DCH REGIONAL MEDICAL CENTER
AND **NORTHPORT MEDICAL CENTER**

COMMUNITY HEALTH NEEDS ASSESSMENT 2025-2027

DCH Health System

TABLE OF CONTENTS

INTRODUCTION

DCH HEALTH SYSTEM

In March of 2023, the DCH Health System celebrated 100 years of providing quality, compassionate health care services to citizens in multiple communities in West Alabama.

The DCH Health System includes three acute care hospitals including DCH Regional Medical Center, Northport Medical Center and Fayette Medical Center. DCH Regional Medical Center, the largest of the three hospitals is a 583-bed acute care trauma center, Northport Medical Center is a 204-bed community hospital, and Fayette Medical Center is a 61-bed rural hospital, with a 120 bed nursing home that operates through a long-term lease agreement with the DCH Health System. All three hospitals are accredited by The Joint Commission, and the hospitals have received numerous awards from independent agencies that acknowledge the quality of care provided within the DCH Health System.

Additionally, the DCH Health System operates the Lewis and Faye Manderson Cancer Center, The DCH Occupational Medicine Clinic and SpineCare associated with DCH Regional Medical Center. The health system also has several outpatient physician practices across the region. The DCH Health System is a governmental entity that operates a health system owned by the public and is governed by a nine-member Board of Directors; two members are appointed by the Tuscaloosa City Council, two by the Tuscaloosa County Commission, one by the Northport City Council, two by the medical staffs of DCH Regional Medical Center and Northport Medical Center, and two by the Board itself. Each of the members of this diverse group serves a six-year term.

Based on patient origin data, the DCH Health System maintains that the defined "community" is the seven-county area that the hospitals within the system serve. These counties include Tuscaloosa, Bibb, Fayette, Green, Hale, Lamar, and Pickens counties. The DCH Health System employs more than 4,700 people, and over 400 physicians are privileged to practice within the health system. Services provided by the hospitals include inpatient and outpatient services; surgery, diagnostics and emergency services. Additionally it offers services including neurosurgery, general surgery, vascular surgery, pediatrics, orthopedics, oncology, cardiology, intensive care, inpatient rehabilitation and psychiatry.

The DCH Health System has worked collaboratively with the College of Community Health Sciences at The University of Alabama to provide clinical training sites for students in multiple health care fields. Since 1976, more than 588 residents in the Family Practice Residency program, along with 95 fellows in various family medicine subspecialties, have graduated, and many of those residents and fellows are practicing medicine in West Alabama and other areas of the Southeast.

The mission of the DCH Health System is "We serve to improve the health of our patients and community." The vision of the DCH Health System is "To be the provider of choice in West Alabama by delivering excellent care." The employees and physicians of the DCH Health System give time and energy by volunteering to support community events in schools, churches and at various civic events. The DCH Health System has re-established the DCH Community Health Fair, and provides free health services within the community. The System does not deny care to any person regardless of their insurance status or their ability to pay. DCH Health System provided $26,187,000 in FY2024 for charity care.

For the purposes of this report, the health care operational centers within the DCH Health System will be hereinafter referred to collectively as the "System." The Patient Protection and Affordable Care Act, aka Affordable Care Act, regulations allow for facility collaborations under appropriate circumstances. DCH Regional Medical Center and Northport Medical Center are located within a few miles of each other and offer complimentary and comprehensive services to residents in the seven-county area. This allows for efficient and effective compliance

with the Centers for Medicare and Medicaid Services (CMS) and the governance standards established by The Joint Commission, TJC. In 2010, DCH Regional Medical Center and Northport Medical Center received the Sole Community Hospital Designation and as such, operate under a single Medicare provider number. For this reason, this report will reflect a joint Community Health Needs Assessment between DCH Regional Medical Center and Northport Medical Center.

DCH REGIONAL MEDICAL CENTER

The DCH Regional Medical Center is the keystone hospital in the DCH Health System. This hospital opened its doors as a 50-bed hospital in 1923. Since then, it has expanded multiple times to the 583-bed regional medical center that it is today to meet the constantly growing health care needs of the community it serves.

DCH Regional Medical Center offers comprehensive inpatient and outpatient services, specialty units, and multiple advanced services including oncology, cardiology, neurosurgery, robotic surgery, pediatrics and orthopedics. It is also West Alabama's premier trauma center providing care to severely injured patients 24-7 with immediate, highly-trained clinical teams that can provide surgery and other necessary procedures in life-threatening situations. The Lewis and Faye Manderson Cancer Center is a state-of-the art cancer facility providing patients with the most highly trained and experienced cancer specialists in the country. It is located on the campus of DCH Regional Medical Center.

DCH Regional Medical Center admitted 18,905 patients, had 61,577 emergency room visits, and performed 10,284 inpatient and outpatient surgeries and procedures, in FY24 (October 2023 to September 2024). DCH Regional Medical Center is one of the largest employers in Tuscaloosa County and continually gives back to the community by providing free health services and major sponsorships of events from various civic groups and charities including the American Heart Association, March of Dimes, American Cancer Society, the Arthritis Foundation and the United Way.

NORTHPORT MEDICAL CENTER

In 1992, the Board of Directors of the DCH Health System purchased Northport Medical Center, formerly known as AMI West Alabama General Hospital, primarily to avoid duplication of high-cost equipment and resources and to allow both hospitals to share in the burden of caring for charity patients. The Board also desired to provide greater access to more specialized services for residents in the communities of West Alabama. This local community hospital provides a broad spectrum of inpatient and outpatient services as well as several specialty services, and compliments those services provided at DCH Regional Medical Center. North Harbor offers inpatient treatment for adults and geriatric individuals needing psychiatric care.

The Women's Pavilion is an advanced obstetrical unit providing the latest technology and equipment in a comfortable setting for mothers and their babies. The hospital also provides a neonatal intensive care unit with specialized physicians and staff. For patients needing post-acute physical rehabilitation, the hospital provides the Rehabilitation Pavilion, an inpatient acute rehabilitation hospital. Additionally, the campus has a state of the art sleep lab.

In FY24 (October 2023 to September 2024), there were 5,192 patients admitted to Northport Medical Center, 37,742 emergency room visits, and approximately 5,099 inpatient and outpatient surgeries and procedures performed.

EXECUTIVE SUMMARY

The DCH Health System organized a team from DCH Regional Medical Center, Northport Medical Center, community leaders for both campuses and citizens of the service area to participate in the 2025 Community Health Needs Assessment (CHNA), which is required by the Affordable Care Act (Section 501 (r) every three years. This CHNA is a follow-up to the 2022 CHNA and is the fifth such CHNA that has been conducted by the DCH Health System.

The community represented includes the seven-county geographic area served by both hospitals. This service area was determined in 2013 when the first Community Health Needs Assessment was conducted. Demographics, disease states, socioeconomic status, behavioral and physical factors, and low-income and uninsured populations were considered in order for the CHNA to be diverse and effective.

Leadership of the DCH Health System, in collaboration with community leaders, formed a diverse stakeholder group to ensure there was proper representation of the community served by the two hospitals. The group included representatives of the medically underserved, low-income and minorities, experts in public health, government officials, religious leaders, law enforcement, business leaders, educators, and representatives from DCH Regional Medical Center and Northport Medical Center specialty programs. Feedback was collected from both a survey tool and group meetings.

DCH provided a specific survey tool for the community leaders and other designated community organizations to complete. An additional, more detailed phone survey was conducted for citizens that received services at DCH and met the criteria of one of the following: population of diversity, low-income and uninsured or underinsured. Both survey tools included content to give feedback on the most important features of a healthy community as well as most important health issues in West Alabama. The survey data was collected over a one-month period. Several group meetings to identify health needs within the community were held over a three-month period. In addition to the information gathered from the surveys and group meetings, supporting data was used to assist in identifying the health needs of the community. This report also includes pertinent support data from The Alabama Department of Public Health, The Robert Woods Johnson Foundation, The CDC, The American Diabetes Association, The Alabama Rural Health Association, The Census Bureau, The Alabama Department of Mental Health and others.

Multiple issues of health were identified through evaluating the survey data, conducting the group meetings and reviewing public health data. Most of the counties in the seven-county area had poor health outcomes, health behaviors and quality of life, compared to other counties in Alabama. Additional data showed heart disease, cancer, stroke, diabetes and kidney failure as the leading causes of death in all seven counties. Coronavirus (Covid-19) also contributed to causes of death.

Issues of health identified through the process include:

- Access to Care- Limited primary care and specialists within the community
- Child Abuse and Neglect
- Childcare expense
- Food insecurity / lack of healthy affordable options
- High poverty rates
- Homelessness
- Hospital perception
- Inflation
- Lack of community resources
- Lack of internet access in rural areas
- Limited affordable Housing
- Limited rural ambulance coverage
- Limited Socialization for homebound elderly
- Limited translation services for foreign dialects such as: k`iche' and k'eqchi
- Low literacy levels
- Mental Health Services- Children and Adolescents

- Mental Health Services- Behavioral Health and Drug Use/ Substance Abuse
- Outmigration of patients within the service area
- Staffing Shortages within the healthcare industry (physician, nurse and ancillary)
- Transportation- No transportation / limited public transportation
- Unmanaged Chronic Diseases- diabetes, heart disease, stroke, obesity
- Uninsured and underinsured population- inclusive of health, dental and vision insurance
- Violence- domestic and gang related

2025 Community Needs Assessment Priorities

The information was presented to the leadership of the DCH Health System, and based on the information collected and analyzed, three health related areas of focus were identified. Priorities for the 2025-2027 Community Health Needs Assessment include:

- Access to Health Care
- Mental Health
- Chronic Disease Management including diabetes, obesity, excess weight and stroke

Since 2013, the DCH Health System has used the Community Health Needs Assessment as a guide to help improve the overall health and quality of life for residents in the community. DCH Regional Medical Center and Northport Medical Center have engaged and collaborated with other entities and organizations throughout the service area to share resources and promote a healthy and safe environment for all residents in the service area. The DCH Health System and its hospitals continue to provide the highest quality of care in a compassionate setting without regard to race, age or the ability to pay.

This report will include the following:

- The methodology used to identify the health needs
- A review of the 2022 Community Health Needs Assessment
- Identification of needs
- Description of prioritized needs and plans to address those needs
- Recognized health needs not addressed
- Written report and plans to monitor
- Existing resources available to assist in addressing the health needs
- Supplemental data

METHODOLOGY

The DCH Health System leadership worked to facilitate and complete the Community Health Needs Assessment pursuant to the rules and regulations set forth in the Affordable Care Act. DCH Regional Medical Center and Northport Medical Center developed a stakeholder committee representative of the diverse population in area served by the hospitals. The "Community Leaders" group consisted of business leaders, political leaders, law enforcement, first responders, not-for-profit organizations, state agencies and organizations representing the medically underserved, low-income and minority populations.

To ensure confidentiality, written and verbal survey data was collected anonymously. When meeting individually and in small groups, stakeholders were asked as seen by them and to suggest methods to address those needs. The process was designed to create further collaboration between the health system and stakeholders, with the goal of improving health equity and health outcomes throughout the community. Dr. Robin Wilson facilitated the meetings and they took place in August, September and October of 2024. In addition to the named participants, a total of 283 unidentified community citizens were surveyed.

The Health Equity Committee Representatives:

- Casey Terry, Home Care Nurse Supervisor ADPH
- Debbie Gregory, West Alabama Area Agency on Aging
- Doris Vawters, Good Samaritan Clinic
- Dr. Bob Mckinney, LCSW-Assoc. Professor College of Community Health Sciences
- Jean Rykaczewski, West Alabama Food Bank
- Jacqueline Kliner, Home Care Services Administrator ADPH
- Julia Sosa, Whatley Health Services
- Karen Thompson-Jackson, Temporary Emergency Services
- Ty Blocker, Director of Student Services of Tuscaloosa County School System
- Sister Oliva Olivares, Catholic Social Services
- Whitney Gay, Tuscaloosa VA

Additional Leaders and Community Representatives:

- Cpt Chris Williamson, Tuscaloosa Fire Rescue
- Cynthia Almond, State Representative
- Cynthia Burton, Community Service Programs
- Dr. Richard Friend, Dean UA CCHS
- Dr. Robin Wilson, CMO, DCH Health System
- Katrina Keefer, CEO, DCH Health System
- Mallary Myers, COO, DCH Health System
- Rob Robertson, Probate Judge, Tuscaloosa County
- Rev David Gay, CEO Whatley Health
- Valerie Stone, Director DCH North Harbor
- A.D. Christian, Community Representative
- Bobby Johnson, Community Representative
- Brandy Shaw, Community Representative
- Brian Chandler, Community Representative
- Dr. Terry Carlson, Community Representative
- Jamie Conger, Community Representative
- Jason Stapp, Community Representative
- Jennifer Taylor White, Community Representative
- June Hubbard, Community Representative
- Martin Houston, Community Representative
- Pastor Garcia, Community Representative
- Portia Martin, Community Representative
- Ricky Brewer, Community Representative
- Robert Thomas, Community Representative

OBTAINING PUBLIC INPUT

According to the regulation in section 501 (r) (3) of the Affordable Care Act, DCH Regional Medical Center and Northport Medical Center must obtain input from three primary sources within the community- 1) experts in public health, 2) representatives of the medically underserved, minorities and low income populations within the community, and 3) written comments received from the most recently conducted Community Health Needs Assessment.

The most recent Community Health Needs Assessment was uploaded to the DCH Health System website upon completion in 2022. To date, no comments have been received. For the 2025 CHNA, input was received by the required sources as well as from pertinent stakeholders in the community to include government officials, law enforcement, first responders, educators, religious leaders, other service and not for profit agencies, as well as active community leaders.

Following approval of this report by the DCH Health System's governing board, this report will be made widely available through the DCH Health System website for public view and comments. The following is a review of the 2022 CHNA and the current input received during this process.

1. Evaluation of the 2022 Community Health Needs Assessment

An extensive review of the prior 2022 Community Health Needs Assessment, stakeholder input and other pertinent data was presented to the leadership of DCH Regional Medical Center and Northport Medical Center to prioritize the needs identified through this CHNA process. Priorities previously addressed in past assessments were considered, as were the potential effectiveness of the action plans and the associated costs. The decision was made with the ultimate goal of improving the quality of life and overall healthcare for individuals and families in the communities served by the hospital. The following needs were established as priorities. The tables below provide a status update on each area of identified focus.

