FAYETTE MEDICAL CENTER

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

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INTRODUCTION

Fayette Medical Center is a public, not-for-profit community hospital located in Fayette, Alabama, the largest city in Fayette County, Alabama. Since its beginning in 1936, Fayette Medical Center with its administrative, clinical, and support staff has provided the highest quality of care to the community it serves by operating under the highest standards and by maintaining its commitment and vision of improving the quality of life for every resident in this rural area of Northwest Alabama.

The Fayette Medical Center's (the "Medical Center") hospital is a 61-bed acute care hospital facility accredited by the Joint Commission. The Medical Center also includes a 122-bed fully accredited intermediate and skilled nursing facility. In addition to inpatient and outpatient services that include state-of-the-art diagnostics, a fully-equipped laboratory, and physical, occupational, and speech rehabilitation therapy services, the Medical Center's hospital maintains and operates a five-suite surgical department with a large dedicated recovery area, an eight-bed intensive care unit, and a full-service emergency department. In the event patients need extra time in the hospital, a swing bed program is provided to assist in giving patients the greatest potential for a full recovery, a successful health outcome and a return to normal activities. The Medical Center also provides residents specialty services on-site or in nearby facilities in cardiology, oncology, urology, orthopedics, neurology, ophthalmology, otolaryngology, nephrology, and rheumatology.

Located just 45 miles north of the city of Tuscaloosa Alabama, the hospital serves residents in Fayette County, Alabama as well as the southern portion of neighboring Lamar County, Alabama. The Medical Center is the largest employer in the county. In 2018, 866 patients were admitted to the hospital, 12,364 patients were seen in the emergency department, and 2,522 surgeries were performed. Since 1984, the hospital has operated under an operating lease agreement with the DCH Health System.

EXECUTIVE SUMMARY

As required by the Affordable Care Act (Section 501 (r)), Fayette Medical Center under the leadership of the DCH Health System organized a team to conduct a Community Health Needs Assessment ("CHNA") designed to enlist key stakeholder input from within the community, identify various health needs in the community, prioritize those health needs based on potential effectiveness and financial feasibility, and develop and implement action plans to address those identified priorities. This 2019 CHNA is a re-evaluation of the 2013 and the 2016 CHNAs previously conducted by the Medical Center and includes any new identified health needs within the community. The development of this CHNA included input from required community resources including experts in public health and representatives from the medically underserved, minority, and low-income groups, as well as other key leaders in the community who have experience and knowledge of the health care needs within the community. This report also includes pertinent support data provided by the Alabama Department of Public Health, the Robert Woods

Johnson Foundation, the Alabama Rural Health Association, the US Census Bureau, and the Center for Business and Economic Research (CBER).

In addition to leadership from DCH Health System and Fayette Medical Center, professional and experienced representatives from Hand Arendall Harrison Sale, LLC and SBC Consulting, LLC were engaged to act as facilitators for the CHNA. Stakeholders were identified and invited to participate in this important exercise. The Stakeholders' input was invaluable in determining the most pressing issues of health needs to be addressed.

Members of the Stakeholder group held an initial meeting on June 14, 2019 at Fayette Medical Center to discuss the issues and review pertinent health information and data. Additional small focus groups and telephone interviews were scheduled in the weeks following the initial Stakeholders' meeting. After considering the geographic area surrounding the hospital, the patient population of the hospital, the medically underserved, minority, and low-income populations within the area, as well as the disease states within the community, it was determined that the service community should be defined as Fayette County and southern Lamar County. Factors such as community demographics, socio-economic, behavioral, and environmental factors were all considered as all such factors have been found to contribute to the overall health status of a community. Public Health Data showed the five leading causes of death in the community to be cancer, heart disease, chronic lower respiratory disease (CLRD), Alzheimer's disease, and stroke. Those deaths occurred primarily in the 65-84 age group followed by the 85 and above age group. The County Health Rankings and Roadmaps data provided through the Robert Woods Johnson Foundation showed that although Fayette County ranked 23rd out of 67 counties in Alabama in 2018 and 17th out of 67 counties in 2019, there were certain factors that needed attention and were assumed to negatively affect the health status of residents in the community. Health behaviors needing attention included adult obesity, physical inactivity, the high rate of teen births, and alcohol-impaired driving deaths. Lamar County ranked 37th out of 67 counties in 2018 and 51st in 2019. Health behaviors needing attention in that county included obesity and physical inactivity, the high rate of teen births, and the lack of access to exercise opportunities. It should be noted that aside from the services provided through the Alabama Department of Public Health, there are no obstetrical services provided in Fayette County and southern Lamar County. Shortages in dental and mental health providers were also identified as issues. Hospital data showed the top admitting diagnosis as severe sepsis resulting from complications of diabetes, pulmonary edema and chronic obstructive pulmonary disease, pneumonia, and heart failure. Access to care including transportation, and mental health services were also health issues identified through Stakeholder input. US Census Bureau data provided through the Center for Business and Economic Research at the University of Alabama showed that in both Fayette and Lamar counties, the overall populations were expected to decrease over the next 20 years; however, the elderly population was expected to grow. Multiple studies suggest that the elderly have more chronic diseases and as such require more health care services. These identified issues were discussed by the Stakeholder group and hospital leadership. It was determined that the following three health needs should be considered priorities:

- Mental Health

- Access to care
- Prevention of chronic diseases

Following approval of the DCH Health System Governing Board, this report will be made widely available to the public and the progress of the needs and subsequent action plans will be monitored and updated as needed. This report will include:

- The methodology used to identify the health needs
- A review of the 2016 CHNA
- The prioritized health needs with action plans to address
- Existing resources available to address the needs
- Documentation and plans to monitor the CHNA
- Supplemental Data

METHODOLOGY

To assist in ensuring compliance with the requirements set forth in the Affordable Care Act and the IRS regulations, the facilitator team of Hand Arendall Harrison Sale, LLC and SBC Consulting, LLC were engaged to assist in conducting the CHNA. This team has worked with the DCH System in facilitating both prior CHNAs. Hand Arendall Harrison Sale, LLC provided legal guidance and SBC Consulting, LLC provided healthcare knowledge and experience throughout the process.

The Stakeholder committee was developed by Fayette Medical Center leadership and the DCH System leadership. These individuals included experts in public health, representatives of the medically underserved and minority populations, and various other leaders within the community who agreed to take ownership in the CHNA and participate in ongoing efforts to improve the health status of the community. Discussions among the Stakeholders centered on experiences in the community and the discussions were informed by data provided that included leading causes of death, risk factors, health behaviors, demographics, and socio-economic, and environmental factors which all affected the health of the community.

The initial meeting of the Medical Center leadership and the enlisted Stakeholders was held at Fayette Medical Center on June 14, 2019. Facilitator Stephanie Craft of SBC Consulting, LLC described the CHNA process, the reasons for the CHNA process, and the desired results of the CHNA exercise. She then invited a round-table discussion of the various issues of health from the diverse group of Stakeholders. The group agreed that the community should be defined as Fayette County and the southern part of Lamar County. The Stakeholders were also provided a brief review of the 2016 CHNA and the status of the prioritized needs and action plans that were developed. Additional focus groups and telephonic interviews were also conducted to ensure appropriate and required input was received and considered.

The Stakeholder Committee included the following:

- Myra Rainey – Department of Human Resources
- Jerry Lacey – Former County Commissioner, retired educator
- Donald Jones – Administrator of Fayette Medical Center
- Mike Freeman – Fayette County Probate Judge
- Skip Newman – former director of the Northwest Alabama Mental Health Center
- Bryan Kindred – President and CEO of the DCH System
- Stacey Adams – Alabama Department of Public Health – West Alabama Division
- Sammy Watson – DCH System Director of Community Relations
- Anne Gaddy, R.N. – Manager, DCH Diabetes and Nutrition Education Center
- Lynn Armour – Executive Director, Good Samaritan Clinic
- Cynthia Burton – Executive Director, Community Service Programs of West Alabama
- David Gay, Interim Director, Maude Whatley Health Services, pastor

OBTAINING PUBLIC INPUT

Section 501 (r)(3) of the IRS regulations require community input from three primary sources including experts in public health, representatives of the medically underserved, minority, and low-income groups, and any written comments received from the public in response to the most recent conducted CHNA. Fayette Medical Center received input from the public health experts and representatives of the underserved and low-income; however, to date, no comments have been received regarding the 2016 CHNA. In addition to the required input, the Medical Center asked for input from educators, county government officials, providers, and other active community leaders. Pertinent quantitative and qualitative data was also reviewed by and with the Stakeholders. Fayette Medical Center is dedicated to working in a collaborative effort with other leaders in their community to ensure access to care and the highest quality of life for the residents in the community.

1. 2016 CHNA Review

Upon approval of the 2016 CHNA by the Medical Center's Governing Board, 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 prior CHNA:

- The Community was defined as Fayette County and the southern part of Lamar County, Alabama.

