COMMMUNITY eHEALTH ASSESSMENT – NORTH SHORE

REGION: Northeast

COMMUNITY: North Shore

PARTICIPATING ORGANIZATIONS:

Organization	Organization Type
Bane Care Management	Long Term and Post-Acute Care
Lynn Community Health Center	Community Health Center
North Shore Community Health – Salem Family Health Center	Community Health Center
North Shore Medical Center	Hospital
North Shore Provider Group	Provider Group

DATE REVIEWED / UPDATED: 5/18/15

EXECUTIVE SUMMARY

Overview & Methodology

In order to better understand the health information technology and health information exchange ecosystem at the state and local level – so as to inform Community and Statewide eHealth Plans, MeHI conducted a needs assessment of healthcare stakeholders throughout fifteen communities in Massachusetts. The assessment utilized the semi-structured interview methodology and data collection process to gather information from participants. In addition to organizational and HIT environment information, the interview centered on four domains to better understand the clinical/business needs, internal challenges, external barriers and ideas for improvement. Responses were collected, codified into categories, and then ranked by frequency of reporting.

MeHI held roundtable meetings in each of the communities to present and discuss the interview findings. Through group discourse, categories and themes evolved. Based on feedback and comments from the roundtables, MeHI synthesized the findings to develop focus areas for the Community eHealth Plans.

In addition to shaping the focus areas, the goal of the assessment and group meetings was to identify eHealth priorities and develop actionable plans – at the Community level - that demonstrate value for each community. The assessment findings, interview and meeting feedback, and Community eHealth Plans will inform and be integrated into the Statewide eHealth Plan.

Findings

Through interviews with community stakeholders, improving care management was the top priority need. Specifically, the stakeholders identified the following areas as their eHealth priorities:

1. Improve processes for closed loop referral management through improving clinical processes and warm handoffs.
2. Increase timely access to clinical information from hospitals upon discharge to ensure proper

medication reconciliation to increase patient safety and reduce readmissions.
3. Improve the quality of EHR data to gather population health analytics data to manage specific patient populations.

Identification of Internal Challenges and External Barriers: The primary barriers identified by stakeholders to addressing these needs are as follows:

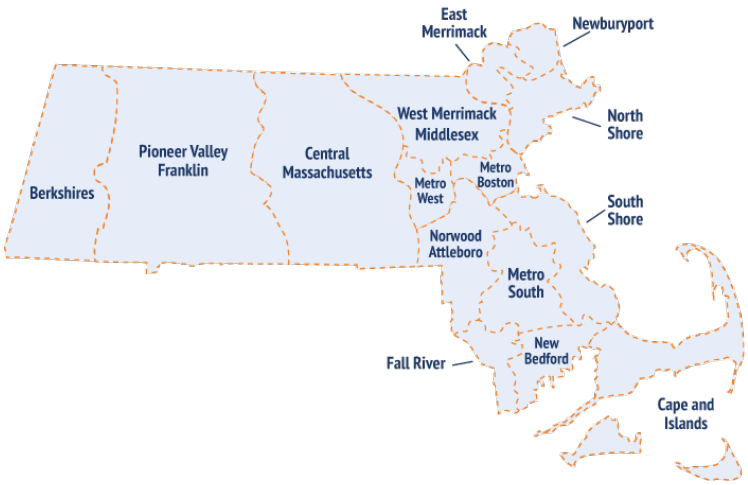
1. Lack of staffing resources
2. Managing operational and training needs
3. Lack of financial capital
4. Lack of HIE and HIway trading partners and production use cases
5. Lack of interoperability and exchange standards
6. Fragmented focus to meet regulatory requirements

Path Forward: Community stakeholders identified a variety of ideas to address needs and barriers with the following ideas:

1. Narrowly identify a clinical initiative such as "improve sharing of discharge summaries." Major event changes are the first place to start to touch multiple organization types and show the value of electronic exchange. Systematically address organization connectivity, technology, workflow process, and human resource components until there is functioning information flow among organizations. Determine a way to streamline the process and include relevant information based on exchange standards.
2. Onboard community organizations not currently transacting on the HIway, such as SNF and small organizations. Set up webmail accounts and ensure everyone knows who had the capability to send and receive via the HIway.
3. The HIway could provide a map to community organizations to show what each organization is capable of sending, what they are capable of receiving, and clinical capabilities. Make the toolsets available to see what can be done today with the HIE to move people forward.
4. Raise to legislation the need for unique patient identifiers in this new age of interoperability and enhanced data exchange and make sure it is consistent across organizations.
5. Identify local HIE or data repository vendors to see if the contributing organizations or patients involved would be something that the community could benefit from joining.

The overall findings for the community are found in the *Report of Community Needs* section of this Community eHealth Plan.

Table 1: The fifteen communities comprise the foundational framework for the Connected Communities Program. These are aligned with the Health Policy Commission's Secondary Service Markets.



COMMUNITY DEMOGRAPHIC

The North Shore community consists of the following cities and towns: Beverly, Boxford, Danvers, Essex, Gloucester, Hamilton, Hathorne, Ipswich, Lynn, Lynnfield, Manchester, Marblehead, Middleton, Nahant, Peabody, Prides Crossing, Rockport, Salem, South Hamilton, Swampscott, Topsfield, Wenham, West Boxford.

Population - Total population of the North Shore Community is 460,699 living in the 316.16 square mile area. The population density is estimated at 1,457.18 persons per square mile which is greater than the national average population density of 88.23 persons per square mile. Between 2000 and 2010 the population in North Shore grew by 5,148 persons, an increase of 1.14%.

Income Per Capita - For the North Shore Community the income per capita is $37,200. This is lower than the Massachusetts statewide income per capita which is $35,484.

Poverty - In the North Shore Community, 22.35% or 100,444 individuals are living in households with income below 200% of FPL, which is higher than the Massachusetts average and 9.95% or 44,722 individuals are living in households with income below 100% FPL. These percentage rates are higher than the Massachusetts state rates in the same categories.

Linguistically Isolated Populations – The North Shore Community does not have a significant percent of linguistically isolated populations with only 4.08% falling in this category. This indicator reports the percentage of the population aged five and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years and over speaks a non-English language and speak English "very well." The Massachusetts state percentage is 5.24%.

Population with Limited English Proficiency – This indicator reports the percentage of population aged five and older who speak a language other than English at home and speak English less than "very well." In North Shore, this indicator is 7.07% compared to the Massachusetts state indicator of 8.84%.

Population by Race Alone - The racial make-up of North Shore County is 86.23% White, 4.01% Black, 2.83% Asian, 0.11% Native American, 0.03% Native Hawaiian, 4.61% Some Other Race and 2.18% Multiple Races.

Information acquired from **Community Commons on May 11, 2015**
http://www.communitycommons.org/

See ***Attachment-1*** for information on Community Commons, reporting methodology and data sources.

HEALTHCARE LANDSCAPE

Access to Primary Care –North Shore has 77.31 primary care physicians per 100,000 population. The Massachusetts state rate is 102.65 per 100,000 population. Doctors classified as "primary care physicians" by AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within listed specialties are excluded.

Lack of a Consistent Source to Primary Care – This indicator reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. For North Shore, this indicator is 9.79%, or 30,408.46 people. This is slightly below the state indicator of 11.53%. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Facilities Designated as Health Professional Shortage Areas (HPSA) – North Shore has a total of 7 HPSA facility designations: 2 in primary care facilities, 3 in mental health care facilities and 2 in dental health care facilities. The state of Massachusetts has a total of 158 HPSA facility designations: 56 in primary care facilities, 51 in mental health care facilities and 51 in dental health care facilities.

