DCH REGIONAL MEDICAL CENTER
and
NORTHPORT MEDICAL CENTER

2013 Community Health Needs Assessment

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INTRODUCTION

In 1916, Tuscaloosa, Alabama entered its centennial year with a population of 10,500, more than twice the population the city could claim when it entered the 20th century. It was in that year Tuscaloosa took the first step toward providing for the health care needs of its citizens. It was also in that year that the first steps were taken that would eventually transform a small clinic into the DCH Health System. Under local ownership and leadership for more almost 90 years, the DCH Health System has continually evolved to offer advanced caring to West Alabama. As the community grew and as medicine developed new procedures, a small hospital expanded its services and service area to become a regional medical center. Today, the DCH Health System operates DCH Regional Medical Center, Northport Medical Center and Fayette Medical Center. In 2002, DCH Health System also entered a three-year management agreement with Pickens County Medical Center.

DCH Regional Medical Center

DCH Regional Medical Center is the cornerstone of the DCH Health System. DCH Regional Medical Center operates specialty units for pediatrics, orthopedics, cancer and cardiology, as well as the region's most advanced trauma center and intensive care units, and a Bloodless Medicine and Surgery program. Physicians at DCH Regional Medical Center use many of the latest surgical techniques that require less recovery time, including microsurgery, laser surgery, laparoscopic and robotic surgery.

From the introduction of open-heart surgery in West Alabama in 1978 to today's development of procedures that can dissolve blood clots without surgery, physicians at DCH Regional Medical Center offer patients many of the latest advances in cardiovascular care. The Phelps Outpatient Center at DCH Regional Medical Center offers the region's most comprehensive range of services in a private and personalized setting designed for patient convenience. At the Lewis and Faye Manderson Cancer Center, physician specialists in hematology, medical oncology and radiation oncology lead a dedicated team of nurses and technicians who provide advanced treatment and emotional support. Other services available at DCH Regional Medical Center include the DCH Home Health Agency.

The Women's Center at DCH Regional Medical Center offers rooms decorated in a homelike atmosphere, and two-room suites and private accommodations are available. The Center is staffed by an impressive team of professionals with the training, experience and compassion to make the birthing experience safe and enjoyable.

The hospital also features a neonatal intensive care unit directed by physician specialists and staffed by experienced nurses.

Northport Medical Center

Northport Medical Center has been a part of the DCH Health System since 1992. The facility houses several important specialty services, in addition to the full range of inpatient and outpatient services expected from a community hospital. The DCH Rehabilitation Pavilion uses the latest advances in rehabilitative care to help patients with spinal cord injuries, head injuries, strokes or other neurological or orthopedic disorders return to independence. The hospital's

North Harbor Pavilion offers inpatient and outpatient psychiatric services for adult and geriatric patients.

The Women's Pavilion at Northport Medical Center has one of the most progressive and modern obstetrical units in the West Alabama area. Mothers are offered the opportunity to stay in the same comfortable, well-equipped room from the time she arrives until the day she goes home. The hospital also offers a neonatal intensive care unit directed by physician specialists and staffed by experienced nurses.

DCH Regional/Northport Services

The combined beds and services offered by DCH Regional Medical Center ("DCH Regional") and Northport Medical Center ("Northport") provide multiple access points and treatment to the citizens of Tuscaloosa, Alabama and the surrounding areas. DCH Regional is licensed for 583 beds and Northport is licensed for 204 beds. These healthcare facilities are located only a few miles from each other in Tuscaloosa County, Alabama. Located in the heart of Tuscaloosa, Alabama's metropolitan area, DCH Regional Medical Center and Northport Medical Center's service areas extend throughout a seven county region including, Bibb, Fayette, Greene, Hale, Lamar, Pickens and Tuscaloosa counties. DCH Regional employs approximately 3,461 staff members on average and Northport employs approximately 948 additional staff. In 2012 DCH Regional and Northport respectively treated 23,677 and 8,777 admitted patients and a combined total of 123,271 emergency patient visits. In addition, these full service facilities administered over 228,000 outpatient procedures and almost 19,000 surgery cases.

EXECUTIVE SUMMARY

As part of a total system collaborative and joint community needs assessment effort, DCH Health System organized stakeholders and an assessment process for each of the hospitals operated under the DCH Health System ownership, management or control. Due to the close proximity and organized service plans provided by DCH Regional and Northport Hospital, it was determined that for purposes of conducting the Community Health Needs Assessment ("CHNA"), one common Stakeholder group and collaborative effort would best serve the needs of the service community of these two hospitals. All facets of the community were considered for the purposes of this report including the patient populations of the hospitals, the geographical area, specific populations served by the hospitals, minorities, and the low-income and medically underserved populations within the defined community.

On June 14, 2013, DCH Regional and Northport (collectively to be referred to herein as ("DCH"), under the direction of DCH Health System, formally convened a Community Stakeholder Committee (the "CHNA Committee") and commenced an assessment of health care needs for the communities served by DCH. For purposes of this CHNA, DCH's service area was deemed by the CHNA Committee to consist of Bibb, Fayette, Greene, Hale, Lamar, Pickens and Tuscaloosa counties. The CHNA Committee consisted of 34 community leaders in the hospital's primary service area and reflected the geographic, gender, racial and ethnic diversity of the hospital's service area. The Committee also included individuals with expertise and knowledge of public health.

The CHNA Committee met on June 14, 2013, June 28, 2013, July 12, 2013 and July 26, 2013. Prior to convening the meetings, DCH Health System commissioned an independent community needs assessment survey that was conducted by the Alabama State University Center for Leadership and Public Policy. The survey consisted of a professionally designed telephone survey using a seven county sample provided by Survey Sampling International. The survey was conducted from April 23, 2013 through June 6, 2013. A summary of the survey results, and specific conclusions and findings related to DCH were shared by survey team leader, Mr. Myles Mayberry, with the entire CHNA Committee at its June 14, 2013 orientation meeting. A complete copy of the survey report is attached hereto as Appendix A.

For the benefit of DCH Regional and Northport, DCH Health System also engaged the expert assistance of a healthcare consulting firm, Williford & Associates to assist and guide the CHNA Committee through the CHNA process. Williford & Associates is a comprehensive healthcare consulting firm located in Montgomery, Alabama and its principals have had many years of experience in the healthcare industry and have performed various consulting services for hospitals including directing and leading community health needs assessment teams in a variety of settings.

Lead by the facilitator team, The CHNA Committee reviewed data and discussed facts and circumstances associated with the entire community to determine how to improve the health status. The meetings were well attended and participation of the members was excellent. As required and expected, the CHNA Committee identified specific community priorities and suggested multiple action plans to address those priorities with the intent of improving the overall community health of the population served by DCH. The priorities along with this report were approved by the CHNA Committee to be submitted to DCH Health System's Board of Directors for consideration. It was the CHNA Committee's expectation that this CHNA will be updated in 2016 and that progress can be evaluated and measured to permit an updated assessment and report of the hospitals' participation in these community goals and objectives.

As a part of the CHNA Committee's evaluative work, the members were provided with substantial health care data and information reflecting the trends of specific health care needs within the service community. This data was primarily obtained and produced by the public health agencies of the State of Alabama. Data from the CDC, US Census Bureau, Robert Woods Johnson Foundation, and other national web-based sources was also provided for consideration. This report will include some of the statistics that describe the health status and health behaviors of residents in the communities served by DCH. The CHNA Committee was also provided with Patient Origin Data produced by the State Health Planning and Development Agency that was reflective on utilization of the DCH services as well as potential gaps in services. The healthcare data considered by the CHNA Committee is attached hereto as Appendix B.

METHODOLOGY

Introduction/Statement of Purpose

DCH, through the DCH Heath System retained professional consultants and the duly organized CHNA Committee conducted a health care needs assessment of the communities it serves. The purpose of the CHNA was to assist the hospital's governing body and the communities to identify health care needs, establish priorities based on identified needs, and develop a strategic action plan to address those prioritized needs using the resources available within the community. DCH Health System and its affiliated hospitals recognize the importance of working with community members and leaders who represent various sectors of the community in establishing priorities and in identifying organizations and agencies that can best meet the identified health care needs.

The CHNA Committee, with the guidance of the healthcare consulting team utilized an analytical approach to considering the components of the assessment. The CHNA Committee considered and discussed both quantitative and qualitative data components. The quantitative component included many measures gleaned from available public health information and data related to the health status and health behaviors — health indicators — of Alabamians living in communities served by DCH. The data also included information regarding the utilization of some Alabama Hospital services. The Alabama Department of Public Health makes such information available for reports such as CHNAs. This data helps community members identify health care needs and set priorities to meet these needs. Other quantitative and qualitative components were also helpful in identifying needs and setting priorities.

Obtaining Public Input

A.   *Regional Healthcare Survey*

DCH Health System and its affiliated hospitals serve most communities in its seven primary Alabama service counties of Tuscaloosa, Fayette, Pickens, Lamar, Greene, Hale and Bibb. As part of its CHNA process and in order to obtain input from various sectors of the communities it serves, DCH Health System commissioned a Regional Healthcare Survey that was conducted by the Alabama State University Center for Leadership and Public Policy.

The Regional Healthcare Survey was conducted by Alabama State University's Center for Leadership and Public Policy polling center operating as New Century Polling and Research. New Century Polling and Research is a computer-aided telephone interviewing (CATI) lab within the Alabama State University Center for Leadership and Public Policy. It was established to provide needed research data not readily available from other sources, and to provide flexible, paying contract work positions for students. At least three public interest surveys are produced and published annually. In addition, proprietary surveys are completed for profit and non-profit organizations on a contractual basis. New Century Polling and Research has been conducting polls since 1999. The research lab consists of 14 calling booths manned largely by trained Alabama State University students (field agents) with an experienced field supervisor monitoring both data entry and verbal communication of no more than seven field agents. The software employed by the research lab for the purpose of this survey was the latest version of WinQuery, developed and supported by The Analytical Group, Inc. of Scottsdale, Arizona. The software uses random digit dialing of samples purchased by the research lab from Survey Sampling International (SSI), an internationally recognized sample provider in Connecticut.

The Alabama State University Center for Leadership and Public Policy has been a member of and subscribed to the standards of the American Association for Public Opinion Research for over ten years.

The regional healthcare survey consisted of a professionally designed telephone survey of the seven targeted counties in the DCH Health System's hospitals' service areas and was conducted from April 23, 2013 through June 6, 2013. Of the 13,306 contacts made during the survey, 608 participants completed the survey, resulting in a confidence level of 95% with a confidence interval of plus or minus 4%.

The survey researchers opined that the data collected as a result of the survey met valid sampling parameters. The combined survey was considered the best measure of the DCH health services evaluation for purposes of the CHNA since the combined service area spanned the entire seven county region. Almost 18 percent of the public surveyed for the service areas were between the ages of 35-49, approximately 25.5 percent were from 50 to 59 years old and 48.7 percent were 60 or older. Slightly over Seventy percent (70.1%) of those surveyed were female. Over Twenty-nine percent (29.1%) of the participants made less than $20,000 a year, 26.7 percent made $21 to $50 thousand and 26.6 percent made more than $51,000 annually. Racially, 33.2% of those surveyed were African American and 64.3% were Caucasian. The demographics of those surveyed generally reflected the makeup of DCH's combined service area.

In addition to asking survey participants about their familiarity and prior utilization of DCH medical facilities and available healthcare services, the survey also gave participants an opportunity to suggest what new or additional services and what additional types of physicians or services they would like to see made available at DCH in the future. These survey responses were documented and delineated in the survey results presented in the report.

A summary of some of results of the survey are as follows:

The healthcare survey found that, in the DCH surveyed area, 72 percent of the participants had required some type of medical assistance for their families in the past year.

Approximately 37 percent of those requiring medical assistance used the local hospital and slightly over 50 percent sought care from a private physician to handle their needs. Of those who went to a hospital for treatment, approximately 70 percent used DCH Regional or Northport.

Approximately 75% of the survey participants rated availability of care at DCH as good to excellent and only 7% responded that availability of medical treatment at DCH was not good or poor. When asked how they paid for their medical expenses, 28 percent of participants said they were covered through Medicare, approximately 26 percent said they used their own cash or own personal insurance, and nearly 26 percent said they used their employers' insurance. Medicaid payments accounted for only approximately 9 percent of those surveyed.

An analysis of key questions in the survey is presented in the body of the survey report for use as a method of reviewing trending strengths and areas for growth.

One of the questions used in the survey requested the respondents to identify a service or services they would like to see added to DCH's available service offerings. Only 18% of the respondents suggested additional services were needed and these desires covered a wide range of areas.

B.   Stakeholder Committee

In furtherance of its effort to gain access to public input and consider community perceived needs, DCH Health System formed and authorized the establishment of a joint DCH Regional and Northport stakeholders committee. Committee members were selected to provide the broadest community perspectives possible and to provide expertise, experience, and motivation. The group included community leaders working in a collaborative effort from the hospital's primary service area that reflected the geographic, gender, racial and ethnic diversity of the hospital's service area. The 34 member Committee was selected in June 2013 and the Committee met on four separate occasions to discuss the project and assess its items of priority. The Committee included the following:

DCH Health System
- Mr. Sammy Watson — Director of Community Relations, DCH Health System
- Ms. Lorraine Yehlen, DCH VP of Patient Care
- Mr. Brad Fisher, DCH Director of Communications
- Cathy Sanford, Marketing Coordinator
- Mr. Jim Harrison, III,   DCH Board Member, HPS Holdings

Healthcare
- Dr. Sara Barger, Retiring Dean of UA Nursing School
- Dr. Jim Shamblin, Retired MD
- Ms. Latrelle Bell, Executive Director, Hospice of W. Alabama
- Dr. Norman Carlson,   Retired Dentist
- Ms. Karen Thompson, Director, Tuscaloosa Emergency Services
- Dr. Pam Moody, Director of Nursing for the Alabama Department of Public Health

Local Government
- Honorable Alan Harper, Alabama State Representative
- Honorable Bobby Howard, Tuscaloosa City Council
- Honorable Bobby Herndon, Northport Mayor
- Honorable Stan Acker, Tuscaloosa County Commissioner

Social Services
- Chief Alan Martin, Tuscaloosa Fire Department
- LT. Travis Parker, Tuscaloosa Fire Rescue
- Chief Steve Anderson, Tuscaloosa Police Department
- Ms. Beakie Powell, Red Cross

Chamber of Commerce
- Mr. Fitzgerald Washington, Buffalo Rock, Chair- Chamber of Commerce
- Mr. Donnie Jones, Chamber of Commerce COO

Education
- Mr. Dan Meissner, Board Chair Tuscaloosa City Schools
- Dr. Paul McKendrick, Tuscaloosa City Schools

- Dr. Linda Forte, Stillman College
- Dr. Steve Fair, Interim President, Shelton State College
- Ms. Pearlie Duncan, Stillman College

Business and Industry
- Mr. J. G. Brazil, Retired – Al. Power, Rotary Member
- Dr.. Deborah Tucker, Maude Whatley Health Services – CEO
- Mr. David Reynolds,   Capstone Bank

Community at Large
- Mr. Jim Fleming, First Nat'l Bank of Central Alabama
- Reverend Joel Gorveatte, First Wesleyan Church
- Ms. Jackie Wuska, United Way, Executive Director
- Mr. & Mrs Weldon Cole, Retired, DCH Foundation

DCH Health System for the benefit of DCH engaged the assistance of healthcare consulting firm, Williford & Associates to assist and guide the CHNA Committee through the CHNA process.   The firm acted as a moderator and facilitator for the Committee at each of the stakeholder meetings.

