



Community Health Needs Assessment 2012

St. Vincent's Blount Hospital | 150 Gilbreath Drive | Oneonta, Alabama

MISSION | VISION | VALUES

Our Mission, Vision, and Values provide a strong foundation and guidance for the work we do in transforming healthcare in the United States. It serves as a framework that expresses our priorities in responding to the care of those most in need.

Mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Vision

We envision a strong, vibrant Catholic health ministry in the United States which will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for our communities and that responds to the needs of individuals throughout the life cycle. We will expand the role of laity, in both leadership and sponsorship, to ensure a Catholic health ministry of the future.

Values

We share a common vision and are called to act upon the following ideas and beliefs:

- **Service of the Poor** — Generosity of spirit, especially for persons most in need
- **Reverence** — Respect and compassion for the dignity and diversity of life
- **Integrity** — Inspiring trust through personal leadership
- **Wisdom** — Integrating excellence and stewardship
- **Creativity** — Courageous innovation
- **Dedication** — Affirming the hope and joy of our ministry

*Our promise
is to provide
Healthcare That
Works, Healthcare
That is Safe and
Healthcare That
Leaves No One
Behind.*

TABLE OF CONTENTS

Executive Summary

Executive Summary.....	1
------------------------	---

Methodology

Methodology.....	2
------------------	---

Community Description

Geographic Area Defined	3
Demographics	4
Community Resource List.....	7

Comparison Community

Comparison Community	8
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Data Aggregation

Behavioral Risk Factors.....	9
County Health Rankings	14
Community Health Status Indicators.....	15
Surveys/Interviews	16

Results

Findings.....	18
---------------	----

Appendices

Graph 1. U.S. Census – 2011 Population Estimate	19
Graph 2. U. S. Census – Land Area.....	19
Graph 3. U. S. Census – Persons per Square Mile.....	20
Graph 4. U. S. Census – Persons under 18 years.....	20
Graph 5. U. S. Census – Persons 65 years and over	21
Graph 6. U. S. Census – Race	21
Graph 7. U. S. Census – Ethnicity	22
Graph 8. U. S. Census – High School Graduate or Higher	22
Graph 9. U. S. Census – Bachelor’s degree or Higher.....	23
Graph 10. U. S. Census – Median household income	23
Graph 11. U. S. Census – Persons below poverty level.....	24

Executive Summary

The Patient Protection and Affordable Care Act (ACA), signed into law on March 23, 2010, created new requirements for not-for-profit hospitals including a requirement for a Community Health Needs Assessment (CHNA) to be completed every three years. This report was prepared by Alabama Quality Assurance Foundation (AQAF) in conjunction with St. Vincent's Blount Hospital to meet the CHNA requirement for fiscal year 2012-2013. Alabama Quality Assurance Foundation (AQAF) is the Quality Improvement Organization (QIO) for the state of Alabama. AQAF has over three decades of experience in identifying and addressing community health needs.

To prepare this CHNA report, data was gathered from multiple sources in an effort to construct a current and accurate snapshot of the health issues in Blount County, Alabama. Data was obtained from multiple public data bases and opinions were solicited from public health experts, community leaders and patients within the community served by St. Vincent's Blount Hospital. This information was summarized for final consideration by a CHNA team consisting of hospital and system personnel as well as community members. Using rank order balloting, this team prioritized the community health needs as follows:

1. Good Nutrition/Obesity Prevention
2. Diabetes Education
3. Cardiac Health Education
4. Public Transportation
5. Care for the Uninsured

An implementation strategy that will address each of these issues is currently in development. The strategy will seek to leverage valuable partnerships that currently exist, identify novel opportunities for synergy and maximize legacy programs while deploying specific interventions within the community. The outcomes and results of these interventions will be followed and reexamined in preparation for the next CHNA scheduled for completion in Spring 2016.



Methodology

The needs assessment process was initiated by assembling an internal team responsible for shepherding the entire project. The internal team was comprised of representatives from hospital management, nursing services, patient services, the community and AQA. This team met initially to review the requirements of the Community Health Needs Assessment as established by the Affordable Care Act and further defined by IRS Notice 2011-52 and to establish the roles and responsibilities for the team members. These decisions were memorialized in a project plan and incorporated into a project dashboard. A secure, web-based portal was established to provide reliable communication among the team members and ready access to the project plan and dashboard. With the infrastructure created and the purpose and scope of the project identified, the team set about its primary task of gathering data.

The first step in the data gathering process was to obtain several de-identified data sets from the hospital. The initial task was to obtain zip code specific discharges for up to three years. These data were then analyzed to compile zip code maps defining the hospital's service area. Additional data were requested from the hospital including admission data stratified by age, race, ethnicity and payer mix and discharge diagnoses. With the service area of the hospital determined, a best fit county was selected for data collection from secondary (public) sources and for the purposes of comparison. Secondary sources utilized for this report include:

- Behavioral Risk Factor Surveillance Survey
- Youth Risk Factor Behavior Surveillance Survey
- Alabama Department of Public Health, Center for Health Statistics
- Alabama Department of Public Health, Immunization Division
- Alabama Department of Public Health, Cancer Registry
- U.S. Census Bureau
- U.S. Bureau of Labor Statistics
- County Health Rankings and Roadmaps
- Community Health Status Indicators

The second step was to gather information from various representatives of the community. The elements of this step required answers to the following questions:

- Who would provide input?
- What questions would be asked?
- What format would be utilized?

The CHNA team met to establish a list of key informants that included individuals with public health expertise, state and local officials, community leaders and patients. The CHNA team also developed a consistent list of health issues that would be used to query the key informants. These issues were established with a private ballot after an open discussion. The ballot contained 42 high-priority health issues identified as Healthy People 2020 Health Indicators. The participants were instructed to select up to 20 of the issues that they felt were of significance in their community. A frequency calculation was used to establish the topic areas of concern for that community. These topic areas were then used to

develop a survey that was distributed to the key informants via Survey Monkey. The topic areas were also used to create a survey that was distributed to several patient groups and to inform the face to face interviews held with the public health experts. The results of these surveys and interviews were then compiled.

Distillation of these data into a prioritized list was the final step of the Community Health Needs Assessment. The CHNA coalition committee (the CHNA team plus multiple community members) met to complete this final task. AQAF staff presented the data collected. The coalition committee members then completed a private, rank ordered ballot identifying the most significant health care priorities for the community. A frequency weighted, Borda type tabulation was then used to arrive at the final prioritized list. The information presented to the CHNA coalition committee and the final prioritized list of care needs is summarized in this report.

Community Description

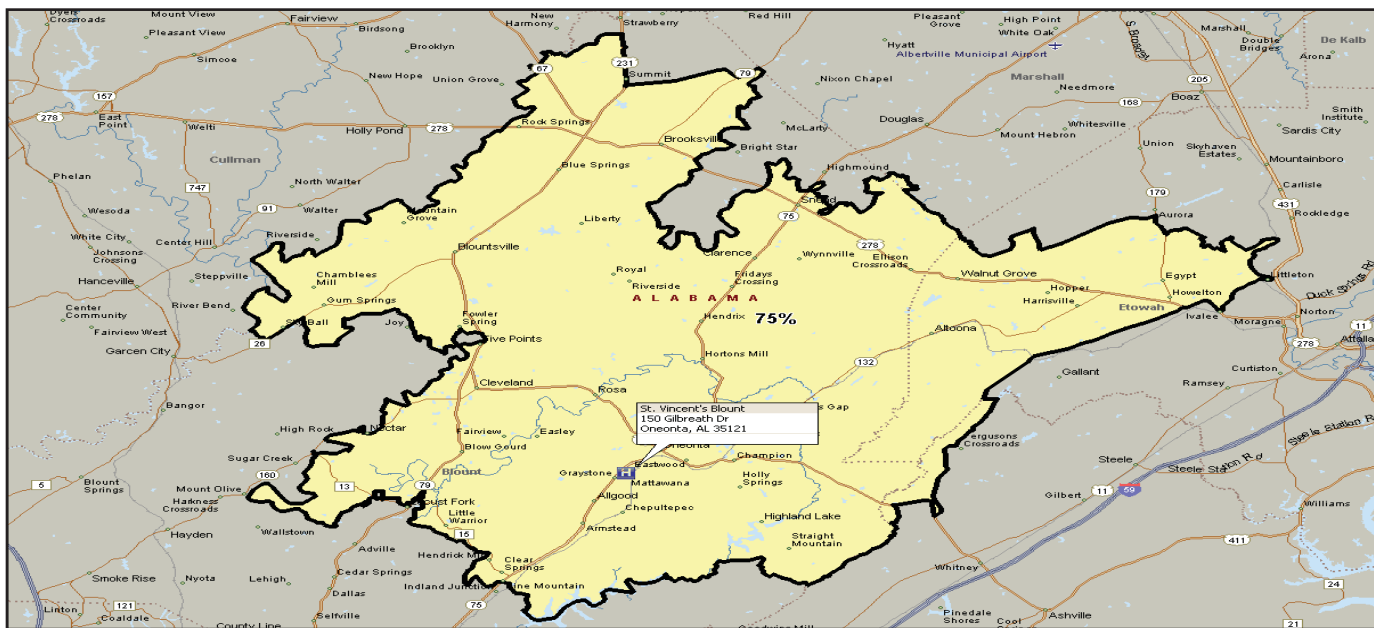
Geographic Area Defined

For the purpose of this report, the St. Vincent’s Blount community is defined as the 8 zip codes covering Blount County, Alabama. These contain 75% of the hospital’s inpatient discharges and include 35013, 35031, 35049, 35079, 35097, 35121, 35133, and 35172.

The county has a total area of 645 square miles of which 645.59 square miles is land and 5.02 square miles is water. (Graph 2)

Oneonta is the county seat for Blount County. There are six adjacent counties; Etowah County, Alabama - northwest, St Clair County, Alabama – southeast, Walker County, Alabama -southwest, Jefferson County, Alabama - south and Cullman County, Alabama-west & northwest.

Illustration 1. St. Vincent’s Blount Hospital’s Service Area



Demographics

Population

According to the U. S. Census Bureau, the most recent population estimate for Blount County is 57,677. (Graph 1, Graph 3, Graph 4, and Graph 5) The county experienced population growth from the previous year of 0.6%. The dominant language is English, with 6.8% speaking another language in the home.

Race/Ethnicity

The population of Blount County is 96.1% white, 1.9% black and 2% other. (Graph 6) The U.S. Census Bureau considers Hispanic/Latino heritage as an ethnicity and not a race. Of Blount County residents responding to the most recent census, 8.6% consider themselves to be of Hispanic/Latino origin. (Graph 7) Persons of Hispanics/Latino origin may be of any race, and are included in the applicable race categories above. The Hispanic/Latino population of Blount County is more than twice the state average of 4%. One out of 4 school age children in Blount County are considered Hispanic/Latino.

Education

There are over 8,000 students in the Blount County Public School System. The system includes one unit school K-12, seven elementary schools, one middle school and five high schools. The system also has one multi needs school and one technical/vocational school. Students in the city of Oneonta are served by two schools, one K-6 and one 7-12. Of the county's residents, 73.2% graduate from High School and 11.3% hold a Bachelor's degree or higher. Blount County's illiteracy rate is 13.9%. (Graph 8 and Graph 9)

Employment

The Per Capita Income is \$21,185, Median Family Income is \$45,404 and the percentage of residents living below the poverty level is 13.7%. (Graph 10 and Graph 11) Fifty-four percent are employed with 9.1% unemployed and less than 1% is in the Armed Forces.

The largest percentages of females within the community are employed in healthcare and educational services, while male's highest categories include manufacturing and construction.

Largest employers in Blount County are:

1. Blount County Board of Education
2. Tyson Foods, Inc
3. Wal-Mart
4. St Vincent's Blount

The median earning income for a male is \$41,947 and a female is \$30,084. Food stamps and Supplement Nutrition Assistance Program (SNAP) benefits over the last 12 months have been used by 11.3% of the population.

Health Care

Blount County is currently designated as a Medically Underserved Area/Population (MUA/P) according to criteria developed by the Department of Health and Human Services. These criteria include infant mortality, population living below the poverty line, population over the age of 65 and access to primary care physicians. Blount County is also considered a Health Professional Shortage Area (HPSA) in all three areas - Primary Medical Care, Dental and Mental Health Care.

St. Vincent's Blount is the only hospital in the county, and is located at 150 Gilbreath Drive Oneonta, Alabama. St. Vincent's Blount is one of the newest healthcare facilities in the state, having been built in 1999.

