DCH REGIONAL MEDICAL CENTER AND NORTHPORT MEDICAL CENTER

COMMUNITY HEALTH NEEDS ASSESSMENT 2022-2024

DCH Health System®

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INTRODUCTION

DCH HEALTH SYSTEM

In March of 2023, the DCH Health System will celebrate 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 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, located on the campus at DCH Regional Medical Center. The DCH Health System is a governmental entity that operates a health system owned by the public and is operated 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 more than 400 physicians privileged to proctice within the health system. Services provided by the hospitals include inpatient and outpatient services; surgery, diagnostics and emergency services. As well as many specialty services including pediatrics, orthopedics, oncology, cardiology, intensive care, 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 260 residents in the Family Practice Residency program have graduated, and many of those residents 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 also provides health fairs and other 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. For the years 2020 and 2021, the DCH Health System provided more than $86 million in 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 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. 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 offers comprehensive inpatient and outpatient services, specialty units, and multiple advanced services including oncology, cardiology, 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 was the first hospital in Alabama to offer Bloodless Medicine and Surgery, a program that provides quality medical care without using blood transfusions. This method of care has resulted in shorter hospital stays, fewer infections and fewer heart attacks and strokes following surgery. According to information provided by the State Health Planning and Development Agency, in 2021, DCH Regional Medical Center admitted 19,348 patients, had 65,524 emergency room visits, and performed 29,775 inpatient and outpatient surgeries and procedures. DCH 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 advanced, high-quality orthopedic and neurological care, the hospital provides a Rehabilitation Pavilion. In 2021, there were more than 7,456 patients admitted to the hospital, 40,614 emergency room visits, and approximately 5,690 inpatient and outpatient surgeries and procedures performed.

EXECUTIVE SUMMARY

The DCH Health System organized a team from DCH Regional Medical Center, Northport Medical Center, SBC Consulting, LLC, and the identified community of both hospitals to participate in the 2022 Community Health Needs Assessment (CHNA), which is required by the Affordable Care Act (Section 501 (r)) every three years. Team members from SBC Consulting, LLC and the DCH Health System facilitated discussions with Stakeholders to identify the issues of health within the community.

The community, identified in the first CHNA in 2013, was deemed to be the seven-county geographic area served by both hospitals. Demographics, disease states, socio-economic status, behavioral and physical factors, and low-income and uninsured populations were considered in order for the CHNA to be diverse and effective.

The information was presented to the leadership of the DCH Health System, and based on the information collected and analyzed, three health issues were determined to be priorities. An action plan to address the prioritized needs was developed. This CHNA is a follow-up to the 2019 CHNA and is the fourth such CHNA that has been conducted by the DCH Health System.

Leadership of the DCH Health System 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.

Individual and group meetings were held with stakeholders to identify the health needs within the community over a two-month period. In addition to the information gathered in the meetings, support 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 US Census Bureau, The Alabama Department of Mental Health and others.

Multiple issues of health were identified through meetings and through 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.

Other issues of health identified through the process include:

- Affordable housing for the low-income
- Food insecurity – forcing decisions between medications and food
- Transportation – no transportation or poor public transportation
- Access to care
- HIV, Hepatitis C and other sexually transmitted diseases
- Mental health – suicide, isolation/depression, drug and alcohol abuse
- Mental health for adolescents – no inpatient beds for adolescents
- Staffing shortages – nursing, primary care, dental care, specialists
- Diabetes/obesity
- Lack of community resources and case management
- Homelessness

- Long wait times in the Emergency Departments (ED)
- Slow turn around in the ED – ties up ambulance services
- Lack of ambulance coverage – especially in the rural areas
- Outmigration of patients in the service area to other hospitals outside service area
- Hospital perception and public grading
- Lack of internet access in rural areas
- Cost of childcare
- Lack of socialization for the homebound elderly
- Lack of communication skills for those working with the Hispanic population
- Inflation
- Domestic violence
- Gang/gun violence
- Physician recruitment
- Need for a psychiatry residency program
- Insufficient bed numbers in the ED
- Insufficient environmental services staff
- Lack of discipline in the home
- High poverty
- Comorbidities in patients leading to death
- Maternal death rate and infant mortality
- Insufficient reading skills for middle school children
- Lack of social resources
- Chronic heart failure
- Need for a freestanding ED
- Need a patient advocate in the EO
- Need for the non-emergent side of DCH's ED open to accommodate more patients
- Uninsured patients – especially the lack of dental and vision coverage

The issues of health identified through this process are consistent with issues of health identified in previous CHNAs. After reviewing prior CHNAs and action plans and considering available resources, financial feasibility, and potential effectiveness, the leadership of the DCH System determined that the priorities of the 2022–2024 CHNA should be:

- Mental Health
- Access to Care
- Diabetes, Obesity, Cardiovascular Disease – all leading to death in the community

Since 2013, the DCH Health System has used the CHNA as a guide in its efforts to 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 2019 CHNA
- 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 enlisted the assistance of SBC Consulting, LLC to assist in facilitating and completing the CHNA 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 the seven-county area served by the hospitals. The 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, individual and small group meetings were held between the facilitators and the stakeholders to gather input. Stakeholders were asked to identify the health needs as seen by them and to suggest methods to address those needs. The process was designed to create collaboration between the DCH Health System and the stakeholders with the goal of improving health equity and health outcomes throughout the community. The meetings were facilitated by Stephanie Craft with SBC Consulting, LLC and Sammy Watson, the Director of Community Relations with DCH Health System. The meetings took place over multiple days in February, March and April of 2022. The Stakeholder Committee consisted of the following members:

The Stakeholder Committee included the following:

- Bryan Kindred, CEO, DCH Health System
- Sammy Watson, Director of Community Relations, DCH Health System
- Billy Kirkpatrick, PhD, CEO, Five Horizons Health Services and Staff
- Valerie Alford, Program Director, DCH North Harbor Pavilion
- Jennifer Singleton, Community Education Manager, DCH North Harbor Pavilion
- David Anderson, Director, DCH Diabetes and Nutrition Education Center and Staff
- Karen Thompson-Jackson, PhD, CEO, Temporary Emergency Services of Tuscaloosa
- Rob Robertson, Probate Judge, Tuscaloosa County
- Mark Sullivan, Executive Vice, President, Bryant Bank
- Linda Forte, PhD, Retired Nursing Educator
- Cynthia Burton, CEO, Community Service Programs
- David Gay, CEO, Maude Whatley; Pastor, Beulah Baptist Church; and DCH Health System Board member
- Lynn Armour, Executive Director, Good Samaritan Clinic – Northport, AL
- Richard Friend, MD, Dean of College of Community Health Sciences, University of Alabama
- Bobby Herndon, Mayor of Northport
- Chris Cox, PhD, Interim President and Johnathan Koh, PhD, Dean of Workforce and Economic Development, Shelton State Community College
- RaSheda Workman, VP for Strategic Initiatives and Foundation Exec. Director, Stillman College
- Randy Phillips, Executive Director of Indian Rivers Behavioral Health Center
- DCH/CCHS Health care Disparities Committee
    - Dr. Bob McKinney, Director of UMC Department of Social Services
    - Anne Halli, MD, Assistant Residency Director
    - Jane Weida, MD, Chair of Family, Internal, and Rural Medicine and Director of Clinical Affairs

    - Kirsten Henry, MBA, Family Medicine Administrative Director and Vice-Chair of CCHS Diversity, Equity and Inclusion Committee
    - Wendi Parminter, DrPH, MHA, Director of Employee Wellness, Outreach and Volunteer Services
- Tuscaloosa Fire and Rescue, Chris Williamson, Chris Holloway, Brianna Jones, Lauren Ramsey and Emma Sims
- Col. Lee Busby, Member of the Tuscaloosa City Council, Retired Marine Infantry Officer
- Beth Goodall, RN, DCH Director of Infectious Diseases
- Ashley Adcox, Aging Services Director of Area Council on Aging
- Shanna McIntosh, VitAL Director, University of Alabama
- Cynthia L. Almond, State Representative District 63, former Tuscaloosa City Council member

OBTAINING PUBLIC INPUT

According to the regulations 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 CHNA.

The most recent CHNA was uploaded to the DCH Health System website upon completion in 2019. To date, no comments have been received. For the 2022 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 and 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 viewing and comments. The following is a review of the 2019 CHNA and the current input received during this process.

1. 2019-2021 CHNA REVIEW

The 2019 CHNA identified health needs in the community, stated the prioritized needs determined by the leadership of the DCH Health System, and listed action plans to address those needs. The Board of Directors approved the CHNA. The findings and conclusions are summarized as follows:

- The Community was defined as the 7-county area served by DCH Regional Medical Center and Northport Medical Center. The counties include Tuscaloosa, Bibb, Hale, Green, Fayette, Lamar and Pickens.
- Issues of health that were identified by the Stakeholder group and national and state data included:
  - Poor health outcomes and health behaviors
  - Obesity
  - Diabetes
  - Cardiovascular disease
  - Hypertension
  - Access to Care
  - Lack of dental, mental and primary care professionals
  - Poverty
  - Uninsured
  - Lack of Resources – especially in the rural areas
  - Sexually transmitted diseases
  - Gun violence
  - Transportation
  - Lack of job training
  - Unaffordable childcare
  - Poor Nutrition
  - Opioid crisis
  - Mental health
- The following three identified health needs were considered priorities. Action plans to address those needs were also developed.

  1. Access to Care – Actions to achieve included:

  ✔ Free breast screenings to women with no insurance with a focus on the Hispanic population

- ✔ DCH Health System was one of the first facilities in Alabama to offer drive-up testing for COVID-19. Tests were offered at no charge.
- ✔ DCH constructed a stable metal building providing more shelter on campus for COVID-19 testing and vaccination.
- ✔ A full-time physician recruiter was hired resulting in nine new hires to provide services in the local community.
- ✔ DCH partnered with the University of Alabama to support the Tuscaloosa SAFE (Sexual Assault Forensic Examiner) Center. The center provides sexual assault survivors assistance in an appropriate setting away from the DCH campus.

2. **Risk Factors resulting in leading causes of death** – Actions to achieve included:

- ✔ The Lewis and Faye Manderson Cancer Center at DCH sponsored the survivor tent at the American Cancer Society's Relay for Life in April 2021
- ✔ The Cancer Center also sponsored a colon cancer health fair in March.
- ✔ In 2020, the Cancer Center sponsored *Don't Fry Day,* a skin cancer education event.
- ✔ The employees of the DCH Health System continue to contribute to the DCH Foundation through the *We Give* campaign. The funds are distributed to various DCH departments in the form of grants used for community outreach activities. Thousands of dollars have been used for patient assistance including home medical equipment, medications, prostheses, transportation, diabetic education and testing supplies, food and more.
- ✔ The Trauma Services Department provided *Stop the Bleed Kits* for area schools.
- ✔ DCH employees participated in the American Heart Association fundraising efforts exceeding the goal set by Chief Operating Officer Paul Betz by raising more than $30,000. In 2023, the DCH CEO will chair the fundraising campaign.
- ✔ DCH employees contributed more than $100,000.00 to the United Way and its member agencies. These agencies provide services to the low-income and underserved in the area.
- ✔ The DCH Diabetes and Nutrition Education Center provided free diabetic testing supplies and education to DCH employees and family members.

3. **Mental Health/Substance Abuse** – Actions to achieve included:

- ✔ North Harbor Pavilion at Northport Medical Center added a new psychiatrist to its staff.
- ✔ North Harbor partnered with Maude Whatley Health Center to provide off-site services. A van was used to visit the Community Soup Bowl, Office of Pardons and Parole and other public locations. A CRNP and additional staff participated and visited various tent sites where the homeless resided. This service had to be halted due to COVID-19.
- ✔ North Harbor supported and participated in the Tuscaloosa Mental Health Alliance. North Harbor's community education manager serves as the group's president.
- ✔ The community education manager at North Harbor was trained in Talks Save Lives Program, which was a suicide prevention program for K-12 students. Unfortunately, this was also halted due to COVID-19.
- ✔ A registered nurse at North Harbor has been certified in crisis negotiation by the Federal Bureau of Investigation.
- ✔ North Harbor and local law enforcement have collaborated with cross training in mental health and crisis intervention to better serve the community when such services are needed.

The following action plans implemented in prior CHNAs are ongoing:

- ✔ Continue to make education material available in the community in the areas of diabetes, obesity, mental health, substance abuse and

suicide prevention through health fairs, school programs, community forums and sponsorship of local events

- ✔ Continue employee contributions to the DCH Foundation which provides grants that impact the community
- ✔ Collaborate with other local agencies and providers to increase access to care
- ✔ Use social media and advertising campaigns to educate the public on various health-related issues
- ✔ The DCH Health System maintains a smoke-free environment on all its properties.
- ✔ Continue the DCH Golden Years Program, an education program for those over 50 focusing on healthy eating, cardiovascular education, fall prevention and the Medicare prescription drug program
- ✔ Continue employee contribution support of the United Way
- ✔ Continue outreach to West Alabama residents for patients needing mental health services
- ✔ Continue participation in the Tuscaloosa Mental Health Alliance
- ✔ Continue recruitment of physicians of multiple disciplines to address access to care for the entire community

2. STAKEHOLDER INPUT

As noted previously in this report, multiple meetings were held with multiple stakeholders over several weeks.

The following are notes from the meetings.

Billy Kirkpatrick, PhD, CEO of Five Horizons Health Services and staff

DCH Health System staff member Sammy Watson and facilitator Stephanie Craft met with Dr. Billy Kirkpatrick CEO, Tyler Keenum- nurse practitioner and Clinical Director, and Derrick Steverson, Director of Community Partnerships of Five Horizons Health Services. Five Horizons Health Services (FHHS) is a non-profit organization, formerly known as West Alabama AIDS Outreach, serving 10 counties in West alabama.

West Alabama AIDS Outreach was founded in 1988 to provide HIV-related outreach and prevention services. Since then, the agency has grown to include a variety of services for people in the community needing general and specialized care and is now called Five Horizons Health Services. Services provided include HIV case management and counseling, housing assistance, HIV/AIDS prevention education and free HIV testing. They also provide the *SISTA* program, a program developed by the CDC aimed at preventing HIV in African-American women, because this group contracts HIV more quickly than any other demographic group.

They are also in a partnership with The University of Alabama to increase COVID-19 vaccinations in the African-American community. Dr. Kirkpatrick and his staff note that HIV was widespread in West Alabama, especially in communities with high poverty rates. The group opined that because of the stigma associated with HIV or the fear of testing for the disease, many individuals refrain from seeking preventive care. For this reason, many patients use the emergency department for treatment. They also noted that transportation was an obstacle for many individuals in the rural counties in West Alabama.

The group's goal is to eliminate the barriers to care for those affected by HIV and other sexually transmitted diseases, along with providing more preventive care for those who may be at risk of getting these diseases. The group suggested a partnership with the DCH labs to get results in a timelier manner, eliminating one barrier.

It was also suggested that DCH inform appropriate patients, upon discharge from the emergency room, of the services provided by FHHS – especially those who might be victims of sexual assault. Dr. Kirkpatrick and his staff also suggested a *Lunch and Learn* to educate DCH staff on the programs and services provided through FHHS. Finally, a mobile clinic option was offered as a possible collaboration between DCH and FHHS.

Valerie Alford, Program Director of North Harbor Pavilion and Jennifer Singleton, Community Education Manager at North Harbor Pavilion

Mr. Watson and Ms. Craft met with Valerie Alford and Jennifer Singleton of North Harbor Pavilion. North Harbor Pavilion is a mental health treatment facility for adults and senior adults located at Northport Medical Center. Patients at North Harbor receive inpatient nursing care, group therapy, mental health education and a discharge plan designed to improve their quality of life. Patients work with an interdisciplinary, highly skilled and compassionate team led by board certified psychiatrists. Ms. Alford and Ms. Singleton reviewed the health needs that were discussed in 2019 and agreed that a few of the issues remain including adolescent suicide, a lack of inpatient beds and mental health staff.

Previously, there was a major need for a psychiatrist; however, recruiting efforts have been successful and another psychiatrist has been added. Better access to medications for patients was also an issue, but North Harbor now has its own pharmacist who makes rounds with the physicians allowing for greater access to needed medications in a timely manner.

The biggest issue facing North Harbor is the lack of inpatient beds – both for adults and certainly, for adolescents. Since the COVID-19 pandemic began, North Harbor has seen an increase in depression, anxiety and suicide in children under 18. With the onset of COVID-19, schools were shut down and students were isolated. Some had no access to the internet, cutting out their ability to communicate with friends through social media. COVID-19 also prohibited Valerie and Jennifer from going into the schools to implement the *Talks Saves Lives* program which is designed to prevent suicide in adolescents.

The plan is to begin implementation of this program in the near future. It has also been noted on prior CHNAs that the closing of most of the beds at Bryce Hospital has left many patients in the community with no place to go. Many of those patients are homeless and are not receiving the necessary medications for their mental disorders. Discussions are taking place with the leadership of the DCH Health System to consider adding psychiatric beds to North Harbor.

