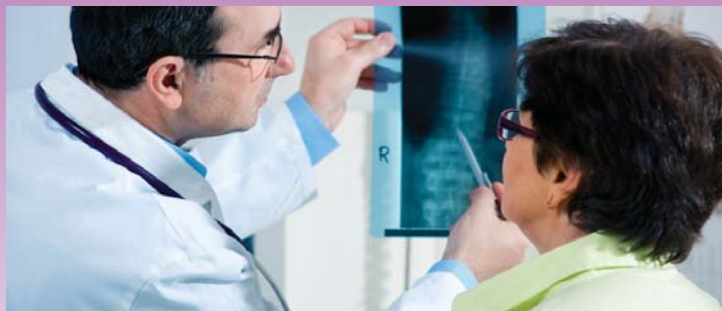




St. Vincent's
ST. CLAIR



Community Health Needs Assessment 2012

St. Vincent's St. Clair Hospital | 7063 Veterans Parkway | Pell City, AL

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.*

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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 Health System to meet the CHNA requirement for St. Vincent's St. Clair Hospital 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 St. Clair County, Alabama. Data was obtained from multiple public data bases and opinions were solicited from public health experts, community leaders and patients with in the community served by St. Vincent's St. Clair 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. Community Recreational Facilities
2. Good Nutrition / Obesity Prevention
3. Cardiac Health Education
4. Hypertension / Stroke Prevention
5. Mental Health Support/Treatment

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, AQAF and the community. 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 indentifying the top five 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 are summarized in this report.



Community Description

Geographic Area Defined

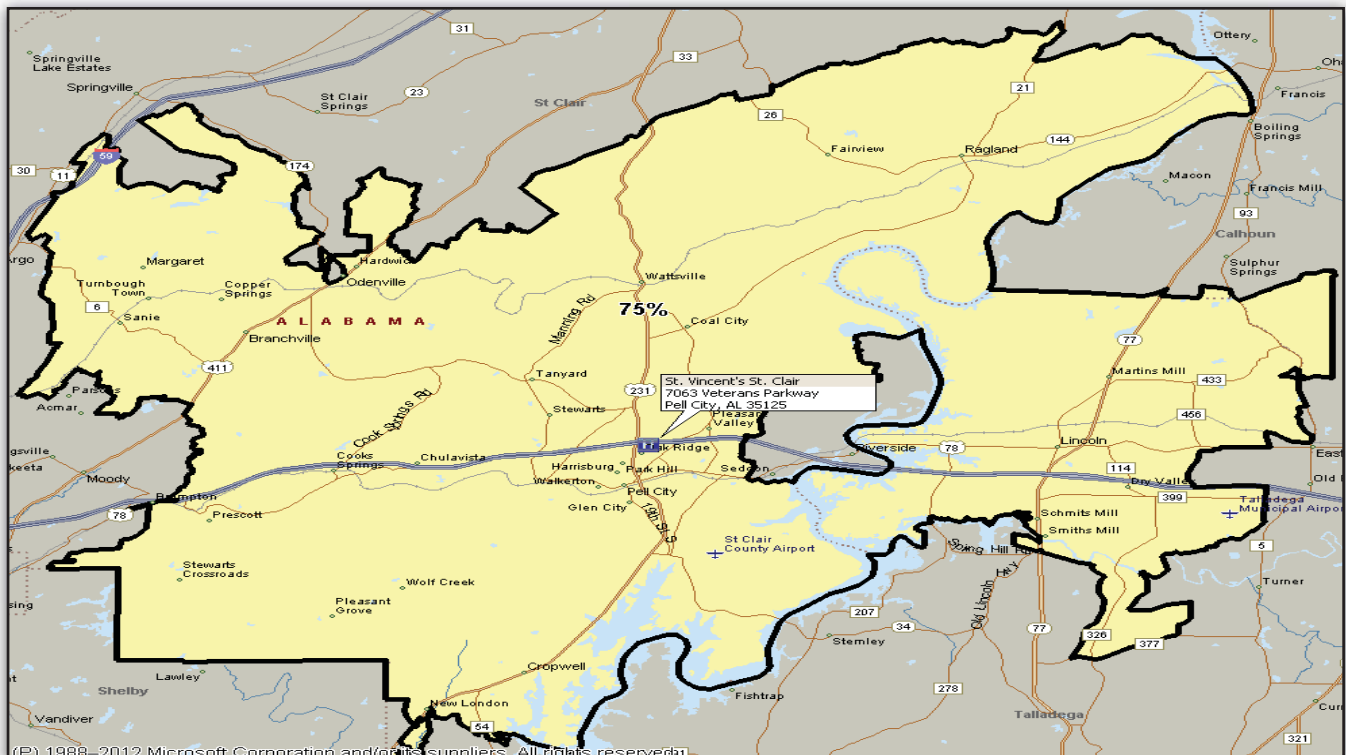
For the purpose of this report, the St. Vincent's St. Clair community is defined as 7 zip codes. The zip codes include six in St. Clair County and one in Talladega County, Alabama. For the purposes of this Health Needs Assessment, St. Vincent's St. Clair community is defined as St. Clair County, Alabama. The zip codes are as follows:

35125 35128 35131 35054
35096 35120 35135

The county has a total area of 631.90 square miles of which 610.42 square miles is land and 3.04 square miles is water. (Graph 2)

Pell City and Ashville are the county seats for St. Clair County. The county is one of only 33 in the United States with more than one county seat. There are 6 adjacent counties, Etowah, Calhoun, Talladega, Shelby, Jefferson, and Blount, all within the State of Alabama. The county is located at the end of the Appalachian Mountain Range in northeast central Alabama. St. Clair County is home to Logan Martin Lake. It also contains Horse Pens 40, a private outdoor park on top of Chandler Mountain

Illustration 1. St. Vincent's St. Clair Hospital's Service Area



Demographics

Population

According to the U. S. Census Bureau, the most recent population estimate for St. Clair County is 84,398 with 30,588 households. (Graph 1) Of persons living in St. Clair County 23.6% are under the age of 18 and 13.6% are 65 years and older. (Graph4, and Graph 5)

Race/Ethnicity

The population of St. Clair County is 88.6% white, 9.1% black and 1.2% other. (Graph 6) The U.S. Census Bureau considers Hispanic/Latino heritage as an ethnicity and not a race. Of St. Clair County residents responding to the most recent census, 2.2% 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 St. Clair County is less than the state average of 4%.

Education

St. Clair County has both a public county and city school system. The St. Clair County School System is the county's number one employer and enrolled 8,634 students in August 2012. The system services students K5-12 grades. Ashville Elementary added a K-4 in August 2012 with 90 plus 4 year olds attending. There is also one technical/vocational school serving the area. A dual enrollment program with Jefferson State Junior College is available to St. Clair students. The city schools are located in Pell City with 4,074 students enrolled. Both school systems offer General Education Development (GED) classes without charge. Of the county's residents, 79.9% are high school graduates and 14.6% hold a Bachelor's degree or higher (Graph 8 and Graph 9). St. Clair County's illiteracy rate is 12%.

Employment

The Per Capita Income in St. Clair County is \$22,974, the Median Family Income is \$49,200 and the percentage of residents living below the poverty level is 13.4%.(Graph 10 and Graph 11)The average weekly wage in St. Clair County falls into the category of \$600-699 with a state average of \$783 and national at \$903.

Largest employers in St. Clair County are:

1. St. Clair Board of Education
2. Wal-Mart (Leeds, Pell City and Springville)
3. WKW Erbsloeh
4. Pell City Board of Education
5. St. Clair County Correctional Facility
6. St. Vincent's St. Clair Hospital
7. Robert L. Howard State Veteran's Home

St. Clair County's unemployment rate is 6.6%, less than the state's average of 7.6% of the population.

Roads and Transportation

St. Clair County is serviced by two interstate systems, I-59 and I-20. Major US Highways in the county are Hwy 11, Hwy 78, Hwy 231 & Hwy 411. There are two railroads, the Norfolk and CSX.

Public transportation is limited in St. Clair County. St. Clair County Transportation (SCAT), a rural area transportation system, offers bus service on a demand/response basis for a fee. This service is available weekday's 6 am to 6 pm.

There is one privately owned airport in the county, located 3 miles southeast of Pell City. Commercial service is from Birmingham Shuttlesworth Airport, 30 miles away and Atlanta International Airport, 115 miles away.

Health Care

St. Clair 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. St. Clair County is not considered a Health Professional Shortage Area (HPSA) meaning there is at least one Primary Healthcare Provider per 2,000 residents. The county is designated as a shortage area within the low income community for Dental and Mental Health Care Professionals.

St. Vincent's St. Clair opened the present facility December 10, 2011, moving from the 40 year old St. Clair Regional Hospital. The \$31.4 million facility stands on 16 acres near the Jefferson State Community College campus off Interstate 20. The hospital is located at 7063 Veteran's Parkway, Pell City, Alabama 35125. St. Vincent's St. Clair provides basic, primary care through inpatient care, ancillary services, clinics and specialty clinics to residents of the area.

- 40 inpatient beds- 6 Intensive Care
- Same Day Surgery
- 24-hour Emergency Department (5,5000 visits per year) with 2 Trauma Rooms and 10 Exam Rooms
- Dialysis Center
- Gastrointestinal Lab
- Interventional Pain Center
- Physical Therapy Department
- Radiology Services, including CT Scanning, digital mammography, ultrasound and nuclear medicine, MRI
- Same day-Outpatient surgery
- Wellness Services including Nutrition Education, Smoking Cessation, Weight Management
- Wound Care Center

The nearest tertiary care facilities are located in Birmingham, approximately 30 miles from the St. Vincent's St. Clair campus. The nearest Level 1 trauma center (UAB Medical Center) is approximately 36 miles from the campus.

Additional Health Care Resources include:

- Col Robert L. Howard State Veterans Home
- Eastside Mental Health
- Lakeside Hospice
- Long-term Care and Assisted Living Facilities – 5 in the county
- St. Clair County Department of Public Health
 - o Clinics located in Ashville, Moody, Pell City
 - o Life Care Services
 - o Plan 1st Program
 - o WIC Supplemental Nutrition

Patient data for St. Vincent's St. Clair 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	251	15.83%
Exacerbated COPD	85	5.36%
Urinary Tract Infection	46	2.90%
Heart Failure	46	2.90%
Cellulitis & Abscess of Leg	38	2.40%
Septicemia	35	2.21%
Dehydration	33	2.08%
Gastroenteritis/Colitis	27	1.70%
Pyelonephritis	26	1.64%
Asthma	25	1.58%
Top 10 Total	612	38.59%
Grand Total	1,586	100%

Outpatient FY2012		
Principal Diagnosis	Cases	%
Abdominal Pain	1059	2.78%
Hyperlipidemia	986	2.59%
Mammogram	969	2.55%
Chest Pain	815	2.14%
Arterial Fibrillation	692	1.82%
Fever Unspecified	665	1.75%
Urinary Tract Infection	659	1.73%
Backache, Unspecified	604	1.59%
Therapeutic Drug Monitoring	571	1.50%
Hypertension	498	1.31%
Top 10 Total	7518	19.76%
Grand Total	38,050	100%

Inpatient Payor Source FY2012		
	Cases	%
Dual Eligible	112	7.06%
Medicare	429	27.05%
Medicaid	146	9.21%
All Kids	57	3.59%
Insured	714	45.02%
Non-Insured	128	8.07%
Inpatient Total	1,586	100%

Outpatient Payor Source FY2012		
	Cases	%
Dual Eligible	1529	4.02%
Medicare	5543	14.57%
Medicaid	4053	10.65%
All Kids	5914	15.54%
Insured	14226	37.39%
Non-Insured	6785	17.83%
Outpatient Total	38,050	100%

Race Distribution FY2012	
	%
White/Caucasian	85.72%
African-American	12.37%
Asian	0.25%
American Indian/Alaskan	0.07%
Other	0.46%
Pt. Declined	0.01%
Unknown	1.12%

Age Distribution FY 2012	
	%
18-24	12.02%
25-34	17.83%
35-44	17.73%
45-54	19.62%
55-64	18.59%
65-69	8.74%
70 Years & Older	24.59%

Inpatient Discharge Disposition FY2012		
	Cases	%
HOME, SELF-CARE	37879	95.57%
SHORT-TERM HOSPITAL	801	2.02%
AGAINST MEDICAL	212	0.53%
SKILLED NURSING FACILITY	159	0.40%
HOME HEALTH SERVICE	146	0.37%
TO ANOTHER TYPE	134	0.34%
EXPIRED	75	0.19%
INTERMEDIATE CAR	44	0.11%
CANCER CTR/CHILD	30	0.08%
HOSPICE, HOME	30	0.08%
SWING BED	27	0.07%
TO ANOTHER REHAB	27	0.07%
TO LONG TERM CARE	23	0.06%
TO A CRITICAL ACCESS	15	0.04%
HOSPITAL		
TO A PSYCHIATRIC HOSPITAL	15	0.04%
TO COURT/LAW	14	0.04%
ENFORCEMENT		
HOSPICE, MEDICAL	4	0.01%
TO A FEDERAL HOSPITAL	1	0.00%
Grand Total	39,636	100%

