FRESENIUS KIDNEY CARE

Certificate of Need
3390 Dunn Road, Eastover, NC 28312
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September 3, 2019

Ms. Martha Frisone, Chief
Ms. Tanya Saporito, Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
809 Ruggles Drive
Raleigh, North Carolina 27603

Re: Public Written Comments,
CON Project ID # G-11744-19, Central Greensboro Dialysis

Dear Ms. Frisone and Ms. Saporito:

The following comments are offered on behalf of Bio-Medical Applications of North Carolina, Inc., for the above referenced Certificate of Need application filed by Total Renal Care of North Carolina, LLC.

Total Renal Care of North Carolina (TRC) has filed an application to relocate a total of 10 dialysis stations from two existing dialysis facilities to develop a new 10-station dialysis facility in Guilford County. The applicant has filed an application which must be denied for myriad reasons.

"CRITERION (1)" – G.S. 131E-183(a)(1)

"The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, operating rooms, or home health offices that may be approved."

The applicant has provided an application which is internally inconsistent.

A. The information within the tables on pages 7 and 8 of the application directly contradicts the project description as provided by the applicant. The Agency has no way to determine, from the information provided by the applicant, where the stations to be relocated are actually currently being utilized.

   Within the project description (Question 4, page 6 of the application), the applicant provides the following information:

"Develop a new 10-station dialysis facility by relocating seven stations from Reidsville Dialysis (Rockingham County) and three stations from Burlington Dialysis (Alamance County), and develop a home training and support program."

The applicant follows this statement with the following two tables on pages 7 and 8 of the application:

Burlington Dialysis

# of Stations	Description	Project ID #
27	Total # of existing certified stations as reported in the SDR in effect on the day the review will begin	
0	# of stations to be added as part of this project	
7	# of stations to be deleted as part of this project	
0	# of stations previously approved to be added but not yet certified	
0	# of stations previously approved to be deleted but not yet certified	
0	# of stations proposed to be added in an application still under review	
0	# of stations proposed to be deleted in an application still under review	
20	Total # of stations upon completion of all facility projects	

Reidsville Dialysis

# of Stations	Description	Project ID #
16	Total # of existing certified stations as reported in the SDR in effect on the day the review will begin	
0	# of stations to be added as part of this project	
3	# of stations to be deleted as part of this project	
0	# of stations previously approved to be added but not yet certified	
0	# of stations previously approved to be deleted but not yet certified	
0	# of stations proposed to be added in an application still under review	
0	# of stations proposed to be deleted in an application still under review	
13	Total # of stations upon completion of all facility projects	

From the outset, this contradictory information interrupts the Agency ability to regulate dialysis station inventory within a service area. How is the Agency to know which facility is actually proposing to relocate seven stations or three stations?

"CRITERION (3)": - G.S. 131E-183(a)(3) and G.S. 131E-183(b)

Criterion (3) - *"The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed."*

The applicant fails to conform to Criterion 3 on two fronts:

1) The projections of patient population to be served are not reasonable. The applicant has overstated its change rate.

   The applicant has utilized the Guilford County Five Year Average Annual Change rate of 5.4% to project the future Johnston patient population to be served by the facility. The reality is that the DaVita facilities serving Guilford County in-center patients have realized a historical change of less than 1% in the patient population of Guilford County.

   There is no indication in TRC's application, from Central Carolina Kidney Associates letterhead or otherwise, that states the practice has a location in Greensboro. Central Carolina Kidney Associates letterhead indicates their office location is in Burlington and Mebane. Their website also identifies a practice location in Yanceyville.

   The nephrology physician is the key to admission at a dialysis facility. Patients cannot self refer for dialysis. The patient's nephrologist must have admitting privileges at the facility in order to refer patients to the facility.

   Further, a review of patient origin reports from December 2013 through December 2018, and the ESRD Data Collection Forms for the period ended June 30, 2019, all indicate that the number of Guilford County patients served in DaVita facilities in Alamance and Rockingham Counties has been de minimis at best.