Population Receiving Medicaid – In North Shore, the percent of insured population receiving Medicaid is 21.05%, or 92,226, of the total population for whom insurance status is determined. This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is higher than the Massachusetts state indicator of 20.53%.

Information acquired from **Community Commons on May 11, 2015**
http://www.communitycommons.org/

See ***Attachment-1*** for information on Community Commons, reporting methodology and data sources.

Healthcare Organizations in the Community

The table below indicates the type and number of healthcare organizations known to MeHI. This is representative and not intended to be a complete inventory or count of healthcare organizations in the region.

Connected Community: **North Shore** (106 records)*	# Organizations
Ambulatory, General	35
Behavioral Health	24
Community Health Centers	8
Hospital, General	6
IDN/Health System/Network	3
Long-Term Post-Acute Care	30

REPORT OF COMMUNITY NEEDS

Five interviews were completed within the North Shore area for the Connected Communities Program to inform the both the Community and Statewide eHealth Plan. These discussions included participants from multiple organization types – Hospitals, Community Health Centers, Provider Groups, and Skilled Nursing Facilities. In the interviews, organizations were asked to identify the top clinical and business needs that organizations are trying to solve with technology, top obstacles related to Health IT, and top ideas where technology may improve healthcare in Massachusetts. Obstacles related to Health IT were broken down into challenges faced within the organization and barriers perceived in the external healthcare market. The consensus view of stakeholders around community needs, ideas and obstacles is reflected in the Executive Summary section of this document.

Reported Clinical-Business Needs

What clinical or business needs are you trying to solve with technology?

	Reporting Area-Frequency	
Clinical-Business Needs	**North Shore**	**MA**
Improve Care Management	19%	9%
Improve Population Health Analytics	19%	7%
Access to Clinical Information	19%	21%
Meet Regulatory/Incentive Requirements	13%	10%
Enhance Alternative Payment Model (APM) Reporting	13%	4%
Promote Patient- & Family-centered Care	6%	3%
Remain competitive and grow business	6%	2%
Improve Care Quality and Patient Safety	6%	9%
Improve Internal Processes & Operations	0%	13%
Know Patients, where they are and their status	0%	2%
Improve Medication Reconciliation	0%	14%
Enhance Clinical Quality Reporting	0%	3%
Improve Interoperability and Exchange	0%	9%
Increase Public Health Reporting	0%	3%
Enhance Remote Patient Management	0%	4%
Improve Care Transitions	0%	2%
Enable Interstate Exchange	0%	<1%

Community Clinical and Business Needs

During each of the interviews conducted, contributing organizations were asked about statewide and community specific clinical and business needs. The results from the North Shore Community interviews were compared to the statewide findings. In total, 16 top clinical and business needs

were identified by the North Shore Community. In order of priority, the top four clinical-business needs aligned between the state of Massachusetts and the North Shore Community. Specifically, the top four consisted of: Access to Clinical Information, Improve Internal Processes & Operations, Meet Regulatory / Incentive Requirements and Improve Care Quality & Patient Safety. With each community having its own unique Health IT landscape, it is only to be expected that the North Shore Community would have clinical and business needs that vary a bit from that of the overall state. For example, amongst the top priority for the North Shore Community was both Improve Population Health Analytics and Enhance Alternative Payment Model (APM) Reporting. Although identified as important for the North Shore Committee, these two clinical and business needs were however not seen as important to the state of Massachusetts as a whole. On the contrary, seen as a top priority for the state of Massachusetts was Improve Medication Reconciliation, which was not seen as an top priority need for the North Shore Community.

