

Health Resources Comparison Tool

Data Sources, Definitions, and Notes

All data used to calculate the measures presented in the Health Resources Comparison Tool (HRCT) reside within the Area Health Resources Files System. Original data source references and definitions for each measure presented are noted below.

Health Resources

Primary Care Physicians

Source: The 2013 AMA Non-Federal M.D. and D.O. Specialty data were obtained from the 2013 American Medical Association Physician Masterfile ©. The 2013 Population data are from the *Annual Resident Population Estimates, Estimated Components of Resident Population Change, and Rates of the Components of Resident Population Change for States and Counties: April 1, 2010 to July 1, 2013*, U.S. Census Bureau. These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015 Rockville, MD.

Definition and Notes: Data from the AMA Masterfile include Total Non-Federal MDs and DOs and are broken out by Specialty and Major Professional Activity for 2013. Major Professional Activity and Self-Designated Practice Specialty classifications are reported by the physicians in the Physicians' Practice Arrangements (PPA) questionnaire. The reporting period for data is as of December 31, 2013.

Primary Care Physicians include those non-federal MDs and DOs under age 75 who are not hospital residents and whose major professional activity is classified as patient care and whose self-designated practice specialty is identified as General Practice; General Family Medicine; General Internal Medicine; or General Pediatrics.

The primary care physician to population ratios are calculated by dividing the total number of primary care physicians by the total population and multiplying by 100,000 to derive the ratio of primary care physicians per 100,000 population.

General Practice/Family Practice Physicians

Source: The 2013 AMA Non-Federal M.D. and D.O. Specialty data were obtained from the 2013 American Medical Association Physician Masterfile ©. The 2013 Population data are from the *Annual Resident Population Estimates, Estimated Components of Resident Population Change, and Rates of the Components of Resident Population Change for States and Counties: April 1, 2010 to July 1, 2013*, U.S. Census Bureau. These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

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General Practice/Family Practice Physicians include those non-federal MDs and DOs under age 75 who are not hospital residents and whose major professional activity is classified as patient care and whose self-designated practice specialty is identified as General Practice or General Family Medicine.

The general practice/family practice physician to population ratios are calculated by dividing the total number of general practice/family practice physicians by the total population and multiplying by 100,000 to derive the ratio of general practice/family practice physicians per 100,000 population.

Internal Medicine Physicians

Source: The 2013 AMA Non-Federal M.D. and D.O. Specialty data were obtained from the 2013 American Medical Association Physician Masterfile ©. The 2013 Population data are from the *Annual Resident Population Estimates, Estimated Components of Resident Population Change, and Rates of the Components of Resident Population Change for States and Counties: April 1, 2010 to July 1, 2013*, U.S. Census Bureau. These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

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Internal Medicine Physicians include those non-federal MDs and DOs under age 75 who are not hospital residents and whose major professional activity is classified as patient care and whose self-designated practice specialty is identified as General Internal Medicine.

The internal medicine physician to population ratios are calculated by dividing the total number of internal medicine physicians by the total population and multiplying by 100,000 to derive the ratio of internal medicine physicians per 100,000 population.

Pediatricians

Source: The 2013 AMA Non-Federal M.D. and D.O. Specialty data were obtained from the 2013 American Medical Association Physician Masterfile ©. The 2013 Population data are from the *Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2013*, U.S. Census Bureau. These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

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Pediatricians include those non-federal MDs and DOs under age 75 who are not hospital residents and whose major professional activity is classified as patient care and whose self-designated practice specialty is identified as General Pediatrics.

The pediatricians to population ratios are calculated by dividing the total number of pediatricians by the total population under 20 years of age and multiplying by 100,000 to derive the ratio of pediatricians per 100,000 population.

Obstetricians/Gynecologists

Source: The 2013 AMA Non-Federal M.D. and D.O. Specialty data were obtained from the 2013 American Medical Association Physician Masterfile ©. The 2013 Population data are from the *Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2013*, U.S. Census Bureau. These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

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Obstetricians/Gynecologists include those non-federal MDs and DOs under age 75 who are not hospital residents and whose major professional activity is classified as patient care and whose self-designated practice specialty is identified as General Obstetrics-Gynecology.

The obstetricians/gynecologists to population ratios are calculated by dividing the total number of obstetricians/gynecologists by the total female population and multiplying by 100,000 to derive the ratio of obstetricians/gynecologists per 100,000 population.

General Surgeons

Source: The 2013 AMA Non-Federal M.D. and D.O. Specialty data were obtained from the 2013 American Medical Association Physician Masterfile ©. The 2013 Population data are from the *Annual Resident Population Estimates, Estimated Components of Resident Population Change, and Rates of the Components of Resident Population Change for States and Counties: April 1, 2010 to July 1, 2013*, U.S. Census Bureau. These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

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General Surgeons include those non-federal MDs and DOs under age 75 who are not hospital residents and whose major professional activity is classified as patient care and whose self-designated practice specialty is identified as General Surgery.

