045,680	79.29
United States	328,239,523	79.05

Note: This indicator is compared to the state average.
Data Source: Institute for Health Metrics and Evaluation. 2019.





View larger map

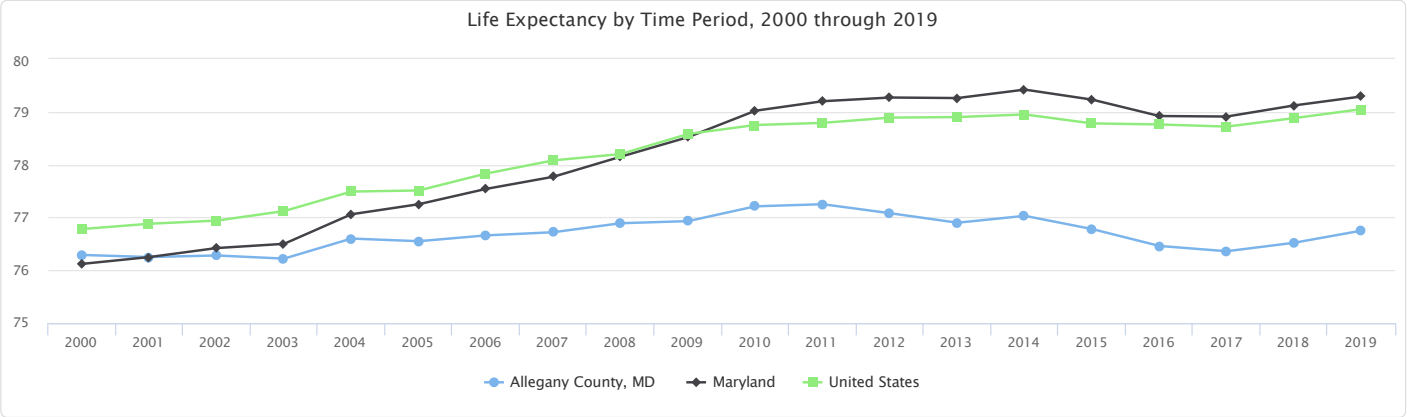


Life Expectancy by Time Period, 2000 through 2019

This indicator reports the average life expectancy at birth over time.

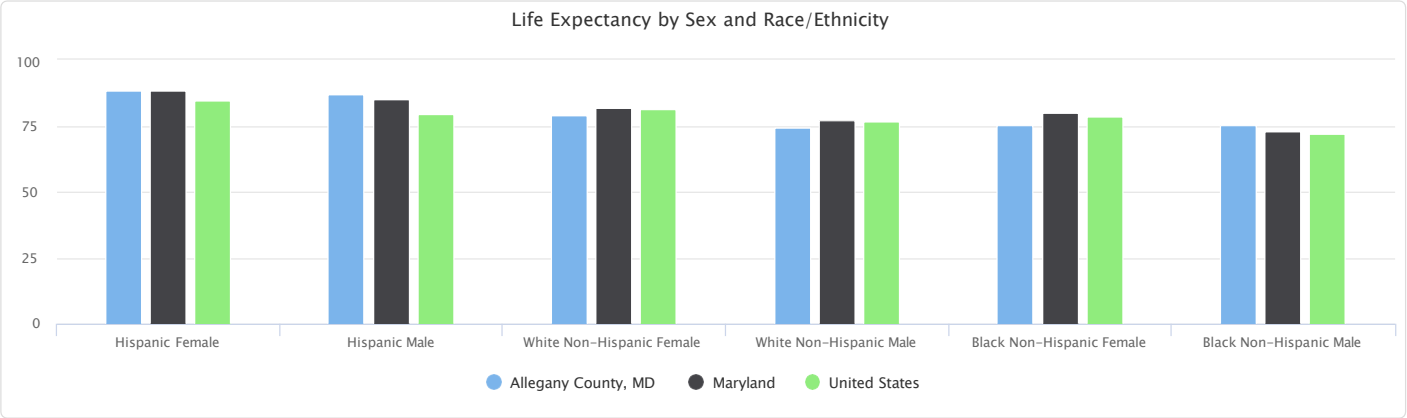
Report Area	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Allegany County, MD	76.29	76.25	76.28	76.22	76.60	76.55	76.66	76.72	76.89	76.93	77.21	77.25	77.08	76.90	77.03	76.78	76.46	76.36	76.52	76.75
Maryland	76.12	76.25	76.42	76.50	77.06	77.25	77.54	77.77	78.15	78.52	79.02	79.20	79.27	79.26	79.42	79.23	78.92	78.91	79.12	79.29
United States	76.78	76.88	76.94	77.12	77.49	77.51	77.83	78.08	78.20	78.58	78.75	78.79	78.89	78.90	78.95	78.78	78.76	78.72	78.88	79.05

Data Source: Institute for Health Metrics and Evaluation. 2019.



Life Expectancy by Sex and Race/Ethnicity

This indicator reports the average life expectancy at birth by race/ethnicity and by sex in 2019.

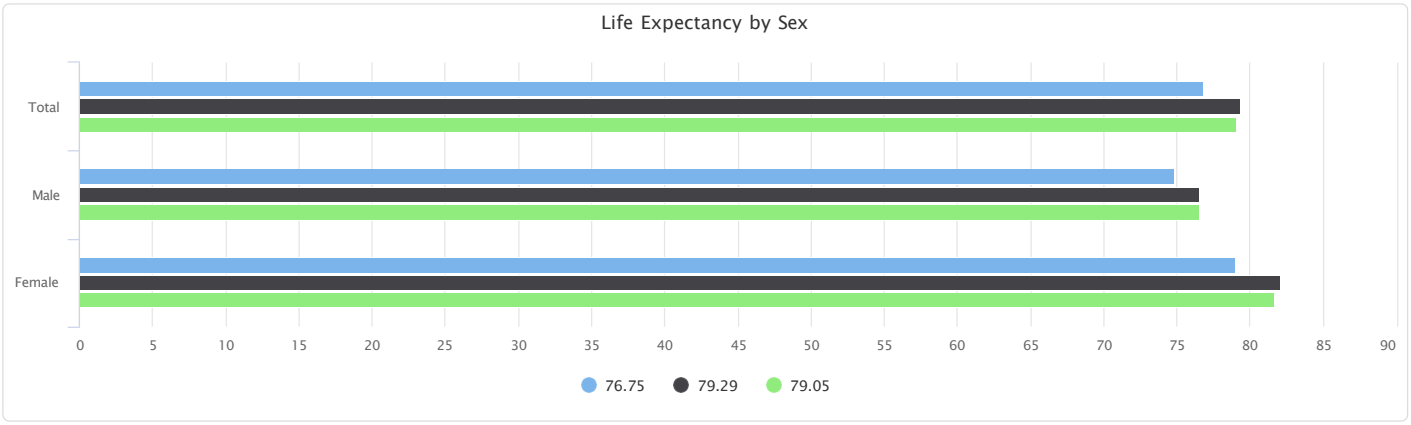


Life Expectancy by Sex

This indicator reports the average life expectancy at birth by sex in 2019.

Total	Male	Female
76.75	74.74	78.94
79.29	76.52	81.97
79.05	76.50	81.59

Data Source: Institute for Health Metrics and Evaluation. 2019.



Mortality - All Cause Mortality

This indicator reports the 2018-2021 four-year average rate of death per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard where available. Rates are resummarized for custom report areas from county level data, only where data is available.

Report Area	Total Population, 2018-2021 Average	Four Year Total Deaths, 2018-2021 Total	Crude Death Rate (Per 100,000 Population)	Age Adjusted Death Rate (Per 100,000 Population)
Allegany County, MD	55,835	4,002	**1,433.5**	No data
Maryland	4,861,866	219,557	903.2	761.6
United States	263,356,965	12,542,003	952.5	788.8

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2021.

View larger map

All Cause Mortality, Crude Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-21

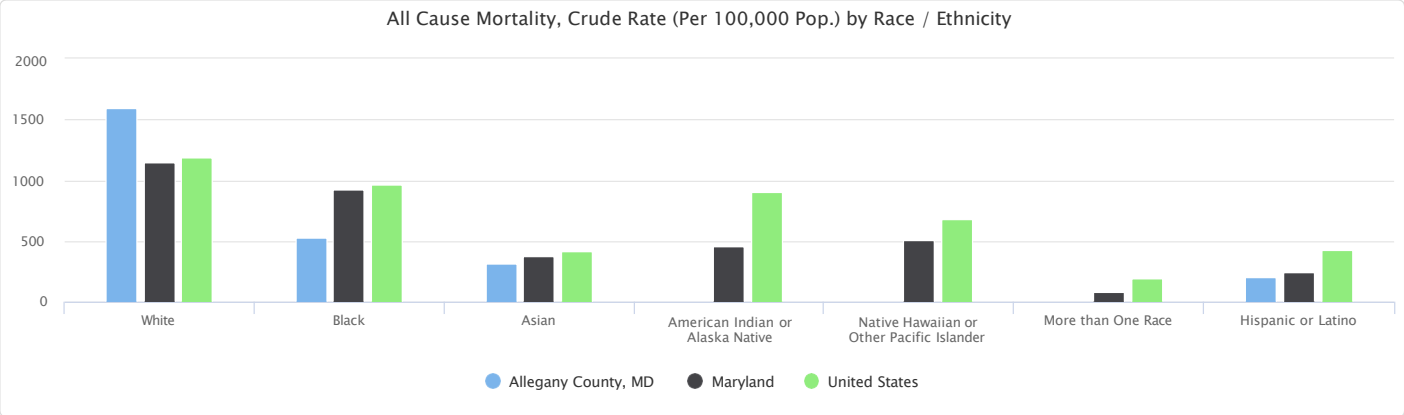
- Over 1300
- 1101 - 1300
- 901 - 1100
- Under 900
- Data Suppressed (<10 Deaths)
- Allegany County, MD

All Cause Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

This indicator reports the crude rate of death per 100,000 people for the four-year period 2018-2021 by combined race and ethnicity. Note that all the race groups are referring to non-Hispanic race groups and the Hispanic or Latino group could be of any race.

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Allegany County, MD	1,597.04	522.85	318.37	No data	No data	No data	198.41
Maryland	1,142.15	928.48	376.43	459.73	509.16	76.83	248.40
United States	1,192.10	959.90	421.07	899.13	678.36	196.53	424.91

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2021.



Leading Cause of Death

The table below shows the crude mortality rates for the top five causes of death for the 4-year period 2018-2021.

Area Name	Cause of Death	Mortality Rate (Per 100,000 Population)
Allegany County, MD	1 - Diseases of heart	351.75
Allegany County, MD	2 - Malignant neoplasms	241.07
Allegany County, MD	3 - COVID-19	107.82
Allegany County, MD	4 - Chronic lower respiratory diseases	77.01
Allegany County, MD	5 - Cerebrovascular diseases	73.79
Maryland	1 - Diseases of heart	198.34
Maryland	2 - Malignant neoplasms	176.94
Maryland	3 - Cerebrovascular diseases	51.47
Maryland	4 - COVID-19	46.30
Maryland	5 - Accidents	44.17
United States	1 - Diseases of heart	205.57
United States	2 - Malignant neoplasms (cancer)	182.75
United States	3 - COVID-19	58.30
United States	4 - Accidents (unintentional injuries)	58.18
United States	5 - Cerebrovascular diseases	47.16
United States	6 - Chronic lower respiratory diseases	46.44

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2021.

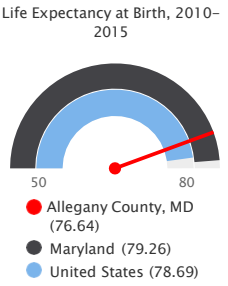
Mortality - Life Expectancy (Census Tract)

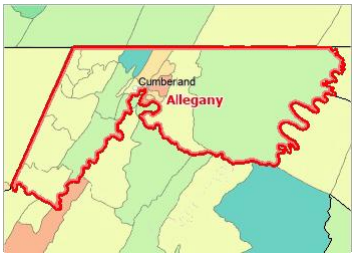
This indicator reports the average life expectancy at birth. Life expectancy measures the average number of years from birth a person can expect to live, according to the current mortality experience (age-specific death rates) of the population. Life expectancy takes into account the number of deaths in a given time period and the average number of people at risk of dying during that period, allowing us to compare data across census tracts with different population sizes.

Within the report area, the average life expectancy at birth is 76.64 of the total population.
Note: Data are suppressed for areas with fewer than 5,000 total population (pooled) during the study period.

Report Area	Total Population (2010-2015)	Life Expectancy at Birth (2010-2015)
Allegany County, MD	73,549	**76.64**
Maryland	5,930,538	79.26
United States	320,098,094	78.69

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.





View larger map

Life Expectancy At Birth, Years by Tract, CDC NCHS 2010-15

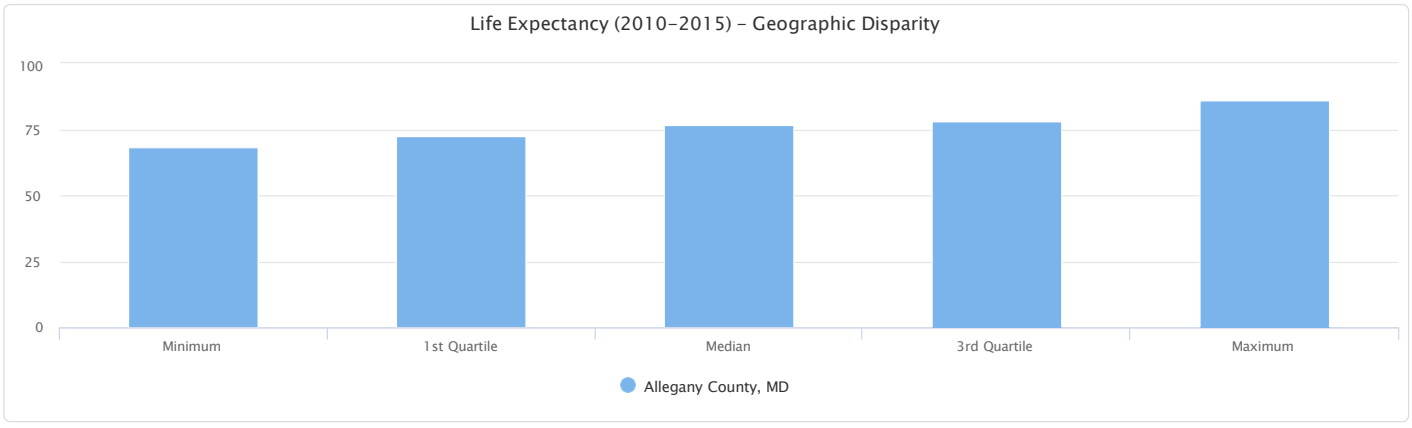
- Over 87 Years
- 84 - 87 Years
- 81 - 84 Years
- 78 - 81 Years
- 75 - 78 Years
- 72 - 75 Years
- 72 Years or Less
- No Data or Data Suppressed
- Allegany County, MD

Life Expectancy (2010-2015) - Geographic Disparity

The tables and charts below display summary measures describing the distribution of life expectancy values within the report area, including the range (maximum - minimum) and variance. Variance measures include the standard and weighted variance. Weighted variance takes into consideration the population of the neighborhoods/census tracts in determining the spread or values.
Note: No data are provided for counties with fewer than 2 valid data points in the report area.

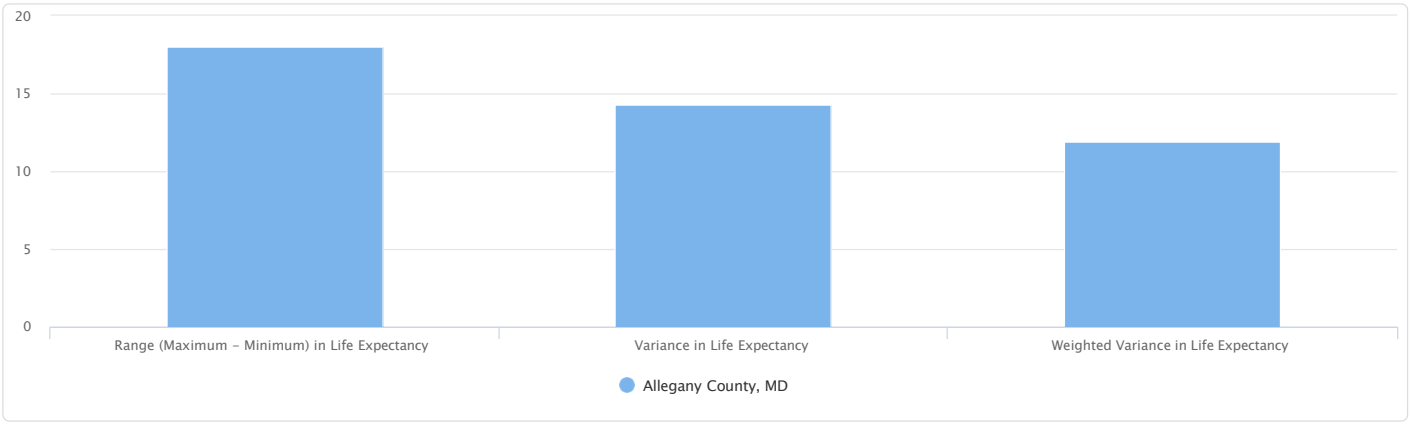
Report Area	Minimum	1st Quartile	Median	3rd Quartile	Maximum
Allegany County, MD	68.20	72.50	76.60	78.00	86.20

Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.



Report Area	Range (Maximum - Minimum) in Life Expectancy	Variance in Life Expectancy	Weighted Variance in Life Expectancy
Allegany County, MD	18.0	14.3	11.9

Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.

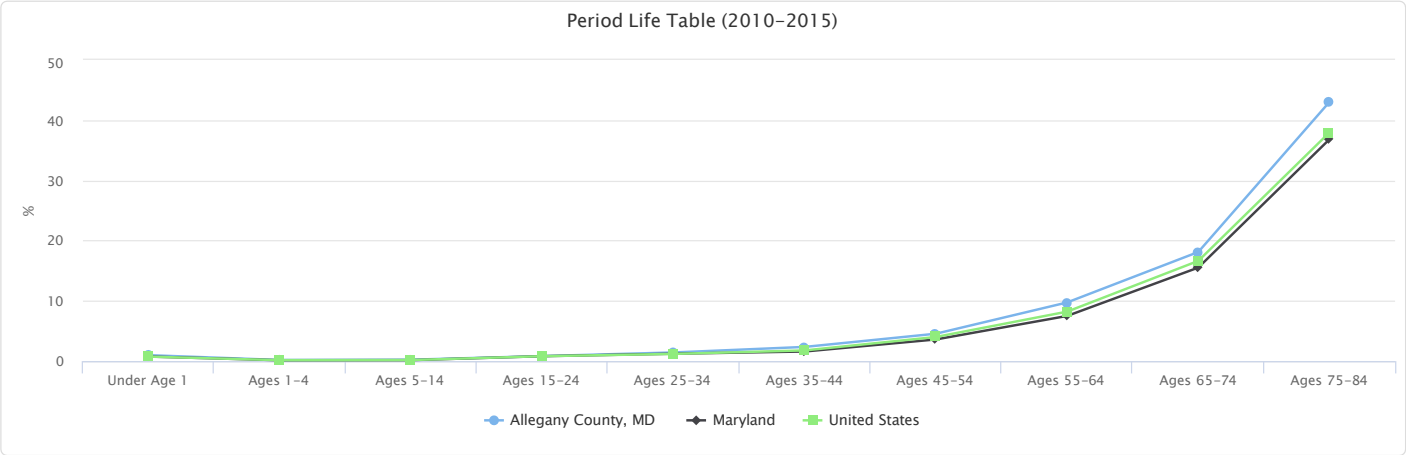


Period Life Table (2010-2015)

This indicator reports the probability of dying between the ages referenced in each category (among the population living to the first age in the reference category). For example, the data in column **Ages 1-4** expresses the probability of dying between one and four years of age. Data values are expressed as a percentage.

Report Area	Under Age 1	Ages 1-4	Ages 5-14	Ages 15-24	Ages 25-34	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65-74	Ages 75-84
Allegany County, MD	0.98%	0.18%	0.23%	0.83%	1.43%	2.35%	4.54%	9.73%	18.11%	43.02%
Maryland	0.75%	0.14%	0.16%	0.81%	1.22%	1.59%	3.59%	7.49%	15.52%	36.82%
United States	0.74%	0.15%	0.17%	0.81%	1.19%	1.77%	4.00%	8.20%	16.63%	37.96%

Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.



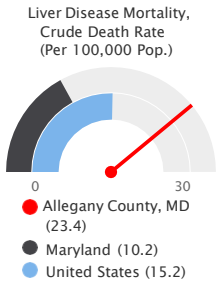
Mortality - Liver Disease

This indicator reports the 2018-2022 five-year average rate of death due to liver disease per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because liver disease is a leading cause of death in the United States.

Within the report area, there are a total of 81 deaths due to liver disease. This represents a crude death rate of 23.4 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Allegany County, MD	69,289	81	**23.4**
Maryland	6,094,798	3,103	10.2
United States	330,014,476	250,226	15.2

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



View larger map

Chronic Liver Disease and Cirrhosis, Crude Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-22

- Over 25.0
- 20.1 - 25.0
- 15.1 - 20.0
- Under 15.0
- Data Suppressed
- Allegany County, MD

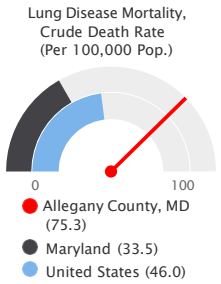
Mortality - Lung Disease

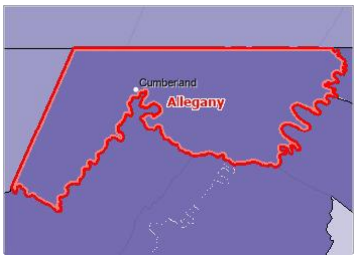
This indicator reports the 2018-2022 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

Within the report area, there are a total of 261 deaths due to lung disease. This represents a crude death rate of 75.3 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Allegany County, MD	69,289	261	**75.3**
Maryland	6,094,798	10,203	33.5
United States	330,014,476	758,846	46.0

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.





View larger map

Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-22

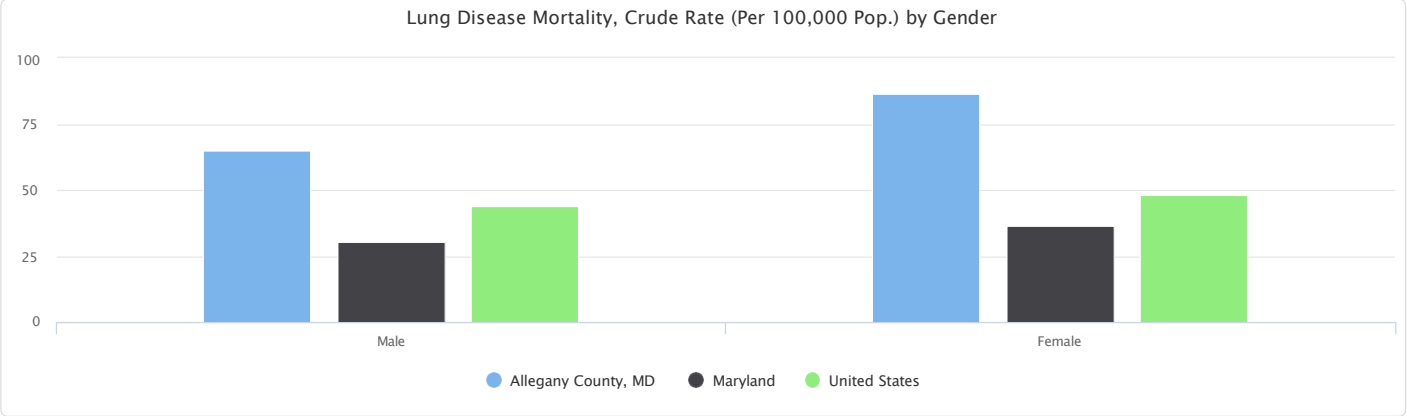
- Over 90.0
- 70.1 - 90.0
- 50.1 - 70.0
- Under 50.1
- Data Suppressed (< 10 Deaths)
- Allegany County, MD

Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to lung disease. Rates are calculated per 100,000 population aand grouped by gender.

Report Area	Male	Female
Allegany County, MD	65.1	86.6
Maryland	30.4	36.4
United States	44.0	47.9

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

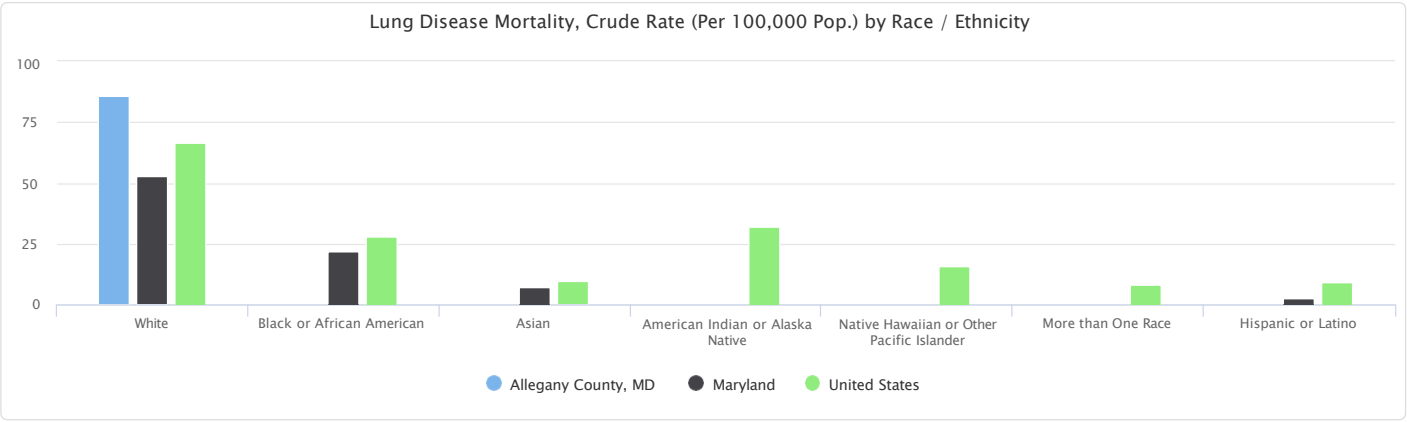


Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to lung disease. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Allegany County, MD	85.8	No data	No data	No data	No data	No data	No data
Maryland	52.8	21.6	7.0	No data	No data	No data	2.4
United States	66.4	27.8	9.6	31.8	15.8	7.9	9.3

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

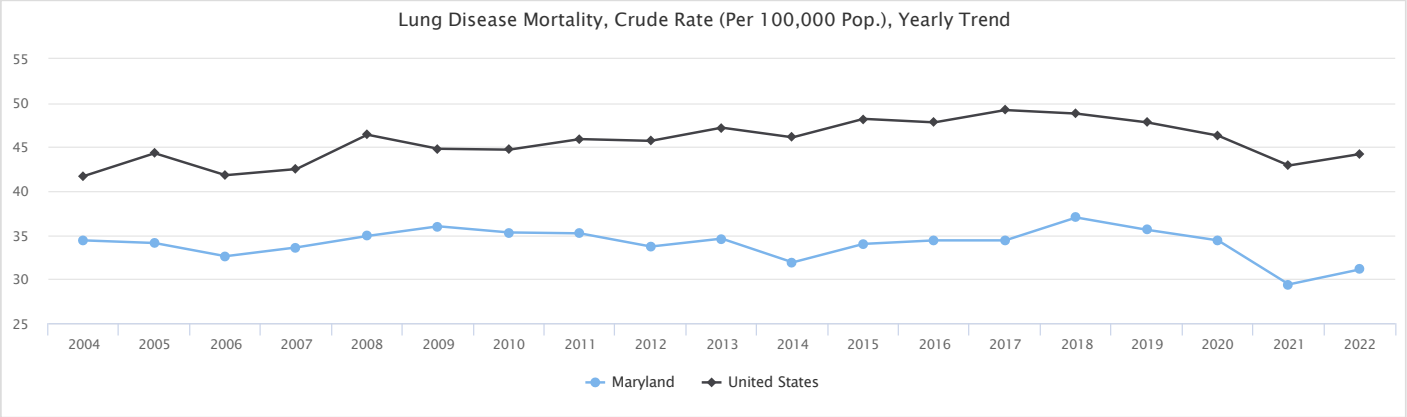


Lung Disease Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend

This indicator reports the crude rate of death due to lung disease per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Maryland	34.4	34.1	32.6	33.6	34.9	36.0	35.3	35.2	33.7	34.6	31.9	34.0	34.4	34.4	37.0	35.6	34.4	29.4	31.1
United States	41.7	44.3	41.8	42.5	46.4	44.8	44.7	45.9	45.7	47.2	46.1	48.2	47.8	49.2	48.8	47.8	46.3	42.9	44.2

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



Mortality - Motor Vehicle Crash (NVSS)

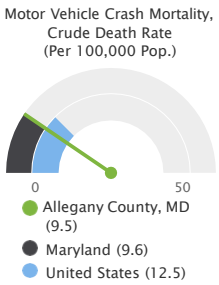
This indicator reports the 2018-2022 five-year average rate of death due to motor vehicle crash per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. Figures are reported as crude rates. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

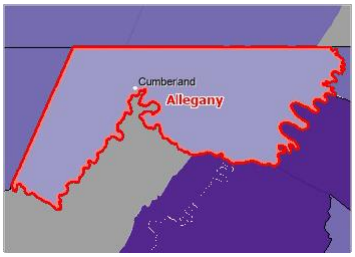
Within the report area, there are a total of 33 deaths due to motor vehicle crash. This represents a crude death rate of 9.5 per every 100,000 total population. Fatality counts are based on the decedent's residence and not the location of the crash.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Allegany County, MD	69,289	33	9.5
Maryland	6,094,798	2,918	9.6
United States	330,014,476	206,222	12.5

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.





View larger map

Motor Vehicle Crash Mortality, Crude Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-22

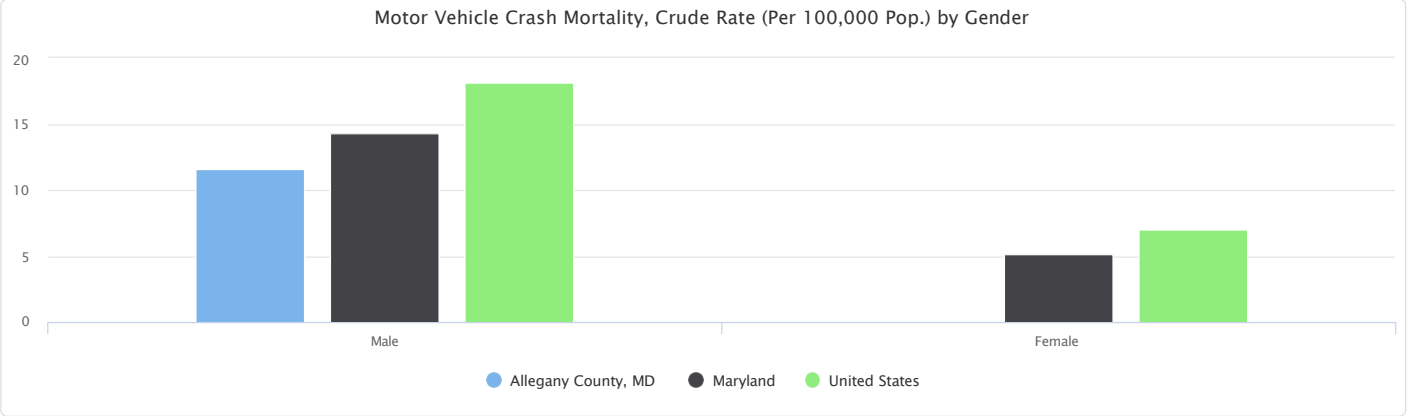
- Over 20.0
- 12.1 - 20.0
- 6.1 - 12.0
- Under 6.1
- Data Suppressed (<10 Deaths)
- Allegany County, MD

Motor Vehicle Crash Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to motor vehicle crash. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Allegany County, MD	11.6	No data
Maryland	14.3	5.1
United States	18.1	7.0

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

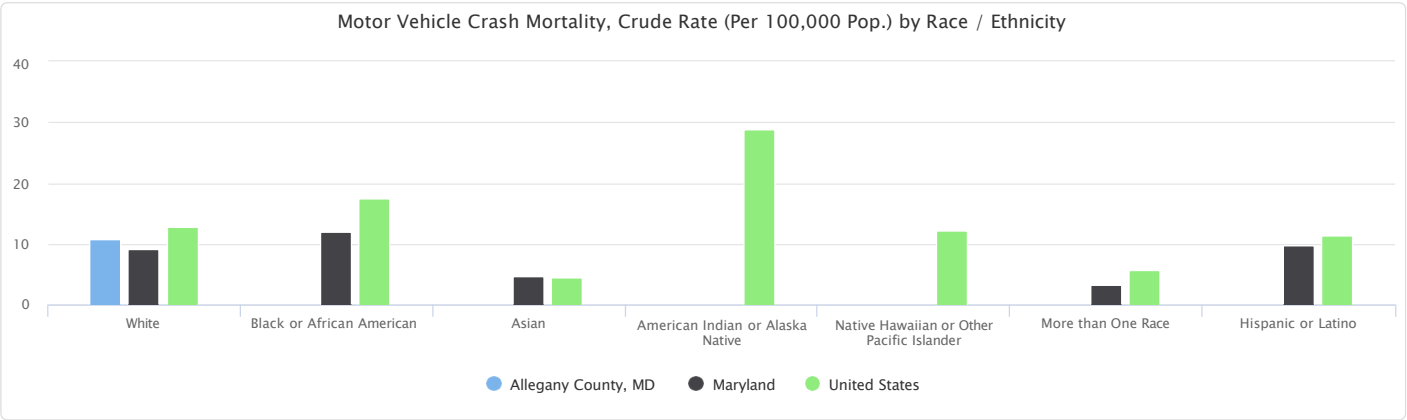


Motor Vehicle Crash Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to motor vehicle crash. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Allegany County, MD	10.7	No data	No data	No data	No data	No data	No data
Maryland	9.1	11.9	4.6	No data	No data	3.2	9.8
United States	12.7	17.4	4.4	28.8	12.1	5.7	11.4

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

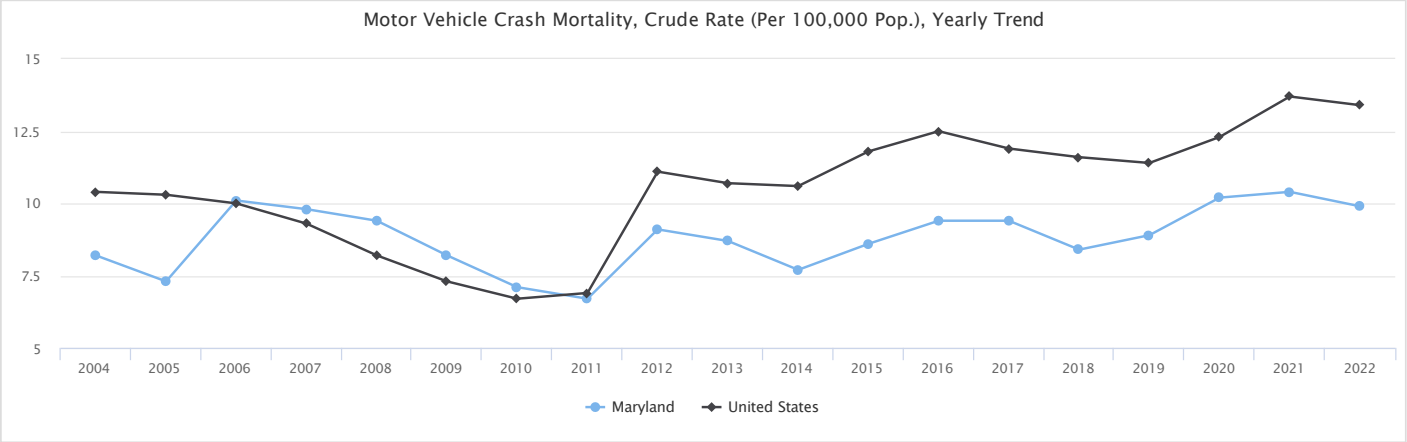


Motor Vehicle Crash Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend

The table below shows crude death rates due to motor vehicle crash per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Maryland	8.2	7.3	10.1	9.8	9.4	8.2	7.1	6.7	9.1	8.7	7.7	8.6	9.4	9.4	8.4	8.9	10.2	10.4	9.9
United States	10.4	10.3	10.0	9.3	8.2	7.3	6.7	6.9	11.1	10.7	10.6	11.8	12.5	11.9	11.6	11.4	12.3	13.7	13.4

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



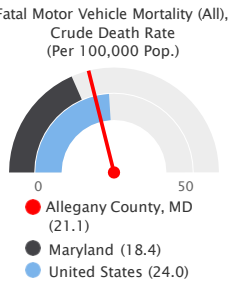
Mortality - Motor Vehicle Crash (NHTSA)

Motor vehicle crash deaths are preventable and are a leading cause of death among young persons. This indicator reports the crude rate of people killed in motor vehicle crashes per 100,000 population. Fatality counts are based on the location of the crash and not the decedent's residence.

Within the report area, there are a total of 72 deaths due to motor vehicle crash. The crude rate per 100,000 total population is 21.1.
Note: Fatality counts are based on the location of the crash and not the decedent's residence.

Report Area	Total Population (2020)	Total Crash Deaths (2018-2022)	Fatal Crash Deaths, Annual Rate per 100,000 Population
Allegany County, MD	68,106	72	**21.1**
Maryland	6,177,224	5,670	18.4
United States	334,735,155	402,034	24.0

Note: This indicator is compared to the state average.
Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2018-2022.



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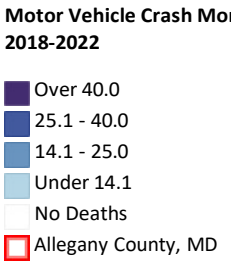


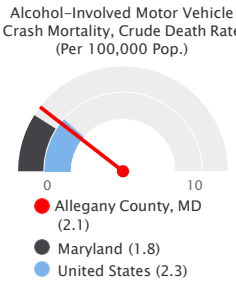
Mortality - Motor Vehicle Crash, Alcohol-Involved

Motor vehicle crash deaths are preventable and are a leading cause of death among young persons. This indicator reports the crude rate of persons killed in motor vehicle crashes involving alcohol as a rate per 100,000 population. Fatality counts are based on the location of the crash and not the decedent's residence.

Within the report area, there are a total of 7 deaths due to motor vehicle crash involving alcohol. The crude rate per 100,000 total population is 2.1.
Note: Fatality counts are based on the location of the crash and not the decedent's residence.

Report Area	Total Population (2020)	Alcohol-Involved Crash Deaths (2018-2022)	Alcohol-Involved Crash Deaths, Annual Rate per 100,000 Population
Allegany County, MD	68,106	7	2.1
Maryland	6,177,224	615	1.8
United States	334,735,155	44,355	2.3

Note: This indicator is compared to the state average.
Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2018-2022.



View larger map

Alcohol-Related Motor Vehicle Crashes Mortality, Rate (Per 100,000 Pop.) by County, NHTSA 2018-2022

- Over 10.0
- 6.1 - 10.0
- 3.1 - 6.0
- 0.1 - 3.0
- No Deaths
- Allegany County, MD

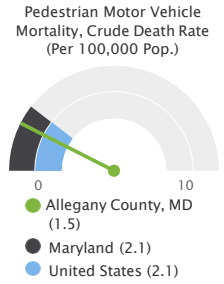
Mortality - Motor Vehicle Crash, Pedestrian

Motor vehicle crash deaths are preventable and are a leading cause of death among young persons. This indicator reports the crude rate of pedestrians killed by motor vehicles per 100,000 population. Fatality counts are based on the location of the crash and not the decedent's residence.

Within the report area, there are a total of 6 pedestrian deaths due to motor vehicle crash. The crude rate per 100,000 total population is 1.5.
Note: Fatality counts are based on the location of the crash and not the decedent's residence.

Report Area	Total Population (2020)	Pedestrian Deaths (2018-2022)	Pedestrian Deaths, Annual Rate per 100,000 Population
Allegany County, MD	68,106	6	1.5
Maryland	6,177,224	707	2.1
United States	334,735,155	39,314	2.1

Note: This indicator is compared to the state average.
Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2018-2022.



View larger map

Pedestrian Motor Vehicle Crash Mortality, Rate (Per 100,000 Pop.) by County, NHTSA 2018-2022

- Over 3.0
- 2.1 - 3.0
- 1.1 - 2.0
- 0.1 - 1.0
- No Deaths
- Allegany County, MD

Mortality - Drug Overdose (All Substances)

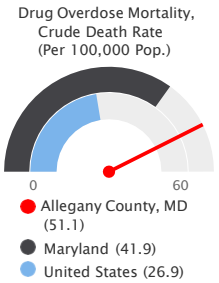
This indicator reports the 2018-2022 five-year average rate of death due to drug overdose of all substances per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because drug overdose is the leading cause of injury deaths in the United States, and they have increased

dramatically in recent years.

Within the report area, there are a total of 177 deaths due to drug overdose for all substances. This represents a crude death rate of 51.1 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Allegany County, MD	69,289	177	**51.1**
Maryland	6,094,798	12,774	41.9
United States	330,014,476	444,436	26.9

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



View larger map

Drug Overdose (all substances), Crude Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-22

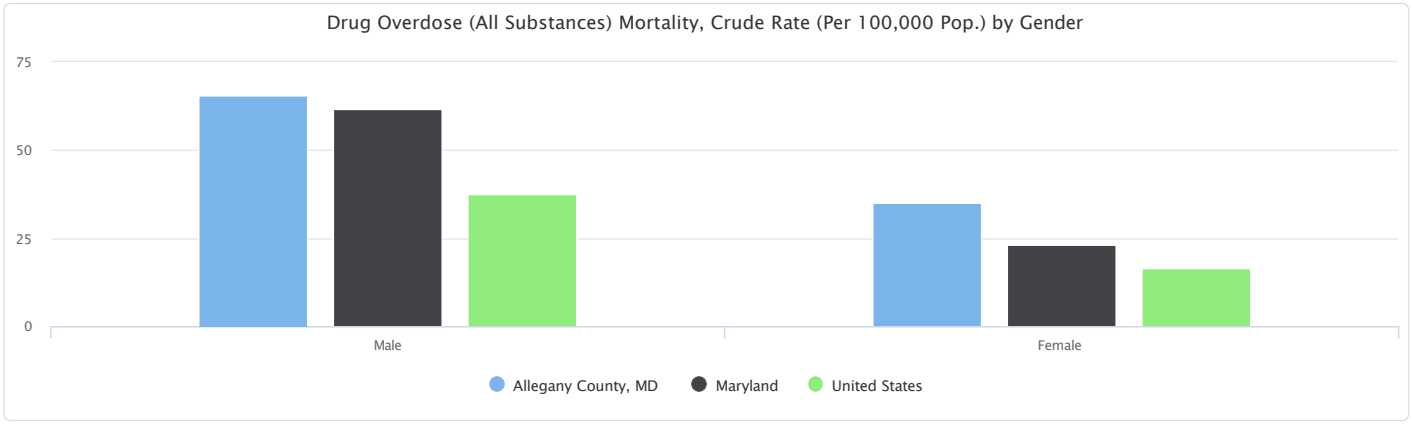
- Over 35.0
- 25.1 - 35.0
- 20.1 - 25.0
- Under 20.0
- Data Suppressed
- Allegany County, MD

Drug Overdose (All Substances) Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to drug overdose (all substances) for the 5-year period 2018-2022. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Allegany County, MD	65.7	35.1
Maryland	61.6	23.3
United States	37.6	16.5

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

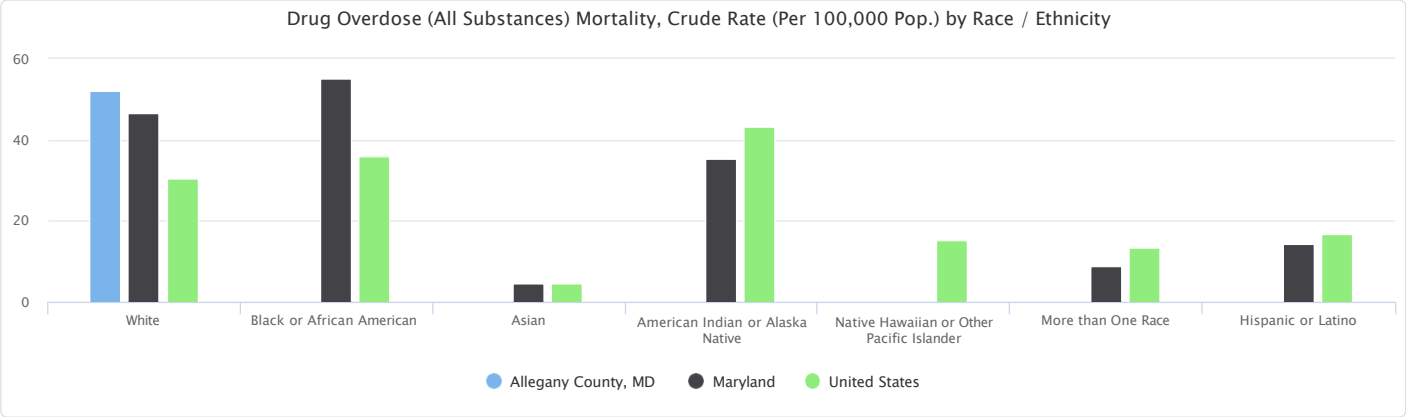


Drug Overdose (All Substances) Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to drug overdose (all substances) for the 5-year period 2018-2022. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Allegany County, MD	52.1	No data	No data	No data	No data	No data	No data
Maryland	46.5	55.2	4.6	35.3	No data	8.7	14.2
United States	30.5	36.0	4.5	43.2	15.3	13.5	16.7

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

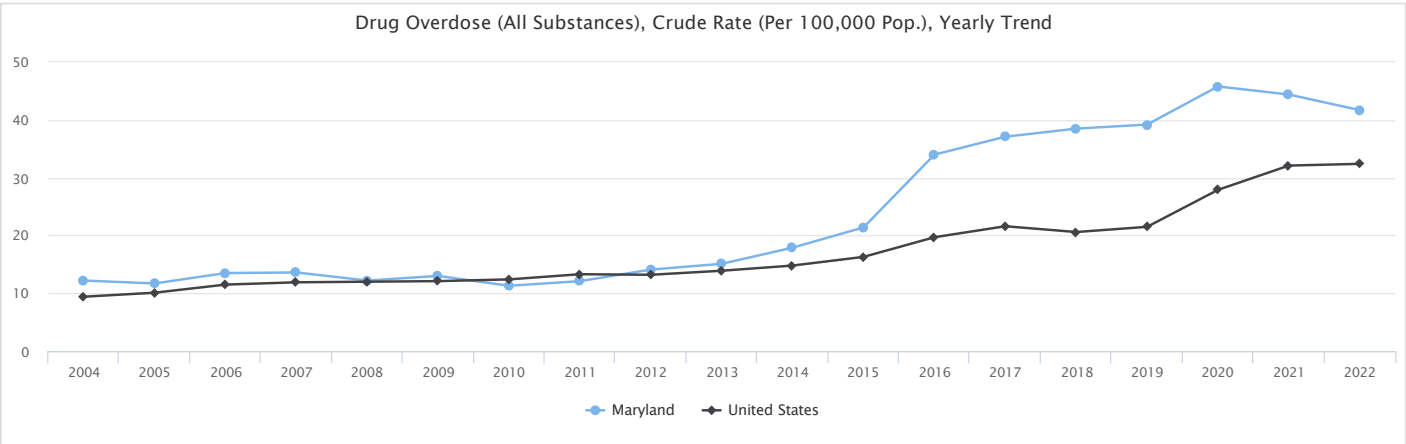


Drug Overdose (All Substances), Crude Rate (Per 100,000 Pop.), Yearly Trend

This indicator reports the crude rate of death due to drug overdose for all substances per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Maryland	12.2	11.7	13.5	13.6	12.2	13.0	11.3	12.1	14.1	15.1	17.9	21.4	34.0	37.1	38.5	39.2	45.8	44.4	41.7
United States	9.4	10.1	11.5	11.9	12.0	12.1	12.4	13.3	13.2	13.9	14.8	16.3	19.7	21.6	20.6	21.5	27.9	32.1	32.4

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



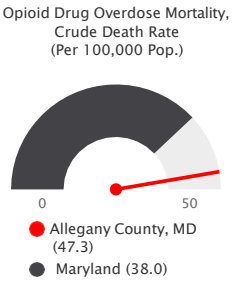
Mortality - Opioid Overdose

This indicator reports the 2018-2022 five-year average rate of death due to opioid drug overdose per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because opioid drug overdose is the leading cause of injury deaths in the United States, and they have increased dramatically in recent years.

Within the report area, there are a total of 164 deaths due to opioid overdose. This represents a crude death rate of 47.3 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Allegany County, MD	69,289	164	**47.3**
Maryland	6,094,798	11,571	38.0
United States	330,014,476	331,211	20.1
United States	329,289,235	331,211	20.1



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

View larger map

Opioid Overdose Mortality, Crude Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-22

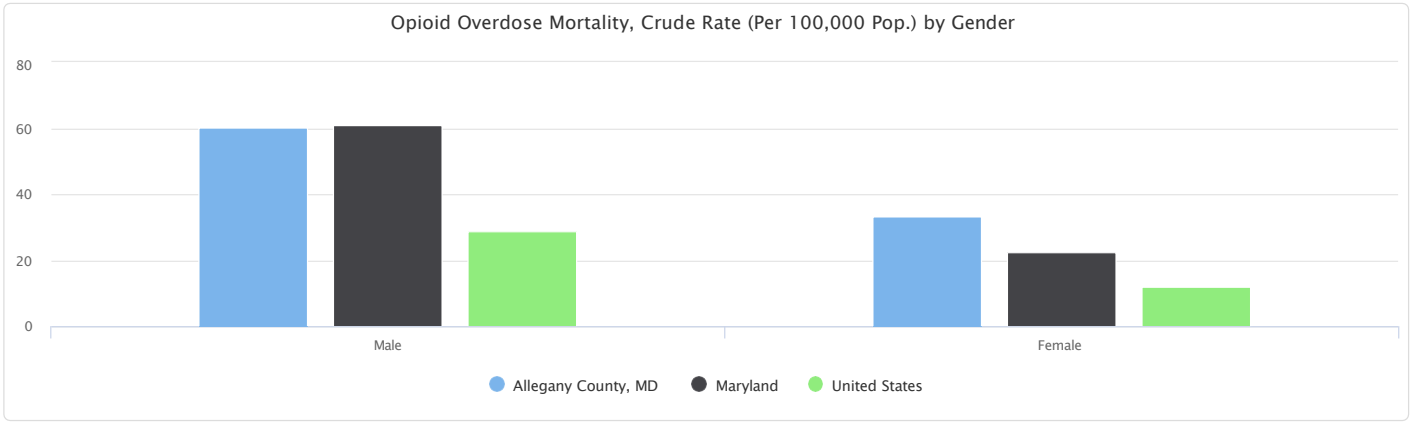
- Over 40.0
- 20.1 - 40.0
- 15.1 - 20.0
- 10.1 - 15.0
- Under 10.1
- No Data or Data Suppressed
- Allegany County, MD

Opioid Overdose Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to opioid overdose for the 5-year period 2018-2022. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Allegany County, MD	60.2	33.3
Maryland	60.8	22.4
United States	28.6	11.8

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

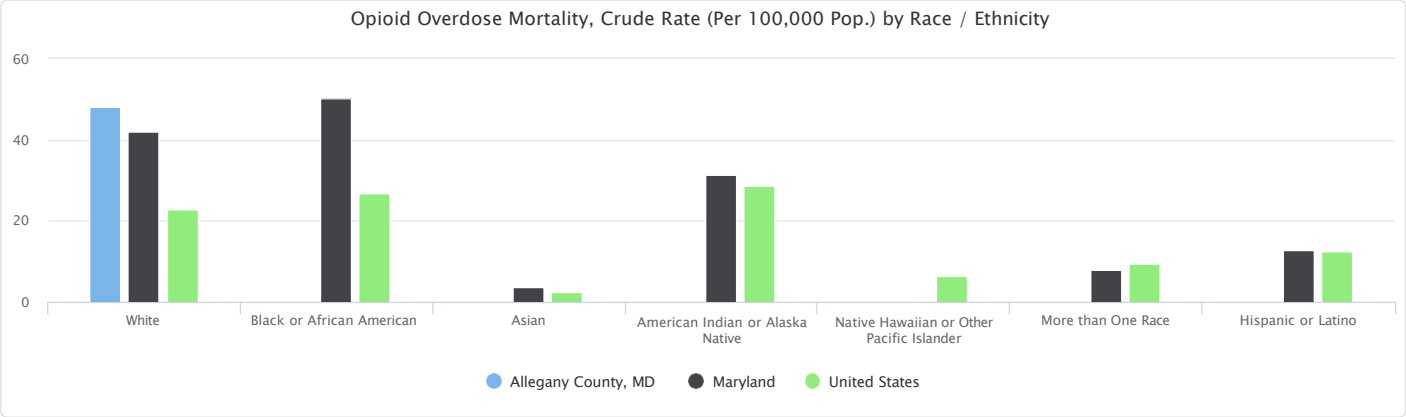


Opioid Overdose Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to opioid overdose for the 5-year period 2018-2022. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Allegany County, MD	48.1	No data	No data	No data	No data	No data	No data
Maryland	42.1	50.2	3.6	31.3	No data	7.8	12.8
United States	22.9	26.8	2.4	28.7	6.5	9.5	12.6

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



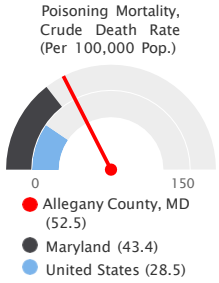
Mortality - Poisoning

This indicator reports the 2018-2022 five-year average rate of death due to poisoning (including drug overdose) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because poisoning deaths, especially from drug overdose, are a national public health emergency.

Within the report area, there are a total of 182 deaths due to poisoning. This represents a crude death rate of 52.5 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Allegany County, MD	69,289	182	**52.5**
Maryland	6,094,798	13,220	43.4
United States	330,014,476	469,860	28.5

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



View larger map

Poisoning Mortality, Crude Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-22

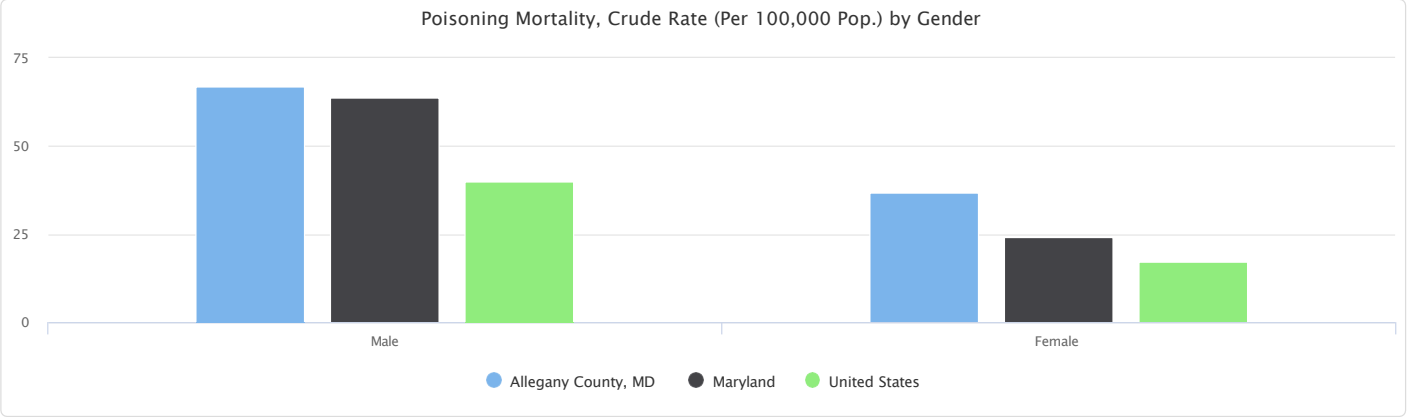
- Over 40.0
- 30.1 - 40.0
- 20.1 - 30.0
- Under 20.0
- Data Suppressed
- Allegany County, MD

Poisoning Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to poisoning (including drug poisoning). Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Allegany County, MD	66.8	36.9
Maryland	63.9	24.1
United States	40.0	17.3

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

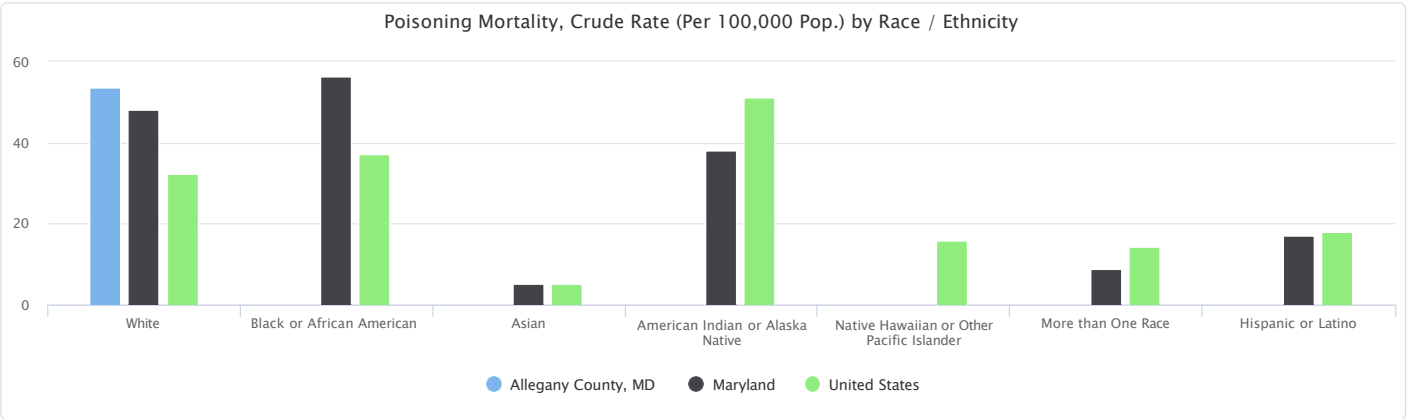


Poisoning Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to poisoning (including drug poisoning). Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Allegany County, MD	53.7	No data	No data	No data	No data	No data	No data
Maryland	48.0	56.4	5.3	38.0	No data	8.7	17.0
United States	32.3	37.2	5.1	51.1	15.9	14.2	17.9

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



Mortality - Premature Death

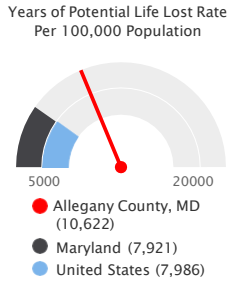
This indicator reports the Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. Data were from the National Center for Health Statistics - Mortality Files

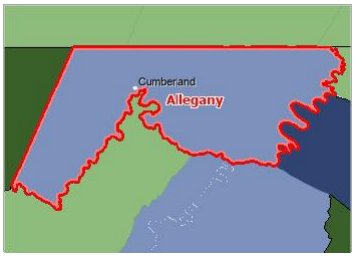
(2019-2021) and are used for the 2024 County Health Rankings. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Within the report area, there are a total of 1,340 premature deaths from 2019 to 2021. This represents an age-adjusted rate of 10,622 years potential life lost before age 75 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the three-year time frame.

Report Area	Premature Deaths, 2019-2021	Years of Potential Life Lost, 2019-2021	Years of Potential Life Lost, Rate per 100,000 Population
Allegany County, MD	1,340	20,046	**10,622**
Maryland	80,445	1,351,498	7,921
United States	4,535,347	73,613,460	7,986

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2019-2021.





View larger map

Premature Deaths, Z-Score by County, County Health Rankings 2024

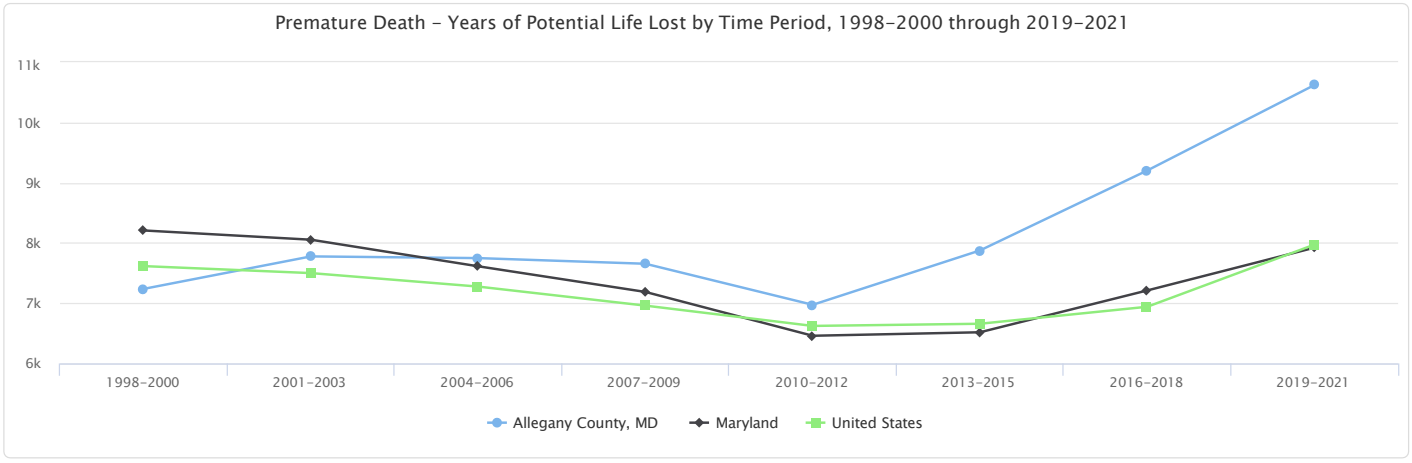
- Over 0.66 (Worse)
- 0.11 - 0.66
- -0.32 - 0.10
- Under -0.32 (Better)
- No Data or Data Suppressed
- Allegany County, MD

Premature Death - Years of Potential Life Lost by Time Period, 1998-2000 through 2019-2021

The table below shows the Years of Potential Life Lost (YPLL) before age 75 per 100,000 people over time.

Report Area	1998-2000	2001-2003	2004-2006	2007-2009	2010-2012	2013-2015	2016-2018	2019-2021
Allegany County, MD	7,237	7,776	7,748	7,654	6,973	7,875	9,202	10,621
Maryland	8,207	8,053	7,612	7,186	6,459	6,517	7,211	7,921
United States	7,615	7,499	7,275	6,959	6,622	6,658	6,940	7,972

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2019-2021.



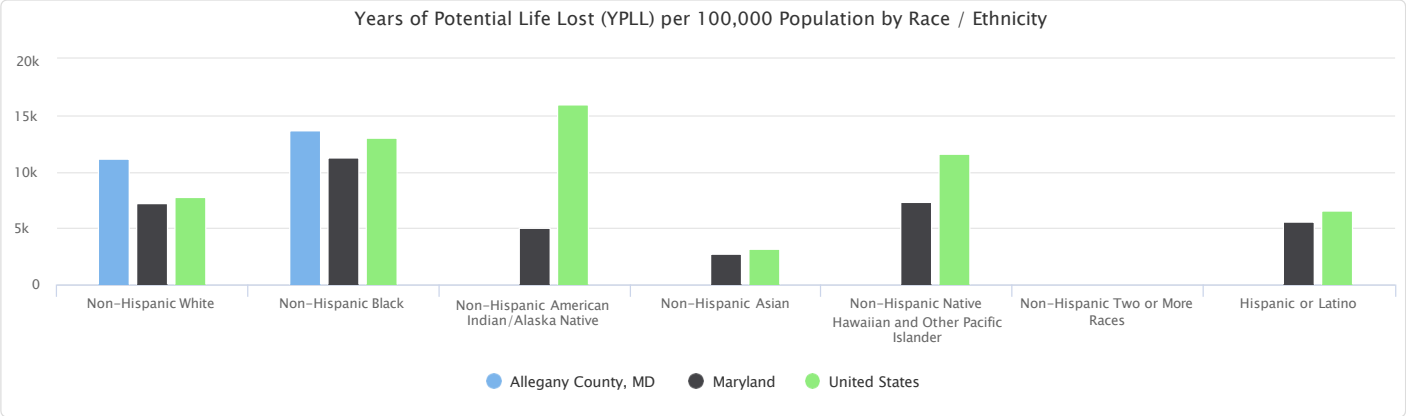
Years of Potential Life Lost (YPLL) per 100,000 Population by Race / Ethnicity

This indicator reports the Years of Potential Life Lost (YPLL) before age 75 per 100,000 people by race and Hispanic origin during

2019-2021.

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic American Indian/Alaska Native	Non-Hispanic Asian	Non-Hispanic Native Hawaiian and Other Pacific Islander	Non-Hispanic Two or More Races	Hispanic or Latino
Allegany County, MD	11,149	13,623	No data	No data	No data	No data	No data
Maryland	7,195	11,239	5,049	2,698	7,299	No data	5,524
United States	7,717	12,979	15,999	3,178	11,585	No data	6,558

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2019-2021.

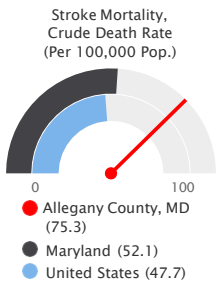


Mortality - Stroke

This indicator reports the 2018-2022 five-year average rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Within the report area, there are a total of 261 deaths due to stroke. This represents a crude death rate of 75.3 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Allegany County, MD	69,289	261	**75.3**
Maryland	6,094,798	15,872	52.1
United States	330,014,476	786,362	47.7



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

View larger map

Stroke Mortality, Crude Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-22

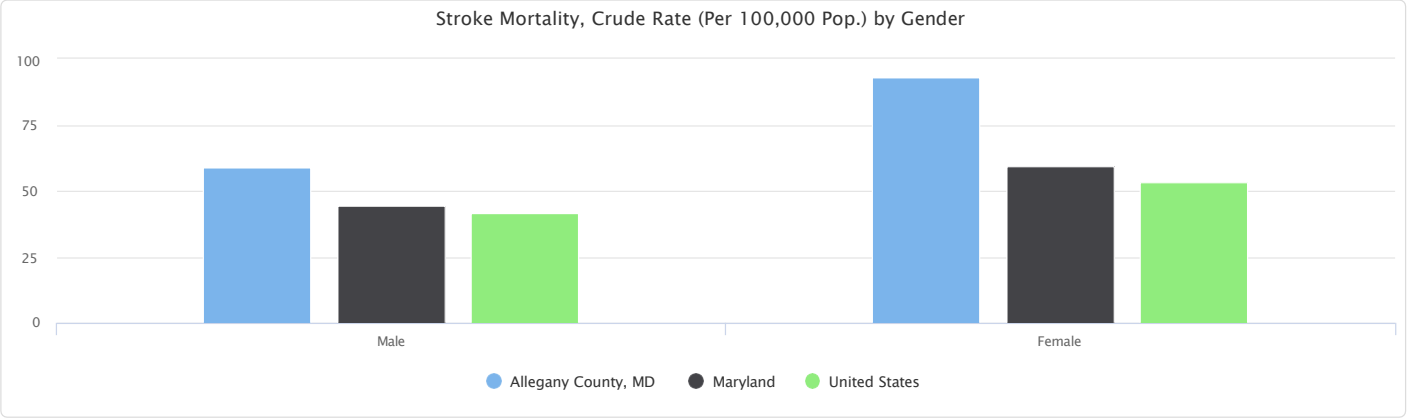
- Over 70.0
- 55.1 - 70.0
- 40.1 - 55.0
- Under 40.1
- Data Suppressed (<10 Deaths)
- Allegany County, MD

Stroke Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to stroke. Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Allegany County, MD	59.0	93.2
Maryland	44.2	59.5
United States	41.7	53.5

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

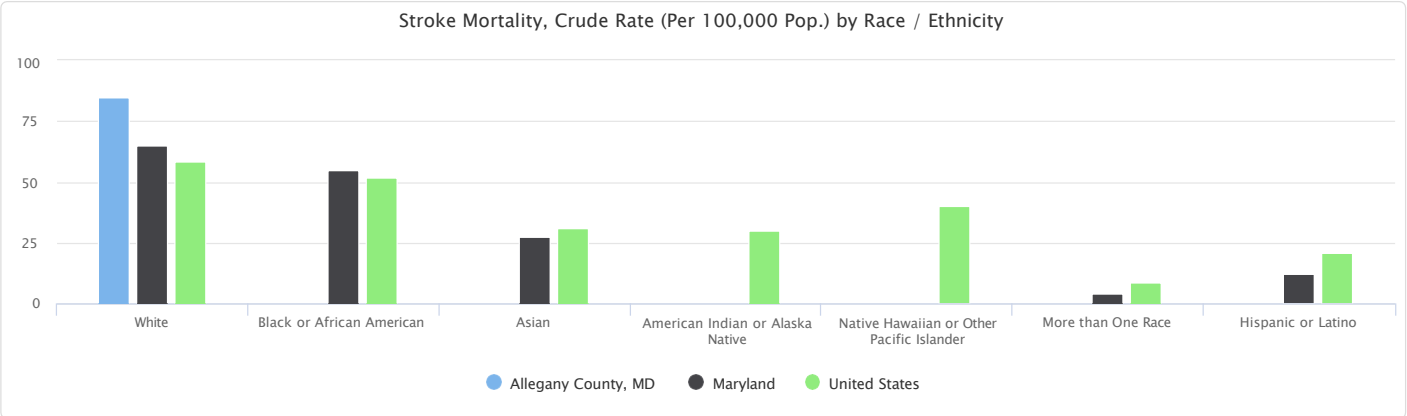


Stroke Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to stroke. Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Allegany County, MD	84.8	No data	No data	No data	No data	No data	No data
Maryland	65.1	54.9	27.6	No data	No data	3.9	12.1
United States	58.4	51.7	30.8	30.0	40.2	8.5	21.0

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

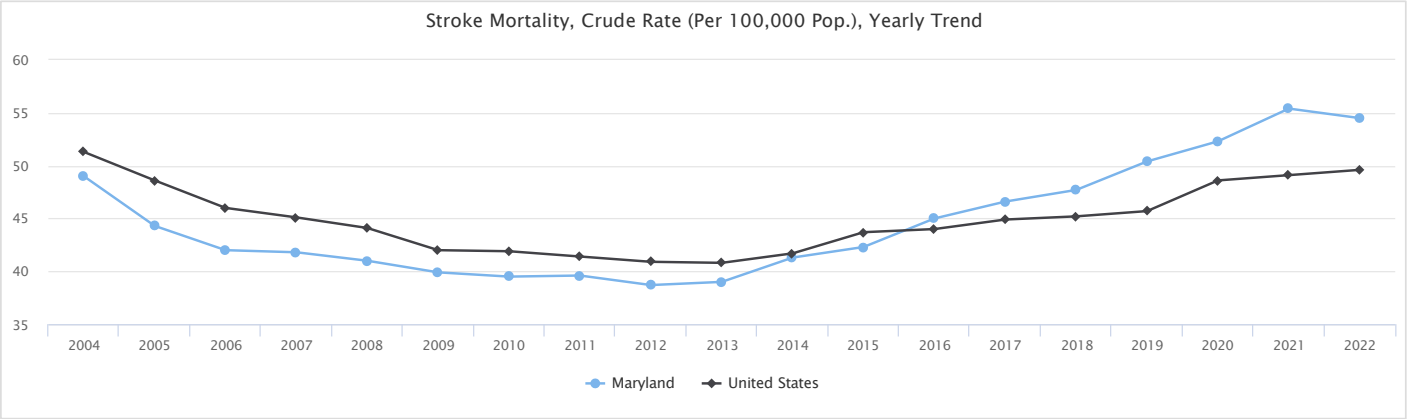


Stroke Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend

This indicator crude rate of death due to stroke per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Maryland	49.0	44.3	42.0	41.8	41.0	39.9	39.5	39.6	38.7	39.0	41.3	42.3	45.0	46.6	47.7	50.4	52.3	55.4	54.5
United States	51.3	48.6	46.0	45.1	44.1	42.0	41.9	41.4	40.9	40.8	41.7	43.7	44.0	44.9	45.2	45.7	48.6	49.1	49.6

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



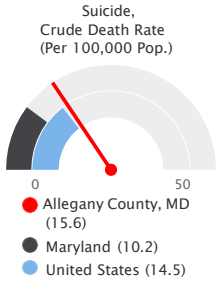
Mortality - Suicide

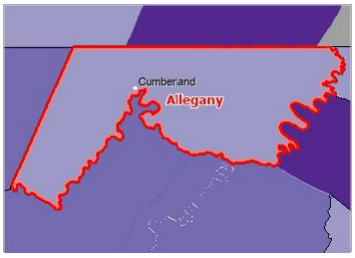
This indicator reports the 2018-2022 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Within the report area, there are a total of 54 deaths due to suicide. This represents a crude death rate of 15.6 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Allegany County, MD	69,289	54	**15.6**
Maryland	6,094,798	3,120	10.2
United States	330,014,476	239,493	14.5

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.