St Vincent's Blount provides basic, primary care through inpatient care, ancillary services, clinics and specialty clinics to residents of a rural area. Hospital inpatient and outpatient services include:

- 40 inpatient beds- 6 Intensive Care
- Same Day Surgery
- 24-hour Emergency Department (15,000 visits per year)
- Multi-Specialty Outpatient Clinic with specialists in Audiology, Cardiology, ENT/Otolaryngology, Family Medicine, Gastroenterology, General Surgery, Gynecology, Internal Medicine, Ophthalmology, Orthopaedics, Nephrology, Pediatrics, Pathology, Radiology, and Urology
- Gastrointestinal Lab
- Radiology Services, including CT Scanning, advanced diagnostic imaging, certified mammography, ultrasound and nuclear medicine
- Clinical Laboratory and Pathology
- Intensive Care for cardiac, medical and surgical patients
- Dialysis Center
- Physical Therapy Department
- Sports Medicine
- Primary Care Clinic St. Vincent's, Oneonta
- Primary Care Clinic St. Vincent's, Locust Fork
- Primary Care Clinic St. Vincent's, Cleveland

The nearest medical centers are located:

Birmingham - 30 miles

Gadsden – 40 miles

Cullman – 41 miles

Huntsville – 66 miles

Additional Health Care Resources include:

- Blount County Health Care Authority – County Health Department
- Blount County Quality Health Care – Federally Qualified Health Center
- Baptist Health Center Clinic, Oneonta
- Hope House – Free clinic for uninsured persons
- Long-term Care and Assisted Living Facilities – 7 in the county



Patient data for St. Vincent's Blount Hospital for FY 2012 are detailed below and includes principal discharge diagnoses , payor source, inpatient demographics, and discharge disposition.

Inpatient FY2012		
Principal Diagnosis	Cases	%
Pneumonia	107	8.60%
Bronchitis	75	6.03%
Urinary Tract Infection	69	5.55%
Asthma	38	3.05%
Vascular Access Device	32	2.57%
Gastroenteritis	28	2.25%
Syncopal Episode	27	2.17%
Atrial Fibrillation	27	2.17%
Renal Failure	20	1.61%
Cerebral Artery Occlusion	18	1.45%
Chest Pain	18	1.45%
Chest Pain (other)	18	1.45%
Dehydration	18	1.45%
Pancreatitis	18	1.45%
Top 10 Total	513	41.24%
Grand Total	1,244	100%

Outpatient FY2012		
Principal Diagnosis	Cases	%
Hypertension	2154	5.91%
Mammogram	960	2.64%
Hyperlipidemia	945	2.59%
Atrial Fibrillation	931	2.56%
Urinary Tract Infection	907	2.49%
Diabetes	673	1.85%
Abdominal Pain	668	1.83%
Low Back Pain	542	1.49%
Chest Pain	520	1.43%
Migraine	494	1.36%
Top 10 Total	8794	24.14%
Grand Total	36,424	100.00%

Inpatient Payor Source FY2012		
	Cases	%
Insured	493	39.63%
Medicare	353	28.38%
Dual Eligible	158	12.70%
Medicaid	135	10.85%
All Kids	2	0.16%
Non-Insured	103	8.28%
Inpatient Total	1,244	100.00%

Outpatient Payor Source FY2012		
	Cases	%
Insured	16672	45.77%
Medicare	7326	20.11%
Medicaid	5555	15.25%
Dual Eligible	1952	5.36%
All Kids	379	1.04%
Non-Insured	4540	12.46%
Outpatient Total	36,424	100.00%

Race Distribution FY2012

	%
White/Caucasian	95.97%
African-American	2.27%
Asian	0.03%
American Indian/Alaskan	0.05%
Other	0.44%
Pt. Declined	0.02%
Unknown	1.22%

Age Distribution FY 2012

	%
18-24	6.11%
25-34	9.45%
35-44	12.17%
45-54	15.28%
55-65	16.02%
65-69	10.27%
70 Years & Older	30.70%

Inpatient Discharge Disposition FY2012

	Cases	%
HOME, SELF-CARE	647	52.01%
SKILLED NURSING FACILITY	212	17.04%
HOME HEALTH SERVICE	173	13.91%
SHORT-TERM HOSPITAL	112	9.00%
EXPIRED	27	2.17%
LONG TERM CARE	16	1.29%
PSYCHIATRIC FACILITY	13	1.05%
AGAINST MEDICAL ADVICE	12	0.96%
HOSPICE, HOME	11	0.88%
HOSPICE, MEDICAL	8	0.64%
INTERMEDIATE CARE	6	0.48%
OTHER REHAB	4	0.32%
TO A CRITICAL ACCESS	2	0.16%
TO COURT/LAW ENFORCEMENT	1	0.08%
Grand Total	1,244	100.00%

Community Resource List

- Alabama Life Saver - medical helicopter service
- Blount County ARC Disabilities Services
- Blount County Chamber of Commerce
- Blount County Court House
- Blount County Family and Children’s Services
- Blount County Fire and EMS Association (22 county wide)
- Blount County Senior Citizens Center

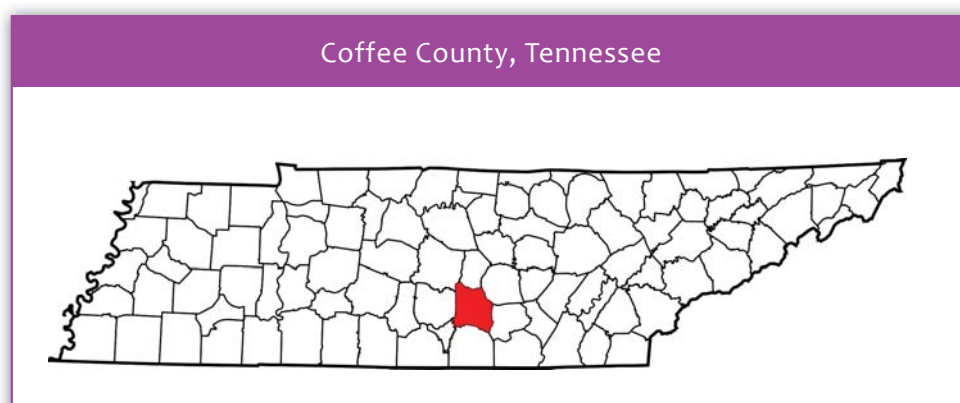
- Churches (150)
- Enhanced 911
- Farmers Market
- Public Libraries (2)
- Public Transportation
- Sheriff’s offices (6)

COMPARISON COMMUNITY

Comparison Community – Coffee County, Tennessee

In an effort to measure how the St. Vincent’s Blount community compared to a peer county, the Department of Health & Human Services 2009 Community Health Status Indicators (CHSI) report was utilized. CHSI uses population size, poverty level, age distribution, population density and other demographic data to establish comparison communities across the United States. Of the 39 counties considered to be peer counties to Blount County, Coffee County, Tennessee was selected for this CHNA based on its’ similar location in the southeastern section of the United States.

Illustration 2. Blount County, Alabama and comparison Coffee County, Tennessee



Comparison Demographics

	Blount County, Alabama	Coffee County, TN
Population (Graph 1)	57,677	53,016
Density (per square mile) (Graph 2 and Graph 3)	89	123
Poverty Level (% below)	13.1%	17.1%
Age Distribution (Graph 4 and Graph 5)	Under 18 (24.4%) 19 to 64 (60.1%) 65 and older (15%)	Under 18 (24%) 19 to 64 (58.8%) 65 and older (16%)
Race	White (96.1%) Black (1.9%) Other (2%)	White (93.1%) Black (3.9%) Other (3.8%)
Hispanic or Latino Origin	8.6% (4.0% state average)	3.9%
High School Graduates	73.2%	81.8%
Bachelor's Degree or Higher	11.3%	19.1%
Median Household Income	\$45,404	\$39,268

DATA AGGREGATION

Data from primary and secondary sources were analyzed. Secondary source data were aggregated at the smallest unit available - the county. Secondary data reports and other resources were carefully reviewed for this CHNA in order to provide points of comparison for the information and opinions gathered through the primary information collection process. Information from primary sources was obtained via electronic surveys, face-to-face surveys and phone and in-person interviews.

Behavioral Risk Factors

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.