- The issues of health identified included:

  - ✓ Major causes of death – heart disease, cancer, stroke, diabetes, accidents
  - ✓ Access to care – transportation issues, limited specialty services
  - ✓ Substance abuse
  - ✓ Pre-natal and maternity care

- ✓ Mental health
- ✓ Obesity
- ✓ Dental Health
- ✓ Lack of primary care physicians
- ✓ Hypertension
- ✓ Non-compliance with medications
- ✓ Sexually transmitted diseases
- ✓ Medication affordability

- The following three needs were considered priorities and action plans were developed to address them:

A. Access to Care – Patient Utilization of the Hospital

Actions to Achieve:

- ✓ Continue the boots on the ground advocacy program to encourage the residents of the community to support the Foundation of the Hospital through donation in order to provide the best quality healthcare
- ✓ Encourage the Fayette City Council to extend the half-cent municipal sales tax which provides public funds to support the hospital
- ✓ Continue to engage the community to assist in educating residents on the services provided by the hospital through community partnerships and gatherings (chamber of Commerce functions, church groups, school system)
- ✓ The Medical Center shall hold Quarterly in-services training sessions for members of other organizations and agencies to educate case managers and staff on the services provided by these groups for the medically underserved, minority, and low-income groups
- ✓ Work with the DCH Health System to obtain funds through a grant from the Foundation to develop a marketing campaign to increase awareness of the hospital and its services especially in those areas where patients are not utilizing the services of Fayette Medical Center
- ✓ Continue to work with the DCH Foundation and their various programs to receive funds – in particular the Help and Hope Fund, which provides lodging, transportation, prescriptions, and other basic needs for patients from Fayette County
- ✓ Encourage local volunteer programs through churches, community members, and other to provide transportation for those in need
- ✓ Work with the DCH Health System to encourage an OB/GYN to visit Lamar County periodically at the ADPH clinic there to provide maternity care

B. Physician Recruitment

Actions to Achieve:

- ✓ Continue to develop relationships with students and faculty at the Osteopathic Medicine schools located in Dothan and Auburn, Alabama
- ✓ Continue the "Target Rural Scholars" program by working within the local school system to identify talented and interested students that have potential for enrollment in medical school in hopes of them returning to the area
- ✓ Continue recent and on-going discussions with the University of Alabama to develop a residency program in the area
- ✓ Continue efforts to recruit a nurse practitioner to the area

C. Wellness to Decrease Risk Factors that cause Death, Obesity

- ✓ Continue the collaboration between Fayette Medical Center and the DCH Diabetes Education Center to provide diabetes education and management of the disease in Fayette County. Include low-literacy and Spanish interpretation materials in Fayette Medical Center
- ✓ Continue health fairs, runs/walks sponsored by Fayette Medical Center to encourage exercise and increase physical activity
- ✓ Partner with Bevill State Community College and other identified resources to promote healthy nutrition and exercise programs that will create a healthier lifestyle
- ✓ Attend local community partnership meetings with other agencies to cross-promote services that will address these issues of health

Since the 2016 CHNA was approved by the Governing Board and made widely available, Fayette Medical Center has made every attempt to complete the action plans of the 2016 CHNA. Although many of the action plans are on-going, the following plans have been accomplished and have significantly contributed to the improvement of the health of the community served by the hospital. Since the 2016 CHNA was posted on the hospital website, no public comments have been received.

Access to Care – Patient Utilization of the Hospital:

- Since 2016, Fayette Medical Center has instituted an employee payroll deduction contribution program to support the Fayette Medical Center Foundation. Twenty-eight percent of employees currently contribute to this program. The hospital has local fundraisers and distributes a direct mail piece to gain support for the Foundation. In 2018, the Foundation provided funds to renovate the Hospital's nursing home park and in 2019, a simulation lab was implemented in the hospital for employees to practice patient assessments, treatment, and care without putting patients at risk. This simulation lab allows for a higher quality of care and improved patient safety.
- The City Council of Fayette renewed a half-cent sales tax in September of 2018 for three years which provides revenue to support the operations of the hospital. It is expected to be renewed again in September of 2021.
- The hospital continues to engage the community through employee volunteer participation with the local Chamber of Commerce, local

churches, and local schools to education residents on the services provided by the hospital.

- The hospital continues to receive financial support from grants provided through the DCH Health System Foundation which provides basic needs for residents in the Community including medical supplies, prescriptions, assistance with utility payments, mammograms, food and clothing, free screenings, diabetes education and supplies, and lodging and transportation for families of patients receiving cancer care at the Manderson Cancer Center in Tuscaloosa.
- Fayette Medical Center continues its arrangement with the DCH Health System to provide primary care and specialty clinics on a weekly, bi-weekly, or monthly rotation to residents in the community. These clinics include family medicine, internal medicine, general surgery, neurology, orthopedics, cardiology, urology, nephrology, oncology, and ophthalmology.

Physician Recruitment:

- Fayette Medical Center continues to participate in the "Target Rural Scholars" program which is a collaborative effort with the local school systems to identify local students who may have an interest in attending medical school and returning to the area to provide care.
- Since 2016, Fayette Medical Center has recruited two nurse practitioners in the rural health clinics in Fayette, Alabama in Fayette County and in Millport, Alabama in Lamar County. This has greatly improved access to primary care for residents in the area.
- Fayette Medical Center has also recruited a General Surgeon and a full-time hospitalist/medical Director for the Rural Health Clinics located in Fayette and Millport to improve access to care in the community.

Wellness to Decrease the Incidence of Diabetes, Heart Disease, Obesity, and other Major Causes of Death in Fayette and Lamar County:

- Fayette Medical Center continues to educate residents and local physicians on the services offered through the DCH Health System Diabetes Education and Nutrition Center to decrease the growing diabetes epidemic in West Alabama. Education is provided through physician offices and the hospital which speaks to nutrition and diabetes management and includes low-literacy and language interpretation assistance if needed.
- Fayette Medical Center continues to sponsor local run/walk events to encourage exercise and increased physical activity. The hospital also participates with Bevill State Community College to provide health fairs and screenings for residents in the community. This health fair provides PSA testing, diabetes education, vision checks, cardiac screening, mammograms, and colon screenings all designed to identify at-risk individuals or to better manage those already affected with various diseases such as diabetes, heart disease, and cancer.

2. Stakeholder Input

A. Government Health Department Input

Facilitator Stephanie Craft conducted a phone interview with Stacey Adams, the District Administrator of the Alabama Department of Public Health's West Central District of Alabama. The West Central Division office covers the community served by Fayette Medical Center and Ms. Adams provided valuable insight into the many issues of health facing residents in the community. The Fayette County Health Department is located in Fayette, Alabama. Lamar County also has a local health department in Vernon, Alabama. Both facilities offer clinical services to include:

- ✓ ALL Kids
- ✓ Family planning counseling and birth control
- ✓ Sexually transmitted disease testing, treatment, and counseling
- ✓ Women, Infants, and Children (WIC) program applications, voucher issuance, and nutrition counseling
- ✓ Medicaid enrollment
- ✓ Influenza and Pneumococcal vaccinations
- ✓ Medicaid Assistance Program
- ✓ Clinical Laboratory Testing
- ✓ Environmental services

Ms. Adams confirmed that chronic conditions such as obesity, hypertension, and diabetes contribute to be the leading causes of death which in the community are heart disease, cancer, chronic lower respiratory disease, and Alzheimer's disease. Fayette Medical Center's internal data supports this as the top five (5) admitting diagnosis for the last fiscal year were 1)septicemia or severe sepsis, 2)pulmonary edema, 3)pneumonia and pleurisy, 4)chronic obstructive pulmonary disease, and 5) heart failure. It should also be noted that while diabetes deaths were insignificant in terms of numbers for Fayette and Lamar counties relative to the other leading causes of death, heart disease, stroke, and amputations are all conditions that can result from poor management of diabetes. Ms. Adams noted that while the Western Division of the Alabama Department of Public Health has several registered dieticians, the services provided by these dieticians are specific to the Women, Infants, and Children Program thereby creating a lack of education, counseling, and nutritional guidance for other residents in the community. It should also be noted that data provided by the ADPH shows that the more than 34% of the adult population in the western counties of Alabama including Fayette and Lamar counties is considered obese. Studies show that obesity the major contributing factor to Type 2 diabetes.

Ms. Adams also indicated that access to care was a major obstacle for many patients due to lack of transportation in the area. She pointed out that many residents in the area simply do not have transportation to get to a doctor or they may depend on family members or friends for transportation which she noted was never guaranteed. She also said public transportation in the rural areas was not a desirable option as many patients needing care had to spend hours on a bus just to get to treatment. She noted that this discouraged patients from seeking follow-up care. She said that one option for providing easier access would be taking healthcare directly to the patient, but a major obstacle is funding for a vehicle to reach these patients.

B. Medically Underserved, Low-Income, and Minority Input

To meet the requirement of obtaining input from representatives of the medically underserved, low-income, and minority input, facilitator Stephanie Craft with the assistance of leadership from the DCH Health System met with three (3) individuals whose experience working with this vulnerable population was invaluable in determining the health needs of those in Fayette and Lamar counties and how best to address those needs. A small focus group was conducted with the following Stakeholders:

- ✓ Cynthia Burton, Executive Director of Community Service Programs of West Alabama, Chairman of Maude Whatley Health Services
- ✓ David Gay, Interim Director of Maude Whatley Health Services, local pastor, and past leader in the Department of Mental Health
- ✓ Lynn Armour, Executive Director of the Good Samaritan Clinic

Each of these organizations provide comprehensive services to residents throughout West Alabama including Fayette and Lamar counties. The mission and vision of these groups is to insure those less fortunate have access to quality healthcare and other necessary services to improve quality of life.

Cynthia Burton heads a non-profit organization that provides many non-clinical services to families in the area. Community Service Programs of West Alabama in collaboration with other agencies provides education and training for the low-income to become self-sufficient. Support services include, but are not limited to, utility assistance, meals on wheels, workforce training, and development of life skills. The organization also provides education programs designed to prepare children from an early age who are less fortunate to be successful in life. In addition, housing services are provide that allows families to have safe, affordable, clean, and energy efficient housing. Ms. Burton has participated in prior CHNAs conducted by the hospitals in West Alabama and in each assessment, she states that the lack of access to basic healthcare is the main health issue in the rural areas. She noted that many of the residents in the rural area do not have primary care providers due to lack of insurance, lack of transportation, or

language barriers. Ms. Burton stated that the Hispanic population in West Alabama is growing rapidly and because of the inadequate communication skills, many do not seek basic care. As a result, these residents end up in the emergency rooms of the hospitals when afflicted by health conditions such as hypertension, diabetes, heart disease, and mental health issues. Ms. Burton said residents in this area need greater access to education materials and to available resources in the area. She suggested radio or television public service announcement or mobile phone notifications to provide greater access to information. She also recommended working closely with elected officials to encourage Medicaid expansion in the area to prevent closing of many of the rural hospitals in the area.