Community Resource List

Alabama Life Saver - medical helicopter service

Churches (152)

Enhanced 911

Pell City Park and Recreation Board

Public Libraries (9)

St. Clair County Chamber of Commerce

St. Clair County Court House

St. Clair County Department of Health

- Life Care Services
- Plan First Program
- WIC (Food supplement program)

St. Clair County Department of Human Resource

St. Clair County Senior Citizens Center

- Leeds
- Moody
- Pell City
- Ragland
- Springville

St. Clair County Fire and EMS Association

St. Clair County Sheriff Office

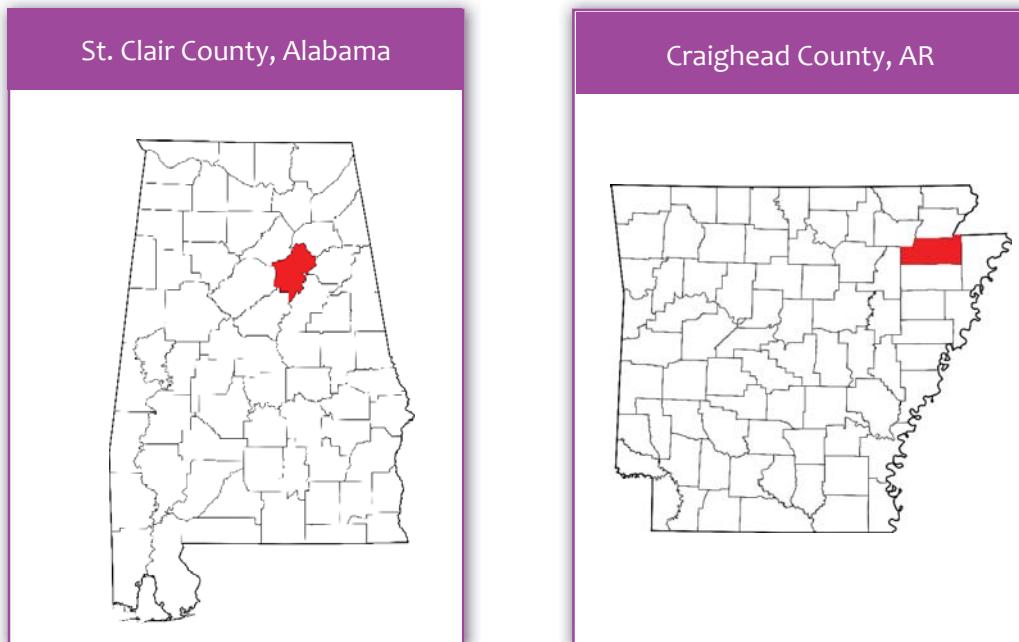
The Arc of St. Clair County

COMPARISON COMMUNITY

Comparison Community – Craighead County, Arkansas

To compare the St. Vincent’s St. Clair community with 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 St. Clair County, Craighead County, Arkansas was selected for this CHNA based on a best fit analysis and its’ location in the southeastern United States.

Illustration 2. St. Clair County, Alabama and comparison Craighead County, AR



Comparison Demographics

	St.Clair County, Alabama	Craighead County, Arkansas
Population (Graph 1)	84,398	98,315
Density (per square mile) (Graph 2 and Graph 3)	132	136
Poverty Level (% below)	13.4%	20.3%
Age Distribution (Graph 4 and Graph 5)	Under 18 (23.6%) 19 to 64 (62.8%) 65 and older (13.6%)	Under 18 (24.9%) 19 to 64 (62.9%) 65 and older (12.2%)
Race	White (88.6%) Black (9.1%) Other (1.1%)	White (83.2%) Black (13.5%) Other (1.7%)
Hispanic or Latino Origin	2.2%	4.6%
High School Graduates	79.9%	84.1%
Bachelor's Degree or Higher	14.6%	14.6%
Median Household Income	\$49,200	\$40,221