Table 1. Health Risk Factors – Cardiovascular Disease identified with BRFSS data

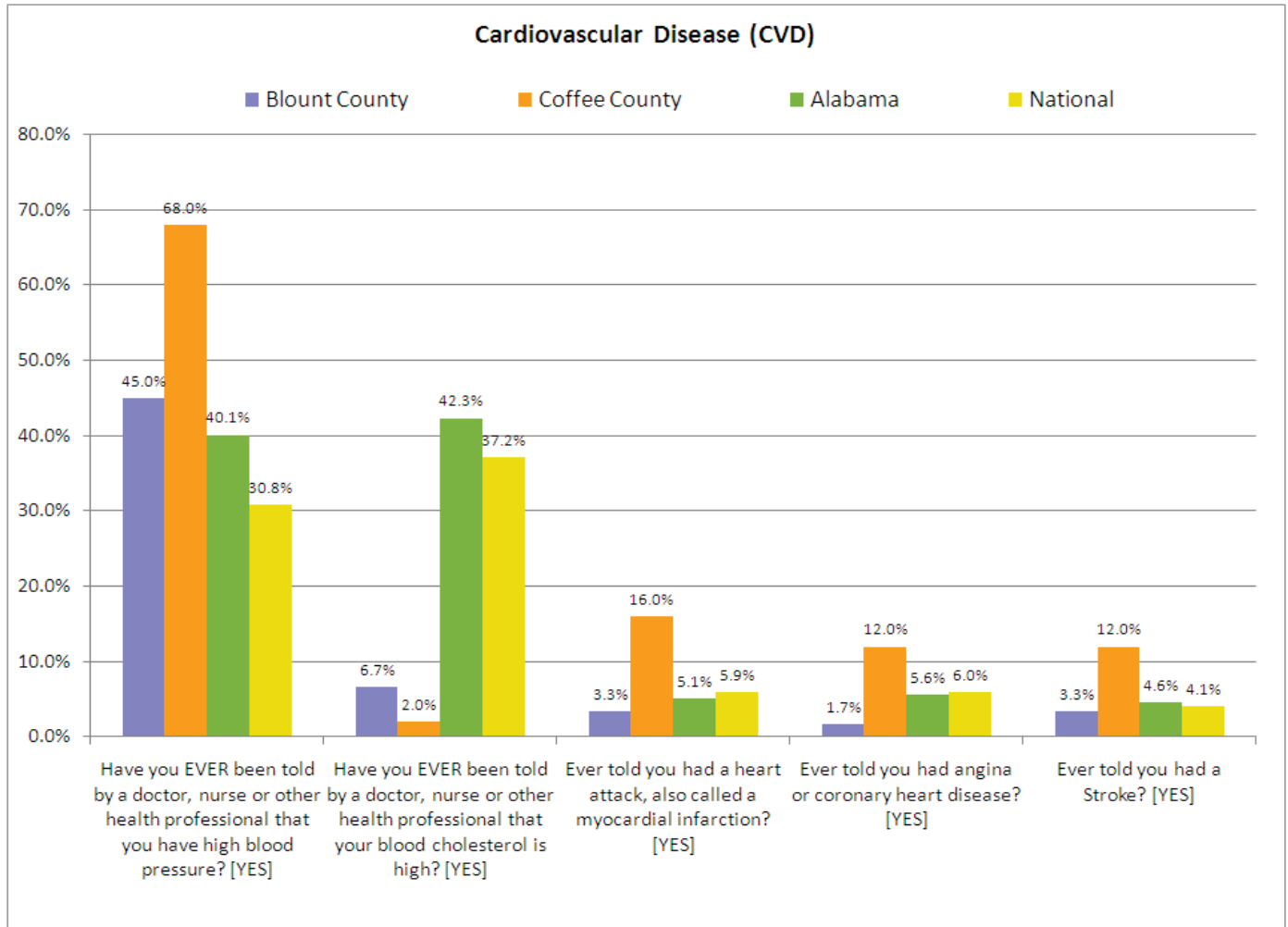


Table 2. Health Risk Factors – Chronic Conditions identified with BRFSS data

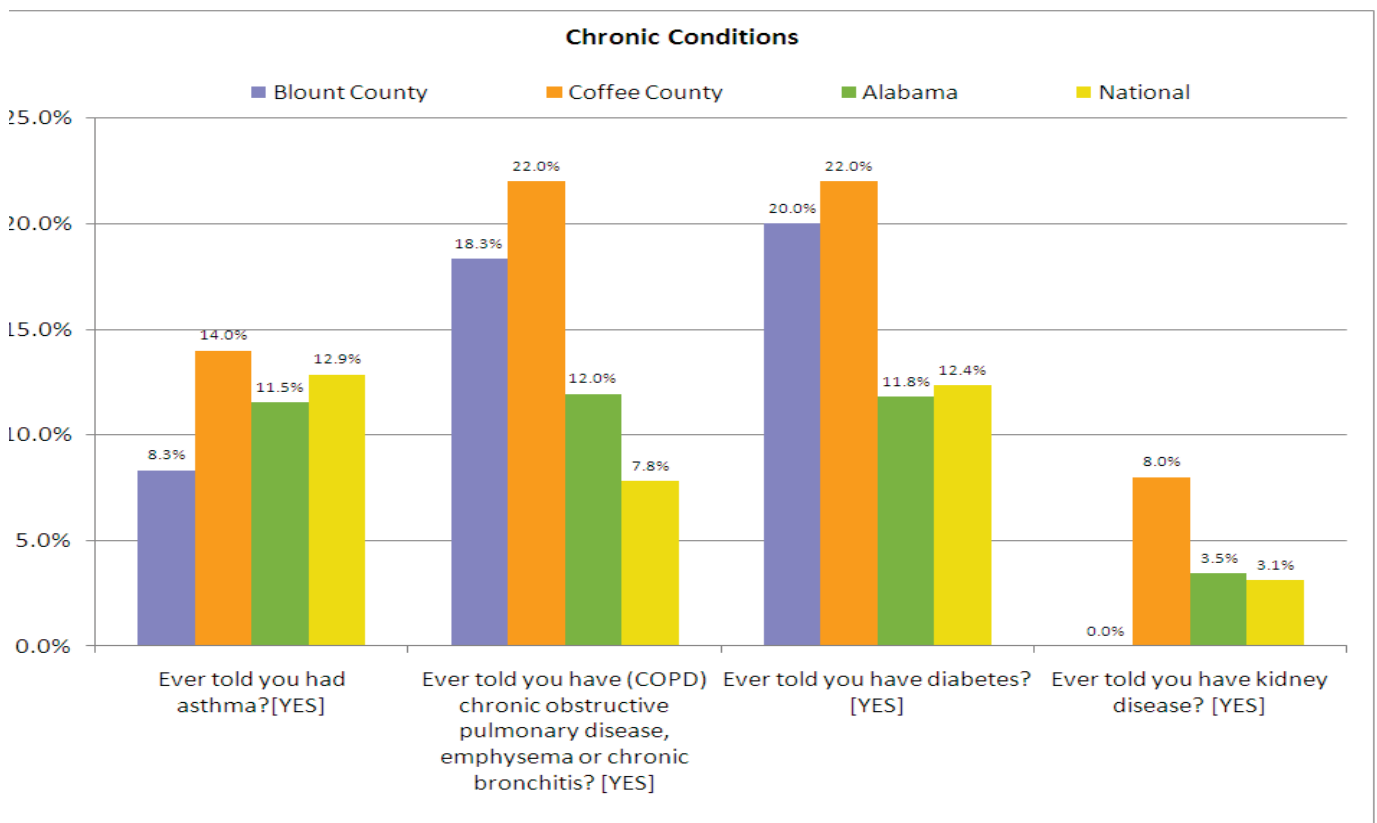


Table 3. Health Risk Factors – Cancer identified with BRFSS data

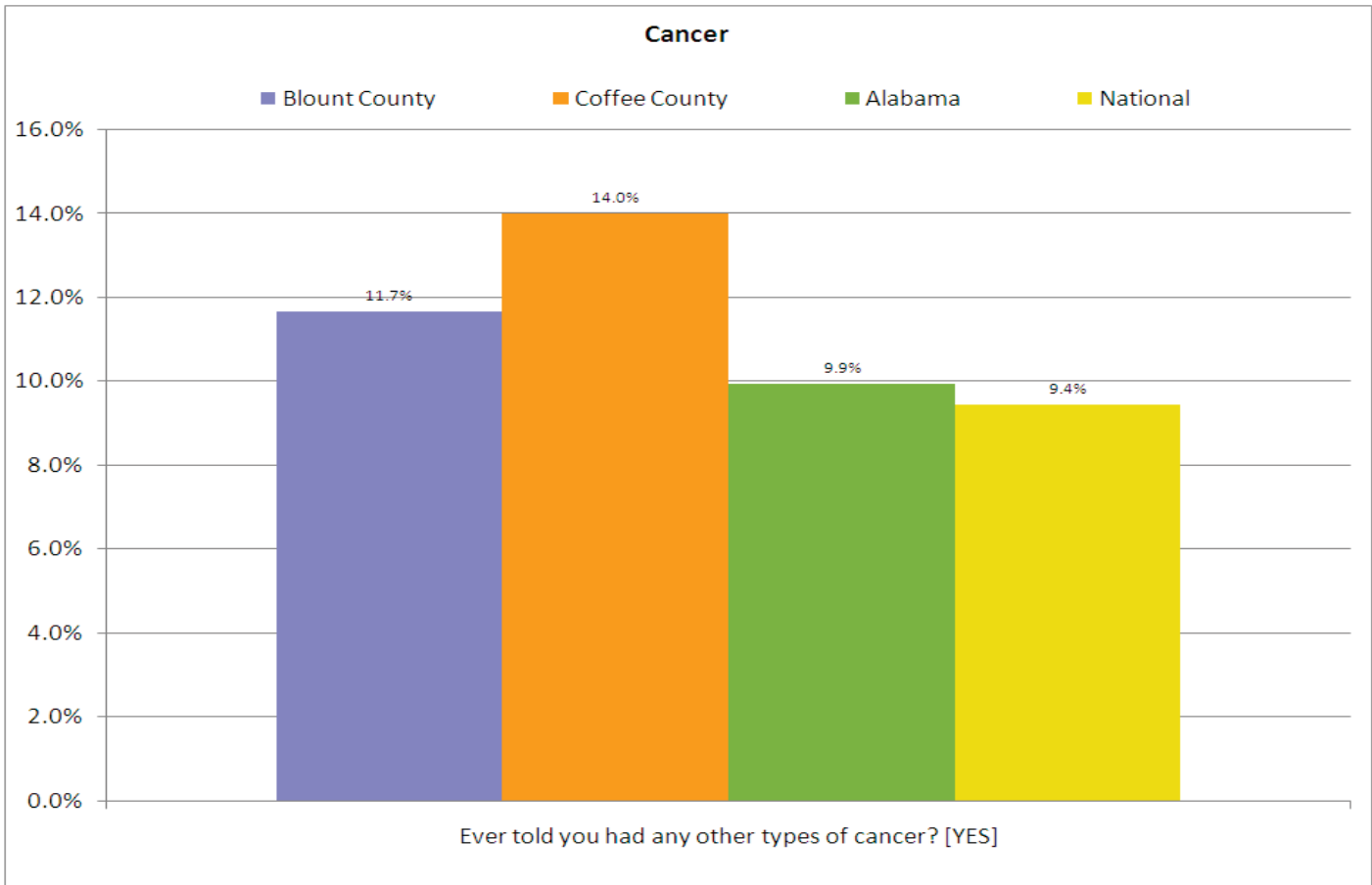


Table 4. Health Risk Factors – Mental Health identified with BRFSS data

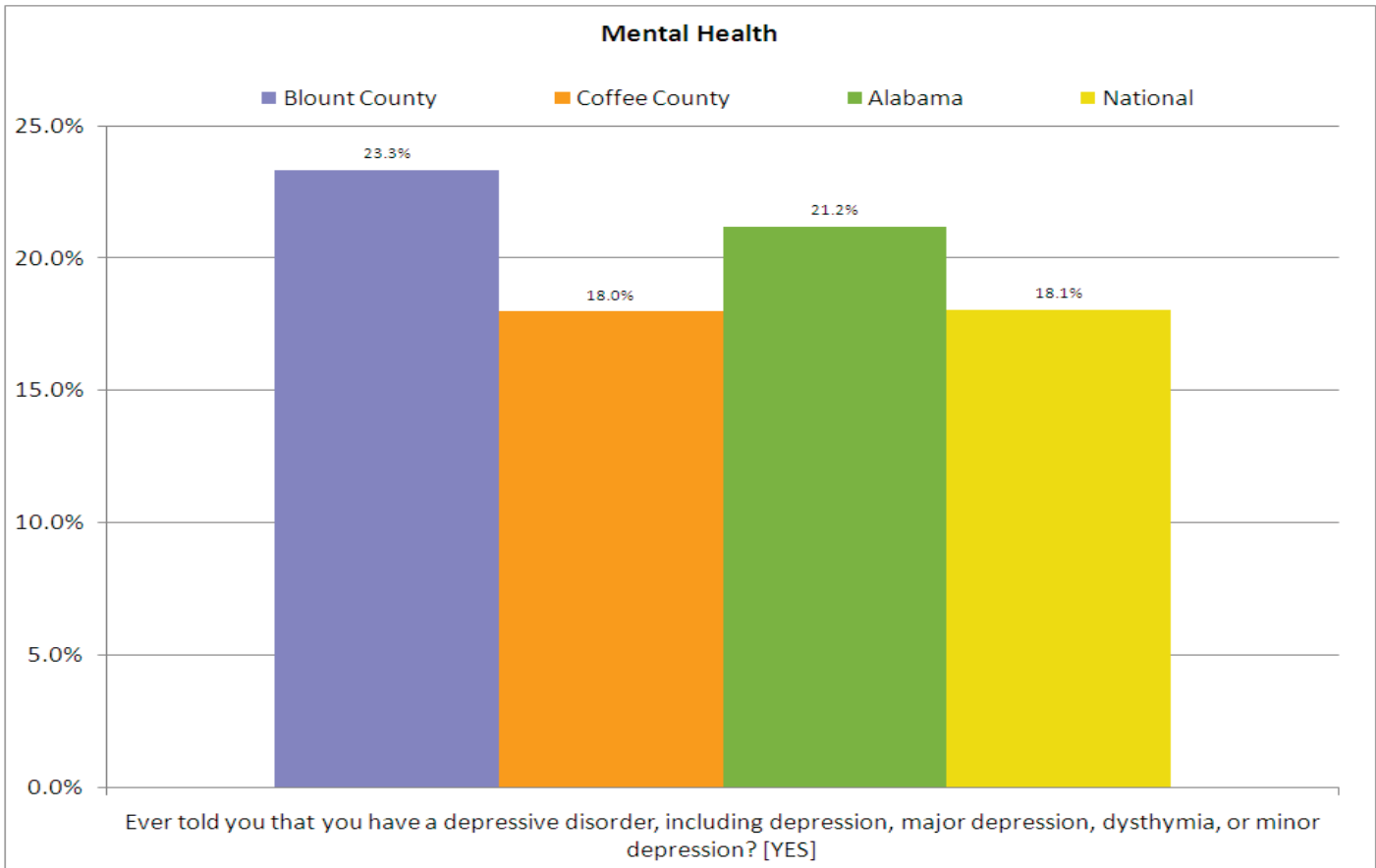


Table 5. Health Risk Factors – Behavioral issues identified with BRFSS data

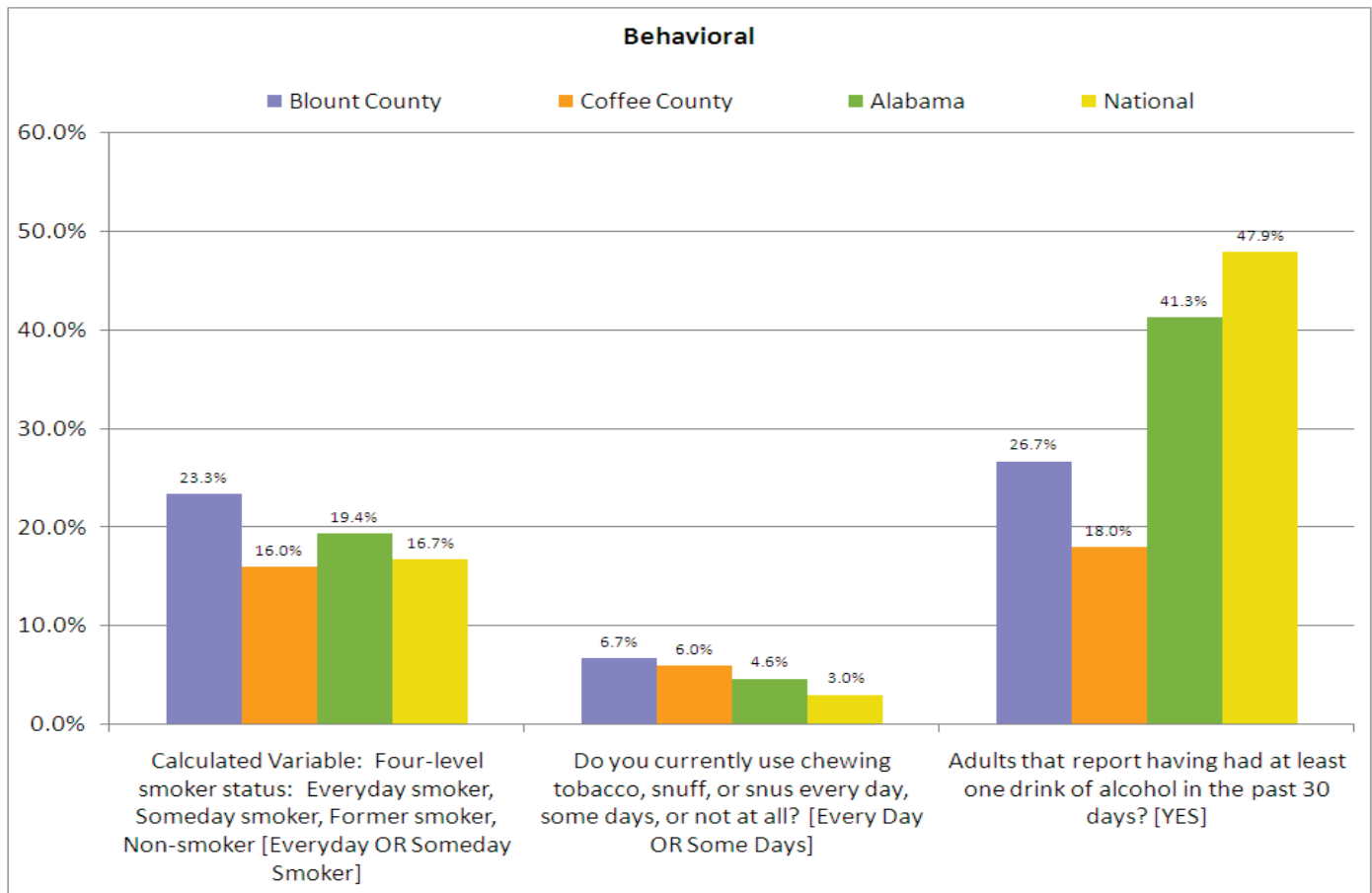


Table 6. Health Risk Factors – Obesity identified with BRFSS data

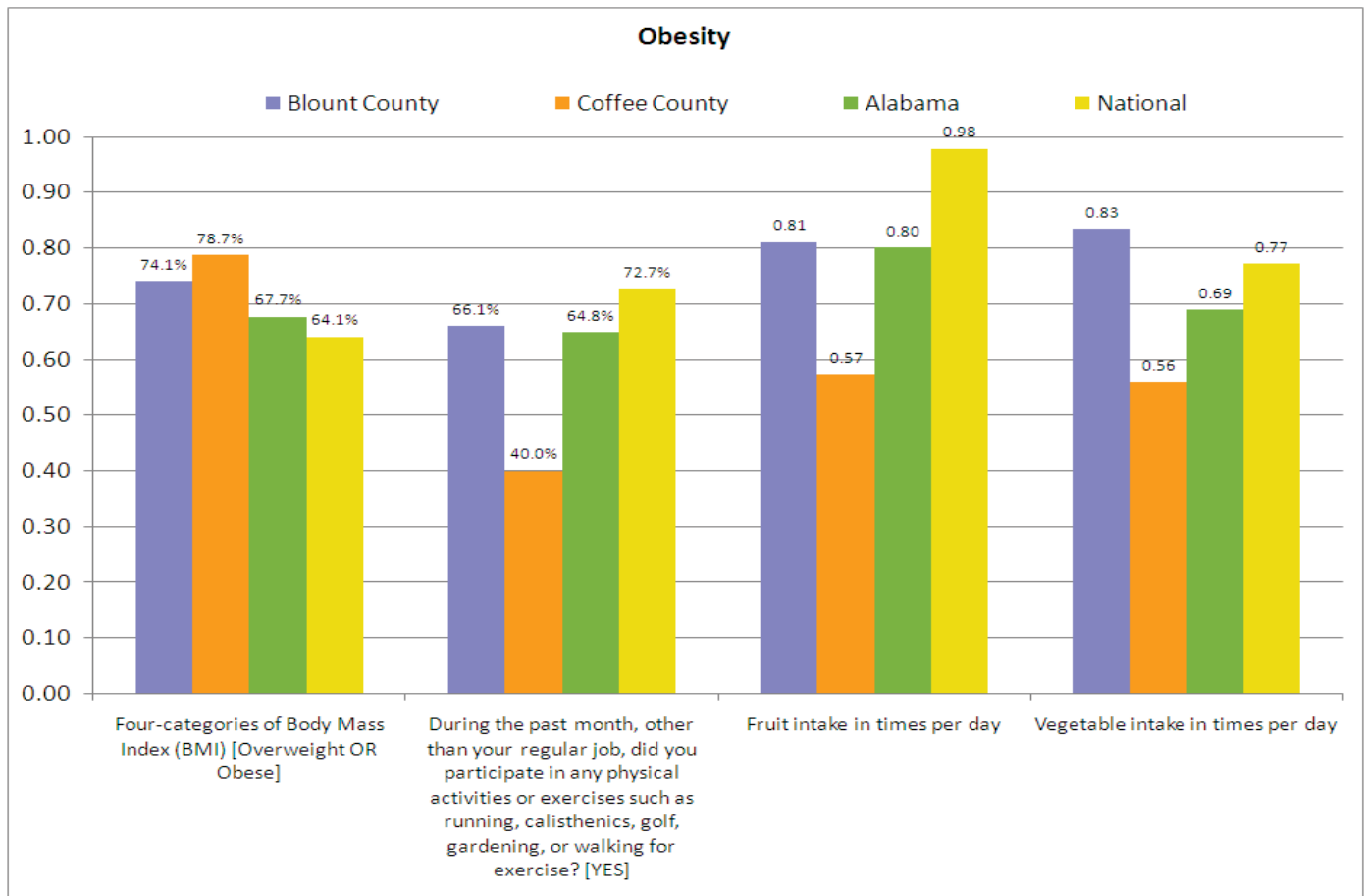
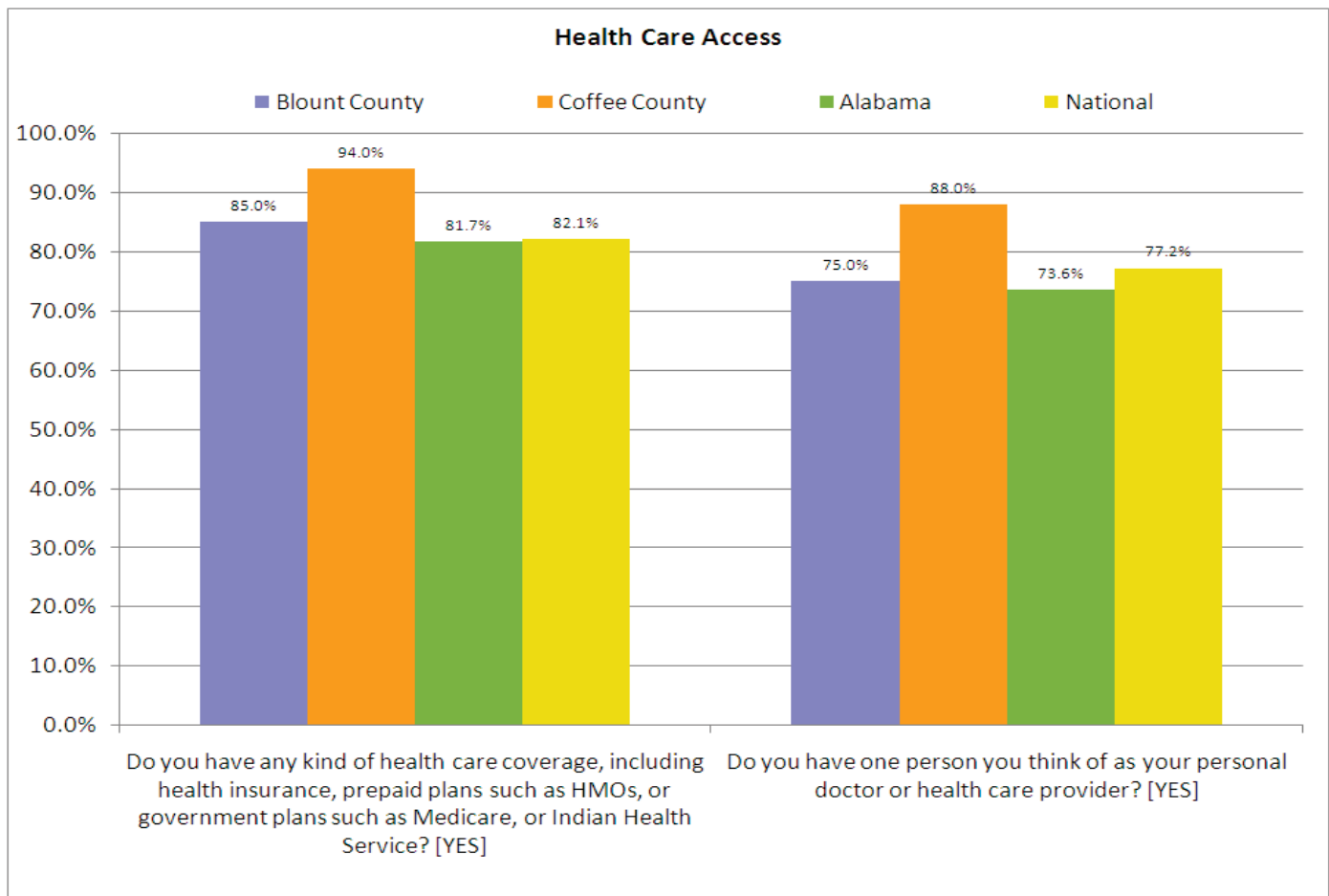


Table 7. Health Care Access identified with BRFSS data



County Health Rankings

Secondary data available for Blount County and all counties in the nation are available at www.countyhealthranking.org. This annually updated site establishes a benchmark using Health Outcomes and Health Factors. The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) project. MATCH is the collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings identify the multiple health factors that determine a county’s health status. Each county receives a summary rank for its health outcomes and health factors - the four types of health factors include: health behaviors, clinical care, social and economic factors and the physical environment.