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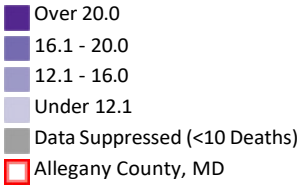
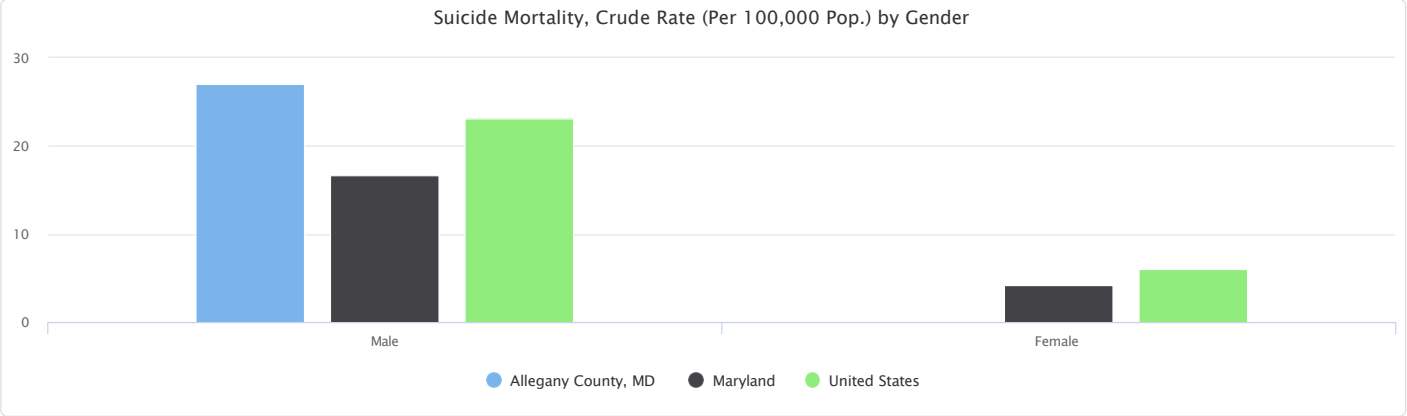


Suicide Mortality, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to intentional self-harm (suicide). Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Allegany County, MD	27.0	No data
Maryland	16.7	4.2
United States	23.2	6.0

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

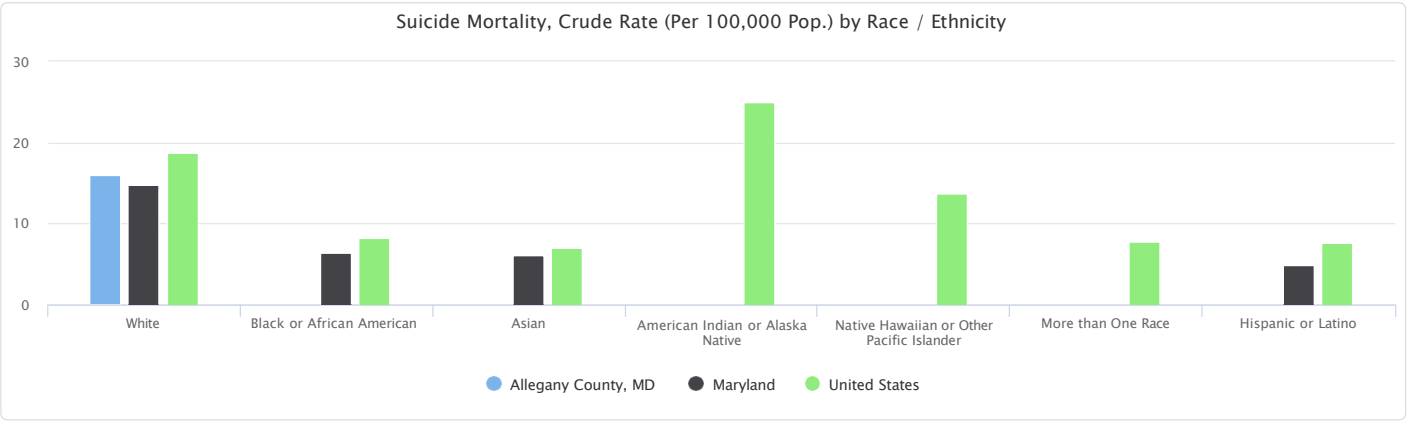


Suicide Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to intentional self-harm (suicide). Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Allegany County, MD	16.0	No data	No data	No data	No data	No data	No data
Maryland	14.8	6.4	6.1	No data	No data	No data	4.9
United States	18.8	8.2	7.0	24.9	13.7	7.8	7.6

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

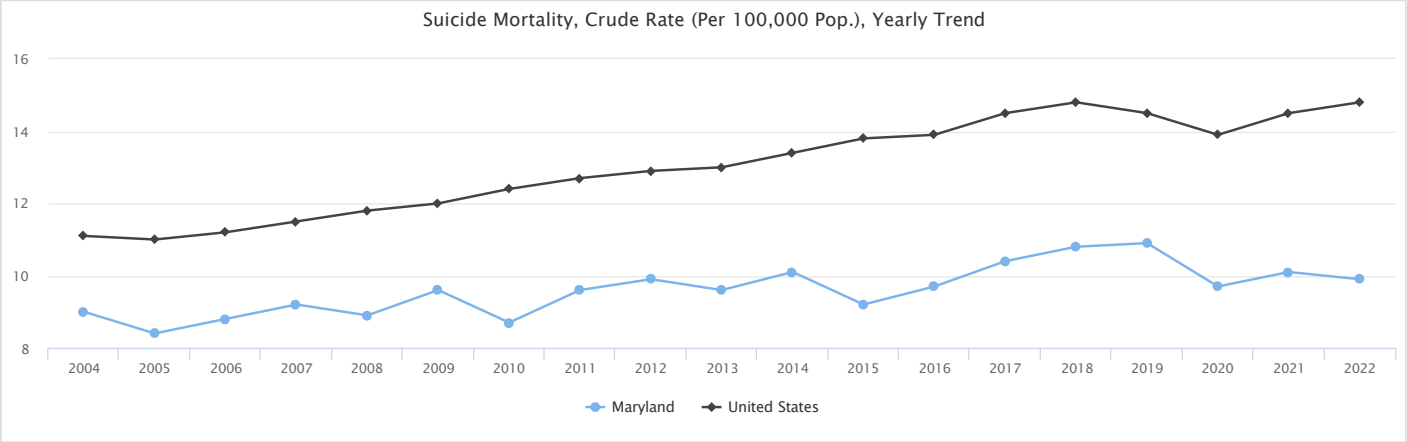


Suicide Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend

This indicator reports the crude rate of death due to suicide per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Maryland	9.0	8.4	8.8	9.2	8.9	9.6	8.7	9.6	9.9	9.6	10.1	9.2	9.7	10.4	10.8	10.9	9.7	10.1	9.9
United States	11.1	11.0	11.2	11.5	11.8	12.0	12.4	12.7	12.9	13.0	13.4	13.8	13.9	14.5	14.8	14.5	13.9	14.5	14.8

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



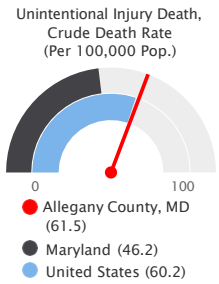
Mortality - Unintentional Injury (Accident)

This indicator reports the 2018-2022 five-year average rate of death due to unintentional injury per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because unintentional injuries are a leading cause of death in the United States.

Within the report area, there are a total of 213 deaths due to unintentional injury. This represents a crude death rate of 61.5 per every 100,000 total population.
Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Allegany County, MD	69,289	213	**61.5**
Maryland	6,094,798	14,079	46.2
United States	330,014,476	993,096	60.2

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



View larger map

Unintentional Injury Death, Crude Rate (Per 100,000 Pop.) by County, CDC NVSS 2018-22

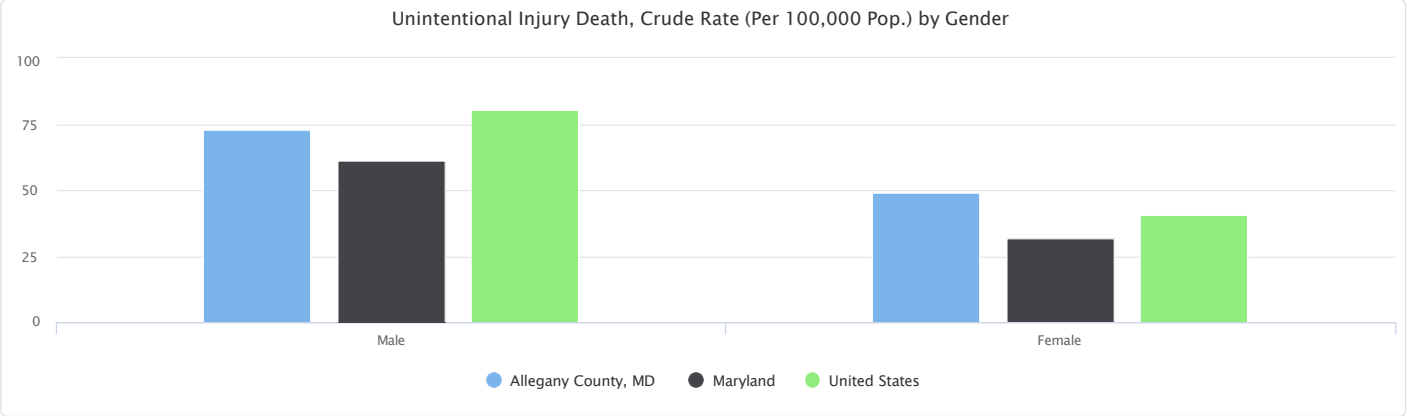
- Over 70.0
- 50.1 - 70.0
- 40.1 - 50.0
- Under 40.1
- Data Suppressed (<10 Deaths)
- Allegany County, MD

Unintentional Injury Death, Crude Rate (Per 100,000 Pop.) by Gender

The table and chart below display crude mortality rates from deaths due to unintentional injury (accidents). Rates are calculated per 100,000 population and grouped by gender.

Report Area	Male	Female
Allegany County, MD	72.8	49.0
Maryland	61.3	32.0
United States	80.4	40.5

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

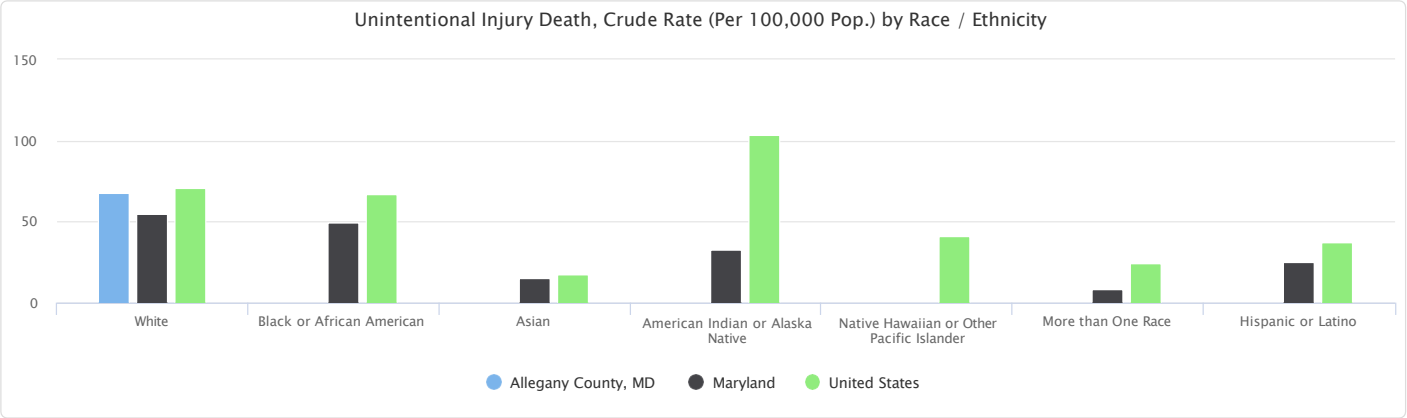


Unintentional Injury Death, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity

The table and chart below display crude mortality rates from deaths due to unintentional injury (accidents). Rates are calculated per 100,000 population and grouped by combined race and Hispanic origin.

Report Area	White	Black or African American	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	More than One Race	Hispanic or Latino
Allegany County, MD	67.4	No data	No data	No data	No data	No data	No data
Maryland	55.0	49.2	15.6	32.6	No data	8.4	25.4
United States	70.6	67.0	17.8	103.7	41.2	24.0	37.4

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.

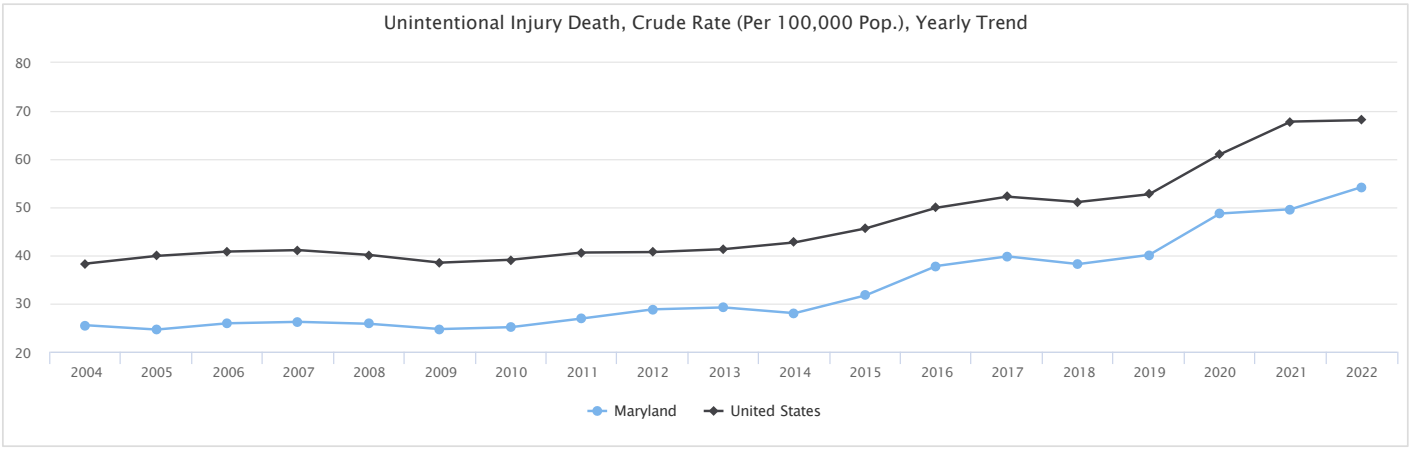


Unintentional Injury Death, Crude Rate (Per 100,000 Pop.), Yearly Trend

This indicator reports the crude rate of death due to unintentional injury per 100,000 people over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Maryland	25.5	24.6	25.9	26.2	25.8	24.7	25.1	26.9	28.8	29.2	28.0	31.7	37.8	39.8	38.2	40.1	48.7	49.6	54.2
United States	38.3	39.9	40.8	41.1	40.1	38.5	39.1	40.6	40.7	41.3	42.7	45.6	49.9	52.2	51.1	52.7	61.0	67.8	68.1

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022.



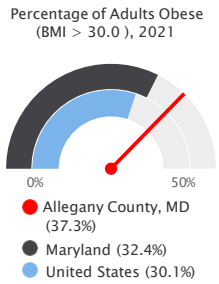
Obesity

This indicator reports the number and percentage of adults aged 20 and older self-report having a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their Body Mass Index (BMI) was 30 or greater. Body mass index (weight [kg]/height [m]2) was derived from self-report of height and weight. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Within the report area, there are a total of 19,885 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents a 37.3% of the survey population.
Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator. Estimated values for prior years (2004 - 2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
Allegany County, MD	53,454	19,885	**37.3%**
Maryland	4,644,848	1,510,640	32.4%
United States	232,757,930	70,168,831	30.1%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.



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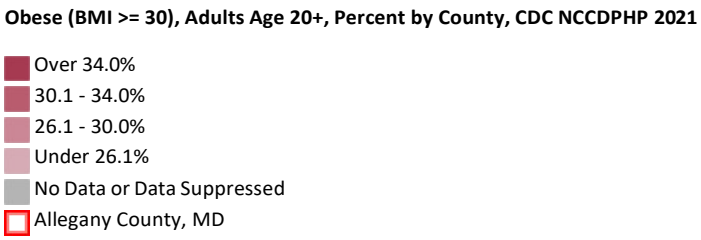
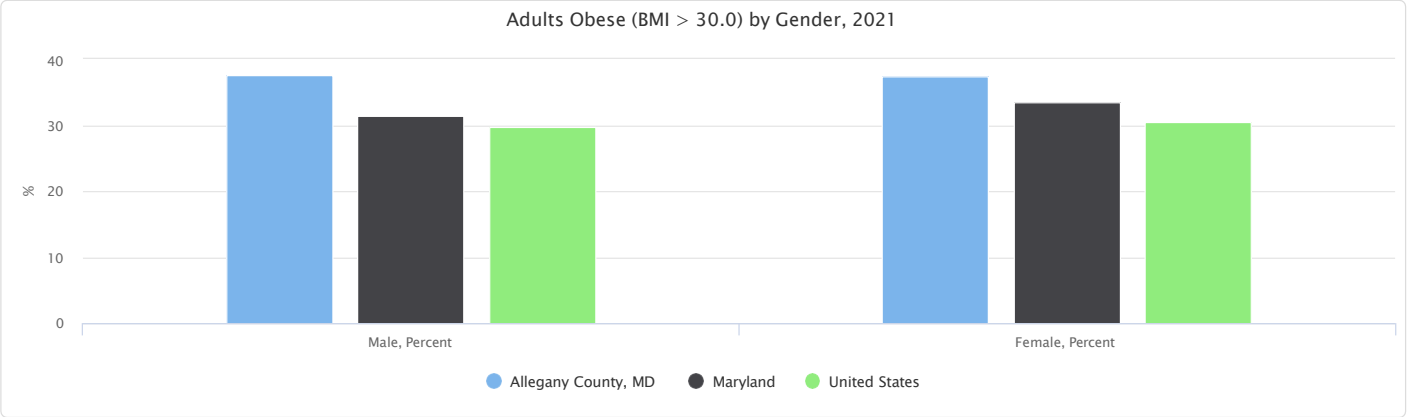


Adults Obese (BMI > 30.0) by Gender, 2021

The table below displays national, state, and local variation in the prevalence of obesity among the adult population by gender.

Report Area	Male	Male, Percent	Female	Female, Percent
Allegany County, MD	10,608	37.5%	9,277	37.3%
Maryland	705,467	31.4%	805,173	33.4%
United States	34,208,595	29.8%	35,960,164	30.5%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.

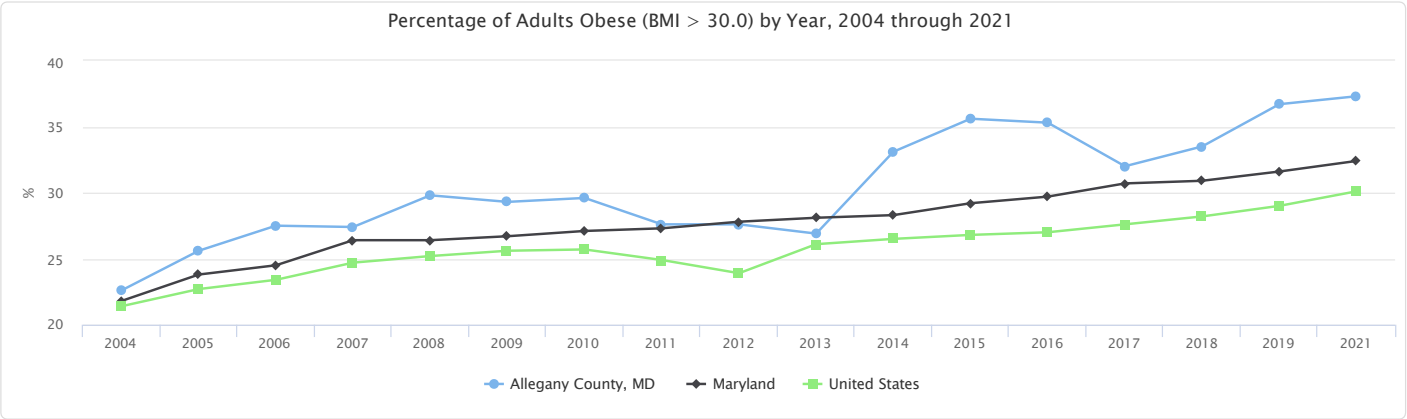


Percentage of Adults Obese (BMI > 30.0) by Year, 2004 through 2021

The table below displays trends in the percentage of adults that are obese over time.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2021
Allegany County, MD	22.6%	25.6%	27.5%	27.4%	29.8%	29.3%	29.6%	27.6%	27.6%	26.9%	33.1%	35.6%	35.3%	32.0%	33.5%	36.7%	37.3%
Maryland	21.8%	23.8%	24.5%	26.4%	26.4%	26.7%	27.1%	27.3%	27.8%	28.1%	28.3%	29.2%	29.7%	30.7%	30.9%	31.6%	32.4%
United States	21.4%	22.7%	23.4%	24.7%	25.2%	25.6%	25.7%	24.9%	23.9%	26.1%	26.5%	26.8%	27.0%	27.6%	28.2%	29.0%	30.1%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.

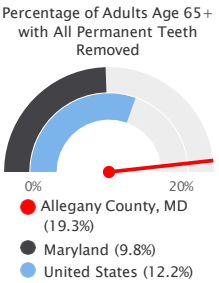


Poor Dental Health - Teeth Loss

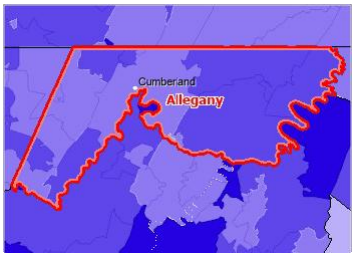
This indicator reports the number and percentage of adults age 65 and older who report having lost all of their natural teeth because of tooth decay or gum disease.

Within the report area, there were 19.3% of adults 18 and older who reported losing all natural teeth of the total population age 65 and older.

Report Area	Total Population	Adults Age 65+ with Poor Dental Health (Crude)	Adults Age 65+ with Poor Dental Health (Age-Adjusted)
Allegany County, MD	67,267	**19.3%**	19.2%
Maryland	6,164,660	9.8%	10.1%
United States	333,287,557	12.2%	12.6%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.



View larger map

Teeth Loss (All), Prevalence Among Adults Age 65+ by ZCTA, CDC BRFSS PLACES Project 2022

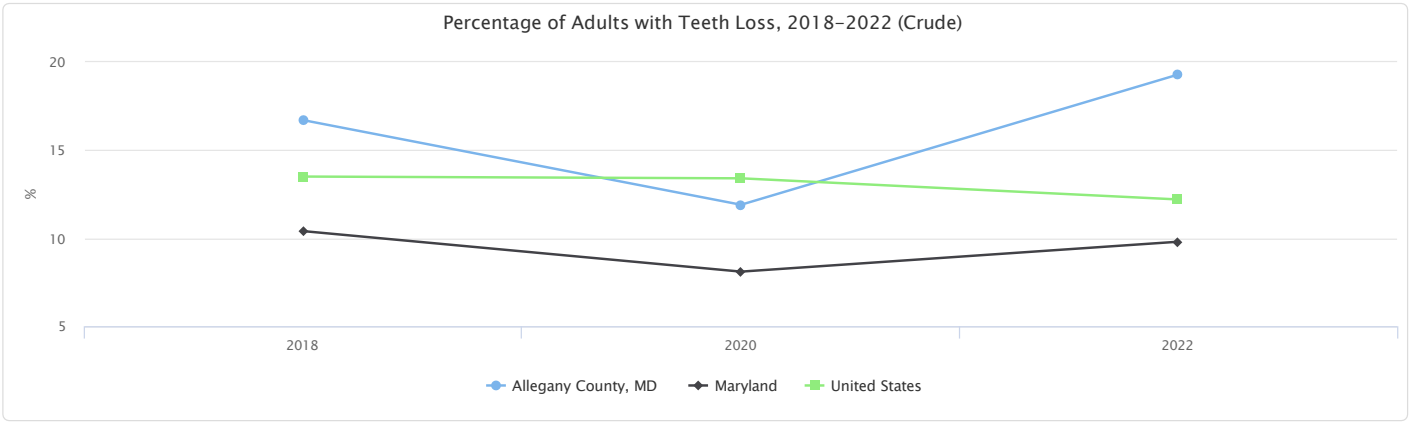
- Over 20.0%
- 16.1 - 20.0%
- 12.1 - 16.0%
- Under 12.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Teeth Loss, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 65+ who report having lost all of their natural teeth due to tooth decay or gum disease.

Report Area	2018	2020	2022
Allegany County, MD	16.7%	11.9%	19.3%
Maryland	10.4%	8.1%	9.8%
United States	13.5%	13.4%	12.2%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

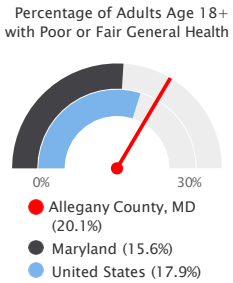


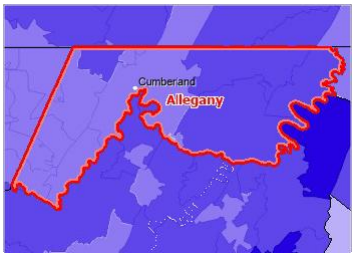
Poor or Fair Health

This indicator reports the number and percentage of adults age 18 and older who self-report their general health status as “fair” or “poor.” In this report area, the estimated prevalence of fair or poor health among adults aged 18 years and older was 20.1%.

Report Area	Total Population	Adults Age 18+ with Poor or Fair General Health (Crude)	Adults Age 18+ with Poor or Fair General Health (Age-Adjusted)
Allegany County, MD	67,267	**20.1%**	18.5%
Maryland	6,164,660	15.6%	14.9%
United States	333,287,557	17.9%	17.0%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .





View larger map

Poor or Fair Health, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

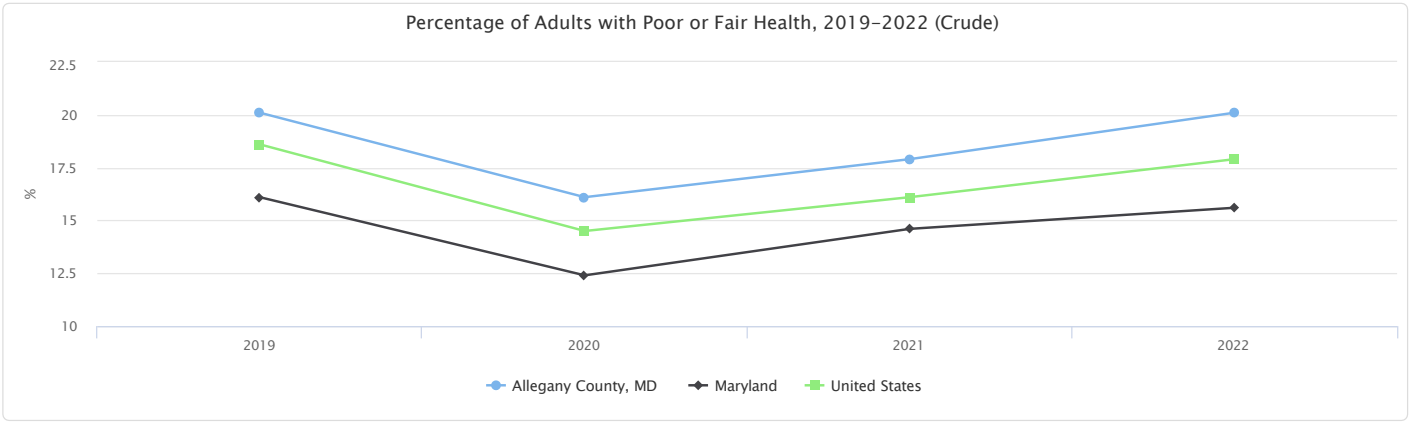
- Over 29.0%
- 22.1% - 29.0%
- 15.1% - 22.0%
- Under 15.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Poor or Fair Health, 2019-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who report having fair or poor general health.

Report Area	2019	2020	2021	2022
Allegany County, MD	20.1%	16.1%	17.9%	20.1%
Maryland	16.1%	12.4%	14.6%	15.6%
United States	18.6%	14.5%	16.1%	17.9%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



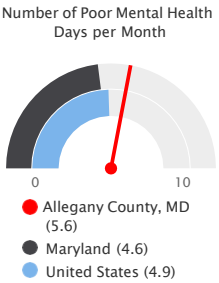
Poor Mental Health - Days

This indicator reports the average number of self-reported mentally unhealthy days in past 30 days among adults (age-adjusted to the 2000 standard). Data were from the 2021 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2024 County Health Rankings.

Of the 55,736 total adults in the report area, the average poor mental health days is 5.6 per month, which is greater than the state's monthly average of 4.6.

Report Area	Population Age 18+	Average Poor Mental Health Days per Month
Allegany County, MD	55,736	**5.6**
Maryland	9,637,093	4.6
United States	519,512,095	4.9

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2021.



View larger map

Poor Mental Health Days, Z-Score by County, County Health Rankings 2024

- Over 0.66 (Better)
- 0.11 - 0.66
- -0.32 - 0.10
- Under -0.32 (Worse)
- No Data or Data Suppressed
- Allegany County, MD

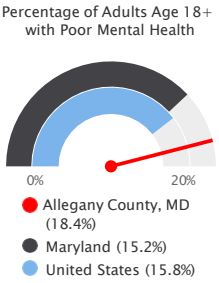
Poor Mental Health

This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

Within the report area, there were 18.4% of adults 18 and older who reported poor mental health in the past month of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ with Poor Mental Health (Crude)	Adults Age 18+ with Poor Mental Health (Age-Adjusted)
Allegany County, MD	67,267	**18.4%**	19.3%
Maryland	6,164,660	15.2%	15.9%
United States	333,287,557	15.8%	16.4%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



View larger map

Frequent Mental Distress, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

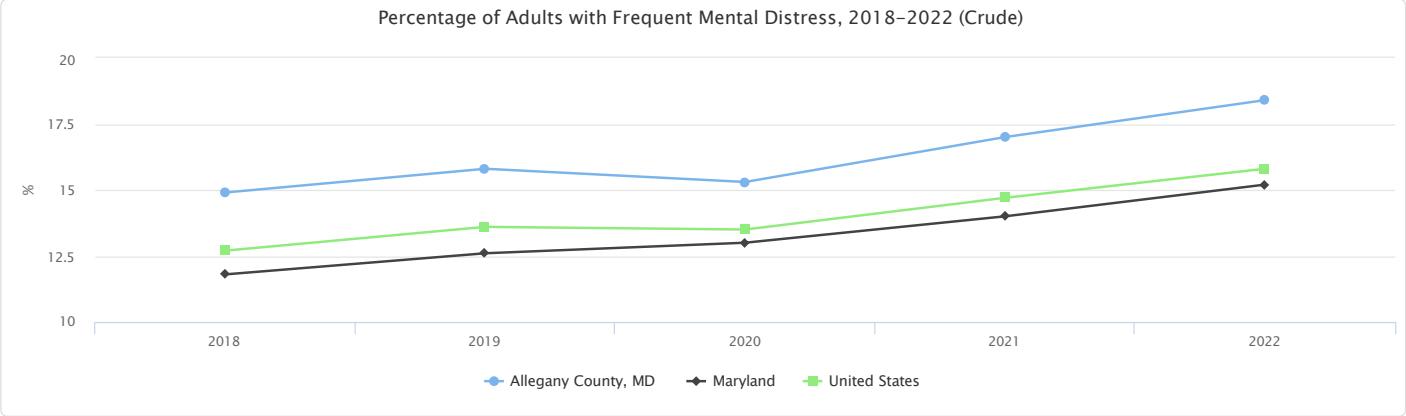
- Over 18.0%
- 16.1 - 18.0%
- 14.1 - 16.0%
- Under 14.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Frequent Mental Distress, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ whose report frequent mental distress.

Report Area	2018	2019	2020	2021	2022
Allegany County, MD	14.9%	15.8%	15.3%	17.0%	18.4%
Maryland	11.8%	12.6%	13.0%	14.0%	15.2%
United States	12.7%	13.6%	13.5%	14.7%	15.8%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



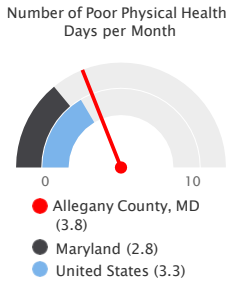
Poor Physical Health - Days

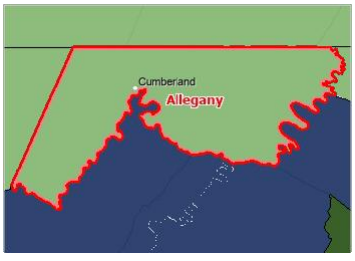
This indicator reports the average number of self-reported physically unhealthy days in past 30 days among adults. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Data were from the 2021 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2024 County Health Rankings.

Within the report area, there are a total of 3.8 average days of poor physical health days per month among adults 18 and older.

Report Area	Population Age 18+	Average Poor Physical Health Days per Month
Allegany County, MD	55,736	**3.8**
Maryland	4,818,437	2.8
United States	259,755,978	3.3

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2021.





View larger map

Poor Physical Health Days, Z-Score by County, County Health Rankings 2024

- Over 0.66 (Better)
- 0.11 - 0.66
- -0.32 - 0.10
- Under -0.32 (Worse)
- No Data or Data Suppressed
- Allegany County, MD

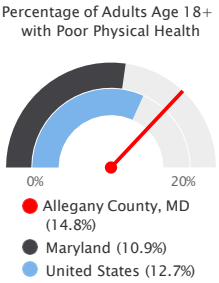
Poor Physical Health

This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their physical health was not good.

Within the report area, there were 14.8% of adults 18 and older who reported poor physical health in the past month of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ with Poor Physical Health (Crude)	Adults Age 18+ with Poor Physical Health (Age-Adjusted)
Allegany County, MD	67,267	**14.8%**	13.6%
Maryland	6,164,660	10.9%	10.4%
United States	333,287,557	12.7%	12.0%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



☐ View larger map

Poor Physical Health, Percent of Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

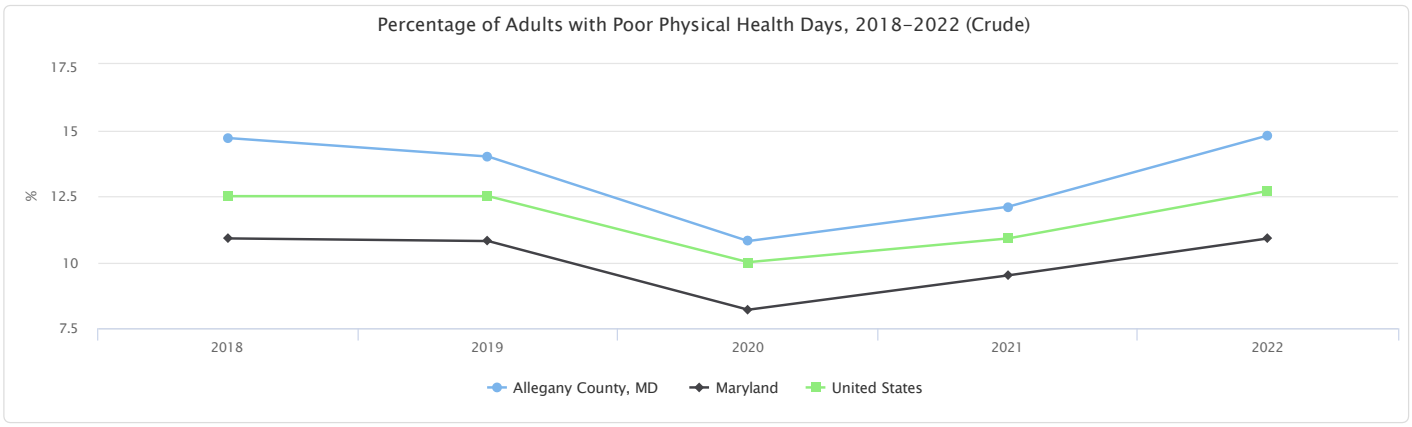
- Over 30.0%
- 25.1 - 30.0%
- 20.0 - 25.0%
- Under 20.0%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Poor Physical Health Days, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ whose report frequent physical distress.

Report Area	2018	2019	2020	2021	2022
Allegany County, MD	14.7%	14.0%	10.8%	12.1%	14.8%
Maryland	10.9%	10.8%	8.2%	9.5%	10.9%
United States	12.5%	12.5%	10.0%	10.9%	12.7%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



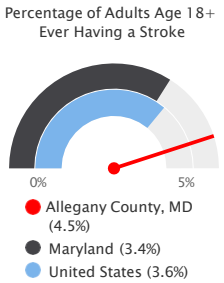
Stroke (Adult)

This indicator reports the number and percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke.

Within the report area, there were 4.5% of adults 18 and older who reported having a stroke of the total population age 18 and older.

Report Area	Total Population	Adults Age 18+ Ever Having a Stroke (Crude)	Adults Age 18+ Ever Having a Stroke (Age-Adjusted)
Allegany County, MD	67,267	**4.5%**	3.6%
Maryland	6,164,660	3.4%	3.0%
United States	333,287,557	3.6%	3.1%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .



View larger map

Stroke, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

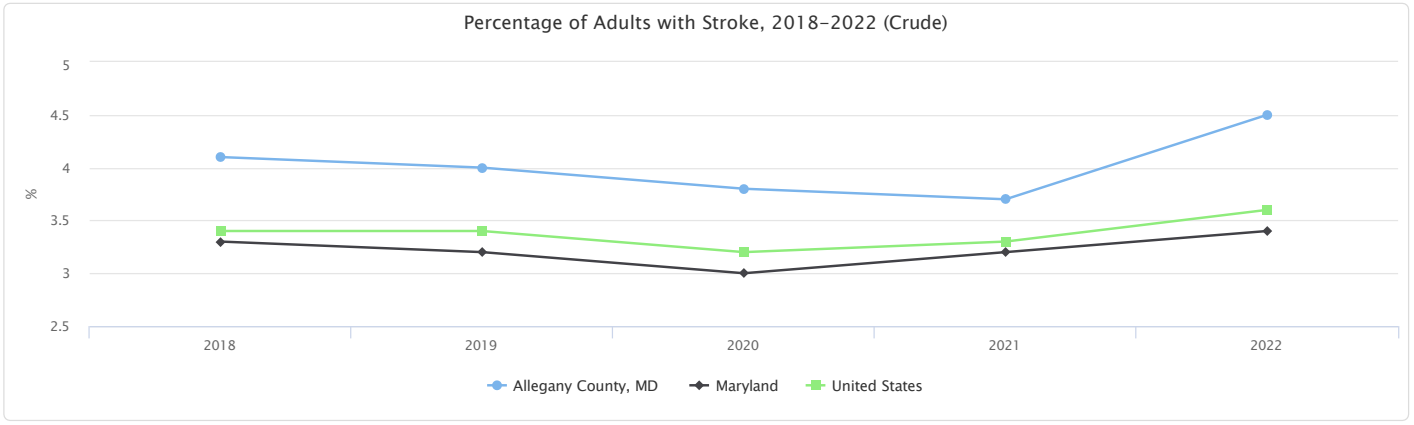
- Over 5.0%
- 4.1 - 5.0%
- 3.1 - 4.0%
- Under 3.1%
- No Data or Data Suppressed
- Allegany County, MD

Percentage of Adults with Stroke, 2018-2022 (Crude)

The table and chart below display annual trends in the percentage of adults age 18+ who have ever had a stroke.

Report Area	2018	2019	2020	2021	2022
Allegany County, MD	4.1%	4.0%	3.8%	3.7%	4.5%
Maryland	3.3%	3.2%	3.0%	3.2%	3.4%
United States	3.4%	3.4%	3.2%	3.3%	3.6%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .

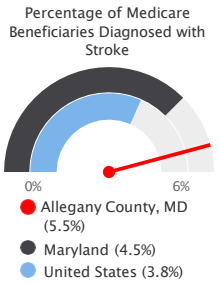


Stroke (Medicare Population)

This indicator reports the number and percentage of the Medicare Fee-for-Service population diagnosed with stroke. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program.

Within the report area, there are a total of 845 beneficiaries diagnosed with stroke. This represents a 5.5% of the survey population.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries Diagnosed with Stroke	Percent Diagnosed with Stroke
Allegany County, MD	15,412	845	5.5%
Maryland	768,522	34,530	4.5%
United States	33,499,472	1,261,758	3.8%



Note: This indicator is compared to the state average.
Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.

View larger map

Beneficiaries with Stroke, Percent by County, CMS 2018

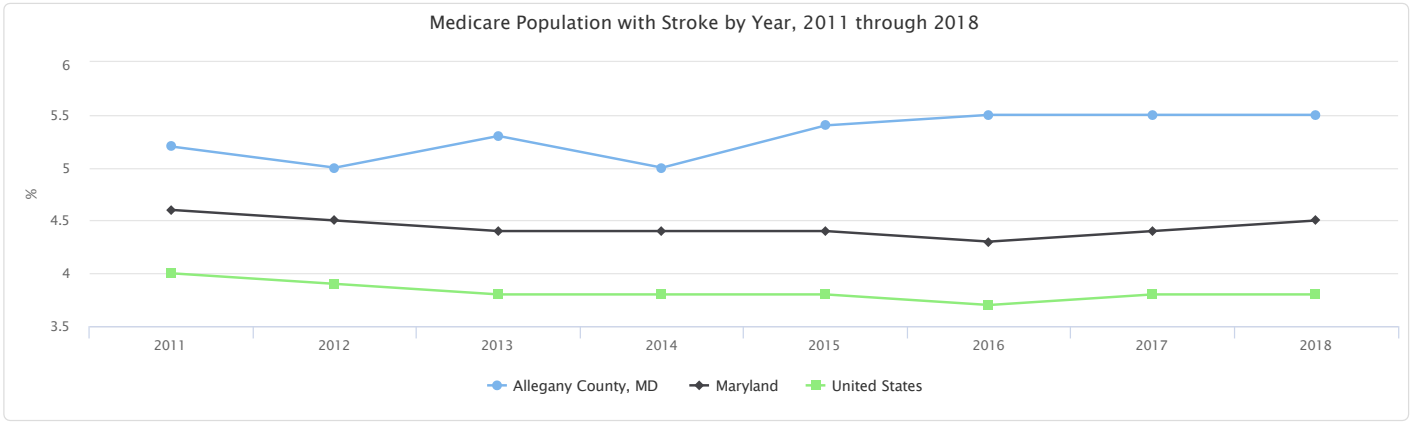
- Over 4.2%
- 3.6 - 4.2%
- 2.9 - 3.5%
- Under 2.9%
- No Data or Data Suppressed
- Allegany County, MD

Medicare Population with Stroke by Year, 2011 through 2018

This indicator reports the percentage of the Medicare Fee-for-Service population with stroke over time.

Report Area	2011	2012	2013	2014	2015	2016	2017	2018
Allegany County, MD	5.2%	5.0%	5.3%	5.0%	5.4%	5.5%	5.5%	5.5%
Maryland	4.6%	4.5%	4.4%	4.4%	4.4%	4.3%	4.4%	4.5%
United States	4.0%	3.9%	3.8%	3.8%	3.8%	3.7%	3.8%	3.8%

Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.

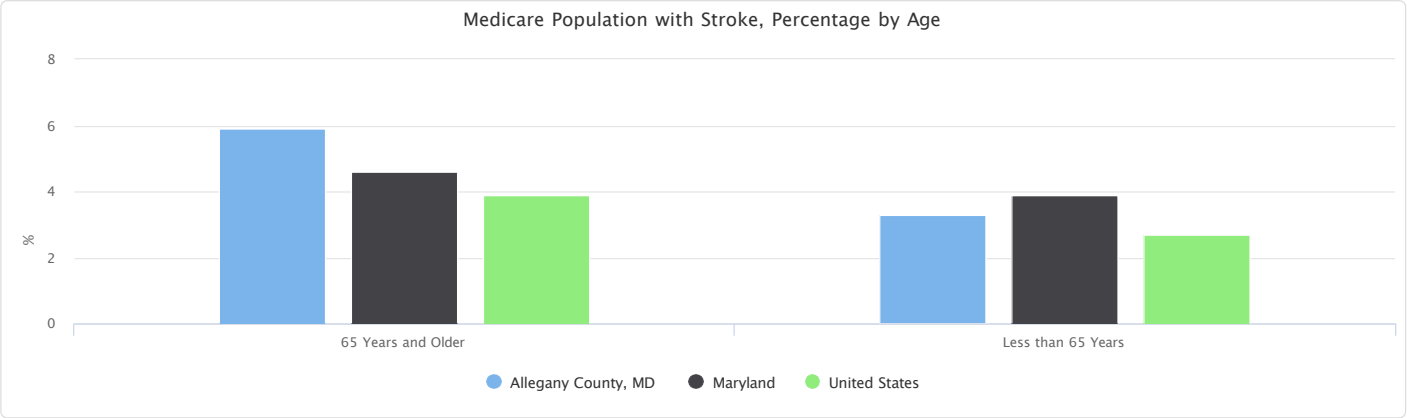


Medicare Population with Stroke, Percentage by Age

This indicator reports the prevalence of stroke among Medicare beneficiaries by age.
The percentage values could be interpreted as, for example, *"Of all the Medicare beneficiaries age 65 and older within the report area, the proportion diagnosed with stroke is (value)."*

Report Area	65 Years and Older	Less than 65 Years
Allegany County, MD	5.9%	3.3%
Maryland	4.6%	3.9%
United States	3.9%	2.7%

Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.



https://sparkmap.org, 11/20/2024

Community Health Needs Assessment

Location

Allegany County, MD

Special Topics - COVID-19

Indicators in this section are part of a series of rotating special topics. These indicators are publicly availble to all users to help inform response to current events.

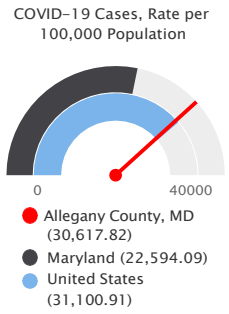
COVID-19 - Confirmed Cases

This indicator reports incidence rate of confirmed COVID-19 cases per 100,000 population. Data for this indicator reflect the total confirmed cases since the start of the COVID-19 pandemic until the dataset discontinuation in March, 2023. Data are obtained from the Johns Hopkins University data feed.

In the report area, there have been 21,731 total confirmed cases of COVID-19. The rate of confirmed cases is 30,617.82 per 100,000 population, which is greater than the state average of 22,594.09. Data are current as of 03/10/2023.

Report Area	Total Population	Total Confirmed Cases	Confirmed Cases, Rate per 100,000 Population	Last Update
Allegany County, MD	70,975	21,731	**30,617.82**	03/10/2023
Maryland	6,042,718	1,365,297	22,594.09	03/10/2023
United States	326,262,499	101,470,604	31,100.91	03/10/2023

Note: This indicator is compared to the state average.
Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022.



View larger map

COVID-19 Cases, Rate per 100,000 by County, Johns Hopkins 2022

- Over 35,000
- 30,000 - 35,000
- 28,000 - 29,999
- 25,000 - 27,999
- 22,000 - 24,999
- Under 22,000
- Allegany County, MD

COVID-19 Cases, Rate, Daily Trends

The chart below displays local, state, and national trends in the cumulative rate of laboratory confirmed COVID-19 cases per 100,000 total population.

COVID-19 Cases, Total, Daily Trends

The chart below displays local, state, and national trends in the cumulative number of laboratory confirmed COVID-19 cases. *Note: To view trends for a single locality, toggle "off" the state and national trend line by clicking on the legend icon below the graph*.

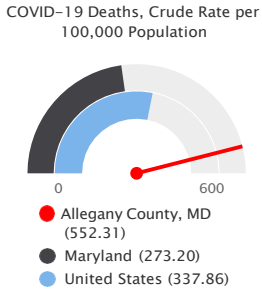
COVID-19 - Mortality

This indicator reports mortality rate from patients with confirmed COVID-19 disease per 100,000 population. Data for this indicator reflect the total deaths since the start of the COVID-19 pandemic until the dataset discontinuation in March, 2023. Data are obtained from the Johns Hopkins University data feed.

In the report area, there have been 392 total deaths among patients with confirmed cases of the coronavirus disease COVID-19. The mortality rate in the report area is 552.31 per 100,000 population, which is greater than the state average of 273.20. Data are current as of 03/10/2023.

Report Area	Total Population	Total Deaths	Deaths, Rate per 100,000 Population	Last Update
Allegany County, MD	70,975	392	**552.31**	03/10/2023
Maryland	6,042,718	16,509	273.20	03/10/2023
United States	326,262,499	1,102,319	337.86	03/10/2023

Note: This indicator is compared to the state average.
Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022.



View larger map

COVID-19 Deaths, Rate per 100,000 by County, Johns Hopkins 2022

- Over 450.0
- 350.1 - 450.0
- 300.1 - 350.0
- 250.1 - 300.0
- 150.1 - 250.0
- 0.1 - 150.0
- 0.0
- Allegany County, MD

COVID-19 Deaths, Rate, Daily Trends

The chart below displays local, state, and national trends in the cumulative rate of COVID-19 deaths per 100,000 total population.

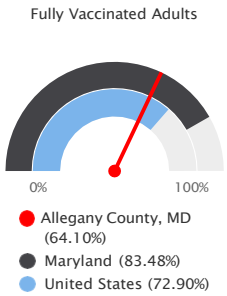
COVID-19 Deaths, Total, Daily Trends

The chart below displays local, state, and national trends in the cumulative number of deaths attributed to COVID-19. *Note: To view trends for a single locality, toggle "off" the state and national trend line by clicking on the legend icon below the graph*.

COVID-19 Fully Vaccinated Adults

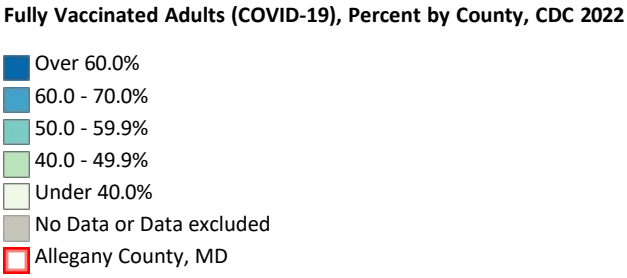
This indicator reports the percent of adults fully vaccinated for COVID-19. Data is updated daily from the CDC API. Vaccine hesitancy is the percent of the population estimated to be hesitant towards receiving a COVID-19 vaccine. The Vaccine Coverage Index is a score of how concerning vaccine rollout may be in some communities compared to others, with values ranging from 0 (least concerning) to 1 (most concerning).

Report Area	Percent of Adults Fully Vaccinated	Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	Vaccine Coverage Index	Last Update
Allegany County, MD	**64.10%**	9.96%	0.31	09/28/2022
Maryland	83.48%	6.79%	0.16	09/28/2022
United States	72.90%	10.33%	0.44	09/28/2022



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP. 2018-22.

View larger map



Social Distancing - Mobility Reports (Google)

The table below displays data from the Google mobility reports. These reports show how visits and length of stay at different places change compared to a baseline. The baseline is the *median* value, for the corresponding day of the week, during the 5-week period Jan 3–Feb 6, 2020. Google prepared this report to help you and public health officials understand responses to social-distancing guidance related to COVID-19.

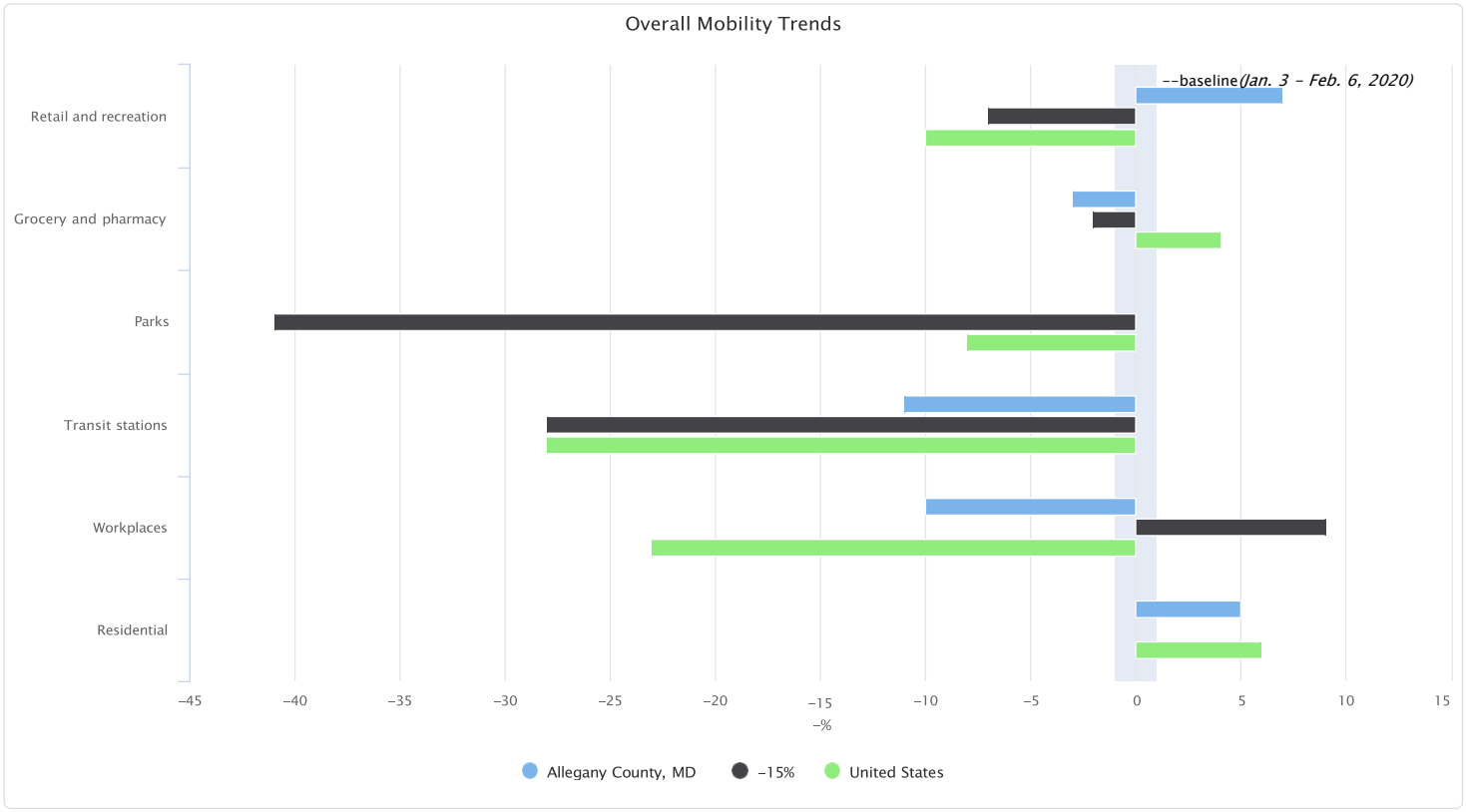
Within the report area, the number and length of visits to workplaces decreased by -10%, while trips to the grocery store or pharmacy decreased by -3%. This compares to the statewide totals of -28% trips to workplaces and -7% trips to grocery stores and pharmacies.

Report Area	Report Date	Retail and recreation	Grocery and pharmacy	Parks	Transit stations	Workplaces	Residential
Allegany County, MD	2/1/2022 12:00:00 AM	7%	-3%	No data	-11%	-10%	5%
Maryland	2/1/2022 12:00:00 AM	-15%	-7%	-2%	-41%	-28%	9%
United States	2/1/2022 12:00:00 AM	-10%	4%	-8%	-28%	-23%	6%

Data Source: Google Mobility Reports. Accessed via GitHub. Feb 01, 2022.

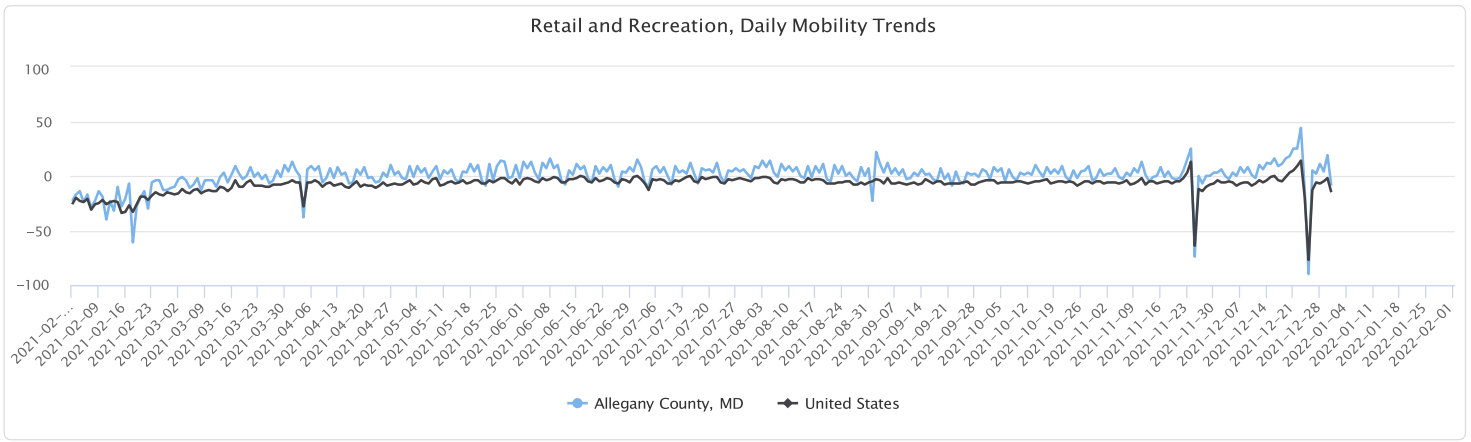
Overall Mobility Trends

The chart below displays the percentage change in mobility (time and frequency of visits) in the report area compared to the January 3 - February 6, 2020 baseline.



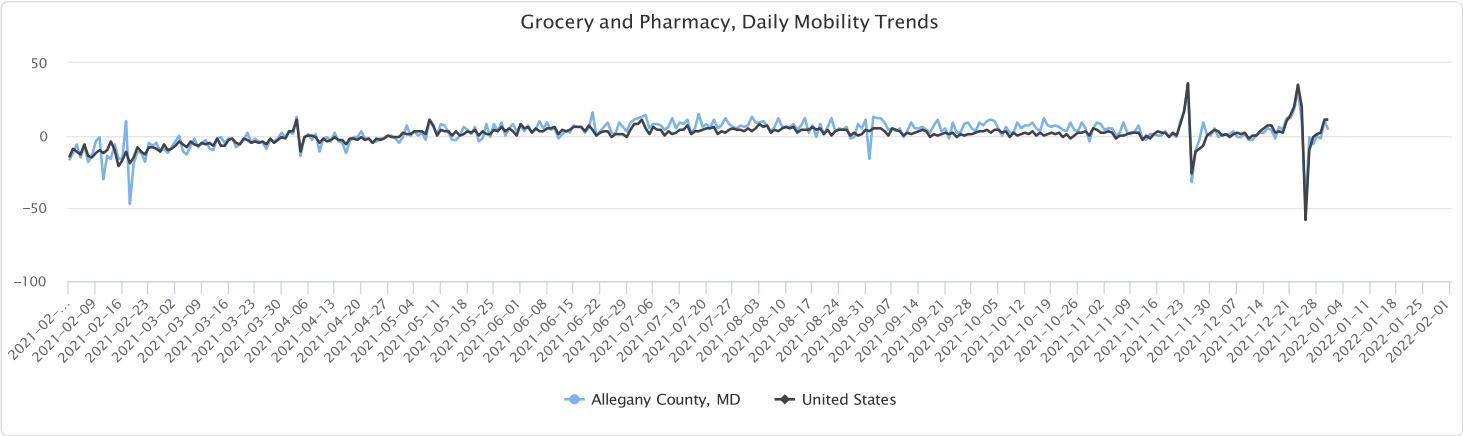
Retail and Recreation, Daily Mobility Trends

The chart below displays daily mobility trends for places like restaurants, cafes, shopping centers, theme parks, museums, libraries, and movie theaters.



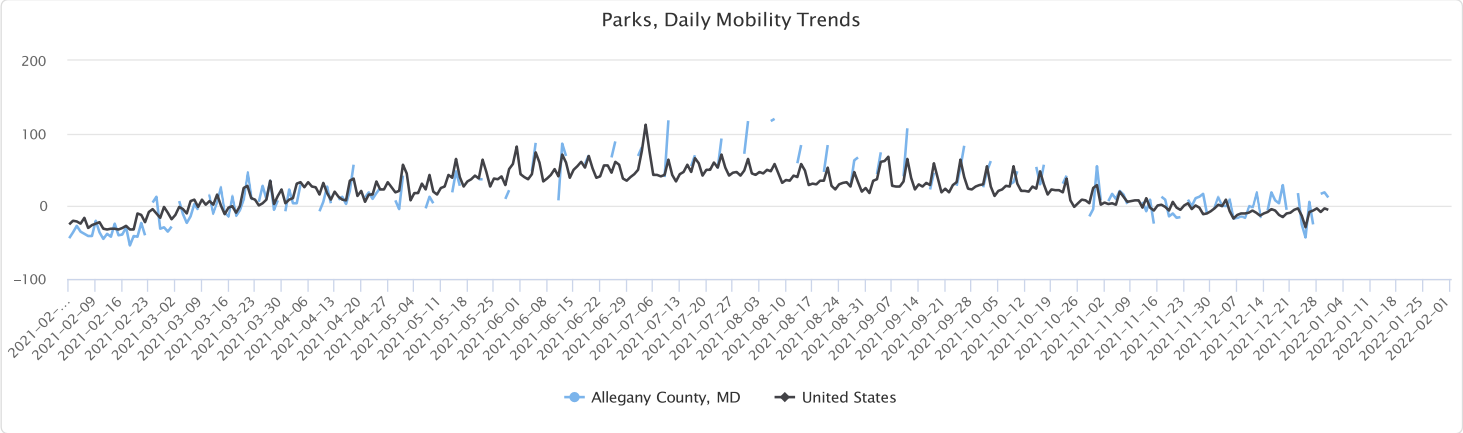
Grocery and Pharmacy, Daily Mobility Trends

The chart below displays daily mobility trends for places like grocery markets, food warehouses, farmers markets, specialty food shops, drug stores, and pharmacies.



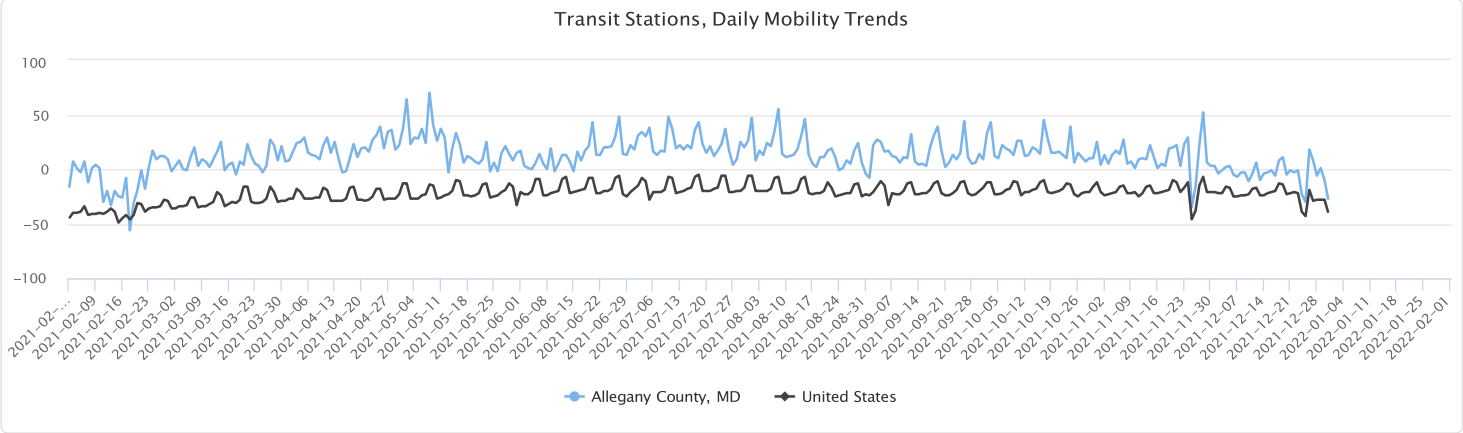
Parks, Daily Mobility Trends

The chart below displays daily mobility trends for places like national parks, public beaches, marinas, dog parks, plazas, and public gardens.



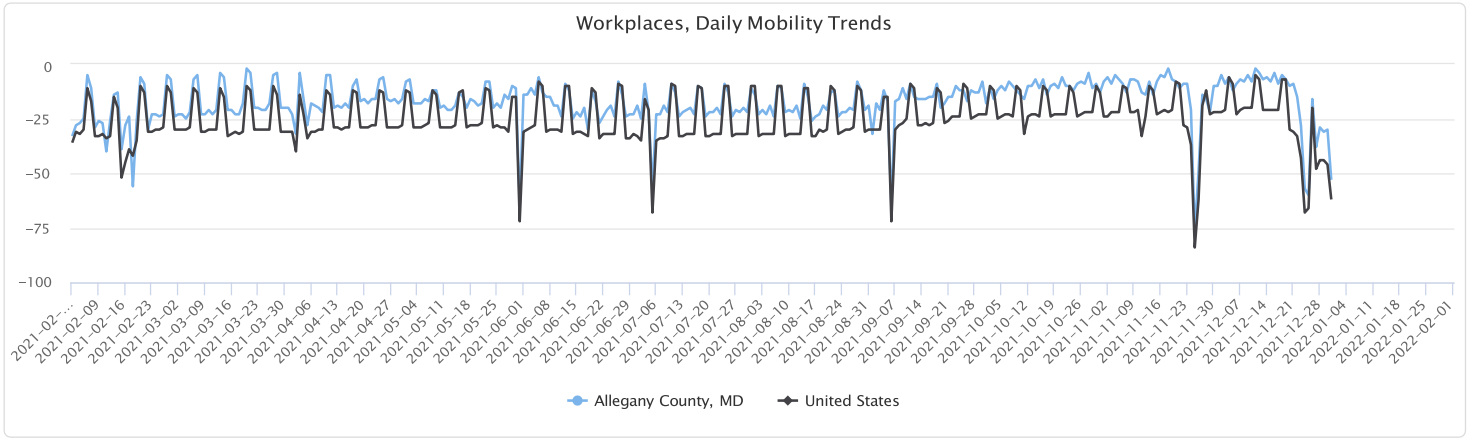
Transit Stations, Daily Mobility Trends

The chart below displays daily mobility trends for places like public transport hubs such as subway, bus, and train stations.



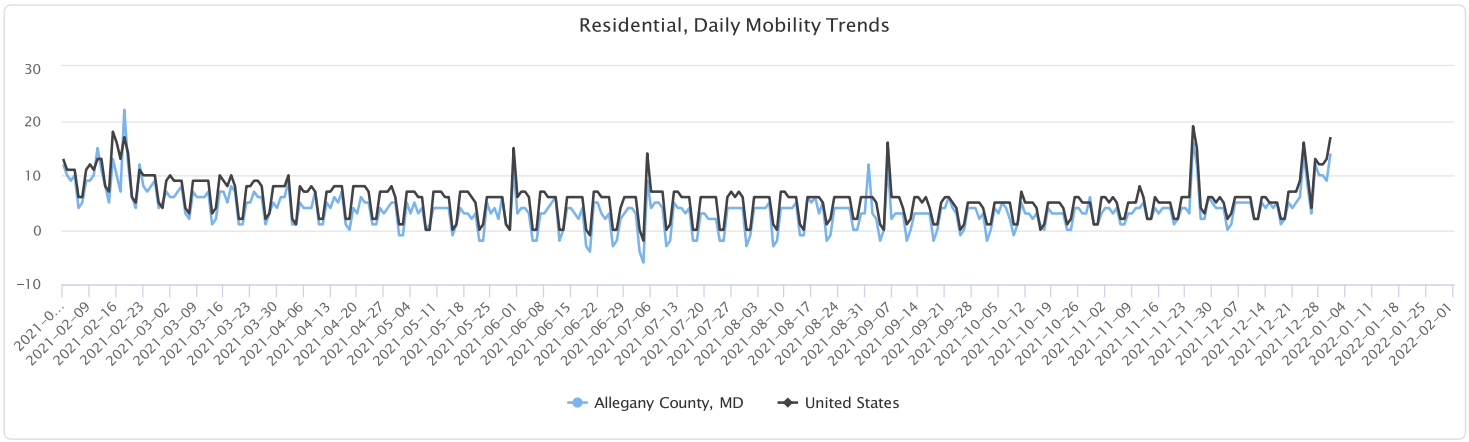
Workplaces, Daily Mobility Trends

The chart below displays daily mobility trends for places of work.



