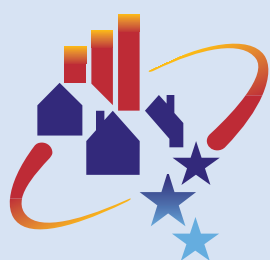


The American Community Survey

Updated Information for America's Communities

Issued November 2001

ACS/01-BKLT



AMERICAN
COMMUNITY
SURVEY

U S C E N S U S B U R E A U

Helping You Make Informed Decisions

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Examples of How Communities Are Using the *American Community Survey* for Informed Strategic Planning

The **American Community Survey** is not just another survey. Although designed to meet the federal government's needs, it also provides the current information about communities and how they

change. America's community leaders told the U.S. Census Bureau they need this type of information to make informed decisions.

The **American**

Community Survey

meets that need by providing comparable demographic, social, economic, and housing profiles of America's communities every year.

The **American**

Community Survey

is the cornerstone of the government's effort to keep pace with the country's ever-increasing demands for timely and relevant household data.

Because the **American Community Survey** provides updated community profiles and shows change in population

and housing characteristics, communities are developing new ways to use the information that were never possible with the

*"We are in very fast moving times now and 10 years is like an eternity. If we wait for data for 10 years, we are spending 5 years putting in resources where we may not need them and missing places where we really should be putting our resources. The **American Community Survey** benefits us by giving us updated information every year—we don't have to wait 10 years."*

Beverly Stein, Chairperson
Multnomah County
Board of County Commissioners
Portland, Oregon

historical once-a-decade "snapshot" from the decennial census. The

American

Community Survey

provides a "video." It gives information local officials can use in combination with other community information sources to chart a course and to evaluate their progress. The

American

Community Survey provides the type of updated demographic, social, economic, and housing information planners, educators, and community groups need to do their jobs effectively.

The **American Community Survey** also will provide timely data to help the Congress, federal program managers, and the “end users” in every community in America. Data collected by the **American Community Survey** will help Congress evaluate and modify federal programs and will provide up-to-date information for congressional districts and states, as well as smaller areas, enabling services to be targeted to maximize the impact of available resources at all levels of the government.

The **American Community Survey** will provide a critical new source of data that will allow the Congress to evaluate programs below the state level and determine accountability. When fully implemented, it will collect data in every county, American Indian reservation, Alaskan Native area, and Hawaiian Homelands, as well as Puerto Rico. Because data from the **American Community Survey** will be available every year, Congress can determine change over time and measure the results of federal programs. It means greatly improved annual estimates of population and housing characteristics and how they change over time. The up-to-date estimates from the **American Community Survey** will benefit, for example, welfare reform funding for educationally disadvantaged children and programs for the elderly.

The **American Community Survey** will collect information about income and family structure that is needed to measure poverty and eligibility for benefits, as well as age, marital status, the presence of children, and educational attainment and school enrollment. Age information will allow for better projections about the needs and resources of people who are eligible to enter the retirement system and can help target screening programs for particular health conditions.

American Community Survey data also are being used to help localities meet federal program requirements. Multnomah County, Oregon, is using the data as a source for enrollment forecasts to justify support under various school programs, as well as to assess students in poverty. Another Multnomah group uses the data to determine the number and characteristics of children and families receiving services to develop Head Start Assessment reports.

Because the data released to date are for only 21 county or city test sites, this package provides examples of how local officials are using the **American Community Survey** to inform them about problem areas, target their efforts, and plan strategically for their future.



Enrollment in Public Schools: Portland, Oregon

Local officials in Portland, Oregon, are using population profiles from the **American Community Survey** to better understand how changes in Portland's population might affect future enrollment

in its public schools. These profiles give them a new tool to plan strategically for the future needs, resources, and direction of the school system.

Before the **American Community Survey**, they knew only about the children currently enrolled in the public school system. Planning for the future was difficult because they didn't know about the circumstances of children below kindergarten age, about those enrolled in private schools, or what population groups were moving in and out of Portland. As a result, they could make only rough guesses about how many children

were likely to be in the system in the coming years, which schools would be overcrowded or underutilized, where they

*"We are very concerned in Multnomah County that we invest in early childhood education. We believe a long-term investment makes a real difference. We are working with our federal partners in Head Start and Early Head Start to figure out where we should have the next Head Start program. If we do not know where there are kids who are eligible for Head Start, we cannot make those decisions. Neighborhood profiles from the **American Community Survey** have helped us target these areas."*

Beverly Stein, Chairperson
Multnomah County
Board of County Commissioners
Portland, Oregon

would need teachers and how many, and whether programs were needed for children who speak a language other than English at home.