June 14, 2013 Stakeholder Meeting

The initial meeting of the stakeholders was held at DCH Regional on June 14, 2013. The meeting was attended by representatives of DCH Health System and enlisted stakeholders.

Mr. Bill Cassels, DCH Regional Administrator called the meeting to order and welcomed the invited Stakeholders to the Community Health Needs Assessment (CHNA) meeting. Mr. Cassels explained the Stakeholders' role in DCH's strategic planning process for this year's CHNA. He expressed the importance of garnering input from community and business leaders as to the health needs of the citizens of Tuscaloosa and surrounding counties as well as the availability and utilization of health services and resources in the area. Mr. Cassels invited all present to introduce themselves and share some things about their unique background or experience.

CHNA Orientation

Consultant, Stephanie Craft explained the purpose of the CNHA. It was explained that the CHNA is a mandatory survey process which will occur every 3 years. Under the Patient Protection Affordable Care Act, non-profit hospitals must conduct a CHNA to identify the health needs of the community and develop a plan to address those needs in order to maintain their tax-exempt status. Each hospital within the DCH system must participate in this process. The DCH and Northport CHNA must be completed by **October 1, 2013**. Ms. Craft's presentation included the following information:

1. **Definition of a CHNA?**

   a. Snapshot of community healthcare needs

   b. Diverse collaboration of the citizens of a community

   c. Tool used to identify and address health improvement solutions for the community

2. **Requirements of a CHNA**

   a. Define the Community of Regional Medical Center and Northport Hospital to include geography, demographics, hospital patient populations, and other specific populations to include the medically underserved, low-income, and chronic disease populations

   b. Review available data and existing resources to assess the health needs of the community, prioritize those needs based on urgency, burden, estimated feasibility and effectiveness, and develop an action plan to address those needs

   c. Take input from persons representing broad interests of the community. This includes the Stakeholder group; the independent health needs survey, public health department and other agencies and organizations whose mission is to improve the health of the community.

   d. Document the CHNA in a written report that must be approved by the governing Board of the hospitals.

   e. Make the CHNA widely available to the public with the opportunity for comments

3. **Participants in the Process**

   a. Hospitals – the Leaders in the process

   b. Consultants – provide tools to make informed decisions

   c. Stakeholders – community leaders, business owners, people with expertise in public health and other support agencies

4. **Stakeholder Tasks**

   a. Identify health needs of the community via open discussion.
       i. Identify problems and brainstorm towards solutions.

   b. Analyze existing public health and other provided data.
       i. Identify local, regional and national resources available.

   c. Prioritize Needs based on criteria established by regulatory guidelines.
       i. Budget – is it financially feasible for the hospital.
       ii. Severity/burden of the need.
       iii. Potential effectiveness.
       iv. Is it in line with other local, regional, or national initiatives?

   d. Develop an action plan to address the needs.
       i. Long-range plan – work in progress.
       ii. Updates either yearly or at the end of the 3-year period.
       iii. Keep journal as plan develops.

5. **Expectations and Benefits**

   a. Improved awareness of health-related issues for the community.

   b. Emphasis on prevention and wellness – changing thoughts among the community's citizens to reflect wellness and prevention vs. disease and reaction.

   c. Improved accessibility to services and improved quality of life.

   d. Identification of new opportunities for the hospitals and the community.

6. **Identified Health Issues – Specific to the DCH Community & Identified through data**

   a. Negative Personal Behaviors that contribute to multiple disease states
      i. Lack of exercise
      ii. Smoking
      iii. Improper diet
      iv. Alcohol/drug abuse

   b. Need for additional healthcare services
      i. OB/GYN
      ii. Pediatrics sub specialty
      iii. Disabled/amputee program
      iv. Transportation to medical care facilities
      v. Elderly, poor, and medically underserved

   c. Top causes of death
      i. Heart disease
         • Higher in males
      ii. Cancer
         • Lung/upper respiratory
         • Colorectal
         • Breast
      iii. Accidents
         • Motor vehicle
         • Poisonings

7. **Priority Example**

   a. Childhood obesity issue
      i. Priority consideration – Preventative health outreach program. Issues to address in the priority should include:
         • Population to be served
         • Geographical area
         • Community resources to be involved including hospitals, businesses, churches, schools
         • Develop an action plan, timetable and budget

8. **CHNA Timeline**

   a. Orientation session – June 14, 2013

   b. Three additional sessions
      i. June 28, 2013 – working session
      ii. July 12, 2013 – working session
      iii. July 26, 2013 – final session and priority determination

Survey Presentation

Myles Mayberry, Director of Demography for the ASU Center for Leadership and Public Policy, presented data from an independent survey conducted over a 6-week period, ending June 6, 2013. The purpose of the survey was to evaluate the needs assessment and healthcare services for the DCH System Hospitals and to provide additional input from the community as to the perceived and identified needs of the community. The survey provided a demographic profile for all 7 counties. Of the 13,306 numbers called, 608 surveys were completed by respondents. There was a confidence level for Regional Medical Center of 95%, with an interval +/- 4%. Confidence level for Northport Medical Center was 95%, with an interval +/- 4.8%.

1. Survey Highlights

   a. 72% reported that they or a family member required medical treatment in the past year.
      i. 50% to a private physician
      ii. 37% to a local hospital
         • 66% to DCH Regional Medical Center
         • 6% to Fayette Medical Center
         • 5% to Northport Medical Center
         • 3% to Pickens County Medical Center
      iii. 7% to a 24 hour or family clinic
      iv. 3% to county health department

   b. 25% reported that they or a family member could not be treated locally
      i. Cancer at 18.4% was the most common health issue not treated locally
      ii. Neurology/Neurosurgery 17.8%
      iii. Cardio/heart 15%
      iv. Joint/arthritis 14%

   c. ¾ of the respondents stated that availability of medical treatment in their area was good or excellent

   d. 7% rated the availability of medical treatment in their area as not good or poor

   e. Method of payment to facilities
      i. Medicare 28%
      ii. Personal insurance 26%
      iii. Employers' insurance 26%
      iv. Medicaid approximately 9%

f. Preventative healthcare
      i. 93% had regular medical checkups
      ii. 52% were aware of wellness activities in their community
      iii. Factors that impact negatively on health
         - 64% recognized lack of exercise as a negative health impact
         - 57% said smoking was a negative contributing factor to health
         - 53% improper dieting

Open Discussion

As part of the CHNA process, consultant Stephanie Craft reviewed the data provided to the group and facilitated the Stakeholders discussion of various health issues within the community. The Stakeholders were asked to discuss their perceived needs based on their experiences – both personal and work related. Their responses and identified issues included the following:

1) Violence (domestic and gun)

2) Prescription medication – education and access

   a. Lack of financial resources to obtain medication

   b. Non-compliance in taking medications properly

3) Mental Health Issues

   a. Lack of facility/treatment options – in part due to the closing of major State Mental Health facilities.

   b. Lack of primary mental health resources.

   c. Medical clinicians are asked to address mental health issues even though it's not their field.

   d. This can contribute to an increase in violence and prescription drug needs.

   e. Lack of available resources to treat lower level mental health needs, i.e. depression, anxiety.

   f. Need to identify the community-based resources available to treat mental health disorders. Issue must be addressed such as what are the real needs and what are the constraints?

4) Top Health Concerns and Death-Related Diseases in Community

   a. Obesity
   b. Cancer
   c. Heart Disease

5) Substance and alcohol abuse

6) Smoking

7) Nursing home care costs for middle income families

8) Nutrition/ lack of physical exercise leading to obesity and diabetes.

   a. Lack of education;

   b. Increase in cost of eating properly;

   c. Poor eating habits; and

   d. Need for programs to address. Suggestions included HEAL Alabama and other programs provided through ADPH, Cooperative Extension Service, and USDA

9) Inappropriate use of available healthcare services

   a. There are patients that report to ED with medical conditions that could be handled at general practitioners' offices.
   b. Right access and care at proper time.

10) Neonatal Issues
   a. Infant Mortality is 6% higher amongst blacks than whites in Tuscaloosa County.

   b. 50% + of all births in the state of Alabama are to unmarried women and teenagers.

11) Increase in sexually transmitted diseases

12) Health Services

   a. Transportation to healthcare facilities

   b. Preventative services

The meeting was concluded by Ms. Craft. She thanked the group for their dedication to the process and their desire to take ownership of the project. She reiterated that in order for the project to be successful, the Stakeholders would have to drive the project and encourage support within the community. They were then asked to review the data along with the complete survey results that were provided by the Consultants. Ms. Craft also encouraged the Stakeholders to continue to identify issues of health and informed them that brainstorming will take place over the next three meetings. She stated that ultimately the group would narrow the list of health issues to three to four issues that the group considered top priorities for the hospitals to address to improve the health of their community.

June 28, 2013 Stakeholder Meeting

The second meeting of the CHNA Committee was held at DCH Regional on June 28, 2013. The meeting was again attended by several representatives of DCH Health System and there were 29 Stakeholders in attendance. DCH Health System's CEO, Bryan Kindred opened the

meeting by thanking community participants for their time and effort in working with DCH consultants, Williford & Associates, and Roger Bates, Esq. during this CHNA process.

Mr. Roger L. Bates, Managing Partner and Healthcare Practice Group Chair, of Hand Arendall, LLC addressed the Stakeholders. Mr. Bates explained the purpose of the Community Health Needs Assessment (CHNA) and gave assurance that all participants' comments made during meetings are confidential. He stated that DCH is looking for comments from our community as to where improvements are needed and input on accomplishing those needs. The CHNA is a mandatory survey process which will occur every 3 years. Under the Patient Protection Affordable Care Act, non-profit hospitals must conduct a CHNA to identify the health needs of the community and develop a plan to address those needs in order to maintain their tax-exempt status. Each hospital within the DCH system must participate in this process. In addition to providing guidance and input to DCH and the participating community leaders, Mr. Bates' role in the CHNA is to ultimately serve as a Scribe for the final report.

Open Discussion and Working Session

Consultant, Stephanie Craft thanked the participants and reviewed the minutes from the first meeting. She also shared healthcare data which was provided by one of the stakeholder participants. The Tuscaloosa County Health Status Indicators Report obtained from the Alabama Rural Health Association further identified various health needs within the community. The information included selected causes of death, income levels, population data, and access to healthcare services data. Data in the report was provided by various state agencies, the CDC, and other sources and reflected the ADPH's health profile of Tuscaloosa County.

In an effort to get a consensus from the group as to the defined community, Ms. Craft asked the group to consider the counties and communities that could be considered the DCH "community." The group identified the counties serviced by Regional Medical Center ("RMC") to include 7 counties: Tuscaloosa, Bibb, Fayette, Green, Lamar, Pickens and Hale. For Northport Medical Center, the counties considered the "community" included Pickens, Tuscaloosa, Lamar and North Green County.

Ms. Craft introduced Dr. Pam Moody, Director of Nursing for the Alabama Department of Public Health in Tuscaloosa as the guest speaker. Dr. Moody provided detailed public health information on Alabama as a whole and in particular, the West Alabama counties pertinent to DCH. She identified programs and additional resources available through ADPH that could be used to address the issues of health identified through the data and discussions. She also provided data for Alabama and Tuscaloosa County from the Robert Woods Johnson Foundation, County Health Rankings. Based on the report rating counties' healthcare performances, Tuscaloosa ranked 25th out of 67 counties overall, but it was noted that improvement was needed in certain personal behaviors that negatively impacted the health of the community. Those behaviors included smoking, adult obesity, physical inactivity, and sexually transmitted diseases. She noted that Shelby County ranked #1, followed by Baldwin, Lee, Madison, and Limestone. She suggested that a representative from the stakeholder group make contact with these counties to discuss tactics and strategies used to achieve such a high overall health status ranking.

Following Dr. Moody's presentation, Ms. Craft opened the floor to discussion to address the challenges facing the communities of DCH. After considerable discussion among the Stakeholders, the following items were identified for future review and discussion:

1) Stress-related illnesses

    a. 56% of West Alabama residents suffer from stress-related illnesses
    b. Stress is identified in single-parent families often and all local agencies are educated to recognize and support. However, it still remains a major issue of health

2) Asthma Issues

    a. Chronic in older adults
    b. Tobacco use in the home contributes to asthma in children
    c. Household contaminants contribute
    d. Poverty and lack of education contributes
    e. Access to educational resources is a problem
    f. Access to proper tools. Temporary Health Services are available, but those dealing directly with the patient need to be empowered with tools to assist.

3) How to make maintenance drugs more available to our communities? Partnering with pharmaceutical companies might be an avenue to address this issue.

4) Are there smaller medical issues that visit emergency rooms that could be assisted by non-profit organizations ("non-profits")? Issues discussed included:

    a. ER visits account for 75% of all healthcare costs in the U.S.
    b. In poorer counties, patients' entry into the healthcare system is via emergency departments regardless of level of medical need.
    c. Mental Health needs including stress-related illnesses, anxiety, and depression
    d. Nutritional needs of children. It was noted that the Board of Education provides free and discounted lunches to children in need throughout the school system.
    e. Dental issues for patients that don't have access to a regular dentist.

5) Is any data cross-referenced to "Kids Count" data? Kids Count Data showed Tuscaloosa ranked 36th out of 67 counties in child well-being. The West Alabama counties, all part of the DCH service area, ranked the lowest in the State.

6) What does DCH need from the community and other non-profits in the area so that they can best serve the health needs of the community?

7) Poverty stricken job applicants – data was needed from Tuscaloosa Human Resources and it was suggested that job training be provided to the poverty stricken out of work groups.

8) What can be done to address healthcare issues?

a. Education among providers serving the community in a non-profit setting. It was noted that some service providers have inadequate knowledge to address all the issues those in need may have.
b. Dr. Moody suggested educational materials are available at local ADPH facilities
c. Campaign to educate with a consistent message in the area – repetition = retention
d. Absolutely essential that all state and federal agencies work together.
e. Panel member suggested a system for EMTs to allow them to treat patients on site under the direction of an attending ER physician.
f. Telehealth was mentioned as an alternative treatment option. This would cut down on the transportation issue facing many in rural communities. It was also possibly address access to specialty care services that are unavailable in the rural areas.
g. Teaching proper nutrition. It was noted that dental issues in children is once again becoming a major health issue. One panel member suggested eating habits can contribute to decay and ultimately gum disease.
h. Providing educational material at agencies when clients ask for support. Development of a resource guide is crucial. Suggestions were made to contact the Office of Rural Health to determine if one was already available.
i. Use of faith-based initiatives to reach the low-income, medically underserved, and minorities. Love, Inc., a national program with a chapter in Tuscaloosa was mentioned.
j. Mayor's Hope Initiative. This also is a faith based program with a 5K yearly run
k. Serve Alabama – possible resource. John Mason, State Director could be contacted to determine if funds are available to assist.
l. Project Green – a program that educates students on gardening via math & reading
m. Using social media including Facebook and twitter as an inexpensive educator tool

July 12, 2013 Stakeholders Meeting

The third meeting of the committee was held at DCH Regional July 12, 2013. The meeting was well attended by stakeholders and representatives of DCH Health System. Following a brief review of prior meeting topics by Ms. Craft the Stakeholders were treated to a special guest.