   The Table at Attachment 1 identifies the DaVita facility by name and provider number, and the number of patients from Guilford County which was reported to DHSR Healthcare Planning and Certificate of Need Section for the period indicated[1]. The Table indicates that DaVita facilities serving Guilford County patients over the past several years have not realized any significant growth in their service to Guilford County patients. At the end of December 2013, DaVita facilities were serving eight Guilford County in-center patients, representing 0.897% of the total patient population of the county. That number increased to 17 patients, or 1.673% of the Guilford County ESRD patient population for the period ended December 31, 2017. However, since then the number has been declining. At the end of 2018 the DaVita facilities were serving only 13 patients residing in Guilford County, and as of June 30, 2019[2] that number was further reduced to 12 patients residing in Guilford County. The following graph depicts the rise, and fall of that census.

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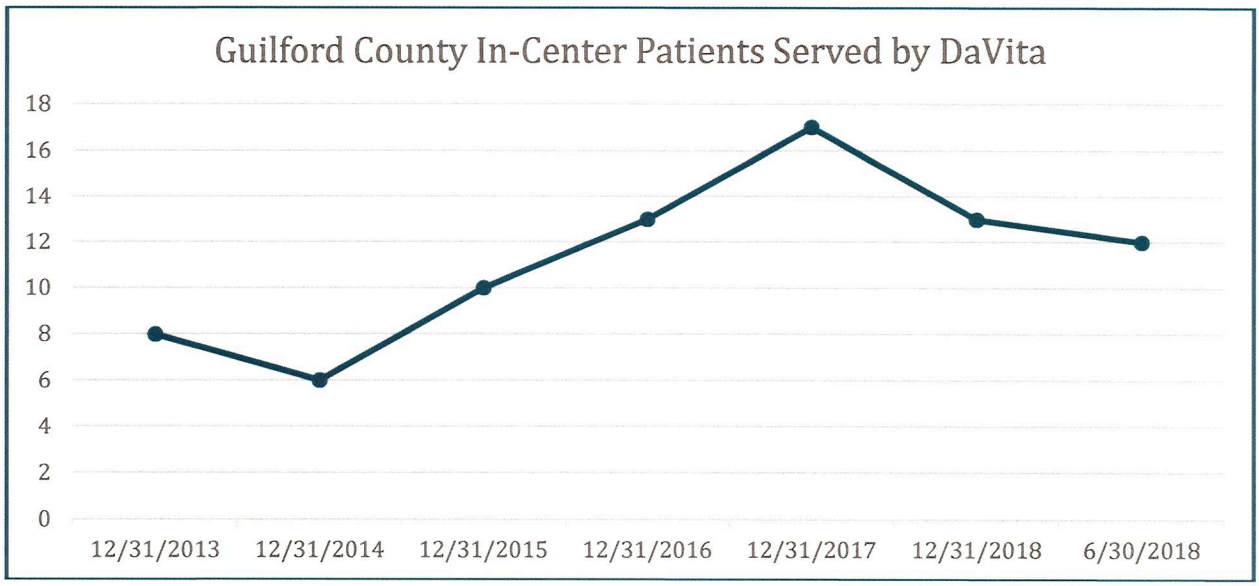
[1] The Table at Attachment 1 identifies the DaVita facility by name and provider number, and the number of patients from Guilford County which was reported to DHSR Healthcare Planning and Certificate of Need Section for the period indicated.

[2] Based on the ESRD Data Collection Forms for June 30, 2019, obtained from DHSR Healthcare Planning on August 12, 2019.



The applicant has utilized the Guilford County Five Year Average Annual Change rate of 5.4% to project the future Guilford patient population to be served by the facility. The reality is that the DaVita facilities have realized a change of less than 1% in the patient population of Guilford County which has been served in DaVita facilities in Rockingham and Alamance Counties.

In the five and one half years since December 31, 2013, DaVita facilities serving Guilford County in-center patients have increased by a mere four patients. At December 31, 2013, DaVita facilities were serving eight in-center patients. DaVita facilities reported serving only 12 in-center patients from Guilford County for the period ended June 30, 2019. A change of only four patients over 66 months equates to a 0.08153% growth rate as calculated below:

Step 1: Determine total change in patients served, 6/30/2019 – 12/31/2013
12 – 8 = 4 patients

Step 2: Determine % of raw change
Divide 4 patients by 892 Guilford ESRD Patients as of 12/31/2010
4 / 892 = 0.44843%

Step 3: Determine monthly change
Divide % of Raw Change by 66 months
0.44843% / 66 = 0.0067944%

Step 4: Determine annual change
Multiply monthly change by 12
.0067944% X 12 = 0.08153%

In other words, the growth actually realized by DaVita for its Guilford County patient population is only 0.08153%, not 5.4% as utilized by the applicant.

