FAYETTE MEDICAL CENTER

2016 COMMUNITY HEALTH NEEDS ASSESSMENT

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INTRODUCTION

In 1936, the first hospital was built in Fayette County, Alabama under the leadership of Dr. Benjamin W. McNease, a dedicated physician in Fayette County. Dr. McNease, through his commitment, vision, and high standards paved a path for exceptional healthcare in Fayette County and the surrounding area. Today, Fayette Medical Center, a public, not-for-profit hospital, continues its commitment to the community by providing a wide range of high-quality services in this rural area of Northwest Alabama.

Fayette Medical Center operates under an operational lease agreement with the DCH system that has been in place since 1984. The hospital is a 61-bed facility that is Joint Commission accredited and is home to a 122-bed fully accredited intermediate and skilled nursing facility. This hospital provides inpatient and outpatient services, a five-suite surgical department, an eight-bed intensive care unit, and an Emergency Department staffed full-time by physicians. The facility also offers sophisticated diagnostic services including MRI and CT scanner, a fully equipped laboratory, and rehabilitation services that include physical, occupational, and speech therapy. In addition, Fayette Medical Center, offers on-site patient access to health care services through physicians who travel to Fayette from DCH Regional Medical Center in Tuscaloosa. These physicians offer specialty clinics in cardiology, oncology, urology, orthopedics, neurology, ophthalmology, otolaryngology, nephrology, and rheumatology.

Fayette Medical Center is located in Fayette, Alabama, the largest city in Fayette County and is positioned approximately 45 miles north of the metropolitan city of Tuscaloosa, Alabama. The area served by the hospital encompasses all of Fayette County as well as the Southern section of neighboring Lamar County, Alabama. Fayette Medical Center is the largest employer in the county with an average of 314 employees. Physicians of multiple disciplines provide services in the area and at the hospital. In 2015, 1,029 patients were admitted, 14,545 patients were treated in the Emergency Department, 32,480 patients were seen on an outpatient basis, and 2,649 surgeries were performed. In this rural community, Fayette Medical Center is a crucial component necessary to provide healthcare and economic viability in the area.

EXECUTIVE SUMMARY

To meet the requirements of the Affordable Care Act (Section 501 (r)), the DCH Health System organized a collaborative effort for each of the hospitals operated under the System's ownership, management, or control to conduct a Community Health Needs Assessment (CHNA) to identify, prioritize, and address the issues of health within the communities served. Under the guidance of the DCH Health System, a Stakeholder Committee and an assessment process was developed to determine the healthcare needs of the community served by Fayette Medical Center. This CHNA is a follow-up to Fayette Medical Center's original CHNA which was conducted in 2013 and includes an update of the various issues of health that affect the community served by the hospital. The Stakeholder Committee

included representatives from public health, individuals representing the medically underserved, low-income, and minority populations, staff from Fayette Medical Center and the DCH System, and community leaders. This report defines the community, includes input from persons representing the broad interests of the community, and prioritizes needs with action plans to address. The report also includes supporting data from the US Census Bureau, the Alabama Department of Public Health, the Alabama Rural Health Association, The Robert Woods Johnson Foundation, the CDC, the DCH System, the Center for Business and Economic Research/The University of Alabama, and the Economic Development Partnership of Alabama.

In a collaborative effort between the leadership team of the DCH Health System and Fayette Medical Center, and the facilitator team of Williford & Associates, LLC and Hand Arendall, LLC, a Stakeholder Committee was assembled representing the community defined. In determining the "Community," multiple factors were considered including the patient population of the hospital, the medically underserved, low-income, and minority population, and various disease populations that contributed to poor health in the community. Demographics, mortality statistics, and socioeconomic, behavioral, and environmental factors were all considered. It was determined that in order to be all inclusive, the population of Fayette County and the population located in the southern part of Lamar County would be the "Community" defined in this report.

Meetings and telephonic interviews between Stakeholders were conducted during July, August, and September 2016. Various issues of health were identified and they substantially tracked those identified in the hospital's 2013 CHNA. Through several data sources including public health and census data, it was determined that the hospital's service Community is highly rural, the overall population in the Community is declining, and the aging population is increasing. Additionally, many behavioral risk factors including lack of exercise, poor eating habits, and medication compliance issues continue to present challenges to health care providers and are contributing factors to the poor health conditions identified in the area. These risk factors were also noted as continuing to contribute to health trends in the Community. The leading causes of death in the Community, which were also identified as major issues of health, included heart disease, cancer, stroke, diabetes, and accidents. These health needs are consistent with the Office of Disease Prevention and Health Promotion's Healthy People 2020 indicators. Access to care issues such as transportation and costs, physician recruitment, and the viability of the hospital were also identified as major issues of health affecting the Community. Stakeholders concurred on the issues of health that were identified and the priorities and action plans will be submitted to the DCH Health System's Board of Directors for consideration. This CHNA will be updated as required and the progress will be monitored and evaluated for effectiveness periodically.

This report will include:

- The methodology used to identify the health needs of the community;
- A review of the 2013 CHNA;
- Prioritization of the health needs and the action plans to address;

- Available resources to address the needs; and
- Process to update and monitor the 2016 CHNA.

METHODOLOGY

The leadership of the DCH System engaged the expert assistance of the facilitator team of Williford and Associates, LLC and Hand Arendall, LLC to meet the requirements set forth in the IRS regulations. Williford and Associates, LLC located in Montgomery, Alabama has multiple years of experience in healthcare consulting and Hand Arendall, LLC located in Birmingham, Alabama provided the legal expertise to insure that all the necessary steps were taken to be compliant in the process.

The CHNA purpose was to identify the various needs of health in the Community, prioritize those needs based on efficiency, effectiveness, and costs, and develop action plans to address those needs. A Stakeholder Committee was formed representative of various sectors of the community. Members of the Committee from 2013 were included to encourage continued ownership of the process, strengthen existing partnerships, and to avoid any unnecessary duplication of efforts. Individuals representing the medically underserved, minority population, and the low-income were also included in the Stakeholder Committee. In the meetings and phone interviews, Stakeholders discussed leading causes of death, socioeconomic factors, behavioral factors, and environmental factors that affected the health of the Community (See Appendix A). They also discussed issues identified in the 2013 CHNA and the progress of the plans to address those issues. Quantitative and qualitative data was considered and used in developing this assessment. The Stakeholder Committee included:

- Sammy Watson – Director of Community Relations, DCH Regional Medical Center;
- Debra Fisher RN, MSN, DCH Regional Medical Center Diabetes Center Director;
- Stephanie Craft – Williford & Associates, LLC;
- Elicia Maston – Community Service Programs of West Alabama – Fayette/Lamar County Coordinator;
- Cynthia Burton – CEO, Community Service Programs of West Alabama;
- Deborah Tucker – Whatley Health Services, Executive Director;
- Wade Reese – Executive Director of the ARC – Fayette, Lamar, and Marengo counties;
- William Oswalt – Judge of Probate – Fayette County;
- Kay Ray, RN, Alabama Department of Public Health Fayette County Coordinator;
- Pam Lindsey, RN, Alabama Department of Public Health Fayette County Coordinator;
- Donald Jones – Administrator, Fayette Medical Center;
- Mike Freeman – Immediate Past Chairman, Fayette Medical Center Board of Directors; and
- Dr. Owen Sweat – farmer, University of Alabama professor, Fayette Medical Center Hospital Board member.