The guest speaker was the Honorable Terri A. Sewell, U.S. Representative for the 7th District of Alabama. The 7th Congressional District includes parts of the cities of Birmingham and Tuscaloosa, as well as the counties of Alabama's Black Belt. Representative Sewell is the first black woman to ever serve in the Alabama Congressional delegation. Congresswoman Sewell sits on the House Financial Services Committee and serves as the Chief Deputy Whip for the Democratic Caucus. Representative Sewell generally discussed the importance of the CHNA process as mandated by the U.S. Congress and thanked the Stakeholders for participating in the process.

Stephanie Craft opened the business portion of the meeting by reviewing some items of data and documentation distributed to Stakeholders. A list summarizing community healthcare concerns discussed in the orientation meeting was provided and the suggestion was made to

narrow down the multiple issues of concern to 4 or 5 priorities. She instructed participants to provide to her, via fax or email, their list of proposed top 5 concerns. Stakeholders were advised that they had the option to add any issues not previously discussed in prior meetings.

Ms. Craft also distributed information identifying other community health resources mentioned in previous meetings. The Alabama Rural Action Committee, a division of the Alabama Department of Public Health, Office of Rural Health, has a resource guide, but was not inclusive of all the available resources serving the communities in West Alabama. Information was also provided about Love, Inc., a coalition of faith-based churches whose purpose is to serve people in need in their communities. A list of churches currently partnering with the national organization was included in the materials distributed. One Stakeholder mentioned that before churches consider working with Love, Inc. err on the side of caution. If churches currently have non-profits that they support, joining Love, Inc. could cause existing support to be halted to prevent any duplication of services. The Mayor's Fitness Challenge, a program provided through PHIT America, was introduced as an action plan that could be used in various cities to fight the obesity and physical inactivity crisis. It is a 10-week fitness program designed to get city residents involved in exercise. After discussions with the City of Tuscaloosa, it was determined that there are funds set aside in the year's budget for wellness initiatives in Tuscaloosa.

Information was also provided on Telemedicine – in particular the Alabama Partnership for TeleHealth, INC, a non-profit corporation that uses technology to increase access to healthcare. Alabama TeleHealth partners with Georgia TeleHealth to serve the citizens of Alabama, particularly in rural Alabama where access to care is an increasing concern. The program is still evolving in Alabama, but is steadily growing and can serve as an avenue to address access to healthcare for citizens in the counties Regional Medical Center and Northport Hospital provide services to. This service could be part of an action plan for education and treating patients who would not receive care by traditional means. Amelia del los Reyes, Health Information Specialist with the University of Alabama's College of Community Health Sciences in Tuscaloosa has been an integral part in initiating and expanding this program in Alabama and would be a great resource for any future decisions regarding telemedicine. According to Amelia, there are multiple grant opportunities available should this be part of an action plan. Ms. Craft reiterated that the CHNA plan is an evolving process that should include opportunities for public comment, modifications, or expansion.

Focus on Health Needs

Legal Counsel, Roger Bates expressed that the stakeholders need to focus on viable resolutions to community healthcare issues. In the last meeting, conversations centered on social behavioral issues and although these behaviors certainly contribute to the various health issues within the community, we cannot solve all the behavioral problems of the community and the focus of the group should be to develop a community action plan that will promote and encourage better healthcare for the citizens Regional and Northport serve. Every dollar of uncompensated care that we can save by improving someone's health is going to assist in having a financial system that's undergirding our health delivery system. Mr. Bates suggested that the discussions to date reflected preserving and improving the quality of care and access to care that we have become accustomed to in spite of the fact that

current and future directives push change, reduction in services, and shrinking reimbursement. Mr. Bates stated that acknowledging social behavioral issues is critical, but the success of this process will come from identifying two to three top issues of concern and developing a plan to address those. He suggested discussing topics with a commitment to forming a cultural shift in addressing needs and concerns.

In an effort to narrow down the multiple issues of health that were discussed, everyone in the group agreed that many of the issues of health are intertwined. It was determined that nutrition, education, and lack of physical activity definitely contribute to obesity and diabetes which are highly prevalent in the community and these issues of health certainly contribute to the leading causes of death in the area including heart disease, stroke, cancer, diabetes, and kidney disease. There is an immediate need for education in disease prevention and wellness in order to improve the health of the community.

To address the issues associated with delivery of needed services, it was suggested that community partnerships could benefit from utilizing the United Way's 211 resource directory. This is a comprehensive line that provides resource information to the public. This resource line uses a roll-over system with different local organizations, is available 24 hours and serves 9 counties. 211 calls increased 40% last year and the United Way as well as other agencies are always seeking additional resources to provide to the community. It would be a great idea to have 211 serve as a conduit for informational silos to come together. It was suggested that there be one location with links to various programs with several gatekeepers to update information pertaining to their particular resource arena.

As for printed materials, it was brought up that information changes so quickly that printed information may not be the best approach. It may be best to provide informational cards with directions to the appropriate resources via linked websites and 211.

It was suggested that a feasible marketing campaign be developed with a new brand and consistent message delivered through multiple avenues to reach all the communities served by Regional Medical Center and Northport Hospital

Palliative care, end of life care, was also brought up as a concern – in particular the education piece of it. Patients do not know they have the right to refuse treatment and for those who do not want to incur the expense of prolonging the inevitable when it comes to a terminal illness, there should be education provided to address this issue. A team should be formed to provide treatment options for those wishing to forego expensive medical treatment. It was determined that this could be included as part of the resource guide.

Other ideas suggested by the Stakeholders included the following:

- Kiosk approach to providing information to the community. Appears to be working in other areas.

- Better working relationship between cities (Tuscaloosa and Northport) and the rural counties they serve. Education is key to reforming behaviors and this can be done through information booths, marketing, churches, and other gathering places for the population served.

- A Blue Ribbon committee, spearheaded by a representative of DCH to create a viable resource guide for Tuscaloosa County and the other counties served by the DCH system.

- Creating a collaborative approach between the available resources including but not limited to DCH, ADPH, Business leaders, Public and private sectors, Chamber of Commerce

- Bringing in the University of Alabama as a strong partner to create a Wellness Program designed to educate the community on available services and encourage health and wellness via the radio station (WVUA). It was also suggested that the volunteer program at the University could be a partner to reach out to those in the low-income, minority, and underserved populations.

- Development of a "model" program intended to advocate Wellness and Prevention for Tuscaloosa county, modify if needed, then implement throughout the other counties served by Regional and Northport

- Health fairs and inexpensive screenings – it was suggested that this could be supported by the business community and various other potential partners in the community

July 26, 2013 Stakeholders Meeting

The fourth and final meeting of the CHNA Committee was held at DCH Regional. The Stakeholders were welcomed by Ms. Craft and thanked for their participation in and dedication to the CHNA process. DCH Health System's Director of Community Relations, Sammy Watson also expressed DCH's appreciation for the time everyone has given to work through this process. The stakeholders provided great leadership and it is obvious they see the value of the hospital in the community. He noted that the DCH Board would approve a CHNA plan at the September 2013 Board meeting.

Overview and Prioritized Needs

Healthcare Consultant, Stephanie Craft opened the meeting by thanking the group for their participation in the CHNA process. She reiterated that through the health care data that was provided to the Stakeholders and the Stakeholders' in-depth discussions, the group successfully identified multiple health needs within the established communities of DCH Regional Medical Center and Northport Hospital. Ms. Craft asked each Stakeholder to rank the identified needs with regards to the established criteria of burden, scope, severity, potential effectiveness, and financial feasibility. She began with a discussion of the summary of prioritized needs that the Stakeholders submitted to her. From the Stakeholders' input, she narrowed down an extensive list to 4 primary priorities; nutrition, access to care, mental health and teen pregnancy. It was noted that these community concerns were in no particular order. Ms. Craft reminded the group that although the CHNA meeting process was coming to a close, the success of implementing a strategic plan to address the identified needs would require further attention from a "Blue Ribbon" task force headed by staff members of DCH Regional and Northport Hospital and assisted by members from the Stakeholder group. DCH would have the responsibility of reporting the progress made

either yearly or at the end of the 3 year process. It was suggested that the hospital maintain a journal to document progress. It was also determined that strategic meetings and updates to the Stakeholders should be maintained at least quarterly.

CHNA Committee legal counsel, Rogers Bates stated that due to major changes in the delivery of healthcare services and reimbursement issues facing hospitals everywhere, a sense of urgency must be adopted in order to achieve success in developing solutions to address the healthcare needs of the community. He stated that uncompensated care was increasing and many of the healthcare dollars spent can be attributed to chronic disease so a focus on wellness and prevention is crucial to the viability of the DCH system hospitals.

Consultant, Frank Williford suggested to the Stakeholders that anyone interested in becoming a part of the Blue Ribbon task force should contact Sammy Watson at DCH Regional. Mr. Williford gave an example of a healthcare initiative developed as part of the action plan to address issues of health identified through the CHNA process at Coosa Valley Medical Center in Sylacauga, AL. The Men's Health Initiative, as it was called, was an event centered on two football celebrities and featured health screenings for men and speakers on various health related topics. The feedback and participation from the community was tremendous. It was suggested that Tuscaloosa would be a prime location for a similar event and could be considered as part of an action plan to address wellness and prevention.

Discussion and Final Session

There were concerns expressed by different Stakeholders during the open session. One participant was not in agreement that the entire arena of mental health should be a priority on the list. He felt that stress, anxiety and depression were certainly issues of health, but should not be included as part of the mental health priority because those issues could not be effectively addressed by DCH. Developing action plans to address drug and alcohol abuse as part of the mental health issue would be feasible and most likely effective using the existing resources and making those widely available to the community Other concerns by Stakeholders included insuring that the priorities and action plans to address would be feasible.. The Stakeholders wanted to avoid the getting "nothing" accomplished syndrome. They wanted to make sure that the Board did not ignore the identified needs of the community, but at the same time they did not want to set the System up for failure. They suggested making sure that the needs and action plans were drilled down to what the DCH system was capable of accomplishing.

A concerned participant said that teen pregnancy is a problem that can trigger other issues that were identified, and seeking resolution to curtail the problem is extremely important when considering healthcare initiatives. It was noted that The Alabama Department of Public Health ("ADPH") created a website for a pilot program to address teen pregnancy. This program was implemented in Mobile, AL, which has the highest rate of teen pregnancies in the state. It was suggested that the Blue Ribbon committee contact the ADPH to determine whether a similar program set up in the West Alabama community would be feasible. Ms. Craft also suggested a marketing campaign similar to campaigns initiated in New York, Chicago, and other cities that have been successful in addressing the teen pregnancy issue.

Another initiative discussed by a Stakeholder was his own effort to implement a program with his employees putting an emphasis on exercise and fitness to combat obesity and the

diseases resulting from it. His company provides gym memberships for employees. In addition, he explained that the University of Alabama ("the University") has a weight-loss and nutritional program. He asked about the feasibility for DCH to piggyback off of that program. DCH may have to model a program in place that will address obesity and heart patient needs. Stakeholders expressed great interest in a definite partnership with the University and DCH in addressing nutrition and obesity.

A "hunting" matrix system example was given as an example of an implementation plan to provide a comprehensive resource guide within the community to address the access to care issue. The United Way's 211 program could be the primary delivery source for the matrix of available services. Once again, it was determined that an accountable group would have to come together to make this work.

Mr. Bates posed questions to the Stakeholders. "Is the current list a fair articulation of this group? Is there a consensus that we bolster priority of the resource directory as a resolution? Participants didn't see moving forward to address the various issues of health without an informational directory. The Kids Count Data generated from Montgomery, AL was given as an example of information that should be included.

Roger Bates reiterated the process at hand. There will be a document written and submitted to the DCH Board. The Board will take under advisement the priorities selected and the actions to address those and concur or not with those suggestions. They will also give guidance on what's being done currently, and what can be done moving forward to best meet the healthcare needs of the community. At the end of the day, the responsibility lies with DCH as to what can be accomplished. We do not want to put an initiative in place that would set DCH up for failure, so reasonable and feasible solutions must be considered. Mr. Bates assured the stakeholders that the Board will be receptive to priorities then come back to the Stakeholders to form the Blue Ribbon Task Force. The document prepared by Mr. Bates will be presented to the Board in September 2013 and made widely available to the public for comment by October 1, 2013.

Recommendations by the Stakeholders to actively address healthcare needs included the need for a task force, volunteer mentoring programs, a partnership with the University of Alabama, forums and workshops to cross-educate various providers, a comprehensive resource guide, and a grass roots marketing approach to address education wellness and prevention. It was also suggested that the DCH system should take a close look at what is currently provided to address the various issues discussed and determine whether those initiatives could be expanded upon. The use of telemedicine was an example of an action plan that could be implemented in the rural areas of the DCH community as a way to address education and it could be expanded upon in the area of psychiatry.

It was determined that one person from DCH must see this process through so we can point to immediate successes and long term goals. This team leader should be available on a regular basis to update Stakeholders on procedures and follow-through.

Stakeholders want specific outcomes on issues to be addressed. DCH's Quality Improvement Data staff is imperative to this task. Education and communication are crucial tools to the success of adopted initiatives. The facilitator team and Sammy Watson from the DCH system thanked the Stakeholder group for their time and commitment to changing the health status of the community for the better.

As part of the final meeting, a CHNA prioritization document was developed. It identifies the health needs discussed within the meetings and discovered through the survey and prioritizes those needs based on individual participant rankings. Action plans were also included:

COMMUNITY HEALTH NEEDS PRIORITIZATION

In a collaborative effort, Stakeholders from DCH identified a comprehensive list of health needs for the community served by the hospitals. The group reviewed public health, web-based, and national data as well as results of a system-wide survey. These community leaders, through open discussion, identified the various issues of health and prioritized those needs based on urgency, burden, feasibility, and potential effectiveness. The Stakeholders reviewed and discussed the existing resources in the community, selected health status indicators of the counties served, population and income characteristics, prevalent disease indicators, and other health-related indicators such as accidental death and natality statistics. The intent was to identify priorities and suggest action plans that would ultimately enhance access to healthcare services and improve the quality of life for all citizens in the community regardless of income, race, age, insured, or uninsured.

Through the CHNA process, the following needs were identified:

- ➢ Gun and Domestic Violence
- ➢ Access and compliance with prescription drugs
- ➢ Mental Health – lack of resources and treatment solutions
- ➢ Obesity – resulting from multiple personal behaviors such as physical inactivity, poor diet, lack of education
- ➢ Leading causes of death to include heart disease, cancer, diabetes
- ➢ Substance/Alcohol abuse
- ➢ Tobacco use
- ➢ Nutrition – or lack thereof due to poor eating habits and increased food costs
- ➢ Infant mortality, teen pregnancies/ single-parent households
- ➢ Increase in STDs
- ➢ Access to Care – education, available resources, and lack of transportation
- ➢ Access to Dental Care
- ➢ Job training for the poverty stricken – in particular those out of work
- ➢ Asthma
- ➢ Cost of care in nursing homes
- ➢ Need for additional healthcare services including OB/GYN, Pediatrics sub-specialty, disable/amputee program, services for the elderly, poor, and medically underserved

Each Stakeholder was asked to review the data, consider the required criteria, and rank the priorities. After analyzing the rankings, the following four health needs were considered priorities:

1. **WELLNESS** – An overall program to address nutrition, obesity, and the leading causes of death.

