FAYETTE MEDICAL CENTER

COMMUNITY HEALTH NEEDS ASSESSMENT 2022-2024

DCH Health System®

CHAMPIONS FOR YOUR HEALTH

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INTRODUCTION

Fayette Medical Center is a 61-bed acute care rural hospital located in Fayette, Alabama. Since 1958, Fayette Medical Center has served the residents of Fayette County and the southern part of Lamar County with the highest quality of care, meeting the ever-growing health needs of citizens in West Alabama. In 1984, the Fayette County Hospital Board made the decision to enter into a long-term lease with the DCH Health System. Because of the success of the partnership, the lease was renewed in 1996 for 20 additional years. However, in 2007 the agreement was updated and extended for 20 years until September 2027. This has allowed for a stable health care environment in the area and local ownership of Fayette Medical Center.

Fayette Medical Center is accredited by the Joint Commission and provides services to include acute care, primary care, surgical care, laboratory services, pharmacy services, diagnostic imaging, intensive care, and emergency services. In addition, specialty clinics in cardiology, oncology, urology, orthopedics, neurology, ophthalmology, nephrology and podiatry are provided. For patients needing additional care in the hospital to improve outcomes and return to normal activities of daily life, a swing-bed rehabilitation program is provided based on each patient's individual needs and goals. The Hospital also includes a 122-bed fully accredited intermediate and skilled nursing facility.

Fayette Medical Center is located just 45 miles north of the cities of Tuscaloosa and Northport, Alabama. It is one of the largest employers in the area and boasts a 5-star patient satisfaction rating attesting to the high quality, compassionate care provided by the administrative, clinical and support staff of the hospital. According to data provided by the State Health Planning and Development Agency of the State of Alabama, Fayette Medical Center had 826 admissions, performed 2,433 inpatient and outpatient procedures and treated 10,738 patients who visited the emergency department in 2021.

EXECUTIVE SUMMARY

The Affordable Care Act (Section 501 (r)) requires not-for-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years to identify the health needs of the community, prioritize health needs identified and to develop and implement action plans to address those needs.

This CHNA is a follow-up to the CHNA conducted by Fayette Medical Center in 2019. As part of the process, a stakeholder group was assembled to assist in identifying those needs and developing strategic goals for the hospital to implement. Prior CHNAs are reviewed and considered in the process as is pertinent health data obtained from local, state and national sources.

This 2022 CHNA includes input from experts in public health, local leaders in the community, and representatives of the medically underserved, minority, and low-income populations. It also includes a review of the 2019 CHNA. The report will also reflect data obtained from sources to include the Alabama Department of Public Health, the Robert Wood Johnson

Foundation, the US Census Bureau, the Centers for Disease Control and others. The CHNA was facilitated by SBC Consulting, LLC staff and members of the DCH Health System team.

After consideration of the patient population of the hospital, the geographic area, and the minority, low-income, and medically underserved populations, it was determined the "community" should be defined as Fayette County and southern Lamar County. This is consistent with prior CHNAs conducted since 2013.

Factors such as demographics, socio-economic status, health behaviors and the environment were considered as each of these affects the overall health of the community. Individual and small group meetings took place over several weeks.

The Stakeholders' input and the pertinent data provided identified several issues of health in the community including:

- Transportation or lack thereof
- Access to basic primary care
- Access to specialty care – especially as it relates to women
- Lack of inpatient mental health beds
- Obesity, physical inactivity and poor food choices that contribute to diseases such as diabetes, heart disease and stroke
- High rate of inflation
- No money to buy food

- Increase in cancer – many in the low-income community did not seek preventive care during the COVID pandemic and, as a result, the incidence of cancer has risen
- Lack of a resource guide and education materials
- Need for additional broadband coverage
- Need for additional telemedicine coverage
- Lack of available health care for the uninsured
- Need for Medicaid expansion
- Need for more physician coverage
- Need for additional ambulance coverage
- Comorbidities in the elderly community

Additional data provided to the Stakeholders showed the leading causes of death in Fayette and Lamar County were heart disease, cancer, stroke, and chronic lower respiratory disease. Data provided from the County Health Rankings and Roadmaps in 2021 showed a high prevalence for diabetes and adult obesity as well as adult smoking – all risk factors that contribute to the leading causes of death in the community.

Other data showed additional health factors that contribute to poor health outcomes include perceived poor health days, poor mental health days, physical inactivity, high rate of teen births and the lack of primary, dental and mental health providers. Data also showed the highest rate of infant deaths occurred in the African American community.

After reviewing the multiple issues of health identified through the Stakeholders' input and the data provided by the facilitators, the leadership of Fayette Medical Center determined the following three issues of health should be prioritized:

- Access to Care
- Mental Health
- Factors that Contribute to the Leading Causes of Death

Action plans to be implemented will be recommended and, following approval of this CHNA by the DCH Health System Governing Board, will be made widely available to the public on the DCH Health System website. Progress of the needs and subsequent action plans will be updated as needed.

This report will include the following:

1. Methodology used to identify the health needs of the community
2. 2019 CHNA review
3. Prioritized health needs and action plans to address the prioritized health needs
4. Existing resources available to address the identified health needs
5. Documentation and plans to monitor the CHNA
6. Supplemental data and appendices

METHODOLOGY

The leadership of the DCH Health System enlisted the assistance of SBC Consulting, LLC to ensure steps taken to complete the CHNA were compliant with the requirements set forth in the Affordable Care Act. Stephanie Craft and her team have worked with the DCH Health System and Fayette Medical Center since 2013 in facilitating three prior CHNAs. Her knowledge of the community and input from the stakeholders provided a seamless and efficient process.

The leadership of the DCH Health System and Fayette Medical Center developed a comprehensive Stakeholder Committee consisting of a diverse group of individuals uniquely qualified to participate in the CHNA process. The committee consisted of community and local government leaders, experts in public health, and those who represent the medically underserved and minority populations. Each Stakeholder took ownership of the project and committed to work to improve the overall health of the community. In addition to discussions which centered around the Stakeholders' personal and work experiences, supplemental public health data was provided that included demographics, risk and behavioral factors, socio-economic and environmental factors, and the leading causes of death in the community of Fayette and Lamar counties.

All of this supportive data helped to identify issues of health in the community. Due to the COVID-19 protocols which were implemented early in the pandemic, large group meetings were avoided. Instead, small focus group and individual meetings were held to ensure appropriate and required input was received.

The following individuals were enlisted as community Stakeholders:

- Mike Freeman – Probate Judge of Fayette County
- Rod Northam – Mayor, City of Fayette, AL
- Charles Brandon – Chair of the Fayette Medical Center Board of Directors
- Bart Robertson – Retired community member and Primary Officer of the Christian Center of Concern
- Redonia Keeton – Director of the Christian Center of Concern
- Danny Whitehead – Reverend of St. Michael's Episcopal Church in Fayette, AL
- Valerie Alford – Program Director at North Harbor Pavilion
- Jennifer Singleton – Community Education Manager at North Harbor Pavilion
- David Anderson – Director of the DCH Diabetes and Nutrition Education Center
- Cindy Huggins – Dietitian at the DCH Diabetes and Nutrition Education Center
- Marsha Fowler, RN – DCH Diabetes and Nutrition Education Center
- Cynthia Burton – CEO of Community Service Programs
- David Gay – CEO of Whatley Health Services
- Lynn Armour – Executive Director of the Good Samaritan Clinic
- Billy Kirkpatrick – PhD and CEO of Five Horizons Health Services
- Donald Jones – Administrator of Fayette Medical Center
- Ashley Adcox – Aging Services Director of the Area Agency on Aging of West Alabama

Following approval of this CHNA, the written report will be made widely available on the Fayette Medical Center homepage on the DCH Health System website.

OBTAINING PUBLIC INPUT

According to Section 501 (r)(3) of the IRS regulations, community input must be obtained from three primary sources including experts in public health, representatives of the medically underserved, minority, and low-income populations and written comments received from the most recently conducted CHNA.

To date, no comments have been received regarding the Fayette Medical Center 2019 CHNA. Input was received from multiple experts in public health, representatives of the medically underserved and minority populations, as well as leaders in the community. Additional public health data specific to Fayette and Lamar counties was also submitted for consideration to help identify the needs of the local community. Stakeholders took into account their experiences with residents within the community as well as the supplemental data provided to determine health needs.