This report will assist the governing body of the hospital as well as the community in establishing goals that will improve the overall health of the Community. Fayette Medical Center realizes the importance of working with Community leaders, various organizations and agencies, and the Community at large in order to affect change in the overall health of the community. Fayette Medical Center is dedicated to provide the best environment for members of the Community to live, work, and play.

OBTAINING PUBLIC INPUT

As mandated by the applicable regulations regarding public input, Fayette Medical Center sought, obtained, and documented input from three primary community sources:

- A government health department with knowledge and expertise of the health issues affecting the community served;
- Representatives of the medically underserved, the low-income, and the minority population; and
- Written comments received from the public addressing the facility's most recently conducted CHNA.

Meetings and phone interviews were conducted when necessary or appropriate. Multiple sources of national, state, and local data were also collected, analyzed, and utilized to best determine the health needs and the plans to address those needs.

1. 2013 CHNA Review

Following completion and Board approval of Fayette Medical Center's 2013 CHNA, the 2013 report was made widely available to the public on the website of the DCH System. Although there is a mechanism to receive public comments, to date, no comments have been received. The following information is provided as an update to the 2013 CHNA.

- After consideration of multiple aspects of the Community, the Stakeholders determined that the "Community" for Fayette Medical Center was the entire population within Fayette County as well as the population of the southern portion of Lamar County – both geographic areas served by the Hospital.

- The issues of health identified in the 2013 CHNA included:

  - Access to health services;
  - Need for additional clinical preventive services;
  - Need for improved environmental quality – especially for children in homes of smokers;
  - Maternal, infant, and child health – in particular infant death and teen pregnancy;

- Nutrition, physician activity, and obesity – all behaviors contributing to disease states;
- Sexually transmitted diseases;
- Transportation issues;
- Substance abuse;
- Physician recruitment;
- Financial viability of Fayette Medical Center; and
- Major causes of death – Heart Disease, Cancer, Stroke, Accidents, and Diabetes.

- The following three needs were considered priorities:

  - **Access to Care** – Patient utilization of Fayette Medical Center Stakeholders determined that in a small rural area such as theirs, keeping the hospital viable was the most important priority for the community. Fayette Medical Center is the largest employer in the area and residents of the County and surrounding area depend heavily on the hospital to provide much needed care including emergency services as well as employment opportunities. Plans to address this priority included the following:

    - ✓ Develop a local shopper's guide of available resources;
    - ✓ Develop a marketing plan to increase awareness;
    - ✓ Lobby House and Senate members to expand Medicaid to maximize reimbursement;
    - ✓ Develop an in-house policy to discourage outmigration of patients from Fayette Medical Center; and
    - ✓ Use of telemedicine to address transportation issues for patients needing services.

  - **Physician Recruitment –** Stakeholders also determined that in order to keep the hospital viable and increase use of the hospital services, it was necessary to recruit physicians to the area, especially primary care physicians. Recruiting to a rural area was noted as a major barrier. Actions to address this priority included the following:

    - ✓ Continue the ongoing effort to recruit hospitalists;
    - ✓ Enlist the assistance of a "head-hunting" company to assist in recruitment efforts;
    - ✓ Cultivate relationships with medical students in the area;
    - ✓ Target the high school Rural Scholars program by providing tours of Fayette Medical Center for local high school students interested in the medical profession; and
    - ✓ Review physician financial packages to insure its competitiveness.

- **Wellness –** After an in-depth review of the state, local, and national data provided to the Stakeholders, it was determined that chronic diseases prevalent in the area were caused by individual and family lifestyles that included many damaging behaviors which contributed to these disease states. The Stakeholders decided that in order to affect change, it was important to promote wellness in the community. Suggestions to accomplish this included:

  - ✓ Partner with local resources to insure area residents were aware of available programs to encourage wellness;
  - ✓ Create a volunteer network designed to promote wellness in populations where health disparities exist; and
  - ✓ Develop a marketing campaign to promote wellness.

After completion of the 2013 CHNA process, the Governing Board of Fayette Medical Center approved the CHNA including the prioritized needs as well as the suggested action plans to address those needs in order to improve the overall health of the community served by the Hospital. To date, Fayette Medical Center has worked with multiple partners in the community and state and local agencies to address the health needs in the area. The following action plans have been accomplished:

A. Access to Care

- In 2015, the Fayette City Council passed a half-cent sales tax providing $400,000.00 a year for the hospital. Although the sales tax is temporary and expires in 2018, it can be renewed. This revenue is vital to make certain the Medical Center is appropriately funded so that local health care services can continue for residents in the Community.

- Fayette Medical Center Administrative Staff have worked tirelessly encouraging community participation in the Fayette Medical Center Foundation's Patient Impact Fund which provides money that goes directly into services for patients and projects for community residents. Funds have been used for medical equipment as well as updates to the hospital and nursing home for example.

B. Physician Recruitment

- Fayette Medical Center staff and community leaders visited with the Dean and medical students and toured the Alabama College of Osteopathic Medicine School in Dothan Alabama – the first school of its kind in Alabama. With both Fayette and Lamar counties considered Health Professional Shortage areas, it is critical that the hospital and community leaders work to recruit clinicians to the area in order to provide basic primary care to the residents of the two

counties. The osteopathic school graduates the first class of physicians in 2017. Efforts are on-going, progress has been made, and this will remain a priority for Fayette Medical Center and the community.

- Fayette Medical Center has worked with the local government and school systems to create a channel to encourage those students who are overachievers, talented, and interested in pursuing a medical career in hopes that those students will return to the community to practice. The hospital is also working with the College of Health and Human Services at the University of Alabama on a primary care residency program that will eventually become a permanent practice for the physician. There are two residency spots available for Fayette.

- The Medical Center is also working to establish a clinic in Lamar County with a Nurse Practitioner to further improve access to care for residents in the community.

C. Wellness

- Fayette Medical Center has partnered with multiple local resources and businesses to encourage wellness in the area. The Medical Center sponsors a local walk/run to encourage an increase in physical activity in the community. The hospital also provides education and information on obesity, diabetes, and heart disease and the effects on community health if not managed and treated.

- Fayette Medical Center and community volunteers also go directly into the community to encourage donations to the Medical Center Foundation. Money raised for the Foundation goes directly into the hospital to provide improved services and equipment so that the highest quality healthcare is provided to residents in the community. As noted in statistics provided, the population in these two counties is aging.

2. Stakeholder Input

The Stakeholder Committee for the 2016 CHNA reviewed the 2013 CHNA and discussed new data presented by the facilitators. They reviewed the issues of health identified in 2013, the priorities and plans that were determined, and the previous definition of the "Community." After consideration of multiple aspects of the Community, The Stakeholders determined that the "Community" for Fayette Medical Center continues to comprise the entire population within Fayette County as well as the population of the southern portion of Lamar County – both geographic areas served by the Hospital. Through multiple meetings and discussions, the following issues of health were identified by the Stakeholders:

- Major causes of death: Heart Disease, Stroke, Diabetes, Accidents, Cancer;
- Access to Care – Lack of transportation, limited specialty services;
- Substance abuse;
- Pre-natal and Maternity care;
- Mental Health;
- Obesity;
- Dental Health;
- Lack of Physicians – Primary care in particular;
- Hypertension;
- Non-compliant patients taking prescription medications;
- STDs; and
- Medication affordability.