Table 8. County Health Rankings March 2013

**County Health Rankings
Health Outcomes and Factors**

	B l o u n t County	C o f f e e County	Alabama	N a t i o n a l Benchmark
Mortality				
Premature death	8,506	9,543	9,609	5,317
Health Behaviors				
Adult smoking	22%	25%	23%	13%
Adult obesity	32%	33%	33%	25%
Physical inactivity	36%	27%	31%	21%
Excessive drinking	5%	9%	12%	7%
Motor vehicle crash death rate	28	25	0.23	0.1
Sexually transmitted infections	113	256	562	92
Low birthweight	7.60%	7.70%	10.40%	6.00%
Teen birth rate	49	60	49	21
Clinical Care				
Uninsured	19%	17%	17%	11%
Primary care physicians	4,782:1	1,320:1	1,641:1	1,067:1
Dentists	5,261:1	1,270:1	2,488:1	1,516:1
Preventable hospital stays	95	113	80	47
Diabetic screening	84%	83%	84%	90%
Mammography screening	66%	59%	65%	73%
Social & Economic Factors				
High school graduation	81%	85%	72%	
Unemployment	8.30%	9.30%	9.00%	5.00%
Children in poverty	22%	29%	28%	14%
Children in single-parent households	26%	34%	37%	20%
Violent crime rate	102	540	427	66
Physical Environment				
Daily fine particulate matter	13	14	12.9	8.8
Access to recreational facilities	5	6	7	16
Limited access to healthy foods	1%	6%	8%	1%

Community Health Status Indicators

Community Health Status Indicators (CHSI) provides data on over 200 key health indicators for each of the 3,141 United States counties. The data are provided to assist community leaders and public health professionals as they identify, compare and address the most pressing issues for their community.

