

User Documentation for the
County
Area Health Resources File (AHRF)
2020-2021 Release

U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Workforce
National Center for Health Workforce Analysis
July 2021



The Area Health Resources Files are made available by the Bureau of Health Workforce. Reproduction for re-use or resale is not authorized without the expressed permission of the Bureau. Further, data from the American Dental Association, the American Hospital Association and the American Medical Association are subject to copyright restrictions; these data may not be copied or reproduced in whole or in part without the prior consent of the copyright owner.

AHRF USER DOCUMENTATION

CONTENTS

I.	DATA ELEMENT DESCRIPTIONS AND REFERENCES	1
A.	CODES AND CLASSIFICATIONS	1
A-1)	Header for AHRF	1
A-2)	State and County Codes	1
A-3)	County Typology Codes	9
A-4)	Metropolitan/Micropolitan and Combined Statistical Areas	14
A-5)	Rural/Urban Continuum Codes	16
A-6)	Urban Influence Codes	18
A-7)	BEA Economic Area Codes and Names and Component Economic Area Codes and Names	20
A-8)	Federal Region Code and Census Region and Division Codes and Names	21
A-9)	Contiguous Counties	24
A-10)	HPSA Codes	25
A-11)	SSA Beneficiary State and County Codes	28
B.	HEALTH PROFESSIONS	29
B-1)	Physicians	29
B-2)	Dentists	42
B-3)	Optometrists	43
B-4)	Podiatrists	45
B-5)	Nurses	45
B-6)	Physician Assistants	52
B-7)	Chiropractors	54
C.	HEALTH FACILITIES	55
C-1)	Hospital Type	56
C-2)	Hospital Services (or Facilities)	59
C-3)	Hospital Employment	59
C-4)	Medicare Fee-For-Service Readmission Data	60
C-5)	Preventable Hospital Stays Rate	61
C-6)	Nursing and Other Health Facilities	62
C-7)	National Health Service Corps (NHSC)	64
C-8)	Community Health Centers (CHC)	65
D.	UTILIZATION	66
D-1)	Utilization Rate	66
D-2)	Inpatient Days	66
D-3)	Outpatient Visits	66
D-4)	Surgical Operations and Operating Rooms	67
D-5)	Medicare Fee-For-Service Emergency Department Data	67
E.	EXPENDITURES	68
E-1)	Hospital Expenditures	68
E-2)	Medicare Fee-For-Service Cost Data	68
E-3)	Medicare Advantage Rates	69
E-4)	Veteran Expenditures Data	75
F.	POPULATION	77
F-1)	Population Estimates	77
F-2)	Population Counts and Number of Families and Households	83

F-3)	Population Percents	95
F-4)	Labor Force.....	96
F-5)	Per Capita Incomes.....	98
F-6)	Income	100
F-7)	Persons and Families Below Poverty Level.....	102
F-8)	Deep Poverty	104
F-9)	Ratio of Income to Poverty Level	105
F-10)	Median Family Income	106
F-11)	Household Income.....	107
F-12)	Medicaid Eligibles.....	109
F-13)	Medicare Enrollment Data	111
F-14)	Medicare Fee-For-Service Demographic Data	112
F-15)	Medicare Advantage Penetration	113
F-16)	Medicare Prescription Drug Plan (PDP) Penetration.....	114
F-17)	Health Insurance Estimates	115
F-18)	Marketplace Health Insurance Enrollment.....	117
F-19)	Disability Data.....	121
F-20)	Veteran Disability Compensation and Pension Recipients.....	122
F-21)	Food Stamp/SNAP Recipient Estimates	123
F-22)	Social Security Program.....	123
F-23)	Supplemental Security Income Program Recipients.....	124
F-24)	5-Year Infant Mortality Rates	125
F-25)	Mortality Data.....	125
F-26)	Total Deaths.....	129
F-27)	Natality Data.....	129
F-28)	Births in Hospitals	130
F-29)	Total Births	131
F-30)	Education	132
F-31)	Census Housing Data	132
F-32)	Veteran Population	136
G.	ENVIRONMENT	138
G-1)	Land Area and Density.....	138
G-2)	Population Per Square Mile.....	139
G-3)	Air Quality	139
G-4)	Ground Contamination.....	141
G-5)	Elevation	142
II.	TECHNICAL INFORMATION.....	143
A.	FILE SPECIFICATIONS.....	143
B.	MISSING VALUES ON AHRF	143
C.	CRITERIA FOR DATA INCLUSION ON THE AHRF.....	143
III.	DOCUMENTATION	144
A.	TECHNICAL DOCUMENTATION OF AHRF	144
B.	SAS LAYOUT OF AHRF.....	144

I. DATA ELEMENT DESCRIPTIONS AND REFERENCES

A. CODES AND CLASSIFICATIONS

A-1) Header for AHRF

The 45-character header for the AHRF (previously known as the Area Resource File, or ARF) was placed at the beginning of each record to enhance the use of the county file. The header includes the State and County Code, Date of the File, Date of Creation, and File Length. The file length equals the length of the file without the 45-byte header. Therefore the actual record length is the file length plus 45 bytes.

Note that beginning with the February 2001 version of the AHRF, data are broken out for all Virginia independent cities and Alaska boroughs/census areas for all data from 1992 through the current. The modified FIPS code is carried as the secondary entity field (positions 12-16) of the header. This field should be used when matching with earlier versions of the file.

Additionally, beginning with the February 2001 updates to the AHRF, to the extent data were available for the U.S. possessions and territories of Guam, Puerto Rico, and the US Virgin Islands, they are included on the file. Any sources having territory data available are noted in applicable User Documentation references.

A-2) State and County Codes

FIPS State Code:

This code was established by National Bureau of Standards (now known as the National Institute of Standards and Technology), U.S. Department of Commerce in 1968. It is standard throughout the Federal government and published in *Federal Information Processing Standards Publication June 15, 1970*. The basic structure is a sequential ascending two-digit number, with spaces for all possible new states.

Note: The American National Standards Institute (ANSI) has taken over the management of geographic codes to ensure uniform identification of geographic entities through all federal government agencies. ANSI now issues the FIPS geographic codes which are equivalent to ANSI codes that may be referenced on other files.

The following table lists the FIPS State Code, the two-character State Name Abbreviation used on AHRF and the State Name:

FIPS CODE	ABBREVIATION	STATE
01	AL	Alabama
02	AK	Alaska
04	AZ	Arizona
05	AR	Arkansas
06	CA	California
08	CO	Colorado
09	CT	Connecticut
10	DE	Delaware
11	DC	District of Columbia
12	FL	Florida
13	GA	Georgia
15	HI	Hawaii
16	ID	Idaho
17	IL	Illinois
18	IN	Indiana
19	IA	Iowa
20	KS	Kansas
21	KY	Kentucky
22	LA	Louisiana
23	ME	Maine
24	MD	Maryland
25	MA	Massachusetts
26	MI	Michigan
27	MN	Minnesota
28	MS	Mississippi
29	MO	Missouri
30	MT	Montana
31	NE	Nebraska
32	NV	Nevada
33	NH	New Hampshire
34	NJ	New Jersey
35	NM	New Mexico
36	NY	New York
37	NC	North Carolina
38	ND	North Dakota
39	OH	Ohio
40	OK	Oklahoma
41	OR	Oregon
42	PA	Pennsylvania
44	RI	Rhode Island
45	SC	South Carolina

46	SD	South Dakota
47	TN	Tennessee
48	TX	Texas
49	UT	Utah
50	VT	Vermont
51	VA	Virginia
53	WA	Washington
54	WV	West Virginia
55	WI	Wisconsin
56	WY	Wyoming

Additionally, for data variables added to the February 2001 and later versions of the AHRF, the following codes are included for sources where available:

66	GU	Guam
72	PR	Puerto Rico
78	VI	US Virgin Islands

Modified FIPS County Codes:

The **FIPS County Codes** were established by the National Bureau of Standards (now known as the National Institute of Standards and Technology), U.S. Department of Commerce in 1968, and are published in *Federal Information Processing Standards Publication - Counties and County Equivalents of the United States and the District of Columbia*. The current version of this publication is No. 6-4 dated August 31, 1990 with all revisions through 2021. The basic structure of the codes is sequential, ascending, three-digit odd numbers. This document also provides the designated names for all counties and equivalent entities of the United States, its possessions and associated areas.

Note: The American National Standards Institute (ANSI) has taken over the management of geographic codes to ensure uniform identification of geographic entities through all federal government agencies. ANSI now issues the FIPS geographic codes which are equivalent to ANSI codes that may be referenced on other files.

Effective with the February 2001 release, the County Codes used in the Area Health Resource File are those published in FIPS, including all Alaska boroughs and census areas and Virginia independent cities. Unless otherwise noted in this document, data are broken out for all data years of 1992 and later. Earlier years of data are combined for the Virginia independent cities and Alaska areas as noted below:

- 1) The County Code of 001 has been entered for Alaska and includes data for the entire state of Alaska for data prior to 1992. Except where noted, data for 1992 and

later are reported as missing on this record since the detailed records are broken out on the file.

- 2) Most independent cities were included in their original counties because much of the data on the file previously was only available for counties and could not be separated into county and independent city segments.

On earlier versions of the AHRF, the following were carried as independent cities but were recorded in the AHRF modified FIPS as noted (therefore when merging data from the new release and old versions, the Secondary Entity field should be used to match records):

COUNTY	STATE	AHRF MODIFIED	
		FIPS	FIPS
Baltimore City	Maryland	007	510
St. Louis City	Missouri	191	510
Carson City	Nevada	025	510

The following cities were previously combined into their original counties. Therefore, all the data for the city on earlier versions of the AHRF and for data prior to 1992 are included in the original county (e.g., the independent city of Bristol, Va., is added into Washington county.)

CITY	STATE	ORIGINAL COUNTIES	AHRF MODIFIED	
			FIPS	FIPS
Kalawao County	Hawaii	Maui	009	005
Bedford*	Virginia	Bedford	019	515
Bristol	Virginia	Washington	191	520
Buena Vista	Virginia	Rockbridge	163	530
Charlottesville	Virginia	Albemarle	003	540
Clifton Forge**	Virginia	Alleghany	005	560
Colonial Heights	Virginia	Chesterfield	041	570
Covington	Virginia	Alleghany	005	580
Danville	Virginia	Pittsylvania	143	590
Emporia	Virginia	Greensville	081	595
Fairfax	Virginia	Fairfax	059	600
Falls Church	Virginia	Fairfax	059	610
Franklin	Virginia	Southampton	175	620
Fredericksburg	Virginia	Spotsylvania	177	630
Galax	Virginia	Grayson	077	640
Harrisonburg	Virginia	Rockingham	165	660

Hopewell	Virginia	Prince George	149	670
Lexington	Virginia	Rockbridge	163	678
Lynchburg	Virginia	Campbell	031	680
Manassas	Virginia	Prince William	153	683
Manassas Park	Virginia	Prince William	153	685
Martinsville	Virginia	Henry	089	690
Norfolk	Virginia	Norfolk	129***	710
Norton	Virginia	Wise	195	720
Petersburg	Virginia	Dinwiddie	053	730
Poquoson	Virginia	York	199	735
Portsmouth	Virginia	Norfolk	129***	740
Radford	Virginia	Montgomery	121	750
Richmond	Virginia	Henrico	087	760
Roanoke	Virginia	Roanoke	161	770
Salem	Virginia	Roanoke	161	775
South Boston****	Virginia	Halifax	083	780
Staunton	Virginia	Augusta	015	790
Suffolk	Virginia	Suffolk City	123*****	800
Waynesboro	Virginia	Augusta	015	820
Williamsburg	Virginia	James City	095	830
Winchester	Virginia	Frederick	069	840

Note: * Bedford is no longer an independent city as of July 2013.

** Clifton Forge is no longer an independent city as of July 2001.

*** FIPS does not have a code for Norfolk since it is no longer a county. The AHRF designation of Norfolk city (FIPS Code 51710) includes the independent cities of Norfolk and Portsmouth, Virginia for data prior to 1992. 1992 and later data are contained in the independent cities of Norfolk (51710) and Portsmouth (51740).

**** South Boston is no longer an independent city as of June 1995.

***** Nansemond county became Nansemond city December 15, 1973. Nansemond city became a part of the city of Suffolk December 15, 1979. On AHRF versions prior to the 2001 release, Suffolk independent city was recoded into AHRF modified FIPS 51123. Beginning with the 2001 AHRF, the Suffolk independent city code is now the standard FIPS code of 51800.

The following Virginia independent cities have been carried as separate entities on the AHRF since November 1984:

CITY (NEW MOD FIPS CODE)	FORMER COUNTY ALLOCATION (OLD MOD FIPS CODE)
Alexandria (51510)	Arlington (51013)
Chesapeake (51550)	Norfolk (51129)
Hampton (51650)	Hampton/Newport News City (51084)

Newport News (51700)
Virginia Beach (51810)

Hampton/Newport News City (51084)
Norfolk (51129)

To the extent possible, historical data on AHRF at the time of the change were modified to separate data for these independent cities from data for their former counties. Where independent city data could not be broken out from county data, this fact has been noted in the sections of this User Documentation which describe the individual data elements and/or sources. Where this has occurred, the data are reported on AHRF in the original county (or for Hampton/Newport News Cities, in Newport News – 51650) and the city is reported as missing.

American National Standards Institute codes (ANSI), and *FIPS Publication Change Notices*, issued by the U.S. Department of Commerce, National Institute of Standards and Technology (NIST) state:

- 1) Effective July 1, 2015, Wade Hampton Census Area, Alaska (02270) was changed to Kusilvak Census Area, Alaska (02158). This change was made with the 2015-2016 release of the AHRF.
- 2) Effective May 1, 2015, Shannon County, South Dakota (46113) was changed to Oglala Lakota County, South Dakota (46102). This change was made with the 2015-2016 release of the AHRF.
- 3) Effective July 1, 2013, the independent city of Bedford, VA (51515) reverted to town status. Bedford City, Virginia became an incorporated place within Bedford County (51019). On the AHRF, Bedford City, Virginia data are included in Bedford County for any 2014 or later source data. This change was made with the 2015-2016 release of the AHRF.
- 4) Effective January 3, 2013, Petersburg Borough, Alaska (02195) was created from part of the former Petersburg Census Area (02195) and part of Hoonah-Angoon Census Area, Alaska (02105). Prince of Wales-Hyder Census Area, Alaska (02198) added part of the former Petersburg Census Area. This change was made with the 2015-2016 release of the AHRF.
- 5) Effective June 1, 2008, Wrangell-Petersburg Census Area, AK (02280) split to create part of Wrangell City and Borough, AK (02275) and all of Petersburg Census Area, AK (02195). Wrangell City and Borough also includes the Meyers Chuck area of the defunct Prince of Wales-Outer Ketchikan Census Area, AK (02201), see note below. These codes were added with the 2011-2012 release of the AHRF, and to the extent source data report data for Wrangell City and Borough and Petersburg Census Area, they are reported on the AHRF.

- 6) Effective May 19, 2008, Prince of Wales-Outer Ketchikan Census Area, AK (02201) dissolved. Part (Outer Ketchikan area) was annexed by the existing Ketchikan Gateway Borough, AK (02130), the Meyers Chuck area was included in the new Wrangell City and Borough, AK (02275), see note above; and the remainder was renamed Prince of Wales-Hyder Census Area, AK (02198). These codes were added with the 2011-2012 release of the AHRF, and to the extent source data report data for Prince of Wales-Hyder Census Area and Wrangell City and Borough, they are reported on the AHRF.
- 7) Effective June 20, 2007, Skagway-Hoonah-Angoon Census Area, AK (02232) split to create Skagway Municipality, AK (02230) and Hoonah-Angoon Census Area, AK (02105). These codes were added effective with the 2011-2012 release of the AHRF, and to the extent source data report data for Skagway Municipality and Hoonah-Angoon Census Area, they are reported on the AHRF.
- 8) In November 2001, Broomfield, Colorado (08014) was formed from parts of Adams (08001), Boulder (08013), Jefferson (08059) and Weld (08123) counties. The boundaries of Broomfield County reflect the boundaries of Broomfield city legally in effect on November 15, 2001. This code was added to the 2003 release of the AHRF, and to the extent source data report data for Broomfield, they are reported on the AHRF. This change should be taken into consideration when comparing with historic data.
- 9) Effective July 2001, the independent city of Clifton Forge, Virginia (51560) reverted to town status. Clifton Forge, Virginia became an incorporated place within Alleghany County (51005). On the AHRF, Clifton Forge, Virginia will be included in Alleghany County for any 2002 or later source data.
- 10) Effective July 1999, Yellowstone National Park (30113) is legally part of Gallatin County and Park County in Montana. Source data on the AHRF either report Yellowstone National Park separately or as a part of Park County. Therefore, as of the February 2000 AHRF release, Yellowstone National Park data are combined with Park County (30067) Montana. Any exceptions are noted in this User Documentation.
- 11) Effective July 1999, NIST revised the Dade County, Florida FIPS code from 12025 to 12086 to keep the new official name Miami-Dade County in alphanumeric sequence. This code has been revised on the February 2000 AHRF and should be taken into consideration when comparing with historic files.
- 12) In January 1983, LaPaz County, Arizona (04012) was formed from the northern portion of Yuma County, Arizona (04027), which still exists with reduced

boundaries. As of February 1995, LaPaz County and Yuma County are carried as separate records on the AHRF. The new LaPaz County (04012) record should be combined with Yuma County (04027) when comparing data with historic files for consistency.

- 13) In June 1981, Cibola County, New Mexico (35006) was formed from portions of Valencia County, New Mexico (35061), which still exists with reduced boundaries. As of February 1995, Cibola County and Valencia County are carried as separate records on the AHRF. The new Cibola County (35006) record should be combined with Valencia County (35061) when comparing data with historic files for consistency.
- 14) In September 1979, Ste. Genevieve, Missouri (29193) was renumbered so that the county falls in alphabetical order. The FIPS State and County Code is now 29186.
- 15) In September 1979, Washabaugh County, South Dakota (46131) merged with Jackson County, South Dakota (46071). The merged entity retains the name of Jackson and the code of 46071. On AHRF, historical data for Washabaugh County have been combined with Jackson County.
- 16) Yellowstone National Park (Part), Wyoming (56047) was dropped as an entity. The county was dropped from AHRF, and all non-zero fields were weighted by population and split between Park County, Wyoming (56029), and Teton County, Wyoming (56039).
- 17) In June 1970, Ormsby County was incorporated as the independent city of Carson City, Nevada. Carson City is carried as 32510 on the AHRF.

Note: Effective with the February 2001 release of the AHRF, boroughs and census areas of Alaska are broken out rather than aggregated to the state level. Some historic source data were not reported in the currently defined FIPS areas. These areas have been separated into multiple areas. In these instances they are reported on the AHRF in the area of greater population and noted in the appropriate reference in this user documentation. These differences are as follows:

- 1) In 6/86, Kobuk, AK (02140) became Northwest Arctic (02188); data on the AHRF are included in Northwest Arctic.
- 2) In 1/90, Aleutians, AK (02010) separated into Aleutians West, AK (02016) and Aleutians East (02013); data on the AHRF are included in Aleutians West.
- 3) In 2/92, Skagway-Yakutat-Angoon, AK (02231) separated into Skagway-Hoonah-Angoon (02232) and Yakutat (02282); data on the AHRF are included in Skagway- Hoonah-Angoon.

A-3) County Typology Codes

The **2015 County Typology Codes** are from Economic Research Service (ERS), U.S. Department of Agriculture, www.ers.usda.gov. An area's economic and social characteristics have significant effects on its development and need for various types of public programs. To provide policy-relevant information about diverse county conditions to policymakers, public officials, and researchers. ERS has developed a set of county-level typology codes that captures a range of economic and social characteristics. Although ERS coded the typologies for all U.S. counties, the thresholds for determining the economic dependence types were set using nonmetro counties only. Most thresholds were roughly set at the nonmetro mean plus one standard deviation. ERS used counties that met the 2013 definition of nonmetro (micropolitan and noncore combined) in analyzing the means. The codes are primarily meant to be useful in the analysis of rural conditions, trends, and program needs. ERS coded metro counties to facilitate comparisons across the country.

The County typology classifies all U.S. counties according to six mutually exclusive (non-overlapping) categories of economic dependence and six overlapping categories of policy-relevant themes.

Codes for the field Economic-Dependent Typology are defined as follows:

- 0 = Nonspecialized
- 1 = Farming-dependent county
- 2 = Mining-dependent county
- 3 = Manufacturing-dependent county
- 4 = Federal/State government-dependent county
- 5 = Recreation
- Blank = Missing Value

Codes for all other Typology fields are defined as follows:

- 0 = No
- 1 = Yes
- Blank = Missing Value

Economic Types:

Farming-dependent: 25 percent or more of the county's average annual labor and proprietor's earnings were derived from farming, or 16 percent or more of jobs were in farming, as measured by 2010-2012 Bureau of Economic Analysis, Local Area Personal Income and Employment data.

Mining-dependent: 13 percent or more of the county's average annual labor and

proprietors' earnings were derived from mining, or 8 percent or more of jobs were in mining, as measured by 2010-2012 Bureau of Economic Analysis, Local Area Personal Income and Employment data.

Manufacturing-dependent: 23 percent or more of the county's average annual average annual labor and proprietors' earnings were derived from manufacturing, or 16 percent or more of jobs were in manufacturing, as measured by the 2010-2012 Bureau of Economic Analysis, Local Area Personal Income and Employment data.

Federal/State Government-dependent: 14 percent or more of the county's average annual labor and proprietors' earnings were derived from Federal/State government during or 9 percent or more jobs were in Federal/State government as measured by 2010-2012 Bureau of Economic Analysis, Local Area Personal Income and Employment data.

Recreation: Computed using three data sources: 1) Percentage of wage and salary employment in entertainment and recreation, accommodations, eating and drinking places, and real estate as a percentage of all employment reported by the Bureau of Economic Analysis; 2) Percentage of total personal income reported for these same categories by the Bureau of Economic Analysis; and 3) Percentage of vacant housing units intended for seasonal or occasional use reported in the 2010 Census.

Nonspecialized: County did not meet the economic dependence threshold for any one of the other above types, as measured by the 2010-2012 Bureau of Economic Analysis, Local Area Personal Income and Employment and Employment data.

Policy Types (these indicators are not mutually exclusive, a county may be none, one or more policy type):

Low-education: 20 percent or more of county residents age 25-64 did not have a high school diploma or equivalent, determined by the American Community Survey 5-year average data for 2008-12.

Low-employment: Less than 65 percent of county residents age 25-64 were employed, determined by the American Community Survey 5-year average data for 2008-12.

Persistent poverty: 20 percent or more of county residents were poor, measured by the 1980, 1990, 2000 censuses, and the American Community Survey 5-year average data for 2007-11. This code was released in April 2014 by ERS and has been carried on the Area Health Resource File since the 2013-14 release.

Persistent Child poverty: 20 percent or more of county related children under 18 were poor, measured in the 1980, 1990, 2000 censuses, and the American Community Survey 5-year average data for 2007-11.

Population loss: Number of county residents declined between the 1990 and 2000 censuses and also between the 2000 and 2010 censuses.

Retirement destination: Number of residents age 60 and older grew by 15 percent or more between 2000 and 2010 censuses due to net migration.

Note:

- 1) Labor and proprietors' earnings by place of work are the basis for the economic dependence categories. Each industry's earnings and employment were calculated separately as a percent of total labor and proprietors' earnings or total employment in the county in 2010, 2011, and 2012. These percentages were summed, and divided by 3 to obtain annual average percentages. This averaging was done to minimize the effects of any one-year anomaly in an industry's earnings or employment.
- 2) County-level estimates of earnings and employment by place of work used to measure economic dependence come from the Bureau of Economic Analysis' (BEA) Regional Local Area Personal Income & Employment data. The BEA income and employment data used were released in November 2014. The BEA industry data use the North American Industry Classification System (NAICS). Publicly available data (with some industry suppression at the county level) were used for Florida, Massachusetts, Mississippi, New Hampshire and Wyoming. For all other States, unsuppressed data, not publically available, were used to develop the economic classifications.
- 3) If a county qualified for more than one economic type, it was classified in the industry which accounted for the largest percentage of total earnings.
- 4) Data are reported for Hoonah-Angoon Census Area, AK (02105), Petersburg Census Area, AK (02195), Prince of Wales-Hyder Census Area, AK (02198), Skagway Municipality, AK (02230) and Wrangell City and Borough, AK (02275).
- 5) Maui, Hawaii (15009) and Kalawao, Hawaii (15005) were analyzed as combined units on the source file and then each component was assigned the combined unit's typology codes.
- 6) The following Virginia independent cities and counties were analyzed as combined units on the source file and then each component was assigned the combined unit's typology codes:

SOURCE FILE AREA

COMBINED WITH

Bedford City	(51515)	Bedford	(51019)
Bristol	(51520)	Washington	(51191)
Buena Vista	(51530)	Rockbridge	(51163)
Charlottesville	(51540)	Albemarle	(51003)
Colonial Heights	(51570)	Dinwiddie	(51053)
Covington	(51580)	Alleghany	(51005)
Danville	(51590)	Pittsylvania	(51143)

Emporia	(51595)	Greenville	(51081)
Fairfax City	(51600)	Fairfax	(51059)
Falls Church	(51610)	Fairfax	(51059)
Franklin	(51620)	Southampton	(51175)
Fredericksburg	(51630)	Spotsylvania	(51177)
Galax	(51640)	Carroll	(51035)
Harrisonburg	(51660)	Rockingham	(51165)
Hopewell	(51670)	Prince George	(51149)
Lexington	(51678)	Rockbridge	(51163)
Lynchburg	(51680)	Campbell	(51031)
Manassas	(51683)	Prince William	(51153)
Manassas Park	(51685)	Prince William	(51153)
Martinsville	(51690)	Henry	(51089)
Norton	(51720)	Wise	(51195)
Petersburg	(51730)	Dinwiddie	(51053)
Poquoson	(51735)	York	(51199)
Radford	(51750)	Montgomery	(51121)
Salem	(51775)	Roanoke	(51161)
Staunton	(51790)	Augusta	(51015)
Waynesboro	(51820)	Augusta	(51015)
Williamsburg	(51830)	James City	(51095)
Winchester	(51840)	Frederick	(51069)

The **2014 Persistent Poverty and High Poverty County Typology Codes** are from The Atlas of Rural and Small-Town America, release 10.0 April 2014, Economic Research Service (ERS), U.S. Department of Agriculture, www.ers.usda.gov.

The typology codes are defined as follows:

0 = No
1 = Yes
Blank = Missing Value

Note:

- 1) Persistent Poverty is a classification of counties by level of poverty over four decades, where 1 is a persistent poverty county and 0 is all other counties. A county was classified as persistent poverty if 20 percent or more of its resident were poor as measured by the 1980, 1990, and 2000 decennial censuses and the American Community Survey 5-year estimates for 2007-2011.
- 2) High Poverty is a classification of county, where 1 is a high poverty county and 0 is all other counties. A county was classified as high poverty if 20 percent or more of its residents were poor as measured by the American Community Survey five-year estimates for 2008-2012.
- 3) Data are reported for Hoonah-Angoon Census Area (02105), Petersburg Census Area (02195), Prince of Wales-Hyder Census Area (02198), Skagway Municipality (02230), and Wrangell City and Borough (02275).

- 4) Data are carried on the AHRF for Puerto Rico for the High Poverty Typology Code only. The source file did not report Puerto Rico for the Persistent Poverty Typology Code.

A-4) Metropolitan/Micropolitan and Combined Statistical Areas

The **2020 Statistical Areas: Metropolitan Statistical Areas, Metropolitan Divisions, Micropolitan Statistical Areas and Combined Statistical Areas** were announced by the Office of Management and Budget in *OMB Bulletin No. 20-01* to be effective March 6, 2020. The delineations of statistical areas reflect the Standards for Delineating Metropolitan and Micropolitan Statistical Areas that the Office of Management and Budget published on June 28, 2010, in the *Federal Register* (75 FR 37246-37252) and the application of those standards to Census Bureau population and journey-to-work data. The 2020 updates are based on the applications of the 2010 Standards for Delineating the Metropolitan and Micropolitan Statistical Areas to Census population estimates for July 1, 2017 and July 1, 2018. The term **“Core Based Statistical Area”** (CBSA), which became effective in 2000, refers collectively to Metropolitan and Micropolitan Statistical Areas.

Metropolitan Statistical Areas have at least one urbanized area of 50,000 or more population plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties. **Micropolitan Statistical Areas** have at least one urban cluster of at least 10,000 but less than 50,000 population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties. Metropolitan and Micropolitan Statistical Areas are defined in terms of whole counties (or equivalent entities), including in the six New England States.

The term **Metropolitan Division** is used to refer to a county or group of counties within a Metropolitan Statistical Area that has a single core of population of at least 2.5 million. While a Metropolitan Division is a subdivision of a larger Metropolitan Statistical Area, it often functions as a distinct social, economic and cultural area within the larger region. Metropolitan Divisions can be directly compared with each other, but comparison of them with entire Metropolitan Statistical Areas would be inappropriate.

If specified criteria are met, adjacent Metropolitan and Micropolitan Statistical Areas, in various combinations, may become the components of a set of complementary areas called **Combined Statistical Areas**. For instance, a Combined Statistical Area may comprise two or more Metropolitan Statistical Areas, a Metropolitan Statistical Area and a Micropolitan Statistical Area, two or more Micropolitan Statistical Areas, or multiple Metropolitan and Micropolitan Statistical Areas that have social and economic ties as measured by commuting, but at lower levels than are found among counties with Metropolitan and Micropolitan Areas.

Combined Statistical Areas can be characterized as representing larger regions that reflect weekend recreation activities, are likely to be of considerable interest to regional authorities and the private sector. Because Combined Statistical Areas represent groupings of Metropolitan and Micropolitan Statistical Areas (in any combination), they should not be ranked or combined with the individual Metropolitan and Micropolitan Statistical Areas.

OMB's standards provide for the identification of one or more principal cities within each Metropolitan and Micropolitan Statistical Area. Principal cities encompass both incorporated places and census designated places (CDPs). In addition to identifying the more significant places in each Metropolitan and Micropolitan Statistical Area in terms of population and employment, principal cities also are used in titling Metropolitan and Micropolitan Statistical Areas, Metropolitan Divisions and Combined Statistical Areas. A principal city may be only a part of a place if a portion of that place is outside of the Metropolitan Statistical Area or Micropolitan Statistical Area for which the place is principal.

OMB establishes and maintains the delineations of Metropolitan Statistical Areas, Metropolitan Divisions, Micropolitan Statistical Areas and Combined Statistical Areas solely for statistical purposes. This classification is intended to provide nationally consistent delineations for collecting, tabulating and publishing Federal statistics for a set of geographic areas. The Metropolitan and Micropolitan Statistical Area Standards do not equate to an urban-rural classification; many counties included in Metropolitan and Micropolitan Statistical Areas, and many other counties, contain both urban and rural territory and populations.

The geographic components of Metropolitan and Micropolitan Statistical Areas and Metropolitan Divisions are counties and equivalent entities (boroughs and a municipality in Alaska, parishes in Louisiana, municipios in Puerto Rico, and independent cities in Maryland, Missouri, Nevada and Virginia).

On the AHRF, the fields for Metropolitan code and Micropolitan code were combined into one field, Core Based Statistical Area Code, as were Metropolitan name and Micropolitan name combined to form Core Based Statistical Area Name. The **CBSA Indicator Code** field defines the county's type. It is defined as follows:

- 0 = Not a Statistical Area
- 1 = Metropolitan Statistical Area
- 2 = Micropolitan Statistical Area

CBSA County Status field identifies a county of a Metropolitan or Micropolitan Statistical Area as either central or outlying. Under the standards, the county (or counties) in which at least 50 percent of the population resides within urban areas of 10,000 or more population, or contain at least 5,000 people residing within a single urban area of 10,000 or more population, is identified as a "central county" (counties). Additional "outlying counties" are included in the CBSA if they meet specified requirement of commuting to or from the central counties. County or equivalent entities form geographic "building blocks" for Metropolitan or Micropolitan Statistical Areas throughout the United States and Puerto Rico.

Note:

- 1) Part of Sullivan City in Crawford County MO (FIPS 29055) was added to St. Louis, MO-IL Metropolitan Statistical Area (Metropolitan Code 41180) effective December 22,

1987. On the AHRF, Crawford County is included in St. Louis, MO-IL Metropolitan Statistical Area.
- 2) Bedford City, VA (FIPS 51515), a component of the Lynchburg, VA Metropolitan Statistical Area (CBSA 31340), changed to town status and was added to Bedford County, VA (FIPS 51009) with the 2015 updates.
 - 3) Data are carried on the AHRF for Puerto Rico.

A-5) Rural/Urban Continuum Codes

The **2013 Rural/Urban Continuum Codes** are from the U.S. Department of Agriculture's Economic Research Service (ERS) website: <http://www.ers.usda.gov/data-products/rural-urban-continuum-codes.aspx>. The codes form a classification scheme that distinguishes metropolitan (metro) counties by the population size of their metro area and nonmetropolitan (nonmetro) counties by degree of urbanization and adjacency to a metro area. The official Office of Management and Budget (OMB) metro and nonmetro categories have been subdivided into three metro and six nonmetro categories. Each county in the U.S. is assigned one of 9 codes. This scheme allow researchers to break county data into finer residential groups, beyond metro and nonmetro, particularly for analysis of trends in nonmetro areas that are related to population density and metro influence.

The 2013 Rural/Urban Continuum Code scheme classifies all counties in the United States, including 1,167 metro counties and 1,972 nonmetro counties. Also included are 69 metro municipios and 9 nonmetro municipios in Puerto Rico. Several nonmetro independent cities in Virginia have been combined with the counties of origin by ERS. See note below for cities and counties.

To create the 2013 Rural-Urban Continuum Codes, all U.S. counties and county equivalents were first grouped according to their official metro-nonmetro status, defined by the Office of Management and Budget (OMB) as of February, 2013. OMB determined current metropolitan status by applying population and worker commuting criteria to the results of the 2010 Census and the 2006-2010 American Community Survey (ACS) from the U.S. Census Bureau.