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

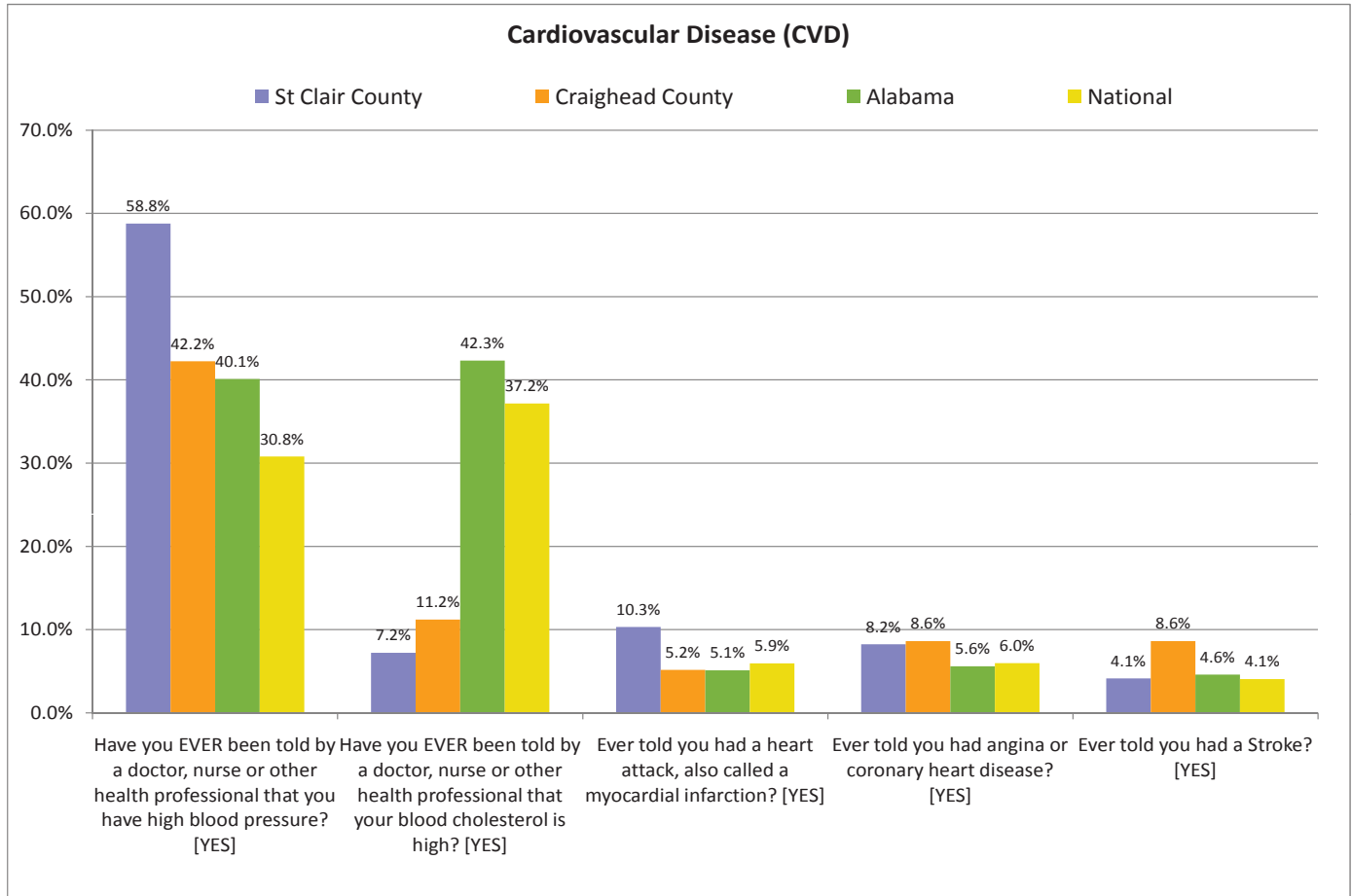


Table 2. Health Risk Factors – Chronic Conditions identified with BRFSS data

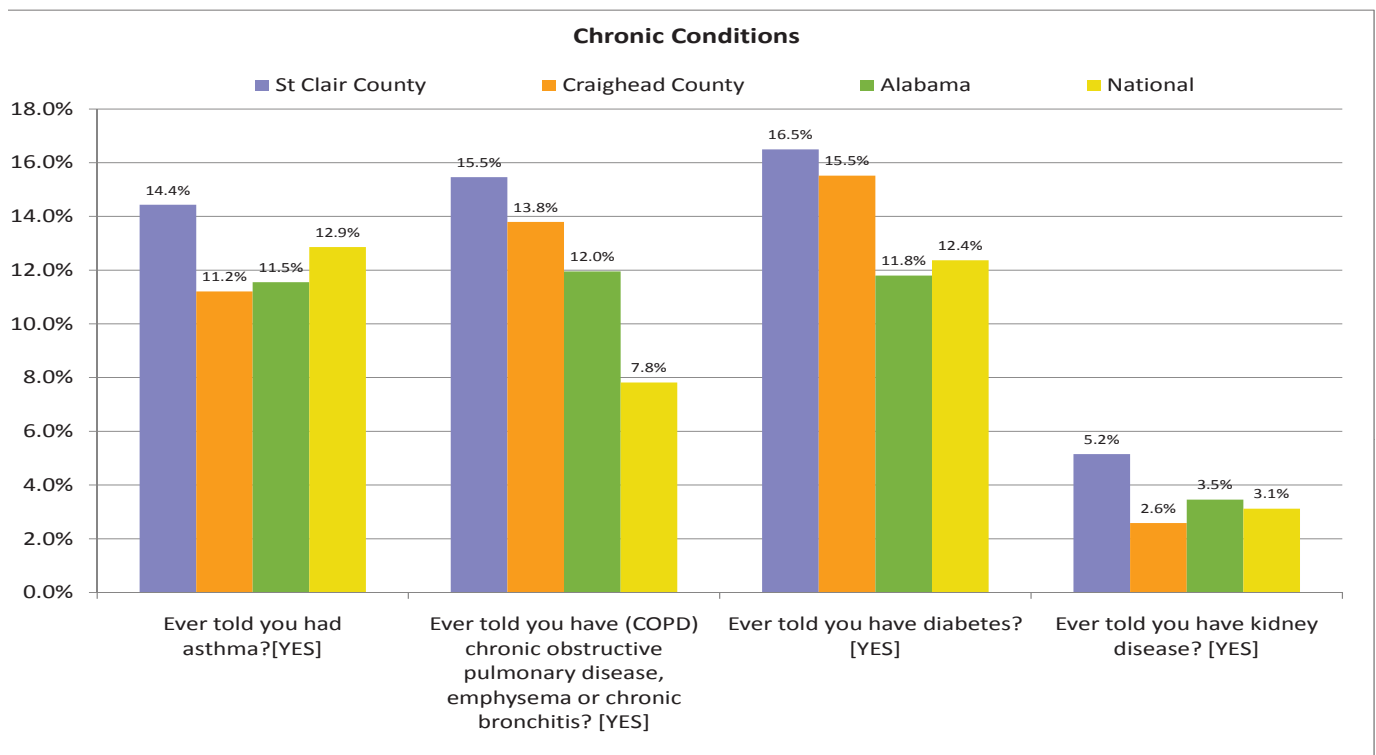


Table 3. Health Risk Factors – Cancer identified with BRFSS data

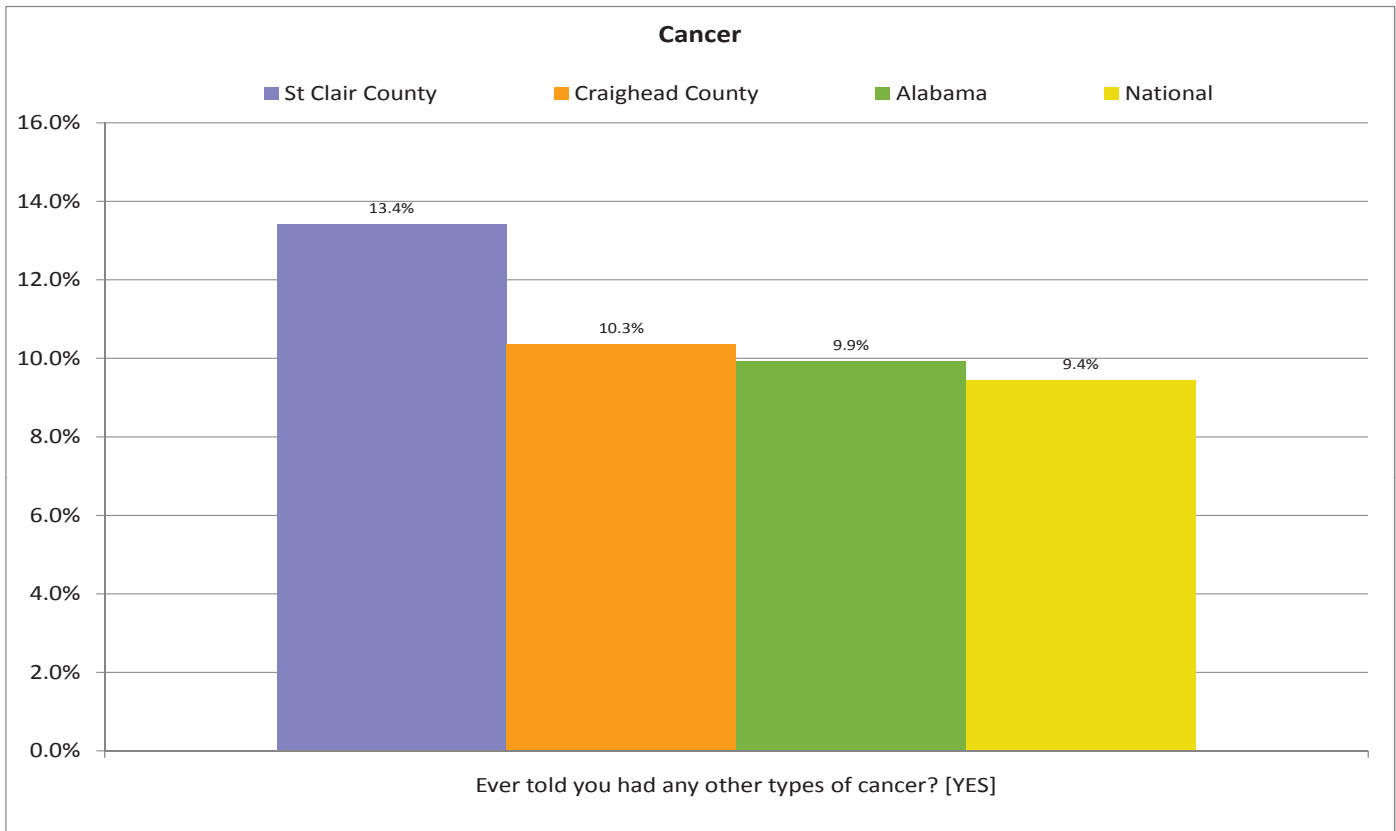


Table 4. Health Risk Factors – Mental Health identified with BRFSS data

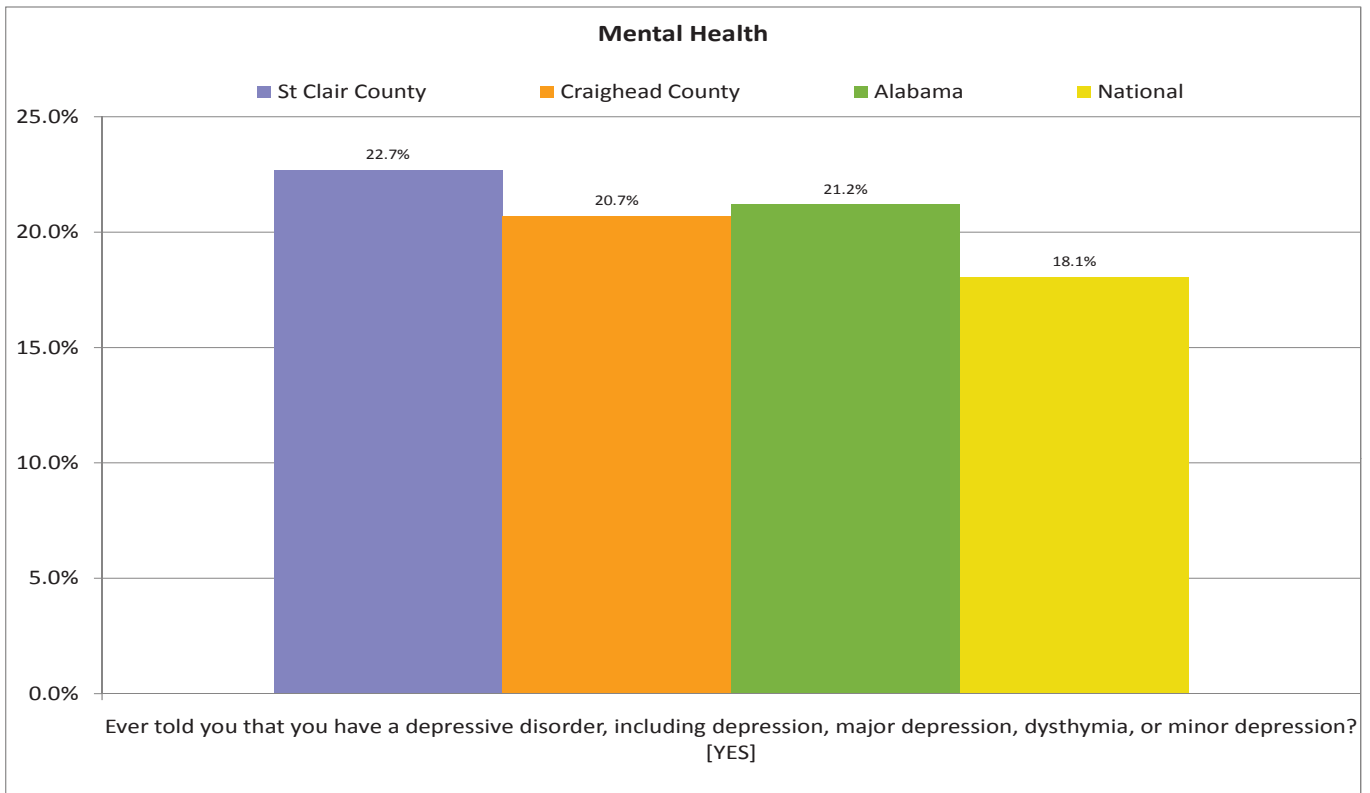


Table 5. Health Risk Factors – Behavioral issues identified with BRFSS data

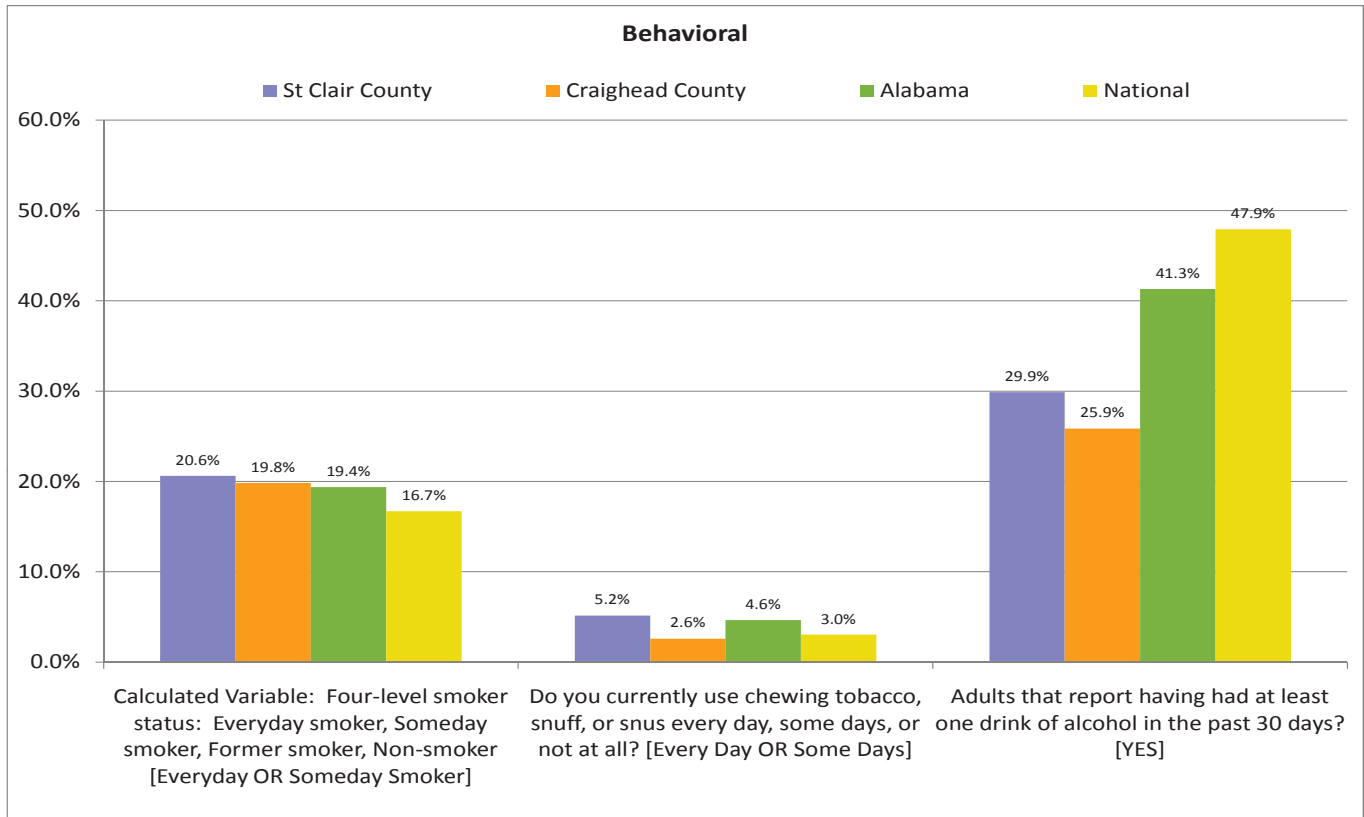


Table 6. Health Risk Factors – Obesity identified with BRFSS data

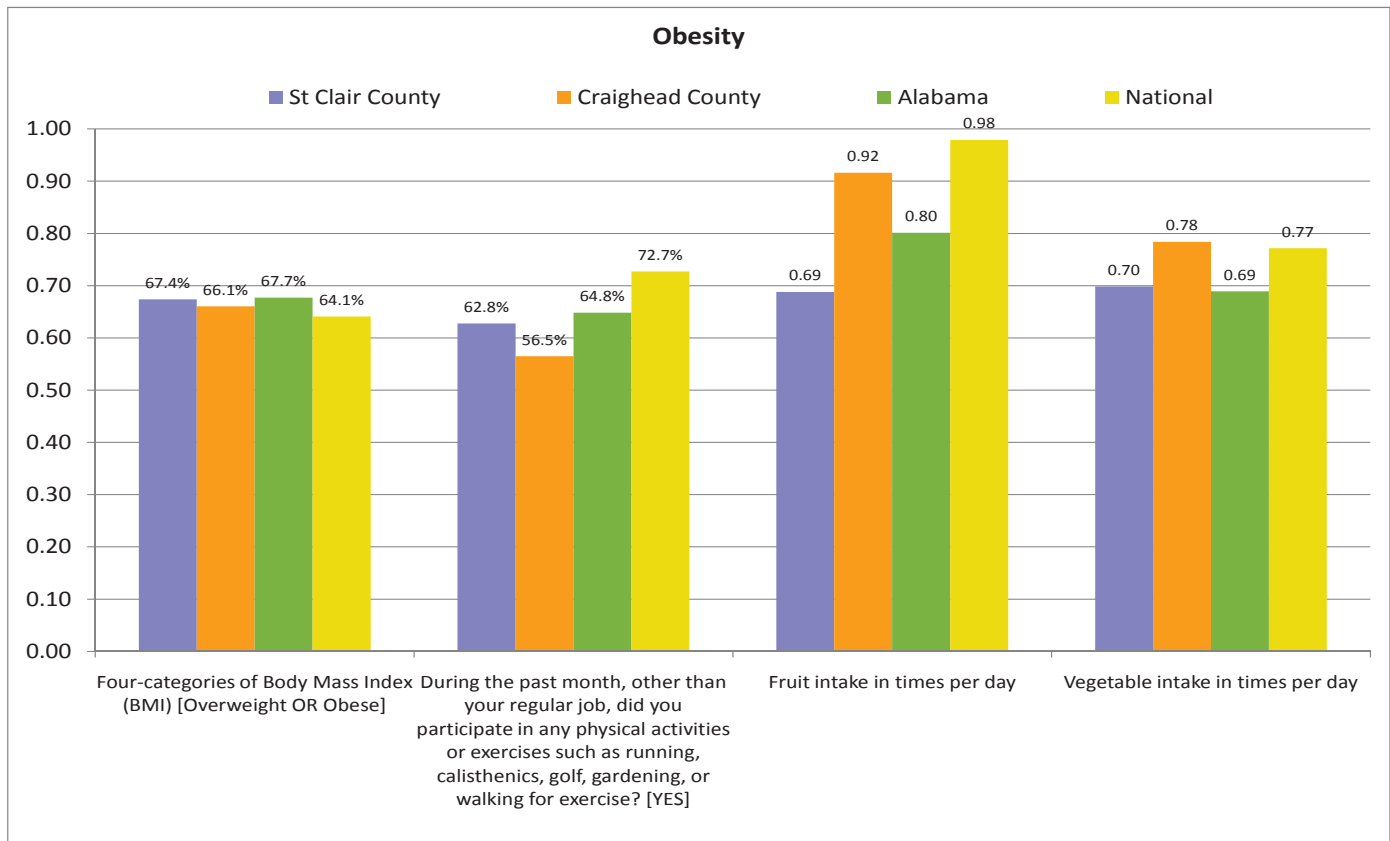
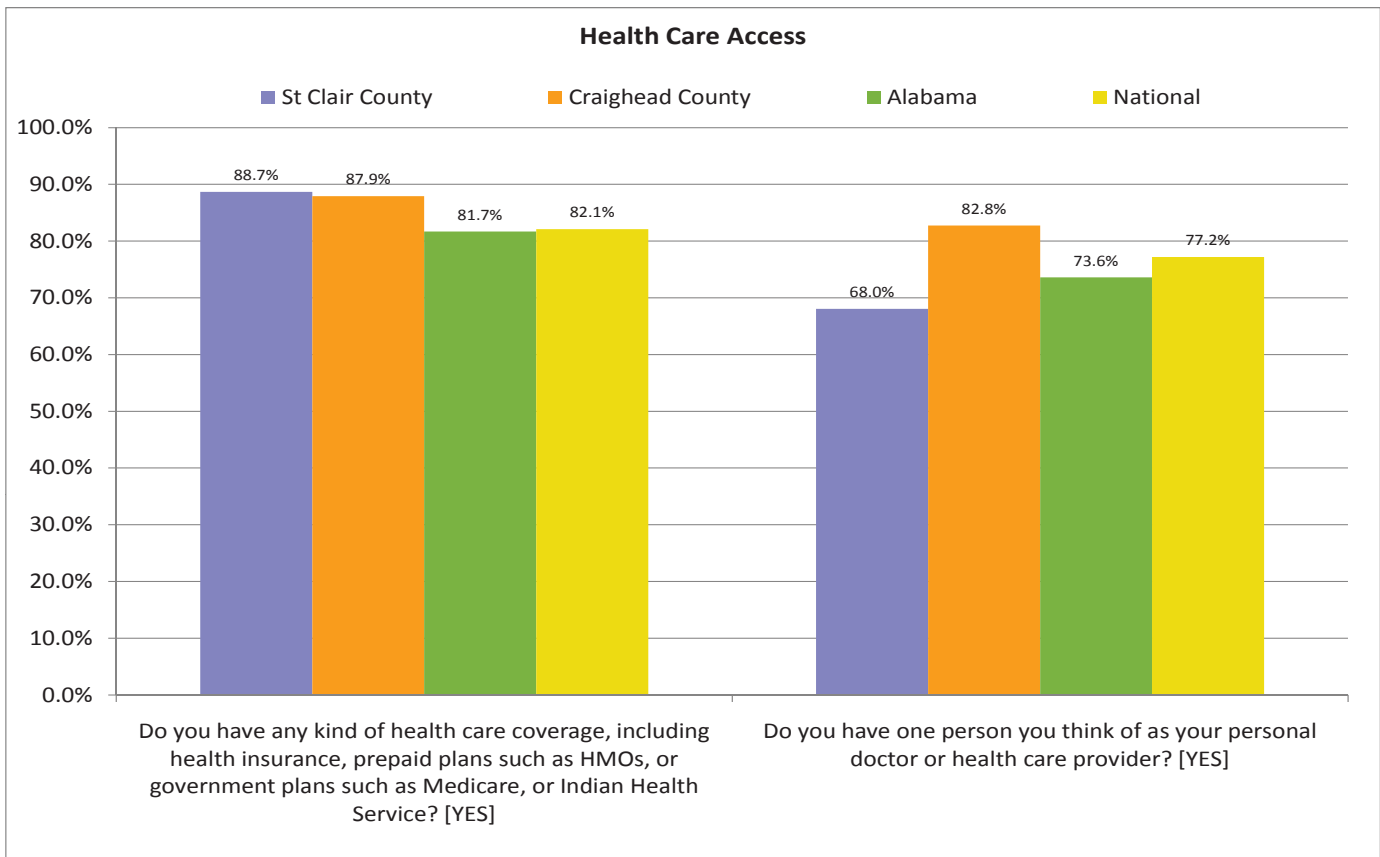


Table 7. Health Care Access identified with BRFSS data



County Health Rankings

Secondary data available on St. Clair 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 different 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

	St. Clair County	Craighead County	Alabama	National Benchmark
MORTALITY				
Premature death	9,713	9,512	10,152	5,466
HEALTH BEHAVIORS				
Adult smoking	27%	20%	23%	14%