David Gay also attended the focus group meeting. He is currently the interim Director of Maude Whatley Services, but has more than 30 years' experience working in the mental health arena. Mr. Gay's organization provides a full-spectrum of health related services to the underserved, low-income, and minority populations. Those services include pediatric and adolescent medicine, dental care, mental health services, chiropractic services, pharmacy and lab services, nutrition counseling, disease prevention programs, family and internal medicine, and women's health services. Mr. Gay reiterated Ms. Burton's concerns related to access to care. He noted that there simply were not enough providers of all needed services to meet the needs of those in the rural area. For this reason he said, many of those patients needing health services use the emergency department for their basic health care. He concurred with Ms. Burton that the Hispanic population was increasing and language barriers and lack of insurance prevented that population from seeking primary care. Finally, he noted that mental health was an issue throughout the area. As noted in data provided, the area has a shortage of mental health providers and as such, patients often receive inappropriate treatment, very little follow-up or they end up in the jail. To address his identified issues, he also suggested an increase in education in the area as well as additional available resources.

The third participant representing the medically underserved, low-income, and minority populations was Lynn Armour, the Executive Director of the Good Samaritan Clinic. Ms. Armour's organization is the only source of free primary and dental healthcare in West Alabama. She stated that the most common health issues seen by her organization included diabetes, hypertension, obesity, and depression. She also stated that because many patients did not receive timely follow-up, they were non-compliant in taking medications to mitigate problems associated with these health conditions. She suggested that many residents in the area did not know about their services. Because the clinic is staffed with volunteer clinicians, their hours of operation are limited therefore limiting access. She also said that transportation was a major barrier to getting care. For this reason, the Good Samaritan Clinic was now providing telemedicine services to address the access issue. She encouraged an increase in education materials on their

services in the rural areas. The clinic is also beginning to provide a social worker at discharge in the emergency room of DCH Regional Medical Center in Tuscaloosa to educate patients on their services.

C. Additional Stakeholder Input

In order to obtain a comprehensive picture of the community, additional Stakeholders were engaged to provide valuable input as to the issues of health in the community. These Stakeholders included representation from other state agencies, the judicial system, education, government, and concerned citizens. These individuals met on June 14th along with Fayette Medical Center administration, leaders from the DCH System, and facilitator Stephanie Craft. A summary of the additional Stakeholder input is submitted as follows.

On June 14th, 2019, the Stakeholders met to determine the "community," review support data provided by Ms. Craft, and to discuss the various issues of health based on their knowledge of the community and their personal experiences. Ms. Craft opened the discussion with a review of the section of the Affordable Care Act requiring Community Health Needs Assessments (Section 501 (r)). She discussed the requirements, the Stakeholder's role in the process, and the expected results of the assessment. It was agreed upon by the committee that the "community" should be defined as Fayette County and the southern part of Lamar County. This is consistent with the community as defined in prior CHNAs conducted by Fayette Medical Center. The Stakeholder group considered the patient population of the hospital, the socio-economic status of those in the community, demographics, and the medically underserved, low-income, and minority populations in the area. Ms. Craft then provided the most current data from the Alabama Department of Public Health and data from the Robert Woods Johnson Foundation. After a review of the pertinent data provided by Ms. Craft, the Stakeholder group agreed that issues of health in the community consisted of the leading causes of death and the community's risk behaviors that contribute to the leading causes of death in the area. The issues of health identified from the quantitative data included:

- ✓ 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

- ✓ Lack of mental health care
- ✓ Children in poverty

The committee also identified other issues of health including:

- ✓ Access to Care
- ✓ Mental health and the need for additional inpatient beds
- ✓ Opioid crisis
- ✓ Increase in the elderly population and the need for additional services
- ✓ Lack of education in the area as to resources and services provided
- ✓ Transportation to care
- ✓ No Obstetrical care in the community

Skip Newman, who is a retired Director of the West Alabama Mental Health Center opened the discussion. Mr. Newman described his years of experience in the mental health arena and through those years, he has observed the decline in accessible care for those affected by mental health especially in the rural areas. He acknowledged the area as being a mental health professional shortage area and he said additional inpatient beds are greatly needed in the area. West Alabama Mental Health Center serves 5 counties in West Alabama and provides comprehensive services to adults and seniors with mental illness, intellectual disabilities, substance abuse, and to children with serious emotional disorders. It is one of the few resources in the area that has the capabilities to provide mental health services and the center receives referrals from Fayette Medical Center when appropriate. Mr. Newman indicated that there are not enough beds in West Alabama to accommodate all the patients needing mental health services. He stated that Taylor Hardin Secure Medical Facility and Bryce Hospital are both full with waiting lists. For this reason, many patients end up in the emergency room or in jail. He said that Bryce Hospital is holding forensic patients as well who are patients who are found not guilty of a crime for reason of mental illness or found unfit to be tried for an offense. These patients are waiting to be placed in an appropriate setting for appropriate care. He stated funding of inpatient mental health beds is certainly a major obstacle.

Mr. Donald Jones, Administrator of Fayette Medical Center confirmed that the area needs additional mental health resources. He also acknowledged there is a definitely a shortage of psychiatrists across the country and there are many more patients that need psychiatric services than there are behavioral clinicians. In an effort to address the shortage of psychiatric professionals in the community, Fayette Medical Center has recently implemented telepsychiatry in the emergency room of the hospital to provide much needed consulting services for patients admitted due to mental health issues. The Qler program uses telepsychiatry to provide consultations to patients needing mental health evaluations. In the

consultation, notes are taken and a board-certified, licensed psychiatrist, provided through the Qler network, recommends to the emergency room physician at Fayette Medical Center a treatment plan for the patient including appropriate medications and follow-up care. The plan may also include referrals to other treatment facilities in the area including West Alabama Mental Health Center or North Harbor mental health facility at Northport Medical Center.

In addition to the mental health issues facing the community, Mr. Jones also acknowledged the access to care issue and the leading causes of death in the community. He said Fayette Medical Center has just opened two new rural health clinics and recruited two nurse practitioners to improve access to care in the community. One clinic is in Fayette and the other is located in the southern part of Lamar County in Millport, Alabama. He also stated that the hospital is providing free health screenings to identify at-risk individuals for developing chronic disease and to educate those individuals on proper treatment and care to better manage health issues such as diabetes and hypertension.

Mike Freeman is the Probate Judge of Fayette County. He is also a former member of the Board of Directors of the Hospital. Mr. Freeman also stated that mental health was one of the most pressing issues in the community. From a judicial standpoint, he noted that mental health commitment hearings are becoming more difficult as facilities are at capacity and in fact many of the facilities are overcrowded. This forces outpatient treatment options which may not be appropriate or available. He stated there is a great need for additional beds in West Alabama.

Mr. Freeman was a Stakeholder on the previous CHNAs conducted by Fayette Medical Center and has been a long-standing leader in the community. He was instrumental in assisting with the passage of the half-cent sales tax in Fayette, Alabama which provides much needed funds for the hospital. He noted that this is much needed in assuring the viability of the hospital.

Judge Freeman also noted that there needs to be a better "rural" healthcare model for treating patients. He suggested the use of telemedicine may be the method to achieve that. He even suggested exploring the use of telemedicine with larger facilities such as MD Anderson in the treatment of cancer.

On a final note, he observed that better mobile and internet services are needed in the area.

Bryan Kindred, President and CEO of the DCH System also attended the Stakeholder meeting for Fayette Medical Center. Mr. Kindred expressed concern for the ever growing opioid crisis in West Alabama. He said

Congressman Robert Aderholt's district, District 4 which includes Tuscaloosa, Fayette, and Lamar counties has the highest opioid prescribing rate in the United States. There are efforts underway in Alabama through the Governor's Opioid Overdose and Addiction Council to prevent addiction and reduce deaths from opioids in communities throughout the state. To date, implemented action plans include media campaigns, installation of a 24-7 1-800 help line, creation of an information website, and enacting of stricter laws involving opioid drugs.

In response to the access to care issue, Mr. Kindred confirmed that the System is assisting Fayette Medical Center by providing specialty clinics in cardiology, oncology, urology, orthopedics, and others either weekly, bi-weekly, or monthly.

Ms. Myra Rainey is with the Department of Human Resources agency in Fayette, Alabama. This Fayette County agency provides child support, family and children services, food assistance, and child protective services in the community. Ms. Rainey stated that the population in the community is aging and there is a need for additional resources and beds to appropriately care for this segment of the population. She noted that many of the elderly residents are afflicted with dementia and Alzheimer's disease and there is a growing need for specialty care dementia units to properly care for them. This observation is supported by US Census data which shows that the overall population in both Fayette County and Lamar County will decrease over the next twenty years; however, the elderly population will grow and as such, this segment of the population will have more chronic diseases and will require additional healthcare resources and services.

Mr. Jerry Lacey, a former educator and county commissioner concurred with the group on all the issues of health that were discussed.

Following the initial Stakeholder meeting, Ms. Craft conducted a telephonic interview with Anne Gaddy, R.N., who is the director of the DCH Diabetes and Nutrition Education Center. Ms. Gaddy noted that diabetes is one the biggest issues of health in West Alabama and is exacerbated by the high rate of obesity in the area. Ms. Gaddy said that obesity is one of the leading causes of Type 2 diabetes and can be controlled through medication management, proper nutrition, and exercise; however, Ms. Gaddy noted that many of the residents in West Alabama do not know about the DCH Diabetes and Nutrition Education Center and there is a need for additional education materials in the rural area. She also noted transportation was a major issue for many patients. She is making every effort to educate physicians in the area as to their services in hopes for increased referrals to the center to mitigate the growth of the diabetes epidemic in West Alabama.

3. Additional Healthcare Data

Refer to Appendix A and B. Data was obtained from pertinent national, state, and local data.