1. 2019 CHNA REVIEW

In September of 2019, the DCH Health System Governing Board approved the 2019 CHNA. Following that approval, the CHNA was posted on the hospital's website and made widely available for public viewing. The following information is provided as an update to the 2019 CHNA:

- The Community for Fayette Medical Center was defined as Fayette County, AL and the southern part of Lamar County, AL.
- The issues of health identified from all sources included the following:
    - Access to care
    - Heart Disease
    - Cancer
    - Chronic Lower Respiratory Disease
    - Alzheimer's Disease
    - Stroke
    - Diabetes
    - Motor vehicle accidents
    - Obesity
    - Physical inactivity
    - Lack of access to exercise opportunities
    - Teen births
    - Lack of dental care
    - Mental health and the need for additional inpatient beds
    - Poverty in children
    - Opioid crisis
    - Lack of services for the elderly
    - Transportation
    - Lack of obstetrical services
- Three needs were prioritized, and the following actions plans were implemented:

1. Access to Care/Actions to Address:

- ✔ Provide bi-weekly and monthly specialty clinics through arrangements with the DCH Health System
- ✔ Expand the continuum of care in the elderly population with independent living, assisted living and specialty care assisted living to complement the Fayette Medical Center long-term care facility
- ✔ Sustain the viability of the hospital by educating the public on services provided and marketing within the community

- ✔ Continue collaboration with the DCH Foundation and the Fayette Medical Center Foundation to provide transportation, prescription medications, assistance with utilities and lodging for family members when needed
- ✔ Strengthen relationships with agencies and organizations serving residents in Fayette and Lamar counties including Community Service Programs of West Alabama, the Good Samaritan Clinic and Whatley Health Services to ensure residents are aware of the services provided
- ✔ Advocate for the continuation of the half-cent sales tax to benefit Fayette Medical Center
- ✔ Continue the "Target Rural Scholars" program in the local school system to identify students who may become clinicians and encourage them to return to the area to practice
- ✔ Continue the Explorer Post program with the Boy Scouts of America which is a hands-on clinical teaching post for students aged 14-20 to encourage medical careers
- ✔ Investigate the use of telemedicine in other disciplines provided at Fayette Medical Center

2. Mental Health/Actions to Address:

- ✔ Implement the Qler telepsychiatry program in the emergency department of Fayette Medical Center.
- ✔ Provide educational materials in the community regarding the telepsychiatry services at the hospital as well as services provided through other agencies and organizations who serve the community
- ✔ Work with the local EMS providers to allow public access to Narcon and other overdose kits
- ✔ Monitor the progress and implementation of any new action plans of the Governor's Opioid Overdose and Addiction Council

3. Risk Factors that Contribute to the Leading Causes of Death/ Actions to Address:

- ✔ Work with the DCH Diabetes and Nutrition Education Center to increase referrals and ultimately improve diabetes management for patients
- ✔ Continue annual health fairs that provide free screenings including prostate, diabetes, vision, cardiac, colon and mammography screening
- ✔ Continue to participate and sponsor run/walk events in the community to encourage exercise and increase physical activity
- ✔ Encourage local participation in the Alabama Department of Public Health's *Scale Back Alabama* program to decrease obesity in the area
- ✔ Expand the hospital cardiac rehabilitation program to include wellness and prevention
- ✔ Start regular exercise classes at the hospital

While every effort has been made by Fayette Medical Center to implement the action plans established in the 2019 CHNA, the COVID-19 pandemic prevented or halted progress due to the restrictions mandated by the State of Alabama. Many of the action plans adopted through this process since 2013 are on-going and have significantly contributed to the overall improvement of health and access to health care services for many in Fayette and southern Lamar counties. At the time this report was submitted, no public comments have been received.

2. STAKEHOLDER INPUT

Under Section 501 (r)(3) of the Patient Protection and Affordable Care Act, not-for-profit entities must receive input from three primary sources – 1) at least one state, local, tribal or regional governmental public health department, 2) members of the medically underserved, low-income and minority populations, and 3) written comments received on the hospital facility's most recently conducted CHNA.

Although the Fayette Medical Center CHNA was made widely available for public viewing and comment on the DCH Health System website, at the time this CHNA was completed, no comments had been received. Facilitator Stephanie Craft and DCH Health System staff member Sammy Watson conducted interviews with various leaders in the community – those representing the medically underserved, minority, and low-income populations.

The following is a summary of the interviews conducted throughout the development of the CHNA:

The Honorable K. Michael Freeman – Probate Judge of Fayette County, Alabama

As Probate Judge, Mr. Freeman has many judicial and administrative duties in Fayette County including hearing cases involving administration of estates, adoptions, legitimations, guardianships, conservatorships, eminent domain, change of name and involuntary mental commitments. His office also maintains records and issues licenses.

He is the Chief Election Officer of the county and serves as Chairman of the Fayette County Commission. Through his experience as Probate Judge, Mr. Freeman identified mental health as a major issue of health in West Alabama. He stated that there is a tremendous need for additional inpatient psychiatric beds, as there are a limited number of beds available in West Alabama. Many individuals who have been committed to a mental health facility through the court system are on a wait list for an available bed. He also suggested there is a need for additional mental health services for adolescents.

He attributed this need, in part, to the COVID-19 pandemic and the restrictions placed on schools and students during the height of the pandemic. Mr. Freeman also expressed the need for greater access to care for individuals in the service area of Fayette Medical Center. He said that telepsychiatry is currently used in the emergency department of the hospital, but he would like to see telemedicine expanded for primary care and possibly other specialty services that are currently limited in the area. Additionally, he expressed the need for greater broadband access in the area. Mr. Freeman expressed great appreciation for the relationship between Fayette Medical Center and the DCH Health System.

Rod Northam – Mayor of Fayette, Alabama Charles Brandon – Chairman of the Fayette Medical Center local Board of Directors

As mayor of Fayette, Alabama, Mr. Northam is responsible for the operations of several departments in the city including Fire and Rescue, the Police Department, Household Trash and Limb Removal, Parks and Recreation, the Water Board, the Gas Board, the Municipal Court, Beautification, Sanitation and the City Engineer.

Mr. Brandon, Chairman of the Fayette Medical Center local Board of Directors works closely with the administration of the hospital and city officials to ensure Fayette Medical Center remains viable and continues to provide critical services to residents in the service area. According to Mr. Northam and Mr. Brandon, recruitment of physicians to Fayette is a critical health need for the community in order to provide local health care services, but finding housing in Fayette is close to impossible, impeding the ability to recruit physicians to the area.

While there are plans to expand the roadways in the area, there is a great need to annex additional land into the city in order to expand opportunities to build additional housing. Both gentlemen also expressed the need for greater access to specialists, especially for women's care. Also, as it relates to access to care, Mr. Northam and Mr. Brandon cited transportation as an issue, as the lack of transportation prevents many low-income residents from getting to their doctor appointments, to the grocery store to purchase food and to jobs. In the near future, a local manufacturing plant will be expanding, adding 150 additional jobs. Both men agreed there is a need for workforce development in the area. Finally, both Mr. Northam and Mr. Brandon expressed the need for additional mental health services in West Alabama.

Mr. Bart Robertson – Primary Officer of the Christian Center of Concern

Ms. Redonia Keeton – Director of the Christian Center of Concern

Reverend Danny Whitehead – Rector of St. Michael's Episcopal Church in Fayette, AL

Mr. Robertson, Ms. Keeton and Rev. Whitehead participated in a focus group meeting with facilitators Stephanie Craft and Sammy Watson. These individuals provide vital services to low-income, minority populations and the medically underserved in the community served by Fayette Medical Center.

The Christian Center of Concern is a non-profit organization that operates entirely with volunteers and donations from churches, individuals, businesses, food drives, civic groups and the USPS. The Center ministry began in 1990, and has served the community by providing food to anyone in need and to those who receive limited food stamps. The service supplements individual and family needs and helps ensure survival.

The Christian Center of Concern is also a ministry supported by St. Michael's Episcopal Church. In addition, Rev. Whitehead has several outreach ministries that also provide for the community. St. Michael's Beans and Rice Ministry serves 30 families a month with a high-protein meal and the Harvesting Hope Community Garden provides free nutrient-dense produce and education on healthy eating for those in need in the community. Rev. Whitehead stated that while they provide healthy seeds and plants and will educate residents on how to grow fresh vegetables, many will not come and refuse to eat healthy. As a result, many low-income residents resort to fast food and other poor eating options and are overweight or have diabetes. Ms. Keeton stated that many residents in the area have food insecurity as well as great needs for personal hygiene products such as toilet paper, dish detergent and soap.

She also stated that many in the low-income and minority populations are still fearful of contracting the COVID-19 virus and, as such, will not seek the help they need including medical care. Ms. Keeton, Rev. Whitehead and Mr. Robertson all agreed that issues of health they see include the uninsured, access to food and basic preventive care, mental illness, lack of resources and the need for Medicaid expansion in Alabama.