This process will take time as a Certificate of Need will be required; however, there is abundant community support for this project. There are also plans to provide a shot clinic at North Harbor. This would allow patients to come to the clinic and get anti-psychotic shots when needed. North Harbor intended to have a bus that would rotate to different locations where the homeless lived to administer medications, but that plan also was halted due to COVID-19. Staff shortages have also prohibited implementation of this program.

Another initiative of North Harbor is to implement the *Screening, Brief Intervention, and Referral to Treatment* program (SBIRT). The staff at North Harbor has been trained and the local police department has been notified of North Harbor's readiness. They are waiting on referrals. The SBIRT program is a comprehensive, integrated, public health approach for early identification and intervention with patients whose patterns of alcohol and/or drug use put their health at risk. This program is designed to address the needs of individuals in the community who have been admitted on multiple occasions for drug or alcohol abuse with the hope of early intervention to mitigate admissions to North Harbor.

Finally, The Alabama Department of Mental Health received funding to start two additional crisis diversion centers in Alabama, with one being located in Tuscaloosa. North Harbor staff will play a role in this center. The center will be a designated place for law enforcement, first responders, and others to take an individual that is in a mental health or substance abuse crisis. It is a short-term stay where an individual can receive stabilization, evaluation, and psychiatric services. It is the hope that this Crisis Diversion Center will reduce inappropriate arrests and visits to the emergency department.

David Anderson, Director – Cindy Huggins, Dietitian – Marsha Fowler, RN – DCH Diabetes Education Center

Mr. Watson and Ms. Craft met with David Anderson, Cindy Huggins, and Marsha Fowler, certified diabetes care and education specialists with the DCH Diabetes Education Center. It was noted that throughout the seven-county community, diabetes is the sixth leading cause of death. The issues of health closely related to diabetes include obesity, physical inactivity and cardiovascular disease.

According to national data, Alabama has the third fastest projected increase in diabetes, and it is projected that Alabama's diabetes rate will increase by 38 percent over the next 10 years through 2030. Most of the areas where this rate increase will occur is in areas of low education and high obesity rates. Mr. Anderson, Ms. Huggins and Ms. Fowler stated that there is a great need for additional education in the public regarding diabetes.

As stated before, COVID-19 hampered the ability of the staff to get out and market heavily to physicians and in public health fairs. Restrictions are being lifted and staff now has the ability to amplify marketing efforts. COVID-19 also limited the number of people who could participate in an education class. Classes are now resuming at pre-COVID size.

This department started a *Living Well with Diabetes Employee Program*, and it has been very successful; however, it is only available to employees on the DCH Health System insurance plan. The Center wants to include all DCH employees on this plan to make the DCH workplace more aware and to improve the overall health of the employees.

Another issue reported is that although doctors are referring patients to the program, the patient does not always show up. Transportation is a barrier for some. The staff noted that education is critical in management of diabetes. DCH internal statistics showed that graduates who completed the education program were not re-admitted to the hospital for any reason proving great success for the program.

The goal is to continue to market the program to physicians for referrals, to offer the program to all DCH employees, and to work with other organizations in the area such as Shelton State Community College to educate students on obesity, proper nutrition and exercise to prevent the onset of diabetes. It is the desire of the staff to team with an endocrinologist in the same building where the education program is currently held. This would allow for an interdisciplinary approach for prevention and treatment of diabetes.

It should also be noted that The US Department of Health and Human Resources *Healthy People 2030* continues to include the goal of reducing the burden of diabetes and improving the quality of life for people who have, or are at risk for, developing diabetes. Many of the program initiatives of the DCH Diabetes Education Center mirror the objectives set forth in *Healthy People 2030*.

Karen Thompson-Jackson, PhD – CEO of Temporary Emergency Services of Tuscaloosa and member of Tuscaloosa City School Board

Temporary Emergency Services (TES) is a not-for-profit organization that was started in 1945 by local churches in the community to assist individuals and families in crisis situations enabling them to survive the immediate crisis they are encountering. Ms. Thompson-Jackson's organization serves the low-income, medically underserved and uninsured in the community.

The organization is funded by the United Way, local businesses, churches and individuals. Services include, but are not limited to, provision of clothing, food, medications, transportation, baby items and assistance with utilities and rent. TES has also developed community gardens allowing clients to grow their own fruits and vegetables which provides an opportunity for clients to save money on food and learn about healthy meals and proper diets.

Ms. Thompson-Jackson expressed that many of the TES clients are very low-income, and some are homeless. There is a constant need for food, clothing

and medications. She noted that their homeless clients do not have a place to shower or a place to wash their clothes.

Recently, the organization received a grant that has provided two shower stalls and washer/dryer units at the Tuscaloosa thrift store location. Ms. Thompson-Jackson also said that many clients have mental health issues and while assistance is provided for the immediate need, there is a secondary need that is not being met.

Clients need additional information to take with them once their initial need has been met and they often need case management to help prevent the need from arising again.

Ms. Thompson-Jackson said it would be very beneficial for DCH Regional Medical Center and Northport Medical Center to provide volunteers from human resources, finance and media to assist TES with applying for additional grants and renewing existing grants. She also said it would be a great service for if both hospitals could be a resource for her clients, from a case management and social work perspective, after regular business hours – especially on the weekends.

Volunteers are always needed, and she suggested sending an email out to all DCH employees to enlist participation. TES currently partners with many organizations in the area including several University of Alabama sororities and students in the public relations program to provide efficient and effective programs to clients.

Rob Robertson, Probate Judge of Tuscaloosa County and Chairman of the Tuscaloosa County Commission

Judge Robertson confirmed that there is a big mental health crisis in Tuscaloosa and surrounding counties. He said there are not enough mental health beds available in the area and because of that, many patients suffering from a mental health crisis end up in the emergency department or jail which is often inappropriate and ineffective. He also stated that juvenile mental health services are needed. He explained that the socio-economic status of many families in the area creates an unhealthy environment leading to bad behaviors in these adolescents.

Factors related to COVID-19 including school shutdowns also contributed to an increase in crime, substance abuse, depression and anxiety for many young people. As a result, more and more adolescents are needing mental health services and are unable to get them.

Brewer Porch, a school serving children and teenagers with psychiatric, behavioral and emotional problems, operated by the University of Alabama, has inpatient and 14 outpatient treatment programs to address the many needs identified in the area; however, the school serves children from all over Alabama and there are not enough beds available.

He also noted that there is a large waiting list of 52-54 individuals that have been committed through the court system to Bryce Hospital, but there are no available beds. North Harbor Pavilion at Northport Medical Center is also full and has no available beds most of the time.

In addition, Judge Robertson stated that Tuscaloosa County is served by one ambulance company. In addition, the Tuscaloosa County governing body has purchased one ambulance and plans to buy another. There are many people who use 911 for general health care. This ties up ambulances for minor health problems, and as such, they are unavailable when a true emergency occurs.

He also stated that long wait times at the hospital emergency departments keeps ambulances out of service for long periods of time. One final issue he identified was the mass discharge from the hospitals at the same time during the afternoon. He said there are not enough ambulances to cover all the discharged patients. He recommended that discharges at the hospital be staggered to better accommodate patient transfers.

Mark Sullivan, Executive Vice-President of Bryant Bank

Mr. Sullivan is a member of the Tuscaloosa Chamber of Commerce and is actively involved in the business community in Tuscaloosa County. He opined that the community perception of DCH Regional Medical Center needs improvement. While he is very supportive, he believes the DCH Health System should be more offensive and proactive in marketing efforts designed to educate and promote the services provided by the hospitals.

He said this was especially true as it relates to cardiac care and oncology services. In particular, he noted that many friends were going to larger hospitals in other cities for those services, and to protect the viability of the hospitals, those patients needed to stay in Tuscaloosa. He said the DCH Health System has been very successful in recruiting new physicians and that information should be more effectively communicated to the public. He acknowledged the nursing shortage and the costliness of traveling nurses suggesting that perhaps the DCH Health System should provide a more robust offer/benefit package.

Linda Forte, PhD and Retired Nurse Educator at Stillman College in Tuscaloosa, Alabama

Dr. Forte is the former Director of the Nursing Program at Stillman College. She is a native of Pickens County, serves on multiple boards in West Alabama and has extensive health care knowledge and experience. Currently, Dr. Forte is a board member of the Tombigbee Resource Council and Development Office which promotes conservation and the use of natural resources to improve quality of life for the communities served.

The Council serves an 8-county area including Bibb, Tuscaloosa, Hale, Green Sumter, Pickens, Lamar, and Fayette. The council has received multiple grants which will fund multiple projects throughout the service area in 2022 to improve education, safety, health care, and technology. Dr. Forte stated that through her experience in West Alabama, she continues to see access to care as a major barrier in the rural areas. Several hospitals in rural areas have closed leaving many individuals and families in these rural areas without access to basic primary care. While some towns in West Alabama have primary care clinics, others do not and because transportation is often a barrier, many do not receive any health care at all resulting in high-risk behaviors and poor health outcomes which is supported by health data submitted with this report. Dr. Forte also noted that mental health is an identified health need throughout West Alabama in seniors, and adolescents.

Pickens County Hospital closed its geriatric psychiatric unit and as a result, there are very few geriatric psychiatric services in West Alabama. She also said that as a result of school shutdowns during the COVID-19 pandemic, there was an acceleration of mental health issues among children. Many children in the area did not have their food needs met because they could not attend school.

She also said many families in rural West Alabama did not have internet access and students were unable to complete their classroom study material resulting in failing grades. Dr. Forte said she hopes the DCH Health System will consider additional inpatient psychiatric beds at North Harbor Pavilion, continue the partnership with Maude Whatley to visit homeless tent cities in Tuscaloosa, and continue to contribute funding to the local non-profit organizations in West Alabama that provide essential services to the rural communities in West Alabama.

Cynthia Burton – CEO of Community Service Program and the Chairman of Maude Whatley Board of Directors

David Gay – CEO of Whatley Health Services, DCH Health System Board member, Pastor of Beulah Baptist Church, and former Director of Bryce Hospital and Taylor Hardin Mental Health Facility

As required by the Affordable Care Act, DCH Regional Medical Center and Northport Medical Center must take into account input from those individuals or groups representing the medically

underserved, low-income and minority populations. The organizations represented by Ms. Burton and Mr. Gay provide a comprehensive array of services to the underserved, uninsured and minority populations throughout West Alabama.

DCH Regional Medical Center and Northport Medical Center have worked with each of these organizations for many years to ensure their clients receive high-quality, appropriate and timely care. Community Service Programs of West Alabama is a private, nonprofit, community action agency that provides education services, housing services and support services to include meal delivery, elderly assistance, energy assistance and case management to low-income and vulnerable populations in a 10-county area in West Alabama. The goal of this agency is to create self-sufficiency and better quality of life for those in the communities served.

Whatley Health Services is a private, nonprofit, community health center that provides primary health care and dental care in multiple locations throughout West Alabama. Medical services include internal, family, pediatric and adolescent care, mental health care, Women's Infants & Children (WIC), chiropractic care, HIV/AIDS care, prenatal care, dental care, ENT services, pharmacy services and laboratory services.

Mr. Gay, the CEO of Whatley Health Services, has more than 30 years of experience in the mental health arena. Through his church ministry, he has identified multiple issues of health, stating that although the DCH Health System and its hospitals have worked tirelessly to address the identified issues, they are still prevalent in the community. Issues of health identified by him included the lack of community resources, transportation, ramifications from the COVID-19 pandemic, affordable housing in the Tuscaloosa area, wait times in the emergency room, domestic violence, the homeless and the language barriers faced by the ever-growing Hispanic population.

Mr. Gay pointed out that public transportation system is terrible and that it is not a priority for the city. The buses stop running at 4 p.m. and do not run on the weekends. More money is needed to expand bus operations during the week and to provide some service over the weekend. Mr. Gay said that so many people need basic health care services that Whatley Health Services has extended its hours until later at night and on the weekends to accommodate individuals and families needing services. He also stated that it is too early to tell how the COVID pandemic affected adolescents. He said there has been an increase in suicide among children and many have fallen behind in school studies because they did not have the resources to complete schoolwork.

He also said many families did not seek out health care during the pandemic because they were told to stay home, and this has affected the overall health of these families. Mr. Gay also said there is not adequate affordable housing for low-income families in Tuscaloosa, in part, due to the lack of land available for development. This has resulted in an increase in homelessness in the area. Mr. Gay's organization has seen a big increase in the Hispanic population needing health care services. Language issues have been a problem, so Whatley Health Services has hired a bilingual employee and offers forms in English and Spanish to improve communication and relationships.

Ms. Burton stated that there are minimal primary care services in the rural areas and what is available is only open during certain hours of the day and very rarely on the weekend. For this reason, patients are using the emergency rooms at both hospitals for basic health care services. This is causing extremely long wait times in the emergency department. Ms. Burton expressed that the high rate of inflation is causing major health issues for low-income and uninsured families. People are being forced to choose between taking medications and eating, so there is a great deal of food insecurity for many in these vulnerable populations.

The cost of childcare is prohibitive for some and for this reason, many mothers and fathers are unable to work because they have no means to pay for childcare. She also stated that socialization in the elderly population is a major mental health issue.

Many of the older houses that low-income families live in are not accessible to those with walkers or wheelchairs, so these people become prisoners in their own homes resulting in depression and anxiety. Ms. Burton agreed with Mr. Gay that for the low-income and minority populations, there is a great lack of resources which she said contributes to poverty. They also agreed that domestic violence increased exponentially during the COVID epidemic.

People lost their jobs, were locked in their homes, had little-to-no income, and all this created extreme stress which often resulted in domestic violence in the home. Resources need to be available to address this problem. Ms. Burton and Mr. Gay are actively working to increase education and awareness of their services in hopes of decreasing visits to the emergency room. It is their desire that DCH Regional Medical Center and Northport Medical Center staff also work to educate discharged patients on the services provided by these essential organizations.

Lynn Armour – Executive Director of the Good Samaritan Clinic in Northport Alabama

Ms. Armour is the Executive Director of the Good Samaritan Clinic, a nonprofit, free clinic which opened in 1999. The clinic is staffed by volunteer physicians, pharmacists, dentists, nurses, counselors and others who provide primary health and dental health care to more than 350 uninsured and underinsured adults aged 19-64. All patients must have a household income at or below 200 percent of the federal poverty level and must live in Tuscaloosa, Greene, Pickens, Hale, Bibb, Fayette or Sumter counties. The Good Samaritan Clinic is the only free clinic in the seven-county area.

The clinic operates on funding provided by churches, individuals, United Way, corporate donors, and fundraising. Ms. Armour stated that transportation is one of the biggest issues facing many of these patients. While many of the local churches provide $10 gas cards, many of the patients are unaware that the cards are available. Ms. Armour also stated that many patients are unfamiliar with the services the clinic provides and, as a result, go to the emergency room at DCH Regional Medical Center or Northport Medical Center for basic primary health care or to get refills on medications to treat their chronic conditions.

She suggested that it would be helpful if both hospitals could distribute postcards, for example, to uninsured patients with information about the clinic. Ms. Armour explained that all patients must meet certain criteria in order to qualify for treatment and it is a humbling process. By reaching some of the patients that present at the emergency room, Ms. Armour feels it would improve access for many who will not seek care at all. She suggested meeting with case managers and emergency department nurses of both hospitals, and EMTs to improve recognition of the clinic and their services.

She also expressed the need for more support in the rural areas to distribute gas cards in the community enabling patients to get to the clinic. The Good Samaritan Clinic partners with organizations in the area to assist with clinical care and other important services. The University of Alabama's College of Community Health Sciences sends residents who volunteer their time to help with patient care. The Clinic also collaborates with Jeremiah's Garden, which is a community garden providing fresh, healthy food to those in need.

Dr. Richard Friend, MD – Dean of the University of Alabama College of Community Health Sciences

The College of Community Health Sciences was established at The University of Alabama in 1972 to solve the critical need for health care in rural Alabama. It was also designated as a regional campus of The University of Alabama at Birmingham to provide clinical training to medical students. More than 900 medical students have been trained in family medicine, internal medicine, pediatrics, obstetrics and gynecology, psychiatry, neurology and general surgery. The medical clinic provides health care from five locations in West Alabama and is the largest community practice in West Alabama

with more than 150,000 patient visits annually. In addition, the College operates the University of Alabama Student Health Center and Pharmacy, and the Brewer Porch Children's Center. The Institute for Rural Health Research, which conducts research focused on improving the quality of life for citizens in Alabama's rural counties is also located at the College. Dr. Friend stated that the College has one of the largest family medicine residencies in the country and it is his hope to continue to grow this residency program. Dr. Friend noted that patient satisfaction surveys completed by patients upon discharge showed dissatisfaction with the past hospitalist group that contracted with DCH Health System.

As a result, the System and board chose to make a change. Through the request for proposal (RFP) process, they decided to enter into an agreement with Capstone Health Services Foundation, an affiliate of the University Medical Center and IN Compass Health, a physician staffing and management company.