A. Government Health Department Input

For purposes of this 2016 CHNA process, discussion and evaluation was conducted with the Alabama Department of Public Health to gather important and relevant information. Fayette and Lamar Counties are located in the Area 3 service area of the ADPH in West Alabama. The Coordinators of Fayette and Lamar Counties provided critical input related to the assessment criteria.

Ms. Kay Ray, R.N., currently serves as the Fayette County Coordinator for the Alabama Department of Public Health ("DPH"). The Fayette County Health Department is located in Fayette County and provides services to residents in Fayette County. Although their services are limited, they provide basic primary care services to include child immunizations, family planning services, as well as testing and treatment for STDs. The DPH functions as a gatekeeper for residents and often refers qualifying patients to Whatley Health Center, a federally qualified health center ("FQHC"), for treatment of other health issues such as diabetes, high blood pressure, and many other related health problems associated with these diseases. Ms. Ray confirmed that the major issues of health facing residents in Fayette County continue to mirror those throughout West Alabama. Heart disease, cancer, diabetes, stroke, and accidents account for the top five causes of death in the county and many of those issues are caused by unhealthy lifestyles, the socio-economic status of residents, and a lack of compliance from those affected.

Diabetes is growing at an alarming rate throughout Alabama. According to information compiled by Fayette Medical Center, over the last three years, approximately 25 patients were admitted to the hospital with a primary diagnosis of diabetes. The CDC estimates that approximately 15% of the population of Fayette County has diabetes which mirrors Alabama as a whole. Statistics also show that more females are diagnosed with diabetes than males. Medical expenses for diagnosing and treating diabetes are very high and the indirect costs associated with lost productivity among the working sector is also high.

Education materials are readily available and the DPH provides a nutrition outreach program in the community focusing mostly on the women and children in the low-income and underserved population (WIC Program). DPH also has a new diabetes initiative which was implemented during the prior year that provides in-depth education and steps on management and control of diabetes.

A high rate of obesity also contributes to the diabetes epidemic in the Community. Thirty-two percent of the population in Fayette County is considered obese and overall, Alabama, at 33.5%, has the fifth highest adult obesity rate in the nation. Children living in poverty also experience high rates of obesity. Thirty-one percent of the population are considered physically inactive. Other health care conditions and disease negatively impacted by the high rate of obesity include hypertension, heart disease, arthritis, and obesity-related cancer. In light of these various diseases that exist in Fayette County, Ms. Ray advised that factors such as compliance with taking prescription medication, poor eating and exercise habits, and transportation issues create the major barriers to decreasing these diseases and improving the health status in the community. She also shared that because of these barriers, many residents end up in the emergency room at the hospital. Ms. Ray opined that the more economical and appropriate approach would be for patients to be more proactive in addressing their personal health issues by coming to the Health Department first or attending their scheduled physician visits. The cancellation rate to physician office visits is very high in Fayette County. According to Ms. Ray, transportation services and the lack of compliance among patients is the major obstacle to improving health in the area.

Ms. Pam Lindsey, R.N., the Lamar County Coordinator for the DPH also provided information for this CHNA. The Lamar County division of the DPH is located in Vernon, Alabama and serves residents throughout Lamar County. Services are limited at this location, but they do include a clinic providing immunizations, STD testing and treatment, and WIC services including nutrition education and counseling for women and children. The Lamar County office also acts as a gatekeeper and refers patients who need more comprehensive testing and treatment to other providers in the area including Whatley Health Services and Fayette Medical Center. According to Ms. Lindsey, one of the biggest issues of health facing residents of Lamar County is the fact that there is no hospital in Lamar County and there are only three doctors for the entire county. Because of this shortage of providers and the lack of a hospital, patients needing services must travel to one of three clinics in the county or out of the county for services. Patients needing dialysis services have much difficulty getting those services due to a lack of providers or lack of a means to get to treatment. Although family planning is provided at the ADPH Lamar County clinic, there are no prenatal or maternity services in the area. Women have to have deliveries in Tuscaloosa or Walker County which is a long drive for the residents. This often results in little or no prenatal care for moms which can ultimately result in poor health outcomes

for not only the mom, but the baby as well. Many of these patients have no transportation or they lack money to pay for the needed services.

Ms. Lindsey reported that Fayette Medical Center and the Good Samaritan Clinic in the area often provide charity care and local residents have in the past volunteered to take residents to their doctor visits or to the hospital when services are needed. Ms. Lindsey confirmed however, that more volunteers are needed. Ms. Lindsey said that a maternity clinic offered weekly at their clinic so that pregnant women could get prenatal care would be a big step in addressing some of the major issues of health in the area. This would help with diabetes and poor health outcomes often associated with patients that don't receive maternity care.

B. Medically Underserved, Low-Income, Minority Input

To adequately satisfy the CHNA requirement to obtain and document public input from the medically underserved, low-income, and minority population groups, meetings and telephone interviews were conducted in March, July, and August of 2016. Individuals and their respective groups contributing important information, experience, and insight were crucial components for this CHNA. Those participating included: Deborah Tucker, Executive Director Maude Whatley Health Services, Cynthia Burton, CEO, Community Service Programs of West Alabama, Elicia Maston, Lamar and Fayette County Coordinator for Community Service Programs of West Alabama, and Wade Reese, Executive Director of the ARC of Fayette, Lamar, and Marengo Counties.

In March 2016, Stakeholders met with Ms. Burton of Community Service Programs of Alabama and Ms. Tucker of Whatley Health Services. These two groups work collaboratively to provide much-needed services to the low-income, medically underserved, and minority populations in West Alabama. The entire DCH Health System including Fayette Medical Center works closely with these two groups to insure that those with limited access to care receive the care they need. As an FQHC, Whatley Health Services provides many clinical services including primary care services to residents in both Lamar and Fayette counties. Community Service Programs of West Alabama is also a not-for-profit agency with services to include emergency aide, meals on wheels, life skills training, housing assistance, job training, and others. Both Ms. Burton and MS. Tucker said diabetes and obesity were major issues of health in the area and a lack of wellness, poor health behaviors, and sexually transmitted diseases also contributed to the poor health in the community. Both stated that more patients should take ownership in their health to manage disease or even prevent it.

Elicia Maston, Coordinator for Community Service Programs of West Alabama in Fayette and Lamar Counties also provided considerable information for this assessment. She reported that many of her community based program recipients

faced poor health due to many factors including the lack of transportation to get to doctor appointments or the grocery store. The affordability of medications and lack of food stamps because of income levels were also problems. She also suggested that a basic lack of understanding among residents in Fayette and Lamar counties as to the services provided by her agency is also a problem. With funding being a major obstacle, transportation vouchers are not available in Fayette and Lamar counties. A mobile food pantry is available in the community once a month, but residents have to travel to the site in order to receive food. Many residents are either not willing to go or they do not have the means to get there. She stated that the Area Council on Aging assists when possible to provide hot meals, but qualifying for those services can be an issue. In order to reach residents in the area, Ms. Maston reported that most referrals come from word of mouth or the Department of Human Resources ("DHR"). Information is also provided through a radio talk-show line for the elderly in the area or radio and newspaper advertising. To address the issues facing residents, Ms. Maston is working with the Mayor of Fayette in trying to provide some transportation services for those in need. She also participates in a community partnership which meets quarterly to discuss the issues facing the community. Ms. Maston suggested that a representative from Fayette Medical Center join their community partnership so that the hospital could become more aware of their services and increase referrals for those in need to Community Service Programs in the area.