Residential, Daily Mobility Trends

The chart below displays daily mobility trends for places of residence.



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https://sparkmap.org, 11/20/2024

Community Health Needs Assessment - Source & Methodology

Demographics

Total Population

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Population density is a measurement of persons per square mile. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Total Population (Census 2020)

Data Background

The U.S. Census counts every resident in the United States. It is mandated by Article I, Section 2 of the Constitution and takes place every 10 years. The census collects information about the age, sex, race, and ethnicity of every person in the United States. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and is also used to distribute billions in federal funds to local communities. For more information about this source, refer to the United States Census 2020 website.

Methodology

Population and land area data are from the U.S. Census Bureau Decennial Census 2020. Mapped data are summarized to 2020 census tract boundaries. Population density is calculated using the following formula:

Population Density = [Total Population] / [Total Land Area]

For more information on this metric, please see the Census subject definition of population density.

Notes

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories in the US Decennial Census based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the 2020 Census are: White, Black or African American, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, and Some Other Race. A Census survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races”. The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity.

Total Population Change, 2010 - 2020

Data Background

The U.S. Census counts every resident in the United States. It is mandated by Article I, Section 2 of the Constitution and takes place every 10 years. The census collects information about the age, sex, race, and ethnicity of every person in the United States. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and is also used to distribute billions in federal funds to local communities. For more information about this source, refer to the United States Census 2020 website.

Methodology

Population data for years 2010 and 2020 from the U.S. Census Bureau Decennial Census. Mapped data are summarized to 2020 census tract boundaries. Population change is calculated using the following formula:

Total Change = [Total Population 2020] - [Total Population 2010]
Rate Change = (([Total Population 2020] - [Total Population 2010]) / [Total Population 2010]) * 100

Total Population Change, 2000 - 2010

Data Background

The U.S. Census counts every resident in the United States. It is mandated by Article I, Section 2 of the Constitution and takes place every 10 years. The census collects information about the age, sex, race, and ethnicity of every person in the United States. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and is also used to distribute billions in federal funds to local communities. For more information about this source, refer to the United States Census 2020 website.

Methodology

Population data for years 2000 and 2010 from the U.S. Census Bureau Decennial Census. Mapped data are summarized to 2010 census tract boundaries. Population change is calculated using the following formula:

Total Change = [Total Population 2010] - [Total Population 2000]
Rate Change = (([Total Population 2010] - [Total Population 2000]) / [Total Population 2000]) * 100

Notes

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories in the US Decennial Census based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the 2020 Census are: White, Black or African American, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, and Some Other Race. A Census survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races”. The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity.

Urban and Rural Population (2020) - Rural

Data Background

The U.S. Census counts every resident in the United States. It is mandated by Article I, Section 2 of the Constitution and takes place every 10 years. The census collects information about the age, sex, race, and ethnicity of every person in the United States. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and is also used to distribute billions in federal funds to local communities. For more information about this source, refer to the United States Census 2020 website.

Methodology

Data are from the US 2020 Decennial Census, which provides urban and rural attributes for all geographic areas. By the 2020 Census definition, urban areas are comprised of a densely settled core of census blocks that meet minimum housing unit density requirements, along with adjacent territory containing non-residential urban land uses as well as territory with low population density included to link outlying densely settled territory with the densely settled core. The Census Bureau identifies urban areas in 2020 Census as: containing at least 2,000 housing units or having a population of at least 5,000, not distinguished as either an “urbanized area” or an “urban cluster.” A census block containing an institutional group quarter may be added to an urban area if it has a block-level density of 500 people per square mile.
“Rural” encompasses all population, housing, and territory not included within any urban area. Geographic entities, such as metropolitan areas, counties, minor civil divisions, places, and census tracts, often contain both urban and rural territory, population, and housing units. Indicator data tables display the percentage of population in areas designated either urban or rural based on the following formula:

Percentage = [Urban or Rural Population] / [Total Population] * 100

For more information, please visit the US Census Bureau's 2020 Urban and Rural Classification web page.

Notes

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories in the US Decennial Census based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the 2020 Census are: White, Black or African American, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, and Some Other Race. A Census survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races”. The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity.

Urban and Rural Population (2020) - Urban

Data Background

The U.S. Census counts every resident in the United States. It is mandated by Article I, Section 2 of the Constitution and takes place every 10 years. The census collects information about the age, sex, race, and ethnicity of every person in the United States. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and is also used to distribute billions in federal funds to local communities. For more information about this source, refer to the United States Census 2020 website.

Methodology

Data are from the US 2020 Decennial Census, which provides urban and rural attributes for all geographic areas. By the 2020 Census definition, urban areas are comprised of a densely settled core of census blocks that meet minimum housing unit density requirements, along with adjacent territory containing non-residential urban land uses as well as territory with low population density included to link outlying densely settled territory with the densely settled core. The Census Bureau identifies urban areas in 2020 Census as: containing at least 2,000 housing units or having a population of at least 5,000, not distinguished as either an “urbanized area” or an “urban cluster.” A census block containing an institutional group quarter may be added to an urban area if it has a block-level density of 500 people per square mile.
“Rural” encompasses all population, housing, and territory not included within any urban area. Geographic entities, such as metropolitan areas, counties, minor civil divisions, places, and census tracts, often contain both urban and rural territory, population, and housing units. Indicator data tables display the percentage of population in areas designated either urban or rural based on the following formula:

Percentage = [Urban or Rural Population] / [Total Population] * 100

For more information, please visit the US Census Bureau's 2020 Urban and Rural Classification web page.

Notes

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories in the US Decennial Census based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the 2020 Census are: White, Black or African American, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, and Some Other Race. A Census survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races”. The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity.

Urban and Rural Population (Incorporated) (Census 2020)

Data Background

The U.S. Census counts every resident in the United States. It is mandated by Article I, Section 2 of the Constitution and takes place every 10 years. The census collects information about the age, sex, race, and ethnicity of every person in the United States. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and is also used to distribute billions in federal funds to local communities. For more information about this source, refer to the United States Census 2020 website.

Group Quarters Population

Data Background

The U.S. Census counts every resident in the United States. It is mandated by Article I, Section 2 of the Constitution and takes place every 10 years. The census collects information about the age, sex, race, and ethnicity of every person in the United States. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and is also used to distribute billions in federal funds to local communities. For more information about

this source, refer to the United States Census 2020 website.

Median Age

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Median age data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. The median divides the age distribution into two equal parts: one-half of the cases falling below the median income and one-half above the median. Due to the nature of medians, report areas based on multiple counties or custom areas will return "no data".

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Female Population

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million

addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Male Population

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with

them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Population Under Age 18

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Population Age 0-4

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to

2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Population Age 5-17

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Population Age 18-64

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

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

Population Age 18-24

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Data Limitations

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

Population Age 25-34

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Population Age 35-44

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Population Age 45-54

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather

than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Population Age 55-64

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically

different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Population Age 65+

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Population with Any Disability

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Disability status is classified in the ACS according to yes/no responses to questions (17 - 19) about six types of disability concepts. For children under 5 years old, hearing and vision difficulty are used to determine disability status. For children between the ages of 5 and 14, disability status is determined from hearing, vision, cognitive,

ambulatory, and self-care difficulties. For people aged 15 years and older, they are considered to have a disability if they have difficulty with any one of the six difficulty types. Indicator statistics are measured as a percentage of the total universe (non-institutionalized) population using the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Children with Disability / Limited Ability

Data Background

The National Survey of Children’s Health (NSCH), funded and directed by the Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB), is designed to provide annual national and state-level information on the health and well-being of children ages 0-17 years in the United States. The U.S. Census Bureau administers the survey, oversees the sampling, and produces a final data set of survey results. HRSA’s Maternal and Child Health Bureau (MCHB) develops survey content in collaboration with the U.S. Census Bureau and a Technical Expert Panel. The Technical Expert Panel consists of experts in survey methodology and children’s health, federal and state stakeholders, clinicians and researchers. In 2016, the NSCH underwent a significant redesign which combined content from both the NSCH and the National Survey of Children with Special Health Care Needs (NS-CSHCN). Further information on that redesign can be found in "The Design and Implementation of the 2016 National Survey of Children’s Health". The NSCH is conducted as a household survey, and one child per household is selected to be the subject for the detailed age-specific questionnaire. The respondent to this questionnaire is a parent or guardian who is living in the home and has knowledge of the sampled child. Survey participants complete either web-based or self-administered paper-and-pencil questionnaires. Data from the NSCH is used for scientific research, federal policy and program development, and state-level planning and performance reporting. Information is collected on factors related to the health and well-being of children, including access to and utilization of health care, receipt of care in a medical home, systems of care for CSHCN, family interactions, parental health, school and after-school experiences, and neighborhood characteristics. More information about the survey can be found in the “About the National Survey of Children's Health” and HRSA’s MCHB website.

Methodology

Percentages of children age 0-17 (in total and by race/ethnicity) unable to do things other children can do as a result of health conditions are calculated based on data from the 2022 National Survey of Children’s Health (NSCH). The variables selected according to the definition are SC_K2Q16 (SC Limited Ability) and SC_K2Q17 (SC Limited Ability from Health Conditions) based on the screener questionnaire question 9 (part 1 and 2). The numerator is all responding "Yes" to SC_K2Q17 while the denominmator is all responders of the 2022 NSCH (including the missing ones or legitimate skip for the part 2 question). Sub-groups with a sample size less than 30 are suppressed from data presentation. For more information on the data reported in the 2022 NSCH, please see the 2022 NSCH Data Users FAQs or visit the Census Bureau's NSCH

Datasets Page.

Notes

Race and Ethnicity
Race and ethnicity are reported separately in the National Survey of Children's Health. Data are based on respondent self-report and include the following choices: White alone, Black or African American alone, American Indian or Alaska Native alone, Asian alone, Native Hawaiian and Other Pacific Islander alone, and Two or More Races. The two ethnicity categories are Hispanic or Latino origin and Not Hispanic or Latino Origin. Self-reported data are recoded by NSCH analysts to a three-option category with the following options: White alone, Black or African American alone, and Other. Data for this indicator are reported by recoded race alone to avoid data suppression in small population groups.

Population in Limited English Households

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts for population by language proficiency and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Persons are considered to have limited English proficiency they indicated that they spoke a language other than English, and if they spoke English less than "very well". Persons are considered to live in linguistically isolated households if no one aged 14 and over in the households speaks English only or speaks a language other than English at home and speaks English "very well" Area demographic statistics are measured as a percentage of the total population aged 5+ based on the following formula:

Percentage = [Linguistically Isolated Population] / [Total Population in Households] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

white non-Hispanic population.

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the language universe (for example, people living in group homes or those living in agriculture workers' dormitories) may have different levels of English proficiency than the general population. Direct comparisons of the data would likely result in erroneous conclusions about the English language proficiency of all people living in the area.

Population with Limited English Proficiency

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts for population by language proficiency and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Persons are considered to have limited English proficiency if they indicated that they spoke a language other than English, and if they spoke English less than "very well". Persons are considered to live in linguistically isolated households if no one in the household over age 14 speaks English "very well". Area demographic statistics are measured as a percentage of the total population aged 5+ based on the following formula:

Percentage = [Subgroup Population] / [Total Population Age 5+] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the language universe (for example, people living in group homes or those living in agriculture workers'

dormitories) may have different levels of English proficiency than the general population. Direct comparisons of the data would likely result in erroneous conclusions about the English language proficiency of all people living in the area.

Language Spoken at Home

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Population Geographic Mobility

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population using the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the specific data elements reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Foreign-Born Population

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Hispanic Population

Data Background

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

Race and Ethnicity

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Data Limitations

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

Non-Hispanic White Population

Data Background

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addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

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Methodology

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Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Black or African American Population

Data Background

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Methodology

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Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Native American / Alaska Native Population

Data Background

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Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

People of Color (Not Non-Hispanic White)

Data Background

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Methodology

Population counts for demographic groups and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to

2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Citizenship Status

Data Background

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Veteran Population

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are displayed using 2022 census tract boundaries. Veteran status is classified in the ACS according to yes/no responses to questions 27 and 28. ACS data define civilian veteran as a person 18 years old and over who served (even for a short time), but is not now serving on active duty in the U.S. Army, Navy, Air Force, Marine Corps or Coast Guard, or who served as a Merchant Marine seaman during World War II. Individuals who served in the National Guard or Reserves but were not ever called or ordered to active duty are not considered veterans in the ACS. Indicator statistics are measured as a percentage of the population aged 18 years and older using the following formula:

Percentage = [Veteran Population] / [Total Population Age 18+] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Trends Over Time
Trends over time are produced using single-year data from the American Community Survey. Single-year data are only

available for geographic regions with 100,000 population or more. Because many counties have less than 100,000 population, data are reported for the total United States, states, and Public Use Microdata Area (PUMA) regions. Starting in 2012, PUMA boundaries for many areas changed. To accommodate this change, single-year data for survey years prior to 2012 are disaggregated to the county level using population weighted proportions, and then re-summarized to current PUMA boundaries.

Single-year time trend estimates should not be compared to 5-year aggregate estimates.

Migration Patterns - Total Population (2012-2022)

Data Background

The Internal Revenue Service (IRS) produces numerous studies which provide statistics on income, deductions, tax, and credits reported on individual Form 1040 income tax returns. Individual tax statistics are publicly available through the Internal Revenue Service (IRS) SOI Tax Statistics web page.

Methodology

The Earned Income Tax Credit Series documents the role of the EITC and other provisions in the tax code increasingly play in delivering support to low-income workers and their families, and explores the impact of proposed changes to these policies on low-income taxpayers and their communities. Data was downloaded and processed through the SOI Tax Stats County Data tool, which provides users with access to IRS data on federal individual income tax filers.
Please see County Income Data users Guide and Record layouts for a detailed breakdown describing how data are collected and what is available.

Migration Patterns - Total Population (2010-2000)

Data Background

The University of Wisconsin's Net Migration Patterns for US Counties dataset include estimates of net migration for US counties by five-year age group, sex, and race each decade from the 1950s through the first decade of the 2000s. Net migration is the balance of in-migrants minus out-migrants, including in-migrants and out-migrants from outside of the United States. For complete source information and methodology, please visit theNet Migration Patterns for US Counties Data and Methods web page.

Migration Patterns - Young Adult (2010-2020)

Data Background

The University of Wisconsin's Net Migration Patterns for US Counties dataset include estimates of net migration for US counties by five-year age group, sex, and race each decade from the 1950s through the first decade of the 2000s. Net migration is the balance of in-migrants minus out-migrants, including in-migrants and out-migrants from outside of the United States. For complete source information and methodology, please visit theNet Migration Patterns for US Counties Data and Methods web page.

Population Living in Native American Lands

Data Background

The U.S. Census counts every resident in the United States. It is mandated by Article I, Section 2 of the Constitution and takes place every 10 years. The census collects information about the age, sex, race, and ethnicity of every person in the United States. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and is also used to distribute billions in federal funds to local communities. For more information about this source, refer to the United States Census 2020 website.

Methodology

The boundary data are from the 2020 TIGER/Line Shapefiles - American Indian, Alaska Native, Native Hawaiian (AIANNH) Area National Shapefile. This shapefile contains both legal and statistical AIANNH entities for which the Census Bureau publishes data. The legal entities consist of federally recognized AIR and ORTL areas, state-recognized AIRs and Hawaiian Home Lands (HHLs). The statistical entities displayed in these shapefiles are Alaska Native Village Statistical Areas (ANVSAs), Oklahoma Tribal Statistical Areas (OTSAs), Tribal Designated Statistical Areas (TDSAs), and State Designated Tribal Statistical Areas (SDTSAs). The population data are from the 2020 Decennial Census block population. CARES aggregate the block-level data to other geograohic levels. Indicator data tables display the percentage of population in areas designated as tribal or native lands based on the following formula:

Percentage = [Population Living in Tribal/Native American Lands] / [Total Population] * 100

For more information, please visit the US Census Bureau's TIGER/Line Shapefiles and Documentation web page.

National Origin

Data Background

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Income and Economics

Commuter Travel Patterns - Driving Alone to Work

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Data are tabulated for workers 16 years old and over (members of the Armed Forces and civilians) who were at work during the reference week. Means of transportation to work refers to the principal mode of travel or type of conveyance that the worker usually used to get from home to work during the reference week. People who used different means of transportation on different days of the week were asked to specify the one they used most often, that is, the greatest number of days. People who used more than one means of transportation to get to work each day were asked to report the one used for the longest distance during the work trip. Travel time to work refers to the total number of minutes that it usually took the worker to get from home to work during the reference week. Area statistics are measured as a percentage of the total working population using the following formula:

Percentage = [Subgroup Population] / [Working Population] * 100

For more information on the specific data elements reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Commuter Travel Patterns - Long Commute

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Data are tabulated for workers 16 years old and over (members of the Armed Forces and civilians) who were at work during the reference week. Means of transportation to work refers to the principal mode of travel or type of conveyance that the worker usually used to get from home to work during the reference week. People who used different means of transportation on different days of the week were asked to specify the one they used most often, that is, the greatest number of days. People who used more than one means of transportation to get to work each day were asked to report the one used for the longest distance during the work trip. Travel time to work refers to the total number of minutes that it usually took the worker to get from home to work during the reference week. Area statistics are measured as a percentage of the total working population using the following formula:

Percentage = [Subgroup Population] / [Working Population] * 100

For more information on the specific data elements reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Commuter Travel Patterns - Overview

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population using the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the specific data elements reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Commuter Travel Patterns - Overview 2

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population using the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the specific data elements reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Commuter Travel Patterns - Public Transportation

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Data are tabulated for workers 16 years old and over (members of the Armed Forces and civilians) who were at work during the reference week. Means of transportation to work refers to the principal mode of travel or type of conveyance that the worker usually used to get from home to work during the reference week. People who used different means of transportation on different days of the week were asked to specify the one they used most often, that is, the greatest number of days. People who used more than one means of transportation to get to work each day were asked to report the one used for the longest distance during the work trip. Travel time to work refers to the total number of minutes that it usually took the worker to get from home to work during the reference week. Area statistics are measured as a percentage of the total working population using the following formula:

Percentage = [Subgroup Population] / [Working Population] * 100

For more information on the specific data elements reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Commuter Travel Patterns - Walking or Biking

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Data are tabulated for workers 16 years old and over (members of the Armed Forces and civilians) who were at work during the reference week. Means of transportation to work refers to the principal mode of

travel or type of conveyance that the worker usually used to get from home to work during the reference week. People who used different means of transportation on different days of the week were asked to specify the one they used most often, that is, the greatest number of days. People who used more than one means of transportation to get to work each day were asked to report the one used for the longest distance during the work trip. Travel time to work refers to the total number of minutes that it usually took the worker to get from home to work during the reference week. Area statistics are measured as a percentage of the total working population using the following formula:

Percentage = [Subgroup Population] / [Working Population] * 100

For more information on the specific data elements reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Employment - Business Creation

Data Background

The Business Dynamics Statistics (BDS) tracks changes in the business environment over time, providing annual measures of establishment openings and closings, firm startups and shutdowns, and job creation and destruction. These measures are available for the entire economy, and by industrial sector, 3-digit and 4-digit NAICS, state, MSA, and county. They are also available by firm and establishment size and age. The BDS is created from the Longitudinal Business Database (LBD), a confidential database available to qualified researchers through secure Federal Statistical Research Data Centers. The use of the LBD as its source data permits tracking establishments and firms over time.

For more information, please see the Census Bureau's Business Dynamics Survey (BDS) web page.

Methodology

These data include number of establishments and corresponding employment change for births, deaths, expansions, and contractions in the latest year. The data are presented by geographic area, industry, and enterprise employment. Previously, data on establishment and employment change was available from the Census Bureau's Statistics of US Businesses (SUSB). Beginning with data for the year 2019, these data are now available through the Business Dynamics Statistics (BDS).

Employment - Employment Change

Data Background

The Business Dynamics Statistics (BDS) tracks changes in the business environment over time, providing annual measures of establishment openings and closings, firm startups and shutdowns, and job creation and destruction. These measures are available for the entire economy, and by industrial sector, 3-digit and 4-digit NAICS, state, MSA, and county. They are also available by firm and establishment size and age. The BDS is created from the Longitudinal Business Database (LBD), a confidential database available to qualified researchers through secure Federal Statistical Research Data Centers. The use of the LBD as its source data permits tracking establishments and firms over time.

For more information, please see the Census Bureau's Business Dynamics Survey (BDS) web page.

Methodology

These data include number of establishments and corresponding employment change for births, deaths, expansions, and contractions in the latest year. The data are presented by geographic area, industry, and enterprise employment. Previously, data on establishment and employment change was available from the Census Bureau's Statistics of US Businesses (SUSB). Beginning with data for the year 2019, these data are now available through the Business Dynamics Statistics (BDS).

Employment - Job Sectors, Largest

Data Background

The Bureau of Economic Analysis is an agency of the Department of Commerce. BEA produces economic accounts statistics that enable government and business decision-makers, researchers, and the American public to follow and understand the performance of the Nation's economy. To do this, BEA collects source data, conducts research and analysis, develops and implements estimation methodologies, and disseminates statistics to the public.

Methodology

Data are downloaded and processed from the Regional Economic Accounts page, using the Local Area Personal Income & Employment download tool. The last update for this dataset was to show new estimates for 2022.

Employment - Class of Worker

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of workers by class are acquired from the U.S. Census Bureau’s American Community Survey. Class of worker categorizes workers according to the type of ownership of the employing organization. This variable identifies whether the respondent is self-employed, works in the private sector, or in government. The class of worker category is, in most cases, independent of industry and occupation. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries.
For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations have class

of worker distributions that are different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the class of worker distribution in some geographic areas with a substantial GQ population.

Employment - Jobs and Earnings by Sector

Data Background

The Bureau of Economic Analysis is an agency of the Department of Commerce. BEA produces economic accounts statistics that enable government and business decision-makers, researchers, and the American public to follow and understand the performance of the Nation's economy. To do this, BEA collects source data, conducts research and analysis, develops and implements estimation methodologies, and disseminates statistics to the public.

Methodology

Data are downloaded and processed from the Regional Economic Accounts page, using the Local Area Personal Income & Employment download tool. The last update for this dataset was to show new estimates for 2022.

Employment - Average Hours Worked

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Mean usual hours worked per week in the past 12 months data are acquired from the U.S. Census Bureau’s American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mean usual hours worked is the number obtained by dividing the aggregate number of hours worked each week of a particular universe by the number of people in that universe.

This indicator cannot be re-summarized or re-calculated to aggregate county-level report areas, or to user-defined geographic boundaries.

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Employment - Job Sectors, Highest Earnings

Data Background

The Bureau of Economic Analysis is an agency of the Department of Commerce. BEA produces economic accounts statistics that enable government and business decision-makers, researchers, and the American public to follow and understand the performance of the Nation's economy. To do this, BEA collects source data, conducts research and analysis, develops and implements estimation methodologies, and disseminates statistics to the public.

Methodology

Data are downloaded and processed from the Regional Economic Accounts page, using the Local Area Personal Income & Employment download tool. The last update for this dataset was to show new estimates for 2022.

Employment - Labor Force Participation Rate

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts for population in labor force 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population aged 16+ based on the following formula:

Percentage = [Population in Labor Force] / [Total Population Age 16 and up] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Employment - Unemployment Rate

Data Background

The Bureau of Labor Statistics (BLS) is the principal Federal agency responsible for measuring labor market activity, working conditions, and price changes in the economy. Its mission is to collect, analyze, and disseminate essential economic information to support public and private decision-making. As an independent statistical agency, BLS serves its diverse user communities by providing products and services that are objective, timely, accurate, and relevant.

Methodology

Unemployment statistics are downloaded from the US Bureau of Labor Statistics (BLS) Local Area Unemployment Statistics (LAUS) database. The LAUS is dataset consists of modelled unemployment estimates. It is described by the BLS as follows:

The concepts and definitions underlying LAUS data come from the Current Population Survey (CPS), the household survey that is the official measure of the labor force for the nation. State monthly model estimates are controlled in "real time" to sum to national monthly labor force estimates from the CPS. These models combine current and historical data from the CPS, the Current Employment Statistics (CES) program, and State unemployment insurance (UI) systems. Estimates for seven large areas and their respective balances of State are also model-based. Estimates for the remainder of the sub-state labor market areas are produced through a building-block approach known as the "Handbook method." This procedure also uses data from several sources, including the CPS, the CES program, State UI systems, and the decennial census, to create estimates that are adjusted to the statewide measures of employment and unemployment. Below the labor market area level, estimates are prepared using disaggregation techniques based on inputs from the decennial census, annual population estimates, and current UI data.

From the LAUS estimates, unemployment is recalculated as follows:

Unemployment Rate = [Total Unemployed] / [Total Labor Force] * 100

For more information, please visit the Bureau of Labor Statistics Local Area Unemployment Statistics web page.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Gross Domestic Product (GDP)

Data Background

The Bureau of Economic Analysis is an agency of the Department of Commerce. BEA produces economic accounts statistics that enable government and business decision-makers, researchers, and the American public to follow and understand the performance of the Nation's economy. To do this, BEA collects source data, conducts research and analysis, develops and implements estimation methodologies, and disseminates statistics to the public.

Methodology

The value of the goods and services produced in an area is the gross domestic product. GDP measures the value of the final goods and services produced in the United States (without double counting the intermediate goods and services used up to produce them). Changes in GDP are the most popular indicator of the nation's overall economic health. GDP statistics for counties, metropolitan areas, and some other statistical areas are released annually. They include 34 industries' contributions to the local economies. Percent change is calculated as ([Most Recent Year's GDP] - [Benchmark GDP])/[Benchmark GDP) * 100

Employment - Employment by Disability Status

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts for population with a disability who are employed and total area employed civlian noninstituionalized population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population aged 18-64 based on the following formula:

Percentage = [Population with a Disability Employed] / [Population with a Disability in Labor Force] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Income - Earned Income Tax Credit

Data Background

The Internal Revenue Service (IRS) produces numerous studies which provide statistics on income, deductions, tax, and credits reported on individual Form 1040 income tax returns. Individual tax statistics are publicly available through the Internal Revenue Service (IRS) SOI Tax Statistics web page.

Methodology

The Earned Income Tax Credit Series documents the role of the EITC and other provisions in the tax code increasingly play in delivering support to low-income workers and their families, and explores the impact of proposed changes to these policies on low-income taxpayers and their communities. Data was downloaded and processed through the SOI Tax Stats County Data tool, which provides users with access to IRS data on federal individual income tax filers.
Please see County Income Data users Guide and Record layouts for a detailed breakdown describing how data are collected and what is available.

Income - Families Earning Over $75,000

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of family households and families by income level are acquired from the U.S. Census Bureau's American Community Survey (ACS). Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. A family consists of a householder and one or more other people living in the same household who are related to the householder by birth, marriage*, or adoption. Family households have a minimum of two members, and thus *family* income is typically larger than *household* income. Median income figures are only available for those geographic areas reported in the ACS. Due to the nature of medians, report areas based on multiple counties or custom areas will return "no data".
For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

**Note: In Census Bureau tabulations, beginning in 2022, unless otherwise specified, the terms "spouse", "married couple" and "marriage" include same-sex couples and marriages.*

Notes

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

Income - Income and AMI

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

This indicator reports the number of households at different income levels. Income levels are based on percentages of Area Median Income (AMI). To generate this data, AMI is acquired for each county using data from the 2018-2022 American Community Survey (ACS). Income levels at set percentages of AMI are calculated for each county. For example, the AMI for Washington, DC is $64,267. In DC, a family earning 40% of AMI earns $22,494 per year.

Using these thresholds, the number of households earning at-or-below each income level is estimated using ACS data on household income*. In the ACS, these data are presented in the form of counts of units with income that falls in certain ranges. For example, in Washington, DC there are 11,975 households with income between $10,000 and $15,000. To determine the number of households earning at-or-below AMI, a proportional allocation method is used. Using the

example above, the total number of households earning up to $22,494 is calculated as follows:

Units with income <$22,494 =
[# INC $0 - $10,000] +
[# INC $10,000 - $15,000] +
[# INC $15,000 - $20,000] +
[# INC $20,000 - $25,000] * [(25000 – 22494) / 5000]

Thus all units with income (INC) in the ranges 0-10K, 10K-16K, and 16K-20K are counted, and around 50% of those units in the 20K-25K range. Using this method, the data shows that there are approximately 53,878 units available to families earning up to 40% of AMI in Washington, DC.

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Income - Inequality (Atkinson Index)

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

The Center for Applied Research and Engagement Systems is a non-profit research organization that integrates the social, physical, and biological sciences to better understand human, natural resource, and environmental issues and problems. Based at the University of Missouri, CARES utitlizes the latest technologies in geographic information systems, satellite imagery, environmental modeling, and the internet to compile, analyze and distribute information about our world.

Methodology

Atkinson index values for counties, states, and the United States are generated through custom analysis of the U.S. Census Bureau's 2007-2011 American Community Survey (ACS) data. The index represents income inequality and is calculated based on area household income estimates. Atkinson's index can be represented using the following formula:

$$\textit{Index Value} = 1 - \left[\textstyle\sum \right] \left(?_i / \mu \right)^{1-?} * f(?_i) \left]^{1/(1-?)} \right.$$

Where $?_i$ is the mean income of interval i; μ is the mean income of the entire distribution; $f(?_i)$ is the proportion in interval i; and is a measure of the degree of inequality aversion. For this report we use = 0.5. Frequencies are based on those household income intervals reported in the ACS.

Notes

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

Income - Inequality (GINI Index)

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of total households GINI index values are acquired from the U.S. Census Bureau's American Community Survey (ACS). Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. This indicator reports income inequality in the US using the GINI index. The Census Bureau defines the Gini index as "a statistical measure of income inequality ranging from 0 to 1. A measure of 1 indicates perfect inequality, i.e., one household having all the income and rest having none. A measure of 0 indicates perfect equality, i.e., all households having an equal share of income."

This indicator draws directly from reported data and cannot be re-summarized to custom report areas. For multi-county areas, the average population-weighted GINI index value is reported. For more information about this source, refer to the United States Census 2022 Household Income data briefing website.

Notes

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

Income - Median Family Income

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely

social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of family households and families by income level are acquired from the U.S. Census Bureau's American Community Survey (ACS). Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. A family consists of a householder and one or more other people living in the same household who are related to the householder by birth, marriage*, or adoption. Family households have a minimum of two members, and thus *family* income is typically larger than *household* income. Median income figures are only available for those geographic areas reported in the ACS. Due to the nature of medians, report areas based on multiple counties or custom areas will return "no data".
For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

**Note: In Census Bureau tabulations, beginning in 2022, unless otherwise specified, the terms "spouse", "married couple" and "marriage" include same-sex couples and marriages.*

Notes

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

Income - Median Household Income

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically

different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Median income data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. The median divides the income distribution into two equal parts: one-half of the cases falling below the median income and one-half above the median. For households and families, the median income is based on the distribution of the total number of households and families including those with no income. The median income for individuals is based on individuals 15 years old and over with income. Median income figures are only available for those geographic areas reported in the ACS. Due to the nature of medians, report areas based on multiple counties or custom areas will return "no data".

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Income - Net Income of Farming Operations

Data Background

The Census of Agriculture is the leading source of facts and figures about American agriculture. Conducted every five years, the Census provides a detailed picture of U.S. farms and ranches and the people who operate them. It is the only source of uniform, comprehensive agricultural data for every state and county in the United States. Participation by every farmer and rancher, regardless of the size or type of operation, is vitally important.

The 2022 Census of Agriculture collected information concerning all areas of farming and ranching operations, including production expenses, market value of products, and operator characteristics. This information is used by everyone who provides services to farmers and rural communities - including federal, state and local governments, agribusinesses, and many others. Census data is used to make decisions about many things that directly impact farmers, including:
community planning
store/company locations
availability of operational loans and other funding
location and staffing of service centers
farm programs and policies

For 2022 Census of Agriculture results, click here.

Methodology

Farm-level data are acquired from the USDA Census of Agriculture.

The Census of Agriculture is a complete count of U.S. farms and ranches and the people who operate them. Even small plots of land - whether rural or urban - growing fruit, vegetables or some food animals count if $1,000 or more of such products were raised and sold, or normally would have been sold, during the Census year. The Census of Agriculture, taken only once every five years, looks at land use and ownership, operator characteristics, production practices, income and expenditures. For America's farmers and ranchers, the Census of Agriculture is their voice, their future, and their opportunity. Most 2022 Census methodology is the same as that used in 2017. However, from one census to the next NASS considers what enhancements to the methodology can improve the process. In 2022, NASS improved its outreach and awareness efforts to encourage producers to respond to the census. Despite these and other efforts, agriculture census response rates have declined over time. This type of decline is being experienced across the research and survey community in all fields. In the 2022 Census, NASS used capture-recapture methodology, an accepted statistical methodology, to account for under-coverage (farms not reached in the original mailing), nonresponse (people not returning their census questionnaires), and misclassification (whether an operation is correctly classified as a farm or not). The methodology is documented thoroughly in Appendix A of the 2022 Census.

For more information, please visit the USDA Census of Agriculture web page.

Income - Per Capita Income

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Total income and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Per capita income is the mean money income received in the past 12 months computed for every man, woman, and child in a geographic area. It is derived by dividing the total income of all people 15 years old and over in a geographic area by the total population in that area based on the following formula:

Per Capita Income = [Total Income of Population Age 16+] / [Total Population]

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

Trends Over Time

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

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

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the poverty universe (for example, people living in group homes or those living in agriculture workers’ dormitories) is many times more likely to be in poverty than people living in households. Direct comparisons of the data would likely result in erroneous conclusions about changes in the poverty status of all people in the poverty universe.

Index of Disparity (ID)
The Index of Disparity (ID) used with this indicator was adopted by researchers at the National Center for Health Statistics (NCHS) and the National Institute of Health (NIH) for use with Healthy People 2010 and 2020 guidelines. This index measures the magnitude of variation in indicator percentages across groups - in this case racial and ethnic groups. Specifically, the index of disparity is defined as "the average of the absolute differences between rates for specific groups within a population and the overall population rate, divided by the rate for the overall population and expressed as a percentage". The ID values for the indicator displayed here are calculated from American Community Survey 2008-12 5-year estimates using the following four population subgroups: Non-Hispanic White; Hispanic or Latino; Black or African American; and Other Race. The Other Race category includes Asian, Native American / Alaskan Native, Native Hawaiian / Pacific Islander, Multiple Race, and Some Other Race populations.
The ID can be expressed using the following formula:
Index of Disparity = 100.0 * ((SUM (|r - R|) / n) / R)
...where r is the sub-group rate and R is the total population rate. Index values range from 0 (where all sub-groups are equal) to infinity. Index values are heavily dependent on the total population value (R), so comparisons should be made across geographic areas (county vs. state vs. nation), and not across indicators.

For more information on the index of disparity, please see the NIH research article *A Summary Measure of Health Disparity*.

Income - Proprietor Employment and Income

Data Background

The Bureau of Economic Analysis is an agency of the Department of Commerce. BEA produces economic accounts statistics that enable government and business decision-makers, researchers, and the American public to follow and understand the performance of the Nation's economy. To do this, BEA collects source data, conducts research and analysis, develops and implements estimation methodologies, and disseminates statistics to the public.

Methodology

This indicator reports information about proprietor employment (or self employment) and income by county. Average measures of income are calculated as the total *proprietor income* of an area divided by the estimated number of proprietors within the area. Percentages are calculated by dividing the estimated *proprietor employment* by the total employment in an area. Data are acquired from the US Bureau of Economic Analysis Regional Economic Accounts: Economic Profile (CA30).

Proprietor income is the current-production income (including income in kind) of sole proprietorships, partnerships, and tax-exempt cooperatives. Corporate directors' fees are included in proprietors' income. Proprietors' income includes the interest income received by financial partnerships and the net rental real estate income of those partnerships primarily engaged in the real estate business.

Proprietor employment includes both nonfarm proprietors and farm proprietors. Nonfarm self-employment consist of the number of sole proprietorships and the number of individual business partners not assumed to be limited partners. Farm

self-employment is defined as the number of non-corporate farm operators, consisting of sole proprietors and partners. A farm is defined as an establishment that produces, or normally would be expected to produce, at least $1,000 worth of farm products--crops and livestock--in a typical year. Because of the low cutoff point for this definition, the farm self-employment estimates are effectively on a full-time and part-time basis.

Income - Public Assistance Income

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of households and households by income type are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. The data on income were derived from answers to Questions 47 and 48 in the 2022 American Community Survey (ACS), which were asked of the population 15 years old and over. "Total income" is the sum of the amounts reported separately for wage or salary income; net self-employment income; interest, dividends, or net rental or royalty income or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income. Area statistics are measured as a percentage of the total households based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the poverty universe (for example, people living in group homes or those living in agriculture workers'

dormitories) is many times more likely to be in poverty than people living in households. Direct comparisons of the data would likely result in erroneous conclusions about changes in the poverty status of all people in the poverty universe.

Income - Transfer Payments

Data Background

The Bureau of Economic Analysis is an agency of the Department of Commerce. BEA produces economic accounts statistics that enable government and business decision-makers, researchers, and the American public to follow and understand the performance of the Nation's economy. To do this, BEA collects source data, conducts research and analysis, develops and implements estimation methodologies, and disseminates statistics to the public.

Methodology

Data are download and processed from the Regional Economic Accounts page, using the Personal Income (State and Local) download tool. The last update for this dataset was November 14, 2019 to show new estimates for 2018.

Poverty - Children Below 100% FPL

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2017-2021. Mapped data are summarized to 2021 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2021 Subject Definitions.

Notes

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

Race and Ethnicity

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

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the poverty universe (for example, people living in group homes or those living in agriculture workers' dormitories) is many times more likely to be in poverty than people living in households. Direct comparisons of the data would likely result in erroneous conclusions about changes in the poverty status of all people in the poverty universe.

Poverty - Children Below 200% FPL

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 (ACS). Data represent estimates for the 5 year period 2018-2022. Data are summarized to 2022 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:

Percentage = [Subgroup Population] / [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 2022 Subject Definitions.

Notes

Trends Over Time
The American Community Survey multi-year estimates are based on data collected over 5 years. For any given consecutive release of ACS 5-year estimates, 4 of the 5 years overlap. The Census Bureau discourages direct comparisons between

estimates for overlapping periods; use caution when interpreting this data.

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

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the poverty universe (for example, people living in group homes or those living in agriculture workers' dormitories) is many times more likely to be in poverty than people living in households. Direct comparisons of the data would likely result in erroneous conclusions about changes in the poverty status of all people in the poverty universe.

Poverty - Children Eligible for Free/Reduced Price Lunch

Data Background

The National Center for Education Statistics (NCES) is the primary federal entity for collecting, analyzing, and reporting data related to education in the United States and other nations. It fulfills a congressional mandate to collect, collate, analyze, and report full and complete statistics on the condition of education in the United States; conduct and publish reports and specialized analyses of the meaning and significance of such statistics; assist state and local education agencies in improving their statistical systems; and review and report on education activities in foreign countries. *Citation: Documentation to the NCES Common Core of Data Public Elementary/Secondary School Universe Survey (2017).*

The National Center for Education Statistics releases a dataset containing detailed information about every public school in the United States in their annual Common Core of Data (CCD) files. The information from which this data is compiled is supplied by state education agency officials. The CCD reports information about both schools and school districts, including name, address, and phone number; descriptive information about students and staff demographics; and fiscal data, including revenues and current expenditures.

For more information, please visit the Common Core of Data web page.

Methodology

The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents.

Total student counts and counts for students eligible for free and reduced price lunches are acquired for the most recent school year from the NCES Common Core of Data (CCD) Public School Universe Survey. Point locations for schools are obtained by mapping the latitude and longitude coordinates for each school provided in the CCD file. School-level data are summarized to the county, state, and national levels for reporting purposes. For more information, please see the complete dataset documentation.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Poverty - Households in Poverty by Family Type

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 (ACS). Data represent estimates for the 5 year period 2018-2022. Data are summarized to 2022 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:

Percentage = [Subgroup Population] / [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 2022 Subject Definitions.

Notes

Trends Over Time
The American Community Survey (ACS) multi-year estimates are based on data collected over 5 years. The US Census Bureau also performed 10 year counts in 2000 and 2010. Please use caution when comparing 2000 or 2010 Census data to the estimates released through the ACS. Boundary areas may have also changed for sub-county areas.

Poverty - Population Below 100% FPL

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 (ACS). Data represent estimates for the 5 year period 2018-2022. Data are summarized to 2022 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:

Percentage = [Subgroup Population] / [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 2022 Subject Definitions.

Notes

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

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

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the poverty universe (for example, people living in group homes or those living in agriculture workers' dormitories) is many times more likely to be in poverty than people living in households. Direct comparisons of the data would likely result in erroneous conclusions about changes in the poverty status of all people in the poverty universe.

Poverty - Population Below 100% FPL (Annual)

Data Background

The U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE) provides annual estimates at the state, county, and school district level of income and poverty statistics for the administration of federal programs. This data is used to supplement the income and poverty estimates available from the American Community Survey (ACS), which only releases single-year estimates for counties and other areas with population size of 65,000 or more. SAIPE data is modeled using estimates by combining survey data (from the American Community Survey) with population estimates and administrative records (from the SNAP Benefit Program and SSA Administration). For school districts, the SAIPE program uses the model-based county estimates and inputs from federal tax information and multi-year survey data.

For more information, please refer to the US Census Bureau's Small Area Income and Poverty Estimates website.

Methodology

Indicator data are acquired for 2022 from the US Census Bureau's Small Area Income and Poverty Estimates (SAIPE) series. Estimates are modelled by the US Census Bureau using both American Community Survey (ACS) data, as well as SNAP program data and IRS tax statistics. The SAIPE estimates consider a person to be in poverty when their household income is as at or below 100% of the federal poverty level. Poverty rates are calculated as a percentage of the total population based on the following formula:

Percentage = [Poverty Population] / [Total Population] * 100

For more information about the data used in these estimates, please visit the Small Area Income and Poverty Estimates website or view the SAIPE Methodology web page.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Poverty - Population Below 185% FPL

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 (ACS). Data represent estimates for the 5 year period 2018-2022. Data are summarized to 2022 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:

Percentage = [Subgroup Population] / [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 2022 Subject Definitions.

Notes

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

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

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the poverty universe (for example, people living in group homes or those living in agriculture workers' dormitories) is many times more likely to be in poverty than people living in households. Direct comparisons of the data would likely result in erroneous conclusions about changes in the poverty status of all people in the poverty universe.

Poverty - Population Below 200% FPL

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 (ACS). Data represent estimates for the 5 year period 2018-2022. Data are summarized to 2022 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:

Percentage = [Subgroup Population] / [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 2022 Subject Definitions.

Notes

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

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

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the poverty universe (for example, people living in group homes or those living in agriculture workers’ dormitories) is many times more likely to be in poverty than people living in households. Direct comparisons of the data would likely result in erroneous conclusions about changes in the poverty status of all people in the poverty universe.

Poverty - Population Below 50% FPL

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 (ACS). Data represent estimates for the 5 year period 2018-2022. Data are summarized to 2022 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:

Percentage = [Subgroup Population] / [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 2022 Subject Definitions.

Notes

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

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

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the poverty universe (for example, people living in group homes or those living in agriculture workers’ dormitories) is many times more likely to be in poverty than people living in households. Direct comparisons of the data would likely result in erroneous conclusions about changes in the poverty status of all people in the poverty universe.

Poverty - Poverty Profile

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 (ACS). Data represent estimates for the 5 year period 2016-2020. Data are summarized to 2020 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:

Percentage = [Subgroup Population] / [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 2020 Subject Definitions.

Notes

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

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

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. The part of the group quarters population in the poverty universe (for example, people living in group homes or those living in agriculture workers' dormitories) is many times more likely to be in poverty than people living in households. Direct comparisons of the data would likely result in erroneous conclusions about changes in the poverty status of all people in the poverty universe.

Debt - Student Loan Debt

Data Background

The Urban Institute is a Washington D.C.-based non-profit research organization focused on economic and social policy research about the well-being of people and places in the United States.

Methodology

This indicator reports information derived from a 2 percent nationally representative panel of deidentified, consumer-level records from a major credit bureau. The credit bureau data are from February 2022 and contain more than 5 million records. The data also incorporate estimates from summary tables of the US Census Bureau's American Community Survey (ACS). ACS one-year estimates (2019) is used where possible, but for areas with smaller populations and for metrics that incorporate zip code–level information, the ACS five-year estimates (2015–19). People of color are defined as those who are African American, Hispanic, Asian or Pacific Islander, American Indian or Alaska Native, another race other than white, or multiracial.

Debt in collections includes past-due credit lines that have been closed and charged-off on the creditor's books as well as unpaid bills reported to the credit bureaus that the creditor is attempting to collect. For example, credit card accounts enter collections once they are 180 days past due. Retail installment loans are retail purchases with installment terms—for example, a loan from a furniture store to buy a couch. Data are reported at the national, state, and county levels for the 50 states and Washington, DC. For more information, please see the technical appendix.

Note:
Credit bureau metrics are not reported when they are based on fewer than 50 people.

Debt - Any Debt in Collections

Data Background

The Urban Institute is a Washington D.C.-based non-profit research organization focused on economic and social policy research about the well-being of people and places in the United States.

Methodology

This indicator reports information derived from a 2 percent nationally representative panel of deidentified, consumer-level records from a major credit bureau. The credit bureau data are from February 2022 and contain more than 5 million records. The data also incorporate estimates from summary tables of the US Census Bureau's American Community Survey (ACS). ACS one-year estimates (2019) is used where possible, but for areas with smaller populations and for metrics that incorporate zip code–level information, the ACS five-year estimates (2015–19). People of color are defined as those who are African American, Hispanic, Asian or Pacific Islander, American Indian or Alaska Native, another race other than white, or multiracial.

Debt in collections includes past-due credit lines that have been closed and charged-off on the creditor's books as well as unpaid bills reported to the credit bureaus that the creditor is attempting to collect. For example, credit card accounts enter collections once they are 180 days past due. Retail installment loans are retail purchases with installment terms—for example, a loan from a furniture store to buy a couch. Data are reported at the national, state, and county levels for the 50 states and Washington, DC. For more information, please see the technical appendix.

Note:
Credit bureau metrics are not reported when they are based on fewer than 50 people.

Education

Access - Childcare Centers

Data Background

The HIFLD Homeland Infrastructure Foundation-Level Data (HIFLD) Subcommittee was established in 2002 to address improvements in collection, processing, sharing and protection of National geospatial information across multiple levels of government in order to help provide a common foundation for data visualization and analysis.

Methodology

Childcare centers data was acquired from the University of Wisconsin's County Health Rankings (CHR). This measure represents the number of childcare centers per 1,000 population under 5 years old. CHR uses 2010-2022 data from the Homeland Infrastructure Foundation-Level Data (HIFLD). For more information, please review the information here.

Access - Head Start

Data Background

The Administration for Children & Families (ACF) is a division of the Department of Health & Human Services. ACF promotes the economic and social well-being of families, children, individuals and communities.

Methodology

This indicator reports the number and rate of Head Start facilities in the United States. The Administration for Children and Families (ACF) identifies Head Start facilities as either a center, an early childhood center, a seasonal / migrant center, an American Indian and Alaska Native center, or any combination of these. Facility rates are calculated per 10,000 children age 0-4. Population data are from the 2020 Decennial Census. Head Start counts are aggregates based on point-level data from the April 2024 Head Start Locator file. The ACF Head Start Locator maintains a complete and continuously updated list of head start facilities. For more information, please visit the Head Start Service Location Datasets web page.

Access - Childcare Cost Burden

Data Background

The Living Wage Calculator (LWC) estimates the cost of living in your community or region based on typical expenses. The tool helps individuals, communities, and employers determine a local wage rate that allows residents to meet minimum standards of living. The US Census Bureau, with support from other federal agencies, created the Small Area Income and Poverty Estimates (SAIPE) program to provide more current estimates of selected income and poverty statistics than those from the most recent decennial census. The main objective of this program is to provide updated estimates of income and poverty statistics for the administration of federal programs and the allocation of federal funds to local jurisdictions. These estimates combine data from administrative records, intercensal population estimates, and the decennial census, along with direct estimates from the American Community Survey, to provide consistent and reliable single-year estimates.

Childcare Cost Burden is calculated by dividing the numerator, childcare cost from the Living Wage Calculator, by the denominator, median household income from the Small Area Income and Poverty Estimates. County Health Rankings

Methodology

Childcare cost burden data was acquired from the University of Wisconsin's County Health Rankings (CHR). This measure represents the childcare costs for a household with two children as a percent of median household income. CHR uses 2023&2022 data from the Living Wage Calculator and Small Area Income and Poverty Estimates (SAIPE).
Childcare cost is back-calculated from the 2022 SAIPE Median Household Income where CHR denominator data are not available and the percentage CHR provided using the following formula as:

[Childcare Cost for A Household with Two Children] = [Childcare Cost Burden] * [Median Household Income] / 100

For more information, please review the information on CHR Childcare Cost Burden homepage.

Access - Preschool Enrollment (Age 3-4)

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts for population by educational enrollment and area subgroup population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the subgroup population based on the following formula:

Percentage = [Subgroup Population Enrolled] / [Total Population Enrolled] * 100

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

Community Survey 2022 Subject Definitions.

Notes

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

Access - Enrollment (Age 5-17)

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts for population by educational enrollment and area subgroup population data are acquired from the U.S. Census Bureau’s American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the subgroup population based on the following formula:

Percentage = [Subgroup Population Enrolled] / [Subgroup Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Access - Public Schools

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 (2017).*

The National Center for Education Statistics releases a dataset containing detailed information about every public school in the United States in their annual Common Core of Data (CCD) files. The information from which this data is compiled is supplied by state education agency officials. The CCD reports information about both schools and school districts, including name, address, and phone number; descriptive information about students and staff demographics; and fiscal data, including revenues and current expenditures.

For more information, please visit the Common Core of Data web page.

Access - Post-Secondary Enrollment

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts for population by educational enrollment and area subgroup population data are acquired from the U.S. Census Bureau’s American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the subgroup population based on the following formula:

Percentage = [Subgroup Population Enrolled] / [Total Population Enrolled] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

Race and Ethnicity

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

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

Attainment - Overview

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts for population by educational attainment and total area population data are acquired from the U.S. Census Bureau’s American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population aged 25+ based on the following formula:

Percentage = [Subgroup Population] / [Total Population Age 25 and up] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

Data Limitations

Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations may have educational attainment distributions that are different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the educational attainment distribution. This is particularly true for areas with a substantial GQ population.

Attainment - Associate's Level Degree or Higher

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts

as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts for population by educational attainment and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population aged 25+ based on the following formula:

Percentage = [Subgroup Population] / [Total Population Age 25+] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations may have educational attainment distributions that are different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the educational attainment distribution. This is particularly true for areas with a substantial GQ population.

Attainment - Bachelor's Degree or Higher

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS

is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts for population by educational attainment and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population aged 25+ based on the following formula:

Percentage = [Subgroup Population] / [Total Population Age 25+] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations may have educational attainment distributions that are different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the educational attainment distribution. This is particularly true for areas with a substantial GQ population.

Attainment - No High School Diploma

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be

careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts for population by educational attainment and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population aged 25+ based on the following formula:

Percentage = [Subgroup Population] / [Total Population Age 25+] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations may have educational attainment distributions that are different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the educational attainment distribution. This is particularly true for areas with a substantial GQ population.

Attainment - Some Post-secondary Education

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts for population by educational attainment and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population aged 25+ based on the following formula:

Percentage = [Subgroup Population] / [Total Population Age 25+] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

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

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations may have educational attainment distributions that are different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the educational attainment distribution. This is particularly true for areas with a substantial GQ population.

Attainment - High School Graduation Rate

Data Background

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

Methodology

Graduation rates are acquired for all US school-districts in the United States from US Department of Education (ED) Ed*Facts* 2020-21 data tables. States are required to report graduation data to the US Department of Education under Title I, Part A of the Elementary and Secondary Education Act (ESEA). Specifically, states are required to report rates based on a cohort method, which would provide a more uniform and accurate measure of the high school graduation rate that improved comparability across states. The cohort graduation rate is defined as "the number of students who graduate in four years

with a regular high school diploma divided by the number of students who form the adjusted cohort for the graduating class." From the beginning of 9th grade (or the earliest high school grade), students who are entering that grade for the first time form a cohort that is "adjusted" by adding any students who subsequently transfer into the cohort and subtracting any students who subsequently transfer out, emigrate to another country, or die.

County-level summaries are calculated by CARES using small-area estimation technique based on the proportion of the population aged 15-19 in each school district/county. The population figures for this calculation are based on data from the 2020 US Decennial Census at the census block geographic level.

For more information please consult the original data the original data or download the complete EdFacts Data Documentation.

Notes

Race and Ethnicity
EdFacts data collections rely on data submitted by each state education agency (SEA). Each SEA has the flexibility to determine the major racial and ethnic groups it will use for reporting on the data included in its assessment and accountability system. As a result, there is some variation in how SEAs report data by race and ethnicity. To create EdFacts data files, racial ethnic groups reported by SEAs are crosswalked into six standard racial and ethnic groups. The six groups reported in EdFacts data files are: American Indian or Alaska Native; Asian/Pacific Islander; Black or African American; Hispanic / Latino; White; and Two or more races. Data are reported by CARES for the following categories: Black or African American; Hispanic / Latino; White.

Fore more information, please review the File Documentation available with each EdFacts data file, available here: https://www2.ed.gov/about/inits/ed/edfacts/data-files/index.html

Data Limitations
Graduation rates for some school districts are provided by EdFacts as ranges; range mid-points were calculated by CARES to facilitate data manipulation.

Employment Status by Educational Attainment

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts for employed population by educational attainment and total area population data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the

total population aged 25-64 based on the following formula:

Percentage = [Subgroup Population] / [Total Population Age 25-64] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

Data Limitations
Beginning in 2006, the population in group quarters (GQ) was included in the ACS. Some types of GQ populations may have educational attainment distributions that are different from the household population. The inclusion of the GQ population could therefore have a noticeable impact on the educational attainment distribution. This is particularly true for areas with a substantial GQ population.

Chronic Absence Rate

Data Background

Since 1968, the U.S. Department of Education Civil Rights Data Collection (CRDC), formerly the Elementary and Secondary School Survey, has collected data on key education and civil rights issues in our nation's public schools. The data are used by the U.S. Department of Education's Office for Civil Rights (OCR) in its enforcement and monitoring efforts, by other Department of Education offices and federal agencies, and by policymakers and researchers outside the Department of Education. The CRDC collects information about school characteristics and about programs, services, and outcomes for students. Most student data are disaggregated by race/ethnicity, sex, English-learner status, and disability status.

The CRDC is a biennial survey (i.e., it is conducted every other school year), and response to the survey is required by law. The CRDC collects data from the universe of all LEAs and schools, including long-term secure juvenile justice facilities, charter schools, alternative schools, and schools serving students with disabilities.

The CRDC is a longstanding and critical aspect of the overall enforcement and monitoring strategy used by OCR to ensure that recipients of the Department of Education's federal financial assistance do not discriminate on the basis of race, color, national origin, sex, or disability status. For more information, please visit the U.S. Department of Education CRDC Data Collection website.

Methodology

Data for this indicator are obtained from the U.S. Department of Education Civil Rights Data Collection (CRDC), 2020-2021. According to the CRDC, a chronically absent student is a student who is absent 15 or more school days during the school year. A student is absent if he or she is not physically on school grounds and is not participating in instruction or instruction-related activities at an approved off-grounds location for at least half the school day. Each day that a student is absent for 50 percent or more of the school day should be counted. Any day that a student is absent for less than 50 percent of the school day should not be counted. The number of absences is based on the total number of school days absent. Chronically absent students include students who are absent for any reason (e.g., illness, suspension, the need to care for a family member), regardless of whether absences are excused or unexcused.

School-district data are aggregated from school-level records. Chronic absenteeism are measured as the percentage of absent students of all enrolled students using the following formula:

Percentage = [Chronically Absent Students] / [Total Enrollment] * 100

The denominator comes from the CRDC school-level table "Enrollment" while the numerator comes from the CRDC EDFacts FS195 DG814 table "ID 814 SCH - Chronic Absenteeism". The CRDC and EDFacts Crosswalk table (Appendix Workbook Sheet M) is used to join the two files by school identifiers. Calculated percentages only reflect chronic absenteeism among schools within the district with valid (unsupressed) data.
The calculated percentage values (total or by race/gender) are suppressed when exceeding 100. The total percentage values are also suppressed when total cohort is less than 10 students or no valid data are reported.

For more information on survey, data, and report of the latest and previous versions, please visit the Civil Rights Data Collection (CRDC) website.

Notes

Race and Ethnicity
The Civil Rights Data Collection uses the 2007 race and ethnicity guidance published by the U.S. Department of Education. The guidance includes seven race and ethnicity categories (i.e., American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino of any race, Native Hawaiian or Other Pacific Islander, Two or more races, and White). For more information on the Department's guidance regarding race and ethnicity categories, please visit New Race and Ethnicity Guidance for the Collection of Federal Education Data.

Harassment or Bullying

Data Background

Since 1968, the U.S. Department of Education Civil Rights Data Collection (CRDC), formerly the Elementary and Secondary School Survey, has collected data on key education and civil rights issues in our nation's public schools. The data are used by the U.S. Department of Education's Office for Civil Rights (OCR) in its enforcement and monitoring efforts, by other Department of Education offices and federal agencies, and by policymakers and researchers outside the Department of Education. The CRDC collects information about school characteristics and about programs, services, and outcomes for students. Most student data are disaggregated by race/ethnicity, sex, English-learner status, and disability status.

The CRDC is a biennial survey (i.e., it is conducted every other school year), and response to the survey is required by law. The CRDC collects data from the universe of all LEAs and schools, including long-term secure juvenile justice facilities, charter schools, alternative schools, and schools serving students with disabilities.

The CRDC is a longstanding and critical aspect of the overall enforcement and monitoring strategy used by OCR to ensure that recipients of the Department of Education's federal financial assistance do not discriminate on the basis of race, color, national origin, sex, or disability status. For more information, please visit the U.S. Department of Education CRDC Data Collection website.

Methodology

Data for this indicator are calculated by summarizing school-level records to the school district, county, state, and national levels. Students with disabilities served under Section 504, LEP, and IDEA are not included in the calculated totals. Summarized data are calculated by CARES and presented as rates per 1,000 total enrolled students using the following formula.

Rate = [Allegations (or Student Counts) of Harassment or Bullying based on Sex, Race, Color, National Origin, Disability, Sexual Orientation, and Religion] / [Total Enrollment] * 1,000

For the allegations by type disaggregation, the denominator is total enrolled. For the students reported harassment or bullying disaggreagations, the denominators are the total enrolled students of relevant subgroups. The denominator comes from the CRDC school-level table "Enrollment" while the numerator comes from the CRDC school-level tables "Harassment and Bullying".
Calculated rates only reflect student discipline in schools with valid (unsupressed) data and are suppressed when exceeding 1,000.

For more information on survey, data, and report of the latest and previous versions, please visit the Civil Rights Data Collection (CRDC) website.

Notes

Race and Ethnicity
The Civil Rights Data Collection uses the 2007 race and ethnicity guidance published by the U.S. Department of Education. The guidance includes seven race and ethnicity categories (i.e., American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino of any race, Native Hawaiian or Other Pacific Islander, Two or more races, and White). For

more information on the Department's guidance regarding race and ethnicity categories, please visit New Race and Ethnicity Guidance for the Collection of Federal Education Data.

Proficiency - Student Math Proficiency (4th Grade)

Data Background

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

Methodology

Student English Language Arts (ELA) proficiency rates are acquired for school-districts in the United States from US Department of Education (ED) Ed*Facts* data tables. States are required to report data to the US Department of Education under Title I, Part A of the Elementary and Secondary Education Act (ESEA). Through this legislation, student performance on state assessments is measured by assessing students against state content standards. Students are assessed annually in third through eighth grade and at least once in high school. The data are aggregated for all students and by the various subgroups. Data are typically presented as "the percent of students proficient or above on the state assessment," with "proficient or above" defined as the number of students achieving at the "proficient" or "advanced" levels, as defined by each state education agency. For reporting purposes, states provide the counts of students by academic subject, assessment type, grade level, and performance level for all students and the various subgroups.

County-level summaries are calculated by CARES using small-area estimation technique based on the proportion of the population aged 10-14 in each school district/county. The population figures for this calculation are based on data from the 2010 US Decennial Census at the census block geographic level.

For more information please consult the original data or download the complete file documentation through the Ed*Facts* Data Files web page.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Data Limitations
Graduation rates for some school districts are provided by EdFacts as ranges; range mid-points were calculated by CARES to facilitate data manipulation.

Proficiency - Student Reading Proficiency (4th Grade)

Data Background

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

Methodology

Student English Language Arts (ELA) proficiency rates are acquired for school-districts in the United States from US Department of Education (ED) Ed*Facts* data tables. States are required to report data to the US Department of Education under Title I, Part A of the Elementary and Secondary Education Act (ESEA). Through this legislation, student performance on state assessments is measured by assessing students against state content standards. Students are assessed annually in third through eighth grade and at least once in high school. The data are aggregated for all students and by the various subgroups. Data are typically presented as "the percent of students proficient or above on the state assessment," with "proficient or above" defined as the number of students achieving at the "proficient" or "advanced" levels, as defined by each state education agency. For reporting purposes, states provide the counts of students by academic subject, assessment type, grade level, and performance level for all students and the various subgroups.

County-level summaries are calculated by CARES using small-area estimation technique based on the proportion of the population aged 10-14 in each school district/county. The population figures for this calculation are based on data from the 2010 US Decennial Census at the census block geographic level.

For more information please consult the original data or download the complete file documentation through the Ed*Facts* Data Files web page.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Data Limitations
Graduation rates for some school districts are provided by EdFacts as ranges; range mid-points were calculated by CARES to facilitate data manipulation.

Public School Revenue

Data Background

The National Center for Education Statistics (NCES) is the primary federal entity for collecting, analyzing, and reporting data related to education in the United States and other nations. It fulfills a congressional mandate to collect, collate, analyze, and report full and complete statistics on the condition of education in the United States; conduct and publish reports and specialized analyses of the meaning and significance of such statistics; assist state and local education agencies in improving their statistical systems; and review and report on education activities in foreign countries. *Citation: Documentation to the NCES Common Core of Data Public Elementary/Secondary School Universe Survey (2011).*

The National Center for Education Statistics releases a dataset containing detailed information about every public school in the United States in their annual Common Core of Data (CCD) files. The information from which this data is compiled is supplied by state education agency officials. The CCD reports information about both schools and school districts, including name, address, and phone number; descriptive information about students and staff demographics; and fiscal data, including revenues and current expenditures.

For more information, please visit the Common Core of Data web page.

Methodology

School finance data are from the F-33 survey, a component of the National Center for Education Statistics (NCES Common Core of Data (CCD)). The F-33 survey collects finance data from the entire universe of LEAs in each of the 50 states and the District of Columbia. Detailed fiscal data on revenues and expenditures for all school districts providing public education to pre-kindergarten to grade 12 students, as well as student counts are provided. Expenditures include those instruction, support services, food services, capital outlays, and other operating expenses. Local Education Agency (School District) Finance Survey data are reported for Local Education Agencies (school districts) and are summarized to the county level using county codes provided in the NCES data file.

Public School Expenditures

Data Background

The National Center for Education Statistics (NCES) is the primary federal entity for collecting, analyzing, and reporting data related to education in the United States and other nations. It fulfills a congressional mandate to collect, collate, analyze, and report full and complete statistics on the condition of education in the United States; conduct and publish reports and specialized analyses of the meaning and significance of such statistics; assist state and local education agencies in improving their statistical systems; and review and report on education activities in foreign countries. *Citation: Documentation to the NCES Common Core of Data Public Elementary/Secondary School Universe Survey (2011).*

The National Center for Education Statistics releases a dataset containing detailed information about every public school in the United States in their annual Common Core of Data (CCD) files. The information from which this data is compiled is supplied by state education agency officials. The CCD reports information about both schools and school districts, including name, address, and phone number; descriptive information about students and staff demographics; and fiscal data, including revenues and current expenditures.

For more information, please visit the Common Core of Data web page.

Methodology

School finance data are from the F-33 survey, a component of the National Center for Education Statistics (NCES Common Core of Data (CCD)). The F-33 survey collects finance data from the entire universe of LEAs in each of the 50 states and the District of Columbia. Detailed fiscal data on revenues and expenditures for all school districts providing public education to pre-kindergarten to grade 12 students, as well as student counts are provided. Expenditures include those instruction, support services, food services, capital outlays, and other operating expenses. Local Education Agency (School District) Finance Survey data are reported for Local Education Agencies (school districts) and are summarized to the county level using county codes provided in the NCES data file.

School Funding Adequacy

Data Background

The School Finance Indicators Database (SFID) is a public collection of data and research on U.S. K-12 school finance compiled by researchers from the Albert Shanker Institute and Rutgers University Graduate School of Education. The SFID team publishes two primary databases—one for states and one for over 12,000 individual school districts—along with accompanying reports and resources using and presenting these data.
Citation: School Finance Indicators Database User Guide

Methodology

School funding adequacy data was acquired from the University of Wisconsin's County Health Rankings (CHR). This measure represents the average gap in dollars between actual and required spending per pupil among public school districts. CHR uses 2021 data from the School Finance Indicators Database as the basis for their estimate. For more information, please review the County Health Rankings School Funding Adequacy indicator information.

School Segregation Index

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 (2017).

The National Center for Education Statistics releases a dataset containing detailed information about every public school in

the United States in their annual Common Core of Data (CCD) files. The information from which this data is compiled is supplied by state education agency officials. The CCD reports information about both schools and school districts, including name, address, and phone number; descriptive information about students and staff demographics; and fiscal data, including revenues and current expenditures.

For more information, please visit the Common Core of Data web page.

Methodology

School segregation data are acquired from the University of Wisconsin's County Health Rankings (CHR). It measures how evenly representation of racial and ethnic groups in the student population are spread out across schools using Theil's index, a segregation index. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation. CHR uses 2022-2023 data from the National Center for Education Statistics (NCES) as the basis for their estimate. For more information, please review the County Health Rankings School Segregation indicator information.

Housing and Families

Housing Units - Overview (2020)

Data Background

The U.S. Census counts every resident in the United States. It is mandated by Article I, Section 2 of the Constitution and takes place every 10 years. The census collects information about the age, sex, race, and ethnicity of every person in the United States. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and is also used to distribute billions in federal funds to local communities. For more information about this source, refer to the United States Census 2020 website.

Methodology

Housing units and occupancy status data are from the U.S. Census Bureau Decennial Census 2020. Mapped data are summarized to 2020 census tract boundaries. Vacancy rate is calculated using the following formula:

Vacancy Rate = [Total Vacant Housing Units] / [Total Housing Units] * 100.0

For more information on this metric, please see the Census topics page of Housing.

Housing Units - Annual Trends

Data Background

The population and housing unit estimates are released on a flow basis throughout each year. Each new series of data (called vintages) incorporates the latest administrative record data, geographic boundaries, and methodology. Therefore, the entire time series of estimates beginning with the most recent decennial census is revised annually, and estimates from different vintages of data may not be consistent across geography and characteristics detail. When multiple vintages of data are available, the most recent vintage is the preferred data.

The vintage year (e.g., V2013) refers to the final year of the time series. The reference date for all estimates is July 1, unless otherwise specified

Methodology

Data are collected from the United State Census Bureau. The Methodology for the Vintage 2023 Population Estimates are published at the same time the data are released. Data downloaded from Annual Estimates of Housing Units for Counties in the United States: April 1, 2020 to July 1, 2023 (CO-EST2023-HU) excel table by looking at United States category.

Households and Families - Overview

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of households by type and relationship are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. A household includes all the people who occupy a housing unit. (People not living in households are classified as living in group quarters.) Households are classified by type according to the sex of the householder and the presence of relatives. Two types of householders are distinguished: a family householder and a nonfamily householder. A family householder is a householder living with one or more individuals related to him or her by birth, marriage, or adoption. The householder and all people in the household related to him or her are family members. A nonfamily householder is a householder living alone or with non-relatives only. Figures for this indicator are measured as a percentage of total households based on the following formula:

Percentage = [Households by Composition or Type] / [Total Households] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Families - Overview

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts by household type are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries.
A household includes all the people who occupy a housing unit. (People not living in households are classified as living in group quarters.) Households are classified by type according to the sex of the householder and the presence of relatives. Two types of householders are distinguished: a family householder and a nonfamily householder. A family householder is a householder living with one or more individuals related to him or her by birth, marriage, or adoption. The householder and all people in the household related to him or her are family members. A nonfamily householder is a householder living alone or with non-relatives only. Figures for this indicator are measured as a percentage of total population based on the following formula:

Percentage = [Population by Family Type] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Affordable Housing

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

This indicator reports the number of housing units available to families with different income levels. Income levels are based on various percentages of Area Median Income (AMI). AMI is acquired for each county using data from the 2018-2022 American Community Survey (ACS). AMI is then used to determine affordable monthly housing payments at various income levels relative to AMI. For this assessment, affordability assumes that a family should pay no more than 30% of their income toward mortgage or gross rent. For example, the AMI for Washington, DC is $64,267. In DC, a family earning 40% of AMI earns $22,494 per year, or $1,875 per month. For this family to live in affordable housing, total monthly housing costs should not exceed $562.