Valerie Alford – Program Director at North Harbor Pavilion

Jennifer Singleton – Community Education Manager at North Harbor Pavilion

North Harbor Pavilion, which is located on the campus of Northport Medical Center, is an inpatient psychiatric treatment facility for adult and geriatric patients. This facility serves patients throughout West Alabama. The interdisciplinary treatment plan includes nursing care, group therapy, mental health education and a discharge plan specifically designed to improve the quality of life of the patient.

Ms. Alford and Ms. Singleton agreed that there is a great need for additional inpatient psychiatric beds to serve adolescent patients. It is their hope that the leadership of the DCH Health System will consider the process of adding adolescent psychiatric beds to North Harbor Pavilion to address the need throughout West Alabama. They noted the increase in anxiety, depression and suicide in children due to the COVID-19 pandemic and the restrictions placed on schools. The onset of the pandemic shut down previous action plans that were designed to address the mental health crisis in the area.

The Talks Saves Lives program, which is designed to prevent suicide in children, was halted due to COVID. Ms. Singleton is fully trained in this program, and it is anticipated that the program will begin in the near future as restrictions have been lifted and schools have returned to in-person learning. Ms. Singleton and Ms. Alford also noted the great need for mental health medication administration in the homeless population. They also plan to start a shot clinic at North Harbor Pavilion to allow patients to receive much needed maintenance medications to mitigate the effects of some mental health disorders. The intent is to minimize crisis situations that result in admission to the emergency department and arrests. Both ladies also expressed concern in the shortage

of mental health staff. While in the past there was a need for another psychiatrist, that need has been fulfilled; however, other clinical staff is still needed.

North Harbor Pavilion now has a pharmacist on staff as well. North Harbor Pavilion staff has also been trained and plans to implement the *Screening, Brief Intervention, and Referral to Treatment* program (SBIRT) which 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 will address and allow for early intervention and prevent multiple admissions to the facility.

David Anderson – Director of the DCH Diabetes and Nutrition Education Center

Cindy Huggins – Dietician at the DCH Diabetes and Nutrition Education Center

Marsha Fowler, RN – DCH Diabetes and Nutrition Education Center

The team of the DCH Diabetes and Nutrition Education Center met with facilitators Stephanie Craft and Sammy Watson to discuss the burden of diabetes in West Alabama. The Alabama Department of Public Health Data provided in this report shows that diabetes is one of the leading causes of death in Fayette and Lamar counties. This is consistent with most of the counties in Alabama.

National data states 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. Studies also show that this increase will most likely occur in rural areas, low-income areas and areas with high obesity rates. Mr. Anderson, Ms. Huggins and Ms. Fowler all agreed that there is a need for more education to the public regarding this disease. The DCH Diabetes and Nutrition Education Center is a stand-alone facility that provides education and training in self-management skills for individuals with diabetes and nutritional needs with the goal of delaying the onset of diabetes or preventing complications associated with the disease.

COVID-19 prevented the normal class schedule and size of the class, but it is the hope of the team that regular classes will resume immediately. It is also their desire to participate in health fairs and market to physicians throughout the service area to ensure that individuals and families are aware of the services the DCH Diabetes and Nutrition Education Center provides. The US Department of Health and Human Services *Healthy People 2030* continues to list as one its goals to reduce the burden of diabetes and to improve the quality of life for people who have or are at risk for developing diabetes. The program initiatives of the DCH Diabetes and Nutrition Education Center mirror the objectives set forth in the federal government's program.

Cynthia Burton – CEO of Community Service Program/Chairman of Whatley Health Services Board of Directors

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

To ensure compliance with the Affordable Care Act, several representatives of the medically underserved, low-income and minority populations were interviewed for this CHNA project. 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 including the counties of Fayette and Lamar.

Community Service Programs of West Alabama is a private, nonprofit, community action agency that provides education, housing and support services that includes assistance for the elderly, meal delivery, utility assistance and case management. It is the goal of the agency to create self-sufficiency for those served, resulting in a better quality of life. Whatley Health Services is a private, nonprofit, community health center that provides primary health care and dental care in multiple locations throughout West Alabama.

Services include internal medicine, family, pediatric, and adolescent care, mental health care, the WIC program for women and children, chiropractic care, HIV/AIDS care, pre-natal care, dental care, ENT services, pharmacy services and laboratory services. Mr. Gay and Ms. Burton addressed many health needs identified in the individuals and families they serve. Issues identified included:

- Lack of community resources
- Transportation
- COVID-19 and associated consequences
- Access to basic primary and preventive care
- Increase in the suicide rate in children
- Long wait times in the emergency room
- Domestic violence
- Lack of affordable housing
- Homelessness
- Language barriers among the increased Hispanic population
- High rate of inflation
- Food insecurity
- High cost of childcare

Ms. Burton and Mr. Gay both agreed that the DCH Health System and its hospitals, including Fayette Medical Center, have been steadfast in attempting to address these needs; however, the health needs remain prevalent in the community. They both agreed it is incumbent upon all these organizations to continue the relationships and work together to educate the public on the services provided by the organizations. It was suggested that, when appropriate, patients need to be educated on these services upon discharge from the emergency department or the hospital.

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

The Good Samaritan Clinic is a nonprofit free clinic staffed by volunteer physicians, pharmacists, dentists, nurses, counselors and others who provide primary health and dental care to more than 350 uninsured and underinsured adults aged 19-64.

While the Good Samaritan Clinic does not provide services to Lamar County, it does to residents with income at or below 200 percent of the poverty level in Fayette County. It is the only free clinic in the area. Ms. Armour met with facilitators and explained that many of the residents in the service area are unaware of their services.

She also stated that many could not come to their clinic because they did not have transportation, and many did not seek care at all because of the stigma associated with poverty and receiving free care. It is the hope of Ms. Armour that Fayette Medical Center will provide information on the clinic's services to increase access to vital health services in the rural area of Fayette County.

Billy Kirkpatrick, PhD/CEO of Five Horizons Health Services

The CHNA facilitators met with Dr. Kirkpatrick and several members of his staff in a focus group to discuss the health needs of the clients served by Five Horizons Health Services. Five Horizons is a nonprofit organization, formerly known as West Alabama AIDS Outreach.

The former agency grew beyond providing just HIV-related outreach and prevention services to now include general and more specialized health services. The organization serves 10 counties in West Alabama including Fayette and Lamar counties, and provides HIV case management and counseling, housing assistance, HIV/AIDS prevention education and free HIV testing.

Dr. Kirkpatrick and his staff identified transportation as a major issue of health as the lack of transportation prevents those in the rural areas from seeking testing and preventive treatment. Access is a barrier to care for those in the rural area that Dr. Kirkpatrick and his staff want to eliminate. He also stated that many individuals in rural areas are unaware of the services

provided. He suggested more robust education to patients who may present at the emergency room or may be admitted to Fayette Medical Center. Dr. Kirkpatrick is considering a mobile clinic to reach those located in the rural areas of West Alabama.

Donald Jones, RN/Administrator of Fayette Medical Center

A meeting was held between facilitators and Mr. Donald Jones, RN, and Administrator of Fayette Medical Center to discuss issues of health and prior issues of health and action plans that have been implemented to address those issues. Mr. Jones agreed that mental health and access to specialty psychiatric services remains a major issue of health in the area and additional resources are needed to adequately address those needs. He confirmed that the use of telepsychiatry in the Fayette Medical Center emergency department has helped to provide greater access to mental health services and he hopes to expand the use of telemedicine to address other access issues in the area.

Mr. Jones reported that efforts to recruit physicians and nursing staff is also of great importance in addressing the access to care need in the area. He also noted that there is a significant increase in the elderly population in the area and those individuals need additional services such as independent living, assisted living and specialty care assisted living services which are currently not available in the area. Mr. Jones confirmed that poor health factors that contribute to the leading causes of death in the area are still prevalent in Fayette and Lamar counties.

While the prior CHNA suggested free health screenings to educate residents in the area on better care and proper treatment to manage common health problems including diabetes, hypertension, and obesity, the COVID-19 pandemic significantly reduced the ability of his staff to conduct these health fairs. He hopes to continue this program and other events and sponsorships such as run/walk events and the Alabama Department of Public Health's Scale Back Alabama program to decrease the incidence of obesity in the area.

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

Ms. Adcox met with the facilitators to discuss the various health needs of the clients served by her agency. The Area Agency on Aging of West Alabama provides services to elderly persons and their families as well as those who are disabled.