Metro counties are divided into three categories according to the total population size of the metro area of which they are a part: 1 million people or more, 250,000 to 1 million people, and below 250,000. Nonmetro counties are classified along two dimensions. First, they are divided into three urban-size categories (an urban population of 19,999 or more, 2,500 to 20,000, and less than 2,500) based on the total population in the county. Second, nonmetro counties in the three urban-sized categories are sub-divided by whether or not the county is adjacent to one or more metro areas. A nonmetro county is defined as adjacent if it physically adjoins one more metro areas, and has at least 2% of its employed labor force commuting to central metro counties. Nonmetro counties that do not meet these criteria are classified as nonadjacent.

In concept, the 2013 version of the Rural-Urban Continuum Codes is comparable with that of earlier decades. However, in 2000, OMB made major changes in its metro-area delineation procedures, and the Census Bureau changed the way in which rural and urban are measured. Therefore, the 2013 and 2003 Rural-Urban Continuum Codes are not fully comparable to those of earlier years. OMB's changes added some additional metro areas by no longer requiring that a metro area must have at least 100,000 population if its urbanized area includes no place of at least 50,000 people. More importantly, simplifying the worker commuting criteria that determine outlying metro counties had the effect of adding numerous new outlying counties to metro areas while deleting a smaller number that were previously defined as metro.

No major changes were made in either the metro-nonmetro or urban-rural criteria between 2000 and 2010. However, the decennial census long form was eliminated in 2010 and OMB used 5-year average commuting flow data from the 2006-2010 American Community Survey (ACS) rather than a point in time estimate to delineate metropolitan and micropolitan areas. The 2006-2010 ACS commuting flow data was also used to compute adjacency for the Rural-Urban Continuum Codes. This scheme allows researchers to break county data into finer residential groups, beyond metro and nonmetro, particularly for analysis of trends in nonmetro areas that are related to population density and metro influence.

The 2013 Rural/Urban Continuum Codes are defined as follows:

CODE METROPOLITAN COUNTIES (1-3)

- 01 Counties in metro areas of 1 million population or more
- 02 Counties in metro areas of 250,000 – 1,000,000 population
- 03 Counties in metro areas of fewer than 250,000 population

NONMETROPOLITAN COUNTIES (4-9)

- 04 Urban population of 20,000 or more, adjacent to a metro area
- 05 Urban population of 20,000 or more, not adjacent to a metro area
- 06 Urban population of 2,500-19,999, adjacent to a metro area
- 07 Urban population of 2,500-19,999, not adjacent to a metro area
- 08 Completely rural or less than 2,500 urban population, adjacent to a metro area
- 09 Completely rural or less than 2,500 urban population, not adjacent to a metro area

Blank Missing Value

Note:

- 1) The following Virginia nonmetro independent cities were combined on the source data with their counties of origin when computing the Rural-Urban Continuum Codes:

- | FIPS Code and City | FIPS Code and County |
|---------------------------|-----------------------------|
| 51580 Covington City | 51005 Alleghany County |
| 51640 Galax City | 51035 Carroll County |
| 51595 Emporia City | 51081 Greenville County |
| 51690 Martinsville City | 51089 Henry County |
| 51590 Danville City | 51143 Pittsylvania County |
| 51530 Buena Vista City | 51163 Rockbridge County |
| 51678 Lexington City | 51163 Rockbridge County |
| 51620 Franklin City | 51175 Southampton County |
- 2) Data are reported for Hoonah-Angoon Census Area (02105), Petersburg Census Area (02195), Prince of Wales-Hyder Census Area (02198), Skagway Municipality (02230), and Wrangell City and Borough (02275).
 - 3) Data are carried on the AHRF for Puerto Rico.

A-6) Urban Influence Codes

The **2013 Urban Influence Codes** are from the U.S. Department of Agriculture’s Economic Research Service (ERS) website: <http://www.ers.usda.gov/data-products/urban-influence-codes.aspx>. The 2013 Urban Influence Codes form a classification scheme that distinguishes metropolitan (metro) counties by population size of their metro area, and nonmetropolitan (nonmetro) counties by size of the largest city or town and proximity to metropolitan and micropolitan areas. The standard Office of Management and Budget (OMB) metro and nonmetro categories have been subdivided into two metro and 10 nonmetro categories, resulting in a 12-part county classification.

The 2013 Urban Influence Codes classify all counties and county equivalents in the United States and the Commonwealth of Puerto Rico. These include 1,167 metro counties as well as 641 micro and 1,335 noncore nonmetro counties. In Puerto Rico, the Urban Influence Codes comprised 69 metro, 4 micro, and 4 noncore municipios. Several nonmetro independent cities in Virginia have been combined with their counties of origin by ERS.

The 2013 Urban Influence Codes divide 3,143 counties, county equivalents, and independent cities in the United States into 12 groups. Metro counties are divided into two groups according to the population size of the metro area--those in “large” areas have at least 1 million residents and those “small” areas have fewer than 1 million residents. Nonmetro counties include all counties outside metro areas and are delineated as Micropolitan or noncore using OMB’s classification. Nonmetro micropolitan counties are divided into three groups distinguished by metro size and adjacency: adjacent to a large metro area, adjacent to a small metro area, and not adjacent to a metro area. Nonmetro noncore counties are divided into seven groups distinguished by their adjacency to metro or micro areas and whether or not they contain a town of at least 2,500 residents. A town refers to an incorporated city or town, or a Census Designated Place, which is an entity that has no legal definition. Nonmetro independent cities of Virginia have been combined with their counties of origin. See note below for cities

and counties.

The 2013 Urban Influence Codes are based on the OMB metropolitan classification announced in February 2013, which in turn are based on population data from the 2010 Census of Population and commuting data from the 2006-2010 American Community Survey (ACS). Nonmetro counties are defined as adjacent if they abut a metro area (or if nonmetro noncore counties abut a micro area) and have at least 2% of employed persons commuting to work in the core of the metro area (or in the micro area). When a nonmetro county meets the adjacency criterion for more than one metro (or micro) area, it is designated as adjacent to the area to which the largest percentage of its workers commuted.

In concept, the 2013 version of the Urban Influence Codes is comparable with the previous version released in 2003. However, OMB's release of the 2013 Metropolitan Areas used 5-year average commuting data from the 2006-2010 American Community Survey rather than from the decennial Census, since commuting data are no longer collected as part of the decennial census. The codes released in 2003 were based on a point-in-time commuting measure from the 2000 Census of Population.

Comparisons with versions prior to the 2003 release are more problematic. OMB made major changes in its metro area delineation procedures for the 2000 Census. These changes added additional metro areas by no longer requiring that a metro area must have at least 100,000 population if its urbanized area has no place of at least 50,000 people. More importantly, the changes simplified the worker commuting criteria that determine outlying metro counties and added numerous new outlying counties to metro areas while removing the metro status of a smaller number of counties that were previously metro.

The Census Bureau also changed its method for defining rural and urban areas by liberalizing the procedures for delineating urbanized areas of 50,000 or more people, and dropping place boundary requirements in measuring urban or rural population. The procedures used in defining urbanized areas were extended down to clusters of 2,500 or more people, based solely on population density per square mile. In this manner, lightly settled sections of municipalities were treated as rural, and densely settled areas adjoining urban cores were treated as urban, regardless of whether they were incorporated or not. Thus "urban clusters" need not include an incorporated or unincorporated place of 2,500 population, and not all incorporated or unincorporated places of 2,500 population constitute urban clusters. It is therefore not possible to redefine Urban Influence Codes for prior censuses in a manner fully consistent with those of 2003.

CODE	METROPOLITAN
1	In a large metro area of 1 million residents or more
2	In a small metro area of less than 1 million residents

NONMETROPOLITAN

- 3 Micropolitan area adjacent to a large metro area
- 4 Noncore adjacent to a large metro area
- 5 Micropolitan area adjacent to a small metro area
- 6 Noncore adjacent to a small metro area with a town of at least 2,500
- 7 Noncore adjacent to a small metro area and does not contain a town of at least 2,500 residents
- 8 Micropolitan area not adjacent to a metro area
- 9 Noncore adjacent to a micro area and contains a town of at least 2,500 residents
- 10 Noncore adjacent to micro area and does not contain a town of at least 2,500 residents
- 11 Noncore not adjacent to a metro or micro area and contains a town of at least 2,500 or more residents
- 12 Noncore not adjacent to a metro or micro area and does not contain a town of at least 2,500 residents

Blank Missing Value

Note:

- 1) Adjacent counties have at least 2% of employed residents commuting to the central counties of the physically adjacent metro or micro area.
- 2) The following Virginia nonmetro independent cities were combined on the source data with their counties of origin when computing the Urban Influence Codes:

FIPS Code and City	FIPS Code and County
51580 Covington City	51005 Alleghany County
51640 Galax City	51035 Carroll County
51595 Emporia City	51081 Greensville County
51690 Martinsville City	51089 Henry County
51590 Danville City	51143 Pittsylvania County
51530 Buena Vista City	51163 Rockbridge County
51678 Lexington City	51163 Rockbridge County

- 3) Data are reported for Hoonah-Angoon Census Area (02105), Petersburg Census Area (02195), Prince of Wales-Hyder Census Area (02198), Skagway Municipality (02230), and Wrangell City and Borough (02275).
- 4) Data are carried on the AHRF for Puerto Rico.

A-7) BEA Economic Area Codes and Names and Component Economic Area Codes and Names

The **2004 BEA Economic Area (EA) Codes and Names and Component Economic Area (CEA) Codes and Names** were released November 17, 2004 by the Bureau of Economic

Analysis (BEA), U.S. Department of Commerce. The redefinitions of the BEA economic areas are based on commuting data from the 2000 decennial population census, on redefined statistical areas from the U.S. Office of Management and Budget (OMB) in February 2004, and on newspaper circulation data from the Audit Bureau of Circulations for 2001.

BEA's economic areas define the relevant regional markets surrounding metropolitan or micropolitan statistical areas. They consist of one or more economic nodes – metropolitan or micropolitan statistical areas that serve as regional centers for economic activity – and the surrounding counties that are economically related to the nodes. For additional information regarding BEA codes, refer to the BEA website: www.bea.gov.

There are 344 CEAs. The CEA code was assigned based on the alphabetic ordering of CEA names, beginning with 601 and ending with 944. The CEA name is the same as the name of the core based statistical area (metropolitan or micropolitan area) or combined statistical area for that county.

There are 179 EAs. The EA code was assigned based on the alphabetic ordering of the EA names, beginning with 1 and ending with 179. The EA name is the same as the name of the EA's primary CEA. Each EA is constructed from one or more CEAs. The primary CEA is the single CEA that best approximates the labor market characteristic of the economic area as a whole. This usually is the largest CEA in the area but in a few cases the name of a smaller CEA with low commuting is used instead of that of a larger CEA with very high commuting.

A-8) Federal Region Code and Census Region and Division Codes and Names

These are the codes for the ten Federal Regional Offices from the Department of Health and Human Services. The **Federal Region Codes**, Regional Office names and the states within each region are as follows:

CODE	DEFINITION
01	Boston R.O. (Maine, Vermont, Mass., Conn., R.I., N.H.)
02	New York R.O. (N.Y., N.J., Puerto Rico, US Virgin Islands)
03	Philadelphia R.O. (Penn., Del., D.C., Maryland, Va., W. Va.)
04	Atlanta R.O. (Ala., Fla., Georgia, Ky., Miss., N.C., S.C., Tenn.)
05	Chicago R.O. (Ill., Indiana, Minn., Michigan, Ohio, Wisconsin)
06	Dallas R.O. (Arkansas, N.M., Oklahoma, Texas, Louisiana)
07	Kansas City R.O. (Iowa, Kansas, Missouri, Nebraska)
08	Denver R.O. (Colo., Montana, N.D., S.D., Utah, Wyoming)
09	San Francisco R.O. (Ariz., Calif., Hawaii, Nev., Guam)
10	Seattle R.O. (Alaska, Idaho, Oregon, Washington)

The **Census Region Codes and Names** and **Census Division Codes and Names** were

taken from the NCHWA HSA ACCESS System. The codes and names are as follows:

ACCESS SYSTEM CODES		NAME	STATES INCLUDED
Region	Division		
1		Northeast	
	1	New England	Maine, Vermont, Massachusetts, New Hampshire, Connecticut, Rhode Island
	2	Middle Atlantic	New York, New Jersey, Pennsylvania
2		Midwest	
	3	East North Central	Ohio, Michigan, Indiana, Illinois, Wisconsin
	4	West North Central	Minnesota, Iowa, Missouri, Kansas, Nebraska, South Dakota, North Dakota
3		South	
	5	South Atlantic	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida
	6	East South Central	Kentucky, Tennessee, Mississippi, Alabama
	7	West South Central	Arkansas, Louisiana, Texas, Oklahoma
4		West	
	8	Mountain	Montana, Wyoming, Colorado, New Mexico, Arizona, Utah, Idaho, Nevada
	9	Pacific	Washington, Oregon, California, Alaska, Hawaii

A-9) Contiguous Counties

Contiguous Counties were taken from the *United States Department of Commerce, Bureau of the Census, Map of Boundaries of Counties and County Equivalents as of January 1, 1970, U.S. Government Printing Office, 1971, Stock Number 0-424-798*. Revisions made to reflect Alaska boroughs and census areas and Virginia independent cities were coded from the *U.S. Bureau of the Census, United States County Outline (base map) Counties and Equivalent Areas of the United States of America* as of the year 2000. These fourteen fields contain, for a given county, the FIPS State and County Codes for all counties contiguous to that county. There can be a maximum of fourteen counties contiguous to a given county. Unused fields are blank. Thus, if a county has three counties contiguous to it, the fields for Contiguous Counties # 4-14 will be blank.

Counties are considered contiguous by water rights to other counties when they both border the same body of water. Islands and peninsulas are considered contiguous to neighboring counties by either water rights or accessibility.

The following Hawaiian counties are considered contiguous by water rights:

COUNTY	CONTIGUOUS TO:
Hawaii (15001)	Maui (15009)
Honolulu (15003)	Kauai (15007) Maui (15009)
Kauai (15007)	Honolulu (15003)
Maui (15009)	Hawaii (15001) Honolulu (15003)

The following New York City counties are considered contiguous even though some are separated by water:

COUNTY	CONTIGUOUS TO:
Bronx, N.Y. (36005)	Bergen, N.J. (34003) New York, N.Y. (36061) Queens, N.Y. (36081) Westchester, N.Y. (36119)
Kings, N.Y. (36047)	New York, N.Y. (36061) Queens, N.Y. (36081) Richmond, N.Y. (36085)

New York, N.Y. (36061)	Bronx, N.Y. (36005) Kings, N.Y. (36047) Queens, N.Y. (36081) Richmond, N.Y. (36085)
Queens, N.Y. (36081)	Bronx, N.Y. (36005) Kings, N.Y. (36047) Nassau, N.Y. (36059) New York, N.Y. (36061)
Richmond, N.Y. (36085)	Essex, N.J. (34013) Hudson, N.J. (34017) Middlesex, N.J. (34023) Union, N.J. (34039) Kings, N.Y. (36047) New York, N.Y. (36061)

A-10) HPSA Codes

The **2010 and 2015 through 2021 Health Professional Shortage Area (HPSA) codes** for Primary Medical Care, Dentists and Mental Health Professionals are from the Health Resources and Services Administration (HRSA), Data Warehouse. HPSA county codes on the AHRF were downloaded from the Data Warehouse on the following dates and reflect designation status as of those dates.

Year of Data	Date Downloaded
2021	05/05/2021
2020	05/06/2020
2019	05/05/2019
2018	05/07/2018
2017	05/03/2017
2016	05/02/2016
2015	06/03/2015
2010	12/13/2010

Designation status is updated on an ongoing basis. For more details regarding specific types of shortage areas with a county and the most current county designation status, refer to the HRSA website: <http://hpsafind.hrsa.gov/>.

HPSA data for Primary Care, Dentists, and Mental Health Professionals are defined as follows:

- 1) **Primary Care Practitioners** include non-Federal doctors of medicine (M.D.) and doctors of osteopathy (D.O.) providing direct patient care who practice principally in one of the four primary care specialties-general or family practice, general internal medicine, pediatrics, and obstetrics and gynecology. Those physicians engaged solely in administration, research and teaching will be excluded. A geographic area will be designated as having a shortage of primary medical care professionals if the following three criteria are met:
 - A. The area is a rational area for the delivery of primary medical care services.
 - B. One of the following conditions prevails within the area:
 1. The area has a population to full-time-equivalent primary care physician ratio of at least 3,500:1.
 2. The area has a population to full-time-equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and has unusually high needs for primary care services or insufficient capacity of existing primary care providers.
 - C. Primary medical care professionals in contiguous areas are overutilized, excessively distant or inaccessible to the population of the area under consideration.

For additional information regarding HPSA Primary Care Designation Criteria, refer to the HRSA website:

<https://data.hrsa.gov/topics/health-workforce/shortage-areas>

- 2) **Dental Practitioners** include non-Federal dentists providing patient care. Dentists not in general practice or pedodontics will be excluded. A geographic area will be designated as having a shortage of dental professionals if the following three criteria are met:
 - A. The area is a rational area for the delivery of dental services.
 - B. One of the following conditions prevails in the area:
 1. The area has a population to full-time-equivalent dentist ratio of at least 5,000:1.
 2. The area has a population to full-time-equivalent dentist ratio of less than 5,000:1 but greater than 4,000:1 and has unusually high needs for dental services or insufficient capacity of existing dental providers.
 - C. Dental professionals in contiguous areas are overutilized, excessively distant or inaccessible to the population of the area under consideration.

For additional information regarding HPSA Dental Care Designation Criteria, refer to the HRSA website:

<https://data.hrsa.gov/topics/health-workforce/shortage-areas>

- 3) The criteria for psychiatric HPSAs were expanded to **Mental Health HPSAs** in 1992 as published in the *Federal Register*, Vol. 57, No. 14; Wednesday, January 22, 1992. Professionals include those psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet the definitions set forth in the ruling. To be designated as having a shortage of mental health professionals, a geographic area must meet the following three criteria where non-Federal core mental health professionals provide mental health patient care (direct or other, including consultation and supervisory) in ambulatory or other short-term care settings to residents of the area:
 - A. The area is a rational area for the delivery of mental health services.
 - B. One of the following conditions prevails within the area:
 1. The area has:
 - a) population-to-core-mental-health-professional ratio greater than or equal to 6,000:1 and a population-to-psychiatrist ratio greater than or equal to 20,000:1 or
 - b) a population-to-core-professional ratio greater than or equal to 9,000:1 or
 - c) a population-to-psychiatrist ratio greater than or equal to 30,000:1;
 2. The area has unusually high needs for mental services, and has:
 - a) population-to-core-mental-health-professional ratio greater than or equal to 4,500:1 and a population-to-psychiatrist ratio greater than or equal to 15,000:1 or
 - b) a population-to-core-professional ratio greater than or equal to 6,000:1, or
 - c) a population-to-psychiatrist ratio greater than or equal to 20,000:1;
 - C. Mental health professionals in contiguous areas are overutilized, excessively distant or inaccessible to residents of the area under consideration.

For additional information regarding HPSA Mental Health Primary Care Designation Criteria, refer to the HRSA website:

<https://data.hrsa.gov/topics/health-workforce/shortage-areas>

- 4) When the criteria described above are met for a geographic area, the county is

designated as a whole county shortage area on the AHRF if the HPSA type description is defined as Geographic or Geographic High Needs for the entire county. Where an entire county does not meet the shortage criteria, but a population group within the area has access barriers, a population group within the county may be designated. Parts of a county (e.g., Minor Civil Divisions or Census Tracts) may be also designated as Geographic or Geographic High Needs. In some cases, facilities may be designated as HPSAs. This applies to correctional facilities and to State mental hospitals. In addition, public and non-profit private facilities located outside designated HPSAs may receive facility HPSA designation if they are shown to be accessible to and serving a designated geographic area or population group HPSA. When a county meets the criteria for only a population group, a partial geographic area and/or facility HPSA, the county is designated as a partial HPSA on the AHRF.

- 5) HPSA Codes are defined as follows:
- 0 = None of the county designated as a shortage area;
 - 1 = The whole county designated as a shortage area;
 - 2 = One or more parts of the county designated as a shortage area.

Note:

- 1) Beginning with the 2013 data, the following Alaska counties are reported: Hoonah-Angoon Census Area (02105), Petersburg Census Area (02195), Prince of Wales-Hyder Census Area (02198), Skagway Municipality (02230), and Wrangell City and Borough (02275).
- 2) HPSAs are provided on the AHRF for US territories of Guam, Puerto Rico and US Virgin Islands.

A-11) SSA Beneficiary State and County Codes

The **SSA Beneficiary State and County Codes** were updated using the most current Centers for Medicare and Medicaid Services (CMS) *SSA to Federal Information Processing Series (FIPS) State and County Crosswalk File*, supplemented with data for Guam and the US Virgin Islands from the CMS 2021 *Medicare Advantage Ratebook File*. The SSA code consists of a two-byte state and three-byte county code.

Note:

- 1) These codes were originally updated using data from the Social Security Administration's (SSA) Office of Research, Evaluation and Statistics (ORES). Therefore, this data will differ somewhat from the AHRF releases prior to July 2021.
- 2) There are two SSA beneficiary codes used to identify Los Angeles County, California (05200 and 05210). However, since FIPS has only one code for Los Angeles, only 05200 is assigned to this county.

- 3) Data are included for Guam, Puerto Rico and the US Virgin Islands.

B. HEALTH PROFESSIONS

B-1) Physicians

Primary Care Physicians:

The **2010-2019 Non-Federal Primary Care Physician data** are from the 2010-2019 *American Medical Association Physician Masterfiles* (Copyright). Data are carried for Total Physicians, for M.D.'s and for D.O.'s. The reporting period is as of December 31.

Note:

- 1) Primary Care includes General Family Medicine, General Practice, General Internal Medicine and General Pediatrics. Subspecialties within these specialties are excluded.
- 2) Fields are carried for Patient Care and Hospital Residents. Patient Care includes Office Based and Hospital Based (FT) Staff.
- 3) Physicians age 75 and over are excluded.
- 4) Data are carried for Hoonah-Angoon Census Area, AK (02105) and Skagway Municipality, AK (02230) which were formed from Skagway-Hoonah-Angoon Census Area (02232), effective June 20, 2007.
- 5) Data are carried for Prince of Wales-Hyder Census Area (02198). This census area was formed from a part of Prince Of Wales-Outer Ketchikan Census Area (02201) which was dissolved May 19, 2008. The Outer Ketchikan area of Prince of Wales-Hyder Census Area was annexed by the existing Ketchikan Gateway Borough (02130); the Meyers Chuck area was included in the new Wrangell City and Borough (02275), (see note below), and the remainder was renamed Prince of Wales-Hyder Census Area.
- 6) Data are carried for Petersburg Census Area (02195) and Wrangell City and Borough (02275). Wrangell-Petersburg Census Area (02280) split June 1, 2008 to create part of Wrangell City and Borough and all of Petersburg Census Area. Wrangell City and Borough also includes the Meyers Chuck area of the defunct Prince of Wales-Outer Ketchikan (see above note).
- 7) Data are included for Guam, Puerto Rico and the US Virgin Islands.

Physicians by Country of Graduation:

The **2010-2019 Non-Federal Physician Graduate data** are from the 2010-2019 *American Medical Association Physician Masterfiles* (Copyright). Data are carried for Total Physicians, for M.D.'s and for D.O.'s by country of graduation. The reporting period is as of December 31.

Note:

- 1) Data include those physicians practicing in Total Patient Care which includes Office Based, Hospital Residents and Hospital Based (FT) Staff for graduates of US medical schools, Canadian medical schools and International medical schools.
- 2) Two records on the 2013 source file were missing the medical school code used to determine county of graduation. These records were not updated to the graduate fields on the AHRF.
- 3) Data are carried for Hoonah-Angoon Census Area, AK (02105) and Skagway Municipality, AK (02230) which were formed from Skagway-Hoonah-Angoon Census Area (02232), effective June 20, 2007.
- 4) Data are carried for Prince of Wales-Hyder Census Area (02198). This census area was formed from a part of Prince Of Wales-Outer Ketchikan Census Area (02201) which was dissolved May 19, 2008. The Outer Ketchikan area of Prince of Wales-Hyder Census Area was annexed by the existing Ketchikan Gateway Borough (02130); the Meyers Chuck area was included in the new Wrangell City and Borough (02275), (see note below) and the remainder was renamed Prince of Wales-Hyder Census Area.
- 5) Data are carried for Petersburg Census Area (02195) and Wrangell City and Borough (02275). Wrangell-Petersburg Census Area (02280) split June 1, 2008 to create part of Wrangell City and Borough and all of Petersburg Census Area. Wrangell City and Borough also includes the Meyers Chuck area of the defunct Prince of Wales-Outer Ketchikan (see above note).
- 6) Data are included for Guam, Puerto Rico and the US Virgin Islands.

M.D. Physicians:

The **1990, 2000, 2005 and 2010-2019 AMA Non-Federal M.D. data** were obtained from the respective year's *American Medical Association Physician Masterfiles* (Copyright). The totals contained on the file are for Total Non-Federal M.D.'s and are broken out by Specialty and Major Professional Activity for 2010, 2015 and 2019. Total and Inactive M.D.'s by Gender are for 2010, 2015 and 2019. M.D.'s by Specialty and Age are for 2010, 2015 and 2019. The reporting period for 2000 and later data is as of December 31 of the respective year; 1990 data are as of January 1.

Note:

- 1) **Major Professional Activity** classifications are reported by physicians in the Physicians' Practice Arrangements (PPA) questionnaire. The physician's professional activity is shown in the two categories of Patient Care and Nonpatient care, the latter category being referred to as Other Professional Activity. Total Patient Care includes Office Based, Hospital Residents (includes Clinical Fellows), and Hospital Based (FT) Staff. Total Hospital Based includes Hospital Residents, Clinical Fellows (1986-January 1994) and Hospital Based FT Staff. Other Professional Activity includes Administration, Medical Teaching, Research, and Other Activities.
- 2) **Office Based Practice** includes physicians engaged in seeing patients. Physicians may be in solo practice, in group practice, two-physician practice, or other patient care

- employment. It also includes physicians in patient services such as those provided by pathologists and radiologists.
- 3) **Hospital Based Practice** includes physicians employed under contract with hospitals to provide direct patient care. This category includes physicians in residency training and full time members of Hospital Staffs.
 - 4) **Hospital Full-Time Staff** includes physicians employed under contract with hospitals to provide direct patient care.
 - 5) **Residents** (all years) include any physician in supervised practice of medicine among patients in a hospital or in its outpatient department with continued instruction in the science and art of medicine by the staff of the facility. Beginning with the December 31, 1994 data, also includes clinical fellows in advanced training in the clinical divisions of medicine, surgery, and other specialty fields preparing for practice in a given specialty. These physicians are engaged primarily in patient care.
 - 6) **Medical Teaching** includes physicians with teaching appointments in medical schools, hospitals, nursing schools, or other institutions of higher learning.
 - 7) **Medical Research** includes physicians in activities (funded or non-funded) performed to develop new medical knowledge, potentially leading to publication. This category also includes physicians in research fellowship programs distinct from an accredited residency program and primarily engaged in nonpatient care.
 - 8) **Administration** includes physicians in administrative activities in a hospital, health facility, health agency, clinic, group or any similar organization.
 - 9) **Other Activity** includes physicians employed by insurance carriers, pharmaceutical companies, corporations, voluntary organizations, medical societies, associations, grants, foreign countries, and the like.
 - 10) **Inactive** includes physicians who are retired, semiretired, working part-time, temporarily not in practice, or not active for other reasons and indicated they worked 20 hours or less per week.
 - 11) **Not Classified** includes physicians who did not provide information on their type of practice or their present employment.
 - 12) Physicians fields contain only active physicians with classified activity unless specifically stated that inactive and/or not classified are included.
 - 13) A physician's self-designated **practice specialty** (SDPS) is determined, like major professional activity, by the physician from a list of codes included with the PPA questionnaire.
 - 14) The following subspecialties are included in **Total General Practice**:
 - General Practice
 - Family Medicine, General (Family Practice, General prior to 2003)
 - Family Medicine Subspecialties (Family Practice Subspecialties prior to 2003)
 - 15) The following subspecialties are included in **Medical Specialties Total**:
 - Allergy and Immunology (beginning in 1990)
 - Allergy (prior to 1990)
 - Cardiovascular Disease
 - Dermatology
 - Epidemiology (in 2000)
 - Gastroenterology

- Internal Medicine, General (Internal Medicine prior to 1986)
- Internal Medicine Subspecialties (beginning in 1986)
- Pediatrics, General (Pediatrics prior to 1990)
- Pediatric Subspecialties (beginning in 1990)
- Pediatric Allergy (prior to 1990)
- Pediatric Cardiology
- Pulmonary Disease
- 16) The following subspecialties are included in **Surgical Specialties Total**:
 - Colon/Rectal Surgery
 - General Surgery
 - Neurological Surgery
 - Obstetrics-Gynecology, General (OB/Gyn prior to 1990)
 - Obstetrics-Gynecology Subspecialties (beginning in 1990)
 - Ophthalmology
 - Orthopedic Surgery
 - Otolaryngology
 - Plastic Surgery
 - Thoracic Surgery
 - Urology
- 17) The following subspecialties are included in **Other Specialties Total**:
 - Aerospace Medicine
 - Anesthesiology
 - Child & Adolescent Psychiatry
 - Diagnostic Radiology
 - Emergency Medicine (beginning in 1981)
 - Forensic Pathology
 - General Preventive Medicine
 - Medical Genetics (beginning in January 1994)
 - Neurology
 - Nuclear Medicine (beginning in 1981)
 - Occupational Medicine
 - Psychiatry
 - Pathology, Anatomic/Clinical
 - Physical Medicine/Rehabilitation
 - Public Health & General Preventive Medicine
 - Radiology
 - Radiation Oncology (Therapeutic Radiology prior to 1986)
 - Transplant Surgery (part of Surgical Specialties in 2000)
 - Vascular Medicine (part of Medical Specialties in 2000)
 - Other Specialties
 - Unspecified
- 18) The subspecialty **Nuclear Medicine** was broken out of Radiology in 1981.
- 19) The subspecialty **Emergency Medicine** was broken out of Other Specialty in 1981.
- 20) The subspecialty **Therapeutic Radiology** was changed to Radiation Oncology in the 1986 and later data. The data are the same.
- 21) In 2003, **General Family Practice** and **Family Practice Subspecialties** were changed

to **General Family Medicine** and **Family Medicine Subspecialties**. The data are the same.

- 22) In 1986, **Internal Medicine** was broken into **General Internal Medicine** and **Internal Medicine Subspecialties**. The following are included in 2010, 2015 and 2019 **Internal Medicine Subspecialties**:

- Advanced Heart Failure and Transplant Cardiology (Internal Medicine) (beginning in 2011)
- Adolescent Medicine
- Clinical Informatics (Internal Medicine) (beginning in 2016)
- Critical Care Medicine (Internal Medicine)
- Adult Congenital Heart Disease (beginning in 2013)
- Diabetes
- Endocrinology, Diabetes & Metabolism
- Hematology (Internal Medicine)
- Hepatology
- Hematology/Oncology
- Hospitalist
- Hospice & Palliative Medicine (Internal Medicine) (beginning in 2008)
- Interventional Cardiology
- Cardiac Electrophysiology
- Infectious Diseases
- Clinical & Laboratory Immunology (Internal Medicine)
- Internal Medicine Anesthesiology (beginning in 2013)
- Geriatric Medicine
- Internal Medicine/Nuclear Medicine (in 2010)
- Interventional Radiology-Independent (beginning in 2018)
- Sports Medicine (Internal Medicine)
- Nuclear Cardiology
- Nephrology
- Nutrition
- Oncology
- Rheumatology
- Sleep Medicine (Internal Medicine) (beginning in 2007)
- Transplant Hepatology (Internal Medicine) (beginning in 2007)

- 23) In 1990, **Pediatrics** was broken into **General Pediatrics** and **Pediatric Subspecialties**. The following are included in 2010, 2015 and 2019 **Pediatric Subspecialties**:

- Adolescent Medicine
- Child Abuse Pediatrics (beginning in 2010)
- Clinical Informatics (Pediatrics) (beginning in 2017)
- Pediatric Critical Care Medicine
- Developmental/Behavioral Pediatrics
- Hospice and Palliative Medicine (Pediatrics) (beginning in 2010)
- Internal Medicine/Pediatrics
- Neurodevelopmental Disabilities (Pediatrics)
- Neonatal-Perinatal Medicine
- Pediatric Anesthesiology

- Pediatric Allergy
 - Pediatric Dermatology (beginning in 2007)
 - Pediatric Endocrinology
 - Pediatric Infectious Disease
 - Pediatrics/Anesthesiology (beginning in 2013)
 - Pediatric Pulmonology
 - Medical Toxicology (Pediatrics)
 - Pediatric Emergency Medicine (Pediatrics)
 - Pediatric Gastroenterology
 - Pediatric Hematology/Oncology
 - Clinical & Laboratory Immunology (Pediatrics)
 - Pain Management (Physical Medicine & Rehabilitation)
 - Pediatric Nephrology
 - Pediatric Rheumatology
 - Pediatric Transplant Hepatology (beginning in 2011)
 - Pediatric Rehabilitation Medicine
 - Sports Medicine (Pediatrics)
 - Sleep Medicine (Pediatrics) (beginning in 2008)
- 24) In 1990, **Obstetrics and Gynecology** was broken into **General Obstetrics and Gynecology**, and **Obstetrics and Gynecology Subspecialties**. The following are included in 2010, 2015 and 2019 **Obstetrics and Gynecology Subspecialties**:
 Female Pelvic Medicine and Reconstructive Surgery (Obstetrics and Gynecology) (beginning in 2011)
 Gynecological Oncology
 Gynecology
 Hospice & Palliative Medicine (Obstetrics & Gynecology) (beginning in 2008)
 Maternal and Fetal Medicine
 Obstetrics
 Critical Care Medicine (Obstetrics & Gynecology)
 Reproductive Endocrinology
- 25) In 1993, **Family Practice** was broken into **General Family Practice** and **Family Practice Subspecialties**. In 2003, the name changed to **Family Medicine**.
- 26) The following are included in 2010, 2015 and 2019 **Family Medicine Subspecialties**:
 Adolescent Medicine for Family Practice (beginning in 2007)
 Clinical Informatics (Family Medicine) (beginning in 2016)
 Family Medicine/Preventive Medicine (beginning in 2010)
 Geriatric Medicine (Family Medicine)
 Sports Medicine (Family Medicine)
 Hospice & Palliative Medicine (Family Medicine) (beginning in 2010)
- 27) In 1999 only, the specialty **Public Health** was included in **General Preventive Medicine**.
- 28) Beginning in 2010, data are carried for Hoonah-Angoon Census Area, AK (02105) and Skagway Municipality, AK (02230) which were formed from Skagway-Hoonah-Angoon Census Area (02232) effective June 20, 2007.
- 29) Beginning in 2010, data are carried for Prince of Wales-Hyder Census Area (02198). This census area was formed from a part of Prince Of Wales-Outer Ketchikan Census

Area (02201) which was dissolved May 19, 2008. The Outer Ketchikan area of Prince of Wales-Hyder Census Area was annexed by the existing Ketchikan Gateway Borough (02130); the Meyers Chuck area was included in the new Wrangell City and Borough (02275), (see note below) and the remainder was renamed Prince of Wales-Hyder Census Area.