Projections of future patient populations to be served are overstated. The projected patient population of Guilford County residents is unreliable. If the projected patient population to be served is unreliable, it stands to reason that the resultant financial projections are similarly unreliable.

2) The applicant offers misleading information with regard to its patient population.

   - On page 22 of the application, the applicant says that it has *"identified 40 in-center patients who live in Guilford County or live in a county contiguous to Guilford County that have signed letters..."* The reality is that the applicant has identified only 11 in-center patients who are residents of Guilford County. Further, one of the letters is from a patient residing in Chatham County. According to the State Medical Facilities Plan, Chatham County is not contiguous to Guilford County[3].

     The applicant proposes to have 22 patients, residing in other counties, travel to the proposed facility.

   - The applicant has asserted on page 20 of the application that "there will be additional ESRD patients who live in the service area who may want to receive their dialysis treatments at Central Greensboro Dialysis." Yet, the applicant has not provided any evidence that there will be additional dialysis patients.

   - The applicant suggests that the location of the proposed facility would be *"more convenient"* for the dialysis patient as opposed to where the patient is currently receiving their dialysis treatment (page 22-23; see also patient letters of support). However, the applicant has not explained how this location would be more convenient. Further, the patient letters of support do not explain how this would be a more convenient location.

     The patient letter indicates that the new facility would be more convenient *"[F]or a variety of reasons..."* However, there is nothing in the application or the patient letter of support which would suggest the patient even knows the location of the proposed facility.

     The US Census Bureau Quick Facts for Greensboro (Attachment 2) indicate that Greensboro was comprised of 126.52 miles (in 2010; more current data not available). Does the patient know the location of the proposed facility? How is this location more convenient for the patient?

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[3] The 2019 State Medical Facilities Plan, Appendix C, identifies each county in the state, and those counties which are contiguous. The Appendix lists the following counties as contiguous to Guilford: Alamance, Davidson, Forsyth, Randolph, Rockingham and Stokes.

Aside from the 11 Guilford County patients, exactly how is this proposed location more convenient? Consider the following:

- Straight line distance, the proposed facility is 14.5 miles from the proposed location of the facility to the closest part of Alamance County.
- Conversely, it is only 3.9 miles from DaVita Glen Raven to the Alamance-Guilford County line, and 4.1 miles from DaVita Burlington to the Alamance-Guilford County line.
- The patients from Alamance County will travel further for dialysis care.

- Straight line distance, the proposed facility is approximately 14.8 miles to the closest part of Rockingham County.
- Conversely, it is only 5.6 miles from DaVita Reidsville to the closest part of the Rockingham-Guilford County line.
- The patients from Rockingham County will travel further for dialysis care.

- Straight line distance, the proposed facility is approximately 19.56 to the closest part of Chatham County.
- Conversely, it is only 15.5 miles from DaVita Burlington to the closest part of Chatham County.
- The patient from Chatham County will travel further for dialysis care.

Certainly, travel distance and time are not the only factors associated with convenience. However, the CON Project Analyst has absolutely no way to know what factors are being considered. Aside from distinguishing between in-center and home dialysis patients, the patient letters of support are identical form letters. There is not a single identified factor which supports the new location being more convenient.

CON Review Criterion 3 requires an applicant to *"identify the population to be served, and … demonstrate the need that this population has for the services proposed…"* The applicant has not demonstrated any reasonable need that 22 patients who reside outside of Guilford County might have for dialysis services at a facility in Greensboro.

SECTION D - "CRITERION (3a)" - G.S. 131E-183(a)(3a)

"In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care."

In its analysis of Criterion 3a, the applicant has ignored the more current information available[4]. Failure to utilize the more current information does not provide the most current information to the CON Project Analyst. Consequently, the analysis understates the impact to the patient population remaining at the facility which is losing stations.

BMA has asked DHSR Healthcare Planning for copies of the ESRD Data Collection forms for the period ended June 30, 2019, for each of the DaVita facilities in Rockingham and Alamance Counties.

- The DaVita Reidsville facility reported a census of 78 in-center patients for the period ended June 30, 2019. This is three more patients that reported by the applicant within its analysis of Criterion 3a.