The agency serves more than 830 clients in a seven-county area including Fayette and Lamar counties. The resources provided by the agency assist older adults in maintaining independence in their homes in a safe and effective manner for as long as possible. Adults who qualify for the program can receive legal counseling, home delivered meals, assistance with chores in their homes, discounts on prescription medications, part-time job placement, health promotion classes, long-term care services, housing and advice on health insurance plans to best suit the need of each individual or family.

The agency does not provide dental and vision insurance coverage, and this is indeed an issue of health for the elderly according to Ms. Adcox. She also suggested transportation is a major barrier creating a lack of access for many in the elderly population. All efforts were made by Fayette Medical Center, the staff of DCH Health System, and the facilitator team to gain input from all appropriate and required sources for this CHNA exercise.

3. RELEVANT HEALTH CARE DATA

Additional pertinent data obtained from local, state, and national data is provided in Appendixes A, B and C.

PRIORITIZED NEEDS AND ACTION PLANS TO ADDRESS

After comprehensive review of the Stakeholder's input, additional pertinent data and prior CHNA priorities, the leadership of Fayette Medical Center and the DCH Health System determined three issues of health to be considered priorities for Fayette Medical Center to address. Financial feasibility, effectiveness, and available resources were considered.

Multiple issues of health identified in this CHNA were consistent with issues of health identified in previous CHNAs and, as such, many strategies are currently in place and are considered effective to address these needs. Fayette Medical Center maintains its desire to focus on strategic plans designed to improve the overall health of residents in the community and to ensure access to health care for everyone in the community regardless of their ability to pay. For that reason, the following three needs are established as priorities and the action plans to address those needs are included.

1. Access to Care/Actions to Address:

- ✔ Continue the arrangement with DCH Health System to provide specialty clinics in Fayette, Alabama on a bi-weekly and monthly basis. Those clinics will include orthopedics, neurology, cardiac care, nephrology, podiatry, urology, optometry and a Veteran's Administration clinic for veterans.
- ✔ Explore expanding services for the elderly to provide a more appropriate continuum of care to include independent living, assisted living, and a specialty care assisted living facility to complement Fayette Medical Center's existing nursing care facility.
- ✔ Continue to promote and market the rural health clinics in the area and the new Fayette Medical Center primary care clinic through social media and through more traditional display advertising. Fayette Medical Center plans to work with the DCH Health System Vice President of Marketing and Communications to assist in this endeavor.
- ✔ Expand the use of telemedicine in the area. Fayette Medical Center currently uses the Qler program in the emergency department to provide consultations to patients needing mental health evaluations. This program allows a board-certified, licensed psychiatrist provided by the Qler network to work with the emergency room physicians to recommend a treatment plan for the patient including appropriate medications and follow-up care. Due to the success of this program, the hospital has expanded use in the inpatient and nursing home settings. Fayette Medical Center leadership is evaluating costs and effectiveness of using telemedicine in cardiac and neurology cases to make certain patients are getting access to the most appropriate care.
- ✔ Continue collaborative efforts with the DCH Health System Foundation and the Fayette Medical Center Foundation to provide transportation, prescription medications, lodging for family members when specialty services are needed outside of Fayette and financial assistance with utilities for residents in Fayette and Lamar counties.
- ✔ Continue working with the City of Fayette elected officials to extend the half-cent sales tax which provides funding for the hospital to operate. City officials voted in July of 2021 to renew the sales tax for three additional years through 2024.
- ✔ Maintain relationships with other organizations in the area such as Community Service Programs of West Alabama, the Good Samaritan Clinic, Whatley Health Services and the Area Agency on Aging of West Alabama to improve access to health care in West Alabama.
- ✔ Continue to work with the local school programs and the University of Alabama to identify students who are interested in the medical field and encourage their return to Fayette to practice.

- ✔ Continue efforts to recruit physicians and nursing staff to Fayette, Alabama
- ✔ Work with the governmental leaders in the city of Fayette and the county of Fayette to develop land to increase housing opportunities for the increase in population expected in the area

2. Mental Health/Actions to Address:

- ✔ Expand the use of telemedicine in other settings besides the emergency department. As stated earlier, Fayette Medical Center is currently using the Qler program to assist emergency room physicians in developing treatment plans and medication management for patients needing mental health evaluations. The hospital has expanded this program to the inpatient setting of the hospital and the long-term care facility at Fayette Medical Center.
- ✔ Continue to distribute educational materials throughout the community on the telepsychiatry services provided at Fayette Medical Center as well as mental health services provided by other organizations serving the area including Indian Rivers Behavioral Health, West Alabama Mental Health Center, Five Horizons Health Services and Whatley Health Services.
- ✔ Continue relationship with the Fayette County EMS providers to increase access to Narcon overdose kits.
- ✔ Work with the DCH Health System and North Harbor Pavilion to increase inpatient mental health beds for adolescents
- ✔ Work with the staff at North Harbor Pavilion to provide education materials to students in the local school system on suicide prevention.

3. Risk Factors that Contribute to the Leading Causes of Death/Actions to Address:

- ✔ Continue to coordinate efforts with the DCH Diabetes and Nutrition Education Center to market to local physicians to increase referrals and better manage the obesity and diabetes epidemic in the area.
- ✔ Continue annual health fairs that provide free screenings including prostate, diabetes, vision, cardiac, colon and mammography screening.
- ✔ Provide sponsorships and encourage employee participation in local community events that encourage exercise and increased physical activity.
- ✔ Encourage Fayette Medical Center's employees continued participation in the DCH employee wellness program.
- ✔ Market and educate residents in the area on the newly expanded Fayette Medical Center cardiac rehabilitation program which includes wellness and prevention.

OTHER RECOGNIZED HEALTH CARE NEEDS NOT PRIORITIZED

While multiple issues of health were identified throughout the CHNA process, Fayette Medical Center leadership determined it was impossible to address each of the health issues identified by the Stakeholders and the data provided. As such, it was decided that the most effective and financially feasible path forward was to continue action plans for issues of health considered priorities in past CHNAs.

Stakeholder meetings suggested the issues of health remain constant in the community and efforts to address those issues have been successful and should remain in place. Issues of health that were identified but not considered as priorities can be addressed by other agencies and organizations in the area that provide services to residents in Fayette and Lamar Counties.

DOCUMENTING RESULTS/ PLANS TO MONITOR PROGRESS

Following approval of this report by the Fayette Medical Center's Governing Board, the hospital will make this report available to the public for viewing and comments on the hospital website. It is the intention of Fayette Medical Center to continue the action plans currently established through prior CHNA projects to ensure all residents in Fayette County, as well as those served by the hospital in southern Lamar County, are provided with the highest quality of health care services in an accessible and affordable manner. The goal of this plan is to provide services that improve the quality of life for all residents in the community including the medically underserved, the low-income, and the minority populations.

EXISTING RESOURCES AVAILABLE TO MEET THE IDENTIFIED HEALTH NEEDS

The following is a list of available resources specific to Fayette County and southern Lamar County in West Alabama:

- The Alabama Department of Public Health
- The Alabama Department of Mental Health
- The Alabama Department of Senior Services
- The Alabama Department of Human Resources
- The Alabama Cooperative Extension Services
- Alabama Medicaid Agency
- All Kids – health care coverage program for children under 19
- Alabama Autism Society
- The Arc of Fayette, Lamar, and Marengo Counties – services for intellectual and/or developmental disabilities
- American Red Cross – disaster relief, military services, CPR/first aid/safety classes
- Alabama Rural Health Association
- Area Agency on Aging – Fayette County Senior Centers
- Bevill State Community College
- Boys and Girls Club of West Alabama – education, recreation, and leadership programs for children and youth
- Community Service Programs of West Alabama – support programs, educational programs, housing assistance
- Easter Seals of West Alabama – assistance to children and adults with physical handicaps
- Fayette Senior Activity Center – hot meals, educational programs, transportation to the center, activities and services, some health services
- Fayette Chamber of Commerce
- United Way of West Alabama
- Fayette County Child Welfare
- Fayette County Parks and Recreation Department
- Health InfoNet of Alabama – consumer health information
- Hospice of West Alabama
- Northwest Alabama Mental Health Center
- Whatley Health Center – comprehensive health services for the medically underserved, low-income, and minority populations
- The Salvation Army
- Start Program – substance abuse assistance
- The Sickle Cell Disease Association of America – West Alabama Chapter
- United Cerebral Palsy of West Alabama
- Five Horizons Health Services – HIV/Aids treatment, prevention, and education
- Good Samaritan Clinic – free primary and dental health care for the indigent and uninsured
- West Alabama Mental Health Alliance – mental health service, support, and outreach