Mental Health

Area of Focus:	Status:
Explore expanding the inpatient bed capacity, specifically for adolescents, of North Harbor Pavilion to provide mental health services.	In Process: DCH continues to evaluate expanding services to include adolescent psychiatry and is being considered in conjunction with the development of a strategic plan.
Grow partnerships with other mental health providers in the area including Maude Whatley Health Center, Indian Rivers Behavioral Health, and local community mental health centers	✔ DCH continues to do this by holding routine meetings with community mental health leaders, continuously seeking further opportunities to collaborate.
Continue to provide monetary support for advocacy in the community	✔ DCH actively supports Tuscaloosa Mental Health Alliance through the Hot 100 Bike Race and The Kristin Amerson Youth Foundation, with the Strike Out Suicide event.
Implement the FBI's crisis negotiation program at North Harbor	✔ Completed through Crisis Intervention Training with local law enforcement.
Work with Indian Rivers and local first responders to ensure a timely opening of the Crisis Diversion Center to be located in Tuscaloosa County, and to provide appropriate staff when needed	✔ Hope Point Crisis Center was opened in October 2023 and DCH continues to partner with them for further expansion efforts.
Resume North Harbor's partnership with Maude Whatley Health Services to provide onsite health services to the Community Soup Bowl, the Office of Pardons and Parole, homeless tent cities and other public locations.	N/A- Maude Whatley Health Services no longer provides these services.
Implement the SBIRT Program at DCH Regional Medical Center to improve the standard of care in the emergency department for those needing mental health services.	In Process- DCH continues to evaluate the evidence to determine the best substance abuse screening tool
Resume implementation of the "Talks Saves Lives" program, which speaks to the prevention of suicide in the local school systems	✔ Suicide prevention educational programs for local schools have been established by The Kristin Amerson Youth Foundation. DCH continues to support their efforts. Additionally, Tuscaloosa City Schools now employ their own crisis social workers who support this training.
Continue support of and participation in the Tuscaloosa Mental Health Alliance to identify gaps in mental health services, to provide education and crisis intervention when needed, and to improve the quality of life for those with mental health issues	✔ DCH remains actively involved in the Tuscaloosa Mental Health Alliance and supports ongoing partnership collaborations and requests made by the group.
Continue to recruit behavioral clinicians as the seven-county area is considered to be a mental health professional shortage area	✔ Recently added a third Psychiatrist and continue to support ongoing recruitment efforts.
Expand telepsychiatry in West Alabama	In Process- DCH continues to evaluate the feasibility of providing telepsychiatry services.
Continue the use of marketing and social media for mental health issues	✔ DCH remains actively involved in using marketing and social media efforts to share mental health information.
Create a support group using staff from the DCH Health System for Tuscaloosa Fire and Rescue clients to combat loneliness and depression, which often results in a 911 call and unnecessary trips to the emergency rooms of the hospitals	✔ Tuscaloosa Fire and Rescue manages the support group through their social workers. DCH refers to them and actively collaborates to develop community treatment plans when necessary.

Access to Care

Area of Focus:	Status:
Continue and expand free screenings and health fairs in the community	✔ In 2023, DCH held its inaugural DCH Community Health fair, which is now an annual event. Additionally, DCH continues to support local public and employer lead health fairs.
Continue partnerships with other local providers including Community Services Programs of West Alabama, Maude Whatley Health Services, the United Way, the Good Samaritan Clinic, and others to ensure individuals and families are informed and educated on the services provided by these organizations including meals, childcare, affordable housing, transportation, gas cards and other valuable services.	✔ The DCH team remains actively involved in collaborations with many community health partners, to ensure citizens, patients and employees are aware of all community resources available to them.
Consider partnership with Five Horizons Health Services to provide a mobile clinic and laboratory services to ensure timely lab results for patients who may have been exposed to sexually transmitted diseases	✔ Evaluated and determined it was not feasible at the current time. Will continue to evaluate, as circumstances change. DCH actively supports the efforts of The Tuscaloosa SAFE Center and The Alabama Department of Public Health.
Provide additional resources to those in the community by launching "lunch and learn" programs for the DCH staff to learn about the services provided by other organizations and agencies in the area.	✔ DCH evaluated the feasibility of this and started with educating on our internal services, such as the DCH Diabetes Center, DCH Health and Wellness, Know Your Numbers, etc.
Consider expansion of emergency services in the service area of DCH Regional Medical Center and Northport Medical Center through a freestanding emergency department	✔ DCH evaluated and determined it was not feasible to open a freestanding ED at the current time. Instead, the leadership team has been focusing efforts on improving efficiency and throughput in the Regional and Northport emergency departments and working to develop a primary care strategy.
Continue to recruit clinical staff and physicians to the area to ensure adequate clinical coverage for services provided	✔ DCH continues to recruit providers and clinical staff.
Enlist DCH Health System employees to volunteer to assist other organizations in the area that provide services to those in need	✔ DCH team members are encouraged to volunteer with community organizations.
Continue marketing campaigns that educate the community on the resources available in the community	✔ DCH continues to use social media to highlight community resources available. Recent Examples include promoting the Kristin Amerson Youth Foundation.
Continue monetary support to other organizations in the area that provide valuable resources to the community	✔ DCH continues to support community organizations with fundraising efforts such as United Way of West Alabama and American Heart Association.
Improve education to patients upon discharge from DCH Regional Medical Center and Northport Medical Center so that they are better prepared on prevention upon their return home, possibly avoiding re-admissions	✔ The clinical team is actively educating patients regarding community resources and is utilizing The Alabama Hospital Association best practice disease specific educational zone tools. Additionally, there are active training pilots occurring for disease specific conditions that start in higher levels of care and transfer with the patient to lower levels of care.

Contributing Factors that Result in the Leading Causes of Death

Area of Focus:	Status:
Continue the Lewis and Faye Manderson Cancer Center's sponsorship of local events as well as free health fairs and screenings for cancer.	✔ The Lewis and Faye Manderson Cancer Center actively supports cancer- related community events, participates in health fairs and hosts annual free mammogram screening events for the community.
Continue the We Give campaign which is employee contributions to the DCH Foundation.	✔ DCH actively supports the DCH Foundation through the annual employee We Give campaign.
Continue DCH Regional Medical Center's participations in sponsorship of local events including the American Heart Association's annual fund drive.	✔ DCH actively supports The American Heart Association through an annual employee fundraising campaign.
Continue DCH employee contributions to the United Way of West Alabama's 27-memberagencies, many of which serve the medically underserved, minority and uninsured population	✔ DCH actively supports The United Way of West Alabama through an annual employee fundraising campaign.
Continue the DCH Health System smoke-free campus policy	✔ DCH remains smoke-free on all campuses.
Expand the DCH Health System Living Well with Diabetes Employee Program to include all employees of the System and not just those covered under the DCH Health System insurance plan	✔ The DCH Diabetes Center takes health insurance and has reduced self-pay options for services that are not covered by insurance.
Resume marketing of the DCH Diabetes and Nutrition Education Program in doctor's offices, local school systems and through local health fairs as this program was halted during the COVID-19 pandemic	✔ DCH actively markets the services provided in the Diabetes Center.
Continue marketing campaigns that educate the community on the resources available in the community	✔ DCH markets resources available in the community when partnering with community organizations.
Implement medical nutrition therapy coverage on the DCH employee health insurance plan	✔ Medical nutrition therapy services are covered on the DCH employee health insurance plan when receiving services at the DCH Diabetes and Nutrition Education Center facility
Recruit a local endocrinologist to share space in the DCH Diabetes and Nutrition Education Center allowing for an interdisciplinary plan of care for diabetic patients	In process- DCH is actively working to recruit an Endocrinologist to help expand services and access.
Expand the DCH Diabetes and Nutrition Education Center facility	✔ DCH evaluated and determined that this is not currently feasible. The current volume within the center does not justify expansion. Instead, DCH is working to promote the services offered to grow volume.
DCH employees volunteer with other organizations providing services to those in need in the form of assistance and grant preparation	✔ DCH supports employees volunteering with community organizations, but does not assert that specific team members have experience in grant preparation.
DCH Regional Medical Center and Northport Medical Center combine resources and staff to provide free mammograms, echocardiograms, and other screening tools annually to detect certain health issues early, hopefully preventing more serious, complicated and expensive problems in the future.	✔ DCH campuses jointly support an annual mammogram screening event at the Lewis and Faye Manderson Cancer Center. Additionally, through community health fairs and partnerships with local employers, additional screening opportunities have been made available to the public.

2. Stakeholder Input

A community survey was developed and conducted to gain feedback from citizens related to health services, challenges and outcomes throughout the DCH Regional Medical Center and Northport Medical Center service area. The survey had thirty-six (36) questions and was completed via phone survey and written survey. A total of 283 community citizens were surveyed. Key issues of health from the responses are listed in the table below.

Community Survey
Prioritized Issues of Health
• Access to Care-Limited Primary Care And Specialists within the Community
• Drug Use and Substance Abuse
• Unmanaged Chronic Diseases- Diabetes, Heart Disease, Stroke, Obesity
• Child Abuse and Neglect
• Mental Health Problems

A leadership survey was developed and conducted to obtain feedback and perspectives from community leaders related to Community Health needs in West Alabama. The survey had fourteen (14) questions and was completed via individual meetings, through email and written. A total of 37 community leaders completed the survey. Key issues of health from the responses are listed in the table below.

Leadership Survey
Prioritized Issues of Health
• Access to Care- Limited Primary Care and Specialists within the Community
• Mental Health Problems
• Unmanaged Chronic Diseases- Diabetes, Heart Disease, Stroke, Obesity/Excess Weight
• Drug Use and Substance Abuse
• Aging Problems (ex. Dementia, Vision/ Hearing Loss, Loss Of Mobility)

3. Relevant Healthcare Data

Additional data relevant to the various issues of health can be found in Appendix A, B and C. All data was obtained from relevant sources including the Alabama Department of Public Health, the Robert Wood Johnson Foundation County Rankings and Roadmaps, the US Department of Health and Human Services Healthy People 2030, the Centers for Disease Control, the American Diabetes Association and others.

2025 PRIORITIZED NEEDS AND ACTION PLANS TO ADDRESS

An extensive review of the prior CHNA, stakeholder input and other pertinent data was presented to the leadership of DCH Regional Medical Center and Northport Medical Center to prioritize the needs identified through this CHNA process. Priorities previously addressed in past assessments were considered, as was the potential effectiveness of the action plans and the associated costs. The decision was made with the ultimate goal of improving the quality of life and overall health care for individuals and families in the communities served by the hospital. The following needs were established as priorities:

Access to Care

- Develop a primary care strategy to support the service gaps in West Alabama, complimenting the services that other providers and organization within the community have made.
- Continuously evaluate the physician needs assessment and actively recruit priority physician specialties including but not limited to primary care, endocrinology, psychiatry, OBGYN, cardiology and various surgical specialties.
- Develop a telemedicine strategy that supports the use of available services timely where most needed.
- Evaluate the feasibility of using telehealth services and virtual workshops to educate the public regarding general health issues, with a special focus on diabetes and nutrition education.
- Evaluate opportunities to enhance translation services within the healthcare setting.
- Expand presence at community health fairs and local events, promoting health care related services
- Continue providing DCH Community Health Fair annually.
- Collaborate with pastors and interdenominational alliances for increased engagement in rural communities.
- Continue to strengthen partnerships with local providers such as Maude Whatley Health Services, Good Samaritan Clinic, United Way of West Alabama, West Alabama Homeless Coalition (WATCH), Food Bank of West Alabama and the Area Agency on Aging, among others. These collaborations will ensure that individuals and families are informed and educated about the valuable services these organizations offer, including access to meals, childcare, affordable housing, transportation, gas cards, and other critical resources.
- Continue to recruit clinical staff to ensure adequate clinical coverage for services provided.
- Continue marketing campaigns that educate the community on the resources available in the community.
- Continue working to enhancing education to patients upon discharge from DCH Regional Medical Center and Northport Medical Center so that they are better prepared to be compliant with instruction when leaving facility.
- Continue offering free mammogram screening events.

Mental Health

- Explore expanding the inpatient bed capacity, specifically for adolescents, of North Harbor Pavilion to provide mental health services.
- Evaluate developing and 'Intensive Outpatient Treatment' program for both behavioral health and substance abuse patients.
- Build on the partnership with the University of Alabama Residency program to include a psychiatric training program, which would afford North Harbor and the Emergency Departments of DCH Regional Medical Center the services of a Residency Program. This program will assist in physician recruitment and the development of future psychiatric physicians, with a goal to expand services available to those in need of behavioral health services.
- Request Reporting & Transparency by State Funded Care Partners. Specific areas include: Bryce Hospital, Crisis Centers and Mental Health Centers.
- Seek funding to develop a co-responder model to those in mental health crisis in the community. This model, would aim to decrease 911 calls and ambulance dispatches and provide those in a mental health crisis with a licensed mental health professional (social worker, therapist, or APN) response. In addition to decreasing ambulance response, this would also decrease unnecessary Emergency Department visits.
- In partnership with community and learning organizations, seek funding to develop a North Harbor follow-up clinic for underinsured and uninsured patients.
- Grow partnerships with other mental health providers in the area including Maude Whatley Health Center, Indian Rivers Behavioral Health, R.O.S.S. (Recovery Organization of Support Specialists), and local community mental health centers.
- Continue support of and participation in the Tuscaloosa Mental Health Alliance to identify gaps in mental health services, to provide education and crisis intervention when needed, promote education about mental illness to end the stigma, and to improve the quality of life for those with mental health issues.
- Continue partnerships with entities such as The Kristen Amerson Youth Foundation and others which place emphasis on awareness and prevention of bullying and child and adolescent suicide
- Continue to enhance North Harbor's evening family support group, to focus on alleviating barriers to discharge care.
- Evaluate evidence based opioid risk screening tools and implement for all patients presenting to the Emergency Departments at DCH Regional Medical System with a behavioral health complaint to better identify those at risk for opioid misuse/abuse and assist with appropriate referral sources.
- In collaboration with local and state officials, seek funding to support initiatives related to supporting the behavioral health population of West Alabama. Areas of focus relate to expanding existing successful programs and include:
    - Expansion of Tuscaloosa Police Department's Behavioral Intervention Team, to help manage behavioral health situations before they become critical.
    - Expansion of Tuscaloosa Fire Department's social worker program, to help reduce the overutilization of 9-1-1 services.
    - Collaborate with community organizations to expand telemedicine grants, technology and interoperability to expand services.

Chronic Disease Management including Diabetes, Obesity, Excess Weight and Stroke

Multiple data provided in this document confirms that obesity, hypertension, physical inactivity, diabetes and other factors contribute to the leading causes of death including heart disease, stroke and cancer. This has been an ongoing health issue in the communities served by DCH Regional Medical Center and Northport Medical Center since the first CHNA was conducted in 2013.

- Evaluate developing a transitional care management program, with focus on chronic disease management post discharge.
- Develop post discharge strategy to reduce readmissions and enhance the continuum of care outside of the hospital.
- Expand access to the DCH Diabetes and Nutrition Education Center through enhancement of training program and marketing of services.
- Continue the We Give campaign which are employee contributions to The DCH Foundation, to support health system efforts for managing chronic diseases.
- Continue participation in The American Heart Association's community events.
- Continue DCH employee contributions to the United Way of West Alabama's 30 partner agencies, many of which serve the medically underserved, minority and uninsured population.
- Continue marketing campaigns using social media venues, television and radio shows to educate the public on several topics including disease management, and other issues that affect overall health, suggestion of using culturally sensitive approaches to reach diverse audiences.
- Continue partnering with PARA, YMCA and other entities in increasing physical activity leading to better health & wellness.

OTHER RECOGNIZED HEALTH CARE NEEDS NOT PRIORITIZED

Through this CHNA process, multiple issues of health were identified both by the Stakeholder Committee and through national, state and local data. The decision was made to prioritize mental health, access to care and chronic disease management which contribute to the leading causes of death in each county served. These issues have been identified as major issues since this process began in 2013, and continue to affect the overall health of residents in the seven-county area served by DCH Regional Medical Center and Northport Medical Center.

While several additional action plans are introduced in this report and will be considered for implementation, leadership of both hospitals determined that existing programs and initiatives should remain in place to more efficiently address those issues that remain constant in the community. The ultimate goal of DCH Regional Medical Center and Northport Medical Center is to effectively utilize resources available to meet the health needs of the citizens in its service area while continuing to provide high-quality, compassionate care for residents in the area regardless of their ability to pay.