Officials in Portland weren't sure why, but enrollment in their public schools had been decreasing since the mid-1990s (Figure 1) on average, by about 800 students each year, since 1997. Was it fewer

births, or changes in the types of families

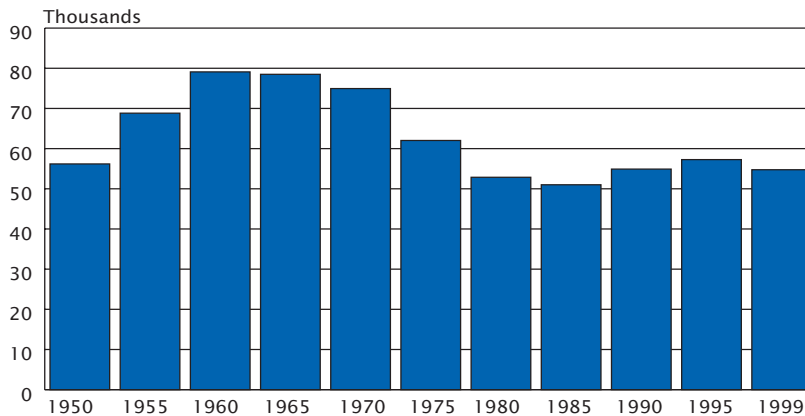
and the ages of people moving in and out of Portland? Were more students attending private schools or choosing home schooling? If the decline was likely to continue, fewer children in public schools raised thorny questions about how to plan strategically for the future. Population changes could affect tax revenues and the

share of the budget the school system might expect. Where should schools be built, or closed, and for what age groups? Which schools were most likely to have children for whom English is a second language? They turned to the **American Community Survey** and their own program records for help.

Fueled by the large number of births during the baby boom, enrollment in Portland's public schools grew rapidly from 1950 to 1965. Fewer babies were born and enrollment declined through the mid-1980s, enjoyed a growth spurt through the mid-1990s, and has declined since.

Figure 1.

**Public School Enrollment in Portland, Oregon:
1950 to 1999**

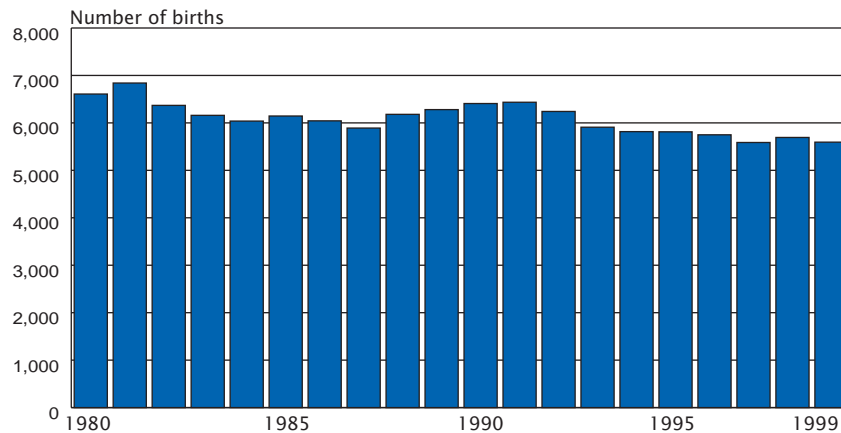


Source: Portland Public Schools, Portland, Oregon, annual October public school enrollments, 1950 to 1999.

Over the past 2 decades, births in Portland peaked at 6,800 in 1981 and then declined to the lowest point in 1997 (5,587 births).

Figure 2.

**Number of Births in the Portland Public Schools Area:
1980 to 1999**



Source: Oregon Health Division, Portland, Oregon, annual October birth record data files, 1980 to 1999.

The **American Community Survey** gave analysts current demographic information to calculate age-specific fertility rates, a more powerful tool for future planning than knowing the number of births. These rates showed that, although more women of childbearing age were living in Portland in the late 1990s than in the 1980s, on average, they were having fewer births per woman in the late 1990s than in the early 1980s.

Analysts also looked at estimates from decennial censuses and the **American Community Survey** of the number of children enrolled in Portland public and private schools. These data showed that, in the age ranges common for grades

1 to 8, since 1950, only about 1 in 10 children were enrolled in private schools. Despite the declining numbers, the proportion enrolled in public schools was consistent—continuing at about 9 in 10.

From these analyses, local officials established that the declining enrollment in the public schools was not because a larger proportion were in private schools or engaged in home schooling. Rather, it was because a decreasing number of children lived in Portland; the result of fewer births and more children moving out of than into Portland.

The next step for strategic planning for the school system is to look at the future.