To further explore exactly how the top priorities aligned between the state of Massachusetts and the North Shore Community, a closer look was taken and follow-up surveys were sent out following the interviews. As related to Access to Clinical Information, it was identified that having great care coordination and the ability to send discharge summaries were of high importance. Also important was the ability to share data with Medicaid Managed Care Organizations. In line with providing better patient care, being able to get information to organizations that share patients was amongst the top concerns. Improving Population Health Analytics was also further analyzed during the interview process. It was identified that improving the quality of EHR data for shared risk payment models, as well as using the data to manage patient population for management of chronic disease were both of top importance. As expected and in line with the clinical and business needs for the state of Massachusetts, the North Shore Community ranked Meeting Regulatory / Incentive Requirements amongst the top. Specifically, meeting Meaningful Use (MU) requirements and achieving MU was called out. Although not to the level of priority as those noted above, both Promote Patient & Family – Centered Care and Remain Competitive and Grow Business were also of importance to the North Shore Community.

Clinical / Business Needs in North Shore- A Closer Look

Clinical-Business Needs	Count	Category %
Improve Care Management	**3**	**19%**
Closed loop referral management	1	
Providing clear, accurate and consistent data to improve clinical outcomes and provide reports to ACOs	1	
Improving clinical processes and warm handoffs	1	
Improve Population Health Analytics	**3**	**19%**
Improving quality of EHR data to gather population health and analytics data for shared risk payment models	1	
Using data to manage patient population (chronic disease management)	1	
Population Health	1	
Access to Clinical Information	**3**	**19%**
Care coordination - sending discharge summaries	1	
Sharing data with Medicaid Managed Care Organizations	1	
Getting information to orgs that share patients to improve patient care	1	
Meet Regulatory/ Incentive Requirements	**2**	**13%**
Meeting MU measure requirements	1	
Achieve MU	1	
Enhance Alternative Payment Model (APM) Reporting	**2**	**13%**
copied from above - Providing clear, accurate and consistent data to improve clinical outcomes and provide reports to ACOs	1	
ACO model of care	1	
Promote Patient- & Family-centered Care	**1**	**6%**
Managing patients' care plans	1	
Remain competitive and grow business	**1**	**6%**
Referral and provider data to keep up with market and growing needs for residents	1	
Improve Care Quality & Patient Safety	**1**	**6%**
Improved quality and efficiency of clinical operations	1	

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Community Priority Needs

Through interviews with community stakeholders, improving care management was the top priority need. Specifically, the stakeholders identified the following areas as their eHealth priorities:

1. Improve processes for closed loop referral management through improving clinical processes and warm handoffs.
2. Increase timely access to clinical information from hospitals upon discharge to ensure proper medication reconciliation to increase patient safety and reduce readmissions.
3. Improve the quality of EHR data to gather population health analytics data to manage specific patient populations.

Reported Internal Challenges and External Barriers

Internal Challenges

What are your top HIT related challenges within your organization?

Internal Challenges	North Shore	MA
Meeting Operational and Training Needs	29%	15%
Lack of Staffing Resources	29%	25%

Lack of Financial Capital	21%	22%
Meeting Regulatory Requirements	14%	4%
Managing Workflow and Change	7%	14%
Lack of Data Integration - Interoperability	0%	3%
Market Competition and Merger Activity	0%	1%
Technology Insufficient for Needs	0%	9%
Data Relevancy	0%	<1%
Leadership Priorities Conflict with IT Needs	0%	2%
Market Competition and Merger Activity	0%	1%
Internet Reliability	0%	1%
Improve Medication Reconciliation	0%	<1%

Community Internal Challenges

As mentioned above, in addition to the interviews conducted, a separate survey was sent to further identify needs and challenges of the North Shore community. As part of the analysis, it was determined that the needs identified were aligned with both data collection methods. As part of the discovery, Lack of Staffing Resources and Meeting Operational & Training Needs were amongst the very top. Consistent with the state of Massachusetts findings, Lack of Staffing Resources was also identified as a North Shore Community internal challenge. Another major challenge was Lack of Financial Capital, which is also a theme throughout the entire state. As one would expect, it is hard to have resources available to train and assist with operational workflow changes, another challenge identified, when financial capital is not readily available.