Through this agreement, a new hospitalist group began providing services at DCH Regional Medical Center and Northport Medical Center in the fall of 2021. Since this partnership began almost a year ago, patient satisfaction scores have improved. The LEAN Project, which was a pilot program started in one wing of the hospital, took a team approach to treatment. The team included a doctor, nurse, respiratory therapist and case manager. This was well-received by most patients.

Dr. Friend expressed the importance of the sustainability of the hospital, and in his opinion, providing excellent care was the key to keeping patients at the local hospitals instead of losing them to hospitals in bigger metropolitan areas. He expressed concerns that employing physicians had been extremely cost-prohibitive due to COVID-19 and he was uncertain as to when that trend would change. He compared it to employing traveling nurses and the costs associated with that process. Finally, Dr. Friend expressed the need for a psychiatry residency program to recruit more mental health professionals to the area. He said there was an immediate need for more mental health services and physicians to provide care for adolescents in West Alabama.

Bobby Herndon – Mayor of the city of Northport, Alabama

Mr. Herndon serves as the Mayor of Northport and, as a governmental leader, understands many of the health issues facing the citizens of his community, especially as it relates to law enforcement, the fire department and EMT providers. Mr. Herndon expressed concern about the wait times in the emergency department of the hospital. He said ambulance drivers and fire medics were having to sit and wait for hours to get patients into the hospital, potentially taking valuable time away from other emergencies.

He recognized the staff shortage crisis and said Northport Medical Center had created a "discharge lounge" so that it would make more space available, but he sees the need for faster admit and discharge policies. Mr. Herndon also expressed the need for more discipline in the home. During the COVID-19 pandemic, children and teenagers were forced to stay at home and this created an increase in gang activity and ultimately gun violence and drug abuse. He said the violence in Tuscaloosa County is growing and many people are moving out of the city to safer locations in more rural areas of the county.

Chris Cox, PhD, Interim President and Jonathan Koh, PhD, Dean of Workforce and Economic Development – Shelton State Community College

Dr. Cox and Dr. Koh are excellent representatives from the education arena. Shelton State Community College is a two-year college located in Tuscaloosa and is one of the largest community colleges in the state. More than 7,000 students are enrolled in some type of coursework and students of varying ages and ethnicities attend the school. Dr. Cox and Dr. Koh both agreed that there was a great need in the community for additional nurses. Although Shelton State has associate nursing, practical nursing and nursing assistant/home health aide programs,

they plan to update and grow the program even more. A suggestion was made to partner with The University of Alabama and the DCH Health System to expand the program. In addition, both men agreed that diabetes, obesity and overall nutritional health was an issue for many of the students at the school.

It was suggested that Shelton State reach out to the DCH Diabetes and Nutrition Education Center to collaborate in health fairs, the school's annual Diabetes Walk and to provide education to students in the classroom.

Finally, Dr. Cox and Dr. Koh opined that mental health was a major issue affecting many of their students. Dr. Koh and his staff conducted a mental health survey in 2021 during the COVID-19 pandemic which showed that many of the students who responded had mental health issues including depression, anxiety, stress and suicidal tendencies. Many of the students come from high poverty areas and are single parents which compounds those problems.

It is the hope of Dr. Cox and Dr. Koh that the Alabama Mental Health Department's crisis diversion center will become a safe haven for their students as opposed to arrests or treatment in the emergency room when a crisis occurs.

Rasheda Workman, Vice President for Strategic Initiatives – Stillman College; Executive Director of the Stillman Foundation

In addition to her duties as VP for Strategic Initiatives and Executive Director of the Stillman Foundation, Ms. Workman is also the liaison between the Board of Directors and the College. Her office is instrumental in applying for and receiving federal grant funds to assist communities in West Alabama's Black Belt to build health care networks. Her office oversees career services, governmental relations, corporate affairs, workforce development, community relations and the school's foundation. She is also a member of Blackbelt Roots which is a grassroots coalition whose purpose is to raise awareness of the social, economic, health challenges and best practices in 12 counties in West Alabama.

Ms. Workman said that the most pressing issues of health she identified were access to care and the comorbidities facing many in the Black Belt. She stated that individuals and families in West Alabama, especially in the rural areas, are simply unaware of many of the resources available to them and, as such, lead unhealthy lifestyles and do not seek preventive care. She also noted that recruiting physicians is very difficult in rural communities; therefore, specialty care is unavailable. Ms. Workman also stated that transportation is a major issue of health for many in West Alabama resulting in poor health outcomes that lead to the major causes of death in all counties.

Randy Phillips, Executive Director of Indian Rivers Behavioral Health Center

Indian Rivers Behavioral Health is a nonprofit organization established more than 50 years ago that provides adult, child and family services to diagnose and treat mental illness, substance abuse, and intellectual disabilities. Indian Rivers serves residents of Bibb, Pickens and Tuscaloosa counties. In 2020, more than 120,000 services were provided to more than 4,400 individuals.

Mr. Phillips identified mental health in adolescents as a major health issue and suggested the COVID-19 pandemic was a primary contributor to that problem. He also said transportation was an issue that prevented access to mental health services. To help mitigate this problem, Indian Rivers offers the Journey Program which is a collaboration between Indian Rivers and the Tuscaloosa City School system providing therapeutic services to students experiencing emotional and behavioral problems.

This program provides treatment by therapists to children at school with the intent of improving access, reducing the stigma of being treated at a mental health facility and educating students and their families on mental health issues to decrease

the rate of crisis situations. He also said the use of telemedicine was very important in creating better access to care, especially in rural areas. Mr. Phillips stated there was a tremendous need for additional inpatient mental health beds in West Alabama. He said more than half of the population at Bryce Mental Hospital are committed by the court system as "not guilty by reason of insanity."

He also said there were no available beds at Taylor Hardin Mental Facility creating a massive backlog of patients waiting for a mental health bed. Because of the lack of available beds, many patients end up in jail or the emergency department when a crisis occurs.

Tuscaloosa County has been declared a "Stepping Up" community. The Stepping Up Program is a national initiative that creates a collaboration of local community agencies and individuals whose purpose is to develop policies, procedures and services to reduce the incidence of mental health events that result in arrests and visits to the hospital emergency departments.

The intent is to identify those patients needing intensive mental health therapy and to be proactive in making timely referrals for treatment for those patients. Mr. Phillips said he would like to see a collaborative team created with the leadership of local organizations to conduct a "gap analysis" to identify what is missing in the community as it relates to services and define the next step to address those gaps.

The DCH Health System and University of Alabama College of Community Health Services Disparities Committee

This committee is comprised of individuals in the DCH Health System and the College of Community Health Services at The University of Alabama whose purpose is to improve the physical and mental health of residents in West Alabama by achieving health equity in the communities served by eliminating racial, cultural, sexual and gender-based disparities. Five members of the committee spoke to issues of health in the communities.

Dr. Anne Halli identified access to care as an issue. She noted that transportation is unavailable for many and prohibits vital access to medical services. She also stated that during the pandemic, residents of the community stayed home, and many did not have access to broadband creating an even greater need for improved access.

Dr. Jane Weida identified transportation as a major barrier to health services. She also said that due to the rising cost of food, many patients could not afford healthy food. She stated that in the town of Carrollton, located in Pickens County, Alabama, there is no grocery store. Dr. Weida also said that many of the uninsured in West Alabama could not afford medications or basic primary care which leads to multiple health issues including diabetes, obesity and high blood pressure. Dr. Bob McKinney noted that there was a lack of services for African American women which resulted in a higher than normal maternal and infant death rates in the community.

Ms. Kirsten Henry stated that due to the lack of K-12 educational resources in rural areas this leads to increased levels of unemployment. Illiteracy is also a factor as it presents significant challenges to acquiring the types of jobs that will improve access to care, increase quality of life, and greater access to enhanced educational opportunities. She also stated that food insecurity was a major concern in the rural areas. Finally, Dr. Wendi Parminter reported that many patients did not have access to resources, and because of that, did not seek follow-up care upon discharge from the hospitals. She suggested this resulted in inadequate care for cardiac patients as well as other patients with multiple comorbidities. She stated that the goal of both hospitals is to improve patient education before they are discharged from the hospitals.

Tuscaloosa Fire and Rescue

Five members of the Tuscaloosa Fire and Rescue team met with facilitator Stephanie Craft and DCH Health System Director of Community Relations, Sammy Watson. Tuscaloosa Fire and Rescue has 11 stations and more than 250 firefighters providing

fire prevention, firefighting, emergency medical care, water rescue, technical rescue, hazardous materials mitigation, code enforcement, disaster response, public education, and community service.

Chris Williamson – Deputy Chief of Operations, Chris Holloway – EMS Chief, and Brianna Jones, Lauren Ramsey, and Emma Simms – also with the EMS prevention program, offered their opinions on the major issues of health facing those in the Tuscaloosa community. Mr. Holloway began by addressing the numerous 911 calls received by Tuscaloosa Fire and Rescue. He said that most of those calls were non-emergent and occurred because individuals did not have transportation or because they did not have adequate follow-up from past trips to the emergency room. These people are considered "frequent flyers" who consume valuable resources and time, often impeding responses to true emergencies for the Fire and Rescue team.

Mr. Holloway and his team suggested the 911 calls are not often medical emergencies, but instead result from social needs. He suggested a collaborative effort between Tuscaloosa Fire and Rescue and the DCH Regional Medical Center and Northport Medical Center social workers to identify the "hot spotters," visit them regularly to assess the situation, and decrease the 911 calls. The team also identified mental health as a major issue in the area. They stated that 80 percent of the 30-50 frequent flyers they respond to have a mental health issue. Loneliness is the predominant reason. Mr. Holloway suggested establishing a support group for these people, similar to what the local church organizations offer to reduce the need for these individuals to make 911 calls.

The team also said chronic heart failure is another major issue of health. The team suggested DCH Foundation provide approximately 50 free echocardiograms each year which would help identify those at risk and possibly prevent a major cardiovascular event. The EMS staff also stated the need for improved education for community residents. They plan to continue to use social media for this and hope to start a You Tube channel in the near future with weekly education segments.

Col. Lee Busby – Member of the Tuscaloosa City Council, Retired Marine Infantry Officer

Col. Busby discussed the issues that are presented to the City Council at their meetings. He said there were concerns among residents in the community that paying customers (those with insurance) went to other hospitals outside of the Tuscaloosa area for some services and that only the non-paying customers were going to the DCH Health System hospitals. He said the City Council wants to address this issue. He also said the Healthgrades rating system, which rates the hospitals on their services is alarming to members of the Council. He wants to resume luncheons between the Council and the leadership of the DCH Health System to keep the Council informed and to present a long-term vision for the hospitals. He feels this would eliminate anxiety among Council members and would be beneficial as it relates to communication between the Council and the DCH Health System. Col. Busby also stated that substance abuse, gun violence and crime throughout the community were major issues of health.

Beth Goodall, RN – Director of Infectious Diseases for the DCH Health System

Ms. Goodall's department is responsible for the public reporting of all infections throughout the DCH Health System. The infectious disease department was responsible for COVID-19 testing and vaccinations throughout the pandemic. She said that the drive-through testing provided by DCH Regional Medical Center was extremely efficient and was positively received throughout the community. She stated also that the department administered more than 70,000 vaccines during the COVID pandemic.

Ms. Goodall cited several issues of health facing the community including nursing staff shortages, long wait times in the emergency departments of both hospitals, and the need for better community relations. She suggested Shelton State Community College expand their existing nursing program and bring back LPNs as part of the nursing team in the hospital settings. In addition, she said that the emergency departments are landlocked as they

exist now and cannot be expanded. To compensate for that, she suggested the DCH Health System consider a free-standing emergency department to add additional emergency coverage. She also said that since wait times were long, a patient advocate positioned in the emergency rooms would be beneficial to improve communication and coordination for patients.

Ashley Adcox – The Aging Services Director of the Area Agency on Aging of West Alabama

The West Alabama Area Agency on Aging has provided services to older persons and their families and the disabled for more than 40 years. The Agency serves more than 830 clients in Bibb, Fayette, Greene, Hale, Lamar, Pickens and Tuscaloosa Counties with their programs, and their resources are designed to assist the elderly in maintaining their independence safely and efficiently for as long as possible.

Qualifying adults can receive advice on health insurance, legal counseling, home delivered meals, help with household chores, discounted prescription medications, placement in part-time jobs, health promotion classes, long-term care services, housing and many other services. Ms. Adcox expressed concerns that there was a lack of dental and vision insurance coverage for many older adults and the Agency program does not provide this benefit. She also said transportation was a major issue of health and prevented many of the elderly from receiving the medical care they need.

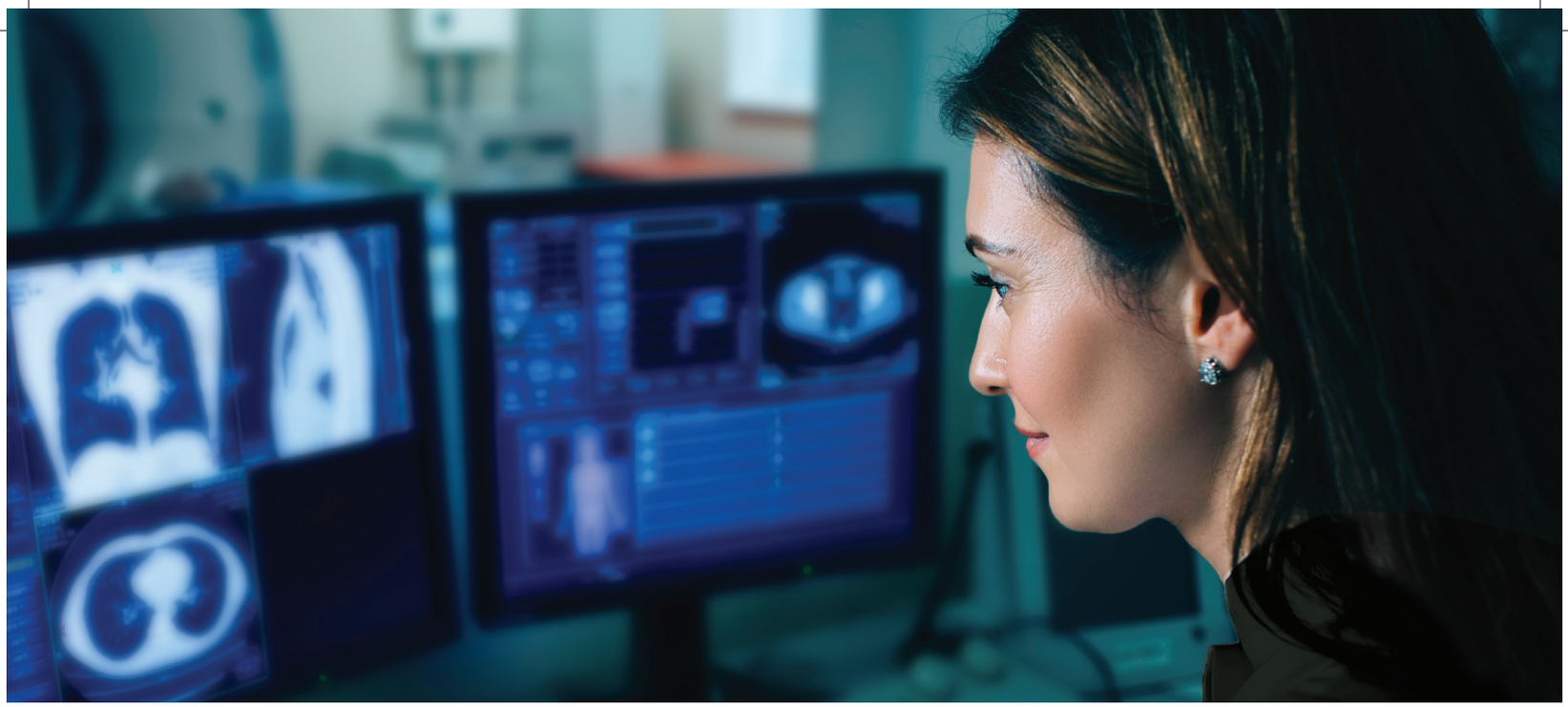
Shanna McIntosh – VitAL Director at the University of Alabama School of Social Work

Ms. McIntosh holds a master's degree in counseling and psychology and has more than 10 years experience as a substance use treatment director. As VitAL Director, she oversees several grants that fund the VitAL program. She is an advisor to the board for the Parent Resource Institute of Drug Education of Tuscaloosa and the Tuscaloosa Mental Health Alliance and is the co-founder of the West Alabama Recover Coalition. The VitAL program is a research, implementation and training initiative that focuses on behavioral projects that focus on treatment, prevention and recovery of substance abuse with the goal of creating greater access to appropriate and effective care for those affected by mental health.

The program is a strategic plan to work within local communities and it touches all 67 counties in Alabama. Ms. McIntosh said that in many counties in Alabama, health care is fractured, which is a problem for those needing more integrated care. Ms. McIntosh said that care should include primary care, emotional care and behavioral care creating a more seamless system to address the "whole" of an individual to improve outcomes.