Using these assumptions, the number of units affordable at each income level is estimated using ACS data on household value (for owner-occupied households) and gross rent (for renter-occupied households)*. In the ACS, these data are presented in the form of counts of units that fall in certain value ranges. For example, in Washington, DC there are 4,563

units with gross rents between $500 and $600. To determine unit counts affordable at certain income levels, a proportional allocation method is used. Using the example above, the total number of rental units affordable to a family that should spend no more than $562 on housing expenses is calculated as follows:

Units with GR under $562 =
[# GR $1.00 - $100] +
[# GR $100 - $200] +
[# GR $200 - $300] +
[# GR $300 - $400] +
[# GR $400 - $500] +
[# GR $500 -$600] * [(562 – 500) / 100]

Thus all units with gross rent (GR) in the ranges 0-100, 100-200, 200-300, 300-400, and 400-500 are counted, and around 60% of those units in the 500-600 range. Using this method, the data shows that there are approximately 20,024 units available to families earning 40% of AMI in Washington, DC.

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Affordable Housing - Low Income Tax Credits

Data Background

The US Department of Housing and Urban Development (HUD) is a department of the Federal Government enacted to secure affordable housing for all Americans. With numerous housing assistance programs available, HUD acts to support home ownership, access to affordable housing free from discrimination, and community development.

Methodology

The Low-Income Housing Tax Credit (LIHTC) program is an indirect Federal subsidy used to finance the development of affordable rental housing for low-income households. Locations of LIHTC properties are acquired from the US Department of Housing and Urban Development (HUD) LIHTC Database. The most recent version of the LIHTC database contains information on over 40,000 projects placed in service through 2014. Characteristics of LIHTC-assisted housing properties and units are available summarized at the national, state, county and census tract levels.

Affordable Housing - Assisted Housing Units

Data Background

The US Department of Housing and Urban Development (HUD) is a department of the Federal Government enacted to secure affordable housing for all Americans. With numerous housing assistance programs available, HUD acts to support home ownership, access to affordable housing free from discrimination, and community development. Every year, HUD provides information on the nearly 5 million households living in HUD-subsidized housing across the United States through the Picture of Subsidized Households. The dataset includes characteristics of assisted housing units and residents, summarized at the national, state, public housing agency (PHA), project, census tract, county, Core-Based Statistical Area, city, and congressional district levels. For more information, please visit the US Department of Housing and Urban Development's Picture of Subsidized Households website.

Methodology

This indicator reports counts of all housing units receiving assistance through the US Department of Housing and Urban Development (HUD). Assistance programs include Section 8 housing choice vouchers, Section 8 Moderate Rehabilitation

and New Construction, public housing projects, and other multifamily assistance projects. Units receiving Low Income Housing Tax Credit assistance are excluded from this summary. Data are from the Picture of Subsidized Households database, released annually by the US Department of Housing and Urban Development. The most recent version of the database contains data on all properties placed into service through 2021. The data contained within describes the nearly 5 million households living in HUD-subsidized housing in the United States. Characteristics of assisted housing units and residents are available summarized at the national, state, public housing agency (PHA), project, census tract, county, Core-Based Statistical Area and city levels.

Household Structure - Families with Children

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts by household type are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries.
A household includes all the people who occupy a housing unit. (People not living in households are classified as living in group quarters.) Households are classified by type according to the sex of the householder and the presence of relatives. Two types of householders are distinguished: a family householder and a nonfamily householder. A family householder is a householder living with one or more individuals related to him or her by birth, marriage*, or adoption. The householder and all people in the household related to him or her are family members. A nonfamily householder is a householder living alone or with non-relatives only. Figures for this indicator are measured as a percentage of total population based on the following formula:

Percentage = [Population by Family Type] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

**Note: In Census Bureau tabulations, beginning in 2022, unless otherwise specified, the terms "spouse", "married couple" and "marriage" include same-sex couples and marriages.*

Notes

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories in the American Community Survey (ACS) based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the ACS are: White, Black, American Indian/Alaskan Native, Asian, and Other. An ACS survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The

minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

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

Household Structure - Single-Parent Households

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts by household type are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries.
A household includes all the people who occupy a housing unit. (People not living in households are classified as living in group quarters.) Households are classified by type according to the sex of the householder and the presence of relatives. Two types of householders are distinguished: a family householder and a nonfamily householder. A family householder is a householder living with one or more individuals related to him or her by birth, marriage*, or adoption. The householder and all people in the household related to him or her are family members. A nonfamily householder is a householder living alone or with non-relatives only. Figures for this indicator are measured as a percentage of total population based on the following formula:

Percentage = [Population by Family Type] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

**Note: In Census Bureau tabulations, beginning in 2022, unless otherwise specified, the terms "spouse", "married couple" and "marriage" include same-sex couples and marriages.*

Notes

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

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

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

Household Structure - Older Adults Living Alone

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of households are acquired from the U.S. Census Bureau’s American Community Survey. A household includes all the people who occupy a housing unit. (People not living in households are classified as living in group quarters.) A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or if vacant, is intended for occupancy) as separate living quarters. Households are categorized by variables including size (number of occupants), family arrangement (presence of relatives), and by the presence of individuals of specific age groups (children under age 18, adults over age 65). Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries.
For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Housing Costs - Cost Burden (30%)

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS

is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of total households and households by monthly housing cost are acquired from the U.S. Census Bureau's American Community Survey (ACS). Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. The data for monthly housing costs as a percentage of household income are developed from a distribution of "Selected Monthly Owner Costs as a Percentage of Household Income" for owner-occupied and "Gross Rent as a Percentage of Household Income" for renter-occupied units. The owner-occupied categories are further separated into those with a mortgage and those without a mortgage. Indicator statistics are measured as a percentage of total households using the following formula:

[Households with Costs Exceeding 30% of Income] / [Total Households] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Housing Costs - Cost Burden, Severe (50%)

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of total households and households by monthly housing cost are acquired from the U.S. Census Bureau's American Community Survey (ACS). Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. The data for monthly housing costs as a percentage of household income are developed from a distribution of "Selected Monthly Owner Costs as a Percentage of Household Income" for owner-occupied and "Gross Rent as a Percentage of Household Income" for renter-occupied units. The owner-occupied categories are further separated into those with a mortgage and those without a mortgage. Indicator statistics are measured as a percentage of total households using the following formula:

[Households with Costs Exceeding 30% of Income] / [Total Households] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Housing Costs - Owner Costs

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Housing Costs - Owner Costs by Mortgage Status

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts and costs of housing units are acquired from the U.S. Census Bureau’s American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area estimates are developed at the U.S. Census Bureau, and given as a value for each geographic area. Raw counts are not provided, inhibiting the ability to produce median ages for report areas.

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Housing Costs - Renter Costs

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Data on gross rent are acquired from the U.S. Census Bureau’s American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Gross rent is the contract rent plus the estimated average monthly cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid by the renter (or paid for the renter by someone else). Gross rent is presented as an area aggregate or an average. The number and percentage of housing units paying gross rent in various ranges is also presented.
br>
For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Housing Quality - Overcrowding

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Data on occupants per room are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Occupants per room is obtained by dividing the number of people in each occupied housing unit by the number of rooms in the unit. The figures show the number of occupied housing units having the specified ratio of people per room. The Census Bureau has no official definition of crowded units, but this report considers units with more than one occupant per room to be crowded. Occupants per room is rounded to the nearest hundredth.

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Housing Quality - Substandard Housing

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of housing units by age and condition are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2017-2021. Mapped data are summarized to 2021 census tract boundaries. Area estimates are developed at the U.S. Census Bureau, and given as a value for each geographic area. Raw counts are not provided, inhibiting the ability to produce median ages for report areas.

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2021 Code Lists, Definitions, and Accuracy.

Housing Quality - Substandard Housing, Severe

Data Background

Each year, the U.S. Department of Housing and Urban Development (HUD) receives custom tabulations of American Community Survey (ACS) data from the U.S. Census Bureau. These data, known as the "CHAS" data (Comprehensive Housing Affordability Strategy), demonstrate the extent of housing problems and housing needs, particularly for low income households. The CHAS data are used by local governments to plan how to spend HUD funds, and may also be used

by HUD to distribute grant funds. For more background on the CHAS data, including data documentation and a list of updates and corrections to previously released data, click here: Background.

Housing Stock - Age

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Median year structure built data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Median year structure built divides the distribution into two equal parts: one-half of the cases falling below the median year structure built and one-half above the median. The median is rounded to the nearest calendar year.

This indicator cannot be re-summarized or re-calculated to aggregate county-level report areas, or to user-defined geographic boundaries.

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Housing Stock - Housing Unit Value

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be

careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Data on housing value are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Value is the estimate of how much a property (house and lot, mobile home and lot, or condominium unit) would sell for if it were for sale. Area estimates are developed at the U.S. Census Bureau, and presented as an average and median value for all owner-occupied housing units in each geographic area. Raw counts are not provided, inhibiting the ability to produce median ages for report areas. Renter-occupied units are not included in value tabulations.

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Housing Stock - Modern Housing

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Median year structure built data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Median year structure built divides the distribution into two equal parts: one-half of the cases falling below the median year structure built and one-half above the median. The median is rounded to the nearest calendar year.

This indicator cannot be re-summarized or re-calculated to aggregate county-level report areas, or to user-defined geographic boundaries.

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

Community Survey 2022 Subject Definitions.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Housing Stock - Older Housing

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Median year structure built data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Median year structure built divides the distribution into two equal parts: one-half of the cases falling below the median year structure built and one-half above the median. The median is rounded to the nearest calendar year.

This indicator cannot be re-summarized or re-calculated to aggregate county-level report areas, or to user-defined geographic boundaries.

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Housing Stock - Mortgage Lending Profile

Data Background

The Home Mortgage Disclosure Act (HMDA) requires lending institutions to make annual public disclosures of their home mortgage and home improvement lending activity. Disclosures are publicly available not only at the institutions' own offices, and also online through the Federal Financial Institutions Examination Council website. Available HMDA data includes national and local aggregate reports, as well as loan-level data files from the universe of eligible depository and nondepository lending institutions nationwide. The HMDA loan-level flat files for 2021 consist of over 26 million records

which contain quantitative and descriptive information about each loan and loan applicant, including the purpose of the loan and the action taken by the lending agency. More information is available through the FFEIC's Home Mortgage Disclosure Act web page.

Methodology

Data is obtained from the FFIEC HMDA "One Year National Loan Level Dataset" 2021 Loan/Application Records (LAR). This dataset reports data as of May 1, 2023. Only valid records are included in data reporting. This means all the income coded as 'NA' generally or income being 0 when calculating the loan-to-income ratio are excluded from the estimation.
The race/ethnicity variable is generated from 'derived_ethnicity' and 'derived_race'. Income is grouped and reported based on the exact values.

For more information about data fields, please visit the Public HMDA - LAR Data Fields online document or check the HMDA Data Publication home page.

Housing Stock - Net Change

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

The data are downloaded in text format from the U.S. Census Bureau's FTP site for the years 2015 and 2021. 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 Households (current) - Total Households (previous) = Household Change.

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2021 Subject Definitions.

Housing Stock - Residential Construction

Data Background

The US Department of Housing and Urban Development (HUD) is a department of the Federal Government enacted to secure affordable housing for all Americans. With numerous housing assistance programs available, HUD acts to support home ownership, access to affordable housing free from discrimination, and community development.

Methodology

Indicator data are acquired from the US Department of Housing and Urban Development (HUD) State of the Cities Data

System (SOCDS) Residential Building Permits Database. This database contains data on permits for residential construction issued by about 21,000 jurisdictions collected in the Census Bureau's Building Permits Survey. Most of the permit-issuing jurisdictions are municipalities; the remainder are counties, townships, or unincorporated towns. The number of permits issued is reported by building size (number of housing units). Residential construction rates are calculated per 10,000 existing housing units. Figures for housing units are acquired from the US Census Bureau Population Estimates program. For more information, please visit the HUD SOCDS Building Permits Database web page.

Notes

The portion of construction measurable from building permit records is inherently limited since such records do not reflect construction activity outside of areas subject to local permit requirements. For the nation as a whole, less than 1 percent of all privately owned housing units built are constructed in areas that do not require building permits. For more information, please review the US Census Bureau's Building Permits Survey Methodology.

Housing Units - Single-Unit Housing

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts for household program participation and total household data are acquired from the U.S. Census Bureau’s American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. This indicator is a measure of population-level living conditions based on structure type. A structure is a separate building that either has open spaces on all sides or is separated from other structures by dividing walls that extend from ground to roof. This data subdivides the inventory of housing units into one-family homes, apartments (of various size), and mobile homes. Area statistics are measured as a percentage of total occupied households based on the following formula:

Percentage = [Population in Housing Type] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Tenure - Mortgage Status

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to

produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Data on mortgage status are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. A mortgage is considered a first mortgage if it has prior claim over any other mortgage or if it is the only mortgage on the property. All other mortgages second, third, etc.) are considered junior mortgages. A home equity loan is generally a junior mortgage. If no first mortgage is reported, but a junior mortgage or home equity loan is reported, then the loan is considered a first mortgage. Area statistics are measured as a percentage of the total owner-occupied housing units based on the following formula:

Percentage = [Number of Mortgaged Housing Units] / [Total Owner-Occupied Units] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Tenure - Owner-Occupied Housing

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Data on tenure are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries This data covers all occupied housing units, which are classified as either owner occupied or renter occupied. A housing unit is owner occupied if the owner or co-owner lives in the unit, even if it is mortgaged or not fully paid for. The unit also is considered owned with a mortgage if it is built on leased land and there is a mortgage on the unit. Mobile homes occupied by owners with installment loan balances also are included in this category.
Area statistics for this indicator are measured as a percentage of total occupied households based on the following formula:

Percentage = [Units Occupied by Tenure] / [Total Occupied Housing Units] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Tenure - Renter-Occupied Housing

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Data on tenure are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries This data covers all occupied housing units, which are classified as either owner occupied or renter occupied. A housing unit is owner occupied if the owner or co-owner lives in the unit, even if it is mortgaged or not fully paid for. The unit also is considered owned with a mortgage if it is built on leased land and there is a mortgage on the unit. Mobile homes occupied by owners with installment loan balances also are included in this category.
Area statistics for this indicator are measured as a percentage of total occupied households based on the following formula:

Percentage = [Units Occupied by Tenure] / [Total Occupied Housing Units] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Vacancy (ACS)

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts for total housing units and housing units by vacancy status are acquired from the U.S. Census Bureau’s American Community Survey (ACS). Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. The data on vacancy status were obtained only for a sample of cases in the computer-assisted personal interview (known as “CAPI”) follow-up by field representatives. Data on vacancy status were obtained at the time of the personal visit. Vacancy status and other characteristics of vacant units were determined by field representatives obtaining information from landlords, owners, neighbors, rental agents, and others. Indicator statistics are measured as a percentage total housing units using the following formula:

Percentage = [Vacant Housing Units] / [Total Housing Units] * 100

Vacant units are subdivided according to their housing market classification as follows:

- For rent
- Rented, not occupied
- For sale only
- Sold, not occupied
- For seasonal, recreational, or occasional use
- For migrant workers
- Other

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Vacancy (HUD)

Data Background

The US Department of Housing and Urban Development (HUD) is a department of the Federal Government enacted to secure affordable housing for all Americans. With numerous housing assistance programs available, HUD acts to support home ownership, access to affordable housing free from discrimination, and community development.

Methodology

The US Department of Housing and Urban Development (HUD) is a department of the Federal Government enacted to secure affordable housing for all Americans. With numerous housing assistance programs available, HUD acts to support home ownership, access to affordable housing free from discrimination, and community development.
The United States Postal Service (USPS) supplies data to HUD on addresses that have been either identified as "vacant" or "No-Stat" for the previous reporting period, and HUD allows this data to be explored by researchers and practitioners for use in tracking neighborhood change.

Evictions

Data Background

The Eviction Lab is a research organization dedicated to studying the prevalence, causes, and consequences of eviction. Drawing on tens of millions of records, the Eviction Lab at Princeton University has published the first ever dataset of evictions in America, going back to 2000.

Methodology

This indicator reports information about formal evictions based on court records from 48 states and the District of Columbia, compiled by the Eviction Lab. Eviction records include information related to an eviction court case, such as defendant and plaintiff names, the defendant’s address, monetary judgment information, and an outcome for the case.

The eviction filing rate and eviction rate are included in the Eviction Lab dataset, calculated by dividing the number of filings or evictions by the number of occupied renting households in each area. The “filing rate” is the ratio of the number of evictions filed in an area over the number of renter-occupied homes in that area. An “eviction rate” is the subset of those homes that received an eviction judgment in which renters were ordered to leave. Information on the number of renter homes in an area comes from the U.S. Census and ESRI Business Analyst demographic estimates. The data is also formatted so each observation represents a household. Details of the cleaning process can be found in the Methodology Report (PDF).

Note:
Indicator data do not include information about "informal evictions", or those that happen outside of the courtroom.
Data are cleaned to standardize names and addresses; duplicate cases are dropped from the dataset.

Historic Redlining

Data Background

Meier, Helen C.S., and Mitchell, Bruce C. . Historic Redlining Scores for 2010 and 2020 US Census Tracts. Ann Arbor, MI:

Inter-university Consortium for Political and Social Research [distributor], 2021-10-15. https://doi.org/10.3886/E141121V2

Methodology

This dataset contains information information on historic redlining. This data was accessed from the University of Michigan OpenICPSR archives. The source information is as follows:

The Home Owners' Loan Corporation (HOLC) was a U.S. federal agency that graded mortgage investment risk of neighborhoods across the U.S. between 1935 and 1940. HOLC residential security maps standardized neighborhood risk appraisal methods that included race and ethnicity, pioneering the institutional logic of residential "redlining." The Mapping Inequality Project digitized the HOLC mortgage security risk maps from the 1930s. We overlaid the HOLC maps with 2010 and 2020 census tracts for 142 cities across the U.S. using ArcGIS and determined the proportion of HOLC residential security grades contained within the boundaries. We assigned a numerical value to each HOLC risk category as follows: 1 for "A" grade, 2 for "B" grade, 3 for "C" grade, and 4 for "D" grade. We calculated a historic redlining score from the summed proportion of HOLC residential security grades multiplied by a weighting factor based on area within each census tract. A higher score means greater redlining of the census tract. Continuous historic redlining score, assessing the degree of "redlining," as well as 4 equal interval divisions of redlining, can be linked to existing data sources by census tract identifier allowing for one form of structural racism in the housing market to be assessed with a variety of outcomes. The 2010 files are set to census 2010 tract boundaries. The 2020 files use the new census 2020 tract boundaries, reflecting the increase in the number of tracts from 12,888 in 2010, to 13,488 in 2020. Use the 2010 HRS with decennial census 2010 or ACS 2010-2019 data. As of publication (10/15/2020) decennial census 2020 data for the P1 (population) and H1 (housing) files are available from census.

Citation:Meier, Helen C.S., and Mitchell, Bruce C. . Historic Redlining Scores for 2010 and 2020 US Census Tracts. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2021-10-15. https://doi.org/10.3886/E141121V2 For more information, please visit OPENICPSR or Mapping Inequality.

Housing Insecurity

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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 and older who report report facing housing insecurity in the past 12 months. Literature has shown that housing insecurity or instability is associated with limited access to health care and poor health outcomes. Housing cost burden (spending more than 30% income on housing) is one challenge of housing instability, which also includes housing quality, overcrowding, and moving frequently. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Utility Services Threat

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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

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Methodology

This indicator reports the percentage of adults age 18 and older who report facing utility services threat in the past 12. Unmet social needs can impact health through disease outcomes, factors such as chronic stress, and in further impacting the ability to access needed resources. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Other Social & Economic Factors

Area Deprivation Index

Methodology

About the 2019 Area Deprivation Index (ADI)
The Area Deprivation Index (ADI) allows for rankings of neighborhoods by socioeconomic status disadvantage in a region of interest (e.g. at the state or national level). It includes factors for the theoretical domains of income, education, employment, and housing quality. Index scores can be used to inform health delivery and policy, especially for the most disadvantaged neighborhood groups.

The Area Deprivation Index ranks neighborhoods relative to all neighborhoods across the nation (National Score) or relative to other neighborhoods within just one state (State Decile). Values are assigned by ranking all census block groups from low to high and grouping the block groups/neighborhoods into bins corresponding to each 1% range. Group 1 is the lowest ADI and group 100 is the highest ADI. A block group with a ranking of 1 indicates the lowest level of "disadvantage" within the nation and an ADI with a ranking of 100 indicates the highest level of "disadvantage". The State scores are assigned at the block group level from 1 to 10. The state deciles are constructed by ranking the ADI from low to high within each state - without consideration of national ADIs. Again, group 1 is the lowest ADI (least disadvantaged) and 10 is the highest ADI (most disadvantaged).

County Level Scores
The county-level scores displayed here are population-weighted averages using the block-group level Area Deprivation Index scores and the 2020 Decennial Census total population. State decile scores are converted to a 1-100 point scale.

For more information, please visit the University of Wisconsin Neighborhood Atlas website.

Food Insecurity Rate

Data Background

Feeding America is the nation's network of more than 200 food banks and the largest hunger-relief charity in the United States. Each year, Feeding America secures and distributes three billion pounds of food and grocery products through 61,000 agencies nationwide. The agency network provides charitable food assistance to an estimated 37 million people in need annually. In addition to outreach, Feeding America works with other foundations to produce hunger studies like Map the Meal Gap to help combat hunger by learning about food insecurity at the local level.

Methodology

This indicator reports percentage of food insecure population in the United States. Additional information includes food insecure persons ineligible for income assistance. Maximum income thresholds for assistance programs vary by state (165% FPL to 200% FPL). These data are acquired from Feeding America's Map the Meal Gap hunger study. Food insecurity is defined by the USDA as the inability to meet food needs during at least 7 months of the year. Data are estimates generated by Feeding America using inputs from multiple data sources, including the Current population Survey (CPS), the Bureau of Labor Statistics (BLS), and the American Community Survey (ACS). Additional analysis was contributed by Nielsen. For complete details please see the full Executive Summary or visit the Map the Meal Gap web page.

Homeless Children & Youth

Data Background

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

Methodology

This indicator reports the number and percentage of homeless children and youth enrolled in the public school system during the latest report year. According to the data source definitions, homelessness is defined as lacking a fixed, regular, and adequate nighttime residence. Those who are homeless may be sharing the housing of other persons, living in motels, hotels, or camping grounds, in emergency transitional shelters, or may be unsheltered. County-level summaries are calculated by CARES using small-area estimation technique based on the proportion of the population aged 5-17 in each school district/county. The population figures for this calculation are based on data from the 2010 US Decennial Census at the census block geographic level.

Notes:
1) Data is suppressed for school districts when the count of students is less than 3.
2) Data is missing for a number of school districts. The percentage of districts with data, and the percentage of students in districts with data are reported to aid with interpretation.
3) Use caution when comparing data across states due to discrepancies in reporting. For more information please consult the original data or download the complete EdFacts Data Documentation.

Households with No Motor Vehicle

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to

produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of housing units are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. The data on vehicles available were obtained from Housing Question 11 in the 2022 American Community Survey (ACS) . The question was asked at occupied housing units. These data show the number of passenger cars, vans, and pickup or panel trucks of one-ton capacity or less kept at home and available for the use of household members. Vehicles rented or leased for one month or more, company vehicles, and police and government vehicles are included if kept at home and used for non-business purposes. Dismantled or immobile vehicles are excluded. Vehicles kept at home but used only for business purposes also are excluded. For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Incarceration Rate

Data Background

Based at Harvard University, Opportunity Insights mission is to develop scalable policy solutions that will empower families throughout the United States to rise out of poverty and achieve better life outcomes. For more information about this source, please visit the Opportunity Insights web page.

Methodology

The 2018 Opportunity Atlas estimates the percentage of individuals born in each census tract who were incarcerated at the time of the 2010 Census. Incarceration was defined as living in the following types of group quarters: federal detention center, federal prison, state prison, local jail, residential correctional facility, military jail, or juvenile correctional facility. Data are calculated for the total population, and for demographic groups by sex, race/ethnicity, and parents' income. For more information, visit the Opportunity Atlas interactive web map at OpportunityAtlas.org.

Insurance - Insured Population and Provider Type

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically

different.

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of the population by health insurance status 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 2018-2022. Data are aggregate summaries based on 2022 Census Tract boundaries. Health insurance coverage status is classified in the ACS according to yes/no responses to questions (16a - 16h) representing eight categories of health insurance, including: Employer-based, Directly-purchased, Medicare, Medicaid/Medical Assistance, TRICARE, VA health care, Indian Health Service, and Other. An eligibility edit was applied to give Medicaid, Medicare, and TRICARE coverage to individuals based on program eligibility rules. People were considered insured if they reported at least one "yes" to Questions 16a - 16f. Indicator statistics are measured as a percentage of the universe population using the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Data Limitations
The population 'universe' for most health insurance coverage estimates is the civilian noninstitutionalized population, which excludes active-duty military personnel and the population living in correctional facilities and nursing homes. Some noninstitutionalized group quarters (GQ) populations have health insurance coverage distributions that are different from the household population (e.g., the prevalence of private health insurance among residents of college dormitories is higher than the household population). The proportion of the universe that is in the noninstitutionalized GQ populations could therefore have a noticeable impact on estimates of the health insurance coverage. Institutionalized GQ populations may also have health insurance coverage distributions that are different from the civilian noninstitutionalized population, the distributions in the published tables may differ slightly from how they would look if the total population were represented.

Insurance - Medicare Enrollment Demographics

Data Background

The Centers for Medicare & Medicaid Services (CMS), a branch of the Department of Health and Human Services (HHS), is the federal agency that runs the Medicare Program and monitors Medicaid programs offered by each state. Medicare is a type of federally-funded health insurance available to disabled persons and the population age 65 and older. The Office of Enterprise Data and Analytics within the Centers for Medicare & Medicaid Services (CMS) developed a public use file to support further analysis of the geographic variation in the amount and quality of the health care services that Medicare beneficiaries receive. For more information, please see the Geographic Variation Public Use File Methodology document.

Methodology

This indicator reports information on Medicare beneficiary enrollment. Data are from the Centers for Medicare & Medicaid Services (CMS) Geographic Variation Public Use File, which was developed to enable researchers and policymakers to evaluate geographic variation in the utilization and quality of health care services for the Medicare fee-for-service population. The Geographic Variation Public Use File includes demographic, spending, utilization, and quality indicators at the state level (including the District of Columbia, Puerto Rico, and the Virgin Islands), hospital referral region (HRR) level, and county level. Certain categories of Medicare beneficiaries are excluded from the reported statistics, including 1) beneficiaries who were enrolled at any point during the year in a Medicare Advantage (MA) plan and 2) beneficiaries who were enrolled at any point in the year in Part A only or Part B only (roughly 6.8 million in 2018, about 11 percent of the overall total). Information on the sample population and the methodology used to for this indicator can be found in the Methodological Overview paper and the Technical Supplement on Standardization paper.

Insurance - Population Receiving Medicaid

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

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For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of the population by health insurance status 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 2018-2022. Data are aggregate summaries based on 2022 Census Tract boundaries. Health insurance coverage status is classified in the ACS according to yes/no responses to questions (16a - 16h) representing eight categories of health insurance, including: Employer-based, Directly-purchased, Medicare, Medicaid/Medical Assistance, TRICARE, VA health care, Indian Health Service, and Other. An eligibility edit was applied to give Medicaid, Medicare, and TRICARE coverage to individuals based on program eligibility rules. People were considered insured if they reported at least one "yes" to Questions 16a - 16f. Indicator statistics are measured as a percentage of the universe population using the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

ethnicity. All social and economic data are reported in the ACS public use files by race alone, ethnicity alone, and for the white non-Hispanic population.

Data Limitations
The population 'universe' for most health insurance coverage estimates is the civilian noninstitutionalized population, which excludes active-duty military personnel and the population living in correctional facilities and nursing homes. Some noninstitutionalized group quarters (GQ) populations have health insurance coverage distributions that are different from the household population (e.g., the prevalence of private health insurance among residents of college dormitories is higher than the household population). The proportion of the universe that is in the noninstitutionalized GQ populations could therefore have a noticeable impact on estimates of the health insurance coverage. Institutionalized GQ populations may also have health insurance coverage distributions that are different from the civilian noninstitutionalized population, the distributions in the published tables may differ slightly from how they would look if the total population were represented.

Insurance - Uninsured Adults

Data Background

The Small Area Health Insurance Estimates (SAHIE) program was created to develop model-based estimates of health insurance coverage for counties and states. It is currently the only dataset providing complete health-insurance coverage estimates. The models predict state and county-level insurance estimates for total populations, as well as population groups defined by age, sex, race, and income. The SAHIE program models health insurance coverage by combining survey data with population estimates and administrative records. SAHIE estimates are a product of the US Census Bureau with funding from the Centers for Disease Control and Prevention. The SAHIE health insurance models use data from the following sources:

- *American Community Survey*
- Internal Revenue Service: Federal Tax Returns
- Supplemental Nutrition Assistance Program (SNAP): Participation Records
- County Business Patterns
- Medicaid and Children's Health Insurance Program (CHIP): Participation Records
- US Decennial Census

Methodology

Counts of the number of persons without medical insurance are modelled for the Small Area Income and Health Insurance Estimates (SAHIE) datasets by the Census Bureau using both survey and census data. In this reporting platform, indicator percentages are summarized from the SAHIE estimates based on the following formula:

Percentage = SUM [Uninsured Population] / SUM [Total Population] * 100

For more information about the data used in these estimates, please visit the Small Area Health Insurance Estimates website and view the provided Data Inputs page.

Notes

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Data reported from the US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program is available by combined race and ethnicity, and is reported only for state and national data summaries. County level statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available from a local source.

Insurance - Uninsured Children

Data Background

The Small Area Health Insurance Estimates (SAHIE) program was created to develop model-based estimates of health insurance coverage for counties and states. It is currently the only dataset providing complete health-insurance coverage

estimates. The models predict state and county-level insurance estimates for total populations, as well as population groups defined by age, sex, race, and income. The SAHIE program models health insurance coverage by combining survey data with population estimates and administrative records. SAHIE estimates are a product of the US Census Bureau with funding from the Centers for Disease Control and Prevention. The SAHIE health insurance models use data from the following sources:

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Notes

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Insurance - Uninsured Population (ACS)

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of the population by health insurance status 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 2018-2022. Data are aggregate

summaries based on 2022 Census Tract boundaries. Health insurance coverage status is classified in the ACS according to yes/no responses to questions (16a - 16h) representing eight categories of health insurance, including: Employer-based, Directly-purchased, Medicare, Medicaid/Medical Assistance, TRICARE, VA health care, Indian Health Service, and Other. An eligibility edit was applied to give Medicaid, Medicare, and TRICARE coverage to individuals based on program eligibility rules. People were considered insured if they reported at least one "yes" to Questions 16a - 16f. Indicator statistics are measured as a percentage of the universe population using the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Data Limitations
The population ‘universe’ for most health insurance coverage estimates is the civilian noninstitutionalized population, which excludes active-duty military personnel and the population living in correctional facilities and nursing homes. Some noninstitutionalized group quarters (GQ) populations have health insurance coverage distributions that are different from the household population (e.g., the prevalence of private health insurance among residents of college dormitories is higher than the household population). The proportion of the universe that is in the noninstitutionalized GQ populations could therefore have a noticeable impact on estimates of the health insurance coverage. Institutionalized GQ populations may also have health insurance coverage distributions that are different from the civilian noninstitutionalized population, the distributions in the published tables may differ slightly from how they would look if the total population were represented.

Insurance - Uninsured Population (SAHIE)

Data Background

The Small Area Health Insurance Estimates (SAHIE) program was created to develop model-based estimates of health insurance coverage for counties and states. It is currently the only dataset providing complete health-insurance coverage estimates. The models predict state and county-level insurance estimates for total populations, as well as population groups defined by age, sex, race, and income. The SAHIE program models health insurance coverage by combining survey data with population estimates and administrative records. SAHIE estimates are a product of the US Census Bureau with funding from the Centers for Disease Control and Prevention. The SAHIE health insurance models use data from the following sources:

- *American Community Survey*
- Internal Revenue Service: Federal Tax Returns
- Supplemental Nutrition Assistance Program (SNAP): Participation Records
- County Business Patterns
- Medicaid and Children's Health Insurance Program (CHIP): Participation Records
- US Decennial Census

Methodology

Counts of the number of persons without medical insurance are modelled for the Small Area Income and Health Insurance Estimates (SAHIE) datasets by the Census Bureau using both survey and census data. In this reporting platform, indicator percentages are summarized from the SAHIE estimates based on the following formula:

Percentage = SUM [Uninsured Population] / SUM [Total Population] * 100

For more information about the data used in these estimates, please visit the Small Area Health Insurance Estimates website and view the provided Data Inputs page.

Notes

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Data reported from the US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program is available by combined race and ethnicity, and is reported only for state and national data summaries. County level statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available from a local source.

Racial Diversity (Theil Index)

Data Background

The Center for Applied Research and Engagement Systems is a non-profit research organization that integrates the social, physical, and biological sciences to better understand human, natural resource, and environmental issues and problems. Based at the University of Missouri, CARES utitlizes the latest technologies in geographic information systems, satellite imagery, environmental modeling, and the internet to compile, analyze and distribute information about our world.

Methodology

This layer displays information about racial segregation using the Theil Index (H). This index measures the "eveness" of all races across a total area (in this case, counties) based on the racial composition of the population at sub-areas (in this case, census blocks). Specifically, for any given total area, the index measures the average difference between each sub-areas's racial distribution (entropy), and the racial distribution (entropy) of the county as a whole. H values range from 0 to 1. Areas with higher values of H (approaching 1) have less uniform ethnic distributions; areas with lower values of H (approaching 0) have more uniform ethnic distributions.

The Theil Index was calculated using population data and geographic units from the 2010 Decennial Census. The population groups used in the measurement are: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic Asian, Non-Hispanic American Indian / Alaska Native, Non-Hispanic Native Hawaiian / Pacific Islander, and Hispanic or Latino.

Notes

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

Racial Segregation (Interaction Index)

Data Background

The Center for Applied Research and Engagement Systems is a non-profit research organization that integrates the social, physical, and biological sciences to better understand human, natural resource, and environmental issues and problems. Based at the University of Missouri, CARES utitlizes the latest technologies in geographic information systems, satellite imagery, environmental modeling, and the internet to compile, analyze and distribute information about our world.

Methodology

This indicator reports information about racial segregation using the Theil Index (H). This index measures the "eveness" of all races across a total area (in this case, counties) based on the racial composition of the population at sub-areas (in this case, census blocks). Specifically, for any given total area, the index measures the average difference between each sub-areas's racial distribution (entropy), and the racial distribution (entropy) of the county as a whole. H values range from 0 to 1. Areas with higher values of H (approaching 1) have less uniform ethnic distributions; areas with lower values of H

(approaching 0) have more uniform ethnic distributions.

The Theil Index was calculated by the University of Missouri Center for Applies Research and Engagement Systems (CARES) using population data and geographic units from the 2010 Decennial Census. The population groups used in the measurement are: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic Asian, Non-Hispanic American Indian / Alaska Native, Non-Hispanic Native Hawaiian / Pacific Islander, and Hispanic or Latino.

For more information please see the Census Bureau's guidance on Measures of Residential Segregation.

Notes

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories in the US Decennial Census based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the 2020 Census are: White, Black or African American, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, and Some Other Race. A Census survey respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as "Two or More Races". The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity.

SNAP Benefits - Households Receiving SNAP (ACS)

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Population counts for household program participation and total household data are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. This indicator is a measure of household-level SNAP participation based on survey response about "receipts of food stamps or a food stamp benefit card in the past 12 months" by one or more household members. Area statistics are measured as a percentage of total occupied households based on the following formula:

Percentage = [Participating Households] / [Total Households] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

Race and Ethnicity

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

SNAP Benefits - Population Receiving SNAP (SAIPE)

Data Background

The U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE) provides annual estimates at the state, county, and school district level of income and poverty statistics for the administration of federal programs. This data is used to supplement the income and poverty estimates available from the American Community Survey (ACS), which only releases single-year estimates for counties and other areas with population size of 65,000 or more. SAIPE data is modeled using estimates by combining survey data (from the American Community Survey) with population estimates and administrative records (from the SNAP Benefit Program and SSA Administration). For school districts, the SAIPE program uses the model-based county estimates and inputs from federal tax information and multi-year survey data.

For more information, please refer to the US Census Bureau's Small Area Income and Poverty Estimates website.

Methodology

Counts of the number of persons receiving SNAP benefits are obtained for the SAIPE datasets by the Census Bureau from the United States Department of Agriculture, Food and Nutrition Service (USDA/FNS). In most states, the SNAP recipient numerator represents the total count of participants for the month of July in the estimation year. In a few cases, however, states only provided data only for other reference periods. Population estimates are obtained for the SAIPE datasets from the US Census Bureau's Population Estimates Program (PEP) and represent the poverty universe (excluding populations in group quarters, for example). Indicator percentages are summarized from the data inputs based on the following formula:

Percentage = SUM [SNAP Recipients] / SUM [Total Population] * 100

For more information about the data used in these estimates, please visit the Small Area Income and Poverty Estimates website and view the provided Information About Data Inputs.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Social Capital - Social Capital Index

Data Background

The Northeast Regional Center for Rural Development is located at the Pennsylvania State University and collaborates with land grant institutions in the northeastern United States. The Center works to address issues facing rural communities, such as community development, food systems, and land use. Each Center is administered by a joint agreement between USDA and the site institution operating for the Extension Service and the Experiment Station in the region. For more information, please visit the Northeast Regional Center for Rural Development website.

Methodology

All values (index values and inputs) were downloaded from the Pennsylvania State University Northeast Regional Center for Rural Development (NERCRD).

The composite social capital index was created by the NERCRD by analyzing county-level data related to civic engagement and voluntary community action. The variables used in the analysis are: total associations per 10,000 people (data source: US Census Bureau, County Business Patterns), number of not-for-profit organizations per 10,000 people (source: The National Center for Charitable Statistics, census mail response rates (US Census Bureau, 2010 Census Participation Rates), and estimated voter participation (data source: US Census Bureau, Voting and Registration in the Election of November 2012. Each of these variables was standardized to have a mean of zero and a standard deviation of one. The mean of the standardized variables was used to create the composite index. For more information, please refer to the Northeast Regional Center for Rural Development Social Capital web page.

Notes

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

Social Capital - 501c3 organizations

Data Background

The Exempt Organization Business Master File Extract (EO BMF) is an address-level database containing information about all exempt organizations registered with the Internal Revenue Service (IRS). Exempt organization information is extracted monthly from the Internal Revenue Service's Business Master File. This is a cumulative file, and the data are the most recent information the IRS has for these organizations. For more information, please visit the IRS Exempt Organizations Business Master File web page.

Methodology

This indicator reports the rate of exempt 501(c)(3) or 501(c)(4) charitable organizations per 100,000 total population. The number of organizations in each geographic area was acquired through analysis of the Internal Revenue Service (IRS) Exempt Organizations Business Master File Extract (EO BMF).

The Exempt Organization Business Master File Extract (EO BMF) includes cumulative information on exempt organizations. The data are extracted monthly and made available for download. Data from the file utilized in the analysis include address, filing subsection, activity codes, and National Taxonomy of Exempt Entities (NTEE) codes. Only organizations that indicate an IRS filing subsection of 3 or 4, indicating the organization is a 501(c)(3) or 501(c)(4) charitable organization, are included in this analysis. Population data are from the U.S. Census Bureau's 2020 Decennial Census. Rates are calculated by the University of Missouri Center for Applied Research and Engagement Systems (CARES) and reported per 100,000 total population.

Social Capital - ACS Self-response Rate

Data Background

The Census Bureau's Planning Database (PDB) contains select operational, housing, demographic, and socio-economic statistics from the 2010 Census and the American Community Survey (ACS) 5-year files. It also contains the Low Response Score (LRS), where the LRS is a predicted value of mail self-response.

Methodology

The definitions of the three key operational statistics in the 2021 PDB are as follows:

2010 Census Mail Return Rate (Mail_Return_Rate_CEN_2010):
The number of 2010 Census mail returns received in a tract, out of the total number of valid occupied housing units (HUs) in the Mailout/Mailback universe which excludes deleted, vacant, or units identified as undeliverable as addressed.

2015-2019 ACS Self-Response Rate (Self_Response_Rate_ACS_15_19):
The calculated selfresponse rate of a tract in the 2015-2019 ACS, based on several self-response modes of data collection.

Prediction of Low Census Mail Return Rate (Low_Response_Score):
A score predicting that a tract will produce a low Census mail return rate, based on a statistical model updated yearly and based on several predictor variables.

Depending on their goals, researchers may prefer to use one of these over the others in their statistical analyses, and there are tradeoffs between the three variables. The 2010 Census Mail Return Rate is based on the 2010 Census, and therefore less recent than the 2015-2019 ACS Self-Response Rate. However, the Census accounts for all HUs in the nation, while the 2015-2019 ACS accounts for a sample of HUs. The Low Response Score (LRS) is based on a statistical model. It gets updated yearly and is inversely related to the 2010 Census Mail Return Rate. Some geographies in the PDB do not have any LRS value, if they lack a 2010 Census valid mailback count or nonzero population based on ACS data, or due to boundary changes since Census 2010. A discussion of the LRS methodology can be found in "The Low Response Score (LRS): A Metric to Locate, Predict, and Manage Hard-to-Survey Populations," found here.

Social Capital - Voter Participation Rate

Data Background

Townhall's Election 2020 section breaks down votes cast by political party for all reporting counties in the United States. The election results obtained from this source are current as of December 14, 2020.

Methodology

Voter participate rates for the 2020 Presidential election are calculated by dividing total votes cast for Presidential candidates by the total citizen voting age population. Votes cast are obtained from Townhall.com using a GitHub data API. Downloaded data include total votes cast and votes cast for the two major party candidates. Citizen age 18+ figures are obtained from the U.S. Census Bureau's 2015-19 American Community Survey. Because not all eligible citizens are registered voters, the values may be systematically lower than actual participation rates.

Work Injuries and Illness

Data Background

The Bureau of Labor Statistics (BLS) is the principal Federal agency responsible for measuring labor market activity, working conditions, and price changes in the economy. Its mission is to collect, analyze, and disseminate essential economic information to support public and private decision-making. As an independent statistical agency, BLS serves its diverse user communities by providing products and services that are objective, timely, accurate, and relevant.

Methodology

The Injuries, Illnesses, and Fatalities (IIF) program is a program at the U.S. Bureau of Labor Statistics (BLS) that collects and reports information about workplace injuries, illnesses, and fatalities. The program's data is collected annually through the Survey of Occupational Injuries and Illnesses (SOII) and the Census of Fatal Occupational Injuries (CFOI). The IIF program provides information on the number and incidence rate of work-related injuries, illnesses, and fatalities, and how these statistics vary by industry, occupation, geography, incident, and other characteristics. For more information, please visit the Bureau of Labor Statistics Injuries, Illnesses, and Fatalities web page.
Note: The number of States for which SOII data are available varies from year to year due primarily to changes in State participation in the SOII.

Social Vulnerability Index (SoVI)

Methodology

This indicator reports information from the Centers for Disease Control and Prevention Social Vulnerability Index (CDC SVI or SVI). The SVI is a score based on 16 U.S. census variables from the 5-year American Community Survey (ACS) to identify communities that may need support before, during, or after disasters. These variables are grouped into four themes that cover four major areas of social vulnerability and then combined into a single measure of overall social vulnerability. The

four areas are:

- Socioeconmic Status
- Household Characteristics
- Racial & Ethnic Minority Status
- Housing Type and Transportation

About the Social Vulnerability Index (SVI)
The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

The Geospatial Research, Analysis & Services Program (GRASP) created the Centers for Disease Control and Prevention Social Vulnerability Index to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event. SVI indicates the relative vulnerability of every U.S. Census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. SVI ranks the tracts on 16 social factors, including unemployment, minority status, and disability, and further groups them into four related themes. Thus, each tract receives a ranking for each Census variable and for each of the four themes, as well as an overall ranking. In addition to tract-level rankings, SVI 2010, 2014, 2016, 2018,2020 and 2022 also have corresponding rankings at the county level. Notes below that describe "tract" methods also refer to county methods. How can CDC SVI help communities be better prepared for hazardous events? SVI provides specific socially and spatially relevant information to help public health officials and local planners better prepare communities to respond to emergency events such as severe weather, floods, disease outbreaks, or chemical exposure.

Teen Births

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

Indicator percentages are acquired for year 2016-2022 from National Center for Health Statistics - Natality files, accessible through the University of Wisconsin's County Health Rankings. This indicator reports the estimated mean teen birth rate (expressed per 1,000 females age 15-19) over a 7-year time frame for each county and state in the United States. These data are provided by the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS). For more information about these estimates, please visit NCHS. For additional information about the seven-year average displayed here, please visit the Teen Births indicator information.

Notes

Race and Ethnicity
For some measures, County Health Rankings provides disaggregated data by combined race and ethnicity within the county snapshot. The 2024 County Health Rankings adheres to the definition by The Office of Management and Budget (OMB) and reports for the following categories: Non-Hispanic American Indian & Alaska Native, Non-Hispanic Asian, Non-Hispanic Black, Hispanic, Non-Hispanic Native Hawaiian or Other Pacific Islander, Non-Hispanic Two or More Races, and Non-Hispanic White. Data for all racial/ethnic groups may not be available for all measures or counties.
For more information, please review the County Health Rankings how CHR&R shares available data to understand the health of racialized groups of people.

Teen Births (ACS)

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Area demographic statistics are measured as a percentage of the total population based on the following formula:

Percentage = [Subgroup Population] / [Total Population] * 100

For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Arrests - Juvenile Arrest Rate

Data Background

Easy Access to State and County Juvenile Court Case Counts (EZACO) gives users quick access to State and county juvenile court case counts for delinquency, status offense, and dependency cases. Data are from 1997 to 2019.

Methodology

Juvenile arrests data was acquired from the University of Wisconsin's County Health Rankings (CHR). This measure represents the rate of delinquency cases per 1,000 juveniles. CHR uses 2021 data from the Easy Access to State and County Juvenile Court Case Counts (EZACO). For more information, please review the County Health Rankings Juvenile Arrests.

Property Crime - Total

Data Background

The Federal Bureau of Investigation (FBI) is a governmental agency belonging to the United States Department of Justice that serves to protect and defend the United States against terrorist and foreign intelligence threats, to uphold and enforce the criminal laws of the United States, and to provide leadership and criminal justice services to federal, state, municipal, and international agencies and partners. The FBI's Uniform Crime Reporting (UCR) Program has been the starting place for law enforcement executives, students of criminal justice, researchers, members of the media, and the public at large seeking information on crime in the nation. The program was conceived in 1929 by the International Association of Chiefs of Police to meet the need for reliable uniform crime statistics for the nation. In 1930, the FBI was tasked with collecting, publishing, and archiving those statistics.

Today, four annual publications, Crime in the United States, National Incident-Based Reporting System, Law Enforcement

Officers Killed and Assaulted, and Hate Crime Statistics are produced from data received from over 18,000 city, university/college, county, state, tribal, and federal law enforcement agencies voluntarily participating in the program. The crime data are submitted either through a state UCR Program or directly to the FBI's UCR Program. For more information, please visit the FBI's Uniform Crime Reports website.

Methodology

Crime totals, population figures, and crime rates are multi-year county-level estimates created by the National Archive of Criminal Justice Data (NACJD) based on agency-level* records in a file obtained from the FBI, which also provides aggregated county totals. NACJD imputes missing data and then aggregates the data to the county-level. Violent crimes consist of homicide, forcible rape, robbery, and aggravated assault. Rates are reported as the number of crimes per 100,000 population using the following formula:

Crime Rate = [Number Violent Crimes] / [Total Population] *100,000

*Police jurisdictions may be defined by the boundary of a county, county subdivision, or city. Regional police departments may consist of multiple cities or subdivisions.

Access to the complete methodology is available through the Inter-university Consortium for Political and Social Research (IPSCOR), a repository for the NAJDC Uniform Crime Reporting Program Data Series.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Data Limitations
1. Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data and maps do not necessarily represent an exhaustive list of crimes due to gaps in reporting.
2. Data for forcible rape was not consistenly reported by city and county agencies in the state of Minnesota. Forcible rapes are not included in the violent crime summaries for cities and counties in that state.
3. Some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds. These offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Data Suppression
Suppression is used to avoid misinterpretation when rates are unreliable or unstable. When the FBI determines that an agency's data collection methodology does not comply with national UCR guidelines, the figure(s) for that agency's offense(s) are not be included. For further details please see the original data tables available online through the FBI Crime in the US website.

Violent Crime - Assault

Data Background

The Federal Bureau of Investigation (FBI) is a governmental agency belonging to the United States Department of Justice that serves to protect and defend the United States against terrorist and foreign intelligence threats, to uphold and enforce the criminal laws of the United States, and to provide leadership and criminal justice services to federal, state, municipal, and international agencies and partners. The FBI's Uniform Crime Reporting (UCR) Program has been the starting place for law enforcement executives, students of criminal justice, researchers, members of the media, and the public at large seeking information on crime in the nation. The program was conceived in 1929 by the International Association of Chiefs of Police to meet the need for reliable uniform crime statistics for the nation. In 1930, the FBI was tasked with collecting, publishing, and archiving those statistics.

Today, four annual publications, Crime in the United States, National Incident-Based Reporting System, Law Enforcement Officers Killed and Assaulted, and Hate Crime Statistics are produced from data received from over 18,000 city, university/college, county, state, tribal, and federal law enforcement agencies voluntarily participating in the program. The

crime data are submitted either through a state UCR Program or directly to the FBI's UCR Program. For more information, please visit the FBI's Uniform Crime Reports website.

Methodology

Crime totals, population figures, and crime rates are multi-year county-level estimates created by the National Archive of Criminal Justice Data (NACJD) based on agency-level* records in a file obtained from the FBI, which also provides aggregated county totals. NACJD imputes missing data and then aggregates the data to the county-level. Violent crimes consist of homicide, forcible rape, robbery, and aggravated assault. Rates are reported as the number of crimes per 100,000 population using the following formula:

Crime Rate = [Number Violent Crimes] / [Total Population] *100,000

*Police jurisdictions may be defined by the boundary of a county, county subdivision, or city. Regional police departments may consist of multiple cities or subdivisions.

Access to the complete methodology is available through the Inter-university Consortium for Political and Social Research (IPSCOR), a repository for the NAJDC Uniform Crime Reporting Program Data Series.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Data Limitations
1. Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data and maps do not necessarily represent an exhaustive list of crimes due to gaps in reporting.
2. Data for forcible rape was not consistenly reported by city and county agencies in the state of Minnesota. Forcible rapes are not included in the violent crime summaries for cities and counties in that state.
3. Some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds. These offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Data Suppression
Suppression is used to avoid misinterpretation when rates are unreliable or unstable. When the FBI determines that an agency's data collection methodology does not comply with national UCR guidelines, the figure(s) for that agency's offense(s) are not be included. For further details please see the original data tables available online through the FBI Crime in the US website.

Violent Crime - Rape

Data Background

The Federal Bureau of Investigation (FBI) is a governmental agency belonging to the United States Department of Justice that serves to protect and defend the United States against terrorist and foreign intelligence threats, to uphold and enforce the criminal laws of the United States, and to provide leadership and criminal justice services to federal, state, municipal, and international agencies and partners. The FBI's Uniform Crime Reporting (UCR) Program has been the starting place for law enforcement executives, students of criminal justice, researchers, members of the media, and the public at large seeking information on crime in the nation. The program was conceived in 1929 by the International Association of Chiefs of Police to meet the need for reliable uniform crime statistics for the nation. In 1930, the FBI was tasked with collecting, publishing, and archiving those statistics.

Today, four annual publications, Crime in the United States, National Incident-Based Reporting System, Law Enforcement Officers Killed and Assaulted, and Hate Crime Statistics are produced from data received from over 18,000 city, university/college, county, state, tribal, and federal law enforcement agencies voluntarily participating in the program. The crime data are submitted either through a state UCR Program or directly to the FBI's UCR Program. For more information, please visit the FBI's Uniform Crime Reports website.

Methodology

Crime totals, population figures, and crime rates are multi-year county-level estimates created by the National Archive of Criminal Justice Data (NACJD) based on agency-level* records in a file obtained from the FBI, which also provides aggregated county totals. NACJD imputes missing data and then aggregates the data to the county-level. Violent crimes consist of homicide, forcible rape, robbery, and aggravated assault. Rates are reported as the number of crimes per 100,000 population using the following formula:

Crime Rate = [Number Violent Crimes] / [Total Population] *100,000

*Police jurisdictions may be defined by the boundary of a county, county subdivision, or city. Regional police departments may consist of multiple cities or subdivisions.

Access to the complete methodology is available through the Inter-university Consortium for Political and Social Research (IPSCOR), a repository for the NAJDC Uniform Crime Reporting Program Data Series.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Data Limitations
1. Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data and maps do not necessarily represent an exhaustive list of crimes due to gaps in reporting.
2. Data for forcible rape was not consistenly reported by city and county agencies in the state of Minnesota. Forcible rapes are not included in the violent crime summaries for cities and counties in that state.
3. Some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds. These offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Data Suppression
Suppression is used to avoid misinterpretation when rates are unreliable or unstable. When the FBI determines that an agency's data collection methodology does not comply with national UCR guidelines, the figure(s) for that agency's offense(s) are not be included. For further details please see the original data tables available online through the FBI Crime in the US website.

Violent Crime - Robbery

Data Background

The Federal Bureau of Investigation (FBI) is a governmental agency belonging to the United States Department of Justice that serves to protect and defend the United States against terrorist and foreign intelligence threats, to uphold and enforce the criminal laws of the United States, and to provide leadership and criminal justice services to federal, state, municipal, and international agencies and partners. The FBI's Uniform Crime Reporting (UCR) Program has been the starting place for law enforcement executives, students of criminal justice, researchers, members of the media, and the public at large seeking information on crime in the nation. The program was conceived in 1929 by the International Association of Chiefs of Police to meet the need for reliable uniform crime statistics for the nation. In 1930, the FBI was tasked with collecting, publishing, and archiving those statistics.

Today, four annual publications, Crime in the United States, National Incident-Based Reporting System, Law Enforcement Officers Killed and Assaulted, and Hate Crime Statistics are produced from data received from over 18,000 city, university/college, county, state, tribal, and federal law enforcement agencies voluntarily participating in the program. The crime data are submitted either through a state UCR Program or directly to the FBI's UCR Program. For more information, please visit the FBI's Uniform Crime Reports website.

Methodology

Crime totals, population figures, and crime rates are multi-year county-level estimates created by the National Archive of Criminal Justice Data (NACJD) based on agency-level* records in a file obtained from the FBI, which also provides aggregated county totals. NACJD imputes missing data and then aggregates the data to the county-level. Violent crimes consist of homicide, forcible rape, robbery, and aggravated assault. Rates are reported as the number of crimes per 100,000 population using the following formula:

Crime Rate = [Number Violent Crimes] / [Total Population] *100,000

*Police jurisdictions may be defined by the boundary of a county, county subdivision, or city. Regional police departments may consist of multiple cities or subdivisions.

Access to the complete methodology is available through the Inter-university Consortium for Political and Social Research (IPSCOR), a repository for the NAJDC Uniform Crime Reporting Program Data Series.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Data Limitations
1. Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data and maps do not necessarily represent an exhaustive list of crimes due to gaps in reporting.
2. Data for forcible rape was not consistenly reported by city and county agencies in the state of Minnesota. Forcible rapes are not included in the violent crime summaries for cities and counties in that state.
3. Some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds. These offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Data Suppression
Suppression is used to avoid misinterpretation when rates are unreliable or unstable. When the FBI determines that an agency's data collection methodology does not comply with national UCR guidelines, the figure(s) for that agency's offense(s) are not be included. For further details please see the original data tables available online through the FBI Crime in the US website.

Violent Crime - Total

Data Background

The Federal Bureau of Investigation (FBI) is a governmental agency belonging to the United States Department of Justice that serves to protect and defend the United States against terrorist and foreign intelligence threats, to uphold and enforce the criminal laws of the United States, and to provide leadership and criminal justice services to federal, state, municipal, and international agencies and partners. The FBI's Uniform Crime Reporting (UCR) Program has been the starting place for law enforcement executives, students of criminal justice, researchers, members of the media, and the public at large seeking information on crime in the nation. The program was conceived in 1929 by the International Association of Chiefs of Police to meet the need for reliable uniform crime statistics for the nation. In 1930, the FBI was tasked with collecting, publishing, and archiving those statistics.

Today, four annual publications, Crime in the United States, National Incident-Based Reporting System, Law Enforcement Officers Killed and Assaulted, and Hate Crime Statistics are produced from data received from over 18,000 city, university/college, county, state, tribal, and federal law enforcement agencies voluntarily participating in the program. The crime data are submitted either through a state UCR Program or directly to the FBI's UCR Program. For more information, please visit the FBI's Uniform Crime Reports website.

Methodology

Crime totals, population figures, and crime rates are multi-year county-level estimates created by the National Archive of Criminal Justice Data (NACJD) based on agency-level* records in a file obtained from the FBI, which also provides

aggregated county totals. NACJD imputes missing data and then aggregates the data to the county-level. Violent crimes consist of homicide, forcible rape, robbery, and aggravated assault. Rates are reported as the number of crimes per 100,000 population using the following formula:

Crime Rate = [Number Violent Crimes] / [Total Population] *100,000

*Police jurisdictions may be defined by the boundary of a county, county subdivision, or city. Regional police departments may consist of multiple cities or subdivisions.

Access to the complete methodology is available through the Inter-university Consortium for Political and Social Research (IPSCOR), a repository for the NAJDC Uniform Crime Reporting Program Data Series.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Data Limitations
1. Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data and maps do not necessarily represent an exhaustive list of crimes due to gaps in reporting.
2. Data for forcible rape was not consistenly reported by city and county agencies in the state of Minnesota. Forcible rapes are not included in the violent crime summaries for cities and counties in that state.
3. Some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds. These offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Data Suppression
Suppression is used to avoid misinterpretation when rates are unreliable or unstable. When the FBI determines that an agency's data collection methodology does not comply with national UCR guidelines, the figure(s) for that agency's offense(s) are not be included. For further details please see the original data tables available online through the FBI Crime in the US website.

Housing + Transportation Affordability Index (H+T Index)

Data Background

The Center for Neighborhood Technology's Housing + Transportation Affordability Index (H+T Index) is an innovative tool that measures the true affordability of housing by calculating the transportation costs associated with a home's location. Planners, lenders, and most consumers traditionally consider housing affordable if the cost is 30 percent or less of household income. The H+T Index proposes expanding the definition of housing affordability to include transportation costs at a home's location to better reflect the true cost of households' location choices. Based on research in metro areas ranging from large cities with extensive transit to small metro areas with extremely limited transit options, CNT has found 15 percent of income to be an attainable goal for transportation affordability. By combining this 15 percent level with the 30 percent housing affordability standard, the H+T Index recommends a new view of affordability defined as combined housing and transportation costs consuming no more than 45 percent of household income.

Methodology

The H+T Index was constructed using the measured housing cost and modeled transportation cost. The housing cost are obtained from the American Community Survey 5-year Estimate (2019 ACS) using the selected monthly ownership cost and the gross rent and combines each using the relative number of owner occupied households and renting households. The transportation model estimates three dependent variables (auto ownership, auto use, and transit use) as functions of 17 independent variables:

1. median household income
2. average household size
3. average commuters per household

4. gross household density
5. household intensity
6. fraction of single family detached housing
7. single family detached housing intensity
8. fraction of rental housing units
9. rental housing intensity
10. employment intensity
11. employment mix index
12. block size
13. bus transit connectivity index
14. other (non-bus) transit connectivity index
15. total available transit trips per week at peak times
16. area of transit access shed
17. jobs within the transit access shed

To focus on the built environment's influence on transportation costs, the independent household variables (income, household size, and commuters per household) are set at fixed values to control for any variation they might cause. By establishing and running the model for a control household any variation observed in transportation costs is due to place and location, not household characteristics.
For more information about the H+T Affordability Index, please go to the H+T Index website or check the methodology document.

Young People Not in School and Not Working

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Gender Pay Gap

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be

careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Gender pay gap data was acquired from the University of Wisconsin's County Health Rankings (CHR). This measure represents women's median earnings in cents compared to every dollar (100 cents) of men's median earnings, or "cents on the dollar". CHR uses 2018-2022 ACS five-year average data for this indicator. For more information, please review the information here.

Opportunity Index

Data Background

Opportunity Nation seeks to advance the field of opportunity and economic mobility research though the annual release of the Opportunity Index and in-depth analyses on issues such as youth unemployment, disconnected youth and civic engagement. The Opportunity Index is an annual composite measure at the state and county levels of economic, educational and civic factors that foster opportunity and is designed to help identify concrete solutions to lagging conditions for opportunity and economic mobility. For more information, visit Opportunity Nation.

Vulnerable Populations - Electricity-Dependent Medicare Beneficiaries

Data Background

The HHS emPOWER Program is a mission-critical partnership between the Administration for Strategic Preparedness and Response (ASPR) and the Centers for Medicare and Medicaid Services (CMS). The HHS emPOWER Program provides federal data, mapping, and artificial intelligence tools, as well as training and resources, to help communities nationwide protect the health of at-risk Medicare beneficiaries, including 4.5 million individuals who live independently and rely on electricity-dependent durable medical and assistive equipment and devices, and/or certain essential health care services.

The HHS emPOWER Emergency Planning De-identified Dataset provides monthly updated de-identified totals at the state, territory, county and ZIP Code levels for Medicare beneficiaries who are currently enrolled in the Centers for Medicare and Medicaid Service Medicare Fee-For-Service (Parts A/B) and Medicare Advantage (Part C) Programs. The dataset also provides the total number of Medicare beneficiaries who have had an administrative claim for one or more types of electricity-dependent durable medical and assistive equipment (DME) and devices, certain essential health care services, as well as at-risk combinations data for those who rely on a certain essential health care service(s) and any electricity-dependent DME and devices. Detailed instructions on how to access and use the HHS emPOWER Emergency Planning De-identified Dataset are included in the HHS emPOWER Emergency Planning De-identified Dataset Job Aid, which is available in the Resources box on this page.

For more information, please see the HHS emPOWER web page.

Methodology

This indicator reports the number and percentage of at-risk Medicare beneficiaries due to dependency on electricity-dependent medical equipment. Data are based on the number of beneficiaries with claims in Centers for Medicare and Medicaid Services (CMS) databases for: ventilator, bilevel positive airway pressure (BiPAP) machine, enteral feeding machine, intravenous (IV) infusion pump, suction pump, at-home dialysis machine, electric wheelchair, electric scooter, and electric bed equipment in the past 13 months; oxygen concentrator equipment in the past 36 months; and implanted cardiac devices that include left ventricular assistive device (LVAD), right ventricular assistive device (RVAD), bi-ventricular assistive device (BIVAD), and total artificial heart (TAH) in the past 5 years.

Indicator data also display the number of beneficiaries with electicity-dependent DME and select health care services:

- The "In-Facility ESRD Dialysis Any DME" option displays beneficiaries who receive in-facility End Stage Renal Disease (ESRD) dialysis treatment services and use one or more types of the electricity-dependent DME and devices.
- The "O2 Services Any DME" option displays individuals who receive home oxygen tank service delivery and use one or more types of the electricity-dependent DME and devices.
- The "Home Health Services Any DME" option displays individuals who receive home health care services and use one or more types of the electricity-dependent DME and devices.
- The "At-Home Hospice Any DME" option displays individuals who receive at-home hospice care and use one or more types of the electricity-dependent DME and devices.
- The "Any Healthcare Service Any DME" option displays individuals who receive any health care service(s) and use one or more types of the electricity-dependent DME and devices.

Feeling Socially Isolated

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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 and older who report feeling socially isolated. Loneliness is defined as the discrepancy between a person’s desired and actual social relationships and is sometimes considered synonymous with social isolation although they are two distinct concepts. Loneliness is an emotional response to social isolation, while social isolation is an objective measure of the lack of social interactions and relationships. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Received Food Stamps

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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 and older who report Receiving food stamps in the past 12 months. Loneliness is defined as the discrepancy between a person's desired and actual social relationships and is sometimes considered synonymous with social isolation although they are two distinct concepts. Loneliness is an emotional response to social isolation, while social isolation is an objective measure of the lack of social interactions and relationships. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Food Insecurity

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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 and older who report feeling socially isolated. Food insecurity is defined as the inability to afford nutritionally adequate and safe foods. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Lack of Reliable Transportation

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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 and older who report facing a lack of reliable transportation in the past 12 months. ack of available, convenient, or reliable transportation can affect a person's ability to consistently access health care services which can lead to delays in healthcare and medication use that can subsequently impact overall health. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Lack of Social and 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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 and older who report facing a lack of social and emotional support. Positive relationships and interactions with family, friends, co-workers, and community members can have a protective impact on individual health and well-being, and these relationships can also help mitigate the negative impacts of challenges that people face (e.g., living in an unsafe neighborhood, trouble affording housing or food). Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Physical Environment

Air & Water Quality - Drinking Water Safety

Data Background

The Environmental Protection Agency or EPA is an agency of the US federal government with purpose of protecting human health and the environment. It ensures that environmental protection is an integral consideration in US policies concerning natural resources, human health, economic growth, energy, transportation, agriculture, industry, and international trade

Methodology

This indicator displays the total number of drinking water violations recorded in a two year period per county. Health-based violations include incidents where either the amount of contaminant exceeded the maximum contaminant level (MCL) safety standard, or where water was not treated properly. Data are obtained directly from the EPA's Safe Drinking Water Information System (SDWIS). In cases where a water system serves multiple counties and has a violation, each county served by the system is given a violation.

Air & Water Quality - Ozone

Data Background

The National Environmental Public Health Tracking Network (Tracking Network) is a system of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources. The Tracking Network provides information about the following types of data:
Health effect data: Data about health conditions and diseases, such as asthma and birth defects.
Environmental hazard data: Data about chemicals or other substances such as carbon monoxide and air pollution in the environment. **Exposure data:** Data about the amount of a chemical in a person's body, such as lead in blood.
Other data: Data that helps us learn about relationships between exposures and health effects. For example, information about age, sex, race, and behavior or lifestyle choices that may help us understand why a person has a particular health problem.

State and county level Tracking Network data is available to view or download through the Map Viewer or through the Indicators and Data web page.

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 program. Data elements include the number and percentage of days with maximum 8-hour average ozone or particulate matter concentration over the National Ambient Air Quality Standard (75 ppb and 35 µg/L, respectively).

EPA provides modeled estimates of air quality using the Downscaler (DS) model, which uses a statistical approach to fuse monitoring data in areas where monitors exist, and relies on Community Multiscale Air Quality (CMAQ) modeled output in areas without monitors. DS modeled estimates are available by census tract centroid (the geographic center of the census tract). The county level estimates displayed here are crude and/or population weighted (Census 2010) averages created by aggregating the modeled census-tract level estimates. These county-level estimates may differ from the estimates available through the NEPHTN, which use actual monitor data when available, or the *maximum* value of the census tract modeled estimates for days and locations without monitors.

For more information on the data reported here, please visit the CDC's Environmental Public Health Tracking Network: Ozone - Days Above Regulatory Standard or PM2.5 - Days Above Regulatory Standard Indicator Details web pages.

Notes

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

Air & Water Quality - Particulate Matter 2.5

Data Background

The National Environmental Public Health Tracking Network (Tracking Network) is a system of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources. The Tracking Network provides information about the following types of data:
Health effect data: Data about health conditions and diseases, such as asthma and birth defects.
Environmental hazard data: Data about chemicals or other substances such as carbon monoxide and air pollution in the environment. **Exposure data:** Data about the amount of a chemical in a person's body, such as lead in blood.
Other data: Data that helps us learn about relationships between exposures and health effects. For example, information about age, sex, race, and behavior or lifestyle choices that may help us understand why a person has a particular health problem.

State and county level Tracking Network data is available to view or download through the Map Viewer or through the Indicators and Data web page.

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 program. Data elements include the number and percentage of days with maximum 8-hour average ozone or particulate matter concentration over the National Ambient Air Quality Standard (75 ppb and 35 µg/L, respectively).

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For more information on the data reported here, please visit the CDC's Environmental Public Health Tracking Network: Ozone - Days Above Regulatory Standard or PM2.5 - Days Above Regulatory Standard Indicator Details web pages.

Notes

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

Children Reported Safe In Neighborhood

Data Background

The National Survey of Children's Health (NSCH), funded and directed by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), is designed to provide annual national and state-level information on the health and well-being of children ages 0-17 years in the United States. The U.S. Census Bureau administers the survey, oversees the sampling, and produces a final data set of survey results. HRSA's Maternal and Child Health Bureau (MCHB) develops survey content in collaboration with the U.S. Census Bureau and a Technical Expert Panel. The Technical Expert Panel consists of experts in survey methodology and children's health, federal and state stakeholders, clinicians and researchers. In 2016, the NSCH underwent a significant redesign which combined content from both the NSCH and the National Survey of Children with Special Health Care Needs (NS-CSHCN). Further information on that redesign can be found in "The Design and Implementation of the 2016 National Survey of Children's Health". The NSCH is conducted as a household survey, and one child per household is selected to be the subject for the detailed age-specific questionnaire. The respondent to this questionnaire is a parent or guardian who is living in the home and has knowledge of the sampled child. Survey participants complete either web-based or self-administered paper-and-pencil questionnaires. Data from the NSCH is used for scientific research, federal policy and program development, and state-level planning and performance

reporting. Information is collected on factors related to the health and well-being of children, including access to and utilization of health care, receipt of care in a medical home, systems of care for CSHCN, family interactions, parental health, school and after-school experiences, and neighborhood characteristics. More information about the survey can be found in the "About the National Survey of Children's Health" and HRSA's MCHB website.

Methodology

Data for this indicator are acquired based on analysis of the 2022 National Survey of Children's Health (NSCH). The survey variable used in this analysis is K10Q40_R (Child is Safe In Neighborhood), which is based on the topical questionnaire Section I question 8c. The numerator is all responding "Definitely agree" or "Somewhat agree" to K10Q40_R. The denominmator is all responders of the 2022 NSCH. Sub-group variables are selected as SC_RACER (race), HIGRADE (education level), and ACE1 (income/affordability). Sub-groups with a sample size less than 30 are suppressed from data presentation. For more information on the data reported in the 2022 NSCH, please see the 2022 NSCH Data Users FAQs or visit the Census Bureau's NSCH Datasets Page.

Notes

Race and Ethnicity
Race and ethnicity are reported separately in the National Survey of Children's Health. Data are based on respondent self-report and include the following choices: White alone, Black or African American alone, American Indian or Alaska Native alone, Asian alone, Native Hawaiian and Other Pacific Islander alone, and Two or More Races. The two ethnicity categories are Hispanic or Latino origin and Not Hispanic or Latino Origin. Self-reported data are recoded by NSCH analysts to a three-option category with the following options: White alone, Black or African American alone, and Other. Data for this indicator are reported by recoded race alone to avoid data suppression in small population groups.