- The applicant suggests that the facility will apply for additional stations *"as the facility approaches full capacity…."* The applicant has failed to consider the changes to the State Medical Facilities Plan. The current draft 2020 SMFP has eliminated the SDR. The SHCC has stated a desire to have dialysis facilities incorporated into the SMFP, and consequently a once per year planning cycle (much like other health services). The draft 2020 SMFP does not include a Need Determination for the Reidsville facility. Therefore, the soonest this facility could apply for additional stations is at some point in 2021, after the Central Greensboro project is proposed for completion.

- The DaVita Burlington facility reported a census of 64 in-center patients for the period ended June 30, 2019. This is actually one patient fewer than reported in the SDR for December 31, 2018.

- The applicant suggests that the facility will apply for additional stations *"as the facility approaches full capacity…."* Again, the applicant has failed to consider the changes to the State Medical Facilities Plan. The current draft 2020 SMFP has eliminated the SDR. The SHCC has stated a desire to have dialysis facilities incorporated into the SMFP, and consequently a once per year planning cycle (much like other health services). The draft 2020 SMFP has included a Need Determination of only two stations for the Burlington facility. Therefore, the facility would realize a net loss of five dialysis stations (assuming an application filed in 2020 for two stations is approved).

The applicant has not provided a response to Question #3 within Section D, Criterion (3a). Absent any response, how is the agency to evaluate the impact to each of the groups identified in the question (the historically underserved)?

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[4] All dialysis providers were tasked to report census information for June 30, 2019, to DHSR Healthcare Planning office not later than August 9. Because this information is facility specific, the applicant would have been able to access the data while preparing the CON application.

"CRITERION (4)" - G.S. 131E-183(a)(4)

"Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed."

Within its discussion of Criterion (4), alternatives considered, the applicant makes this statement:

> *"It is also walking away from our patients who desire to dialyze at a DaVita facility in the greater Greensboro area."*

Exactly how would the applicant be walking away from patients it is currently serving? Will DaVita cease to provide dialysis treatment to these patients if the application is denied?

The applicant is proposing to develop a facility in Greensboro which is by their reckoning, "more convenient" for the patients "to travel to dialysis". With the exception of the 11 Guildford County residents currently served by DaVita, all of the other patients would have to travel further for dialysis. It is not reasonable to conclude that this proposal would be more convenient based on the applicant's suggestion that travel is the key to convenience.

"CRITERION (5)" - G.S. 131E-183(a)(5)

"Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service."

The applicant has not provided adequate funding for the immediate financial needs of the project. The applicant appears to have understated its Start-up expenses. The applicant suggests the estimated start-up period is three months. The applicant further suggests the start-up expenses are $180,029.

However, the applicant has not provided any basis for this figure. The applicant suggests on page 36 that start-up expenses *"will include purchasing an inventory of consumable supplies as well as staff labor and training in the timeframe between construction and certification."*

The applicant has not included any expense for rent, housekeeping, depreciation, utilities, insurance, central office overhead, training and travel, and other routine expenses associated with just opening the doors to the facility. It would be reasonable to assume the three months prior to opening would include an amount equal to 25% of the annual operating budget, less a pro rata share of pharmacy and medical supply cost.

1 year	$ 1,359,104.00
25%	$ 339,776.00
Allowance for:	
Pharmacy (first year expense)	$ 137,933.00
Supply (first year expense)	$ 79,577.00
Subtotal	$ 217,510.00
25%	$ 54,377.50
3 months less Allowance above	$ 285,398.50
Budget Amount	$ 180,019.00
Shortfall	$ (105,379.50)

The applicant has not provided adequate funding for the immediate financial needs of the project.

As an additional concern, the applicant indicates on Page 9 of the application, in response to Question # 6, that "[A] subsidiary of DaVita Inc." will own the building which is to house the dialysis facility. The applicant then follows this with an indication that the owner of the building does not have any joint or common ownership with the applicant.

Even if the owner of the building is a different subsidiary of DaVita Inc., there is a familial relationship between the owner of the building and the owner of the dialysis facility. The applicant has failed to fully disclose this relationship and the lack of transparency should raise questions as to the veracity or credibility of the response provided by the applicant. If there is a relationship between the two owners, the Agency would reasonably want to know what percentage of the financial burden belongs to the owner of the building? Further, should the related owner be a co-applicant for the project? How can the Agency determine that the project is adequately funded by the un-named building owner?