Ms. McIntosh also suggested DCH Regional Medical Center reconsider implementation of the SBIRT Program. *SBIRT* is screening, brief intervention and referral to treatment for mental health patients. She believes this should be the standard of care for treating mental health in Alabama and would be most beneficial at DCH Regional Medical Center since Northport Medical Center has North Harbor Pavilion where staff is currently trained and has begun implementation of the SBIRT treatment plan. This would allow for a universal screening approach, more appropriate referrals, more efficiency in the emergency department and ultimately, better outcomes for patients.

Ms. McIntosh is currently working with the State of Alabama Medicaid program to make changes to the current billing system for pregnant women to allow for a more integrated care system. Ms. McIntosh suggested that Tuscaloosa is the mental health "mecca" and there is a constant influx of individuals needing mental health care. She suggested a robust "boots on the ground" group to educate everyone in the community on the SBIRT program. She also suggested collaboration with first responders on training of this program. And finally, she suggested additional participation from DCH Health System in prevention and treatment of patients suffering from opioid abuse.



Cynthia Lee Almond – Alabama House of Representatives member serving District 63

Ms. Almond, a Tuscaloosa native, is an attorney and has been active in the Tuscaloosa community for many years. She served on the Tuscaloosa City Council for 16 years and was the Council's president during her last term. She now represents the Tuscaloosa area as a member of the Alabama Legislature, representing House District 63.

She has also served on many local boards in the area including the West Alabama Regional Commission, First National Bank of Central Alabama, the Capstone Health Services Foundation and the Tuscaloosa Tourism and Sport Commission. Ms. Almond opined that health education, especially with children, is much needed in the community. She noted poor food choices and lack of exercise was compounding the obesity, diabetes and overall poor health issues facing citizens in the community. Ms. Almond also stated the nursing staff shortage as a major concern. She suggested the need for growing the nursing pool and creating a more stable workforce to avoid the high cost of hiring traveling nurses to fill the gap. Ms. Almond also expressed a concern over access to care facing many in the community – especially in the rural areas. She said the continued use of telemedicine was crucial for greater access. Since enhanced broadband access legislation was passed in the most recent legislative session, she sees greater availability to internet access for many in the rural areas and as such, telemedicine may become a more common and accepted method of providing care.

Finally, Ms. Almond suggested the need for the hospital to prepare for the health care challenges certain to come in the near future. She acknowledged it is a great responsibility for the hospitals to serve their community while building a successful business model and also noted that managing community perceptions created through social media and addressing community expectations is difficult. Ms. Almond appreciates the relationship she has enjoyed over the years with DCH Health System, the Board of Directors, and Administration, and is confident the System will continue to provide life-saving services to citizens in the communities served by DCH Regional Medical Center and Northport Medical Center.

3. RELEVANT HEALTH CARE 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.

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:

1. Mental Health/Action Plans:

- ✔ Explore expanding the inpatient bed capacity, specifically for adolescents, of North Harbor Pavilion to provide mental health services
- ✔ 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
- ✔ Continue to provide monetary support for advocacy in the community
- ✔ Implement the FBI's crisis negotiation program at North Harbor
- ✔ 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
- ✔ 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
- ✔ 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.
- ✔ Resume implementation of the "Talks Saves Lives" program, which speaks to the prevention of suicide in the local school systems
- ✔ 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
- ✔ Continue to recruit behavioral clinicians as the seven-county area is considered to be a mental health professional shortage area
- ✔ Expand telepsychiatry in West Alabama
- ✔ Continue the use of marketing and social media for mental health issues
- ✔ 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

2. Access to Care/Action Plans:

- ✔ Continue and expand free screenings and health fairs in the community
- ✔ 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

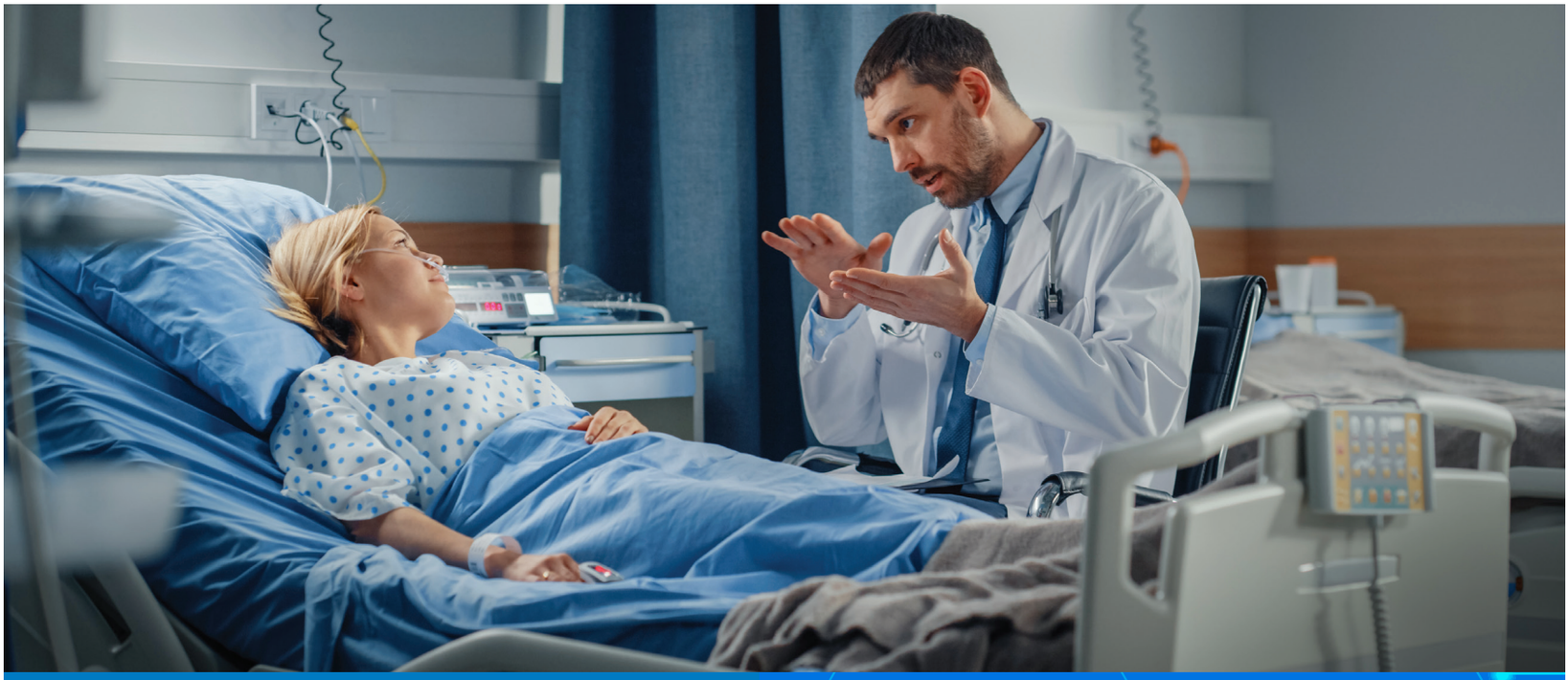
- ✔ Consider partnership with Five Horizons Health Services to provide a mobile clinic and laboratory services to ensure timely lab results for patients who may have been exposed to sexually transmitted diseases
- ✔ Provide additional resources to those in the community by launching "lunch and learn" programs for the DCH staff to learn about the services provided by other organizations and agencies in the area.
- ✔ Consider expansion of emergency services in the service area of DCH Regional Medical Center and Northport Medical Center through a free-standing emergency department
- ✔ Continue to recruit clinical staff and physicians to the area to ensure adequate clinical coverage for services provided
- ✔ Enlist DCH Health System employees to volunteer to assist other organizations in the area who provide services to those in need
- ✔ Continue marketing campaigns that educate the community on the resources available in the community
- ✔ Continue monetary support to other organizations in the area that provide valuable resources to the community
- ✔ 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

3. Contributing Factors that Result in the Leading Causes of Death/Action Plans:

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.

- ✔ Continue the Lewis and Faye Manderson Cancer Center's sponsorship of local events as well as free health fairs and screenings for cancer
- ✔ Continue the *We Give* campaign which is employee contributions to DCH
- ✔ Continue DCH Regional Medical Center's participations in sponsorship of local events including the American Heart Association's annual fund drive
- ✔ Continue DCH employee contributions to the United Way of West Alabama's 27 member agencies, many of which serve the medically underserved, minority and uninsured population
- ✔ Continue the DCH Health System smoke-free campus policy
- ✔ 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
- ✔ 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
- ✔ Continue marketing campaigns that educate the community on the resources available in the community
- ✔ Implement medical nutrition therapy coverage on the DCH employee health insurance plan
- ✔ 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
- ✔ Expand the DCH Diabetes and Nutrition Education Center facility
- ✔ DCH employees volunteer with other organizations providing services to the needy in the form of assistance and 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 Health System partner with the Tuscaloosa Fire and Rescue to provide a social worker and other pertinent staff to improve follow-up with their 911 patients and improve communication between both organizations by participating in a monthly meeting to discuss concerns of that population and how to address those concerns
- ✔ Continue marketing campaigns using radio shows and other media to educate the public on various topics including disease management and other issues that affect overall health



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 the factors that contribute to the leading causes of death in each county served because 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 2025.

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 for treatment, other resources are available to assist the most vulnerable populations. Those resources include, but are not limited to the following:

- Alabama Medicaid
- The Alabama Department of Mental Health
- The Alabama Department of Public Health
- The Alabama Department of Senior Services
- The Alabama Department of Human Resources
- The Alabama Cooperative Extension Services
- Alabama Department of Rehabilitation Services
- The Alabama Rural Health Association
- The American Red Cross – disaster relief, services to military, CPR/First Aid/Safety classes
- The Area Agency on Aging of West Alabama – provides services to the elderly
- The Alabama Head Injury Foundation – serves those disabled by brain or spinal cord injury
- The Arc of Tuscaloosa – job skills training and placement for adults aged 21 and older
- Arts 'n Autism – provides autism services to children
- Big Brothers Big Sisters – volunteers providing one-on-one help to at-risk children

- Boy Scouts of America – Black Warrior Council – fitness and leadership opportunities for young men
- Boys & Girls Club of West Alabama – education, recreation and leadership programs for children and youth
- Bradford Health Services – clinical dependency treatment programs
- Caring Days Adult Day Care – day care for adults with Alzheimer's, Parkinson's, and other forms of dementia
- Catholic Social Services of West Alabama – multiple services for impoverished families
- Child Abuse Prevention Services – prevention and self-help services
- Community Service Programs of West Alabama – agency dedicated to improving quality of life for low-income and vulnerable populations
- Community Soup Bowl – food assistance
- Easter Seals of West Alabama – assistance to children and adults with physical handicaps
- Emergency Management County offices – disaster preparedness
- Family Counseling Services – individual and family counseling
- FOCUS on Senior Citizens – senior programs
- Girl Scouts of North-Central Alabama – educations and recreational programs for girls
- Good Samaritan Clinic – primary and dental health care to the uninsured with incomes at or below 200 percent of the federal poverty level
- Habitat for Humanity of Tuscaloosa – builds homes and provides furniture at discounted prices
- Health InfoNet of Alabama – consumer health information
- Hospice of West Alabama – health care support
- Indian Rivers Behavioral Health – mental health facility
- Love, Inc – local churches helping people
- 211/Information and Referral Services – linking clients to available resources
- Maude Whatley Health Center – primary and mental health care to medically underserved residents
- Phoenix House – halfway house for drug and alcohol dependent men and women
- Police Athletic League of Tuscaloosa – juvenile crime prevention program
- Safe Center of Tuscaloosa – free-standing forensics center for victims of sexual assault
- Salvation Army – emergency food and lodging
- Shelton State Ready to Work Program – workplace development
- The Sickle Cell Disease Association of America – services for those inflicted with Sickle Cell disease
- Tuscaloosa Mental Health Alliance – mental health services, support and outreach
- Success by Six – prepares at-risk four-year-olds for kindergarten
- Temporary Emergency Services – help for those needing food, clothing and emergency medicine
- Turning Point – women's and children's safehouse
- Tuscaloosa Fire and Rescue – services to protect life and property
- Tuscaloosa's One Place – a family resource center
- The United Way – creates partnerships with other service agencies to improve education, income levels and health in the community
- The University of Alabama Lift program – free job skills training and tutoring
- Tuscaloosa Chapter 1 Disabled Veteran Americans – advocacy for disabled American Veterans and their families

LICENSED HEALTH CARE FACILITIES SERVING THE COMMUNITY

County	Type of Facility	Facility
Bibb	Home Health Agency	CV Home Health of Bibb County
	Hospital	Bibb Medical Center
	Independent Clinical Laboratory	Bibb Medical Center Laboratory
	Nursing Home	Bibb Medical Center Nursing Home
	Rural Health Clinics	Bibb Medical Associates
Fayette	Assisted Living Facility	Morningview Estates
	End Stage Renal Disease Treatment Center	Fayette Dialysis
	Home Health Agency	Fayette Medical Center HomeCare
	Hospital	Fayette Medical Center
	Independent Clinical Laboratory	Fayette Medical Center Laboratory
	Nursing Home	Fayette Medical Center Long Term Care Unit
	Rural Health Clinic	Fayette Medical Center
Greene	End Stage Renal Disease Treatment Center	Greene County Dialysis
	Home Health Agency	Alabama HomeCare
	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

County	Type of Facility	Facility
Hale	Community Mental Health Center	West Al Mental Health Center – Hale County
	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 Moundville Health and Rehab, LLC
	Rural Health Clinic	Hale County Hospital Clinic Moundville Medical Associates
Lamar	Community Mental Health Center	Northwest Alabama Mental Health Center
	Home Health Agencies	Lamar County Home Care Encompass Health Home Health
	Nursing Home	Generations of Vernon, LLC
	Rural Health Clinics	Millport Family Practice Clinic Sulligent Medical Clinic Fayette Medical Clinic Millport
Pickens	End Stage Renal Disease Treatment Center	Pickens County Dialysis
	Federally Qualified Health Center	Aliceville Family Practice
	Home Health Agencies	Amedisys Home Health of Reform Encompass Health Home Health
	Nursing Homes	Aliceville Manor Nursing Home Arbor Woods Health and Rehab
	Rural Health Clinic	Carrollton Primary Care

LICENSED HEALTH CARE FACILITIES SERVING THE COMMUNITY (Cont.)

County	Type of Facility	Facility
Tuscaloosa	Ambulatory Surgical Centers	North River Surgical Center Tuscaloosa Endoscopy Center Tuscaloosa Surgical Center Vision Correction Center
	Assisted Living Facilities	Crimson Village Hallmark Manor Hamrick Highlands Assisted Living Heritage Residential Care Village – Bldg #2 Martinview Assisted Living – West North River Village, LLC Pine Valley Regency Retirement Village of Tuscaloosa
	Assisted Living Facilities – Specialty Care	Morning Pointe of Tuscaloosa Specialty Pathways Memory Care of Tuscaloosa The Tides at Crimson Village Traditions Way
	End State Renal Disease Treatment Centers	DaVita Tuscaloosa Dialysis DaVita Crimson Dialysis DaVita Tuscaloosa University Dialysis RRC Northridge Northport Dialysis
	Federally Qualified Health Centers	Crescent East Health Care West Tuscaloosa Health Center Whatley Health Services, Inc. DCH Home Health Care Agency
	Home Health Agencies	Amedisys Home Health of Tuscaloosa DCH Home Health Care Agency Tuscaloosa County Home Care
	Hospices	Alabama Hospice Care of Tuscaloosa Amedisys Hospice of Tuscaloosa Comfort Care Hospice of Tuscaloosa Hospice of West Alabama Hospice of West Alabama, Inc. – Homecare SouthernCare New Beacon Tuscaloosa Oasis Health care — Tuscaloosa ProHealth Hospice – Tuscaloosa

County	Type of Facility	Facility
Tuscaloosa	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 Laboratory Corporation of America Maude L. Whatley Health Center PCR-DX, LLC Quest Diagnostics – Tuscaloosa The Radiology Clinic Southern Blood Services Talecris Plasma Resources, Inc. 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	Brewer-Porch Children's Center
	Rehabilitation Centers	Champion Sport Medicine & Rehab Center Restore Therapy Services-Outpatient Tuscaloosa Rehabilitation & Hand Center, Inc. Champion Sport Medicine & Rehab Center Easter Seals West Alabama
	Sleep Disorder Center	Northport Medical Center Sleep Lab

TUSCALOOSA 2019 HEALTH PROFILE

SUMMARY

Total Population		209,355
Births		2,630
Deaths		1,739
Median Age		33.8
Life Expectancy at Birth		77.0
Total Fertility Rate per 1,000 Females Aged 10-49		1,540.0
Marriages Issued	Number	1,226
	Rate*	—
Divorces Granted	Number	699
	Rate*	—

*Rates per 1,000 population.