Children in Neighborhood without Vandalism

Data Background

The National Survey of Children's Health (NSCH), funded and directed by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), is designed to provide annual national and state-level information on the health and well-being of children ages 0-17 years in the United States. The U.S. Census Bureau administers the survey, oversees the sampling, and produces a final data set of survey results. HRSA's Maternal and Child Health Bureau (MCHB) develops survey content in collaboration with the U.S. Census Bureau and a Technical Expert Panel. The Technical Expert Panel consists of experts in survey methodology and children's health, federal and state stakeholders, clinicians and researchers. In 2016, the NSCH underwent a significant redesign which combined content from both the NSCH and the National Survey of Children with Special Health Care Needs (NS-CSHCN). Further information on that redesign can be found in "The Design and Implementation of the 2016 National Survey of Children's Health". The NSCH is conducted as a household survey, and one child per household is selected to be the subject for the detailed age-specific questionnaire. The respondent to this questionnaire is a parent or guardian who is living in the home and has knowledge of the sampled child. Survey participants complete either web-based or self-administered paper-and-pencil questionnaires. Data from the NSCH is used for scientific research, federal policy and program development, and state-level planning and performance reporting. Information is collected on factors related to the health and well-being of children, including access to and utilization of health care, receipt of care in a medical home, systems of care for CSHCN, family interactions, parental health, school and after-school experiences, and neighborhood characteristics. More information about the survey can be found in the "About the National Survey of Children's Health" and HRSA's MCHB website.

Methodology

Percentages of children age 0-17 (in total or by adult reporter's race, education level, and income/affordability) living in neighborhood without vandalism are acquired from the 2022 National Survey of Children's Health (NSCH). The variables selected according to the definition are K10Q23 (Neighborhood - Vandalism) based on the topical questionnaire Section I question 7g. The numerator is all responding "No" to K10Q23 while the denominmator is all responders of the 2022 NSCH (including the ones providing no valid response to this question). Sub-group variables are selected as SC_RACER (race), HIGRADE (education level), and ACE1 (income/affordability). Sub-groups with a sample size less than 30 are suppressed from data presentation. For more information on the data reported in the 2022 NSCH, please see the 2022 NSCH Data Users FAQs or visit the Census Bureau's NSCH Datasets Page.

Notes

Race and Ethnicity
Race and ethnicity are reported separately in the National Survey of Children's Health. Data are based on respondent self-report and include the following choices: White alone, Black or African American alone, American Indian or Alaska Native alone, Asian alone, Native Hawaiian and Other Pacific Islander alone, and Two or More Races. The two ethnicity categories are Hispanic or Latino origin and Not Hispanic or Latino Origin. Self-reported data are recoded by NSCH analysts to a three-option category with the following options: White alone, Black or African American alone, and Other. Data for this indicator are reported by recoded race alone to avoid data suppression in small population groups.

Air & Water Quality - Diesel Particulate Matter

Data Background

EJScreen is an EPA's environmental justice mapping and screening tool that provides EPA with a nationally consistent dataset and approach for combining environmental and demographic socioeconomic indicators. An EJ index combines demographic factors with a single environmental factor. For example, the EJ index for traffic proximity is a combination of the following populations residing in the Census block group:

- The traffic proximity indicator;
- The low-income population;
- The people of color populations.

Note that an EJ index does not combine various environmental factors into a cumulative score -- each environmental indicator has its own EJ index.
The EJ index is higher in block groups with large numbers of mainly low-income and/or people of color residents with a higher environmental indicator value.
For more information, please visit the EJScreen website.

Methodology

This indicator reports the estimated concentration of diesel PM in air. It is a measure of air toxics risk, as opposed to exposure. The raw diesel PM data is provided by the 2017 Air Toxics Data Update (EPA OAQPS) at the census tract level. The tract values are re-assigned to each block group, so all block groups within each tract have the same diesel PM value as for the tract. CARES estimated the values for all other geographic levels using total population (ACS 2016-20) and the technique of Population-weighted Small Area Estimate.

The percentile in EJScreen is reported as what percent of the U.S. population lives in a block group that has a lower value (or in some cases, a tied value).

The relevant EJ Index is calculated as:

EJ Index = [Demographic Index] * [Normalized Environmental Indicator]

where Normalized Environmental Indicator is the percentile of the particular environmental indicator source data.

For more information about this indicator or the methodology of EJScreen, please refer to the EJScreen Technical Documentation.

Air & Water Quality - Air Toxics Cancer Risk

Data Background

EJScreen is an EPA's environmental justice mapping and screening tool that provides EPA with a nationally consistent dataset and approach for combining environmental and demographic socioeconomic indicators. An EJ index combines demographic factors with a single environmental factor. For example, the EJ index for traffic proximity is a combination of the following populations residing in the Census block group:

- The traffic proximity indicator;
- The low-income population;
- The people of color populations.

Note that an EJ index does not combine various environmental factors into a cumulative score -- each environmental indicator has its own EJ index.
The EJ index is higher in block groups with large numbers of mainly low-income and/or people of color residents with a higher environmental indicator value.
For more information, please visit the EJScreen website.

Methodology

This indicator reports the estimated lifetime inhalation cancer risk from the analyzed carcinogens in ambient outdoor air. It is a measure of air toxics risk, as opposed to exposure. The raw air toxics cancer risk data is provided by the 2017 Air Toxics Data Update (EPA OAQPS) at the census tract level. The tract values are re-assigned to each block group, so all block groups within each tract have the same air toxics cancer risk value as for the tract. CARES estimated the values for all other geographic levels using total population (ACS 2016-20) and the technique of Population-weighted Small Area Estimate.

The percentile in EJScreen is reported as what percent of the U.S. population lives in a block group that has a lower value (or in some cases, a tied value).

The relevant EJ Index is calculated as:

EJ Index = [Demographic Index] * [Normalized Environmental Indicator]

where Normalized Environmental Indicator is the percentile of the particular environmental indicator source data.

For more information about this indicator or the methodology of EJScreen, please refer to the EJScreen Technical Documentation.

Air & Water Quality - Air Toxics Respiratory Hazard Index

Data Background

EJScreen is an EPA's environmental justice mapping and screening tool that provides EPA with a nationally consistent dataset and approach for combining environmental and demographic socioeconomic indicators. An EJ index combines demographic factors with a single environmental factor. For example, the EJ index for traffic proximity is a combination of the following populations residing in the Census block group:

- The traffic proximity indicator;
- The low-income population;
- The people of color populations.

Note that an EJ index does not combine various environmental factors into a cumulative score -- each environmental indicator has its own EJ index.
The EJ index is higher in block groups with large numbers of mainly low-income and/or people of color residents with a higher environmental indicator value.
For more information, please visit the EJScreen website.

Methodology

This indicator reports the respiratory hazard index (HI) from the analyzed carcinogens in ambient outdoor air. It is a measure of air toxics risk, as opposed to exposure. The raw air toxics respiratory HI data is provided by the 2017 Air Toxics Data Update (EPA OAQPS) at the census tract level. The tract values are re-assigned to each block group, so all block groups within each tract have the same air toxics respiratory HI value as for the tract. CARES estimated the values for all other geographic levels using total population (ACS 2016-20) and the technique of Population-weighted Small Area Estimate.

The percentile in EJScreen is reported as what percent of the U.S. population lives in a block group that has a lower value

(or in some cases, a tied value).

The relevant EJ Index is calculated as:

EJ Index = [Demographic Index] * [Normalized Environmental Indicator]

where Normalized Environmental Indicator is the percentile of the particular environmental indicator source data.

For more information about this indicator or the methodology of EJScreen, please refer to the EJScreen Technical Documentation.

Air & Water Quality - Respiratory Hazard Index

Data Background

The Air Toxics Screening Assessment (AirToxScreen) is EPA's screening tool to provide communities with information about health risks from air toxics. AirToxScreen is part of EPA's new approach to air toxics that provides updated data and risk analyses on an annual basis, helping state, local and tribal air agencies, EPA, and the public more easily identify existing and emerging air toxics issues.

Methodology

This indicator reports the modelled non-cancer health risks associated with air toxics exposure. Figures represent the likelihood of hazardous exposure per 1 million population. Data are from the 2014 EPA National Air Toxic Assessment-Modeled Ambient Concentrations, Exposures and Risks data files. EPA combines the census tract level exposure concentration estimates with available unit risk estimates and inhalation reference concentrations to calculate risks and hazard quotients, respectively, for each pollutant.

The toxicity values used for NATA are quantitative expressions used to estimate the likelihood of adverse health effects given an estimated level and duration of exposure. These toxicity values are based on the results of dose-response assessments, which estimate the relationship between the dose and the frequency or prevalence of a response in a population or the probability of a response in any individual. Because NATA is focused on long - term exposures , the toxicity values used in NATA are based on the results of chronic dose-response studies when such data are available. Chronic dose - response assessments can be used to help evaluate the specific 70 - year - average (i.e., “lifetime”) ECs associated with cancer prevalence rates, or, for noncancer effects, the concentrations at which noncancer adverse health effects might occur given exposure over an extended period of time (possibly a lifetime, but the time frame also can be shorter). For more information, please see the 2014 Assessment homepage or in the Technical Support Document.

Air & Water Quality - RSEI Score

Data Background

The Environmental Protection Agency or EPA is an agency of the US federal government with purpose of protecting human health and the environment. It ensures that environmental protection is an integral consideration in US policies concerning natural resources, human health, economic growth, energy, transportation, agriculture, industry, and international trade

Methodology

This indicator displays RSEI score by county. A RSEI Score is a unitless value that accounts for the size of the chemical release, the fate and transport of the chemical through the environment, the size and location of the exposed population, and the chemical's toxicity. RSEI scores are designed to be compared to each other. A RSEI Score 10 times higher than another RSEI Score suggests that the potential for risk is 10 times higher. Relatively small releases may lead to high RSEI Scores if the toxicity weight is particularly high or if the estimated exposed population is large. Conversely, large releases may lead to low RSEI Scores if the toxicity weight is low or if the estimated exposed population is small. A low RSEI Score indicates low potential concern from reported TRI releases, but other kinds of environmental risk may also be present, including pollution from mobile sources like cars and trucks, hazardous waste, and unreported releases from facilities. For multiple geographies, RSEI scores are added together for a combined score.

Air & Water Quality - Wastewater Discharge

Data Background

EJScreen is an EPA's environmental justice mapping and screening tool that provides EPA with a nationally consistent dataset and approach for combining environmental and demographic socioeconomic indicators. An EJ index combines demographic factors with a single environmental factor. For example, the EJ index for traffic proximity is a combination of the following populations residing in the Census block group:

- The traffic proximity indicator;
- The low-income population;
- The people of color populations.

Note that an EJ index does not combine various environmental factors into a cumulative score -- each environmental indicator has its own EJ index.
The EJ index is higher in block groups with large numbers of mainly low-income and/or people of color residents with a higher environmental indicator value.
For more information, please visit the EJScreen website.

Methodology

This indicator reports the RSEI modeled Toxic Concentrations at stream segments within 500 meters, divided by distance in kilometers (km). It quantifies a block group's relative risk of exposure to pollutants in downstream water bodies.
To place higher emphasis on stream reaches with higher toxicity-weighted pollutant concentrations, the toxicity-weighted value for all stream reaches within 500 meters of a census block centroid is divided by the distance in meters to the census block centroid to create a weighted proximity value indicating a block's risk of exposure to pollutants in the stream reaches. The results are aggregated to the parent block group using the population weight for each block within the block group. The population weights come from the 2010 Census. Minor adjustments are needed to crosswalk Census 2010 blocks and 2019 blocks. Based on the block group data, CARES estimated the values for all other geographic levels using total population (ACS 2016-20) and the technique of Population-weighted Small Area Estimate. Wastewater discharge source is provided by EPA's Office of Pollution Prevention and Toxics (OPPT) on March 15, 2021 from 2019 Risk-Screening Environmental Indicators (RSEI) modeled results.

The percentile in EJScreen is reported as what percent of the U.S. population lives in a block group that has a lower value (or in some cases, a tied value).

The relevant EJ Index is calculated as:

EJ Index = [Demographic Index] * [Normalized Environmental Indicator]

where Normalized Environmental Indicator is the percentile of the particular environmental indicator source data.

For more information about this indicator or the methodology of EJScreen, please refer to the EJScreen Technical Documentation.

Built Environment - Banking Institutions

Data Background

About
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 (ZBP) data are available shortly after the release of County Business Patterns. 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.*

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

Data Limitations
Data are available for all known establishments with paid employees. Non-employers and most government establishments are excluded from tabulations. For a full list of exclusions, please see the County Business Patterns Methodology. Beginning in 2017, The County Business Patterns methodology was updated to provide enhanced protection for establishments. With this update, data suppression was applied in geographic areas with fewer than 3 establishments per NAICS code. For additional details on data suppression, please see the County Business Patterns Methodology.

Methodology

Population figures are acquired for this indicator from the U.S. Census Bureau, 2020 Decennial Census, Summary File 1. Industry counts are acquired from the U.S. Census Bureau, County Business Patterns (CBP) data file. Industries are stratified based on the 2017 North American Industry Classification System (NAICS) - a coding system used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. Establishment rates for each county are derived using the following formula:

Rate = [Establishment Count] / [Population] * 100,000

Prior to reference year 2017, the number of establishments in a particular county was not considered sensitive; therefore, counts of establishments were released without any disclosure avoidance methods applied. Beginning with reference year 2017, counties with fewer than 3 establishments have been omitted from the release. This change to the level of information released causes many low population counties to be excluded and prevents comparison with previous CBP data releases.

The specific NAICS codes used to identify establishment categories within the County Business Patterns (CBP) are listed below.

- Banking institutions: 522110, 522130, and 522120
  Establishments primarily engaged in accepting deposits and making loans, including Commercial Banking, Credit Unions, and Savings Institutions.
- Fast food restaurants: 722513 (formerly 722211)
  Any "limited service" establishments where the customer typically orders or selects items and pay before eating. Establishments may include carryout restaurants, delicatessens, drive-ins, pizza delivery shops, sandwich shops, and other fast food restaurants
- Grocery stores and supermarkets: 445110
  Grocery stores are establishments engaged in selling a "general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry". Examples include supermarkets, commissaries and food stores. Convenience stores are excluded.
- Liquor stores: 445310
  Establishments engaged in "retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor". Bars and other venues serving alcoholic beverages intended for immediate consumption on the premises are not included.
- Recreational facilities: 713940
  Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.
- Social associations: 711211, 713910, 713940, 713950, 813110, 813410, 813990, 813910, 813920, 813930, and 813940
  This industry comprises establishments primarily engaged in promoting the civic and social interests of their members, promoting organized labor, political organizations, business associations, sporting associations, fitness clubs, and country clubs.

A complete list of NAICS codes and definitions is available using the NAICS Association's free lookup service .

Notes

Data Limitations
Data are reported based on the primary NAICS code of the establishment. By definition, the primary NAICS code should reflect 50% or more of the establishment's activity. This definition may exclude some establishments from a particular industry classification. For example, a convenience store which also sells liquor may be classified only as a convenience store (445120) and not a beer, wine and liquor store (445310).

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

Data Limitations
Reported data represent summaries limited by county boundaries. When comparing rates, consider the following:
1) Rates assume uniform distribution of both establishments and populations throughout the county and may not detect disparities in access for rural or minority populations.
2) Summaries may over-represent or under-represent county rates when populations or establishments are highly concentrated on county border lines.
3) Rates do not describe quality of the establishment or utilization frequency.

Data Limitations
The custom area estimates of the establishment counts are rounded to the nearest whole number, thereby generating the rounding error. It's possible that the aggregation of establishments of all the census tracts within a county might not exactly equal the count of the county.

Built Environment - Households with Cellular Internet Only

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of households are acquired from the U.S. Census Bureau’s American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. The data on high speed broadband access are obtained from Housing Question 10 in the 2022 American Community Survey (ACS). The question is asked at occupied housing units. These data show the different types of internet services used by household members, including cellular data plan for a smartphone, high speed broadband such as cable, fiber optic, or DSL service, satellite, dial-up, and other service. People who select "high speed broadband such as cable, fiber optic, or DSL service" are all counted into "Households with Cable, Fiber, or DSL", no matter whether this is their only choice or they also select other services. For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Built Environment - Broadband Access

Data Background

The location based data in this layer is submitted to the FCC through the Broadband Data Collection (BDC). All ISPs must file data with the FCC twice a year on where they offer mass-market Internet access service using their own broadband network facilities. ISPs offering broadband Internet to fixed locations (such as homes and small businesses) must report where they offer service on a location-by-location basis. These data are location only, and does not include the total number of units in a particular location.

Methodology

Internet Service Providers (ISPs) provide data to the FCC about which locations they serve, at what speeds, and with what type of technology. Location based data is publicly available but does not include a unit count for any given location. Broadband is currently defined as having download speeds greater than or equal to 25 megabits per second (Mbps) and an upload speed of greater than or equal to 3 Mbps. CARES aggregates the FCC location level service data to calculate broadband access and provider statistics at various geographies.

Built Environment - Households with No Computer

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of households are acquired from the U.S. Census Bureau’s American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. The data on computer use or ownership are obtained from Housing Question 8 in the 2022 American Community Survey (ACS) . The question is asked at occupied housing units. These data show the different types of computers as desktop or laptop, smartphone, tablet or other portable wireless computer, or some other type of computer, which are owned or used by household members. For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Built Environment - Households with No or Slow Internet

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to

produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's website.

Methodology

Counts of households are acquired from the U.S. Census Bureau's American Community Survey. Data represent estimates for the 5 year period 2018-2022. Mapped data are summarized to 2022 census tract boundaries. The data on internet access are obtained from Housing Question 9 and 10 in the 2022 American Community Survey (ACS) and used by CARES to calculate the rate of households with no or slow internet access. Both questions are asked at occupied housing units. The data on Question 9 show whether any member of the household has access to the internet, regardless of whether or not they pay for the service. For a response of either "Yes, without paying a cell phone company or Internet service provider" or "No access to the Internet at this house, apartment, or mobile home", they are counted by CARES into "No or SLow Internet". If a responder answers "Yes, by paying a cell phone company or Internet service provider", they are asked to select the type of internet service in Question 10, including cellular data plan for a smartphone, high speed broadband, satellite, dial-up, and other service. For the person who reports dial-up with no other type of Internet subscription, they are also counted as "No or Slow Internet". Therefore, households with no or slow internet are composed of three types of households - using dial-up only, having internet access without a subscription, and with no internet access. For more information on the data reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Built Environment - Liquor Stores

Data Background

About

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 (ZBP) data are available shortly after the release of County Business Patterns. 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.*

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

Data Limitations

Data are available for all known establishments with paid employees. Non-employers and most government establishments are excluded from tabulations. For a full list of exclusions, please see the County Business Patterns Methodology. Beginning in 2017, The County Business Patterns methodology was updated to provide enhanced protection for establishments. With this update, data suppression was applied in geographic areas with fewer than 3 establishments per NAICS code. For additional details on data suppression, please see the County Business Patterns Methodology.

Methodology

Population figures are acquired for this indicator from the U.S. Census Bureau, 2020 Decennial Census, Summary File 1. Industry counts are acquired from the U.S. Census Bureau, County Business Patterns (CBP) data file. Industries are stratified based on the 2017 North American Industry Classification System (NAICS) - a coding system used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. Establishment rates for each county are derived using the following formula:

Rate = [Establishment Count] / [Population] * 100,000

Prior to reference year 2017, the number of establishments in a particular county was not considered sensitive; therefore, counts of establishments were released without any disclosure avoidance methods applied. Beginning with reference year 2017, counties with fewer than 3 establishments have been omitted from the release. This change to the level of information released causes many low population counties to be excluded and prevents comparison with previous CBP data releases.

The specific NAICS codes used to identify establishment categories within the County Business Patterns (CBP) are listed below.

- Banking institutions: 522110, 522130, and 522120
  Establishments primarily engaged in accepting deposits and making loans, including Commercial Banking, Credit Unions, and Savings Institutions.
- Fast food restaurants: 722513 (formerly 722211)
  Any "limited service" establishments where the customer typically orders or selects items and pay before eating. Establishments may include carryout restaurants, delicatessens, drive-ins, pizza delivery shops, sandwich shops, and other fast food restaurants
- Grocery stores and supermarkets: 445110
  Grocery stores are establishments engaged in selling a "general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry". Examples include supermarkets, commissaries and food stores. Convenience stores are excluded.
- Liquor stores: 445310
  Establishments engaged in "retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor". Bars and other venues serving alcoholic beverages intended for immediate consumption on the premises are not included.
- Recreational facilities: 713940
  Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.
- Social associations: 711211, 713910, 713940, 713950, 813110, 813410, 813990, 813910, 813920, 813930, and 813940
  This industry comprises establishments primarily engaged in promoting the civic and social interests of their members, promoting organized labor, political organizations, business associations, sporting associations, fitness clubs, and country clubs.

A complete list of NAICS codes and definitions is available using the NAICS Association's free lookup service .

Notes

Data Limitations
Data are reported based on the primary NAICS code of the establishment. By definition, the primary NAICS code should reflect 50% or more of the establishment's activity. This definition may exclude some establishments from a particular industry classification. For example, a convenience store which also sells liquor may be classified only as a convenience store (445120) and not a beer, wine and liquor store (445310).

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

Data Limitations
Reported data represent summaries limited by county boundaries. When comparing rates, consider the following:
1) Rates assume uniform distribution of both establishments and populations throughout the county and may not detect disparities in access for rural or minority populations.
2) Summaries may over-represent or under-represent county rates when populations or establishments are highly

concentrated on county border lines.
3) Rates do not describe quality of the establishment or utilization frequency.

Data Limitations
The custom area estimates of the establishment counts are rounded to the nearest whole number, thereby generating the rounding error. It's possible that the aggregation of establishments of all the census tracts within a county might not exactly equal the count of the county.

Built Environment - Recreation and Fitness Facility Access

Data Background

About
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 (ZBP) data are available shortly after the release of County Business Patterns. 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.*

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

Data Limitations
Data are available for all known establishments with paid employees. Non-employers and most government establishments are excluded from tabulations. For a full list of exclusions, please see the County Business Patterns Methodology. Beginning in 2017, The County Business Patterns methodology was updated to provide enhanced protection for establishments. With this update, data suppression was applied in geographic areas with fewer than 3 establishments per NAICS code. For additional details on data suppression, please see the County Business Patterns Methodology.

Methodology

Population figures are acquired for this indicator from the U.S. Census Bureau, 2020 Decennial Census, Summary File 1. Industry counts are acquired from the U.S. Census Bureau, County Business Patterns (CBP) data file. Industries are stratified based on the 2017 North American Industry Classification System (NAICS) - a coding system used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. Establishment rates for each county are derived using the following formula:

Rate = [Establishment Count] / [Population] * 100,000

Prior to reference year 2017, the number of establishments in a particular county was not considered sensitive; therefore, counts of establishments were released without any disclosure avoidance methods applied. Beginning with reference year 2017, counties with fewer than 3 establishments have been omitted from the release. This change to the level of information released causes many low population counties to be excluded and prevents comparison with previous CBP data releases.

The specific NAICS codes used to identify establishment categories within the County Business Patterns (CBP) are listed below.

- Banking institutions: 522110, 522130, and 522120
  Establishments primarily engaged in accepting deposits and making loans, including Commercial Banking, Credit Unions, and Savings Institutions.
- Fast food restaurants: 722513 (formerly 722211)
  Any "limited service" establishments where the customer typically orders or selects items and pay before eating.

Establishments may include carryout restaurants, delicatessens, drive-ins, pizza delivery shops, sandwich shops, and other fast food restaurants

- Grocery stores and supermarkets: 445110
  Grocery stores are establishments engaged in selling a "general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry". Examples include supermarkets, commissaries and food stores. Convenience stores are excluded.
- Liquor stores: 445310
  Establishments engaged in "retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor". Bars and other venues serving alcoholic beverages intended for immediate consumption on the premises are not included.
- Recreational facilities: 713940
  Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.
- Social associations: 711211, 713910, 713940, 713950, 813110, 813410, 813990, 813910, 813920, 813930, and 813940
  This industry comprises establishments primarily engaged in promoting the civic and social interests of their members, promoting organized labor, political organizations, business associations, sporting associations, fitness clubs, and country clubs.

A complete list of NAICS codes and definitions is available using the NAICS Association's free lookup service .

Notes

Data Limitations
Data are reported based on the primary NAICS code of the establishment. By definition, the primary NAICS code should reflect 50% or more of the establishment's activity. This definition may exclude some establishments from a particular industry classification. For example, a convenience store which also sells liquor may be classified only as a convenience store (445120) and not a beer, wine and liquor store (445310).

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

Data Limitations
Reported data represent summaries limited by county boundaries. When comparing rates, consider the following:
1) Rates assume uniform distribution of both establishments and populations throughout the county and may not detect disparities in access for rural or minority populations.
2) Summaries may over-represent or under-represent county rates when populations or establishments are highly concentrated on county border lines.
3) Rates do not describe quality of the establishment or utilization frequency.

Data Limitations
The custom area estimates of the establishment counts are rounded to the nearest whole number, thereby generating the rounding error. It's possible that the aggregation of establishments of all the census tracts within a county might not exactly equal the count of the county.

Built Environment - Social Associations

Data Background

About
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 (ZBP) data are available shortly after the release of County Business Patterns. 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.*

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

Data Limitations
Data are available for all known establishments with paid employees. Non-employers and most government establishments are excluded from tabulations. For a full list of exclusions, please see the County Business Patterns Methodology. Beginning in 2017, The County Business Patterns methodology was updated to provide enhanced protection for establishments. With this update, data suppression was applied in geographic areas with fewer than 3 establishments per NAICS code. For additional details on data suppression, please see the County Business Patterns Methodology.

Methodology

Population figures are acquired for this indicator from the U.S. Census Bureau, 2020 Decennial Census, Summary File 1. Industry counts are acquired from the U.S. Census Bureau, County Business Patterns (CBP) data file. Industries are stratified based on the 2017 North American Industry Classification System (NAICS) - a coding system used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. Establishment rates for each county are derived using the following formula:

Rate = [Establishment Count] / [Population] * 100,000

Prior to reference year 2017, the number of establishments in a particular county was not considered sensitive; therefore, counts of establishments were released without any disclosure avoidance methods applied. Beginning with reference year 2017, counties with fewer than 3 establishments have been omitted from the release. This change to the level of information released causes many low population counties to be excluded and prevents comparison with previous CBP data releases.

The specific NAICS codes used to identify establishment categories within the County Business Patterns (CBP) are listed below.

- Banking institutions: 522110, 522130, and 522120
  Establishments primarily engaged in accepting deposits and making loans, including Commercial Banking, Credit Unions, and Savings Institutions.
- Fast food restaurants: 722513 (formerly 722211)
  Any "limited service" establishments where the customer typically orders or selects items and pay before eating. Establishments may include carryout restaurants, delicatessens, drive-ins, pizza delivery shops, sandwich shops, and other fast food restaurants
- Grocery stores and supermarkets: 445110
  Grocery stores are establishments engaged in selling a "general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry". Examples include supermarkets, commissaries and food stores. Convenience stores are excluded.
- Liquor stores: 445310
  Establishments engaged in "retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor". Bars and other venues serving alcoholic beverages intended for immediate consumption on the premises are not included.
- Recreational facilities: 713940
  Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.
- Social associations: 711211, 713910, 713940, 713950, 813110, 813410, 813990, 813910, 813920, 813930, and 813940
  This industry comprises establishments primarily engaged in promoting the civic and social interests of their members, promoting organized labor, political organizations, business associations, sporting associations, fitness clubs, and country clubs.

A complete list of NAICS codes and definitions is available using the NAICS Association's free lookup service .

Notes

Data Limitations

Data are reported based on the primary NAICS code of the establishment. By definition, the primary NAICS code should reflect 50% or more of the establishment's activity. This definition may exclude some establishments from a particular industry classification. For example, a convenience store which also sells liquor may be classified only as a convenience store (445120) and not a beer, wine and liquor store (445310).

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

Data Limitations
Reported data represent summaries limited by county boundaries. When comparing rates, consider the following:
1) Rates assume uniform distribution of both establishments and populations throughout the county and may not detect disparities in access for rural or minority populations.
2) Summaries may over-represent or under-represent county rates when populations or establishments are highly concentrated on county border lines.
3) Rates do not describe quality of the establishment or utilization frequency.

Data Limitations
The custom area estimates of the establishment counts are rounded to the nearest whole number, thereby generating the rounding error. It's possible that the aggregation of establishments of all the census tracts within a county might not exactly equal the count of the county.

Built Environment - Tobacco Product Compliance Check Violations

Data Background

The Food and Drug Administration (FDA) is an office within the US Department of Health and Human Services (HHS) responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices; and by ensuring the safety of our nation's food supply, cosmetics, and products that emit radiation.

The FDA conducts inspections of tobacco product retailers to determine a retailer's compliance with federal laws and regulations, including The Federal Food, Drug, and Cosmetic Act, as amended by the Tobacco Control Act, and our rules and regulations. During Undercover Buy Inspections, in which a minor attempts to purchase a tobacco product, the retailer is unaware an inspection is taking place. Results from compliance check inspections of tobacco retailers are available in the searchable Compliance Check Inspections of Tobacco Product Retailers database.

Methodology

This indicator reports information obtained from analysis of the Food and Drug Administration (FDA) Compliance Check Inspections of Tobacco Product Retailers database. This database contains address-level records for each retailer inspection - including decision date, violation type, and tobacco product type - dating back to 2011. These address-level records are geocoded and aggregated to the county level for multi-year periods* based on the inspection result decision date. Percentages are calculated by dividing the number of inspections with violations (any or minor-related) by the total number inspections in a given area and reporting period. Percentages are suppressed if there are fewer than 5 inspections during the report period.
Note: Multi-year periods are used to enable stable comparisons over time, as some counties have no inspections during a single reporting year.

Environmental Justice - Traffic Proximity and Volume

Data Background

EJScreen is an EPA's environmental justice mapping and screening tool that provides EPA with a nationally consistent dataset and approach for combining environmental and demographic socioeconomic indicators. An EJ index combines demographic factors with a single environmental factor. For example, the EJ index for traffic proximity is a combination of the following populations residing in the Census block group:

- The traffic proximity indicator;

- The low-income population;
- The people of color populations.

Note that an EJ index does not combine various environmental factors into a cumulative score -- each environmental indicator has its own EJ index.
The EJ index is higher in block groups with large numbers of mainly low-income and/or people of color residents with a higher environmental indicator value.
For more information, please visit the EJScreen website.

Methodology

This indicator reports the count of vehicles per day (average annual daily traffic) at major roads within 500 meters (or nearest one beyond 500 m), divided by distance in meters from the Census block centroid. The proximity score is based on the traffic within a search radius of 500 meters (or further if none is found in that radius). This distance was selected to be large enough to capture the great majority of road segments (with traffic data) that could have a significant impact on the local residents, balanced against the need to limit the scope due to computational constraints. The closest traffic is given more weight, and the distant traffic is given less weight, through inverse distance weighting. For example, traffic 500 meters away is given only one tenth as much weight as traffic 50 meters away. Note that for this indicator, higher values (closer proximity to high volumes of traffic) are associated with higher negative health impact. Data are calculated from U.S. Department of Transportation National Transportation Atlas Database, Highway Performance Monitoring System (2019).

The percentile in EJScreen is reported as what percent of the U.S. population lives in a block group that has a lower value (or in some cases, a tied value).

The relevant EJ Index is calculated as:

EJ Index = [Demographic Index] * [Normalized Environmental Indicator]

where Normalized Environmental Indicator is the percentile of the particular environmental indicator source data.

For more information about this indicator or the methodology of EJScreen, please refer to the EJScreen Technical Documentation.

Environmental Justice - Superfund Proximity

Data Background

EJScreen is an EPA's environmental justice mapping and screening tool that provides EPA with a nationally consistent dataset and approach for combining environmental and demographic socioeconomic indicators. An EJ index combines demographic factors with a single environmental factor. For example, the EJ index for traffic proximity is a combination of the following populations residing in the Census block group:

- The traffic proximity indicator;
- The low-income population;
- The people of color populations.

Note that an EJ index does not combine various environmental factors into a cumulative score -- each environmental indicator has its own EJ index.
The EJ index is higher in block groups with large numbers of mainly low-income and/or people of color residents with a higher environmental indicator value.
For more information, please visit the EJScreen website.

Methodology

This indicator reports the total count of sites proposed and listed (final) on the National Priorities List (NPL) in each block group within 5 km of the average resident in a block group, divided by distance, calculated as the population-weighted average of blocks in each block group. Final and proposed NPL sites are downloaded from the SEMS website. Proximity scores are calculated by assigning distance-weighted scores to 2010 Census blocks (distance between block centroids and

facilities). The results are aggregated to the parent block group using the population weight for each block within the block group. Based on the block group data, CARES estimated the values for all other geographic levels using total population (ACS 2016-20) and the technique of Population-weighted Small Area Estimate. Superfund proximity source is derived from Superfund Enterprise Management System (SEMS) database on April 26, 2022.

The percentile in EJScreen is reported as what percent of the U.S. population lives in a block group that has a lower value (or in some cases, a tied value).

The relevant EJ Index is calculated as:

EJ Index = [Demographic Index] * [Normalized Environmental Indicator]

where Normalized Environmental Indicator is the percentile of the particular environmental indicator source data.

For more information about this indicator or the methodology of EJScreen, please refer to the EJScreen Technical Documentation.

Environmental Justice - Risk Management Plan (RMP) Facility Proximity

Data Background

EJScreen is an EPA's environmental justice mapping and screening tool that provides EPA with a nationally consistent dataset and approach for combining environmental and demographic socioeconomic indicators. An EJ index combines demographic factors with a single environmental factor. For example, the EJ index for traffic proximity is a combination of the following populations residing in the Census block group:

- The traffic proximity indicator;
- The low-income population;
- The people of color populations.

Note that an EJ index does not combine various environmental factors into a cumulative score -- each environmental indicator has its own EJ index.
The EJ index is higher in block groups with large numbers of mainly low-income and/or people of color residents with a higher environmental indicator value.
For more information, please visit the EJScreen website.

Methodology

This indicator reports the count of RMP facilities in each block group within 5 km of the average resident in a block group, divided by distance, calculated as the population-weighted average of blocks in each block group. RMP facilities are pulled from EPA's FRS by querying the FRS Query website and selecting facilities included in the RMP National Program System. Proximity scores are calculated by assigning distance-weighted scores to Census blocks (distance between block centroids and facilities). The results are assigned to block groups through population-weighted block to block group assignments. Based on the block group data, CARES estimated the values for all other geographic levels using total population (ACS 2016-20) and the technique of Population-weighted Small Area Estimate. RMP facility proximity source is derived from EPA's Facility Registry Service (FRS) by selecting facilities included in the RMP National Program System on April 26, 2022.

The percentile in EJScreen is reported as what percent of the U.S. population lives in a block group that has a lower value (or in some cases, a tied value).

The relevant EJ Index is calculated as:

EJ Index = [Demographic Index] * [Normalized Environmental Indicator]

where Normalized Environmental Indicator is the percentile of the particular environmental indicator source data.

For more information about this indicator or the methodology of EJScreen, please refer to the EJScreen Technical Documentation.

Environmental Justice - Hazardous Waste Proximity

Data Background

EJScreen is an EPA's environmental justice mapping and screening tool that provides EPA with a nationally consistent dataset and approach for combining environmental and demographic socioeconomic indicators. An EJ index combines demographic factors with a single environmental factor. For example, the EJ index for traffic proximity is a combination of the following populations residing in the Census block group:

- The traffic proximity indicator;
- The low-income population;
- The people of color populations.

Note that an EJ index does not combine various environmental factors into a cumulative score -- each environmental indicator has its own EJ index.
The EJ index is higher in block groups with large numbers of mainly low-income and/or people of color residents with a higher environmental indicator value.
For more information, please visit the EJScreen website.

Methodology

This indicator reports the count of hazardous waste facilities in each block group within 5 km of the average resident in a block group, divided by distance, calculated as the population-weighted average of blocks in each block group. Hazardous waste facilities are defined as Resource Conservation and Recovery Act (RCRA) handlers that are either operating TSDFs from RCRA or reporting LQGs from the 2019 BR. TSDFs are collected by using the RCRAInfo Search website and selecting TSDF Handler Universe. 2019 BR LQGs are collected by using the BR Search website.
Proximity scores are calculated by assigning distance weighted scores to Census blocks (distance between block centroids and facilities). The results are assigned to block groups through population-weighted block to block group assignments. Based on the block group data, CARES estimated the values for all other geographic levels using total population (ACS 2016-20) and the technique of Population-weighted Small Area Estimate. Hazardous waste proximity sources are derived from operating Treatment, Storage, and Disposal Facilities (TSDFs) from RCRAInfo and Large Quantity Generators (LQGs) from the 2019 Biennial Reports (BR) on April 26, 2022.

The percentile in EJScreen is reported as what percent of the U.S. population lives in a block group that has a lower value (or in some cases, a tied value).

The relevant EJ Index is calculated as:

EJ Index = [Demographic Index] * [Normalized Environmental Indicator]

where Normalized Environmental Indicator is the percentile of the particular environmental indicator source data.

For more information about this indicator or the methodology of EJScreen, please refer to the EJScreen Technical Documentation.

Environmental Justice - Underground Storage Tanks (UST) and Leaking UST (LUST)

Data Background

EJScreen is an EPA's environmental justice mapping and screening tool that provides EPA with a nationally consistent dataset and approach for combining environmental and demographic socioeconomic indicators. An EJ index combines demographic factors with a single environmental factor. For example, the EJ index for traffic proximity is a combination of the following populations residing in the Census block group:

- The traffic proximity indicator;
- The low-income population;
- The people of color populations.

Note that an EJ index does not combine various environmental factors into a cumulative score -- each environmental indicator has its own EJ index.
The EJ index is higher in block groups with large numbers of mainly low-income and/or people of color residents with a higher environmental indicator value.
For more information, please visit the EJScreen website.

Methodology

This indicator reports the count of LUSTs (multiplied by a factor of 7.7) and the number of USTs within a 1,500-foot buffered block group. It quantifies the relative risk of being affected by a LUST for a block group.

The UST score is derived by the weighted sum of active LUSTs and sum of active and temporarily out of service USTs within a certain distance from a block group, using the following equation as

UST Score = ([# of LUSTs * 7.7] + [# of Active USTs]) / Area of 1,500-foot buffered block group (in square km)

where the 7.7 multiplier is derived from the average number of active USTs divided by the average number of LUSTs in the U.S. backlog (cleanups remaining) from 2011-2020. A 1,500-foot buffer is used as a radius of influence for the Benzene plume migration to encompass USTs/LUSTs near block groups that could potentially be affected by a release. Underground Storage Tanks source is derived from EPA's Office of Underground Storage Tanks on July 7, 2022.

The percentile in EJScreen is reported as what percent of the U.S. population lives in a block group that has a lower value (or in some cases, a tied value).

The relevant EJ Index is calculated as:

EJ Index = [Demographic Index] * [Normalized Environmental Indicator]

where Normalized Environmental Indicator is the percentile of the particular environmental indicator source data.

For more information about this indicator or the methodology of EJScreen, please refer to the EJScreen Technical Documentation.

Population Directly Affected by Wildfire

Data Background

The Center for Applied Research and Engagement Systems is a non-profit research organization that integrates the social, physical, and biological sciences to better understand human, natural resource, and environmental issues and problems. Based at the University of Missouri, CARES utitlizes the latest technologies in geographic information systems, satellite imagery, environmental modeling, and the internet to compile, analyze and distribute information about our world.

Methodology

This layer displays population change from 2010-2020, and the percent of the population affected by wildfires in the area. The percent of population affected by wildfire was calculated by intersecting 2020 census block centroids with wildfire perimeters from 2011-2020. Any block whose centroid interesected with a perimeter is considered 'affected', and the population of those blocks are aggregated to the various geographies of analysis. Wildfire perimeter data was aquired from the National Interagency Fire Center, and population changes were calculated by CARES from data provided by the U.S. Census Bureau.

Climate & Health - Climate-Related Mortality Impacts

Data Background

The Climate Impact Lab is a unique collaboration of 30 climate scientists, economists, computational experts, researchers, analysts, and students from some of the nation's leading research institutions. The Climate Impact Lab team combines experts from the University of California, Berkeley, the Energy Policy Institute at the University of Chicago (EPIC), Rhodium

Group, and Rutgers University. EPIC provides core financial and administrative support for the Lab. The Climate Impact Lab's team is building the world's most comprehensive body of research quantifying the impacts of climate change sector-by-sector, community-by-community around the world. This research will allow decision-makers in the public and private sectors to understand the risks climate change presents and mitigate those risks through smarter investments and public policy. The research will also produce the world's first empirically-derived estimate of the social cost of carbon — the cost to society from each ton of carbon dioxide emitted. This figure can serve as the basis for energy and climate policies.

Methodology

This indicator reports the median estimated economic impacts from changes in all-cause mortality rates, across all age groups. These impacts are the central estimate for average annual damage during 2080-2099 under a business-as-usual scenario (RCP8.5). Impacts are changes relative to counterfactual "no additional climate change" trajectories. data are obtained from the Climate Impact Lab; the methodology behind these projections is described in full in Hsiang, Kopp, Jina, Rising et al., 2017.

Land and Agriculture - Dominant Land Cover

Data Background

The Multi-Resolution Land Characteristics (MRLC) consortium is a group of federal agencies who coordinate and generate consistent and relevant land cover information at the national scale for a wide variety of environmental, land management, and modeling applications. The creation of this consortium has resulted in the mapping of the lower 48 United States, Hawaii, Alaska and Puerto Rico into a comprehensive land cover product termed, the National Land Cover Database (NLCD), from decadal Landsat satellite imagery and other supplementary datasets.

Methodology

The data used in this indicator are obtained from analysis of the Multi-Resolution Land Characteristics Consortium's National Land Cover Database (NLCD). Percentages of each class are calculated using the number of class pixels present in the county or tract, divided by the total number of pixels in the county or tract.

Climate & Health - Drought Severity

Data Background

The U.S. Drought Monitor, established in 1999, is a weekly map of drought conditions that is produced jointly by the National Oceanic and Atmospheric Administration, the U.S. Department of Agriculture, and the National Drought Mitigation Center (NDMC) at the University of Nebraska-Lincoln. The U.S. Drought Monitor website is hosted and maintained by the NDMC. The map is based on measurements of climatic, hydrologic and soil conditions as well as reported impacts and observations from more than 350 contributors around the country. The U.S. Drought Monitor, a composite index that includes many indicators, is the drought map that policymakers and media use in discussions of drought and in allocating drought relief. For more about this source, please visit the United States Drought Monitor web page.

Methodology

This indicator reports the percentage of weeks in drought, by drought severity level. Data are based on analysis of weekly Drought Monitor shapefiles, where drought is defined as a moisture deficit bad enough to have social, environmental or economic effects. This Drought Monitor weekly analysis reports the area of the United States experiencing drought, by drought severity level. D1 is the least intense level and D4 the most intense. D0 areas are not in drought, but are experiencing abnormally dry conditions that could turn into drought or are recovering from drought but are not yet back to normal.

156 weeks of data presented in this format were analyzed by CARES to generate the 3-year average drought statistics shown here. Analysis involved intersecting census block group centroids with each of the weekly US Drought Monitor shapefiles. Resulting figures show the percentage of weeks that the report areas experience drought at each of the Drought Monitor levels. The percentage of weeks in *Any Drought* includes levels D1 through D4. Report area figures are population-weighted based on the following formula:

Percentage = [SUM(Number of Weeks at D_x * P) / SUM(Total Weeks * P)] * 100.
Where D_x is the drought severity level and P is the population of each census block group.

For more information about the original data used in this calculation, please see the US Drought Monitor US Drought Monitor GIS Data Archive web page.

Climate & Health - Flood Vulnerability

Data Background

The National Flood Hazard Layer (NFHL) is a digital database that contains flood hazard mapping data from FEMA's National Flood Insurance Program (NFIP). This map data is derived from Flood Insurance Rate Map (FIRM) databases and Letters of Map Revision (LOMRs).The NFHL is for community officials and members looking to view effective regulatory flood hazard information in a Geographic Information Systems (GIS) application.

Screenshot of the National Flood Hazard Layer (NFHL) for Downtown Boston. The NFHL image displays the different flood hazard areas (shown in the blue and yellow shaded areas), as well as Flood Insurance Rate Map (FIRM) panels and Letter of Map Amendments (LOMAs) for the geographic area.

The NFHL provides users with the ability to determine the flood zone, base flood elevation and floodway status for a particular geographic location. It also has National Flood Insurance Program (NFIP) community information, map panel information, cross section and hydraulic structure information, Coastal Barrier Resource System information (if applicable) and base map information, such as road, stream and public land survey data. A full list of the layers available in the NFHL may be found in the NFHL GIS Services User Guide.

The NFHL dataset represents the current effective flood risk data for those parts of the country where maps have been modernized. It is a compilation of effective Flood Insurance Rate Map (FIRM) databases and Letters of Map Revision (LOMR). The NFHL is updated as new data reaches its designated effective date and becomes valid for regulatory use under the NFIP.

Methodology

This indicator reports the estimated number of housing units within the special flood hazard area (SFHA) per county. The SFHAs have 1% annual chance of coastal or riverine flooding. The ratio of population distribution was used to determine housing unit distribution at Census Block Group level, which was then aggregated to a county-level. The population distribution was derived using 2010 census block group data in conjunction with 2010 LandScan Nighttime Population raster dataset, aggregated to a county level using a (GIS). The 2011 National Flood Hazard Layer, a national level digital flood hazard database created by Federal Emergency Management Agency (FEMA), was used to calculate the flood hazard area.

Note: The National Flood Hazard Layer does not have complete spatial coverage for the contiguous US.

Climate & Health - High Heat Index Days (Relative)

Data Background

Since 2002, the CDC National Environmental Public Health Tracking Network (Tracking Network) brings together health data and environment data from national, state, and city sources and provides supporting information to make the data easier to understand. The Tracking Network has data and information on environments and hazards, health effects, and population health.

Measures of the Historical Temperature & Heat Index include

1. Number of Extreme Heat Days (as reported in this indicator report)
2. Dates of Extreme Heat Days
3. Number of Extreme Heat Events
4. Dates of Extreme Heat Events
5. Daily Estimates of Maximum Temperature for Summer Months (May-September)
6. Daily Estimates of Maximum Heat Index for Summer Months (May–September)

7. Weekly Average Maximum Temperature

Data for the first six measures are obtained from the Forcing File A of Phase Two of the North American Land Data Assimilation System (NLDAS-2) (1979-ongoing), and are available for all states except Alaska and Hawaii. For the last measure - Weekly Average Maximum Temperature, data are obtained from the Gridded 5km GHCN – Daily Temperature and Precipitation Dataset (nCLIMGRID) - Gridded 5km GHCN-Daily Temperature and Precipitation Dataset, Version 1 (noaa.gov) (2017-ongoing). For more information please check out the Tracking Network's indicator page for Historical Temperature & Heat Index.

Methodology

Heat index data are obtained from the CDC Environmental Public Health Tracking division. The CDC provides the following information about the underlying data and calculation:

The heat measures are derived from estimates of air temperature (K) at 2 meters above the surface, specific humidity (kg/kg) at 2 meters above the surface, and surface pressure (Pa) from Forcing File A of Phase 2 of the North American Land Data Assimilation System (NLDAS-2). NLDAS-2 is available at the 1/8th-degree grid (approximately 14x14 km) and consists of 103,936 grid cells that cover the entire United States, excluding Alaska and Hawaii.

The gridded raw data were summarized to the U.S. county or census tract level to aid in estimating population exposure to high temperature and heat index conditions and to enable linkage with health-related datasets. To accomplish this, U.S. census block group centroids were attributed to individual NLDAS grid cells based on a containment relationship. Maximum daily temperature and heat index were determined for each block group by identifying the maximum hourly value for each day. Using census block group population as weights, population-weighted averages by U.S. county and census tract were calculated.

Heat index was estimated using a modified version of the Rothfusz regression as implemented by the National Weather Service [1]. Relative humidity (needed for heat index calculation) was calculated from specific humidity data acquired from NLDAS-2 using the Wexler saturated water vapor pressure equation [2].

The 90th, 95th, 98th, and 99th percentile values of the daily heat metrics were determined for each county and census tract for the period between 1979 and 2021 (May – September values only). Extreme heat days are classified according to the following thresholds: (1) absolute (e.g., 90°F, 95°F, 100°F, 105°F) and (2) relative (e.g., 90th, 95th, 98th, and 99th percentile) values.

References:
1. Heat Index Equation. The National Weather Service. Last modified May 2014.https://www.wpc.ncep.noaa.gov/html/heatindex_equation.shtml
2. Cosgrove, B. A., Lohmann, D., Mitchell, K. E., Houser, P. R., Wood, E. F., Schaake, J. C., ... & Luo, L. (2003). Real-time and retrospective forcing in the North American Land Data Assimilation System (NLDAS) project. Journal of Geophysical Research: Atmospheres, 108(D22).

Climate & Health - High Heat Index Days (Absolute)

Data Background

Since 2002, the CDC National Environmental Public Health Tracking Network (Tracking Network) brings together health data and environment data from national, state, and city sources and provides supporting information to make the data easier to understand. The Tracking Network has data and information on environments and hazards, health effects, and population health.

Measures of the Historical Temperature & Heat Index include

1. Number of Extreme Heat Days (as reported in this indicator report)
2. Dates of Extreme Heat Days
3. Number of Extreme Heat Events
4. Dates of Extreme Heat Events
5. Daily Estimates of Maximum Temperature for Summer Months (May-September)

6. Daily Estimates of Maximum Heat Index for Summer Months (May–September)
7. Weekly Average Maximum Temperature

Data for the first six measures are obtained from the Forcing File A of Phase Two of the North American Land Data Assimilation System (NLDAS-2) (1979-ongoing), and are available for all states except Alaska and Hawaii. For the last measure - Weekly Average Maximum Temperature, data are obtained from the Gridded 5km GHCN – Daily Temperature and Precipitation Dataset (nCLIMGRID) - Gridded 5km GHCN-Daily Temperature and Precipitation Dataset, Version 1 (noaa.gov) (2017-ongoing). For more information please check out the Tracking Network's indicator page for Historical Temperature & Heat Index.

Methodology

Heat index data are obtained from the CDC Environmental Public Health Tracking division. The CDC provides the following information about the underlying data and calculation:

The heat measures are derived from estimates of air temperature (K) at 2 meters above the surface, specific humidity (kg/kg) at 2 meters above the surface, and surface pressure (Pa) from Forcing File A of Phase 2 of the North American Land Data Assimilation System (NLDAS-2). NLDAS-2 is available at the 1/8th-degree grid (approximately 14x14 km) and consists of 103,936 grid cells that cover the entire United States, excluding Alaska and Hawaii.

The gridded raw data were summarized to the U.S. county or census tract level to aid in estimating population exposure to high temperature and heat index conditions and to enable linkage with health-related datasets. To accomplish this, U.S. census block group centroids were attributed to individual NLDAS grid cells based on a containment relationship. Maximum daily temperature and heat index were determined for each block group by identifying the maximum hourly value for each day. Using census block group population as weights, population-weighted averages by U.S. county and census tract were calculated.

Heat index was estimated using a modified version of the Rothfusz regression as implemented by the National Weather Service [1]. Relative humidity (needed for heat index calculation) was calculated from specific humidity data acquired from NLDAS-2 using the Wexler saturated water vapor pressure equation [2].

The 90th, 95th, 98th, and 99th percentile values of the daily heat metrics were determined for each county and census tract for the period between 1979 and 2021 (May – September values only). Extreme heat days are classified according to the following thresholds: (1) absolute (e.g., 90°F, 95°F, 100°F, 105°F) and (2) relative (e.g., 90th, 95th, 98th, and 99th percentile) values.

References:
1. Heat Index Equation. The National Weather Service. Last modified May 2014.https://www.wpc.ncep.noaa.gov/html/heatindex_equation.shtml
2. Cosgrove, B. A., Lohmann, D., Mitchell, K. E., Houser, P. R., Wood, E. F., Schaake, J. C., ... & Luo, L. (2003). Real-time and retrospective forcing in the North American Land Data Assimilation System (NLDAS) project. Journal of Geophysical Research: Atmospheres, 108(D22).

Climate & Health - National Risk Index

Data Background

The Federal Emergency Management Agency (FEMA) is an agency of the US Department of Homeland Security that is primarily interested in disaster mitigation, preparedness, response, recovery and education.
The National Risk Index (NRI) is a dataset and online tool to help illustrate the U.S. communities most at risk for 18 natural hazards. It was designed and built by FEMA in close collaboration with various stakeholders and partners in academia; local, state and federal government; and private industry. The Risk Index leverages available source data for natural hazard and community risk factors to develop a baseline relative risk measurement for each U.S. county and Census tract. The National Risk Index is intended to help users better understand the natural hazard risk of their communities. For more information, please visit the FEMA's National Risk Index website.

Methodology

The **National Risk Index (NRI)** measures the magnitude of risk communities across the US are exposed to in terms of natural hazards. Specifically, 18 types of natural hazards are chosen into evaluation, including Avalanche, Coastal Flooding, Cold Wave, Drought, Earthquake, Hail, Heat Wave, Hurricane, Ice Storm, Landslide, Lightning, Riverine Flooding, Strong Wind, Tornado, Tsunami, Volcanic Activity, Wildfire, and Winter Weather.

With the 18 natural hazards indicators, the index calculates a baseline relative risk measurement for each United States county and census tract, based on Expected Annual Loss, Social Vulnerability, and Community Resilience. The NRI is calculated using the following formula:

NRI = Expected Annual Loss * Social Vulnerability * (1 / Community Resilience)

...where **Expected Annual Loss** measures the expected loss of building value, population, and/or agricultural value each year due to natural hazards, the **Social Vulnerability** measures a community's susceptibility of social groups to the adverse impacts of natural hazards, and **Community Resilience** uses demographic characteristics to measure a community's ability to prepare for, adapt to, withstand, and recover from the effects of natural hazards.

An overall composite Risk Index score (for all 18 natural hazards) and individual hazard Risk Index scores (for a single natural hazard) are both calculated for each county and Census tract. Index values range from 0 (the lowest among all other communities for a given component and level-of-detail) to 100 (the highest among all other communities) after being rescaled using min-max normalization. It should be noted that the NRI does not consider the intricate economic and physical interdependencies that exist across geographic regions. The user should be mindful that hazard impacts in surrounding counties or Census tracts can cause indirect losses in a location regardless of the location's risk profile.

Data was downloaded from the November 2021 release of the National Risk Index. For more information about methodology, please go to the National Risk Index Technical Documentation.

Notes

Scores are relative only within their geo level (county or Census tract) and the derivatives. For example, scores for multi-county areas, states, and the US are calculated as population-weighted averages based on county scores and therefore are comparable with each other. Scores for other geo levels are calculated based on tract scores and are comparable only with tract scores.

Similarly, the state and national average scores as reported in this indicator section are calculated as population-weighted averages based on county scores and population (2016) data as provided in the FEMA NRI dataset. This results in benchmark values different from the ones reported in the FEMA NRI online tool which adopted a straight average method, i.e., to average all the county scores within a state (or all states) to obtain the state (or national) average score as the state (or national) benchmark for the selected county; to average all the Census tract scores within a state (or all states) to obtain the state (or national) average score as the state (or national) benchmark for the selected Census tract. Note that CARES' state and national benchmarks are only used to compare against counties, not Census tracts.

Climate & Health - Tree Canopy

Data Background

The Multi-Resolution Land Characteristics (MRLC) consortium is a group of federal agencies who coordinate and generate consistent and relevant land cover information at the national scale for a wide variety of environmental, land management, and modeling applications. The creation of this consortium has resulted in the mapping of the lower 48 United States, Hawaii, Alaska and Puerto Rico into a comprehensive land cover product termed, the National Land Cover Database (NLCD), from decadal Landsat satellite imagery and other supplementary datasets.

Methodology

This indicator reports the percentage of land area covered by tree canopy based on data from the 2021 The National Land Cover Database (NLCD) Percent Tree Canopy Collection. The NLCD tree canopy imagery is a product of the U.S. Forest Service (USFS), and is produced through a cooperative project conducted by the Multi-Resolution Land Characteristics (MRLC) Consortium (www.mrlc.gov). This dataset consists of pixel values range from 0 to 100 percent, with each individual

value representing the area or proportion of that 30m cell covered by tree canopy.

In order to generate percent tree canopy values for census geographies, the NLCD 2021 Percent Tree Canopy Analytical Dataset was processed using ESRI Zonal Statistics tools. Zones were based on US Census Block Group boundaries. These figures were aggregated and mapped at the census tract and county levels. Census tract and county figures are also available as population weighted percentages based on 2020 American Community Survey 5-year estimates.

Community Design - Distance to Public Transit

Data Background

The Environmental Protection Agency (EPA) Smart Location Database (SLD) is a nationwide geographic data resource for measuring location efficiency. It includes more than 90 attributes summarizing characteristics such as housing density, diversity of land use, neighborhood design, destination accessibility, transit service, employment, and demographics. Most attributes are available for every census block group in the United States. EPA first released the Smart Location Database in 2011 and released version 2.0 in July 2013 and version 3.0 in May 2021. Please review the user guide for a full description of all available variables, data sources, data currency, and known limitations.

Methodology

This indicator reports information about urban design in terms of distance to public transit. This indicator reports the population within 0.5 miles (800 meters) of a GTFS transit stop or a fixed-guideway transit station. data are based on variable D4a in the EPA Smart Location Database. D4a measures the minimum walk distance between the population weighted census block group centroid and the nearest transit stop. To calculate population living within 0.5 miles of a transit stop, the population was summarized for all block groups in a county with distance values under 801 meters. Population values are based on total population reported in the 2014-18 American Community Survey. For complete indicator definitions and information about the data sources and analysis contained within the SLD, please review the user guide.

Notes

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

Community Design - Park Access (CDC)

Data Background

The National Environmental Public Health Tracking Network (Tracking Network) brings together health data and environment data from national, state, and city sources and provides supporting information to make the data easier to understand. The Tracking Network has data and information on environments and hazards, health effects, and population health. On the Tracking Network, you can: Use the Data Explorer to view interactive maps, tables, and charts View Info by Location for county level data snapshots Visit state & local tracking websites CDC's National Environmental Public Health Tracking Program created and maintains the Tracking Network. Learn more about Tracking.

Methodology

This indicator reports the percentage of population in the report area that live within 0.5 Miles of a park. Data are provided by the CDC National Environmental Public Health Tracking Network. Park boundaries used in this analysis are obtained from NAVTEQ (2010), Esri StreetMap Premium HERE (2016), and the PAD-US (2015), providers of Geographic Information Systems (GIS) data.

The number of people within a buffer of ½ mile radius of a park was determined by the CDC at the census tract level. These estimates are aggregated to county, state, and national levels. Percentages of people living within ½ mile of the park boundary are calculated for the census tract, county, state, and national levels. The percentage uses the estimated numbers of people as determined via the buffer analysis and then divides this numerator by the total number of people in each geographic unit. For more information visit the EPH Tracking Data Explorer .

Notes

Data Limitations

1. Navteq parks data includes local, state, and national park as well as national forests. These locations may represent a wide spectrum of infrastructure that encourages physical activity, and not all locations may present equal opportunities.
2. This indicator may overestimate park access since routes to park entrances may be much farther than a direct line from a residence to a park boundary.
3. The data may not capture places that serve park functions, but are not classified as parks, such as an unofficial trail along a utility corridor, or a school-yard open for public use under a joint use agreement.

Community Design - Park Access (ESRI)

Data Background

The U.S. Census counts every resident in the United States. It is mandated by Article I, Section 2 of the Constitution and takes place every 10 years. The census collects information about the age, sex, race, and ethnicity of every person in the United States. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and is also used to distribute billions in federal funds to local communities. For more information about this source, refer to the United States Census 2020 website.

ESRI's ArcGIS map gallery provides an platform for viewing and downloading various public-use datasets.

Methodology

The percentage and number of people living within 0.5 miles of the boundary of a park was calculated by CARES. The population living within a 0.5 mile radius of any park boundary (buffer) was determined at the census block level using 2010 census block centroids. These figures were aggregated to census tract, county, and state levels. These estimates use population figures from the US Census Bureau 2010 Decennial Census. Park boundaries are acquired from a combination of sources, including ESRI's USA Parks (2010), as well as OpenStreetMap (2013). Land feature types from these layers include: local parks, state parks and forests, national parks and forests, national monuments, and beaches. OpenStreetMap park features include some nature preserves, skate parks, and dog parks.

Notes

Data Limitations

1. Navteq parks data includes local, state, and national park as well as national forests. These locations may represent a wide spectrum of infrastructure that encourages physical activity, and not all locations may present equal opportunities.
2. This indicator may overestimate park access since routes to park entrances may be much farther than a direct line from a residence to a park boundary.
3. The data may not capture places that serve park functions, but are not classified as parks, such as an unofficial trail along a utility corridor, or a school-yard open for public use under a joint use agreement.

Community Design - Road Network Density

Data Background

The Environmental Protection Agency (EPA) Smart Location Database (SLD) is a nationwide geographic data resource for measuring location efficiency. It includes more than 90 attributes summarizing characteristics such as housing density, diversity of land use, neighborhood design, destination accessibility, transit service, employment, and demographics. Most attributes are available for every census block group in the United States. EPA first released the Smart Location Database in 2011 and released version 2.0 in July 2013 and version 3.0 in May 2021. Please review the user guide for a full description of all available variables, data sources, data currency, and known limitations.

Methodology

This indicator reports information about urban design in terms of street network density. Density is calculated using total street network density (road miles). The denominator in calculation is total block group area (acres). These data are

acquired from the Environmental Protection Agency (EPA) Smart Location Database (SLD). Denominator was converted to square miles for consistent reporting. For complete indicator definitions and information about the data sources and analysis contained within the SLD, please review the user guide.

Notes

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

Community Design - Walkability Index Score

Data Background

The Environmental Protection Agency (EPA) Smart Location Database (SLD) is a nationwide geographic data resource for measuring location efficiency. It includes more than 90 attributes summarizing characteristics such as housing density, diversity of land use, neighborhood design, destination accessibility, transit service, employment, and demographics. Most attributes are available for every census block group in the United States. EPA first released the Smart Location Database in 2011 and released version 2.0 in July 2013 and version 3.0 in May 2021. Please review the user guide for a full description of all available variables, data sources, data currency, and known limitations.

Methodology

This indicator reports information about urban design in terms of street network density. Density is calculated using total street network density (road miles). The denominator in calculation is total block group area (acres). These data are acquired from the Environmental Protection Agency (EPA) Smart Location Database (SLD). Denominator was converted to square miles for consistent reporting. For complete indicator definitions and information about the data sources and analysis contained within the SLD, please review the user guide.

Notes

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

Community Design - Community Diversity (Emp. + Housing)

Data Background

The Environmental Protection Agency (EPA) Smart Location Database (SLD) is a nationwide geographic data resource for measuring location efficiency. It includes more than 90 attributes summarizing characteristics such as housing density, diversity of land use, neighborhood design, destination accessibility, transit service, employment, and demographics. Most attributes are available for every census block group in the United States. EPA first released the Smart Location Database in 2011 and released version 2.0 in July 2013 and version 3.0 in May 2021. Please review the user guide for a full description of all available variables, data sources, data currency, and known limitations.

Methodology

This indicator reports information about urban design in terms of street network density. Density is calculated using total street network density (road miles). The denominator in calculation is total block group area (acres). These data are acquired from the Environmental Protection Agency (EPA) Smart Location Database (SLD). Denominator was converted to square miles for consistent reporting. For complete indicator definitions and information about the data sources and analysis contained within the SLD, please review the user guide.

Notes

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

Data Background

About

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 (ZBP) data are available shortly after the release of County Business Patterns. 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.*

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

Data Limitations

Data are available for all known establishments with paid employees. Non-employers and most government establishments are excluded from tabulations. For a full list of exclusions, please see the County Business Patterns Methodology. Beginning in 2017, The County Business Patterns methodology was updated to provide enhanced protection for establishments. With this update, data suppression was applied in geographic areas with fewer than 3 establishments per NAICS code. For additional details on data suppression, please see the County Business Patterns Methodology.

Methodology

Population figures are acquired for this indicator from the U.S. Census Bureau, 2020 Decennial Census, Summary File 1. Industry counts are acquired from the U.S. Census Bureau, County Business Patterns (CBP) data file. Industries are stratified based on the 2017 North American Industry Classification System (NAICS) - a coding system used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. Establishment rates for each county are derived using the following formula:

Rate = [Establishment Count] / [Population] * 100,000

Prior to reference year 2017, the number of establishments in a particular county was not considered sensitive; therefore, counts of establishments were released without any disclosure avoidance methods applied. Beginning with reference year 2017, counties with fewer than 3 establishments have been omitted from the release. This change to the level of information released causes many low population counties to be excluded and prevents comparison with previous CBP data releases.

The specific NAICS codes used to identify establishment categories within the County Business Patterns (CBP) are listed below.

- Banking institutions: 522110, 522130, and 522120
  Establishments primarily engaged in accepting deposits and making loans, including Commercial Banking, Credit Unions, and Savings Institutions.
- Fast food restaurants: 722513 (formerly 722211)
  Any “limited service” establishments where the customer typically orders or selects items and pay before eating. Establishments may include carryout restaurants, delicatessens, drive-ins, pizza delivery shops, sandwich shops, and other fast food restaurants
- Grocery stores and supermarkets: 445110
  Grocery stores are establishments engaged in selling a "general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry". Examples include supermarkets, commissaries and food stores. Convenience stores are excluded.
- Liquor stores: 445310
  Establishments engaged in “retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor“. Bars and other

venues serving alcoholic beverages intended for immediate consumption on the premises are not included.

- Recreational facilities: 713940
  Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.
- Social associations: 711211, 713910, 713940, 713950, 813110, 813410, 813990, 813910, 813920, 813930, and 813940
  This industry comprises establishments primarily engaged in promoting the civic and social interests of their members, promoting organized labor, political organizations, business associations, sporting associations, fitness clubs, and country clubs.

A complete list of NAICS codes and definitions is available using the NAICS Association's free lookup service .

Notes

Data Limitations
Data are reported based on the primary NAICS code of the establishment. By definition, the primary NAICS code should reflect 50% or more of the establishment's activity. This definition may exclude some establishments from a particular industry classification. For example, a convenience store which also sells liquor may be classified only as a convenience store (445120) and not a beer, wine and liquor store (445310).

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

Data Limitations
Reported data represent summaries limited by county boundaries. When comparing rates, consider the following:
1) Rates assume uniform distribution of both establishments and populations throughout the county and may not detect disparities in access for rural or minority populations.
2) Summaries may over-represent or under-represent county rates when populations or establishments are highly concentrated on county border lines.
3) Rates do not describe quality of the establishment or utilization frequency.

Data Limitations
The custom area estimates of the establishment counts are rounded to the nearest whole number, thereby generating the rounding error. It's possible that the aggregation of establishments of all the census tracts within a county might not exactly equal the count of the county.

Food Environment - Food Desert Census Tracts

Data Background

The Food Access Research Atlas (FARA) presents a spatial overview of food access indicators for populations using different measures of supermarket accessibility. The FARA is a compliment to the USDA's Food Environment Atlas, which houses county-level food-related data. The FARA provides census-tract level detail of the food access measures, including food desert census tracts. Estimates in the latest version of the Food Access Research Atlas draw from various sources, including the 2019 STARS (Store Tracking and Redemption System) directory of stores authorized to accept SNAP benefits and the 2019 Trade Dimensions TDLinx directory of stores, the 2010 Decennial Census, and the 2014-18 American Community Survey. FARA estimates are released approximately every 5 years, allowing for comparisons of the food environment for years 2010, 2015, and 2019.

For more information about this source, including the methodology and data definitions please visit the Food Access Research Atlas web page.

Methodology

This indicator reports the number of food deserts in the report area, the total and percentage of the population living in a food desert. 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. Furthermore, to qualify as a food desert tract, at least 33 percent of the tract's population or a minimum of 500 people in the tract must have low access to a supermarket or large grocery store. A

low-income census tract is defined as any census tract where the poverty rate for that tract is at least 20 percent, or for tracts not located within a metropolitan area, the median family income for the tract does not exceed 80 percent of statewide median family income. Some census tracts that contain supermarkets or large grocery stores may meet the criteria of a food desert if a substantial number or share of people within that census tract is more than 1 mile (urban areas) or 10 miles (rural areas) from the nearest supermarket. Furthermore, some residents of food desert census tracts may live within 1 or 10 miles of a supermarket; these residents are not counted as low access and thus not counted in the total. Census tract-level data used in this indicator were acquired from the USDA Food Access Research Atlas (FARA) and aggregated to generate county and state-level estimates.

For more information, please refer to the Food Access Research Atlas Documentation.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Food Environment - Grocery Stores

Data Background

About
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 (ZBP) data are available shortly after the release of County Business Patterns. 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.*

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

Data Limitations
Data are available for all known establishments with paid employees. Non-employers and most government establishments are excluded from tabulations. For a full list of exclusions, please see the County Business Patterns Methodology. Beginning in 2017, The County Business Patterns methodology was updated to provide enhanced protection for establishments. With this update, data suppression was applied in geographic areas with fewer than 3 establishments per NAICS code. For additional details on data suppression, please see the County Business Patterns Methodology.

Methodology

Population figures are acquired for this indicator from the U.S. Census Bureau, 2020 Decennial Census, Summary File 1. Industry counts are acquired from the U.S. Census Bureau, County Business Patterns (CBP) data file. Industries are stratified based on the 2017 North American Industry Classification System (NAICS) - a coding system used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. Establishment rates for each county are derived using the following formula:

Rate = [Establishment Count] / [Population] * 100,000

Prior to reference year 2017, the number of establishments in a particular county was not considered sensitive; therefore, counts of establishments were released without any disclosure avoidance methods applied. Beginning with reference year 2017, counties with fewer than 3 establishments have been omitted from the release. This change to the level of information released causes many low population counties to be excluded and prevents comparison with previous CBP

data releases.

The specific NAICS codes used to identify establishment categories within the County Business Patterns (CBP) are listed below.

- Banking institutions: 522110, 522130, and 522120
  Establishments primarily engaged in accepting deposits and making loans, including Commercial Banking, Credit Unions, and Savings Institutions.
- Fast food restaurants: 722513 (formerly 722211)
  Any "limited service" establishments where the customer typically orders or selects items and pay before eating. Establishments may include carryout restaurants, delicatessens, drive-ins, pizza delivery shops, sandwich shops, and other fast food restaurants
- Grocery stores and supermarkets: 445110
  Grocery stores are establishments engaged in selling a "general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry". Examples include supermarkets, commissaries and food stores. Convenience stores are excluded.
- Liquor stores: 445310
  Establishments engaged in "retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor". Bars and other venues serving alcoholic beverages intended for immediate consumption on the premises are not included.
- Recreational facilities: 713940
  Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.
- Social associations: 711211, 713910, 713940, 713950, 813110, 813410, 813990, 813910, 813920, 813930, and 813940
  This industry comprises establishments primarily engaged in promoting the civic and social interests of their members, promoting organized labor, political organizations, business associations, sporting associations, fitness clubs, and country clubs.