   Actions to Achieve:

a. Education to the community – school backpack programs, forums, health fairs, social media, volunteer program, and a comprehensive resource guide;

b. Development of a partnership with UA to promote wellness by (1)developing a model program piloted in Tuscaloosa and then implemented in outlying areas, (2)using the volunteer program to work with the low-income and medically underserved groups, (3)promotion through the WVUA radio station;

c. Development of a marketing campaign with a consistent, new message;

d. Continued and expanded use of Telemedicine; and

e. Promotion of community walking programs designed to increase physical activity.

2. **ACCESS TO CARE** - Improving access to care through education, use of available resources, and addressing the lack of transportation issue. Actions to achieve included:

a. Development of a comprehensive resource guide using the United Way's 211 service as a conduit to host all information sources;

b. Development of a collaborative education effort among all service providers through workshops, webinars, and quarterly updates. These could be hosted by DCH; and

c. Continued use of and possible expansion of telemedicine in rural areas where transportation and lack of financial resources are barriers to care.

3. **MENTAL HEALTH – SUBSTANCE/ ALCOHOL ABUSE**
   Actions to address included:

a. Development of a comprehensive resource guide to include website links and information cards that would identify available resources to address these issues;

b. Increase mental health shelters and caseworkers to assist in the management of patients with these particular issues;

c. Expansion of mentoring programs within the school system. Use of the volunteer program at UA would also be a way to reach those in need; and

d. Expansion of telepsychiatry in rural areas.

4. **TEEN PREGNANCY/INFANT MORTALITY/SINGLE-PARENT HOUSEHOLDS**
   Actions to address included:

a. Education in low-income/underserved populations where the greatest problems exist. Links to websites, smartphone apps, assisting with access to basic healthcare services is necessary in these areas where these health disparities exist;

b. Participation in CDC programs in include the President's Teen Pregnancy Initiative (Currently, the Alabama Department of Public Health is working with the Mobile Department of Public Health to address the high rate of teen pregnancies. The program consists of a web-based education program and has been extremely successful in creating awareness of the issue);

c. CDC Social Media Program for teens – also a web-based program designed to create awareness of the teen pregnancy issue; and

d. Development of a monthly ad campaign to address. This was used in larger cities such as Chicago, New York, and Milwaukee which saw substantial drops in the percent of teen pregnancies in these areas following the campaign.

AN ADDITIONAL PRIORITY WAS ADDED BY THE GROUP – THE DEVELOPMENT OF A BLUE RIBBON TASK FORCE HEADED BY REPRESENTATIVES OF DCH REGIONAL AND NORTHPORT TO DEVELOP AND IMPLEMENT THE STRATEGIC ACTION PLANS APPROVED BY THE BOARD OF DIRECTORS.

Budgeted Costs: To be determined
Timetable: Process to begin upon approval by the Board and then ongoing
Service Area: Seven County area determined to be the "community" served by the hospitals
Population Served: All age groups, income levels, minorities, sexes, etc.
Partners to Include: United Way, Red Cross, Temporary Emergency Services, Cooperative Extension, County Commission, Chamber of Commerce, Business and Retail, Faith-based organizations, State Agencies, Civic Clubs, the University of Alabama, the Medical Community, and others

C.   *Healthcare Data*

The CHNA utilized a number of resources which are considered core functions to the process. For example, the Stakeholders were provided general information and local data during the process as did invited experts. The core data sources for health related data for DCH and the pertinent counties were presented to the Stakeholders during the initial meeting consisting of health data from the Alabama Department of Public Health and Office of Rural Health, the US Census Bureau, the CDC, and the Robert Woods Johnson Foundation, County Health Rankings to name a few. The data sources included county specific health data for all counties in the seven county service area but special emphasis was placed on the data for Tuscaloosa County and statewide comparative health data for Alabama. The data was presented in a format that exhibited rankings by county, state and national increments. The data and rankings applied in the assessment process were consistent with the population and economic diversity in Tuscaloosa County and in Alabama. The Stakeholders were encouraged to consider the data as a useful indicator in the consideration and development of priorities.

Additionally, the consultant team assisted the Stakeholders in analyzing the data and in defining accompanying criteria. Examples of the criteria that applied to the data included:

☑ Teen birth rate was defined as a rate per 1,000 women ages 15-19

☑ Children in poverty were defined to apply to children under the age of 18

☑ Limited access to healthy foods included those individuals that do not live close to a grocery store

☑ Inadequate social support included adults without emotional support

☑ Premature deaths were defined as the rate per 100,000 that died before the age of 75

☑ Preventable hospital stays were determined with Medicare enrollees as the benchmark

☑ Adult obesity was determined by a study of individuals and calculating the Body Mass Index

The data summary relates to a measurement which is presented in finite form and discussed in both a finite and subjective example of the health status of the community. The data process of this Assessment allowed the facilitators and Stakeholders to collaborate in terms of consistency of health indicators and outcomes desired from this Assessment. There were also secondary sources of general data that were used to identify target areas for improvement and consideration of the priorities.

The data presented throughout the CHNA process will be considered a benchmark measurement for evaluating the progress and in meeting the objectives of the priorities selected by the Stakeholders and approved in the report presented to the Board of Trustees.

An example of the data distributed to the Stakeholders may be reviewed in the charts that follow:

Health Outcome Comparison of Select Alabama Counties: Bibb, Fayette, Green, Hale, Lamar, Pickens, Tuscaloosa

	Alabama	Bibb (BI)	Fayette (FA)	Greene (GR)	Hale (HA)	Lamar (LA)	Pickens (PI)	Tuscaloosa (TU)
Health Outcomes		53	61	55	65	35	51	25
Mortality		54	56	44	65	30	55	21
Premature death	9,609	11,544	11,965	10,935	13,943	10,051	11,568	9,446
Morbidity		54	61	62	53	41	52	37
Poor or fair health	20%	21%	31%	20%	23%	27%	26%	17%

	Alabama	Bibb (BI)	Fayette (FA)	Greene (GR)	Hale (HA)	Lamar (LA)	Pickens (PI)	Tuscaloosa (TU)
Poor physical health days	4.2	5.0	6.7	4.0	4.4		5.0	4.3
Poor mental health days	4.1	5.3	5.5	5.0	4.1	5.4	3.3	4.3
Low birthweight	10.4%	11.9%	9.6%	15.3%	13.0%	9.0%	12.7%	11.6%
Health Factors		**52**	**22**	**67**	**63**	**32**	**27**	**14**
Health Behaviors		**62**	**11**	**66**	**61**	**28**	**7**	**15**
Adult smoking	23%	33%	17%				14%	22%
Adult obesity	33%	34%	37%	48%	44%	32%	36%	35%
Physical inactivity	31%	37%	33%	38%	36%	36%	33%	29%
Excessive drinking	12%	13%	4%		8%		8%	12%
Motor vehicle crash death rate	23	34	42	33	43	29	31	19
Sexually transmitted infections	562	327	302	1,238	1,326	295	532	620
Teen birth rate	49	48	50	56	46	58	42	31
Clinical Care		**40**	**22**	**65**	**60**	**49**	**30**	**9**
Uninsured	17%	18%	17%	18%	17%	17%	17%	18%
Primary care physicians	1,641:1	3,813:1	2,464:1	3,002:1	15,736:1	4,840:1	2,818:1	1,455:1
Dentists	2,488:1	5,021:1	2,924:1	9,050:1	8,035:1	4,912:1	20,057:1	2,257:1
Preventable hospital stays	80	87	79	133	99	113	88	88
Diabetic screening	84%	85%	83%	79%	72%	79%	87%	87%
Mammography screening	65%	57%	63%	51%	60%	61%	65%	73%
Social &		**38**	**33**	**65**	**58**	**32**	**51**	**18**

	Alabama	Bibb (BI)	Fayette (FA)	Greene (GR)	Hale (HA)	Lamar (LA)	Pickens (PI)	Tuscaloosa (TU)
Economic Factors								
High school graduation	72%	73%	83%	66%	67%	72%	75%	67%
Some college	56%	42%	40%	36%	40%	42%	41%	61%
Unemployment	9.0%	9.9%	10.4%	14.2%	12.0%	9.9%	10.7%	8.2%
Children in poverty	28%	31%	33%	47%	41%	31%	35%	27%
Inadequate social support	23%	29%	28%			22%	30%	18%
Children in single-parent households	37%	38%	34%	55%	52%	36%	48%	37%
Violent crime rate	427	246	134	1,143	438	56	268	447
Physical Environment		**28**	**60**	**59**	**65**	**11**	**7**	**54**
Daily fine particulate matter	12.9	13.7	13.3	13.9	13.8	13.2	13.6	13.6
Drinking water safety	1%	0%	0%	0%	49%	0%	0%	0%
Access to recreational facilities	7	4	0	0	0	0	10	7
Limited access to healthy foods	8%	2%	1%	21%	0%	0%	2%	7%
Fast food restaurants	54%	45%	67%	25%	50%	31%	44%	60%

	Tuscaloosa County	Error Margin	Alabama	National Benchmark*	Trend	Rank (of 67)
Health Outcomes						25
Mortality						21
Premature death	9,446	8,933-9,958	9,609	5,317	≈	
Morbidity						37
Poor or fair health	17%	15-19%	20%	10%		
Poor physical health days	4.3	3.8-4.8	4.2	2.6		
Poor mental health days	4.3	3.8-4.9	4.1	2.3		
Low birthweight	11.6%	11.1-12.1%	10.4%	6.0%		
Health Factors						14
Health Behaviors						15
Adult smoking	22%	19-25% ·	23%	13%		
Adult obesity	35%	32-38%	33%	25%	≈	
Physical inactivity	29%	26-31%	31%	21%	≈	
Excessive drinking	12%	10-15%	12%	7%		
Motor vehicle crash death rate	19	17-22	23	10		
Sexually transmitted infections	620		562	92		
Teen birth rate	31	30-33	49	21		
Clinical Care						9
Uninsured	18%	16-19%	17%	11%		
Primary care physicians**	1,455:1		1,641:1	1,067:1		
Dentists**	2,257:1		2,488:1	1,516:1		
Preventable hospital stays	88	83-92	80	47	≈	
Diabetic screening	87%	83-90%	84%	90%	≈	
Mammography screening	73%	68-77%	65%	73%	≈	
Social & Economic Factors						18

	Tuscaloosa County	Error Margin	Alabama	National Benchmark*	Trend	Rank (of 67)
High school graduation**	67%		72%			
Some college	61%	58-64%	56%	70%		
Unemployment	8.2%		9.0%	5.0%	≈	
Children in poverty	27%	22-31%	28%	14%	≈	
Inadequate social support	18%	16-21%	23%	14%		
Children in single-parent households	37%	33-40%	37%	20%		
Violent crime rate	447		427	66		
Physical Environment						54
Daily fine particulate matter	13.6	13.5-13.7	12.9	8.8		
Drinking water safety	0%		1%	0%		
Access to recreational facilities	7		7	16		
Limited access to healthy foods**	7%		8%	1%		
Fast food restaurants	60%		54%	27%		

* 90th percentile, i.e., only 10% are better.
** Data should not be compared with prior years due to changes in definition.
Note: Blank values reflect unreliable or missing data

2013

Comparative Health Statistics for Alabama and Tuscaloosa County					
2011 DATA					
	Alabama			**Tuscaloosa**	
Life Expectancy	75.7			75.7	
Infant Mortality: All Ages	1,516			79	
Rate Per 1000 births	8.3			10.8	
Births by Age of Mother: 2011					
Ages 10-19	6,697	11.3%		250	10.6%
All Deaths (per 100, 000)	1,000.6			834.6	
Select Causes	Total Deaths	Per 100,000		Total Deaths	Per 100,000
Heart Disease	35,879	250.2		1,107	189.5
Cancer	30,564	213.1		951	162.8
Stroke	7,786	54.3		272	46.6
Accidents	7,307	51.0		284	48.6
Diabetes	3,840	26.8		91	15.6
Influenza/Pneumonia	2,755	19.2		123	21.1
Alzheimer	4,498	31.4		127	21.7
Suicide	1,983	13.8		75	12.8
Homicide	1,181	8.2		38	6.5
Accidental Deaths (per 100, 000)	7,307			284	
Motor Vehicle	2,723	19.0		81	13.9
Selected Cancer Deaths (per 100, 000)					
All Cancers	30,564			951	
Trachea, Bronchus, Lung	9,644	31.5%		304	32%
Colorectal	2,694	8.8%		88	9.2%
Breast	1,974	7%		64	6.7%
Prostate	1,611	6.4%		50	5.2%
Pancreas	1,813	5.9%		59	6.2%
Deaths by Age Group					
0-44	3,932	8.2%		148	8.8%
45-64	11,049	22.8%		408	24.2%
65 – 84	21,112	43.7%		702	41.6%
85+	12,225	25.3%		428	25.4%

COMMUNITY RESOURCES AND NEEDS OF MEDICALLY UNDERSERVED

In its effort to consider and evaluate the extent to which the needs of the medically underserved population were adequately considered, the CHNA Committee undertook to evaluate the public resources current available in the hospital's service area. Many of these resources are specifically reviewed and discussed herein above in this report. Other resources noted to be available in the service area included the following:

- Alabama Cooperative Extension Services
- Alabama Department of Human Resources
- Alabama Department of Mental Health
- Alabama Department of Public Health
- Alabama Department of Senior Services
- Alabama Head Injury Foundation - *Serves those disabled by brain or spinal cord injuries*
- Alabama Medicaid
- American Red Cross - *Disaster relief, services to military, CPR/First Aid/Safety Classes*
- Alabama Rural Health Association
- The Arc of Tuscaloosa - *Job skills training and placement for adults age 21 and older*
- Arts 'n Autism - *Provides autism services to children from preschool to young adults*
- Big Brothers Big Sisters - *Screened volunteers provide one-on-one friendship to at-risk children*
- Boy Scouts of America-Black Warrior Council - *Citizenship, fitness and leadership opportunities for young men*
- Boys & Girls Club of West Alabama - *Education, recreation, & leadership programs for children and youth*
- Bradford Health Services – *Chemical dependency treatment programs*
- Caring Days Adult Day Care - *Day care for adults with Alzheimer's, Parkinson's, and other forms of dementia*
- Child Abuse Prevention Services - *Addresses prevention and self-help*
- Community Service Programs of West Alabama – *Community agency dedicated to improve the quality of life for low income and vulnerable populations*
- Easter Seals West Alabama - *Provides assistance to children and adults with physical handicaps*
- Family Counseling Services - *Counseling for individuals and families*
- FOCUS on Senior Citizens – *Programs and services for senior citizens*
- Girl Scouts of North-Central Alabama - *Educational and recreational programs for girls*
- Good Samaritan Clinic - *Provides primary health care to the uninsured with incomes at or below 185% federal poverty guidelines*
- Health InfoNet of Alabama – *Consumer health information service provided by the Alabama public and medical libraries*
- Hospice of West Alabama - *Health care support for the terminally ill either inpatient or at home care*
- 211/Information and Referral Services - *Linking those needing help or information with those who can provide it*
- Maude Whatley Health Center - *Provides primary healthcare services to the medically underserved residents of West Alabama*
- Phoenix House - *Halfway house for drug and alcohol dependent men and women*
- Salvation Army - *Emergency food and lodging for those with nowhere to turn*
- The Sickle Cell Disease Association of America - West Alabama Chapter - *Improves health status*
- Success by Six - *Prepares at-risk 4 year olds for kindergarten*
- Temporary Emergency Services - *Help to those in need, including food, clothing and emergency medicine*