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	**Rate**	**Number**	**Rate**
Estimated Pregnancies	3,836	77.7	289	19.8
Births	2,630	12.6	185	12.6
Induced Terminations of Pregnancy	618	12.5	61	4.2
Estimated Total Fetal Losses	588	—	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	2,630	1	39	145	2,445
Rate	12.6	0.2	7.4	41.3	52.0
White	1,395	0	16	70	1,309
Rate	10.4	0.0	4.8	31.3	46.7
Black and Other	1,235	1	23	75	1,136
Rate	16.5	0.4	12.0	58.7	59.9

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	1,337	50.9	160	86.5
Low Weight Births	288	11.0	20	10.8
Multiple Births	96	3.7	6	3.2
Medicaid Births	1,199	45.6	136	73.5

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	29	12	17	0	0	0
Rate per 1,000 Births	11.0	8.6	13.8	0.0	0.0	0.0
Postneonatal Deaths	9	3	6	0	0	0
Rate per 1,000 Births	3.4	2.2	4.9	0.0	0.0	0.0
Neonatal Deaths	20	9	11	0	0	0
Rate per 1,000 Births	7.6	6.5	8.9	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	209,355	100,780	108,575	134,441	66,468	67,973	74,914	34,312	40,602
0-4	12,532	6,427	6,105	7,143	3,681	3,462	5,389	2,746	2,643
5-9	12,364	6,250	6,114	7,049	3,568	3,481	5,315	2,682	2,633
10-14	11,951	6,098	5,853	6,843	3,465	3,378	5,108	2,633	2,475
15-44	96,501	47,141	49,360	60,256	30,527	29,729	36,245	16,614	19,631
45-64	47,218	22,429	24,789	31,623	15,717	15,906	15,595	6,712	8,883
65-84	25,611	11,447	14,164	19,054	8,715	10,339	6,557	2,732	3,825
85+	3,178	988	2,190	2,473	795	1,678	705	193	512

MORTALITY

	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	1,739	884	855	1,233	622	611	506	262	244
Rate per 1,000 Population	8.3	8.8	7.9	9.2	9.4	9.0	6.8	7.6	6.0

SELECTED CAUSES OF DEATH

	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	453	216.4	226	224.3	227	209.1	314	233.6	139	185.5
Cancer	316	150.9	171	169.7	145	133.5	204	151.7	112	149.5
Stroke	95	45.4	52	51.6	43	39.6	66	49.1	29	38.7
Accidents	90	43.0	65	64.5	25	23.0	69	51.3	21	28.0
CLRD*	95	45.4	53	52.6	42	38.7	77	57.3	18	24.0
Diabetes	20	9.6	11	10.9	9	8.3	14	10.4	6	8.0
Influenza and Pneumonia	39	18.6	17	16.9	22	20.3	26	19.3	13	17.4
Alzheimer's Disease	88	42.0	29	28.8	59	54.3	72	53.6	16	21.4
Suicide	27	12.9	23	22.8	4	3.7	22	16.4	5	6.7
Homicide	19	9.1	16	15.9	3	2.8	1	0.7	18	24.0
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	90	43.0	4	7.4
Motor Vehicle	32	15.3	3	5.6
Suffocation	2	1.0	0	0.0
Poisoning	26	12.4	0	0.0
Smoke, Fire and Flames	1	0.5	0	0.0
Falls	11	5.3	0	0.0
Drowning	4	1.9	0	0.0
Firearms	2	1.0	1	1.9
Other Accidents	12	—	0	—

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP

	Total	
Age Group	Number	Rate
Total	1,739	8.3
0–14	40	1.1
15–44	127	1.3
45–64	356	7.5
65–84	792	30.9
85+	424	133.4

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	316	150.9	171	169.7	145	133.5
Trachea, Bronchus, Lung, Pleura	87	41.6	57	56.6	30	27.6
Colorectal	26	12.4	11	10.9	15	13.8
Breast (female)	19	9.1	—	—	19	17.5
Prostate (male)	13	6.2	13	12.9	—	—
Pancreas	24	11.5	10	9.9	14	12.9
Leukemias	9	4.3	4	4.0	5	4.6
Non-Hodgkin's Lymphomas	9	4.3	5	5.0	4	3.7
Ovary (female)	4	1.9	—	—	4	3.7
Brain and Other Nervous System	4	1.9	2	2.0	2	1.8
Stomach	8	3.8	5	5.0	3	2.8
Uterus and Cervix (female)	10	4.8	—	—	10	9.2
Esophagus	7	3.3	5	5.0	2	1.8
Melanoma of Skin	3	1.4	2	2.0	1	0.9
Other	93	—	57	—	36	—

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 2019 HEALTH PROFILE

SUMMARY

Total Population		19,930
Births		187
Deaths		291
Median Age		42.2
Life Expectancy at Birth		74.3
Total Fertility Rate per 1,000 Females Aged 10-49		1,601.5
Marriages Issued	Number	101
	Rate*	—
Divorces Granted	Number	58
	Rate*	—

*Rates per 1,000 population.

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	**Rate**	**Number**	**Rate**
Estimated Pregnancies	272	77.7	20	19.1
Births	187	9.4	15	14.2
Induced Terminations of Pregnancy	43	12.3	2	1.9
Estimated Total Fetal Losses	42	—	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	187	0	6	9	172
Rate	9.4	0.0	18.5	41.7	47.3
White	94	0	1	4	89
Rate	8.1	0.0	5.9	35.3	45.6
Black and Other	93	0	5	5	83
Rate	11.1	0.0	32.4	48.6	49.3

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	118	63.1	13	86.7
Low Weight Births	21	11.2	0	0.0
Multiple Births	4	2.1	0	0.0
Medicaid Births	104	55.6	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	2	2	0	0	0	0
Rate per 1,000 Births	10.7	21.3	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	2	2	0	0	0	0
Rate per 1,000 Births	10.7	21.3	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	19,930	10,014	9,916	11,568	5,985	5,583	8,362	4,029	4,333
0-4	1,026	542	484	497	253	244	529	289	240
5-9	1,038	552	486	536	296	240	502	256	246
10-14	1,083	567	516	559	289	270	524	278	246
15-44	7,417	3,922	3,495	4,088	2,246	1,842	3,329	1,676	1,653
45-64	5,480	2,660	2,820	3,348	1,701	1,647	2,132	959	1,173
65-84	3,456	1,609	1,847	2,270	1,090	1,180	1,186	519	667
85+	430	162	268	270	110	160	160	52	108

MORTALITY

	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	291	158	133	195	108	87	96	50	46
Rate per 1,000 Population	14.6	15.8	13.4	16.9	18.0	15.6	11.5	12.4	10.6

SELECTED CAUSES OF DEATH

	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	81	406.4	42	419.4	39	393.3	57	492.7	24	287.0
Cancer	57	286.0	36	359.5	21	211.8	33	285.3	24	287.0
Stroke	16	80.3	9	89.9	7	70.6	11	95.1	5	59.8
Accidents	14	70.2	11	109.8	3	30.3	8	69.2	6	71.8
CLRD*	26	130.5	11	109.8	15	151.3	18	155.6	8	95.7
Diabetes	4	20.1	3	30.0	1	10.1	2	17.3	2	23.9
Influenza and Pneumonia	9	45.2	6	59.9	3	30.3	8	69.2	1	12.0
Alzheimer's Disease	11	55.2	4	39.9	7	70.6	10	86.4	1	12.0
Suicide	1	5.0	1	10.0	0	0.0	1	8.6	0	0.0
Homicide	2	10.0	2	20.0	0	0.0	1	8.6	1	12.0
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	14	70.2	0	0.0
Motor Vehicle	7	35.1	0	0.0
Suffocation	1	5.0	0	0.0
Poisoning	1	5.0	0	0.0
Smoke, Fire and Flames	0	0.0	0	0.0
Falls	2	10.0	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	291	14.6
0–14	3	1.0
15–44	11	1.5
45–64	59	10.8
65–84	144	41.7
85+	74	172.1

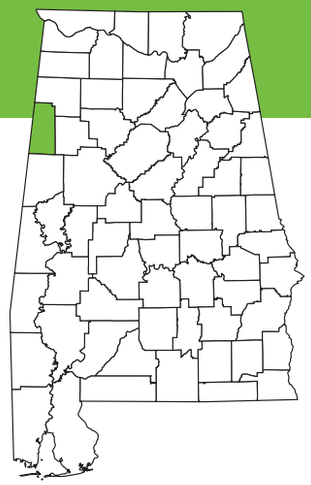
Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS

	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	57	286.0	36	359.5	21	211.8
Trachea, Bronchus, Lung, Pleura	14	70.2	10	99.9	4	40.3
Colorectal	5	25.1	4	39.9	1	10.1
Breast (female)	5	25.1	—	—	5	50.4
Prostate (male)	2	10.0	2	20.0	—	—
Pancreas	5	25.1	3	30.0	2	20.2
Leukemias	2	10.0	1	10.0	1	10.1
Non-Hodgkin's Lymphomas	2	10.0	2	20.0	0	0.0
Ovary (female)	3	15.1	—	—	3	30.3
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)	1	5.0	—	—	1	10.1
Esophagus	3	15.1	3	30.0	0	0.0
Melanoma of Skin	0	0.0	0	0.0	0	0.0
Other	15	—	11	—	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.



LAMAR 2019 HEALTH PROFILE

SUMMARY

Total Population		13,805
Births		122
Deaths		196
Median Age		44.6
Life Expectancy at Birth		75.1
Total Fertility Rate per 1,000 Females Aged 10-49		1,643.5
Marriages Issued	Number	81
	Rate*	—
Divorces Granted	Number	104
	Rate*	—

*Rates per 1,000 population.

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	**Rate**	**Number**	**Rate**
Estimated Pregnancies	155	67.9	14	17.9
Births	122	8.8	10	12.6
Induced Terminations of Pregnancy	8	3.5	2	2.5
Estimated Total Fetal Losses	25	—	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	122	0	0	10	112
Rate	8.8	0.0	0.0	66.5	47.5
White	110	0	0	10	100
Rate	9.1	0.0	0.0	77.6	48.8
Black and Other	12	0	0	0	12
Rate	7.0	0.0	0.0	0.0	38.6

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	54	44.3	8	80.0
Low Weight Births	7	5.7	1	10.0
Multiple Births	0	0.0	0	0.0
Medicaid Births	60	49.2	9	90.0

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	0	1	0	0	0
Rate per 1,000 Births	8.2	0.0	83.3	0.0	0.0	—
Postneonatal Deaths	1	0	1	0	0	0
Rate per 1,000 Births	8.2	0.0	83.3	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.

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	13,805	6,760	7,045	12,083	5,940	6,143	1,722	820	902
0-4	784	401	383	651	337	314	133	64	69
5-9	754	378	376	641	316	325	113	62	51
10-14	874	457	417	765	402	363	109	55	54
15-44	4,561	2,276	2,285	3,951	1,972	1,979	610	304	306
45-64	3,772	1,877	1,895	3,303	1,669	1,634	469	208	261
65-84	2,701	1,258	1,443	2,447	1,138	1,309	254	120	134
85+	359	113	246	325	106	219	34	7	27

MORTALITY

	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	196	92	104	182	86	96	14	6	8
Rate per 1,000 Population	14.2	13.6	14.8	15.1	14.5	15.6	8.1	7.3	8.9

SELECTED CAUSES OF DEATH

	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	48	347.7	25	369.8	23	326.5	47	389.0	1	58.1
Cancer	42	304.2	20	295.9	22	312.3	39	322.8	3	174.2
Stroke	11	79.7	3	44.4	8	113.6	10	82.8	1	58.1
Accidents	12	86.9	7	103.6	5	71.0	11	91.0	1	58.1
CLRD*	17	123.1	10	147.9	7	99.4	16	132.4	1	58.1
Diabetes	7	50.7	3	44.4	4	56.8	7	57.9	0	0.0
Influenza and Pneumonia	7	50.7	4	59.2	3	42.6	7	57.9	0	0.0
Alzheimer's Disease	6	43.5	1	14.8	5	71.0	5	41.4	1	58.1
Suicide	2	14.5	2	29.6	0	0.0	2	16.6	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	12	86.9	1	31.0
Motor Vehicle	6	43.5	0	0.0
Suffocation	1	7.2	0	0.0
Poisoning	0	0.0	0	0.0
Smoke, Fire and Flames	0	0.0	0	0.0
Falls	3	21.7	0	0.0
Drowning	0	0.0	0	0.0
Firearms	0	0.0	0	0.0
Other Accidents	2	—	1	—

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP

	Total	
Age Group	Number	Rate
Total	196	14.2
0–14	2	0.8
15–44	9	2.0
45–64	34	9.0
65–84	100	37.0
85+	51	142.1

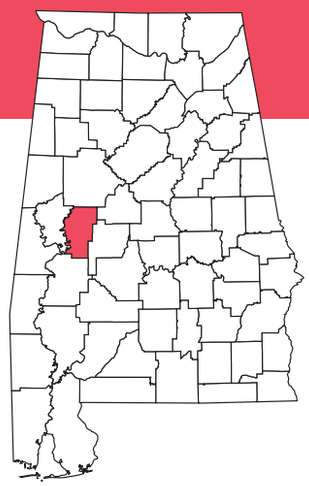
Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS

	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	42	304.2	20	295.9	22	312.3
Trachea, Bronchus, Lung, Pleura	8	58.0	3	44.4	5	71.0
Colorectal	5	36.2	4	59.2	1	14.2
Breast (female)	3	21.7	—	—	3	42.6
Prostate (male)	2	14.5	2	29.6	—	—
Pancreas	3	21.7	1	14.8	2	28.4
Leukemias	0	0.0	0	0.0	0	0.0
Non-Hodgkin's Lymphomas	2	14.5	1	14.8	1	14.2
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)	1	7.2	—	—	1	14.2
Esophagus	0	0.0	0	0.0	0	0.0
Melanoma of Skin	1	7.2	1	14.8	0	0.0
Other	17	—	8	—	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.



HALE 2019 HEALTH PROFILE

SUMMARY

Total Population		14,651
Births		193
Deaths		219
Median Age		40.8
Life Expectancy at Birth		71.1
Total Fertility Rate per 1,000 Females Aged 10-49		2,098.5
Marriages Issued	Number	50
	Rate*	—
Divorces Granted	Number	46
	Rate*	—

*Rates per 1,000 population.

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	**Rate**	**Number**	**Rate**
Estimated Pregnancies	275	101.8	21	23.7
Births	193	13.2	11	12.5
Induced Terminations of Pregnancy	39	14.5	7	7.9
Estimated Total Fetal Losses	43	—	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	193	0	4	7	182
Rate	13.2	0.0	15.5	40.6	68.0
White	68	0	1	2	65
Rate	11.4	0.0	11.3	34.0	67.7
Black and Other	125	0	3	5	117
Rate	14.4	0.0	17.6	44.0	68.1

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	127	65.8	10	90.9
Low Weight Births	14	7.3	0	0.0
Multiple Births	4	2.1	0	0.0
Medicaid Births	119	61.7	9	81.8

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	4	0	4	1	0	1
Rate per 1,000 Births	20.7	0.0	32.0	90.9	0.0	125.0
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	4	0	4	1	0	1
Rate per 1,000 Births	20.7	0.0	32.0	90.9	0.0	125.0

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	14,651	6,950	7,701	5,963	2,956	3,007	8,688	3,994	4,694
0-4	990	525	465	331	179	152	659	346	313
5-9	906	462	444	357	189	168	549	273	276
10-14	947	495	452	348	170	178	599	325	274
15-44	5,138	2,441	2,697	1,883	938	945	3,255	1,503	1,752
45-64	3,785	1,757	2,208	1,599	812	787	2,186	945	1,241
65-84	2,523	1,166	1,357	1,268	605	663	1,255	561	694
85+	362	104	258	177	63	114	185	41	144

MORTALITY

	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	219	111	108	89	41	48	130	70	60
Rate per 1,000 Population	14.9	16.0	14.0	14.9	13.9	16.0	15.0	17.5	12.8

SELECTED CAUSES OF DEATH

	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	65	443.7	38	546.8	27	350.6	27	452.8	38	437.4
Cancer	26	177.5	13	187.1	13	168.8	12	201.2	14	161.1
Stroke	20	136.5	11	158.3	9	116.9	4	67.1	16	184.2
Accidents	8	54.6	6	86.3	2	26.0	3	50.3	5	57.6
CLRD*	9	61.4	3	43.2	6	77.9	5	83.9	4	46.0
Diabetes	3	20.5	3	43.2	0	0.0	0	0.0	3	34.5
Influenza and Pneumonia	5	34.1	4	57.6	1	13.0	1	16.8	4	46.0
Alzheimer's Disease	8	54.6	4	57.6	4	51.9	6	100.6	2	23.0
Suicide	2	13.7	0	0.0	2	26.0	2	33.5	0	0.0
Homicide	1	6.8	0	0.0	1	13.0	0	0.0	1	11.5
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	8	54.6	2	53.8
Motor Vehicle	3	20.5	0	0.0
Suffocation	1	6.8	0	0.0
Poisoning	0	0.0	0	0.0
Smoke, Fire and Flames	2	13.7	1	26.9
Falls	1	6.8	0	0.0
Drowning	1	6.8	1	26.9
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	219	14.9
0–14	6	2.1
15–44	15	2.9
45–64	55	14.5
65–84	90	35.7
85+	53	146.4

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	26	177.5	13	187.1	13	168.8
Trachea, Bronchus, Lung, Pleura	8	54.6	6	86.3	2	26.0
Colorectal	1	6.8	1	14.4	0	0.0
Breast (female)	2	13.7	—	—	2	26.0
Prostate (male)	1	6.8	1	14.4	—	—
Pancreas	2	13.7	1	14.4	1	13.0
Leukemias	0	0	0	0.0	0	0.0
Non-Hodgkin's Lymphomas	0	0.0	0	0.0	0	0.0
Ovary (female)	1	6.8	—	—	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	13.7	—	—	2	26.0
Esophagus	1	6.8	0	0.0	1	13.0
Melanoma of Skin	0	0.0	0	0.0	0	0.0
Other	8	—	4	—	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 2019 HEALTH PROFILE

SUMMARY

Total Population		8,111
Births		86
Deaths		92
Median Age		43.9
Life Expectancy at Birth		76.4
Total Fertility Rate per 1,000 Females Aged 10-49		1,878.5
Marriages Issued	Number	46
	Rate*	—
Divorces Granted	Number	9
	Rate*	—

*Rates per 1,000 population.