Adult obesity	36%	33%	33%	25%
Physical inactivity	35%	32%	31%	21%
Excessive drinking	11%	9%	12%	8%
Motor vehicle crash death rate	23	25	26	12
Sexually transmitted infections	152	654	556	84
Low birthweight	8.70%	8.30%	10.30%	6.00%
Teen birth rate	55	54	53	22
CLINICAL CARE				
Uninsured	17%	20%	16%	11%
Primary care physicians	4014:1	849:1	1,254:1	631:1
Dentists	97	71	83	49
Preventable hospital stays	81%	83%	82%	89%
Diabetic screening	65%	67%	66%	74%
Mammography screening	66%	59%	65%	73%
SOCIAL & ECONOMIC FACTORS				
High school graduation	74%	82%	70%	
Unemployment	9.30%	7.20%	9.50%	5.40%
Children in poverty	20%	27%	27%	13%
Children in single-parent households	26%	38%	37%	20%
Violent crime rate	228	374	459	73
PHYSICAL ENVIRONMENT				
Daily fine particulate matter	2	0	6	0
Air pollution-ozone days	0	0	8	0
Access to recreational facilities	2	5	8	16
Limited access to healthy foods	26%	19%	14%	0%

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 is 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

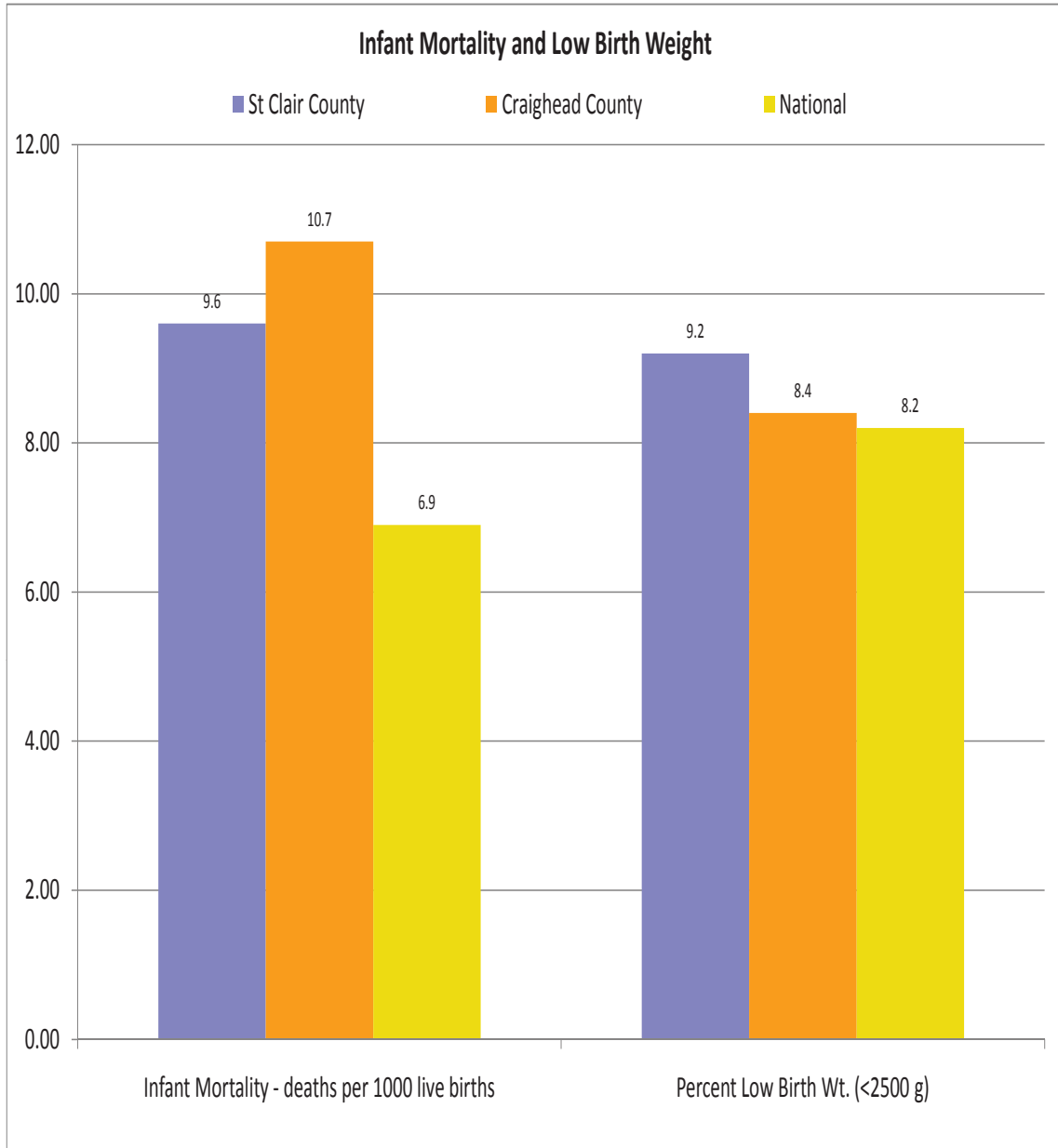
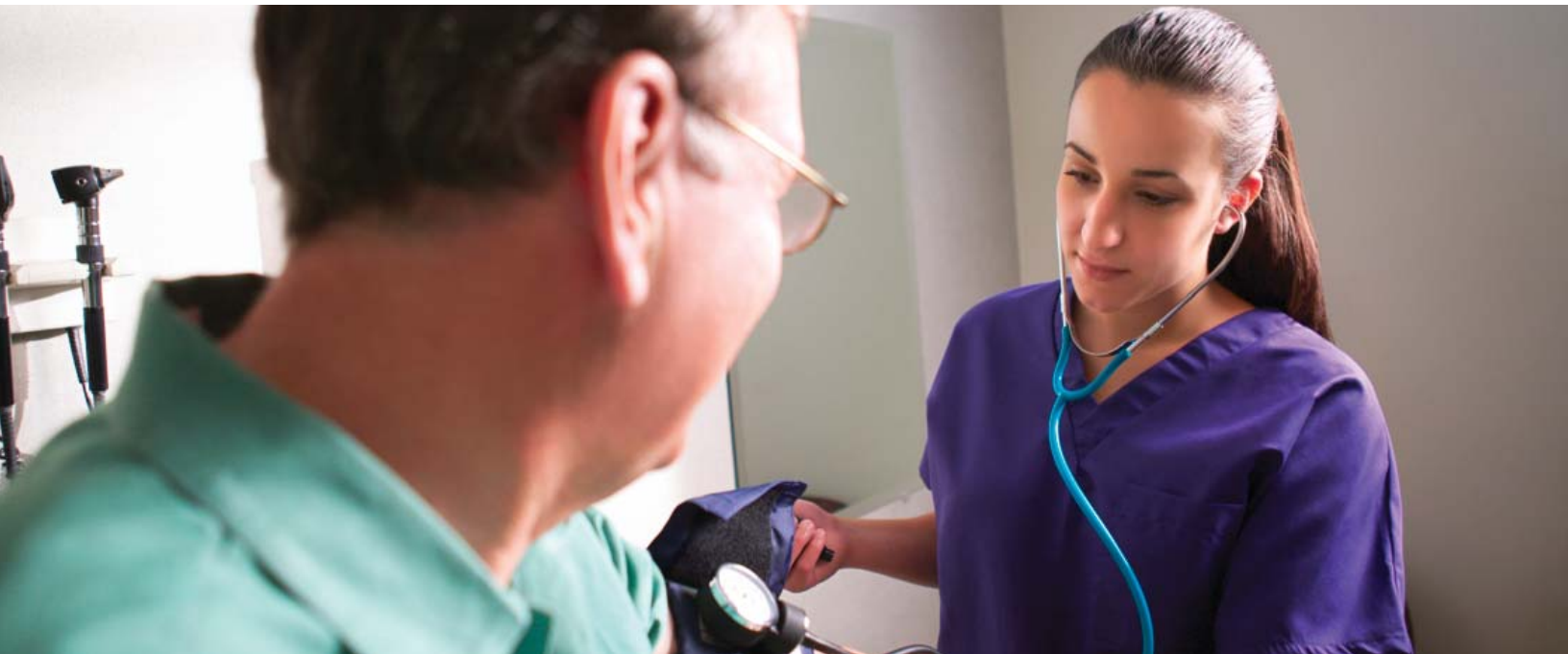
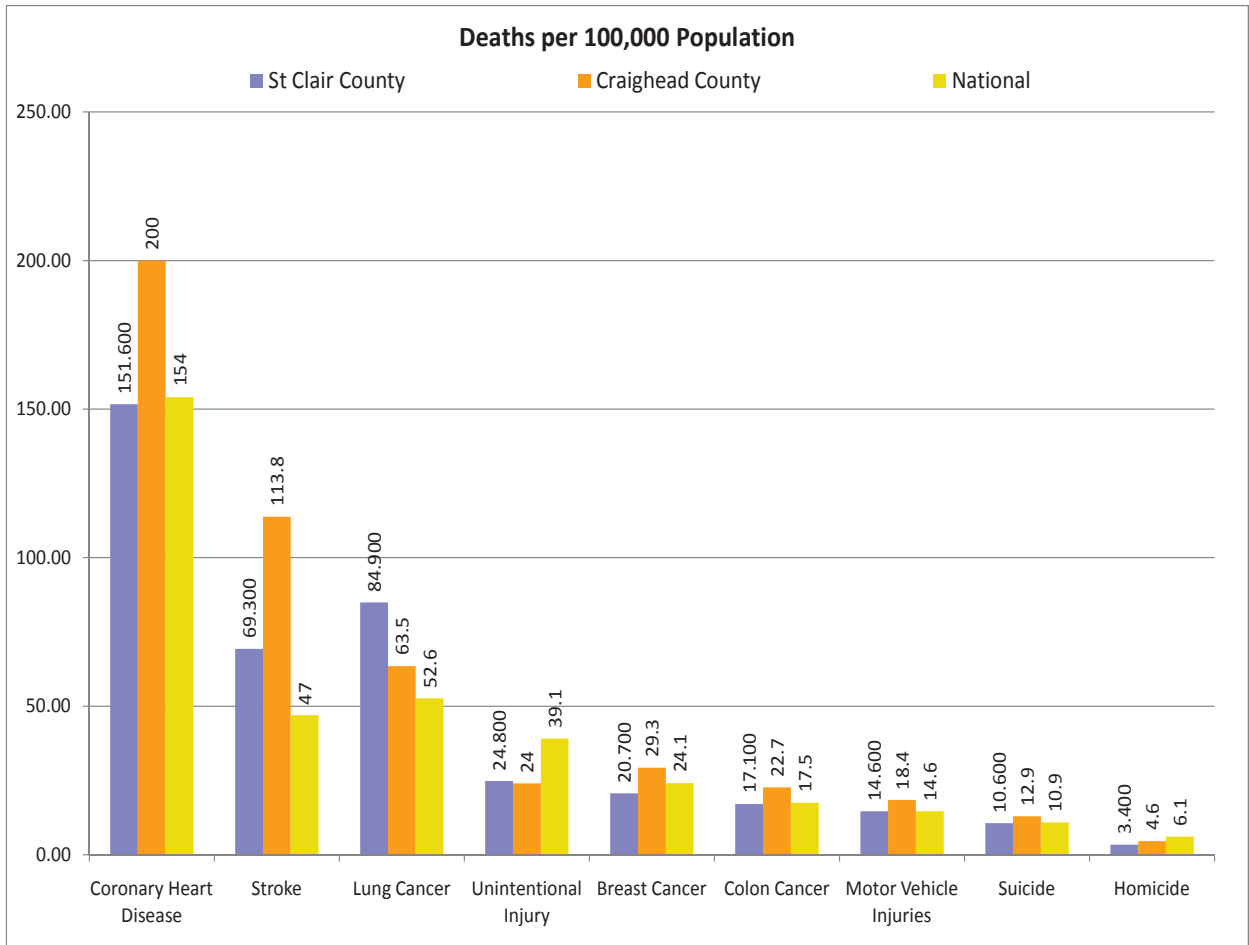