Stakeholders also met with Mr. Wade Reese, Executive Director of The Arc of Fayette, Lamar, and Marengo counties ("The Arc"). His organization provides employment, prevocational, day rehabilitation and hourly services to those with intellectual and or developmental disabilities over 18 years of age. The Arc is a private organization that is hired by the Alabama Department of Mental Health to provide needed services. In order to enter the program, patients must be evaluated in high school to determine whether or not they meet criteria to enter the program. Many patients have dual diagnosis, both mental and physical which compound the problem. Patients face issues such as Downs's syndrome, autism, or they may be wheelchair bound. Especially with wheelchair patients, pneumonia admissions in the winter months are frequent. In Fayette, Lamar, and Marengo counties, 72 people are served by The ARC. Sixty two are in homes provided by the organization. There are 103 staff members serving these patients. Seventy of those are direct care works who deal directly with the patients either in the homes provided or in the day programs provided by the organization. In Alabama, more than 3300 people are on a waiting list to get services provided by The Arc. According to Mr. Reese, obesity and diabetes are diseases which are prevalent in The Arc's patients. The Arc strives to promote and encourage exercise and healthy eating through various activities to try and improve the health of those patients served. According to Mr. Reese, all the patients in their program are either Medicare or Medicaid patients. Because physician offices and clinics are closed on the weekend, many patients must be taken to the emergency room at the hospital. Often, because of the complicated

issues surrounding these patients, patients are misdiagnosed because the paper files with patient information are not always readily available in an emergency situation. Mr. Reese suggested that perhaps in-service training with the doctors and Fayette Medical Center would be appropriate to educate on the various issues affecting these patients.

C. Additional Stakeholder Input

In order to gather experiences and information from key leaders in the community, the Stakeholders conducted additional meetings and interviews to assist in facilitating the development of this CHNA. Information from these meetings and interviews is set forth below.

As evidenced by the alarming statistics nationwide and locally, diabetes was confirmed by all the participating Stakeholders as being a major issue of health which lead to many other health problems found in the community. The Stakeholders met with Debra Fisher, the DCH Regional Medical Center Diabetes Center Director for input. According to Ms. Fisher, managing diabetes is key to the many complications associated with the disease including heart disease, stroke, and kidney failure – many of the leading causes of death in Fayette and Lamar Counties. Poor management of the disease can also result in blindness, loss of limbs, and nerve damage. In pregnant women, it can have devastating effects on the expectant mother and baby. According to the CDC, if the trend associated with the growing number of adults with diabetes continues, 1 in 3 adults will have diabetes by 2050. According to Ms. Fisher's information, 15% of the population in Fayette County has diabetes. The number of patients admitted to Fayette Medical Center with a diagnosis of diabetes has remained steady over the past three years. Ms. Fisher said proper education on nutrition and being compliant with medications is critical in controlling the epidemic. The program offered at the Diabetes Center provides an assessment with a diabetes educator, education about the disease and proper nutrition through group sessions, and ultimately teaches patients how to live with and manage a diagnosis of diabetes. Currently, the Diabetes Education Center services 17 counties in Alabama including Fayette and Lamar counties as well as 7 in Mississippi. Ms. Fisher hopes to continue to receive grant money from the DCH Foundation to support her program. She currently receives funds for Fayette which is particularly good for patients with no insurance. Her goal is to better inform physicians of their program, improve the referral process from the hospitals, and get the word out to the community through multiple marketing avenues so that the community has the opportunity to decrease diabetes in the population served by her office.

The Stakeholders also received input from a local government official – William Oswalt, Judge of Probate for Fayette County. Judge Oswalt confirmed that many of the issues of health identified in the 2013 CHNA remain issues of health today. Noting that the hospital provided $7 to 8 million in charity care, the viability of

the hospital was a critical component in improving health in the area. Judge Oswalt confirmed that Fayette Medical Center was the largest employer in Fayette, had a dedicated staff, and received multiple awards, but he suggested that efforts needed to be strengthened in order to preserve the hospital and the services provided. He confirmed that physician and nurse practitioner recruitment efforts must continue so that patient out-migration to other facilities would decrease and he suggested that enlisting the assistance of the DCH System to implement a marketing campaign using newspaper and billboards would be very helpful in promoting the hospital. He suggested a boots on the ground advocacy program also to educate the community on the services provided. In addition to maintaining the hospital and the services provided and physician recruitment, Judge Oswalt said other issues of health included those seen through his office - including mental illness, alcohol abuse, and drug addiction. Although many are repeat offenders, he said the services provided and education to address these issues were critical in changing those bad behaviors. Judge Oswalt said the local Board of Fayette Medical Center is diligently working to keep the hospital viable by getting the community involved in donating to the hospital foundation, boosting boots on the ground efforts to recruit patients from Lamar County, creating and growing a partnership with Bevill State Community College to combine available resources, and attending local community functions such as the Chamber of Commerce meetings to promote the hospital, inform the community, and collaborate with other leaders in the community.

According to data gathered for the purposes of this CHNA and to understand the community served by Fayette Medical Center, the Stakeholders determined that it was important to receive input from hospital Board members who are business leaders in the community and the Administrator of the hospital who could speak to various issues of health affecting residents in the counties served by Fayette Medical Center. Stakeholders met with Dr. Owen Sweat, PhD, Mike Freeman, and Donald Jones. Throughout the discussions with all the Stakeholders, keeping the hospital viable by ramping up community support and recruiting physicians to the area were the two major issues which could potentially affect the health of the residents of Fayette and Lamar County. The message was consistent across the board that the hospital must remain an economic engine for the area. According to Dr. Sweat, Mr. Freeman, and Mr. Jones, rural hospitals are at risk due to cuts in reimbursement and Fayette was certainly one of the hospitals at risk. The population in the area has declined over the past few years, per capita income has dropped, and more than 22 percent of the population lives in poverty. The population in a rural area tends to be less healthy, less educated, older, and poorer – all factors that affect the health in a community. Fayette Medical Center, as part of its mission, continually provides care to those in need, regardless of their ability to pay; however, the hospital cannot sustain itself without a mechanism for funding. Dr. Sweat and Mr. Freeman were instrumental in reaching out to the community and the City Council to encourage the city to pass a half-cent sales tax that provides $400,000 a year to the hospital so that the hospital can continue to

provide the much-needed services to residents in the rural counties of Fayette and Lamar County. Although the tax expires in 2018, it can be renewed and these Stakeholders are committed to working within the local market to keep this very important lifeline to Fayette Medical Center.

Fayette Medical Center also has a local foundation. Efforts are underway and will continue to encourage donations to the Foundation. Funds donated go to the Foundation's Patient Impact Fund go directly to improving the facilities, equipment, and services provided to residents served by Fayette Medical Center. Money is also set aside to support the Area Aging Council which provides nutrition and social skills programs to the elderly in the area.