- 30) Beginning in 2010, data are carried for Petersburg Census Area (02195) and Wrangell City and Borough (02275). Wrangell-Petersburg Census Area (02280) split June 1, 2008 to create part of Wrangell City and Borough and all of Petersburg Census Area. Wrangell City and Borough also includes the Meyers Chuck area of the defunct Prince of Wales-Outer Ketchikan (see above note).
- 31) Beginning with the 1999 AMA information, data are carried on the AHRF for the following US territories: Puerto Rico and the US Virgin Islands. The 2001 and later data also include Guam.

The **2010, 2015 and 2019 AMA Federal M.D. Specialty data** were obtained from the 2010, 2015 and 2019 *American Medical Association Physician Masterfiles* (Copyright). The totals contained on the file are for Total Federal M.D.'s and are broken out by Specialty and Major Professional Activity.

Note:

- 1) **Federal status** is defined as full-time employment by the federal government, including the Army, Navy, Air Force, Veteran's Administration, the Public Health Service and other federally funded agencies.
- 2) **Major Professional Activity** classifications are reported by the physician in the Census of Physicians' Practice Arrangements questionnaire.
- 3) **Residents** (all years) include any physician in supervised practice of medicine among patients in a hospital or in its outpatient department with continued instruction in the science and art of medicine by the staff of the facility. Also includes clinical fellows in advanced training in the clinical divisions of medicine, surgery, and other specialty field preparing for practice in a given specialty. These physicians are engaged primarily in patient care. Clinical Fellows were combined with Residents on the AHRF for the 1990 data. Beginning with the December 31, 1994 data, the AMA started reporting Clinical Fellows as part of the Residents category.
- 4) **Hospital Full-Time Staff** includes physicians employed under contract with hospitals to provide direct patient care.
- 5) **Other Professional Activity** includes Administration, Medical Teaching, Research, and Other. See above notes for AMA Non-Federal M.D. data definitions.
- 6) Physicians fields contain only active physicians with classified activity unless specifically stated that inactive and/or not classified are included.
- 7) A physician's self-designated **practice specialty** is determined, like major professional activity, by the physician from a list of codes included in the physician on the Physicians' Practice Arrangements questionnaire.
- 8) The following subspecialties are included in **Total General Practice**: General Practice; Family Medicine, General (Family Practice, General prior to 2003); Family Medicine Subspecialties (Family Practice Subspecialties prior to 2003).
- 9) In 1990, **Obstetrics and Gynecology** was broken into **Obstetrics and Gynecology**,

and **Obstetrics and Gynecology Subspecialties**. The following are included in 2010, 2015 and 2019 **Obstetrics and Gynecology Subspecialties**:

Female Pelvic Medicine and Reconstructive Surgery (Obstetrics and Gynecology) (beginning in 2011)
Gynecological Oncology
Gynecology
Hospice & Palliative Medicine (Obstetrics and Gynecology) (beginning in 2008)
Maternal and Fetal Medicine
Obstetrics
Critical Care Medicine (Obstetrics and Gynecology)
Reproductive Endocrinology

10) The following subspecialties are included in **Other Medical Subspecialties**:

Allergy and Immunology
Cardiovascular Disease
Dermatology
Epidemiology (in 2000)
Gastroenterology
Pediatric Subspecialties
Pediatric Cardiology
Pulmonary Disease
Internal Medicine Subspecialties

11) The following subspecialties are included in **Other Surgical Subspecialties**:

Colon & Rectal Surgery
Neurological Surgery
Ophthalmology
Orthopedic Surgery
Otolaryngology
Plastic Surgery
Thoracic Surgery
Urological Surgery

12) The following subspecialties are included in **Other Other Subspecialties**:

Aerospace Medicine
Anesthesiology
Child Psychiatry
Diagnostic Radiology
Emergency Medicine
Forensic Pathology
General Preventive Medicine
Medical Genetics (beginning in January 1994)
Neurology
Nuclear Medicine
Occupational Medicine
Public Health and General Preventive Medicine
Physical Health
Physical Medicine & Rehabilitation

Pathology, Anatomic/Clinical
 Radiology
 Radiation Oncology
 Transplantation Surgery (part of Surgical Specialties in 2000)
 Vascular Medicine (part of Medical Specialties in 2000)
 Other Specialty
 Unspecified

- 13) Beginning in 2010, data are carried for Hoonah-Angoon Census Area, AK (02105) and Skagway Municipality, AK (02230) which were formed from Skagway-Hoonah-Angoon Census Area (02232), effective June 20, 2007.
- 14) Beginning in 2010, data are carried for Prince of Wales-Hyder Census Area (02198). This census area was formed from a part of Prince Of Wales-Outer Ketchikan Census Area (02201) which was dissolved May 19, 2008. The Outer Ketchikan area of Prince of Wales-Hyder Census Area was annexed by the existing Ketchikan Gateway Borough (02130); the Meyers Chuck area was included in the new Wrangell City and Borough (02275), (see note below) and the remainder was renamed Prince of Wales-Hyder Census Area.
- 15) Beginning in 2010, data are carried for Petersburg Census Area (02195) and Wrangell City and Borough (02275). Wrangell-Petersburg Census Area (02280) split June 1, 2008 to create part of Wrangell City and Borough and all of Petersburg Census Area. Wrangell City and Borough also includes the Meyers Chuck area of the defunct Prince of Wales-Outer Ketchikan (see above note).
- 16) Beginning with the 1999 AMA information, data are carried on the AHRF for the following US territories: Puerto Rico and the US Virgin Islands. The 2001 and later data also include Guam.

1970 and 1980 Non-Federal M.D.'s were obtained from *Physician Characteristics and Distribution in the U.S.*, published by the Center for Health Services Research and Development of the American Medical Association in each respective year.

Estimates for **1960 Total Active Non-Federal M.D.'s** comes from AMA punch cards. AMA estimates were used rather than Census estimates because Census estimates occasionally included interns and residents as well as chiropractors, dentists, and veterinarians in the physician counts when enumerators failed to properly differentiate the response of "doctor". 1960 data for Alaska (02001), and New York City Counties (FIPS 36005 Bronx, 36047 Kings, 36061 New York, 36081 Queens, 36085 Richmond) were taken from the *Health Manpower Source Book, Section 10, DHHS, Public Health Service Pub. No. 263*.

Note:

- 1) Data for Alaska, Hawaii, and the New York City counties of Bronx, Kings, New York, Queens, and Richmond are as of the middle of the calendar year 1959.
- 2) Data for the state of Hawaii are not broken out by county; they are all contained in Honolulu (FIPS 15003); the other Hawaii counties (FIPS 15001 Hawaii, 15007 Kauai, 15009 Maui) are zero-filled.
- 3) Data for Bronx, N.Y. (FIPS 36005) are included in New York County (FIPS 36061);

- Bronx, N.Y. is zero-filled.
- 4) M.D.'s in Alaska and Hawaii include all Non-Federal M.D.'s. Active Non-Federal M.D.'s are not available for these states for 1960.
 - 5) M.D.'s are not available for Weston County, Wyoming (FIPS 56045).
 - 6) Total Active Non-Federal M.D.'s for St Louis City (FIPS 29510) for 1960 are from *Health Manpower Source Book, Section 10, Physicians' Age, Type of Practice, and Location*, DHEW, Public Health Service, Table A, 1959.
 - 7) Data for the independent cities of Hampton and Newport News, Virginia are included in York County (51199). Hampton (51650) and Newport News (51700) are zero-filled for these fields.
 - 8) Data for the independent city of Galax, Virginia are included in Carroll County (51035), rather than Grayson County (51077).
 - 9) Data for Charles City County, Virginia (51036) are not reported.
 - 10) Data could not be obtained to break out Total Active Non-Federal M.D.'s for the Virginia independent cities of Alexandria, Chesapeake and Virginia Beach from their former counties.

D.O. Physicians:

The **2010-2019 D.O. data** are from the 2010-2019 *American Medical Association Physician Masterfiles* (Copyright) and are as of December 31 for the respective year. Total Non-Federal D.O.s and Total Non-Federal D.O.s by major professional category are carried for 2010-2019. Data are carried by specialty, gender and age for Non-Federal D.O.'s for 2010, 2015 and 2019. Total and Total Active Non-Federal and Federal are also carried for 2010, 2015 and 2019.

Note:

- 1) **Major Professional Activity** classifications are reported by physicians in the Physicians' Practice Arrangements (PPA) questionnaire. The physician's professional activity is shown in the two categories of Patient Care and Nonpatient care, the latter category being referred to as Other Professional Activity. Total Patient Care includes Office Based, Hospital Residents, and Hospital Based (FT) Staff. Other Professional Activity includes Administration, Medical Teaching, Research, and Other Activities.
- 2) **Office Based Practice** includes physicians engaged in seeing patients. Physicians may be in solo practice, in group practice, two-physician practice, or other patient care employment. It also includes physicians in patient services such as those provided by pathologists and radiologists.
- 3) **Hospital Full-Time Staff** includes physicians employed under contract with hospitals to provide direct patient care.
- 4) **Residents** (all years) include any physician in supervised practice of medicine among patients in a hospital or in its outpatient department with continued instruction in the science and art of medicine by the staff of the facility. Data also include clinical fellows in advanced training in the clinical divisions of medicine, surgery, and other specialty fields preparing for practice in a given specialty. These physicians are engaged primarily in patient care.
- 5) **Other Professional Activity** includes Administration, Medical Teaching, Research,

and Other Activities. Administration includes physicians in administrative activities in a hospital, health facility, health agency, clinic, group or any other organization. Medical Teaching includes physicians with teaching appointments in medical schools, hospitals, nursing schools, or other institutions of higher learning. Medical Research includes physicians in activities (funded or non-funded) performed to develop new medical knowledge, potentially leading to publication. This category also includes physicians in research fellowship programs distinct from an accredited residency program and primarily engaged in nonpatient care. Other Activity includes physicians employed by insurance carriers, pharmaceutical companies, corporations, voluntary organizations, medical societies, associations, grants, foreign countries, and the like.

- 6) **Inactive** includes physicians who are retired, semiretired, working part-time, temporarily not in practice, or not active for other reasons and indicated they worked 20 hours or less per week.
- 7) **Not Classified** includes physicians who did not provide information on their type of practice or their present employment.
- 8) Physician fields contain only active physicians with classified activity unless specifically stated that inactive and/or not classified are included.
- 9) A physician's self-designated **practice specialty** (SDPS) is determined, like major professional activity, by the physician from a list of codes included with the PPA questionnaire.
- 10) The following are included in **Family Medicine Subspecialties**:
 - Adolescent Medicine for Family Practice (beginning in 2011)
 - Clinical Informatics (Family Medicine) (beginning in 2016)
 - Family Medicine/Preventive Medicine
 - Geriatric Medicine (Family Medicine)
 - Sports Medicine (Family Medicine)
 - Hospice and Palliative Medicine (Family Medicine)
- 11) The following are included in **Internal Medicine Subspecialties**:
 - Advanced Heart Failure and Transplant Cardiology (Internal Medicine) (beginning in 2011)
 - Adolescent Medicine
 - Clinical Informatics (Internal Medicine) (beginning in 2016)
 - Critical Care Medicine (Internal Medicine)
 - Adult Congenital Disease (beginning in 2013)
 - Diabetes
 - Endocrinology, Diabetes & Metabolism
 - Hematology (Internal Medicine)
 - Hepatology
 - Hematology/Oncology
 - Hospitalist
 - Hospice & Palliative Medicine (Internal Medicine)
 - Interventional Cardiology
 - Cardiac Electrophysiology
 - Infectious Diseases
 - Clinical & Laboratory Immunology (Internal Medicine)
 - Internal Medicine/Anesthesiology (beginning in 2013)

- Geriatric Medicine
 - Internal Medicine/Nuclear Medicine (in 2010 and 2011)
 - Interventional Radiology-Independent (beginning in 2018)
 - Sports Medicine (Internal Medicine)
 - Nuclear Cardiology
 - Nephrology
 - Nutrition
 - Oncology
 - Rheumatology
 - Sleep Medicine (Internal Medicine)
 - Transplant Hepatology (Internal Medicine)
- 12) The following are included in **Pediatric Medicine Subspecialties:**
- Adolescent Medicine
 - Child Abuse Pediatrics
 - Clinical Informatics (Pediatrics) (beginning in 2017)
 - Pediatric Critical Care Medicine
 - Developmental/Behavioral Pediatrics
 - Hospice and Palliative Medicine (Pediatrics)
 - Internal Medicine/Pediatrics
 - Neurodevelopmental Disabilities (Pediatrics)
 - Neonatal-Perinatal Medicine
 - Pediatric Anesthesiology
 - Pediatric Allergy
 - Pediatric Dermatology
 - Pediatric Endocrinology
 - Pediatric Infectious Disease
 - Pediatrics/Anesthesiology (beginning in 2013)
 - Pediatric Pulmonology
 - Medical Toxicology (Pediatrics)
 - Pediatric Emergency Medicine (Pediatrics)
 - Pediatric Gastroenterology
 - Pediatric Hematology/Oncology
 - Clinical & Laboratory Immunology (Pediatrics)
 - Pain Management (Physical Medicine and Rehabilitation)
 - Pediatric Nephrology
 - Pediatric Rheumatology
 - Pediatric Transplant Hepatology (beginning in 2011)
 - Pediatric Rehabilitation Medicine
 - Sports Medicine (Pediatrics)
 - Sleep Medicine (Pediatrics)
- 13) The following are included in **Obstetrics-Gynecology Subspecialties:**
- Female Pelvic Medicine and Reconstructive Surgery (Obstetrics and Gynecology) (beginning in 2011)
 - Gynecological Oncology
 - Gynecology
 - Hospice & Palliative Medicine (Obstetrics & Gynecology)

- Maternal and Fetal Medicine
 - Obstetrics
 - Critical Care Medicine (Obstetrics and Gynecology)
 - Reproductive Endocrinology
- 14) The following subspecialties are included in **Other Specialties**:
- Aerospace Medicine
 - Allergy and Immunology
 - Cardiovascular Disease
 - Child Psychiatry
 - Colon and Rectal Surgery
 - Dermatology
 - Diagnostic Radiology
 - Forensic Pathology
 - Gastroenterology
 - General Preventive Medicine
 - Medical Genetics
 - Neurological Surgery
 - Neurology
 - Nuclear Medicine
 - Occupational Medicine
 - Ophthalmology
 - Otolaryngology
 - Pathology, Anatomic/Clinical
 - Pediatric Cardiology
 - Plastic Surgery
 - Public Health & General Preventive Medicine
 - Pulmonary Disease
 - Radiation Oncology
 - Radiology
 - Thoracic Surgery
 - Transplantation Surgery
 - Urological Surgery
 - Vascular Medicine
 - Other Specialty
 - Unspecified
- 15) Data are carried for Hoonah-Angoon Census Area, AK (02105) and Skagway Municipality, AK (02230) which were formed from Skagway-Hoonah-Angoon Census Area (02232), effective June 20, 2007.
- 16) Data are carried for Prince of Wales-Hyder Census Area (02198). This census area was formed from a part of Prince Of Wales-Outer Ketchikan Census Area (02201) which was dissolved May 19, 2008. The Outer Ketchikan area of Prince of Wales-Hyder Census Area was annexed by the existing Ketchikan Gateway Borough (02130); the Meyers Chuck area was included in the new Wrangell City and Borough (02275), (see note below) and the remainder was renamed Prince of Wales-Hyder Census Area.
- 17) Data are carried for Petersburg Census Area (02195) and Wrangell City and Borough (02275). Wrangell-Petersburg Census Area (02280) split June 1, 2008 to create part of

Wrangell City and Borough and all of Petersburg Census Area. Wrangell City and Borough also includes the Meyers Chuck area of the defunct Prince of Wales-Outer Ketchikan (see above note).

- 18) Data are included for Guam, Puerto Rico and the US Virgin Islands.

B-2) Dentists

Dentists:

The **2010 through 2020 Dentists with an NPI** are from the Centers from Medicare and Medicaid Services (CMS) *National Provider Identifier (NPI) Downloadable File*. The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identifier developed by CMS. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.

Note:

- 1) 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.
- 2) Data are from the following files as noted:

Year of Data	NPI File Date
2020	1/10/2021
2019	1/12/2020
2018	1/13/2019
2017	1/07/2018
2016	1/08/2017
2015	1/10/2016
2014	1/11/2015
2013	1/12/2014
2012	1/13/2013
2011	1/09/2012
2010	1/10/2011

- 3) A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), licensed by the state to practice dentistry, and practicing within the scope of that license. There is no difference between the two degrees: dentists who have a DMD or DDS have the same education. Universities have the prerogative to determine what degree is awarded. Both degrees use the same curriculum requirements set by the American Dental Association's Commission on Dental Accreditation. Generally, three or more years of undergraduate education plus four

years of dental school is required to graduate and become a general dentist. State licensing boards accept either degree as equivalent, and both degrees allow licensed individuals to practice the same scope of general dentistry. Additional post-graduate training is required to become a dental specialist.

- 4) Bedford City, VA (51515) changed from independent city to town status July 1, 2013. It has been added to Bedford County, VA (51019). When carried separately on the source file, Bedford City data has been combined with Bedford County on the AHRF beginning with the 2014 data. Bedford City will be carried as missing.
- 5) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 6) Data are carried on the AHRF for Guam, Puerto Rico and the US Virgin Islands.

The **2010 and 2013 through 2019 Total Professionally Active Dentists, Dentists by Professional Activity, Private Practice Full-Time and Part-Time Non-Federal Dentists, Dentists by Age, Dentists by Gender and Dentists by Specialty** are from the American Dental Association Masterfile. Dentists by age, by specialty and by gender are those licensed non-federal dentists in private practice and include both full time and part time dentists. Beginning with 2010, the ADA adopted a new approach for reporting active dentists which differs from earlier year estimates.

Note:

- 1) 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. Primary reported address was used for 2010 data. Business address was used for 2013-2019 data when available, otherwise primary address was used.
- 2) **Total Professionally Active** includes dentists whose primary occupation is dental related. This includes the fields Total Full-time and Total Part-time Private Practice; Dental School Faculty; Armed Forces; Other Federal Service; State or Local Government; Hospital Staff Dentist; Graduate Student/Resident; Other Health/Dental Organization Staff; and Part-Time Faculty/Part-Time Practice. Only those identified as active and licensed are included.
- 3) Full-time dentists work 30 or more hours per week and part-time dentists work less than 30 hours per week.
- 4) **Other Specialties** includes: Oral and Maxillofacial Pathology, Oral and maxillofacial radiology, Oral and Maxillofacial Surgery, Endodontics, Orthodontics and Dentofacial Orthopedics, Periodontics, Prosthodontics, and Public Health Dentistry.
- 5) On the 2015 source data there is a decrease in Graduate Students/Residents due to corrections made to the ADA's Masterfile in December 2015.
- 6) Data are included for Guam, Puerto Rico and the US Virgin Islands.

B-3) Optometrists

The **2010 through 2020 Optometrists with an NPI** are from the Centers from Medicare and Medicaid Services (CMS) *National Provider Identifier (NPI) Downloadable File*. The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identifier developed by CMS. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.

Note:

- 1) 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.
- 2) Data are from the following files as noted:

Year of Data	NPI File Date
2020	1/10/2021
2019	1/12/2020
2018	1/13/2019
2017	1/07/2018
2016	1/08/2017
2015	1/10/2016
2014	1/11/2015
2013	1/12/2014
2012	1/13/2013
2011	1/09/2012
2010	1/10/2011

- 3) Doctors of optometry (ODs) are the primary health care professionals for the eye. Optometrists examine, diagnose, treat, and manage diseases, injuries, and disorders of the visual system, the eye, and associated structures as well as identify related systemic conditions affecting the eye. An optometrist has completed pre-professional undergraduate education in a college or university and four years of professional education at a college of optometry, leading to the doctor of optometry (O.D.) degree. Some optometrists complete an optional residency in a specific area of practice. Optometrists are eye health care professionals state-licensed to diagnose and treat diseases and disorders of the eye and visual system.
- 4) Bedford City, VA (51515) changed from independent city to town status July 1, 2013. It has been added to Bedford County, VA (51019). When carried separately on the source file, Bedford City data has been combined with Bedford County on the AHRF beginning with the 2014 data. Bedford City will be carried as missing.
- 5) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 6) Data are carried on the AHRF for Guam, Puerto Rico and the US Virgin Islands.

B-4) Podiatrists

The **2010 through 2020 Podiatrists with an NPI** are from the Centers from Medicare and Medicaid Services (CMS) *National Provider Identifier (NPI) Downloadable File*. The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identifier developed by CMS. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.

Note:

- 1) 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.
- 2) Data are from the following files as noted:

Year of Data	NPI File Date
2020	1/10/2021
2019	1/12/2020
2018	1/13/2019
2017	1/07/2018
2016	1/08/2017
2015	1/10/2016
2014	1/11/2015
2013	1/12/2014
2012	1/13/2013
2011	1/09/2012
2010	1/10/2011

- 3) A podiatrist is a person qualified by a Doctor of Podiatric Medicine (D.P.M.) degree, licensed by the state, and practicing within the scope of that license. Podiatrists diagnose and treat foot diseases and deformities. They perform medical, surgical and other operative procedures, prescribe corrective devices and prescribe and administer drugs and physical therapy.
- 4) Bedford City, VA (51515) changed from independent city to town status July 1, 2013. It has been added to Bedford County, VA (51019). When carried separately on the source file, Bedford City data has been combined with Bedford County on the AHRF beginning with the 2014 data. Bedford City will be carried as missing.
- 5) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 6) Data are carried on the AHRF for Guam, Puerto Rico and the US Virgin Islands.

B-5) Nurses

Advanced Practice Registered Nurses:

The **2010 through 2020 Advanced Practice Registered Nurses (APRN) with an NPI** are from the Centers from Medicare and Medicaid Services (CMS) *National Provider Identifier (NPI) Downloadable File*. The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identifier developed by CMS. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.

Note:

- 1) 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.
- 2) Data are from the following files as noted:

Year of Data	NPI File Date
2020	1/10/2021
2019	1/12/2020
2018	1/13/2019
2017	1/07/2018
2016	1/08/2017
2015	1/10/2016
2014	1/11/2015
2013	1/12/2014
2012	1/13/2013
2011	1/09/2012
2010	1/10/2011

- 3) An APRN is a registered nurse having education beyond the basic nursing education and certified by a nationally recognized professional organization in a nursing specialty, or meeting other criteria established by a Board of Nursing. The Board of Nursing establishes rules specifying which professional nursing organization certifications can be recognized for advanced practice nurses and sets requirements of education, training, and experience. APRN includes **advanced practice midwife, certified registered nurse anesthetist, clinical nurse specialist, and nurse practitioner**.
- 4) Bedford City, VA (51515) changed from independent city to town status July 1, 2013. It has been added to Bedford County, VA (51019). When carried separately on the source file, Bedford City data has been combined with Bedford County on the AHRF beginning with the 2014 data. Bedford City will be carried as missing.
- 5) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 6) Data are carried on the AHRF for Guam, Puerto Rico and the US Virgin Islands.

Nurse Practitioners:

The **2010 through 2020 Nurse Practitioners with an NPI** are from the Centers for Medicare and Medicaid Services (CMS) *National Provider Identifier (NPI) Downloadable File*. The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identifier developed by CMS. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.

Note:

- 1) 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.
- 2) Data are from the following files as noted:

Year of Data	NPI File Date
2020	1/10/2021
2019	1/12/2020
2018	1/13/2019
2017	1/07/2018
2016	1/08/2017
2015	1/10/2016
2014	1/11/2015
2013	1/12/2014
2012	1/13/2013
2011	1/09/2012
2010	1/10/2011

- 3) A nurse practitioner is a registered nurse provider with a graduate degree in nursing prepared for advanced practice involving independent and interdependent decision making and direct accountability for clinical judgment across the health care continuum or in a certified specialty. A nurse practitioner has completed additional training beyond basic nursing education and provides primary health care services in accordance with state nurse practice laws or statutes. Tasks performed by nurse practitioners vary with practice requirements mandated by geographic, political, economic, and social factors. Nurse practitioner specialists include, but are not limited to, family nurse practitioners, gerontological nurse practitioners, pediatric nurse practitioners, obstetric-gynecologic nurse practitioners, and school nurse practitioners.
- 4) Bedford City, VA (51515) changed from independent city to town status July 1, 2013. It has been added to Bedford County, VA (51019). When carried separately on the source file, Bedford City data has been combined with Bedford County on the AHRF beginning with the 2014 data. Bedford City will be carried as missing.
- 5) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality,

AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).

- 6) Data are carried on the AHRF for Guam, Puerto Rico and the US Virgin Islands.

Certified Registered Nurse Anesthetists:

The **2010 through 2020 Certified Registered Nurse Anesthetists (CRNA) with an NPI** are from the Centers from Medicare and Medicaid Services (CMS) *National Provider Identifier (NPI) Downloadable File*. The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identifier developed by CMS. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.

Note:

- 1) 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.
- 2) Data are from the following files as noted:

Year of Data	NPI File Date
2020	1/10/2021
2019	1/12/2020
2018	1/13/2019
2017	1/07/2018
2016	1/08/2017
2015	1/10/2016
2014	1/11/2015
2013	1/12/2014
2012	1/13/2013
2011	1/09/2012
2010	1/10/2011

- 3) A CRNA is a licensed registered nurse with advanced specialty education in anesthesia who, in collaboration with appropriate health care professionals, provides preoperative, intraoperative, and postoperative care to patients and assists in management and resuscitation of critical patients in intensive care, coronary care, and emergency situations. Nurse anesthetists are certified following successful completion of credentials and state licensure review and a national examination directed by the Council on Certification of Nurse Anesthetists. A CRNA is qualified by special training to administer anesthesia in collaboration with a physician or dentist and who can assist in the care of patients who are in critical condition.
- 4) Bedford City, VA (51515) changed from independent city to town status July 1, 2013. It has been added to Bedford County, VA (51019). When carried separately on the source file, Bedford City data has been combined with Bedford County on the AHRF beginning with the 2014 data. Bedford City will be carried as missing.

- 5) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 6) Data are carried on the AHRF for Guam, Puerto Rico and the US Virgin Islands.

Data for **2013 Certified Registered Nurse Anesthetists (CRNA)** were obtained from were obtained from the National Board on Certification & Recertification of Nurse Anesthetists (NBCRNA).

Note:

- 1) The source file FIPS county and state code of the facility were used. When the FIPS code was not available the zip code of the facility address was used to determine a FIPS code. When no facility FIPS code or zip code was available, the FIPS code for the mailing address was used.
- 2) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 3) Data are carried on the AHRF for Guam, Puerto Rico and the US Virgin Islands.

Advanced Practice Midwives:

The **2010 through 2020 Advanced Practice Midwives with an NPI** are from the Centers from Medicare and Medicaid Services (CMS) *National Provider Identifier (NPI) Downloadable File*. The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identifier developed by CMS. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.

Note:

- 1) 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.
- 2) Data are from the following files as noted:

Year of Data	NPI File Date
2020	1/10/2021
2019	1/12/2020
2018	1/13/2019
2017	1/07/2018
2016	1/08/2017
2015	1/10/2016
2014	1/11/2015
2013	1/12/2014

2012	1/13/2013
2011	1/09/2012
2010	1/10/2011

- 3) Midwifery practice as conducted by certified nurse-midwives (CNMs) and certified midwives (CMs) is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post-partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM and CM practice within a health care system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client. CNMs and CMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).
- 4) Bedford City, VA (51515) changed from independent city to town status July 1, 2013. It has been added to Bedford County, VA (51019). When carried separately on the source file, Bedford City data has been combined with Bedford County on the AHRF beginning with the 2014 data. Bedford City will be carried as missing.
- 5) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 6) Data are carried on the AHRF for Guam, Puerto Rico and the US Virgin Islands.

Data for **2011 and 2013 Certified Nurse Midwives** was obtained from the Association of Certified Nurse Midwives.

Note:

- 1) Data were processed using the 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.
- 2) Total Certified Midwives are included.
- 3) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).

Clinical Nurse Specialists:

The **2010 through 2020 Clinical Nurse Specialists (CNS) with an NPI** are from the Centers from Medicare and Medicaid Services (CMS) *National Provider Identifier (NPI) Downloadable File*. The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identifier developed by CMS. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.

Note:

- 1) 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.
- 2) Data are from the following files as noted:

Year of Data	NPI File Date
2020	1/10/2021
2019	1/12/2020
2018	1/13/2019
2017	1/07/2018
2016	1/08/2017
2015	1/10/2016
2014	1/11/2015
2013	1/12/2014
2012	1/13/2013
2011	1/09/2012
2010	1/10/2011

- 3) A clinical nurse specialist is a registered nurse who, through a graduate degree program in nursing, or through a formal post-basic education program or continuing education courses and clinical experience, is expert in a specialty area of nursing practice within one or more of the components of direct patient/client care, consultation, education, research and administration.
- 4) Bedford City, VA (51515) changed from independent city to town status July 1, 2013. It has been added to Bedford County, VA (51019). When carried separately on the source file, Bedford City data has been combined with Bedford County on the AHRF beginning with the 2014 data. Bedford City will be carried as missing.
- 5) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 6) Data are carried on the AHRF for Guam, Puerto Rico and the US Virgin Islands.

B-6) Physician Assistants

The **2010 through 2020 Physician Assistants with an NPI** are from The Centers from Medicare and Medicaid Services (CMS) *National Provider Identifier (NPI) Downloadable File*. The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identifier developed by CMS. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.

Note:

- 1) 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.

- 2) Data are from the following files as noted:

Year of Data	NPI File Date
2020	1/10/2021
2019	1/12/2020
2018	1/13/2019
2017	1/07/2018
2016	1/08/2017
2015	1/10/2016
2014	1/11/2015
2013	1/12/2014
2012	1/13/2013
2011	1/09/2012
2010	1/10/2011

- 3) A physician assistant is a person who has successfully completed an accredited education program for physician assistant, is licensed by the state and is practicing within the scope of that license. Physician assistants are formally trained to perform many of the routine, time-consuming tasks a physician can do. In some states, they may prescribe medications. They take medical histories, perform physical exams, order lab tests and x-rays, and give inoculations. Most states require that they work under the supervision of a physician.
- 4) Bedford City, VA (51515) changed from independent city to town status July 1, 2013. It has been added to Bedford County, VA (51019). When carried separately on the source file, Bedford City data has been combined with Bedford County on the AHRF beginning with the 2014 data. Bedford City will be carried as missing.
- 5) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 6) Data are carried on the AHRF for Guam, Puerto Rico and the US Virgin Islands.

The **2013 Physician Assistant** data were obtained from the National Commission on the Certification of Physician Assistants (NCCPA). Data include total, by gender and by age.

Note:

- 1) Data were processed using a ZIP to FIPS conversion file based on zip codes from the US Postal Service. The principal clinical practice zip code was used to determine FIPS county code. If principal clinical practice zip code was missing, the secondary was used and if both primary and secondary zip codes were missing, the home zip code was used.
- 2) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 3) Data are carried on the AHRF for Guam, Puerto Rico and the US Virgin Islands.

The **2010 Physician Assistant** data were obtained from the American Academy of Physician Assistants (AAPA). Data include total, by gender and by practice type. All data are projections.

Note:

- 1) Data were processed using a ZIP to FIPS conversion file based on ZIP codes from the US Postal Service. Of the 82,648 Physician Assistants with license expiration date information on the 2010 file, 290 records could not be resolved. Therefore, these were not included on the AHRF.
- 2) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 3) Data are carried on the AHRF for Guam, Puerto Rico and the US Virgin Islands.

B-7) Chiropractors

The **2010 through 2020 Chiropractors with an NPI** are from the Centers from Medicare and Medicaid Services (CMS) *National Provider Identifier (NPI) Downloadable File*. The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The NPI is a unique identifier developed by CMS. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA.

Note:

- 1) 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.
- 2) Data are from the following files as noted:

Year of Data	NPI File Date
2020	1/10/2021
2019	1/12/2020
2018	1/13/2019
2017	1/07/2018
2016	1/08/2017
2015	1/10/2016
2014	1/11/2015
2013	1/12/2014
2012	1/13/2013
2011	1/09/2012
2010	1/10/2011

- 3) A chiropractor is a provider qualified by a Doctor of Chiropractic (D.C.), licensed by the State and who practices chiropractic medicine that discipline within the healing arts which deals with the nervous system and its relationship to the spinal column and its interrelationship with other body systems.
- 4) Bedford City, VA (51515) changed from independent city to town status July 1, 2013. It has been added to Bedford County, VA (51019). When carried separately on the source file, Bedford City data has been combined with Bedford County on the AHRF beginning with the 2014 data. Bedford City will be carried as missing.
- 5) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 6) Data are carried on the AHRF for Guam, Puerto Rico and the US Virgin Islands.

C. HEALTH FACILITIES

2010, 2015 and 2019 Hospital Data:

All hospital data are from the *AHA Annual Survey of Hospitals* (Copyright) reporting for a twelve-month period: preferably each reporting facility's fiscal year. These data have been taken from the *American Hospital Association Annual Survey Database*. Some of these data have been published in the *AHA Guide to the Health Care Field*.