Table 10. Deaths per 100,000 Population



Surveys/Interviews

In order to formulate a comprehensive list of the greatest health needs within the St. Vincent's St. Clair community, survey and interview questions were developed and subsequently conducted with a target audience. Using the guidance provided in IRS Notice 2011-52 on Community Health Needs Assessments for tax-exempt hospitals, we identified health experts at the state and community level who could be key informants, along with local leaders, patient advocates and patient focus groups who would be approached to complete a survey or interview. Below is a list of the survey questions:

Where do You Receive the Majority of your Health Information?	<ul style="list-style-type: none">• Physician /Health Provider• Internet
What are the Biggest Problems for You or Your Family?	<ul style="list-style-type: none">• Lack of Exercise• Stress
What is the Biggest Health Issue/Concern in Your Community?	<ul style="list-style-type: none">• “Unsure”• Obesity• Mental Health
What Does Your Community Need In Order to Improve Your Health and Others?	<ul style="list-style-type: none">• Affordable Medications• Affordable Insurance• Recreation Facilities• Job Opportunities
What Health Screenings or Education is Needed In Your Community?	<ul style="list-style-type: none">• Diabetes• Heart Disease• Blood Pressure• Cholesterol• Cancer
What Events/Initiatives are Most Beneficial to Your Community	<ul style="list-style-type: none">• Annual Health Fair• Heart Screenings• Smoking Cessation (St. Vincent's East)
What are the Most Important Problems Facing Community?	<ul style="list-style-type: none">• Lack of Insurance• Inability to Afford Medications• Too few Affordable Options for Exercising• People with Inadequate Health Education
What Can Hospitals Do To Improve the Quality of Life in Your Community?	<ul style="list-style-type: none">• Education on Health Related Topics• Programs to Increase Physical Fitness• Lower Costs of Healthcare Services

RESULTS

Summary of Findings

The CHNA Coalition Committee, consisting of representatives from hospital senior management and multiple community leaders, completed a private ballot to determine the top five 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 top 5 issues considered to be of greatest need in the community were as follows:

1. Community Recreation Facilities
2. Good Nutrition/Obesity Prevention
3. Cardiac Health Education
4. Hypertension/Stroke Prevention
5. Mental Health Support/Treatment

Identifying the needs of the community provides St. Vincent’s St. Clair 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 St. Clair is part of a health system committed to community outreach and “health care that leaves no one behind”.

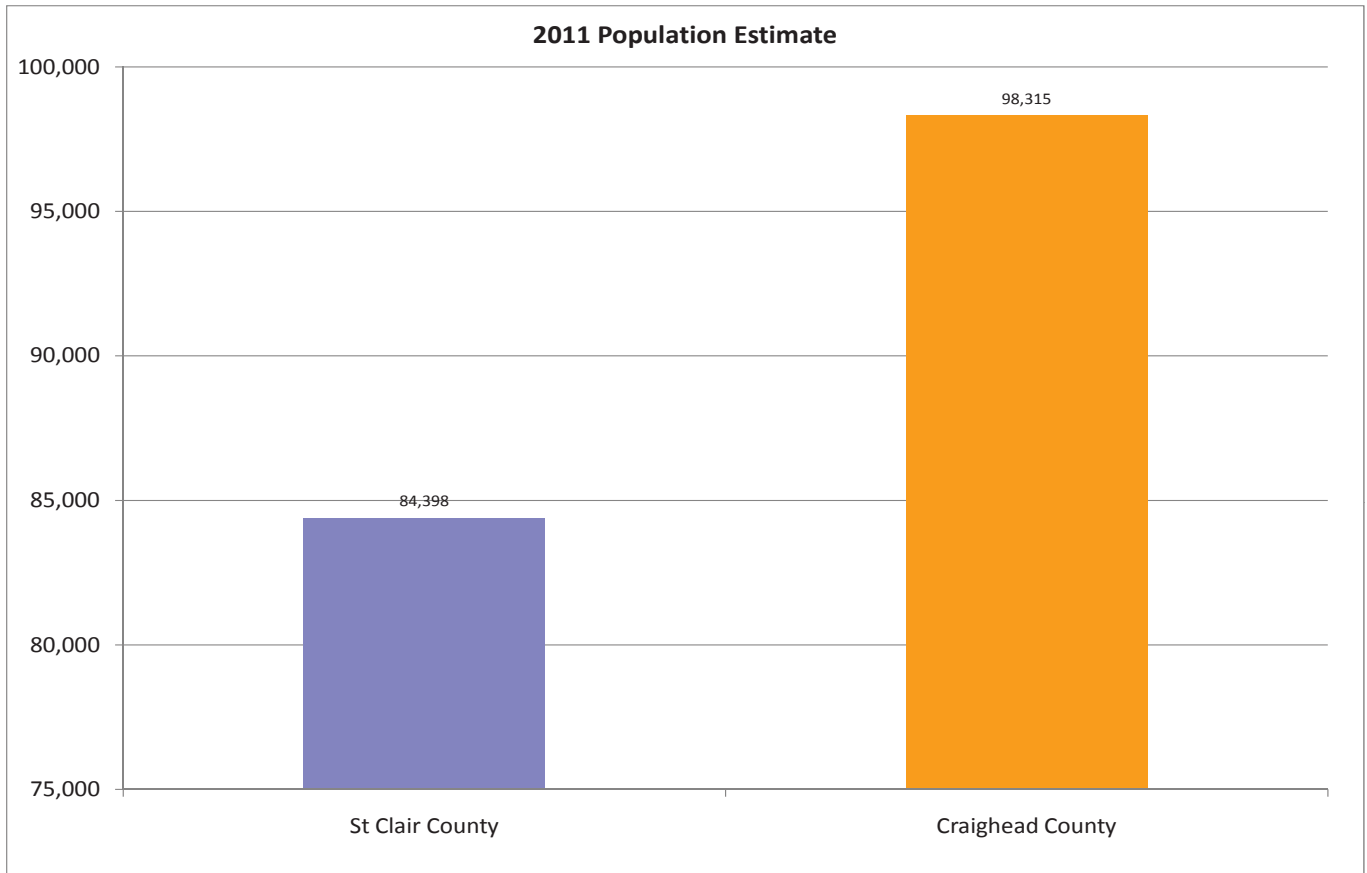


APPENDICES

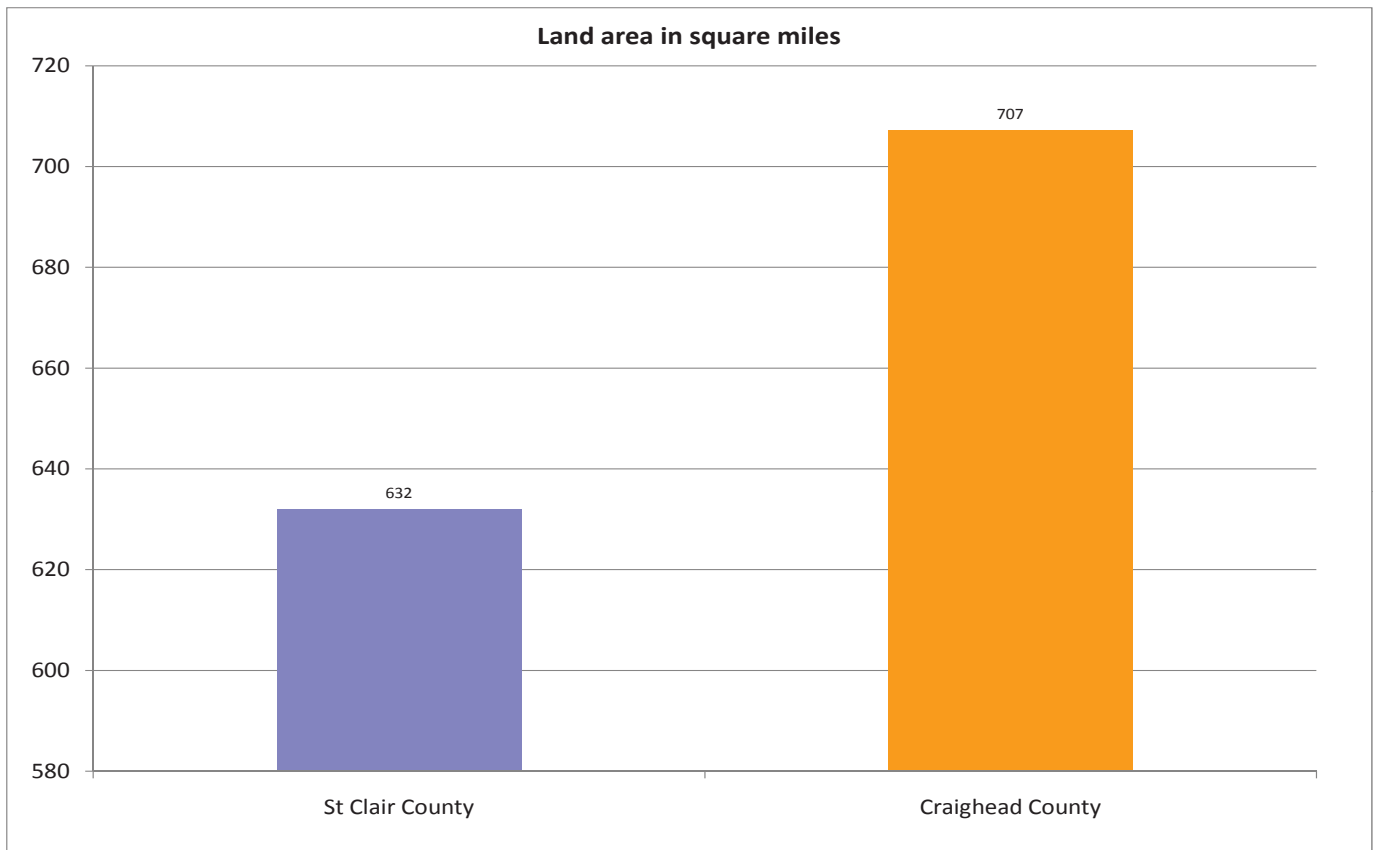
Graphs

- Graph 1. U.S. Census – 2011 Population Estimate
- 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
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- 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