To continue to progress in the adoption of Health IT, organizations would need funding for additional resources to assist with ongoing staff training, issue resolution and to further EMR optimization and HIE capabilities. As a result of doing a deeper dive into the challenges, Meeting Regulatory Requirements was expressed as being very difficult. In particular, those interviewed felt that there were too many requirements, ultimately causing both patient care and physician work-life balance to suffer. Also stated was the concern of both providers and staff having too many interfaces to manage the required state reporting. There was no streamlined, unified platform to report all necessary data to the different State Departments. As with many communities, another internal challenge noted was the ongoing system selection process, determining which EMR is the best to implement. Epic, a top EMR is one of consideration, along with another vendor too. Having to prioritize where the investments are made as related to Health IT technology and implementations are also seen as a top constraint. When choosing the 'correct' EMR, consideration is often given to what other near-by hospitals have implemented. The reason for this, as it directly affects how easily information can be shared, ultimately affecting the cross-hospital patient care. Digging further into the challenge of Meeting Operational and Training Needs, it was pointed out that the need for consistency has been a barrier that needs to be addressed. In particular, ensuring consistency across locations as related to definitions policies / processes and reporting is an area needing great improvement. Having consistency across these areas would only enhance operations, workflows and would both help support better patient care and reduce costs too.

Internal Challenges in North Shore- A Closer Look

Internal Challenges	Count	Category %
Meeting Operational and Training Needs	**4**	**29%**
Maintaining different technologies for communication with different health systems	1	
Getting people to understand technology alone does note solve problems (training and workflow is crucial)	1	
Determining whether to get on Epic or continue investing with current vendor	1	
Getting each facility to report consistently. Definitions, processes, reporting practices and policies can vary by location	1	
Lack of Staffing Resources	**4**	**29%**
Prioritizing investments in technology and implementations	1	
MU has become too much of a distraction from improvement work	1	
Implementation is secondary to resident care which limits technology projects	1	
lack of bandwidth that have too many things to focus on	1	
Lack of Financial Capital	**3**	**21%**
Funding - for IT projects and resources	1	
Prioritizing investments in technology and implementations	1	
Lack of funding, resources and time	1	
Meeting Regulatory Requirements	**2**	**14%**
too many requirements" causing patient care and physician work-life to suffer	1	
Providers and staff have too many interfaces to deal with for state reporting	1	
Managing Workflow and Change	**1**	**7%**
Getting people to understand technology alone does note solve problems (training and workflow is crucial)	1	

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External Barriers

What are your top environmental (external) HIT-related barriers impeding your progress?

External Barriers	North Shore	MA
Lack of HIE / HIway Trading Partners & Production Use Cases	23%	23%
Meeting Regulatory Requirements	23%	19%
Lack of Interoperability and Exchange Standards	23%	23%
Sensitive Information Sharing and Consent	8%	6%
Lack of HIE / HIway Education	8%	6%
Cost of Technology / Resources	8%	9%
Lack of Reimbursement/Unreliable Payments	8%	2%
Market Competition & Merger Activity	14%	4%
Vendor Alignment	5%	4%
Lack of EHR Adoption	0%	1%
Market Confusion	0%	1%
External Attitudes and Perceptions	0%	1%

Community External Barriers

Community organizations face many external challenges that often distract focus and hinder progress towards Health IT adoption. Six of the top external barriers identified through interviews completed across the state, are directly aligned with the top barriers discussed in the North Shore Community interviews. The top areas identified by this community were focused on, Meeting Regulatory Requirements, Lack of Interoperability and Exchange Standards, Cost of Technology / Resources, Sensitive Information Sharing and Consent and Lack of HIE / HIway Trading Partners, Education and Use Cases.

The North Shore community was consistent in what has been seen in other communities in that organizations are often reluctant to be an 'early adopter' in investing in the needed technology for furthering Health IT, rather they would rather first see the benefits others achieve as it relates to both functionality and cost savings.