PRIORITIZED NEEDS AND ACTION PLANS TO ADDRESS

After a substantive review of the Stakeholder's identified issues of health, available pertinent data, and prior CHNAs, the leadership of Fayette Medical Center determined there were three issues of health that should be prioritized based on the potential effectiveness, the available resources, financial feasibility, and on-going action plans. Many of the issues of health are consistent with past issues and strategies are already in place to address those issues. Fayette Medical Center is focused on improving the quality of life for the community it serves and to insure every individual has access to appropriate healthcare. The following three needs were established as priorities:

1. **Access to Care**
   Actions to Achieve:

   - ✓ Continue the arrangement with the DCH Health system to provide multi-specialty clinics in Fayette, Alabama weekly, bi-weekly, and monthly
   - ✓ Consider a greater continuum of care to include independent living, assisted living, and specialty care assisted living in addition to the hospital's nursing home to address the increase in the elderly population and the rise of dementia and Alzheimer's cases in the area
   - ✓ Continue to market the services of the hospital and the new rural health clinics to insure residents in the community are aware of available services
   - ✓ Implement telepsychiatry in the emergency department to offer consultations and recommended treatment plans specific and appropriate to mental health patients
   - ✓ Continue collaborative efforts with the DCH Health System Foundation to provide transportation, lodging for family members, prescription medications, financial assistance with utilities, and other basic needs for residents in Fayette county and southern Lamar County.
   - ✓ Strengthen relationships with organizations such as Community Service Programs of West Alabama, the Good Samaritan Clinic, and Maude Whatley Health Services to guarantee residents in the community have access to appropriate services for their needs
   - ✓ Work for the continuation of the half-cent sales tax to insure the hospital's viability
   - ✓ Continue the "Target Rural Scholars' program in the local school systems to identify students who may become clinicians and 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 age 14-20 to encourage medical careers with the hospital.

- ✓ Investigate telemedicine use in other disciplines

2. Mental Health
Actions to Achieve:

- ✓ Implement the Qler telepsychiatry service in the emergency department of Fayette Medical Center. As has been identified throughout this assessment, there is a lack of available resources including psychiatrists for the treatment of mental health in the community. This program will allow for the access to a network of psychiatrists across many states who through a cart and a monitor can provide expert consultation and recommendations for treatment plans for patients needing mental health care and follow-up services. The intent is to make certain that patients are receiving appropriate care.
- ✓ Provide educational materials throughout the community regarding the new telepsychiatry services at the hospital, the services of other providers of mental health including Maude Whatley, Indian Rivers, and West Alabama Mental Health Center.
- ✓ Work with the local EMS providers to allow for public access to Narcon/overdose kits
- ✓ Monitor the progress and implementation of 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 Achieve:

- ✓ Work closely with the DCH Diabetes and Nutrition Education Center to insure local physicians are aware of the services provided and are referring to the program for diabetes management
- ✓ Continue annual health fairs that provide free screenings to include PSA tests, diabetes, vision, cardiac, colon, and mammography screening.
- ✓ Continue to participate and sponsor run/walk events in the community to encourage exercise and increased physical activity
- ✓ Encourage participation in the Alabama Department of Public Health's Scale Back Alabama program to decrease the rate of obesity in the area
- ✓ Expand the hospital cardiac rehab program to include wellness and prevention as part of the program
- ✓ Start regular exercise classes at the hospital

OTHER RECOGNIZED HEALTH CARE NEEDS

As noted in this document, many issues of health were identified; however, Fayette Medical Center determined that the most practical and effective plans were to continue to address issues deemed priorities in past CHNAs. Issues identified that were not considered priorities can be addressed by programs and services offered through other

agencies and organizations in the community. The leadership of Fayette Medical Center is committed to collaborating with others in the community to improve the overall health status of the citizens served. Donald Jones, the Administrator of Fayette Medical Center is a member of the University of Alabama Capstone College of Nursing Board of Visitors and is an active member of his church and the Chamber of Commerce.

DOCUMENTING RESULTS/PLANS TO MONITOR PROGRESS

Upon approval of this report by the Governing Board of Fayette Medical Center, the hospital will make the report widely available to the public on its website. Public comments can be made through the website. Fayette Medical Center intends to review its budget and determine what action plans are most appropriate and financially feasible, but hopes to implement all the recommended action plans in hopes of improving the overall health of the community for all residents in the service area including the medically underserved, the low-income, and minority populations.

EXISTING RESOURCES AVAILABLE TO MEET THE IDENTIFIED 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
- American Red Cross – disaster relief, military services, CPR/first aid/safety classes
- Alabama Rural Health Association
- The Arc of Alabama – job skills training/placement for the intellectually disabled aged 18 and older
- Bevill State Community College
- Boys and Girls Club of west Alabama – education, recreation, and leadership programs for children and youth
- Community Service Programs of West Alabama – provide support programs, educational programs, and housing assistance to increase self-sufficiency for low-income and vulnerable populations
- Easter Seals of West Alabama – assistance to children and adults with physical handicaps
- United Way of West Alabama
- Fayette County Child Welfare

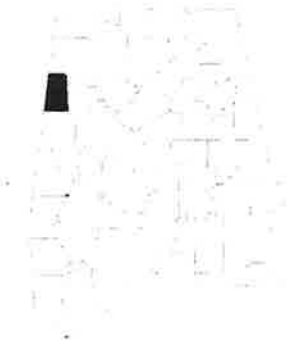
- Fayette County Park and Recreation Department
- Health InfoNet of Alabama – consumer health information
- Hospice of West Alabama
- Maude Whatley Health Center – comprehensive healthcare services for the medically underserved, the low-income, and minority groups
- The Sickle Cell Disease Association of America – West Alabama Chapter
- United Cerebral Palsy of West Alabama
- West Alabama Aids Outreach
- Good Samaritan Clinic – free primary and dental healthcare for the indigent and uninsured
- West Alabama Mental Health Alliance – mental health service, support, and outreach

Other licensed facilities in Fayette County and Lamar County include:

- Fayette Medical Center — Hospital/Fayette
- Fayette Long Term Care Unit — Nursing Home/Fayette
- Fayette Medical Center Lab — Independent Clinical Lab/Fayette
- Fayette Medical Center Clinic — Rural Health Clinic/Fayette
- Fayette Medical Center HomeCare — Home Health Agency/Fayette County
- Fayette Dialysis — End Stage Renal Disease Center/Fayette
- West Alabama Mental Health Ctr — Community Mental Health Ctr/Fayette
- Morningside of Fayette — Assisted Living Facility/Fayette
- Millport Family Practice Clinic — Rural Health Clinic/Millport
- Sulligent Medical Clinic — Rural Health Clinic/Lamar County
- Fayette Medical Center Clinic — Rural Health Clinic/Millport
- Generations of Vernon, LLC — Nursing Home/Lamar County
- Lamar County Home Care — Home Health Agency/Lamar County
- Encompass Health Home Health — Home Health Agency/Lamar County

Appendix A

LAMAR 2016 HEALTH PROFILE



SUMMARY		
Total Population		13,918
Births		133
Deaths		204
Median Age		44.4
Life Expectancy at Birth		73.3
Total Fertility Rate per 1,000 Females Aged 10-49		1,772.0
Marriages	Number	57
	Rate*	4.1
Divorces	Number	73
	Rate*	5.2

*Rates are per 1,000 population.

PREGNANCY/NATALITY

	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	164	69.4	20	23.6
Births	133	9.6	17	20.1
Induced Terminations of Pregnancy	4	1.7	0	0.0
Estimated Total Fetal Losses	27	---	3	---

Birth rates are 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	133	0	8	9	116
Rate	---	0.0	32.9	55.6	49.2
White	119	0	8	7	104
Rate	---	0.0	39.7	52.1	51.2
Black and Other	14	0	0	2	12
Rate	---	0.0	0.0	72.5	36.7

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	53	39.8	11	64.7
Low Weight Births	15	11.3	0	0.0
Multiple Births	10	7.5	0	0.0
Medicaid Births	67	50.4	11	64.7

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	1	1	0	0	0	0
Rate per 1,000 Births	7.5	8.4	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	1	1	0	0	0	0
Rate per 1,000 Births	7.5	8.4	0.0	0.0	0.0	0.0

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

2016 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX

Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	13,918	6,782	7,136	12,155	5,958	6,197	1,763	824	939
0-4	696	357	339	575	291	284	121	66	55
5-9	820	422	398	706	359	347	114	63	51
10-14	883	447	436	773	394	379	110	53	57
15-44	4,676	2,312	2,364	4,050	2,008	2,042	626	304	322
45-64	3,886	1,946	1,940	3,373	1,716	1,657	513	230	283
65-84	2,657	1,209	1,448	2,417	1,112	1,305	240	97	143
85+	300	89	211	261	78	183	39	11	28

LAMAR 2016 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	204	115	89	182	103	79	22	12	10
Rate per 1,000 Population	14.7	17.0	12.5	15.0	17.3	12.7	12.5	14.6	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	55	395.2	32	471.8	23	322.3	48	394.9	7	397.1
Cancer	42	301.8	27	398.1	15	210.2	38	312.6	4	226.9
Stroke	11	79.0	6	88.5	5	70.1	10	82.3	1	56.7
Accidents	12	86.2	11	162.2	1	14.0	11	90.5	1	56.7
CLRD*	17	122.1	8	118.0	9	126.1	17	139.9	0	0.0
Diabetes	7	50.3	5	73.7	2	28.0	5	41.1	2	113.4
Influenza and Pneumonia	3	21.6	1	14.7	2	28.0	3	24.7	0	0.0
Alzheimer's Disease	6	43.1	2	29.5	4	56.1	6	49.4	0	0.0
Suicide	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Homicide	1	7.2	1	14.7	0	0.0	1	8.2	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	86.2	0	0.0
Motor Vehicle	5	35.9	0	0.0
Suffocation	0	0.0	0	0.0
Poisoning	0	0.0	0	0.0
Smoke, Fire and Flames	1	7.2	0	0.0
Falls	2	14.4	0	0.0
Drowning	1	7.2	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		
Age Group	Number	Rate
Total	204	14.7
0 - 14	1	0.4
15 - 44	13	2.8
45 - 64	42	10.8
65 - 84	111	41.8
85 +	37	123.3

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	301.8	27	398.1	15	210.2
Trachea, Bronchus, Lung, Pleura	13	93.4	9	132.7	4	56.1
Colorectal	4	28.7	2	29.5	2	28.0
Breast (female)	3	21.6	0	0.0	3	42.0
Prostate (male)	2	14.4	2	29.5	0	0.0
Pancreas	3	21.6	3	44.2	0	0.0
Leukemias	1	7.2	1	14.7	0	0.0
Non-Hodgkin's Lymphomas	1	7.2	1	14.7	0	0.0
Ovary (female)	2	14.4	0	0.0	2	28.0
Brain and Other Nervous System	1	7.2	1	14.7	0	0.0
Stomach	3	21.6	2	29.5	1	14.0
Uterus and Cervix (female)	2	14.4	0	0.0	2	28.0
Esophagus	1	7.2	1	14.7	0	0.0
Melanoma of Skin	1	7.2	1	14.7	0	0.0
Other	5	---	4	---	1	---

Rates are per 100,000 population in specified categories.