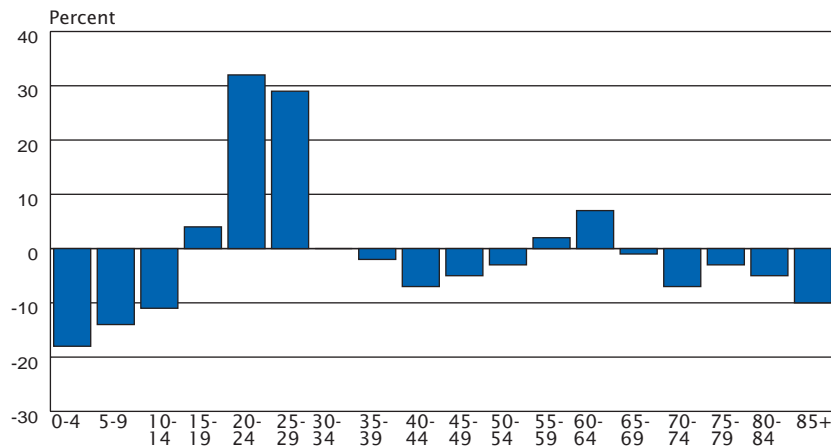
Analysts can use the current demographic distributions from the **American Community Survey** as one factor. And for the first time the **American**

Community Survey gave them critical information about the population moving in and out of Portland.

Figure 3 shows the 5-year net migration rates, that is, the proportion of each age group moving in (positive rates) and out (negative rates) of Portland from 1991 to 1996. The 1996 **American Community Survey** revealed that of the young adults aged 25 to 34 in 1996, roughly 30 percent had moved into Portland's Public School area by 1991. Over the first half of the decade, more teens and young adults moved into Portland than moved out. Children under 15 were more likely to move out of Portland than to move in over that same period. There was also net outmigration of people aged 35 to 54 and 65 years and older in 1991.

Figure 3.

Five-Year Net Migration Rate, by Age in the Portland Public Schools Area: 1991 to 1996



Note: Net migration rates are proportions moving in (or out) of the age category, based on the initial population in 1991. A rate of -0.1, for example, indicates that 10 percent of the initial 5-year age group in 1991 (e.g., the 10- to 14-year old age group) departed the area over the 1991 to 1996 period (in this example, aged 15 to 19 years in 1996). The net migration rate is computed by the "cohort survival" method. Starting with the 1990 population, add births and subtract deaths for each age group through 1996; subtract that from the 1996 population estimate to determine an estimate of net migration for 1991 to 1996.

Source: Barry Edmonston, Population Research Center, Portland State University, Portland, Oregon.

Local officials learned how much Portland's population had changed during the 1990s when they compared the more current population characteristics from the **American Community Survey** with the 1990 census. They learned that new

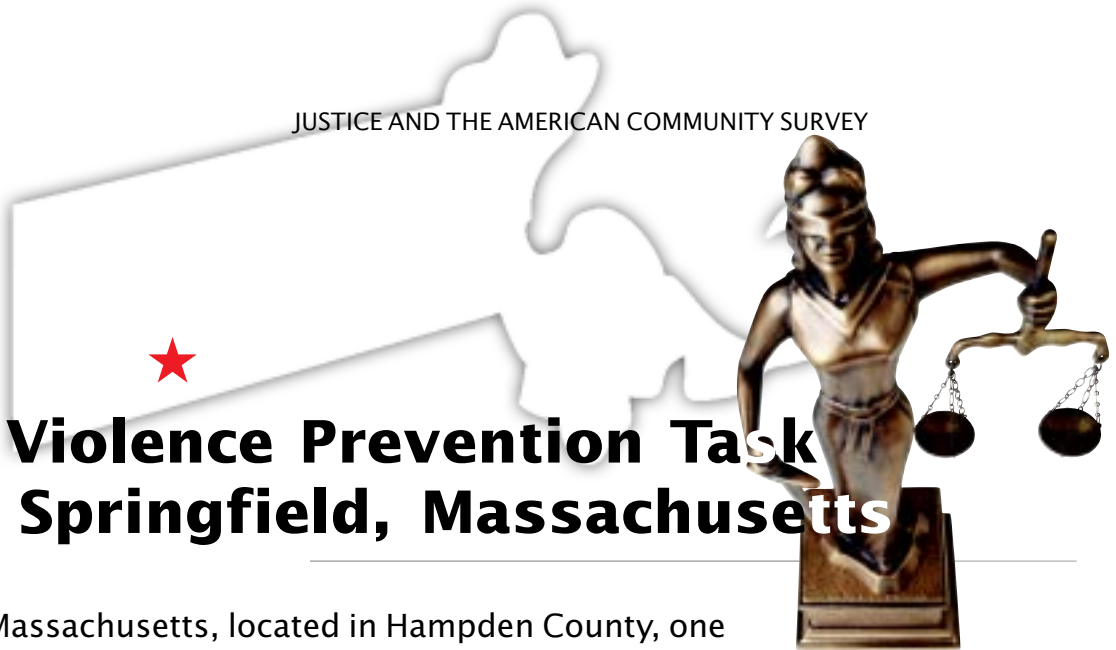
immigrants, particularly from Asia and Latin America, had moved into Portland. The immigrants were family groups with school-age children, and English was a second language for them.