According to the AHA, the survey's overall response rate averages approximately 80% each year. For hospitals not responding to the survey, AHA reports estimates for most fields included on the AHRF. These include: type of control, service type, length of stay, total beds, number of bassinets and all of the accreditation and affiliation codes as well as many others. In 2019, AHA reported data for 6,090 U.S. hospitals and 69 hospitals in U.S. territories. Of these 6,159 total hospitals, 1,989 failed to respond, and AHA provided previously-reported data for the fields described above.

For hospitals that do not respond at all or do not respond fully to the survey, the AHA reports estimates for most fields reported on the AHRF using two major approaches. First, estimates are generated from regression models for nine key variables – total admissions; total births; total inpatient days; total expenses; total full-time employees; total surgical operations; total outpatient visits; total part-time employees; and total revenue. The current year's missing value is "predicted" by multiplying the base year data with corresponding coefficients derived from the regression model.

Additionally, for components of the key variables and all other variables, estimates are generated from a matrix of estimators. An estimator is a ratio of two variables, numerators are the variable to estimate; denominators are an indicator variable such as beds, bassinets or a total variable in which the numerator is an additive component.

Refer to the AHA file documentation for identification of specific fields estimated.

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.

Note:

- 1) Data are carried on the AHRF for the following U.S. territories: Puerto Rico, Guam and the US Virgin Islands.
- 2) **Hospital Beds** are the number of beds regularly maintained (set up and staffed for use) for inpatients as of the close of the reporting period. If the hospital owns and operates a nursing home type unit/facility then total facility beds is a combined total of hospital plus nursing home unit beds. Newborn bassinets are excluded. Hospitals normally set up and assign staffed beds based on an expected patient population, and they evaluate this number routinely. Licensed beds are the maximum number of beds that a licensure agency, usually a state or other governing body, allows to have in operation at any given time. This number is sometimes referred to as the hospital's bed capacity. The number of licensed beds is always greater than the number of staffed beds. AHA focuses on staffed beds because it is the number of beds routinely available to receive patients, and it is highly correlated to other statistics including admissions, inpatient days, expenses, revenue and staffing.
- 3) **Hospital Admissions** are the number of patients, excluding newborns, accepted for inpatient service during the reporting period. The number includes patients who visit the emergency room and are later admitted for inpatient services. Neonatal and swing admissions are included.
- 4) **Neonatal Intensive Care** and **Neonatal Intermediate Care Beds** are excluded from Bassinets Set Up and Staffed.
- 5) **Other Long-Term Care, Beds Set Up** and **Other Care, Beds Set Up** may vary from year to year depending on what specialties are broken out that year.
- 6) For the purposes of the AHA survey, a nursing home type unit/facility provides long-term care for the elderly or other patients requiring chronic care in a non-acute setting in any of the following categories: skilled nursing care, intermediate care or other long-term care. The nursing home type units/facilities are to be owned and operated by the hospital.

C-1) Hospital Type

Short Term General Hospitals:

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.

Short Term Non-General Hospitals:

Short Term Non-General Hospitals are those coded as follows by the American Hospital Association: Length of Stay = '1', Short-term; Type of Service not equal '10', General medical and surgical. These hospitals provide specialized care, and the majority of their patients stay for fewer than 30 days.

Short Term Hospitals:

Short Term Hospitals are those coded as follows by the American Hospital Association: Length of Stay = '1'. These hospitals may provide either non-specialized or specialized care, and the majority of their patients stay for fewer than 30 days.

Long Term Hospitals:

Long Term Hospitals are those coded as follows by the American Hospital Association: Length of Stay = '2', Long-term. These hospitals may provide either non-specialized or specialized care, and the majority of their patients stay for 30 or more days.

Short Term Non-General and Long Term Hospitals:

Short Term Non-General and Long Term Hospitals are those coded by the American Hospital Association as either:

- 1) Short Term Non-General Hospitals (see definition above), or
- 2) Long Term Hospitals (see definition above).

Short Term Community Hospitals:

The following definition of "**Community Hospitals**" was obtained from the American Hospital Association: "Community hospitals are defined as all non-federal short-term general and other special hospitals, excluding hospital units of institutions." (Children's hospitals are also included in this type of hospital).

2010, 2015 and 2019 Short Term Community Hospitals are those coded as follows:

Yr. of Current Data	=	Current year, e.g., '2019';
Hospital Control	=	State, County, City, City-County or Hospital District/Authority Government, Nonfederal; Church-Operated or Other Not-For-Profit, Nongovernment; Individual, Partnership or Corporation, For-Profit, Nongovernment;
Hospital Type	=	General Medical and Surgical; Obstetrics and Gynecology; Eye, Ear, Nose and Throat;

		Rehabilitation;
		Orthopedic;
		Other Specialty;
		Children's General Medical and Surgical;
		Children's Eye, Ear, Nose and Throat;
		Children's Rehabilitation;
		Children's Orthopedic;
		Children's Other Specialty;
Length of Stay	=	Short-term.

Length of Stay (LOS):

Length of Stay (LOS) is defined as the following:

If a separate long-term unit is reported and long-term admissions are greater than one-half of total admissions, then LOS is 2; otherwise LOS is 1.

If a separate long-term unit is not reported and the ratio of inpatient days to admissions is thirty or greater, then LOS is 2; otherwise LOS is 1.

Veterans Administration Hospitals:

2019 Veterans Administration Hospitals are those coded as follows by the American Hospital Association: Hospital Control = '45'.

Psychiatric Hospitals:

2019 Psychiatric Hospitals provide diagnostic and therapeutic services to patients with mental or emotional disorders.

Rehabilitation Hospitals:

2019 Rehabilitation Hospitals provide a comprehensive array of restoration services for people with disabilities and all support services necessary to help them attain their maximum functional capacity.

Children's General Medical and Surgical Hospitals:

2019 Children's General Medical and Surgical Hospitals provide diagnostic and therapeutic services primarily to children and adolescents for a variety of medical conditions, both surgical and nonsurgical.

Children's Psychiatric Hospitals:

2019 Children's Psychiatric Hospitals provide diagnostic and therapeutic services primarily to children with mental or emotional disorders.

Acute Long-Term Care Hospitals:

2019 Acute Long-Term Care Hospitals provide high acuity interdisciplinary services to medically complex patients that require more intensive recuperation and care than can be provided in a typical nursing facility.

General Medical and Surgical Hospitals:

2019 General Medical and Surgical Hospitals provide diagnostic and therapeutic services to patients for a variety of medical conditions, both surgical and nonsurgical.

Chronic Disease Hospitals:

2019 Chronic Disease Hospitals provide medical and skilled nursing services to patients with long-term illnesses who are not in an acute phase, but who require an intensity of services not available in nursing homes.

Intellectual Disabilities Hospital:

2019 Intellectual Disabilities Hospital (formerly Institution for the Mentally Retarded) provides health-related care on a regular basis to patients with developmental or intellectual disabilities who cannot be treated in a skilled nursing unit.

C-2) Hospital Services (or Facilities)

The number of short term general hospitals or hospital subsidiaries which report that they provide certain inpatient and outpatient services was extracted from the 2019 *AHA Annual Survey of Hospitals* (Copyright). The availability of a subset of these services are published in the *AHA Guide to the Health Care Field* (termed as "Facility Codes") for all hospital types.

C-3) Hospital Employment

2010, 2015 and 2019 Full-Time Equivalent Personnel and number of **Personnel by Occupational Category and Type of Hospital** were extracted from the 2010, 2015 and 2019 *AHA Annual Survey of Hospitals* (Copyright), respectively.

Note:

- 1) **Personnel fields** include full-time (35 hours or more) and part-time (less than 35 hours) personnel who were on the hospital/facility payroll at the end of the hospital's reporting period. Religious orders for whom dollar equivalents were reported are included. Private duty nurses, volunteers and all personnel whose salary is financed entirely by outside research grants are excluded. Physicians and dentists who are paid on a fee basis are also excluded.
- 2) **Nursing home personnel** are included in all personnel fields except #FTE Total Hospital Personnel and Total Hospital Personnel, Full-Time and Part-Time.
- 3) **Full-time equivalent personnel** are calculated by AHA as the number of full-time personnel plus one-half the number of part-time personnel.
- 4) **2010, 2015 and 2019 # FTE Total Facility Personnel for Short Term General Hospitals** and for **Short-Term Non-General and Long Term Hospitals** includes Physicians and Dentists, R.N.s, L.P.N.s and L.V.N.s, Medical and Dental Residents/Interns, Other Trainees and the AHA category Other Personnel.
- 5) **# FTE Other Trainees** includes all trainees except Medical and Dental Residents/Interns.
- 6) **2019 # FTE All Other Personnel for Veteran's Hospitals** includes L.P.N.s and L.V.N.s, Medical and Dental Residents/Interns, Other Trainees and the AHA category Other Personnel.
- 7) Beginning with 2010 data, vacancy data are reported for hospital personnel. A vacancy is defined as a budgeted staff position which is unfilled as of the last day of the reporting period and for which the hospital is actively seeking either a full-time or part-time permanent replacement. The number reported is as of the last day of the hospital's reporting period.
- 8) Data are carried on the AHRF for the following U.S. territories: Puerto Rico, Guam and the US Virgin Islands.

C-4) Medicare Fee-For-Service Readmission Data

The 2010 and 2015 through 2019 Medicare Fee-For-Service Readmission data are from the Geographic Variation Public Use File (March 2021), Centers for Medicare and Medicaid Services (CMS). The March 2021 Geographic Variation Public Use File includes data for 2007 through 2019; this update supersedes data on earlier releases. The January 2019 and subsequent updates incorporate several minor revisions to the CMS methodology. Therefore, data for some earlier years may differ somewhat from the data on earlier releases of the AHRF due to CMS's adjustments. These public use files are based primarily on information from CMS's Chronic Condition Data Warehouse (CCW), which contains 100 percent of Medicare claims for beneficiaries who are enrolled in the fee-for-service (FFS) program as well as enrollment and eligibility data.

Data include Medicare beneficiaries who have no months of HMO enrollment and both Part A (hospital insurance) and Part B (medical insurance) for whatever portion of the year they are covered by FFS Medicare (i.e., they have no months of A-only or B-only coverage).

Beneficiaries who died in the year are included.

Medicare Beneficiary FFS Hospital Readmission Rate has two implied decimals.

Note:

- 1) Data are suppressed where count of beneficiaries is less than 11.
- 2) Medicare Beneficiary FFS Acute Hospital Readmission is the total count of inpatient readmissions within 30 days of an acute hospital stay during the reference period. Medicare Beneficiary FFS Hospital Readmission Rate is the percent of inpatient readmissions within 30 days of an acute hospital stay during the reference period.
- 3) Data are reported for the US Virgin Islands. Puerto Rico data were reported at the state level on the source file and therefore not carried on the AHRF.

C-5) Preventable Hospital Stays Rate

The **2018 Preventable Hospital Stays Rate** data are from the County Health Ranking (CHR) 2021 Trends Data file. The **2017 Preventable Hospital Stays Rate** data are from the County Health Ranking (CHR) 2020 Trends Data file. The **2012 through 2016 Preventable Hospital Stays Rate** data are from the County Health Ranking (CHR) 2019 Trends Data file. The data source for these files is the Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool. For more information regarding these data, the CHR website <http://www.countyhealthrankings.org> should be referenced. The 2012-2015 Preventable Hospital Stays Rate on earlier releases of the County Health Ranking Trends Data files that are included on previous versions of the AHRF came from a different source and have been replaced with new data on the CHR 2019 Trends Data File. The method for calculating Preventable Hospitals Stays Rate has changed from the original fields. Please read the notes below for the current methodology.

Note:

- 1) Preventable Hospital Stays is the hospital discharge rate for ambulatory care-sensitive conditions per 100,000 fee-for-service Medicare enrollees ages 18 and older. This measure is age-adjusted.
- 2) **As noted above, effective with the CHR 2019 Trends Data file, the data source and the method for calculating Preventable Hospital Stays Rate have changed from prior years and the data on the current AHRF cannot be compared to earlier years.**
- 3) Ambulatory care-sensitive conditions include: diabetes with short- or long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, dehydration, bacterial pneumonia, or urinary tract infection.
- 4) Medicare enrollees are ages 18 years or older enrolled in Medicare fee-for-service Part A. Individuals enrolled in Medicare Advantage at any point during the year are excluded. In addition, beneficiaries who died during the year, but otherwise were continuously enrolled up until the date of death, as well as beneficiaries who became

- eligible for enrollment following the first of the year, but were continuously enrolled from that date to the end of the year, are included in the analysis population.
- 5) Hospitalization for ambulatory-care sensitive conditions, diagnoses usually treatable in outpatient services, suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care.
 - 6) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).

C-6) Nursing and Other Health Facilities

The **2011 through 2020 Provider of Services data** are from the Centers for Medicare and Medicaid Services' (CMS) *Quality Improvement Evaluation System (QIES)* database. The **2010 Provider of Services data** are from the Centers for Medicare and Medicaid Services' (CMS) *Online Survey and Certification Reporting System (OSCAR)* database. Medicare is a Federal insurance program providing a wide range of benefits for specific periods of time through providers and suppliers participating in the program. The Act designates those providers and suppliers that are subject to Federal health care quality standards. The Federal Government makes payments for services through designated intermediaries and carriers to the providers and suppliers. The data carried on the AHRF include the number of active Medicare-certified providers for the following types of facilities:

CMS PROVIDER TYPE

CATEGORY OF PROVIDER

Skilled Nursing Facilities (SNF), including:

- | | |
|----------------------------|-------------|
| - SNF/NF, Dually Certified | Category 02 |
| - SNF/NF, Distinct Part | Category 03 |
| - SNF | Category 04 |

Defined as a facility (meeting specific regulatory certification requirements) which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing or rehabilitative services but does not provide the level of care or treatment available in a hospital. Skilled nursing care can only be performed by a licensed nurse, either a registered nurse or a licensed practical nurse. A dually-certified facility is both a Medicare Skilled Nursing Facility and a Medicaid nursing facility. A Distinct Part SNF/NF operates as a component of, or 'distinct part' of a larger organization such as a hospital.

Home Health Agencies

Category 05

Defined as an agency or organization which is primarily engaged in providing skilled nursing services and other therapeutic services. It has policies established by a group of professionals (associated with the agency or organization), including one or more physicians and one or more registered professional nurses, to govern the services which it provides.

Nursing Facilities

Category 10

Defined as a facility which primarily provides skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis, health related care services above the level of custodial care to other than individuals with intellectual disabilities.

Rural Health Clinics (RHC)

Category 12

The Rural Health Clinic Services Act of 1977 was enacted to address an inadequate supply of physicians serving Medicare patients in rural areas and to increase the use of non-physician practitioners such as nurse practitioners (NPs) and physician assistants (PAs) in rural areas. An RHC is an outpatient center that provides medically-necessary primary health services and qualified preventive health services furnished by a RHC practitioner. The clinic must be located in a medically under-served area that is not urbanized as defined by the U. S. Census Bureau.

Ambulatory Surgical Centers (ASC)

Category 15

An ASC for Medicare purposes is a distinct entity that operates exclusively for the purpose of furnishing outpatient surgical services to patients who do not require hospitalization and in which the expected duration of services does not exceed 24 hours following admission. The ASC must enter into a “participating provider” agreement with CMS.

Hospices

Category 16

Defined as a public agency or private organization or a subdivision of either that is primarily engaged in providing care to terminally ill individuals, meets the conditions of participation for hospices, and has a valid Medicare provider agreement. Although some hospices are located as part of a hospital, nursing home, or home health agency, hospices must meet specific Federal requirements and be separately certified and approved for Medicare participation.

Community Mental Health Centers (CMHC) Category 19

A CMHC must provide 4 core services:

- 1) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC’s mental health services area who have been discharged from inpatient treatment at a mental health facility.
- 2) 24 hour-a-day emergency care services.
- 3) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services.
- 4) Screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission.

Federally Qualified Health Centers (FQHC) Category 21

FQHC are safety net providers that primarily provide services typically furnished in an outpatient clinic. FQHCs include community health centers, migrant health centers, health care for the homeless health centers, public housing primary care centers and health center program “look-alikes.” They also include outpatient health programs or facilities operated by a tribe or tribal organization or by an urban Indian organization.

Note:

- 1) Aleutians, AK (02010) was broken into Aleutians East and Aleutians West. Data from the source that were reported in Aleutians, AK were put in Aleutians West (02016) on the AHRF.
- 2) Beginning with the 2009 source file, data are reported for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230) and Prince of Wales-Hyder Census Area, AK (02198).

- 3) Bedford City, VA (51515) changed from independent city to town status July 1, 2013. It has been added to Bedford County, VA (51019). Bedford City data, which is carried separately on the source file, has been combined with Bedford County on the AHRF beginning with the 2014 source file. Bedford City will be carried as missing.
- 4) The 2013 source file reported 5,555 beds in a skilled nursing facility in Garfield, NE (31071). This was a much higher number than earlier years. The facility was contacted and the number was changed to 55 on the AHRF, as reported by the facility.
- 5) Data on the AHRF includes data for Puerto Rico, Guam, and the Virgin Islands.

C-7) National Health Service Corps (NHSC)

The 2013, 2014, 2020 and 2021 National Health Service Corps (NHSC) Sites and Providers for Total, Primary Care, Dental and Mental Health are from the Health Resources and Services Administration (HRSA), Data Warehouse. **The 2015 through 2019 National Health Service Corps (NHSC) Sites and Providers** for Total, Primary Care, Dental and Mental Health are from the Health Resources and Services Administration (HRSA)'s Division of National Health Service Corps, within the Bureau of Health Workforce. Data for each year are as of:

Year of Data	Data as of Date
2021	06/14/2021
2020	05/12/2020
2019	05/22/2019
2018	05/16/2018
2017	05/11/2017
2016	05/16/2016
2015	06/11/2015
2014	01/14/2014
2013	01/14/2013

The NHSC has been building healthy communities by connecting NHSC participants to areas of the United States dedicated to ensuring access to health care for everyone, preventing disease and illness and caring for the most vulnerable populations who may otherwise go without care. The NHSC programs provide scholarships and student loan repayment for health care professionals engaged in providing comprehensive primary care medical, dental and mental health care in areas across the country with a shortage of health care professionals. The NHSC participants fulfill their service requirements by working at NHSC-approved sites located in Health Professions Shortage Areas (HPSAs), which are communities with limited access to care. The FTE Provider fields have two implied decimal places.

Note:

- 1) NHSC health professionals can be assigned to one or more sites, therefore a count of individuals assigned to sites would over-count the actual number of providers. Each

provider spends a certain amount of time at a site, and their involvement at a site is measured in Full Time Equivalents (FTE). FTE is the amount of time a provider is working at a particular site relative to a full-time schedule of 40 hours per week. If a provider is working 40 hours per week at a site then the FTE value for that provider is 1.00, and if a provider is working 20 hours per week at a site then the FTE value for that provider is 0.50. If a provider is working more than 40 hours per week at one or more sites they will still be counted as a maximum of 1.00 FTE. In these scenarios, the FTE calculation per site will be based on percentage of time spent at each site. For example, if a provider is working 30 hours at one site and 20 hours at another they will be considered 0.60 FTE at one site and 0.40 at the other. NHSC participants serve in NHSC-approved sites designated by HRSA as being in a HPSA (Health Profession Shortage Area).

- 2) Beginning with the 2015 data, the following Alaska counties are reported: Hoonah-Angoon Census Area (02105), Petersburg Census Area (02195), Prince of Wales-Hyder Census Area (02198), Skagway Municipality (02230), and Wrangell City and Borough (02275).
- 3) Data are reported for Prince of Wales-Hyder Census Area, AK (02198) for 2013 and 2014. Data are reported for Skagway Municipality; AK (02230) for 2014.
- 4) Data are reported for Guam, Puerto Rico and the US Virgin Islands.

C-8) Community Health Centers (CHC)

The 2013 through 2021 Community Health Centers (CHC), Grantees Only are from the Health Resources and Services Administration (HRSA) Health Center Service Delivery and Look-Alike Sites file, Data Warehouse <https://data.hrsa.gov/data/download>. Community Health Centers are Health Center Program grantees (health center applicant) that receive funding to target a general underserved community or population (as opposed to targeted funding to serve one of the statutorily defined special populations: migrant/seasonal farmworkers and their families, persons experiencing homelessness, and/or residents of public housing).

Note:

- 1) The term “grantees” is used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended. It does not refer to Federally Qualified Health Center (FQHC) Look-Alikes or clinics that are sponsored by tribal or Urban Indian Health Organizations, except for those that receive Health Center Program grants.
- 2) Bedford City, VA (51515) changed from independent city to town status July 1, 2013. Beginning in 2014, data for Bedford City have been added to Bedford County, VA (51019). Bedford City are carried as missing.
- 3) Beginning with the 2014 source file, data are reported for Hoonah-Angoon Census Area (02105), Petersburg Census Area (02195), Prince of Wales-Hyder Census Area (02198), Skagway Municipality (02230), and Wrangell City and Borough (02275) .
- 4) The following Alaska counties are reported on the 2013 source file: Hoonah-Angoon

- Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area (02198), Prince of Wales-Outer Ketchikan Census Area (02201), Petersburg Census Area (02195) and Wrangell City and Borough (02275).
- 5) The following Alaska counties are missing from the 2013 source file: Skagway-Hoonah-Angoon Census Area (02232) and Wrangell-Petersburg Census Area (02280).
 - 6) Data are reported for Guam, Puerto Rico and the US Virgin Islands.

D. UTILIZATION

All **Hospital Utilization data** are from the *AHA Annual Survey of Hospitals* (Copyright) reporting for 12-month periods in 2010, 2015 and 2019. These data have been extracted from the AHA Hospital Database and have been published in the *AHA Guide to the Health Care Field*. See Section C above for information concerning the sources and definitions of hospital types. The utilization figures available can be broken down into the following four categories.

Note: Data are reported for Guam, Puerto Rico and the US Virgin Islands.

D-1) Utilization Rate

The **Utilization rate** is the result of dividing the total inpatient days by the product of 365 times the number of beds. This differs from the figure published in the *AHA Guide to the Health Care Field* in that the latter includes an adjustment for the number of outpatients seen.

D-2) Inpatient Days

Inpatient Days for short term general hospitals and short term non-general and long term hospitals are available for 2010, 2015 and 2019. Inpatient Days are also available for selected individual short term hospitals and long term hospitals for 2019. Inpatient Days for short term community hospitals are available for 2010, 2015 and 2019. Inpatient Days in veteran's hospitals are available for 2019.

Note: Inpatient days are the number of adult and pediatric days of care, excluding newborn days of care, rendered during the entire reporting period. Neonatal and swing admissions are included.

D-3) Outpatient Visits

Outpatient utilization consists of emergency visits, other visits (including clinic and referred visits), and total visits. Total Outpatient Visits for short term general hospitals, short term non-general hospitals and long term hospitals are available for 2010, 2015 and 2019.

Total Outpatient Visits in Veterans hospitals are available for 2019.

Note: An outpatient visit is defined as a visit by a patient not lodged in the hospital while receiving medical, dental, or other services. Each visit an outpatient makes to a discrete unit constitutes one visit regardless of the number of diagnostic and/or therapeutic treatments that the patient receives.

D-4) Surgical Operations and Operating Rooms

2010, 2015 and 2019 number of Surgical Operations by Patient Status (i.e., inpatient versus outpatient) are tallied for short term general hospitals, and short term non-general and long term hospitals which were open in each of the respective years. Number of Surgical Operations are available for Veterans hospitals which were open in 2019. **Number of Operating Rooms** are available for short term general hospitals and short term non-general and long term hospitals for 2010, 2015 and 2019.

D-5) Medicare Fee-For-Service Emergency Department Data

The 2010 and 2015 through 2019 Medicare Fee-For-Service Emergency Department Visits data are from the Geographic Variation Public Use File (March 2021), Centers for Medicare and Medicaid Services (CMS). The March 2021 Geographic Variation Public Use File includes data for 2007 through 2019; this update supersedes data on earlier releases. The January 2019 and subsequent updates incorporate several minor revisions to the CMS methodology. Therefore, data for some earlier years may differ somewhat from the data on earlier releases of the AHRF due to CMS's adjustments. These public use files are based primarily on information from CMS's Chronic Condition Data Warehouse (CCW), which contains 100 percent of Medicare claims for beneficiaries who are enrolled in the fee-for-service (FFS) program as well as enrollment and eligibility data.

Data include Medicare beneficiaries who have no months of HMO enrollment and both Part A (hospital insurance) and Part B (medical insurance) for whatever portion of the year they are covered by FFS Medicare (i.e., they have no months of A-only or B-only coverage). Beneficiaries who died in the year are included.

Note:

- 1) Data are suppressed where count of beneficiaries is less than 11.
- 2) Medicare Beneficiary Emergency Department Visits is the total count of inpatient or hospital outpatient emergency department visits. Emergency Department Visits per 1,000 Medicare Beneficiaries is the rate per 1,000 beneficiaries of inpatient or hospital outpatient emergency department visits.
- 3) Data are reported for the US Virgin Islands. Puerto Rico data were reported at the state level on the source file and are therefore not carried on the AHRF.

E. EXPENDITURES

E-1) Hospital Expenditures

The total reported **hospital expenditures** and the number of hospitals reporting expenses for short term general hospitals, short term non-general and long term hospitals are recorded for the years 2010, 2015 and 2019; and for Veterans Hospitals for 2019.

Note: Data are reported for Guam, Puerto Rico and the US Virgin Islands.

E-2) Medicare Fee-For-Service Cost Data

The **2010 and 2015 through 2019 Medicare Fee-For-Service Cost data** are from the Geographic Variation Public Use File (March 2021), Centers for Medicare and Medicaid Services (CMS). The March 2021 Geographic Variation Public Use File includes data for 2007 through 2019; this update supersedes data on earlier releases. The January 2019 and subsequent updates incorporate several minor revisions to the CMS methodology. Therefore, data for some earlier years may differ somewhat from the data on earlier releases of the AHRF due to CMS's adjustments. These public use files are based primarily on information from CMS's Chronic Condition Data Warehouse (CCW), which contains 100 percent of Medicare claims for beneficiaries who are enrolled in the fee-for-service (FFS) program as well as enrollment and eligibility data.

Data include Medicare beneficiaries who have no months of HMO enrollment and both Part A (hospital insurance) and Part B (medical insurance) for whatever portion of the year they are covered by FFS Medicare (i.e., they have no months of A-only or B-only coverage). Beneficiaries who died in the year are included.

Total Actual, Standardized, and Standardized Risk-Adjusted Medicare Costs; Actual, Standardized, and Standardized Risk-Adjusted Per Capita Medicare Costs; Inpatient Actual and Per Capita Medicare Costs; Inpatient Actual Cost as a % of Total Actual Costs; Inpatient per User Actual Medicare Costs; and % Medicare Beneficiaries using Inpatient Services have two implied decimal points.

Note:

- 1) Data are suppressed where count of beneficiaries is less than 11.
- 2) Actual Medicare costs, standardized Medicare costs, and standardized risk-adjusted

Medicare costs are carried. Cost is standardized to remove geographic differences in payment rates for individual services as a source of variation. To standardize cost, CMS examined Medicare's various FFS payment systems and identified the factors that lead to different payment rates for the same service. In general, those factors are adjustments that Medicare makes to account for local wages or input prices, and extra payments that Medicare makes to advance other program goals, such as compensating certain hospitals for the cost of training doctors. CMS then estimated what Medicare would have paid for each claim without those adjustments.

- 3) Medicare FFS Beneficiary Inpatient (IP) Users with covered stay is number of Medicare beneficiaries using hospital inpatient services with at least one covered stay.
- 4) Data are reported for the US Virgin Islands. Puerto Rico data were reported at the state level on the source file and are therefore not carried on the AHRF.

E-3) Medicare Advantage Rates

The 2015 through 2021 Medicare Advantage Risks Part A and B Payment Rates were obtained from the Centers for Medicare and Medicaid Services *Medicare Advantage Ratebook File*. A Medicare Advantage Plan is a type of Medicare health plan offered by a private company that contracts with Medicare to provide all the Part A (hospital insurance) and Part B (supplemental medical insurance) benefits. Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Saving Accounts Plans. Medicare Advantage Plans are sometimes called "Part C" or "MA Plans". Those enrolled get Part A and Part B coverage from the Medicare Advantage Plan and not Original Medicare.

The Affordable Care Act (ACA) established a new blended benchmark as the Medicare Advantage county rate, effective 2012. Beginning in 2012, county rates were determined by blending two components: an applicable amount (pre-Affordable Care Act rate set under section 1853(k)(1) of the Act) and a specified amount (new Affordable Care Act rate set under section 1853(n)(2) of the Act). As required under section 1853(n)(4) of the Act, the blended benchmark is capped at the level of the 1853(k)(1) applicable amount. County rates represent the upper limit that the government will pay Medicare Advantage Plans, on a standardized basis, per person per month for coverage of original Medicare benefits. Prior to 2011, county rates were based on average FFS costs or the prior year rate grown by the MA growth percentage. In 2011, the county rates were frozen at 2010 levels. Beginning with 2012, the Affordable Care Act (ACA) specified that MA county rates will be directly related to a percentage of average fee-for-service (FFS) costs, and established a transition during which a blended benchmark is used to blend rates based on pre-ACA rules and rates based on ACA rules. ACA rates are based on a function of FFS costs and the quality rating of the plan. Medicare uses information from member satisfaction surveys, plans and health care providers to give overall performance star rating to Medicare health and prescription drug plans. A plan can get a rating from one to five stars. A 1-star rating represents poor performance, 3-stars represent average performance and 5-stars represent excellent performance. In 2012, Medicare Advantage plans began receiving bonus payments based on

quality ratings. Beginning in 2015, Medicare Advantage Payment Rates are reported by 5% bonus rate, 3.5% bonus rate and 0% bonus rate. For more information regarding Medicare Payment Rates, the CMS website <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Ratebooks-and-Supporting-Data.html> should be referenced.