"CRITERION (8)" - G.S. 131E-183(a)(8)

"The applicant shall demonstrate that the provider of the proposed services will make available, or otherwise make arrangements for, the provision of the necessary ancillary and support services. The applicant shall also demonstrate that the proposed service will be coordinated with the existing health care system."

The application does not address how, or where, patients desiring to do home hemodialysis will be trained. In Section C, Page 19, the applicant projects to serve no home hemodialysis patients. Within its follow-up discussion of need, the applicant specifically addresses the peritoneal dialysis patient population to be served. However, the applicant makes does not address home hemodialysis patients in any manner.

In another example of internal inconsistency, the applicant suggests in Section I, page 43, that home hemodialysis will be provided on site.

The applicant clearly indicates that it would serve "0" home patients (Section C). Despite the suggestion that it would serve home hemodialysis patients (Section I), the absence of any patient projections, coupled with a complete omission of any discussion of the home hemodialysis patient population is a clear indication that the applicant has not planned for home hemodialysis patients to be served by this facility. All of the applicant's utilization projection consistently reflect zero home hemodialysis patients[5].

In this case, the applicant has failed to demonstrate that home hemodialysis training will be made available to the patients at the proposed facility.

The applicant has suggested that Guilford County DSS would provide transportation for the patients of the facility. County DSS Transportation does not routinely provide transportation services for out of county residents. It is not likely that Guilford County DSS will send its transportation vehicles for patients residing in Alamance, Chatham, Randolph or Rockingham Counties. Those counties have their own transportation budgets and services. To the extent that Alamance, Chatham, Randolph or Rockingham Counties do have DSS transportation services, it is the same scenario: county transportation agencies do not normally cross county lines.

"CRITERION (18a)" - G.S. 131E-183(a)(18a)

"The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost-effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact."

Within Section N, Criterion (18a), the applicant suggests that the new facility will enhance accessibility to dialysis and reduce the economic and physical burdens on the patients. To the contrary, asking patients to travel further for dialysis means increased costs of transportation and more time involved in transportation to and from dialysis. This proposal does not enhance accessibility, but rather places additional burdens on the patient who have signed letters of support for the proposal.

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[5] In the review for CON Project ID # K-11396-17, BMA was denied in part because of a failure to *"to demonstrate that home hemodialysis training will be made available to the patients at the proposed facility.* See CON Project ID # K-11396-17, Required State Agency Findings, page 17.

Comparative Analysis

The Agency has traditionally completed a comparative analysis of competing CON applications. The following information offers a comparison of various factors which the agency has utilized in the past.

Home Training:

BMA of South Greensboro will refer all home training patients to BMA Greensboro.

Central Greensboro Dialysis proposes to offer peritoneal dialysis on-site. However, the applicant has not provided any discussion of home hemodialysis training, and has proposed to serve no home hemodialysis patients.

Because TRC has not made any provision for home hemodialysis training for its patients, the BMA proposal is the more effective alternative.

Service to Guilford County Residents:

The July 2019 SDR, Table A, Dialysis Data by county of Patient Origin – December 2018 Data, reports that Fresenius Medical Care, parent to BMA, was serving 780 Guilford County residents at facilities within Guilford County, and another 30 Guilford County residents at facilities in another county. On the other hand, DaVita Dialysis, parent to TRC was serving a total of 19 Guilford County residents at facilities in another county.

The BMA proposal is clearly the more effective alternative.

Access to Alternative Providers:

BMA currently operates seven dialysis facilities in Guilford County. TRC does not operate any facilities in Guilford County.

The TRC proposal would represent the more effective alternative if it could be approved.

Access by Underserved Groups:

	BMA	TRC
Medicare	58.55%	75.6%
Medicaid **	5.73%	6.1%
Other: Medicare / Commercial	25.13%	
Total	89.42%	81.7%

Both applicants project payor source based upon treatment volumes, and not based upon patients. BMA proposes a higher percentage of Medicare and Medicaid treatment volumes. BMA is the more effective alternative.