- Turning Point - Safe *shelter and counseling for abuse victims and their children*
- Tuscaloosa's One Place – *Providing support services to families and help develop skills and resources to improve the family's quality of life.*
- United Cerebral Palsy of West Alabama - *Serving individuals with intellectual and physical disabilities and their families*
- United Way of West Alabama
- University of Alabama Community Service Center – *Student advocacy program for the community*
- West Alabama AIDS Outreach - *HIV/AIDS education and services to those living with HIV/AIDS*
- YMCA of Tuscaloosa County Benjamin Barnes - YMCA of Tuscaloosa County Downtown Y
- *Youth, adult, and family athletics; community education and clubs*

The hospitals healthcare consultants also identified several other licensed healthcare facilities that present opportunities for hospital shared community needs programs in the future including but not limited to those shown in the chart below:

Licensed Health Care Facilities Serving Tuscaloosa County

County	Type of Facility	Facility
Bibb	Home Health Agency	CV Home Health of Bibb County
	Hospital	Bibb Medical Center
	Independent Clinical Laboratory	Bibb Medical Center Laboratory
	Nursing Home	Bibb Medical Center Nursing Home
	Rural Health Clinics	Bibb Medical Associates
		Cahaba Medical Care, PC
Fayette	Assisted Living Facility	Morningside of Fayette
	Community Mental Health Center	Fayette County Mental Health Center
	End Stage Renal Disease Treatment Ctr	Fayette Dialysis
	Home Health Agency	Fayette Medical Center HomeCare
	Hospital	Fayette Medical Center
	Independent Clinical Laboratory	Fayette Medical Center Laboratory
	Nursing Home	Fayette Med. Ctr Long Term Care Unit
Greene	Community Mental Health Center	West AL Mental Hlth Ctr-Greene County
	End Stage Renal Disease Treatment Ctr	Greene County Dialysis
	Home Health Agency	Alabama HomeCare
	Hospital	Greene County Hospital
	Independent Clinical Laboratory	Greene County Hospital Laboratory
	Nursing Home	Greene County Nursing Home
	Rural Health Clinic	Greene County Hospital Physicians Clinic
Hale	Community Mental Health Center	West Al Mental Hlth Ctr – Hale County
	Home Health Agency	Hale County Hospital Home Health

County	Type of Facility	Facility
	Hospital	Hale County Hospital
	Independent Clinical Laboratory	Hale County Hospital Laboratory
	Nursing Homes	Colonial Haven Care & Rehab Center
		Moundville Health and Rehab, LLC
	Rural Health Clinic	Hale County Hospital Clinic
Lamar	Community Mental Health Center	Lamar County Mental Health Center
	Home Health Agencies	Lamar County Home Care
		Lamar Home Care, Inc.
	Nursing Home	Generations of Vernon, LLC
	Rural Health Clinics	Millport Family Practice Clinic
		Sulligent Medical Clinic
Pickens	Assisted Living Facility	Sansing Country Home
	End Stage Renal Disease Treatment Ctr	Pickens County Dialysis
	Federally Qualified Health Center	Aliceville Family Practice
	Home Health Agencies	Amedisys Home Health of Reform
		Medical Center Home Health
	Hospital	Pickens County Medical Center, Inc.
	Independent Clinical Laboratory	Pickens County Medical Center Lab
	Nursing Homes	Aliceville Manor Nursing Home
		Salem Nursing & Rehab Center of Reform
	Rural Health Clinic	Aliceville Rural Health Clinic
Tuscaloosa	Abortion or Reproductive Health Ctr	West Alabama Women's Center, Inc.
	Ambulatory Surgical Centers	North River Surgical Center
		Tuscaloosa Endoscopy Center
		Tuscaloosa Surgical Center
		Vision Correction Center
	Assisted Living Facilities	Daffodil House Assisted Living, LLC
		Hallmark Manor
		Hamrick Highlands Assisted Living
		Heritage Residential Care Village – Bldg #2
		Martinview Assisted Living – West
		Merrill Gardens at Northport
		Morning Pointe of Tuscaloosa
		North River Village, LLC
		Pine Valley Retirement Community
		Regency Retirement Village of Tuscaloosa
		Woodlands at Tannehill
	Assisted Living Facilities-Specialty Care	Martinview Assisted Living – East
		Merrill Gardens at Northport Garden House

County	Type of Facility	Facility
		Morning Pointe of Tuscaloosa Specialty Care
		Remembrance Village
		Traditions Way
	Community Mental Health Centers	Crisis Stabilization Unit
		Medical Health Services, Inc.
		Pathway Training Center – "Indian Rivers"
		Phillips Treatment Center
	End State Renal Disease Treatment Ctrs	Northport Dialysis
		RRC Northridge
		Tuscaloosa Dialysis
		Tuscaloosa Nephrology Associates Home Dialysis Training & Support Center
		Tuscaloosa University Dialysis
	Federally Qualified Health Centers	West Tuscaloosa Health Center
	Home Health Agencies	Amedisys Home Health of Tuscaloosa
		CV Home Health Services
		DCH Home Health Care Agency
		Tuscaloosa County Home Care
	Hospices	Alacare Hospice – Tuscaloosa County
		Amedisys Hospice of Tuscaloosa
		Caring Hands Hospice, Inc.
		Gentiva Hospice - Northport
		Hospice Complete – Tuscaloosa
		Hospice of West Alabama
		Hospice of West Alabama, Inc. - Homecare
		SouthernCare Tuscaloosa
	Hospitals	Bryce Hospital
		DCH Regional Medical Center
		Mary S. Harper Geriatric Psychiatry Center
		Noland Hospital Tuscaloosa, LLC
		Northport Medical Center
		Taylor Hardin Secure Medical Facility
		Tuscaloosa VA Medical Center
Tuscaloosa Cont.	**Independent Clinical Laboratories**	Art Fertility Program of Alabama – Tuscaloosa
		Crimson Urgent Care
		Cunningham Pathology, LLC
		DCH Regional Medical Center Laboratory
		Laboratory Corporation of America
		Maude L. Whatley Health Center
		Northport Medical Center Laboratory

County	Type of Facility	Facility
		Publix Pharmacy #1253
		Radiology Clinic, The
		Solstas Lab – Tuscaloosa
		Southern Blood Services
		Talecris Plasma Resources, Inc.
		University Medical Center Laboratory
	Independent Physiological Laboratories	Clinic for Rheumatic Disease
		ProductiveMD, LLC
		Sav-A-Life of Tuscaloosa, Inc.
		Southern Surgical Associates, LLC
	Nursing Homes	Forest Manor, Inc.
		Glen Haven Health and Rehabilitation, LLC
		Heritage Health Care & Rehab, Inc.
		Hunter Creek Health & Rehab, LLC
		Park Manor Health & Rehab, LLC
	Rehabilitation Centers	Tuscaloosa Rehabilitation & Hand Ctr, Inc.
		Brewer-Porch Children's Center
	Sleep Disorders Center	Snow Sleep Center, P.C.

Source: http://ph.state.al.us/FacilitiesDirectory

By discussing these important resources and becoming informed as to the programs and services each may offer, the hospitals collaboration with the CHNA Committee was greatly enhanced, especially when the committee was representative of so many facets of the service providers directly or indirectly related to these important organizations. The input from the involved committee members' was useful and instructive for all of the CHNA Committee members. This in depth review filled-in or completed gaps in factual understandings of the breadth of many of the service programs and complimented the healthcare data provided to the committee.

The CHNA Committee also had the opportunity to consider the direct input and assessment of the medically underserved community needs from its members who are engaged in health and social services delivery in the hospital's service area. These members provided insight and explanations of some of the recurring health needs experienced by these public agencies and described the general services these agencies are currently providing. Other community leaders on the Stakeholder's Committee informed the committee as to the faith-based programs and outreach being performed in the medically underserved communities by local schools and churches. All of these professionals also contributed greatly to the CHNA Committee's knowledge and understanding of the impact these needs have on families and the economic impacts often experienced as a result of the unmet needs in the community. The input of these members was highly supplemental and instructive to the healthcare data provided to the CHNA Committee.

OTHER RECOGNIZED HEALTH CARE NEEDS

During the CHNA process the CHNA Committee discussed and identified some matters which were considered to be needs but may not be ripe for current consideration. For example, the CHNA Committee discussed the following:

- ➤ Gun and Domestic Violence
- ➤ Access and compliance with prescription drugs
- ➤ Mental Health – lack of resources and treatment solutions
- ➤ Job training for the poverty stricken – in particular those out of work
- ➤ Asthma
- ➤ Cost of care in nursing homes

These needs were not included in the list of immediate priorities as the CHNA Committee considered them to be matters within the authority or purview of other state or federal agencies. In considering the priorities for the CHNA, the CHNA Committee placed the personal needs of the community over the broader social and behavioral services needs identified by the committee. The remaining community needs set forth in the discussion herein above regarding priorities may be addressed in whole or in part by the community education programs in the CNHA Committee's proposed implementation plan.

PLANS FOR UPDATING THE COMMUNITY HEALTH CARE NEEDS ASSESSMENT

DCH Health System and its affiliate hospitals will continue to update this assessment every three years. During the three year operational plan for performance of any of the actions associated with the priorities addressed in this report DCH will need to continue to provide the community with access for ongoing feedback through its web site and possibly surveys. The hospital will need to collaborate with committee members and other business and health care providers in the community. Current strategies to receive input from community members regarding health care needs, health care resources and priorities will continue.

DCH REGIONAL MEDICAL CENTER
AND
NORTHPORT MEDICAL CENTER

2013 Community Health Needs Assessment

Appendix A

2013 DCH Health System Community Needs Assessment Survey

Index

Statement of Operations

Statement of operations for the ASU Center for Leadership and Public Policy polling center operating as the New Century Polling and Research:

-New Century Polling and Research is a computer-aided telephone interviewing (CATI) lab within the Alabama State University Center for Leadership and Public Policy. It was established to provide needed research data not readily available from other sources, and to provide flexible, paying contract work positions for students. At least three public interest surveys are produced and published annually. In addition, proprietary surveys are completed for profit and non-profit organizations on a contractual basis.

-New Century Polling and Research has been conducting polls since 1999.

-The research lab consists of 14 calling booths manned largely by trained Alabama State University students (field agents) with an experienced field supervisor monitoring both data entry and verbal communication of no more than seven field agents.

-The software employed by the research lab is the latest version of WinQuery, developed and supported by The Analytical Group, Inc. in Scottsdale, Arizona.

- The software uses random digit dialing of samples purchased by the research lab from Survey Sampling International (SSI), an internationally recognized sample provider in Connecticut.

-The ASU Center for Leadership and Public Policy has been a member of and subscribed to the standards of the American Association for Public Opinion Research for over ten years.

-Some prior clients include:

- The National Credit Union Administration
- Montgomery County Community Action Committee
- Montgomery County Commission
- Montgomery Head Start
- Legal Services Alabama
- Montgomery County Housing Authority
- WVAS Public Radio
- ASU Continuing Education Division
- Recent Associated Press published surveys include the: 2010 Oil Spill, 2012 Republican Presidential Primary, and 2012 Presidential Survey

Purpose

New Century Polling and Research, the polling center for the Division of Demographic Research Services of the ASU Center for Leadership and Public Policy, was contracted to develop and execute a seven county survey for the DCH System Hospitals. The purpose of this survey was to support a needs assessment and healthcare services evaluation of the DCH System and the individual hospitals within the System.

Methodology

New Century Polling and Research went into field with this survey on April 23, 2013 and concluded the survey on June 6, 2013. Using a seven county sample provided by Survey Sampling International, 13,306 numbers were randomly dialed resulting in 608 completed surveys. The resulting completions provided the survey with a confidence level of 95 percent and confidence interval of plus or minus four percent. The number of completions in each county was representative of the county's population as a percent of the total population of the seven county survey area. Of those surveyed, 64 percent were white or Caucasian and 33.2 percent were black or African American, which was representative of the related percentages from the 2010 Census. Likewise, 56 percent of those surveyed had household incomes of less than $50,000 which is representative of the over $40,000 median household income noted by the Census Bureau's 2011 American Community Survey. It should be noted that the survey respondents are older than the general population due mainly to the subject of the survey.

The survey provides a conclusive evaluation of the DCH System Hospitals service area and provides valid trends for the individual hospitals making up the System.

Executive Summary

The summary of this survey is presented in two parts. The first is an analysis of the responses as related to the overall DCH System Hospitals and the second, covered under a separate section of this report, is an evaluation of the trends for the individual hospitals.

Of those who participated in the seven county survey, nearly 72 percent said that they or someone in their family had required medical treatment in the past year. Of those requiring treatment, over 50 percent went to a private physician and over 37 percent went to a local hospital. Of the remainder, nearly seven percent went to a twenty-four hour or a family clinic and nearly three percent went to a county health department.

Of those surveyed who said they went to a local hospital, 66 percent indicated that they went to DCH Regional Medical Center, nearly six percent went to Fayette Medical Center, over four percent went to Northport Medical Center and nearly three percent went to Pickens County Medical Center. Their most common method for paying for this visit was Medicare at 28 percent of respondents. The second most common form of payment, at 26 percent, was their personal insurance. Payment by their employer's insurance accounted for 26 percent of those responding. Medicaid paid for nearly nine percent of those who indicated they had gone to a local hospital.

When asked to rate availability of medical treatment in their area, three quarters of the respondents said it was good or excellent. Only seven percent rated the availability of medical treatment not good or poor. Likewise, when asked if there were any additional health services they would like added in their area, only 18 percent said there were. These desires covered a wide range of areas that are delineated in the marginal of this report. Only 25 percent of those surveyed said that they or a member of their household could not be treated locally. When asked what health problem could not be treated locally, cancer was the most common at 18.4 percent, followed by neurology/ neurosurgery at 17.8 percent, cardio/ heart at 15 percent, and joint/arthritis at 14 percent.

When asked questions about preventive health care, 93 percent of those surveyed said they had regular medical checkups. Sixty-four percent of respondents recognized lack of exercise as having a negative impact on health. Fifty-seven percent also said smoking was a contributing factor, and 53 percent said improper dieting. Fifty-two percent of participants were aware of wellness activities in their community. However, only 45 percent of those who were aware participated in these activities.

In an effort to determine if there were transportation limitations that were adversely affecting health care in the seven county area, participants were asked if they had access to reliable transportation. Eighty-eight percent said they always had reliable transportation and another four percent said they almost always had reliable transportation.

Participates were also questioned about their access to a computer with an internet connection. Sixty-three percent said they always had access. However, nearly a quarter, 23 percent, said they never have access to a computer with internet connections.