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	**Rate**	**Number**	**Rate**
Estimated Pregnancies	127	93.5	20	39.8
Births	86	10.6	13	25.8
Induced Terminations of Pregnancy	22	16.1	4	8.0
Estimated Total Fetal Losses	19	—	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	86	1	5	7	73
Rate	10.6	3.8	34.9	73.2	54.5
White	7	0	1	1	5
Rate	4.7	0.0	92.6	138.9	27.0
Black and Other	79	1	4	6	68
Rate	11.9	4.3	30.2	67.9	58.9

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	66	76.7	10	76.9
Low Weight Births	19	22.1	2	15.4
Multiple Births	4	4.7	0	0.0
Medicaid Births	64	74.4	13	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	2	0	2	0	0	0
Rate per 1,000 Births	23.3	0.0	25.3	0.0	0.0	0.0
Postneonatal Deaths	1	0	1	0	0	0
Rate per 1,000 Births	11.6	0.0	12.7	0.0	0.0	0.0
Neonatal Deaths	1	0	1	0	0	0
Rate per 1,000 Births	11.6	0.0	12.7	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	8,111	3,829	4,282	1,500	735	765	6,611	3,094	3,517
0-4	466	247	219	66	27	39	400	220	180
5-9	480	250	230	64	29	35	416	221	195
10-14	509	245	264	64	35	29	445	210	235
15-44	2,691	1,328	1,363	341	179	162	2,350	1,149	1,201
45-64	2,075	941	1,134	475	244	232	1,599	697	902
65-84	1,646	740	906	429	200	229	1,217	540	677
85+	244	78	166	60	21	39	184	57	127

MORTALITY

	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	92	61	31	22	13	9	70	48	22
Rate per 1,000 Population	11.3	15.9	7.2	14.7	17.7	11.8	10.6	15.5	6.3

SELECTED CAUSES OF DEATH

	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	25	308.2	17	444.0	8	186.8	4	266.7	21	317.7
Cancer	16	197.3	10	261.2	6	140.1	4	266.7	12	181.5
Stroke	7	86.3	4	104.5	3	70.1	2	133.3	5	75.6
Accidents	7	86.3	5	130.6	2	46.7	1	66.7	6	90.8
CLRD*	6	74.0	3	78.3	3	70.1	3	200.0	3	45.4
Diabetes	4	49.3	2	52.2	2	46.7	1	66.7	3	45.4
Influenza and Pneumonia	2	24.7	1	26.1	1	23.4	1	66.7	1	15.1
Alzheimer's Disease	2	24.7	2	52.2	0	0.0	1	66.7	1	15.1
Suicide	2	24.7	2	52.2	0	0.0	2	133.3	0	0.0
Homicide	1	12.3	1	26.1	0	0.0	0	0.0	1	15.1
HIV Disease	1	12.3	1	26.1	0	0.0	0	0.0	1	15.1

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	7	86.3	1	51.9
Motor Vehicle	5	61.6	0	0.0
Suffocation	0	0.0	0	0.0
Poisoning	0	0.0	0	0.0
Smoke, Fire and Flames	0	0.0	0	0.0
Falls	0	0.0	0	0.0
Drowning	1	12.3	1	51.9
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	92	11.3
0–14	2	1.4
15–44	10	3.7
45–64	22	10.6
65–84	40	24.3
85+	18	73.8

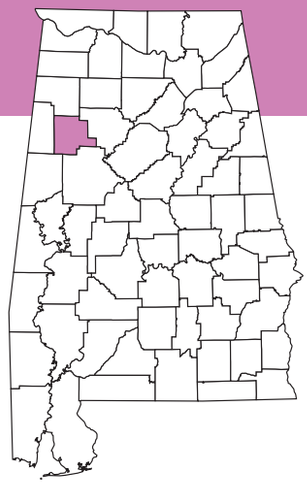
Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS

	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	16	197.3	10	261.2	6	140.1
Trachea, Bronchus, Lung, Pleura	5	61.6	3	78.3	2	46.7
Colorectal	1	12.3	1	26.1	0	0.0
Breast (female)	1	12.3	—	—	1	23.4
Prostate (male)	3	37.0	3	78.3	—	—
Pancreas	1	12.3	0	0.0	1	23.4
Leukemias	0	0.0	0	0.0	0	0.0
Non-Hodgkin's Lymphomas	0	0.0	0	0.0	0	0.0
Ovary (female)	1	12.3	—	—	1	23.4
Brain and Other Nervous System	0	0.0	0	0.0	0	0.0
Stomach	1	12.3	1	26.1	0	0.0
Uterus and Cervix (female)	0	0.0	—	—	0	0.0
Esophagus	0	0.0	0	0.0	0	0.0
Melanoma of Skin	0	0.0	0	0.0	0	0.0
Other	3	—	2	—	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 2019 HEALTH PROFILE

SUMMARY

Total Population		16,302
Births		197
Deaths		217
Median Age		43.9
Life Expectancy at Birth		74.0
Total Fertility Rate per 1,000 Females Aged 10-49		2,153.5
Marriages Issued	Number	101
	Rate*	—
Divorces Granted	Number	37
	Rate*	—

*Rates per 1,000 population.

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	**Rate**	**Number**	**Rate**
Estimated Pregnancies	254	93.5	24	26.1
Births	197	12.1	19	20.8
Induced Terminations of Pregnancy	16	5.9	1	1.1
Estimated Total Fetal Losses	41	—	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	197	0	4	15	178
Rate	12.1	0.0	15.0	84.5	63.3
White	178	0	3	14	161
Rate	12.7	0.0	13.2	92.1	66.0
Black and Other	19	0	1	1	17
Rate	8.2	0.0	26.0	39.1	45.5

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	87	44.2	11	57.9
Low Weight Births	23	11.7	3	15.8
Multiple Births	12	6.1	0	0.0
Medicaid Births	97	49.5	14	73.7

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	10.2	11.2	0.0	0.0	0.0	0.0
Postneonatal Deaths	1	1	0	0	0	0
Rate per 1,000 Births	5.1	5.6	0.0	0.0	0.0	0.0
Neonatal Deaths	1	1	0	0	0	0
Rate per 1,000 Births	5.1	5.6	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	16,302	7,937	8,365	13,980	6,817	7,163	2,322	1,120	1,202
0-4	902	447	455	698	364	334	204	83	121
5-9	956	475	481	759	384	375	197	91	106
10-14	997	526	471	857	441	416	140	85	55
15-44	5,496	2,779	2,717	4,716	2,379	2,337	780	400	380
45-64	4,406	2,158	2,248	3,828	1,873	1,955	578	285	293
65-84	3,220	1,440	1,780	2,847	1,278	1,569	373	162	211
85+	325	112	213	275	98	177	50	14	36

MORTALITY

	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	217	126	91	185	111	74	32	15	17
Rate per 1,000 Population	13.3	15.9	10.9	13.2	16.3	10.3	13.8	13.4	14.1

SELECTED CAUSES OF DEATH

	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	51	312.8	35	441.0	16	191.3	43	307.6	8	344.5
Cancer	33	202.4	20	252.0	13	155.4	28	200.3	5	215.3
Stroke	8	49.1	4	50.4	4	47.8	8	57.2	0	0.0
Accidents	15	92.0	11	138.6	4	47.8	13	93.0	2	86.1
CLRD*	28	171.8	17	214.2	11	131.5	23	164.5	5	215.3
Diabetes	6	36.8	4	50.4	2	23.9	5	35.8	1	43.1
Influenza and Pneumonia	5	30.7	3	37.8	2	23.9	3	21.5	2	86.1
Alzheimer's Disease	9	55.2	2	25.2	7	83.7	8	57.2	1	43.1
Suicide	5	30.7	3	37.8	2	23.9	5	35.8	0	0.0
Homicide	2	12.3	2	25.2	0	0.0	2	14.3	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	92.0	1	26.5
Motor Vehicle	3	18.4	1	26.5
Suffocation	1	6.1	0	0.0
Poisoning	5	30.7	0	0.0
Smoke, Fire and Flames	1	6.1	0	0.0
Falls	2	12.3	0	0.0
Drowning	1	6.1	0	0.0
Firearms	0	0.0	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	217	13.3
0–14	2	0.7
15–44	15	2.7
45–64	51	11.6
65–84	104	32.3
85+	45	138.5

SELECTED CANCER SITE DEATHS

	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	33	202.4	20	252.0	13	155.4
Trachea, Bronchus, Lung, Pleura	7	42.9	4	50.4	3	35.9
Colorectal	6	36.8	3	37.8	3	35.9
Breast (female)	2	12.3	—	—	2	23.9
Prostate (male)	4	24.5	4	50.4	—	—
Pancreas	2	12.3	0	0.0	2	23.9
Leukemias	1	6.1	0	0.0	1	12.0
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	6.1	1	12.6	0	0.0
Stomach	0	0.0	0	0.0	0	0.0
Uterus and Cervix (female)	0	0.0	—	—	0	0.0
Esophagus	1	6.1	1	12.6	0	0.0
Melanoma of Skin	0	0.0	0	0.0	0	0.0
Other	9	—	7	—	2	—

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 2019 HEALTH PROFILE

SUMMARY

Total Population		22,394
Births		246
Deaths		264
Median Age		40.0
Life Expectancy at Birth		73.6
Total Fertility Rate per 1,000 Females Aged 10-49		1,956.0
Marriages Issued	Number	126
	Rate*	—
Divorces Granted	Number	0
	Rate*	—

*Rates per 1,000 population.

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	**Rate**	**Number**	**Rate**
Estimated Pregnancies	305	81.5	19	16.2
Births	246	11.0	15	12.7
Induced Terminations of Pregnancy	9	2.4	1	0.8
Estimated Total Fetal Losses	50	—	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	246	0	2	13	231
Rate	11.0	0.0	5.8	56.1	59.6
White	195	0	2	7	186
Rate	11.3	0.0	7.2	37.6	60.1
Black and Other	51	0	0	6	45
Rate	9.8	0.0	0.0	132.7	57.4

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	112	45.5	12	80.0
Low Weight Births	27	11.0	0	0.0
Multiple Births	6	2.4	0	0.0
Medicaid Births	121	49.2	9	60.0

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	5	4	1	0	0	0
Rate per 1,000 Births	20.3	20.5	19.6	0.0	0.0	0.0
Postneonatal Deaths	3	3	0	0	0	0
Rate per 1,000 Births	12.2	15.4	0.0	0.0	0.0	0.0
Neonatal Deaths	2	1	1	0	0	0
Rate per 1,000 Births	8.1	5.1	19.6	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	22,394	11,929	10,465	17,191	8,766	8,425	5,203	3,163	2,040
0-4	1,246	622	624	964	482	482	282	140	142
5-9	1,198	631	567	919	482	437	279	149	130
10-14	1,269	667	602	976	529	447	293	138	155
15-44	8,890	5,145	3,745	6,332	3,347	2,985	2,558	1,798	760
45-64	6,058	3,197	2,861	4,801	2,484	2,317	1,257	713	544
65-84	3,344	1,544	1,800	2,880	1,339	1,541	464	205	259
85+	389	123	266	319	103	216	70	20	50

MORTALITY

	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	264	135	129	219	108	111	45	27	18
Rate per 1,000 Population	11.8	11.3	12.3	12.7	12.3	13.2	8.6	8.5	8.8

SELECTED CAUSES OF DEATH

	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	74	330.4	38	318.6	36	344.0	57	331.6	17	326.7
Cancer	50	223.3	28	234.7	22	210.2	45	261.8	5	96.1
Stroke	19	84.8	11	92.2	8	76.4	16	93.1	3	57.7
Accidents	15	67.0	10	83.8	5	47.8	14	81.4	1	19.2
CLRD*	15	67.0	7	58.7	8	76.4	15	87.3	0	0.0
Diabetes	6	26.8	2	16.8	4	38.2	5	29.1	1	19.2
Influenza and Pneumonia	4	17.9	1	8.4	3	28.7	2	11.6	2	38.4
Alzheimer's Disease	10	44.7	4	33.5	6	57.3	7	40.7	3	57.7
Suicide	3	13.4	2	16.8	1	9.6	3	17.5	0	0.0
Homicide	4	17.9	3	25.1	1	9.6	0	0.0	4	76.9
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	67.0	2	40.1
Motor Vehicle	6	26.8	1	20.0
Suffocation	3	13.4	1	20.0
Poisoning	3	13.4	0	0.0
Smoke, Fire and Flames	1	4.5	0	0.0
Falls	1	4.5	0	0.0
Drowning	0	0.0	0	0.0
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	264	11.8
0–14	5	1.3
15–44	19	2.1
45–64	61	10.1
65–84	136	40.7
85+	43	110.5

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	50	223.3	28	234.7	22	210.2
Trachea, Bronchus, Lung, Pleura	14	62.5	9	75.4	5	47.8
Colorectal	0	0.0	0	0.0	0	0.0
Breast (female)	1	4.5	—	—	1	9.6
Prostate (male)	0	0.0	0	0.0	—	—
Pancreas	3	13.4	2	16.8	1	9.6
Leukemias	2	8.9	1	8.4	1	9.6
Non-Hodgkin's Lymphomas	6	26.8	3	25.1	3	28.7
Ovary (female)	3	13.4	—	—	3	28.7
Brain and Other Nervous System	1	4.5	1	8.4	0	0.0
Stomach	0	0.0	0	0.0	0	0.0
Uterus and Cervix (female)	0	0.0	—	—	0	0.0
Esophagus	1	4.5	1	8.4	0	0.0
Melanoma of Skin	0	0.0	0	0.0	0	0.0
Other	14	—	11	—	8	—

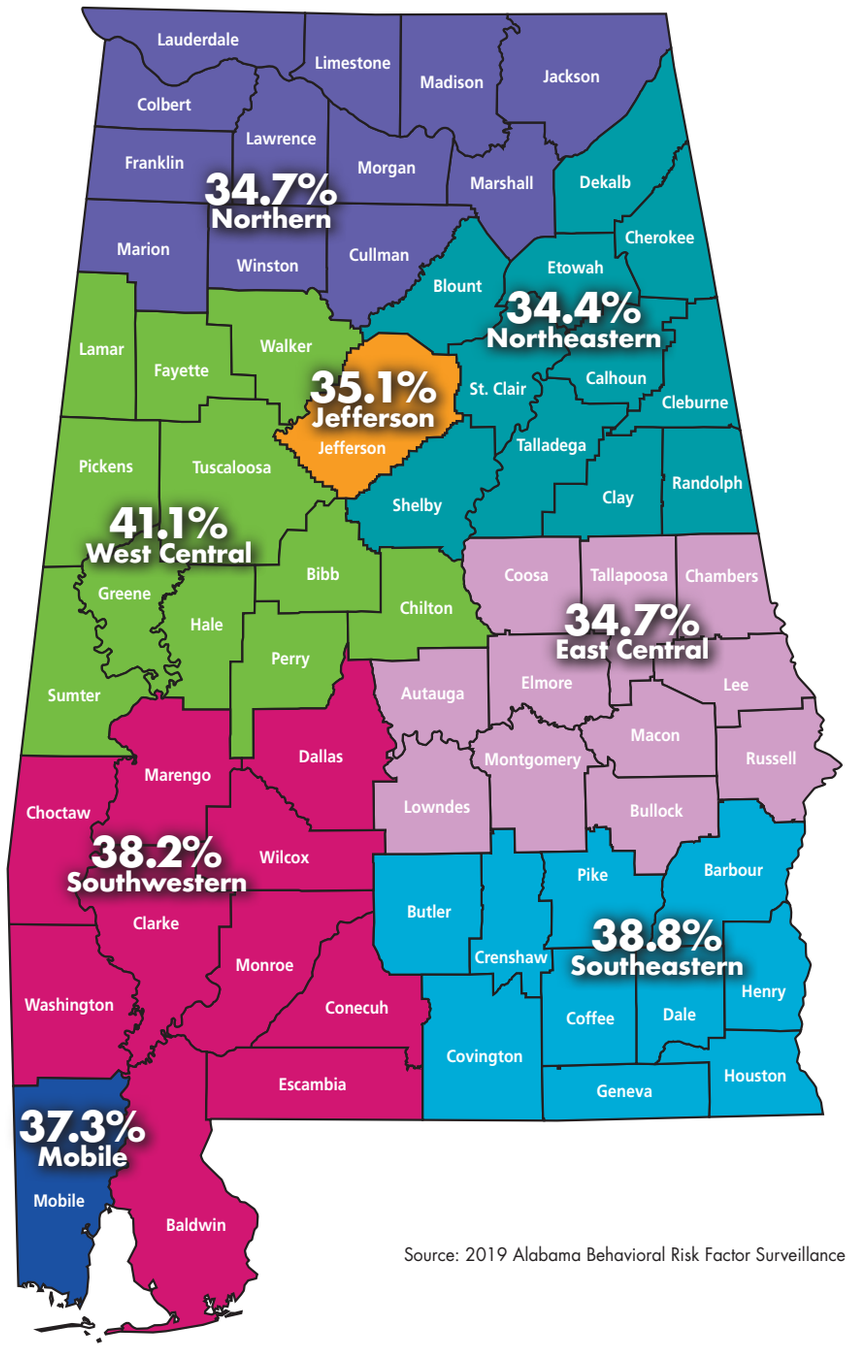
Rates are per 100,000 population in specified categories.