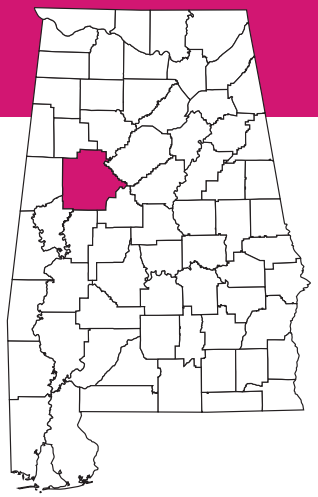
LICENSED HEALTH CARE FACILITIES SERVING THE COMMUNITY

Licensed Facilities in Fayette County, Alabama:

Type of Facility	Facility
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

Licensed Facilities in Lamar County, Alabama:

Type of Facility	Facility
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



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

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

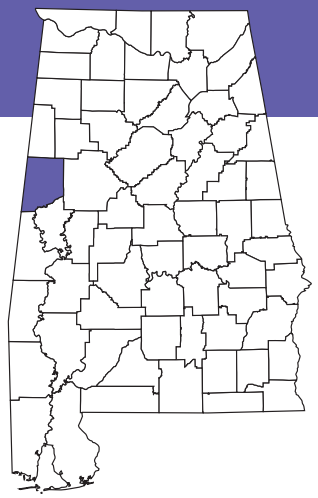
Rates are per 1,000 population in specified age group.

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

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

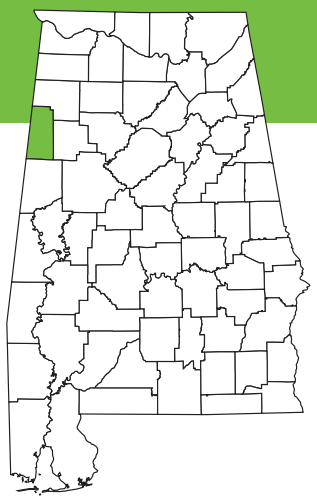
Rates are per 1,000 population in specified age group.

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

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

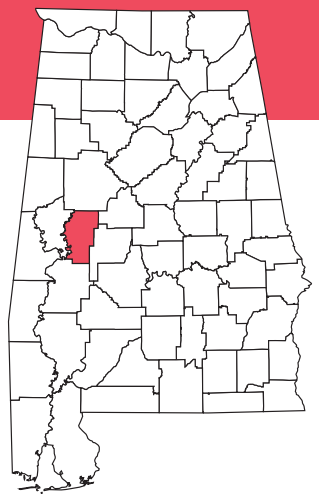
Rates are per 1,000 population in specified age group.

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

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

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

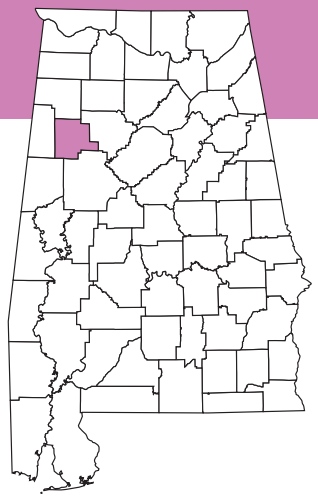
Rates are per 1,000 population in specified age group.

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

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

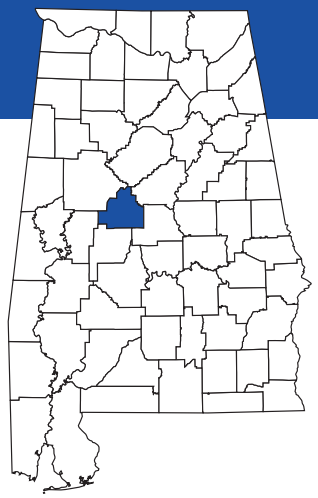
	Total	
Age Group	Number	Rate
Total	217	13.3
0–14	2	0.7
15–44	15	2.7
45–64	51	11.6
65–84	104	32.3
85+	45	138.5

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

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	—

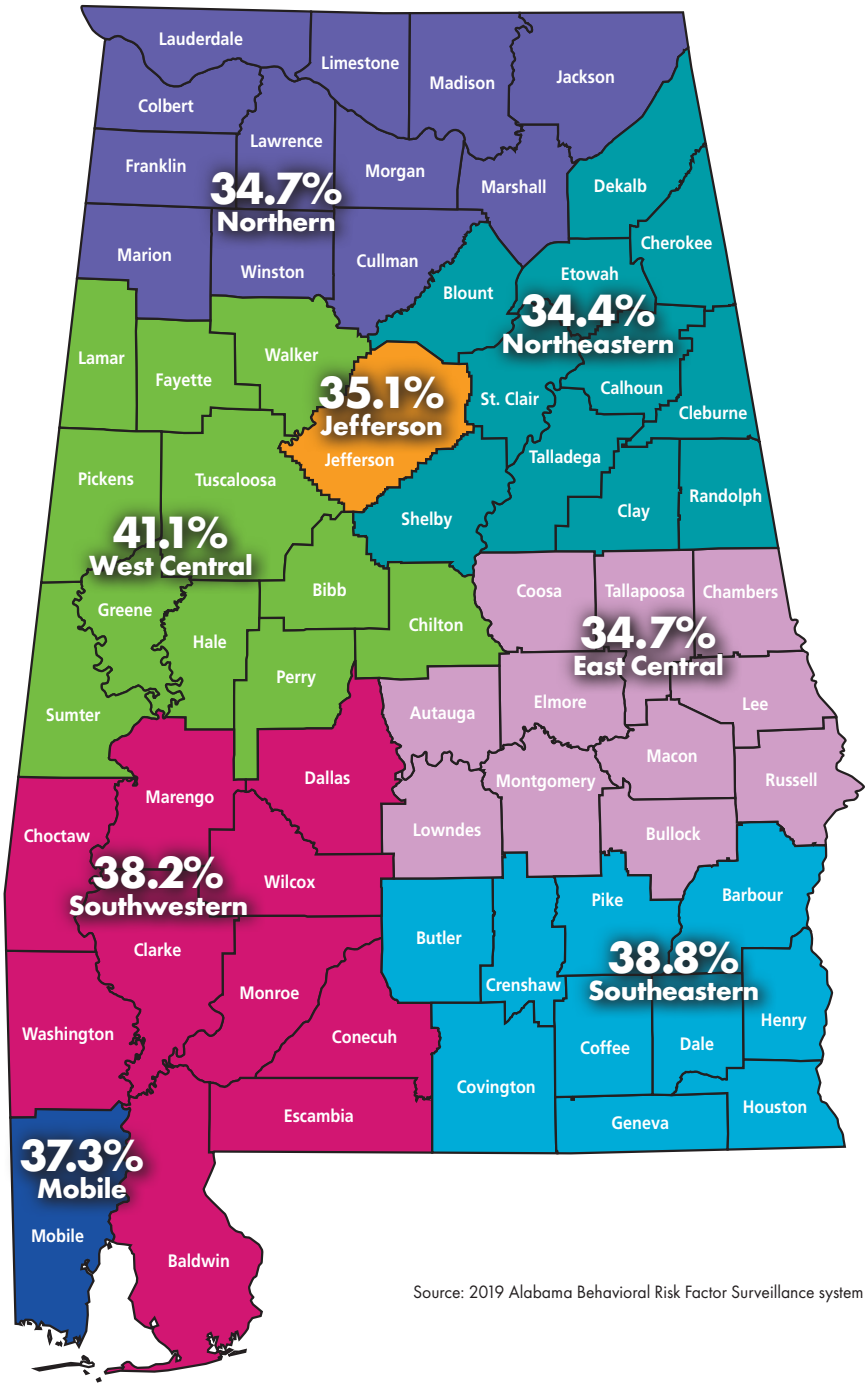
Rates are per 100,000 population in specified categories.