Demographic Profile, Bibb County, AL

People & Income Overview		
(By Place of Residence)	Value	Rank in State
Population (2012)	22,597	46
Growth (%) since 2010 Census	-1.4%	43
Households (2011)	7,225	51
Unemployment Rate (2012)	7.6	35
Per Capita Personal Income (2011)	$24,180	65
Median Household Income (2011)	$37,347	28
Poverty Rate (2011)	22.2	29
H.S. Diploma or More - % of Adults 25+ (2011 ACS 5yr)	75.9	39
Bachelor's Deg. or More - % of Adults 25+ (2011 ACS 5yr)	9.8	62
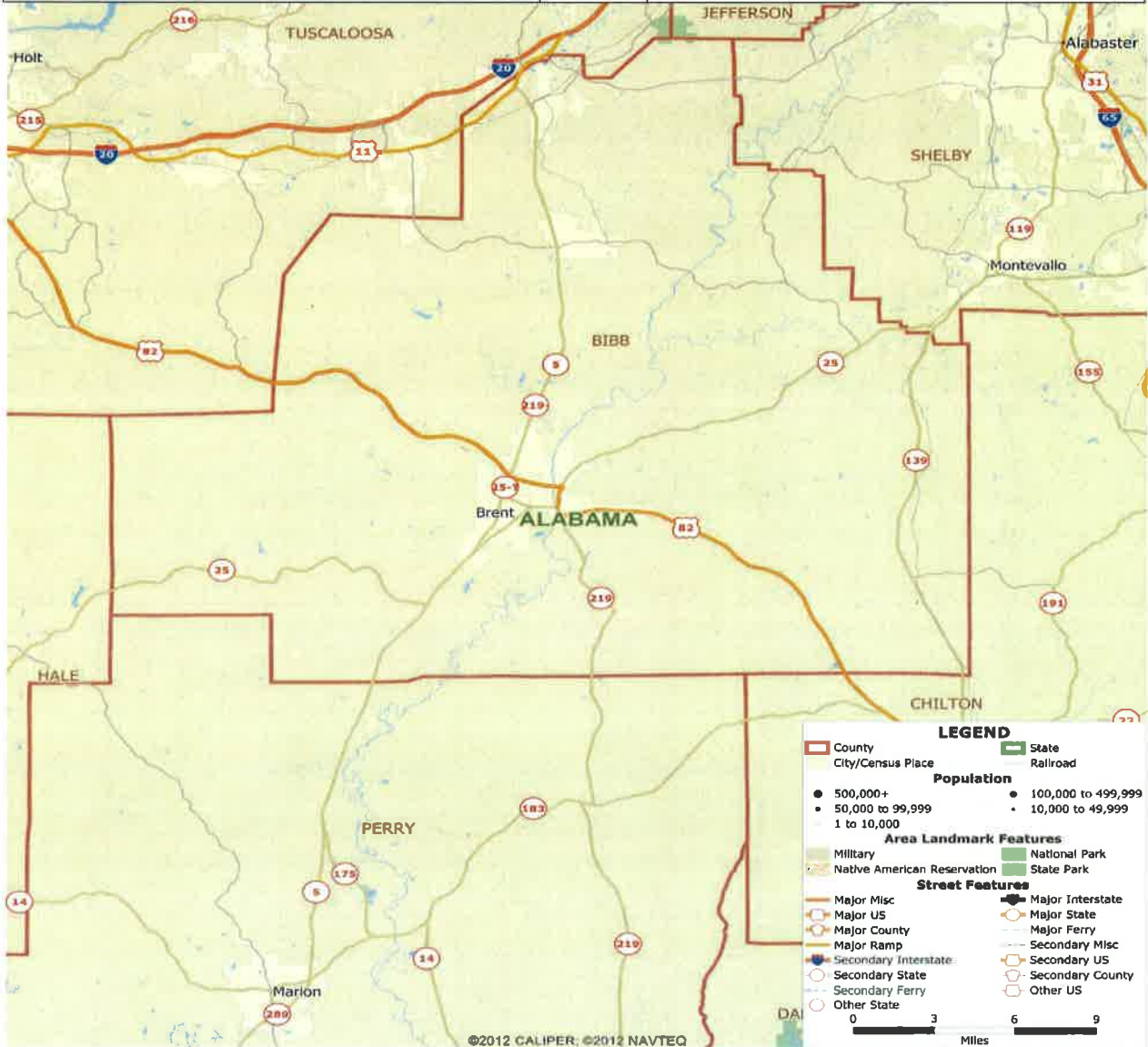
Demographic Profile, Fayette County, AL

People & Income Overview		
(By Place of Residence)	Value	Rank in State
Population (2012)	16,983	53
Growth (%) since 2010 Census	-1.5%	44
Households (2011)	7,240	50
Unemployment Rate (2012)	8.0	33
Per Capita Personal Income (2011)	$26,884	54
Median Household Income (2011)	$32,648	45
Poverty Rate (2011)	22.5	28
H.S. Diploma or More - % of Adults 25+ (2011 ACS 5yr)	74.6	44
Bachelor's Deg. or More - % of Adults 25+ (2011 ACS 5yr)	10.9	51
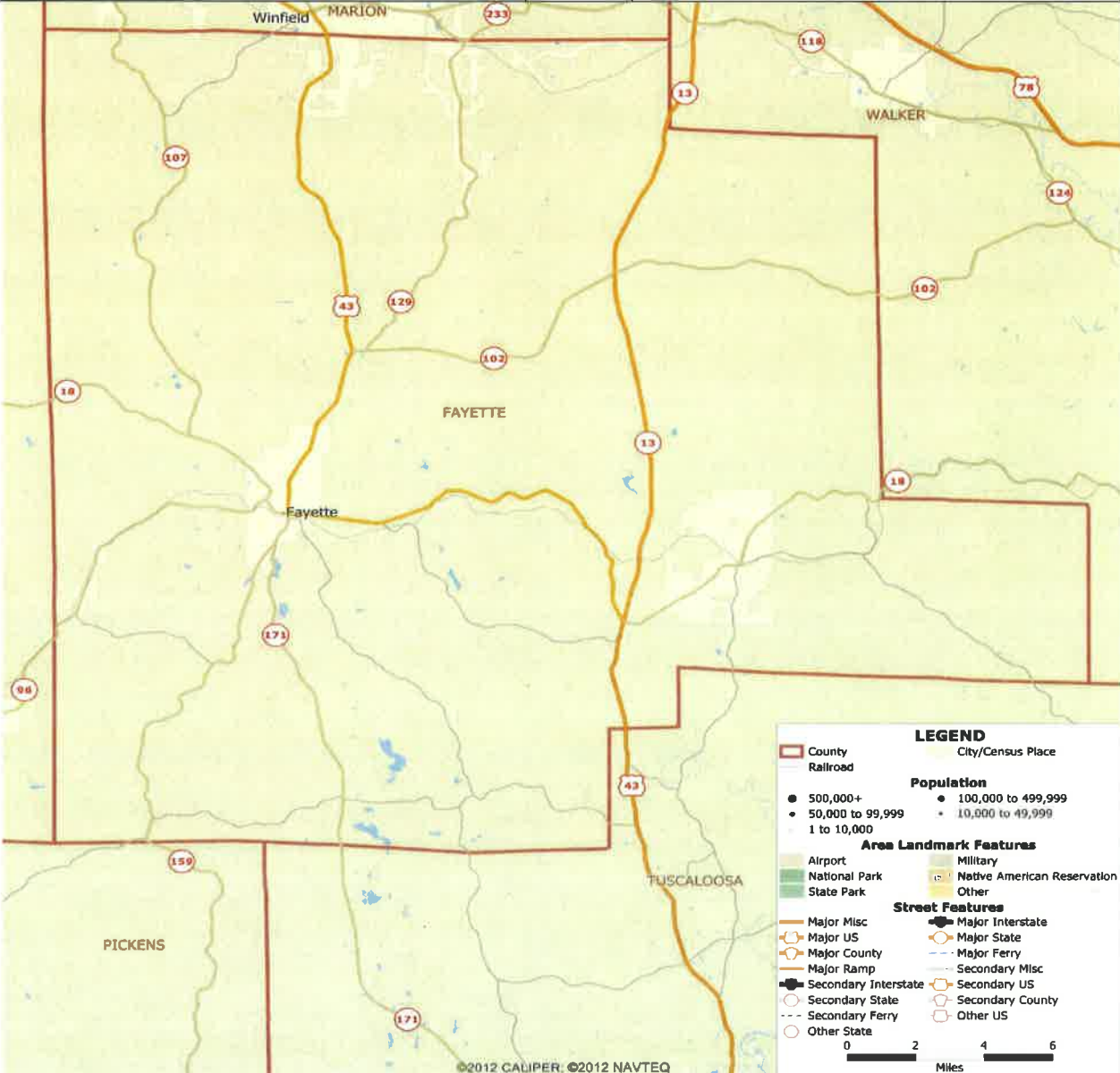
Demographic Profile, Greene County, AL

People & Income Overview		
(By Place of Residence)	Value	Rank in State
Population (2012)	8,876	67
Growth (%) since 2010 Census	-1.9%	50
Households (2011)	3,357	67
Unemployment Rate (2012)	11.4	10
Per Capita Personal Income (2011)	$31,678	25
Median Household Income (2011)	$24,738	64
Poverty Rate (2011)	35.1	4
H.S. Diploma or More - % of Adults 25+ (2011 ACS 5yr)	73.0	54
Bachelor's Deg. or More - % of Adults 25+ (2011 ACS 5yr)	10.6	53
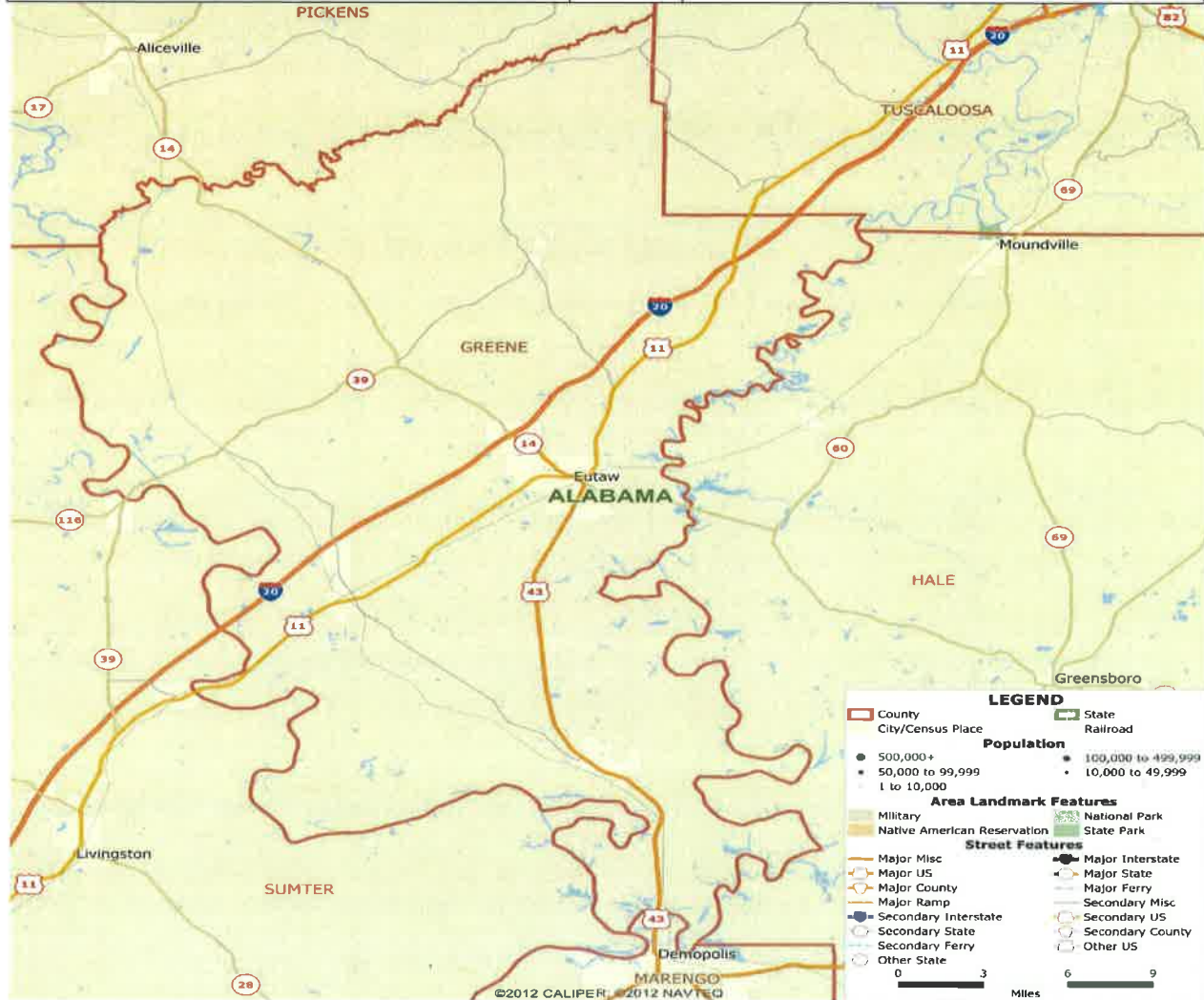
Demographic Profile, Hale County, AL

People & Income Overview		
(By Place of Residence)	Value	Rank in State
Population (2012)	15,388	54
Growth (%) since 2010 Census	-2.4%	56
Households (2011)	5,858	55
Unemployment Rate (2012)	9.9	14
Per Capita Personal Income (2011)	$30,458	32
Median Household Income (2011)	$31,044	54
Poverty Rate (2011)	28.5	10
H.S. Diploma or More - % of Adults 25+ (2011 ACS 5yr)	71.0	64
Bachelor's Deg. or More - % of Adults 25+ (2011 ACS 5yr)	10.0	60
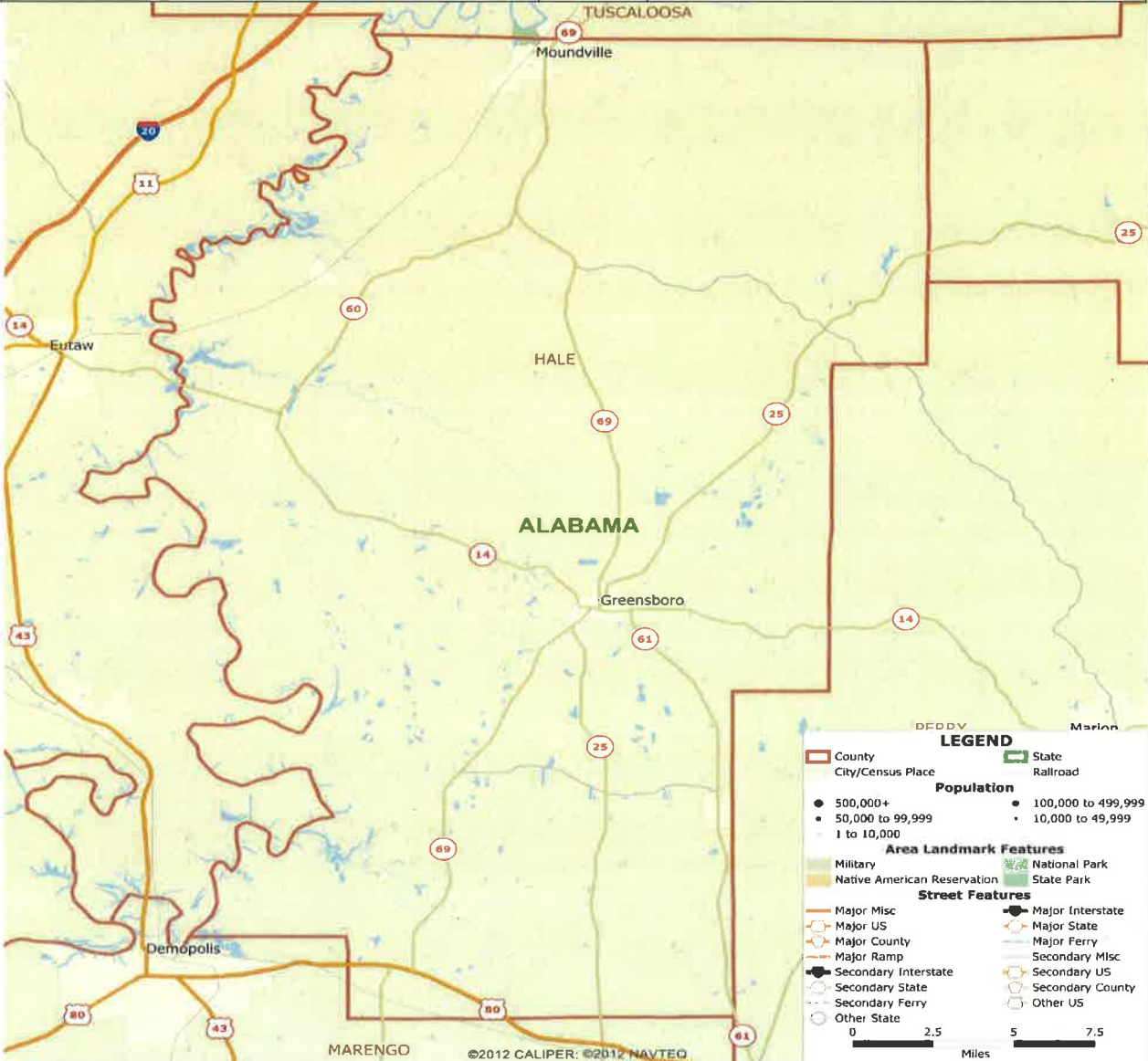
Demographic Profile, Lamar County, AL