The general surgeons to population ratios are calculated by dividing the total number of general surgeons by the total population and multiplying by 100,000 to derive the ratio of general surgeons per 100,000 population.

Psychiatrists

Source: The 2013 AMA Non-Federal M.D. and D.O. Specialty data were obtained from the 2013 American Medical Association Physician Masterfile ©. The 2013 Population data are from the *Annual Resident Population Estimates, Estimated Components of Resident Population Change, and Rates of the Components of Resident Population Change for States and Counties: April 1, 2010 to July 1, 2013*, U.S. Census Bureau. These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

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Psychiatrists include those non-federal MDs and DOs under age 75 who are not hospital residents and whose major professional activity is classified as patient care and whose self-designated practice specialty is identified as Psychiatry.

The psychiatrists to population ratios are calculated by dividing the total number of psychiatrists by the total population and multiplying by 100,000 to derive the ratio of psychiatrists per 100,000 population.

Dentists

Source: The 2013 Dentists are from the 2013 American Dental Association Masterfile. The 2013 Population data are from the *Annual Resident Population Estimates, Estimated Components of Resident Population Change, and Rates of the Components of Resident Population Change for States and Counties: April 1, 2010 to July 1, 2013*, U.S. Bureau of the Census. These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

Definition and Notes: The 2013 Dentists include all professionally active licensed dentist included on the ADA Masterfile. Data were processed using a ZIP to FIPS conversion file based on ZIP codes from the US Postal Service. Invalid ZIP codes were resolved matching city and state names and manually.

The total dentists to population ratios are calculated by dividing the total number of total dentists by the total population and multiplying by 100,000 to derive the ratio of total dentists per 100,000 population.

Number of hospitals, total

Source: American Hospital Association, Annual Survey of Hospitals ©(2012). These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

Definition and Notes: To be reported as a "hospital", an institution must have at least six inpatient beds, cribs or pediatric bassinets which shall be continually available for the care of patients.

Number of beds, total

Source: American Hospital Association, Annual Survey of Hospitals ©(2012). These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

Definition and Notes: To be reported as a "hospital", an institution must have at least six inpatient beds, cribs or pediatric bassinets which shall be continually available for the care of patients. Beds were calculated using the AHA hospital variable "Beds Set Up and Staffed at End of Reporting Period."

Number of short-term general hospitals

Source: American Hospital Association, Annual Survey of Hospitals ©(2012). These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

Definition and Notes: To be reported as a "hospital", an institution must have at least six inpatient beds, cribs or pediatric bassinets which shall be continually available for the care of patients.

Short Term General Hospitals are those coded as follows by the American Hospital Association: Length of Stay = '1', Short-term; Type of Service = '10', General medical and surgical. These hospitals provide non-specialized care, and the majority of their patients stay for fewer than 30 days.

Number of short-term general hospital beds

Source: American Hospital Association, Annual Survey of Hospitals © (2012). These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

Definition and Notes: To be reported as a "hospital", an institution must have at least six inpatient beds, cribs or pediatric bassinets which shall be continually available for the care of patients.

Short Term General Hospitals are those coded as follows by the American Hospital Association: Length of Stay = '1', Short-term; Type of Service = '10', General medical and surgical. These hospitals provide non-specialized care, and the majority of their patients stay for fewer than 30 days.

Beds by hospital type fields were calculated using the AHA hospital tape variable "Beds Set Up and Staffed at End of Reporting Period."

Community Health Centers

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, HRSA Data Warehouse – Report Tool, Health Care Service Delivery Sites (data as of 3/2/2015).

Definition and Notes: Community Health Centers data include those community health centers identified as "Grantee" under "Organization Description" for which state and/or county information was present.

Federally-Qualified Health Centers

Source: U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Quality Improvement Evaluation System (QIES) database (2014). These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

Definition and Notes: Federally Qualified Health Centers (FQHC) services include all of the services of Rural Health Clinics as well as preventive primary services. Preventive primary services must be furnished by or under the direct supervision of a physician, a nurse practitioner, a physician assistant, nurse midwife, clinical psychologist, or a social worker. The services must be furnished by a member of the center's health care staff who is an employee of the center or by a physician under arrangements with the center.

Population Characteristics

Children (<5)

Source: The 2013 Population data are from the *Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2013*, U.S. Census Bureau.

Definition and Notes: Population under age 5.

Elderly (65+)

Source: The 2013 Population data are from the *Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2013*, U.S. Census Bureau.

Definition and Notes: Population age 65 and older.

Very Elderly (85+)

Source: The 2013 Population data are from the *Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2013*, U.S. Census Bureau.

Definition and Notes: Population age 85 and older.