DOCUMENTING RESULTS/ PLANS TO MONITOR PROGRESS

Following the DCH Health System Board of Directors' approval of this report, the DCH Health System will make the report available for public viewing and comments on the System's website. Every effort will be made to consider and implement the action plans suggested in this report in a timely manner and staff from the DCH Health System will monitor the progress of the plan and document results which will be reported in the next CHNA due in 2028.

RESOURCES AVAILABLE TO MEET THE IDENTIFIED HEALTH NEEDS

Throughout this report, efforts were made to consider the needs of the medically underserved, minority and low-income populations. Other populations were also considered including the growing Hispanic population, the homeless population, children and those affected by a specific disease. While DCH Regional Medical Center and Northport Medical Center provide a wide array of services and treat all patients who present at the hospital or treatment, other resources are available to assist the most vulnerable populations. Those resources include, but are not limited to the following:

FOOD AND CLOTHING RESOURCES

American Red Cross – disaster relief, services to military, CPR/First Aid/Safety classes	www.redcross.org
Catholic Social Services of West Alabama –multiple services for impoverished families	www.csstuscaloosa.org
Christian Ministry Center – provides closet and food pantry.	www.tuscaloosacba.com
Grace Presbyterian – provides food pantry to the community	www.gracetuscaloosa.org
Health Well Foundation Headquarters – provides with copays, premiums, deductibles, and out-of-pocket expenses for supplies, supplements, surgeries and more	www.healthwellfoundation.org
FOCUS 50+ – senior programs	www.focusonseniorcitizens.org
Tuscaloosa Department of Food Assistance – provides a food assistance program	www.mydhr.alabama.gov
West Alabama Food Bank – provide food assistance and connections to food resources	www.westalabama.foodbank.org

HOUSING RESOURCES

Community Service Programs of West Alabama – agency dedicated to improving quality of life for low-income and vulnerable populations	www.cspwal.iescentral.com
Habitat for Humanity of Tuscaloosa – builds homes and provides furniture at discounted prices	www.habitattuscaloosa.org
Housing Authority – provides housing assistance	www.tuscaloosahousing.org
HUD Assistance – provides housing assistance	www.hud.gov
Love Inc. of Tuscaloosa County – provides housing, food, and clothing resources	www.loveinctuscaloosa.com
Low Income Assistance Energy Program – provides assistance for energy bills for low income households	www.caapickens.org
Safe Center of Tuscaloosa – free-standing forensics center for victims of sexual assault	www.tuscaloosasafecenter.com
Salvation Army – emergency food and lodging	www.salvationarmyusa.org
Shelton State Ready to Work Program – workplace development	www.sheltonstate.edu
Spire-Project Share – provides assistance with energy bills	www.spireenergy.com
Success by Six – prepares at-risk children from 0-6 for kindergarten	www.myunitedway.org
Temporary Emergency Services – help for those needing food, clothing and emergency medicine	www.temporaryemergencyservices.org
Tuscaloosa County Emergency Management – disaster preparedness	www.tuscaloosacountyema.org
Tuscaloosa Fire and Rescue – services to protect life and property	www.tuscaloosa.com/fire

MEDICAL / MENTAL HEALTH RESOURCES

Alabama Department of Mental Health	www.mh.alabama.gov
Athena Alliance Program - leader in diagnostic testing for neurological diseases and offers innovative tests for alzheimer's disease, muscular dystrophy and other neuromuscular and developmental disorders.	www.athenaaliance.com
Area Agency on Aging of West Alabama –provides services to the elderly	www.westalabamaaging.org
Capstone Family Therapy Clinic – psychotherapy for individual, couples, and families	www.ches.ua.edu
Family Counseling Services – individual and family counseling	www.counselingservice.org
Five Horizons Health Services - provides specialized medical care including comprehensive testing (STI/HIV), treatment for HIV and STIs, the provision of PREP/PEP (a drug that can prevent HIV when taken as prescribed), and limited primary care.	www.fivehorizons.org
Good Samaritan Clinic – primary and dental healthcare to the uninsured with incomes at or below 200 percent of the federal poverty level.	www.gscclinic.org
Health Info Net of Alabama – consumer health information	www.alhela.org
Hospice of West Alabama – care for terminally ill patients	www.hospiceofwestal.com
Indian Rivers Behavioral Health – Hope Point Crisis Center – 24/7 services for those experiencing a mental health crisis.	www.irbh.org
Maude Whatley Health Center – primary and mental health care to medically underserved residents	www.whatleyhealth.org
Medicaid – Tuscaloosa Office	www.medicaid.alabama.gov
Sickle Cell Disease Association of America –services for those inflicted with Sickle Cell disease	www.sicklecelldisease.org
Tuscaloosa County Health Department – provides free breast and cervical cancer screenings for women	www.adph.org/tuscaloosa
Tuscaloosa Latino Coalition – facilitates access to health services to improve the wellbeing of the Latino community.	www.tuscaloosacoalition.org

Tuscaloosa Mental Health Alliance – mental health services, support and resources	www.tuscaloosaamha.org
Tuscaloosa Police Department Behavioral Intervention Team – assist those in mental health crisis, provide safe interventions for those in need of mental health services and appropriate referrals.	www. tuscaloosa.com
Tuscaloosa VA – medical service, homeless veteran assistance	www.va.gov
United Way of West Alabama – creates partnerships with other service agencies to improve education, income levels and health in the community	www.uwwa.org
University Medical Center – medical service (PCP, OB/PEDS), social work services to connect to resources	www.umc.ua.edu
VA Psychology Clinic – psychological services and treatment	www.mentalhealth.va.gov
VitAL - VitAL is a research, implementation, training and education initiative that aims to improve the life experience of Alabamians with mental health, substance use, and trauma-related challenges.	www.vitalalabama.com

NON-PROFIT ORGANIZATIONS

Alabama Disabilities Advocacy Program - promotes and advocates for the civil rights of persons with disabilities in Alabama.	www.independentrandr.org
Arc of Tuscaloosa – job skills training and placement for adults aged 21 and older with intellectual and/or developmental disabilities	www.thearcoftuscaloosa.org
Ability Alliance of West Alabama – provide & ensure accessible services to those with Intellectual Disabilities	www.abilityaliance.info
Alabama Disabilities Advocacy Program (ADAP)– information, referrals, individual case advocacy, training and outreach to individuals with disabilities.	www.abilityalliance.info
Arts 'n Autism – provides autism services to children	www.artsnautism.org
Big Brothers Big Sisters – volunteers providing one-on-one help to at-risk children	www.bbbsofalabama.org
Boy Scouts of America – Black Warrior Council –fitness and leadership opportunities for young men.	www.1bsa.org
Boys & Girls Club of West Alabama – education, recreation and leadership programs for children and youth	www.bgcwestal.org
Bradford Health Services - Addiction treatment programs	www.bradfordhealth.com
Caring Days Adult Day Care – day care for adults with Alzheimer's, Parkinson's, and other forms of dementia	www.caringdays.org
Child Abuse Prevention Services – prevention and self-help services education of child abuse & neglect	www.capstuscaloosa.com
Children's Rehabilitation Services – provide services for children with special health care needs including medical services, clinical evaluations, referrals, and a parent program	www.rehab.alabama.gov
Easter Seals of West Alabama – assistance to children and adults with physical handicaps	www.eswaweb.org
Girl Scouts of North-Central Alabama – educations and recreational programs for girls	www.girlscoutsnca.org
Kristen Amerson Youth Foundation – non-profit anti-bullying and suicide prevention with a focus on adolescent population	www.kristenamersonyouth.org

Legal Services of Alabama – provides low-cost services	www.legalservicesalabama.org
Medicine Assistance Tool – provides assistance with prescription drugs	www.mat.org
Pan Foundation – provides financial assistance for out-of-pocket medication costs, insurance premiums, and transportation expenses.	www.panfoundation.org
PARA – serves West Alabama area with parks, sports, facilities, swimming pools and more	www.tspara.org
Phoenix House – halfway house for drug and alcohol dependent men and women	www.phtcl.org
Police Athletic League of Tuscaloosa – juvenile crime prevention program for at-risk youth	www.tuscaloosa.com
P.R.I.D.E. of Tuscaloosa - Provides proven and effective drug prevention programming and strategies to the parents and youth in the West Alabama area.	www.prideoftuscaloosa.org
Rise Center – early intervention and service for traditional learners and children with varying abilities	www.risecenter.ua.edu
Turning Point – women's and children's safe house sexual assault and domestic violence	www.turningpointservices.org
Tuscaloosa Area Career Center – employment agency	www.westalabamaworks.com
Tuscaloosa Chapter 1 Disabled Veteran Americans– advocacy for disabled American Veterans and their families	www.dav.org
Tuscaloosa's One Place – a family resource center	www.tuscaloosaoneplace.org
University of Alabama Lift Program – free job skills training and tutoring for low- income & disadvantaged	www.lift.culverhouse.ua.edu
YMCA – nurturing the potential of every child and teen through; childcare, education and leadership, swim, sports and play, and camp	www.ymcatuscaloosa.org

STATE RESOURCES

Alabama Department of Public Health	www.alabamapublichealth.gov
Alabama Department of Senior Services	www.alabamaageline.gov
Alabama Department of Human Resources	www.dhr.alabama.gov

Alabama Department of Rehabilitation Services	www.rehab.alabama.gov
Alabama Cooperative Extension Services	www.aces.edu
Alabama Rural Health Association	www.arhaonline.org
Alabama Head Injury Foundation – serves those disabled by brain or spinal cord injury	www.ahif.org

SUPPORT GROUPS

Alcoholics Anonymous	www.aa.org
AL- ANON for families and friends of alcoholics	www.al-anon.org
Alabama Head Injury Foundation	www.ahif.org
Alzheimer's and Dementia Support Group	www.alz.org
Alzheimer's Family Support Group	www.alz.org
Domestic Violence Support Group	www.domesticshelters.org
Greif Share - First Baptist Church	www.greifshare.org
Greif Share – First Methodist Church	www.greifshare.org
Sexual Assault Support Group	www.tuscaloosasafecenter.com
Survivors of Suicide	www.suicide.org

LICENSED HEALTH CARE FACILITIES SERVING THE COMMUNITY

Licensed Facilities in Bibb County

TYPE OF FACILITY	FACILITY
Community Mental Health Center	Indian Rivers Behavioral Health
Home Health Agency	Amedisys
	Home First Home Health
Hospital	Bibb Medical Center
Independent Clinical Laboratory	Bibb Medical Center Laboratory
Nursing Home	Bibb Medical Center Nursing Home
Rural Health Clinics	Bibb Medical Associates
	Cahaba Medical Care

Licensed Facilities in Fayette County

TYPE OF FACILITY	FACILITY
Assisted Living Facility	Morningview Estates
	Morning side of Fayette
Community Mental Health Center	Northwest Alabama Mental Health Center
End Stage Renal Disease Treatment Center	Fayette Dialysis DaVita
Home Health Agency	Amedisys
	Fayette Medical Center HomeCare
Hospital	Fayette Medical Center
Independent Clinical Laboratory	Fayette Medical Center Laboratory
Nursing Home	Fayette Medical Center
Rural Health Clinic	Fayette Medical Center
	University Medical Center (UMC)

Licensed Facilities in Greene County

TYPE OF FACILITY	FACILITY
Community Mental Health Center	West Alabama Mental Health Center
End Stage Renal Disease Treatment Center	Greene County Dialysis
Home Health Agency	Alabama HomeCare in Tuscaloosa
Hospital	Greene County Health System

Independent Clinical Laboratory	Greene County Hospital Laboratory
Nursing Home	Greene County Residential Nursing Home
Rural Health Clinic	Greene County Hospital Physicians Clinic

Licensed Facilities in Hale County

TYPE OF FACILITY	FACILITY
Community Mental Health Center	West Alabama Mental Health Center
Home Health Agency	Hale County Hospital Home Health
Hospital	Hale County Hospital
Independent Clinical Laboratory	Hale County Hospital Laboratory
Nursing Homes	Colonial Haven Care & Rehab Center
	Diversicare of Greensboro
	Moundville Health and Rehab, LLC
Rural Health Clinic	Hale County Hospital Clinic
	Moundville Medical Associates

Licensed Facilities in Lamar County

TYPE OF FACILITY	FACILITY
Community Mental Health Center	Northwest Alabama Mental Health Center
Home Health Agencies	Enhabit Health Home Health
	Lamar County Home Care
Nursing Home	Generations of Vernon, LLC
Rural Health Clinics	Fayette Medical Clinic Millport
	Millport Family Practice Clinic
	Sulligent Medical Clinic

Licensed Facilities in Pickens County

TYPE OF FACILITY	FACILITY
Community Mental Health Center	Indian Rivers Behavioral Health
End Stage Renal Disease Treatment Center	Pickens County Dialysis DaVita
Federally Qualified Health Center	Aliceville Family Practice
Home Health Agencies	Amedisys Home Health of Reform
Enhabit Health Home Health	
Nursing Homes	Aliceville Manor Nursing Home

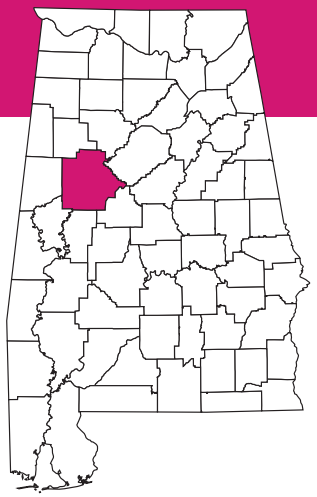
Arbor Woods Health and Rehab	
Rural Health Clinic	Carrollton Primary Care
University Medical Center (UMC)	

Licensed Facilities in Tuscaloosa County

TYPE OF FACILITY	FACILITY
Ambulatory Surgical Centers	North River Surgical Center
	Tuscaloosa Endoscopy Center
	Tuscaloosa Surgical Center
	Vision Correction Center
Assisted Living Facilities	Capstone Village
	Crimson Village
	Hallmark Manor
	Hamrick Highlands Assisted Living
	Heritage Residential Care Village
	Landings of Northport
	Morning Pointe
	North River Village, LLC
	Pathways of Tuscaloosa
Independent Living/Pay As Needed Assisted Living	
	Regency Retirement Village of Tuscaloosa
	The Crossings at North River
	Tradition Way
Assisted Living Facilities – Specialty Care	Heritage Residential (Memory)
	Morning Pointe of Tuscaloosa Specialty
	Pathways Memory Care of Tuscaloosa
	Regency (Memory)
	The Crossings at North River
	The Tides at Crimson Village
	Traditions Way
End State Renal Disease Treatment	DaVita Crimson Dialysis

	DaVita Tuscaloosa Dialysis
	DaVita Tuscaloosa University Dialysis
	Fresenius Northridge
	Fresenius Tuscaloosa
	Northport Dialysis
	RRC Northridge
Federally Qualified Health Centers	Crescent East Health Care
	Five Horizons
	West Alabama Women's Center
	Whatley Health Services, Inc.
Home Health Agencies	Amedisys Home Health of Tuscaloosa
	DCH Home Health Care Agency
	Enhabit Home Health
	Pro Health Home Health
	Tuscaloosa County Home Care
Hospices	Alabama Hospice Care of Tuscaloosa
	Amedisys Hospice of Tuscaloosa
	Hospice of West Alabama
	Hospice of West Alabama, Inc.-Homecare
	Oasis Health care -- Tuscaloosa
	ProHealth Hospice – Tuscaloosa
	SouthernCare New Beacon Tuscaloosa – Northport City in Jasper
Hospitals	Bryce Hospital
	DCH Regional Medical Center
	Mary S. Harper Geriatric Medical Center
	Noland Hospital Tuscaloosa, LLC
	Northport Medical Center
	Tuscaloosa VA Medical Center
Independent Clinical Lab	CVS Pharmacy #04819

	CVS Pharmacy #03004
	DCH Regional Medical Center Laboratory
	Walgreens #11404
	Maude L. Whatley Health Center
	PCR-DX, LLC
	Quest Diagnostics – Tuscaloosa
	Southern Blood Services
	Talecris Plasma Resources, Inc.
	The Radiology Clinic
	Tuscaloosa Drug Company
	University Medical Center Laboratory
Independent Physiological Labs	Sav-A-Life of Tuscaloosa, Inc.
	Nursing Homes
	Aspire Physical Recovery Center of West Alabama
	Forest Manor, Inc.
	Glen Haven Health and Rehab, LLC
	Heritage Health Care & Rehab, Inc.
	Hunter Creek Health & Rehab, LLC
	Park Manor Health & Rehab, LLC
Psychiatric Residential Treatment Facilities	North Harbor
Rehabilitation Centers	ATI Physical Therapy Center
	DCH Physical Rehabilitation
	Drayer Physical Therapy Institute
	Easter Seals West Alabama
	Restore Therapy Services-Outpatient
	Tuscaloosa Rehabilitation & Hand Center
	Sleep Disorder Center
	Comprehensive Sleep & Breathing
	Northport Medical Center Sleep Lab
	Snow Sleep Center



TUSCALOOSA 2021 HEALTH PROFILE

SUMMARY

Total Population		227,007
Births		2,445
Deaths		2,345
Median Age		34.2
Life Expectancy at Birth		73.6
Total Fertility Rate per 1,000 Females Aged 10-49		1,369.5
Marriages Issued	Number	1,338
	Rate*	—
Divorces Granted	Number	714
	Rate*	—

*Rates per 1,000 population.