Table 9. Infant Mortality and Low Birth Weight

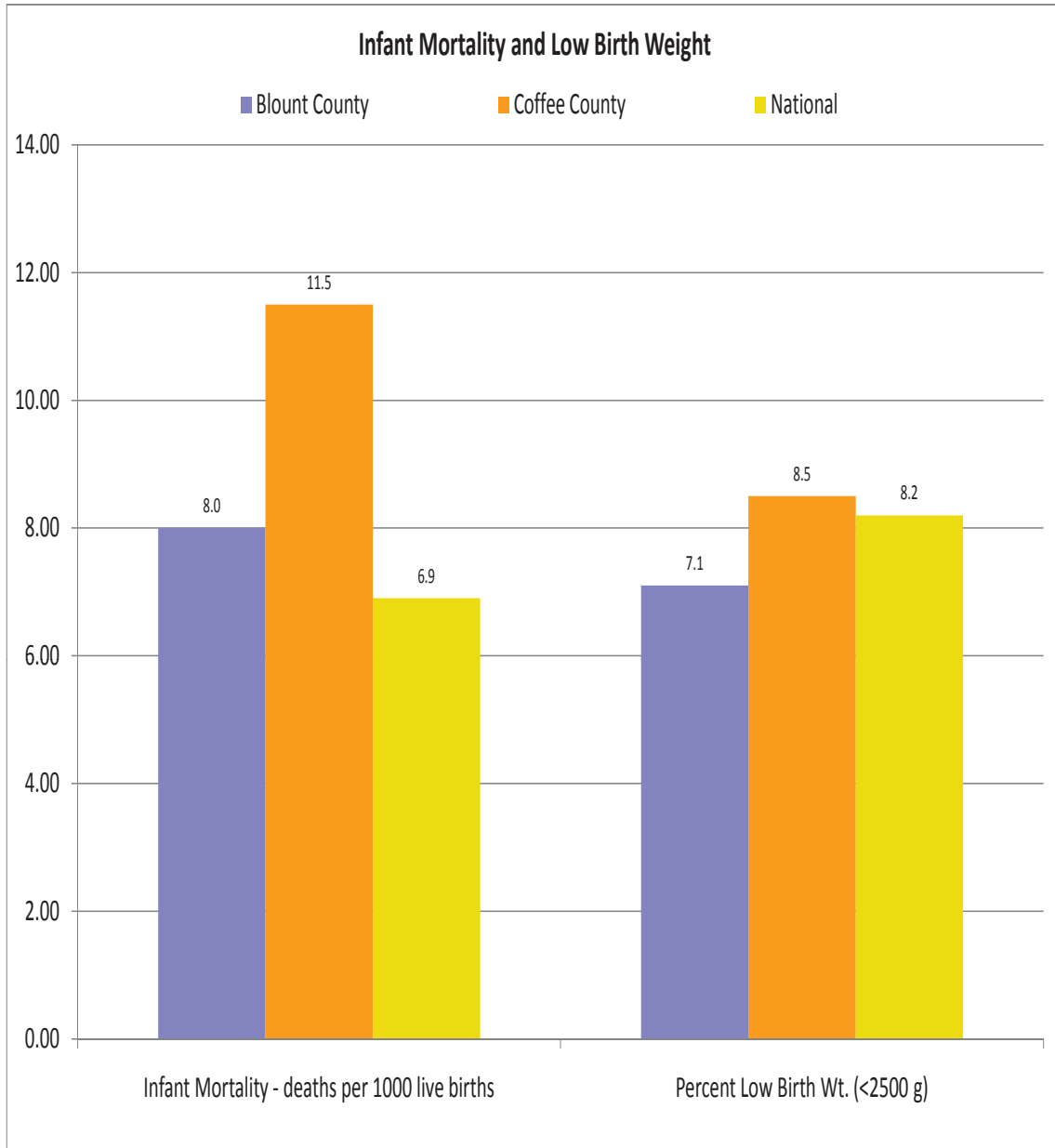
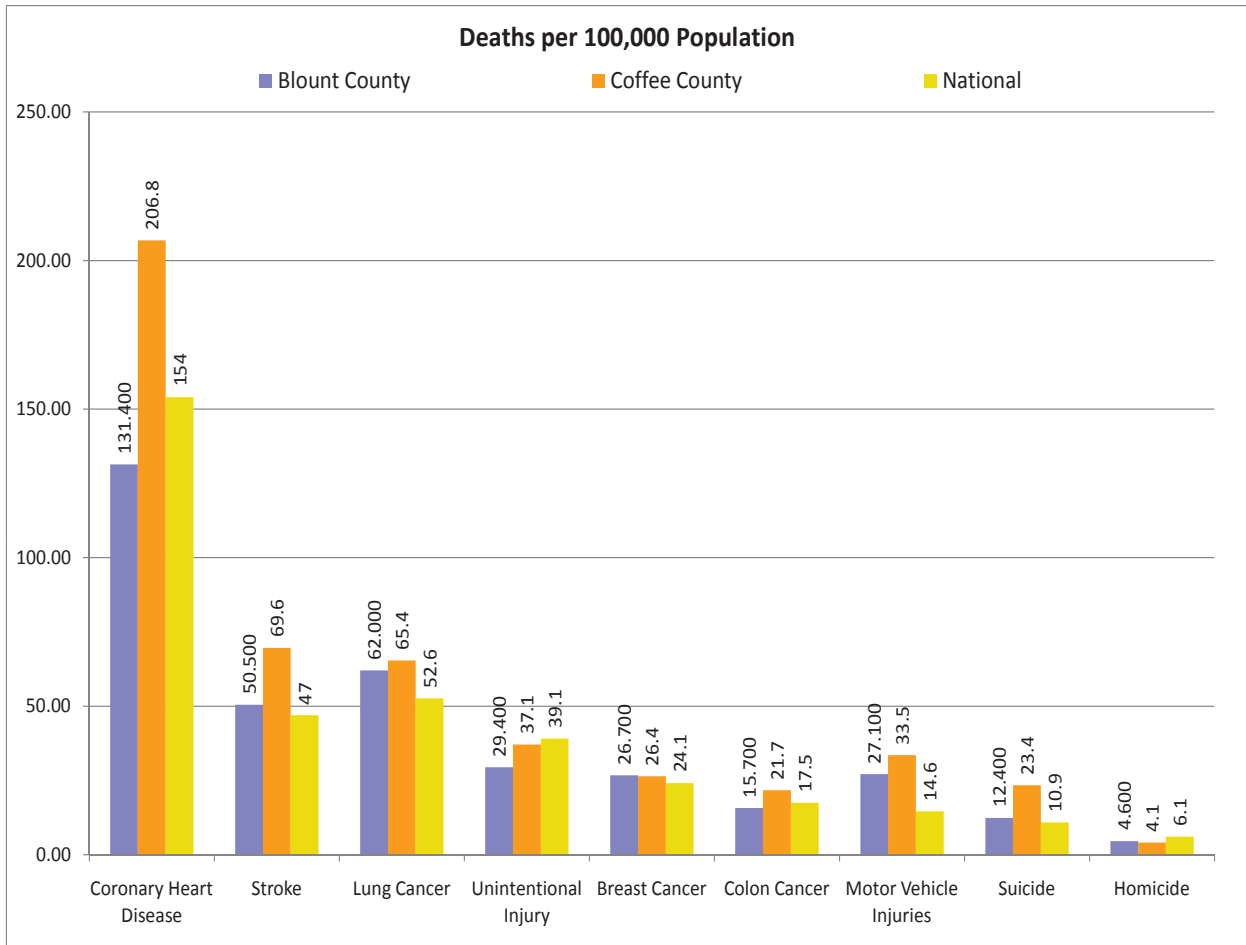


Table 10. Deaths per 100,000 Population



Surveys/Interviews

To formulate a comprehensive list of the greatest health needs within the St. Vincent’s Blount Hospital community, survey and interview questions were developed as previously described. Using the guidance provided in IRS Notice 2011-52 on Community Health Needs Assessments for tax-exempt hospitals, the CHNA team identified key informants. The list of key informants included health experts at the state and community levels, local civic leaders, patients and patient advocates. These key informants were queried using a variety of techniques including electronic survey, focus groups, telephone and in-person interviews. Below is a list of the survey questions and the weighted responses:

What Healthy Habits do You Incorporate into Your Daily Living?	<ul style="list-style-type: none"> • Limit foods & beverages high in calories/sugar • No or moderate alcohol consumption • Limit saturated & trans fats
Where do You Receive the Majority of your Health Information?	<ul style="list-style-type: none"> • Physician • Internet
What are the Biggest Problems for You or Your Family?	<ul style="list-style-type: none"> • Stress • Lack of Exercise
Biggest Health Issue/Concern in Your Community?	<ul style="list-style-type: none"> • Heart Disease/Stroke • Substance Abuse • Lack of Access • Lack of Education and Community Programs
What Does Your Community Need In Order to Improve Your Health and Others?	<ul style="list-style-type: none"> • Affordable Prescription Meds • Affordable Health Insurance • Jobs • Healthier Food Choices
What Health Screenings or Education is Needed In Your Community?	<ul style="list-style-type: none"> • Heart Disease • Blood Pressure • Diabetes • Cholesterol • Cancer
What Events/Initiatives are Most Beneficial to Your Community	<ul style="list-style-type: none"> • ALBCCP for breast cancer • St. Vincent's Heart Day • St. Vincent's Health Screenings • Relay for Life
Most Important Problems Facing Community?	<ul style="list-style-type: none"> • Cost of Healthcare • Lack of Information on Available Services • Aging Population • Transportation
What Can Hospitals Do To Improve the Quality of Life in Your Community?	<ul style="list-style-type: none"> • Increase Screenings • Lower Costs

RESULTS

Summary of Findings

The CHNA Coalition Committee, consisting of representatives from hospital senior management, board members and multiple community leaders, completed a private ballot to determine the top issues of the community. The ballot prompted each committee member to rank order a list of community concerns.

The results demonstrated the committee member’s healthcare priorities, as well as the voting frequency of each item on the ballot. A Borda type methodology was used to tabulate the results. The issues considered to be of greatest need in the community were as follows:

1. Good Nutrition/Obesity Prevention
2. Diabetes Education
3. Cardiac Health Education
4. Public Transportation
5. Care for the Uninsured

Identifying the needs of the community provides St. Vincent’s Blount Hospital the opportunity and the knowledge to better align existing programs and to design future efforts to best meet the needs of their community. St. Vincent’s Blount Hospital is part of a health system committed to community outreach and “health care that leaves no one behind”.