In addition to insuring the viability of the hospital, these Stakeholders are committed to recruitment of physicians to the area. They are looking at the community in detail and trying to determine what personalities mix with or mirror the community as a whole. Dr. Sweat, Mr. Freeman, and Mr. Jones will continue to reach out to potential students in high school, work with the College of Health and Human Services at the University of Alabama to establish a residency program for the area, and maintain contact with the College of Osteopathic Medicine in Dothan, Alabama and the Edward Via College of Osteopathic Medicine in Auburn, Alabama to insure that Fayette Medical Center remains competitive with other hospitals in the State in recruiting efforts. They are also certain that recruiting Nurse Practitioners to the area will also improve access to care in the area. Efforts are underway to accomplish this. Mr. Jones and these important hospital Board members are committed to making sure the hospital is compliant in providing services to the medically underserved, the low-income, and minority populations by insuring that a revenue stream continues to Fayette Medical Center.

D. Written Comments from the Public in response to the 2013 CHNA

Although the CHNA has been on the website of the DCH System, no comments have been received to date.

E. Community Resources and Needs of the Medically Underserved:

In its effort to consider and evaluate the extent to which the needs of the medically underserved, low-income, and minority populations were adequately considered, it was determined that the following resources were available to best meet those needs:

- Alabama Department of Public Health;
- Alabama Department of Mental Health;
- Alabama Department of Senior Services;
- Alabama Department of Human Resources;

- Alabama Cooperative Extension Services;
- Alabama Medicaid;
- American Red Cross – *disaster relief, military services, CPR/first aid/safety classes;*
- Alabama Rural Health Association;
- The Arc of Alabama – *job skills training/placement for the intellectually disabled aged 18 and older;*
- Bevill State Community College;
- Boys and Girls Club of West Alabama – *Education, recreation, and leadership programs for children and youth;*
- Community Service Programs of West Alabama – *Community agency providing multiple services dedicated to improve the quality of life for low income and vulnerable populations;*
- Easter Seals of West Alabama – *Provides assistance to children and adults with physical handicaps;*
- United Way of West Alabama;
- Fayette County Child Welfare;
- Fayette County Parks and Recreation Department;
- Health InfoNet of Alabama – *Consumer health information service provided by the Alabama public and medical libraries;*
- Hospice of West Alabama – *Healthcare support for the terminally ill either inpatient or at home;*
- Maude Whatley Health Center – *Provides primary healthcare services to the medically underserved, low-income, and minority populations;*
- The Sickle Cell Disease Association of America – West Alabama Chapter
- United Cerebral Palsy of West Alabama;
- West Alabama Aids Outreach – *HIV/AIDS education and services to those living with HIV/AIDS;* and
- Good Samaritan Clinic – *Private, Christian, nonprofit agency providing free health and dental care, and spiritual support for the indigent and those without insurance.*

Other identified resources that present opportunities for hospital-shared community needs programs include, but are not limited to the following:

- Fayette Medical Center, Fayette County: Hospital
- Millport Family Practice Clinic, Lamar County: Rural Clinic
- Sulligent Medical Clinic, Lamar County: Rural Clinic
- NW Alabama Mental Health Center, Walker CO: Mental Health
- Morningside of Fayette, Fayette County: Assisted Living
- Fayette Dialysis, Fayette County: End Stage Renal Disease Treatment Facility
- Fayette Medical Center Home Care, Fayette Co: Home Health

- Lamar County Home Care, Lamar CO: Home Health
- Fayette Medical Center Laboratory, Fayette CO: Clinical Lab
- Fayette Medical Center Long Term Care, Fayette Co: Nursing Home
- Generations of Vernon, LLC, Lamar Co: Nursing Home

These important identified resources and the services they provide enhanced Fayette Medical Center and the Stakeholders collaborative efforts to insure that the health needs of the medically underserved, minority, and low-income populations are indeed met. Other organizations such as faith-based groups, school systems, and volunteer organizations are also a vital component to insuring the health needs in the community are addressed.

HEALTH CARE NEED PRIORITIES

The task of the Stakeholder group was to review the multiple data sources, discussions, and input from those representing the medically underserved, low-income and minority populations, the action plans and results from the 2013 CHNA, and the feasibility and effectiveness of proposed plans. After review, it was determined that three issues of health were critical to improving the health status of the community served by Fayette Medical Center – Fayette County and south Lamar County. The following were identified with suggested action plans:

1. Access to Care – Patient Utilization of the Hospital

Throughout the multiple discussions among Stakeholders, the viability of Fayette Medical Center remained a most important issue of health in the community. It was noted that without the hospital, the community would suffer greatly. As discussed by many of the Stakeholders, a lack of transportation was a major barrier for many patients and without the hospital in close proximity, many patients would get no healthcare at all which would almost certainly result in a decline in the overall health status of the community. The following suggestions were made as methods to achieve the goal of improving access to care and increasing patient utilization of the hospital:

- Continue the boots on the ground advocacy program to encourage the residents of the community to support the Foundation of the Hospital through donations in order to provide the best quality healthcare;

- Encourage the City Council to extend the half-cent sales tax which provides funds to support the Hospital;

- Continue to engage the community to assist in educating residents on the services provided by the hospital through community partnerships and gatherings (Chamber of Commerce functions, church groups, school system);

- Quarterly in-services training provided by the Hospital for members of other organizations and agencies to educate case managers and staff on the services provided by these groups for the medically underserved, minority, and low-income groups;

- Work with the DCH System to obtain funds through a grant from the Foundation to develop a marketing campaign to increase awareness of the Hospital and its services especially in those areas where patients are not utilizing the services of Fayette Medical Center;

- Continue to work with the DCH Foundation and their various programs – in particular the Help and Hope Fund, which provides lodging, transportation, prescriptions, and other basic needs for patients from Fayette County;

- Encourage local volunteer programs through churches, community members, and others to provide transportation for those in need of getting medical care; and

- Work with the DCH System to encourage an OB/GYN to visit Lamar County periodically at the ADPH clinic there to provide maternity care for those in need.

2. Physician Recruitment

As determined from discussions in the 2013 CHNA, recruiting physicians to the area was deemed a major priority. It remains a major priority. Although several new physicians have come to the area, Fayette and Lamar counties are still considered geographic Health Professional Shortage Areas. There is a shortage of primary and mental healthcare for the geographic area and there is a shortage of dental care for the low-income according to the Alabama Office of Primary Care and Rural Health. As a result, many physicians face long work days, a lack of sharing the responsibility of emergency department care, and cuts in reimbursement due to cuts to the Medicaid program. Suggestions for action plans to address this issue of health are as follows:

- Continue to develop relationships with students and faculty at the DO schools located in Dothan and Auburn, Alabama;

- Continue the "Target Rural Scholars" program by working within the local school system to identify talented and interested students that have potential for enrollment in medical school in hopes of them returning to the area;

- Continue recent and on-going discussions with the University of Alabama to develop a residency program in the area; and

- Continue efforts to recruit a nurse practitioner to the area.