Note:

- 1) All rates include Medicare Improvements for Patients and Providers Act (MIPPA) indirect medical education (IME) deduction.
- 2) Rates do not include Program of All-inclusive Care for the Elderly (PACE) plans.
- 3) The 2015 through 2017 source files reported rates for Bedford City, VA (51515) which changed to town status July 1, 2013 and is now part of Bedford County (51019). Bedford City is carried as missing on the AHRF. The following are the Medicare Payment Rates for Bedford City, VA reported:

	-----Risk Parts A & B-----		
Year	5% Bonus	3.5% Bonus	0% Bonus
2015	712.63	706.81	693.24
2016	754.97	747.16	728.93
2017	802.45	802.45	802.45

- 4) The new Alaska counties are carried: 02105 Hoonah-Angoon Census Area, 02195 Petersburg Census Area, 02198 Prince of Wales-Hyder Census Area, 02230 Skagway Municipality, 02275 Wrangell City and Borough. The three defunct Alaska counties will be carried as missing: 02201 Prince of Wales-Outer Ketchikan, 02232 Skagway-Hoonah-Angoon Census Area and 02280 Wrangell-Petersburg Census Area.
- 5) Data are included on the AHRF for Guam, Puerto Rico and the US Virgin Islands. In the US Virgin Islands, St. Thomas and St. John are reported combined. On the AHRF, the data are carried in St. Thomas (78030) and St. John (78020) is reported as missing.
- 6) The 2015 source file reported rates for many areas of Guam. The rate carried on the AHRF is the median rate. The following was reported on the source file:

	-----Risk Parts A & B-----		
Name	5% Bonus	3.5% Bonus	0% Bonus
Agana	479.25	475.33	466.17
Agana Heights	476.81	472.89	463.73
Agat	478.72	474.80	465.64
Asan	473.69	469.77	460.61
Barrigada	477.00	473.08	463.92
Chalan Pago	474.86	470.94	461.78
Dededo	478.74	474.81	465.66
Inarajan	474.66	470.74	461.58
Maite	471.27	467.35	458.19
Mangilao	474.15	470.23	461.07
Merizo	475.87	471.95	462.79
Mongmong	464.83	464.83	455.76

Ordot	447.27	447.27	447.27
Piti	475.04	471.12	461.96
Santa Rita	477.81	473.89	464.73
Sinajana	478.30	474.38	465.22
Talofofo	476.54	472.62	463.46
Tamuning	478.37	474.44	465.29
Toto	446.55	446.55	446.55
Umatac	466.47	465.46	456.31
Yigo	477.93	474.01	464.85
Yona	474.86	470.94	461.78

- 7) The 2016 source file reported rates for many areas of Guam. The rate carried on the AHRF is the median rate. The following was reported on the source file:

-----Risk Parts A & B-----			
Name	5% Bonus	3.5% Bonus	0% Bonus
Agana	498.96	493.81	481.79
Agana Heights	497.68	492.53	480.51
Agat	498.68	493.53	481.51
Asan	496.04	490.89	478.87
Barrigada	497.78	492.63	480.61
Chalan Pago	496.65	491.50	479.48
Dededo	498.69	493.54	481.52
Inarajan	496.55	491.40	479.38
Maite	494.77	489.62	477.60
Mangilao	496.28	491.13	479.11
Merizo	497.18	492.03	480.01
Mongmong	488.35	488.34	476.32
Ordot	469.91	469.91	469.91
Piti	496.75	491.60	479.58
Santa Rita	498.20	493.05	481.03
Sinajana	498.46	493.31	481.29
Talofofo	497.54	492.39	480.37
Tamuning	498.49	493.34	481.32
Toto	469.15	469.15	469.15
Umatac	490.07	488.63	476.61
Yigo	498.27	493.12	481.10
Yona	496.65	491.50	479.48

- 8) The 2017 source file reported rates for many areas of Guam. The rate carried on the AHRF is the median rate. The following was reported on the source file:

-----Risk Parts A & B-----			
Name	5% Bonus	3.5% Bonus	0% Bonus
Agana	518.96	512.48	497.34
Agana Heights	518.96	512.48	497.34

Agat	518.96	512.48	497.34
Asan	518.96	512.48	497.34
Barrigada	518.96	512.48	497.34
Chalan Pago	518.96	512.48	497.34
Dededo	518.96	512.48	497.34
Inarajan	518.96	512.48	497.34
Maite	511.17	511.17	497.34
Mangilao	518.96	512.48	497.34
Merizo	518.96	512.48	497.34
Mongmong	503.27	503.27	497.34
Ordot	484.26	484.26	484.26
Piti	518.96	512.48	497.34
Santa Rita	518.96	512.48	497.34
Sinajana	518.96	512.48	497.34
Talofofo	518.96	512.48	497.34
Tamuning	518.96	512.48	497.34
Toto	483.48	483.48	483.48
Umatac	505.04	505.04	497.34
Yigo	518.96	512.48	497.34
Yona	518.96	512.48	497.34

- 9) The 2018 source file reported rates for many areas of Guam. The rate carried on the AHRF is the median rate. The following was reported on the source file:

-----Risk Parts A & B-----			
Name	5% Bonus	3.5% Bonus	0% Bonus
Agana	521.06	514.55	499.35
Agana Heights	521.06	514.55	499.35
Agat	521.06	514.55	499.35
Asan	521.06	514.55	499.35
Barrigada	521.06	514.55	499.35
Chalan Pago	521.06	514.55	499.35
Dededo	521.06	514.55	499.35
Inarajan	521.06	514.55	499.35
Maite	521.06	514.55	499.35
Mangilao	521.06	514.55	499.35
Merizo	521.06	514.55	499.35
Mongmong	515.92	514.55	499.35
Ordot	496.43	496.43	496.43
Piti	521.06	514.55	499.35
Santa Rita	521.06	514.55	499.35
Sinajana	521.06	514.55	499.35
Talofofo	521.06	514.55	499.35
Tamuning	521.06	514.55	499.35
Toto	495.63	495.63	495.63
Umatac	517.74	514.55	499.35

Yigo	521.06	514.55	499.35
Yona	521.06	514.55	499.35

- 10) The 2019 source file reported rates for many areas of Guam. The rate carried on the AHRF is the median rate. The following was reported on the source file:

-----Risk Parts A & B-----			
Name	5% Bonus	3.5% Bonus	0% Bonus
Agana	548.24	541.39	525.40
Agana Heights	548.24	541.39	525.40
Agat	548.24	541.39	525.40
Asan	548.24	541.39	525.40
Barrigada	548.24	541.39	525.40
Chalan Pago	548.24	541.39	525.40
Dededo	548.24	541.39	525.40
Inarajan	548.24	541.39	525.40
Maite	548.24	541.39	525.40
Mangilao	548.24	541.39	525.40
Merizo	548.24	541.39	525.40
Mongmong	546.34	541.39	525.40
Ordot	525.70	525.70	525.40
Piti	548.24	541.39	525.40
Santa Rita	548.24	541.39	525.40
Sinajana	548.24	541.39	525.40
Talofofo	548.24	541.39	525.40
Tamuning	548.24	541.39	525.40
Toto	524.85	524.85	524.85
Umatac	548.24	541.39	525.40
Yigo	548.24	541.39	525.40
Yona	548.24	541.39	525.40

- 11) The 2020 source file reported rates for many areas of Guam. The rate carried on the AHRF is the median rate. The following was reported on the source file:

-----Risk Parts A & B-----			
Name	5% Bonus	3.5% Bonus	0% Bonus
Agana	616.68	616.68	612.79
Agana Heights	607.59	607.59	607.59
Agat	614.70	614.70	612.79
Asan	595.94	595.94	595.94
Barrigada	608.27	608.27	608.27
Chalan Pago	600.29	600.29	600.29
Dededo	614.76	614.76	612.79
Inarajan	599.55	599.55	599.55
Maite	586.89	586.89	586.89
Mangilao	597.64	597.64	597.64
Merizo	604.05	604.05	604.15
Mongmong	577.82	577.82	577.82
Ordot	555.98	555.98	555.98
Piti	600.96	600.96	600.96
Santa Rita	611.31	611.31	611.31

Sinajana	613.13	613.13	612.79
Talofofo	606.56	606.56	606.56
Tamuning	613.36	613.36	612.79
Toto	555.08	555.08	555.08
Umatac	579.86	579.86	579.86
Yigo	611.75	611.75	611.75
Yona	600.29	600.29	600.29

- 12) The 2021 source file reported rates for many areas of Guam. The rate carried on the AHRF is the median rate. The following was reported on the source file:

-----Risk Parts A & B-----			
Name	5% Bonus	3.5% Bonus	0% Bonus
Agana	650.38	650.38	650.38
Agana Heights	640.77	640.77	640.77
Agat	648.28	648.28	648.28
Asan	628.47	628.47	628.47
Barrigada	641.49	641.49	641.49
Chalan Pago	633.06	633.06	633.06
Dededo	648.35	648.35	648.35
Inarajan	632.28	632.28	632.28
Maite	618.91	618.91	618.91
Mangilao	630.27	630.27	630.27
Merizo	637.04	637.04	637.04
Mongmong	615.23	615.23	615.23
Ordot	615.23	615.23	615.23
Piti	633.77	633.77	633.77
Santa Rita	644.70	644.70	644.70
Sinajana	646.63	646.63	646.63
Talofofo	639.69	639.69	639.69
Tamuning	646.87	646.87	646.87
Toto	615.23	615.23	615.23
Umatac	615.23	615.23	615.23
Yigo	645.17	645.17	645.17
Yona	633.06	633.06	633.06

E-4) Veteran Expenditures Data

The 2012 through 2019 Veteran Expenditures data are from the Office of Policy and Planning, Department of Veterans Affairs. The source for each year is noted below:

YEAR OF DATA	SOURCE FILES
2019	FY19 Geographic Distribution of VA Expenditures (GDX) Report.
2018	FY18 Geographic Distribution of VA Expenditures (GDX) Report.

2017	FY17 Geographic Distribution of VA Expenditures (GDX) Report.
2016	FY16 Geographic Distribution of VA Expenditures (GDX) Report.
2015	FY15 Geographic Distribution of VA Expenditures (GDX) Report.
2014	FY14 Geographic Distribution of VA Expenditures (GDX) Report.
2013	FY13 Geographic Distribution of VA Expenditures (GDX) Report.
2012	FY12 Geographic Distribution of VA Expenditures (GDX) Report.

Note:

- 1) A Veteran, as defined in the U.S. Code Title 38, is a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable. Active military, naval, or air service includes (1) active duty which represents full-time duty in the Armed Forces, other than active duty for training or (2) any period of active/inactive duty for training which the individual concern was disabled. "Veterans" excludes current service members (i.e., active duty personnel who have not yet separated), those dishonorably discharged, those whose active duty was training only, and those who have previously separated but are on active duty as of the estimation date. For more information go to:
http://www.ssa.gov/OP_Home/comp2/D-USC-38.html.
- 2) Patients receiving treatment at a VA health care facility data are provided by the Allocation Resource Center (ARC). A patient is counted as a unique patient in each division from which they receive care. For example, if a patient receives Primary Care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.
- 3) Medical Care Expenditures are rounded to the nearest thousand dollars (\$000s). For example, \$500 to \$1,000 are rounded to \$1; \$0 to \$499 are rounded to \$0.
- 4) Medical Care Expenditures include dollars for medical services, medical administration, facility maintenance, educational support, research support, and other overhead items. Medical Care expenditures do not include dollars for construction or other non-medical support. Data are provided by the Allocation Resource Center (ARC).
- 5) Medical Care Expenditures are based on where patients live instead of where care is delivered.
- 6) Beginning in 2013, data are suppressed for number of patients seen in a VA facility when there were less than 10 patients. Beginning in 2016, data are also suppressed for the next smallest county to prevent imputing any counties with a value of less than 10.
- 7) Beginning with the 2019 source file, data are carried for Chugach Census Area, AK (02063) and Copper River Census Area, AK (02066) which were formed from Valdez-Cordoba Census Area, AK (02261). These counties are combined and carried in Valdez-Cordoba on the AHRF for F15335-19 # Patients Seen in VA Facility and F15336-19 VA Medical Care Expenditures (1000's). The following was reported on the source file:

	Chugach	Copper River
# Patients Seen in VA Facility	202	34
VA Medical Care Expenditures (1000's)	2,833	480

- 8) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality,

- AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 9) Data are carried on the AHRF for Puerto Rico and Guam. Data carried for Guam are for medical care expenditures only in 2012 and 2013.

F. POPULATION

F-1) Population Estimates

The **2005-2009 and 2011-2020 Population Estimates** are from the Census Bureau and include the calculated number of people living in an area as of July 1. The estimated population is calculated from a components of change model that incorporates information on natural change (births, deaths) and net migration (net internal migration, net international migration) that has occurred in an area since a Census 2000 reference date for 2005-2009 estimates and Census 2010 for 2011-2020 estimates. The source for each year of data is noted below:

YEAR OF DATA	SOURCE FILES FOR U.S.
2020	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, 2020.
2019	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, 2019.
2018	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, 2018.
2017	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, 2017.
2016	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, 2016.
2015	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, 2015.
2014	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, 2014.
2013	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.

2012	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, 2012.
2011	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, 2011.
2009	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, 2000 to July 1, 2009.
2008	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, 2000 to July 1, 2008.
2007	Annual Population Estimates, Estimated Components of Population Change, and Rates of the Components of Population Change for Counties: April 1, 2000 to July 1, 2007.
2006	Annual County Population Estimates and Estimated Components of Change: April 1, 2000 to July 1, 2006.
2005	County Population Estimates and Estimated Components of Change: April 1, 2000 to July 1, 2005.

**YEAR OF
DATA**

SOURCE FILES FOR PUERTO RICO

2020	Annual Estimates of the Resident Population for Puerto Rico Municipios: April 1, 2010 to July 1, 2020.
2019	Annual Estimates of the Resident Population for Puerto Rico Municipios: April 1, 2010 to July 1, 2019.
2018	Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2018.
2017	Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017.
2016	Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016.
2015	Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2015.
2014	Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2014.
2013	Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2013.
2012	Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2012.
2011	Cumulative Estimates of Resident Population Change for Municipios of Puerto Rico and Municipio Rankings: April 1, 2010 to July 1, 2011
2009	Cumulative Estimates of Resident Population Change for Municipios of

2008	Puerto Rico and Municipio Rankings: April 1, 2000 to July 1, 2009 Cumulative Estimates of Resident Population Change for Municipios of Puerto Rico and Municipio Rankings: April 1, 2000 to July 1, 2008
2007	Cumulative Estimates of Resident Population Change for Municipios of Puerto Rico and Municipio Rankings: April 1, 2000 to July 1, 2007
2006	Cumulative Estimates of Resident Population Change for Municipios of Puerto Rico and Municipio Rankings: April 1, 2000 to July 1, 2006
2005	Annual Estimates of the Resident Population for Municipios of Puerto Rico and Municipio Rankings: April 1, 2000 to July 1, 2005

Note:

- 1) Beginning with the 2020 source file, data are carried for Chugach Census Area, AK (02063) and Copper River Census Area, AK (02066) which were formed from Valdez-Cordoba Census Area, AK (02261). These counties are combined and carried in Valdez-Cordoba on the AHRF for F11984-20 Population Estimate. On the source file, the Population Estimate for Chugach Census Area is reported as 6,427 and the Population Estimate for Copper River Census Area is reported as 2,919.
- 2) Beginning with the 2008 source file, data are reported for Hoonah-Angoon Census Area, AK (02105) and Skagway Municipality, AK (02230).
- 3) Beginning with the 2009 source file, data are reported for Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 4) Data are included on the AHRF for Puerto Rico and Guam. Guam data are from the U.S. Census Bureau, International Data Base.

The **1995 Population Estimates** are from *State and County Population Estimates Components of Change 1990-95* from the Census Bureau. The data are as of July 1.

The **2015 through 2019 Population Estimates 65+** are from the U.S. Census Bureau. The sources for each year of data are noted below:

YEAR OF DATA	SOURCE FILES FOR U.S.
2019	Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2019.
2018	Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2018.
2017	Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2017.
2016	Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2016.
2015	Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2015.

YEAR OF DATA	SOURCE FILES FOR PUERTO RICO
---------------------	-------------------------------------

2019	Annual County and Puerto Rico Municipio Resident Population Estimates by Selected Age Groups and Sex: April 1, 2010 to July 1, 2019.
2018	Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2018.
2017	Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2017.
2016	Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2016.
2015	Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2015.

Note:

- 1) Beginning with the 2008 source file, data are reported for Hoonah Angoon Census Area, AK (02105) and Skagway Municipality, AK (02230).
- 2) Beginning with the 2009 source file, data are reported for Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 3) The data on the AHRF for Guam are from the International Data Base, U.S. Census Bureau.

The **2015 through 2019 Population Estimates by Characteristic: Gender, Race and Hispanic Origin** are from the U.S. Census Bureau. The sources for each year of data are noted below:

YEAR OF DATA	SOURCE FILES FOR U.S.
---------------------	------------------------------

2019	Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2019.
2018	Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2018.
2017	Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2017.
2016	Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2016.
2015	Annual County Resident Population Estimates by Age, Sex and Race and Hispanic origin: April 1, 2010 to July 1, 2015.

YEAR OF DATA	SOURCE FILES FOR PUERTO RICO
2019	Annual County and Puerto Rico Municipio Resident Population Estimates by Selected Age Groups and Sex: April 1, 2010 to July 1, 2019.
2018	Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2018.
2017	Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2017.
2016	Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2016.
2015	Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2015.

Note:

- 1) Total Population will equal the sum of White, Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander and Two or more races.
- 2) The sum of White Non-Hispanic and White Hispanic equals Total White population. The sum of Black/African American Non-Hispanic and Black/African American Hispanic equals Black/African American population.
- 3) Individuals of Hispanic Origin may be of any race and are included in the counts by race for White (total), Black/African American (total), American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander and Two or more races. Therefore, when calculating total population, Hispanic Origin should not be included in the calculation.
- 4) Beginning with the 2008 source file, data are reported for Hoonah-Angoon Census Area, AK (02105) and Skagway Municipality, AK (02230).
- 5) Beginning with the 2009 source file, data are reported for Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 6) Data by race are not carried for Puerto Rico on the source file. Therefore, Total Male and Total Female Population are the only fields carried.
- 7) Data on the AHRF for Guam are from the Bureau of Census of the Census International Data Base. Total Male and Total Female Population are the only fields carried. Data by race are not available from the source.

The **2015 through 2020 Population Estimates in Group Quarters** are from the U.S. Census Bureau. The source for each year of data is noted below:

YEAR OF DATA	SOURCE FILE
2020	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, 2020.
2019	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, 2019.
2018	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, 2018.
2017	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, 2017.
2016	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, 2016.
2015	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, 2015.

Note:

- 1) Group quarters are places where people live or stay other than the usual house, apartment, or mobile home. Two general types of group quarters are recognized: institutional (for example, nursing homes, mental hospitals or wards, hospitals or wards for chronically ill patients, hospices, and prison wards) and noninstitutional (for example, college or university dormitories, military barracks, group homes, shelters, missions, and flophouses). Group quarters may have housing units on the premises for staff or guests.
- 2) Beginning with the 2020 source file, data are carried for Chugach Census Area, AK (02063) and Copper River Census Area, AK (02066) which were formed from Valdez-Cordoba Census Area, AK (02261). These counties are combined and carried in Valdez-Cordoba on the AHRF for F13999-20 Population Estimate in Group Quarters. On the source file, the Population Estimate in Group Quarters for Chugach Census Area is reported as 183 and the Population Estimate in Group Quarters for Copper River Census Area is reported as 18.
- 3) Beginning with the 2008 source file, data are reported for Hoonah-Angoon Census Area, AK (02105) and Skagway Municipality, AK (02230).
- 4) Beginning with the 2009 source file, data are reported for Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).

F-2) Population Counts and Number of Families and Households

Note: For 1980, 1990, 2000 and 2010 Census Data, data from the Census STF1A/SF1 are 100% response data. Data from the Census STF3A/SF3A/SF3 are weighted from the sample data.

2010 Census Population Counts:

2010 Census population by race/ethnicity are from the *2010 Census Redistricting Data (Public Law 94-171) Summary File*, U.S. Census Bureau. The race categories for Census 2010 are defined as follows:

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as “white” or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.

Black or African American - A person having origins in any of the Black racial groups in Africa. It includes people who indicate their race as “Black, African Am., or Negro” or report entries such as African America, Kenyan, Nigerian, or Haitian.

American Indian or Alaska Native - A person having origins in any of the peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. This category includes people who indicate their race as “American Indian or Alaska Native” or report entries such as Navajo, Blackfeet, Inupiat, Yup’ik, or Central American Indian groups or South American Indian groups

Asian – A persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, Indian, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes people who indicate their race as “Asian Indian,” “Chinese,” “Filipino,” “Korean,” “Japanese,” “Vietnamese,” and “Other Asian” or provide other detailed Asian responses.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as “Native Hawaiian,” “Guamanian or Chamorro,” “Samoan,” and “Other Pacific Islander” or provide other detailed Pacific Islander responses.

Some Other Race (one race) – Includes all other responses not included in

“White,” “Black or African American,” “American Indian or Alaska Native,” “Asian,” and “Native Hawaiian or Other Pacific Islander” race categories described above. Respondents reporting entries such as multiracial, mixed, interracial, or a Hispanic, Latino, or Spanish group (for example, Mexican, Puerto Rican, Cuban, or Spanish) in response to the race question are included in this category.

Two or More Races – People may choose to provide two or more races either by checking two or more race response check boxes, by providing multiple responses, or by some combination of check boxes and other responses. The race response categories shown on the questionnaire are collapsed into five minimum race groups identified by OMB and the Census Bureau’s “Some Other Race” category. “Two or More Races” refers to combinations of two or more of the following race categories:

1. White
2. Black or African American
3. American Indian or Alaska Native
4. Asian
5. Native Hawaiian or Other Pacific Islander
6. Some Other Race

The federal government considers race and Hispanic origin to be two separate and distinct concepts. The data on Hispanic or Latino population were derived from answers to a question that was asked of all people. The terms “Hispanic,” “Latino,” and “Spanish” are used interchangeably. 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 arrival in the United States. People who identify their origins as Hispanic, Latino, or Spanish may be of any race.

When comparing 2010 Census data to prior years, it is important to note that the questionnaires have changed over time. For detailed information regarding differences between the 2010 Census and earlier ones, refer to the census website www.census.gov.

Note:

- 1) Total Census Population (F04530-10) will equal the sum of White, Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, Some Other Race and Two or more Races.
- 2) Total Population, One Race (F13325-10) will equal the sum of White, Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander and Some Other Race.
- 3) Individuals of Hispanic Origin may be of any race and are included in the counts by race for White, Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, Some Other Race and Two or more Races. Therefore, when calculating total population, Hispanic Origin should not be included in the

- calculation.
- 4) Non-Hispanic/Latino Population will equal the sum of White Non-Hispanic, Black/African American Non-Hispanic, American Indian/Alaska Native Non-Hispanic, Asian Non-Hispanic, Native Hawaiian/Other Pacific Islander Non-Hispanic, Some Other Race Non-Hispanic and Two or more Races Non-Hispanic.
 - 5) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
 - 6) Data are included on the AHRF for Puerto Rico for the 2010 Census population.
 - 7) 2010 Census Population data included on the AHRF for Guam are from the *2010 Census of Population and Housing, Guam Summary File*, U.S. Census Bureau using the Bureau's American FactFinder.
 - 8) Total Census Population (F04530-10) for Guam will equal the sum of White, Black/African American, Asian, Native Hawaiian/Other Pacific Islander, Some Other Race, Hispanic/Latino, and Two or more Races. Some Other Race includes American Indian/Alaska Native which is not carried separately. Note Hispanic/Latino Population is included in the Guam's total population unlike all other U.S., Puerto Rico and U.S. Virgin Island population counts where Hispanic/Latino is an origin and can be any race.
 - 9) Total Population, One Race (F13325-10) for Guam will equal the sum of White, Black/African American, Asian, Native Hawaiian/Other Pacific Islander, Some Other Race and Hispanic/Latino.
 - 10) 2010 Census Population data included on the AHRF for the U.S. Virgin Islands are from the *2010 Census of Population and Housing, U.S. Virgin Islands Summary File*, U.S. Census Bureau using the Bureau's American FactFinder.

2010 Census age, race and gender data are from the *2010 Census of Population and Housing: Summary File 1 (SF1)*. Individuals of Hispanic/Latino Origin are included in the counts by race (White, Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian and Other Pacific Islander, Some Other Race and Two or more Races). Therefore when calculating a total, Hispanic/Latino Origin should not be included in the calculations. The exception to this is any White Non-Hispanic field, which excludes individuals of Hispanic/Latino Origin.

Note:

- 1) Data are included on the AHRF for Puerto Rico.
- 2) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 3) See 2010 Census population by race/ethnicity above for the definition of each race category.
- 4) The age classification for a person in census tabulation is the age of the person in completed years as of April 1, 2010, the census reference date. Both age and date of birth responses are used in combination to determine the most accurate age for the person as of the census reference data.
- 5) Data included on the AHRF for Guam are from the *2010 Census of Population and*

Housing, Guam Summary File, U.S. Census Bureau using the Bureau's American FactFinder.

- 6) Total population by age and gender for Guam will equal the sum of White, Asian, Native Hawaiian/Other Pacific Islander, Some Other Race, and Two or more Races. Some Other Race includes Black/African American and American Indian/Alaska Native and Hispanic/Latino which are not carried separately. Note Hispanic/Latino Population is included in the Guam's total population unlike all other U.S., Puerto Rico and U.S. Virgin Island population counts where Hispanic/Latino is an origin and can be any race.
- 7) Data included on the AHRF for the U.S. Virgin Islands are from the *2010 Census of Population and Housing, U.S. Virgin Islands Summary File*, U.S. Census Bureau using the Bureau's American FactFinder.
- 8) Total population by age and gender for the U.S. Virgin Islands will equal the sum of White, Black/African American, Some Other Race, and Two or more Races. Some Other Race includes American Indian/Alaska Native, Asian, and Native Hawaiian/Other Pacific Islander which are not carried separately.

2010 Census population by detailed ethnicity are from the *2010 Census of Population and Housing: Summary File 1 (SF1)*.

Note:

- 1) Hispanic or Latino fields are by specific origin. Origin can be viewed as the heritage, nationality group, lineage or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Spanish, Hispanic, or Latino may be of any race.
- 2) The sum of Hispanic/Latino Origin-Costa Rican, Guatemalan, Honduran, Nicaraguan, Panamanian, Salvadoran and Other Central American Population equals Hispanic/Latino Origin-Central American Population.
- 3) The sum of Hispanic/Latino Origin-Argentinean, Bolivian, Chilean, Colombian, Ecuadorian, Paraguayan, Peruvian, Uruguayan, Venezuelan and Other South American Population equals Hispanic/Latino Origin-South American Population.
- 4) The sum of Hispanic Origin-Spaniard, Spanish, Spanish American and All Other Hispanic/Latino equals Hispanic/Latino Origin-Other Hispanic Population.
- 5) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 6) Data are included on the AHRF for Puerto Rico.
- 7) 2010 Census Population data included on the AHRF for Guam are from the *2010 Census of Population and Housing, Guam Summary File*, U.S. Census Bureau using the Bureau's American FactFinder.
- 8) Hispanic/Latino Population is included in the Guam's total population fields unlike all other U.S., Puerto Rico and U.S. Virgin Island population counts where Hispanic/Latino is an origin and can be any race.
- 9) Data included on the AHRF for the U.S. Virgin Islands are from the *2010 Census of Population and Housing, U.S. Virgin Islands Summary File*, U.S. Census Bureau using the Bureau's American FactFinder.
- 10) Hispanic/Latino Origin-All Other Hispanic Population for the U.S. Virgin Islands is

composed of people whose origins are from Cuba, Spain, and Spanish-speaking Central or South American countries. It also includes general origin responses such as “Latino” or “Hispanic.”

2000 Census Population Counts:

2000 Census population are from the U.S. Census Bureau, www.census.gov, using American Fact Finder feature to download table GCT-PL Race and Hispanic or Latino: 2000.

Note:

- 1) Data are included on the AHRF for Puerto Rico for the 2000 Census population.
- 2) 2000 Census Population data included on the AHRF for Guam are from the *Guam Summary File: 2000 Census of Population and Housing, U.S. Census Bureau*.
- 3) 2000 Census Population data included on the AHRF for the US Virgin Islands are from the *U.S. Virgin Islands Summary File: 2000 Census of Population*.

1990 Census Population Counts:

1990 Census Population is from the *1990 Census of Population and Housing: Summary Tape File 1A (STF1A)*.

1980 Census Population Counts:

1980 Census population is from the *1980 Census of Population and Housing: Summary Tape File 1A (STF1A)*.

1970 Census Population Counts:

1970 Census population is from the *1970 Census Population Tape* (known as the BHME Population Tape).

1960 Population Counts:

1960 Census Population counts are published in *Census of Population 1960, the Eighteenth Decennial Census of the United States*.

Note:

- 1) 1960 Census Population for the independent cities of Hampton and Newport News, Virginia are included in York County (51199). Hampton (51650) and Newport News (51700) are zero-filled for this field.
- 2) 1960 Census Population for the independent city of Galax, Virginia is included in Carroll County (51035), rather than Grayson County (51077).
- 3) 1960 Census Population for Charles City County, Virginia (51036) is not reported.
- 4) Data could not be obtained to break out 1960 Census Population for the Virginia

independent cities of Alexandria, Chesapeake and Virginia Beach from their former counties.

- 5) The reported figures were changed to hundreds for consistency on the AHRF in 9/90.

Note: Data are not available for Virginia independent cities. Refer to A-2.

2010 through 2019 Population (Persons):

2010 through 2019 Population (Persons) estimates are from the *CAINCI Personal Income Summary: Personal Income, Population, Per Capita Personal Income* file, U.S. Bureau of Economic Analysis (BEA), Regional Economic Measurement Division. The 2019 data are from the November 17, 2020 file. The 2018 data are from the November 14, 2019 file, and the 2010 through 2017 data are from the November 15, 2018 file. Data are downloaded from Regional Economic Accounts, Local Area Personal Income downloads: <https://apps.bea.gov/regional/downloadzip.cfm>. The 2010 through 2016 Population (Persons) estimates on the current AHRF, which are from the November 15, 2018 *CAINCI* file, will differ from data included on prior releases of the AHRF due to BEA's change in methodology.

Note:

- 1) The data on the *CAINCI Personal Income Summary: Personal Income, Population, Per Capita Personal Income* file incorporate the results of BEA's comprehensive update. The comprehensive update incorporates source data that are more complete and more detailed than previously available, updates to methodologies, the results of the July 2018 comprehensive update of the National Income and Product Accounts, and the results of the September 2018 comprehensive update of state personal income.
- 2) BEA uses the Census Bureau mid-year population estimates. The 2010-2017 Population (Persons) estimates reflect population estimates available as of March 2018. The 2018 estimates reflect population estimates available as of March 2019. The 2019 estimates reflect population estimates available as of March 2020.
- 3) Data for the Virginia city of Galax (normally included in Grayson county - 51077) have been included in Carroll county (51035) in the source data.
- 4) Data for the Virginia city of Colonial Heights (normally included in Chesterfield county - 51041) have been included in Dinwiddie county (51053) in the source data.
- 5) Data are reported for Hoonah-Angoon Census Area, AK (02105), Petersburg Census Area, AK (02195), Prince of Wales-Hyder Census Area, AK (02198), Skagway Municipality, AK (02230) and Wrangell City and Borough, AK (02275).
- 6) The source data combines several Hawaii and Virginia counties and independent cities. The following lists the county in which each was combined.

SOURCE FILE AREA**COMBINED WITH
FIPS COUNTY**

Hawaii			
Kalawao County	(15005)	Maui	(15009)
Virginia			
Bedford City	(51515)	Bedford	(51019)
Bristol	(51520)	Washington	(51191)
Buena Vista	(51530)	Rockbridge	(51163)
Charlottesville	(51540)	Albemarle	(51003)
Colonial Heights	(51570)	Dinwiddie	(51053)
Covington	(51580)	Alleghany	(51005)
Danville	(51590)	Pittsylvania	(51143)
Emporia	(51595)	Greensville	(51081)
Fairfax City	(51600)	Fairfax	(51059)
Falls Church	(51610)	Fairfax	(51059)
Franklin	(51620)	Southampton	(51175)
Fredericksburg	(51630)	Spotsylvania	(51177)
Galax	(51640)	Carroll	(51035)
Harrisonburg	(51660)	Rockingham	(51165)
Hopewell	(51670)	Prince George	(51149)
Lexington	(51678)	Rockbridge	(51163)
Lynchburg	(51680)	Campbell	(51031)
Manassas	(51683)	Prince William	(51153)
Manassas Park	(51685)	Prince William	(51153)
Martinsville	(51690)	Henry	(51089)
Norton	(51720)	Wise	(51195)
Petersburg	(51730)	Dinwiddie	(51053)
Poquoson	(51735)	York	(51199)
Radford	(51750)	Montgomery	(51121)
Salem	(51775)	Roanoke	(51161)
Staunton	(51790)	Augusta	(51015)
Waynesboro	(51820)	Augusta	(51015)
Williamsburg	(51830)	James City	(51095)
Winchester	(51840)	Frederick	(51069)

2010 Median Age by race and gender are from the *2010 Census of Population and Housing: Summary File 1 (SF1)*. These fields have one implied decimal point. Refer to F-2 2010 Census Population Counts for definition of race/ethnicity.

Note:

- 1) Data are included on the AHRF for Puerto Rico.
- 2) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 3) This measure divides the age distribution into two equal parts: one-half of the cases falling below the median value and one-half above the value.
- 4) Data included on the AHRF for Guam are from the *2010 Census of Population and Housing, Guam Summary File*, U.S. Census Bureau using the Bureau's American FactFinder. Data by race are not carried.
- 5) Data included on the AHRF for the U.S. Virgin Islands are from the *2010 Census of Population and Housing, U.S. Virgin Islands Summary File*, U.S. Census Bureau using the Bureau's American FactFinder.
- 6) Data for American Indian/Alaska Native, Asian and Native Hawaiian/Other Pacific Islander, which are not carried separately, are included in Other Race for the U. S. Virgin Islands.

Rural Population:

2010 Rural Population data are from the *2010 Census of Population and Housing: Summary File 1 (SF1) Urban/Rural Update, U.S. Census Bureau*. The definition for rural consists of all territory, population, and housing units outside of Urban Areas and Urban Clusters. See Urban Population for definition of Urban Areas and Clusters.

Note:

- 1) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 2) Data are included on the AHRF for Puerto Rico.
- 3) Data on the AHRF for Guam are from the *2010 Census of Population and Housing, Guam Summary File*, U.S. Census Bureau using the Bureau's American FactFinder.
- 4) Data included on the AHRF for the U.S. Virgin Islands are from the *2010 Census of Population and Housing, U.S. Virgin Islands Summary File*, U.S. Census Bureau using the Bureau's American FactFinder.

Rural Farm Population:

2000 Rural Farm and Nonfarm Population data are from the *2000 Census of Population and Housing: Summary File 3A (SF3A)*. The definition for rural consists of all territory, population, and housing units outside of Urban Areas and Urban Clusters. See Urban Population for definition of Urban Areas and Clusters. The data on farm population were obtained from a sample of the population as part of the *2000 Census of Population and Housing*, conducted by the U.S. Census Bureau. The farm population consists of people in households living in farm residences. Some people who are counted on a property classified as a farm (including, in some cases, farm workers) are excluded from the farm population. An occupied

one-family house or mobile home is classified as a farm residence if: (1) the housing unit is located on a property of 1 acre or more, and (2) at least \$1,000 worth of agricultural products were sold from the property (or yard in the case of a tenants household) in 1999. Group quarters and housing units that are in multi-unit buildings or vacant are not included as farm residences.

Note: Data are included on the AHRF for Puerto Rico.

Marriages and Divorces:

The **2011-2015 and 2015-2019 Percent Females Divorced and Number Divorced Females** data are from the 2011-2015 and 2015-2019 American Community Survey (ACS) Summary File, U.S. Census Bureau. 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. Divorced includes people who are legally divorced and who have not remarried. Those without a final divorce decree are classified as “separated.” For more information regarding definitions, user updates, margins of error, and comparability, the Census website www.census.gov should be referenced. Percent Females Divorced has one implied decimal place.

Note:

- 1) Before 2008, the marital status and marital history was asked of all people. Beginning in 2008, the question on marital status was asked only for people 15 years old and over.
- 2) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 3) Data on the AHRF for Puerto Rico are from the 2011-2015 and 2015-2019 Puerto Rico Community Survey Summary File, U.S. Census Bureau.

Population for Foreign and Urban Populations:

2010 Census Urban Population Counts are from the *2010 Census of Population and Housing: Summary File 1 (SF1) Urban/Rural Update*, U.S. Census Bureau. For the 2010 Census, the Census Bureau classified as urban all territory, population, and housing units located within urbanized areas (UAs) and urban clusters (UCs). An urbanized area consists of densely developed territory that contains 50,000 or more people. An urban cluster consists of densely settled territory that has at least 2,500 people but fewer than 50,000 people. Rural consists of all territory, population, and housing units outside of UAs and UCs. Percent Urban Population has one implied decimal point. For more information regarding definitions, user updates, confidence intervals, and standard errors, the Census website www.census.gov should be referenced.

Note:

- 1) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 2) Data are included on the AHRF for Puerto Rico.
- 3) Data on the AHRF for Guam are from the *2010 Census of Population and Housing, Guam Summary File*, U.S. Census Bureau using the Bureau's American FactFinder.
- 4) Data included on the AHRF for the U.S. Virgin Islands are from the *2010 Census of Population and Housing, U.S. Virgin Islands Summary File*, U.S. Census Bureau using the Bureau's American FactFinder.

2000 Census Urban Population Counts are from the *2000 Census of Population and Housing: Summary File 3A (SF3A)*, U.S. Census Bureau. The Census Bureau defines as "urban" all territory, population and housing units located within urbanized areas (UAs) and urban clusters (UCs). An urbanized area consists of densely settled territory that contains 50,000 or more people. An urban cluster consists of densely settled territory that has at least 2,500 people but fewer than 50,000 people. Rural consists of all territory, population, and housing units outside of UAs and UCs. For more information regarding definitions, user updates, confidence intervals, and standard errors, the Census website www.census.gov should be referenced.