People & Income Overview		
(By Place of Residence)	Value	Rank in State
Population (2012)	14,259	56
Growth (%) since 2010 Census	-2.1%	54
Households (2011)	6,016	54
Unemployment Rate (2012)	7.6	35
Per Capita Personal Income (2011)	$27,430	52
Median Household Income (2011)	$34,731	35
Poverty Rate (2011)	22.1	30
H.S. Diploma or More - % of Adults 25+ (2011 ACS 5yr)	76.3	34
Bachelor's Deg. or More - % of Adults 25+ (2011 ACS 5yr)	9.4	64
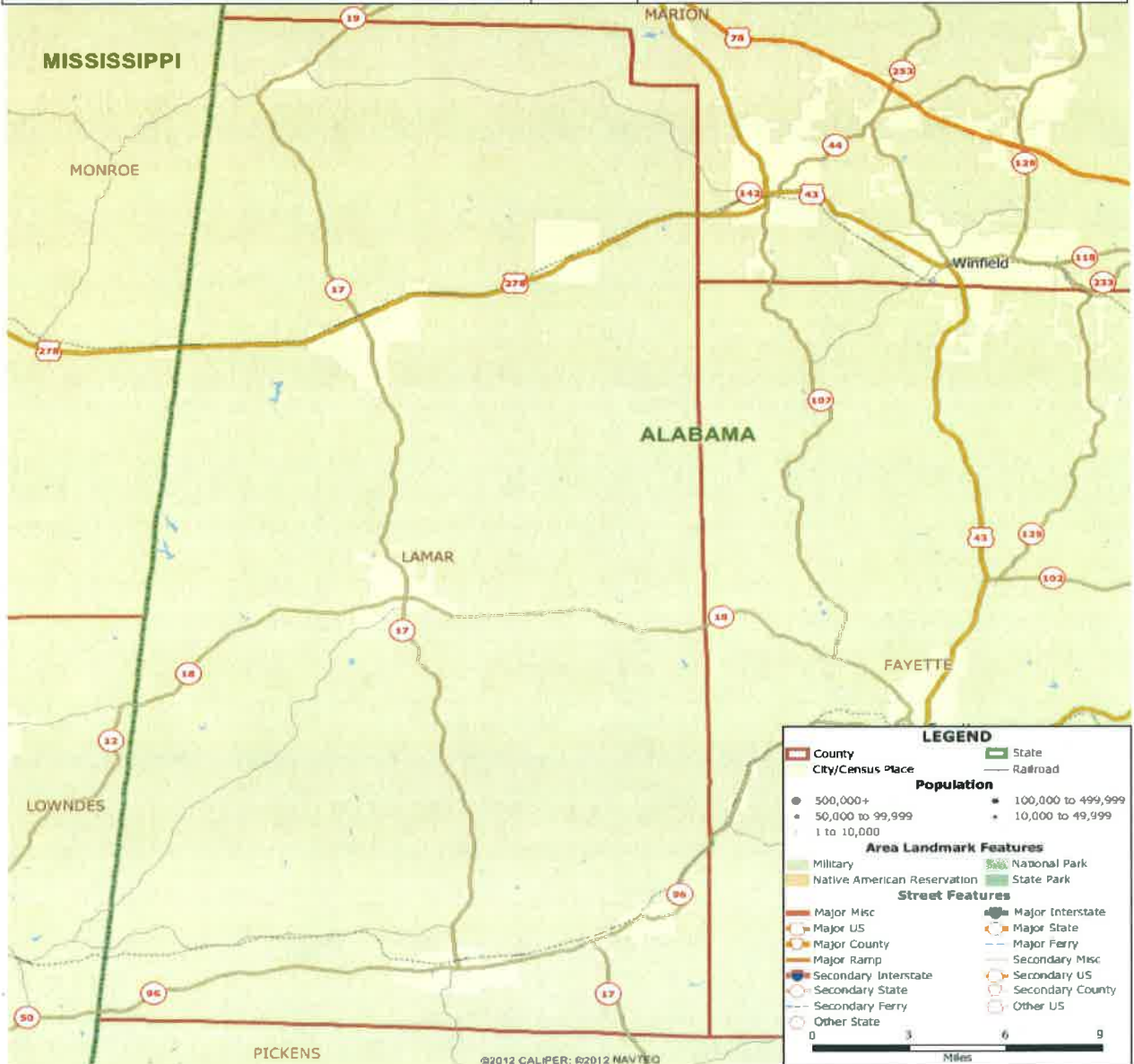
Demographic Profile, Pickens County, AL

People & Income Overview		
(By Place of Residence)	Value	Rank in State
Population (2012)	19,405	50
Growth (%) since 2010 Census	-1.7%	49
Households (2011)	7,852	49
Unemployment Rate (2012)	9.0	22
Per Capita Personal Income (2011)	$28,910	43
Median Household Income (2011)	$31,079	52
Poverty Rate (2011)	26.5	14
H.S. Diploma or More - % of Adults 25+ (2011 ACS 5yr)	77.0	29
Bachelor's Deg. or More - % of Adults 25+ (2011 ACS 5yr)	10.3	57

©2012 CALIPER; ©2012 NAVTEQ
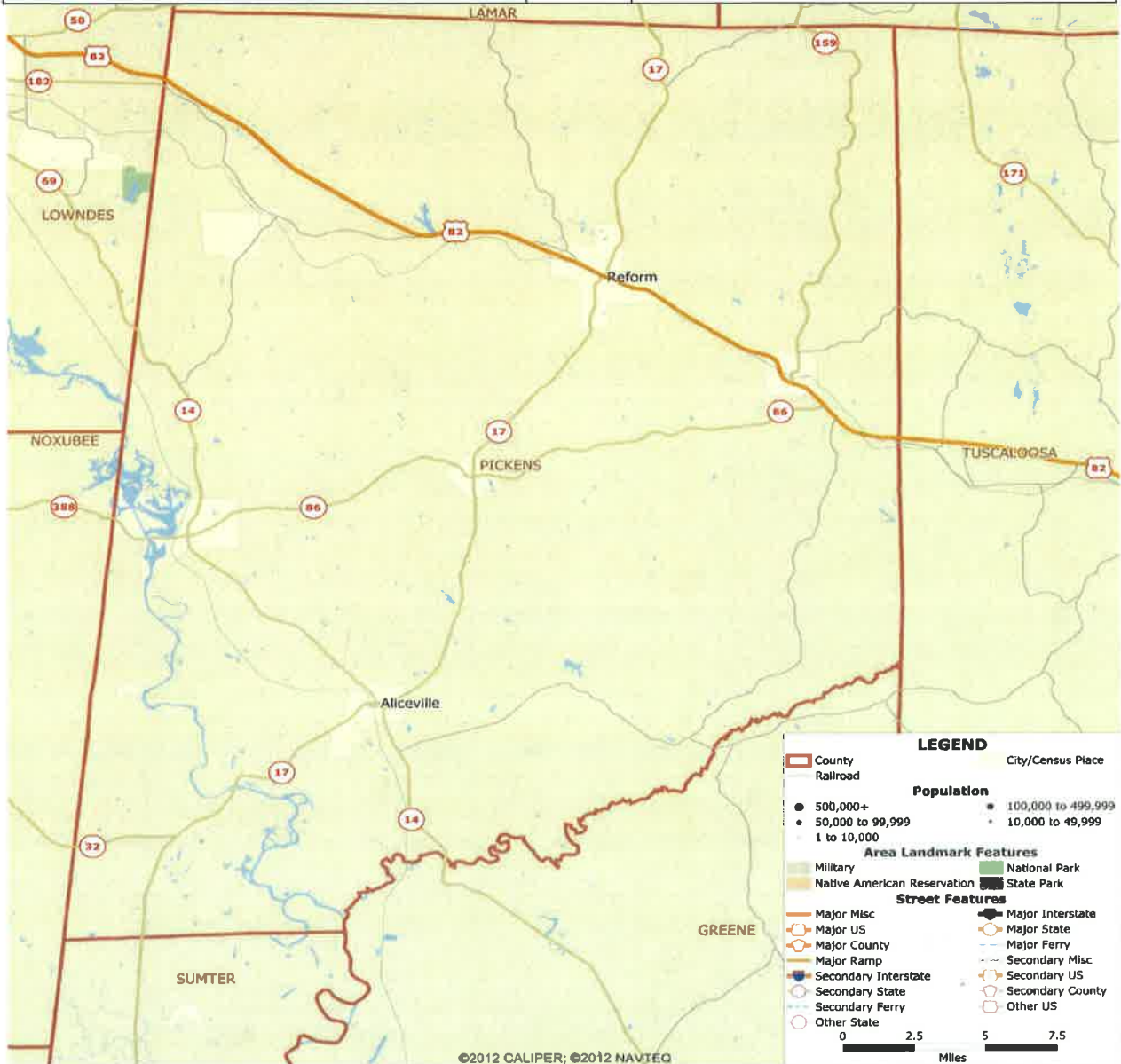
Demographic Profile, Tuscaloosa County, AL

People & Income Overview		
(By Place of Residence)	Value	Rank in State
Population (2012)	198,596	6
Growth (%) since 2010 Census	2.0%	8
Households (2011)	68,711	7
Unemployment Rate (2012)	6.6	57
Per Capita Personal Income (2011)	$34,724	8
Median Household Income (2011)	$42,086	12
Poverty Rate (2011)	20.2	37
H.S. Diploma or More - % of Adults 25+ (2011 ACS 5yr)	85.3	7
Bachelor's Deg. or More - % of Adults 25+ (2011 ACS 5yr)	26.0	7
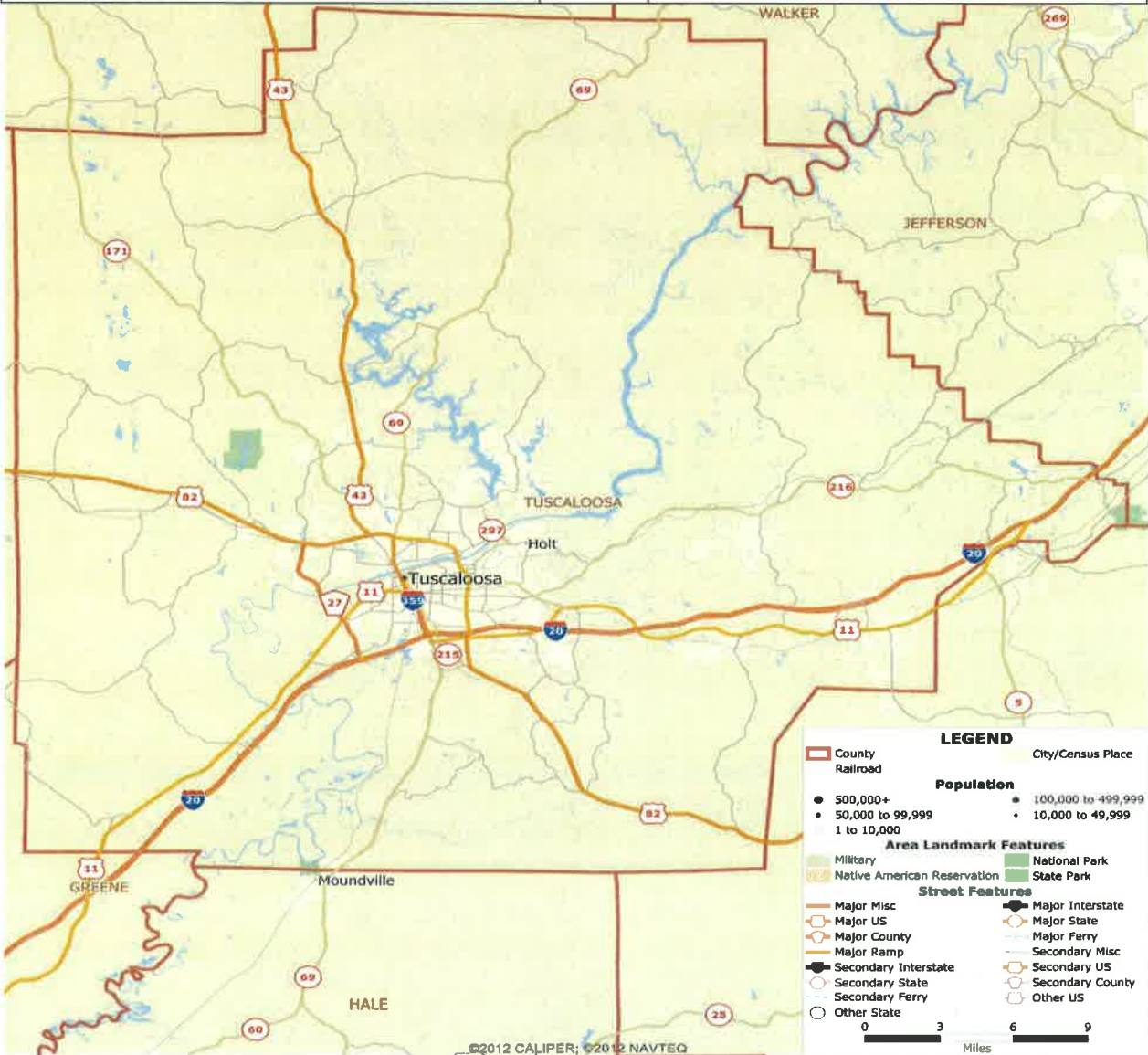
Overall – Method of Payment
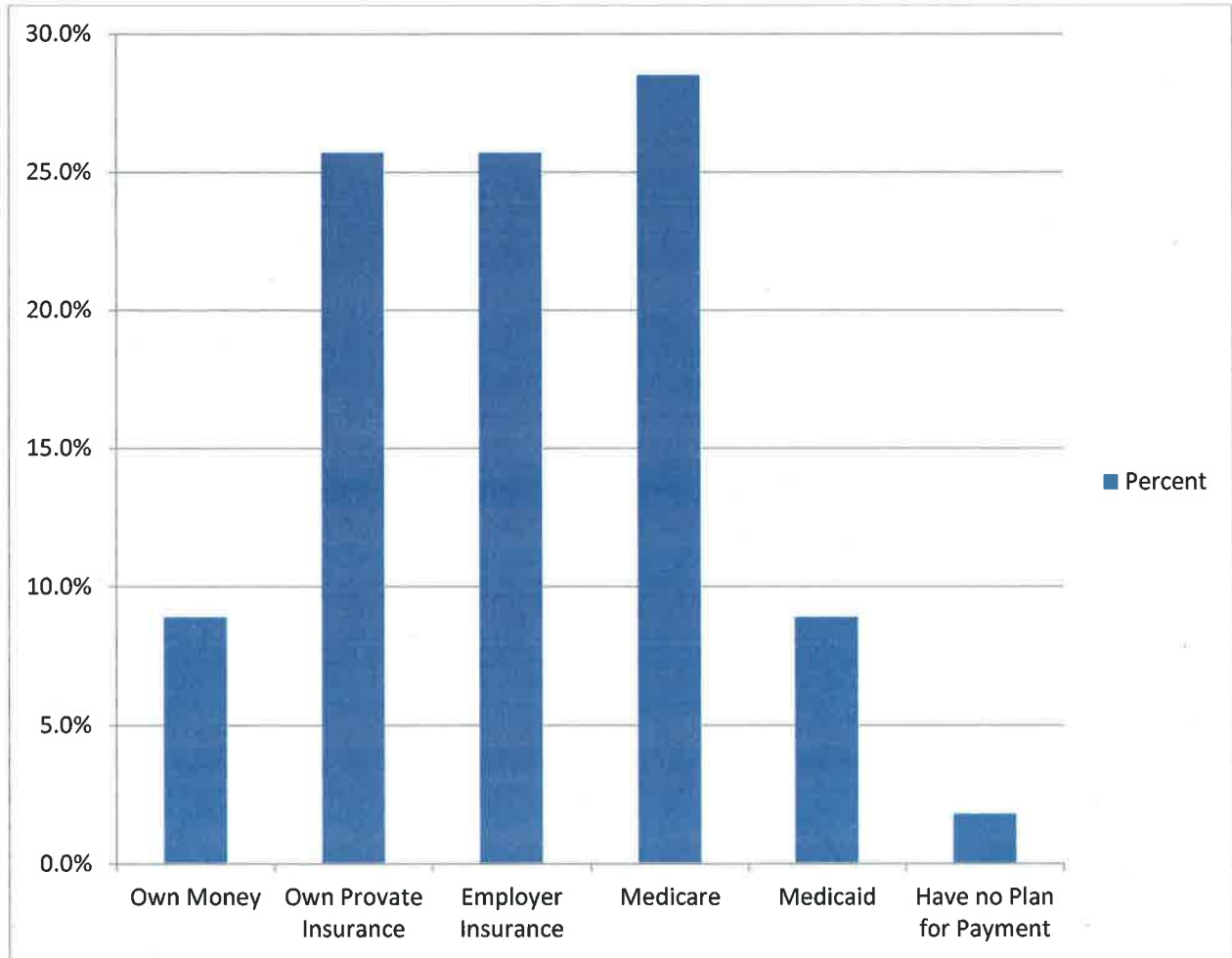
Method of payment	Percent
Own Money	8.9%
Own Private Insurance	25.7%
Employer Insurance	25.7%
Medicare	28.5%
Medicaid	8.9%
Have no Plan for Payment	1.8%