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	**Rate**	**Number**	**Rate**
Estimated Pregnancies	3,646	68.5	241	14.6
Births	2,440	45.8	144	8.7
Induced Terminations of Pregnancy	653	12.3	62	3.8
Estimated Total Fetal Losses	553	—	43	—

Birth rates per 1,000 population.
Estimated pregnancy and induced termination of pregnancy rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER

	Total	**10-14**	**15-17**	**18-19**	**20+**
All Births	2,445	5	44	95	2,301
Rate	10.8	0.7	7.6	24.5	45.8
White	1,297	4	12	35	1,246
Rate	9.0	1.0	3.2	14.1	42.0
Black and Other	1,148	1	32	60	1,055
Rate	13.9	0.3	15.4	43.4	51.2

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

LIVE BIRTHS

	Females Aged 15-44		Females Aged 10-19	
	Number	**Percent**	**Number**	**Percent**
Births to Unmarried Women	1,239	50.8	160	86.5
Low Weight Births	301	12.3	20	10.8
Multiple Births	101	4.1	6	3.2
Medicaid Births	1,133	46.4	111	77.1

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP

	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	28	11	17	2	0	2
Rate per 1,000 Births	11.5	8.5	14.8	13.9	0.0	21.5
Postneonatal Deaths	12	5	7	0	0	0
Rate per 1,000 Births	4.9	3.9	6.1	0.0	0.0	0.0
Neonatal Deaths	16	6	10	0	0	2
Rate per 1,000 Births	6.5	4.6	8.7	13.9	0.0	21.5

Infant deaths are by race of child; births are by race of mother.

2021 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX

	All Races			White			Black and Other		
Age Group	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	227,007	109,458	117,549	144,457	71,625	72,832	82,550	37,833	44,717
0-4	12,841	6,554	6,287	7,014	3,569	3,445	5,827	2,985	2,842
5-9	13,602	6,918	6,684	7,623	3,893	3,730	5,979	3,025	2,954
10-14	13,707	6,934	6,773	7,813	3,901	3,912	5,894	3,033	2,861
15-44	103,592	50,359	53,233	64,307	32,408	31,899	39,285	17,951	21,334
45-64	50,959	24,510	26,449	33,977	17,201	16,776	16,982	7,309	9,673
65-84	29,283	13,214	16,069	21,411	8,873	11,538	7,872	3,341	4,531
85+	3,023	969	2,054	2,312	780	1,532	711	189	522

MORTALITY

	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	2,345	1,242	1,103	1,609	865	744	736	377	359
Rate per 1,000 Population	10.3	11.3	9.4	11.1	12.1	10.2	8.9	10.0	8.0

SELECTED CAUSES OF DEATH

	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	529	216.4	307	280.5	222	188.9	372	252.5	157	190.2
Cancer	344	150.9	184	168.1	160	136.1	240	166.1	104	126.0
Stroke	129	45.4	58	53.0	71	60.4	82	56.8	47	56.9
Accidents	135	43.0	85	77.7	50	42.5	98	67.8	37	44.8
CLRD*	83	45.4	50	45.7	33	28.1	66	45.7	17	20.6
Diabetes	35	9.6	24	21.9	11	9.4	22	15.2	13	15.7
Influenza and Pneumonia	42	18.6	20	18.3	22	18.7	26	18.0	16	19.4
Alzheimer's Disease	66	42.0	22	20.1	44	37.4	55	38.1	11	13.3
Suicide	29	12.9	22	20.1	7	6.0	23	15.9	6	7.3
Homicide	23	9.1	19	17.4	4	3.4	2	1.4	21	25.4
HIV Disease	4	0.0	4	3.7	0	0.0	2	1.4	2	2.4

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS

	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	135	59.5	6	10.2
Motor Vehicle	28	12.3	3	5.1
Suffocation	3	1.3	0	0.0
Poisoning	55	24.2	1	1.7
Smoke, Fire and Flames	0	0.0	0	0.0
Falls	7	3.1	0	0.0
Drowning	3	1.3	0	0.0
Firearms	0	0.0	0	0.0
Other Accidents	39	—	2	—

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP

	Total	
Age Group	Number	Rate
Total	2,345	10.3
0–14	39	1.0
15–44	209	2.0
45–64	545	10.7
65–84	1,049	35.8
85+	503	166.4

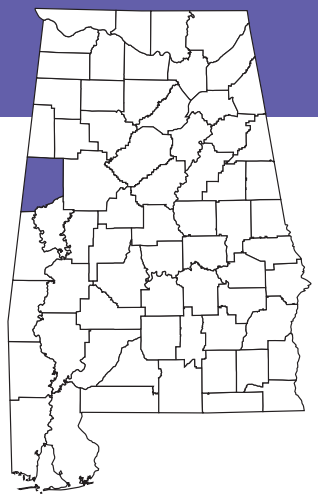
Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS

	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	344	151.5	184	168.1	160	136.1
Trachea, Bronchus, Lung, Pleura	86	37.9	49	44.8	37	31.5
Colorectal	43	18.9	25	22.8	18	15.3
Breast (female)	27	11.9	—	—	27	23.0
Prostate (male)	16	7.0	16	14.6	—	—
Pancreas	23	10.1	15	13.7	8	6.8
Leukemias	13	5.7	8	7.3	5	4.3
Non-Hodgkin's Lymphomas	12	5.3	8	7.3	4	3.4
Ovary (female)	5	2.2	—	—	5	4.3
Brain and Other Nervous System	9	4.0	2	1.8	7	6.0
Stomach	8	3.5	4	3.7	4	3.4
Uterus and Cervix (female)	10	4.4	—	—	10	8.5
Esophagus	6	2.6	5	4.6	1	0.9
Melanoma of Skin	5	2.2	4	3.7	1	0.9
Other	81	—	48	—	33	—

Rates are per 100,000 population in specified categories.

Measurements are based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. Estimated pregnancies are the sum of births, induced terminations of pregnancy (abortions) and estimated total fetal losses. Estimated total fetal losses are equal to the sum of 20 percent of births and 10 percent of induced terminations of pregnancy. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. five years. A total fertility rate of 2,100 births per 1,000 females ages 10-49 years would maintain the current population. Estimated populations are from the U.S. Census Bureau. See Appendix B for other definitions and formulas.



PICKENS 2021 HEALTH PROFILE

SUMMARY

Total Population		18,801
Births		176
Deaths		340
Median Age		42.2
Life Expectancy at Birth		71.2
Total Fertility Rate per 1,000 Females Aged 10-49		1,633.5
Marriages Issued	Number	107
	Rate*	—
Divorces Granted	Number	54
	Rate*	—

*Rates per 1,000 population.

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	**Rate**	**Number**	**Rate**
Estimated Pregnancies	263	80.7	25	25.3
Births	176	54.0	15	15.4
Induced Terminations of Pregnancy	47	14.4	6	6.2
Estimated Total Fetal Losses	40	—	4	—

Birth rates per 1,000 population.
Estimated pregnancy and induced termination of pregnancy rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER

	Total	**10-14**	**15-17**	**18-19**	**20+**
All Births	176	0	3	12	161
Rate	9.4	0.0	11.3	67.9	47.2
White	105	0	0	6	99
Rate	9.7	0.0	0.0	65.8	54.2
Black and Other	71	0	3	6	62
Rate	8.9	0.0	23.4	70.1	39.1

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

LIVE BIRTHS

	Females Aged 15-44		Females Aged 10-19	
	Number	**Percent**	**Number**	**Percent**
Births to Unmarried Women	93	52.8	11	80.0
Low Weight Births	24	13.6	4	26.7
Multiple Births	10	5.7	2	13.3
Medicaid Births	88	50.0	11	73.3

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP

	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	1	1	0	0	0	0
Rate per 1,000 Births	5.7	9.5	0.0	0.0	0.0	0.0
Postneonatal Deaths	1	1	0	0	0	0
Rate per 1,000 Births	5.7	9.5	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

Infant deaths are by race of child; births are by race of mother.

2021 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX

	All Races			White			Black and Other		
Age Group	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	18,801	9,943	9,358	10,853	5,633	5,220	7,948	3,810	4,138
0-4	957	491	466	447	231	216	510	260	250
5-9	968	510	458	478	256	222	490	254	236
10-14	1,049	518	531	557	273	284	492	245	247
15-44	7,051	3,793	3,258	3,885	2,170	1,715	3,166	1,623	1,543
45-64	5,115	2,496	2,619	3,112	1,613	1,499	2,003	883	1,120
65-84	3,300	1,509	1,791	2,144	1,007	1,137	1,156	502	654
85+	361	126	235	230	83	147	131	43	88

MORTALITY

	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	340	176	164	210	105	105	130	71	59
Rate per 1,000 Population	18.1	18.6	17.5	19.3	18.6	20.1	16.4	18.6	14.3

SELECTED CAUSES OF DEATH

	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	73	388.3	41	434.2	32	342.0	42	387.0	31	390.0
Cancer	58	308.5	27	285.9	31	331.3	35	322.5	23	289.4
Stroke	23	122.3	14	148.3	9	96.2	17	156.6	6	75.5
Accidents	11	58.5	9	95.3	2	21.4	7	64.5	4	50.3
CLRD*	20	106.4	11	116.5	9	96.2	15	138.2	5	62.9
Diabetes	7	37.2	6	63.5	1	10.7	5	46.1	2	25.2
Influenza and Pneumonia	5	26.6	1	10.6	4	42.7	3	27.6	2	25.2
Alzheimer's Disease	10	53.2	3	31.8	7	74.8	8	73.7	2	25.2
Suicide	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Homicide	3	16.0	3	31.8	0	0.0	0	0.0	3	37.7
HIV Disease	1	5.3	1	10.6	0	0.0	0	0.0	1	12.6

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS

	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	11	58.5	1	24.8
Motor Vehicle	5	26.6	0	0.0
Suffocation	0	0.0	0	0.0
Poisoning	3	16.0	0	0.0
Smoke, Fire and Flames	1	5.3	0	0.0
Falls	0	0.0	0	0.0
Drowning	1	5.3	1	24.8
Firearms	0	0.0	0	0.0
Other Accidents	1	—	0	—

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP

	Total	
Age Group	Number	Rate
Total	340	18.1
0–14	3	1.0
15–44	12	1.7
45–64	69	13.5
65–84	185	56.1
85+	71	196.7

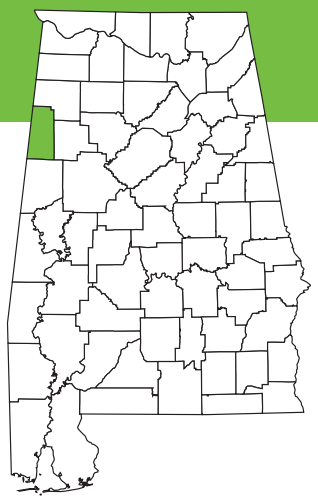
Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS

	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	58	308.5	27	285.9	31	331.3
Trachea, Bronchus, Lung, Pleura	13	69.1	5	52.9	8	85.5
Colorectal	6	31.9	1	10.6	5	53.4
Breast (female)	5	26.6	—	—	5	53.4
Prostate (male)	3	16.0	3	31.8	—	—
Pancreas	5	26.6	1	10.6	4	42.7
Leukemias	5	26.6	4	42.4	1	10.7
Non-Hodgkin's Lymphomas	1	5.3	1	10.6	0	0.0
Ovary (female)	0	0.0	—	—	0	0.0
Brain and Other Nervous System	0	0.0	0	0.0	0	0.0
Stomach	2	10.6	2	21.2	0	0.0
Uterus and Cervix (female)	0	0.0	—	—	0	10.1
Esophagus	0	0.0	0	0.0	0	0.0
Melanoma of Skin	2	10.6	1	10.6	1	10.7
Other	16	—	9	—	7	—

Rates are per 100,000 population in specified categories.

Measurements are based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. Estimated pregnancies are the sum of births, induced terminations of pregnancy (abortions) and estimated total fetal losses. Estimated total fetal losses are equal to the sum of 20 percent of births and 10 percent of induced terminations of pregnancy. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. five years. A total fertility rate of 2,100 births per 1,000 females ages 10-49 years would maintain the current population. Estimated populations are from the U.S. Census Bureau. See Appendix B for other definitions and formulas.



LAMAR 2021 HEALTH PROFILE

SUMMARY

Total Population		13,689
Births		157
Deaths		242
Median Age		44.7
Life Expectancy at Birth		73.2
Total Fertility Rate per 1,000 Females Aged 10-49		2,201.9
Marriages Issued	Number	104
	Rate*	—
Divorces Granted	Number	76
	Rate*	—

*Rates per 1,000 population.