Note:

- 1) Data are included on the AHRF for Puerto Rico.
- 2) Data on the AHRF for Guam are from the *Guam Summary File: 2000 Census of Population and Housing*, U.S. Census Bureau.
- 3) Data on the AHRF for the US Virgin Islands are from the *U.S. Virgin Islands Summary File: 2000 Census of Population and Housing*, U.S. Census Bureau.

2011-2015 and 2015-2019 Foreign Born Population data are from the 2011-2015 and 2015-2019 American Community Survey (ACS) Summary File, U.S. Census Bureau. 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 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.

Note:

- 1) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).

- 2) Data on the AHRF for Puerto Rico are from the 2011-2015 and 2015-2019 Puerto Rico Community Survey Summary File, U.S. Census Bureau.

Non-English Speaking Persons:

2011-2015 and 2015-2019 Non-English Speaking Persons by age data are from the 2011-2015 and 2015-2019 American Community Survey (ACS) Summary File, U.S. Census Bureau. 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. These fields include data for persons who reported they spoke a language other than English and indicated their ability to speak English. These fields include data for persons who reported they spoke a language other than English and indicated their ability to speak English “not well” or “not at all”. For more information regarding definitions, user updates, margins of error, and comparability, the Census website www.census.gov should be referenced.

Note:

- 1) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 2) Data on the AHRF for Puerto Rico are from the 2011-2015 and 2015-2019 Puerto Rico Community Survey Summary File, U.S. Census Bureau.

Number of Families and Households:

2010 Family, Household, and Group Quarters data are from the *2010 Census of Population and Housing: Summary File 1(SF1)*.

Note:

- 1) A family consists of a householder and one or more people living in the same household who are related to the householder by birth, marriage, or adoption. They 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 couples are included in the families category if there is at least one additional person related to the householder by birth or adoption. All people in a household who are related to the householder are regarded as members of his or her family. A household can contain only one family for purposes of census tabulations. Not all households contain families since a household may be a group of unrelated people or one person living alone.
- 2) A household includes all the people who occupy a housing unit. A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied as separate living quarters. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated people who share living arrangements. In the 2010 Census data products, the count of households or householders equals the count of occupied housing units.

- 3) Average family size is calculated by dividing the number of people in families by the total number of families or family householders. This field has two implied decimal places.
- 4) Average household size is obtained by dividing the number of people in households by the number of households. This field has two implied decimal points.
- 5) All people not living in housing units are classified by the Census Bureau as living in group quarters. Group quarters are places where people live or stay in a group living arrangement, which are owned or managed by an entity or organization providing housing and/or services for the residents. There are two general categories of group quarters, institutional and noninstitution.
- 6) Institutional group quarters are facilities that house those who are primarily ineligible, unable, or unlikely to participate in the labor force while residents. The following population fields carried on the AHRF are in this category: Correctional Institutions for Adults; Juvenile Facilities; Nursing Facilities/Skilled-Nursing Facilities; Mental (Psychiatric) Hospitals and Psychiatric Units in Other Hospitals; and Other Institutional Facilities. Other Institutional Facilities include: Hospitals with patients who have no usual home elsewhere; In-patient hospice facilities; Military treatment facilities with assigned patients; and Residential schools for people with disabilities.
- 7) Noninstitutional group quarters are facilities that house those who are primarily eligible, able, or likely to participate in the labor force while residents. The following population fields carried on the AHRF are in this category: Noninstitutional Group Quarters and Group Homes for Adults. Noninstitutional Group Quarters include: College/University student housing; Military quarters; Emergency and transitional shelters (with sleeping facilities) for people experiencing homelessness; Residential treatment centers for adults; Maritime/merchant vessels, workers' group living quarters and Job Corps centers; and Other noninstitutional facilities.
- 8) A husband-wife family is a family in which the householder and his or her spouse of the opposite sex are enumerated as members of the same household.
- 9) An unmarried-partner household is a household other than a 'husband-wife household' that includes a householder and an unmarried partner. An 'unmarried partner' can be of the same sex or of the opposite sex as the householder. An 'unmarried partner' in an 'unmarried-partner household' is an adult who is unrelated to the householder but shares living quarters and has a close personal relationship with the householder. Responses of 'same-sex spouse' were edited by the Census Bureau during processing to 'unmarried partner'.
- 10) Data are included on the AHRF for Puerto Rico.
- 11) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 12) Data are on the AHRF for Guam are from the *2010 Census of Population and Housing, Guam Summary File*, U.S. Census Bureau using the Bureau's American FactFinder. Data for American Indian/Alaska Natives households, which are not reported separately, are included in the Some Other Race field for number of households.
- 13) Data included on the AHRF for the U.S. Virgin Islands are from the *2010 Census of Population and Housing, U.S. Virgin Islands Summary File*, U.S. Census Bureau using the Bureau's American FactFinder. Data for American Indian/Alaska Native, Asian and

Native Hawaiian/Other Pacific Islander, which are not carried separately, are included in Other Race.

F-3) Population Percents

2010 Population Percents:

2010 Percent Population by race/ethnicity and Hispanic or Latino Origin data were calculated from the 2010 Census Redistricting Data (Public Law 94-171) Summary File prepared by the US Census Bureau 2011. These fields have an implied decimal place. Refer to F-2 for definitions of race/ethnicity and Hispanic/Latino origin.

Note:

- 1) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 2) Data are included on the AHRF for Puerto Rico for the 2010 Census Population.
- 3) Data included on the AHRF for Guam are from the *2010 Census of Population and Housing, Guam Summary File*, U.S. Census Bureau using the Bureau's American FactFinder. Data for American Indian/Alaska Natives, which are not reported separately, are included in the Some Other Race field.
- 4) Data included on the AHRF for the U.S. Virgin Islands are from the *2010 Census of Population and Housing, U.S. Virgin Islands Summary File*, U.S. Census Bureau using the Bureau's American FactFinder.

Percent Foreign Born Population:

2011-2015 and 2015-2019 Percent Foreign Born Population data are from the 2011-2015 and 2015-2019 American Community Survey (ACS) Summary File, U.S. Census Bureau. 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 foreign born population includes anyone who was not a U.S. citizen or a U.S. national at birth. This includes respondents who indicated they were a U.S. citizen by naturalization or not a U.S. citizen. Percent Foreign Born Population has one implied decimal place.

Note:

- 1) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 2) Data on the AHRF for Puerto Rico are from the 2011-2015 and 2015-2019 Puerto

F-4) Labor Force

The **2010 and 2015 through 2020 Labor Force** data are from the *Local Area Unemployment Statistics File*, for each respective year, obtained from the Bureau of Labor Statistics. Data are for persons 16 years and older, and include the following: Civilian Labor Force, Number Employed, Number Unemployed and Unemployment Rate. The current Population Survey (CPS) estimates are a key input to the Local Area Unemployment Statistics.

The **2010 and 2015 through 2020 Unemployment Rate** is carried as a percentage with one implied decimal place.

Note:

- 1) Civilian labor force includes all persons 16 years and older in the civilian noninstitutional population classified as either employed or unemployed.
- 2) Employed are persons 16 years and older who, during the reference week, did any work as paid employees, worked in their own business or profession or on their own farm, or worked 15 hours or more as unpaid workers in an enterprise operated by a member of their family; or were not working but who had jobs or businesses from which they were temporarily absent because of vacation, illness, bad weather, childcare problems, maternity or paternity leave, labor-management dispute, job training, or other family or personal reasons, whether or not they were paid for the time off or seeking other jobs. Each employed person is counted only once, even if he or she holds more than one job.
- 3) Unemployed are all persons aged 16 years and older who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4 week-period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.
- 4) Unemployment rate is the ratio of unemployed to the civilian labor force [(unemployed/labor force) times 100].
- 5) The Bureau of Labor Statistics redesigned the 2015 Local Area Unemployment Statistics. For more information see <http://www.bls.gov/lau/2015redesignqa.htm#Q01>.
- 6) Data are included on the AHRF for Puerto Rico.
- 7) No data for Kalawao, HI (15005) are reported on the source file.
- 8) Beginning with the 2010 source file, data are reported for Hoonah-Angoon Census Area, AK (02105) and Skagway Municipality, AK (02230).
- 9) Beginning with the 2011 source file, data are reported for Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).

The **2011-2015 and 2015-2019 Employment and Labor Force** data are from the 2011-2015 and 2015-2019 American Community Survey (ACS) Summary File, U.S. Census Bureau. 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. For more information regarding definitions, user updates, margins of error, and comparability, the Census website www.census.gov should be referenced. Percent fields have one implied decimal place.

Note:

- 1) The data on employment status and journey to work relate to the reference week, the calendar week preceding the date on which the respondents completed their questionnaires or were interviewed. This week is not the same for all respondents since the interviewing was conducted over a 12-month period.
- 2) Employed includes all civilians 16 years old and over who either (1) were “at work,” that is, those who did any work at all during the reference week as paid employees, worked in their own business or profession, worked on their own farm, or worked 15 hours or more as unpaid workers on a family farm or in a family business; or (2) were “with a job but not at work,” that is, those who did not work during the reference week but had jobs or businesses from which they were temporarily absent due to illness, bad weather, industrial dispute, vacation, or other personal reasons. Excluded from the employed are people whose only activity consisted of work around the house or unpaid volunteer work for religious, charitable, and similar organizations; also excluded are all institutionalized people and people on active duty in the United States Armed Forces.
- 3) Unemployed includes all civilians 16 years old and over who (1) were neither “at work” nor “with a job but not at work” during reference week, and (2) were actively looking for work during the last 4 weeks, and (3) were available to start a job. Also included as unemployed are civilians who did not work at all during the reference week, were waiting to be called back to a job from which they had been laid off, and were available for work except for temporary illness.
- 4) Veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps. All other civilians are classified as nonveterans.
- 5) 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. The category, “Car, truck, or van,” includes workers using a car (including company cars but excluding taxicabs), a truck of one-ton capacity or less, or a van. The category, “Public transportation,” includes workers who used a bus or trolley bus, streetcar or trolley car, subway or elevated, railroad, or ferryboat, even if each mode is not shown separately in the tabulation. “Carro público” is included in the public transportation category in Puerto Rico. The category, “Other means,” includes workers who used a mode of travel that is not identified separately within the data distribution. The category, “Other means,” may vary from table to table, depending on the amount of detail shown in a particular

- distribution.
- 6) Workers in Other Industries include: wholesale trade; retail trade; transportation and warehousing, and utilities; information; finance and insurance, and real estate and rental and leasing; professional, scientific, and management, and administration and waste management services; arts, entertainment, and recreation, and accommodation and food services; other services, except public administration; and public administration.
 - 7) Mean travel time to work (in minutes) is the average travel time that workers usually took to get from home to work (one way) during the reference week. This measure is obtained by dividing the total number of minutes taken to get from home to work (the aggregate travel time) by the number of workers 16 years old and over who did not work at home. The travel time includes time spent waiting for public transportation, picking up passengers and carpools, and time spent in other activities related to getting to work.
 - 8) The field Work in Principal City of Micro Area is workers who live and work in the principal city of their Micropolitan Statistical Area of residence.
 - 9) The field work in Principal City of Metro Area is workers who live and work in the principal city of their Metropolitan Statistical Area of residence.
 - 10) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
 - 11) Data on the AHRF for Puerto Rico are from the 2011-2015 and 2015-2019 Puerto Rico Community Survey Summary File, U.S. Census Bureau.

F-5) Per Capita Incomes

2010 through 2019 Per Capita Personal Income:

2010 through 2019 Per Capita Personal Income estimates are from the *CAINCI Personal Income Summary: Personal Income, Population, Per Capita Personal Income* file, U.S. Bureau of Economic Analysis (BEA), Regional Economic Measurement Division. The 2019 data are from the November 17, 2020 file. The 2018 data are from the November 14, 2019 file, and the 2010 through 2017 data are from the November 15, 2018 file. Data are downloaded from Regional Economic Accounts, Local Area Personal Income downloads: <https://apps.bea.gov/regional/downloadzip.cfm>. The 2010 through 2016 Per Capita Personal Income estimates on the current AHRF, which are from the November 15, 2018 *CAINCI* file, will differ from data included on prior releases of the AHRF due to BEA's change in methodology.

Per Capita Personal Income, which is reported in dollars, is calculated as total the personal income of the residents of a given area divided by the population of the area. Personal Income is the income received by, or on behalf of, all persons from all sources: from participation as laborers in production, from owning a home or business, from the ownership of financial assets, and from government and business in the form of transfers. It includes income from domestic sources as well as the rest of the world. It does not include realized or unrealized

capital gains or losses. In computing Per Capita Personal Income, BEA uses the Census Bureau mid-year population estimates.

Note:

- 1) The 2010-2017 Per Capita Personal Income estimates incorporate the results of BEA's comprehensive update. The comprehensive update incorporates source data that are more complete and more detailed than previously available, updates to methodologies, the results of the July 2018 comprehensive update of the National Income and Product Accounts, and the results of the September 2018 comprehensive update of state personal income.
- 2) The 2010-2017 Per Capita Personal Income estimates reflect county population estimates available as of March 2018. The 2018 estimates reflect county population estimates available as of March 2019. The 2019 estimates reflect county population estimates as of March 2020.
- 3) Per Capita Personal Income data for the Virginia city of Galax (normally included in Grayson county - 51077) have been included in Carroll county (51035) in the source data.
- 4) Per Capita Personal Income data for the Virginia city of Colonial Heights (normally included in Chesterfield county - 51041) have been included in Dinwiddie county (51053) in the source data.
- 5) Data are reported for Hoonah-Angoon Census Area, AK (02105), Petersburg Census Area, AK (02195), Prince of Wales-Hyder Census Area, AK (02198), Skagway Municipality, AK (02230) and Wrangell City and Borough, AK (02275).
- 6) The source data combines several Hawaii and Virginia counties and independent cities. The following lists the county in which each was combined.

SOURCE FILE AREA		COMBINED WITH FIPS COUNTY	
Hawaii			
Kalawao County (15005)		Maui	(15009)
Virginia			
Bedford City	(51515)	Bedford	(51019)
Bristol	(51520)	Washington	(51191)
Buena Vista	(51530)	Rockbridge	(51163)
Charlottesville	(51540)	Albemarle	(51003)
Colonial Heights	(51570)	Dinwiddie	(51053)
Covington	(51580)	Alleghany	(51005)
Danville	(51590)	Pittsylvania	(51143)
Emporia	(51595)	Greensville	(51081)
Fairfax City	(51600)	Fairfax	(51059)
Falls Church	(51610)	Fairfax	(51059)
Franklin	(51620)	Southampton	(51175)
Fredericksburg	(51630)	Spotsylvania	(51177)
Galax	(51640)	Carroll	(51035)
Harrisonburg	(51660)	Rockingham	(51165)

Hopewell	(51670)	Prince George	(51149)
Lexington	(51678)	Rockbridge	(51163)
Lynchburg	(51680)	Campbell	(51031)
Manassas	(51683)	Prince William	(51153)
Manassas Park	(51685)	Prince William	(51153)
Martinsville	(51690)	Henry	(51089)
Norton	(51720)	Wise	(51195)
Petersburg	(51730)	Dinwiddie	(51053)
Poquoson	(51735)	York	(51199)
Radford	(51750)	Montgomery	(51121)
Salem	(51775)	Roanoke	(51161)
Staunton	(51790)	Augusta	(51015)
Waynesboro	(51820)	Augusta	(51015)
Williamsburg	(51830)	James City	(51095)
Winchester	(51840)	Frederick	(51069)

F-6) Income

2010 through 2019 Total Personal Income:

2010 through 2019 Total Personal Income estimates are from the *CAINCI Personal Income Summary: Personal Income, Population, Per Capita Personal Income* file, U.S. Bureau of Economic Analysis (BEA), Regional Economic Measurement Division. The 2019 data are from the November 17, 2020 file. The 2018 data are from the November 14, 2019 file, and the 2010 through 2017 data are from the November 15, 2018 file. Data are downloaded from Regional Economic Accounts, Local Area Personal Income downloads: <https://apps.bea.gov/regional/downloadzip.cfm>. The 2010 through 2016 Total Personal Income estimates on the current AHRF, which are from the November 15, 2018 *CAINCI* file, will differ from data included on prior releases of the AHRF due to BEA's change in methodology.

Total Personal Income is the income received by, or on behalf of, all persons from all sources: from participation as laborers in production, from owning a home or business, from the ownership of financial assets, and from government and business in the form of transfers. It includes income from domestic sources as well as the rest of the world. It does not include realized or unrealized capital gains or losses. Total Personal Income estimates are in thousands of current dollars (not adjusted for inflation).

Note:

- 1) The 2010 through 2017 Total Personal Income estimates incorporate the results of BEA's comprehensive update. The comprehensive update incorporates source data that are more complete and more detailed than previously available, updates to methodologies, the results of the July 2018 comprehensive update of the National Income and Product Accounts, and the results of the September 2018 comprehensive

- update of state personal income.
- 2) Total Personal Income data for the Virginia city of Galax (normally included in Grayson county - 51077) have been included in Carroll county (51035) in the source data.
 - 3) Total Personal Income data for the Virginia city of Colonial Heights (normally included in Chesterfield county - 51041) have been included in Dinwiddie county (51053) in the source data.
 - 4) Data are reported for Hoonah-Angoon Census Area, AK (02105), Petersburg Census Area, AK (02195), Prince of Wales-Hyder Census Area, AK (02198), Skagway Municipality, AK (02230) and Wrangell City and Borough, AK (02275).
 - 5) The source data combines several Hawaii and Virginia counties and independent cities. The following lists the county in which each was combined.

SOURCE FILE AREA

**COMBINED WITH
FIPS COUNTY**

Hawaii			
Kalawao County	(15005)	Maui	(15009)
Virginia			
Bedford City	(51515)	Bedford	(51019)
Bristol	(51520)	Washington	(51191)
Buena Vista	(51530)	Rockbridge	(51163)
Charlottesville	(51540)	Albemarle	(51003)
Colonial Heights	(51570)	Dinwiddie	(51053)
Covington	(51580)	Alleghany	(51005)
Danville	(51590)	Pittsylvania	(51143)
Emporia	(51595)	Greensville	(51081)
Fairfax City	(51600)	Fairfax	(51059)
Falls Church	(51610)	Fairfax	(51059)
Franklin	(51620)	Southampton	(51175)
Fredericksburg	(51630)	Spotsylvania	(51177)
Galax	(51640)	Carroll	(51035)
Harrisonburg	(51660)	Rockingham	(51165)
Hopewell	(51670)	Prince George	(51149)
Lexington	(51678)	Rockbridge	(51163)
Lynchburg	(51680)	Campbell	(51031)
Manassas	(51683)	Prince William	(51153)
Manassas Park	(51685)	Prince William	(51153)
Martinsville	(51690)	Henry	(51089)
Norton	(51720)	Wise	(51195)
Petersburg	(51730)	Dinwiddie	(51053)
Poquoson	(51735)	York	(51199)
Radford	(51750)	Montgomery	(51121)
Salem	(51775)	Roanoke	(51161)

Staunton	(51790)	Augusta	(51015)
Waynesboro	(51820)	Augusta	(51015)
Williamsburg	(51830)	James City	(51095)
Winchester	(51840)	Frederick	(51069)

F-7) Persons and Families Below Poverty Level

The **2011-2015 and 2015-2019 Persons and Families below Poverty Level** data are from the 2011-2015 and 2015-2019 American Community Survey (ACS) Summary File, U.S. Census Bureau. 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. For more information regarding definitions, user updates, margins of error, and comparability, the Census website www.census.gov should be referenced. Percent Persons below Poverty Level and % Families below Poverty Level have one implied decimal place.

Note:

- 1) Poverty statistics adhere to the standards specified by the Office of Management and Budget in Statistical Policy Directive 14. The Census Bureau uses a set of dollar value thresholds that vary by family size and composition to determine who is in poverty. Further, poverty thresholds for people living alone or with nonrelatives (unrelated individuals) vary by age (under 65 years or 65 years and older). The poverty thresholds for two-person families also vary by age of the householder. If a family's total income is less than the dollar value of the appropriate threshold, then that family and every individual in it are considered to be in poverty. If an unrelated individual's total income is less than the appropriate threshold, then that individual is considered to be in poverty. To determine a person's poverty status, one compares the person's total family income in the last 12 months with the poverty threshold appropriate for that person's family size and composition. If the total income of that person's family is less than the threshold appropriate for that family, then the person is considered "below the poverty level," together with every member of his or her family. If a person is not living with anyone related by birth, marriage, or adoption, then the person's own income is compared with his or her poverty threshold. The total number of people below the poverty level is the sum of people in families and the number of unrelated individuals with incomes in the last 12 months below the poverty threshold.
- 2) 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.
- 3) 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. All people

in the household who are related to the householder are regarded as members of his or her family.

- 4) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 5) Data on the AHRF for Puerto Rico are from the 2011-2015 and 2015-2019 Puerto Rico Community Survey Summary File, U.S. Census Bureau.

The **2010 through 2019 Estimates of Persons in Poverty; Estimate of Persons Age 0-17 in Poverty; and Estimate of Children 5-17 in Families in Poverty** data are from the Census Bureau's *Small Area Income Poverty Estimates (SAIPE)* files for the respective years. In addition, Percent Persons in Poverty, Percent Persons Age 0-17 in Poverty and Percent Persons Age 5-17 in Families in Poverty data are also available. One implied decimal place is carried for each of these percent fields. The SAIPE program provides annual estimates of income and poverty statistics for all school districts, counties and states. The estimates are used annually for the administration of federal programs and the allocation of federal funds to local jurisdictions. Through modeling and using auxiliary data sources, the SAIPE program enhances survey estimates, reducing margins of error, especially for small geographic areas. Data sources for SAIPE include the American Community Survey, the Decennial Census, federal income tax records, Supplemental Nutrition Assistance Program (SNAP) records, Bureau of Economic Analysis personal income estimates, Supplemental Security Income recipients and population estimates.

Note:

- 1) Poverty status is determined by comparing total annual family before-tax income to a table of federal poverty thresholds that vary based on family size, number of related children, and age of householder. If a family's income is less than the dollar value of the appropriate threshold, then that family and every individual in it are considered to be in poverty. For people not living in families, poverty status is determined by comparing the individual's total income to their threshold.
- 2) Related children aged 5 to 17 in families denotes children who are related to householder by birth, marriage or adoption. Foster children are not included in families.
- 3) Comparison of the number in poverty for a given period between 2017 and earlier years is not generally recommended. Such comparisons should be done with caution, due to the new decennial 2010 baseline incorporated in the more recent estimates.
- 4) 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). This change was made for two main reasons. In 2006, the Census Bureau changed the basis of its official direct state poverty estimates from CPS ASEC data to ACS data. Since SAIPE focuses on estimates at state and lower levels of geography, changing to ACS as the basis for SAIPE is consistent with this change made for the official direct survey estimates. In addition, the much larger sample size in the ACS (about 3,000,000 addresses nationally) than in the CPS ASEC (about 100,000 addresses nationally) conveys some significant advantages for small area estimation. In general, the larger

ACS sample sizes lead to substantially lower variances of the direct survey estimates and to mostly lower variances for the resulting model-based estimates. For more information, the Census website www.census.gov should be referenced.

- 5) Beginning with the 2006 American Community Survey (ACS) estimates, which are used for SAIPE modeling, there is one change relative to the 2005 ACS estimates used for the 2005 SAIPE modeling. In 2005 and prior years, poverty status in the ACS was determined only for individuals living in households. Residents of group quarters, such as nursing homes, dormitories, shelters and other joint living quarters were not surveyed. In the 2006 and later ACS, some group quarter residents are included in the poverty universe, which is the term used for individuals for whom poverty status is determined. The group quarter residents included in the poverty universe are non-institutional group quarters residents, apart from college dormitories and military housing. These quarters include shelters, halfway houses, emergency housing facilities, and other structures not classified elsewhere.
- 6) Beginning with the 2008 source file, data are reported for Hoonah-Angoon Census Area, AK (02105) and Skagway Municipality, AK (02230).
- 7) Beginning with the 2009 source file, data are reported for Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).

F-8) Deep Poverty

The **2011-2015 and 2015-2019 Persons in Deep Poverty** data are from the 2011-2015 and 2015-2019 American Community Survey (ACS) Summary File, U.S. Census Bureau. 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. For more information regarding definitions, user updates, margins of error, and comparability, the Census website www.census.gov should be referenced. Percent fields have one implied decimal place.

Note:

- 1) Deep Poverty is living with income below half of one's poverty threshold.
- 2) Poverty statistics adhere to the standards specified by the Office of Management and Budget in Statistical Policy Directive 14. The Census Bureau uses a set of dollar value thresholds that vary by family size and composition to determine who is in poverty. Further, poverty thresholds for people living alone or with nonrelatives (unrelated individuals) vary by age (under 65 years or 65 years and older). The poverty thresholds for two-person families also vary by age of the householder. If a family's total income is less than the dollar value of the appropriate threshold, then that family and every individual in it are considered to be in poverty. If an unrelated individual's total income is less than the appropriate threshold, then that individual is considered to be in poverty.

To determine a person's poverty status, one compares the person's total family income in the last 12 months with the poverty threshold appropriate for that person's family size and composition. If the total income of that person's family is less than the threshold appropriate for that family, then the person is considered "below the poverty level," together with every member of his or her family. If a person is not living with anyone related by birth, marriage, or adoption, then the person's own income is compared with his or her poverty threshold. The total number of people below the poverty level is the sum of people in families and the number of unrelated individuals with incomes in the last 12 months below the poverty threshold.

- 3) 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.
- 4) The data on income were asked of the population 15 years and older for the last 12 months. "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.
- 5) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 6) Data on the AHRF for Puerto Rico are from the 2011-2015 and 2015-2019 Puerto Rico Community Survey Summary File, U.S. Census Bureau.

F-9) Ratio of Income to Poverty Level

The **2011-2015 and 2015-2019 Ratio of Income to Poverty Level** data are from the 2011-2015 and 2015-2019 American Community Survey (ACS) Summary File, U.S. Census Bureau. 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. For more information regarding definitions, user updates, margins of error, and comparability, the Census website www.census.gov should be referenced.

Note:

- 1) Poverty statistics adhere to the standards specified by the Office of Management and Budget in Statistical Policy Directive 14. The Census Bureau uses a set of dollar value thresholds that vary by family size and composition to determine who is in poverty. Further, poverty thresholds for people living alone or with nonrelatives (unrelated individuals) vary by age (under 65 years or 65 years and older). The poverty thresholds for two-person families also vary by age of the householder. If a family's total income is

less than the dollar value of the appropriate threshold, then that family and every individual in it are considered to be in poverty. If an unrelated individual's total income is less than the appropriate threshold, then that individual is considered to be in poverty. To determine a person's poverty status, one compares the person's total family income in the last 12 months with the poverty threshold appropriate for that person's family size and composition. If the total income of that person's family is less than the threshold appropriate for that family, then the person is considered "below the poverty level," together with every member of his or her family. If a person is not living with anyone related by birth, marriage, or adoption, then the person's own income is compared with his or her poverty threshold. The total number of people below the poverty level is the sum of people in families and the number of unrelated individuals with incomes in the last 12 months below the poverty threshold.

- 2) 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.
- 3) The data on income were asked of the population 15 years and older for the last 12 months. "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.
- 4) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 5) Data on the AHRF for Puerto Rico are from the 2011-2015 and 2015-2019 Puerto Rico Community Survey Summary File, U.S. Census Bureau.

F-10) Median Family Income

2011-2015 and 2015-2019 Median Family Income data are from the 2011-2015 and 2015-2019 American Community Survey (ACS) Summary File, U.S. Census Bureau. 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. For more information regarding definitions, user updates, margins of error, and comparability, the Census website www.census.gov should be referenced.

Note:

- 1) 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. All people in the household who are related to the householder are regarded as members of

- his or her family.
- 2) The data on income were asked of the population 15 years and older for the last 12 months. 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 families, the median income is based on the distribution of the total number of families including those with no income.
 - 3) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
 - 4) Data on the AHRF for Puerto Rico are from the 2011-2015 and 2015-2019 Puerto Rico Community Survey Summary File, U.S. Census Bureau.

F-11) Household Income

2011-2015 and 2015-2019 Household Income and Median Household Income data are from the 2011-2015 and 2015-2019 American Community Survey (ACS) Summary File, U.S. Census Bureau. 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. For more information regarding definitions, user updates, margins of error, and comparability, the Census website www.census.gov should be referenced.

Note:

- 1) A household includes all of the people who occupy a housing unit. People not living in households are classified as living in group quarters.
- 2) The data on income were asked of the population 15 years and older for the last 12 months. "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.
- 3) 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, the median income is based on the distribution of the total number of households including those with no income.
- 4) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 5) Data on the AHRF for Puerto Rico are from the 2011-2015 and 2015-2019 Puerto Rico Community Survey Summary File, U.S. Census Bureau.

The **2010 through 2019 Estimates of Median Household Income** are from the U.S.

Census Bureau's' *Small Area Income Poverty Estimates (SAIPE)* files for the respective years. The estimates are used annually for the administration of federal programs and the allocation of federal funds to local jurisdictions. Through modeling and using auxiliary data sources, the SAIPE program enhances survey estimates, reducing margins of error, especially for small geographic areas. Data sources for SAIPE include the American Community Survey, the Decennial Census, federal income tax records, Supplemental Nutrition Assistance Program (SNAP) records, Bureau of Economic Analysis personal income estimates, Supplemental Security Income recipients and population estimates.

Note:

- 1) Household income includes income of the householder and all other people 15 years and older in the household, whether or not they are related to the householder
- 2) Median is the point that divides the household income distributions into halves, one-half with income above the median and the other with income below the median. The median is based on the income distribution of all households, including those with no income.
- 3) 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). This change was made for two main reasons. In 2006, the Census Bureau changed the basis of its official direct state poverty estimates from CPS ASEC data to ACS data. Since SAIPE focuses on estimates at state and lower levels of geography, changing to ACS as the basis for SAIPE is consistent with this change made for the official direct survey estimates. In addition, the much larger sample size in the ACS (about 3,000,000 addresses nationally) than in the CPS ASEC (about 100,000 addresses nationally) conveys some significant advantages for small area estimation. In general, the larger ACS sample sizes lead to substantially lower variances of the direct survey estimates and to mostly lower variances for the resulting model-based estimates. For more information, the Census website www.census.gov should be referenced.
- 4) Beginning with the 2006 American Community Survey (ACS) estimates, which are used for SAIPE modeling, there is one change relative to the 2005 ACS estimates used for the 2005 SAIPE modeling. In 2005 and prior years, poverty status in the ACS was determined only for individuals living in households. Residents of group quarters, such as nursing homes, dormitories, shelters and other joint living quarters were not surveyed. In the 2006 and later ACS, some group quarter residents are included in the poverty universe, which is the term used for individuals for whom poverty status is determined. The group quarter residents included in the poverty universe are non-institutional group quarters residents, apart from college dormitories and military housing. These quarters include shelters, halfway houses, emergency housing facilities, and other structures not classified elsewhere.
- 5) Beginning with the 2008 source file, data are reported for Hoonah-Angoon Census Area, AK (02105) and Skagway Municipality, AK (02230).
- 6) Beginning with the 2009 source file, data are reported for Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).

F-12) Medicaid Eligibles

2005 and 2010 through 2012 Medicaid eligibles by gender, by age, and by eligibility status are from the Centers for Medicare and Medicaid Services' 2005 and 2010 through 2012 Medicaid Analytic eXtract (MAX) Person-Summary Files. 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 respective calendar year.

Some records are missing eligibility data. For example, in 2012, of the 75,216,048 records on the file, approximately 4.7% (3,514,872) have been excluded due to missing or unknown eligibility data. These excluded records have no data for the "Basis of Eligibility" categories included on the AHRF (Child, Adult, Aged, Blind/Disabled). The remaining 71,701,176 records have been processed for inclusion on AHRF. For more information regarding the Medicaid MAX data files and data anomalies, the CMS website <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/MAXGeneralInformation.html> should be referenced.

Note:

- 1) Data have been screened to protect the privacy of eligibles. Therefore, all cells with values less than 11 are represented as blanks.
- 2) Every record includes a code for "the state Medicaid agency submitting the data." Every record also includes a code for the eligible's county of residence. For 241,458 records with valid eligibility status, the county code on the source file indicated that the eligible resided out-of-state ('000') or that county information was unknown or had an error ('999'). These eligibles could not be included in any specific county on the AHRF.
- 3) For some records, gender is unknown so for some counties, the sum of male and female may not equal the total number of eligibles.
- 4) For some records, age is unknown, so for some counties, the sum of the three presented age groups may not equal the total number of eligibles.
- 5) Colorado, Idaho, Kansas and Rhode Island were not reported on the 2012 source file.
- 6) Colorado was not reported on the 2011.
- 7) Some FIPS codes on the original file were corrected based on documentation, known recodes, and performing ZIP-to-FIPS matches. These corrections resulted in the following corrections:

Codes requiring changes		Changed to County	Changed to FIPS
("Urban Clark", NV)	32703	Clark, NV	32003

("Rural Clark", NV)	32803	Clark, NV	32003
("Urban Washoe", NV)	32731	Washoe, NV	32031
("Rural Washoe", NV)	32831	Washoe, NV	32031
	05138	Union, AR	05139
	12025	Miami-Dade, FL	12086
	29193	Ste. Genevieve, MO	29186
(Clifton Forge, VA)	51560	Alleghany, VA	51005
	20117	McPherson, KS	20113
	20113	Marion, KS	20115
	20115	Marshall, KS	20117
	30057	McCone, MT	30055
	30055	Madison, MT	30057
	54053	McDowell, WV	54047
	54047	Marion, WV	54049
	54049	Marshall, WV	54051
	54051	Mason, WV	54053

- 8) All records for New York City in the source file were assigned the FIPS code '36061', which corresponds to the county of New York, NY. A ZIP code-to-FIPS conversion was used to assign approximately 98% of these records to one of the five counties that make up New York City. The remaining 2% of records could not be assigned to one of the five New York City counties, so their FIPS code remained '36061'. In addition, some records in the source file had been assigned the county code for Bronx, NY ('36005') when they should have been reported to Broome, NY ('36007'). All records in the source file with '36005' were changed to '36007' for consistency.
- 9) All records assigned for Wrangell-Petersburg Census Area, AK (02280), Prince of

Wales-Outer Ketchikan Census Area, AK (02201), Skagway-Hoonah-Angoon Census Area, AK (02232) were reassigned using a ZIP code-to-FIPS conversion. The above counties were dissolved in 2007 and 2008 years.