3. **Wellness to Decrease the Incidence of Diabetes, Heart Disease, Obesity, and Other Major Causes of Death in Fayette and Lamar County**

After reviewing multiple healthcare data sources provided, the Stakeholders identified multiple issues of health that if addressed would improve the health status of the community. Many factors affect this including non-compliance with taking medications, a lack of education among certain populations, and unhealthy behaviors that lead to disease. According to the American Diabetes Association, more than 600,000 Alabamians, or 15%, have diabetes and many others are simply unaware that they have it. Alabama ranks 5th among states with 33.5% of the people considered obese. The state ranks 2nd in adult hypertension rates with 40.3% of the population having high blood pressure. The statistics are staggering and the fact that Fayette and Lamar counties are rural compounds the problem. Suggestions to address this issue of health are as follows:

- Continue the collaboration between Fayette Medical Center and the DCH Diabetes Education Center to provide diabetes education and management of the disease in Fayette County. Include low-literacy and Spanish interpretation materials in Fayette Medical Center for those in need;

- Continue the health fairs, runs/walks sponsored by Fayette Medical Center to encourage exercise and increased physical activity;

- Partner with Bevill State and other identified resources to promote healthy nutrition and exercise programs that will create a healthier lifestyle; and

- Attend local community partnership meetings with other agencies to cross-promote services that will address these issues of health.

OTHER RECOGNIZED HEALTH NEEDS

Although other needs were identified through this process, it was determined that those not deemed priorities did not have resources to address or it was not financial feasibly. As noted throughout the discussions, Fayette Medical Center has limited capital resources and various issues of health identified would place a hardship on the hospital if deemed a priority to address.

PLANS TO UPDATE COMMUNITY HEALTH NEEDS ASSESSMENT

In cooperation with the staff and governing body of DCH, Fayette Medical Center will continue to monitor the programs and plans discussed hereinabove as the health care providers and community leaders work to improve the overall quality of health and access to important health care services throughout the Community. The programs and initiatives identified that may result in improvement of the public's health and reverse some poor health trends will require adequate funding and resources. The hospital will remain focused on its efforts to pursue funding opportunities together with its community stakeholders.

FAYETTE MEDICAL CENTER

2016 Community Health Needs Assessment

Appendix A

FAYETTE 2014 HEALTH PROFILE

BIRTHS BY AGE OF MOTHER					
	TOTAL	10-14	15-17	18-19	20 plus
All births	175	0	2	12	161
Rate	---	0.0	6.9	62.2	54.7
White	153	0	2	12	139
Rate	---	0.0	8.1	72.3	55.3
Black & Other	22	0	0	0	22
Rate	---	0.0	0.0	0.0	51.2

Rates for age group are per 1,000 females in specified age group (age-specific birth rate).
Births with unknown age of mother counted with the age group "20 plus".

Marriages	Number	142
	Rate	8.4
Divorces	Number	27
	Rate	1.6

Rate is per 1,000 population.

2014 POPULATION	
Total	16,874
White	14,548
Black and Other	2,326
Median age	43.1
Life expectancy at birth	75.0
Total fertility rate per 1,000 women aged 10-49	1890.5

NATALITY				
	All Women		Women 10-19	
	Number	Rate	Number	Rate
Est. pregnancies	227	79.1	19	19.3
Births	175	10.4	14	14.3
Abortions	15	5.2	2	2.0
Est. fetal losses	37	---	3	---

Birth rate is per 1,000 population.
Pregnancy and abortion rates are per 1,000 females 15-44 (all woman) or 10-19.

	All Women		Women 10 to 19	
	Number	Percent	Number	Percent
Births to unmarried women	60	34.3	10	71.4
Low weight births	13	7.4	3	21.4
Multiple births	6	3.4	0	0.0
Medicaid births	98	56.0	13	92.9

Percent is percent of all births with known status for all woman or specified age group.

SELECTED NOTIFIABLE DISEASES	
New Cases	
HIV	1
Syphilis	3
Gonorrhea	4
Chlamydia	66
Tuberculosis	0

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP						
	All Ages			Ages 10-19		
	All Races	White	Black & Other	All Races	White	Black & Other
Infant deaths	0	0	0	0	0	0
Rate per 1,000 births	0.0	0.0	0.0	0.0	0.0	0.0
Postneonatal deaths	0	0	0	0	0	0
Rate per 1,000 births	0.0	0.0	0.0	0.0	0.0	0.0
Neonatal deaths	0	0	0	0	0	0
Rate per 1,000 births	0.0	0.0	0.0	0.0	0.0	0.0

* Infant deaths are by race of infant; births are by race of mother.

2014 POPULATIONS BY AGE GROUP, RACE AND SEX									
Age	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	16,874	8,359	8,515	14,548	7,254	7,294	2,326	1,105	1,221
0-4	903	472	431	741	408	333	162	64	98
5-9	1,032	551	481	860	461	399	172	90	82
10-14	1,046	546	500	893	462	431	153	84	69
15-44	5,852	2,981	2,871	5,048	2,586	2,462	804	395	409
45-64	4,741	2,338	2,403	4,090	2,024	2,066	651	314	337
65-84	2,968	1,348	1,620	2,635	1,201	1,434	333	147	186
85+	332	123	209	281	112	169	51	11	40

MORTALITY	All Races			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	230	119	111	211	110	101	19	9	10
Death rate per 1,000 pop.	13.6	14.2	13.0	14.5	15.2	13.8	8.2	8.1	8.2

SELECTED CAUSES	Total		Male		Female		White		Black & Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart disease	47	278.5	27	323.0	20	234.9	44	302.4	3	129.0
Cancer	58	343.7	34	406.7	24	281.9	53	364.3	5	215.0
Stroke	12	71.1	8	95.7	4	47.0	12	82.5	0	0.0
Accidents	14	83.0	7	83.7	7	82.2	13	89.4	1	43.0
CLRD	9	53.3	4	47.9	5	58.7	8	55.0	1	43.0
Diabetes	5	29.6	1	12.0	4	47.0	3	20.6	2	86.0
Inf. & pneumonia	10	59.3	3	35.9	7	82.2	8	55.0	2	86.0
Alzheimer's disease	10	59.3	2	23.9	8	94.0	9	61.9	1	43.0
Suicide	6	35.6	6	71.8	0	0.0	6	41.2	0	0.0
Homicide	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
HIV disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rate is per 100,000 population.

ACCIDENTAL DEATHS	All Ages		Children Under 20	
	Number	Rate	Number	Rate
All accidents	14	83.0	26	635.5
Motor vehicle	6	35.6	1	24.7
Suffocation	0	0.0	0	0.0
Poisoning	2	11.9	0	0.0
Smoke, fire and flames	1	5.9	0	0.0
Falls	2	11.9	0	0.0
Drowning	0	0.0	0	0.0
Firearms	0	0.0	0	0.0
Other accidents	3	---	0	---

Total rate is per 100,000 population. Child rate is per 100,000 children aged 0 to 19.

DEATHS BY AGE GROUP		
Age group	Total	Rate
Total	230	13.6
0 to 14	1	0.3
15 to 44	10	1.7
45 to 64	53	11.2
65 to 84	104	35.0
85+	62	186.7

Rate is per 1,000 population in age group.

SELECTED CANCER SITE DEATHS	Both Sexes		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All cancers	58	343.7	34	406.7	24	281.9
Trachea, bronchus, lung, pleura	21	124.5	12	143.6	9	105.7
Colorectal	4	23.7	2	23.9	2	23.5
Breast (female)	3	17.8	0	0.0	3	35.2
Prostate (male)	4	23.7	4	47.9	0	0.0
Pancreas	0	0.0	0	0.0	0	0.0
Leukemias	3	17.8	1	12.0	2	23.5
Non-Hodgkin's lymphomas	4	23.7	3	35.9	1	11.7
Ovary (female)	1	5.9	0	0.0	1	11.7
Brain and other nervous system	1	5.9	1	12.0	0	0.0
Stomach	1	5.9	1	12.0	0	0.0
Uterus & cervix (female)	0	0.0	0	0.0	0	0.0
Esophagus	0	0.0	0	0.0	0	0.0
Melanoma of skin	1	5.9	1	12.0	0	0.0
Other	15	---	9	---	6	---

Rate is per 100,000 population.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or less than 1,000 population are shaded. Births, abortions and estimated total fetal losses sum to the total number of estimated pregnancies. Estimated total fetal losses is not the same as the total number of fetal deaths. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. 5 years. A total fertility rate of 2,100 births per 1,000 females 10-49 years of age would maintain the current population. Population estimates are from the United States Census Bureau.