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	**Rate**	**Number**	**Rate**
Estimated Pregnancies	193	86.0	29	34.8
Births	156	69.6	23	27.9
Induced Terminations of Pregnancy	5	2.2	1	1.2
Estimated Total Fetal Losses	32	—	5	—

Birth rates per 1,000 population.
Estimated pregnancy and induced termination of pregnancy rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER

	Total	**10-14**	**15-17**	**18-19**	**20+**
All Births	157	1	6	16	134
Rate	11.5	2.4	24.6	98.3	58.9
White	141	1	6	15	119
Rate	11.8	2.7	28.2	105.6	59.6
Black and Other	16	0	0	1	15
Rate	9.3	0.0	0.0	48.1	53.8

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

LIVE BIRTHS

	Females Aged 15-44		Females Aged 10-19	
	Number	**Percent**	**Number**	**Percent**
Births to Unmarried Women	77	49.4	20	87.0
Low Weight Births	19	12.2	2	8.7
Multiple Births	4	2.6	0	0.0
Medicaid Births	71	45.5	15	65.2

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP

	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	2	2	0	0	0	0
Rate per 1,000 Births	12.7	14.2	0	0.0	0.0	—
Postneonatal Deaths	1	1	0	0	0	0
Rate per 1,000 Births	6.4	7.1	0	0.0	0.0	—
Neonatal Deaths	1	1	0	0	0	0
Rate per 1,000 Births	6.4	7.1	0.0	0.0	0.0	—

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

2021 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX

	All Races			White			Black and Other		
Age Group	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	13,689	6,770	6,919	11,971	5,944	6,027	1,718	826	892
0-4	741	388	353	617	328	289	124	60	64
5-9	770	395	375	648	333	315	122	62	60
10-14	876	459	417	766	402	364	110	57	53
15-44	4,503	2,263	2,240	3,930	1,975	1,955	573	288	285
45-64	3,725	1,882	1,843	3,258	1,663	1,595	467	219	248
65-84	2,745	1,285	1,460	2,459	1,153	1,306	286	132	154
85+	329	98	231	293	90	203	36	8	28

MORTALITY

	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	242	124	118	212	111	101	30	13	17
Rate per 1,000 Population	17.7	18.3	17.1	17.7	18.7	16.8	17.5	15.7	19.1

SELECTED CAUSES OF DEATH

	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	44	321.4	25	369.3	19	274.6	36	300.7	8	465.7
Cancer	33	241.1	23	339.7	10	144.5	31	259.0	2	116.4
Stroke	10	73.1	5	73.9	5	72.3	10	83.5	0	0.0
Accidents	15	109.6	11	162.5	4	57.8	14	116.9	1	58.2
CLRD*	14	102.3	6	88.6	8	115.6	13	108.6	1	58.2
Diabetes	16	116.9	9	132.9	7	101.2	13	108.6	3	174.6
Influenza and Pneumonia	4	29.2	2	29.5	2	28.9	4	33.4	0	0.0
Alzheimer's Disease	3	21.9	1	14.8	2	78.9	2	16.7	1	58.2
Suicide	1	7.3	1	14.8	0	0.0	1	8.4	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

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS

	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	15	109.6	0	0.0
Motor Vehicle	7	51.1	0	0.0
Suffocation	2	14.6	0	0.0
Poisoning	2	14.6	0	0.0
Smoke, Fire and Flames	1	7.3	0	0.0
Falls	0	0.0	0	0.0
Drowning	0	0.0	0	0.0
Firearms	0	0.0	0	0.0
Other Accidents	3	—	0	—

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP

	Total	
Age Group	Number	Rate
Total	242	17.7
0–14	3	1.3
15–44	8	1.8
45–64	60	16.1
65–84	121	44.1
85+	50	152.0

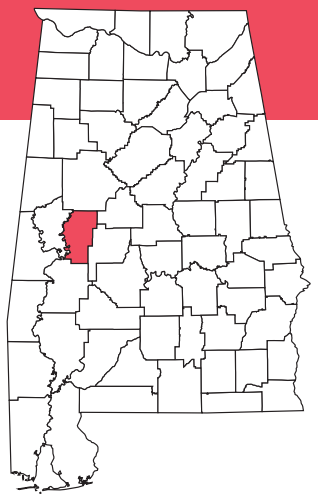
Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS

	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	33	241.1	23	339.7	10	144.5
Trachea, Bronchus, Lung, Pleura	13	95.0	9	132.9	4	57.8
Colorectal	1	7.3	0	0.0	1	14.5
Breast (female)	0	0.0	—	—	0	0.0
Prostate (male)	2	14.6	2	29.5	—	—
Pancreas	3	21.9	1	14.8	2	28.9
Leukemias	2	14.6	1	14.8	1	14.5
Non-Hodgkin's Lymphomas	0	0.0	0	0.0	0	0.0
Ovary (female)	0	0.0	—	—	0	0.0
Brain and Other Nervous System	1	7.3	1	14.8	0	0.0
Stomach	1	7.3	1	14.8	0	0.0
Uterus and Cervix (female)	1	7.3	—	—	1	14.5
Esophagus	0	0.0	0	0.0	0	0.0
Melanoma of Skin	1	7.3	1	14.8	0	0.0
Other	8	—	7	—	1	—

Rates are per 100,000 population in specified categories.

Measurements are based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. Estimated pregnancies are the sum of births, induced terminations of pregnancy (abortions) and estimated total fetal losses. Estimated total fetal losses are equal to the sum of 20 percent of births and 10 percent of induced terminations of pregnancy. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. five years. A total fertility rate of 2,100 births per 1,000 females ages 10-49 years would maintain the current population. Estimated populations are from the U.S. Census Bureau. See Appendix B for other definitions and formulas.



HALE 2021 HEALTH PROFILE

SUMMARY

Total Population		14,754
Births		206
Deaths		262
Median Age		40.7
Life Expectancy at Birth		68.4
Total Fertility Rate per 1,000 Females Aged 10-49		2,246.0
Marriages Issued	Number	60
	Rate*	—
Divorces Granted	Number	43
	Rate*	—

*Rates per 1,000 population.

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	**Rate**	**Number**	**Rate**
Estimated Pregnancies	292	106.6	24	26.9
Births	206	75.1	17	19.3
Induced Terminations of Pregnancy	41	14.9	3	3.4
Estimated Total Fetal Losses	45	—	4	—

Birth rates per 1,000 population.
Estimated pregnancy and induced termination of pregnancy rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER

	Total	**10-14**	**15-17**	**18-19**	**20+**
All Births	206	0	4	13	189
Rate	14.0	0.0	15.6	75.9	68.9
White	89	0	1	4	84
Rate	14.8	0.0	10.8	64.5	85.9
Black and Other	117	0	3	9	105
Rate	13.4	0.0	18.3	82.4	59.5

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

LIVE BIRTHS

	Females Aged 15-44		Females Aged 10-19	
	Number	**Percent**	**Number**	**Percent**
Births to Unmarried Women	133	64.6	16	94.1
Low Weight Births	24	11.7	1	5.9
Multiple Births	10	4.9	0	0.0
Medicaid Births	106	51.5	13	76.5

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP

	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	2	1	1	0	0	0
Rate per 1,000 Births	9.7	11.2	8.5	0	0.0	0
Postneonatal Deaths	2	1	1	0	0	0
Rate per 1,000 Births	9.7	11.2	8.5	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

Infant deaths are by race of child; births are by race of mother.

2019 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX

	All Races			White			Black and Other		
Age Group	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	14,754	7,013	7,741	6,023	3,015	3,008	8,731	3,998	4,733
0-4	956	502	454	324	180	144	632	322	310
5-9	1,003	527	476	410	222	188	593	305	288
10-14	960	508	452	352	176	176	608	332	276
15-44	5,122	2,429	2,743	1,942	954	988	3,230	1,425	1,755
45-64	3,693	1,727	1,966	1,547	785	762	2,146	942	1,204
65-84	2,631	1,238	1,393	1,295	654	641	1,336	584	752
85+	339	82	257	153	44	109	186	38	148

MORTALITY

	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	262	140	122	114	58	56	148	82	66
Rate per 1,000 Population	17.8	20.9	15.8	18.9	19.2	18.6	17.9	20.5	13.9

SELECTED CAUSES OF DEATH

	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	43	291.4	25	356.5	18	232.5	19	315.5	24	274.9
Cancer	45	305.0	25	356.5	20	258.4	17	282.3	28	320.7
Stroke	11	74.6	4	57.0	7	90.4	7	116.2	4	45.8
Accidents	9	61.0	7	99.8	2	25.8	3	49.8	6	68.7
CLRD*	13	88.1	1	14.3	12	155.0	7	116.2	6	68.7
Diabetes	15	101.7	8	114.1	7	90.4	5	83.0	10	114.5
Influenza and Pneumonia	2	13.6	2	28.5	0	0.0	1	16.6	1	11.5
Alzheimer's Disease	6	40.7	1	14.3	5	64.6	4	66.4	2	22.9
Suicide	3	20.3	3	42.8	0	0.0	2	33.2	1	11.5
Homicide	7	47.4	6	85.6	1	12.9	0	0.0	7	80.2
HIV Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS

	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	9	61.1	2	52.9
Motor Vehicle	3	20.3	2	52.9
Suffocation	0	0.0	0	0.0
Poisoning	1	6.8	0	0.0
Smoke, Fire and Flames	1	6.8	0	0.0
Falls	0	0.0	0	0.0
Drowning	1	6.8	0	0.0
Firearms	0	0.0	0	0.0
Other Accidents	3	—	0	—

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP

	Total	
Age Group	Number	Rate
Total	262	17.8
0–14	3	1.0
15–44	18	3.5
45–64	69	18.7
65–84	115	43.7
85+	57	168.1

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS

	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	45	305.0	25	356.5	20	258.4
Trachea, Bronchus, Lung, Pleura	12	81.3	8	114.1	4	51.7
Colorectal	4	27.1	2	28.5	2	25.8
Breast (female)	7	47.4	—	—	7	90.4
Prostate (male)	3	20.3	3	42.8	—	—
Pancreas	1	6.8	1	14.3	0	13.0
Leukemias	0	0.0	0	0.0	0	0.0
Non-Hodgkin's Lymphomas	1	6.8	1	14.3	0	0.0
Ovary (female)	0	0.0	—	—	1	13.0
Brain and Other Nervous System	0	0.0	0	0.0	0	0.0
Stomach	0	0.0	0	0.0	0	0.0
Uterus and Cervix (female)	2	13.6	—	—	2	25.8
Esophagus	4	27.1	3	42.8	1	12.9
Melanoma of Skin	0	0.0	0	0.0	0	0.0
Other	11	—	7	—	4	—

Rates are per 100,000 population in specified categories.

Measurements are based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. Estimated pregnancies are the sum of births, induced terminations of pregnancy (abortions) and estimated total fetal losses. Estimated total fetal losses are equal to the sum of 20 percent of births and 10 percent of induced terminations of pregnancy. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. five years. A total fertility rate of 2,100 births per 1,000 females ages 10-49 years would maintain the current population. Estimated populations are from the U.S. Census Bureau. See Appendix B for other definitions and formulas.

GREENE 2021 HEALTH PROFILE

SUMMARY		
Total Population		7,629
Births		93
Deaths		137
Median Age		44.6
Life Expectancy at Birth		71.8
Total Fertility Rate per 1,000 Females Aged 10-49		2,216.5
Marriages Issued	Number	29
	Rate*	—
Divorces Granted	Number	14
	Rate*	—

*Rates per 1,000 population.

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	**Rate**	**Number**	**Rate**
Estimated Pregnancies	147	115.6	21	44.1
Births	93	73.2	16	33.0
Induced Terminations of Pregnancy	32	25.2	2	4.1
Estimated Total Fetal Losses	22	—	3	—

Birth rates per 1,000 population.
Estimated pregnancy and induced termination of pregnancy rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER

	Total	**10-14**	**15-17**	**18-19**	**20+**
All Births	93	0	4	12	77
Rate	12.2	0..0	29.0	130.4	62.1
White	10	0	0	0	10
Rate	7.1	0.0	0.0	0.0	59.5
Black and Other	83	0	4	12	67
Rate	13.3	0.0	32.4	145.6	62.6

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

LIVE BIRTHS

	Females Aged 15-44		Females Aged 10-19	
	Number	**Percent**	**Number**	**Percent**
Births to Unmarried Women	80	86.0	16	100..0
Low Weight Births	18	19.4	2	12.5
Multiple Births	4	4.3	0	0.0
Medicaid Births	74	79.6	16	100.0

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP

	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and 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 child; births are by race of mother.

2021 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX

	All Races			White			Black and Other		
Age Group	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	7,629	3,549	4,080	1,405	680	725	6,224	2,869	3,355
0-4	438	215	223	62	24	38	376	191	185
5-9	443	214	229	61	23	38	382	191	191
10-14	489	234	255	60	31	29	429	203	226
15-44	2,473	1,203	1,270	340	187	153	2,133	1,016	1,.117
45-64	1,899	876	1,023	405	197	208	1,494	679	815
65-84	1,664	747	971	425	204	221	1,239	543	696
85+	223	60	163	52	14	38	171	46	125

MORTALITY

	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	137	66	71	33	17	16	104	49	55
Rate per 1,000 Population	18.0	18.6	17.4	23.5	25.0	22.1	16.7	17.1	16.4

SELECTED CAUSES OF DEATH

	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	32	419.5	14	394.5	18	441.2	7	498.2	25	401.7
Cancer	27	353.9	16	450.8	11	269.6	10	711.7	17	273.1
Stroke	6	78.6	3	84.5	3	73.5	0	0.0	6	96.4
Accidents	6	78.6	4	112.7	2	49.0	2	142.3	4	64.3
CLRD*	2	26.2	1	28.2	1	24.5	1	71.2	1	16.1
Diabetes	4	52.4	1	28.2	3	73.5	1	71.2	3	48.2
Influenza and Pneumonia	2	26.2	2	56.4	0	0.0	1	71.2	1	16.1
Alzheimer's Disease	4	52.4	1	28.2	3	73.5	0	0.0	4	64.3
Suicide	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Homicide	1	13.1	1	28.2	0	0.0	0	0.0	1	16.1
HIV Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS

	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	6	78.6	0	0.0
Motor Vehicle	4	52.4	0	0.0
Suffocation	1	13.1	0	0.0
Poisoning	0	0.0	0	0.0
Smoke, Fire and Flames	0	0.0	0	0.0
Falls	1	13.1	0	0.0
Drowning	0	0.0	0	0.0
Firearms	0	0.0	0	0.0
Other Accidents	0	—	0	—

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP

	Total	
Age Group	Number	Rate
Total	137	18.0
0–14	0	0.0
15–44	9	3.6
45–64	30	15.8
65–84	70	42.1
85+	28	125.6

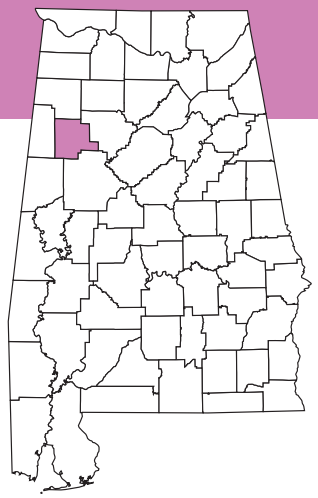
Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS

	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	27	353.9	16	450.8	11	269.6
Trachea, Bronchus, Lung, Pleura	8	104.9	4	112.7	4	98.0
Colorectal	3	39.3	1	28.2	2	49.0
Breast (female)	1	13.1	—	—	1	24.5
Prostate (male)	1	13.1	1	28.2	—	—
Pancreas	1	13.1	0	0.0	1	24.5
Leukemias	0	0.0	0	0.0	0	0.0
Non-Hodgkin's Lymphomas	2	26.2	2	56.4	0	0.0
Ovary (female)	0	0.0	—	—	0	0.0
Brain and Other Nervous System	0	0.0	0	0.0	0	0.0
Stomach	0	0.0	0	0.0	0	0.0
Uterus and Cervix (female)	2	26.2	—	—	2	49.0
Esophagus	1	13.1	1	28.2	0	0.0
Melanoma of Skin	1	13.1	1	28.2	0	0.0
Other	7	—	6	—	1	—

Rates are per 100,000 population in specified categories.