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

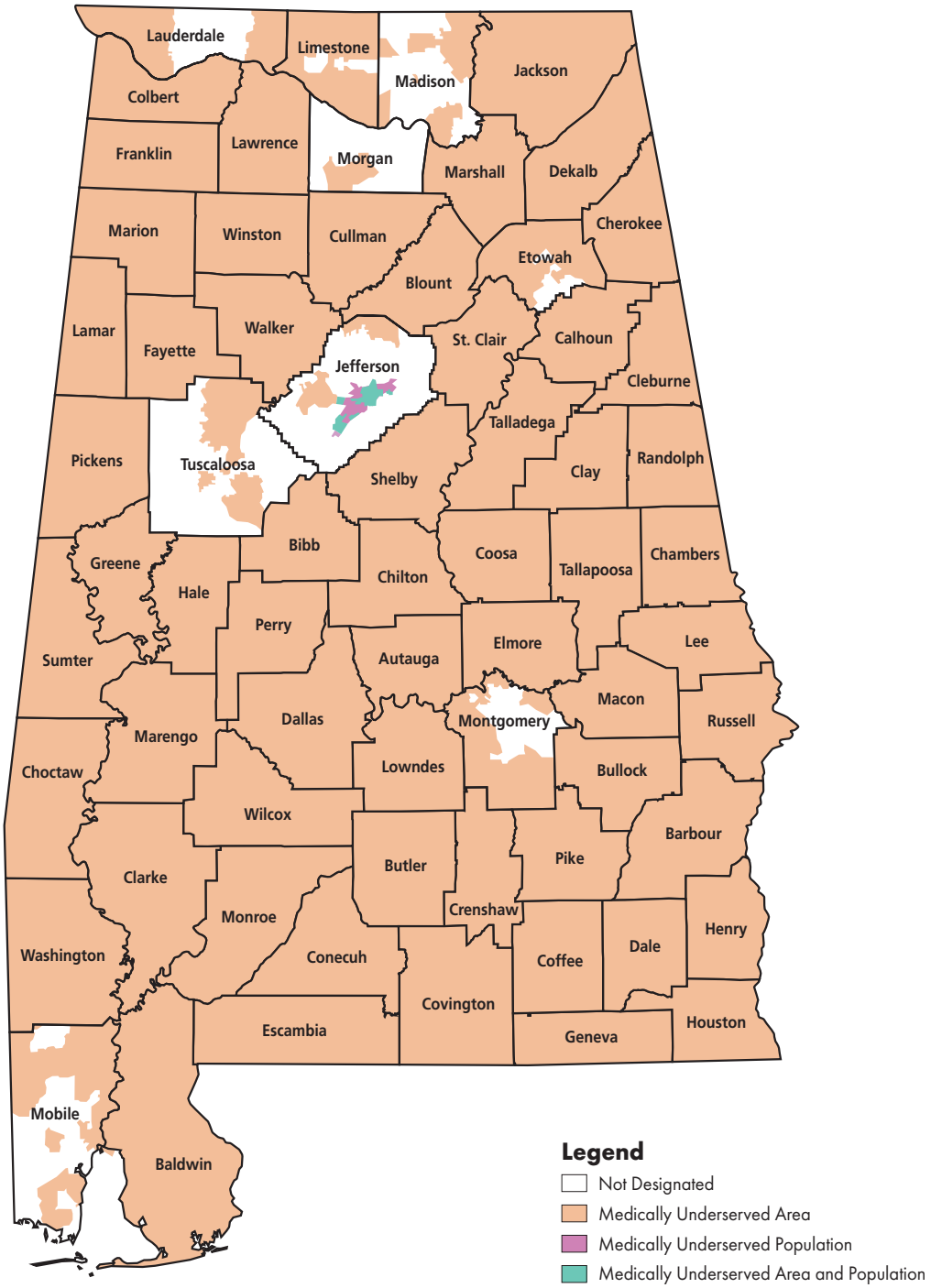
APPENDIX A

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

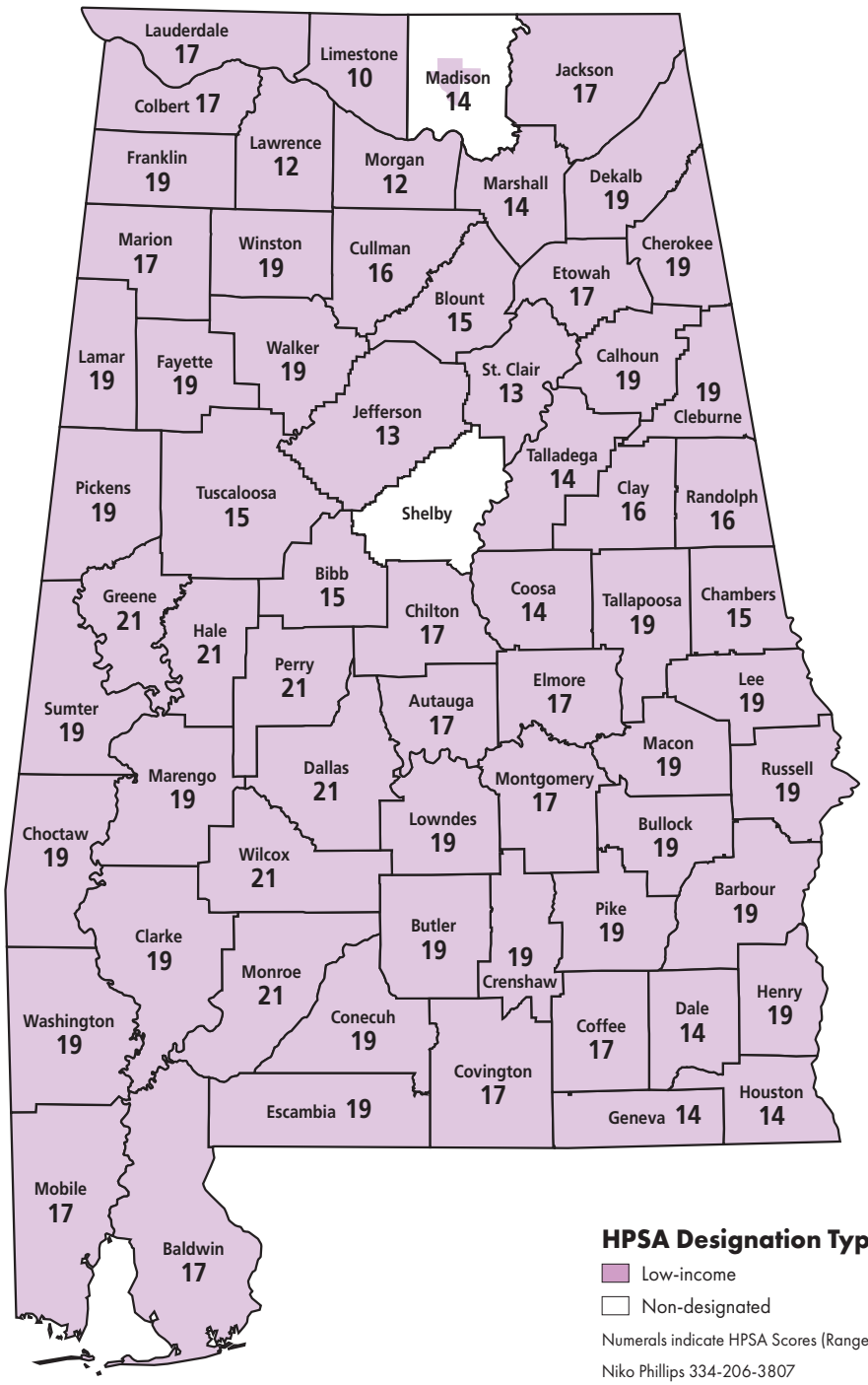


Source: 2019 Alabama Behavioral Risk Factor Surveillance system (BRFSS)

Medically Underserved Areas/ Populations (MUA/Ps)



Dental Health Professional Shortage Areas (October 2017)