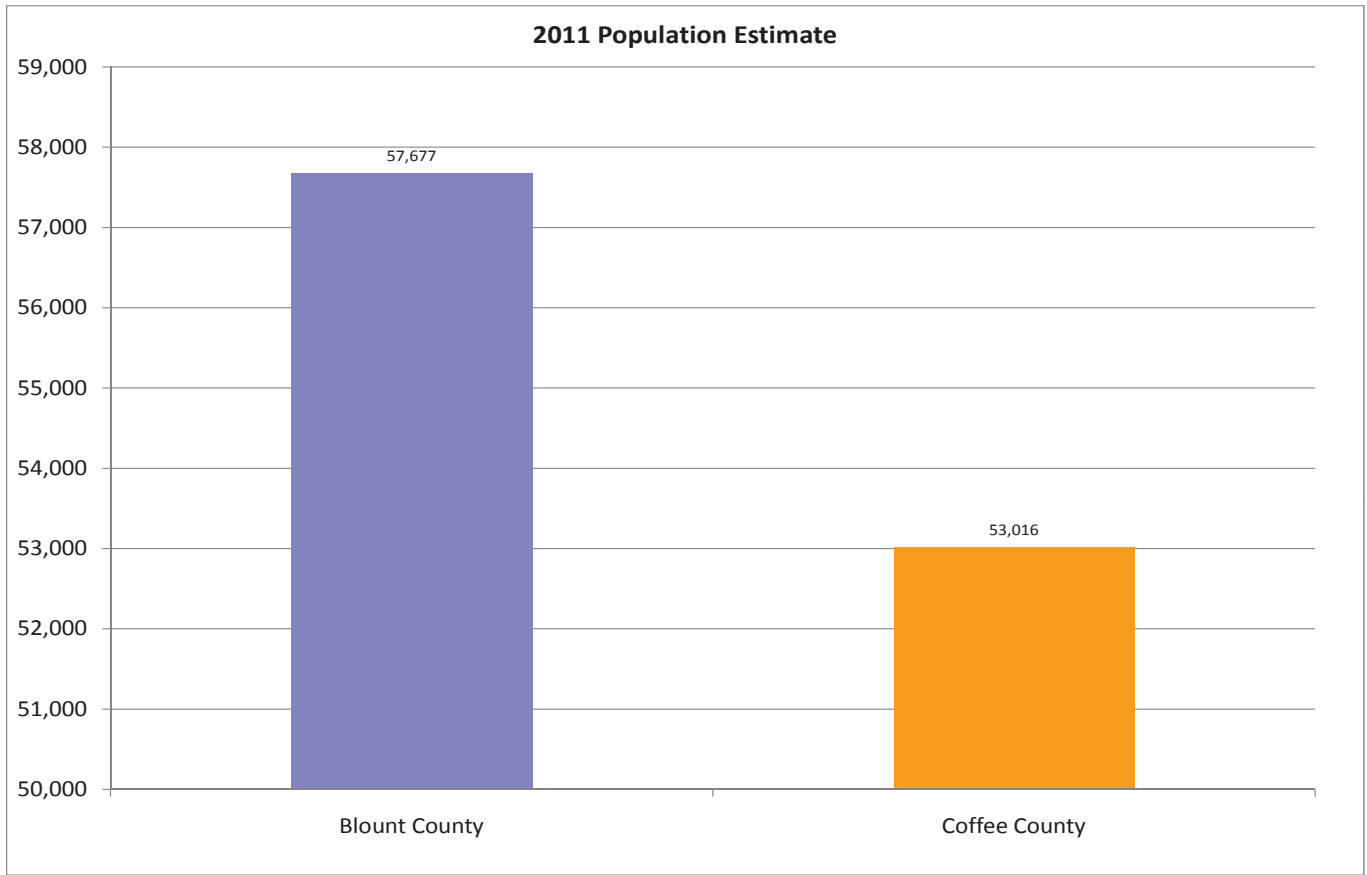


APPENDICES

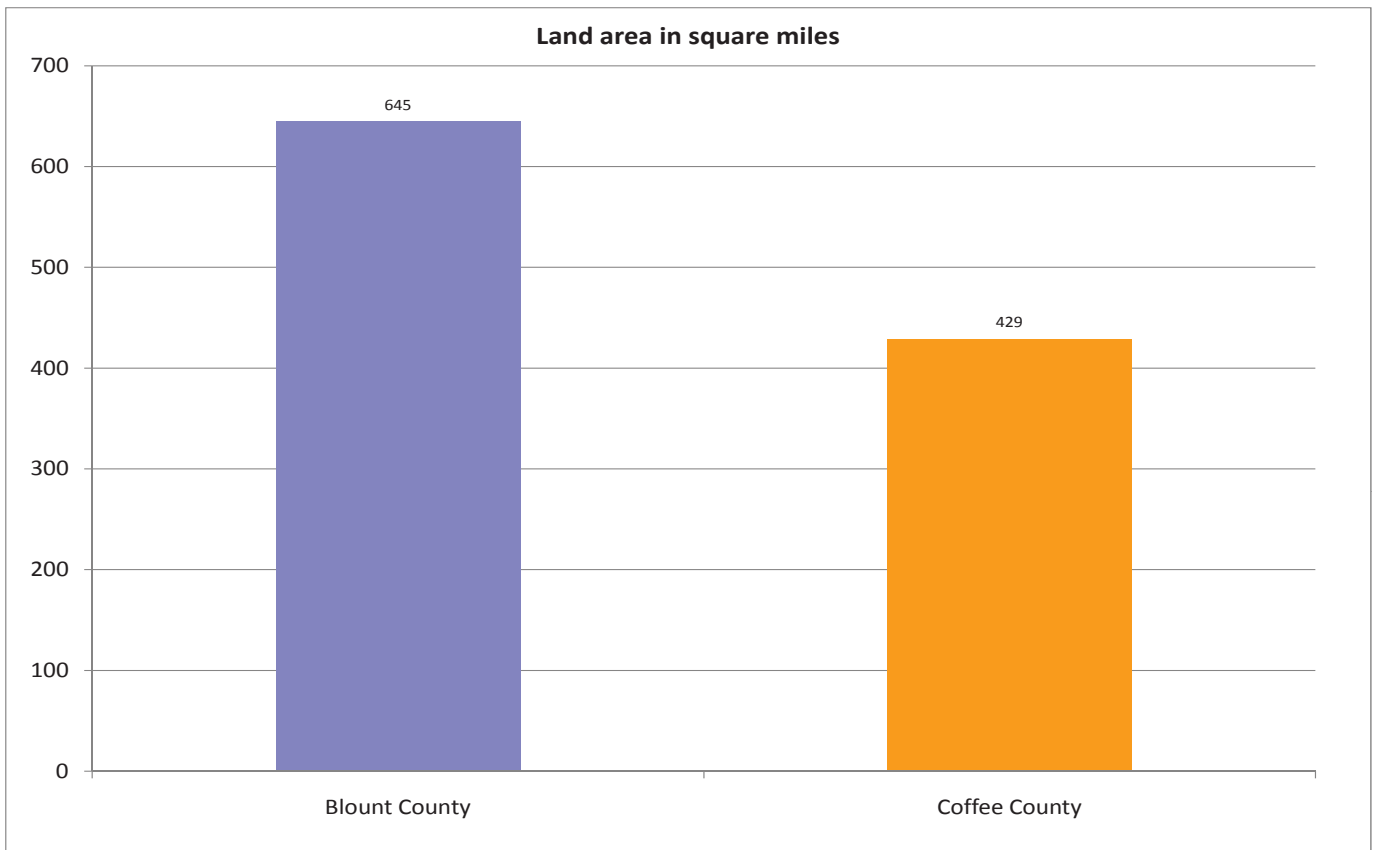
Graphs

- Graph 1. U.S. Census – 2011 Population Estimate
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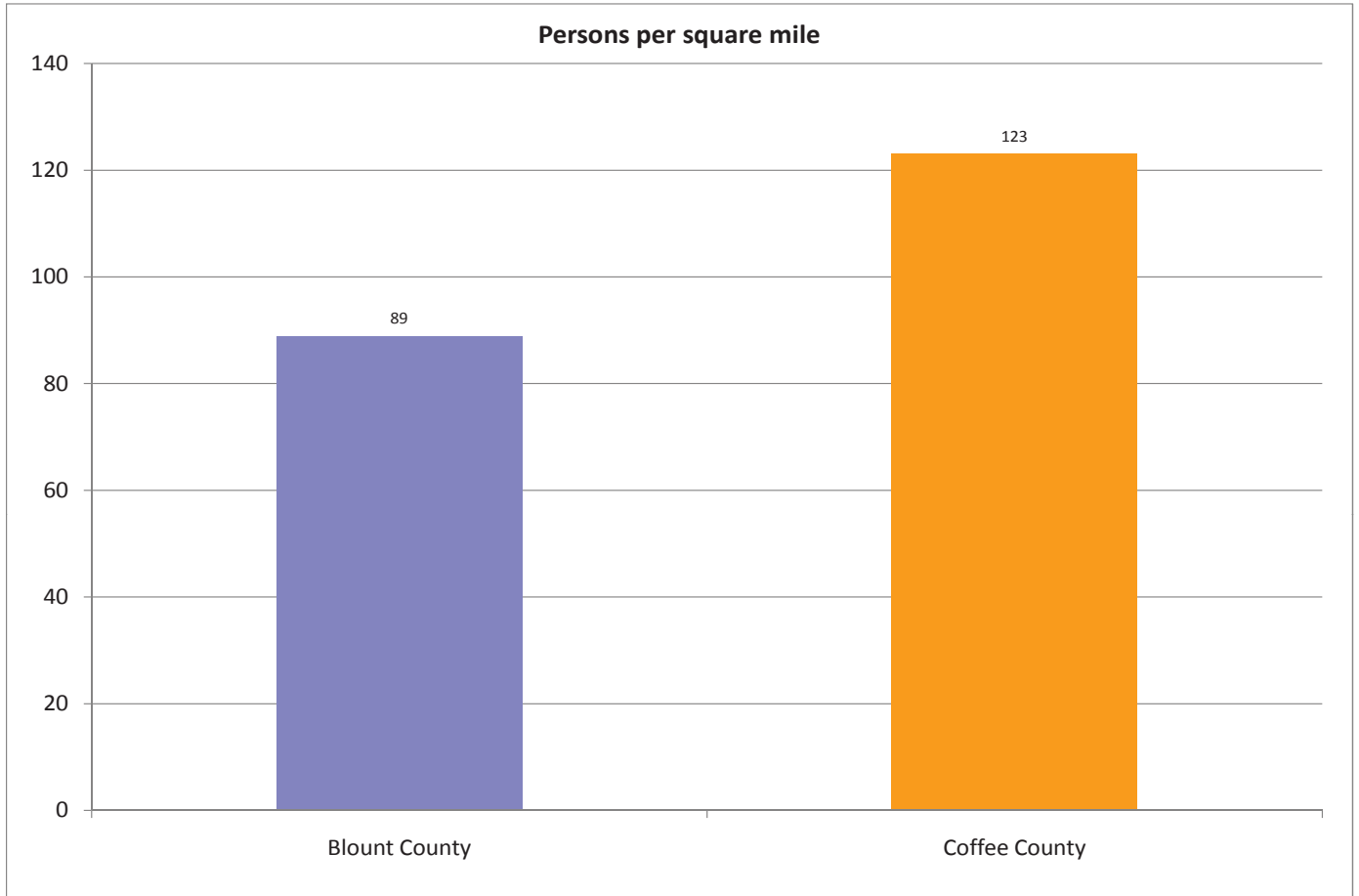
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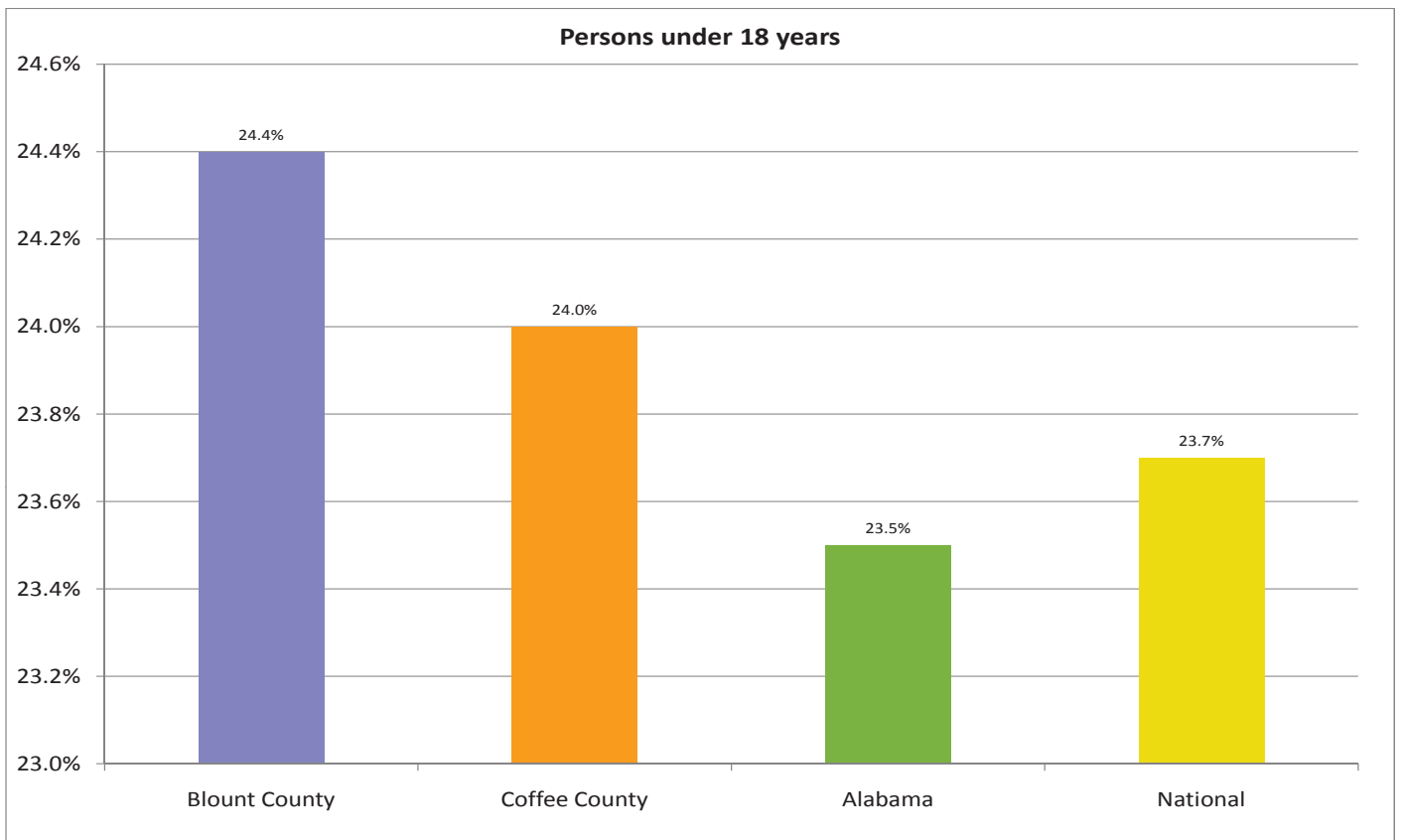
Graph 2. U. S. Census – Land Area



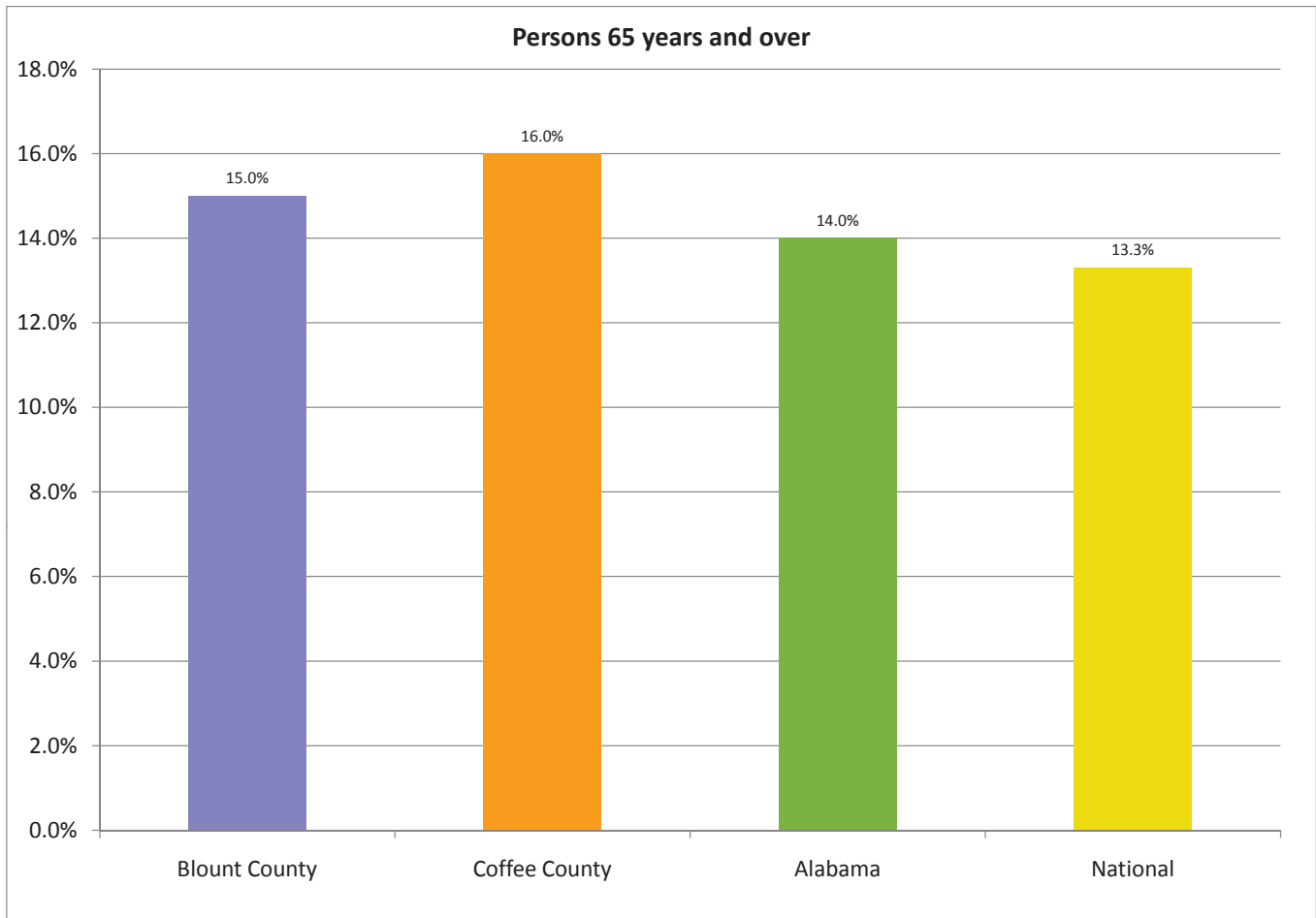
Graph 3. U. S. Census – Persons per Square Mile