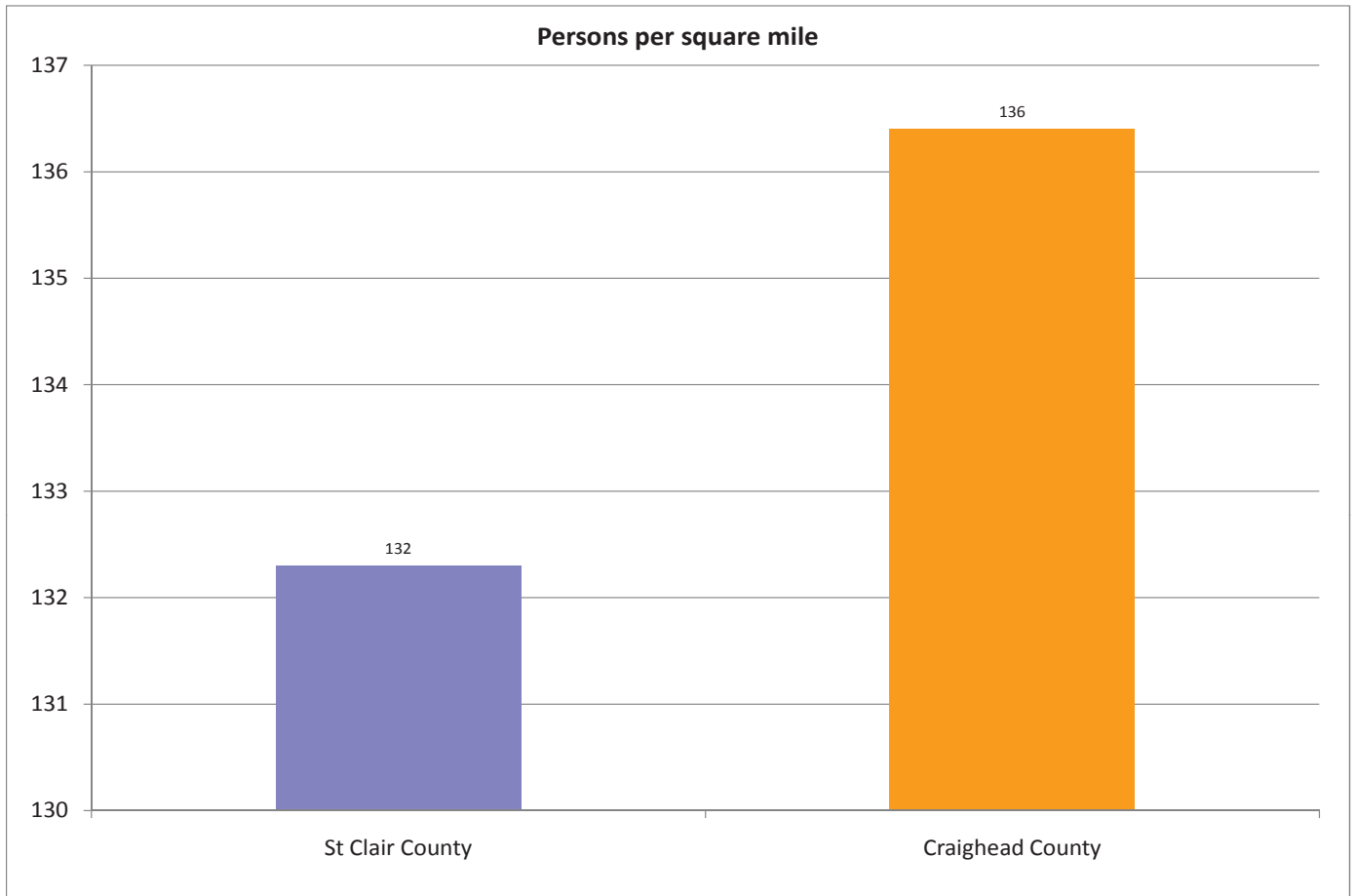
Graph 1. U.S. Census – 2011 Population Estimate



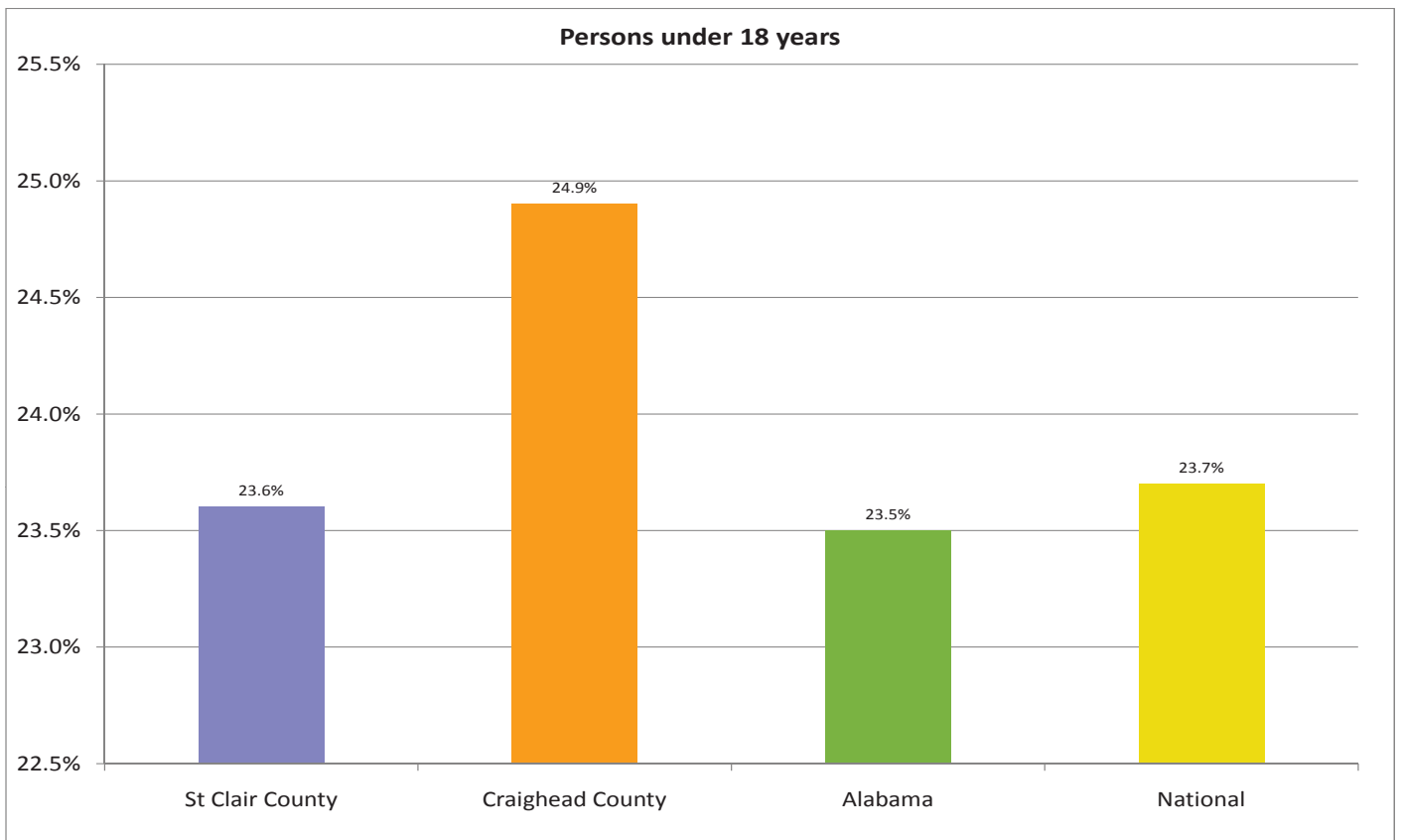
Graph 2. U. S. Census – Land Area



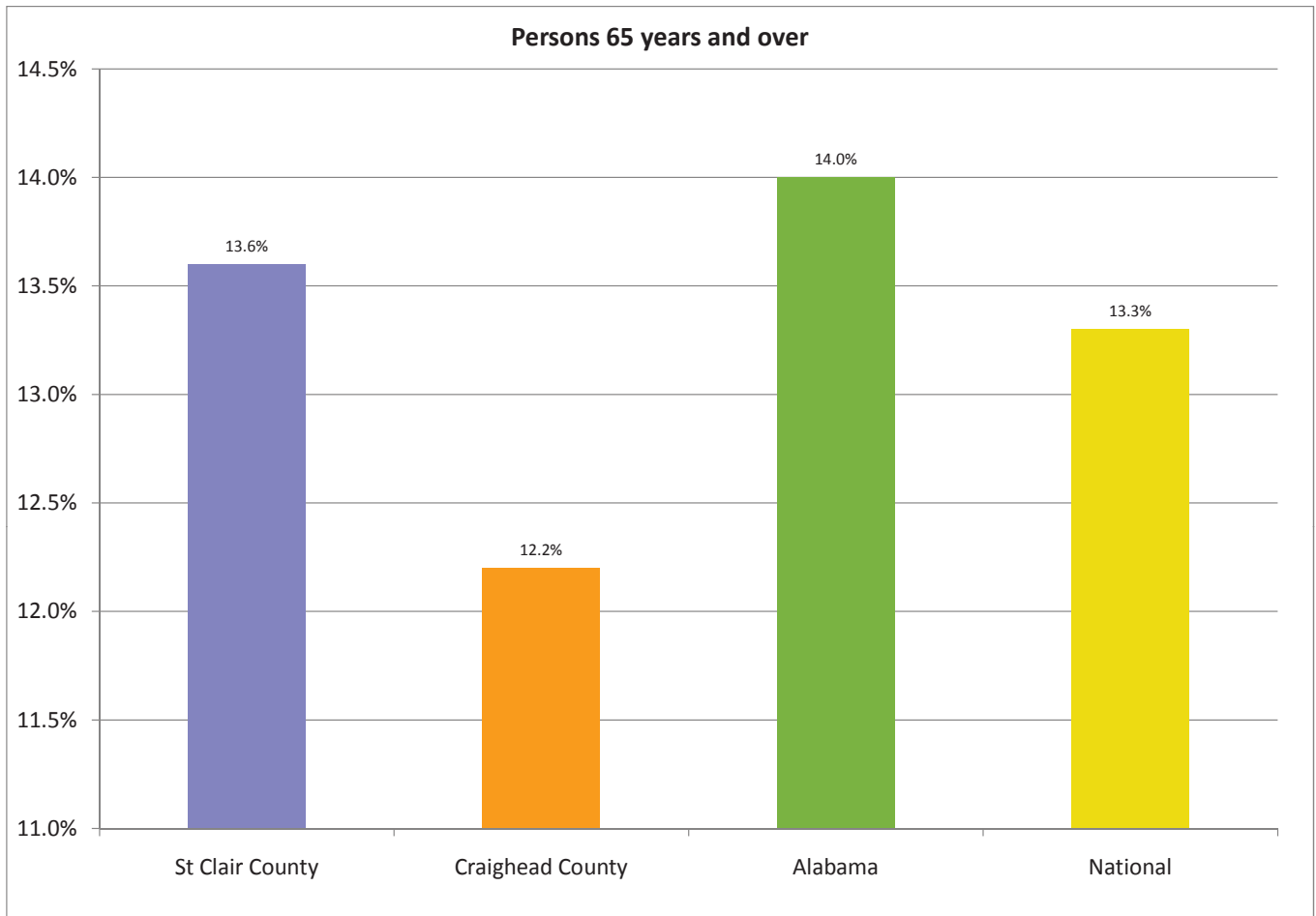
Graph 3. U. S. Census – Persons per Square Mile