Measurements 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 aged 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 2016 HEALTH PROFILE

PREGNANCY/NATALITY	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	206	74.3	13	13.4
Births	159	9.6	11	11.4
Induced Terminations of Pregnancy	14	5.1	0	0.0
Estimated Total Fetal Losses	33	---	2	---

Birth rates are 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	159	0	3	8	148
Rate	---	0.0	10.9	43.8	51.0
White	128	0	1	8	119
Rate	---	0.0	4.3	51.3	48.1
Black and Other	31	0	2	0	29
Rate	---	0.0	49.8	0.0	67.9

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

SUMMARY		
Total Population		16,546
Births		159
Deaths		249
Median Age		43.7
Life Expectancy at Birth		73.9
Total Fertility Rate per 1,000 Females Aged 10-49		1,755.0
Marriages	Number	98
	Rate*	5.9
Divorces	Number	13
	Rate*	0.8

*Rates are per 1,000 population.

LIVE BIRTHS	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Women	62	39.2	10	90.9
Low Weight Births	14	8.8	2	18.2
Multiple Births	4	2.5	0	0.0
Medicaid Births	86	54.1	8	72.7

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	1	0	1	0	0	0
Rate per 1,000 Births	6.3	0.0	32.3	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	1	0	1	0	0	0
Rate per 1,000 Births	6.3	0.0	32.3	0.0	0.0	0.0

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

2016 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	16,546	8,179	8,367	14,258	7,045	7,213	2,288	1,134	1,154
0-4	918	458	460	736	366	370	182	92	90
5-9	952	528	424	795	443	352	157	85	72
10-14	986	505	481	840	427	413	146	78	68
15-44	5,662	2,890	2,772	4,887	2,479	2,408	775	411	364
45-64	4,615	2,274	2,341	3,992	1,967	2,025	623	307	316
65-84	3,083	1,398	1,685	2,728	1,250	1,478	355	148	207
85+	330	126	204	280	113	167	50	13	37

FAYETTE 2016 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	249	135	114	224	116	108	25	19	6
Rate per 1,000 Population	15.0	16.5	13.6	15.7	16.5	15.0	10.9	16.8	5.2

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	60	362.6	34	415.7	26	310.7	58	406.8	2	87.4
Cancer	61	368.7	33	403.5	28	334.6	53	371.7	8	349.7
Stroke	11	66.5	7	85.6	4	47.8	10	70.1	1	43.7
Accidents	8	48.4	6	73.4	2	23.9	7	49.1	1	43.7
CLRD*	19	114.8	8	97.8	11	131.5	18	126.2	1	43.7
Diabetes	4	24.2	3	36.7	1	12.0	3	21.0	1	43.7
Influenza and Pneumonia	5	30.2	1	12.2	4	47.8	5	35.1	0	0.0
Alzheimer's Disease	15	90.7	7	85.6	8	95.6	14	98.2	1	43.7
Suicide	6	36.3	5	61.1	1	12.0	5	35.1	1	43.7
Homicide	1	6.0	1	12.2	0	0.0	0	0.0	1	43.7
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	48.4	0	0.0
Motor Vehicle	3	18.1	0	0.0
Suffocation	0	0.0	0	0.0
Poisoning	2	12.1	0	0.0
Smoke, Fire and Flames	1	6.0	0	0.0
Falls	1	6.0	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.

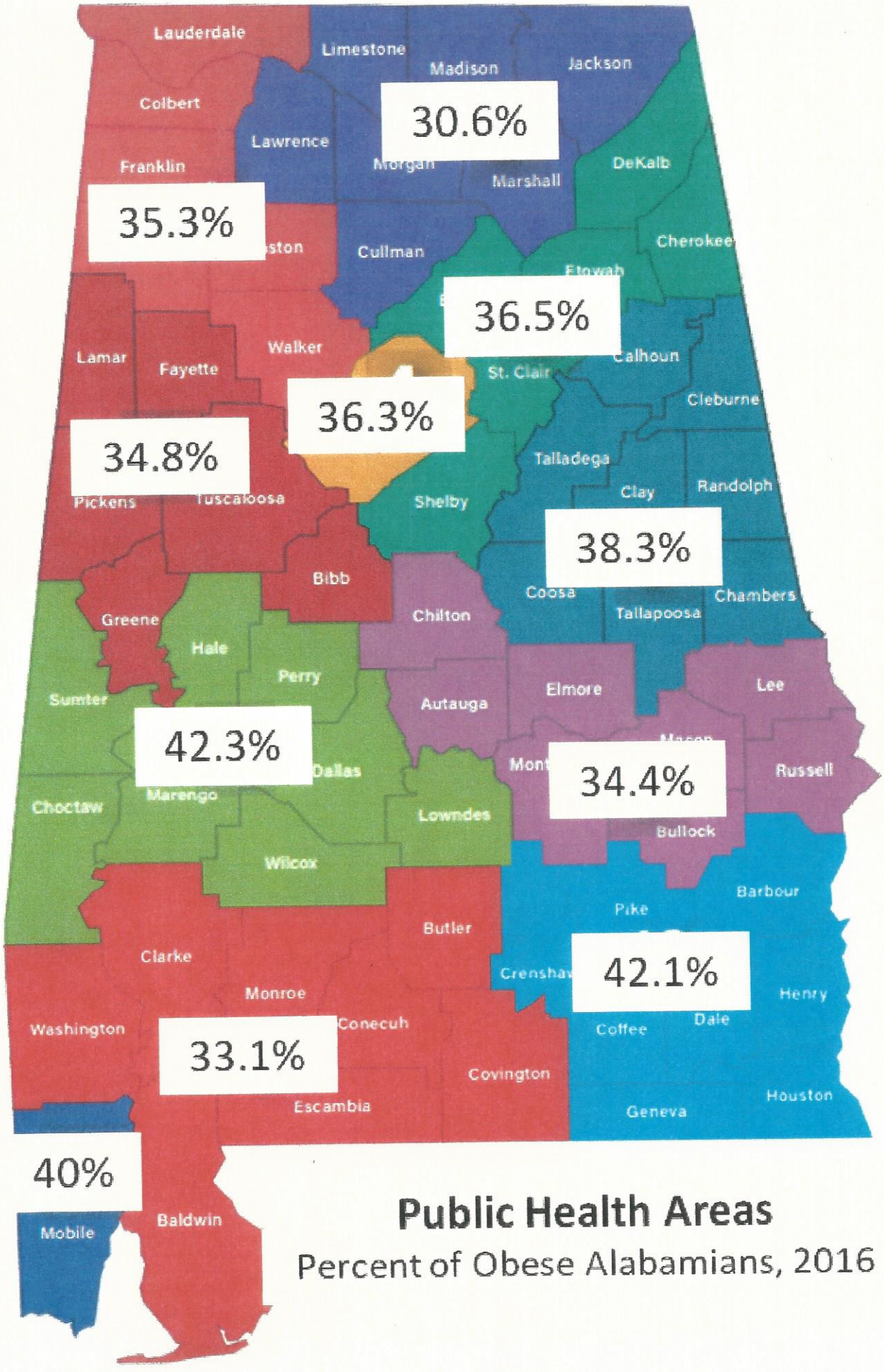
DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	249	15.0
0 - 14	1	0.4
15 - 44	11	1.9
45 - 64	49	10.6
65 - 84	132	42.8
85 +	56	169.7

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

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	61	368.7	33	403.5	28	334.6
Trachea, Bronchus, Lung, Pleura	16	96.7	9	110.0	7	83.7
Colorectal	6	36.3	5	61.1	1	12.0
Breast (female)	5	30.2	0	0.0	5	59.8
Prostate (male)	3	18.1	3	36.7	0	0.0
Pancreas	5	30.2	3	36.7	2	23.9
Leukemias	4	24.2	4	48.9	0	0.0
Non-Hodgkin's Lymphomas	2	12.1	1	12.2	1	12.0
Ovary (female)	2	12.1	0	0.0	2	23.9
Brain and Other Nervous System	1	6.0	0	0.0	1	12.0
Stomach	1	6.0	0	0.0	1	12.0
Uterus and Cervix (female)	1	6.0	0	0.0	1	12.0
Esophagus	2	12.1	0	0.0	2	23.9
Melanoma of Skin	0	0.0	0	0.0	0	0.0
Other	13	---	8	---	5	---

Rates are per 100,000 population in specified categories.

Measurements 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 aged 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.