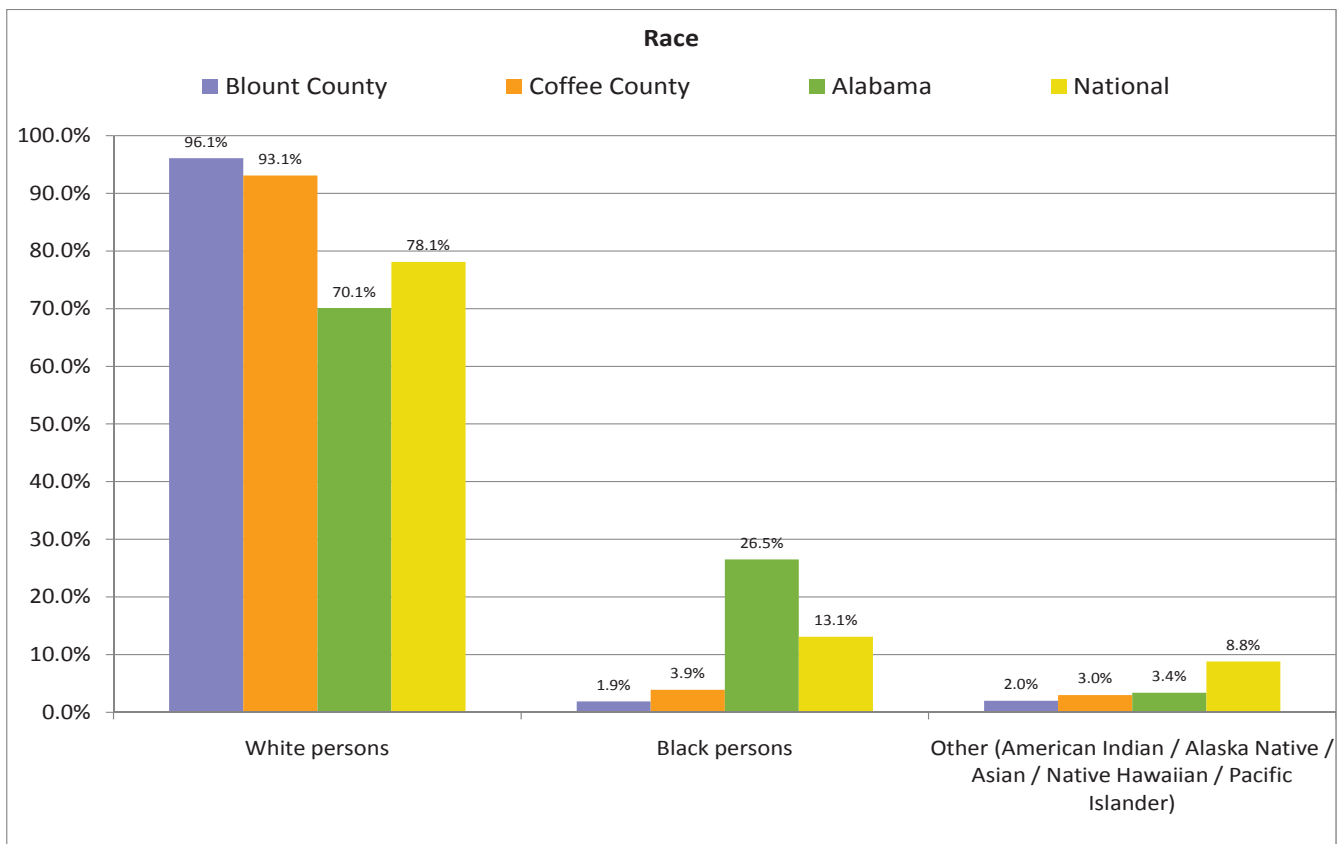
Graph 4. U. S. Census – Persons under 18 years



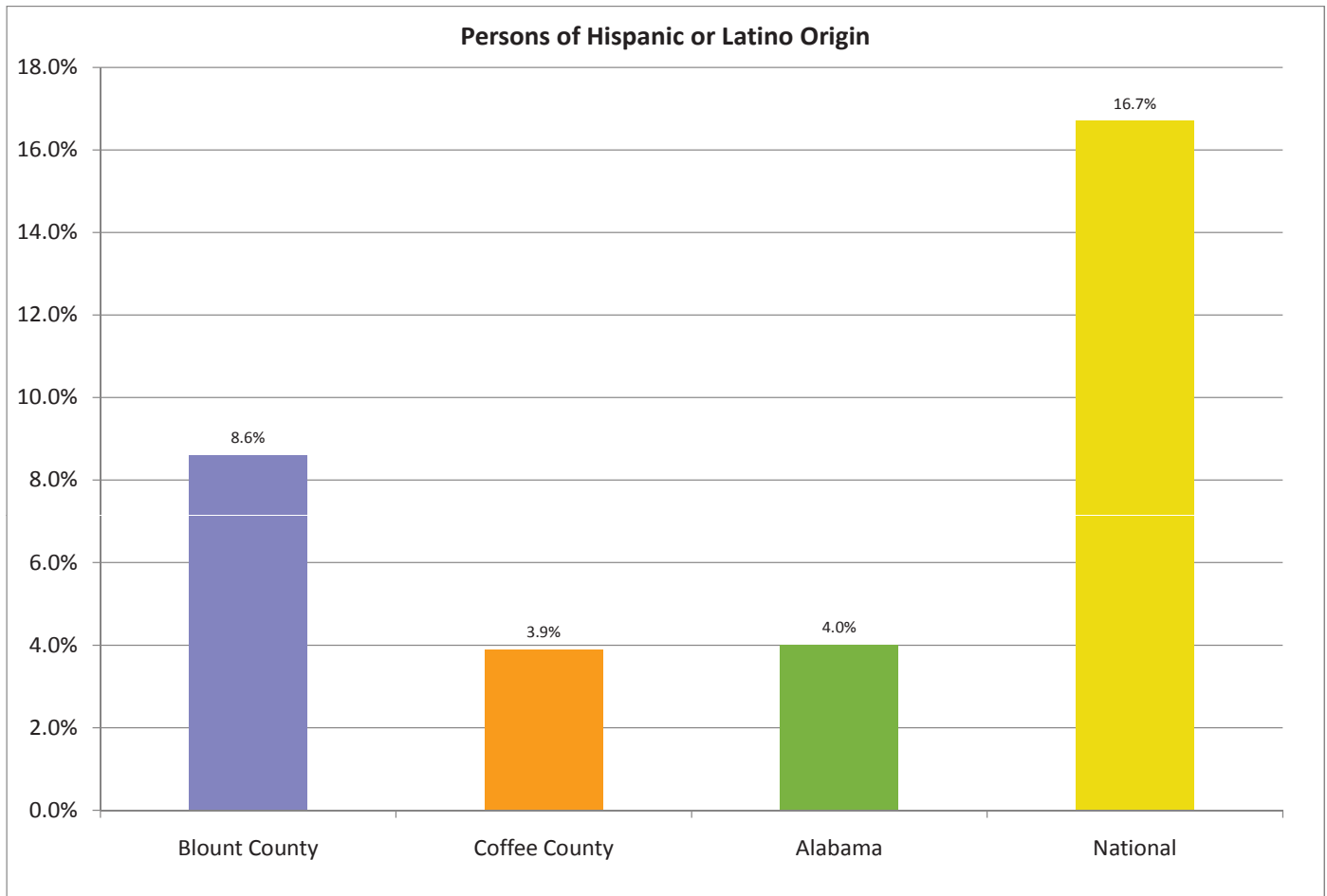
Graph 5. U. S. Census – Persons 65 years and over