Measurements are based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. Estimated pregnancies are the sum of births, induced terminations of pregnancy (abortions) and estimated total fetal losses. Estimated total fetal losses are equal to the sum of 20 percent of births and 10 percent of induced terminations of pregnancy. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. five years. A total fertility rate of 2,100 births per 1,000 females ages 10-49 years would maintain the current population. Estimated populations are from the U.S. Census Bureau. See Appendix B for other definitions and formulas.



FAYETTE 2021 HEALTH PROFILE

SUMMARY

Total Population		16,148
Births		187
Deaths		314
Median Age		43.6
Life Expectancy at Birth		69.4
Total Fertility Rate per 1,000 Females Aged 10-49		2,096.0
Marriages Issued	Number	141
	Rate*	—
Divorces Granted	Number	124
	Rate*	—

*Rates per 1,000 population.

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	**Rate**	**Number**	**Rate**
Estimated Pregnancies	234	85.5	14	15.5
Births	187	68.2	10	10.9
Induced Terminations of Pregnancy	9	3.3	2	2.2
Estimated Total Fetal Losses	38	—	2	—

Birth rates per 1,000 population.
Estimated pregnancy and induced termination of pregnancy rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER

	Total	**10-14**	**15-17**	**18-19**	**20+**
All Births	187	0	4	6	177
Rate	11.6	0.0	14.3	32.3	64.6
White	162	0	4	5	153
Rate	11.7	0.0	16.4	30.8	63.4
Black and Other	25	0	0	1	24
Rate	11.0	0.0	0.0	42.4	73.8

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

LIVE BIRTHS

	Females Aged 15-44		Females Aged 10-19	
	Number	**Percent**	**Number**	**Percent**
Births to Unmarried Women	76	40.6	7	70.0
Low Weight Births	18	9.6	1	10.0
Multiple Births	6	3.2	0	0.0
Medicaid Births	89	47.8	7	70.0

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP

	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	1	1	0	1	1	0
Rate per 1,000 Births	5.3	6.2	0.0	100.0	111.1	0.0
Postneonatal Deaths	1	1	0	1	1	0
Rate per 1,000 Births	5.3	6.2	0.0	100.0	111.1	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 child; births are by race of mother.

2021 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX

	All Races			White			Black and Other		
Age Group	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	16,148	7,930	8,218	13,873	6,796	7,077	2,275	1,134	1,141
0-4	874	442	432	696	363	333	178	79	99
5-9	961	479	482	765	388	377	196	91	105
10-14	984	534	450	839	452	387	145	82	63
15-44	5,507	2,767	2,740	4,742	2,341	2,401	765	426	339
45-64	4,302	2,117	2,185	3,757	1,853	1,904	545	264	281
65-84	3,207	1,479	1,728	2,807	1,299	1,508	400	180	220
85+	313	112	201	267	100	167	46	12	34

MORTALITY

	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	314	150	164	284	141	143	30	9	21
Rate per 1,000 Population	19.4	18.9	20.0	20.5	20.7	20.2	13.2	7.9	18.4

SELECTED CAUSES OF DEATH

	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	52	322.0	26	327.9	26	316.4	49	353.2	3	131.9
Cancer	43	266.3	17	214.4	26	316.4	40	288.3	3	131.9
Stroke	17	105.3	8	100.9	9	109.5	16	115.3	1	44.0
Accidents	18	111.5	9	113.5	9	109.5	15	108.1	3	131.9
CLRD*	22	136.2	9	113.5	13	158.2	20	144.2	2	87.9
Diabetes	9	55.7	6	75.7	3	36.5	7	50.5	2	87.9
Influenza and Pneumonia	4	24.8	2	25.2	2	24.3	4	28.8	0	0.0
Alzheimer's Disease	8	49.5	3	37.8	5	60.8	7	50.5	1	44.0
Suicide	3	18.6	3	37.8	0	0.0	3	21.6	0	0.0
Homicide	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
HIV Disease	1	6.2	1	12.6	0	0.0	0	0.0	1	44.0

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS

	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	18	111.5	2	53.0
Motor Vehicle	4	24.8	1	26.5
Suffocation	1	6.2	0	0.0
Poisoning	8	49.5	1	26.5
Smoke, Fire and Flames	0	0.0	0	0.0
Falls	1	6.2	0	0.0
Drowning	1	6.2	0	0.0
Firearms	1	6.2	0	0.0
Other Accidents	2	—	0	—

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP

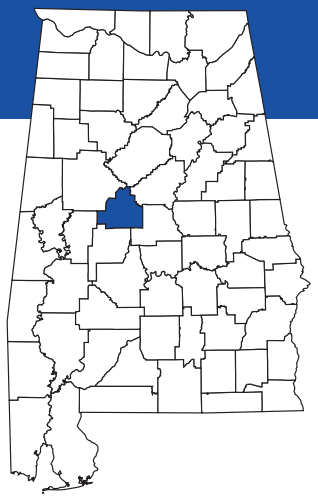
	Total	
Age Group	Number	Rate
Total	314	19.4
0–14	1	0.4
15–44	21	3.8
45–64	71	16.5
65–84	154	48.0
85+	67	214.1

SELECTED CANCER SITE DEATHS

	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	43	266.3	17	214.4	26	316.4
Trachea, Bronchus, Lung, Pleura	11	68.1	6	75.7	5	60.8
Colorectal	2	12.4	1	12.6	1	12.2
Breast (female)	1	6.2	—	—	1	12.2
Prostate (male)	2	12.4	2	25.2	—	—
Pancreas	4	24.8	0	0.0	4	48.7
Leukemias	2	12.4	0	0.0	2	24.3
Non-Hodgkin's Lymphomas	1	6.2	0	0.0	1	12.2
Ovary (female)	0	0.0	—	—	0	0.0
Brain and Other Nervous System	1	6.2	1	12.6	0	0.0
Stomach	0	0.0	0	0.0	0	0.0
Uterus and Cervix (female)	2	12.4	—	—	2	24.3
Esophagus	1	6.2	1	12.6	0	0.0
Melanoma of Skin	2	12.4	1	12.6	1	12.2
Other	14	—	5	—	9	—

Rates are per 100,000 population in specified categories.

Measurements are based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. Estimated pregnancies are the sum of births, induced terminations of pregnancy (abortions) and estimated total fetal losses. Estimated total fetal losses are equal to the sum of 20 percent of births and 10 percent of induced terminations of pregnancy. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. five years. A total fertility rate of 2,100 births per 1,000 females ages 10-49 years would maintain the current population. Estimated populations are from the U.S. Census Bureau. See Appendix B for other definitions and formulas.



BIBB 2021 HEALTH PROFILE

SUMMARY		
Total Population		22,477
Births		230
Deaths		336
Median Age		40.3
Life Expectancy at Birth		70.0
Total Fertility Rate per 1,000 Females Aged 10-49		1,913.0
Marriages Issued	Number	159
	Rate*	—
Divorces Granted	Number	42
	Rate*	—

*Rates per 1,000 population.

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	**Rate**	**Number**	**Rate**
Estimated Pregnancies	295	81.1	27	23.7
Births	230	63.3	21	18.2
Induced Terminations of Pregnancy	17	4.7	2	1.7
Estimated Total Fetal Losses	48	—	4	—

Birth rates per 1,000 population.
Estimated pregnancy and induced termination of pregnancy rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER

	Total	**10-14**	**15-17**	**18-19**	**20+**
All Births	230	0	3	18	209
Rate	10.2	0.0	9	80.9	55.7
White	177	0	2	14	161
Rate	10.3	0.0	7.7	80.8	53.8
Black and Other	53	0	1	4	48
Rate	9.9	0.0	13.6	81.3	62.9

Rates are per 1,000 females in specified age group.
Births with unknown age of mother are included in the age group "20+".

LIVE BIRTHS

	Females Aged 15-44		Females Aged 10-19	
	Number	**Percent**	**Number**	**Percent**
Births to Unmarried Women	111	48.3	15	71.4
Low Weight Births	26	11.3	5	23.8
Multiple Births	8	3.5	0	0.0
Medicaid Births	132	57.4	16	76.2

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP

	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	3	1	2	0	0	0
Rate per 1,000 Births	13.0	5.6	37.7	0.0	0.0	0.0
Postneonatal Deaths	3	1	2	0	0	0
Rate per 1,000 Births	13.0	5.6	37.7	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 child; births are by race of mother.

2021 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX

	All Races			White			Black and Other		
Age Group	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	22,477	12,134	10,343	17,112	8,814	8,298	5,365	3,320	2,045
0-4	1,180	570	610	887	425	462	293	145	148
5-9	1,245	647	598	927	475	452	318	172	146
10-14	1,267	668	599	987	517	470	280	151	129
15-44	8,896	5,261	3,635	6,286	3,417	2,869	2,610	1,844	766
45-64	6,127	3,311	2,816	4,841	2,558	2,283	1,286	753	533
65-84	3,403	1,559	1,844	2,883	1,320	1,563	520	239	281
85+	359	118	241	301	102	199	58	16	42

MORTALITY

	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	336	175	161	286	148	138	50	27	23
Rate per 1,000 Population	14.9	14.4	15.6	16.7	16.8	16.6	9.3	8.1	11.2

SELECTED CAUSES OF DEATH

	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	83	369.3	43	354.4	40	386.7	71	414.9	12	223.7
Cancer	46	204.7	27	222.5	19	183.7	37	216.2	9	167.8
Stroke	14	62.3	6	49.4	8	77.3	11	64.3	3	55.9
Accidents	20	89.0	14	115.4	6	58.0	18	105.2	2	37.3
CLRD*	8	35.6	3	24.7	5	48.3	8	46.8	0	0.0
Diabetes	7	31.1	3	24.7	4	38.7	6	35.1	1	18.6
Influenza and Pneumonia	5	22.2	0	0.0	5	48.3	4	23.4	1	18.6
Alzheimer's Disease	7	31.1	2	16.5	5	48.3	6	35.1	1	18.6
Suicide	4	17.8	4	33.0	0	0.0	4	23.4	0	0.0
Homicide	2	8.9	1	8.2	1	9.7	0	0.0	2	37.3
HIV Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rates are per 100,000 population in specified categories. *CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS

	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	20	89.0	4	81.0
Motor Vehicle	4	17.8	2	40.5
Suffocation	0	0.0	0	20.0
Poisoning	9	40.0	0	0.0
Smoke, Fire and Flames	1	4.4	1	20.2
Falls	1	4.4	0	0.0
Drowning	4	17.8	1	20.2
Firearms	0	0.0	0	0.0
Other Accidents	1	—	0	—

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP

	Total	
Age Group	Number	Rate
Total	336	14.9
0–14	6	1.6
15–44	22	2.5
45–64	86	14.0
65–84	156	45.8
85+	66	183.8

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS

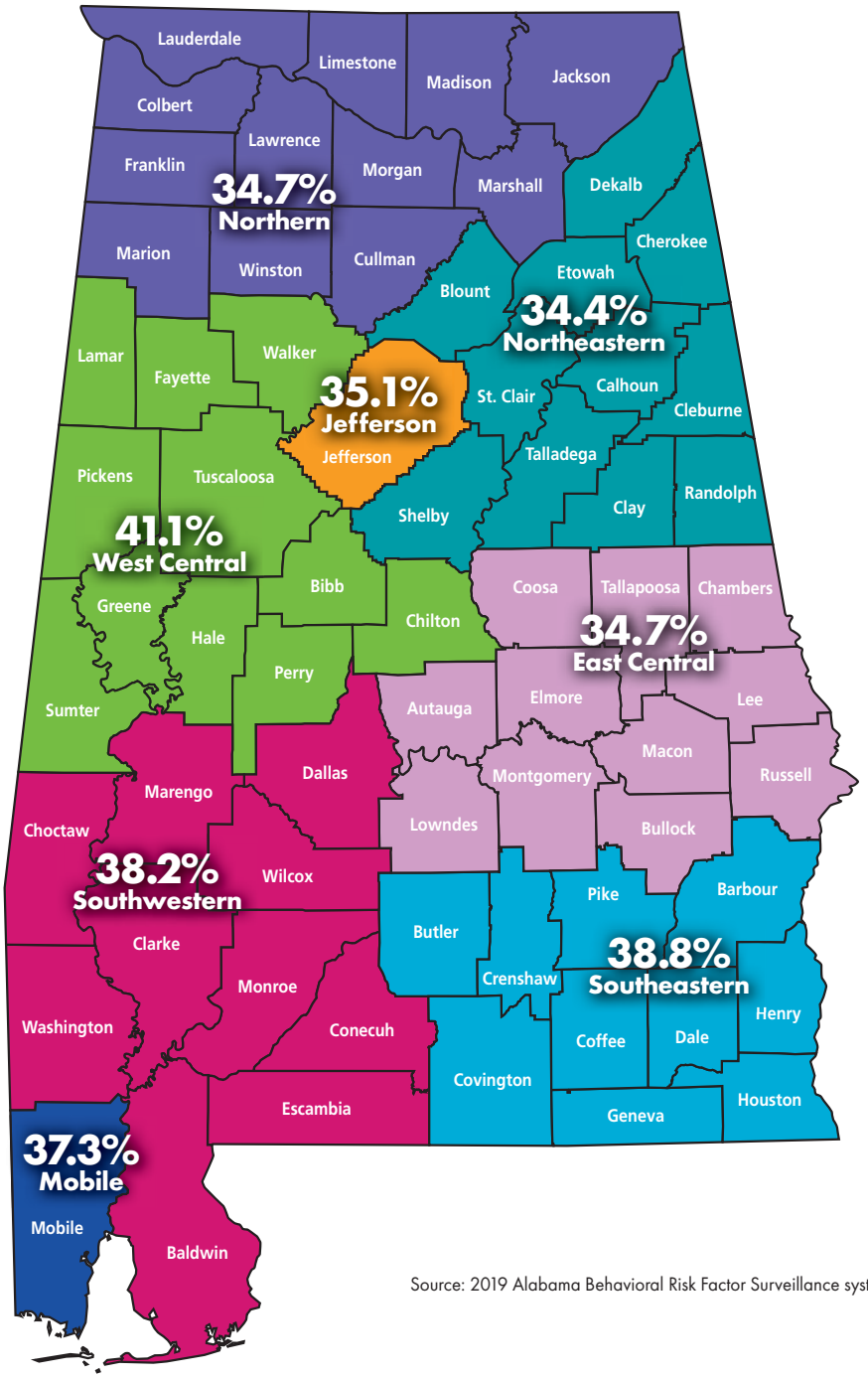
	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	46	204.7	27	222.5	19	183.7
Trachea, Bronchus, Lung, Pleura	14	62.3	9	74.2	5	48.3
Colorectal	3	13.3	2	16.5	1	9.7
Breast (female)	3	13.3	—	—	3	29.0
Prostate (male)	1	4.4	1	8.2	—	—
Pancreas	2	8.9	0	0.0	2	19.3
Leukemias	0	0.0	0	0.0	0	0.0
Non-Hodgkin's Lymphomas	1	4.4	1	8.2	0	0.0
Ovary (female)	2	8.9	—	—	2	19.3
Brain and Other Nervous System	1	4.4	1	8.2	0	0.0
Stomach	0	0.0	0	0.0	0	0.0
Uterus and Cervix (female)	0	0.0	—	—	0	0.0
Esophagus	2	8.9	2	16.5	0	0.0
Melanoma of Skin	0	0.0	0	0.0	0	0.0
Other	17	—	11	—	6	—

Rates are per 100,000 population in specified categories.