The organizations felt a great barrier to the lack of HIway trading partners and use cases. Hospitals often have trouble finding organizations to exchange data with to streamline workflows and test alternate use cases for sending and receiving information to better care for the patient. Those interviewed felt the quandary of needing people to actively use the technology to increase the use cases and to show the benefit, while also needing to show the benefit in order for organizations to use HIE technology.

Another barrier discovered during the interviews was the lack of consumer user education around both HIE and the HIway. Patients need to be educated on what it means to consent to sending their personal health information and the benefits of doing so. Currently the onus for this type of education rests on office staff. Having the HIway focus on ways to help better inform the general public, would be seen as a great solution to a well-recognized exterior barrier and would help support the overall goal across the entire state. Doing this would also help support the notion that patients need to become more involved in their own care.

Other external barriers discussed in the interviews was the concern for Lack of Reimbursement and Unreliable Payments. Although this was seen as a higher concern amongst the North Shore community, it still aligns and is seen as a concern across the state of Massachusetts.

The themes above were the top external challenges identified and further explored throughout the data collection process. Reference the table below to show even greater detail to the findings discovered throughout the interview process as related to the barriers perceived by the North Shore community.

External Barriers in North Shore- A Closer Look

External Barriers	Count	Category%
Lack of HIE / HIway Trading Partners & Production Use Cases	**3**	**23%**
Difficult for large health system to communicate with so many independent organizations within the community	1	
Use cases for the Hiway	1	
eCW connection to Hiway	1	
Meeting Regulatory Requirements	**3**	**23%**
Mass state regulations	1	
Time spent on MU requirements	1	
MU is a distraction from quality work	1	
Lack of Interoperability and Exchange Standards	**3**	**23%**
Faulty internet connections in certain locations	1	
Slow internew connection increases time to enter date in EHR	1	
Patient portal not easily accessible from patients' smart phones	1	
Sensitive Information Sharing and Consent	**1**	**8%**
Data security challenges	1	
Lack of HIE / HIway Education	**1**	**8%**
Awareness of the Hiway with smaller trading partners	1	
Cost of Technology / Resources	**1**	**8%**
Lack of IT infrastructure	1	
Lack of Reimbursement/Unreliable Payments	**1**	**8%**
Uncertainty around timing of payment reform	1	

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Community Priority Barriers

The community group specified the following ***priority barriers*** to addressing needs;

1. Lack of staffing resources
2. Managing operational and training needs
3. Lack of financial capital
4. Lack of HIE and HIway trading partners and production use cases
5. Lack of interoperability and exchange standards.
6. Fragmented focus to meet regulatory requirements.

Reported HIT Improvement Ideas

What are your top ideas where technology (or technology related policy) may improve healthcare in Massachusetts?

HIT Improvement Ideas	North Shore	MA
Enable Interoperability & Exchange	36%	28%
Access to Clinical Information	18%	8%
Improve Care Management	18%	6%
Better Align Programs/Policy	9%	6%
Improve Care Transitions	9%	3%
Improve Care Quality & Patient Safety	9%	6%
Promote Costs Savings	12%	3%

Increase Education & Awareness	8%	15%
Enable Population Health Analytics	8%	4%
Expand Consumer Engagement Technologies	4%	3%
Provide Funding & Resources	4%	10%
Improve Vendor Cooperation	0%	3%
Enhance Reporting to State	0%	2%
Know Patients, where they are & their status	0%	1%
Enhance Alternative Payment Model (APM) Reporting	0%	<1%

Community Prioritized HIT Improvement Ideas

During the Community interviews, discussion of HIT Improvement ideas focused on solutions that would address the priority needs of the North Shore Community and are listed below:

1. Narrowly identify a clinical initiative such as "improve sharing of discharge summaries." Major event changes are the first place to start to touch multiple organization types and show the value of electronic exchange. Systematically address organization connectivity, technology, workflow process, and human resource components until there is functioning information flow among organizations. Determine a way to streamline the process and include relevant information based on exchange standards.
2. Onboard community organizations not currently transacting on the HIway, such as SNF and small organizations. Set up webmail accounts and ensure everyone knows who had the capability to send and receive via the HIway.
3. The HIway could provide a map to community organizations to show what each organization is capable of sending, what they are capable of receiving, and clinical capabilities. Make the toolsets available to see what can be done today with the HIE to move people forward.
4. Raise to legislation the need for unique patient identifiers in this new age of interoperability and enhanced data exchange and make sure it is consistent across organizations.
5. Identify local HIE or data repository vendors to see if the contributing organizations or patients involved would be something that the community could benefit from joining.

	IDENTIFIED eHEALTH PRIORITY AREAS	
1	Improve processes for closed loop referral management through improving clinical processes and warm handoffs.	
2	Increase timely access to clinical information from hospitals upon discharge to ensure proper medication reconciliation to increase patient safety and reduce readmissions.	
3	Improve the quality of EHR data to gather population health analytics data to manage specific patient populations.	

	HIT IMPROVEMENT IDEAS	
1	Narrowly identify a clinical initiative such as "improve sharing of discharge summaries." Major event changes are the first place to start to touch multiple organization types and show the value of electronic exchange. Systematically address organization connectivity, technology, workflow process, and human resource components until there is functioning information flow among organizations. Determine a way to streamline the process and include relevant information based on exchange standards.	
2	Onboard community organizations not currently transacting on the HIway, such as SNF and small organizations. Set up webmail accounts and ensure everyone knows who had the capability to send and receive via the HIway.	
3	The HIway could provide a map to community organizations to show what each organization is capable of sending, what they are capable of receiving, and clinical capabilities. Make the toolsets available to see what can be done today with the HIE to move people forward.	
4	Raise to legislation the need for unique patient identifiers in this new age of interoperability and enhanced data exchange and make sure it is consistent across organizations.	
5	Identify local HIE or data repository vendors to see if the contributing organizations or patients involved would be something that the community could benefit from joining.	

ATTACHMENT - 1

Community Commons http://www.communitycommons.org/

Community Commons provides public access to multiple, public data sources and allows mapping and reporting capabilities to explore various demographic, social and economic and health indicators for defined areas and communities. Community Commons was specifically used to create custom, geographically defined report areas based on the zip codes within each of the **MeHI *Connected Community*** regions.

Community Commons generates custom area estimates for the selected indicators using population weighted allocations. These estimates are aggregates of every census tract which falls within the custom area, based on the proportion of the population from the tract which also falls within the area. Population proportions are determined for each census tract by dividing the sum of each census block's population by the total census tract population. In this way, when a custom area contains 50% of the area of a census tract, but contains 90% of that census tract's population, the figure for that census tract is weighted at 90% in the custom area tabulation.

Indicator data was assembled utilizing known, publicly available data sources identified in the table below;

Table – Data Source

Indicator	Data Source
Total Population	*US Census Bureau, American Community Survey: 2008-12*
Change in Total Population	*US Census Bureau, Decennial Census: 2000 - 2010*
Income Per Capita	*US Census Bureau, American Community Survey: 2008-12*
Population in Poverty - 100% FPL	*US Census Bureau, American Community Survey: 2008-12*
Population in Poverty - 200% FPL	*US Census Bureau, American Community Survey: 2008-12*
Children in Poverty	*US Census Bureau, American Community Survey: 2008-12*
Linguistically Isolated Population	*US Census Bureau, American Community Survey: 2008-12*
Population with Limited English Proficiency	*US Census Bureau, American Community Survey: 2008-12*
Population Receiving Medicaid	*US Census Bureau, American Community Survey: 2008-12*
Access to Primary Care	*US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012*
Facilities Designated as Health Professional Shortage Areas	*US Department of Health & Human Services, Health Resources and Services Administration, Health Professional Shortage Areas: April 2014*
Federally Qualified Health Centers	*US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File: June 2014*