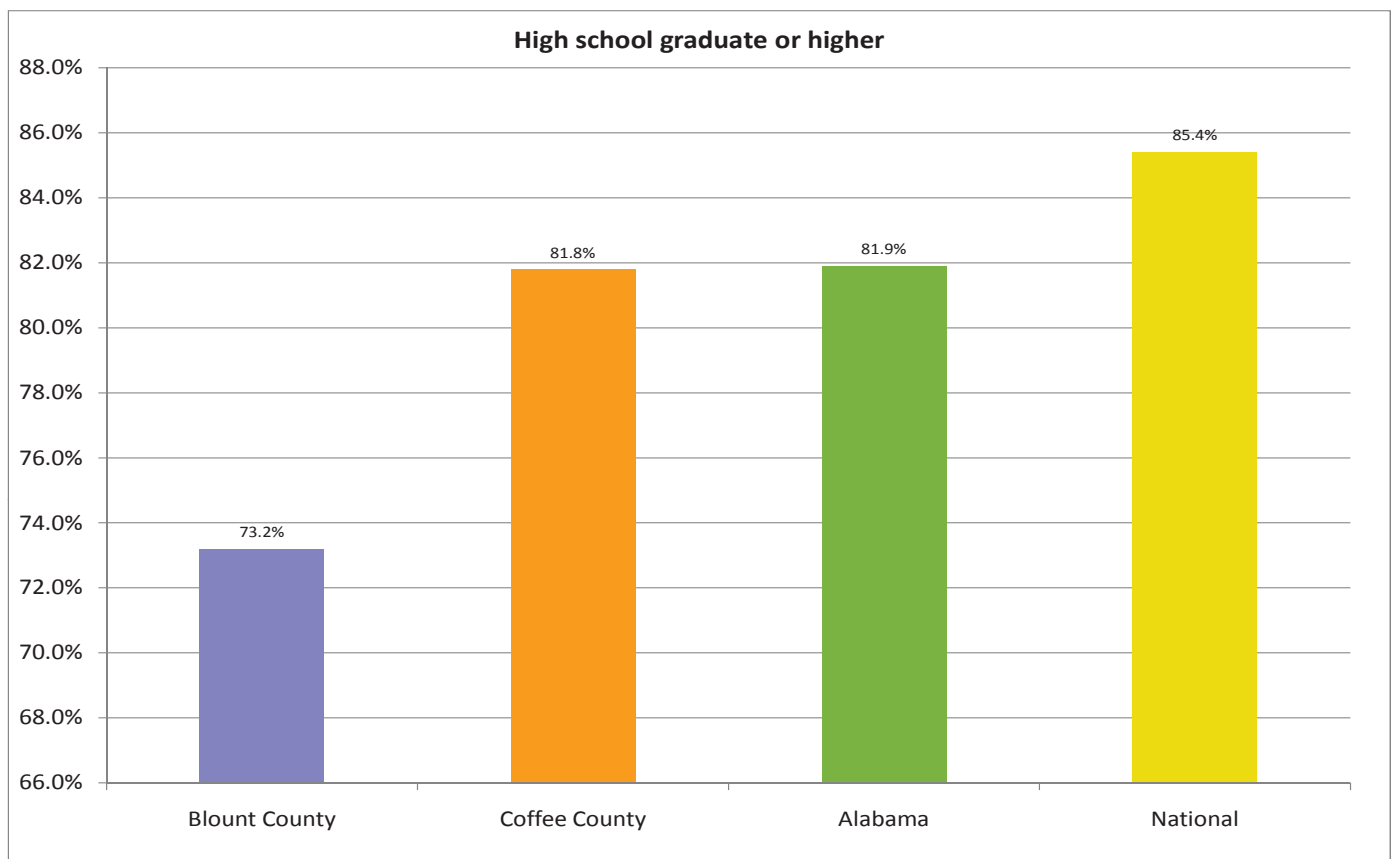
Graph 6. U. S. Census – Race



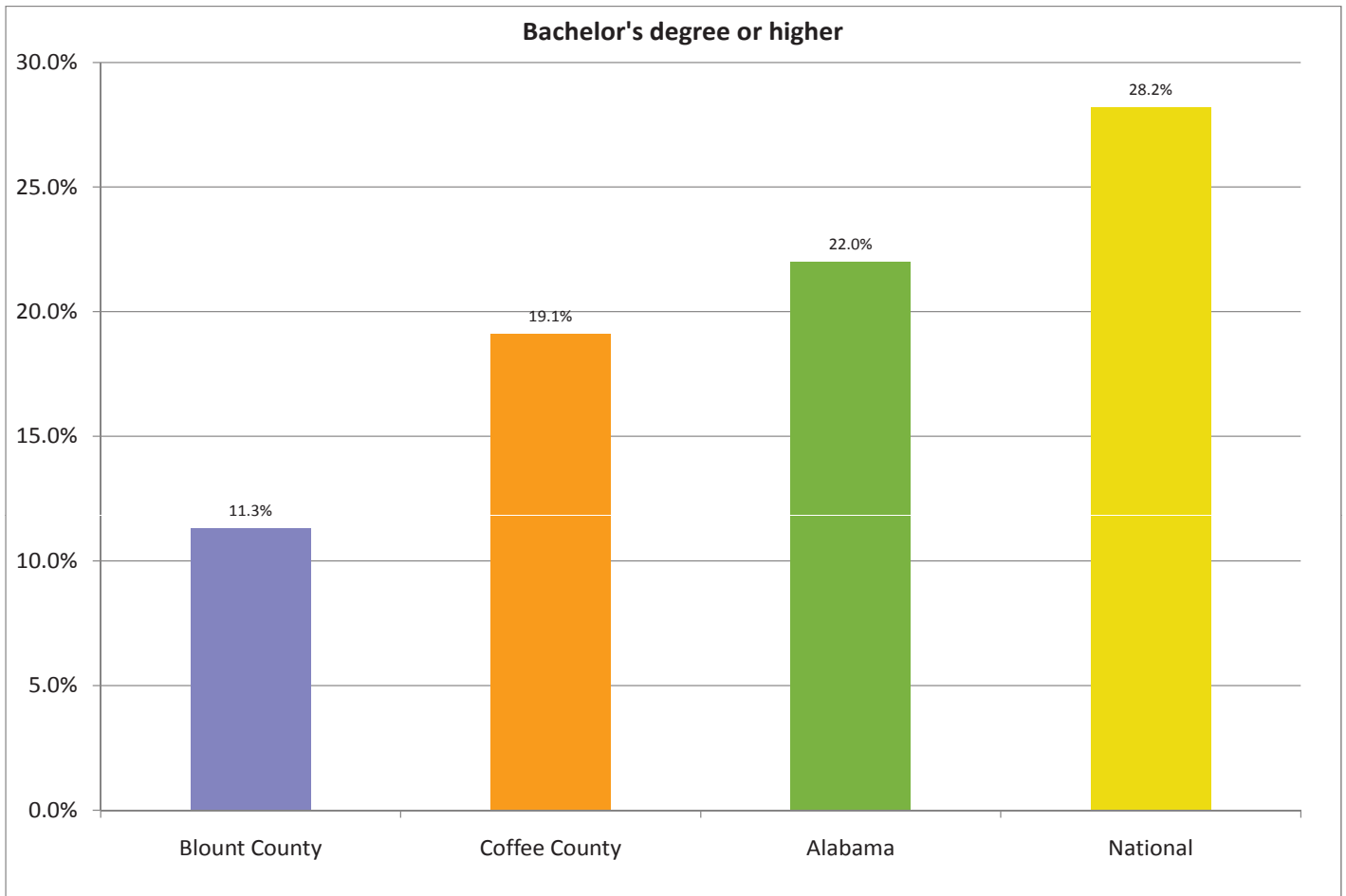
Graph 7. U. S. Census – Ethnicity



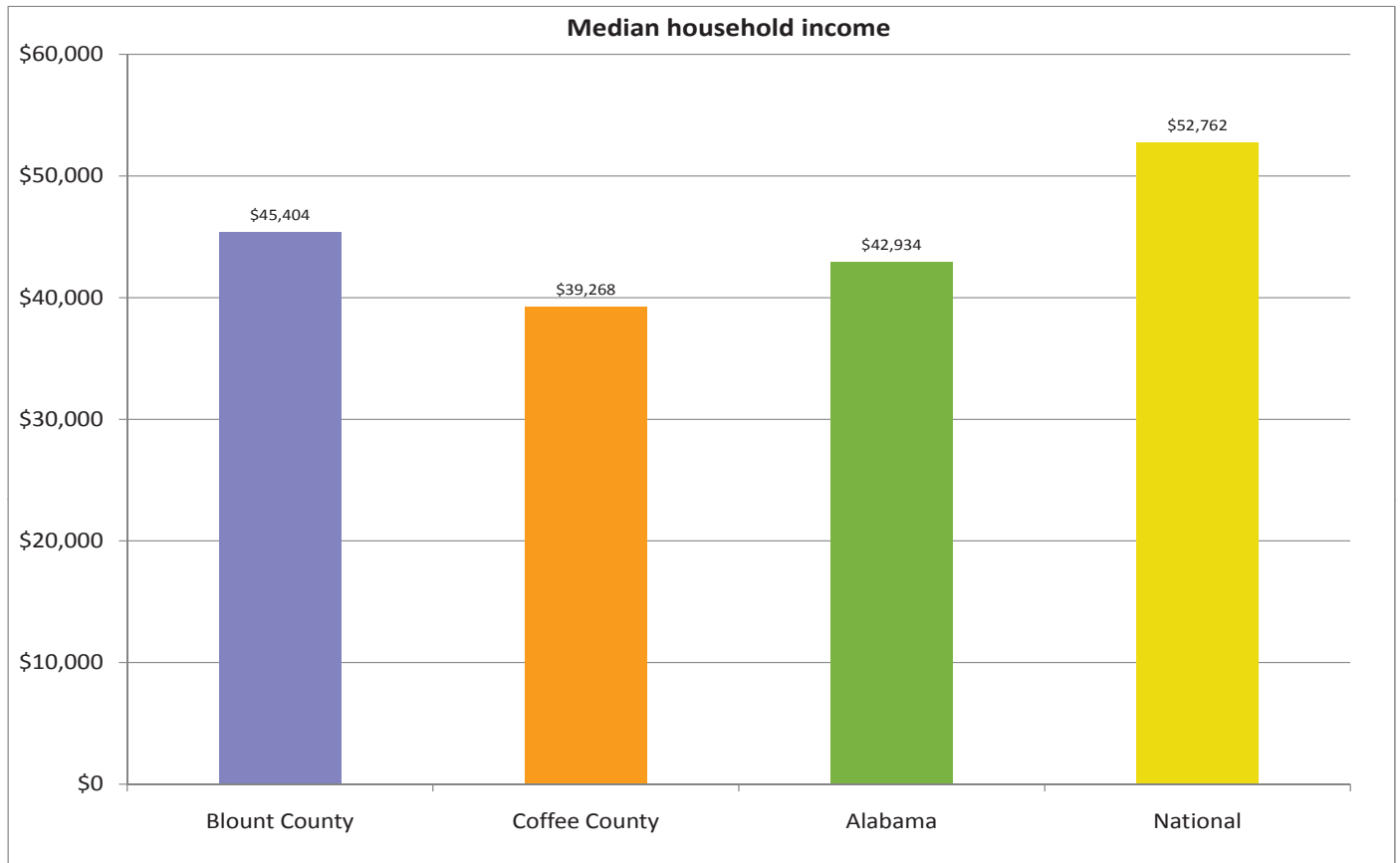
Graph 8. U. S. Census – High School Graduate or Higher



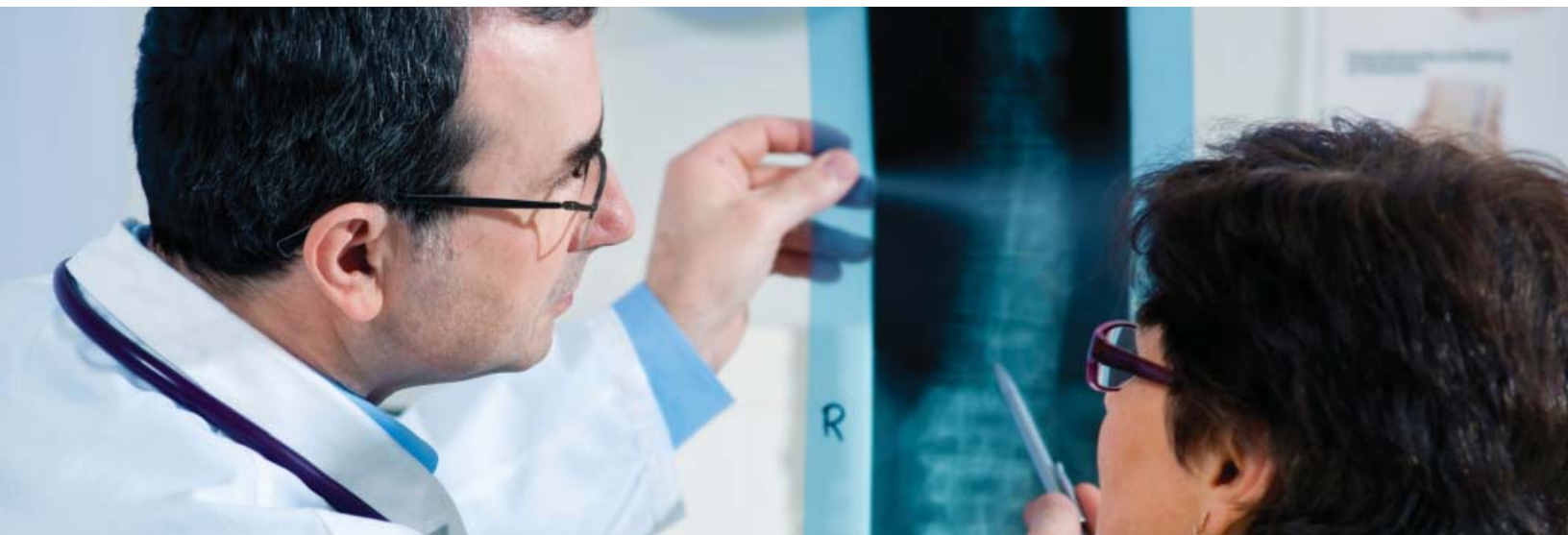
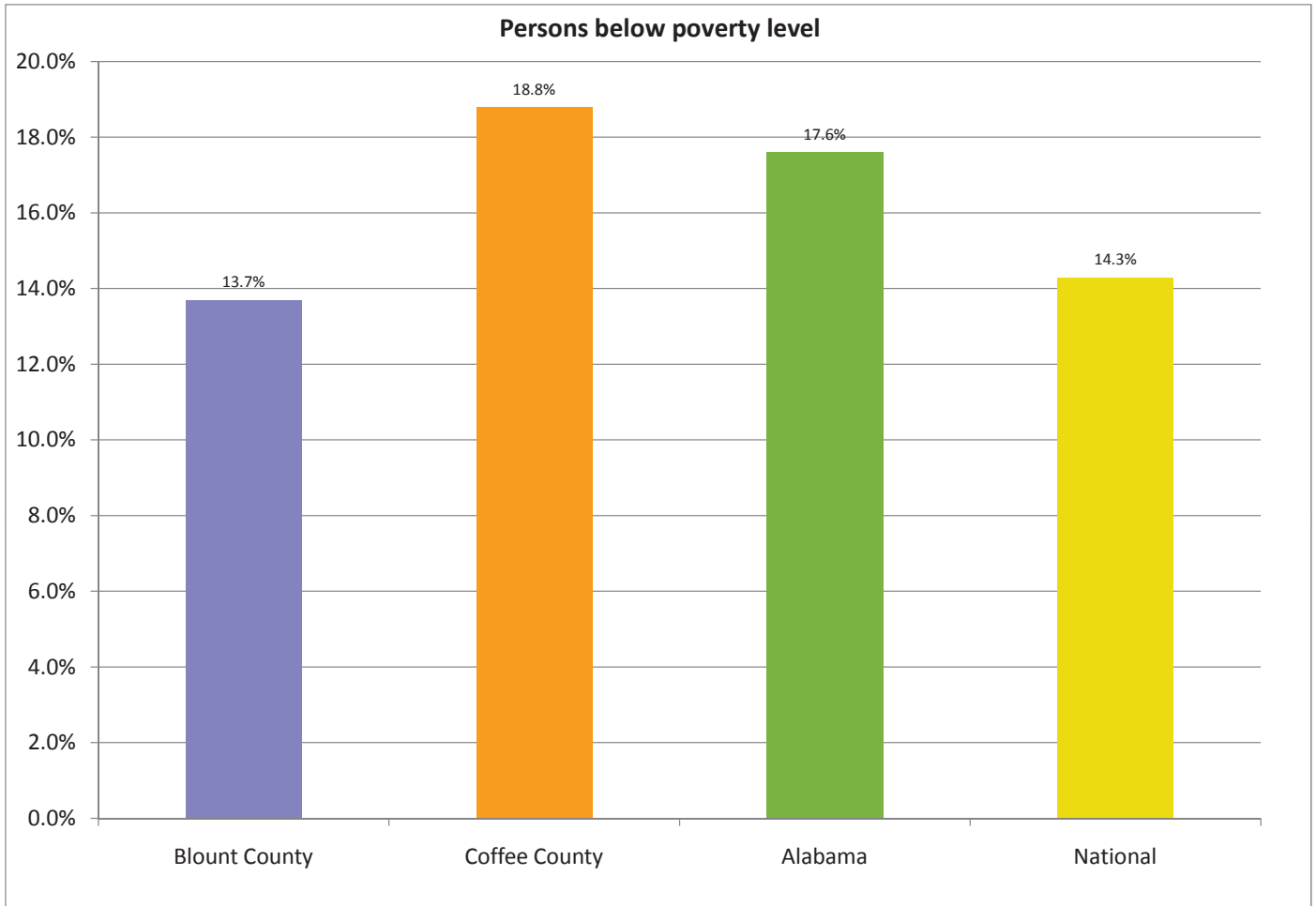
Graph 9. U. S. Census – Bachelor's degree or higher



Graph 10. U. S. Census – Median household income



Graph 11. U. S. Census – Persons below poverty level





Community Health
Needs Assessment

2012