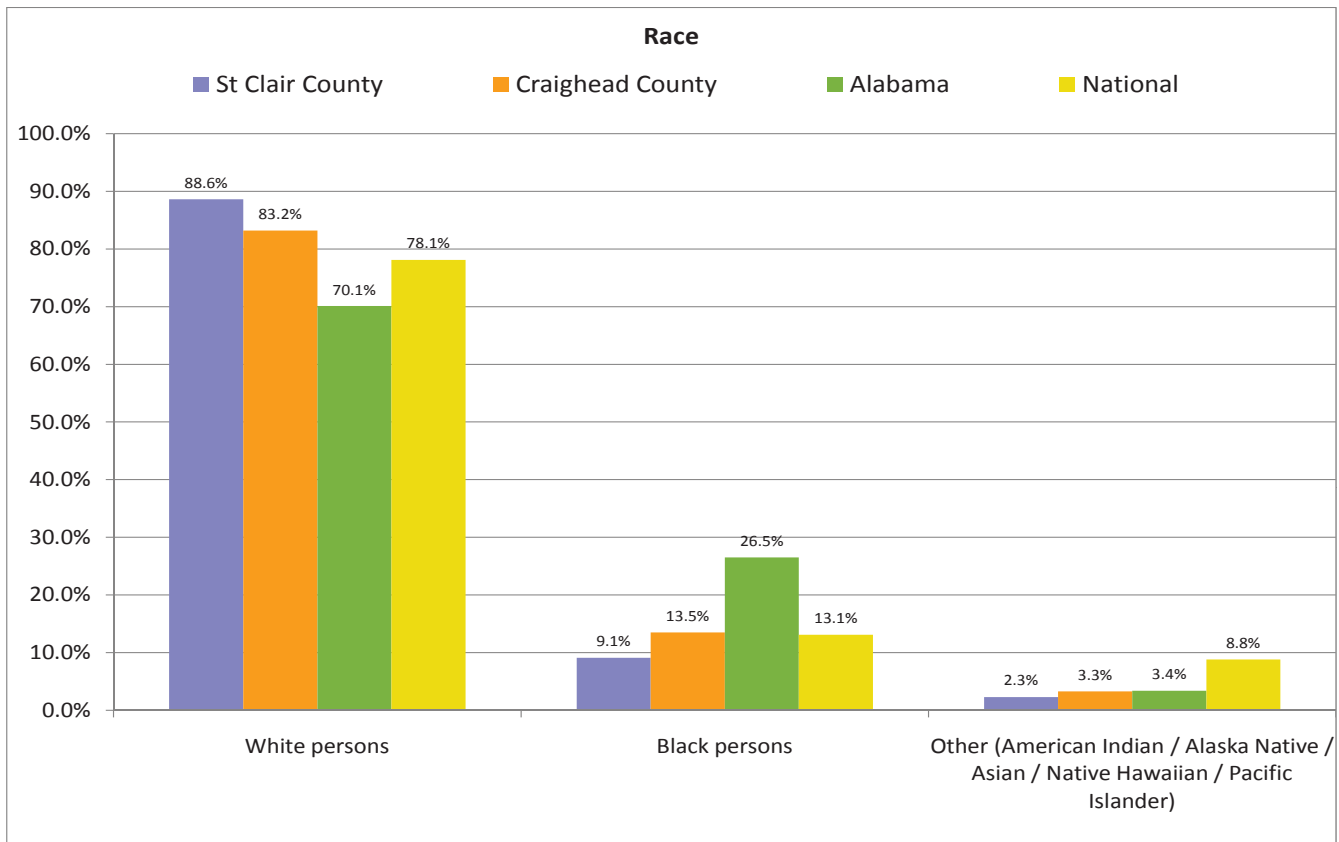
Graph 4. U. S. Census – Persons under 18 years



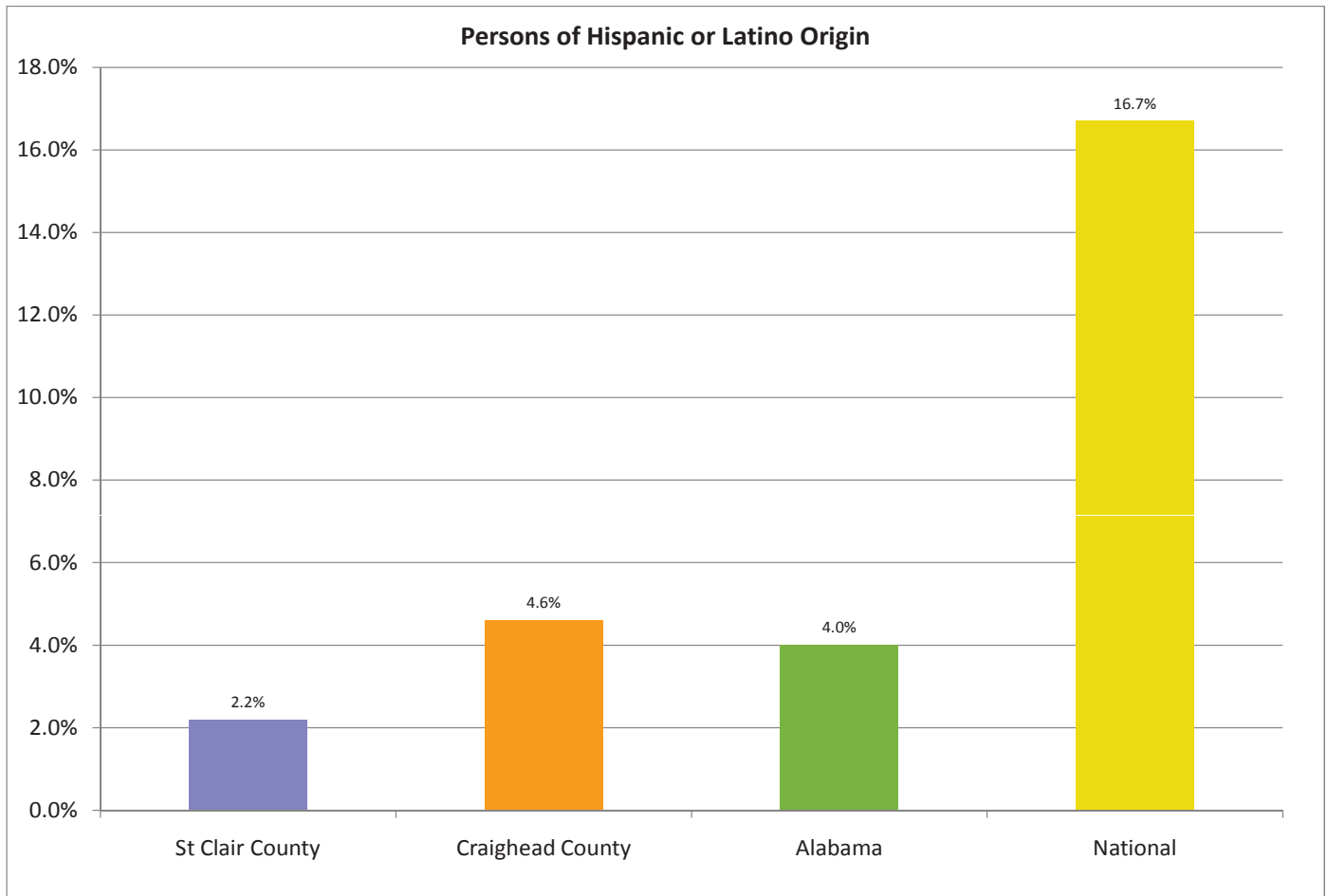
Graph 5. U. S. Census – Persons 65 years and over