Measurements are based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. Estimated pregnancies are the sum of births, induced terminations of pregnancy (abortions) and estimated total fetal losses. Estimated total fetal losses are equal to the sum of 20 percent of births and 10 percent of induced terminations of pregnancy. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. five years. A total fertility rate of 2,100 births per 1,000 females ages 10-49 years would maintain the current population. Estimated populations are from the U.S. Census Bureau.
See Appendix B for other definitions and formulas.

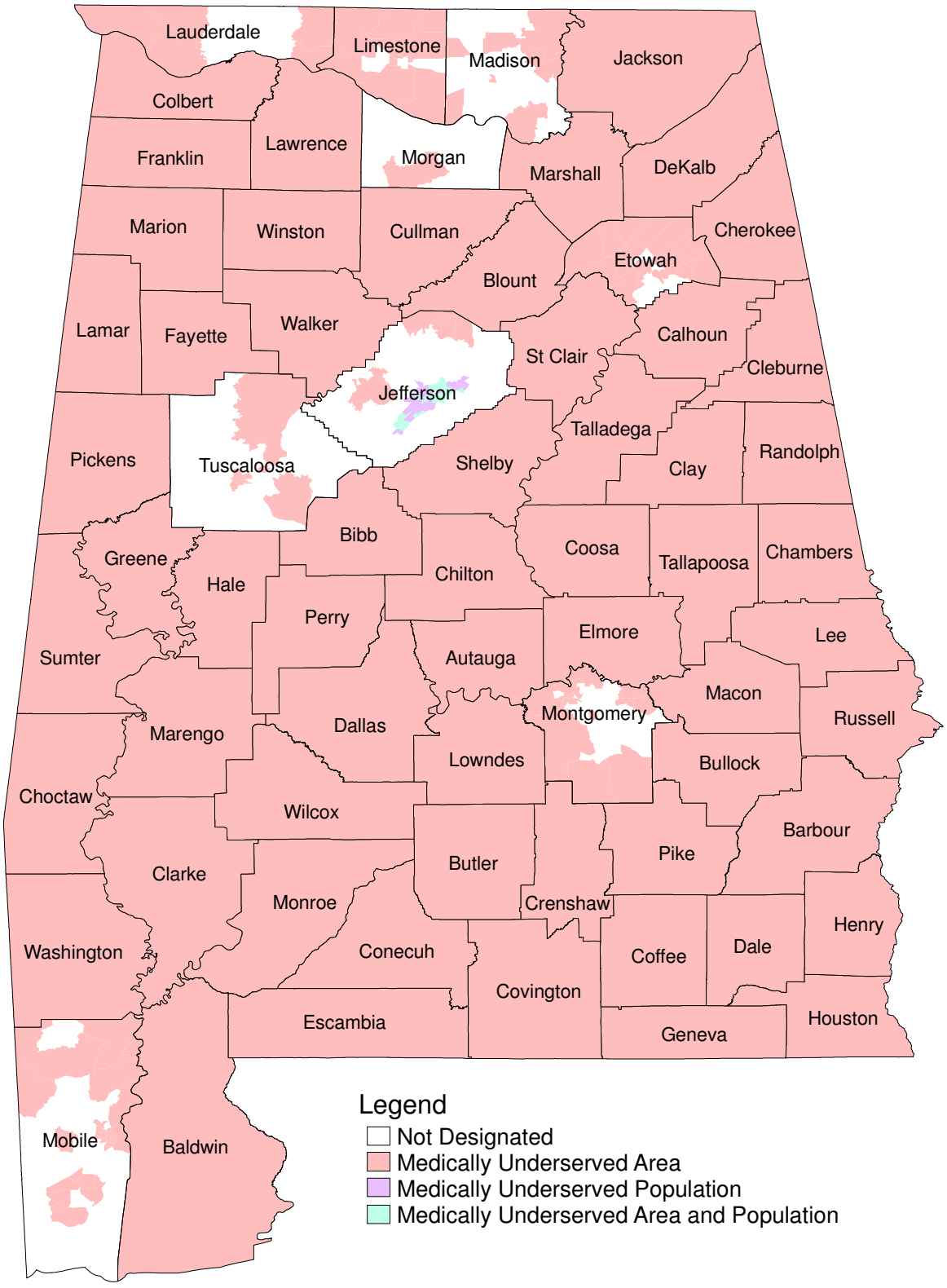
STATE OF ALABAMA MEDICAL STATISTIC MAPS APPENDIX A

Percent of Obesity by Public Health Districts, Alabama (2019)

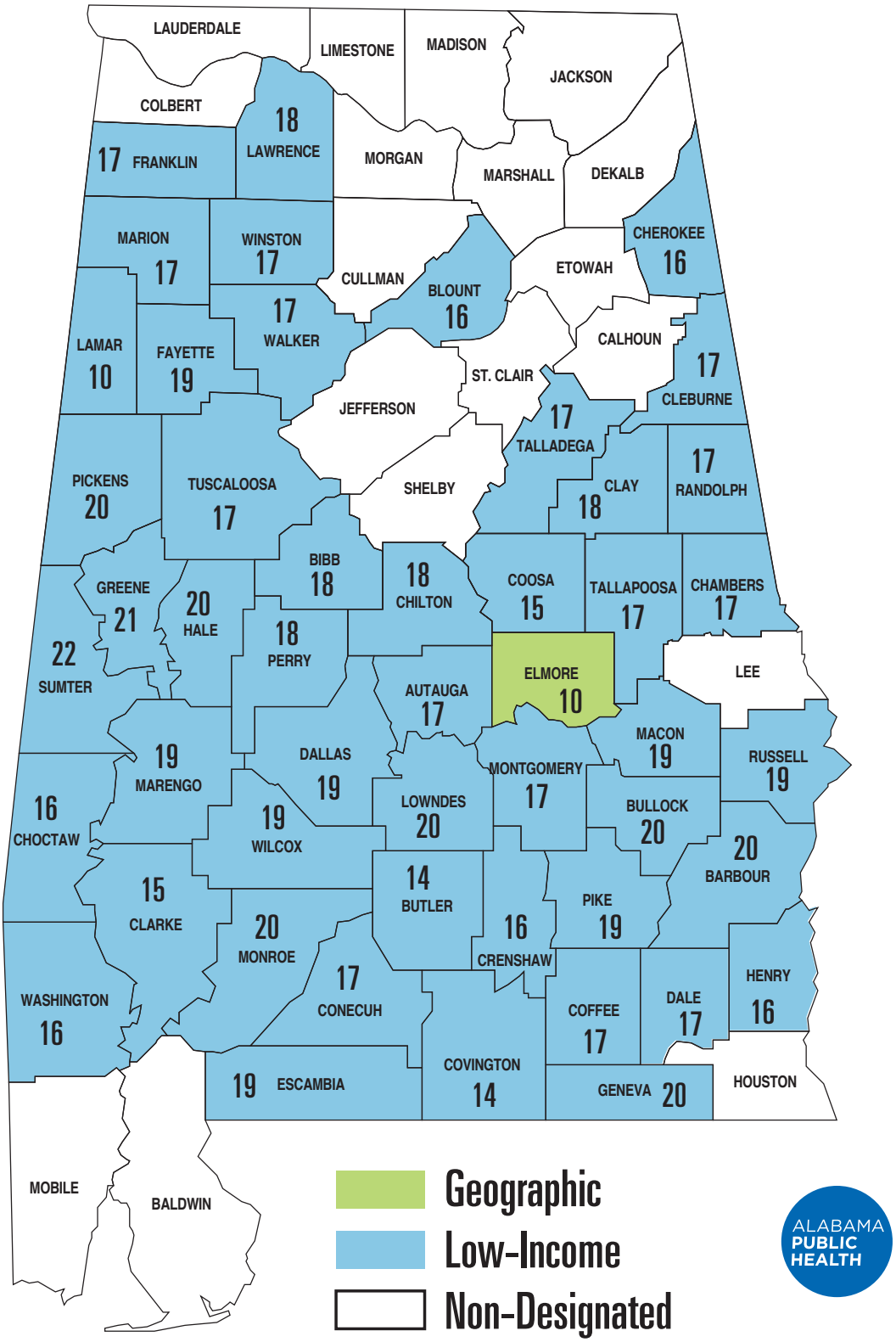


Source: 2019 Alabama Behavioral Risk Factor Surveillance system (BRFSS)

Medically Underserved Areas/Populations (MUA/Ps)

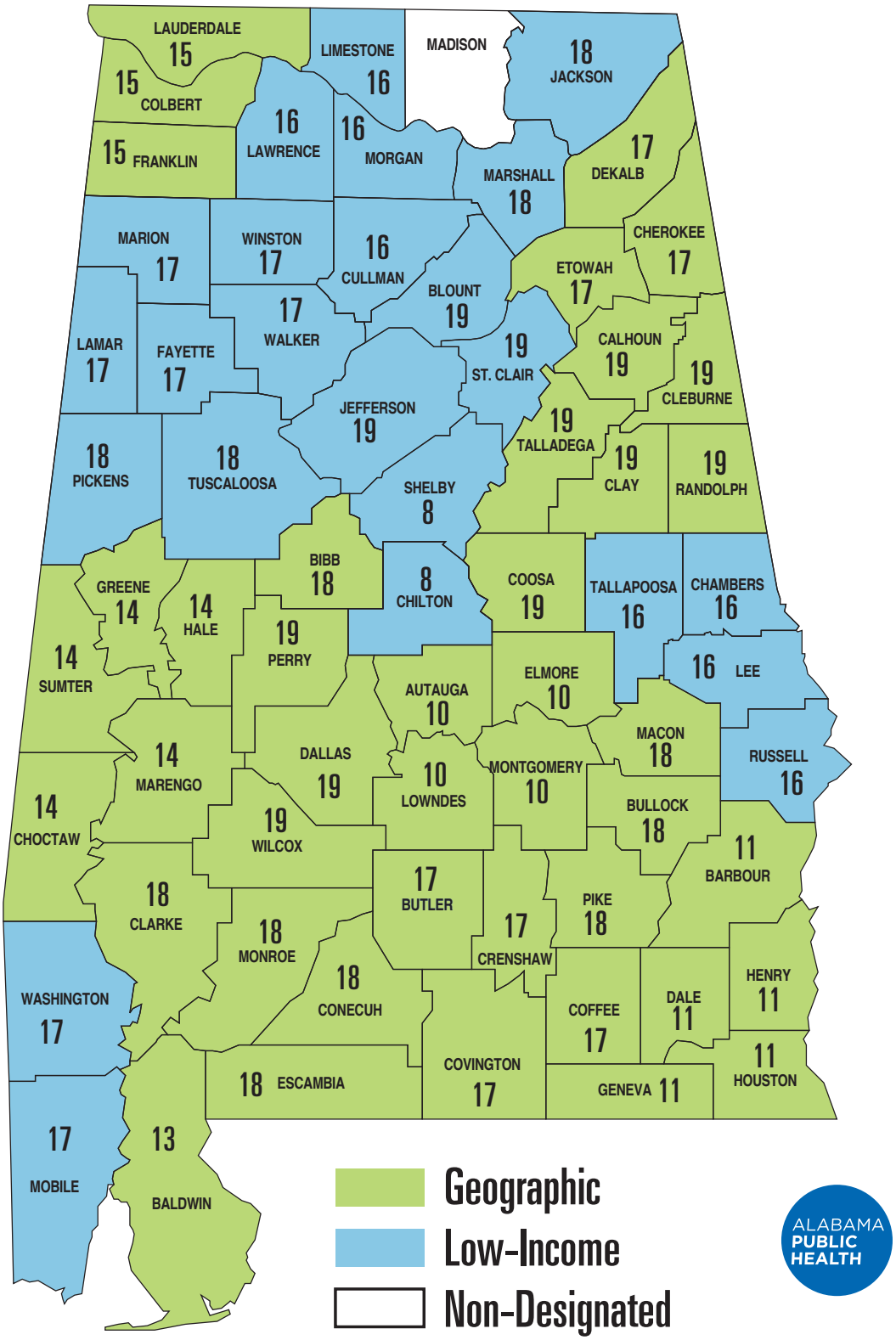


HEALTH PROFESSIONAL SHORTAGE AREAS - DENTAL



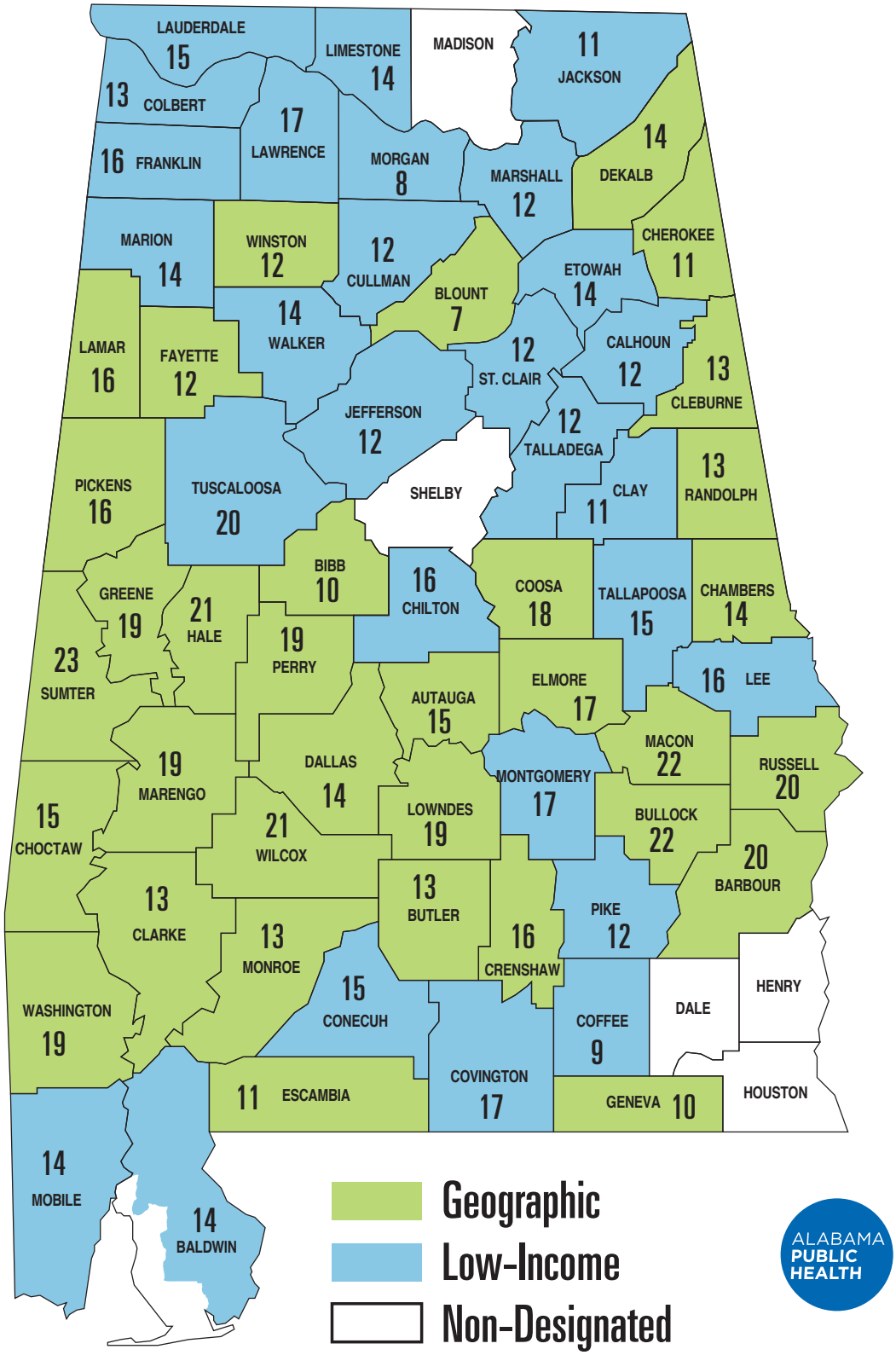
3/2024
https://www.alabamapublichealth.gov/