Revenues and Operating Costs:

Net Revenues

BMA of South Greensboro	Year One	Year Two
Projected Net Revenue	$8,310,771	$8,757,261
# Dialysis Treatments	28,992.35	30,549.95
Average Net Revenue / Tx	$286.65	$286.65

Central Greensboro Dialysis	Year One	Year Two
Projected Net Revenue	$1,945,731	$2,041,385
# Dialysis Treatments	5,305	5,544
Average Net Revenue / Tx	$367.00	$368.00

The BMA proposal projects a lower net revenue per treatment, and is therefore more effective.

Operating Costs

BMA of South Greensboro	Year One	Year Two
Projected Operating Costs	$6561,223	$6,807,765
# Dialysis Treatments	28,992.35	30,549.95
Average Cost / Tx	$226.31	$222.84

Central Greensboro Dialysis	Year One	Year Two
Projected Operating Costs	$1,359,104	$1,402,880
# Dialysis Treatments	5,305	5,544
Average Cost / Tx	$256.00	$253.00

The BMA proposal projects a lower operating cost per treatment, and is therefore more effective.

Charge to Insurers:

	BMA	TRC
Insurance	$1,002.31	$1,285.00

TRC proposes a higher charge to insurance carriers. Therefore, BMA is a more effective alternative.

In the interest of total transparency, the above charges for BMA are net of contractual allowances. It is assumed that the charge reported by TRC is similarly net of contractual allowances.

Staffing:

Position	BMA of South Greensboro	Central Greensboro Dialysis
Administrator	$88,267	$75,000
Registered Nurse	$72,820	$66,000
Patient Care Tech (PCT)	$30,893	$32,000
Dietician	$57,373	$55,000
Social Worker	$59,580	$55,000
Business Office	$33,100	$26,500

BMA proposes a higher salary for each of the above positions with the exception of the Patient Care Technician.

As an additional consideration, BMA proposes an average 3% annual pay increase. TRC on the other hand proposes a 2.5% annual pay increase.

Because BMA proposes higher staff salaries in five of the six categories above, BMA is the more effective alternative.

Capital Costs:

BMA has proposed to relocate stations to an existing facility with capacity for the stations. BMA has proposed this project would be accomplished for $0 capital costs.

TRC has proposed to develop a new facility for a capital cost of $2,444,107

BMA is the more cost effective alternative.

Charity:

BMA has proposed to provide charitable contributions to the American Kidney Fund. It is calculated to be $2.47 per treatment.

TRC has not proposed to provide any charitable contributions.

BMA is the more effective alternative.

SUMMARY:

The applicant has provided an application which cannot be approved. Therefore the application must be denied. The TRC application contains internal inconsistencies which lead to questionable representations of the patient population to be served. The TRC application fails to conform to CON Review Criterion 3, 4, 5, 8, and 18a.

Even if the Agency were to find the application conforming to all CON review criteria, the application is not comparatively superior to the BMA application.

If you have any questions please contact me at 910-568-3041, or email jim.swann@fmc-na.com.

Sincerely,

Jim Swann
Director of Operations, Certificate of Need

2 Attachments:

1) Chart of Guilford Patients Served by DaVita
2) US Census Bureau Quick Facts Greensboro, NC

Number of Guilford County In-Center patients served by DaVita							
In-Center Patients from Guilford County	12/31/2013	12/31/2014	12/31/2015	12/31/2016	12/31/2017	12/31/2018	6/30/2019
34-2640 Reidsville Dialysis		1	2	2	2	1	2
34-2536 DC Rockingham County							
34-2567 Burlington Dialysis	6	5	8	11	12	7	8
34-2686 North Burlington Dialysis	1					2	0
34-2709 Alamance County Dialysis					3	0	0
34-2726 Glen Raven Dialysis						3	2
34-2624 Madison Dialysis Center (closed)	1						
Total	8	6	10	13	17	13	12
Guilford County ESRD	892	886	956	994	1016	1094	
% of Guilford ESRD Population	0.897%	0.677%	1.046%	1.308%	1.673%	1.188%	

QuickFacts

Greensboro city, North Carolina

QuickFacts provides statistics for all states and counties, and for cities and towns with a ***population of 5,000 or more***.