A complete list of NAICS codes and definitions is available using the NAICS Association's free lookup service .

Notes

Data Limitations
Data are reported based on the primary NAICS code of the establishment. By definition, the primary NAICS code should reflect 50% or more of the establishment's activity. This definition may exclude some establishments from a particular industry classification. For example, a convenience store which also sells liquor may be classified only as a convenience store (445120) and not a beer, wine and liquor store (445310).

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

Data Limitations
Reported data represent summaries limited by county boundaries. When comparing rates, consider the following:
1) Rates assume uniform distribution of both establishments and populations throughout the county and may not detect disparities in access for rural or minority populations.
2) Summaries may over-represent or under-represent county rates when populations or establishments are highly concentrated on county border lines.
3) Rates do not describe quality of the establishment or utilization frequency.

Data Limitations
The custom area estimates of the establishment counts are rounded to the nearest whole number, thereby generating the rounding error. It's possible that the aggregation of establishments of all the census tracts within a county might not exactly equal the count of the county.

Land and Agriculture - Leading Agricultural Products (1)

Data Background

The Census of Agriculture is the leading source of facts and figures about American agriculture. Conducted every five years,

the Census provides a detailed picture of U.S. farms and ranches and the people who operate them. It is the only source of uniform, comprehensive agricultural data for every state and county in the United States. Participation by every farmer and rancher, regardless of the size or type of operation, is vitally important.

The 2022 Census of Agriculture collected information concerning all areas of farming and ranching operations, including production expenses, market value of products, and operator characteristics. This information is used by everyone who provides services to farmers and rural communities - including federal, state and local governments, agribusinesses, and many others. Census data is used to make decisions about many things that directly impact farmers, including:
community planning
store/company locations
availability of operational loans and other funding
location and staffing of service centers
farm programs and policies

For 2022 Census of Agriculture results, click here.

Land and Agriculture - Leading Agricultural Products (2)

Data Background

The Census of Agriculture is the leading source of facts and figures about American agriculture. Conducted every five years, the Census provides a detailed picture of U.S. farms and ranches and the people who operate them. It is the only source of uniform, comprehensive agricultural data for every state and county in the United States. Participation by every farmer and rancher, regardless of the size or type of operation, is vitally important.

The 2022 Census of Agriculture collected information concerning all areas of farming and ranching operations, including production expenses, market value of products, and operator characteristics. This information is used by everyone who provides services to farmers and rural communities - including federal, state and local governments, agribusinesses, and many others. Census data is used to make decisions about many things that directly impact farmers, including:
community planning
store/company locations
availability of operational loans and other funding
location and staffing of service centers
farm programs and policies

For 2022 Census of Agriculture results, click here.

Food Environment - Low Food Access

Data Background

The Food Access Research Atlas (FARA) presents a spatial overview of food access indicators for populations using different measures of supermarket accessibility. The FARA is a compliment to the USDA's Food Environment Atlas, which houses county-level food-related data. The FARA provides census-tract level detail of the food access measures, including food desert census tracts. Estimates in the latest version of the Food Access Research Atlas draw from various sources, including the 2019 STARS (Store Tracking and Redemption System) directory of stores authorized to accept SNAP benefits and the 2019 Trade Dimensions TDLinx directory of stores, the 2010 Decennial Census, and the 2014-18 American Community Survey. FARA estimates are released approximately every 5 years, allowing for comparisons of the food environment for years 2010, 2015, and 2019.

For more information about this source, including the methodology and data definitions please visit the Food Access Research Atlas web page.

Methodology

This indicator reports the percentage of population without access to a supermarket or large grocery store. Census tract-level data was acquired from the USDA Food Access Research Atlas (FARA) and aggregated to generate county and state-level estimates.

The Food Access Research Atlas provides data which is derived from the analysis of multiple datasets. First, a directory of supermarkets and large grocery stores within the United States, including Alaska and Hawaii, was created by merging the 2019 STARS directory of stores authorized to accept SNAP benefits and the Trade Dimensions TDLinx directory of stores. Stores met the definition of a supermarket or large grocery store if they reported at least $2 million in annual sales and contained all the major food departments found in a traditional supermarket, including fresh meat and poultry, dairy, dry and packaged foods, and frozen foods. The combined list of supermarkets and large grocery stores was converted into a GIS-usable format by geocoding the street address into store-point locations. Population data are obtained at the block level from the 2010 Census of Population and Housing, while data on income are drawn at the block group-level from the 2014-18 American Community Survey. Distance to nearest supermarket was determined for population blocks. These numbers and shares are then similarly aerially allocated down to the ½-kilometer-square grid level. For each ½-kilometer-square grid cell, the distance was calculated from its geographic center to the center of the grid cell with the nearest supermarket. Then, the number of households and population living more than 1, 10, and 20 miles from a supermarket or large grocery store was aggregated to the tract level and divided by the underlying population.

Rural or urban status is determined using population size. A census tract is considered rural if the population-weighted centroid of that tract is located in an area with a population of less than 2,500; all other tracts are considered urban tracts. Low-income is defined as annual family income of less than or equal to 200 percent of the Federal poverty threshold given family size.

For more information, please refer to the Food Access Research Atlas Documentation.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Food Environment - Low Income & Low Food Access

Data Background

The Food Access Research Atlas (FARA) presents a spatial overview of food access indicators for populations using different measures of supermarket accessibility. The FARA is a compliment to the USDA's Food Environment Atlas, which houses county-level food-related data. The FARA provides census-tract level detail of the food access measures, including food desert census tracts. Estimates in the latest version of the Food Access Research Atlas draw from various sources, including the 2019 STARS (Store Tracking and Redemption System) directory of stores authorized to accept SNAP benefits and the 2019 Trade Dimensions TDLinx directory of stores, the 2010 Decennial Census, and the 2014-18 American Community Survey. FARA estimates are released approximately every 5 years, allowing for comparisons of the food environment for years 2010, 2015, and 2019.

For more information about this source, including the methodology and data definitions please visit the Food Access Research Atlas web page.

Methodology

This indicator reports the percentage of population without access to a supermarket or large grocery store. Census tract-level data was acquired from the USDA Food Access Research Atlas (FARA) and aggregated to generate county and state-level estimates.

The Food Access Research Atlas provides data which is derived from the analysis of multiple datasets. First, a directory of supermarkets and large grocery stores within the United States, including Alaska and Hawaii, was created by merging the 2019 STARS directory of stores authorized to accept SNAP benefits and the Trade Dimensions TDLinx directory of stores.

Stores met the definition of a supermarket or large grocery store if they reported at least $2 million in annual sales and contained all the major food departments found in a traditional supermarket, including fresh meat and poultry, dairy, dry and packaged foods, and frozen foods. The combined list of supermarkets and large grocery stores was converted into a GIS-usable format by geocoding the street address into store-point locations. Population data are obtained at the block level from the 2010 Census of Population and Housing, while data on income are drawn at the block group-level from the 2014-18 American Community Survey. Distance to nearest supermarket was determined for population blocks. These numbers and shares are then similarly aerially allocated down to the ½-kilometer-square grid level. For each ½-kilometer- square grid cell, the distance was calculated from its geographic center to the center of the grid cell with the nearest supermarket. Then, the number of households and population living more than 1, 10, and 20 miles from a supermarket or large grocery store was aggregated to the tract level and divided by the underlying population.

Rural or urban status is determined using population size. A census tract is considered rural if the population-weighted centroid of that tract is located in an area with a population of less than 2,500; all other tracts are considered urban tracts. Low-income is defined as annual family income of less than or equal to 200 percent of the Federal poverty threshold given family size.

For more information, please refer to the Food Access Research Atlas Documentation.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Food Environment - Modified Retail Food Environment Index

Data Background

The Division of Nutrition, Physical Activity, and Obesity (DNPAO) is a program run by the the Centers for Disease Control and Prevention (CDC), a division of the US Department of Health & Human Services. The agency utilizes a public health approach to address the role of nutrition and physical activity in improving the public's health and preventing and controlling chronic diseases. The DNPAO published the Modified Retail Food Environmental Index (MRFEi) for each state in the US in 2011. The mRFEI is a measure of the proportion of food retailers that sell healthy foods compared to retailers that sell unhealthy foods. Scores can range from 0 (no food retailers that typically sell healthy food) to 100 (only food retailers that typically sell healthy food). Areas with lower mRFEI scores have more food retailers (like fast food restaurants and convenience stores) that are less likely to sell less healthy foods and fewer food retailers (like supermarkets) that tend to sell healthy foods such as fresh fruits and vegetables.

Methodology

Census tract-level Modified Retail Food Environmental Index (mRFEI) data was acquired from the CDC Division of Nutrition, Physical Activity, and Obesity (DNPAO). This dataset contains index values for each census tract (using census 2000 boundaries) based on the proportion of healthy to unhealthy food retailers located in the tract. mRFEI scores were classified into different healthy food access categories as follows:

-9999	No Food Outlet
0.0	No Healthy Food Outlet
0.1 – 10.0	Low Healthy Food Access
10.1 – 30.0	Moderate Healthy Food Access
Over 30.0	High Healthy Food Access

The number of persons living in tracts with each food access designation was calculated using Census 2000 population

figures and summarized to the county or state level. Percentages were generated by dividing these figures by the total population in each county or state. For more information, please see the complete CDC Modified Retail Food Environment Index Report.

Notes

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories the US Census Bureau based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Indicator race and ethnicity statistics are generated from self-identified survey responses. Using the OMB standard, the available race categories in the Decennial Census are: White, Black, American Indian/Alaskan Native, Asian, and Other. A census respondent may identify as one race alone, or may choose multiple races. Respondents selecting multiple categories are racially identified as “Two or More Races”. The minimum ethnicity categories are: Hispanic or Latino, and Not Hispanic or Latino. Respondents may only choose one ethnicity. Total population counts are reported in the Decennial Census Summary File 1 by combined race and ethnicity. Indicator race and ethnicity statistics (total and percentages) are generated using the method described above. Totals and percentages are only available by race and ethnicity for populations in tracts with low, poor, or no healthy food access (tracts with scores under 15.1).

Index of Disparity (ID)
The Index of Disparity (ID) used with this indicator was adopted by researchers at the National Center for Health Statistics (NCHS) and the National Institute of Health (NIH) for use with Healthy People 2010 and 2020 guidelines. This index measures the magnitude of variation in indicator percentages across groups - in this case racial and ethnic groups. Specifically, the index of disparity is defined as "the average of the absolute differences between rates for specific groups within a population and the overall population rate, divided by the rate for the overall population and expressed as a percentage". The ID can be expressed using the following formula:
Index of Disparity = 100.0 * ((SUM (|r - R|) / n) / R)
...where r is the sub-group rate and R is the total population rate. Index values range from 0 (where all sub-groups are equal) to infinity. Index values are heavily dependent on the total population value (R), so comparisons should be made across geographic areas (county vs. state vs. nation), and not across indicators.

For more information on the index of disparity, please see the NIH research article *A Summary Measure of Health Disparity*.

Food Environment - SNAP-Authorized Food Stores

Data Background

The Food and Nutrition Service (FNS) is an agency of USDA's Food, Nutrition, and Consumer Services. FNS works to end hunger and obesity through the administration of 15 federal nutrition assistance programs including WIC, Supplemental Nutrition Assistance Program (SNAP), and school meals. In partnership with State and Tribal governments, FNS' programss serve one in four Americans during the course of a year. The FNS mission is to increase food security and reduce hunger by providing children and low-income people access to food, a healthful diet and nutrition education in a way that supports American agriculture and inspires public confidence.

Methodology

Locations of SNAP-Authorized retailers are acquired from the US Department of Agriculture (USDA) Food and Nutrition Service (FNS) SNAP Retailers Locator. These data were processed and each retailer was assigned to the census tract which it fell entirely within. Counts of retailers per each census tract were generated. SNAP-retailer access rates were then calculated for each tract based on the number of stores per 10,000 population.

Locations of SNAP-authorized retailers are compiled by the USDA's Food and Nutrition Service, SNAP Benefits Redemption Division. These data are updated periodically and was last current as of Dec. 15, 2021. Population data are from the Federal Communications Commission 2020 Block-Level Population Estimates data files. Indicator data are presented as a rate per 10,000 population based on the following formula:

Rate = [SNAP-Authorized Retailers] / [Total Population] * 10,000

For more information, please refer to the SNAP Retailer Locator documentation.

Notes

Data Limitations
Reported data represent summaries limited by census tract boundaries. When comparing rates, consider the following:
1) Rates assume uniform distribution of both establishments and populations throughout the tract and may not detect disparities in access for rural or minority populations.
2) Summaries may over-represent or under-represent tract rates when populations or establishments are highly concentrated near tract borders.
3) Rates do not describe quality of the establishment or utilization frequency.

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

Land and Agriculture - Orchards

Data Background

The Census of Agriculture is the leading source of facts and figures about American agriculture. Conducted every five years, the Census provides a detailed picture of U.S. farms and ranches and the people who operate them. It is the only source of uniform, comprehensive agricultural data for every state and county in the United States. Participation by every farmer and rancher, regardless of the size or type of operation, is vitally important.

The 2022 Census of Agriculture collected information concerning all areas of farming and ranching operations, including production expenses, market value of products, and operator characteristics. This information is used by everyone who provides services to farmers and rural communities - including federal, state and local governments, agribusinesses, and many others. Census data is used to make decisions about many things that directly impact farmers, including:
community planning
store/company locations
availability of operational loans and other funding
location and staffing of service centers
farm programs and policies

For 2022 Census of Agriculture results, click here.

Methodology

Farm-level data are acquired from the USDA Census of Agriculture.

The Census of Agriculture is a complete count of U.S. farms and ranches and the people who operate them. Even small plots of land - whether rural or urban - growing fruit, vegetables or some food animals count if $1,000 or more of such products were raised and sold, or normally would have been sold, during the Census year. The Census of Agriculture, taken only once every five years, looks at land use and ownership, operator characteristics, production practices, income and expenditures. For America's farmers and ranchers, the Census of Agriculture is their voice, their future, and their opportunity. Most 2022 Census methodology is the same as that used in 2017. However, from one census to the next NASS considers what enhancements to the methodology can improve the process. In 2022, NASS improved its outreach and awareness efforts to encourage producers to respond to the census. Despite these and other efforts, agriculture census response rates have declined over time. This type of decline is being experienced across the research and survey community in all fields. In the 2022 Census, NASS used capture-recapture methodology, an accepted statistical methodology, to account for under-coverage (farms not reached in the original mailing), nonresponse (people not returning their census questionnaires), and misclassification (whether an operation is correctly classified as a farm or not). The methodology is documented thoroughly in Appendix A of the 2022 Census.

For more information, please visit the USDA Census of Agriculture web page.

Threatened and Endangered Species

Data Background

The Environmental Conservation Online System (ECOS) is a gateway web site that provides access to data systems in the U.S. Fish and Wildlife Service (Service) and other government data sources. This central point of access assists Service personnel in managing data and information, and it provides public access to information from numerous Service databases. The mission of the US Fish and Wildlife Service is to work with others to conserve, protect and enhance fish, wildlife and plants and their habitats for the continuing benefit of the American people.

Access to Exercise Opportunities

Data Background

The ArcGIS Business Analyst and Living Atlas of the World, YMCA & US Census Tigerline Files are combined in ArcGIS Pro to create the measure of Access to exercise opportunities as used in the County Health Ranking 2023. The ArcGIS Business Analyst, for a fee (University of Wisconsin license), provides access to robust, integrated business intelligence, including corporate families, industries, key executives and financial data. The ArcGIS Living Atlas public use USA Parks data provides boundaries of National and State parks and forests, along with County, Regional and Local parks within the United States. The YMCA provides CHRR with a national file identifying YMCA locations with opportunities for physical activity. US Census TIGER/Line Shapefiles are spatial extracts from the Census Bureau's MAF/TIGER database, containing features such as roads, railroads, rivers, as well as legal and statistical geographic areas. The US Census 2020 tabulation blocks contain 2020 Census population and housing unit counts at the census block level. The 2020 Urban Areas were deliniated with data from the 2020 Census and represent densely developed territory, and encompass residential, commercial, and other non-residential urban land uses.

Methodology

Access to exercise opportunities data was acquired from the University of Wisconsin's County Health Rankings (CHR). This measure represents the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Individuals are considered to have access to exercise opportunities if they:
reside in a census block that is within a half mile of a park, or
reside in an urban census block that is within one mile of a recreational facility, or
reside in a rural census block that is within three miles of a recreational facility.
The numerator is the total 2020 population living in census blocks with adequate access to at least one location for physical activity and the denominator is the 2020 resident county population.

Environmental Justice Index (EJI Index) - High Scoring Areas

Data Background

CDC and ATSDR are committed to promoting health equity and to integrating practices that promote health equity into the fabric of all of their activities (Agency for Toxic Substance and Disease Registry, 2021; Centers for Disease Control and Prevention, 2022). Promoting environmental justice is key to advancing health equity. The Environmental Justice Index (EJI) was developed to help inform and focus public health interventions aimed at alleviating health disparities by identifying communities facing the worst cumulative impacts of environmental burdens on health, and to track the success of programs and interventions across time by providing iterative updates for comparison.

Methodology

The Environmental Justice Index (EJI) published in 2022 is developed by Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances Disease Registry (ATSDR) to determine the cumulative impacts of environmental injustice. The EJI incorporates place-based measurements of factors related to distributive and procedural justice and to the cumulative impacts of injustice on health and well-being. Metrics are selected from the U.S. Census Bureau, the U.S. Environmental Protection Agency (EPA), the U.S. Mine Safety and Health Administration (MSHA), and the U.S. Centers for Disease Control and Prevention (CDC) for over 71,000 U.S. census tracts. The EJI ranks each tract on 36 environmental, social, and health factors and groups them into three overarching modules and ten different domains. The overall EJI score

is calculated by summing the ranked scores of three modules as below. The final EJI ranking is then produced using this score.

- Environmental Burden Module (EBM)
- Social Vulnerability Module (SVM)
- Health Vulnerability Module (HVM)

For more information about the methodology, please see the EJI Technical Documentation or refer to the Indicator Page for EJI in the CDC National Environmental Public Health Tracking website.

Environmental Justice Index (EJI Index) - Details

Data Background

CDC and ATSDR are committed to promoting health equity and to integrating practices that promote health equity into the fabric of all of their activities (Agency for Toxic Substance and Disease Registry, 2021; Centers for Disease Control and Prevention, 2022). Promoting environmental justice is key to advancing health equity. The Environmental Justice Index (EJI) was developed to help inform and focus public health interventions aimed at alleviating health disparities by identifying communities facing the worst cumulative impacts of environmental burdens on health, and to track the success of programs and interventions across time by providing iterative updates for comparison.

Methodology

The Environmental Justice Index (EJI) published in 2022 is developed by Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances Disease Registry (ATSDR) to determine the cumulative impacts of environmental injustice. The EJI incorporates place-based measurements of factors related to distributive and procedural justice and to the cumulative impacts of injustice on health and well-being. Metrics are selected from the U.S. Census Bureau, the U.S. Environmental Protection Agency (EPA), the U.S. Mine Safety and Health Administration (MSHA), and the U.S. Centers for Disease Control and Prevention (CDC) for over 71,000 U.S. census tracts. The EJI ranks each tract on 36 environmental, social, and health factors and groups them into three overarching modules and ten different domains. The overall EJI score is calculated by summing the ranked scores of three modules as below. The final EJI ranking is then produced using this score.

- Environmental Burden Module (EBM)
- Social Vulnerability Module (SVM)
- Health Vulnerability Module (HVM)

For more information about the methodology, please see the EJI Technical Documentation or refer to the Indicator Page for EJI in the CDC National Environmental Public Health Tracking website.

Land and Agriculture - Forested Acres

Data Background

The Multi-Resolution Land Characteristics (MRLC) consortium is a group of federal agencies who coordinate and generate consistent and relevant land cover information at the national scale for a wide variety of environmental, land management, and modeling applications. The creation of this consortium has resulted in the mapping of the lower 48 United States, Hawaii, Alaska and Puerto Rico into a comprehensive land cover product termed, the National Land Cover Database (NLCD), from decadal Landsat satellite imagery and other supplementary datasets.

Methodology

This indicator utilizes two map layers from USGS. First, areas classified as some type of forest (deciduous, evergreen, or mixed) are extracted using the National Land Cover Dataset. Secondly, from the extracted area, pixels with >= 50% canopy coverage are then extracted from the forested pixels using the Canopy Coverage dataset. The result is the total forested area with >=50% canopy coverage. For each county, the forested area was then divided by total area to determine the forested acres percent.

Land and Agriculture - Recreational Land Acres

Data Background

The USGS Protected Areas Database of the United States (PAD-US) is the official inventory of public parks and other protected open space. With more than 9 billion acres in more than 350,000 holdings, the spatial data in PAD-US represents public lands held in trust by thousands of national, State and regional/local governments, as well as non-profit conservation organizations.

PAD-US is published by the U.S. Geological Survey (USGS) Science Analytics and Synthesis (SAS), Gap Analysis Project (GAP). GAP produces data and tools that help meet critical national challenges such as biodiversity conservation, recreation, public health, climate change adaptation, and infrastructure investment. See the GAP webpage for more information about GAP and other GAP data including species and land cover.

Clinical Care and Prevention

Cancer Screening - Mammogram (Medicare)

Data Background

The Mapping Medicare Disparities (MMD)Tool is an interactive web-based map identifying and understanding geographic areas of disparities in chronic diseases between subgroups of Medicare beneficiaries. The MMD Tool identifies disparities between sub-populations (e.g., racial and ethnic groups) in health outcomes, utilization, and spending. The MMD Tool also allows quality measure comparisons between different hospitals at the national, state/territory, or county level. The MMD Tool offers data on hospitalization, readmission, mortality, emergency department visit rates of various chronic conditions such as Alzheimer, dementia, asthma, breast, lung and prostate cancer, kidney disease, depression and more. For more information about the tool and data, please see the Mapping Medicare Disparities Technical Documentation.

Methodology

The rate data for this indicator are obtained from the Mapping Medicare Disparities data tool (2022) and the universe population data shown in the table are from Medicare Geographic Variation - by National, State & County (2021). The analysis population are all Medicare FFS beneficiaries. Indicator statistics or multi-county/state areas are summarized using the following formula:

Rate = [Medicare FFS beneficiaries Receiving Certain Services or in Certain Conditions] / [Medicare FFS beneficiaries] * 100*

**Using a multiplier of 1,000 when the metric is in the category of Hospitalization or Emergency Department Visit Rate*

For more information on the rate data reported in the Mapping Medicare Disparities tool, please see the complete Technical Documentation.
For information on the denominator data from the Geographic Variation dataset, please see the complete Data Dictionary or Methodology.

Cancer Screening - Mammogram (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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of females age 50-74 years who report having had a mammogram within the previous 2 years. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Cancer Screening - Cervical Cancer Screening

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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of females age 21–65 years without a hysterectomy who report having had recommended cervical cancer screening test. For female respondents aged 21-29 years, the recommended screening test is Pap test alone every 3 years. For female respondents aged 30-65 years, there are three recommended screening tests with varying frequencies: (1) Pap test alone every 3 years, (2) human papillomavirus (HPV) test alone every 5 years, or (3) Pap test in combination with HPV test (otherwise known as co-test) every 5 years. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Note:This indicator is not available in the 2024 release.

Cancer Screening - Sigmoidoscopy or 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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of population age 50–75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Dental Care Utilization

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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of respondents age 18 years and older who report having been to the dentist or dental clinic in the previous year. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Diabetes Management - Hemoglobin A1c Test

Data Background

The Dartmouth Atlas of Healthcare is an online repository of health data and maps based on information included in the massive Medicare database maintained by the Center for Medicare and Medicaid Services (CMS). The project uses Medicare claims data in conjunction with other demographic data to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians. The Dartmouth Atlas of Health Care is produced and maintained by The Dartmouth Institute for Health Policy and Clinical Practice.

For more information about this source, including methodologies and definitions, refer to the Dartmouth Atlas of Healthcare website.

Methodology

The Dartmouth Institute analyzes data drawn from enrollment and claims files from the Medicare program. Analysis is restricted to the fee-for-service population over age 65; HMO patients are not included. Indicator data include measures of primary care utilization, quality of care for diabetes, mammography, leg amputation and preventable hospitalizations. When appropriate, statistical adjustments are carried out to account for differences in age, race and sex.

More information can be found in *Regional and Racial Variation in Primary Care and the Quality of Care among Medicare Beneficiaries* .

Hospitalizations - Preventable Conditions

Hospitalizations - Emergency Room Visits

Data Background

The Centers for Medicare & Medicaid Services (CMS), a branch of the Department of Health and Human Services (HHS), is the federal agency that runs the Medicare Program and monitors Medicaid programs offered by each state. Medicare is a type of federally-funded health insurance available to disabled persons and the population age 65 and older. The Office of Enterprise Data and Analytics within the Centers for Medicare & Medicaid Services (CMS) developed a public use file to support further analysis of the geographic variation in the amount and quality of the health care services that Medicare beneficiaries receive. For more information, please see the Geographic Variation Public Use File Methodology document.

Methodology

This indicator reports information on variation in services utilization by Medicare patients. Data are from the Centers for Medicare & Medicaid Services (CMS) Geographic Variation Public Use File, which was developed to enable researchers and policymakers to evaluate geographic variation in the utilization and quality of health care services for the Medicare fee-for-service population. The Geographic Variation Public Use File includes demographic, spending, utilization, and quality indicators at the state level (including the District of Columbia, Puerto Rico, and the Virgin Islands), hospital referral region (HRR) level, and county level. Definitions for map layers obtained from this dataset are as follows:

- Ambulance Users: Number of beneficiaries using Ambulance services
- Ambulance Events Rate: Ambulance Events Per 1000 Beneficiaries
- Hospital Readmissions: Total count of inpatient readmissions within 30 days of an acute hospital stay during the reference period
- Hospital Readmission Rate: Percentage of inpatient readmissions within 30 days of an acute hospital stay during then reference period
- Emergency Department Visits: Total count of inpatient or hospital outpatient emergency department visits
- Emergency Department Visits Rate: Inpatient or hospital outpatient emergency department visits per 1000 beneficiaries

Each file has a Documentation section which explains the individual indicators in more detail. Information on the sample population and the methodology used to calculate these indicators can be found in the Methodological Overview paper and the Technical Supplement on Standardization paper.

Hospitalizations - Inpatient Stays

Data Background

The Centers for Medicare & Medicaid Services (CMS), a branch of the Department of Health and Human Services (HHS), is the federal agency that runs the Medicare Program and monitors Medicaid programs offered by each state. Medicare is a type of federally-funded health insurance available to disabled persons and the population age 65 and older. The Office of Enterprise Data and Analytics within the Centers for Medicare & Medicaid Services (CMS) developed a public use file to support further analysis of the geographic variation in the amount and quality of the health care services that Medicare beneficiaries receive. For more information, please see the Geographic Variation Public Use File Methodology document.

Methodology

This indicator reports information on variation in services utilization by Medicare patients. Data are from the Centers for Medicare & Medicaid Services (CMS) Geographic Variation Public Use File, which was developed to enable researchers and policymakers to evaluate geographic variation in the utilization and quality of health care services for the Medicare fee-for-service population. The Geographic Variation Public Use File includes demographic, spending, utilization, and quality indicators at the state level (including the District of Columbia, Puerto Rico, and the Virgin Islands), hospital referral region (HRR) level, and county level. Definitions for map layers obtained from this dataset are as follows:

- Ambulance Users: Number of beneficiaries using Ambulance services
- Ambulance Events Rate: Ambulance Events Per 1000 Beneficiaries
- Hospital Readmissions: Total count of inpatient readmissions within 30 days of an acute hospital stay during the reference period
- Hospital Readmission Rate: Percentage of inpatient readmissions within 30 days of an acute hospital stay during then reference period
- Emergency Department Visits: Total count of inpatient or hospital outpatient emergency department visits
- Emergency Department Visits Rate: Inpatient or hospital outpatient emergency department visits per 1000 beneficiaries

Each file has a Documentation section which explains the individual indicators in more detail. Information on the sample population and the methodology used to calculate these indicators can be found in the Methodological Overview paper and the Technical Supplement on Standardization paper.

Hospitalizations - Heart Disease

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 publicly available data to promote general health. The division maintains the Interactive Atlas of Heart Disease and Stroke, an online mapping tool that allows users to create and customize county-level maps of heart disease and stroke by race and ethnicity, gender, age group, and more. The surveillance system also includes county-level estimates of selected risk factors for all U.S. counties to help target and optimize the resources for heart disease and stroke control and prevention.

Methodology

This indicator reports the hospitalization rate for Medicare beneficiaries age 65 and older for hospital stays occurring between 2018 and 2020. Data are from the Centers for Medicare and Medicaid Services Medicare Provider Analysis and Review (MEDPAR) file, Part A. Data are age-adjusted to the US Census 2000 standard. Conditions are defined using the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes below:

- All Heart Disease: 390-398, 402, 404, 410-429; principle (i.e., first-listed) diagnosis
- Coronary Heart Disease: 410-414, 429.2; principle (i.e., first-listed) diagnosis
- Hypertension: 401-405; principle (i.e., first-listed) diagnosis
- All Stroke: 430-434, 436-438; principle (i.e., first-listed) diagnosis
- Ischemic Stroke: 433-434; principle (i.e., first-listed) diagnosis

Hospitalizations - Stroke

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 publicly available data to promote general health. The division maintains the Interactive Atlas of Heart Disease and Stroke, an online mapping tool that allows users to create and customize county-level maps of heart disease and stroke by race and ethnicity, gender, age group, and more. The surveillance system also includes county-level estimates of selected risk factors for all U.S. counties to help target and optimize the resources for heart disease and stroke control and prevention.

Methodology

This indicator reports the hospitalization rate for Medicare beneficiaries age 65 and older for hospital stays occurring between 2018 and 2020. Data are from the Centers for Medicare and Medicaid Services Medicare Provider Analysis and Review (MEDPAR) file, Part A. Data are age-adjusted to the US Census 2000 standard. Conditions are defined using the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes below:

- All Heart Disease: 390-398, 402, 404, 410-429; principle (i.e., first-listed) diagnosis
- Coronary Heart Disease: 410-414, 429.2; principle (i.e., first-listed) diagnosis
- Hypertension: 401-405; principle (i.e., first-listed) diagnosis
- All Stroke: 430-434, 436-438; principle (i.e., first-listed) diagnosis
- Ischemic Stroke: 433-434; principle (i.e., first-listed) diagnosis

Late or No Prenatal Care

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

CDC WONDER, developed by the Centers for Disease Control and Prevention (CDC), is an integrated information and communication system for public health. Its purposes are:

- To promote information-driven decision making by placing timely, useful facts in the hands of public health practitioners and researchers, and
- To provide the general public with access to specific and detailed information from CDC.

CDC WONDER provides:

- Access statistical research data published by CDC, as well as reference materials, reports and guidelines on health-related topics;
- The ability to query numeric datasets on CDC's computers, via "fill-in-the blank" web pages. Public-use data sets about mortality (deaths), cancer incidence, HIV and AIDS, tuberculosis, vaccinations, natality (births), census data and many other topics are available for query, and the requested data are readily summarized and analyzed, with dynamically calculated statistics, charts and maps.

CDC WONDER data can be obtained grouped by various information, including state, county, gender, race, ethnicity, and educational attainment. For more information, please visit the CDC WONDER website.

Methodology

Counts for this indicator represent the annual average births over the 3-year period 2017-2019. Original data were tabulated by the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) based on information reported on each birth certificate. Rates represent the number of births to mothers with no prenatal care, or

prenatal care beginning from or after the 7th month. Rates are summarized based on the following formula

Rate = [Late or No Prenatal Care Births] / [Total Births] * 100

Data was acquired from the CDC WONDER database. For more information about this source, including data suppression information, please visit the CDC WONDER Current Natality data page, or refer to the NVSS User Guide to the 2019 Natality Public Use File .

Notes

Data Suppression
Suppression is used to protect confidentiality and to avoid misinterpretation when rates are unstable. Data are suppressed for all counties with fewer than 100,000 total population or birth counts represent fewer than ten persons.

Opioid Drug Claims

Data Background

Centers for Medicare & Medicaid Services Medicare Part D Opioid Drug Mapping Tool *Rate denominator:* Medicare Part D Claims, Rate Calculated by Source

Methodology

Data are from the Centers for Medicare and Medicaid Services (CMS) Medicare Part D Opioid Drug Mapping Tool. This tool aggregates data from the Part D Prescriber Summary Table, which contains information at the prescriber-level (i.e. one summary record per NPI) and includes overall as well as sub-group summaries (e.g. opioids) of drug utilization, drug costs, and beneficiary counts. Opioid prescribing rates are presented as the number of opiate prescription claims as a percentage of total prescription drug claims.
Note:The numbers of drug claims include the original prescription and any refills.

A list of drug names included as opioids can be found in the Part D Prescriber National Summary Report.

Prevention - Annual Wellness Exam (Medicare)

Data Background

The Mapping Medicare Disparities (MMD)Tool is an interactive web-based map identifying and understanding geographic areas of disparities in chronic diseases between subgroups of Medicare beneficiaries. The MMD Tool identifies disparities between sub-populations (e.g., racial and ethnic groups) in health outcomes, utilization, and spending. The MMD Tool also allows quality measure comparisons between different hospitals at the national, state/territory, or county level. The MMD Tool offers data on hospitalization, readmission, mortality, emergency department visit rates of various chronic conditions such as Alzheimer, dementia, asthma, breast, lung and prostate cancer, kidney disease, depression and more. For more information about the tool and data, please see the Mapping Medicare Disparities Technical Documentation.

Methodology

The rate data for this indicator are obtained from the Mapping Medicare Disparities data tool (2022) and the universe population data shown in the table are from Medicare Geographic Variation - by National, State & County (2021). The analysis population are all Medicare FFS beneficiaries. Indicator statistics or multi-county/state areas are summarized using the following formula:

Rate = [Medicare FFS beneficiaries Receiving Certain Services or in Certain Conditions] / [Medicare FFS beneficiaries] * 100*
**Using a multiplier of 1,000 when the metric is in the category of Hospitalization or Emergency Department Visit Rate*

For more information on the rate data reported in the Mapping Medicare Disparities tool, please see the complete Technical Documentation.
For information on the denominator data from the Geographic Variation dataset, please see the complete Data Dictionary

or Methodology.

Prevention - Seasonal Influenza Vaccine

Data Background

FluVaxView presents data on influenza vaccination coverage for multiple geographic levels by flu season (year) and by month. Influenza vaccination coverage data come from a variety of sources, including the National Immunization Survey-Flu (NIS-Flu), National Health Information Survey (NHIS), the Behavioral Risk Factor Surveillance System (BRFSS), the Pregnancy Risk Assessment Monitoring System (PRAMS), the Minimum Data Set (MDS), and Internet panel surveys. Data are available for general population at the national and levels by age group, setting, and by race and ethnicity. Local county level estimates are available for adults age and older. These estimates are derived from responses to the 2018 and 2019 BRFSS.

Additional information available at https://www.cdc.gov/flu/fluvaxview/index.htm

Methodology

This indicator reports the percentage of adults with annual influenza immunization in the past 12 months. are obtained from the Centers for Disease Control and Prevention (CDC) FluVaxView interactive data portal. County-level prevalence estimates in this system were derived using data from the annual Behavioral Risk Factor Surveillance System (BRFSS), the American Community Survey (ACS) 5-year estimates, and the annual Census Population estimates. The following estimates are available:

- The proportion of the county population aged 18 years or older who have received an Influenza vaccination within the past 12 months.
- The proportion of the county population aged 18 years or older who have received an Influenza vaccination in non-medical settings.

. State and national estimates in the report tool are aggregated from county-level values. For more information about the methods used to estimate county-level prevelance, please see the Methodology for Calculating County-Level Estimates and 95% Confidence Intervals for Immunization Indicators.

Health Care - FQHC Area Served

Data Background

The Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services. HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

About the Uniform Data System (UDS)

The UDS is a standard data set that is reported annually by all health centers that receive federal award funds (Federally Qualified Health Centers) under the Health Center Program, as well as for health centers considered Health Center Program look-alikes. The UDS therefore provides consistent information about health centers. This core set of information for the calendar year encompasses patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs, and revenues. It is the source of unduplicated data for the entire scope of services included in the grant or designation for the calendar year. For more information about the UDS dataset, please see the

Notes

Data Limitations

1. Values reported for the state and the total U.S. are summarized from facility-level reports, and may not represent the values for all patients due to suppression of data from individual facilities.
2. Uniform Data System (UDS) data are reported by the lead Federally Qualified Health Center (FQHC). An FQHC may operate one or more service delivery sites across one or more counties. These data are therefore summarized for all FQHC patients where the FQHC operates **at least one site** within the report area. See the *FQHC Area Served* indicator for information about the FQHC service area.

Prevention - Cholesterol Screening

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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 and older who report having their cholesterol checked within the previous 5 years. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Prevention - High Blood Pressure Management (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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of respondents age 18 years and older who report taking medicine for high blood pressure as a percentage of respondents age 18 years and older who report having been told by a doctor, nurse, or other health professional of having high blood pressure other than during pregnancy (excluding those who refused to answer, had a missing answer, or answered “don’t know/not sure”). Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data

are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Health Care - FQHC Patient Profile

Data Background

The Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services. HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

About the Uniform Data System (UDS)

The UDS is a standard data set that is reported annually by all health centers that receive federal award funds (Federally Qualified Health Centers) under the Health Center Program, as well as for health centers considered Health Center Program look-alikes. The UDS therefore provides consistent information about health centers. This core set of information for the calendar year encompasses patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs, and revenues. It is the source of unduplicated data for the entire scope of services included in the grant or designation for the calendar year. For more information about the UDS dataset, please see the

Methodology

This indicator reports demographic information about the patients receiving care in Federally Qualified Health Centers that operate one or more sites within the report area. Reported information include total number of patients by age, race and ethnicity, and payer type.

For more information on how these data are collected and reported, please visit the Health Resources and Services Administration's Uniform Data System Reporting Instructions.

Notes

Data Limitations

1. Values reported for the state and the total U.S. are summarized from facility-level reports, and may not represent the values for all patients due to suppression of data from individual facilities.
2. Uniform Data System (UDS) data are reported by the lead Federally Qualified Health Center (FQHC). An FQHC may operate one or more service delivery sites across one or more counties. These data are therefore summarized for all FQHC patients where the FQHC operates **at least one site** within the report area. See the *FQHC Area Served* indicator for information about the FQHC service area.

Health Care - FQHC Patient Services Profile

Data Background

The Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services. HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

About the Uniform Data System (UDS)

The UDS is a standard data set that is reported annually by all health centers that receive federal award funds (Federally Qualified Health Centers) under the Health Center Program, as well as for health centers considered Health Center Program look-alikes. The UDS therefore provides consistent information about health centers. This core set of information for the calendar year encompasses patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs, and revenues. It is the source of unduplicated data for the entire scope of services included in the grant or designation for the calendar year. For more information about the UDS dataset, please see the

Methodology

This indicator reports information about the patients services received in Federally Qualified Health Centers that operate one or more sites within the report area. Reported information include the percentage of patients seen for medical, dental, or mental health services. Data are based on services utilized and coded based on Table 5 of the Uniform Data Sytstem Manual.

Medical: Patients who received services provided by practitioners in any of the following service provider categories:

- 1. Family Physicians
- 2. General Practitioners
- 3. Internists
- 4. Obstetrician/Gynecologists
- 5. Pediatricians
- 7. Other Specialty Physicians
- 9a. Nurse Practitioners
- 9b. Physician Assistants
- 10. Certified Nurse Midwives
- 11. Nurses
- 12. Other Medical Personnel
- 13. Laboratory Personnel
- 14. X-ray Personnel

Dental: Patients who received services provided by practitioners in any of the following service provider categories:

- 16. Dentists
- 17. Dental Hygienists
- 17a. Dental Therapists
- 18. Other Dental Personnel

Mental Health: Patients who received services provided by practitioners in any of the following service provider categories:

- 20a. Psychiatrists
- 20a1. Licensed Clinical Psychologists
- 20a2. Licensed Clinical Social Workers
- 20b. Other Licensed Mental Health Providers
- 20c. Other Mental Health Personnel

Substance Abuse: Patients who received services provided by practitioners in any of the following service provider categories:

- 21. Substance Use Disorder Services

For more information on how these data are collected and reported, please visit the Health Resources and Services Administration's Uniform Data System Reporting Instructions.

Notes

Data Limitations

1. Values reported for the state and the total U.S. are summarized from facility-level reports, and may not represent the values for all patients due to suppression of data from individual facilities.
2. Uniform Data System (UDS) data are reported by the lead Federally Qualified Health Center (FQHC). An FQHC may operate one or more service delivery sites across one or more counties. These data are therefore summarized for all FQHC patients where the FQHC operates **at least one site** within the report area. See the *FQHC Area Served* indicator for information about the FQHC service area.

Health Care - FQHC Preventative Services

Data Background

The Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services. HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

About the Uniform Data System (UDS)

The UDS is a standard data set that is reported annually by all health centers that receive federal award funds (Federally Qualified Health Centers) under the Health Center Program, as well as for health centers considered Health Center Program look-alikes. The UDS therefore provides consistent information about health centers. This core set of information for the

calendar year encompasses patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs, and revenues. It is the source of unduplicated data for the entire scope of services included in the grant or designation for the calendar year. For more information about the UDS dataset, please see the

Methodology

This indicator reports information about the preventative health and screening services received by patients in Federally Qualified Health Centers that operate one or more sites within the report area. Reported information include the percentage of patients seen for cervical cancer screening, breast cancer screening, colorectal cancer screening, or for routine childhood immunizations. Data are based on services utilized and coded based on Table 6A or 6B of the Uniform Data Sytstem Manual.

SELECTED SERVICES RENDERED: Patients who received the following selected diagnostic tests/screenings/preventive services:

- Colorectal cancer screening
- Mammogram
- Pap test
- Selected immunizations: hepatitis A; haemophilus influenzae B (Hib); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); measles, mumps, rubella (MMR); poliovirus; varicella; hepatitis B

For more information on how these data are collected and reported, please visit the Health Resources and Services Administration's Uniform Data System Reporting Instructions.

Notes

Data Limitations
1. Values reported for the state and the total U.S. are summarized from facility-level reports, and may not represent the values for all patients due to suppression of data from individual facilities.
2. Uniform Data System (UDS) data are reported by the lead Federally Qualified Health Center (FQHC). An FQHC may operate one or more service delivery sites across one or more counties. These data are therefore summarized for all FQHC patients where the FQHC operates **at least one site** within the report area. See the *FQHC Area Served* indicator for information about the FQHC service area.

Health Care - FQHC Medical Conditions

Data Background

The Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services. HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.
About the Uniform Data System (UDS)
The UDS is a standard data set that is reported annually by all health centers that receive federal award funds (Federally Qualified Health Centers) under the Health Center Program, as well as for health centers considered Health Center Program look-alikes. The UDS therefore provides consistent information about health centers. This core set of information for the calendar year encompasses patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs, and revenues. It is the source of unduplicated data for the entire scope of services included in the grant or designation for the calendar year. For more information about the UDS dataset, please see the

Methodology

This indicator reports information about the preventative health and screening services received by patients in Federally Qualified Health Centers that operate one or more sites within the report area. Reported information include the percentage of patients seen and diagnosed with selected conditions. Data are based on services utilized and coded based on Table 6A of the Uniform Data Sytstem Manual.

Selected Diagnosis and ICD10 Code:

- Diabetes mellitus *E08- through E13-, O24- (exclude O24.41-)*
  OID: 2.16.840.1.113883.3.464.1003.103.12.1001
- Asthma *J45*
  OID: 2.16.840.1.113883.3.526.3.362
- Hypertension *I10- through I16-, O10-, O11-*
- Symptomatic/Asymptomatic human immunodeficiency virus (HIV) *B20, B97.35, O98.7-, Z21*
  OID: 2.16.840.1.113883.3.464.1003.120.12.1003

For more information on how these data are collected and reported, please visit the Health Resources and Services Administration's Uniform Data System Reporting Instructions.

Notes

Data Limitations
1. Values reported for the state and the total U.S. are summarized from facility-level reports, and may not represent the values for all patients due to suppression of data from individual facilities.
2. Uniform Data System (UDS) data are reported by the lead Federally Qualified Health Center (FQHC). An FQHC may operate one or more service delivery sites across one or more counties. These data are therefore summarized for all FQHC patients where the FQHC operates **at least one site** within the report area. See the *FQHC Area Served* indicator for information about the FQHC service area.

Health Care - FQHC Maternal and Child Health

Data Background

The Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services. HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.
About the Uniform Data System (UDS)
The UDS is a standard data set that is reported annually by all health centers that receive federal award funds (Federally Qualified Health Centers) under the Health Center Program, as well as for health centers considered Health Center Program look-alikes. The UDS therefore provides consistent information about health centers. This core set of information for the calendar year encompasses patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs, and revenues. It is the source of unduplicated data for the entire scope of services included in the grant or designation for the calendar year. For more information about the UDS dataset, please see the

Methodology

This indicator reports information about the maternal and infant health services received by patients in Federally Qualified Health Centers that operate one or more sites within the report area. Reported information include the percentage of patients seen who began prenatal care in the first trimester, and who delivered a child with low birth weight. Data are based on services utilized and coded based on Table 6B of the Uniform Data Sytstem Manual.

Quality of Care Measures and Definitions::

- Early Entry into Prenatal Care *Patients who began prenatal care at the health center or with a referral provider, or who began care with another prenatal provider, during their first trimester*
- Low Birth Weight *Babies born with a birth weight below normal (under 2,500 grams) to prenatal care patients*

For more information on how these data are collected and reported, please visit the Health Resources and Services Administration's Uniform Data System Reporting Instructions.

Notes

Data Limitations
1. Values reported for the state and the total U.S. are summarized from facility-level reports, and may not represent the values for all patients due to suppression of data from individual facilities.

2. Uniform Data System (UDS) data are reported by the lead Federally Qualified Health Center (FQHC). An FQHC may operate one or more service delivery sites across one or more counties. These data are therefore summarized for all FQHC patients where the FQHC operates **at least one site** within the report area. See the *FQHC Area Served* indicator for information about the FQHC service area.

Prevention - High Blood Pressure Management (Medicare)

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 publicly available data to promote general health. The division maintains the Interactive Atlas of Heart Disease and Stroke, an online mapping tool that allows users to create and customize county-level maps of heart disease and stroke by race and ethnicity, gender, age group, and more. The surveillance system also includes county-level estimates of selected risk factors for all U.S. counties to help target and optimize the resources for heart disease and stroke control and prevention.

Methodology

This indicator reports the hospitalization rate for Medicare beneficiaries age 65 and older for hospital stays occurring between 2018 and 2020. Data are from the Centers for Medicare and Medicaid Services Medicare Provider Analysis and Review (MEDPAR) file, Part A. Data are age-adjusted to the US Census 2000 standard. Conditions are defined using the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes below:

- All Heart Disease: 390-398, 402, 404, 410-429; principle (i.e., first-listed) diagnosis
- Coronary Heart Disease: 410-414, 429.2; principle (i.e., first-listed) diagnosis
- Hypertension: 401-405; principle (i.e., first-listed) diagnosis
- All Stroke: 430-434, 436-438; principle (i.e., first-listed) diagnosis
- Ischemic Stroke: 433-434; principle (i.e., first-listed) diagnosis

Prevention - Recent Primary Care Visit (Medicare)

Data Background

The Dartmouth Atlas of Healthcare is an online repository of health data and maps based on information included in the massive Medicare database maintained by the Center for Medicare and Medicaid Services (CMS). The project uses Medicare claims data in conjunction with other demographic data to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians. The Dartmouth Atlas of Health Care is produced and maintained by The Dartmouth Institute for Health Policy and Clinical Practice.

For more information about this source, including methodologies and definitions, refer to the Dartmouth Atlas of Healthcare website.

Methodology

The Dartmouth Institute analyzes data drawn from enrollment and claims files from the Medicare program. Analysis is restricted to the fee-for-service population over age 65; HMO patients are not included. Indicator data include measures of primary care utilization, quality of care for diabetes, mammography, leg amputation and preventable hospitalizations. When appropriate, statistical adjustments are carried out to account for differences in age, race and sex.

More information can be found in *Regional and Racial Variation in Primary Care and the Quality of Care among Medicare Beneficiaries* .

Prevention - Core Preventative Services for Men

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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of males age 65 years and older who report that they are up to date on a core set of clinical preventive services. Services include: an influenza vaccination in the past year; a PPV ever; and either a fecal occult blood test (FOBT) within the past year, a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or a colonoscopy within the past 10 years. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Note:This indicator has been discontinued in the 2024 release.

Prevention - Recent Primary Care Visit (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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of respondents age 18 years and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check

out the indicator methodology page.

Prevention - Core Preventative Services for Women

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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of females age 65 years and older who report that they are up to date on a core set of clinical preventive services. Services include: an influenza vaccination in the past year; a pneumococcal vaccination (PPV) ever; either a fecal occult blood test (FOBT) within the past year, a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or a colonoscopy within the previous 10 years; and a mammogram in the past 2 years. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Note:This indicator has been discontinued in the 2024 release.

Readmissions - All Cause (Medicare Population)

Data Background

The Centers for Medicare & Medicaid Services (CMS), a branch of the Department of Health and Human Services (HHS), is the federal agency that runs the Medicare Program and monitors Medicaid programs offered by each state. Medicare is a type of federally-funded health insurance available to disabled persons and the population age 65 and older. The Office of Enterprise Data and Analytics within the Centers for Medicare & Medicaid Services (CMS) developed a public use file to support further analysis of the geographic variation in the amount and quality of the health care services that Medicare beneficiaries receive. For more information, please see the Geographic Variation Public Use File Methodology document.

Methodology

This indicator reports information on variation in services utilization by Medicare patients. Data are from the Centers for Medicare & Medicaid Services (CMS) Geographic Variation Public Use File, which was developed to enable researchers and policymakers to evaluate geographic variation in the utilization and quality of health care services for the Medicare fee-for-service population. The Geographic Variation Public Use File includes demographic, spending, utilization, and quality indicators at the state level (including the District of Columbia, Puerto Rico, and the Virgin Islands), hospital referral region (HRR) level, and county level. Definitions for map layers obtained from this dataset are as follows:

- Ambulance Users: Number of beneficiaries using Ambulance services
- Ambulance Events Rate: Ambulance Events Per 1000 Beneficiaries

- Hospital Readmissions: Total count of inpatient readmissions within 30 days of an acute hospital stay during the reference period
- Hospital Readmission Rate: Percentage of inpatient readmissions within 30 days of an acute hospital stay during then reference period
- Emergency Department Visits: Total count of inpatient or hospital outpatient emergency department visits
- Emergency Department Visits Rate: Inpatient or hospital outpatient emergency department visits per 1000 beneficiaries

Each file has a Documentation section which explains the individual indicators in more detail. Information on the sample population and the methodology used to calculate these indicators can be found in the Methodological Overview paper and the Technical Supplement on Standardization paper.

Readmissions - Chronic Obstructive Pulmonary Disease

Data Background

The Centers for Medicare & Medicaid Services (CMS), a branch of the Department of Health and Human Services (HHS), is the federal agency that runs the Medicare Program and monitors Medicaid programs offered by each state. Medicare is a type of federally-funded health insurance available to disabled persons and the population age 65 and older. The Office of Enterprise Data and Analytics within the Centers for Medicare & Medicaid Services (CMS) developed a public use file to support further analysis of the geographic variation in the amount and quality of the health care services that Medicare beneficiaries receive. For more information, please see the Geographic Variation Public Use File Methodology document.

Methodology

Data are obtained from the Centers for Medicare and Medicaid Services (CMS) Hospital Compare databases. Hospital Compare has information about the quality of care at over 4,000 Medicare-certified hospitals, including over 130 Veterans Administration (VA) medical centers, across the country. The readmission measures provided in Hospital Compare are estimates of the rate of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization. Patients may have had an unplanned readmission for any reason.

Limitations of Geographic Summaries
Data from Hospital Compare are summarized to geographic areas based on the location of the hospital. Scores for counties, states, and report areas do not necessarily reflect the conditions of patients residing in the underlying areas. Hospitals may serve a large area extending beyond the borders of a county, particularly when they are located near the border of two or more geographic units.

Data Inclusion Rules
These measures include hospitalizations for Medicare beneficiaries 65 or older who were enrolled in Original Medicare for at least 12 months before their hospital admission and maintained enrollment through 30 days after their original discharge. The readmission and hospital return days measures do not include patients who died during the index admission, or who left the hospital against medical advice. For more details on how the rates of readmission are calculated, please refer to QualityNet - Readmission Measures.

Readmissions - Heart Attack

Data Background

The Centers for Medicare & Medicaid Services (CMS), a branch of the Department of Health and Human Services (HHS), is the federal agency that runs the Medicare Program and monitors Medicaid programs offered by each state. Medicare is a type of federally-funded health insurance available to disabled persons and the population age 65 and older. The Office of Enterprise Data and Analytics within the Centers for Medicare & Medicaid Services (CMS) developed a public use file to support further analysis of the geographic variation in the amount and quality of the health care services that Medicare beneficiaries receive. For more information, please see the Geographic Variation Public Use File Methodology document.

Methodology

Data are obtained from the Centers for Medicare and Medicaid Services (CMS) Hospital Compare databases. Hospital

Compare has information about the quality of care at over 4,000 Medicare-certified hospitals, including over 130 Veterans Administration (VA) medical centers, across the country. The readmission measures provided in Hospital Compare are estimates of the rate of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization. Patients may have had an unplanned readmission for any reason.

Limitations of Geographic Summaries
Data from Hospital Compare are summarized to geographic areas based on the location of the hospital. Scores for counties, states, and report areas do not necessarily reflect the conditions of patients residing in the underlying areas. Hospitals may serve a large area extending beyond the borders of a county, particularly when they are located near the border of two or more geographic units.

Data Inclusion Rules
These measures include hospitalizations for Medicare beneficiaries 65 or older who were enrolled in Original Medicare for at least 12 months before their hospital admission and maintained enrollment through 30 days after their original discharge. The readmission and hospital return days measures do not include patients who died during the index admission, or who left the hospital against medical advice. For more details on how the rates of readmission are calculated, please refer to QualityNet - Readmission Measures.

Readmissions - Heart Failure

Data Background

The Centers for Medicare & Medicaid Services (CMS), a branch of the Department of Health and Human Services (HHS), is the federal agency that runs the Medicare Program and monitors Medicaid programs offered by each state. Medicare is a type of federally-funded health insurance available to disabled persons and the population age 65 and older. The Office of Enterprise Data and Analytics within the Centers for Medicare & Medicaid Services (CMS) developed a public use file to support further analysis of the geographic variation in the amount and quality of the health care services that Medicare beneficiaries receive. For more information, please see the Geographic Variation Public Use File Methodology document.

Methodology

Data are obtained from the Centers for Medicare and Medicaid Services (CMS) Hospital Compare databases. Hospital Compare has information about the quality of care at over 4,000 Medicare-certified hospitals, including over 130 Veterans Administration (VA) medical centers, across the country. The readmission measures provided in Hospital Compare are estimates of the rate of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization. Patients may have had an unplanned readmission for any reason.

Limitations of Geographic Summaries
Data from Hospital Compare are summarized to geographic areas based on the location of the hospital. Scores for counties, states, and report areas do not necessarily reflect the conditions of patients residing in the underlying areas. Hospitals may serve a large area extending beyond the borders of a county, particularly when they are located near the border of two or more geographic units.

Data Inclusion Rules
These measures include hospitalizations for Medicare beneficiaries 65 or older who were enrolled in Original Medicare for at least 12 months before their hospital admission and maintained enrollment through 30 days after their original discharge. The readmission and hospital return days measures do not include patients who died during the index admission, or who left the hospital against medical advice. For more details on how the rates of readmission are calculated, please refer to QualityNet - Readmission Measures.

Readmissions - Pneumonia

Data Background

The Centers for Medicare & Medicaid Services (CMS), a branch of the Department of Health and Human Services (HHS), is the federal agency that runs the Medicare Program and monitors Medicaid programs offered by each state. Medicare is a

type of federally-funded health insurance available to disabled persons and the population age 65 and older. The Office of Enterprise Data and Analytics within the Centers for Medicare & Medicaid Services (CMS) developed a public use file to support further analysis of the geographic variation in the amount and quality of the health care services that Medicare beneficiaries receive. For more information, please see the Geographic Variation Public Use File Methodology document.

Methodology

Data are obtained from the Centers for Medicare and Medicaid Services (CMS) Hospital Compare databases. Hospital Compare has information about the quality of care at over 4,000 Medicare-certified hospitals, including over 130 Veterans Administration (VA) medical centers, across the country. The readmission measures provided in Hospital Compare are estimates of the rate of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization. Patients may have had an unplanned readmission for any reason.

Limitations of Geographic Summaries
Data from Hospital Compare are summarized to geographic areas based on the location of the hospital. Scores for counties, states, and report areas do not necessarily reflect the conditions of patients residing in the underlying areas. Hospitals may serve a large area extending beyond the borders of a county, particularly when they are located near the border of two or more geographic units.

Data Inclusion Rules
These measures include hospitalizations for Medicare beneficiaries 65 or older who were enrolled in Original Medicare for at least 12 months before their hospital admission and maintained enrollment through 30 days after their original discharge. The readmission and hospital return days measures do not include patients who died during the index admission, or who left the hospital against medical advice. For more details on how the rates of readmission are calculated, please refer to QualityNet - Readmission Measures.

Median Minutes Spent in Emergency Department

Data Background

The Centers for Medicare & Medicaid Services (CMS), a branch of the Department of Health and Human Services (HHS), is the federal agency that runs the Medicare Program and monitors Medicaid programs offered by each state. Medicare is a type of federally-funded health insurance available to disabled persons and the population age 65 and older. The Office of Enterprise Data and Analytics within the Centers for Medicare & Medicaid Services (CMS) developed a public use file to support further analysis of the geographic variation in the amount and quality of the health care services that Medicare beneficiaries receive. For more information, please see the Geographic Variation Public Use File Methodology document.

Methodology

Data are obtained from the Centers for Medicare and Medicaid Services (CMS) Hospital Compare databases. Hospital Compare has information about the quality of care at over 4,000 Medicare-certified hospitals, including over 130 Veterans Administration (VA) medical centers, across the country. Hospital Compare includes measures of timely and effective care (also known as “process of care” measures) including:

- The percentage of hospital patients who got treatments known to get the best results for certain common, serious medical conditions or surgical procedures
- How quickly hospitals treat patients who come to the hospital with certain medical emergencies, and
- How well hospitals provide preventive services

Limitations of Geographic Summaries
Data from Hospital Compare are summarized to geographic areas based on the location of the hospital. Scores for counties, states, and report areas do not necessarily reflect the conditions of patients residing in the underlying areas. Hospitals may serve a large area extending beyond the borders of a county, particularly when they are located near the border of two or more geographic units.

Data Inclusion Rules

Measures of timely and effective care apply to any adult patients treated at participating hospitals for whom the recommended treatments would be appropriate, including Medicare patients, Medicare managed care patients, and non-Medicare patients. Hospitals with a large number of discharges may provide data from a sample of eligible Medicare and non-Medicare patients, based on CMS sampling rules. For VHA hospitals, the measures apply to eligible adult patients treated at VHA hospitals in accordance with The Joint Commission guidelines. For more detail about the timely and effective care measures, please refer to QualityNet.

Patients Who Left Emergency Department Without Being Seen

Data Background

The Centers for Medicare & Medicaid Services (CMS), a branch of the Department of Health and Human Services (HHS), is the federal agency that runs the Medicare Program and monitors Medicaid programs offered by each state. Medicare is a type of federally-funded health insurance available to disabled persons and the population age 65 and older. The Office of Enterprise Data and Analytics within the Centers for Medicare & Medicaid Services (CMS) developed a public use file to support further analysis of the geographic variation in the amount and quality of the health care services that Medicare beneficiaries receive. For more information, please see the Geographic Variation Public Use File Methodology document.

Methodology

Data are obtained from the Centers for Medicare and Medicaid Services (CMS) Hospital Compare databases. Hospital Compare has information about the quality of care at over 4,000 Medicare-certified hospitals, including over 130 Veterans Administration (VA) medical centers, across the country. Hospital Compare includes measures of timely and effective care (also known as “process of care” measures) including:

- The percentage of hospital patients who got treatments known to get the best results for certain common, serious medical conditions or surgical procedures
- How quickly hospitals treat patients who come to the hospital with certain medical emergencies, and
- How well hospitals provide preventive services

Limitations of Geographic Summaries
Data from Hospital Compare are summarized to geographic areas based on the location of the hospital. Scores for counties, states, and report areas do not necessarily reflect the conditions of patients residing in the underlying areas. Hospitals may serve a large area extending beyond the borders of a county, particularly when they are located near the border of two or more geographic units.

Data Inclusion Rules
Measures of timely and effective care apply to any adult patients treated at participating hospitals for whom the recommended treatments would be appropriate, including Medicare patients, Medicare managed care patients, and non-Medicare patients. Hospitals with a large number of discharges may provide data from a sample of eligible Medicare and non-Medicare patients, based on CMS sampling rules. For VHA hospitals, the measures apply to eligible adult patients treated at VHA hospitals in accordance with The Joint Commission guidelines. For more detail about the timely and effective care measures, please refer to QualityNet.

Timely and Effective Care - Stroke

Data Background

The Centers for Medicare & Medicaid Services (CMS), a branch of the Department of Health and Human Services (HHS), is the federal agency that runs the Medicare Program and monitors Medicaid programs offered by each state. Medicare is a type of federally-funded health insurance available to disabled persons and the population age 65 and older. The Office of Enterprise Data and Analytics within the Centers for Medicare & Medicaid Services (CMS) developed a public use file to support further analysis of the geographic variation in the amount and quality of the health care services that Medicare beneficiaries receive. For more information, please see the Geographic Variation Public Use File Methodology document.

Methodology

Data are obtained from the Centers for Medicare and Medicaid Services (CMS) Hospital Compare databases. Hospital Compare has information about the quality of care at over 4,000 Medicare-certified hospitals, including over 130 Veterans Administration (VA) medical centers, across the country. Hospital Compare includes measures of timely and effective care (also known as "process of care" measures) including:

- The percentage of hospital patients who got treatments known to get the best results for certain common, serious medical conditions or surgical procedures
- How quickly hospitals treat patients who come to the hospital with certain medical emergencies, and
- How well hospitals provide preventive services

Limitations of Geographic Summaries
Data from Hospital Compare are summarized to geographic areas based on the location of the hospital. Scores for counties, states, and report areas do not necessarily reflect the conditions of patients residing in the underlying areas. Hospitals may serve a large area extending beyond the borders of a county, particularly when they are located near the border of two or more geographic units.

Data Inclusion Rules
Measures of timely and effective care apply to any adult patients treated at participating hospitals for whom the recommended treatments would be appropriate, including Medicare patients, Medicare managed care patients, and non-Medicare patients. Hospitals with a large number of discharges may provide data from a sample of eligible Medicare and non-Medicare patients, based on CMS sampling rules. For VHA hospitals, the measures apply to eligible adult patients treated at VHA hospitals in accordance with The Joint Commission guidelines. For more detail about the timely and effective care measures, please refer to QualityNet.

Health Behaviors

Alcohol - Heavy Alcohol Consumption

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

"... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households." *Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. Overview: BRFSS 2010*.

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC and tabulated into county estimates by the BRFSS analysis team. Beginning with the 2016 County Health Rankings, the CDC produces county estimates using single-year BRFSS data and a multilevel modeling approach based on respondent answers and their age, sex, and race/ethnicity, combined with county-level poverty, as well as county- and state-level contextual effects. To produce estimates for those counties where there were no or limited data, the modeling approach borrowed information from the entire BRFSS sample as well as Census Vintage 2014 population estimates. CDC used a parametric bootstrapping method to produce standard errors and confidence intervals for those point estimates. This estimation methodology was validated for all U.S. counties, including those with no or small (<50 respondents) samples.

Methodology

Indicator percentages are acquired for year 2021 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, accessible through the University of Wisconsin's County Health Rankings. This indicator reports the percentage of adults that report either binge drinking or heavy drinking. Percentages are generated based on the valid responses to the following

questions: *"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?"* and *"During the past 30 days, what is the largest number of drinks you had on any occasion?"*
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 drinks per day on average. Respondents are considered binge drinkers if they were male and reported having more than 5 drinks on a single occasion, or females that reported having more than 4 drinks on a single occasion. Percentages are age-adjusted and only pertain to the non-institutionalized population aged 18 and up. Both numerators and denominators (number of adults) are not provided in the CHR data tables, so population age >= 18 (as calculated from CHR raw variables) is used as denominator and the numerator is back calculated using the following formula:

[Excessive Drinkers] = ([Indicator Percentage] / 100) * [Total Population] .

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 single-year estimates displayed here, please visit the Excessive Drinking indicator information.

Alcohol - Binge Drinking

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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Alcohol - Expenditures

Data Background

Nielsen is a publicly held information company and a primary supplier of consumer spending data around the world, using both statistical analysis and field sampling techniques to produce accurate and timely information. Published annually, SiteReports provide market analysis to Nielsen customers at multiple geographic levels, spanning a wide range of topics including population demographics, household spending, and market potential. The SiteReports Consumer Buying Power (CBP) database is created using statistical models estimated from the Bureau of Labor Statistics' Consumer Expenditure Surveys (CEX). This survey provides information on the buying habits of American consumers, including expenditures,

income, and other characteristics of the consumer unit (families and single consumers). The Consumer Expenditure Survey consists of two surveys: the quarterly Interview survey and the weekly Diary Survey. The surveys target the total non-institutionalized population (urban and rural) of the United States. The data is collected from the independent quarterly interview and weekly diary surveys of approximately 7,500 sample households. Each survey has its own independent sample, and each collects data on household income and socioeconomic characteristics. The current Nielsen Consumer Buying Power data uses a rolling five years of data from the Consumer Expenditure Survey, administered from 2005 through 2009. In addition to this data, the Nielsen Consumer Buying Power database also incorporates information from the following sources:

- Nielsen Demographic Update
- Nielsen Cartographics
- U.S. Census Bureau: Census of Retail Trade

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For more information, please visit the Nielsen website.

Methodology

Census tract level average and aggregated total household expenditures and category expenditures were acquired from the 2011 Nielsen *Consumer Buying Power (CBP)* SiteReports. Tract-level and county-level expenditure estimates are proprietary Nielsen data restricted from public distribution and subject to terms of use agreements. Indicator data tables contain state and national ranks for counties, and percent expenditure estimates based on aggregated tract-level data. The percent expenditure figures calculated for custom geographic areas can be expressed using the following formula:

Percent Expenditures = [Category Expenditures] / [Total Area Expenditures] * 100

To generate acceptable county-level output for indicator report pages, percent expenditures for each food-at-home category were sorted and ranked by county. Each county's within-state rank and that rank's percentile are displayed in the indicator data table. This information is not available for custom geographic areas, for states, or for the total United States. County percentiles are calculated using the following formula:

Percentile = [County Within State Rank] / [Total Number of Counties in State] * 100

To generate acceptable map output in compliance with the Nielsen terms of use agreement, percent expenditures for each tract were sorted and ranked; quintiles were assigned to each tract based on national rank and symbolized within the map. Additional attributes include each tract's within-state rank and quintile. Definitions for food-at-home categories used for consumer spending indicators are based on categories in the BLS Consumer Expenditure Survey (CEX), and are listed below.

- Soft drinks: *Soft drink expenditures included in this category are any non-alcoholic carbonated beverages purchased for consumption at home. Soft drinks purchased at restaurants and other dining establishments are not included.*
- Alcoholic beverages: *Alcohol expenditures included in this category are any beer, wine, and liquor purchased for consumption at home. Alcohol purchased at restaurants and bars is not included.*
- Fruit and vegetables: *Fruit and vegetables expenditures included in this category are all fresh, frozen and canned fruits and vegetables purchased for consumption at home.*
- Tobacco: *Tobacco expenditures included in this category are cigarettes only; cigars and other tobacco products are not included.*

Further details about the analysis used by Nielsen group can be found in the Consumer Buying Power Methodology.

Notes

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

Breastfeeding - Ever

Data Background

The National Survey of Children's Health (NSCH) is a nationwide telephone interview survey, conducted every four years, designed to provide a broad range of information about children's health and well-being. Survey topics include information

about child and family demographics, children's physical and mental health status, health insurance status and type of coverage, family health and activities, and perceptions of neighborhood characteristics. The NSCH is conducted through a random sample households across the United States. Of those households with children, one child is selected to be the subject of the interview. The final survey sample consists of over 90,000 households with children, with a minimum of 17,000 final interviews in each state. The NSCH is funded by the US Department of Health and Human Services (HRSA) Maternal and Child Health Bureau. Surveys and sampling are overseen by the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS).

Survey results are analyzed, summarized, and disseminated by the Data Resource Center for Child and Adolescent Health, a project of the Child and Adolescent Health Measurement Initiative (CAHMI). Additional survey data files are available by request by contacting CAHMI.

For more information, including data collection methodology and definitions, please refer to the Data Resource Center for Child and Adolescent Health website.

Methodology

Indicator percentages are acquired from analysis of annual survey data from the National Survey of Children's Health (NSCH). NSCH survey responses pertain to children aged 0 to 5 (at the time of the survey), and are collected from the parent or guardian of the survey child [SC]. Indicator data are based on valid responses to the following question:

"Was [SC] ever breastfed or fed breast milk?"

This indicator represents the percentage of children who were reported to have ever been breast fed or fed breast milk. Additional detailed information about the NSCH, including questionnaires, data collection procedures, and data processing methodologies are available through the Data Resource Center for Child & Adolescent Health, at childhealthdata.org.

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when there are fewer than 30 cases (unweighted) in the denominator (for each state / population group combination).

Additional Notes
Indicator data are provided broken out by income level and for the SNAP-Ed population, which includes all persons with income at or below 185% of the Federal Poverty Level (FPL). The 2011/12 NSCH public data file provided by the National Center for Health Statistics (NCHS) includes a derived income variable, POVERTY_LEVELR which has missing values for 8,856 cases representing weighted estimate of 9.7% of the sample. For more information about income imputation refer to Appendix XII of the Design and Operation of the National Survey of Children's Health.