10) Eligibility status is defined as follows:

– **Child** – "Child (Not Child of Unemployed Adult, not Foster Care Child), eligible under Section 1931 of the Act"; "Child of Unemployed Adult, eligible under Section 1931 of the Act"; "Child, MN (Formerly AFDC Child, MN)"; "Child, Poverty (Includes Medicaid Expansion SCHIP Children)"; "Other Child"; "Foster Care Child"; "Child, Section 1115 Demonstration Expansion"

– **Adult** – "Adult (Not based on unemployment status), eligible under Section 1931 of the Act"; "Unemployed Adult, eligible under Section 1931 of the Act"; "Adult, MN (Formerly AFDC Adult, MN)"; "Adult, Poverty"; "Individual Covered under the Breast and Cervical Cancer Prevention Act of 2000, Poverty"; "Other Adult"; "Adult, Section 1115 Demonstration Expansion"

– **Aged**–"Aged, Cash"; "Aged, MN"; "Aged, Poverty"; "Other Aged"; "Aged, Section 1115 Demonstration Expansion". This category also includes eligibles in source file whose basis of eligibility is Blind/Disabled but who are age 65 or older as suggested by CMS.

– **Blind/Disabled**–"Blind/Disabled, Cash";"Blind/Disabled, MN";"Blind/Disabled, Poverty";"Other Blind/Disabled";"Blind/Disabled, Section 1115 Demonstration Expansion". Does not include individuals belonging to one of the above Blind/Disabled categories who could be identified as age 65 or older -- they have been reassigned to Aged

– **Dual Eligibility**–Eligibles are identified as dually eligible for Medicaid and Medicare if their Medicaid record could be linked to a record in the Medicare database (EDB).

F-13) Medicare Enrollment Data

The 2019 Medicare Enrollment data are from the Yearly Aged and Disabled Enrollment State and County worksheet on the Medicare Enrollment Dashboard Data File (04-29-2021), Centers for Medicare and Medicaid Services (CMS). **The 2018 Medicare Enrollment data** are from the Yearly Aged and Disabled Enrollment State and County worksheet on the Medicare Enrollment Dashboard Data File (05-15-2020), Centers for Medicare and Medicaid Services (CMS). **The 2016 and 2017 Medicare Enrollment data** are from the Yearly Aged and Disabled Enrollment State and County worksheet on the Medicare Enrollment Dashboard Data File (04-26-2019). **The 2011 through 2015 Medicare Enrollment data** are from the Yearly Aged and Disabled Enrollment State and County worksheet on the Medicare Enrollment Dashboard Data File (11-03-2016), Centers for Medicare and Medicaid Services (CMS). Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent

kidney failure requiring dialysis or a transplant, sometimes called ESRD). The data reported are based on CMS administrative enrollment data for beneficiaries enrolled in the Medicare program. The data are available from the CMS Chronic Conditions Data Warehouse (CCW), a database with 100% of Medicare enrollment and fee-for-service claims data. The 2016 data on the current AHRF, which are from the 04-26-2019 Medicare Enrollment Dashboard Data File, will differ somewhat from data included on the prior release of the AHRF.

The data include counts of Medicare beneficiaries with Medicare Part A which is also known as Hospital Insurance and Medicare Part B which is also known as Medical Insurance. These counts include Original Medicare and Medicare Advantage and Other Health Plans. Original Medicare is Medicare's traditional health care system (fee-for-service). Medicare Advantage and Other Health Plans are health plans offered by private companies approved by Medicare to provide hospital and medical coverage.

These Medicare enrollment counts are determined using a person-year methodology. For each calendar year, total person-year counts are determined by summing the total number of months that each beneficiary is enrolled in Parts A and/or B (Hospital Insurance and/or Medical Insurance) during the year and dividing by 12. Using this methodology, a beneficiary's partial-year enrollment may be counted in more than one category. This method differs from enrollee counts previously reported in the Medicare and Medicaid Supplement, which were based on a mid-year snapshot where beneficiaries were counted as enrolled in Parts A and/or B based on their respective July enrollment status. While both methods arrive at an average monthly enrollment count, the person-year method more closely represents true enrollment and is a method generally used by the insurance industry.

Note:

- 1) Enrollee counts of 1-10 on the source file are suppressed. Additional counts are cross-suppressed to prevent the recalculation of suppressed counts of 1-10. Both types of suppression are carried as missing (blank) on the AHRF. Numbers may not add to totals because of rounding.
- 2) The record with the county name Skagway-Yakutat, Alaska on the source file was put in Skagway, Alaska (02230) on the AHRF.
- 3) On the source file, each state included a data record for county unknown, which was not included on the AHRF. In addition, there was a data record with unknown state designation not included on the AHRF.
- 4) Data are carried on the AHRF for Puerto Rico and Guam. The US Virgin Islands data were reported at the county level on the source file beginning with the 2016 data.

F-14) Medicare Fee-For-Service Demographic Data

The 2010 and 2015 through 2019 Medicare Fee-For-Service Demographic data are from the Geographic Variation Public Use File (March 2021), Centers for Medicare and Medicaid Services (CMS). The March 2021 Geographic Variation Public Use File includes

data for 2007 through 2019; this update supersedes data on earlier releases. The January 2019 and subsequent updates incorporate several minor revisions to the CMS methodology. Therefore, data for some earlier years may differ somewhat from the data on earlier releases of the AHRF due to CMS's adjustments. These public use files are based primarily on information from CMS's Chronic Condition Data Warehouse (CCW), which contains 100 percent of Medicare claims for beneficiaries who are enrolled in the fee-for-service (FFS) program as well as enrollment and eligibility data.

Data include Medicare beneficiaries who have no months of HMO enrollment and both Part A (hospital insurance) and Part B (medical insurance) for whatever portion of the year they are covered by FFS Medicare (i.e., they have no months of A-only or B-only coverage). Beneficiaries who died in the year are included.

% Medicare FFS Male and Female Beneficiaries, % Medicare FFS Beneficiaries Eligible for Medicaid and Medicare FFS Beneficiary Average HCC Score have two implied decimal points.

Note:

- 1) Data are suppressed where count of beneficiaries is less than 11.
- 2) CMS developed a risk-adjustment model that uses HCCs (hierarchical condition categories) to assign risk scores. Those scores estimate how beneficiaries' FFS spending will compare to the overall average for the entire Medicare population. The risk score for the overall average is set at 1.0; beneficiaries with scores greater than that are expected to have above-average spending, and vice versa. Risk scores are based on a beneficiary's age and sex; whether the beneficiary is eligible for Medicaid, first qualified for Medicare on the basis of disability, or lives in an institution (usually a nursing home); and the beneficiary's diagnoses from the previous year. CMS used total risk scores to adjust spending data at the geographic level. The risk scores were used to adjust spending data at the beneficiary level rather than in aggregate. As a result, the aggregate standardized, risk-adjusted spending in a region does not equal the aggregate standardized costs divided by the average HCC risk score. In addition, the HCC model was not designed to risk adjust spending for individual services and therefore is not applied to service-level spending.
- 3) Data are reported for the US Virgin Islands. Puerto Rico data were reported at the state level on the source file and therefore not carried on the AHRF.

F-15) Medicare Advantage Penetration

2010 and 2015 through 2020 Number of Medicare Eligibles, Number of Medicare Advantage Enrollees and Percent Medicare Advantage Penetration are from the *State County Penetration Data for Medicare Advantage Files*, as of December, Centers for Medicare and Medicaid Service (CMS). The 2017 through 2019 data on the AHRF may differ from data included on prior releases of the AHRF due to CMS's adjustments. CMS identified an issue

where the number of Medicaid eligibles was double counted for people with multiple addresses.

Note:

- 1) Eligibles include those enrolled in either Medicare Part A (hospital insurance) or Part B (supplemental medical insurance).
- 2) Enrollees include individuals who are currently enrolled in a Medicare Advantage plan. The Medicare Advantage program was created as part of the Medicare Prescription Drug Improvement and Modernization Act (MMA) of 2003. It gives beneficiaries the option to receive their healthcare through a variety of private health plans.
- 3) The source file lists enrollees by their legal state and county of residence. This is the county used for payment purposes by Medicare.
- 4) Penetration is the ratio of enrollees over eligibles multiplied by 100.
- 5) The privacy laws of the HIPPA have been interpreted to prohibit publishing enrollment data with values of 10 or less and are set to an asterisk on the source file. These instances are reported as missing on the AHRF.
- 6) Pilot contracts were excluded from the source file.
- 7) On the source file, the eligible data may 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.
- 8) Bedford City, VA (51515) changed from independent city to town status July 1, 2013. It has been added to Bedford County, VA (51019). Bedford City data, which is carried separately on the source file, has been combined with Bedford County on the AHRF beginning with the 2014 source file. Bedford City will be carried as missing.
- 9) In 2019 and 2020, Las Marias, Puerto Rico (72083) data have been reported as missing because Penetration Rate was greater than 100% on the source file.
- 10) In 2015, Shannon, South Dakota (46113) data have been reported as missing because the Penetration Rate was greater than 100% on the source file. The county of Shannon, SD later changed to Oglala Lakota (46102).
- 11) In 2010, Pinal, AZ (04021) and Keya Paha, NE (31103) data have been reported as missing because the Penetration Rate was greater than 100% on the source file.
- 12) In 2010, 2015, 2016 and 2020 data are carried on the AHRF for Guam.
- 13) In 2010 and 2016-2020, data are carried on the AHRF for the US Virgin Islands and Puerto Rico. In the US Virgin Islands, St. Thomas and St. John are combined and carried in St. Thomas (78030). St. John (78020) is reported as missing.

F-16) Medicare Prescription Drug Plan (PDP) Penetration

2010 and 2015 through 2020 Number of Prescription Drug Plan (PDP) Enrollees and Percent Prescription Drug Plan Penetration are from the *State County Penetration Data for Prescription Drug Plan Files*, as of December, Centers for Medicare and Medicaid Service (CMS). Medicare prescription drug coverage is also known as Medicare Part D. The 2017 through 2019 data on the AHRF may differ from data included on prior releases of the AHRF due to CMS's adjustments. CMS identified an issue where the number of Medicaid eligibles was double counted for people with multiple addresses.

Note:

- 1) Enrollees include individuals who are currently enrolled in a Stand Alone Prescription Drug Plan. The Medicare Prescription Drug Improvement and Modernization Act (MMA) of 2003 added prescription drug coverage to Medicare (Part D) beginning January 1, 2006.
- 2) The source file lists enrollees by their legal state and county of residence. This is the county used for payment purposes by Medicare.
- 3) Penetration is the ratio of enrollees over eligibles multiplied by 100.
- 4) The privacy laws of the HIPPA have been interpreted to prohibit publishing enrollment data with values of 10 or less and are set to an asterisk on the source file. These instances are reported as missing on the AHRF.
- 5) On the source file, the eligible data may 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.
- 6) Pilot contracts were excluded from the source file.
- 7) Bedford City, VA (51515) changed from independent city to town status July 1, 2013. It has been added to Bedford County, VA (51019). Bedford City data, which is carried separately on the source file, has been combined with Bedford County on the AHRF beginning with the 2014 source file. Bedford City will be carried as missing.
- 8) In 2019 and 2020, Las Marias, Puerto (72083) data have been reported as missing because there appears to be a problem with number eligible on the source file which is used to calculate Percent Drug Plan Penetration.
- 9) In 2015, Shannon, South Dakota (46113) data have been reported as missing because the Penetration Rate was greater than 100% on the source file. The county of Shannon, SD later changed to Oglala Lakota (46102).
- 10) In 2010, Pinal, AZ (04021) and Keya Paha, NE (31103) data have been reported as missing because the Penetration Rate was greater than 100% on the source file.
- 11) In 2010, 2015, 2016 and 2020, data are carried on the AHRF for Guam.
- 12) In 2010 and 2016-2020, data are carried on the AHRF for the US Virgin Islands and Puerto Rico. In the US Virgin Islands, St. Thomas and St. John are combined and carried in St. Thomas (78030). St. John (78020) is reported as missing.

F-17) Health Insurance Estimates

The 2010 and 2015 through 2019 Estimates of Persons with and without Health Insurance, and Percent without Health Insurance by age and gender data are from the U.S. Census Bureau's' *Small Area Health Insurance Estimates (SAHIE)* file. In addition, **2015 through 2019 Estimates of Persons with and without Health Insurance, and Percent without Health Insurance by age and income-to-poverty ratio are carried.** All percent fields are carried with one implied decimal place. The SAHIE program produces model-based estimates of health insurance coverage for demographic and income groups within counties and states. Beginning in 2008, estimates are based on the American Community Survey (ACS) while previous SAHIE estimates were based on the Annual Social and Economic Supplement

to the Current Population Survey (CPS ASEC). Since these two surveys ask different questions related to health insurance, 2008 and later SAHIE estimates should not be compared to SAHIE estimates for previous years. Insured was defined from the CPS ASEC as being covered SOME TIME during the past calendar year. The ACS health insurance question asks “Is this person CURRENTLY covered by [specifically stated] health insurance or health insurance coverage plans?” For further detailed information about methodology, the Census website www.census.gov should be referenced.

The SAHIE model utilizes Medicaid enrollment data, among other auxiliary data sources. Major policy changes affected Medicaid in 2014 under The Patient Protection and Affordable Care Act (ACA). ACA provisions mandated changes in Medicaid policy and expanded enrollment in many states. In order to capture any changes in the Medicaid enrollment data during the period, the 2014 SAHIE incorporates more up-to-date Medicaid data. In prior data releases, SAHIE used the two-year lagged Medicaid data from the Medicaid Statistical Information System (MSIS) provided by the Centers for Medicare and Medicaid Services (CMS). In prior years, research supported the two-year lag because Medicaid enrollment was relatively stable. However, with the implementation of the new ACA provisions in 2014, Medicaid enrollment was expected to change substantially across states. For more detailed information on changes to SAHIE’s use of Medicaid data, refer to <https://www.census.gov/library/working-papers/2016/demo/powers-bowers-basel-szelepka-fcsm.html>. These data method improvements which were applied beginning with 2014 SAHIE, were also used to update the 2013 SAHIE, for comparable purposes. The updated 2013 SAHIE was released simultaneously with the new 2014 SAHIE data in May 2016. The 2013 SAHIE data were replaced on the 2015-2016 version of the AHRF with this updated 2013 SAHIE data. Therefore, 2013 and later data should not be compared with estimates from previous years.

Note:

- 1) Programs 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 the Decennial Census.
- 2) Income-to-poverty ratio (IPR) is the family income divided by the appropriate Federal poverty threshold. Income-to-poverty ratio categories on the AHRF are 0-138%, 0-200% and 0-400% of the poverty threshold. A lower ratio indicates lower income. Less than or equal to 138 percent of poverty indicates people in families with total money less than or equal to 138 percent of the federal poverty threshold applicable to that family. The same reasoning holds for the additional IPRs listed. Poverty thresholds are the dollar amounts used by the U.S. Census Bureau to determine poverty status.
- 3) The CPS ASEC asks about health insurance coverage “at any time” during the previous year. People who had health insurance coverage for only part of the year are considered to be insured. Note that coverage solely by Indian Health Services (HIS) does not count as health insurance; i.e., people who were only covered by HIS in the previous year are

- counted as uninsured.
- 4) The source data does not include Kalawao County, HI (15005) due to insufficient data. Kalawao will be carried as missing on the AHRF.
 - 5) Data are reported for Hoonah-Angoon Census Area, AK (02105) and Skagaway Municipality, AK (02230).
 - 6) Data are reported for Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).

F-18) Marketplace Health Insurance Enrollment

The 2017 through 2020 County-Level Marketplace Health Insurance Enrollment data are from the Centers for Medicare and Medicaid Services. See below for file names. The 2015 and 2016 County-Level Marketplace Health Insurance Enrollment data were released by Centers for Medicare and Medicaid Services and downloaded from Data.HealthCare.gov. The data provide the total number of Qualified Health Plan (QHP) selections by county for the 38 states in 2020 and 2016, the 39 states in 2017 through 2019 and the 37 states in 2015 that used the HealthCare.gov platform for the Marketplace open enrollment period. The open enrollment period for 2020 was November 1, 2019 through December 15, 2019 with data reported through December 21, 2019. The open enrollment period for 2019 was November 1, 2018 through December 15, 2018 with data reported through December 22, 2018. The open enrollment period for 2018 was November 1, 2017 to December 15, 2018 with data reported through December 23, 2017. The open enrollment period for 2017 was November 1, 2016 through January 31, 2017. The open enrollment period for 2016 was November 1, 2015 through January 31, 2016 including additional special enrollment period (SEP) activity reported through February 1, 2016. The open enrollment period for 2015 was November 15, 2014 through February 15, 2015 including additional special enrollment period (SEP) activity reported through February 22, 2015.

The data represent the number of unique individuals who were determined eligible to enroll in a Qualified Health Plan and had selected a plan, were automatically re-enrolled or were placed into a suggested alternate plan by the deadline.

Qualified Health Plans Selections in the Marketplace are carried on the AHRF by type of consumer, household income as a percent of the Federal Poverty Level (FPL), age and gender (beginning in 2018) group.

YEAR OF DATA	SOURCE FILE
2020	2020 Open Enrollment Period (OEP) County-Level Public Use File
2019	2019 Open Enrollment Period (OEP) County-Level Public Use File
2018	2018 Open Enrollment Period (OEP) County-Level Public Use File
2017	2017 Open Enrollment Period (OEP) County-Level Public Use File

Note:

- 1) Data reported on the file are for the 38 states in 2016 and 2020, the 39 states in 2017 through 2019 and the 37 states in 2015 using the HealthCare.gov platform during the open enrollment period. See notes 2 and 3 for specific states and years which are included in data on the AHRF and note 4 for states using their own platform which are not included.
- 2) States using the Federally-Facilitated Marketplaces are included in the data on the AHRF. These are Alabama, Alaska, Arizona, Arkansas (2015 and 2016 only), Delaware, Florida, Georgia, Hawaii (beginning in 2017), Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey (2015 through 2019), North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania (2015 through 2019), South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin and Wyoming.
- 3) States with State-Based Marketplaces (SBMs) using the HealthCare.gov platform are included in the data on the AHRF. These are Arkansas (beginning in 2017), Hawaii (2016 only), Kentucky (beginning in 2017), Nevada (2015 through 2019), New Jersey (beginning in 2020), New Mexico, Oregon and Pennsylvania (beginning in 2020).
- 4) State-Based Marketplaces using their own Marketplace platforms are not included in this data. These are the District of Columbia and the following states: California, Colorado, Connecticut, Hawaii (in 2015 only), Idaho, Kentucky (in 2015 and 2016 only), Maryland, Massachusetts, Minnesota, Nevada (beginning in 2020), New York, Rhode Island, Vermont and Washington. All counties in these states are carried as missing on the AHRF.
- 5) The 8.2 million plan selections for 38 states in 2020, the 8.4 million plan selections for 39 states in 2019, the 8.7 million plan selections for 39 states in 2018, the 9.2 million plan selections for 39 states in 2017, 9.6 million plan selections for 38 states in 2016 and 8.8 million plan selections for the 37 states in 2015 were tabulated by county according to the home address provided by each Marketplace applicant. Data for counties with 10 or fewer plan selections are suppressed to protect consumer privacy. This may require the use of complimentary cell suppression. These are carried as missing on the AHRF.
- 6) Data represent cumulative data on the number of unique individuals who have selected or have been automatically reenrolled into; or beginning in 2017, been placed into a suggested alternate Marketplace medical plan for enrollment through the Marketplaces (with or without the first premium payment having been received directly by the issuer). This is also known as pre-effectuated enrollment, because enrollment is not considered effectuated until the first premium payment is made, and these figures include plan selections for which enrollment has not yet been effectuated. Individuals who have cancelled or terminated their Marketplace plans are not included in the total number of plan selections. These data also do not include standalone dental plan selections. Count includes only consumers with non-cancelled Qualified Health Plans.
- 7) New Consumers are those individuals who selected a plan through the Marketplaces (with or without the first premium payment having been received directly by the issuer) and did not have coverage the prior year. These data do not include stand-

alone dental plan selections. Additionally, individuals who have cancelled or terminated their Marketplace plans are not included in the total number of Marketplace plan selections.

- 8) Kentucky changed Marketplace eligibility and enrollment platforms in 2017. Therefore, their 2016 Marketplace plan selections are generally being classified as new consumers for operational enrollment and reporting purposes. However, a small number of 2017 plan selections in Kentucky may be classified as consumers reenrolling in coverage through the Marketplaces in cases where an individual who had an active 2016 Marketplace plan selection in a HealthCare.gov state signs up for 2017 coverage in Kentucky.
- 9) Hawaii changed Marketplace eligibility and enrollment platforms in 2016. Therefore, their 2015 Marketplace plan selections are generally being classified as new consumers for operational enrollment and reporting purposes. However, a small number of 2016 plan selections in Hawaii may be classified as consumers reenrolling in coverage through the Marketplaces in cases where an individual who had an active 2015 Marketplace plan selection in a HealthCare.gov state signs up for 2016 coverage in Hawaii.
- 10) Consumers who are Actively Reenrolling in Marketplace Coverage are people who had a Marketplace plan selection the prior year and return to the Marketplace to select a new plan or actively renew their existing plan. A consumer is considered to have actively selected a plan, if they are a consumer with coverage in the prior year who returned to the Marketplace and selected a plan. The consumer could have actively selected their plan, decided to choose a new plan from their existing insurer or selected a new plan from a different insurer. A consumer could have actively selected a plan prior to the deadline or could have come back after being automatically reenrolled and decided to update their information and select a plan.
- 11) Consumers who have been Automatically Re-enrolled into Marketplace Coverage (also known as “Automatic Re-enrollees”) are people who had a medical plan selection that was the result of automatic re-enrollment into the prior year’s plan or automatic placement into a suggested alternate plan. Beginning with the 2017 data, this category includes individuals who did not make an active selection and were placed in a suggested alternate plan because they would not have a plan offered by their previous issuer.
- 12) Starting with the 2017 source data, for consumer protection, incomes below 100% FPL or above 400% FPL are no longer reported. They are grouped in the field “Other Income”. The “Unknown Income” field was also dropped, and those data are included in Other Income.
- 13) The application only collects household income data when consumers are requesting financial assistance. Consumers who do not request financial assistance do not enter their household income information. Starting with the 2018 source data, “Not Requesting Financial Assistance” has been added as a new field. As stated in note 12, for consumer protection, incomes below 100% FPL or above 400% FPL are not reported. On the 2018 and later source data, these consumers are included in the field “Other FPL” along with consumers who were requesting financial assistance but may be missing incomes due to data anomalies or a tax filing status that makes them Advance Payment of the Premium Tax Credit (APTC) ineligible.

- 14) Household Income is reported as a percentage of the Federal Poverty Level (FPL). The 2019 Federal Poverty Guidelines, which are used in for 2020 coverage, can be accessed at <https://aspe.hhs.gov/2019-poverty-guidelines>. The 2018 Federal Poverty Guidelines, which are used in for 2019 coverage, can be accessed at <https://aspe.hhs.gov/2018-poverty-guidelines>. The 2017 Federal Poverty Guidelines, which are used in for 2018 coverage, can be accessed at <https://aspe.hhs.gov/2017-poverty-guidelines>. The 2016 Federal Poverty Guidelines, which are used in for 2017 coverage, can be accessed at <https://aspe.hhs.gov/computations-2016-poverty-guidelines>. The 2015 Federal Poverty Guidelines, which are used for 2016 coverage, can be accessed at <http://aspe.hhs.gov/2015-poverty-guidelines>. The 2014 Federal Poverty Guidelines, which are used for 2015 coverage, can be accessed at <http://aspe.hhs.gov/2014-poverty-guidelines>.
- 15) Maine expanded Medicaid to adults with annual household incomes up to 138% of the Federal Poverty Level (FPL) retroactively effective July 2, 2018. Since some of these newly Medicaid-eligible consumers were previously eligible for Advance Payment of the Premium Tax Credit (APTC), Maine's 2020 plan selections and related metrics are lower than in previous reporting years.
- 16) Bedford City, VA (51515) changed from independent city to town status July 1, 2013. It has been added to Bedford County, VA (51019). Bedford City data, which was carried separately on the 2015 through 2018 source files, has been combined with Bedford County on the AHRF. Bedford City is carried as missing.
- 17) Wade Hampton Census Area, AK (02270) was changed to Kusilvak Census Area, AK (02158) July 1, 2015. Only Kusilvak Census Area is carried on the AHRF. The 2017 source file carries both census areas. Some fields are suppressed and some have a value of 0. Therefore, all fields carried on the AHRF in Kusilvak are set to missing values.
- 18) Shannon County, SD (46113) was changed to Oglala Lakota County, SD (46102) May 1, 2015. Only Oglala Lakota is carried on the AHRF. The 2017 source file carries both counties. The counties are combined and carried in Oglala Lakota on the AHRF. The following was reported on the source file:

	Oglala Lakota	Shannon
Marketplace Enrollees	56	147
Marketplace Enrollees <18	*	*
Marketplace Enrollees 18-25	*	13
Marketplace Enrollees 26-34	*	18
Marketplace Enrollees 35-44	13	30
Marketplace Enrollees 45-54	13	36
Marketplace Enrollees 55-64	12	36
Marketplace Enrollees 65+	0	*
Marketplace Enrollees, New Enr	31	*
Marketplace Enrollees, Active Enr	25	*
Marketplace Enrollees, Auto Enrl	0	141
Household Inc 100-150% of FPL	*	27
Household Inc >150-200% of FPL	16	38
Household Inc >200-250% of FPL	*	22
Household Inc >250-300% of FPL	*	19

Household Inc >300-400% of FPL	*	12
Household Income, Other	*	29
* Suppressed data		

- 19) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, K (02195) and Wrangell City and Borough, AK (02275).

F-19) Disability Data

The **2011-2015 and 2015-2019 Disability by Age, Employment Status and Veteran Status** data are from the 2011-2015 and 2015-2019 American Community Survey (ACS) Summary File, U.S. Census Bureau. 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. For more information regarding definitions, user updates, margins of error, and comparability, the Census website www.census.gov should be referenced. Percent fields have one implied decimal place.

Note:

- 1) Under the conceptual framework of disability describe by the Institute of Medicine (IOM) and the International Classification of Functioning, Disability, and Health (ICF), disability is defined as the product of interactions among individual's bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. For example, disability may exist where a person is limited in their ability to work due to job discrimination against persons with specific health conditions; or disability may exist where a child has difficult learning because the school cannot accommodate the child's deafness.
- 2) In an attempt to capture a variety of characteristics that encompass the definition of disability, the ACS identifies serious difficulty with four basic areas of functioning - hearing, vision, cognition, and ambulation. These functional limitations are supplemented by questions about difficulties with the selected activities from the Katz Activities of Daily Living (ADL) and Lawton Instrumental Activities of Daily Living (IADL) scales, namely difficulty bathing and dressing, and difficulty performing errands such as shopping. Overall, the ACS attempts to capture six aspects of disability, which can be used together to create an overall disability measure, or independently to identify populations with specific disability types.
- 3) Veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they

were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps. All other civilians are classified as nonveterans. While it is possible for 17 year olds to be veterans of the Armed Forces, ACS data products are restricted to the population 18 years and older.

- 4) Disability by age fields are for the civilian noninstitutionalized population. Disability by employment status fields are for the civilian noninstitutionalized population 18 to 64 years. Disability by veteran status fields are for the civilian population 18 years and over for whom poverty status is determined.
- 5) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 6) Data on the AHRF for Puerto Rico are from the 2011-2015 and 2015-2019 Puerto Rico Community Survey Summary File, U.S. Census Bureau.

F-20) Veteran Disability Compensation and Pension Recipients

2014 through 2016 Veteran Disability Compensation and Disability Pension Recipients data are from the Department of Veterans Affairs. These reports provide county-level estimates of the number of Veterans who received VA Disability Compensation or Disability Pension during the respective 2014, 2015 and 2016 fiscal years. Pension recipients on this report are those receiving Nonservice Connected (NSC) Pensions.

YEAR OF DATA	SOURCE FILE
2016	Compensation and Pension by County 2016 Report
2015	FY 2015 Compensation and Pension Recipients by County Report
2014	FY 2014 Compensation and Pension Recipients by County Report

Note:

- 1) The term “Veterans” includes those who served on the active duty military, Coast Guard, uniformed Public Health Service, and the uniformed National Oceanic and Atmospheric Administration, reservists called to active duty, and those disabled while on active duty training. “Veterans” excludes current service members (i.e., active duty personnel who have not yet separated), those dishonorable discharged, those whose active duty was training only, and those who have previously separated but are on active duty as of the estimation date. For more information go to: http://www.ssa.gov/OP_Home/comp2/D-USC-38.html.
- 2) Disability Compensation is a monetary benefit paid to Veterans who are disabled by an injury or illness that was incurred or aggravated during active military service. These disabilities are considered to be service-connected. Disability compensation varies with the degree of disability and the number of a Veteran’s dependents, and is paid monthly. Veterans with certain severe disabilities may be eligible for additional special monthly

compensation.

- 3) Nonservice-Connected (NSC) Pension is a benefit program for qualifying Veterans with low income who are either permanently and totally disabled or age 65, and have 90 days or more of active military service, at least one day of which was during a period of war.
- 4) Counties with less than 10 beneficiaries were suppressed. These counties are carried as missing on the AHRF.
- 5) Bedford City, VA changed from independent city to town status July 1, 2013. Bedford City (51515) data, which is carried separately on the source file, has been combined with Bedford County (51019) on the AHRF. Veteran Disability Pension Recipients is suppressed for Bedford City, VA on the 2016 source file. Therefore, the data on the AHRF for Bedford County, VA for 2016 Veteran Disability Pension Recipients does not include the suppressed data for Bedford City.

F-21) Food Stamp/SNAP Recipient Estimates

The 2010 and 2015 through 2018 Food Stamp Recipient/SNAP Estimates are from the County Level Food Stamp Recipient File from the U.S. Census Bureau. Supplemental Nutrition Assistance Program (SNAP) is the new name for the federal Food Stamp Program, as of October 1, 2008.

Note:

- 1) Number of people participating in the food state program was obtained from the United States Department of Agriculture, Food and Nutrition Service (USDA/FNS) where available. For states not reported by USDA/FNS, counts are obtained directly from individual state offices.
- 2) In most states, counts of participants were used for the month of July in the estimation process. However, in a few cases states were able to provide data only for other reference periods.
- 3) The Food Stamp/SNAP Program is a low-income assistance program that is uniform in its eligibility requirements and benefit levels across states (except Alaska and Hawaii). While the definitions of income, household composition and the resource income cutoffs are different from those used in the official measure of poverty, a household's eligibility for the program is determined by a standard that is tied to the poverty level.
- 4) Beginning with the 2008 source file, data are reported for Hoonah-Angoon Census Area, AK (02105) and Skagway Municipality, AK (02230).
- 5) Beginning with the 2009 source file, data are reported for Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).

F-22) Social Security Program

The 2011-2015 and 2015-2019 Households with Social Security Income data are from the 2011-2015 and 2015-2019 American Community Survey (ACS) Summary File, U.S.

Census Bureau. 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. Social Security income includes Social Security and U.S. Railroad Retirement pensions and survivor benefits, permanent disability insurance payments made by the Social Security Administration prior to deductions for medical insurance, and railroad retirement insurance checks from the U.S. government. Medicare reimbursements are not included. For more information regarding definitions, user updates, and comparability, the Census website www.census.gov should be referenced.

Note:

- 1) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 2) Data on the AHRF for Puerto Rico are from the 2011-2015 and 2015-2019 Puerto Rico Community Survey Summary File, U.S. Census Bureau.

F-23) Supplemental Security Income Program Recipients

The **2011-2015 and 2015-2019 Households with Supplemental Security Income (SSI) and Households with Public Assistance Income** are from the 2011-2015 and 2015-2019 American Community Survey (ACS) Summary File, U.S. Census Bureau. 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. Supplemental Security Income (SSI) is a nationwide U.S. assistance program administered by the Social Security Administration that guarantees a minimum level of income for needy aged, blind, or disabled individuals. 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 or noncash benefits such as Food Stamps. The terms “public assistance income” and “cash public assistance” are used interchangeably on the source file. For more information regarding definitions, user updates, and comparability, the Census website www.census.gov should be referenced.

Note:

- 1) Data on the AHRF for Puerto Rico are from the 2011-2015 and 2015-2019 Puerto Rico Community Survey Summary File, U.S. Census Bureau.
- 2) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census

- Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 3) The Puerto Rico Community Survey questionnaire asks about the receipt of SSI; however, SSI is not a federally-administered program in Puerto Rico. Therefore, it is probably not being interpreted by most respondents in the same manner as SSI in the United States. The only way a resident of Puerto Rico could have appropriately reported SSI would have been if they lived in the United States at any time during the past 12-month reference period and received SSI.

F-24) 5-Year Infant Mortality Rates

1996-2000 and 2001-2005 through 2015-2019 Infant Mortality Rate Data:

The **1996-2000 and 2001-2005 through 2015-2019 Year Infant Mortality Rate** data are calculated fields using existing data from the National Center for Health Statistics Detail Mortality and Natality data files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Beginning with the 2008-2012 rates, data for any counties having fewer than 10 infant deaths per year are suppressed. The rate is per 1000 births and one implied decimal place is carried. Rates were calculated according to the following formula:

$$\text{5-Year Infant Mortality Rate} = (\text{5-Yr Infant Deaths} < 1 \text{ Year} * 1000) / \text{5-Yr Live Births}$$

Note:

- 1) Beginning with the 1989-93 data, NCHS changed the method of tabulating live birth by race from race of child to race of mother.
- 2) Beginning in 2003, Broomfield, CO (08014) is carried on the source file. Broomfield was formed from parts of Adams (08001), Boulder (08013), Jefferson (08059) and Weld (08123) counties in November 2001. Due to the change in the data, 4-year rates were calculated for Adams, Boulder, Jefferson and Weld counties excluding 2003 data. The 1999-2003 Infant Mortality Rate fields were reported as missing for Broomfield on the AHRF. The 2000-2004 through 2002-2006 Infant Mortality Rate fields were reported as missing for all these Colorado counties; Broomfield, Adams, Boulder, Jefferson and Weld. Beginning with the 2003-2007 5-Year Infant Mortality Rates, these counties have data.
- 3) Note that for counties with low populations, a small number of infant deaths and/or births may yield rates that are extremely high.
- 4) Data are reported for Puerto Rico and Guam for 2001-2005 through 2005-2009 and 2009-2013 through 2015-2019.