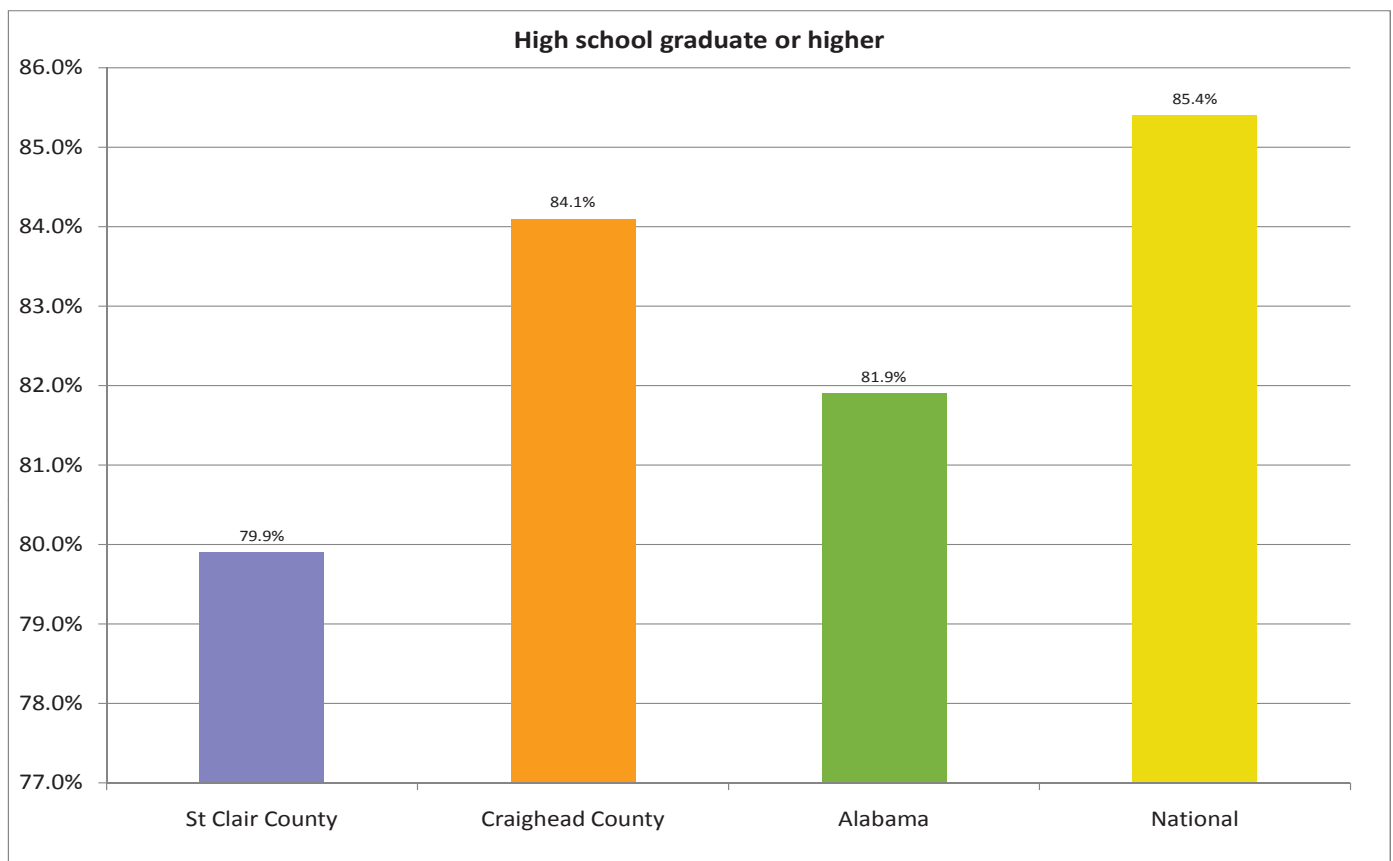
Graph 6. U. S. Census – Race



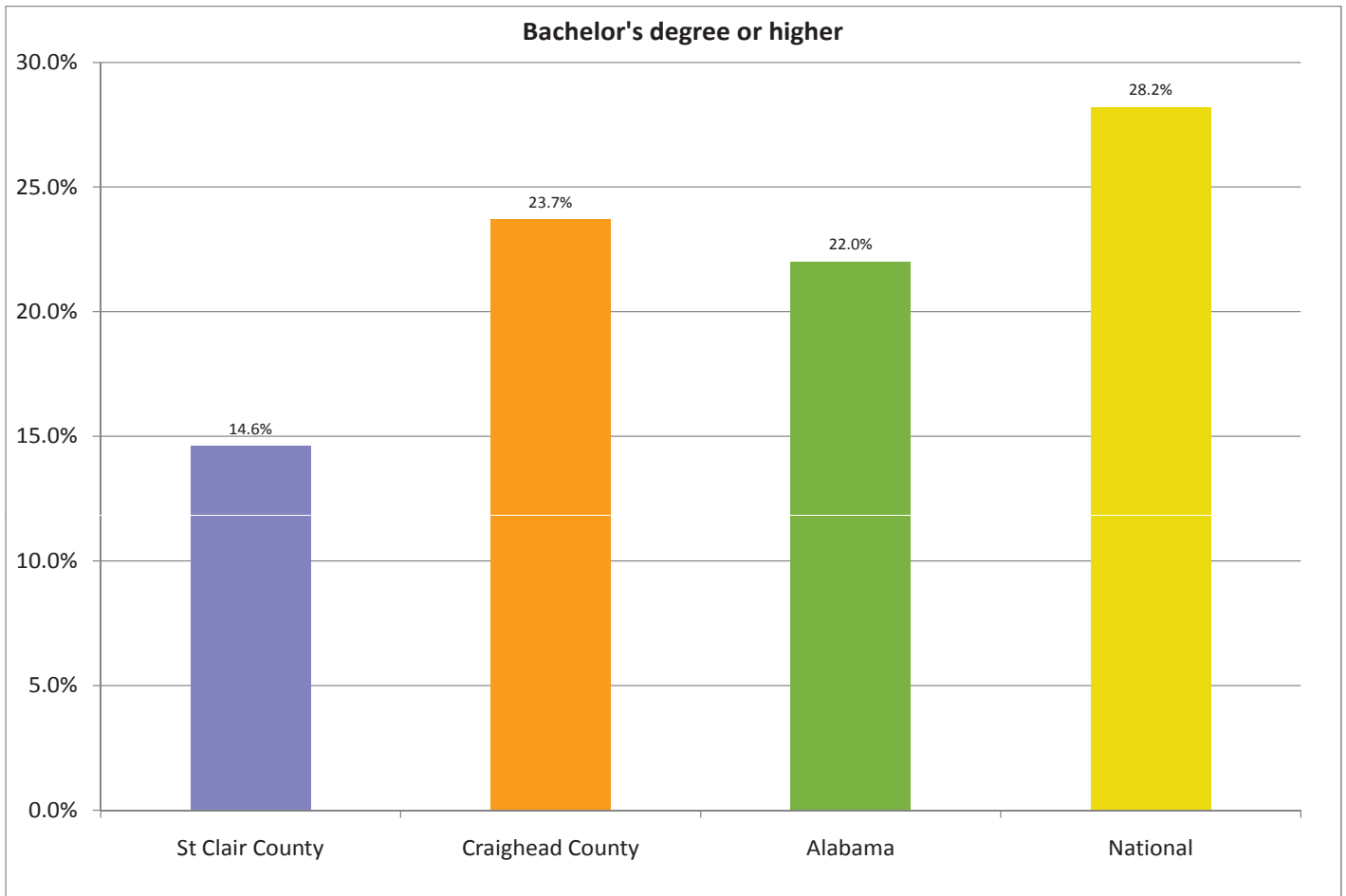
Graph 7. U. S. Census – Ethnicity



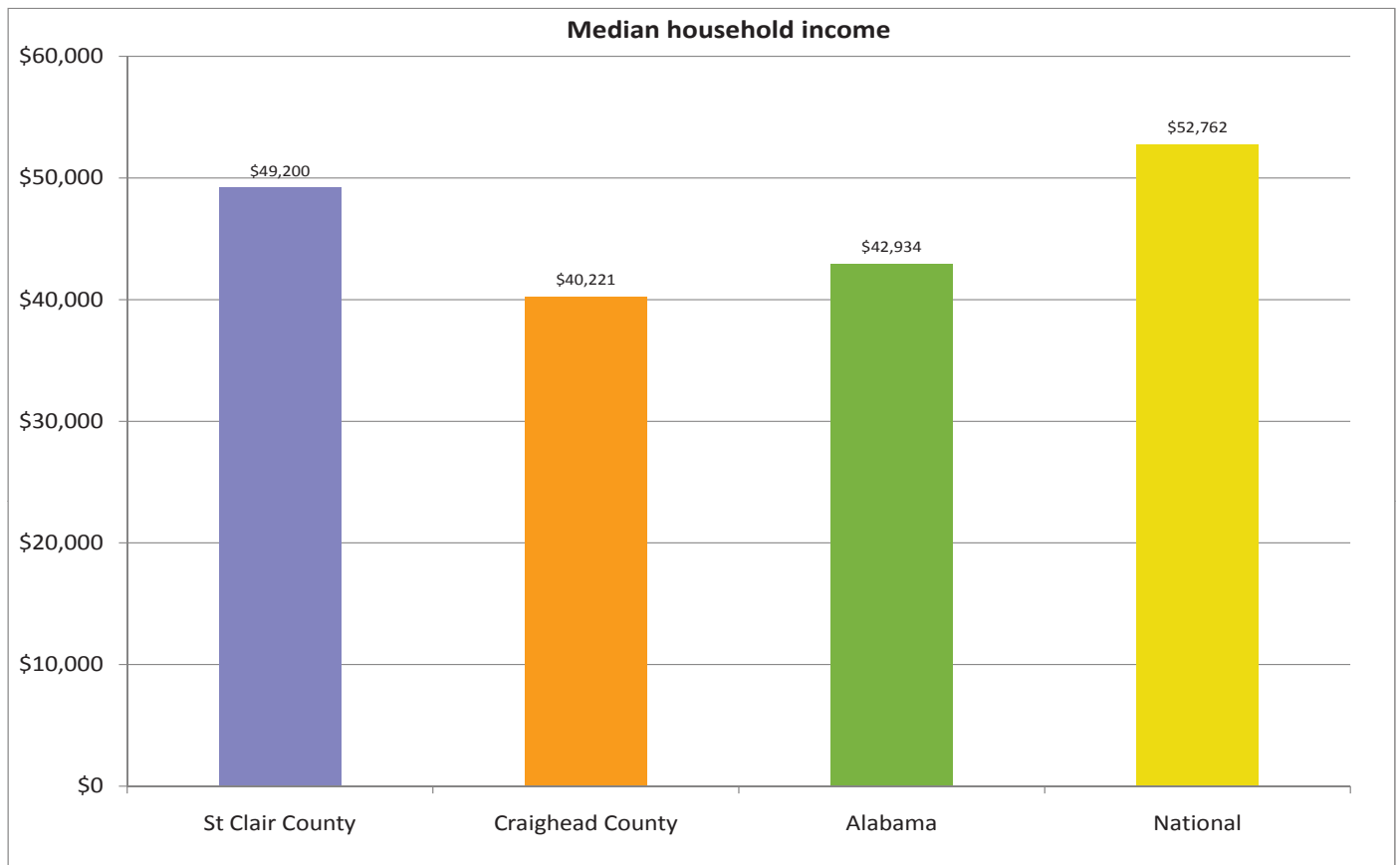
Graph 8. U. S. Census – High School Graduate or Higher



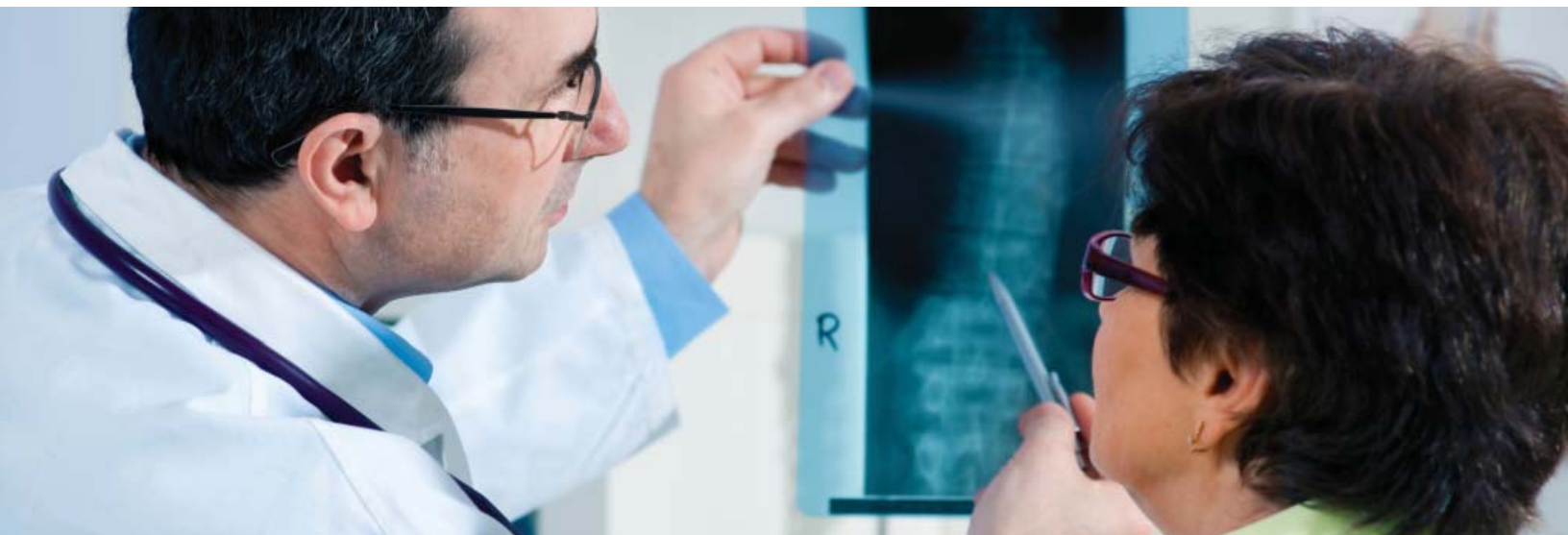
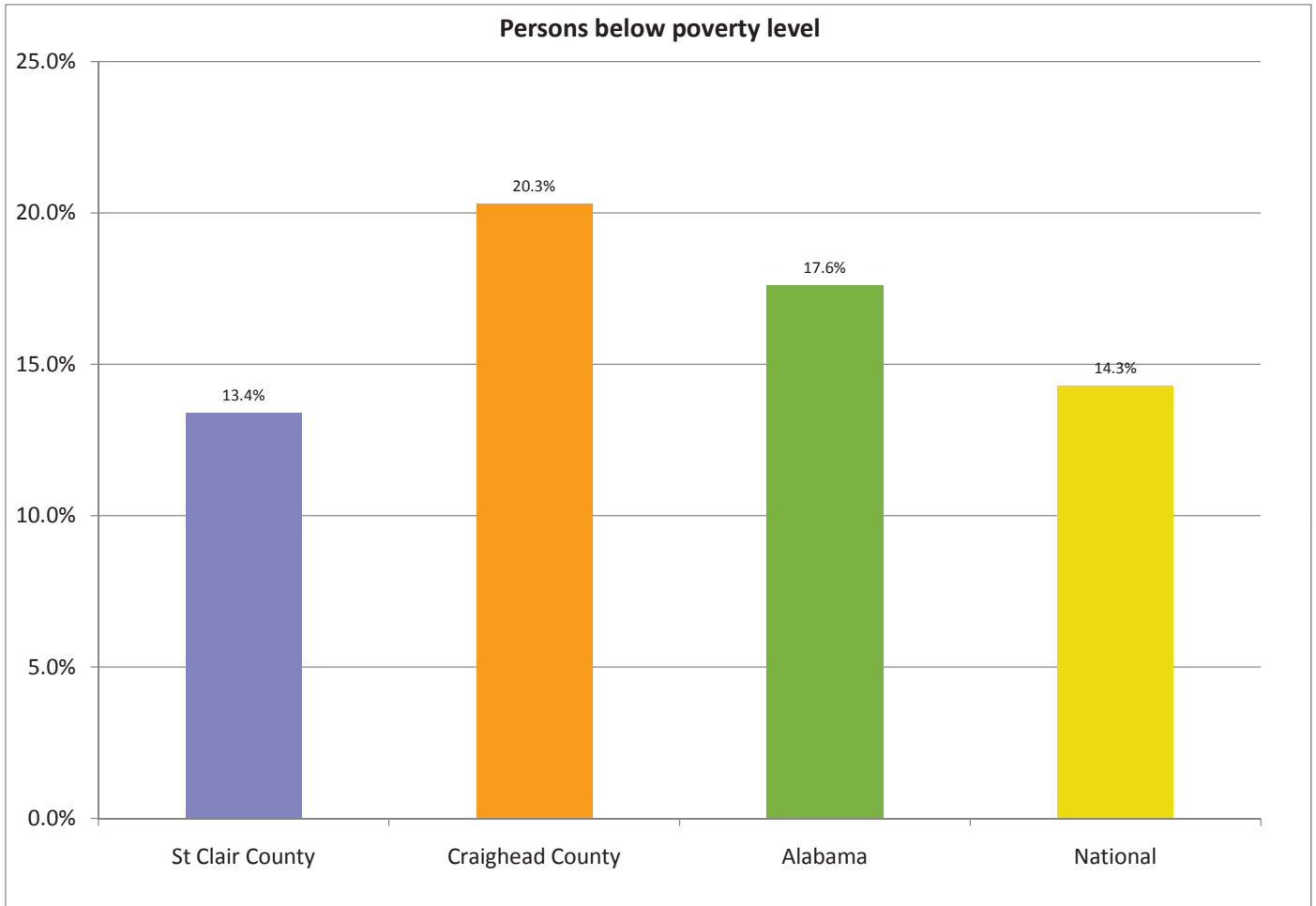
Graph 9. U. S. Census – Bachelor's degree or higher



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



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





Community Health
Needs Assessment

2012