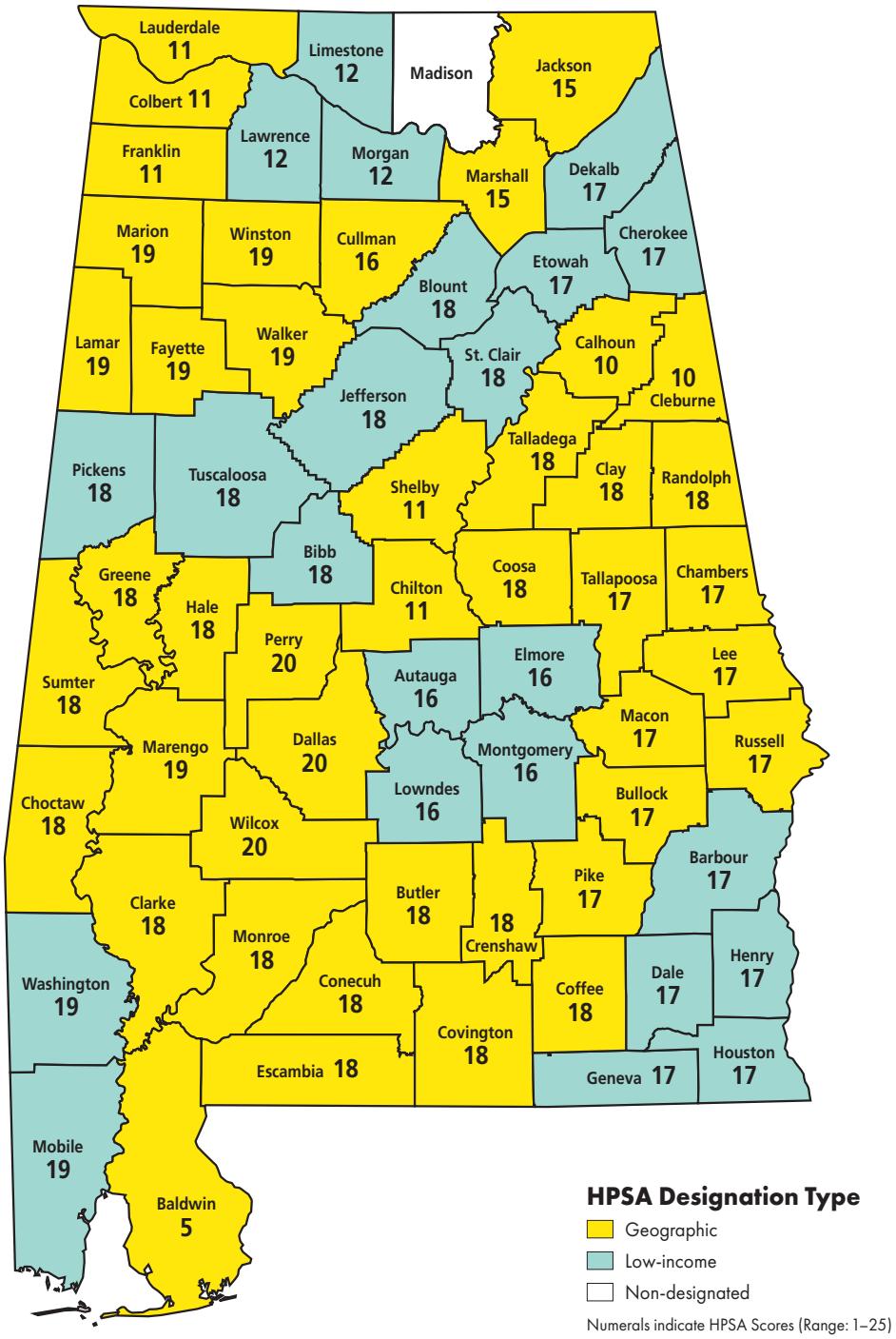
HPSA Designation Type

- 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)



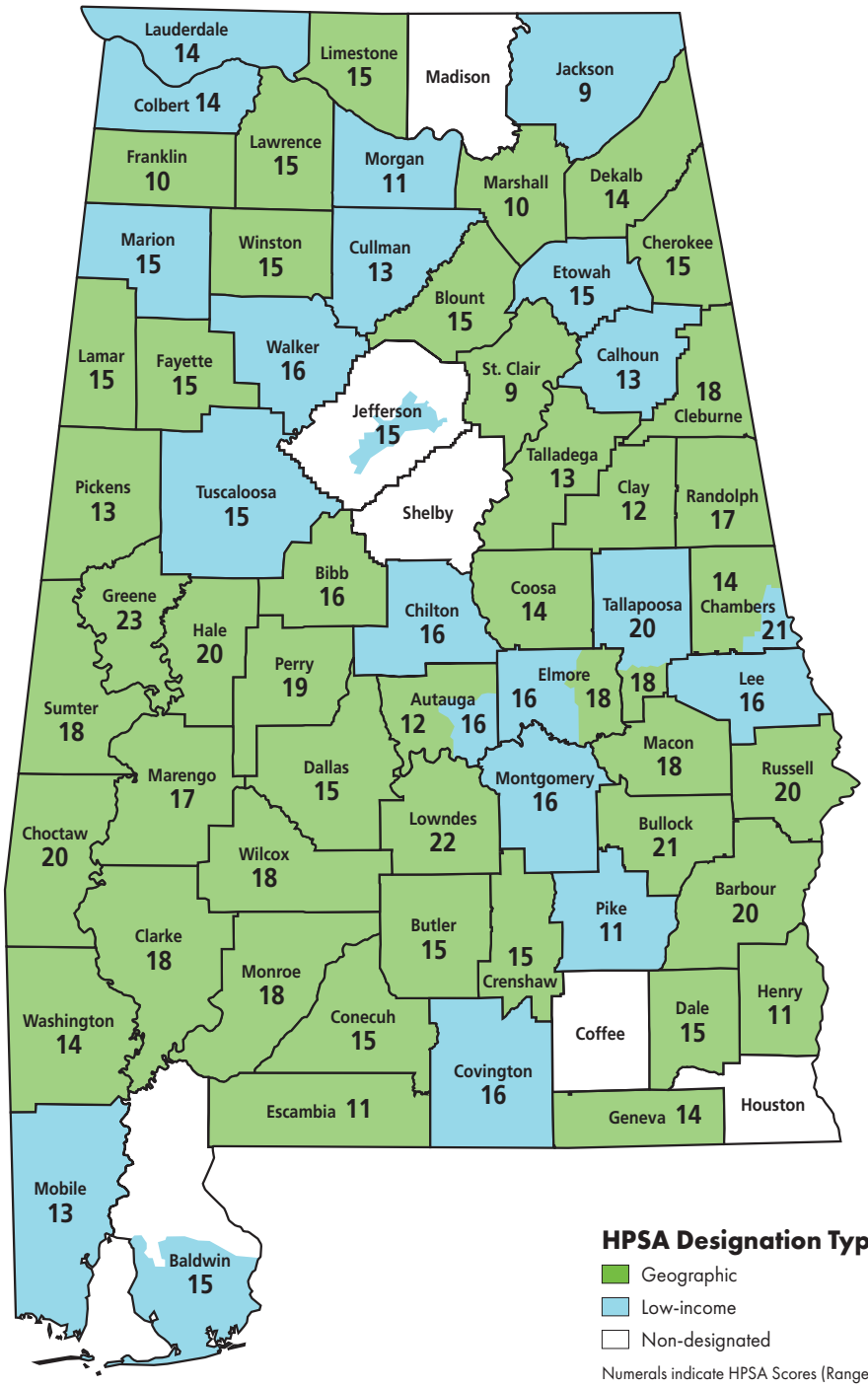
HPSA Designation Type

- Geographic
- Low-income
- Non-designated

Numerals indicate HPSA Scores (Range: 1–25)

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

Primary Care Health Professional Shortage Areas (January 2019)



HPSA Designation Type

- Geographic
- Low-income
- Non-designated

Numerals indicate HPSA Scores (Range: 1–25)

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

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.