*"Enrollment was dropping in the Portland Public Schools, so the challenge that the **American Community Survey** helped us understand was which grades were going to need teachers and which grades were not. This is important to planning teacher recruitment."*

Dr. Barry Edmonston, *Director*
Population Research Center,
Portland State University
Portland, Oregon

With the information from the **American Community Survey**, school administrators can forecast school enrollment by age groups and have an early warning to expect more children in the school system who will be coming from families where

English is not the primary language. The loss of population aged 35 to 54, a group that on average has higher incomes, may have implications for the future tax base in Portland that the school system can include in its plans as well.



Youth Violence Prevention Task Force: Springfield, Massachusetts

Springfield, Massachusetts, located in Hampden County, one of the **American Community Survey** sites, has a citywide Violence Prevention Task Force. The more than 70 members

include local, state, and federal law enforcement agencies, social service organizations, and community agencies

that serve youth, school systems, businesses, and health-care groups. The task force works in partnership with the Springfield Police Department, the Springfield Planning Department, and the Baystate Medical Center to educate residents about factors that contribute to youth violence, to mobilize groups to act on this information, and to implement public policies to reduce the problems.

Baystate Medical Center uses Geographic Information Systems (GIS) software to

map summarized data from various data sources, including the **American Community Survey**, police records, other

service program records, and information about the location of services such as youth centers and libraries. The maps help the diverse groups working on the problem see beyond their own expertise and look at possible interactions among factors they did not previously consider. It helps them develop priorities for

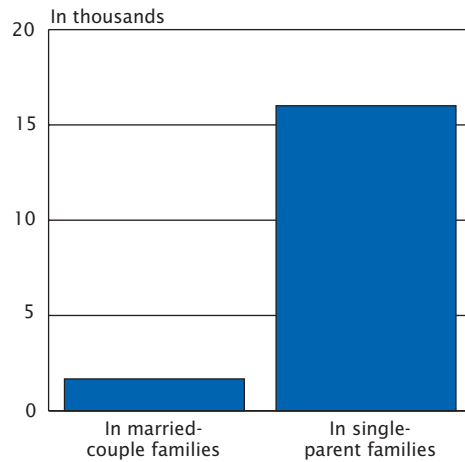
areas that need more attention and services and decide where best to place intervention programs.

*"We used Geographic Information Systems (GIS) software to show the incidence of arrests of youth in 1999 in the police districts of Springfield. Then we layered maps that showed relevant demographic, social, and economic characteristics from the 1999 **American Community Survey** for the area. Such information helps us tailor intervention strategies appropriate to our community's needs."*

Baystate Medical Center
Springfield, Massachusetts

Figure 4.

Poor Children, 6 to 17 Years Old in Hampden County, Massachusetts, by Family Type: 1999



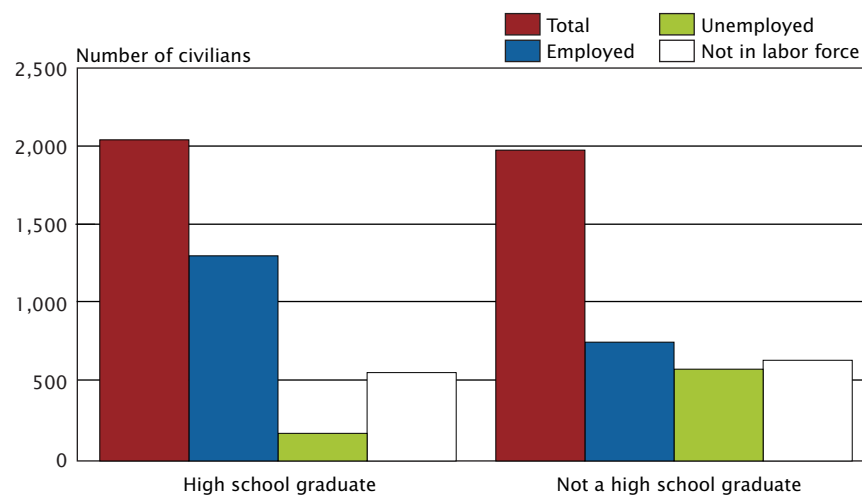
Note: Refers to "related children."
Source: Census Bureau, 1999 American Community Survey, Table P75.

The **American Community Survey** describes the characteristics of poor children.