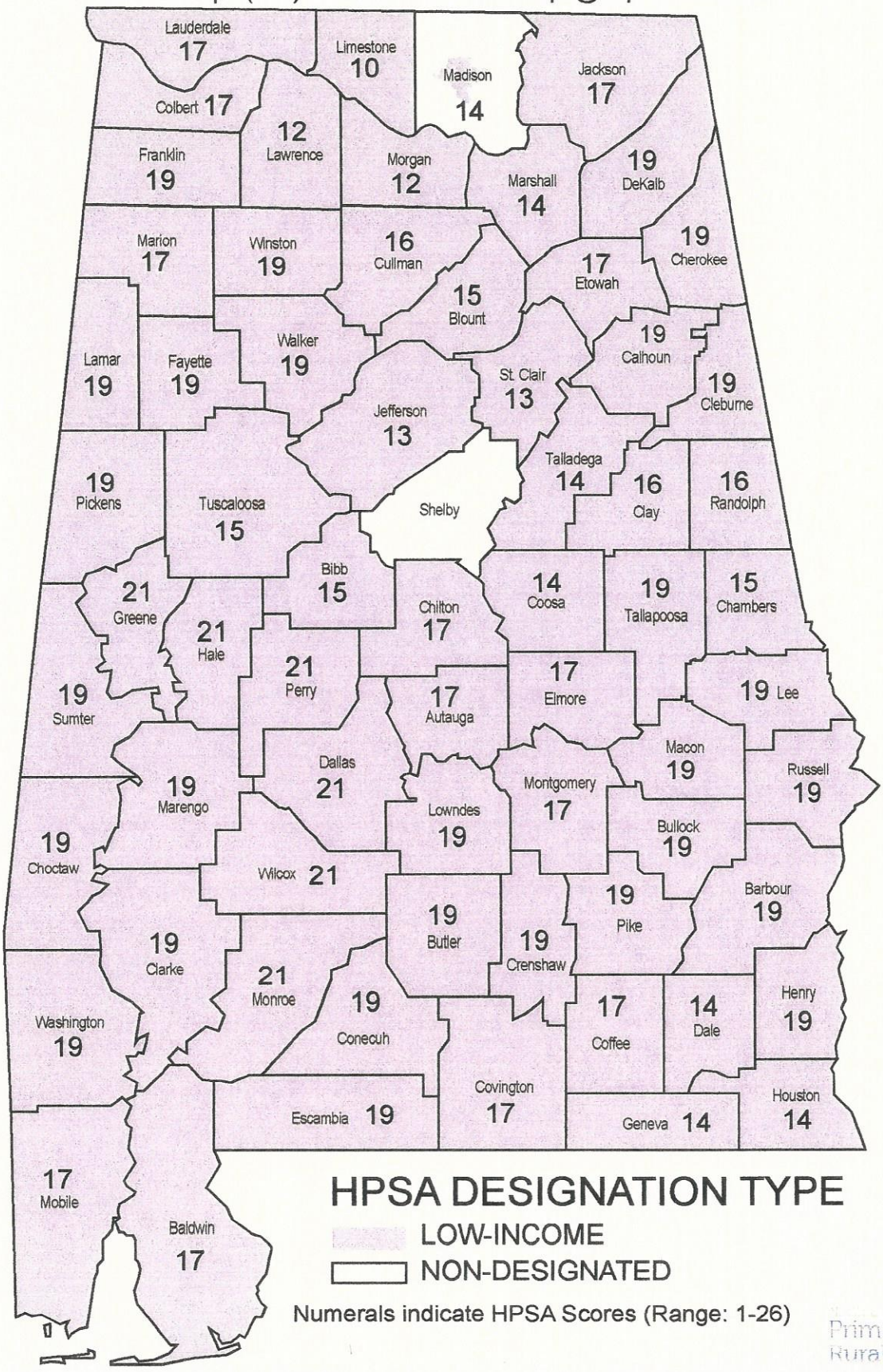
Public Health Areas

Percent of Obese Alabamians, 2016

Medically Underserved Areas/Populations (MUA/Ps)

Dental Health Professional Shortage Areas
October 2017

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



HPSA DESIGNATION TYPE

LOW-INCOME

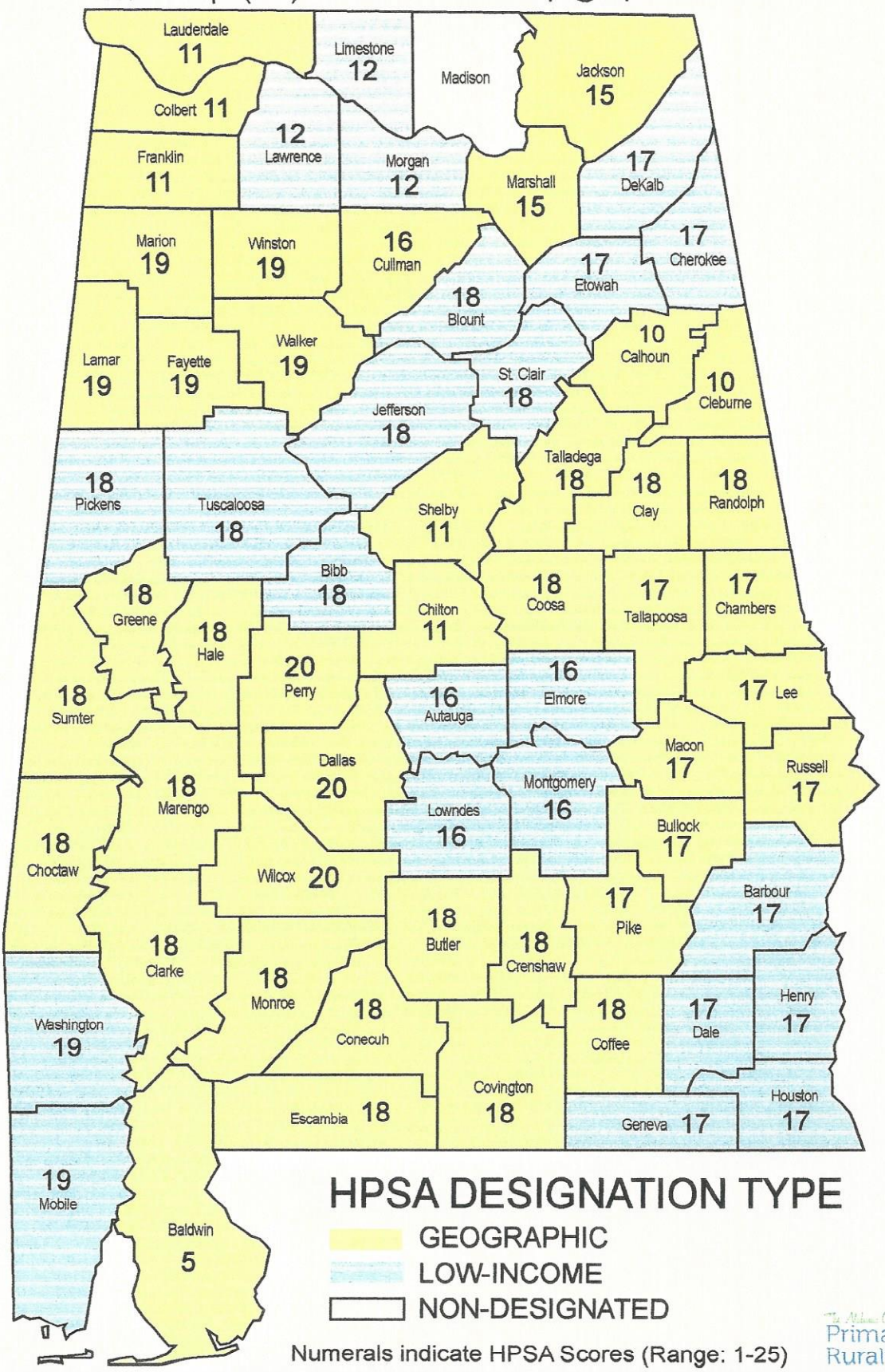
NON-DESIGNATED

Numerals indicate HPSA Scores (Range: 1-26)

PrimaryCare RuralHealth

Mental Health Professional Shortage Areas
August 2018

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



HPSA DESIGNATION TYPE

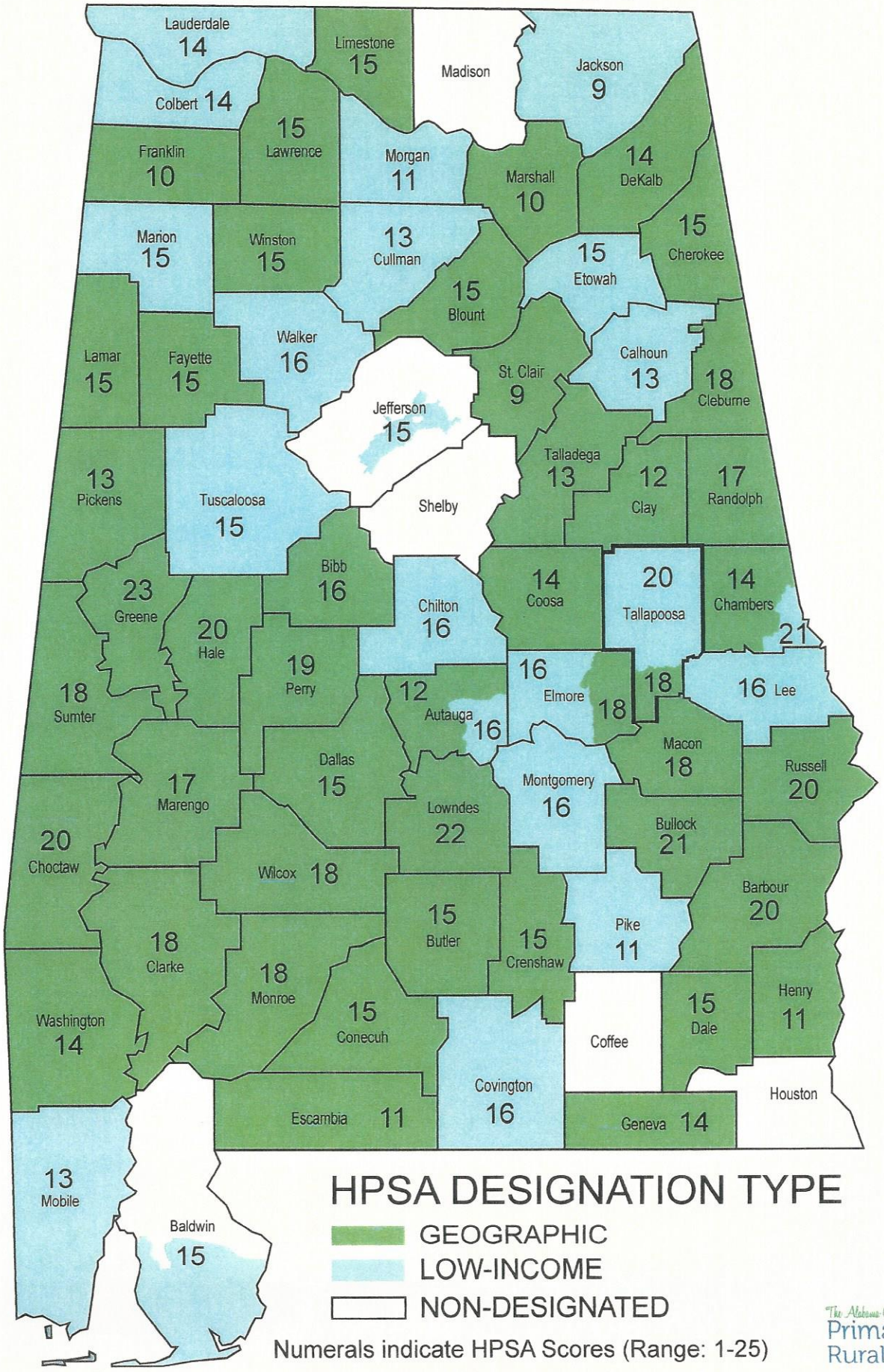
- GEOGRAPHIC
- LOW-INCOME
- NON-DESIGNATED