Breastfeeding (Any)

Data Background

The National Survey of Children's Health (NSCH), funded and directed by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), is designed to provide annual national and state-level information on the health and well-being of children ages 0-17 years in the United States. The U.S. Census Bureau administers the survey, oversees the sampling, and produces a final data set of survey results. HRSA's Maternal and Child Health Bureau (MCHB) develops survey content in collaboration with the U.S. Census Bureau and a Technical Expert Panel. The Technical Expert Panel consists of experts in survey methodology and children's health, federal and state stakeholders, clinicians and researchers. In 2016, the NSCH underwent a significant redesign which combined content from both the NSCH and the National Survey of Children with Special Health Care Needs (NS-CSHCN). Further information on that redesign can be found in "The Design and Implementation of the 2016 National Survey of Children's Health". The NSCH is conducted as a household survey, and one child per household is selected to be the subject for the detailed age-specific questionnaire. The respondent to this questionnaire is a parent or guardian who is living in the home and has knowledge of the sampled child. Survey participants complete either web-based or self-administered paper-and-pencil questionnaires. Data from the NSCH is used for scientific research, federal policy and program development, and state-level planning and performance

reporting. Information is collected on factors related to the health and well-being of children, including access to and utilization of health care, receipt of care in a medical home, systems of care for CSHCN, family interactions, parental health, school and after-school experiences, and neighborhood characteristics. More information about the survey can be found in the "About the National Survey of Children's Health" and HRSA's MCHB website.

Methodology

Indicator percentages are acquired from analysis of survey data from the 2011-12 National Survey of Children's Health (NSCH). Values are based on parents' valid survey responses to the following question: "Was [child name] ever breastfed or fed breast milk?"; "How old was [S.C.] when [he/she] was first fed formula?"; and "How old was [S.C.] when [he/she] was first fed anything other than breast milk or formula?" A child was considered exclusively breastfed if he or she was only fed breast milk during the first 6 months of life (or beyond). Survey data are supplied by the Child and Adolescent Health Measurement Initiative (CAHMI) Data Resource Center for Child and Adolescent Health (DRC). Raw survey data files were pre-processed by CAHMI. Pre-processing included the addition of weights to each survey response to reflect the total state population, including non-respondents, and imputation of certain variables, like body mass index (BMI). Percentages are estimated from the raw survey data using the following formula:

Percentage = ([Number of Children Breastfed] / [Total Children Age 0 - 5] * 100

Additional detailed information about the NSCH, including questionnaires, data collection procedures, and raw data files are available from the Data Resource Center for Child and Adolescent Health.

Notes

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories in the National Survey of Children's Health (NSCH) interview surveys based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Raw survey data files are processed by the Data Resource Center for Child and Adolescent Health (DRC) and reported using the following categories: White, Non-Hispanic; Black, Non-Hispanic; Other Race, Non-Hispanic; and Hispanic or Latino. Race and ethnicity statistics are only reported at the state and national levels.

Breastfeeding (Exclusive)

Data Background

The National Survey of Children's Health (NSCH), funded and directed by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), is designed to provide annual national and state-level information on the health and well-being of children ages 0-17 years in the United States. The U.S. Census Bureau administers the survey, oversees the sampling, and produces a final data set of survey results. HRSA's Maternal and Child Health Bureau (MCHB) develops survey content in collaboration with the U.S. Census Bureau and a Technical Expert Panel. The Technical Expert Panel consists of experts in survey methodology and children's health, federal and state stakeholders, clinicians and researchers. In 2016, the NSCH underwent a significant redesign which combined content from both the NSCH and the National Survey of Children with Special Health Care Needs (NS-CSHCN). Further information on that redesign can be found in "The Design and Implementation of the 2016 National Survey of Children's Health". The NSCH is conducted as a household survey, and one child per household is selected to be the subject for the detailed age-specific questionnaire. The respondent to this questionnaire is a parent or guardian who is living in the home and has knowledge of the sampled child. Survey participants complete either web-based or self-administered paper-and-pencil questionnaires. Data from the NSCH is used for scientific research, federal policy and program development, and state-level planning and performance reporting. Information is collected on factors related to the health and well-being of children, including access to and utilization of health care, receipt of care in a medical home, systems of care for CSHCN, family interactions, parental health, school and after-school experiences, and neighborhood characteristics. More information about the survey can be found in the "About the National Survey of Children's Health" and HRSA's MCHB website.

Methodology

Indicator percentages are acquired from analysis of survey data from the 2011-12 National Survey of Children's Health (NSCH). Values are based on parents' valid survey responses to the following question: "Was [child name] ever breastfed or fed breast milk?"; "How old was [S.C.] when [he/she] was first fed formula?"; and "How old was [S.C.] when [he/she] was

first fed anything other than breast milk or formula?" A child was considered exclusively breastfed if he or she was only fed breast milk during the first 6 months of life (or beyond). Survey data are supplied by the Child and Adolescent Health Measurement Initiative (CAHMI) Data Resource Center for Child and Adolescent Health (DRC). Raw survey data files were pre-processed by CAHMI. Pre-processing included the addition of weights to each survey response to reflect the total state population, including non-respondents, and imputation of certain variables, like body mass index (BMI). Percentages are estimated from the raw survey data using the following formula:

Percentage = ([Number of Children Breastfed] / [Total Children Age 0 - 5] * 100

Additional detailed information about the NSCH, including questionnaires, data collection procedures, and raw data files are available from the Data Resource Center for Child and Adolescent Health.

Notes

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories in the National Survey of Children's Health (NSCH) interview surveys based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Raw survey data files are processed by the Data Resource Center for Child and Adolescent Health (DRC) and reported using the following categories: White, Non-Hispanic; Black, Non-Hispanic; Other Race, Non-Hispanic; and Hispanic or Latino. Race and ethnicity statistics are only reported at the state and national levels.

Fruit/Vegetable Expenditures

Data Background

Nielsen is a publicly held information company and a primary supplier of consumer spending data around the world, using both statistical analysis and field sampling techniques to produce accurate and timely information. Published annually, SiteReports provide market analysis to Nielsen customers at multiple geographic levels, spanning a wide range of topics including population demographics, household spending, and market potential. The SiteReports Consumer Buying Power (CBP) database is created using statistical models estimated from the Bureau of Labor Statistics' Consumer Expenditure Surveys (CEX). This survey provides information on the buying habits of American consumers, including expenditures, income, and other characteristics of the consumer unit (families and single consumers). The Consumer Expenditure Survey consists of two surveys: the quarterly Interview survey and the weekly Diary Survey. The surveys target the total non-institutionalized population (urban and rural) of the United States. The data is collected from the independent quarterly interview and weekly diary surveys of approximately 7,500 sample households. Each survey has its own independent sample, and each collects data on household income and socioeconomic characteristics. The current Nielsen Consumer Buying Power data uses a rolling five years of data from the Consumer Expenditure Survey, administered from 2005 through 2009. In addition to this data, the Nielsen Consumer Buying Power database also incorporates information from the following sources:

- Nielsen Demographic Update
- Nielsen Cartographics
- U.S. Census Bureau: Census of Retail Trade

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For more information, please visit the Nielsen website.

Methodology

Census tract level average and aggregated total household expenditures and category expenditures were acquired from the 2011 Nielsen *Consumer Buying Power (CBP)* SiteReports. Tract-level and county-level expenditure estimates are proprietary Nielsen data restricted from public distribution and subject to terms of use agreements. Indicator data tables contain state and national ranks for counties, and percent expenditure estimates based on aggregated tract-level data. The percent expenditure figures calculated for custom geographic areas can be expressed using the following formula:

Percent Expenditures = [Category Expenditures] / [Total Area Expenditures] * 100

To generate acceptable county-level output for indicator report pages, percent expenditures for each food-at-home

category were sorted and ranked by county. Each county's within-state rank and that rank's percentile are displayed in the indicator data table. This information is not available for custom geographic areas, for states, or for the total United States. County percentiles are calculated using the following formula:

Percentile = [County Within State Rank] / [Total Number of Counties in State] * 100

To generate acceptable map output in compliance with the Nielsen terms of use agreement, percent expenditures for each tract were sorted and ranked; quintiles were assigned to each tract based on national rank and symbolized within the map. Additional attributes include each tract's within-state rank and quintile. Definitions for food-at-home categories used for consumer spending indicators are based on categories in the BLS Consumer Expenditure Survey (CEX), and are listed below.

- Soft drinks: *Soft drink expenditures included in this category are any non-alcoholic carbonated beverages purchased for consumption at home. Soft drinks purchased at restaurants and other dining establishments are not included.*
- Alcoholic beverages: *Alcohol expenditures included in this category are any beer, wine, and liquor purchased for consumption at home. Alcohol purchased at restaurants and bars is not included.*
- Fruit and vegetables: *Fruit and vegetables expenditures included in this category are all fresh, frozen and canned fruits and vegetables purchased for consumption at home.*
- Tobacco: *Tobacco expenditures included in this category are cigarettes only; cigars and other tobacco products are not included.*

Further details about the analysis used by Nielsen group can be found in the Consumer Buying Power Methodology.

Notes

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

Physical Inactivity

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 publicly 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). (2021).

Methodology

Data for the total adult population and the estimated population with inadequate physical activity are acquired from the County Level Estimates of Diagnosed Diabetes, a service of the Centers for Disease Control and Prevention's National Diabetes Surveillance Program. Diabetes and other risk factor prevalence is estimated using the following formula:

Percent Prevalence = [Risk Factor Population] / [Total Population] * 100.

All data are estimates modelled by the CDC using the methods described below:

Data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and from the U.S. Census Bureau's Population Estimates Program were used to obtain county-level estimates of diagnosed diabetes, newly diagnosed diabetes, obesity, and physical inactivity. The BRFSS is an ongoing, monthly, state-based telephone survey of the adult population aged 18 years or older that provides state-specific information on behavioral risk factors and preventive health practices. Respondents were considered to have diagnosed 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 diagnosed diabetes. People who reported having diagnosed diabetes were then asked at what age they were diagnosed. Responders were considered to have been diagnosed with diabetes in the last year if they reported having diagnosed diabetes and the difference between their age at the time of the survey and the age they provided to the question, "How old were you when you were told you have diabetes?" was less than one. If the difference was between one year and two years, the person was weighted as half a newly diagnosed case. Respondents were considered obese if their body mass index was 30 or greater. Body mass index (weight [kg]/height [m]2) was derived from self-report of height and weight. Respondents were considered to be physically inactive if they answered "no" to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Three years of data were used to improve the precision of the year-specific county-level estimates of diagnosed diabetes and selected risk factors. For example, 2003, 2004, and 2005 were used for the 2004 estimate. 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.

County-level estimates for the over 3,100 counties or county equivalents (e.g., parish, borough, municipality) in the 50 US states and the District of Columbia (DC) were based on indirect model-dependent estimates using Bayesian multilevel modeling techniques. This model-dependent approach uses a statistical model that "borrows strength" (a.k.a., Small Area Estimation) in making an estimate for one county from BRFSS data collected in other counties. For incidence rates of newly diagnosed diabetes, multilevel binomial regression models with random effects of demographic variables at the county level were developed. County-level prevalence was based on design-assisted model-based estimates using the power prior log-weights (PLOW) technique developed by Xie et al. Unique PLOW advantages include 1) using single-year BRFSS data rather combining years; 2) inclusion of historical data to define informative priors (power prior); 3) the integration of adjusted sample weights to account for BRFSS' complex survey design; and 4) more timely estimates with smaller variance. Estima

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Soda Expenditures

Data Background

Nielsen is a publicly held information company and a primary supplier of consumer spending data around the world, using both statistical analysis and field sampling techniques to produce accurate and timely information. Published annually, SiteReports provide market analysis to Nielsen customers at multiple geographic levels, spanning a wide range of topics including population demographics, household spending, and market potential. The SiteReports Consumer Buying Power (CBP) database is created using statistical models estimated from the Bureau of Labor Statistics' Consumer Expenditure Surveys (CEX). This survey provides information on the buying habits of American consumers, including expenditures, income, and other characteristics of the consumer unit (families and single consumers). The Consumer Expenditure Survey consists of two surveys: the quarterly Interview survey and the weekly Diary Survey. The surveys target the total non-institutionalized population (urban and rural) of the United States. The data is collected from the independent quarterly interview and weekly diary surveys of approximately 7,500 sample households. Each survey has its own independent sample, and each collects data on household income and socioeconomic characteristics. The current Nielsen Consumer Buying Power data uses a rolling five years of data from the Consumer Expenditure Survey, administered from 2005 through 2009. In addition to this data, the Nielsen Consumer Buying Power database also incorporates information from the following sources:

- Nielsen Demographic Update
- Nielsen Cartographics
- U.S. Census Bureau: Census of Retail Trade

.
For more information, please visit the Nielsen website.

Methodology

Census tract level average and aggregated total household expenditures and category expenditures were acquired from the 2011 Nielsen *Consumer Buying Power (CBP)* SiteReports. Tract-level and county-level expenditure estimates are proprietary Nielsen data restricted from public distribution and subject to terms of use agreements. Indicator data tables contain state and national ranks for counties, and percent expenditure estimates based on aggregated tract-level data. The percent expenditure figures calculated for custom geographic areas can be expressed using the following formula:

Percent Expenditures = [Category Expenditures] / [Total Area Expenditures] * 100

To generate acceptable county-level output for indicator report pages, percent expenditures for each food-at-home category were sorted and ranked by county. Each county's within-state rank and that rank's percentile are displayed in the indicator data table. This information is not available for custom geographic areas, for states, or for the total United States. County percentiles are calculated using the following formula:

Percentile = [County Within State Rank] / [Total Number of Counties in State] * 100

To generate acceptable map output in compliance with the Nielsen terms of use agreement, percent expenditures for each tract were sorted and ranked; quintiles were assigned to each tract based on national rank and symbolized within the map. Additional attributes include each tract's within-state rank and quintile. Definitions for food-at-home categories used for consumer spending indicators are based on categories in the BLS Consumer Expenditure Survey (CEX), and are listed below.

- Soft drinks: *Soft drink expenditures included in this category are any non-alcoholic carbonated beverages purchased for consumption at home. Soft drinks purchased at restaurants and other dining establishments are not included.*
- Alcoholic beverages: *Alcohol expenditures included in this category are any beer, wine, and liquor purchased for consumption at home. Alcohol purchased at restaurants and bars is not included.*
- Fruit and vegetables: *Fruit and vegetables expenditures included in this category are all fresh, frozen and canned fruits and vegetables purchased for consumption at home.*
- Tobacco: *Tobacco expenditures included in this category are cigarettes only; cigars and other tobacco products are not included.*

Further details about the analysis used by Nielsen group can be found in the Consumer Buying Power Methodology.

Notes

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

STI - Chlamydia Incidence

Data Background

The National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Disease (STD), and Tuberculosis (TB) Prevention (NCHHSTP) is the branch of the Centers for Disease Control and Prevention (CDC) responsible for public health surveillance, prevention research, and programs to prevent and control HIV and AIDS, other STDs, viral hepatitis, and TB. NCHHSTP developed a set of indicators to monitor the prevalence and track its progress toward ending these diseases in each state, and regularly reports its progress. The NCHHSTEP program includes data from new patient case reports from 56 areas (all 50 states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands).

Methodology

Cases of a given STD refer to confirmed diagnoses during a given time period. For example, the 2010 data on gonorrhea infection would include persons with laboratory-confirmed infection diagnosed between January 1, 2010 and December 31, 2010, and reported to CDC through June 8, 2011. Rates per 100,000 population were calculated for each STD. The population denominators used to compute these rates for the 50 states and the District of Columbia were based on the U.S. Census Bureau population estimates utilizing the OMB compliant race categories. Each rate was calculated by dividing the number of cases for the calendar year by the population for that calendar year and then multiplying the number by 100,000.

For HIV indicators, note that for the year 2022, due to incomplete reporting, death data for Alabama, Oklahoma, South Carolina, and the US Virgin Islands should be interpreted with caution.

Also note that for 2022, Connecticut adopted nine planning regions as county-equivalent geographic units; as STI case notification data were not available in the new county-equivalent units for 2022, data for Connecticut have been suppressed in figures displaying county and county-equivalent data.

NCHHSTP AtlasPlus has suppressed data based on varying suppression rules for different variables. Please check out the NCHHSTP Atlas "FAQ" or “Technical notes” for more information.

Notes

Data Suppression
AtlasPlus suppresses STD data at any geographic level based on the following 2 conditions:
1. 20% of individuals in a group have the specified disease

2. Denominator population is less than 100
To prevent back-calculation of suppressed cells, primary suppression is augmented with complementary (or secondary) suppression in which data for additional groups are suppressed.

Race and Ethnicity
Race and Hispanic origin are reported separately on surveillance data in accordance with standards set forth by the Office of Management and Budget. The five race categories are: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. The two ethnicity categories are Hispanic or Latino and Not Hispanic or Latino. OMB defines "Hispanic or Latino" as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. NCHHSTP AtlasPlus reports data by combined race and ethnicity using the following racial/ethnic categories: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White, and Multiracial.

STI - Gonorrhea Incidence

Data Background

The National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Disease (STD), and Tuberculosis (TB) Prevention (NCHHSTP) is the branch of the Centers for Disease Control and Prevention (CDC) responsible for public health surveillance, prevention research, and programs to prevent and control HIV and AIDS, other STDs, viral hepatitis, and TB. NCHHSTP developed a set of indicators to monitor the prevalence and track its progress toward ending these diseases in each state, and regularly reports its progress. The NCHHSTEP program includes data from new patient case reports from 56 areas (all 50 states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands).

Methodology

Cases of a given STD refer to confirmed diagnoses during a given time period. For example, the 2010 data on gonorrhea infection would include persons with laboratory-confirmed infection diagnosed between January 1, 2010 and December 31, 2010, and reported to CDC through June 8, 2011. Rates per 100,000 population were calculated for each STD. The population denominators used to compute these rates for the 50 states and the District of Columbia were based on the U.S. Census Bureau population estimates utilizing the OMB compliant race categories. Each rate was calculated by dividing the number of cases for the calendar year by the population for that calendar year and then multiplying the number by 100,000.

For HIV indicators, note that for the year 2022, due to incomplete reporting, death data for Alabama, Oklahoma, South Carolina, and the US Virgin Islands should be interpreted with caution.

Also note that for 2022, Connecticut adopted nine planning regions as county-equivalent geographic units; as STI case notification data were not available in the new county-equivalent units for 2022, data for Connecticut have been suppressed in figures displaying county and county-equivalent data.

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Hispanic or Latino. OMB defines "Hispanic or Latino" as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. NCHHSTP AtlasPlus reports data by combined race and ethnicity using the following racial/ethnic categories: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White, and Multiracial.

STI - HIV Incidence

Data Background

The National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Disease (STD), and Tuberculosis (TB) Prevention (NCHHSTP) is the branch of the Centers for Disease Control and Prevention (CDC) responsible for public health surveillance, prevention research, and programs to prevent and control HIV and AIDS, other STDs, viral hepatitis, and TB. NCHHSTP developed a set of indicators to monitor the prevalence and track its progress toward ending these diseases in each state, and regularly reports its progress. The NCHHSTEP program includes data from new patient case reports from 56 areas (all 50 states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands).

Methodology

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For HIV indicators, note that for the year 2022, due to incomplete reporting, death data for Alabama, Oklahoma, South Carolina, and the US Virgin Islands should be interpreted with caution.

Also note that for 2022, Connecticut adopted nine planning regions as county-equivalent geographic units; as STI case notification data were not available in the new county-equivalent units for 2022, data for Connecticut have been suppressed in figures displaying county and county-equivalent data.

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Notes

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2. Denominator population is less than 100
To prevent back-calculation of suppressed cells, primary suppression is augmented with complementary (or secondary) suppression in which data for additional groups are suppressed.

Race and Ethnicity
Race and Hispanic origin are reported separately on surveillance data in accordance with standards set forth by the Office of Management and Budget. The five race categories are: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. The two ethnicity categories are Hispanic or Latino and Not Hispanic or Latino. OMB defines "Hispanic or Latino" as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. NCHHSTP AtlasPlus reports data by combined race and ethnicity using the following racial/ethnic categories: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White, and Multiracial.

STI - HIV Prevalence

Data Background

The National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Disease (STD), and Tuberculosis (TB) Prevention (NCHHSTP) is the branch of the Centers for Disease Control and Prevention (CDC) responsible for public health surveillance, prevention research, and programs to prevent and control HIV and AIDS, other STDs, viral hepatitis, and TB. NCHHSTP developed a set of indicators to monitor the prevalence and track its progress toward ending these diseases in each state, and regularly reports its progress. The NCHHSTEP program includes data from new patient case reports from 56 areas (all 50 states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands).

Methodology

Cases of a given STD refer to confirmed diagnoses during a given time period. For example, the 2010 data on gonorrhea infection would include persons with laboratory-confirmed infection diagnosed between January 1, 2010 and December 31, 2010, and reported to CDC through June 8, 2011. Rates per 100,000 population were calculated for each STD. The population denominators used to compute these rates for the 50 states and the District of Columbia were based on the U.S. Census Bureau population estimates utilizing the OMB compliant race categories. Each rate was calculated by dividing the number of cases for the calendar year by the population for that calendar year and then multiplying the number by 100,000.

For HIV indicators, note that for the year 2022, due to incomplete reporting, death data for Alabama, Oklahoma, South Carolina, and the US Virgin Islands should be interpreted with caution.

Also note that for 2022, Connecticut adopted nine planning regions as county-equivalent geographic units; as STI case notification data were not available in the new county-equivalent units for 2022, data for Connecticut have been suppressed in figures displaying county and county-equivalent data.

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Notes

Data Suppression
AtlasPlus suppresses STD data at any geographic level based on the following 2 conditions:
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2. Denominator population is less than 100
To prevent back-calculation of suppressed cells, primary suppression is augmented with complementary (or secondary) suppression in which data for additional groups are suppressed.

Race and Ethnicity
Race and Hispanic origin are reported separately on surveillance data in accordance with standards set forth by the Office of Management and Budget. The five race categories are: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. The two ethnicity categories are Hispanic or Latino and Not Hispanic or Latino. OMB defines "Hispanic or Latino" as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. NCHHSTP AtlasPlus reports data by combined race and ethnicity using the following racial/ethnic categories: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White, and Multiracial.

Tobacco Expenditures

Data Background

Nielsen is a publicly held information company and a primary supplier of consumer spending data around the world, using both statistical analysis and field sampling techniques to produce accurate and timely information. Published annually, SiteReports provide market analysis to Nielsen customers at multiple geographic levels, spanning a wide range of topics including population demographics, household spending, and market potential. The SiteReports Consumer Buying Power (CBP) database is created using statistical models estimated from the Bureau of Labor Statistics' Consumer Expenditure

Surveys (CEX). This survey provides information on the buying habits of American consumers, including expenditures, income, and other characteristics of the consumer unit (families and single consumers). The Consumer Expenditure Survey consists of two surveys: the quarterly Interview survey and the weekly Diary Survey. The surveys target the total non-institutionalized population (urban and rural) of the United States. The data is collected from the independent quarterly interview and weekly diary surveys of approximately 7,500 sample households. Each survey has its own independent sample, and each collects data on household income and socioeconomic characteristics. The current Nielsen Consumer Buying Power data uses a rolling five years of data from the Consumer Expenditure Survey, administered from 2005 through 2009. In addition to this data, the Nielsen Consumer Buying Power database also incorporates information from the following sources:

- Nielsen Demographic Update
- Nielsen Cartographics
- U.S. Census Bureau: Census of Retail Trade

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For more information, please visit the Nielsen website.

Methodology

Census tract level average and aggregated total household expenditures and category expenditures were acquired from the 2011 Nielsen *Consumer Buying Power (CBP)* SiteReports. Tract-level and county-level expenditure estimates are proprietary Nielsen data restricted from public distribution and subject to terms of use agreements. Indicator data tables contain state and national ranks for counties, and percent expenditure estimates based on aggregated tract-level data. The percent expenditure figures calculated for custom geographic areas can be expressed using the following formula:

Percent Expenditures = [Category Expenditures] / [Total Area Expenditures] * 100

To generate acceptable county-level output for indicator report pages, percent expenditures for each food-at-home category were sorted and ranked by county. Each county's within-state rank and that rank's percentile are displayed in the indicator data table. This information is not available for custom geographic areas, for states, or for the total United States. County percentiles are calculated using the following formula:

Percentile = [County Within State Rank] / [Total Number of Counties in State] * 100

To generate acceptable map output in compliance with the Nielsen terms of use agreement, percent expenditures for each tract were sorted and ranked; quintiles were assigned to each tract based on national rank and symbolized within the map. Additional attributes include each tract's within-state rank and quintile. Definitions for food-at-home categories used for consumer spending indicators are based on categories in the BLS Consumer Expenditure Survey (CEX), and are listed below.

- Soft drinks: *Soft drink expenditures included in this category are any non-alcoholic carbonated beverages purchased for consumption at home. Soft drinks purchased at restaurants and other dining establishments are not included.*
- Alcoholic beverages: *Alcohol expenditures included in this category are any beer, wine, and liquor purchased for consumption at home. Alcohol purchased at restaurants and bars is not included.*
- Fruit and vegetables: *Fruit and vegetables expenditures included in this category are all fresh, frozen and canned fruits and vegetables purchased for consumption at home.*
- Tobacco: *Tobacco expenditures included in this category are cigarettes only; cigars and other tobacco products are not included.*

Further details about the analysis used by Nielsen group can be found in the Consumer Buying Power Methodology.

Notes

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

Insufficient Sleep

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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 and older who report usually getting insufficient sleep (<7 hours for those aged =18 years, on average, during a 24-hour period). Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Tobacco Usage - Current Smokers

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households. The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Walking or Biking to Work

Data Background

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS has an annual sample size of about 3.5 million addresses, with survey information collected nearly every day of the year. Data are pooled across a calendar year to produce estimates for that year. As a result, ACS estimates reflect data that have been collected over a period of time rather than for a single point in time as in the decennial census, which is conducted every 10 years and provides population counts as of April 1. The Census Bureau combines 5 consecutive years of ACS data to produce estimates for geographic areas with fewer than 65,000 residents. These 5-year estimates represent data collected over a period of 60 months. Because the ACS is based on a sample, rather than all housing units and people, ACS estimates have a degree of uncertainty associated with them, called sampling error. In general, the larger the sample, the smaller the level of sampling error. Data users should be careful in drawing conclusions about small differences between two ACS estimates because they may not be statistically different.

Citation: U.S. Census Bureau: UNDERSTANDING AND USING AMERICAN COMMUNITY SURVEY DATA: WHAT ALL DATA USERS NEED TO KNOW (2018).

For more information about this source, including data collection methodology and definitions, refer to the American Community Survey data user's 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 2018-2022. Mapped data are summarized to 2022 census tract boundaries. Data are tabulated for workers 16 years old and over (members of the Armed Forces and civilians) who were at work during the reference week. Means of transportation to work refers to the principal mode of travel or type of conveyance that the worker usually used to get from home to work during the reference week. People who used different means of transportation on different days of the week were asked to specify the one they used most often, that is, the greatest number of days. People who used more than one means of transportation to get to work each day were asked to report the one used for the longest distance during the work trip. Travel time to work refers to the total number of minutes that it usually took the worker to get from home to work during the reference week. Area statistics are measured as a percentage of the total working population using the following formula:

Percentage = [Subgroup Population] / [Working Population] * 100

For more information on the specific data elements reported in the American Community Survey, please see the complete American Community Survey 2022 Subject Definitions.

Notes

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

Health Outcomes

Birth Outcomes - Infant Mortality (CDC)

Data Background

The County Health Rankings & Roadmaps (CHR&R) program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. CHR&R provides data, evidence, guidance, and examples in order to build awareness of the multiple factors that influence health and connect community leaders working to improve health and equity. The annual County Health Rankings measure vital health factors, including high school

graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every U.S. county. The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. CHR&R offers many pathways for self-directed and peer learning, web-based content, and virtual interactive forums that are designed to accelerate learning and action in communities to help build healthier communities and advance equity. To learn more, visit countyhealthrankings.org.

Methodology

Infant mortality data was acquired from the University of Wisconsin's County Health Rankings (CHR). This measure represents the number of infant deaths (within 1 year) per 1,000 live births. CHR uses 2015 - 2021 seven-year averages from the National Vital Statistic System (NVSS) as the basis for their calculation. NVSS data are compiled from state death records and maintained by the Centers for Disease Control and Prevention. For more information, please review the County Health Rankings Infant Mortality indicator information.

Notes

Race and Ethnicity
For some measures, County Health Rankings provides disaggregated data by combined race and ethnicity within the county snapshot. The 2024 County Health Rankings adheres to the definition by The Office of Management and Budget (OMB) and reports for the following categories: Non-Hispanic American Indian & Alaska Native, Non-Hispanic Asian, Non-Hispanic Black, Hispanic, Non-Hispanic Native Hawaiian or Other Pacific Islander, Non-Hispanic Two or More Races, and Non-Hispanic White. Data for all racial/ethnic groups may not be available for all measures or counties.
For more information, please review the County Health Rankings how CHR&R shares available data to understand the health of racialized groups of people.

Birth Outcomes - Low Birth Weight (CDC)

Data Background

The County Health Rankings & Roadmaps (CHR&R) program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. CHR&R provides data, evidence, guidance, and examples in order to build awareness of the multiple factors that influence health and connect community leaders working to improve health and equity. The annual County Health Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every U.S. county. The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. CHR&R offers many pathways for self-directed and peer learning, web-based content, and virtual interactive forums that are designed to accelerate learning and action in communities to help build healthier communities and advance equity. To learn more, visit countyhealthrankings.org.

Methodology

Low birthweight data was acquired from the University of Wisconsin's County Health Rankings (CHR). This measure represents the percentage of live births with low birthweight (< 2,500 grams). CHR uses 2016 - 2022 seven-year averages from the National Vital Statistic System (NVSS) as the basis for their calculation. NVSS data are compiled from state birth records and maintained by the Centers for Disease Control and Prevention. For more information, please review the County Health Rankings Low Birthweight indicator information.

Notes

Race and Ethnicity
For some measures, County Health Rankings provides disaggregated data by combined race and ethnicity within the county snapshot. The 2024 County Health Rankings adheres to the definition by The Office of Management and Budget (OMB) and reports for the following categories: Non-Hispanic American Indian & Alaska Native, Non-Hispanic Asian, Non-Hispanic Black, Hispanic, Non-Hispanic Native Hawaiian or Other Pacific Islander, Non-Hispanic Two or More Races, and Non-Hispanic White. Data for all racial/ethnic groups may not be available for all measures or counties.
For more information, please review the County Health Rankings how CHR&R shares available data to understand the health of racialized groups of people.

Cancer Incidence - All Sites

Data Background

The State Cancer Profiles website provides statistics to help guide and prioritize cancer control activities at the state and local levels. State Cancer Profiles are a collaborative effort of the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC). The incidence rates tables accessed through the State Cancer Profiles website provide incidence statistics compiled from state and local cancer registries. Statistics are available for those states with cancer registries whose data have met the criteria required for inclusion in the US Cancer Statistics. Data is provided for use in assessing the burden and risk for a major cancer site for the US overall or for a selected state and its counties.

State-based cancer registries are data systems that collect, manage, and analyze data about cancer cases and cancer deaths. In each state, medical facilities (including hospitals, physicians' offices, therapeutic radiation facilities, freestanding surgical centers, and pathology laboratories) report these data to a central cancer registry. State cancer registries receive funding and program guidance through the CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program.

For more information, please visit the State Cancer Profiles website.

Methodology

Annual incidence rates are acquired for all US states and counties as an average for years 2014-2018 from the State Cancer Profiles Incidence Rates Tables. This source provides the average annual incidence of new cancer cases, as well as incidence rates, age adjusted to the 2000 US standard population. The new case counts (incidence) used to generate the State Cancer Profiles data tables are provided by the National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), the Centers for Disease Control and Prevention, CDC's National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program.

In order to perform aggregate (multi-county or service area) incidence rate estimates with the data provided, age-adjusted total populations are first back-calculated using the following formula:

Adj. Population = ([Cancer Incidence] / ([Adj. Incidence Rate] / 100,000))

This estimated population figure is then used in the formula to re-calculate age-adjusted cancer rates as follows:

Adj. Incidence Rate = 100,000 * ([Cancer Incidence] / [*Adj. Population*])

For more information about the State Cancer Profiles data, including age-adjustment and data suppression, please visit the SEER*Stat website.

Notes

Data Limitations

1. County-level data are not available for the states of Kansas and Minnesota because of state legislation and regulations which prohibit the release of county level data to outside entities.
2. Hispanic incidence data has been excluded for the following states/registries: Delaware, Illinois, Kansas, Kentucky, Massachusetts, and Pennsylvania (see Technical Notes section of the USCS).
3. Data for some race/ethnicity groups have been excluded for Delaware, Illinois, Kansas, Kentucky, New Jersey, and New York.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the number of cases is less than 16 (for each county/cancer/population group combination) over the time period monitored, or when the total population (per race-ethnicity-sex grouping) of the report area is less than 50,000.

Race and Ethnicity

Data from the State Cancer Profiles website comes from multiple sources, including the National Program of Cancer Registries and Surveillance, Epidemiology, and End Results SEER*Stat Database. Race and ethnicity are reported in five mutually exclusive categories: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic Asian/Pacific Islander (API), Non-Hispanic American Indian/Alaska Native (AI/AN), Hispanic or Latino (any race). See the *Data Visualizations Technical Notes*

document in the United States Cancer Statistics (USCS) webpage for more information.

Cancer Incidence - Breast

Data Background

The State Cancer Profiles website provides statistics to help guide and prioritize cancer control activities at the state and local levels. State Cancer Profiles are a collaborative effort of the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC). The incidence rates tables accessed through the State Cancer Profiles website provide incidence statistics compiled from state and local cancer registries. Statistics are available for those states with cancer registries whose data have met the criteria required for inclusion in the US Cancer Statistics. Data is provided for use in assessing the burden and risk for a major cancer site for the US overall or for a selected state and its counties.

State-based cancer registries are data systems that collect, manage, and analyze data about cancer cases and cancer deaths. In each state, medical facilities (including hospitals, physicians' offices, therapeutic radiation facilities, freestanding surgical centers, and pathology laboratories) report these data to a central cancer registry. State cancer registries receive funding and program guidance through the CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program.

For more information, please visit the State Cancer Profiles website.

Methodology

Annual incidence rates are acquired for all US states and counties as an average for years 2014-2018 from the State Cancer Profiles Incidence Rates Tables. This source provides the average annual incidence of new cancer cases, as well as incidence rates, age adjusted to the 2000 US standard population. The new case counts (incidence) used to generate the State Cancer Profiles data tables are provided by the National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), the Centers for Disease Control and Prevention, CDC's National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program.

In order to perform aggregate (multi-county or service area) incidence rate estimates with the data provided, age-adjusted total populations are first back-calculated using the following formula:

Adj. Population = ([Cancer Incidence] / ([Adj. Incidence Rate] / 100,000))

This estimated population figure is then used in the formula to re-calculate age-adjusted cancer rates as follows:

Adj. Incidence Rate = 100,000 * ([Cancer Incidence] / [*Adj. Population*])

For more information about the State Cancer Profiles data, including age-adjustment and data suppression, please visit the SEER*Stat website.

Notes

Data Limitations

1. County-level data are not available for the states of Kansas and Minnesota because of state legislation and regulations which prohibit the release of county level data to outside entities.
2. Hispanic incidence data has been excluded for the following states/registries: Delaware, Illinois, Kansas, Kentucky, Massachusetts, and Pennsylvania (see Technical Notes section of the USCS).
3. Data for some race/ethnicity groups have been excluded for Delaware, Illinois, Kansas, Kentucky, New Jersey, and New York.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the number of cases is less than 16 (for each county/cancer/population group combination) over the time period monitored, or when the total population (per race-ethnicity-sex grouping) of the report area is less than 50,000.

Race and Ethnicity

Data from the State Cancer Profiles website comes from multiple sources, including the National Program of Cancer Registries and Surveillance, Epidemiology, and End Results SEER*Stat Database. Race and ethnicity are reported in five

mutually exclusive categories: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic Asian/Pacific Islander (API), Non-Hispanic American Indian/Alaska Native (AI/AN), Hispanic or Latino (any race). See the *Data Visualizations Technical Notes document* in the United States Cancer Statistics (USCS) webpage for more information.

Cancer Incidence - Cervical

Data Background

The State Cancer Profiles website provides statistics to help guide and prioritize cancer control activities at the state and local levels. State Cancer Profiles are a collaborative effort of the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC). The incidence rates tables accessed through the State Cancer Profiles website provide incidence statistics compiled from state and local cancer registries. Statistics are available for those states with cancer registries whose data have met the criteria required for inclusion in the US Cancer Statistics. Data is provided for use in assessing the burden and risk for a major cancer site for the US overall or for a selected state and its counties.

State-based cancer registries are data systems that collect, manage, and analyze data about cancer cases and cancer deaths. In each state, medical facilities (including hospitals, physicians' offices, therapeutic radiation facilities, freestanding surgical centers, and pathology laboratories) report these data to a central cancer registry. State cancer registries receive funding and program guidance through the CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program.

For more information, please visit the State Cancer Profiles website.

Methodology

Annual incidence rates are acquired for all US states and counties as an average for years 2014-2018 from the State Cancer Profiles Incidence Rates Tables. This source provides the average annual incidence of new cancer cases, as well as incidence rates, age adjusted to the 2000 US standard population. The new case counts (incidence) used to generate the State Cancer Profiles data tables are provided by the National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), the Centers for Disease Control and Prevention, CDC's National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program.

In order to perform aggregate (multi-county or service area) incidence rate estimates with the data provided, age-adjusted total populations are first back-calculated using the following formula:

Adj. Population = ([Cancer Incidence] / ([Adj. Incidence Rate] / 100,000))

This estimated population figure is then used in the formula to re-calculate age-adjusted cancer rates as follows:

Adj. Incidence Rate = 100,000 * ([Cancer Incidence] / [*Adj. Population*])

For more information about the State Cancer Profiles data, including age-adjustment and data suppression, please visit the SEER*Stat website.

Notes

Data Limitations

1. County-level data are not available for the states of Kansas and Minnesota because of state legislation and regulations which prohibit the release of county level data to outside entities.
2. Hispanic incidence data has been excluded for the following states/registries: Delaware, Illinois, Kansas, Kentucky, Massachusetts, and Pennsylvania (see Technical Notes section of the USCS).
3. Data for some race/ethnicity groups have been excluded for Delaware, Illinois, Kansas, Kentucky, New Jersey, and New York.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the number of cases is less than 16 (for each county/cancer/population group combination) over the time period monitored, or when the total population (per race-ethnicity-sex grouping) of the report area is less than 50,000.

Race and Ethnicity

Data from the State Cancer Profiles website comes from multiple sources, including the National Program of Cancer Registries and Surveillance, Epidemiology, and End Results SEER*Stat Database. Race and ethnicity are reported in five mutually exclusive categories: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic Asian/Pacific Islander (API), Non-Hispanic American Indian/Alaska Native (AI/AN), Hispanic or Latino (any race). See the *Data Visualizations Technical Notes document* in the United States Cancer Statistics (USCS) webpage for more information.

Cancer Incidence - Colon and Rectum

Data Background

The State Cancer Profiles website provides statistics to help guide and prioritize cancer control activities at the state and local levels. State Cancer Profiles are a collaborative effort of the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC). The incidence rates tables accessed through the State Cancer Profiles website provide incidence statistics compiled from state and local cancer registries. Statistics are available for those states with cancer registries whose data have met the criteria required for inclusion in the US Cancer Statistics. Data is provided for use in assessing the burden and risk for a major cancer site for the US overall or for a selected state and its counties.

State-based cancer registries are data systems that collect, manage, and analyze data about cancer cases and cancer deaths. In each state, medical facilities (including hospitals, physicians' offices, therapeutic radiation facilities, freestanding surgical centers, and pathology laboratories) report these data to a central cancer registry. State cancer registries receive funding and program guidance through the CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program.

For more information, please visit the State Cancer Profiles website.

Methodology

Annual incidence rates are acquired for all US states and counties as an average for years 2014-2018 from the State Cancer Profiles Incidence Rates Tables. This source provides the average annual incidence of new cancer cases, as well as incidence rates, age adjusted to the 2000 US standard population. The new case counts (incidence) used to generate the State Cancer Profiles data tables are provided by the National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), the Centers for Disease Control and Prevention, CDC's National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program.

In order to perform aggregate (multi-county or service area) incidence rate estimates with the data provided, age-adjusted total populations are first back-calculated using the following formula:

Adj. Population = ([Cancer Incidence] / ([Adj. Incidence Rate] / 100,000))

This estimated population figure is then used in the formula to re-calculate age-adjusted cancer rates as follows:

Adj. Incidence Rate = 100,000 * ([Cancer Incidence] / [*Adj. Population*])

For more information about the State Cancer Profiles data, including age-adjustment and data suppression, please visit the SEER*Stat website.

Notes

Data Limitations

1. County-level data are not available for the states of Kansas and Minnesota because of state legislation and regulations which prohibit the release of county level data to outside entities.
2. Hispanic incidence data has been excluded for the following states/registries: Delaware, Illinois, Kansas, Kentucky, Massachusetts, and Pennsylvania (see Technical Notes section of the USCS).
3. Data for some race/ethnicity groups have been excluded for Delaware, Illinois, Kansas, Kentucky, New Jersey, and New York.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the number of cases is less than 16 (for each county/cancer/population group combination) over the time period monitored, or when the total

population (per race-ethnicity-sex grouping) of the report area is less than 50,000.

Race and Ethnicity
Data from the State Cancer Profiles website comes from multiple sources, including the National Program of Cancer Registries and Surveillance, Epidemiology, and End Results SEER*Stat Database. Race and ethnicity are reported in five mutually exclusive categories: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic Asian/Pacific Islander (API), Non-Hispanic American Indian/Alaska Native (AI/AN), Hispanic or Latino (any race). See the *Data Visualizations Technical Notes document* in the United States Cancer Statistics (USCS) webpage for more information.

Cancer Incidence - Lung

Data Background

The State Cancer Profiles website provides statistics to help guide and prioritize cancer control activities at the state and local levels. State Cancer Profiles are a collaborative effort of the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC). The incidence rates tables accessed through the State Cancer Profiles website provide incidence statistics compiled from state and local cancer registries. Statistics are available for those states with cancer registries whose data have met the criteria required for inclusion in the US Cancer Statistics. Data is provided for use in assessing the burden and risk for a major cancer site for the US overall or for a selected state and its counties.

State-based cancer registries are data systems that collect, manage, and analyze data about cancer cases and cancer deaths. In each state, medical facilities (including hospitals, physicians' offices, therapeutic radiation facilities, freestanding surgical centers, and pathology laboratories) report these data to a central cancer registry. State cancer registries receive funding and program guidance through the CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program.

For more information, please visit the State Cancer Profiles website.

Methodology

Annual incidence rates are acquired for all US states and counties as an average for years 2014-2018 from the State Cancer Profiles Incidence Rates Tables. This source provides the average annual incidence of new cancer cases, as well as incidence rates, age adjusted to the 2000 US standard population. The new case counts (incidence) used to generate the State Cancer Profiles data tables are provided by the National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), the Centers for Disease Control and Prevention, CDC's National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program.

In order to perform aggregate (multi-county or service area) incidence rate estimates with the data provided, age-adjusted total populations are first back-calculated using the following formula:

Adj. Population = ([Cancer Incidence] / ([Adj. Incidence Rate] / 100,000))

This estimated population figure is then used in the formula to re-calculate age-adjusted cancer rates as follows:

Adj. Incidence Rate = 100,000 * ([Cancer Incidence] / [*Adj. Population*])

For more information about the State Cancer Profiles data, including age-adjustment and data suppression, please visit the SEER*Stat website.

Notes

Data Limitations
1. County-level data are not available for the states of Kansas and Minnesota because of state legislation and regulations which prohibit the release of county level data to outside entities.
2. Hispanic incidence data has been excluded for the following states/registries: Delaware, Illinois, Kansas, Kentucky, Massachusetts, and Pennsylvania (see Technical Notes section of the USCS).
3. Data for some race/ethnicity groups have been excluded for Delaware, Illinois, Kansas, Kentucky, New Jersey, and New York.

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the number of cases is less than 16 (for each county/cancer/population group combination) over the time period monitored, or when the total population (per race-ethnicity-sex grouping) of the report area is less than 50,000.

Race and Ethnicity
Data from the State Cancer Profiles website comes from multiple sources, including the National Program of Cancer Registries and Surveillance, Epidemiology, and End Results SEER*Stat Database. Race and ethnicity are reported in five mutually exclusive categories: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic Asian/Pacific Islander (API), Non-Hispanic American Indian/Alaska Native (AI/AN), Hispanic or Latino (any race). See the *Data Visualizations Technical Notes document* in the United States Cancer Statistics (USCS) webpage for more information.

Cancer Incidence - Prostate

Data Background

The State Cancer Profiles website provides statistics to help guide and prioritize cancer control activities at the state and local levels. State Cancer Profiles are a collaborative effort of the National Cancer Institute (NCI) and the Centers for Disease Control and Prevention (CDC). The incidence rates tables accessed through the State Cancer Profiles website provide incidence statistics compiled from state and local cancer registries. Statistics are available for those states with cancer registries whose data have met the criteria required for inclusion in the US Cancer Statistics. Data is provided for use in assessing the burden and risk for a major cancer site for the US overall or for a selected state and its counties.

State-based cancer registries are data systems that collect, manage, and analyze data about cancer cases and cancer deaths. In each state, medical facilities (including hospitals, physicians' offices, therapeutic radiation facilities, freestanding surgical centers, and pathology laboratories) report these data to a central cancer registry. State cancer registries receive funding and program guidance through the CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program.

For more information, please visit the State Cancer Profiles website.

Methodology

Annual incidence rates are acquired for all US states and counties as an average for years 2014-2018 from the State Cancer Profiles Incidence Rates Tables. This source provides the average annual incidence of new cancer cases, as well as incidence rates, age adjusted to the 2000 US standard population. The new case counts (incidence) used to generate the State Cancer Profiles data tables are provided by the National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), the Centers for Disease Control and Prevention, CDC's National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program.

In order to perform aggregate (multi-county or service area) incidence rate estimates with the data provided, age-adjusted total populations are first back-calculated using the following formula:

Adj. Population = ([Cancer Incidence] / ([Adj. Incidence Rate] / 100,000))

This estimated population figure is then used in the formula to re-calculate age-adjusted cancer rates as follows:
Adj. Incidence Rate = 100,000 * ([Cancer Incidence] / [*Adj. Population*])

For more information about the State Cancer Profiles data, including age-adjustment and data suppression, please visit the SEER*Stat website.

Notes

Data Limitations
1. County-level data are not available for the states of Kansas and Minnesota because of state legislation and regulations which prohibit the release of county level data to outside entities.
2. Hispanic incidence data has been excluded for the following states/registries: Delaware, Illinois, Kansas, Kentucky, Massachusetts, and Pennsylvania (see Technical Notes section of the USCS).
3. Data for some race/ethnicity groups have been excluded for Delaware, Illinois, Kansas, Kentucky, New Jersey, and New

York.

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the number of cases is less than 16 (for each county/cancer/population group combination) over the time period monitored, or when the total population (per race-ethnicity-sex grouping) of the report area is less than 50,000.

Race and Ethnicity
Data from the State Cancer Profiles website comes from multiple sources, including the National Program of Cancer Registries and Surveillance, Epidemiology, and End Results SEER*Stat Database. Race and ethnicity are reported in five mutually exclusive categories: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic Asian/Pacific Islander (API), Non-Hispanic American Indian/Alaska Native (AI/AN), Hispanic or Latino (any race). See the *Data Visualizations Technical Notes document* in the United States Cancer Statistics (USCS) webpage for more information.

Chronic Conditions - Alcohol Use Disorder (Medicare Population)

Data Background

The Mapping Medicare Disparities (MMD)Tool is an interactive web-based map identifying and understanding geographic areas of disparities in chronic diseases between subgroups of Medicare beneficiaries. The MMD Tool identifies disparities between sub-populations (e.g., racial and ethnic groups) in health outcomes, utilization, and spending. The MMD Tool also allows quality measure comparisons between different hospitals at the national, state/territory, or county level. The MMD Tool offers data on hospitalization, readmission, mortality, emergency department visit rates of various chronic conditions such as Alzheimer, dementia, asthma, breast, lung and prostate cancer, kidney disease, depression and more. For more information about the tool and data, please see the Mapping Medicare Disparities Technical Documentation.

Methodology

The rate data for this indicator are obtained from the Mapping Medicare Disparities data tool (2022) and the universe population data shown in the table are from Medicare Geographic Variation - by National, State & County (2021). The analysis population are all Medicare FFS beneficiaries. Indicator statistics or multi-county/state areas are summarized using the following formula:

Rate = [Medicare FFS beneficiaries Receiving Certain Services or in Certain Conditions] / [Medicare FFS beneficiaries] * 100*
**Using a multiplier of 1,000 when the metric is in the category of Hospitalization or Emergency Department Visit Rate*

For more information on the rate data reported in the Mapping Medicare Disparities tool, please see the complete Technical Documentation.
For information on the denominator data from the Geographic Variation dataset, please see the complete Data Dictionary or Methodology.

Chronic Conditions - Alzheimer's Disease (Medicare Population)

Data Background

Centers for Medicare & Medicaid Services Chronic Conditions *Rate denominator:* Medicare Beneficiaries, Rate Calculated by Source

Methodology

Indicator percentages are acquired for 2007 - 2018 from Centers for Medicare and Medicaid Services (CMS) Chronic Conditions. The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Beneficiaries who died during the year are included up to their date of death if they meet the other inclusion criteria. Chronic condition prevalence estimates are calculated by CMS by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. For more information and to view the original data, please visit the CMS Chronic Conditions web page.

Enrollment data are acquired for 2007 - 2018 from Centers for Medicare and Medicaid Services (CMS) Medicare Geographic Variation Public Use File. This CMS table has developed data that enables researchers and policy-makers to evaluate geographic variation in the utilization and quality of health care services for the Medicare fee-for-service population. data are aggregated into a Geographic Variation Public Use File that has demographic, spending, utilization, and quality indicators at the state level (including the District of Columbia, Puerto Rico, and the Virgin Islands), hospital referral region (HRR) level, and county level. For more information and to view the original data, please visit the CMS Medicare Geographic Variation web page.

Chronic Conditions - Asthma (Medicare Population)

Data Background

Centers for Medicare & Medicaid Services Chronic Conditions *Rate denominator:* Medicare Beneficiaries, Rate Calculated by Source

Methodology

Indicator percentages are acquired for 2007 - 2018 from Centers for Medicare and Medicaid Services (CMS) Chronic Conditions. The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Beneficiaries who died during the year are included up to their date of death if they meet the other inclusion criteria. Chronic condition prevalence estimates are calculated by CMS by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. For more information and to view the original data, please visit the CMS Chronic Conditions web page.

Enrollment data are acquired for 2007 - 2018 from Centers for Medicare and Medicaid Services (CMS) Medicare Geographic Variation Public Use File. This CMS table has developed data that enables researchers and policy-makers to evaluate geographic variation in the utilization and quality of health care services for the Medicare fee-for-service population. data are aggregated into a Geographic Variation Public Use File that has demographic, spending, utilization, and quality indicators at the state level (including the District of Columbia, Puerto Rico, and the Virgin Islands), hospital referral region (HRR) level, and county level. For more information and to view the original data, please visit the CMS Medicare Geographic Variation web page.

Chronic Conditions - Asthma Prevalence (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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 and older who answer “yes” to both of the following questions: “Have you ever been told by a doctor, nurse, or other health professional that you have asthma?” and the question “Do you still have asthma?” Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has

extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Chronic Conditions - Cancer (Medicare Population)

Data Background

The Mapping Medicare Disparities (MMD)Tool is an interactive web-based map identifying and understanding geographic areas of disparities in chronic diseases between subgroups of Medicare beneficiaries. The MMD Tool identifies disparities between sub-populations (e.g., racial and ethnic groups) in health outcomes, utilization, and spending. The MMD Tool also allows quality measure comparisons between different hospitals at the national, state/territory, or county level. The MMD Tool offers data on hospitalization, readmission, mortality, emergency department visit rates of various chronic conditions such as Alzheimer, dementia, asthma, breast, lung and prostate cancer, kidney disease, depression and more. For more information about the tool and data, please see the Mapping Medicare Disparities Technical Documentation.

Methodology

The rate data for this indicator are obtained from the Mapping Medicare Disparities data tool (2022) and the universe population data shown in the table are from Medicare Geographic Variation - by National, State & County (2021). The analysis population are all Medicare FFS beneficiaries. Indicator statistics or multi-county/state areas are summarized using the following formula:

Rate = [Medicare FFS beneficiaries Receiving Certain Services or in Certain Conditions] / [Medicare FFS beneficiaries] * 100*
**Using a multiplier of 1,000 when the metric is in the category of Hospitalization or Emergency Department Visit Rate*

For more information on the rate data reported in the Mapping Medicare Disparities tool, please see the complete Technical Documentation.
For information on the denominator data from the Geographic Variation dataset, please see the complete Data Dictionary or Methodology.

Chronic Conditions – Chronic Obstructive Pulmonary Disease (Medicare Population)

Data Background

The Mapping Medicare Disparities (MMD)Tool is an interactive web-based map identifying and understanding geographic areas of disparities in chronic diseases between subgroups of Medicare beneficiaries. The MMD Tool identifies disparities between sub-populations (e.g., racial and ethnic groups) in health outcomes, utilization, and spending. The MMD Tool also allows quality measure comparisons between different hospitals at the national, state/territory, or county level. The MMD Tool offers data on hospitalization, readmission, mortality, emergency department visit rates of various chronic conditions such as Alzheimer, dementia, asthma, breast, lung and prostate cancer, kidney disease, depression and more. For more information about the tool and data, please see the Mapping Medicare Disparities Technical Documentation.

Methodology

The rate data for this indicator are obtained from the Mapping Medicare Disparities data tool (2022) and the universe population data shown in the table are from Medicare Geographic Variation - by National, State & County (2021). The analysis population are all Medicare FFS beneficiaries. Indicator statistics or multi-county/state areas are summarized using the following formula:

Rate = [Medicare FFS beneficiaries Receiving Certain Services or in Certain Conditions] / [Medicare FFS beneficiaries] * 100*
**Using a multiplier of 1,000 when the metric is in the category of Hospitalization or Emergency Department Visit Rate*

For more information on the rate data reported in the Mapping Medicare Disparities tool, please see the complete Technical Documentation.
For information on the denominator data from the Geographic Variation dataset, please see the complete Data Dictionary or Methodology.

Chronic Conditions - Chronic Obstructive Pulmonary Disease (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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Chronic Conditions - Depression (Medicare Population)

Data Background

The Mapping Medicare Disparities (MMD)Tool is an interactive web-based map identifying and understanding geographic areas of disparities in chronic diseases between subgroups of Medicare beneficiaries. The MMD Tool identifies disparities between sub-populations (e.g., racial and ethnic groups) in health outcomes, utilization, and spending. The MMD Tool also allows quality measure comparisons between different hospitals at the national, state/territory, or county level. The MMD Tool offers data on hospitalization, readmission, mortality, emergency department visit rates of various chronic conditions such as Alzheimer, dementia, asthma, breast, lung and prostate cancer, kidney disease, depression and more. For more information about the tool and data, please see the Mapping Medicare Disparities Technical Documentation.

Methodology

The rate data for this indicator are obtained from the Mapping Medicare Disparities data tool (2022) and the universe population data shown in the table are from Medicare Geographic Variation - by National, State & County (2021). The analysis population are all Medicare FFS beneficiaries. Indicator statistics or multi-county/state areas are summarized using the following formula:

Rate = [Medicare FFS beneficiaries Receiving Certain Services or in Certain Conditions] / [Medicare FFS beneficiaries] * 100*
**Using a multiplier of 1,000 when the metric is in the category of Hospitalization or Emergency Department Visit Rate*

For more information on the rate data reported in the Mapping Medicare Disparities tool, please see the complete Technical Documentation.
For information on the denominator data from the Geographic Variation dataset, please see the complete Data Dictionary or Methodology.

Chronic Conditions - Diabetes Incidence (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 publicly 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). (2021).

Methodology

Data for the total adult population and the estimated population with inadequate physical activity are acquired from the County Level Estimates of Diagnosed Diabetes, a service of the Centers for Disease Control and Prevention's National Diabetes Surveillance Program. Diabetes and other risk factor prevalence is estimated using the following formula:

Percent Prevalence = [Risk Factor Population] / [Total Population] * 100.

All data are estimates modelled by the CDC using the methods described below:

Data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and from the U.S. Census Bureau's Population Estimates Program were used to obtain county-level estimates of diagnosed diabetes, newly diagnosed diabetes, obesity, and physical inactivity. The BRFSS is an ongoing, monthly, state-based telephone survey of the adult population aged 18 years or older that provides state-specific information on behavioral risk factors and preventive health practices. Respondents were considered to have diagnosed 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 diagnosed diabetes. People who reported having diagnosed diabetes were then asked at what age they were diagnosed. Responders were considered to have been diagnosed with diabetes in the last year if they reported having diagnosed diabetes and the difference between their age at the time of the survey and the age they provided to the question, "How old were you when you were told you have diabetes?" was less than one. If the difference was between one year and two years, the person was weighted as half a newly diagnosed case. Respondents were considered obese if their body mass index was 30 or greater. Body mass index (weight [kg]/height [m]2) was derived from self-report of height and weight. Respondents were considered to be physically inactive if they answered "no" to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Three years of data were used to improve the precision of the year-specific county-level estimates of diagnosed diabetes and selected risk factors. For example, 2003, 2004, and 2005 were used for the 2004 estimate. 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.

County-level estimates for the over 3,100 counties or county equivalents (e.g., parish, borough, municipality) in the 50 US states and the District of Columbia (DC) were based on indirect model-dependent estimates using Bayesian multilevel modeling techniques. This model-dependent approach uses a statistical model that "borrows strength" (a.k.a., Small Area Estimation) in making an estimate for one county from BRFSS data collected in other counties. For incidence rates of newly diagnosed diabetes, multilevel binomial regression models with random effects of demographic variables at the county level were developed. County-level prevalence was based on design-assisted model-based estimates using the power prior log-weights (PLOW) technique developed by Xie et al. Unique PLOW advantages include 1) using single-year BRFSS data rather combining years; 2) inclusion of historical data to define informative priors (power prior); 3) the integration of adjusted sample weights to account for BRFSS' complex survey design; and 4) more timely estimates with smaller variance. Estima

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Chronic Conditions - Diabetes Prevalence (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 publicly 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). (2021).

Methodology

Data for the total adult population and the estimated population with inadequate physical activity are acquired from the County Level Estimates of Diagnosed Diabetes, a service of the Centers for Disease Control and Prevention's National Diabetes Surveillance Program. Diabetes and other risk factor prevalence is estimated using the following formula:

Percent Prevalence = [Risk Factor Population] / [Total Population] * 100.

All data are estimates modelled by the CDC using the methods described below:

Data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and from the U.S. Census Bureau's Population Estimates Program were used to obtain county-level estimates of diagnosed diabetes, newly diagnosed diabetes, obesity, and physical inactivity. The BRFSS is an ongoing, monthly, state-based telephone survey of the adult population aged 18 years or older that provides state-specific information on behavioral risk factors and preventive health practices. Respondents were considered to have diagnosed 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 diagnosed diabetes. People who reported having diagnosed diabetes were then asked at what age they were diagnosed. Responders were considered to have been diagnosed with diabetes in the last year if they reported having diagnosed diabetes and the difference between their age at the time of the survey and the age they provided to the question, "How old were you when you were told you have diabetes?" was less than one. If the difference was between one year and two years, the person was weighted as half a newly diagnosed case. Respondents were considered obese if their body mass index was 30 or greater. Body mass index (weight [kg]/height [m]2) was derived from self-report of height and weight. Respondents were considered to be physically inactive if they answered "no" to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Three years of data were used to improve the precision of the year-specific county-level estimates of diagnosed diabetes and selected risk factors. For example, 2003, 2004, and 2005 were used for the 2004 estimate. 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.

County-level estimates for the over 3,100 counties or county equivalents (e.g., parish, borough, municipality) in the 50 US states and the District of Columbia (DC) were based on indirect model-dependent estimates using Bayesian multilevel modeling techniques. This model-dependent approach uses a statistical model that "borrows strength" (a.k.a., Small Area Estimation) in making an estimate for one county from BRFSS data collected in other counties. For incidence rates of newly diagnosed diabetes, multilevel binomial regression models with random effects of demographic variables at the county level were developed. County-level prevalence was based on design-assisted model-based estimates using the power prior log-weights (PLOW) technique developed by Xie et al. Unique PLOW advantages include 1) using single-year BRFSS data rather combining years; 2) inclusion of historical data to define informative priors (power prior); 3) the integration of adjusted sample weights to account for BRFSS' complex survey design; and 4) more timely estimates with smaller variance. Estima

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Chronic Conditions - Diabetes Prevalence (Medicare Population)

Data Background

The Mapping Medicare Disparities (MMD)Tool is an interactive web-based map identifying and understanding geographic areas of disparities in chronic diseases between subgroups of Medicare beneficiaries. The MMD Tool identifies disparities between sub-populations (e.g., racial and ethnic groups) in health outcomes, utilization, and spending. The MMD Tool also allows quality measure comparisons between different hospitals at the national, state/territory, or county level. The MMD Tool offers data on hospitalization, readmission, mortality, emergency department visit rates of various chronic conditions such as Alzheimer, dementia, asthma, breast, lung and prostate cancer, kidney disease, depression and more. For more

information about the tool and data, please see the Mapping Medicare Disparities Technical Documentation.

Methodology

The rate data for this indicator are obtained from the Mapping Medicare Disparities data tool (2022) and the universe population data shown in the table are from Medicare Geographic Variation - by National, State & County (2021). The analysis population are all Medicare FFS beneficiaries. Indicator statistics or multi-county/state areas are summarized using the following formula:

Rate = [Medicare FFS beneficiaries Receiving Certain Services or in Certain Conditions] / [Medicare FFS beneficiaries] * 100*
**Using a multiplier of 1,000 when the metric is in the category of Hospitalization or Emergency Department Visit Rate*

For more information on the rate data reported in the Mapping Medicare Disparities tool, please see the complete Technical Documentation.
For information on the denominator data from the Geographic Variation dataset, please see the complete Data Dictionary or Methodology.

Chronic Conditions - Heart Disease (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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Chronic Conditions - Heart Disease (Medicare Population)

Data Background

The Mapping Medicare Disparities (MMD)Tool is an interactive web-based map identifying and understanding geographic areas of disparities in chronic diseases between subgroups of Medicare beneficiaries. The MMD Tool identifies disparities between sub-populations (e.g., racial and ethnic groups) in health outcomes, utilization, and spending. The MMD Tool also allows quality measure comparisons between different hospitals at the national, state/territory, or county level. The MMD Tool offers data on hospitalization, readmission, mortality, emergency department visit rates of various chronic conditions such as Alzheimer, dementia, asthma, breast, lung and prostate cancer, kidney disease, depression and more. For more

information about the tool and data, please see the Mapping Medicare Disparities Technical Documentation.

Methodology

The rate data for this indicator are obtained from the Mapping Medicare Disparities data tool (2022) and the universe population data shown in the table are from Medicare Geographic Variation - by National, State & County (2021). The analysis population are all Medicare FFS beneficiaries. Indicator statistics or multi-county/state areas are summarized using the following formula:

Rate = [Medicare FFS beneficiaries Receiving Certain Services or in Certain Conditions] / [Medicare FFS beneficiaries] * 100*
**Using a multiplier of 1,000 when the metric is in the category of Hospitalization or Emergency Department Visit Rate*

For more information on the rate data reported in the Mapping Medicare Disparities tool, please see the complete Technical Documentation.
For information on the denominator data from the Geographic Variation dataset, please see the complete Data Dictionary or Methodology.

Chronic Conditions - High Blood Pressure (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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure. Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Chronic Conditions - High Blood Pressure (Medicare Population)

Data Background

The Mapping Medicare Disparities (MMD)Tool is an interactive web-based map identifying and understanding geographic areas of disparities in chronic diseases between subgroups of Medicare beneficiaries. The MMD Tool identifies disparities between sub-populations (e.g., racial and ethnic groups) in health outcomes, utilization, and spending. The MMD Tool also allows quality measure comparisons between different hospitals at the national, state/territory, or county level. The MMD Tool offers data on hospitalization, readmission, mortality, emergency department visit rates of various chronic conditions

such as Alzheimer, dementia, asthma, breast, lung and prostate cancer, kidney disease, depression and more. For more information about the tool and data, please see the Mapping Medicare Disparities Technical Documentation.

Methodology

The rate data for this indicator are obtained from the Mapping Medicare Disparities data tool (2022) and the universe population data shown in the table are from Medicare Geographic Variation - by National, State & County (2021). The analysis population are all Medicare FFS beneficiaries. Indicator statistics or multi-county/state areas are summarized using the following formula:

Rate = [Medicare FFS beneficiaries Receiving Certain Services or in Certain Conditions] / [Medicare FFS beneficiaries] * 100*
**Using a multiplier of 1,000 when the metric is in the category of Hospitalization or Emergency Department Visit Rate*

For more information on the rate data reported in the Mapping Medicare Disparities tool, please see the complete Technical Documentation.
For information on the denominator data from the Geographic Variation dataset, please see the complete Data Dictionary or Methodology.

Chronic Conditions - High Cholesterol (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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 and older who report having been told by a doctor, nurse, or other health professional that they had high cholesterol. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Chronic Conditions - High Cholesterol (Medicare Population)

Data Background

Centers for Medicare & Medicaid Services Chronic Conditions *Rate denominator:* Medicare Beneficiaries, Rate Calculated by Source

Methodology

Indicator percentages are acquired for 2007 - 2018 from Centers for Medicare and Medicaid Services (CMS) Chronic Conditions. The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Beneficiaries who died during the year are included up to their date of death if they meet the other inclusion criteria. Chronic condition prevalence estimates are calculated by CMS by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. For more information and to view the original data, please visit the CMS Chronic Conditions web page.

Enrollment data are acquired for 2007 - 2018 from Centers for Medicare and Medicaid Services (CMS) Medicare Geographic Variation Public Use File. This CMS table has developed data that enables researchers and policy-makers to evaluate geographic variation in the utilization and quality of health care services for the Medicare fee-for-service population. data are aggregated into a Geographic Variation Public Use File that has demographic, spending, utilization, and quality indicators at the state level (including the District of Columbia, Puerto Rico, and the Virgin Islands), hospital referral region (HRR) level, and county level. For more information and to view the original data, please visit the CMS Medicare Geographic Variation web page.

Chronic Conditions - Kidney Disease (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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the number and percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have kidney disease. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Note:This indicator has been discontinued in the 2024 release.

Chronic Conditions - Kidney Disease (Medicare Population)

Data Background

The Mapping Medicare Disparities (MMD)Tool is an interactive web-based map identifying and understanding geographic areas of disparities in chronic diseases between subgroups of Medicare beneficiaries. The MMD Tool identifies disparities between sub-populations (e.g., racial and ethnic groups) in health outcomes, utilization, and spending. The MMD Tool also allows quality measure comparisons between different hospitals at the national, state/territory, or county level. The MMD Tool offers data on hospitalization, readmission, mortality, emergency department visit rates of various chronic conditions

such as Alzheimer, dementia, asthma, breast, lung and prostate cancer, kidney disease, depression and more. For more information about the tool and data, please see the Mapping Medicare Disparities Technical Documentation.

Methodology

The rate data for this indicator are obtained from the Mapping Medicare Disparities data tool (2022) and the universe population data shown in the table are from Medicare Geographic Variation - by National, State & County (2021). The analysis population are all Medicare FFS beneficiaries. Indicator statistics or multi-county/state areas are summarized using the following formula:

Rate = [Medicare FFS beneficiaries Receiving Certain Services or in Certain Conditions] / [Medicare FFS beneficiaries] * 100*
**Using a multiplier of 1,000 when the metric is in the category of Hospitalization or Emergency Department Visit Rate*

For more information on the rate data reported in the Mapping Medicare Disparities tool, please see the complete Technical Documentation.
For information on the denominator data from the Geographic Variation dataset, please see the complete Data Dictionary or Methodology.

Chronic Conditions - Mental Health and Substance Use Conditions

Data Background

The Mapping Medicare Disparities (MMD)Tool is an interactive web-based map identifying and understanding geographic areas of disparities in chronic diseases between subgroups of Medicare beneficiaries. The MMD Tool identifies disparities between sub-populations (e.g., racial and ethnic groups) in health outcomes, utilization, and spending. The MMD Tool also allows quality measure comparisons between different hospitals at the national, state/territory, or county level. The MMD Tool offers data on hospitalization, readmission, mortality, emergency department visit rates of various chronic conditions such as Alzheimer, dementia, asthma, breast, lung and prostate cancer, kidney disease, depression and more. For more information about the tool and data, please see the Mapping Medicare Disparities Technical Documentation.

Methodology

The rate data for this indicator are obtained from the Mapping Medicare Disparities data tool (2022) and the universe population data shown in the table are from Medicare Geographic Variation - by National, State & County (2021). The analysis population are all Medicare FFS beneficiaries. Indicator statistics or multi-county/state areas are summarized using the following formula:

Rate = [Medicare FFS beneficiaries Receiving Certain Services or in Certain Conditions] / [Medicare FFS beneficiaries] * 100*
**Using a multiplier of 1,000 when the metric is in the category of Hospitalization or Emergency Department Visit Rate*

For more information on the rate data reported in the Mapping Medicare Disparities tool, please see the complete Technical Documentation.
For information on the denominator data from the Geographic Variation dataset, please see the complete Data Dictionary or Methodology.

Chronic Conditions - Substance Use Disorder (Medicare Population)

Data Background

Centers for Medicare & Medicaid Services Chronic Conditions *Rate denominator:* Medicare Beneficiaries, Rate Calculated by Source

Methodology

Indicator percentages are acquired for 2007 - 2018 from Centers for Medicare and Medicaid Services (CMS) Chronic Conditions. The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data

for Medicare beneficiaries enrolled in the fee-for-service program. Beneficiaries who died during the year are included up to their date of death if they meet the other inclusion criteria. Chronic condition prevalence estimates are calculated by CMS by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. For more information and to view the original data, please visit the CMS Chronic Conditions web page.

Enrollment data are acquired for 2007 - 2018 from Centers for Medicare and Medicaid Services (CMS) Medicare Geographic Variation Public Use File. This CMS table has developed data that enables researchers and policy-makers to evaluate geographic variation in the utilization and quality of health care services for the Medicare fee-for-service population. data are aggregated into a Geographic Variation Public Use File that has demographic, spending, utilization, and quality indicators at the state level (including the District of Columbia, Puerto Rico, and the Virgin Islands), hospital referral region (HRR) level, and county level. For more information and to view the original data, please visit the CMS Medicare Geographic Variation web page.