HEALTH PROFESSIONAL SHORTAGE AREAS - MENTAL HEALTH



5/2024

HEALTH PROFESSIONAL SHORTAGE AREAS - PRIMARY CARE



5/2024

APPENDIX B

COUNTY HEALTH RANKINGS & ROADMAPS
COMPARE COUNTIES RANKINGS

	Alabama	Hale	Tuscaloosa	Pickens	Fayette	Lamar	Bibb	Greene
Health Outcomes								
Length of Life								
Premature Death	11,400	15,800	10,100	11,700	14,500	11,600	12,700	15,900
Quality of Life								
Poor or Fair Health	18%	26%	19%	24%	22%	21%	22%	32%
Poor Physical Health Days	3.9	4.9	4.3	4.6	4.7	4.5	4.6	5.5
Poor Mental Health Days	5.9	6.0	6.0	5.8	6.1	6.0	5.8	6.4
Low Birthweight	10%	12%	11%	12%	10%	9%	10%	16%
Health Factors								
Health Behaviors	36%	38%	34%	37%	38%	45%	36%	39%
Adult Smoking	18%	23%	17%	22%	23%	22%	22%	27%
Adult Obesity	41%	46%	42%	45%	38%	39%	40%	52%
Food Environment Index	5.4	6.6	7.5	7.1	7.1	7.2	7.6	4.0
Physical Inactivity	30%	40%	32%	37%	35%	35%	36%	46%
Access to Exercise Opportunities	61%	51%	68%	10%	36%	9%	43%	4%
Excessive Drinking	14%	12%	16%	13%	14%	14%	15%	9%
Alcohol-Impaired Driving Deaths	25%	48%	33%	20%	27%	17%	15%	38%
Sexually Transmitted Infections	625.2	1,294.6	778.8	521.2	353.0	409.1	662.9	1,074.8
Teen Births	25	33	17	32	34	39	32	51
Clinical Care	1,530:1	970:1	—	1,870:1	2,060:1	4,910:1	1,390:1	2,490:1
Uninsured	12%	12%	10%	12%	12%	12%	11%	11%
Primary Care Physicians	1,570:1	4,920:1	1,590:1	2,690:1	1,010:1		1,500:1	2,540:1
Dentists	2,020:1	7,300:1	2,230:1	4,670:1	3,220:1	4,570:1	4,400:1	
Mental Health Providers	740:1	2,920:1	610:1	2,080:1	5,370:1	4,570:1	2,000:1	7,420:1
Preventable Hospital Stays	3,280	5,196	4,030	3,912	3,932	3,265	4,651	4,840
Mammography Screening	41%	34%	43%	39%	39%	43%	36%	35%
Flu Vaccinations	39%	31%	43%	44%	40%	38%	28%	25%
Social & Economic Factors						46%	64%	54%
High School Completion	88%	81%	91%	85%	84%	82%	79%	82%
Some College	62%	50%	65%	47%	46%	48%	39%	55%
Unemployment	2.6%	3.9%	2.5%	3.3%	2.7%	2.7%	2.5%	4.4%
Children in Poverty	22%	33%	20%	30%	28%	23%	26%	47%
Income Inequality	5.2	6.5	5.5	5.2	5.6	5.3	5.7	5.4
Children in Single-Parent Households	31%	49%	32%	46%	28%	18%	31%	66%
Social Associations	11.7	6.8	9.6	10.6	8.1	8.8	8.9	7.9
Injury Deaths	90	103	69	93	103	106	100	89
Physical Environment						9.4	7.4	9.1
Air Pollution - Particulate Matter	9.3	9.4	7.9	9.3	9.0	8.9	9.8	9.3
Drinking Water Violations		No	Yes	No	Yes	No	No	No
Severe Housing Problems	13%	15%	15%	11%	9%	11%	12%	13%
Driving Alone to Work	83%	87%	82%	88%	88%	87%	88%	76%
Long Commute - Driving Alone	35%	51%	28%	61%	43%	40%	54%	43%

Note: Blank values reflect unreliable or missing data. 2024 Annual Data Release that used 2021 data

THE BURDEN OF DIABETES IN ALABAMA

APPENDIX C

Diabetes is an epidemic in the United States. According to the Centers for Disease Control and Prevention (CDC), over 38 million Americans have diabetes and face its devastating consequences. What's true nationwide is also true in Alabama. Obesity is linked to up to 53 percent of new cases of type 2 diabetes each year. Treating the chronic disease of obesity can help prevent, delay, and even result in diabetes remission.

Alabama Diabetes Epidemic

- Approximately 593,500 adults in Alabama, or 14.9% of the adult population, have diagnosed diabetes.
- Every year, an estimated 23,500 adults in Alabama are diagnosed with diabetes.

Alabama Obesity Epidemic

- Approximately 1,528,100 adults in Alabama, or 38.3% of the adult population, have obesity.

In the United States:

- **Over 38 million Americans have diabetes**
  - **8.7 million Americans have diabetes and don't know it**
- **Nearly 98 million American adults have prediabetes**
- **Obesity affects about 125 million Americans, including nearly 20 percent of children and adolescents**
- **Over 85 percent of adults with type 2 diabetes also have overweight or obesity**

Diabetes is expensive:

Americans with diabetes have medical expenses approximately 2.6 times higher than those who do not have diabetes. And the total estimated cost of diagnosed diabetes in the U.S. in 2022 was $412.9 billion, including $306.6 billion in direct medical costs and $106.3 billion in reduced productivity attributable to diabetes.

In 2017 it was estimated that:

- Total direct medical expenses for diagnosed diabetes in Alabama was $4.2 billion.
- Total indirect costs from lost productivity due to diabetes was $1.7 billion.
- Total cost of diabetes was $5.9 billion.

Obesity is expensive:

Americans with obesity or overweight had related medical care costs of an estimated $173 billion in 2019. Having obesity more than doubles an individual's health care costs and out-of-pocket cost for care.

- A person with obesity or overweight with employer-provided health insurance had an average of $12,588 in total yearly health costs, compared to $4,699 for those without overweight or obesity.
- In 2021, a person with obesity with employer-provided health insurance faced an average of $1,487 in out-of-pocket costs, compared to $698 for those without obesity.

To aid the efforts of improving lives, preventing diabetes, and finding a cure:

In 2024, the National Institute of Diabetes and Digestive and Kidney Diseases at the National Institutes of Health invested $3,916,116 in diabetes-related research projects in Alabama.

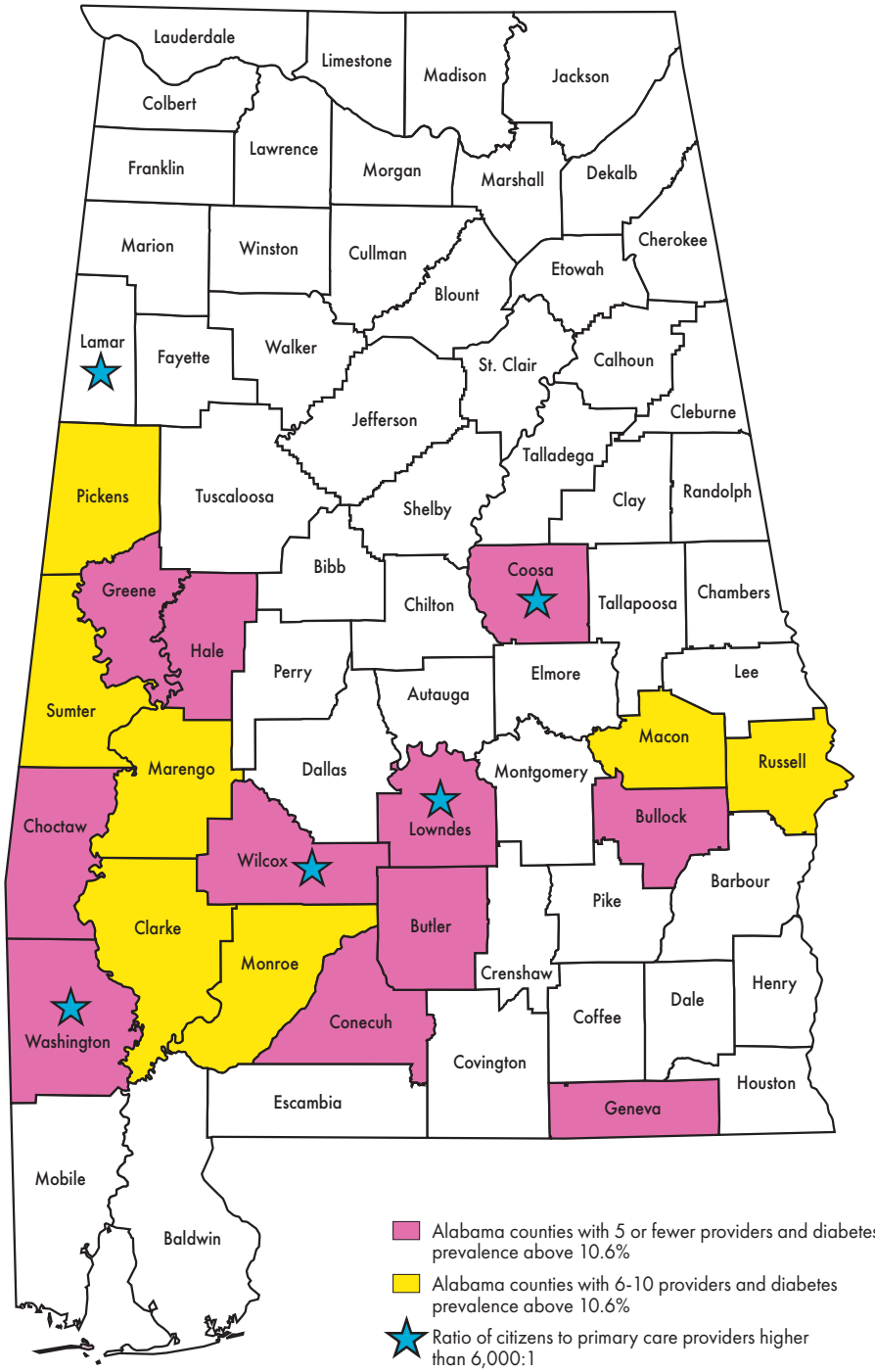
The Division of Diabetes Translation at the CDC provided $1,020,155 in diabetes prevention and educational grants in Alabama in 2022.

Sources: diabetes.org/SFSSources

American Diabetes Association®

Learn more at diabetes.org | 1-800-DIABETES (800-342-2383)

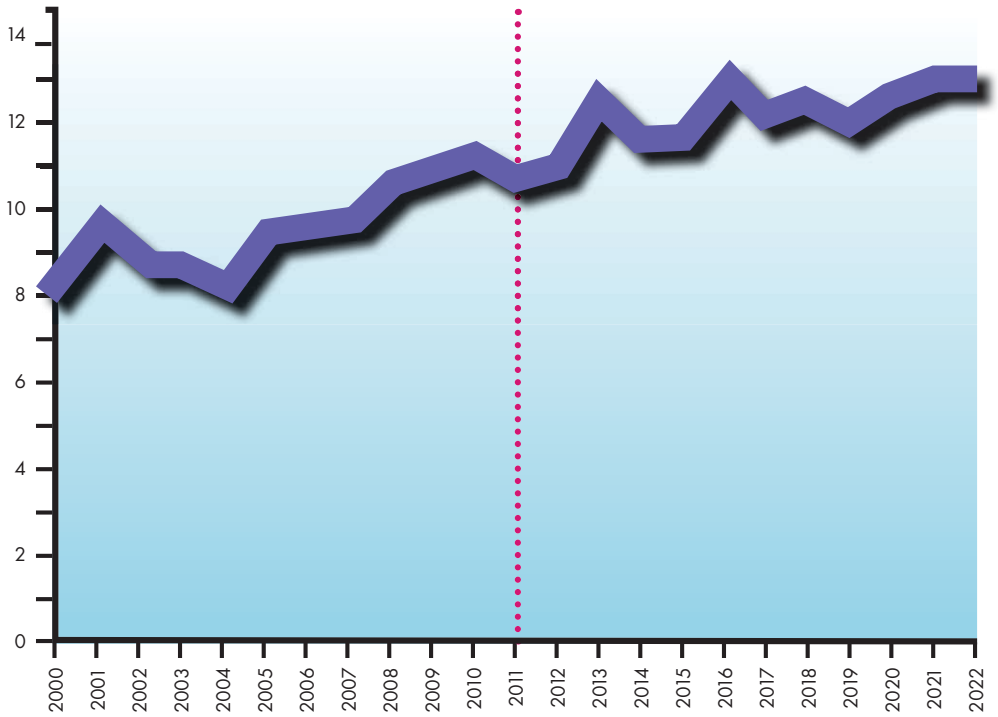
Counties with the Highest Rates of Diabetes and Ratios of Citizens to Primary Care Providers in Alabama



Data Source: 2024 Annual Data Release that used 2021 data

Diagnosed Diabetes,

Total, Adults with Diabetes, Age-adjusted Percentage, Alabama



Vertical dotted line indicates major changes to the survey methods in 2011
(http://www.cdc.gov/SurveillancePractice/reports,brfss/brfss.html)
Horizontal dotted line indicates "No Data," "Suppressed Data," or both.

Diagnosed Diabetes,

Total, Adults with Diabetes, Age-adjusted Percentage, Alabama

	Total		
Year	**Percentage**	**LL**	**UL**
2008	10.6	9.7	11.5
2009	10.9	10.0	11.9
2010	11.3	10.4	12.3
2011	10.9	10.1	11.7
2012	11.1	10.3	11.9
2013	12.6	11.7	13.7
2014	11.8	11.0	12.6
2015	12.0	11.2	12.9
2016	13.2	12.2	14.2
2017	12.5	11.7	13.4
2018	12.7	11.8	13.6
2019	12.2	11.4	13.0
2020	12.9	11.9	14.1
2021	13.3	12.1	14.5
2022	13.4	12.3	14.7

Major changes to the survey methods in 2011

(http://www.cdc.gov/SurveillancePractice/reports/brfss/brfss.html)
*Indicates "No Data," **Indicates "Suppressed Data," LL – Lower Limit, UL – Upper Limit

DCH Health System