The demographic, social, and economic characteristics from the **American Community Survey** help the task force choose the services that might be most effective. For example, from the **American Community Survey** they can track changes in poverty status, high school dropout rates, and work patterns among teenagers. Hampden County had nearly 18,000 poor children aged 6 to 17 and 9 in 10 lived in single parent families. The county had about 2,000 civilians aged 16 to 19 who were not enrolled in school and were not high school graduates; about 3 in 5 of these high school dropouts were either unemployed or not in the labor force at all.

Figure 5.

Work Status of Civilians Aged 16 to 19 Years Old, Not Enrolled in School, in Hampden County, Massachusetts: 1999



Source: Census Bureau, 1999 American Community Survey, Table P31.

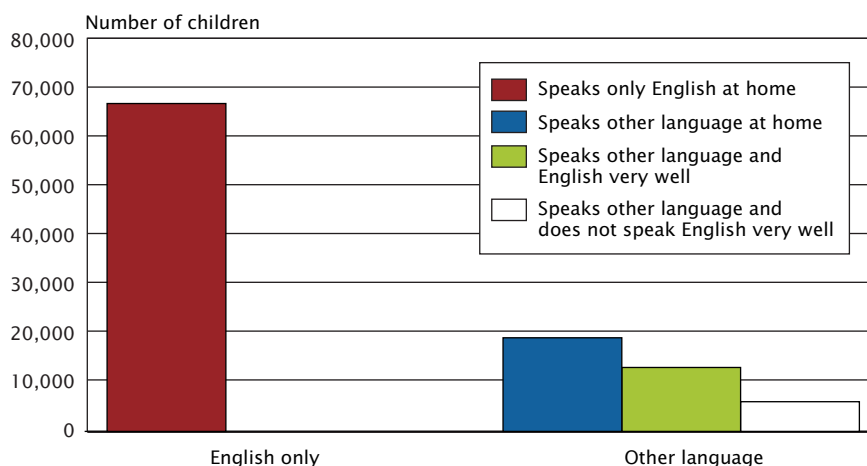
Planners can look at the profiles of the primary languages used in Hampden County and Springfield's homes and determine whether it is cost-effective to develop bilingual educational materials or hire bilingual staff to better communicate with the young people in particular census tracts. The **American Community Survey** showed that about 19,000 children, or more than 1 in 5 (22 percent) children aged 5 to 17 in Hampden County, spoke a

language other than English at home in 1999. Overall, about 2 in 3 (68 percent) children who spoke a language other than English at home reported that they also spoke English very well.

*Information from the **American Community Survey** about the ability of children to speak English provides guidance about the cost-effectiveness of developing bilingual educational materials and hiring bilingual staff.*

Figure 6.

Children 5 to 17 Years Old in Hampden County, Massachusetts, Who Speak a Language Other Than English at Home, by Ability to Speak English: 1999



Source: Census Bureau, 1999 American Community Survey, Table P30.



Breast Cancer Information: Springfield, Massachusetts

Cancer is not only a genetic disease, but also an age-related and lifestyle disease. Officials at the Baystate Medical Center in Springfield, Massachusetts, reason that they may be able to reduce

the prevalence of the disease in the future if high-risk groups are better educated about what behavioral changes they can make to reduce their

risk of cancer. The Baystate Medical Center is using the **American Community Survey** to develop appropriate educational materials and tailor health intervention strategies in the lower-income areas where women who already have late-stage breast cancer are concentrated. They also are using the **American Community Survey** to track changes in the composition of the population

of Springfield's neighborhoods. Such information helps them choose priority areas for mobile mammogram vans to

increase early detection of breast cancer. Information about changes in the social and economic characteristics of areas affect their budget allocation process as well.

We learned from the **1999 American Community Survey** that about 29,000 adults aged 18 to 64 years old in Hampden County (where Springfield is located) speak Spanish at home and about 13,000 do not

*"We are using Geographic Information Systems (GIS) software to map districts of Springfield where women with late-stage breast cancer live. Then, we use the **American Community Survey** and our own program records to map the demographic, social, and economic profiles of the areas where these women are concentrated. We look at characteristics, such as educational levels, poverty status, language, receipt of public assistance, marital status, and age to develop appropriate educational materials and to tailor intervention strategies that fit our community."*

Jessica Schueler, GIS Coordinator
Baystate Medical Center
Springfield, Massachusetts