Table

ALL TOPICS	Greensboro city, North Carolina
Population estimates, July 1, 2018, (V2018)	**294,722**
PEOPLE	
Population	
Population estimates, July 1, 2018, (V2018)	**294,722**
Population estimates base, April 1, 2010, (V2018)	268,924
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	9.6%
Population, Census, April 1, 2010	269,666
Age and Sex	
Persons under 5 years, percent	▲ 6.2%
Persons under 18 years, percent	▲ 21.9%
Persons 65 years and over, percent	▲ 13.3%
Female persons, percent	▲ 53.4%
Race and Hispanic Origin	
White alone, percent	▲ 48.0%
Black or African American alone, percent (a)	▲ 41.8%
American Indian and Alaska Native alone, percent (a)	▲ 0.4%
Asian alone, percent (a)	▲ 4.4%
Native Hawaiian and Other Pacific Islander alone, percent (a)	▲ 0.1%
Two or More Races, percent	▲ 2.5%
Hispanic or Latino, percent (b)	▲ 7.3%
White alone, not Hispanic or Latino, percent	▲ 44.0%
Population Characteristics	
Veterans, 2013-2017	14,653
Foreign born persons, percent, 2013-2017	10.5%
Housing	
Housing units, July 1, 2018, (V2018)	X
Owner-occupied housing unit rate, 2013-2017	50.4%
Median value of owner-occupied housing units, 2013-2017	$152,300
Median selected monthly owner costs -with a mortgage, 2013-2017	$1,211
Median selected monthly owner costs -without a mortgage, 2013-2017	$437
Median gross rent, 2013-2017	$813
Building permits, 2018	X
Families & Living Arrangements	
Households, 2013-2017	114,552
Persons per household, 2013-2017	2.37
Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	84.5%
Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	13.0%
Computer and Internet Use	
Households with a computer, percent, 2013-2017	83.4%
Households with a broadband Internet subscription, percent, 2013-2017	67.3%
Education	
High school graduate or higher, percent of persons age 25 years+, 2013-2017	89.9%
Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	37.4%
Health	
With a disability, under age 65 years, percent, 2013-2017	6.7%
Persons without health insurance, under age 65 years, percent	▲ 13.8%

Economy	
In civilian labor force, total, percent of population age 16 years+, 2013-2017	64.0%
In civilian labor force, female, percent of population age 16 years+, 2013-2017	59.5%
Total accommodation and food services sales, 2012 ($1,000) (c)	856,553
Total health care and social assistance receipts/revenue, 2012 ($1,000) (c)	2,450,516
Total manufacturers shipments, 2012 ($1,000) (c)	22,411,895
Total merchant wholesaler sales, 2012 ($1,000) (c)	9,675,854
Total retail sales, 2012 ($1,000) (c)	4,950,946
Total retail sales per capita, 2012 (c)	$17,868
Transportation	
Mean travel time to work (minutes), workers age 16 years+, 2013-2017	20.7
Income & Poverty	
Median household income (in 2017 dollars), 2013-2017	$44,978
Per capita income in past 12 months (in 2017 dollars), 2013-2017	$27,849
Persons in poverty, percent	▲ 19.2%

BUSINESSES

Businesses	
Total employer establishments, 2016	X
Total employment, 2016	X
Total annual payroll, 2016 ($1,000)	X
Total employment, percent change, 2015-2016	X
Total nonemployer establishments, 2017	X
All firms, 2012	26,499
Men-owned firms, 2012	12,537
Women-owned firms, 2012	10,947
Minority-owned firms, 2012	9,316
Nonminority-owned firms, 2012	15,622
Veteran-owned firms, 2012	2,405
Nonveteran-owned firms, 2012	22,160

GEOGRAPHY

Geography	
Population per square mile, 2010	2,131.5
Land area in square miles, 2010	126.52
FIPS Code	3728000

About datasets used in this table

Value Notes

▲ Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Q
left of each row in TABLE view to learn about sampling error.

The vintage year (e.g., V2018) refers to the final year of the series (2010 thru 2018). *Different vintage years of estimates are not comparable.*

Fact Notes

(a) Includes persons reporting only one race
(b) Hispanics may be of any race, so also are included in applicable race categories
(c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

Value Flags

- Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in th
interval of an open ended distribution.
D Suppressed to avoid disclosure of confidential information
F Fewer than 25 firms
FN Footnote on this item in place of data
NA Not available
S Suppressed; does not meet publication standards
X Not applicable
Z Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Sm
Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.