LAMAR 2014 HEALTH PROFILE

BIRTHS BY AGE OF MOTHER					
	TOTAL	10-14	15-17	18-19	20 plus
All births	146	0	1	11	134
Rate	---	0.0	4.1	68.3	55.1
White	132	0	1	10	121
Rate	---	0.0	5.0	74.6	58.4
Black & Other	14	0	0	1	13
Rate	---	0.0	0.0	37.0	36.4

Rates for age group are per 1,000 females in specified age group (age-specific birth rate).
Births with unknown age of mother counted with the age group "20 plus".

Marriages	Number	123
	Rate	8.7
Divorces	Number	68
	Rate	4.8

Rate is per 1,000 population.

2014 POPULATION	
Total	14,086
White	12,265
Black and Other	1,821
Median age	44.2
Life expectancy at birth	72.5
Total fertility rate per 1,000 women aged 10-49	1988.5

NATALITY				
	All Women		Women 10-19	
	Number	Rate	Number	Rate
Est. pregnancies	182	76.7	14	16.4
Births	146	10.4	12	14.1
Abortions	7	2.9	0	0.0
Est. fetal losses	29	---	2	---

Birth rate is per 1,000 population.
Pregnancy and abortion rates are per 1,000 females 15-44 (all woman) or 10-19.

	All Women		Women 10 to 19	
	Number	Percent	Number	Percent
Births to unmarried women	55	37.7	11	91.7
Low weight births	22	15.1	2	16.7
Multiple births	4	2.7	0	0.0
Medicaid births	77	52.7	9	75.0

Percent is percent of all births with known status for all woman or specified age group.

SELECTED NOTIFIABLE DISEASES	
New Cases	
HIV	1
Syphilis	0
Gonorrhea	12
Chlamydia	61
Tuberculosis	0

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP						
	All Ages			Ages 10-19		
	All Races	White	Black & Other	All Races	White	Black & Other
Infant deaths	0	0	0	0	0	0
Rate per 1,000 births	0.0	0.0	0.0	0.0	0.0	0.0
Postneonatal deaths	0	0	0	0	0	0
Rate per 1,000 births	0.0	0.0	0.0	0.0	0.0	0.0
Neonatal deaths	0	0	0	0	0	0
Rate per 1,000 births	0.0	0.0	0.0	0.0	0.0	0.0

* Infant deaths are by race of infant; births are by race of mother.

2014 POPULATIONS BY AGE GROUP, RACE AND SEX									
Age	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	14,086	6,868	7,218	12,265	6,036	6,229	1,821	832	989
0-4	709	365	344	580	300	280	129	65	64
5-9	880	464	416	750	401	349	130	63	67
10-14	912	462	450	795	407	388	117	55	62
15-44	4,679	2,305	2,374	4,013	2,001	2,012	666	304	362
45-64	4,021	2,006	2,015	3,506	1,771	1,735	515	235	280
65-84	2,575	1,170	1,405	2,349	1,070	1,279	226	100	126
85+	310	96	214	272	86	186	38	10	28

MORTALITY	All Races			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	184	105	79	169	94	75	15	11	4
Death rate per 1,000 pop.	13.1	15.3	10.9	13.8	15.6	12.0	8.2	13.2	4.0

SELECTED CAUSES	Total		Male		Female		White		Black & Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart disease	45	319.5	27	393.1	18	249.4	43	350.6	2	109.8
Cancer	41	291.1	27	393.1	14	194.0	39	318.0	2	109.8
Stroke	13	92.3	4	58.2	9	124.7	11	89.7	2	109.8
Accidents	5	35.5	3	43.7	2	27.7	4	32.6	1	54.9
CLRD	16	113.6	11	160.2	5	69.3	15	122.3	1	54.9
Diabetes	3	21.3	1	14.6	2	27.7	3	24.5	0	0.0
Inf. & pneumonia	6	42.6	2	29.1	4	55.4	5	40.8	1	54.9
Alzheimer's disease	7	49.7	3	43.7	4	55.4	7	57.1	0	0.0
Suicide	2	14.2	2	29.1	0	0.0	1	8.2	1	54.9
Homicide	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
HIV disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rate is per 100,000 population.

ACCIDENTAL DEATHS	All Ages		Children Under 20	
	Number	Rate	Number	Rate
All accidents	5	35.5	0	0.0
Motor vehicle	4	28.4	0	0.0
Suffocation	0	0.0	0	0.0
Poisoning	0	0.0	0	0.0
Smoke, fire and flames	0	0.0	0	0.0
Falls	1	7.1	0	0.0
Drowning	0	0.0	0	0.0
Firearms	0	0.0	0	0.0
Other accidents	0	---	0	---

Total rate is per 100,000 population. Child rate is per 100,000 children aged 0 to 19.

DEATHS BY AGE GROUP		
Age group	Total	Rate
Total	184	13.1
0 to 14	1	0.4
15 to 44	3	0.6
45 to 64	36	9.0
65 to 84	101	39.2
85+	43	138.7

Rate is per 1,000 population in age group.

SELECTED CANCER SITE DEATHS	Both Sexes		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All cancers	41	291.1	27	393.1	14	194.0
Trachea, bronchus, lung, pleura	14	99.4	8	116.5	6	83.1
Colorectal	6	42.6	4	58.2	2	27.7
Breast (female)	3	21.3	0	0.0	3	41.6
Prostate (male)	1	7.1	1	14.6	0	0.0
Pancreas	3	21.3	2	29.1	1	13.9
Leukemias	1	7.1	1	14.6	0	0.0
Non-Hodgkin's lymphomas	1	7.1	1	14.6	0	0.0
Ovary (female)	0	0.0	0	0.0	0	0.0
Brain and other nervous system	0	0.0	0	0.0	0	0.0
Stomach	1	7.1	1	14.6	0	0.0
Uterus & cervix (female)	0	0.0	0	0.0	0	0.0
Esophagus	1	7.1	1	14.6	0	0.0
Melanoma of skin	0	0.0	0	0.0	0	0.0
Other	10	---	8	---	2	---

Rate is per 100,000 population.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or less than 1,000 population are shaded. Births, abortions and estimated total fetal losses sum to the total number of estimated pregnancies. Estimated total fetal losses is not the same as the total number of fetal deaths. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. 5 years. A total fertility rate of 2,100 births per 1,000 females 10-49 years of age would maintain the current population. Population estimates are from the United States Census Bureau.