Numerals indicate HPSA Scores (Range: 1-25)

The National Office of Primary Care & Rural Health

Primary Care Health Professional Shortage Areas
January 2019

Danita Crear (334) 206-2925 or Danita.Crear@adph.state.al.us



HPSA DESIGNATION TYPE

- GEOGRAPHIC
- LOW-INCOME
- NON-DESIGNATED

Numerals indicate HPSA Scores (Range: 1-25)

The Alabama Office of Primary Care & Rural Health

Appendix B

Compare Counties

2018 Rankings

	Alabama	Fayette (FA), AL X	Lamar (LA), AL
Health Outcomes		23	37
Length of Life		31	22
Premature death	9,600	10,300	9,700
Quality of Life		27	46
Poor or fair health	21%	20%	25%
Poor physical health days	4.4	4.6	4.9
Poor mental health days	4.6	4.6	5.0
Low birthweight	10%	10%	10%
Health Factors		27	33
Health Behaviors		34	30
Adult smoking	22%	20%	21%
Adult obesity**	35%	36%	34%
Food environment index**	5.6	7.7	7.6
Physical inactivity**	29%	37%	34%
Access to exercise opportunities	63%	46%	18%
Excessive drinking	14%	15%	14%
Alcohol-impaired driving deaths	26%	33%	31%
Sexually transmitted infections**	543.6	456.3	362.1
Teen births	36	44	44
Clinical Care		36	56
Uninsured	12%	12%	13%
Primary care physicians	1,530:1	990:1	
Dentists	2,140:1	3,310:1	4,640:1
Mental health providers	1,180:1	8,270:1	6,960:1
Preventable hospital stays	62	86	77
Diabetes monitoring	85%	80%	83%
Mammography screening	63%	56%	53%
Social & Economic Factors		30	21
High school graduation**	89%	93%	88%
Some college	60%	52%	53%
Unemployment	6.0%	7.0%	5.7%
Children in poverty	25%	29%	27%
Income inequality	5.3	5.1	4.6
Children in single-parent households	38%	30%	30%

	Alabama	Fayette (FA), AL X	Lamar (LA), AL
Social associations	12.3	11.3	8.6
Violent crime**	436	179	162
Injury deaths	77	95	71
Physical Environment		12	53
Air pollution - particulate matter	10.1	10.0	9.7
Drinking water violations		No	Yes
Severe housing problems	15%	11%	13%
Driving alone to work	86%	85%	84%
Long commute - driving alone	33%	36%	37%

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

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

Compare Counties

2019 Rankings

	Alabama	Fayette (FA), AL X	Lamar (LA), AL
Health Outcomes		17	51
Length of Life		16	58
Premature death	9,900	9,700	12,600
Quality of Life		28	47
Poor or fair health	21%	20%	25%
Poor physical health days	4.4	4.6	4.9
Poor mental health days	4.6	4.6	5.0
Low birthweight	10%	10%	10%
Health Factors		22	19
Health Behaviors		36	30
Adult smoking	22%	20%	21%
Adult obesity**	35%	38%	35%
Food environment index**	5.8	7.9	7.7
Physical inactivity**	28%	35%	36%
Access to exercise opportunities	62%	35%	18%
Excessive drinking	14%	15%	14%
Alcohol-impaired driving deaths	29%	32%	21%
Sexually transmitted infections**	543.6	456.3	362.1
Teen births	33	43	42
Clinical Care		9	33
Uninsured	11%	11%	11%
Primary care physicians	1,530:1	870:1	
Dentists	2,100:1	3,290:1	4,650:1
Mental health providers	1,100:1	8,230:1	6,970:1
Preventable hospital stays	5,496	5,503	5,852
Mammography screening	42%	37%	38%
Flu vaccinations	42%	44%	42%
Social & Economic Factors		32	17
High school graduation	89%	92%	94%
Some college	60%	55%	54%
Unemployment	4.4%	4.7%	4.2%
Children in poverty	24%	28%	26%
Income inequality	5.2	5.0	4.7
Children in single-parent households	38%	33%	24%

	Alabama	Fayette (FA), AL X	Lamar (LA), AL
Social associations	12.2	10.3	8.6
Violent crime**	480		162
Injury deaths	80	98	83
Physical Environment		11	5
Air pollution - particulate matter	11.0	10.6	10.3
Drinking water violations		No	No
Severe housing problems	15%	13%	12%
Driving alone to work	86%	84%	84%
Long commute - driving alone	34%	38%	41%

** Compare across states with caution

Note: Blank values reflect unreliable or missing data

The Burden of Diabetes in Alabama

American Diabetes Association.

Diabetes is an epidemic in the United States. According to the Centers for Disease Control and Prevention (CDC), over 30 million Americans have diabetes and face its devastating consequences. What's true nationwide is also true in Alabama.

ALABAMA'S DIABETES EPIDEMIC:

Approximately **634,000 people in Alabama,** or 15.4% of the adult population, **have diabetes.**

- Of these, an estimated **127,000 have diabetes but don't know it,** greatly increasing their health risk.
- In addition, **1,334,000 people in Alabama,** 37% of the adult population, **have prediabetes** with blood glucose levels higher than normal but not yet high enough to be diagnosed as diabetes.
- **Every year** an estimated **31,000 people in Alabama** are diagnosed with 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.

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.

IMPROVING LIVES, PREVENTING DIABETES AND FINDING A CURE:

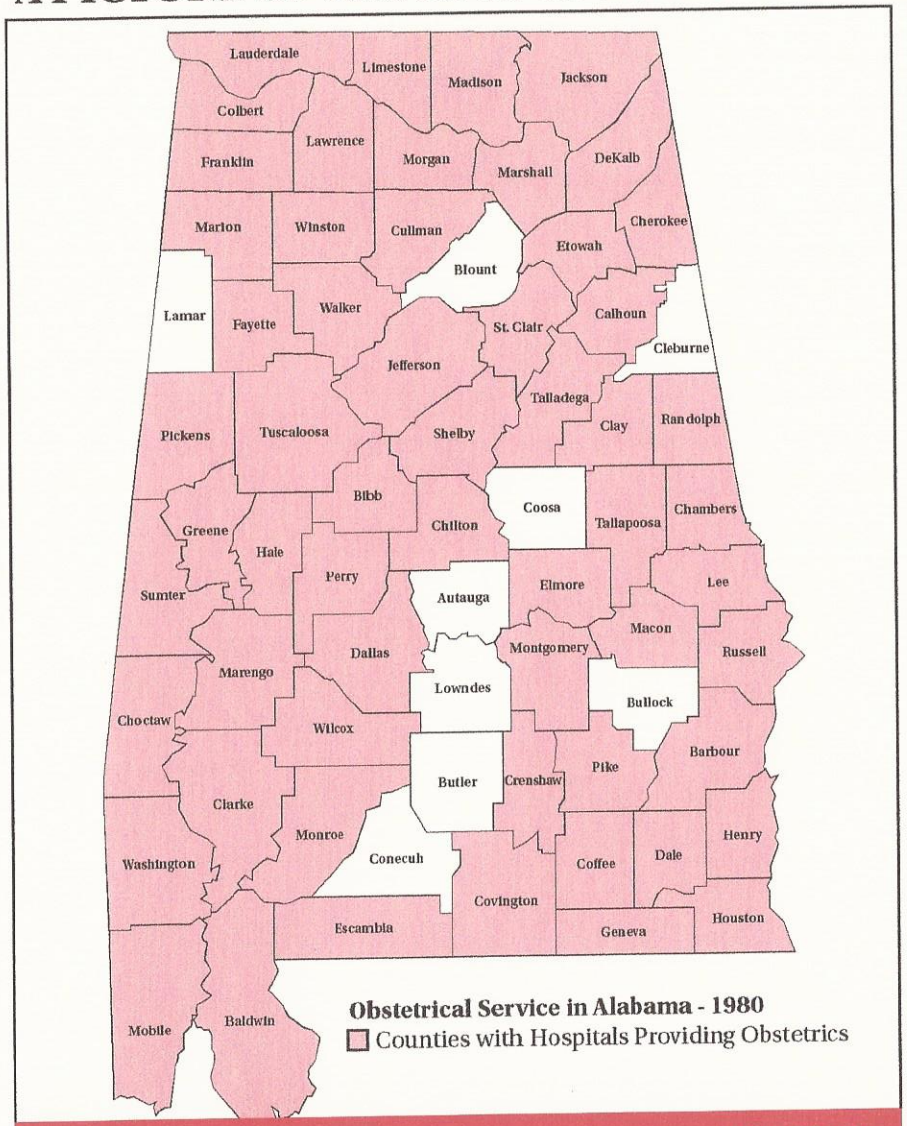
In 2018, the **National Institute of Diabetes and Digestive and Kidney Diseases** at the National Institutes of Health invested **$26,840,952** in diabetes-related research projects in Alabama.