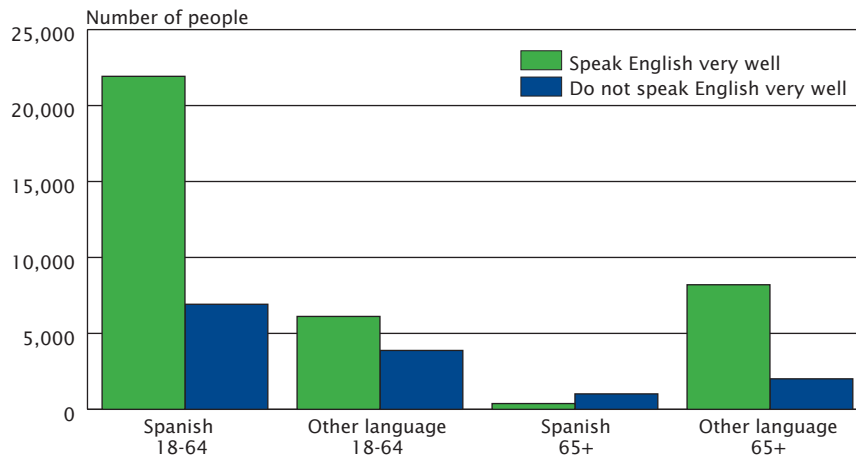
speak English well, or at all. The Baystate Medical Center concluded they should target their efforts in neighborhoods with a concentration of women aged 40 and older who speak Spanish at home. In these neighborhoods, they plan to provide educational materials about breast cancer

in both Spanish and English to communicate most effectively.

In 1999, over 20,000 adults aged 18 to 64 in Hampden County, Massachusetts, who speak Spanish at home, also speak English very well.

Figure 7.

People 18 Years and Older in Hampden County, Massachusetts, Who Speak a Language Other Than English at Home, by Age and Ability to Speak English: 1999



Source: Census Bureau, 1999 American Community Survey, Table P30.



Childhood Diabetes Prevention: Bronx County, New York

The Naomi Berrie Diabetes Center of New York-Presbyterian Hospital plans to use the **American Community Survey** to identify Bronx neighborhoods with demographic characteristics associated with

the risk of type 2 diabetes and obesity among children. Variables of interest include age, income, education, poverty levels, sex, race, and ethnicity. Minority children living in poor, single-parent, female-headed households make up a large proportion of Bronx's population. Once the center has **American Community Survey** demographic profiles of aggregated census tracts in the Bronx, it will be better able to target age-appropriate outreach and prevention programs in the school districts where the risk of diabetes and obesity is higher than average.

Since the only demographic profiles presently available for the Bronx are estimates based on the 1990 census, the center does not have a current source of data for targeting outreach and prevention

services. As a result, the center currently provides prevention services at schools where children were diagnosed with type 2 diabetes or at a school's request. The **American Community Survey** neighborhood profiles will provide the center with a tool to proactively target school districts where children have the highest risk of type 2 diabetes.

These communities will benefit most from prevention and educational programs that help children establish healthy eating and exercise habits early in life, in an effort to prevent diabetes. The **American Community Survey** data will help the center in achieving its goal of preventing health problems before they start.

*“**American Community Survey** data will be extremely beneficial to New York-Presbyterian Hospital for health care planning and resource allocation. Demographic and socioeconomic data, including age, sex, race, education, and income, are closely linked with community health status and the type and quantity of services needed. As a result, health care planners rely on demographic data to develop utilization rates, forecast demand for services, target services for special populations, and appropriately locate facilities. The **American Community Survey** is a flexible survey vehicle that will provide more detailed data on an annual basis, which will assist in targeting and tailoring services for these populations.”*

New York-Presbyterian Hospital

Office of Planning and Program Development
Bronx County, New York

*The map of the Bronx public elementary schools currently shows schools within ZIP Code areas. New York-Presbyterian Hospital will convert these ZIP Code areas to approximate the aggregation of census tracts that represent the planning neighborhoods for the Bronx. The **American Community Survey** data will be reported for these planning neighborhoods.*

Using common geography (ZIP Codes converted to aggregations of census tracts) allows analysis of demographic characteristics associated with the public schools where type 2 juvenile diabetes is likely to be prevalent.

Figure 8.

**Bronx County Public Elementary Schools,
by ZIP Code Areas**



Source: New York City Department of City Planning.



Targeting Medical Services: Bronx County, New York

The Allen Pavilion of the New York-Presbyterian Hospital has worked to provide high-quality health care services since 1988 to the low-income and medically under-served population living in the

neighborhoods of the northwest Bronx, some of the poorest neighborhoods in New York City.

The Allen Pavilion targets its services to meet the needs of this population. Their emphasis is on primary medical care, outpatient services for mothers and their babies, psychiatric care, and emergency services. The extent and complexity of interactions among the health problems of the people living in these neighborhoods requires

strategic planning to decide program priorities and where best to allocate scarce resources. They will use the **American**

Community Survey to learn about changes in the characteristics of the

population that they can use as indicators of issues that will become high priority.