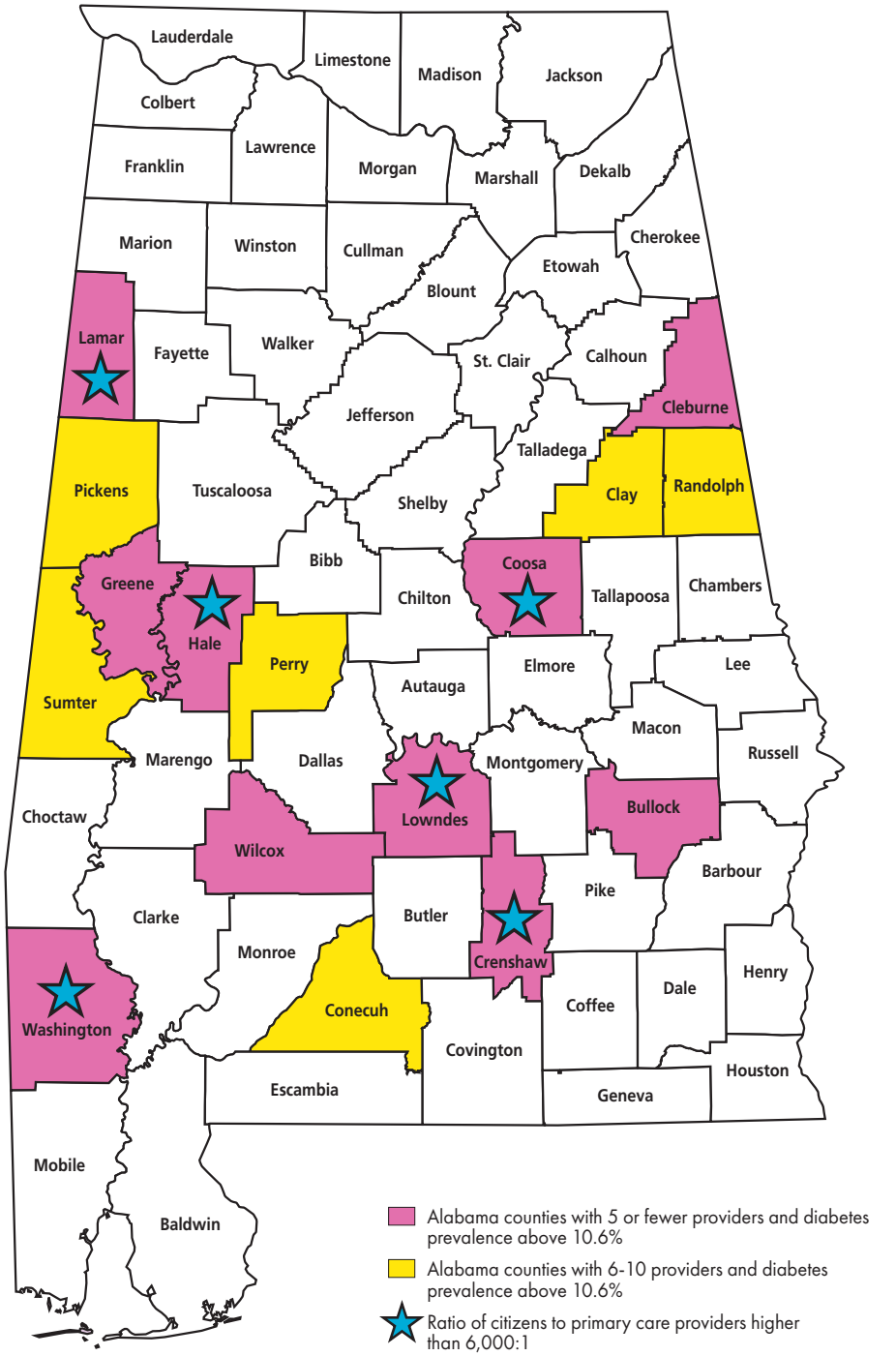
American Diabetes Association®

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

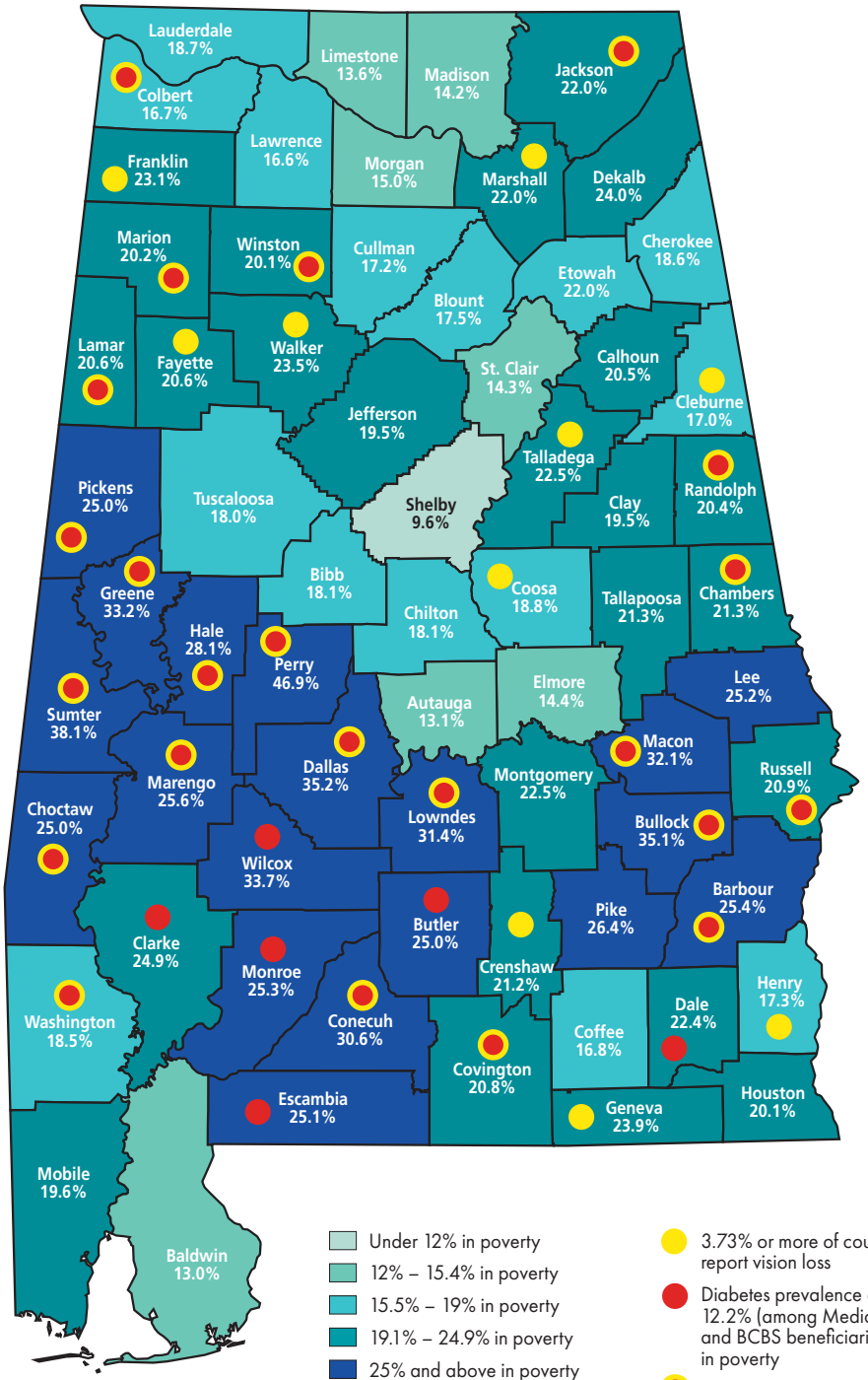
Learn more at **diabetes.org**
1-800-DIABETES (800-342-2383)

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

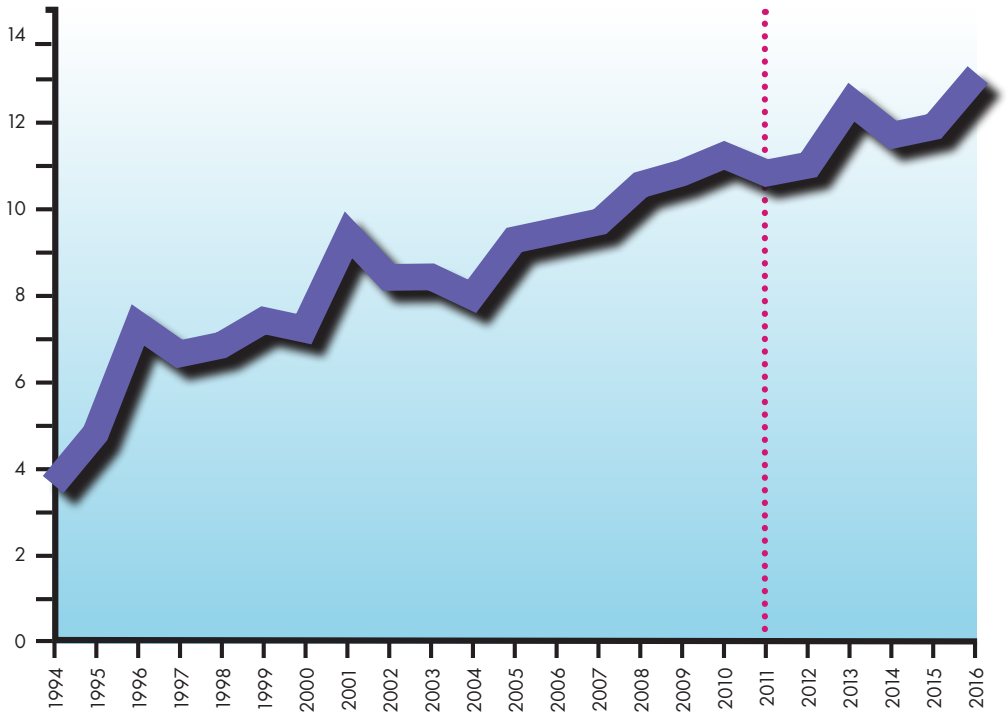
Alabama Poverty, Vision Loss, and Diabetes Prevalence by County



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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YOUR HEALTH