Medicare Beneficiaries

Source: The 2013 Number of Medicare Eligibles comes from the State County Penetration Data for Medicare Advantage File, as of December 2013, Centers for Medicare and Medicaid Service (CMS). These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

Definition and Notes: Eligibles include those enrolled in either Medicare part A (hospital insurance) or part B (supplemental medical insurance). On the source file, the eligible data contain some records that have not yet been associated with a specific state and county or a county within a state. These records have not been included on the AHRF.

Medicaid Beneficiaries

Source: Medicaid eligibles by gender, by age, and by eligibility status are from the Centers for Medicare and Medicaid Services' 2008 Medicaid Analytic eXtract (MAX) Person-Summary File. These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

Definition and Notes: States report Medicaid data to the Medicaid Statistical Information System (MSIS) which is used to create the MAX Person-Summary File. The file contains a record for each Medicaid eligible for the calendar year 2008.

Median Household Income (\$)

Source: The 2013 Estimates of Median Household Income are from the U.S. Bureau of Census' Small Area Income Poverty Estimates (SAIPE). These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

Definition and Notes: The Census Bureau, with support from other Federal agencies, created the 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 all the allocation of federal funds to local jurisdictions.

Uninsured (%)

Source: The 2013 Estimates of Persons with and without Health Insurance by age and gender data are from the Bureau of Census' Small Area Health Insurance Estimates (SAHIE) file. These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

Definition and Notes: The county estimates are produced using programs that model health insurance coverage by combining survey data with population estimates and administrative records. Estimates are based on the American Community Survey (ACS), demographic population estimates, aggregated federal tax returns, Supplemental Nutrition Program (SNAP—formerly Food Stamps Program) participation records, the County Business Patterns data set, Medicaid and Children's Health Insurance Program (CHIP) participation records, and Census 2010. For further information regarding definitions, the Census website <http://www.census.gov> should be referenced.

Minority (%)

Source: The 2013 Population data are from the *Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2013*, U.S. Census Bureau. These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

Definition and Notes: The percent minority population is calculated by subtracting the percent of the population who are White, non-Hispanic, from the total population.

Hispanic (%)

Source: The 2013 Population data are from the *Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2013*, U.S. Census Bureau. These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

Definition and Notes: Percent of population composed of individuals of Hispanic Origin (may be of any race).

Poverty (%)

Source: The 2013 Estimate of Persons in Poverty data are from the Bureau of Census' Small Area Income Poverty Estimates (SAIPE) file for 2013. These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

Definition and Notes: The SAIPE are constructed from statistical models based, in part, on summary data from 2013 federal income tax returns, data about participation in the Food Stamp program, and the previous census. Beginning with the estimates for 2005, data from the American Community Survey (ACS) are used in the estimation procedure; all prior year estimates used data from the Current Population Survey (CPS) Annual Social and Economic Supplements (ASEC). For more information, the Census website <http://www.census.gov> should be referenced.

Population Density (people/mi²)

Source: The 2013 Population per Square Mile data are from the *Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2013*, U.S. Census Bureau. These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

Definition and Notes: Computed by dividing the total population or number of housing units within a geographic entity by the land area of that entity measured in square miles.

Low Birthweight Births

Source: Low Birthweight Births data are from the United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality Public-Use Detail Data Files for 2010-2012. These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

Definition and Notes: The 3-year average data are calculated fields using each year's Natality Detail Data Files for the respective years obtained from the National Center for Health Statistics. These files contain information for live births only and do not include data on stillborns. The number of births for each county is based on place of residence of the mother; non-residents of the U.S. are excluded. Averages were calculated according to the following formula: 3-Year Natality Average = (2010 Births + 2011 Births + 2012 Births) / 3. Data are suppressed for counties having an average of fewer than ten occurrences, including zero.

Low birthweight births are those classified as weighing less than 2500 grams at birth.

Infant Mortality (per 1,000 births)

Source: Infant Mortality data are from the United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Detailed Mortality and Natality Data Files for 2008-2012. These data are included on the Area Health Resources Files: Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Area Health Resources Files (AHRF), 2015, Rockville, MD.

Definition and Notes: The number of infant deaths extracted for a county is based on place of residence; non-residents of the US are excluded.

Heart Disease

Source: 2012 Mortality data are from United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality Detail Data Files for 2012. Bridged-race population data come from National Center for Health Statistics. Postcensal estimates of the resident population of the United States for: July 1, 2000-July 1, 2012, by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2012).

Definition and Notes: Rates were calculated per 100,000 population using bridge population files developed by the National Center for Health Statistics in collaboration with the US Census Bureau. The 2012 rates were calculated using the National Center for Health Statistics' (NCHS) Vintage 2012 bridge

population estimates, respectively. More information on the bridge populations can be found at http://www.cdc.gov/nchs/nvss/bridged_race.htm.