F-25) Mortality Data

2008-2010 and 2013-2015 through 2017-2019 Mortality Average Data:

The **2008-2010 and 2013-2015 through 2017-2019 Mortality Average Data** are calculated fields using the National Center for Health Statistics *2008, 2009 and 2010; 2013, 2014 and 2015; 2014, 2015 and 2016; 2015, 2016 and 2017; 2016, 2017 and 2018; and 2017, 2018 and 2019 Mortality Detail Data Files*, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program (see <http://www.cdc.gov/nchs/deaths.htm>). Averages are provided rather than actual data for each year because of data use restrictions required by NCHS beginning with 1989 data. For data through 2006, these restrictions prohibited releasing county-level information where there are fewer than three occurrences. Rather than suppress data for certain counties, averages were calculated. For 2007 and later, NCHS restrictions prohibit release of any subnational data with fewer than 10 occurrences, including data averaged across years. Therefore, beginning with the 2005-2007, 3-year averages carried on the AHRF, data for any counties having fewer than 10 occurrences are suppressed.

The number of deaths for a county is based on the place of residence; non-residents of the U.S. are excluded. Averages were calculated according to the following formula:

$$\text{3-Year Mortality Average} = (\text{2017 Deaths} + \text{2018 Deaths} + \text{2019 Deaths})/3$$

Note:

- 1) For data through 1998, the **Number of Deaths by Cause** fields are calculated using the *Ninth Revision of the International Classification of Diseases (ICD-9)* adapted for use by the Division of Vital Statistics, NCHS. Beginning with 1999 data, **Number of Deaths by Cause** are reported by NCHS according to the *Tenth Revision of the International Classification of Diseases (ICD-10)*. The change in classification of diseases from ICD-9 to ICD-10 results both in substantial discontinuities for some causes of death prior to 1999 compared to earlier years as well as in the ranking of the leading causes of death; as such, there are comparability issues that the user must take into consideration when comparing to data prior to 1999. Reference is made to <http://www.cdc.gov/nchs/deaths.htm> for a detailed comparison of the two coding schemes. The following lists categories included in each field with corresponding ICD-9 and ICD-10 codes:

	<u>ICD-9</u>	<u>ICD-10</u>
• Infectious and Parasitic Diseases		A00-B99
- Tuberculosis	010-018	A16-A19
- Syphilis	090-097	A50-A53
- Residual of infectious and parasitic diseases	001-009, 020-041, 042-044, 045-088, 098-139	A00-A09, A20-A49, A54-B99
• Malignant Neoplasms		C00-C97
- Malignant neoplasms of		

digestive organs and peritoneum	150-159	C15-C26
- Malignant neoplasms of respiratory and intrathoracic organs	160-165	C30-C39
- Malignant neoplasms of breast	174-175	C50
- Malignant neoplasms of genital organs	179-187	C51-C63
- Malignant neoplasms of urinary organs	188-189	C64-C68
- Leukemia	204-208	C91-C95
- Other malignant neoplasms	140-149, 170-173 190-203	C00-C14, C40-C49, C69-C-90, C96-C97
•Cerebrovascular Diseases Prior to 1992-94 included in Other Cardiovascular Diseases	430-438 436-438	I60-I69
•Ischemic Heart Disease	410-414	I20-I25
•Other Cardiovascular Diseases		
- Rheumatic fever and rheumatic heart disease	390-398	I00-I09
- Hypertensive heart disease with or without renal disease	402, 404	I11, I13
- Other heart diseases	415-429.2	I26-I51
- Hypertension with or without renal disease (beginning w/ 2006 data)	401,403	I10,I12, I15
- Atherosclerosis	440	I70
- Other diseases of arteries, arterioles and capillaries	441-448	I71-I78
•Influenza and Pneumonia	480-487	J10-J18
•Chronic Obstructive Pulmonary Diseases (now called Chronic lower respiratory diseases)		
- Chronic obstructive pulmonary diseases and allied conditions	490-496	J40-J47
•Chronic Liver Disease and Cirrhosis	571	K70, K73-K74
•Motor Vehicle Accidents	E810-E825	V02-V04 V09.0, V09.2 V12-V14 V19.0-V19.2 V19.4-V19.6

		V20-V79 V80.3-V80.5 V81.0-V81.1 V82.0-V82.1 V83-V86 V87.0-V87.8 V88.0-V88.8 V89.0; V89.2
•Suicide Prior to 1992-94 included in Other External Causes	E950-E959	X60-X84, Y87.0, with U03 (beginning with 99/01 data).
•Homicide and Legal Intervention - Homicide	E960-E978 E960-E969	X85-Y09, Y87.1, with U01, U02 (beginning with 99/01data)
- Legal Intervention (Prior to 1992-94 included in Other External Causes)	E970-E978	Y35, Y89.0
•Other External Causes - All other accidents and adverse effects minus motor vehicle accidents.	E800-E807 E826-E949, E826-E949	V01-X59, Y85-Y86
- All other external causes	E980-E999	Y10-Y34, Y87.2 Y89.9; Y36, Y89.1; Y-40-Y-84, Y88
•Diabetes Prior to 1992-94 included in Deaths from Other Causes	250	E10-E14
•Deaths from Other Causes - All causes not reported above		
2) Human Immunodeficiency Virus (HIV:ICD-9 042-044 and ICD-10 B20-B24) infection is also included in Infectious and Parasitic Diseases. 3) Hispanic Origin may be of any race and is included in counts by White, Black and Other. 4) Guam and Puerto Rico data are carried for all years. 2008-2010 and 2015-2017 data are carried for the US Virgin Islands.		

F-26) Total Deaths

The field **Total Deaths** comes from the U.S. Census Bureau. It is the total number of deaths based on place of residence (not occurrence), as estimated using reports from the Census Bureau's Federal-State Cooperative Program for Population Estimates (FSCPE) and the National Center for Health Statistics. The source for each year of data is noted below:

YEAR OF DATA	SOURCE FILE
2019	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, 2020.
2018	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, 2019.
2017	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, 2018.
2016	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, 2017.
2015	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, 2016.
2010	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, 2011.

Note:

- 1) Beginning with the 2019 source file, data are carried for Chugach Census Area, AK (02063) and Copper River Census Area, AK (02066) which were formed from Valdez-Cordova Census Area, AK (02261). These counties are combined and carried in Valdez-Cordova on the AHRF for F12558-19 Total Deaths. On the source file, Total Deaths for Chugach Census Area is reported as 34 and Total Deaths for Copper River Census Area is reported as 2.
- 2) Guam data, available for 2010 through 2018, are from the U.S. Census Bureau, International Data Base.

F-27) Natality Data

2008-2010 and 2013-2015 through 2017-2019 Natality Average Data:

The **2008-2010 and 2013-2015 through 2017-2019 Natality Average** data are calculated fields using the National Center for Health Statistics *2008, 2009 and 2010; 2013, 2014 and 2015; 2014, 2015 and 2016; 2015, 2016 and 2017; 2016, 2017 and 2018; and 2017, 2018, and 2019 Natality Detail Data Files*, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program (see <http://www.cdc.gov/nchs/births.htm>). These files contain information for live births only and do not include data on stillborns. The number of births averages are provided rather than actual data for each year because of data use restrictions required by NCHS beginning with 1989 data. For data through 2006, these restrictions prohibited releasing county-level information where there are fewer than three occurrences. Rather than suppress data for certain counties, averages were calculated. For 2007 and later, NCHS restrictions prohibit release of any subnational data with fewer than 10 occurrences, including data averaged across years. Therefore, beginning with the 2005-2007, 3-year averages carried on the AHRF, data for any counties having fewer than 10 occurrences are suppressed.

The number of births for a 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:

$$\text{3-Year Natality Average} = (\text{2017 Births} + \text{2018 Births} + \text{2019 Births})/3$$

Note:

- 1) Hispanic origin may be of any race and are included in counts by race for white, black and other.
- 2) Data by Hispanic Origin are available for Puerto Rico beginning in 2016-2018.
- 3) A birthweight less than 2,500 grams (5 pounds, 8 ounces) is considered as low birthweight. Babies weighing less than 1,500 grams (3 pounds, 5 ounces) at birth are considered very low birthweight. Birth is considered preterm if delivered less than 37 weeks of gestation (Last Menstrual Period (LMP) based on gestational age).
- 4) Beginning with the 2017 source data, NCHS cannot release county level data on the marital status of the mother for births occurring in or to residents of California due to state statutory restrictions. Therefore on the AHRF, 2015-2017, 2016-2018, and 2017-2019 Births to Unmarried Mother (F13870-15, F137870-16, F137870-17) is carried as a missing value for all counties in California.
- 5) Data are available for Puerto Rico and Guam for 2013-2015 through 2017-2019 3-year averages.

F-28) Births in Hospitals

2010, 2015 and 2019 Births in Hospitals in short term general hospitals are from the *AHA Annual Survey of Hospitals*. (Copyright.)

Note:

- 1) Births are the total number of infants born in the hospital during the reporting period. Births do not include infants transferred from other institutions, and are excluded from admissions and discharge figures. Births exclude Fetal Deaths.
- 2) Data are included on the AHRF for Guam, Puerto Rico and the US Virgin Islands.

F-29) Total Births

The field **Total Births** comes from the U.S. Census Bureau. It is the total number of live births based on place of residence (not occurrence), as estimated using reports from the Census Bureau's Federal-State Cooperative Program for Population Estimates (FSCPE) and the National Center for Health Statistics. The source for each year of data is noted below:

YEAR OF DATA	SOURCE FILE
2019	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, 2020.
2018	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, 2019.
2017	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, 2018.
2016	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, 2017.
2015	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, 2016.
2010	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, 2011.

Note:

- 1) Beginning with the 2019 source file, data are carried for Chugach Census Area, AK (02063) and Copper River Census Area, AK (02066) which were formed from Valdez-Cordoba Census Area, AK (02261). These counties are combined and carried in Valdez-Cordoba on the AHRF for F12557-19 Total Births. On the source file, Total Births for Chugach Census Area is reported as 73 and Total Deaths for Copper River Census Area is reported as 32.
- 2) Guam data, available for 2010 through 2018, are from the U.S. Census Bureau, International Data Base.

F-30) Education

The **2011-2015 and 2015-2019 Persons age 25 years or more and persons aged 25 years or more with less than a high school diploma, with high school diploma or more and with four years of college or more** are from the 2011-2015 and 2015-2019 American Community Survey (ACS) Summary File, U.S. Census Bureau. 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. For more information regarding definitions, user updates, margins of error, and comparability, the Census website www.census.gov should be referenced. Percent fields have one implied decimal place.

Note:

- 1) Less than a High School Diploma fields include response categories “no schooling completed” and “12th grade, no diploma.”
- 2) High School Graduated or More fields include people whose highest degree was a high school diploma or its equivalent, people who attended college but did not receive a degree, and people who received an associate’s, bachelor’s, master’s, or professional or doctorate degree. People who reported completing the 12th grade but not receiving a diploma are not included.
- 3) Veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps. All other civilians are classified as nonveterans.
- 4) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 5) Data on the AHRF for Puerto Rico are from the 2011-2015 and 2015-2019 Puerto Rico Community Survey Summary File, U.S. Census Bureau.

F-31) Census Housing Data

2010 Census Housing Statistics:

The **2010 Housing Units and Occupied Housing Units** are from the *2010 Census Redistricting Data (Public Law 94-171) Summary File*, U.S. Census Bureau. **2010 Vacant Housing Units, Percent and Number of Owner-Occupied Housing Units** are from the *2010*

Census of Population and Housing: Summary File 1(SF1).

Note:

- 1) A housing unit is a living quarter in which the occupant or occupants live separately from any other individuals in the building and have direct access to their living quarters from outside the building or through a common hall. Housing units are usually houses, apartments, mobile homes, groups of rooms, or single rooms occupied as separate living quarters. They are residences for single individuals, for groups of individuals, or for families who live together. A single individual or a group living in a housing unit is defined to be a household.
- 2) A housing unit is classified as occupied if it is the usual place of residence of the individual or group of individuals living in it on Census Day, or if the occupants are only temporarily absent, such as away on vacation, in the hospital for a short stay, or on a business trip, and will be returning. The occupants may be one individual, a single family, two or more families living together, or any other group of related or unrelated individuals who share living arrangements.
- 3) A housing unit is classified as vacant if no one is living in it on Census Day, unless its occupant or occupants are only temporarily absent; such as away on vacation, in the hospital for a short stay, or on a business trip; and will be returning. Housing units temporarily occupied at the time of enumeration entirely by individuals who have a usual residence elsewhere are classified as vacant.
- 4) 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 owner or co-owner must live in the unit and usually is Person 1 on the questionnaire.
- 5) Vacancy status was determined by census enumerators obtaining information from landlords, owners, neighbors, rental agents, and others. Vacant Units are subdivided according to their housing market classification as follows: For Rent; Rented, Not Occupied; For Sale; Sold, Not Occupied, For Seasonal, Recreational, or Occasional Use; For Migrant Workers; and Other Vacant.
- 6) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 7) Data are included on the AHRF for Puerto Rico.
Data included on the AHRF for Guam are from the *2010 Census of Population and Housing, Guam Summary File*, U.S. Census Bureau using the Bureau's American FactFinder.
- 8) Data included on the AHRF for the U.S. Virgin Islands are from the *2010 Census of Population and Housing, U.S. Virgin Islands Summary File*, U.S. Census Bureau using the Bureau's American FactFinder.

2010 Census Urban and Rural Housing Units are from the *2010 Census of Population and Housing: Summary File 1 (SF1) Urban/Rural Update*, U.S. Census Bureau. For the 2010 Census, the Census Bureau classified as urban all territory, population, and housing units located within urbanized areas (UAs) and urban clusters (UCs). An urbanized area consists of densely developed territory that contains 50,000 or more people. An urban cluster consists of densely settled territory that has at least 2,500 people but fewer than 50,000 people.

Rural consists of all territory, population, and housing units outside of UAs and UCs. Percent Urban Housing Units has one implied decimal point. For more information regarding definitions, user updates, confidence intervals, and standard errors, the Census website www.census.gov should be referenced.

Note:

- 1) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 2) Data are included on the AHRF for Puerto Rico.
- 3) Data on the AHRF for Guam are from the *2010 Census of Population and Housing, Guam Summary File*, U.S. Census Bureau using the Bureau's American FactFinder.
- 4) Data included on the AHRF for the U.S. Virgin Islands are from the *2010 Census of Population and Housing, U.S. Virgin Islands Summary File*, U.S. Census Bureau using the Bureau's American FactFinder.

2011-2015 and 2015-2019 Housing data are from the 2011-2015 and 2015-2019 American Community Survey (ACS) Summary File, U.S. Census Bureau. 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. For more information regarding definitions, user updates, margins of error, and comparability, the Census website www.census.gov should be referenced. Percent fields have one implied decimal place.

Note:

- 1) A housing unit may be a house, an apartment, a mobile home, a group of rooms or a single room that is occupied (or, if vacant, intended for occupancy) as a separate living quarters. Separate living quarters are those in which the occupants live separately from any other individuals in the building and which have direct access from outside the building or through a common hall. A housing unit is classified as occupied if it is the current place of residence of the person or group of people living in it at the time of the interview, or if the occupants are only temporarily absent from the residence for two months or less, that is, away on vacation or a business trip.
- 2) Median Home Value is in dollars for owner-occupied housing units. The median divides the value distribution into two equal parts: one-half of the cases falling below the median value of property (house and lot, mobile home and lot (if lot owned) or condominium unit) and one-half above the median.
- 3) Median Gross Rent is in dollars for renter-occupied housing units paying cash. Median Gross Rent divides the gross rent distribution into two equal parts: one-half of the cases falling below the median gross rent and one-half above the median.
- 4) Data on the AHRF for Puerto Rico are from the 2011-2015 and 2015-2019 Puerto Rico Community Survey Summary File (PRCS), U.S. Census Bureau.
- 5) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality,

AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).

2015 through 2019 Housing Unit Estimates:

The **Housing Unit Estimates** data are from the U.S. Census Bureau. Housing unit estimates are produced using the components of housing change. This model uses the 2010 Census count of housing units, estimated new residential construction, estimated new mobile homes and estimated housing units lost. The sources for each year of data are noted below:

YEAR OF DATA	SOURCE FILES
2019	Annual Estimates of Housing for the United States, Regions, Divisions, and Counties: April 1, 2010 to July 1, 2019
2018	Annual Estimates of Housing for the United States, Regions, Divisions, and Counties: April 1, 2010 to July 1, 2018
2017	Annual Estimates of Housing for the United States, Regions, Divisions, and Counties: April 1, 2010 to July 1, 2017
2016	Annual Estimates of Housing for the United States, Regions, Divisions, and Counties: April 1, 2010 to July 1, 2016
2015	Annual Estimates of Housing for the United States, Regions, Divisions, and Counties: April 1, 2010 to July 1, 2015

Note:

- 1) A housing unit is a house, an apartment, a mobile home or trailer, a group of rooms, or a single room that is occupied, or, if vacant, is intended for occupancy as separate living quarters. Separate living quarters are those in which the occupants live separately from any other individuals in the building and which have direct access from the outside of the building or through a common hall. For vacant units, the criteria of separateness and direct access are applied to the intended occupants wherever possible. Both occupied and vacant housing units are included in the housing unit inventory, except that recreational vehicles, boats, vans, tents, railroad cars, and the like are included only if they are occupied as someone's usual place of residence. Vacant mobile homes are included provided they are intended for occupancy on the site where they stand. Vacant mobile homes on dealer's sales lots, at the factory, or in storage yards are excluded from the housing unit inventory.
- 2) Beginning with the 2008 source file, data are reported for Hoonah-Angoon Census Area, AK (02105) and Skagway Municipality, AK (02230).
- 3) Beginning with the 2009 source file, data are reported for Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).

F-32) Veteran Population

2018 through 2021 Veteran Population Estimates are from the Veteran Population Projection Model 2018 (VetPop2018) file, Department of Veterans Affairs (VA). VetPop2018, a deterministic actuarial projection model, was developed by the Office of Predictive Analytics to estimate and project the Veteran Population. It is the ninth generation of the Veteran Population Projection Model with improvements in data and model update process. The new model maintains the general approach from the prior model, VetPop2016, and incorporates more recent survey data from the American Community Survey (ACS) (U.S. Census Bureau 2018) and administrative data from the VA and the Department of Defense (DoD). The data are as of September 30 of the respective year. The 2018 and 2019 data carried on the current AHRF, which are from the VetPop2018, have replaced the data carried on prior releases which were from the VetPop2016 file.

Note:

- 1) A Veteran, as defined in the U.S. Code Title 38, is a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable. Active military, naval, or air service includes (1) active duty which represents full-time duty in the Armed Forces, other than active duty for training or (2) any period of active/inactive duty for training which the individual concerned was disabled. "Veterans" excludes current service members (i.e., active duty personnel who have not yet separated), those dishonorably discharged, those whose active duty was training only, and those who have previously separated but are on active duty as of the estimation date. For more information go to: http://www.ssa.gov/OP_Home/comp2/D-USC-38.html.
- 2) Male and female population may not equal total population due to rounding.
- 3) Data are included on the AHRF for Guam. Puerto Rico and US Virgin Islands data were at the summary level and therefore not carried on the AHRF.

2016 and 2017 Veteran Population Estimates are from the Veteran Population Projection Model 2016 (VetPop2016) file, Department of Veterans Affairs (VA). VetPop2016, a deterministic actuarial projection model, was developed by the office of Predictive Analytics and Actuary (PAA) (formerly known as the Office of the Actuary) to estimate and project the Veteran Population. It is the eighth generation of the Veteran Population Projection Model with improvements in data, methodology, and modeling processes. Similar to the previous Veteran Population Model 2014 (VetPop2014), it is a bottom-up model that projects future Veteran population starting at the county level. The VetPop2016 uses both Veteran record-level data and survey data from a wide variety of sources including VA, Department of Defense (DoD), U.S. Census Bureau, Internal Revenue Service (IRS), and Social Security Administration (SSA). The data are as of September 30 of the respective year. The 2016 and 2017 data carried on the current AHRF which are from the VetPop2016 have replaced the data carried on prior releases which were from the VetPop2014 file.

Note:

- 1) A Veteran, as defined in the U.S. Code Title 38, is a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable. Active military, naval, or air service includes (1) active duty which represents full-time duty in the Armed Forces, other than active duty for training or (2) any period of active/inactive duty for training which the individual concerned was disabled. "Veterans" excludes current service members (i.e., active duty personnel who have not yet separated), those dishonorably discharged, those whose active duty was training only, and those who have previously separated but are on active duty as of the estimation date. For more information go to: http://www.ssa.gov/OP_Home/comp2/D-USC-38.html.
- 2) Male and female population may not equal total population due to rounding.
- 3) Data are included on the AHRF for Guam. Puerto Rico and US Virgin Islands data were at the summary level and therefore not carried on the AHRF.

2015 Veteran Population Estimates are from the Veteran Population Projection Model 2014 (VetPop2014) file, Department of Veterans Affairs. VetPop2014 is an actuarial projection model developed by the Office of the Actuary for Veteran (OACT) population projections. VetPop2014 is the 7th generation of the OACT Veteran Population Projection Model with significant improvements in data, methodology, and modeling processes. Similar to the previous Veteran Population Projection Model 2011 (VetPop2011), it is a bottom-up model which projects future Veteran population at the county level as a starting point. The VetPop2014 actuarial model uses both Veteran record-level data and survey data from a wide variety of sources including VA, Department of Defense, U.S. Census Bureau, Department of Treasury's Internal Revenue Service, and the Social Security Administration. The data are as of September 30 of the respective year.

Note:

- 1) The term "Veterans" includes those who served on the active duty military, Coast Guard, uniformed Public Health Service, and the uniformed National Oceanic and Atmospheric Administration, reservists called to active duty, and those disabled while on active duty training. "Veterans" excludes current service members (i.e., active duty personnel who have not yet separated), those dishonorably discharged, those whose active duty was training only, and those who have previously separated but are on active duty as of the estimation date. For more information go to: http://www.ssa.gov/OP_Home/comp2/D-USC-38.html.
- 2) The Veterans Administration used a different methodology for providing more detailed gender breakdowns therefore; male and female population will not always equal total population.
- 3) Bedford City, VA (51515) changed from independent city to town status July 1, 2013. It has been added to Bedford County, VA (51019). Bedford City data, which is carried separately on the source file, has been combined with Bedford County on the AHRF. Bedford City will be carried as missing.

- 4) Data are included on the AHRF for Guam. Puerto Rico and US Virgin Islands data were at the summary level and therefore not carried on the AHRF.

2010 Veteran Population Estimates are from the Veteran Population 2007 (VetPop2007) County Estimates and Projections file, Department of Veterans Affairs. Base estimates of the county-level veteran population are based on a ration method of disaggregating the state-level veteran population projections down to the county-level, using the ratio of veterans to general population (V/P). The state-level veteran population projections are taken from the VetPop2007 model. The data are as of September 30 of the respective year.

Note:

- 1) The term “Veterans” includes those who served on the active duty military, Coast Guard, uniformed Public Health Service, and the uniformed National Oceanic and Atmospheric Administration, reservists called to active duty, and those disabled while on active duty training. “Veterans” excludes current service members (i.e., active duty personnel who have not yet separated), those dishonorable discharged, those whose active duty was training only, and those who have previously separated but are on active duty as of the estimation date.
- 2) The Veterans Administration used a different methodology for providing more detailed gender breakdowns therefore; male and female population will not always equal total population.
- 3) Data are included on the AHRF for Guam. Puerto Rico and US Virgin Islands data were at the summary level and therefore not carried on the AHRF.

G. ENVIRONMENT

G-1) Land Area and Density

2010 Land and Water Area data are from the *2010 Census Redistricting Data (Public Law 94-171) Summary File*, U.S. Census Bureau. Area measurements were reported on the source file as whole square meters. They were converted to square miles by dividing the square meters by 2,589,988. Area is calculated from the specific boundary recorded for each entity in the Census Bureau’s geographic database. The water area figures include inland, coastal, Great Lakes, and territorial sea water. Inland water consists of any lake, reservoir, pond, or similar body of water that is recorded in the Census Bureau’s geographic database.

Land and Water area measurements may disagree with the information displayed on Census Bureau maps and the MAF/TIGER database because, for area measurement purposes, hydrologic features identified as intermittent water, glacier, or swamp are reported as land area. The accuracy of any area measurement data is limited by the accuracy inherent in the location and shape of the various boundary information in the MAF/TIGER database; the identification, and classification of water bodies coupled with the location and shapes of

the shorelines of water bodies in that database; and rounding affecting the last digit in all operations that compute and/or sum the area measurement.

For more information regarding definitions, user updates, confidence intervals, and standard errors, the Census website www.census.gov should be referenced.

Note:

- 1) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 2) Data are included on the AHRF for Puerto Rico.
- 3) Data included on the AHRF for Guam are from the *2010 Census of Population and Housing, Guam Summary File*, U.S. Census Bureau using the Bureau's American FactFinder.
- 4) Data included on the AHRF for the U.S. Virgin Islands are from the 2010 Census of Population and Housing, U.S. Virgin Islands Summary File, U.S. Census Bureau using the Bureau's American FactFinder.

G-2) Population Per Square Mile

2010 Population per Square Mile and **Housing Unit Density per Square Mile** are from the *2010 Census Redistricting Data (Public Law 94-171) Summary File*, U.S. Census Bureau. Population per Square Mile and Housing Unit per Square Mile have one implied decimal place.

Note:

- 1) Population and housing unit density are 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.
- 2) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 3) Data are included on the AHRF for Puerto Rico.
- 4) Data included on the AHRF for Guam are from the 2010 Census of Population and Housing, Guam Summary File, U.S. Census Bureau using the Bureau's American FactFinder.
- 5) Data included on the AHRF for the U.S. Virgin Islands are from the 2010 Census of Population and Housing, U.S. Virgin Islands Summary File, U.S. Census Bureau using the Bureau's American FactFinder.

G-3) Air Quality

2011-2020 Air Quality data are from the Environmental Protection Agency (EPA), Air Data Air Quality Index Report. Air Quality Index (AQI) is an indicator of overall air quality, because it takes into account all of the criteria air pollutants measured within a geographic area.

Although AQI includes all available pollutant measurements, many areas have monitoring stations for some, but not all, of the pollutants. For additional information see <https://www.epa.gov/outdoor-air-quality-data>

Note:

- 1) **Number of Days Air Quality is Measured** is the number of days in the year having an Air Quality Index value. This is the number of days on which measurements from any monitoring site in the county were reported to the Air Quality System (AQS) database.
- 2) **Number of Days Measured with Air Quality Good** is the number of days in the year having an AQI value 0 through 50.
- 3) **Percent Good Air Quality Days** is calculated as the Number of Days Measured with Air Quality Good * 100 / Number of Days Air Quality Measured. Percent Good Air Quality Days has two implied decimal places.
- 4) Data are not reported for approximately two thirds of the counties.
- 5) Data are reported for some counties in Puerto Rico in 2011 through 2020 and the US Virgin Islands in 2011 through 2013, 2015 through 2017 and 2020.

2005 through 2016 Annual Average Ambient Concentrations of PM 2.5 in micrograms per cubic meter, based on seasonal averages and daily measurement (monitor and modeled) data are from the Centers for Disease Control and Prevention, Environmental Public Health Tracking Network. Data are provided by the US Environmental Protection Agency (EPA). Accessed from: <https://ephtracking.cdc.gov/DataExplorer>. These fields have one implied decimal place.

Note:

- 1) This measure was created using the Downscaler (DS) modeled predictions for counties and days without monitoring and using Air Quality System (AQS) data for counties and days with monitoring data. DS modeled data are generated through statistical fusion of AQS monitor and Community Multiscale Air Quality (CMAQ) model-predicted concentration values.
- 2) Beginning March 18, 2013, the EPA's revised annual PM 2.5 standard of 12 micrograms per cubic meter (lowered from 15 micrograms per cubic meter) went into effect.
- 3) This measure provides a general indication of the overall trend in annual PM 2.5 concentrations; it does not directly reflect personal exposure. The relationship between ambient concentrations and personal exposure is largely unknown, and it varies depending upon pollutant, activity patterns and microenvironments.
- 4) Data are not reported for Alaska and Hawaii for 2005 through 2014.

2006 through 2016 Number of Days with Maximum 8-Hour Average Ozone Concentration (monitor and modeled) over the National Ambient Air Quality Standard (NAAQS) are from the Centers for Disease Control and Prevention, Environmental Public Health Tracking Network. Data are provided by the US Environmental Protection Agency (EPA). Accessed from: <https://ephtracking.cdc.gov/showAirMonModData>.

Note:

- 1) This measure was created using the Downscaler (DS) modeled predictions for counties and days without monitoring and using Air Quality System (AQS) data for counties and days with monitoring data. DS modeled data are generated through statistical fusion of AQS monitor and Community Multiscale Air Quality (CMAQ) model-predicted concentration values.
- 2) The 8-hour ozone National Ambient Air Quality Standard for the 2013 through 2016 data is 0.070 parts per million (ppm). EPA established this new 8-hour standard for ozone of 0.070 ppm in 2015. The 8-hour ozone National Ambient Air Quality Standard for the 2006 through 2012 data is 0.075 parts per million (ppm). EPA established this new 8-hour standard for ozone of 0.075 ppm in 2008. The previous 8-hour standard was set at 0.08 ppm.
- 3) The number of high ozone days per year varies, which makes tracking trends over time difficult to analyze or interpret. The variability is largely due to the fact that the number of high ozone days is related to temperature (as a result, there will be more high ozone days in hotter summers); and there are a small number of events (high ozone days) per year, so for statistical reasons, this type of measure may vary. The model predictions are used to fill in air quality estimates in areas and at times without monitoring data. For counties without monitoring data, temporal (seasonal) and spatial (regional) biases in the modeled estimates, can influence the accuracy of the measure.
- 4) Data are not reported for Alaska and Hawaii for 2006 through 2014.

G-4) Ground Contamination

2012, 2013, 2015, and 2017 through 2021 Human Exposure Environmental Indicator site data are from the US Environmental Protection Agency (EPA). The 2021 data were downloaded 03/08/2021. The 2020 data were downloaded 03/04/2020. The 2019 data were downloaded 03/07/2019. The 2018 data were downloaded 03/01/2018. 2017 data were downloaded 02/06/2017. The 2012, 2013 and 2015 data are as of end of the respective fiscal year. The Site-Wide Human Exposure (HE) environmental indicator is designed to document long-term human health protection on a site-wide basis by measuring the incremental progress achieved in controlling unacceptable human exposures at a Superfund site. Superfund is the name given to the environmental program established to address abandoned hazardous waste sites. It is also the name of the fund established by the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) of 1980. This law was enacted in the wake of the discovery of toxic waste dumps such as Love Canal and Times Beach in the 1970s. For details and definitions, see: <https://www.epa.gov/superfund/superfund-cercla-overview>.

Note:

- 1) A site is under control when assessments for human exposures indicate there are no unacceptable human exposure pathways and the Region has determined the site is under control for current conditions site wide.

- 2) A site is not under control when contamination has been detected at a site at an unsafe level, and a reasonable expectation exists that people may be exposed to the contamination.
- 3) A site has insufficient data when responses have not been initiated or response actions have been initiated but have not yet generated reliable information to make an evaluation for this indicator - i.e., there is not sufficient information to determine whether there are any current, complete unacceptable human exposure pathways at the site, therefore no determination is possible. This field is carried for the 2013, 2015 and 2017 through the current year.
- 4) Data are carried for Hoonah-Angoon Census Area, AK (02105), Skagway Municipality, AK (02230), Prince of Wales-Hyder Census Area, AK (02198), Petersburg Census Area, AK (02195) and Wrangell City and Borough, AK (02275).
- 5) Data are included on the AHRF for Guam, Puerto Rico and US Virgin Islands.

G-5) Elevation

Elevation data are from the tape developed in support of the investigation into the industrial correlates of environment-related mortality by System Sciences, Inc. The original source was the U.S. Department of Commerce, National Oceanic and Atmospheric Administration, and Environmental Data Service.

Note:

- 1) Data were not available for Alaska or Hawaii therefore the field is reported as missing.
- 2) Data were not available for all Virginia independent cities; in these instances the field has been reported as missing.

II. TECHNICAL INFORMATION

A. FILE SPECIFICATIONS

The AHRF is currently contained on CD-ROM. The file has the following specifications:

Record Length	=	32604
Block Size	=	32604
Number of Records	=	3230

B. MISSING VALUES ON AHRF

Beginning with the 2013-2014 AHRF, data that are not reported on original data source files are carried on the AHRF as missing. Prior to the 2013-2014 AHRF, these instances were carried on the AHRF as zero-filled. For all releases of the AHRF, specific instances of missing data are shown in the Notes above by field. The user should be aware of missing values when interpreting data.

C. CRITERIA FOR DATA INCLUSION ON THE AHRF

The criteria for data to be included on the AHRF are 1) that data be available for all or nearly all counties in the U.S., 2) that it be accurate, or at least generally accurate if no better data exist, 3) that it be current or part of a useful time-series, and 4) that the data be potentially useful for the analysis of health occupation supply and requirements.

III. DOCUMENTATION

A. TECHNICAL DOCUMENTATION OF AHRF

The AHRF Technical Documentation is another available source of reference to the fields on AHRF. The documentation organizes the data items into seven major categories as does this user documentation. Information included in the technical documentation is the field number, columns of location on tape, general field characteristics, source, year of the data, and date the item was put on the file. Complete source reference notes in this User Documentation pertaining to a specific data variable can be viewed by clicking on the Source reference for that variable in the Technical Documentation.

B. SAS LAYOUT OF AHRF

This layout is used in conjunction with the technical documentation. The field's number and format is in reference to the fields on the technical documentation.