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

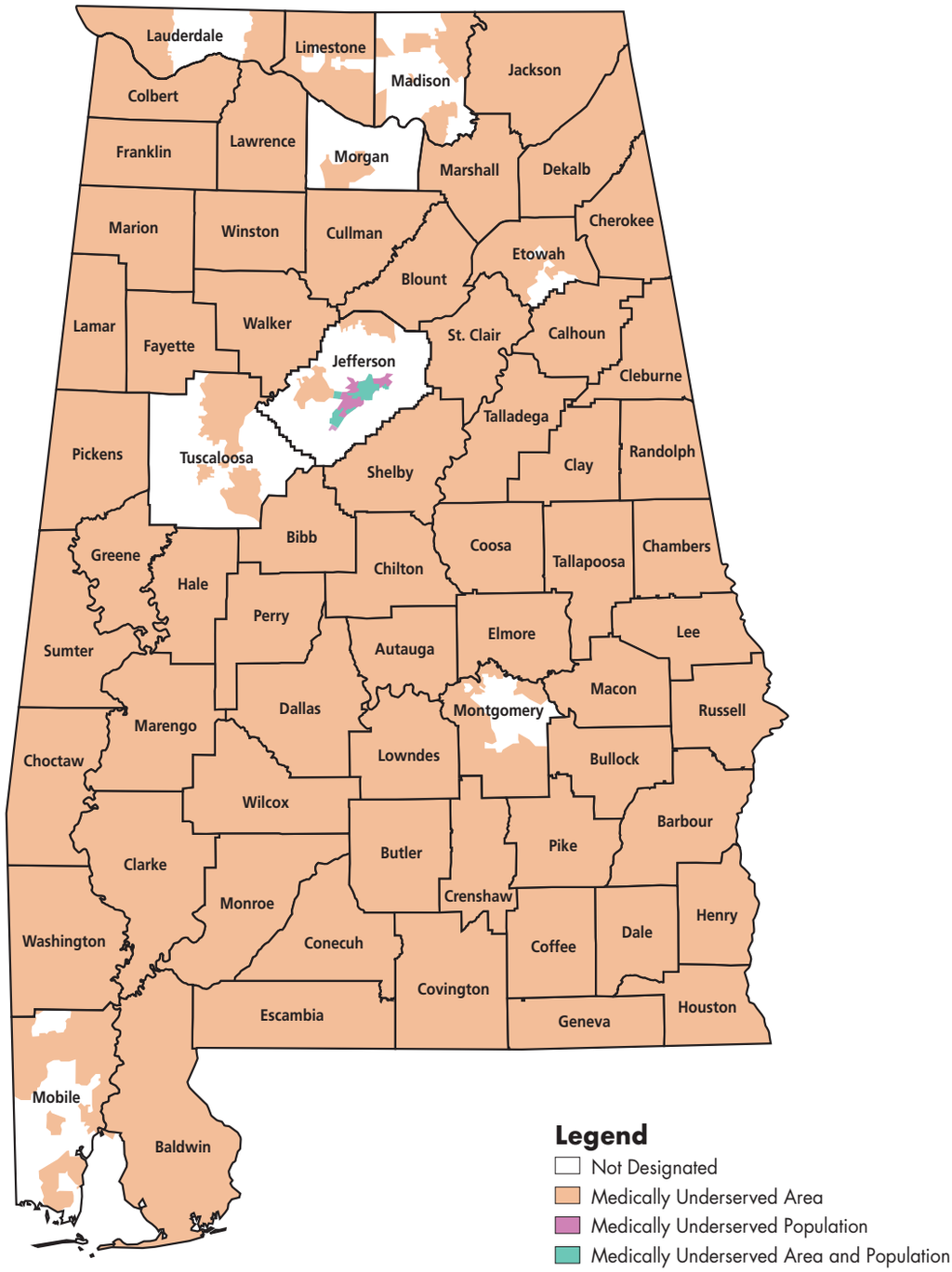
APPENDIX A

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

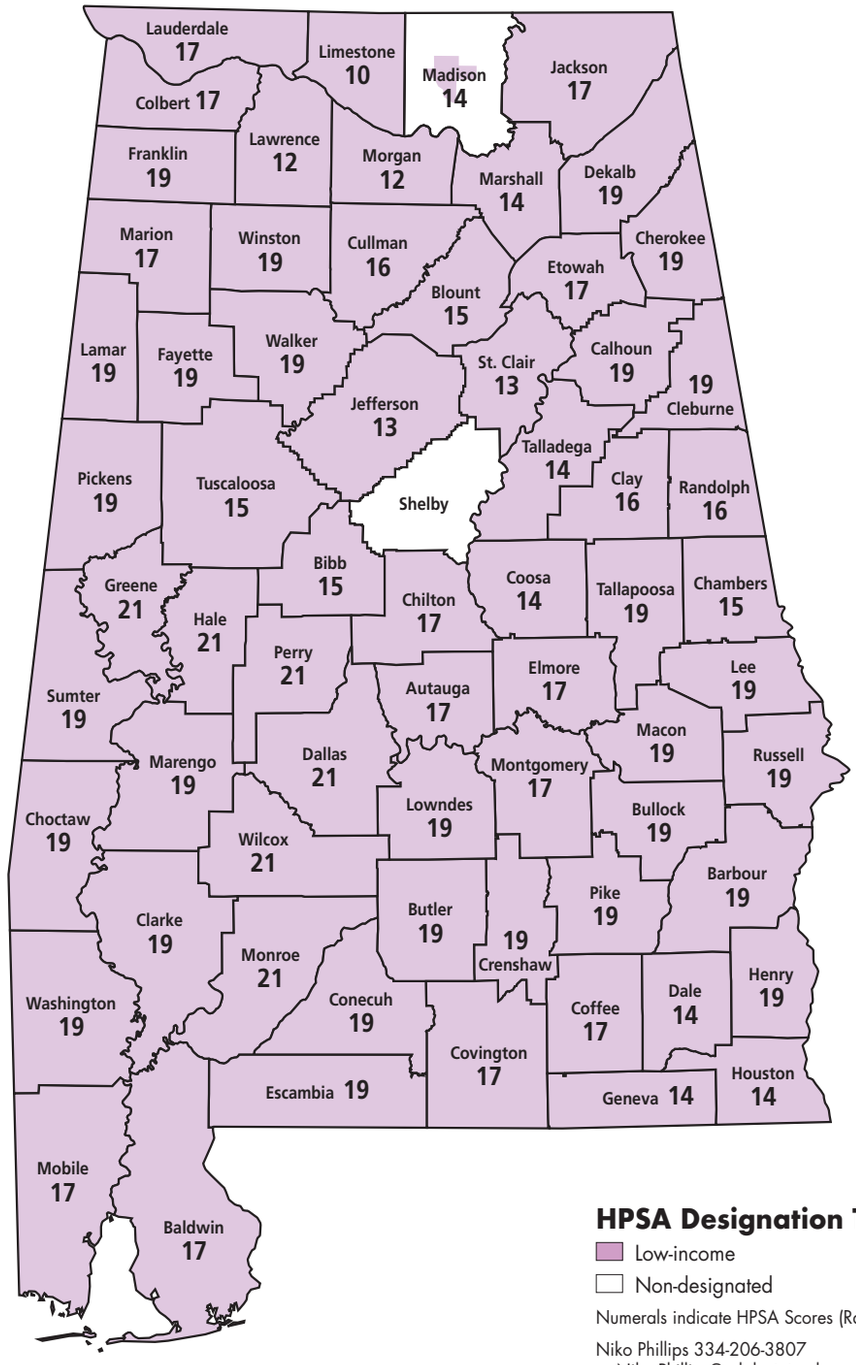


Source: 2019 Alabama Behavioral Risk Factor Surveillance system (BRFSS)

Medically Underserved Areas/ Populations (MUA/Ps)



Dental Health Professional Shortage Areas (October 2017)



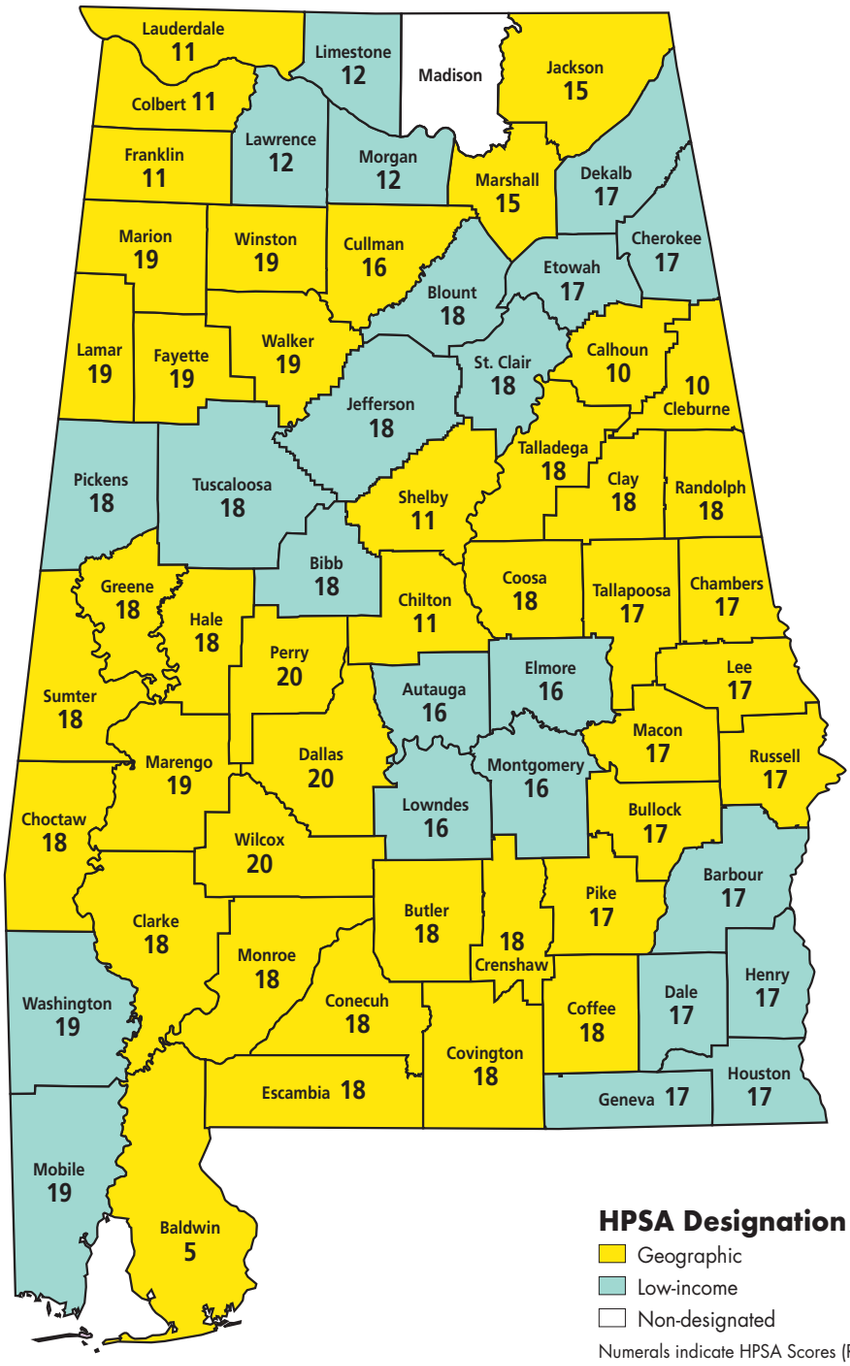
HPSA Designation Type

- Low-income
- Non-designated

Numerals indicate HPSA Scores (Range: 1-26)

Niko Phillips 334-206-3807
or Niko.Phillips@adph.state.al.us

Mental Health Professional Shortage Areas (August 2018)



HPSA Designation Type

- Geographic
- Low-income
- Non-designated

Numerals indicate HPSA Scores (Range: 1–25)

Niko Phillips 334-206-3807
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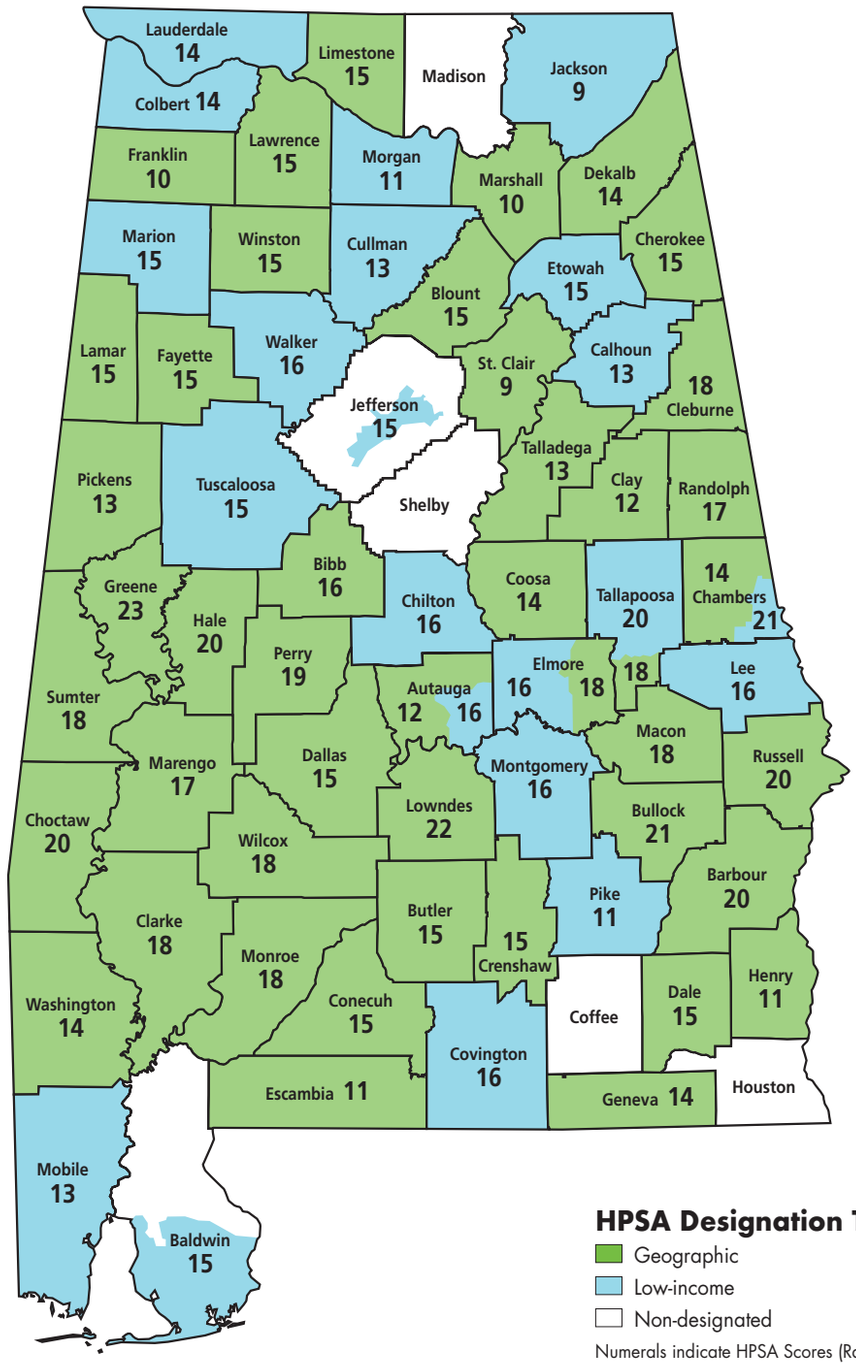
Primary Care Health Professional Shortage Areas (January 2019)