The survey enables them to measure change in many characteristics, such as age and gender distribution of the population, poverty status, employment, educational attainment, the characteristics of single-parent families, high school dropout rates,

whether teenage mothers tend to work or return to school, and whether they tend to live on their own or stay in the homes of their parents.

“American Community Survey data will facilitate the Allen Pavilion’s strategic planning process for the Bronx by providing a source of high quality data for health care planning and resource allocation on an annual basis. Timely data are essential for the Bronx, as it will enable the Allen to more accurately assess community need and tailor culturally and linguistically appropriate services, which will have a greater success rate.”

**New York-Presbyterian
Hospital**

Office of Planning and Program
Bronx County, New York

The Allen Pavilion uses their own information about the groups who use their services. But who is missing? How many people are in need of the types of services they provide? Are they targeting their services in the neighborhoods that are of the greatest need? The **American Community Survey** information also

will allow the Allen Pavilion to develop “utilization rates” to assess current needs for their services and what the future needs are likely to be. Moreover, The **American Community Survey** will help them tailor their services and educational pamphlets so they are appropriate to the culture and languages of most people in the area.



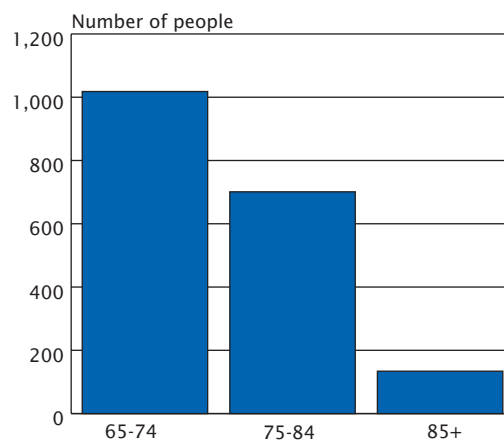
Rural Transportation Needs: Fulton★County, Pennsylvania

The **American Community Survey** has given the Fulton County Partnership a better picture of the transportation needs of the elderly population and ideas about how they can work cooperatively

with Fulton County's Medical Assistance Transportation Program to more effectively meet those needs. They used the survey with additional information provided by Pennsylvania State University's Center for Rural Pennsylvania and Pennsylvania's Four-Year Aging Plan to target their resources efficiently.

Figure 9.

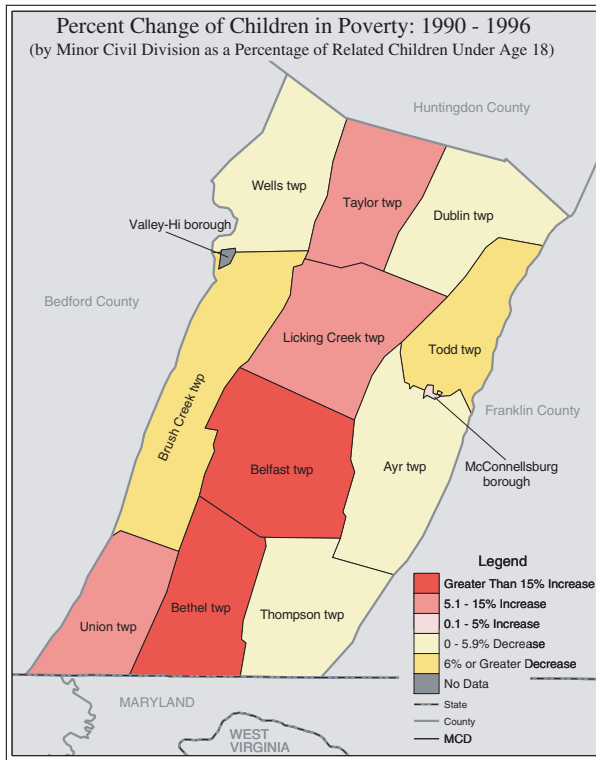
Number of People in Fulton County, Pennsylvania, 65 Years and Older, by Age: 1996



Source: Census Bureau, 1996 *American Community Survey*, Table P9.

The Fulton County Medical Center wanted to provide medical services and reliable transportation to health centers for low-income children, working-age adults, and elderly residents who most need such services. The 1990 census data were old, and officials did not know whether or where there were changes since then in the geographic concentration of these groups. Now the center has information from the **American Community Survey**, such as where the concentrations of poor people changed and what parts of the county have families without automobiles (about 6 percent of households had no vehicle). They can use this information, along with their own program records and information collected by the Center for Rural Pennsylvania, to better target services.

Fulton County's Area Agency on Aging and the Medical Center also use the **American Community Survey** to better understand the needs and resources of its elderly population. The Fulton County Partnership



uses the **American Community Survey** to assess community needs for the county's human services programs.