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

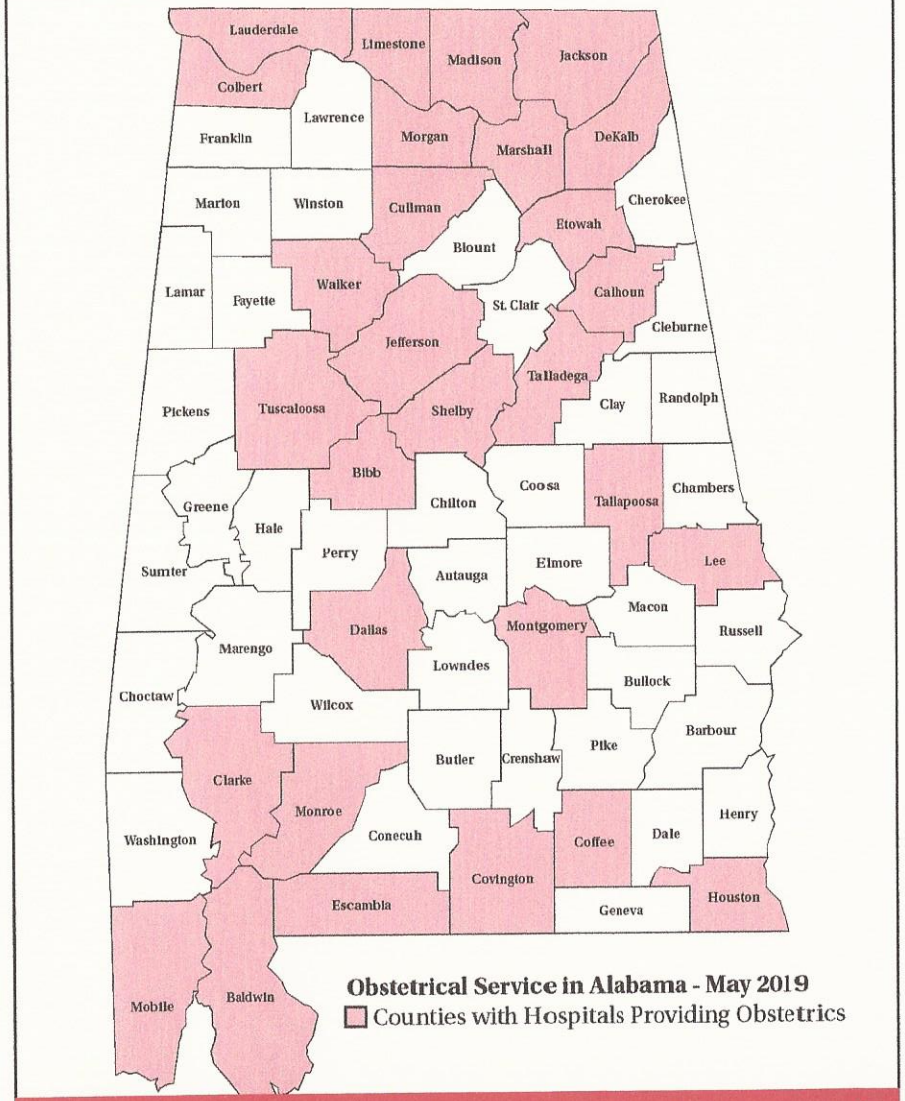
Sources include:

- Diabetes Prevalence: 2015 state diagnosed diabetes prevalence, cdc.gov/diabetes/data; 2012 state undiagnosed diabetes prevalence, Dall et al., "The Economic Burden of Elevated Blood Glucose Levels in 2012", Diabetes Care, December 2014, vol. 37.
- Diabetes Incidence: 2015 state diabetes incidence rates, cdc.gov/diabetes/data
- Cost: American Diabetes Association, "Economic Costs of Diabetes in the U.S. in 2017", Diabetes Care, May 2018.
- Research expenditures: 2018 NIDDK funding, projectreporter.nih.gov; 2018 CDC diabetes funding, www.cdc.gov/fundingprofiles

A PICTURE OF THE LOSS OF RURAL OBSTETRICAL SERVICE IN ALABAMA 1980 TO 2019



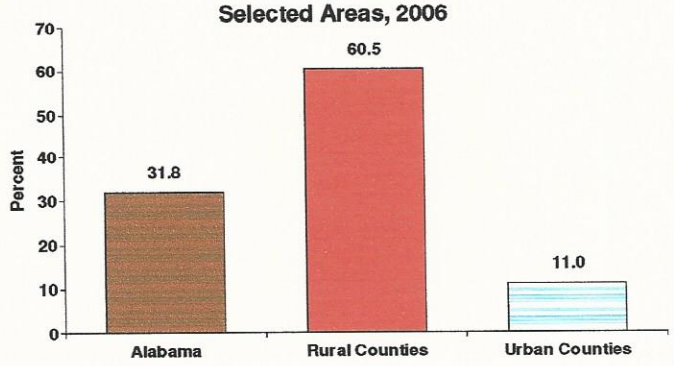
45 of the 54 counties currently considered **RURAL** had hospitals providing obstetrical service in **1980**



16 of the 54 counties currently considered **RURAL** had hospitals providing obstetrical service **TODAY**

Produced by the Alabama Department of Public Health, Office of Primary Care and Rural Health, May 17, 2019. The defining of counties as being rural or urban is based upon a definition that is used by the Alabama Rural Health Association.

Figure 26
Percent of Births Occurring Outside Mother's County of Residence
Selected Areas, 2006



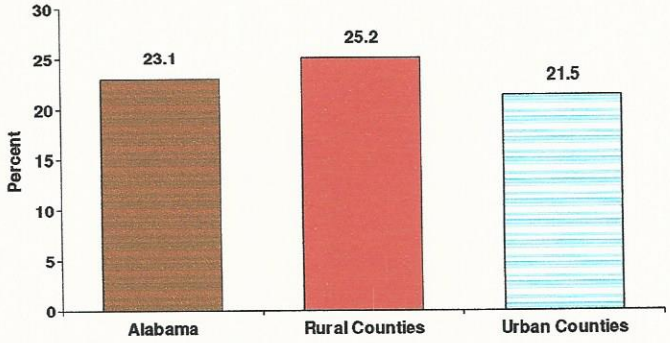
SOURCE: Center for Health Statistics, Alabama Department of Public Health.

This number has steadily declined to where only 24 of the 55 rural counties have hospitals that deliver babies today. These counties can be identified in Figure 25.

Because of the dramatic decrease in the availability of obstetrical service, 60.5 percent of all babies born to mothers who are rural county residents are born outside of the mother's county of residence. This compares to only 11.0 percent for mothers who are urban county residents. This is seen in Figure 26.

Unfortunately, the void of obstetrical service in so many of Alabama's rural counties contributes in creating a challenge for rural residents to receive adequate prenatal care during their pregnancies. There is a recognized relationship between the presence of a hospital providing obstetrical service and the receiving of adequate prenatal care by local women. This trend is evident in Figure 27 which graphically shows that over one quarter (25.2 percent) of all births to rural resident women in 2006 involved pregnancies where the mother received less than adequate prenatal care during her pregnancy. This compares to 21.5 percent for urban resident women.

Figure 27
Percent of Births With Less Than Adequate Prenatal Care
Selected Areas, 2006



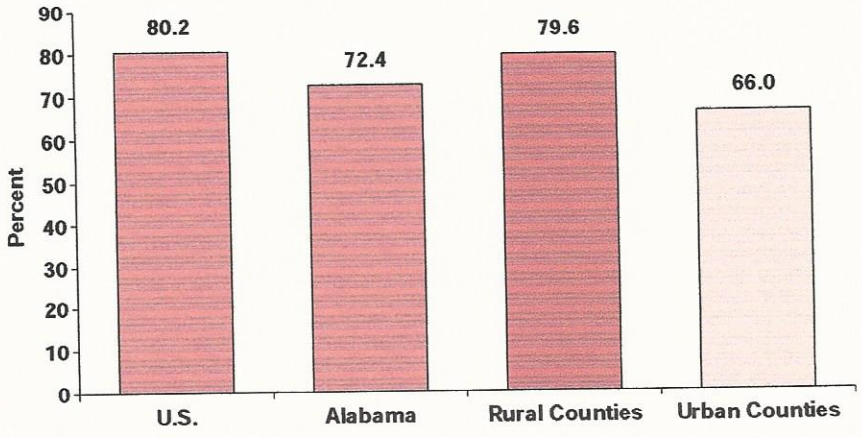
SOURCE: Center for Health Statistics, Alabama Department of Public Health.

The lower prevalence of adequate prenatal care and the difficulty in receiving obstetrical service are not the only birth related factors threatening the health status of rural Alabama's mothers and babies. Other selected demographic characteristics such as poverty and lower formal education and risk factors such as births to teenagers and tobacco use during pregnancy are threatening the short and long term health status of rural Alabama's mothers and babies.

Rural Areas Have an Older Population

According to the Alabama State Data Center's 2006 population estimates, the elderly (age 65 years or older) comprised 14.5 percent of Alabama's rural county population compared to only 12.5 percent in the urban counties. This difference is projected to become even greater. Between 2000 and 2025, the elderly population is projected to increase by 79.6 percent in Alabama's rural counties compared to a 66.0 percent increase in the urban counties. This can be seen in Figure 3.

Figure 3
Percent Change in Elderly (Age 65+) Population
Selected Areas, 2000-2025



SOURCE: Alabama State Data Center, The University of Alabama and the U.S. Census Bureau.

This dramatic increase in the elderly population will seriously challenge Alabama's rural health care industry. Using the National Ambulatory Medical Care Survey, it is estimated that there will be more than 904,000 additional annual office visits to primary care physicians in Alabama by 2025. This increase in primary care visits is primarily due to the aging population. Additional visits may be needed due to the growing trends in diabetes and obesity in rural populations.