HPSA Designation Type

- Geographic
- Low-income
- Non-designated

Numerals indicate HPSA Scores (Range: 1–25)

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APPENDIX B

COUNTY HEALTH RANKINGS & ROADMAPS
COMPARE COUNTIES 2021 RANKINGS

	Alabama	Fayette	Lamar	Bibb	Greene	Hale	Tuscaloosa	Pickens
Health Outcomes	—	—	—	—	—	—	—	—
Length of Life	—	—	—	—	—	—	—	—
Premature Death	9,800	10,500	11,200	12,200	12,900	13,700	8,500	8,800
Quality of Life	—	—	—	—	—	—	—	—
Poor or Fair Health**	21%	24%	25%	24%	34%	29%	21%	27%
Poor Physical Health Days**	4.4	5.1	5.2	4.9	6.0	5.3	4.4	5.2
Poor Mental Health Days**	4.9	5.5	5.8	5.3	5.8	5.6	5.0	5.3
Low Birthweight	10%	11%	9%	10%	16%	12%	11%	13%
Health Factors	—	—	—	—	—	—	—	—
Health Behaviors	—	—	—	—	—	—	—	—
Adult Smoking**	20%	24%	24%	23%	27%	24%	20%	24%
Adult Obesity**	36%	38%	34%	37%	38%	45%	36%	39%
Food Environment Index**	5.5	7.1	7.1	7.6	3.8	6.3	7.3	6.8
Physical Inactivity**	29%	30%	31%	33%	24%	32%	28%	26%
Access to Exercise Opportunities	61%	34%	10%	16%	6%	30%	76%	6%
Excessive Drinking**	15%	15%	15%	15%	10%	12%	15%	13%
Alcohol-impaired Driving Deaths	27%	22%	23%	30%	32%	32%	34%	15%
Sexually Transmitted Infections**	583.4	461.5	258.1	613.2	1,200.5	1,505.5	890.7	594.8
Teen Births	29	37	39	38	49	35	21	33
Clinical Care	—	—	—	—	—	—	—	—
Uninsured	12%	12%	12%	11%	12%	11%	10%	12%
Primary Care Physicians	1,530:1	970:1	—	1,870:1	2,060:1	4,910:1	1,390:1	2,490:1
Dentists	2,000:1	3,260:1	4,600:1	4,480:1	8,110:1	7,330:1	2,010:1	4,980:1
Mental Health Providers	920:1	8,150:1	6,900:1	3,730:1	8,110:1	7,330:1	680:1	4,980:1
Preventable Hospital Stays	5,466	4,667	5,917	6,690	6,410	6,585	5,624	5,829
Mammography Screening	40%	38%	38%	33%	29%	31%	44%	44%
Flu Vaccinations	43%	47%	43%	40%	32%	34%	46%	46%
Social & Economic Factors	—	—	—	—	—	—	—	—
High School Completion	86%	83%	82%	79%	79%	84%	88%	82%
Some College	61%	51%	48%	40%	52%	46%	64%	54%
Unemployment**	3.0%	3.1%	3.1%	3.1%	5.6%	3.9%	2.7%	3.5%
Children in Poverty	22%	23%	22%	26%	46%	31%	20%	34%
Income Inequality	5.2	5.2	5.2	5.0	5.7	6.2	5.2	5.8
Children in Single-parent Households	32%	28%	24%	31%	72%	51%	35%	40%
Social Associations	12.3	8.5	7.2	8.5	8.5	6.8	10.7	10.0
Violent Crime**	480	—	162	89	669	209	402	166
Injury Deaths	84	102	92	106	84	90	64	83
Physical Environment	—	—	—	—	—	—	—	—
Air Pollution – Particulate Matter	9.2	9.2	8.8	10.0	9.1	9.4	7.4	9.1
Drinking Water Violations	—	Yes	No	No	No	No	No	No
Severe Housing Problems	14%	12%	10%	9%	19%	15%	16%	13%
Driving Alone to Work	86%	86%	90 %	87%	73%	89%	86%	82%
Long Commute – Driving Alone	35%	44%	44%	52%	42%	53%	26%	54%

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

THE BURDEN OF DIABETES IN ALABAMA

Diabetes is an epidemic in the United States. According to the Centers for Disease Control and Prevention (CDC), over 34 million Americans have diabetes and face its devastating consequences.

What's true nationwide is also true in Alabama.

ALABAMA'S DIABETES EPIDEMIC

- Approximately **553,000 people in Alabama,** or 14.6% of the adult population, **have diagnosed diabetes**.
- An additional **119,000 people in Alabama have diabetes but don't know it**, greatly increasing their health risk.
- There are **1,316,000 people in Alabama,** 34.6% of the adult population, who have **prediabetes** with blood glucose levels higher than are higher than normal but not yet high enough to be diagnosed as diabetes.
- **Every year** an estimated **41,000 adults in Alabama** are diagnosed with diabetes.

DIABETES IS EXPENSIVE

People with diabetes have **medical expenses approximately 2.3 times higher** than those who do not have diabetes.

- Total **direct medical expenses** for diagnosed diabetes in Alabama were estimated at **$4.2 billion in 2017**.
- In addition, another **$1.7 billion** was spent on **indirect costs** from lost productivity due to diabetes.

Diagnosed diabetes costs an estimated $5.9 billion in Alabama each year.

The serious complications include heart disease, stroke, amputation, end-stage kidney disease, blindness – and death.

IMPROVING LIVES, PREVENTING DIABETES AND FINDING A CURE

In 2019, the **National Institute of Diabetes and Digestive and Kidney Diseases** at the National Institutes of Health invested **$30,465,029** in diabetes-related research projects in Alabama.

The **Division of Diabetes Translation** at the CDC provided **$1,821,128** in diabetes prevention and educational grants in Alabama in 2018.

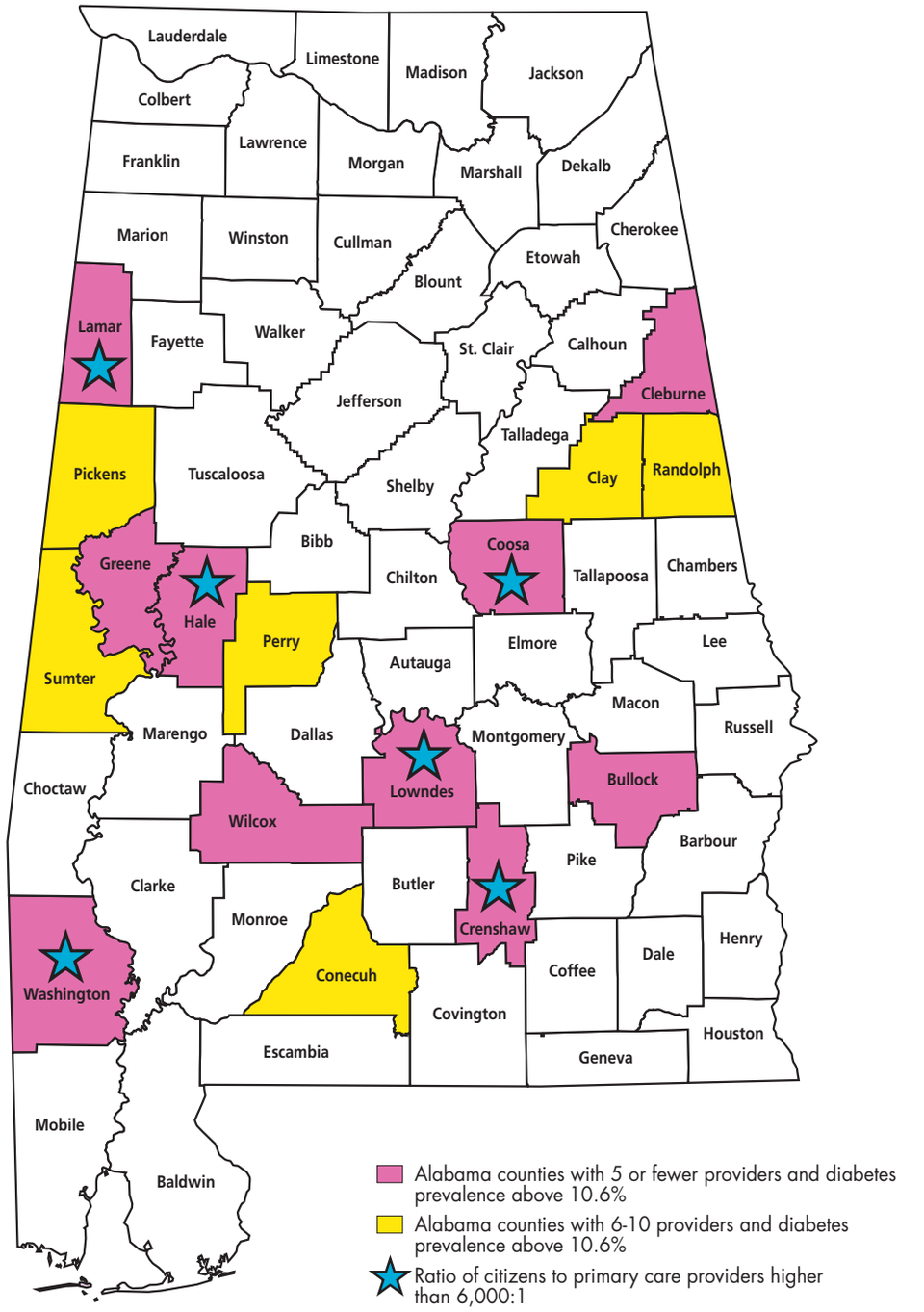
American Diabetes Association®

Sources include:

- Diabetes Prevalence: 2016 state diagnosed diabetes prevalence, cdc.gov/diabetes/data; 2017 state undiagnosed diabetes prevalence, Dall et al., "The Economic Burden of Elevated Blood Glucose Levels in 2017," Diabetes Care, December 2019, vol. 42.
- Diabetes Incidence: 2016 state diabetes incidence rates, cdc.gov/diabetes/data
- Cost: America Diabetes Association, "Economic Costs of Diabetes in the U.S. in 2017," Diabetes Care, May 2018.
- Research expenditures: 2019 NIDDK funding, Projectreporter.nih.gov; 2018 CDC diabetes funding, www.cdc.gov/fundingprofiles

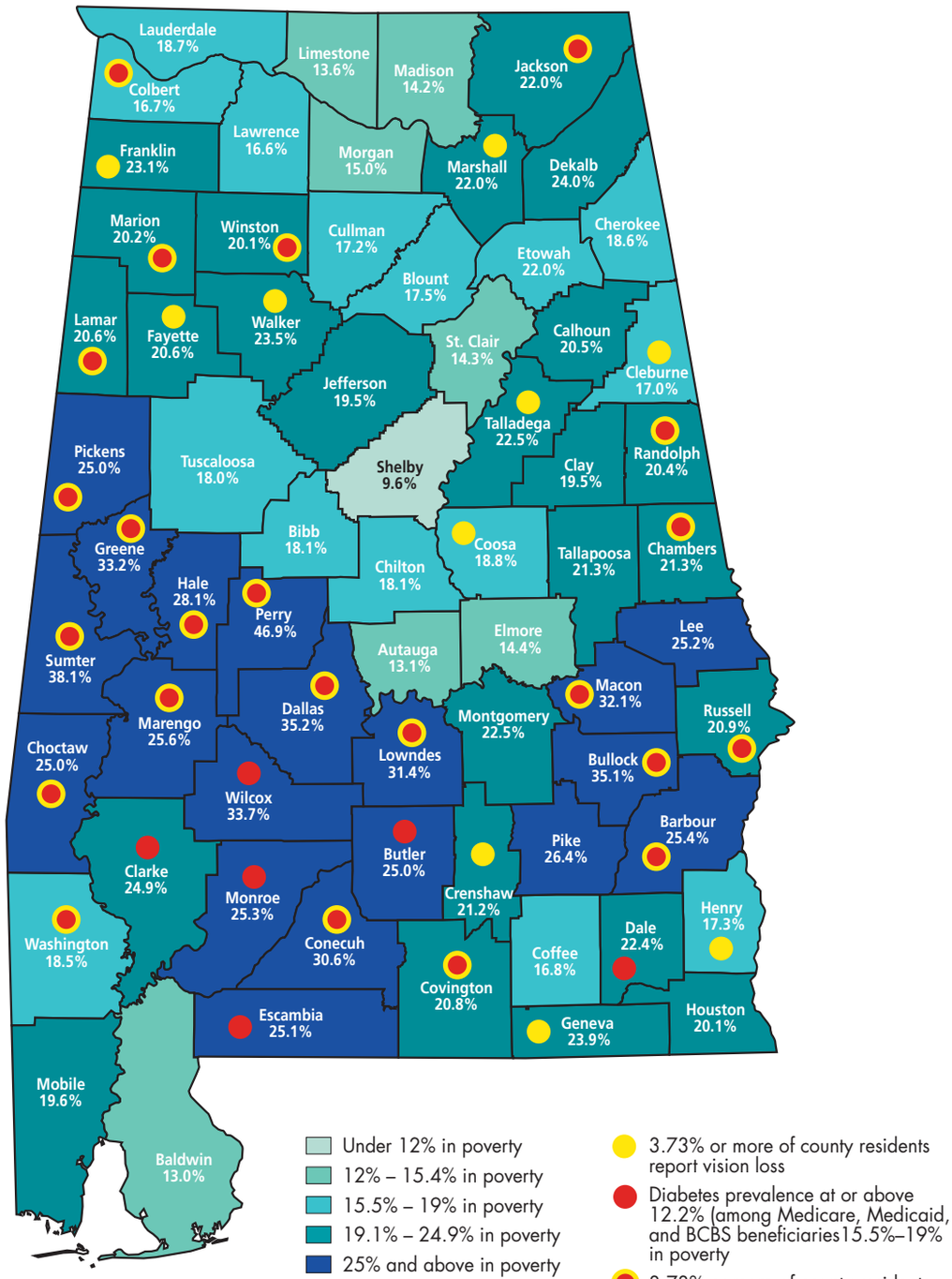
Learn more at **diabetes.org**
1-800-DIABETES (800-342-2383)

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



Data Source: 2017 County Health Rankings: www.countyhealthrankings.org, and BRFSS 2015

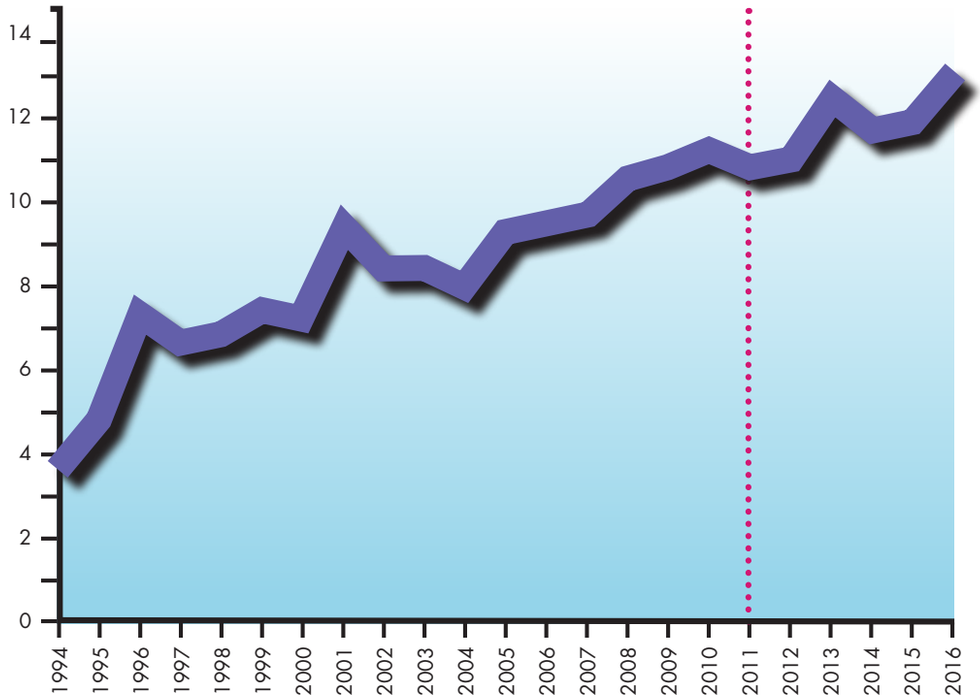
Alabama Poverty, Vision Loss, and Diabetes Prevalence by County



Source: Alabama Possible, American Community Survey (ACS0, 5 Year Activity, Table B.10103, and BRFSS 2015

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**
2004	7.9	7.0	8.8
2005	9.3	8.3	10.4
2006	9.5	8.5	10.6
2007	9.7	9.0	10.6
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

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

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