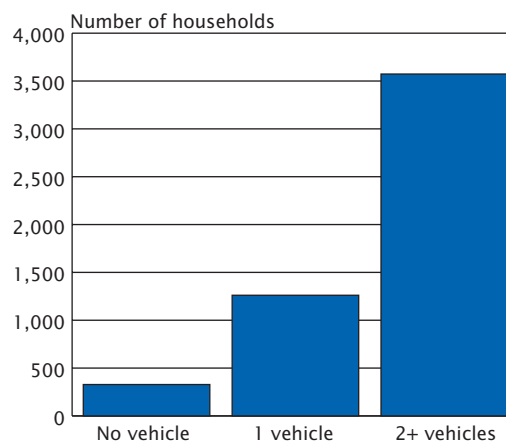
The **American Community Survey** identifies areas of Fulton County where the older population is most concentrated. Knowing how many people are 85 years old and older gives them an idea of current needs for nursing home care. Knowing how many are 65 to 84 years old and the demographic, educational, and economic trends in that age group, along with their own information about the health status of their older population, gives Fulton

*"We can use profiles about our population from the **American Community Survey** to better identify the need for and benefit of a mobile medical van for medically under-served people. It will help us identify the parts of our service areas most in need of a mobile medical van."*

Melissa Randler, Director of Marketing and Business Development
Fulton County Medical Center
Fulton County, Pennsylvania

Figure 10.

Number of Households in Fulton County, Pennsylvania, by Vehicles Available: 1996



Source: Census Bureau, 1996 *American Community Survey*, Table H37.

*“The McConnellsburg Senior Center serves the elderly population of our very rural county. The Senior Center is required to submit three and four year plans to the Pennsylvania Department of Aging and also to the federal government that reflect trends and changes in our aging population. We need the timeliness of the annual **American Community Survey** to validate our forecasts and service plans.”*

Anne Harvey, Deputy
Director Huntingdon
Bedford/Fulton County Area
Agency on Aging
Fulton County, Pennsylvania

*“We use data from the **American Community Survey** when we’re looking at providing adult and aging services—from something as simple as people who might need senior services to something as complicated as planning for their transportation needs. Fulton County is largely a farming community surrounded on all sides by mountains. Transportation is our number one issue.*

*Information from the **American Community Survey** is really beneficial.”*

Jean Snyder, Board President
Fulton County
Partnership, Inc.
Fulton County, Pennsylvania

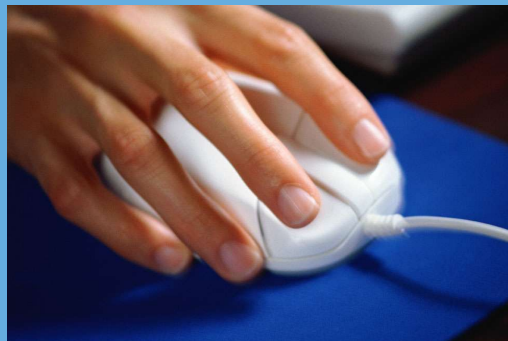
County’s service providers information to plan for the future. For example, it helps them know whether more or fewer nursing home beds are likely to be needed. It helps them judge the relative costs and benefits of in-home care services, such as home-delivered meals, congregate meals, nursing

home care, personal care, domiciliary care, counseling, guardianship, employment and training, protective services, and transportation. With such information, the three service agencies can determine priorities and target resources effectively.

American Community Survey Test Sites

Jefferson County, AR
Pima County, AZ
San Francisco County, CA
Tulare County, CA
Broward County, FL
Upson County, GA
Black Hawk County, IA
Lake County, IL
Miami County, IN
De Soto Parish County, LA
Hampden County, MA
Calvert County, MD
Iron, Reynolds, and Washington Counties, MO
Madison County, MS
Flathead and Lake County, MT
Douglas County, NE
Otero County, NM
Bronx County, NY
Rockland County, NY
Franklin County, OH
Multnomah County, OR
Fulton County, PA
Schuylkill County, PA
Sevier County, TN
Fort Bend and Harris Counties, TX
Starr County, TX
Zapata County, TX
Petersburg County, VA
Yakima County, WA
Oneida and Vilas Counties, WI
Ohio County, WV

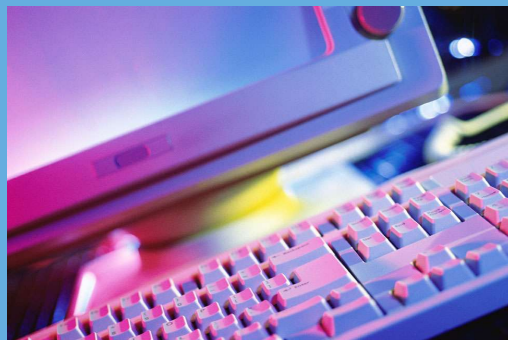
For more information



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