Rankings & Roadmaps
Building a Culture of Health, County by County

	Alabama	Fayette (FA) , AL	Lamar (LA) , AL
Health Outcomes		34	27
Length of Life		36	23
Premature death	9,500	10,600	9,800
Quality of Life		38	36
Poor or fair health	22%	22%	22%
Poor physical health days	4.6	4.9	5.0
Poor mental health days	4.7	4.7	4.8
Low birthweight	10%	11%	10%
Health Factors		34	23
Health Behaviors		27	38
Adult smoking	21%	21%	21%
Adult obesity**	34%	32%	33%
Food environment index**	6.6	7.4	7.4
Physical inactivity**	29%	31%	33%
Access to exercise opportunities	63%	27%	22%
Excessive drinking	13%	13%	12%
Alcohol-impaired driving deaths	30%	36%	45%
Sexually transmitted infections**	611.0	371.0	329.6
Teen births	44	51	49
Clinical Care		51	44
Uninsured	16%	15%	16%
Primary care physicians	1,570:1	2,420:1	
Dentists	2,200:1	3,370:1	4,700:1
Mental health providers	1,200:1	8,440:1	7,040:1
Preventable hospital stays	65	101	85
Diabetic monitoring	85%	81%	84%
Mammography screening	63%	58%	56%
Social & Economic Factors		48	24
High school graduation**	81%	78%	83%

http://www.countyhealthrankings.org/app/alabama/2016/compare/snapshot?counties=01_057%2B01_075 10/4/2016

Some college	58%	46%	50%
Unemployment	6.8%	7.9%	7.1%
Children in poverty	27%	29%	28%
Income inequality	5.2	5.3	4.3
Children in single-parent households	38%	42%	34%
Social associations	12.5	10.6	9.8
Violent crime**	418	174	50
Injury deaths	74	98	90
Physical Environment		3	2
Air pollution - particulate matter	12.8	12.5	12.4
Drinking water violations		No	No
Severe housing problems	15%	11%	13%
Driving alone to work	85%	85%	82%
Long commute - driving alone	33%	36%	32%

** Compare across states with caution
Note: Blank values reflect unreliable or missing data

2016

StateofObesity.org

The State of Obesity is a project of the Trust for America's Health and the Robert Wood Johnson Foundation

The State of Obesity in

Alabama

Adult Obesity in Alabama New Data

Alabama now has the second highest adult obesity rate in the nation, according to *The State of Obesity: Better Policies for a Healthier America* released September 2016. Alabama's adult obesity rate is currently 35.6 percent, up from 22.6 percent in 2000 and from 11.2 percent in 1990. According to the most recent data, adult obesity rates now exceed 35 percent in four states, 30 percent in 25 states and are above 20 percent in all states. Louisiana has the highest adult obesity rate at 36.2 percent and Colorado has the lowest at 20.2 percent. U.S. adult obesity rates decreased in four states (Minnesota, Montana, New York and Ohio), increased in two (Kansas and Kentucky) and remained stable in the rest, between 2014 and 2015. This marks the first time in the past decade that any states have experienced decreases — aside from a decline in Washington, D.C. in 2010. View data for all states

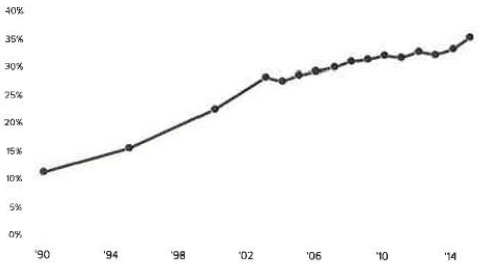
Current adult obesity rate (2015)

35.6%

Rank among states (2015)

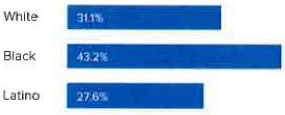
2/51

Adult obesity rate in Alabama (1990-2015)



Obesity rate by age (2015)

Obesity rate by race (2015)



Obesity rate by gender (2012)

Source: Trust for America's Health and Robert Wood Johnson Foundation. The State of Obesity 2016 [PDF]. Washington, D.C.: 2016.

StateofObesity.org

Trust for America's Health

Robert Wood Johnson Foundation

Childhood Obesity in Alabama

2- to 4-year-olds from low-income families

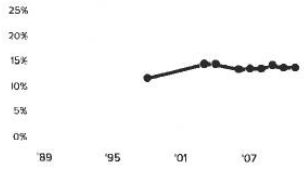
Current obesity rate (2011)

14.1%

Rank among states (2011)

20/41

Historical rates (1989-2011)



10- to 17-year-olds

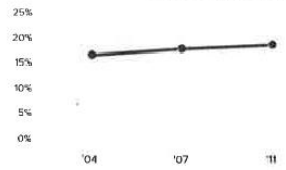
Current obesity rate (2011)

18.6%

Rank among states (2011)

11/51

Historical rates (2004-2011)



High school students

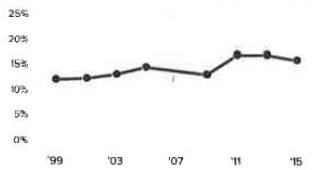
Current obesity rate (2015)

16.1%

Rank among states (2015)

9/43

Historical rates (1999-2015)



http://www.stateofobesity.org/states/al/ 10/4/2016

StateofObesity.org

Trust for America's Health | Robert Wood Johnson Foundation

Obesity-Related Health Issues in Alabama

Diabetes

Current adult diabetes rate (2015)

13.5%

Rank among states (2015)

3/51

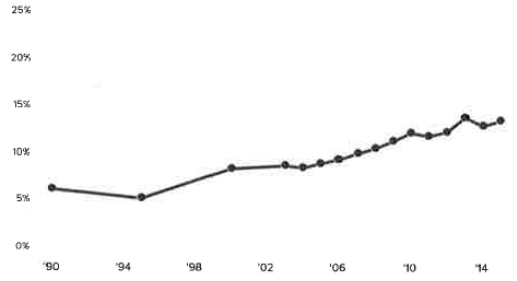
Diabetes cases in 2010

448,912

Projected cases of diabetes in 2030 at current pace

661,673

Historical adult diabetes rates (1990-2015)



Hypertension

Current adult hypertension rate (2015)

40.4%

Rank among states (2015)

3/51

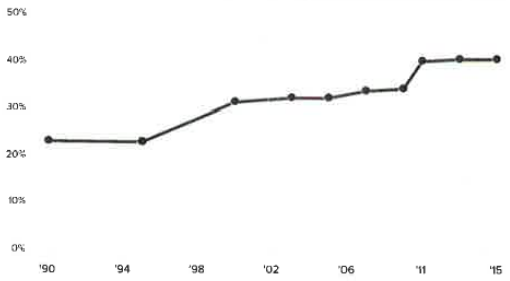
Hypertension cases in 2010

1,006,222

Projected cases of hypertension in 2030 at current pace

1,286,270

Historical adult hypertension rates (1990-2015)



Heart Disease

Heart disease cases in 2010

311,842

Projected cases of heart disease in 2030

1,458,880

Arthritis

Arthritis cases in 2010

988,452

Projected cases of arthritis in 2030

818,339

Obesity-Related Cancer

Obesity-related cancer cases in 2010

79,581

Projected cases of cancer in 2030

200,226

Sources: Current diabetes (2015) and hypertension (2015) rates are from The State of Obesity 2016 [PDF]; 2010 diabetes, hypertension, heart disease, arthritis and obesity-related cancer numbers and projected cases of obesity-related illness (diabetes, heart disease and arthritis) are from F as in Fat 2012 [PDF].