Chronic Conditions - Opioid Use Disorder

Data Background

The Mapping Medicare Disparities (MMD)Tool is an interactive web-based map identifying and understanding geographic areas of disparities in chronic diseases between subgroups of Medicare beneficiaries. The MMD Tool identifies disparities between sub-populations (e.g., racial and ethnic groups) in health outcomes, utilization, and spending. The MMD Tool also allows quality measure comparisons between different hospitals at the national, state/territory, or county level. The MMD Tool offers data on hospitalization, readmission, mortality, emergency department visit rates of various chronic conditions such as Alzheimer, dementia, asthma, breast, lung and prostate cancer, kidney disease, depression and more. For more information about the tool and data, please see the Mapping Medicare Disparities Technical Documentation.

Methodology

The rate data for this indicator are obtained from the Mapping Medicare Disparities data tool (2022) and the universe population data shown in the table are from Medicare Geographic Variation - by National, State & County (2021). The analysis population are all Medicare FFS beneficiaries. Indicator statistics or multi-county/state areas are summarized using the following formula:

Rate = [Medicare FFS beneficiaries Receiving Certain Services or in Certain Conditions] / [Medicare FFS beneficiaries] * 100*
**Using a multiplier of 1,000 when the metric is in the category of Hospitalization or Emergency Department Visit Rate*

For more information on the rate data reported in the Mapping Medicare Disparities tool, please see the complete Technical Documentation.
For information on the denominator data from the Geographic Variation dataset, please see the complete Data Dictionary or Methodology.

Chronic Conditions - Multiple Chronic Conditions (Medicare Population)

Data Background

The Centers for Medicare & Medicaid Services (CMS), a branch of the Department of Health and Human Services (HHS), is the federal agency that runs the Medicare Program and monitors Medicaid programs offered by each state. Medicare is a type of federally-funded health insurance available to disabled persons and the population age 65 and older. CMS provides various data on the Medicare population based on claims and enrollment data.

Methodology

The rate of Medicare beneficiaries with multiple chronic conditions (MCC) is acquired for 2007 - 2019 from Centers for Medicare and Medicaid Services (CMS) Chronic Conditions Warehouse. Data are reported for Medicare Fee-for-Service Beneficiaries with two or more of the 21 standard chronic conditions. The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service

program. Beneficiaries who died during the year are included up to their date of death if they meet the other inclusion criteria. Prevalence is presented for MCC based upon counting the number of chronic conditions from the set of 21 chronic conditions and grouping into four categories (0-1, 2-3, 4-5, and 6 or more). Enrollment data are acquired for 2007 - 2019 from Centers for Medicare and Medicaid Services (CMS) Medicare Geographic Variation Public Use File. The rate of MCC prevalence is calculated by CMS by taking the beneficiaries with two or more conditions divided by the total number of beneficiaries in the fee-for-service population, expressed as a percentage. For more information and to view the original data, please visit the CMS Multiple Chronic Conditions web page.

This CMS table has developed data that enables researchers and policy-makers to better understand the burden and complexity of chronic conditions among Medicare beneficiaries and can be used to identify high risk Medicare beneficiaries. Data is presented for U.S. counties and U.S. states, including Washington, DC, Puerto Rico, and the U.S. Virgin Islands, and is available for the years 2007-2019.

Deaths of Despair (Suicide + Drug/Alcohol Poisoning)

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database and the Multiple Cause of Death database (for Opioid Overdose). Conditions were queried for years 2018-2022 based on a selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available from the World Health Organization.

Mortality rates were acquired from the source as crude rate. To calculate mortality rates for unique service areas and aggregated county groupings, the following formula was used:

Mortality Rate = 100,000 * SUM (Count of Deaths) / SUM(Total Population or Population of Specific Age/Race/Ethnicity Group).

The specific codes used for reported mortality indicators are listed below (notice that motor vehicle crash, firearm, and poisoning are listed as part of the injury mechanism for all kinds of deaths and thus are not related with any specific codes).

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary (Ischaemic) heart disease:I20-I25
- Chronic lower respiratory disease (lung disease): J40-J47
- Heart disease: I00-I09, I11, I13, I20-I51
- Intentional self-harm (suicide): U03, X60-X84, Y87.0
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86
- Influenza and pneumonia: J09-J18
- COVID-19: U07.1
- Influenza-like Illness (ILI): J09-J18,U07.1
- Opioid overdose: T40.0-T40.4
- Drug overdose (all substances): X40-X44,X60-X64,X85,Y10-Y14

Notes

Data Suppression

Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the 2022 data are released, all mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. For deaths in 2018-2022, mortality data are available by "single race" categories in three lists, with 6, 15 or 31 distinct options. CARES report data by 6 race categories (i.e., American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White.) Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Trends Over Time
Trends over time are produced using single-year mortality data from the CDC WONDER query system. Use caution when comparing single-year mortality rates with 5-year aggregate mortality rates. Trend data are available for states and for the total US; county-level data are not provided due to data suppression / low numerator counts.

Mortality - Cancer

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database and the Multiple Cause of Death database (for Opioid Overdose). Conditions were queried for years 2018-2022 based on a selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available from the World Health Organization.

Mortality rates were acquired from the source as crude rate. To calculate mortality rates for unique service areas and aggregated county groupings, the following formula was used:

Mortality Rate = 100,000 * SUM (Count of Deaths) / SUM(Total Population or Population of Specific Age/Race/Ethnicity Group).

The specific codes used for reported mortality indicators are listed below (notice that motor vehicle crash, firearm, and poisoning are listed as part of the injury mechanism for all kinds of deaths and thus are not related with any specific codes).

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary (Ischaemic) heart disease:I20-I25
- Chronic lower respiratory disease (lung disease): J40-J47
- Heart disease: I00-I09, I11, I13, I20-I51
- Intentional self-harm (suicide): U03, X60-X84, Y87.0
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86
- Influenza and pneumonia: J09-J18
- COVID-19: U07.1
- Influenza-like Illness (ILI): J09-J18,U07.1

- Opioid overdose: T40.0-T40.4
- Drug overdose (all substances): X40-X44,X60-X64,X85,Y10-Y14

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the 2022 data are released, all mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. For deaths in 2018-2022, mortality data are available by "single race" categories in three lists, with 6, 15 or 31 distinct options. CARES report data by 6 race categories (i.e., American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White.) Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Trends Over Time
Trends over time are produced using single-year mortality data from the CDC WONDER query system. Use caution when comparing single-year mortality rates with 5-year aggregate mortality rates. Trend data are available for states and for the total US; county-level data are not provided due to data suppression / low numerator counts.

Mortality - Coronary Heart Disease

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database and the Multiple Cause of Death database (for Opioid Overdose). Conditions were queried for years 2018-2022 based on a selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available from the World Health Organization.

Mortality rates were acquired from the source as crude rate. To calculate mortality rates for unique service areas and aggregated county groupings, the following formula was used:

Mortality Rate = 100,000 * SUM (Count of Deaths) / SUM(Total Population or Population of Specific Age/Race/Ethnicity Group).

The specific codes used for reported mortality indicators are listed below (notice that motor vehicle crash, firearm, and poisoning are listed as part of the injury mechanism for all kinds of deaths and thus are not related with any specific codes).

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary (Ischaemic) heart disease:I20-I25
- Chronic lower respiratory disease (lung disease): J40-J47
- Heart disease: I00-I09, I11, I13, I20-I51
- Intentional self-harm (suicide): U03, X60-X84, Y87.0

- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86
- Influenza and pneumonia: J09-J18
- COVID-19: U07.1
- Influenza-like Illness (ILI): J09-J18,U07.1
- Opioid overdose: T40.0-T40.4
- Drug overdose (all substances): X40-X44,X60-X64,X85,Y10-Y14

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the 2022 data are released, all mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. For deaths in 2018-2022, mortality data are available by "single race" categories in three lists, with 6, 15 or 31 distinct options. CARES report data by 6 race categories (i.e., American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White.) Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Trends Over Time
Trends over time are produced using single-year mortality data from the CDC WONDER query system. Use caution when comparing single-year mortality rates with 5-year aggregate mortality rates. Trend data are available for states and for the total US; county-level data are not provided due to data suppression / low numerator counts.

Mortality - Firearm

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database and the Multiple Cause of Death database (for Opioid Overdose). Conditions were queried for years 2018-2022 based on a selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available from the World Health Organization.

Mortality rates were acquired from the source as crude rate. To calculate mortality rates for unique service areas and aggregated county groupings, the following formula was used:

Mortality Rate = 100,000 * SUM (Count of Deaths) / SUM(Total Population or Population of Specific Age/Race/Ethnicity Group).

The specific codes used for reported mortality indicators are listed below (notice that motor vehicle crash, firearm, and poisoning are listed as part of the injury mechanism for all kinds of deaths and thus are not related with any specific codes).

- Assault (homicide): U01-U02, X85-Y09, Y87.1

- Cerebrovascular disease (stroke): I60-I69
- Coronary (Ischaemic) heart disease:I20-I25
- Chronic lower respiratory disease (lung disease): J40-J47
- Heart disease: I00-I09, I11, I13, I20-I51
- Intentional self-harm (suicide): U03, X60-X84, Y87.0
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86
- Influenza and pneumonia: J09-J18
- COVID-19: U07.1
- Influenza-like Illness (ILI): J09-J18,U07.1
- Opioid overdose: T40.0-T40.4
- Drug overdose (all substances): X40-X44,X60-X64,X85,Y10-Y14

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the 2022 data are released, all mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. For deaths in 2018-2022, mortality data are available by "single race" categories in three lists, with 6, 15 or 31 distinct options. CARES report data by 6 race categories (i.e., American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White.) Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Trends Over Time
Trends over time are produced using single-year mortality data from the CDC WONDER query system. Use caution when comparing single-year mortality rates with 5-year aggregate mortality rates. Trend data are available for states and for the total US; county-level data are not provided due to data suppression / low numerator counts.

Mortality - Heart Disease

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database and the Multiple Cause of Death database (for Opioid Overdose). Conditions were queried for years 2018-2022 based on a selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available from the World Health Organization.

Mortality rates were acquired from the source as crude rate. To calculate mortality rates for unique service areas and aggregated county groupings, the following formula was used:

Mortality Rate = 100,000 * SUM (Count of Deaths) / SUM(Total Population or Population of Specific Age/Race/Ethnicity

Group).

The specific codes used for reported mortality indicators are listed below (notice that motor vehicle crash, firearm, and poisoning are listed as part of the injury mechanism for all kinds of deaths and thus are not related with any specific codes).

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary (Ischaemic) heart disease:I20-I25
- Chronic lower respiratory disease (lung disease): J40-J47
- Heart disease: I00-I09, I11, I13, I20-I51
- Intentional self-harm (suicide): U03, X60-X84, Y87.0
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86
- Influenza and pneumonia: J09-J18
- COVID-19: U07.1
- Influenza-like Illness (ILI): J09-J18,U07.1
- Opioid overdose: T40.0-T40.4
- Drug overdose (all substances): X40-X44,X60-X64,X85,Y10-Y14

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the 2022 data are released, all mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. For deaths in 2018-2022, mortality data are available by "single race" categories in three lists, with 6, 15 or 31 distinct options. CARES report data by 6 race categories (i.e., American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White.) Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Trends Over Time
Trends over time are produced using single-year mortality data from the CDC WONDER query system. Use caution when comparing single-year mortality rates with 5-year aggregate mortality rates. Trend data are available for states and for the total US; county-level data are not provided due to data suppression / low numerator counts.

Mortality - Homicide

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database and the Multiple Cause of Death database (for Opioid Overdose). Conditions were queried for years 2018-2022 based on a selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available

from the World Health Organization.

Mortality rates were acquired from the source as crude rate. To calculate mortality rates for unique service areas and aggregated county groupings, the following formula was used:

Mortality Rate = 100,000 * SUM (Count of Deaths) / SUM(Total Population or Population of Specific Age/Race/Ethnicity Group).

The specific codes used for reported mortality indicators are listed below (notice that motor vehicle crash, firearm, and poisoning are listed as part of the injury mechanism for all kinds of deaths and thus are not related with any specific codes).

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary (Ischaemic) heart disease:I20-I25
- Chronic lower respiratory disease (lung disease): J40-J47
- Heart disease: I00-I09, I11, I13, I20-I51
- Intentional self-harm (suicide): U03, X60-X84, Y87.0
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86
- Influenza and pneumonia: J09-J18
- COVID-19: U07.1
- Influenza-like Illness (ILI): J09-J18,U07.1
- Opioid overdose: T40.0-T40.4
- Drug overdose (all substances): X40-X44,X60-X64,X85,Y10-Y14

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the 2022 data are released, all mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. For deaths in 2018-2022, mortality data are available by "single race" categories in three lists, with 6, 15 or 31 distinct options. CARES report data by 6 race categories (i.e., American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White.) Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Trends Over Time
Trends over time are produced using single-year mortality data from the CDC WONDER query system. Use caution when comparing single-year mortality rates with 5-year aggregate mortality rates. Trend data are available for states and for the total US; county-level data are not provided due to data suppression / low numerator counts.

Mortality - Influenza & Pneumonia

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database and the Multiple Cause of Death database (for Opioid Overdose). Conditions were queried for years 2018-2022 based on a selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available from the World Health Organization.

Mortality rates were acquired from the source as crude rate. To calculate mortality rates for unique service areas and aggregated county groupings, the following formula was used:

Mortality Rate = 100,000 * SUM (Count of Deaths) / SUM(Total Population or Population of Specific Age/Race/Ethnicity Group).

The specific codes used for reported mortality indicators are listed below (notice that motor vehicle crash, firearm, and poisoning are listed as part of the injury mechanism for all kinds of deaths and thus are not related with any specific codes).

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary (Ischaemic) heart disease:I20-I25
- Chronic lower respiratory disease (lung disease): J40-J47
- Heart disease: I00-I09, I11, I13, I20-I51
- Intentional self-harm (suicide): U03, X60-X84, Y87.0
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86
- Influenza and pneumonia: J09-J18
- COVID-19: U07.1
- Influenza-like Illness (ILI): J09-J18,U07.1
- Opioid overdose: T40.0-T40.4
- Drug overdose (all substances): X40-X44,X60-X64,X85,Y10-Y14

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the 2022 data are released, all mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. For deaths in 2018-2022, mortality data are available by "single race" categories in three lists, with 6, 15 or 31 distinct options. CARES report data by 6 race categories (i.e., American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White.) Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Trends Over Time
Trends over time are produced using single-year mortality data from the CDC WONDER query system. Use caution when comparing single-year mortality rates with 5-year aggregate mortality rates. Trend data are available for states and for the total US; county-level data are not provided due to data suppression / low numerator counts.

Mortality - Life Expectancy

Data Background

The County Health Rankings & Roadmaps (CHR&R) program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. CHR&R provides data, evidence, guidance, and

examples in order to build awareness of the multiple factors that influence health and connect community leaders working to improve health and equity. The annual County Health Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every U.S. county. The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. CHR&R offers many pathways for self-directed and peer learning, web-based content, and virtual interactive forums that are designed to accelerate learning and action in communities to help build healthier communities and advance equity. To learn more, visit countyhealthrankings.org.

Methodology

Life expectancy data was acquired from the University of Wisconsin's County Health Rankings (CHR). This measure represents the average number of years a person can expect to live. CHR uses 2019 - 2021 three-year averages from the National Vital Statistic System (NVSS) as the basis for their calculation. NVSS data are compiled from state birth and death records and maintained by the Centers for Disease Control and Prevention. For more information, please review the County Health Rankings Life Expectancy indicator information.

Notes

Race and Ethnicity
For some measures, County Health Rankings provides disaggregated data by combined race and ethnicity within the county snapshot. The 2024 County Health Rankings adheres to the definition by The Office of Management and Budget (OMB) and reports for the following categories: Non-Hispanic American Indian & Alaska Native, Non-Hispanic Asian, Non-Hispanic Black, Hispanic, Non-Hispanic Native Hawaiian or Other Pacific Islander, Non-Hispanic Two or More Races, and Non-Hispanic White. Data for all racial/ethnic groups may not be available for all measures or counties.
For more information, please review the County Health Rankings how CHR&R shares available data to understand the health of racialized groups of people.

Mortality - Life Expectancy

Data Background

The Institute for Health Metrics and Evaluation (IHME) is an independent population health research center at UW Medicine, part of the University of Washington, that provides rigorous and comparable measurement of the world's most important health problems and evaluates the strategies used to address them. IHME makes this information freely available so that policymakers have the evidence they need to make informed decisions about how to allocate resources to best improve population health.

Methodology

This indicator displays average life expectancy by county. Data are estimates produced by the Institute for Health Metrics and Evaluation (IHME) using small area estimation methods. The IHME dataset provides estimates for life expectancy at birth and mortality risk for under-5 and 20-year age groups at the county level for each state, the District of Columbia, and the United States and by racial/ethnic group, for each year between 2000-2019, as well as the changes in life expectancy and mortality risk for each location during this period. Data is retrieved from *United States Mortality Rates and Life Expectancy by County, Race, and Ethnicity 2000-2019*. Results of the study were published in the Lancet in June 2022 in *Life expectancy by county, race, and ethnicity in the USA, 2000–19: a systematic analysis of health disparities*.

Mortality - All Cause Mortality

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database. Data were acquired for all-cause mortality and for mortality for the top 15 causes of death for years 2018-2021. The leading causes of death, also called the rankable causes are a subset of the 113 selected causes of death selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available from the World Health Organization.

Mortality rates were acquired from the source. For the 2018-2021 period, the following are listed as the top causes of death for the United States: .

- #Diseases of heart (I00-I09,I11,I13,I20-I51)
- #Malignant neoplasms (cancer) (C00-C97)
- #COVID-19 (U07.1)
- #Accidents (unintentional injuries) (V01-X59,Y85-Y86)
- #Cerebrovascular diseases (stroke) (I60-I69)
- #Chronic lower respiratory diseases (J40-J47)
- #Alzheimer disease (G30)
- #Diabetes mellitus (E10-E14)
- #Nephritis, nephrotic syndrome and nephrosis (kidney disease) (N00-N07,N17-N19,N25-N27)
- #Influenza and pneumonia (J09-J18)
- #Chronic liver disease and cirrhosis (K70,K73-K74)
- #Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)
- #Septicemia (A40-A41)
- #Essential hypertension and hypertensive renal disease (I10,I12,I15)
- #Parkinson disease (G20-G21)

For more information, please refer to the CDC WONDER Underlying Cause of Death documentation.

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. The 2018-2021 mortality data by single race calculates race-specific rates for six race categories: American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White. All mortality statistics from the CDC WONDER databases are available by race alone, ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Mortality - Life Expectancy (Census Tract)

Data Background

The U.S. Small-area Life Expectancy Estimates Project (USALEEP) is a partnership of NCHS, the Robert Wood Johnson Foundation (RWJF), and the National Association for Public Health Statistics and Information Systems (NAPHSIS) to produce a new measure of health for where you live. The USALEEP project produced estimates of life expectancy at birth—the average number of years a person can expect to live—for most of the census tracts in the United States for the period 2010-2015.

Methodology

This indicator reports the life expectancy at birth for the 6-year period 2010-2015. More for information about this layer and the abridged period life tables used to estimate census-tract life expectancy, please see the methodology developed for this project and described in the report:

Arias E, Escobedo LA, Kennedy J, Fu C, Cisewski J. U.S. Small-area Life Expectancy Estimates Project: Methodology and Results Summary. National Center for Health Statistics. Vital Health Stat 2(181). 2018.

Mortality - Liver Disease

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database and the Multiple Cause of Death database (for Opioid Overdose). Conditions were queried for years 2018-2022 based on a selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available from the World Health Organization.

Mortality rates were acquired from the source as crude rate. To calculate mortality rates for unique service areas and aggregated county groupings, the following formula was used:

Mortality Rate = 100,000 * SUM (Count of Deaths) / SUM(Total Population or Population of Specific Age/Race/Ethnicity Group).

The specific codes used for reported mortality indicators are listed below (notice that motor vehicle crash, firearm, and poisoning are listed as part of the injury mechanism for all kinds of deaths and thus are not related with any specific codes).

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary (Ischaemic) heart disease:I20-I25
- Chronic lower respiratory disease (lung disease): J40-J47
- Heart disease: I00-I09, I11, I13, I20-I51
- Intentional self-harm (suicide): U03, X60-X84, Y87.0
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86
- Influenza and pneumonia: J09-J18
- COVID-19: U07.1
- Influenza-like Illness (ILI): J09-J18,U07.1
- Opioid overdose: T40.0-T40.4
- Drug overdose (all substances): X40-X44,X60-X64,X85,Y10-Y14

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the 2022 data are released, all

mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. For deaths in 2018-2022, mortality data are available by "single race" categories in three lists, with 6, 15 or 31 distinct options. CARES report data by 6 race categories (i.e., American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White.) Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Trends Over Time
Trends over time are produced using single-year mortality data from the CDC WONDER query system. Use caution when comparing single-year mortality rates with 5-year aggregate mortality rates. Trend data are available for states and for the total US; county-level data are not provided due to data suppression / low numerator counts.

Mortality - Lung Disease

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database and the Multiple Cause of Death database (for Opioid Overdose). Conditions were queried for years 2018-2022 based on a selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available from the World Health Organization.

Mortality rates were acquired from the source as crude rate. To calculate mortality rates for unique service areas and aggregated county groupings, the following formula was used:

Mortality Rate = 100,000 * SUM (Count of Deaths) / SUM(Total Population or Population of Specific Age/Race/Ethnicity Group).

The specific codes used for reported mortality indicators are listed below (notice that motor vehicle crash, firearm, and poisoning are listed as part of the injury mechanism for all kinds of deaths and thus are not related with any specific codes).

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary (Ischaemic) heart disease:I20-I25
- Chronic lower respiratory disease (lung disease): J40-J47
- Heart disease: I00-I09, I11, I13, I20-I51
- Intentional self-harm (suicide): U03, X60-X84, Y87.0
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86
- Influenza and pneumonia: J09-J18
- COVID-19: U07.1
- Influenza-like Illness (ILI): J09-J18,U07.1
- Opioid overdose: T40.0-T40.4
- Drug overdose (all substances): X40-X44,X60-X64,X85,Y10-Y14

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of

cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the 2022 data are released, all mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. For deaths in 2018-2022, mortality data are available by "single race" categories in three lists, with 6, 15 or 31 distinct options. CARES report data by 6 race categories (i.e., American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White.) Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Trends Over Time
Trends over time are produced using single-year mortality data from the CDC WONDER query system. Use caution when comparing single-year mortality rates with 5-year aggregate mortality rates. Trend data are available for states and for the total US; county-level data are not provided due to data suppression / low numerator counts.

Mortality - Motor Vehicle Crash (NVSS)

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database and the Multiple Cause of Death database (for Opioid Overdose). Conditions were queried for years 2018-2022 based on a selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available from the World Health Organization.

Mortality rates were acquired from the source as crude rate. To calculate mortality rates for unique service areas and aggregated county groupings, the following formula was used:

Mortality Rate = 100,000 * SUM (Count of Deaths) / SUM(Total Population or Population of Specific Age/Race/Ethnicity Group).

The specific codes used for reported mortality indicators are listed below (notice that motor vehicle crash, firearm, and poisoning are listed as part of the injury mechanism for all kinds of deaths and thus are not related with any specific codes).

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary (Ischaemic) heart disease:I20-I25
- Chronic lower respiratory disease (lung disease): J40-J47
- Heart disease: I00-I09, I11, I13, I20-I51
- Intentional self-harm (suicide): U03, X60-X84, Y87.0
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86
- Influenza and pneumonia: J09-J18
- COVID-19: U07.1
- Influenza-like Illness (ILI): J09-J18,U07.1
- Opioid overdose: T40.0-T40.4

- Drug overdose (all substances): X40-X44,X60-X64,X85,Y10-Y14

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the 2022 data are released, all mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. For deaths in 2018-2022, mortality data are available by "single race" categories in three lists, with 6, 15 or 31 distinct options. CARES report data by 6 race categories (i.e., American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White.) Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Trends Over Time
Trends over time are produced using single-year mortality data from the CDC WONDER query system. Use caution when comparing single-year mortality rates with 5-year aggregate mortality rates. Trend data are available for states and for the total US; county-level data are not provided due to data suppression / low numerator counts.

Mortality - Motor Vehicle Crash (NHTSA)

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 travelling 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 are acquired using the Fatality Analysis Reporting System (FARS) FTP Site raw data files. Fatalities for all crashes are analyzed at the address-level and aggregated to the report area-level (e.g., county; state) for the latest 3-year period to obtain a total fatality count. Fatal crash death figures include fatalities for all persons involved, including the driver, passenger, and persons not in motor-vehicles (including those on personal conveyances such as bicycles, scooters, or skateboards). Fatality counts are based on the location of the crash, and not the decedent's county of residence. Population data are acquired from the U.S. Census Bureau's 2020 decennial census. Mortality rates are reported based on the average annual fatalities per 100,000 population using the following formula:

Mortality Rate = [Average Annual Deaths] / [Total Population] * 100,000.

For more information, please see the complete FARS Analytical User's Manual.

Mortality - Motor Vehicle Crash, Alcohol-Involved

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 travelling 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 are acquired using the Fatality Analysis Reporting System (FARS) FTP Site raw data files. Fatalities for alcohol-involved crashes are analyzed at the address-level and aggregated to the report area-level (e.g., county; state) for the latest 5-year period to obtain a total fatality count. Alcohol-involved death figures include fatalities for all persons involved, including the driver, passenger, and persons not in motor-vehicles (including those on personal conveyances such as bicycles, scooters, or skateboards). Fatality counts are based on the location of the crash, and not the decedent's county of residence. Population data are acquired from the U.S. Census Bureau's 2020 decennial census. Mortality rates are reported based on the average annual fatalities per 100,000 population using the following formula:

Mortality Rate = [Average Annual Deaths] / [Total Population] * 100,000.

For more information, please see the complete FARS Analytical User's Manual.

Mortality - Motor Vehicle Crash, Pedestrian

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 travelling 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 are acquired using the Fatality Analysis Reporting System (FARS) FTP Site raw data files. Fatalities for pedestrians are analyzed at the address-level and aggregated to the report area-level (e.g., county; state) for the latest 5-year period to obtain a total fatality count. Pedestrian death figures include fatalities for all persons not in motor-vehicles (including those on personal conveyances such as bicycles, scooters, or skateboards). Fatality counts are based on the location of the crash, and not the decedent's county of residence. Population data are acquired from the U.S. Census Bureau's 2020 decennial census. Pedestrian mortality rates are reported based on the average annual fatalities per 100,000 population using the following formula:

Mortality Rate = [Average Annual Deaths] / [Total Population] * 100,000.

For more information, please see the complete FARS Analytical User's Manual.

Mortality - Drug Overdose (All Substances)

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database and the Multiple Cause of Death database (for Opioid Overdose). Conditions were queried for years 2018-2022 based on a selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available from the World Health Organization.

Mortality rates were acquired from the source as crude rate. To calculate mortality rates for unique service areas and aggregated county groupings, the following formula was used:

Mortality Rate = 100,000 * SUM (Count of Deaths) / SUM(Total Population or Population of Specific Age/Race/Ethnicity Group).

The specific codes used for reported mortality indicators are listed below (notice that motor vehicle crash, firearm, and poisoning are listed as part of the injury mechanism for all kinds of deaths and thus are not related with any specific codes).

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary (Ischaemic) heart disease:I20-I25
- Chronic lower respiratory disease (lung disease): J40-J47
- Heart disease: I00-I09, I11, I13, I20-I51
- Intentional self-harm (suicide): U03, X60-X84, Y87.0
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86
- Influenza and pneumonia: J09-J18
- COVID-19: U07.1
- Influenza-like Illness (ILI): J09-J18,U07.1
- Opioid overdose: T40.0-T40.4
- Drug overdose (all substances): X40-X44,X60-X64,X85,Y10-Y14

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the 2022 data are released, all mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. For deaths in 2018-2022, mortality data are available by "single race" categories in three lists, with 6, 15 or 31 distinct options. CARES report data by 6 race categories (i.e., American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White.) Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Trends Over Time
Trends over time are produced using single-year mortality data from the CDC WONDER query system. Use caution when comparing single-year mortality rates with 5-year aggregate mortality rates. Trend data are available for states and for the total US; county-level data are not provided due to data suppression / low numerator counts.

Mortality - Opioid Overdose

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database and the Multiple Cause of Death database (for Opioid Overdose). Conditions were queried for years 2018-2022 based on a selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available from the World Health Organization.

Mortality rates were acquired from the source as crude rate. To calculate mortality rates for unique service areas and aggregated county groupings, the following formula was used:

Mortality Rate = 100,000 * SUM (Count of Deaths) / SUM(Total Population or Population of Specific Age/Race/Ethnicity Group).

The specific codes used for reported mortality indicators are listed below (notice that motor vehicle crash, firearm, and poisoning are listed as part of the injury mechanism for all kinds of deaths and thus are not related with any specific codes).

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary (Ischaemic) heart disease:I20-I25
- Chronic lower respiratory disease (lung disease): J40-J47
- Heart disease: I00-I09, I11, I13, I20-I51
- Intentional self-harm (suicide): U03, X60-X84, Y87.0
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86
- Influenza and pneumonia: J09-J18
- COVID-19: U07.1
- Influenza-like Illness (ILI): J09-J18,U07.1
- Opioid overdose: T40.0-T40.4
- Drug overdose (all substances): X40-X44,X60-X64,X85,Y10-Y14

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the 2022 data are released, all mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. For deaths in 2018-2022, mortality data are available by "single race" categories in three lists, with 6, 15 or 31 distinct options. CARES report data by 6 race categories (i.e., American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White.) Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Trends Over Time
Trends over time are produced using single-year mortality data from the CDC WONDER query system. Use caution when comparing single-year mortality rates with 5-year aggregate mortality rates. Trend data are available for states and for the total US; county-level data are not provided due to data suppression / low numerator counts.

Mortality - Poisoning

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database and the Multiple Cause of Death database (for Opioid Overdose). Conditions were queried for years 2018-2022 based on a selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available from the World Health Organization.

Mortality rates were acquired from the source as crude rate. To calculate mortality rates for unique service areas and aggregated county groupings, the following formula was used:

Mortality Rate = 100,000 * SUM (Count of Deaths) / SUM(Total Population or Population of Specific Age/Race/Ethnicity Group).

The specific codes used for reported mortality indicators are listed below (notice that motor vehicle crash, firearm, and poisoning are listed as part of the injury mechanism for all kinds of deaths and thus are not related with any specific codes).

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary (Ischaemic) heart disease:I20-I25
- Chronic lower respiratory disease (lung disease): J40-J47
- Heart disease: I00-I09, I11, I13, I20-I51
- Intentional self-harm (suicide): U03, X60-X84, Y87.0
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86
- Influenza and pneumonia: J09-J18
- COVID-19: U07.1
- Influenza-like Illness (ILI): J09-J18,U07.1
- Opioid overdose: T40.0-T40.4
- Drug overdose (all substances): X40-X44,X60-X64,X85,Y10-Y14

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the 2022 data are released, all mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and

Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. For deaths in 2018-2022, mortality data are available by "single race" categories in three lists, with 6, 15 or 31 distinct options. CARES report data by 6 race categories (i.e., American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White.) Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Trends Over Time
Trends over time are produced using single-year mortality data from the CDC WONDER query system. Use caution when comparing single-year mortality rates with 5-year aggregate mortality rates. Trend data are available for states and for the total US; county-level data are not provided due to data suppression / low numerator counts.

Mortality - Premature Death

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

Years of potential life lost (YPLL) data are 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 2019 - 2021 three-year averages from the National Vital Statistic System (NVSS) as the basis for their calculation. NVSS data are compiled from state death records and maintained by the Centers for Disease Control and Prevention. Age-stratified NVSS data are used to calculate the total years of potential life lost to all persons under age 75, by county, using the following formula:

YPLL = [75 * (Number of Deaths Under Age 75)] - [SUM (Age at Death)]

To further illustrate, a person dying at age 50 would contribute 25 years of life lost to the YPLL index. YPLL is age-adjusted to the 2000 U.S. population to allow comparison between counties and is reported as a rate per 100,000 people. For more information, please review the County Health Rankings Premature Death indicator information.

Notes

Race and Ethnicity
For some measures, County Health Rankings provides disaggregated data by combined race and ethnicity within the county snapshot. The 2024 County Health Rankings adheres to the definition by The Office of Management and Budget (OMB) and reports for the following categories: Non-Hispanic American Indian & Alaska Native, Non-Hispanic Asian, Non-Hispanic Black, Hispanic, Non-Hispanic Native Hawaiian or Other Pacific Islander, Non-Hispanic Two or More Races, and Non-Hispanic White. Data for all racial/ethnic groups may not be available for all measures or counties.
For more information, please review the County Health Rankings how CHR&R shares available data to understand the health of racialized groups of people.

Mortality - Stroke

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database and the Multiple Cause of Death database (for Opioid Overdose). Conditions were queried for years 2018-2022 based on a selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available from the World Health Organization.

Mortality rates were acquired from the source as crude rate. To calculate mortality rates for unique service areas and aggregated county groupings, the following formula was used:

Mortality Rate = 100,000 * SUM (Count of Deaths) / SUM(Total Population or Population of Specific Age/Race/Ethnicity Group).

The specific codes used for reported mortality indicators are listed below (notice that motor vehicle crash, firearm, and poisoning are listed as part of the injury mechanism for all kinds of deaths and thus are not related with any specific codes).

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary (Ischaemic) heart disease:I20-I25
- Chronic lower respiratory disease (lung disease): J40-J47
- Heart disease: I00-I09, I11, I13, I20-I51
- Intentional self-harm (suicide): U03, X60-X84, Y87.0
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86
- Influenza and pneumonia: J09-J18
- COVID-19: U07.1
- Influenza-like Illness (ILI): J09-J18,U07.1
- Opioid overdose: T40.0-T40.4
- Drug overdose (all substances): X40-X44,X60-X64,X85,Y10-Y14

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the 2022 data are released, all mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. For deaths in 2018-2022, mortality data are available by "single race" categories in three lists, with 6, 15 or 31 distinct options. CARES report data by 6 race categories (i.e., American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White.) Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Trends Over Time
Trends over time are produced using single-year mortality data from the CDC WONDER query system. Use caution when comparing single-year mortality rates with 5-year aggregate mortality rates. Trend data are available for states and for the total US; county-level data are not provided due to data suppression / low numerator counts.

Mortality - Suicide

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital

Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database and the Multiple Cause of Death database (for Opioid Overdose). Conditions were queried for years 2018-2022 based on a selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available from the World Health Organization.

Mortality rates were acquired from the source as crude rate. To calculate mortality rates for unique service areas and aggregated county groupings, the following formula was used:

Mortality Rate = 100,000 * SUM (Count of Deaths) / SUM(Total Population or Population of Specific Age/Race/Ethnicity Group).

The specific codes used for reported mortality indicators are listed below (notice that motor vehicle crash, firearm, and poisoning are listed as part of the injury mechanism for all kinds of deaths and thus are not related with any specific codes).

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary (Ischaemic) heart disease:I20-I25
- Chronic lower respiratory disease (lung disease): J40-J47
- Heart disease: I00-I09, I11, I13, I20-I51
- Intentional self-harm (suicide): U03, X60-X84, Y87.0
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86
- Influenza and pneumonia: J09-J18
- COVID-19: U07.1
- Influenza-like Illness (ILI): J09-J18,U07.1
- Opioid overdose: T40.0-T40.4
- Drug overdose (all substances): X40-X44,X60-X64,X85,Y10-Y14

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the 2022 data are released, all mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. For deaths in 2018-2022, mortality data are available by "single race" categories in three lists, with 6, 15 or 31 distinct options. CARES report data by 6 race categories (i.e., American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White.) Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Trends Over Time
Trends over time are produced using single-year mortality data from the CDC WONDER query system. Use caution when comparing single-year mortality rates with 5-year aggregate mortality rates. Trend data are available for states and for the total US; county-level data are not provided due to data suppression / low numerator counts.

Mortality - Unintentional Injury (Accident)

Data Background

The Division of Vital Statistics is a branch of the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) responsible for maintaining birth and death records for the nation. Data are compiled for the National Vital Statistics System (NVSS) through a joint effort between the NCHS and various state and local health agencies, who are responsible for registering vital events – births, deaths, marriages, divorces, and fetal deaths. NVSS statistics are released annually in various data warehouses, including CDC WONDER , VitalStats, and the Health Indicator Warehouse .

Methodology

County population figures and death statistics are acquired using CDC WONDER from the Underlying Cause of Death database and the Multiple Cause of Death database (for Opioid Overdose). Conditions were queried for years 2018-2022 based on a selection of codes from the International Classification of Diseases (ICD) 10th revision. The ICD-10 is the current global health information standard for mortality and morbidity statistics. The ICD has been maintained by the World Health Organization since its conception in 1948. A searchable, detailed list of current ICD-10 Codes (Version 2019) is available from the World Health Organization.

Mortality rates were acquired from the source as crude rate. To calculate mortality rates for unique service areas and aggregated county groupings, the following formula was used:

Mortality Rate = 100,000 * SUM (Count of Deaths) / SUM(Total Population or Population of Specific Age/Race/Ethnicity Group).

The specific codes used for reported mortality indicators are listed below (notice that motor vehicle crash, firearm, and poisoning are listed as part of the injury mechanism for all kinds of deaths and thus are not related with any specific codes).

- Assault (homicide): U01-U02, X85-Y09, Y87.1
- Cerebrovascular disease (stroke): I60-I69
- Coronary (Ischaemic) heart disease:I20-I25
- Chronic lower respiratory disease (lung disease): J40-J47
- Heart disease: I00-I09, I11, I13, I20-I51
- Intentional self-harm (suicide): U03, X60-X84, Y87.0
- Malignant neoplasm (cancer): C00-C97
- Unintentional injury (accident): V01-X59, Y85-Y86
- Influenza and pneumonia: J09-J18
- COVID-19: U07.1
- Influenza-like Illness (ILI): J09-J18,U07.1
- Opioid overdose: T40.0-T40.4
- Drug overdose (all substances): X40-X44,X60-X64,X85,Y10-Y14

Notes

Data Suppression
Suppression is used to avoid misinterpretation when rates are unstable. Data are suppressed when the total number of cases is less than 10 (for each county/cause of death/population group) over the time period monitored. Rates should be considered unreliable when calculated with a numerator (number of cases) less than 20.

Race and Ethnicity
Race and ethnicity (Hispanic origin) are collected as two separate categories by state vital statistics registries based on methods established by the U.S. Office of Management and Budget (OMB) in 1997. Before the 2022 data are released, all mortality statistics from the CDC WONDER databases are available by race alone (White, Black, Amer. Indian/AK Native, and Asian) ethnicity alone (Hispanic, Non-Hispanic), or by combined race and ethnicity. For deaths in 2018-2022, mortality data are available by "single race" categories in three lists, with 6, 15 or 31 distinct options. CARES report data by 6 race categories (i.e., American Indian or Alaska Native (AIAN); Asian; Black or African American; More than one race; Native Hawaiian or Other Pacific Islander (NHOPI); White.) Data are reported here in combination, and thus may be subject to higher suppression than if reported separately.

Trends Over Time

Trends over time are produced using single-year mortality data from the CDC WONDER query system. Use caution when comparing single-year mortality rates with 5-year aggregate mortality rates. Trend data are available for states and for the total US; county-level data are not provided due to data suppression / low numerator counts.

Obesity

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 publicly 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). (2021).

Methodology

Data for the total adult population and the estimated population with inadequate physical activity are acquired from the County Level Estimates of Diagnosed Diabetes, a service of the Centers for Disease Control and Prevention's National Diabetes Surveillance Program. Diabetes and other risk factor prevalence is estimated using the following formula:

Percent Prevalence = [Risk Factor Population] / [Total Population] * 100.

All data are estimates modelled by the CDC using the methods described below:

Data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and from the U.S. Census Bureau's Population Estimates Program were used to obtain county-level estimates of diagnosed diabetes, newly diagnosed diabetes, obesity, and physical inactivity. The BRFSS is an ongoing, monthly, state-based telephone survey of the adult population aged 18 years or older that provides state-specific information on behavioral risk factors and preventive health practices. Respondents were considered to have diagnosed 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 diagnosed diabetes. People who reported having diagnosed diabetes were then asked at what age they were diagnosed. Responders were considered to have been diagnosed with diabetes in the last year if they reported having diagnosed diabetes and the difference between their age at the time of the survey and the age they provided to the question, "How old were you when you were told you have diabetes?" was less than one. If the difference was between one year and two years, the person was weighted as half a newly diagnosed case. Respondents were considered obese if their body mass index was 30 or greater. Body mass index (weight [kg]/height [m]2) was derived from self-report of height and weight. Respondents were considered to be physically inactive if they answered "no" to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Three years of data were used to improve the precision of the year-specific county-level estimates of diagnosed diabetes and selected risk factors. For example, 2003, 2004, and 2005 were used for the 2004 estimate. 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.

County-level estimates for the over 3,100 counties or county equivalents (e.g., parish, borough, municipality) in the 50 US states and the District of Columbia (DC) were based on indirect model-dependent estimates using Bayesian multilevel modeling techniques. This model-dependent approach uses a statistical model that "borrows strength" (a.k.a., Small Area Estimation) in making an estimate for one county from BRFSS data collected in other counties. For incidence rates of newly diagnosed diabetes, multilevel binomial regression models with random effects of demographic variables at the county level were developed. County-level prevalence was based on design-assisted model-based estimates using the power prior log-weights (PLOW) technique developed by Xie et al. Unique PLOW advantages include 1) using single-year BRFSS data rather combining years; 2) inclusion of historical data to define informative priors (power prior); 3) the integration of adjusted sample weights to account for BRFSS' complex survey design; and 4) more timely estimates with smaller variance. Estima

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Poor Dental Health - Teeth Loss

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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of respondents age 65 years and older who report having lost all of their natural teeth because of tooth decay or gum disease. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Poor or Fair 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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the number and percentage of adults age 18 and older who self-report their general health status as “fair” or “poor.” Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Poor Mental Health - Days

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

"... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households." *Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. Overview: BRFSS 2010*.

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC and tabulated into county estimates by the BRFSS analysis team. Beginning with the 2016 County Health Rankings, the CDC produces county estimates using single-year BRFSS data and a multilevel modeling approach based on respondent answers and their age, sex, and race/ethnicity, combined with county-level poverty, as well as county- and state-level contextual effects. To produce estimates for those counties where there were no or limited data, the modeling approach borrowed information from the entire BRFSS sample as well as Census Vintage 2014 population estimates. CDC used a parametric bootstrapping method to produce standard errors and confidence intervals for those point estimates. This estimation methodology was validated for all U.S. counties, including those with no or small (<50 respondents) samples.

Methodology

Indicator percentages are acquired for year 2021 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, accessible through the University of Wisconsin's County Health Rankings. Indicator data are generated based on valid responses to the following question:

"Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

The value reported in the CHR is the average number of days a county's adult respondents report that their mental health was not good. The measure is age-adjusted to the 2000 US population. 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 single-year estimates displayed here, please visit the Poor Mental Health Days indicator information.

Poor Mental 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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their mental health was not good. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States

before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Poor Physical Health - Days

Data Background

The Behavioral Risk Factor Surveillance System (BRFSS) is

"... a collaborative project of the Centers for Disease Control and Prevention (CDC) and U.S. states and territories. The BRFSS, administered and supported by CDC's Behavioral Risk Factor Surveillance Branch, is an ongoing data collection program designed to measure behavioral risk factors for the adult population (18 years of age or older) living in households." *Citation: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. Overview: BRFSS 2010*.

The health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC and tabulated into county estimates by the BRFSS analysis team. Beginning with the 2016 County Health Rankings, the CDC produces county estimates using single-year BRFSS data and a multilevel modeling approach based on respondent answers and their age, sex, and race/ethnicity, combined with county-level poverty, as well as county- and state-level contextual effects. To produce estimates for those counties where there were no or limited data, the modeling approach borrowed information from the entire BRFSS sample as well as Census Vintage 2014 population estimates. CDC used a parametric bootstrapping method to produce standard errors and confidence intervals for those point estimates. This estimation methodology was validated for all U.S. counties, including those with no or small (<50 respondents) samples.

Methodology

Indicator percentages are acquired for year 2021 from Behavioral Risk Factor Surveillance System (BRFSS) prevalence data, accessible through the University of Wisconsin's County Health Rankings. Indicator data are generated based on valid responses to the following question:

"Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"

The value reported the average number of days a county's adult respondents report that their physical health was not good. The measure is age-adjusted to the 2000 US population. 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 single-year estimates displayed here, please visit the Poor Physical Health Days indicator information.

Poor Physical 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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF)

and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their physical health was not good. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Stroke (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 health characteristics estimated from the BRFSS include data pertaining to health behaviors, chronic conditions, access and utilization of healthcare, and general health. Surveys are administered to populations at the state level and then delivered to the CDC. BRFSS annual survey data are publicly available and maintained on the CDC's BRFSS Annual Survey Data web page.

The PLACES Project is an expansion of the original 500 Cities Project that began in 2015. The original project was launched by the Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation (RWJF) and CDC Foundation. In 2018, this partnership was extended through 2020. In 2020, the project expanded to provide small area estimates (SAE) for counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States.

Methodology

This indicator reports the number and percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke. Values are age-adjusted to the year 2000 U.S. standard. The geographic coverage of this indicator has extended from only the census tracts within the top 500 most populous cities in the United States before 2020 (as in the 500 Cities Project) to all counties, places, census tracts, and ZIP Code Tabulation Areas (ZCTA) across the entire United States ever since 2020 (as in the current PLACES project). Values are small-area estimates modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS) annual survey data files. Data are made available by the Centers for Disease Control and Prevention (CDC) through the PLACES: Local Data for Better Health project. For more information about this indicator, check out the indicator methodology page.

Stroke (Medicare Population)

Data Background

Centers for Medicare & Medicaid Services Chronic Conditions *Rate denominator:* Medicare Beneficiaries, Rate Calculated by Source

Methodology

Indicator percentages are acquired for 2007 - 2018 from Centers for Medicare and Medicaid Services (CMS) Chronic Conditions. The data used in the chronic condition reports are based upon CMS administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Beneficiaries who died during the year are included up to their date of death if they meet the other inclusion criteria. Chronic condition prevalence estimates are calculated by

CMS by taking the beneficiaries with a particular condition divided by the total number of beneficiaries in our fee-for-service population, expressed as a percentage. For more information and to view the original data, please visit the CMS Chronic Conditions web page.

Enrollment data are acquired for 2007 - 2018 from Centers for Medicare and Medicaid Services (CMS) Medicare Geographic Variation Public Use File. This CMS table has developed data that enables researchers and policy-makers to evaluate geographic variation in the utilization and quality of health care services for the Medicare fee-for-service population. data are aggregated into a Geographic Variation Public Use File that has demographic, spending, utilization, and quality indicators at the state level (including the District of Columbia, Puerto Rico, and the Virgin Islands), hospital referral region (HRR) level, and county level. For more information and to view the original data, please visit the CMS Medicare Geographic Variation web page.

Healthcare Workforce

Access to Care - Addiction/Substance Abuse Providers

Data Background

The Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) provides basic information about all organization and individual providers with a National Provider Identifier (NPI). The National Provider Identifier (NPI) is unique identification number for health care providers, including both organizations and individuals. Each month, CMS provides an updated data file available for download which contains FOIA-disclosable NPPES health care provider information, including name, credential, practice location address, and practice type based on multiple (primary, secondary, tertiary, etc.) taxonomy codes. Additional information about the NPPES downloadable file can be found here.

Methodology

Data for this indicator are acquired from the monthly Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) Downloadable File. This file includes directory information for all Medicare providers that had a valid National Provider Identifier (NPI). Provider information contained in this file includes name, credentials, gender, specialty, and complete address. Indicator counts are tabulations of providers that specialize in addiction or substance abuse treatment, determined based on the "provider type" listed in the data file. Addiction or substance abuse providers include MDs, DOs, and other credentialed professionals specializing in substance abuse treatment, rehabilitation, addiction medicine, or providing methadone. The number of facilities that specialize in addiction and substance abuse treatment are also listed (but are not included in the calculated rate). For more information, please refer to the CMS National Provider Identifier documentation, available here .

Access to Care - Buprenorphine Providers

Data Background

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA maintains data about substance abuse and mental health treatment facilities and providers, including physicians certified to prescribe buprenorphine.

SAMHSA evaluates the buprenorphine waiver program under the Drug Addiction Treatment Act of 2000 (DATA 2000) and tracks the number of DATA-certified practitioners. The Drug Addiction Treatment Act of 2000 (DATA 2000) expands the clinical context of medication-assisted opioid dependency treatment. Qualified physicians are permitted to dispense or prescribe specifically approved Schedule III, IV, and V narcotic medications (medications that have a lower risk for abuse, like buprenorphine) in settings other than an opioid treatment program (OTP) such as a methadone clinic. Physicians are also required to complete buprenorphine training and provide their training certificate after completing the Waiver Notification Form. SAMHSA maintains a database of physicians certified to prescribe buprenorphine.

Methodology

Data is obtained from the SAMHSA Buprenorphine Treatment Practitioner Locator, a directory of physicians certified to provide buprenorphine treatment. Data is current as of October, 2023.
Note: The SAMHSA locator lists only those physicians who wish to be identified through the locator, and may not represent all physicians who are certified.

Access to Care - Dental Health

Data Background

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

The ARF integrates data from numerous primary data sources including: the American Hospital Association, the American Medical Association, the American Dental Association, the American Osteopathic Association, the Bureau of the Census, the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration), Bureau of Labor Statistics, National Center for Health Statistics and the Veteran's Administration.

For more information, please visit HRSA's Area Health Resource File website.

Methodology

Access to dentists data was acquired from the University of Wisconsin's County Health Rankings (CHR). This measure represents the rate of dentists per 100,000 population. Data for this indicator are acquired from the 2022-23 Area Health Resource File database (AHRF) National Provider Identifier Downloadable File. Rates are calculated per 100,000 total population using the following formula:

Dentist Rate = [Number of Dentists] / [Total Population] * 100,000

Population figures in the AHRF are from the U.S. Census Bureau's Annual Resident Population Estimates 2022. For detailed source information, please review the information here.

Notes

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

Data Limitations
Reported data represent summaries limited by county boundaries. When comparing rates, consider the following:
1) Rates assume uniform distribution of both establishments and populations throughout the county and may not detect disparities in access for rural or minority populations.
2) Summaries may over-represent or under-represent county rates when populations or establishments are highly concentrated on county border lines.
3) Rates do not describe quality of the establishment or utilization frequency.

Access to Care - Dental Health Providers

Data Background

The Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) provides basic information about all organization and individual providers with a National Provider Identifier (NPI). The National Provider Identifier (NPI) is unique identification number for health care providers, including both organizations and

individuals. Each month, CMS provides an updated data file available for download which contains FOIA-disclosable NPPES health care provider information, including name, credential, practice location address, and practice type based on multiple (primary, secondary, tertiary, etc.) taxonomy codes. Additional information about the NPPES downloadable file can be found here.

Access to Care - Mental Health

Data Background

The Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) provides basic information about all organization and individual providers with a National Provider Identifier (NPI). The National Provider Identifier (NPI) is unique identification number for health care providers, including both organizations and individuals. Each month, CMS provides an updated data file available for download which contains FOIA-disclosable NPPES health care provider information, including name, credential, practice location address, and practice type based on multiple (primary, secondary, tertiary, etc.) taxonomy codes. Additional information about the NPPES downloadable file can be found here.

Methodology

Access to mental health provider data was acquired from the University of Wisconsin's County Health Rankings (CHR). This measure represents the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, and advanced practice nurses specializing in mental health care. For more information, please review the County Health Rankings Mental Health Providers indicator information.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Access to Care - Mental Health Providers

Data Background

The Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) provides basic information about all organization and individual providers with a National Provider Identifier (NPI). The National Provider Identifier (NPI) is unique identification number for health care providers, including both organizations and individuals. Each month, CMS provides an updated data file available for download which contains FOIA-disclosable NPPES health care provider information, including name, credential, practice location address, and practice type based on multiple (primary, secondary, tertiary, etc.) taxonomy codes. Additional information about the NPPES downloadable file can be found here.

Methodology

Data for this indicator are acquired from the monthly Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) Downloadable File. This file includes directory information for all Medicare providers that had a valid National Provider Identifier (NPI). Provider information contained in this file includes name, credentials, gender, specialty, and complete address. Indicator counts are tabulations of providers that deliver mental health care, determined based on the "provider type" listed in the data file. Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry, psychology, counselling, or child, adolescent, or adult mental health. The number of facilities that specialize in mental health are tabulated, (but are not included in the calculated rate). For more information, please refer to the CMS National Provider Identifier documentation, available here .

Access to Care - Nurse Practitioners

Data Background

The Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) provides basic information about all organization and individual providers with a National Provider Identifier (NPI). The National Provider Identifier (NPI) is unique identification number for health care providers, including both organizations and individuals. Each month, CMS provides an updated data file available for download which contains FOIA-disclosable NPPES health care provider information, including name, credential, practice location address, and practice type based on multiple (primary, secondary, tertiary, etc.) taxonomy codes. Additional information about the NPPES downloadable file can be found here.

Methodology

Data are from the Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file. This file includes directory information for all Medicare providers that had a valid National Provider Identifier (NPI). Provider information contained in this file includes name, credentials, gender, specialty, and complete address. Physician types displayed here* are distinguished based on provider type taxonomy codes and the "provider type" listed in the data file. Addresses in the final dataset were geocoded using ESRI geocoding services. For more information, please refer to the CMS National Provider Identifier documentation, available here .

**As defined by the American Academy of Family Physicians, primary care physicians include doctors specializing in Family Practice, General Practice, Pediatric Medicine, and Internal Medicine. Physicians specializing in other disciplines like obstetrics/gynecology, and non-physician providers like nurse practitioners may also provide primary care to patients.*

Mental health care providers are those specializing in psychiatry, psychology, mental health, addiction or substance use disorders, or counselling.

Access to Care - Primary Care

Data Background

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

The ARF integrates data from numerous primary data sources including: the American Hospital Association, the American Medical Association, the American Dental Association, the American Osteopathic Association, the Bureau of the Census, the Centers for Medicare and Medicaid Services (formerly Health Care Financing Administration), Bureau of Labor Statistics, National Center for Health Statistics and the Veteran’s Administration.

For more information, please visit HRSA’s Area Health Resource File website.

Methodology

Data for this indicator are acquired from the 2022-23 Area Health Resource File database. For this indicator, the 2022-23 AHRF reports figures through 2021 from the American Medical Association Physician Masterfiles (Copyright). Doctors classified as "primary care physicians" by the AMA include M.D.s and D.O.s in the fields of: General Family Medicine, General Practice, General Internal Medicineand General Pediatrics. Physicians age 75 and over, resident physicians, and physicians practicing sub-specialties within the listed specialties are excluded. Data are tabulated for physicians practicing office-based patient care only. Non-patient care practitioners include administrators, medical teachers, researchers, etc. Rates are calculated per 100,000 total population using the following formula:

Provider Rate = [Number of Primary Care Physicians] / [Total Population] * 100,000

Population figures in the calculation are from the U.S. Census Bureau's Annual Resident Population Estimates 2021. For detailed source information, please review the information here.

Notes

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

Data Limitations
Reported data represent summaries limited by county boundaries. When comparing rates, consider the following:
1) Rates assume uniform distribution of both establishments and populations throughout the county and may not detect disparities in access for rural or minority populations.
2) Summaries may over-represent or under-represent county rates when populations or establishments are highly concentrated on county border lines.
3) Rates do not describe quality of the establishment or utilization frequency.

Access to Care - Primary Care Providers

Data Background

The Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) provides basic information about all organization and individual providers with a National Provider Identifier (NPI). The National Provider Identifier (NPI) is unique identification number for health care providers, including both organizations and individuals. Each month, CMS provides an updated data file available for download which contains FOIA-disclosable NPPES health care provider information, including name, credential, practice location address, and practice type based on multiple (primary, secondary, tertiary, etc.) taxonomy codes. Additional information about the NPPES downloadable file can be found here.

Federally Qualified Health Centers

Data Background

Providers of Service (POS) data is compiled quarterly by Research and Planning Consultants, LP (RPC) for the Centers for Medicare and Medicaid Services (CMS). The Provider of Services (POS) Extract is created from the QIES (Quality Improvement Evaluation System) database. These data include provider number, name, and address and characterize the participating institutional providers. The data are collected through the Centers for Medicare & Medicaid Services (CMS) Regional Offices. The file contains an individual record for each Medicare-approved provider and is updated quarterly.

Methodology

Population figures are acquired for this indicator from the U.S. Census Bureau, 2020 Decennial Census, Summary File 1. Addresses for all active federally qualified health centers (FQHCs) were acquired from the Centers for Medicare and Medicaid Services (CMS) Providers of Service (POS) data file from December 2023. FQHC addresses were geocoded using the ESRI ArcGIS Online API to obtain the coordinates (point-location) of each facility. The resulting point location file was intersected with standard geographic areas (tracts, counties, and states) to generate a count of the total FQHCs in each area.

Notes

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

Hospitals with Cardiac Rehabilitation Units

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 publicly available data to promote general health. The division maintains the Interactive Atlas of Heart Disease and Stroke, an online mapping tool that allows users to create and customize county-

level maps of heart disease and stroke by race and ethnicity, gender, age group, and more. The surveillance system also includes county-level estimates of selected risk factors for all U.S. counties to help target and optimize the resources for heart disease and stroke control and prevention.

Methodology

This indicators reports the number and rate (per 100,000 population) of hospitals with cardiac rehabilitation services within the report area. Data for this map layer are obtained from the Centers for Disease Control and Prevention (CDC) Interactive Atlas of Heart Disease and Stroke. The original source for this information is the American Hospital Association (AHA) Hospitals and Systems data product.

Health Professional Shortage Areas - All

Data Background

Health Professional Shortage Areas (HPSAs) are designated by the US Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers. HPSAs may refer to an entire geographic area (a county or service area), a demographic group within a geographic area (low income population) or an institution (comprehensive health center, federally qualified health center or other public facility).

HPSAs are designated using several criteria, depending on the type of designation. For example, a HPSA may be designated on the basis that medical professionals in contiguous areas are over-utilized, excessively distant, or inaccessible to the population under consideration. HPSAs are also designated based on population-to-clinician ratios. This ratio is usually 3,500 to 1 for primary care, 5,000 to 1 for dental health care, and 30,000 to 1 for mental health care. All Federally Qualified Health Centers and Rural Health Clinics that provide access to care, regardless of patient ability to pay, receive automatic facility HPSA designation.

HPSAs are updated on a continuous basis through the US Health and Humans Services (HHS) Health Resources and Services Administration (HRSA) GIS data warehouse. For more information about HPSAs, please visit the HRSA Health Professional Shortage Area (HPSA) web page.

Methodology

Health Professional Shortage Area (HPSA) facility files were acquired from the US Health Resources and Services Administration (HRSA) GIS data warehouse. The point locations of these institutions, along with their designation type, were intersected with geographic areas to provide a count of the total number of facilities in an area.

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Health Professional Shortage Areas - Dental Care

Data Background

Health Professional Shortage Areas (HPSAs) are designated by the US Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers. HPSAs may refer to an entire geographic area (a county or service area), a demographic group within a geographic area (low income population) or an institution (comprehensive health center, federally qualified health center or other public facility).

HPSAs are designated using several criteria, depending on the type of designation. For example, a HPSA may be designated on the basis that medical professionals in contiguous areas are over-utilized, excessively distant, or inaccessible to the population under consideration. HPSAs are also designated based on population-to-clinician ratios. This ratio is usually 3,500 to 1 for primary care, 5,000 to 1 for dental health care, and 30,000 to 1 for mental health care. All Federally Qualified Health Centers and Rural Health Clinics that provide access to care, regardless of patient ability to pay, receive automatic

facility HPSA designation.

HPSAs are updated on a continuous basis through the US Health and Humans Services (HHS) Health Resources and Services Administration (HRSA) GIS data warehouse. For more information about HPSAs, please visit the HRSA Health Professional Shortage Area (HPSA) web page.

Methodology

A **Health Professional Shortage Area (HPSA)** is a designation given by the Health Resources and Services Administration (HRSA) in the United States to identify geographic areas, populations, or facilities that lack sufficient health care professionals to meet the health needs of the community. HPSAs are categorized into three main types based on the specific type of health professional shortage:

Types of HPSA

- **Primary Care HPSA**: Areas with a shortage of primary care physicians, including family medicine, internal medicine, pediatrics, obstetrics, and gynecology.
- **Dental Health HPSA**: Areas with a shortage of dental health professionals, such as general and pediatric dentists.
- **Mental Health HPSA**: Areas with a shortage of mental health providers, including psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists.

Criteria for HPSA Designation

To qualify as an HPSA, areas or populations must meet specific criteria established by the HRSA. These criteria typically include factors like:

- **Provider-to-Population Ratios**: The ratio of health care providers to the population falls below a defined threshold.
- **High Needs Population**: Factors such as poverty levels, infant mortality, and high elderly or low-income populations.
- **Travel Time or Distance**: Long travel distances or time to the nearest source of care.

Types of HPSA Designations

- **Geographic Area**: A shortage exists for the entire population in a defined area (e.g., a rural county).
- **Population Group**: A specific population group (e.g., low-income individuals or Medicaid-eligible populations) within an area is underserved.
- **Facility**: Facilities such as community health centers, correctional facilities, or rural health clinics have insufficient providers.

This indicator reports the total population in the report area that is living in a Health Professional Shortage Area, regardless of the degree of shortage, or whether the HPSA covers the entire geographic area or a population subgroup. Indicator data are based on the following calculation:

Percentage = [HPSA Population[1]] / [Report Area Population] * 100

The population figures used in this calculation are from the 2019 American Community Survey 5-year Estimates.

1. HPSA Designation populations may exceed total census populations in areas with large transient populations as follows:
   - Seasonal residents, i.e., those who maintain a residence in the area but inhabit it for only 2 to 8 months per year, may be included but must be weighted in proportion to the fraction of the year they are present in the area.
   - Other tourists (non-resident) may be included in an area's population but only with a weight of 0.25, using the following formula: Effective tourist contribution to population = 0.25 x (fraction of year tourists are present in area) x (average daily number of tourists during portion of year that tourists are present).
   - Migratory workers and their families may be included in an area's population, using the following formula: Effective migrant contribution to population = (fraction of year migrants are present in area) x (average daily number of migrants during portion of year that migrants are present)

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

Notes

Race and Ethnicity

Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Population Living in a Health Professional Shortage Area

Data Background

Health Professional Shortage Areas (HPSAs) are designated by the US Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers. HPSAs may refer to an entire geographic area (a county or service area), a demographic group within a geographic area (low income population) or an institution (comprehensive health center, federally qualified health center or other public facility).

HPSAs are designated using several criteria, depending on the type of designation. For example, a HPSA may be designated on the basis that medical professionals in contiguous areas are over-utilized, excessively distant, or inaccessible to the population under consideration. HPSAs are also designated based on population-to-clinician ratios. This ratio is usually 3,500 to 1 for primary care, 5,000 to 1 for dental health care, and 30,000 to 1 for mental health care. All Federally Qualified Health Centers and Rural Health Clinics that provide access to care, regardless of patient ability to pay, receive automatic facility HPSA designation.

HPSAs are updated on a continuous basis through the US Health and Humans Services (HHS) Health Resources and Services Administration (HRSA) GIS data warehouse. For more information about HPSAs, please visit the HRSA Health Professional Shortage Area (HPSA) web page.

Methodology

A **Health Professional Shortage Area (HPSA)** is a designation given by the Health Resources and Services Administration (HRSA) in the United States to identify geographic areas, populations, or facilities that lack sufficient health care professionals to meet the health needs of the community. HPSAs are categorized into three main types based on the specific type of health professional shortage:

Types of HPSA

- **Primary Care HPSA**: Areas with a shortage of primary care physicians, including family medicine, internal medicine, pediatrics, obstetrics, and gynecology.
- **Dental Health HPSA**: Areas with a shortage of dental health professionals, such as general and pediatric dentists.
- **Mental Health HPSA**: Areas with a shortage of mental health providers, including psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists.

Criteria for HPSA Designation

To qualify as an HPSA, areas or populations must meet specific criteria established by the HRSA. These criteria typically include factors like:

- **Provider-to-Population Ratios**: The ratio of health care providers to the population falls below a defined threshold.
- **High Needs Population**: Factors such as poverty levels, infant mortality, and high elderly or low-income populations.
- **Travel Time or Distance**: Long travel distances or time to the nearest source of care.

Types of HPSA Designations

- **Geographic Area**: A shortage exists for the entire population in a defined area (e.g., a rural county).
- **Population Group**: A specific population group (e.g., low-income individuals or Medicaid-eligible populations) within an area is underserved.
- **Facility**: Facilities such as community health centers, correctional facilities, or rural health clinics have insufficient providers.

This indicator reports the total population in the report area that is living in a Health Professional Shortage Area, regardless of the degree of shortage, or whether the HPSA covers the entire geographic area or a population subgroup. Indicator data are based on the following calculation:

Percentage = [HPSA Population[1]] / [Report Area Population] * 100

The population figures used in this calculation are from the 2019 American Community Survey 5-year Estimates.

1. HPSA Designation populations may exceed total census populations in areas with large transient populations as follows:
   - Seasonal residents, i.e., those who maintain a residence in the area but inhabit it for only 2 to 8 months per year, may be included but must be weighted in proportion to the fraction of the year they are present in the area.

- Other tourists (non-resident) may be included in an area's population but only with a weight of 0.25, using the following formula: Effective tourist contribution to population = 0.25 x (fraction of year tourists are present in area) x (average daily number of tourists during portion of year that tourists are present).
- Migratory workers and their families may be included in an area's population, using the following formula: Effective migrant contribution to population = (fraction of year migrants are present in area) x (average daily number of migrants during portion of year that migrants are present)

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

Notes

Race and Ethnicity
Statistics by race and ethnicity are not provided for this indicator from the data source. Detailed race/ethnicity data may be available at a broader geographic level, or from a local source.

Special Topics - COVID-19

COVID-19 - Confirmed Cases

Data Background

The Center for Systems Science and Engineering (CSSE) is a research collective housed within the Department of Civil and Systems Engineering (CaSE) at Johns Hopkins University (JHU). The Center's faculty, researchers, and students work on a range of complex and interdisciplinary problems, united by the goal to better understand and improve societal, health, and technological systems for everyone. The CSSE is tracking the COVID-19 spread in real-time on our interactive dashboard with data available for download and modeling the spread of the virus.

Methodology

This indicator reports the number of confirmed cases for the novel coronavirus COVID-19 in US counties. Attributes include the total cumulative cases, deaths, case rate (number of cases per 100,000 population) and mortality rate (deaths per 100,000 population).
Note: Rates are used to allow meaningful comparison across geographic areas with different base population sizes.

Case counts data for this layer are updated daily from a feature service provided by the Center for Systems Science and Engineering (CSSE) at the Johns Hopkins University. Rates are calculated by CARES using 2018 population totals. For more information about the data displayed here, please visit the ESRI COVID-19 Overview web page.

COVID-19 - Mortality

Data Background

The Center for Systems Science and Engineering (CSSE) is a research collective housed within the Department of Civil and Systems Engineering (CaSE) at Johns Hopkins University (JHU). The Center's faculty, researchers, and students work on a range of complex and interdisciplinary problems, united by the goal to better understand and improve societal, health, and technological systems for everyone. The CSSE is tracking the COVID-19 spread in real-time on our interactive dashboard with data available for download and modeling the spread of the virus.

Methodology

This indicator reports the number of deaths attributed to the novel coronavirus COVID-19 in US counties. Attributes reported with this dataset include the total, cumulative number of deaths and the crude mortality rate (deaths per 100,000 population). Population figures are obtained from the 2018 US Census Population Estimates.
Note: Rates are used to allow meaningful comparison across geographic areas with different base population sizes.

Case counts data for this layer are updated daily from a feature service provided by the Center for Systems Science and Engineering (CSSE) at the Johns Hopkins University. Rates are calculated by CARES using 2018 population totals. For more information about the data displayed here, please visit the ESRI COVID-19 Overview web page.

COVID-19 Fully Vaccinated Adults

Methodology

Data on vaccine doses administered include data received by CDC as of 6:00 a.m. ET on the day of reporting. Vaccination providers collect data on COVID-19 vaccine doses they administered and report the data to CDC through multiple sources, including jurisdictions, pharmacies, and federal entities. These sources use various reporting methods including immunization information systems, the Vaccine Administration Management System, and direct data submission.

CDC determines county of residence by matching the county Federal Information Processing Standard State code to the state as submitted in the raw data provided to CDC. Vaccine hesitancy rates are estimated in two steps. First, hesitancy rates are estimated at the state level using the HPS for the collection period March 3, 2021 – March 15, 2021, which is referred to as Week 26. Then, the estimated values are used to predict hesitancy rates in more granular areas using the Census Bureau's 2019 American Community Survey (ACS) 1-year Public Use Microdata Sample (PUMS). To create county-level estimates, a PUMA-to-county crosswalk from the Missouri Census Data Center was used. PUMAs spanning multiple counties had their estimates apportioned across those counties based on overall 2010 Census populations. Population weighted averages are used by CARES to estimate values across multiple states or counties.

The Vaccine Coverage (CVAC) index measures the level of concern about COVID-19 vaccine coverage based on supply and demand-side barriers, including contextual factors, care-seeking behaviors, and historical vaccine coverage data. The CVAC is a modular index where the final score can be broken down into five different themes that reflect barriers to vaccine coverage:
1.Historic undervaccination
2.Sociodemographic barriers
3.Resource-constrained health systems
4.Healthcare accessibility barriers
5.Irregular care-seeking behavior

The overall CVAC composite score and scores per each of the five CVAC themes were calculated at state and county levels, ranking each geographical region on a 0-1 scale of the level of concern about COVID-19 vaccine coverage (0 = least concerning, 1 = most concerning). Population weighted averages are used by CARES to estimate values across multiple states or counties.

Social Distancing - Mobility Reports (Google)

Data Background

Google's COVID-19 Mobility Reports are created using aggregated, anonymized data showing how busy certain types of places are. These reports have been made available for a limited time in response to public health officials requests for help mkaing critical decisions to combat COVID-19. These reports were developed to be helpful while adhering to Google's stringent privacy protocols and policies. The Google COVID-19 Community Mobility Reports provide insights into what has changed in response to work from home, shelter in place, and other policies aimed at flattening the curve of the pandemic.