Age-adjusted rates were calculated using the bridge population and were adjusted according to the year 2000 population standard. To minimize presentation of unrealistically high rates, mortality rates are suppressed for counties having an average of fewer than ten occurrences, including zero.

All age-adjustments were calculated using the 2000 population standard recommended by the National Center for Health Statistics to be compatible to the Healthy People 2020 targets. Age-adjustment takes the distribution of a population into account. Age-adjustment is defined as the application of age-specific rates in a population of interest to a standardized age distribution in order to eliminate differences in observed rates that result from age differences in population composition. Such adjustments are useful when comparing two or more populations at a single point in time or one population at two or more points in time.

Heart disease deaths were those classified under the following ICD-10 Codes: I00-I09, I11, I13, I20-I51

Cancer

Source: 2012 Mortality data are from United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality Detail Data Files for 2012. 2012 Bridged-race population data come from National Center for Health Statistics. Postcensal estimates of the resident population of the United States for: July 1, 2000-July 1, 2012, by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2012).

Definition and Notes: Rates were calculated per 100,000 population using bridge population files developed by the National Center for Health Statistics in collaboration with the US Census Bureau. The 2012 rates were calculated using the National Center for Health Statistics' (NCHS) Vintage 2012 bridge population estimates, respectively. More information on the bridge populations can be found at http://www.cdc.gov/nchs/nvss/bridged_race.htm.

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Cancer deaths were those classified under the following ICD-10 Codes: C00-C97

Stroke

Source: 2012 Mortality data are from United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality Detail Data Files for 2012. 2012 Bridged-race population data come from National Center for Health Statistics. Postcensal estimates of the resident population of the United States for: July 1, 2000-July 1, 2012, by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2012).

Definition and Notes: Rates were calculated per 100,000 population using bridge population files developed by the National Center for Health Statistics in collaboration with the US Census Bureau. The 2012 rates were calculated using the National Center for Health Statistics' (NCHS) Vintage 2012 bridge population estimates, respectively. More information on the bridge populations can be found at http://www.cdc.gov/nchs/nvss/bridged_race.htm.

Age-adjusted rates were calculated using the bridge population and were adjusted according to the year 2000 population standard. To minimize presentation of unrealistically high rates, mortality rates are suppressed for counties having an average of fewer than ten occurrences, including zero.

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Stroke deaths were those classified under the following ICD-10 Codes: I60-I69

Diabetes-related

Source: 2012 Mortality data are from United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality Detail Data Files for 2012. 2012 Bridged-race population data come from National Center for Health Statistics. Postcensal estimates of the resident population of the United States for: July 1, 2000-July 1, 2012, by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2012).

Definition and Notes: Rates were calculated per 100,000 population using bridge population files developed by the National Center for Health Statistics in collaboration with the US Census Bureau. The 2012 rates were calculated using the National Center for Health Statistics' (NCHS) Vintage 2012 bridge population estimates, respectively. More information on the bridge populations can be found at http://www.cdc.gov/nchs/nvss/bridged_race.htm.

Age-adjusted rates were calculated using the bridge population and were adjusted according to the year 2000 population standard. To minimize presentation of unrealistically high rates, mortality rates are suppressed for counties having an average of fewer than ten occurrences, including zero.

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Diabetes-related deaths were those classified under the following ICD-10 Codes: E10-E14

Chronic Lower Respiratory Disease

Source: 2012 Mortality data are from United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality Detail Data Files for 2012. 2012 Bridged-race population data come from National Center for Health Statistics. Postcensal estimates of the resident population of the United States for: July 1, 2000-July 1, 2012, by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2012).

Definition and Notes: Rates were calculated per 100,000 population using bridge population files developed by the National Center for Health Statistics in collaboration with the US Census Bureau. The 2012 rates were calculated using the National Center for Health Statistics' (NCHS) Vintage 2012 bridge population estimates, respectively. More information on the bridge populations can be found at http://www.cdc.gov/nchs/nvss/bridged_race.htm.

Age-adjusted rates were calculated using the bridge population and were adjusted according to the year 2000 population standard. To minimize presentation of unrealistically high rates, mortality rates are suppressed for counties having an average of fewer than ten occurrences, including zero.

All age-adjustments were calculated using the 2000 population standard recommended by the National Center for Health Statistics to provide a baseline to future efforts and to be compatible to the Healthy People 2020 targets. Age-adjustment takes the distribution of a population into account. Age-adjustment is defined as the application of age-specific rates in a population of interest to a standardized age distribution in order to eliminate differences in observed rates that result from age differences in population composition. Such adjustments are useful when comparing two or more populations at a single point in time or one population at two or more points in time.

Chronic Lower Respiratory Disease deaths were those classified under the following ICD-10 Codes: J40-J47