Overall – Negative Personal Behaviors
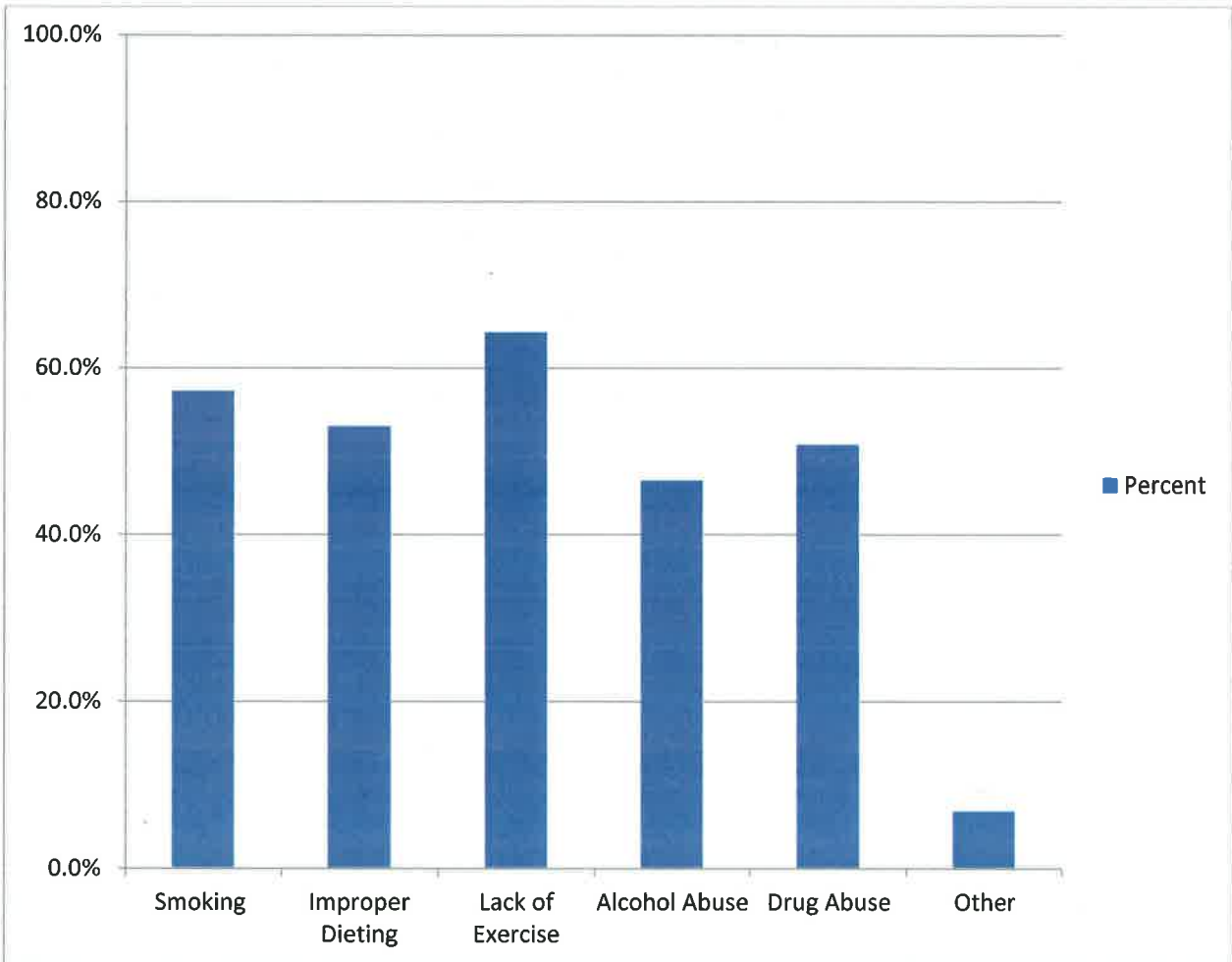
Personal Behavior	Percent
Smoking	57.2%
Improper Dieting	53.0%
Lack of Exercise	64.3%
Alcohol Abuse	46.5%
Drug Abuse	50.8%
Other	6.9%

Overall – Awareness vs. Participation
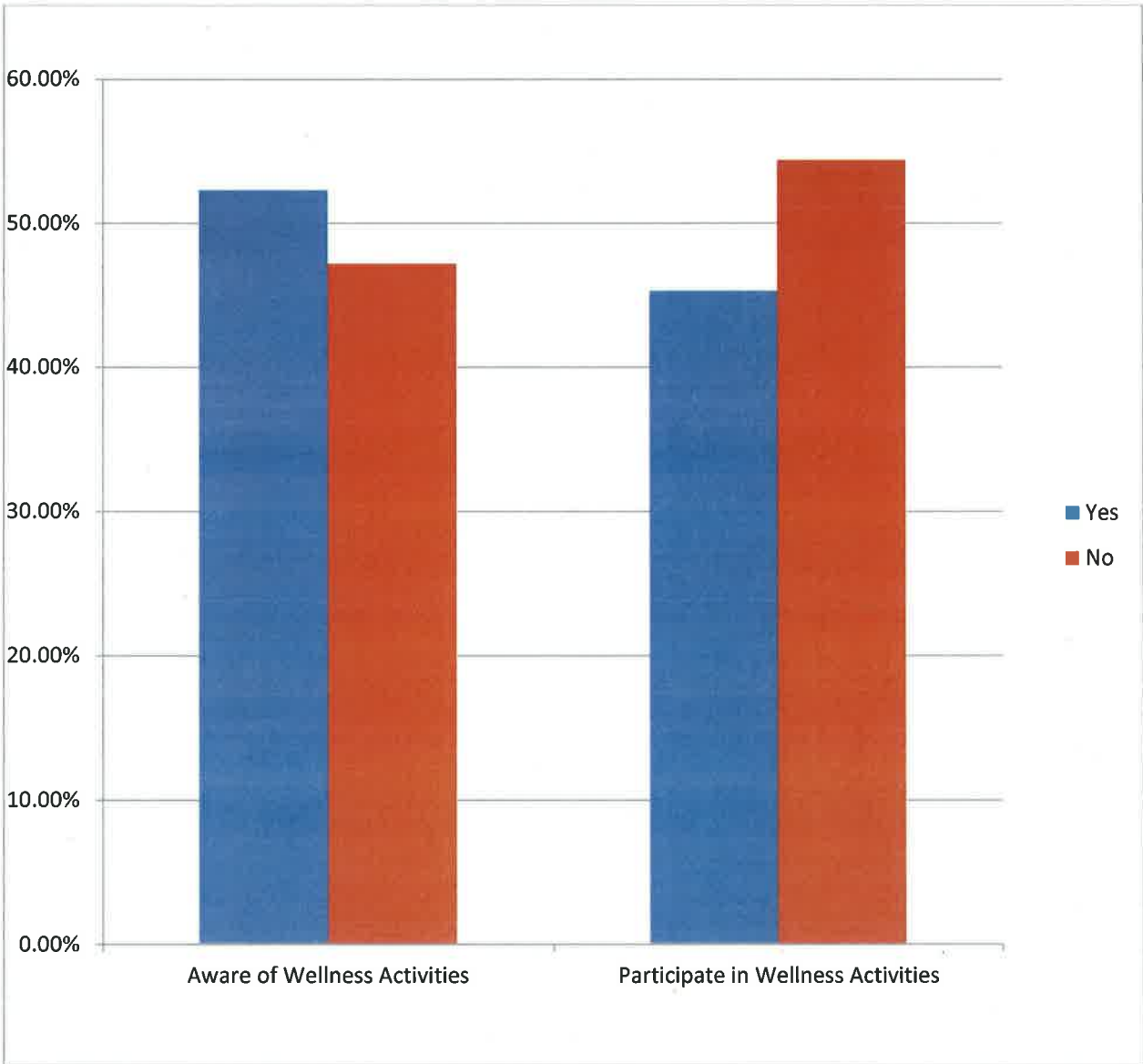
	Aware of Wellness Activities	Participate in Wellness Activities
Yes	52.30%	45.30%
No	47.20%	54.40%

Overall Marginal

Hello, my name is [I]##, I am with New Century Polling and Research. We don't sell anything. We want to give you the opportunity to participate in a health survey about your area. This is a fast and easy survey about health related questions. May I speak to someone in your household who is 18 or older?

	Frequency	Percent
1 Yes	608	4.6%
2 No	12686	95.3%
3 Other	12	0.0%
Total Qualified	13306	100.0%

Have you or anyone in your family required medical treatment in the past year?

	Frequency	Percent
1 Yes	440	72.4%
2 No	168	27.6%
Total Qualified	608	100.0%

Where did you or your family member receive care?

	Frequency	Percent
1 Private Physician	221	50.2%
2 Local Hospital	161	36.6%
3 Twenty-four hour clinic (Med-One, American Family Care, etc.)	32	7.3%
4 County Health Department	12	2.7%
5 Other:	11	2.5%
Brookewood		
Out of town hospital		
In home care		
Doctors Office		
In Birmingham hospital		
Mental Institution		
Cancer Center		
VA		
Tupelo MS		
None		
SURGICAL CENTER		
6 No Answer/ Refused to Answer	3	0.7%
Total Qualified	440	100.0%

At which of the following hospitals did you receive your initial care?

	Frequency	Percent
1 DCH Regional Medical Center	106	65.8%
2 Northport Medical Center	7	4.3%
3 Pickens County Medical Center	4	2.5%
4 Fayette Medical Center	9	5.6%
5 Other:	32	19.9%

        Medical Towers
        Out of town
        A Bessemer hospital
        Birmingham
        Tu Cancer Center
        St. Vincent E Birmingham
        Golden Triangle Hospital
        Bibb Medical Center
        Bibb medical center
        He's not sure.
        Children's hospital
        UAB
        UAB West
        UAB Medical West
        Windfield Hospital
        Goodwood Medical Center
        Veteran's Hospital
        Baptist Memorial
        Tuscaloosa facility staff medical
        VA medical center
        UAB
        VA HOSPITAL
        UAB
        Florida
        Bibb County Hospital
        Shelby Memorial Hospital
        Shelby Baptist Medical Center
        UAB Medical West
        UAB Medical Center
        UAB West
        MEDICAL WEST
        UAB

	Frequency	Percent
6 No Answer/Refuse to answer	3	1.9%
Total Qualified	161	100.0%

Which of the methods of payment do you or members of your household
most often use to pay for any medical services?

	Frequency	Percent
1 Own money	54	8.9%
2 Own Private Insurance	156	25.7%
3 Employer Insurance	156	25.7%
4 Medicare	173	28.5%
5 Medicaid	54	8.9%
6 Have no plan for payment	11	1.8%
7 No Answer/ Refused to Answer	4	0.7%
Total Qualified	608	100.0%

How would you rate the availability of medical treatment in your area?

	Frequency	Percent
1 Excellent	171	28.1%
2 Good	289	47.5%
3 Fair	101	16.6%
4 Not Good	17	2.8%
5 Poor	27	4.4%
6 No Answer/ Refused to Answer	3	0.5%
Total Qualified	608	100.0%

Have you or any member of your household ever required treatment
that could not be treated locally?

	Frequency	Percent
1 Yes	152	25.0%
2 No	455	74.8%
3 No Answer/ Refused to Answer	1	0.2%
Total Qualified	608	100.0%

Which of the following best describes this health problem?

	Frequency	Percent
1 Cancer	28	18.4%
2 Neurology/Neurosurgery	27	17.8%
3 Respiratory/Lung	10	6.6%
4 Joint/Arthritis	21	13.8%
5 Cardio/Heart	22	14.5%
6 Renal/Kidney	5	3.3%
7 Mental Health	3	2.0%
8 Reproductive/sexual	3	2.0%
10 Dermatology	2	1.3%
11 Other:	25	16.4%

Burn Victim
Brain surgery
TMG
Fever of unknown origin
Eye Surgery
Leukemia
No major hospitals in that area
Lymph nodes
Transplant
He had his leg removed and He could not get it did where he is
from
Bowel problems
Pancreas
Accident
Toe infection
STROKE
Broken bones
Spinal cord
Broken Back
Eyes
Pulmonary
Test
It was a rare condition and it had to be treated in Birmingham
Lasik eye surgery
Vehicle accident
Liver

12 No Answer/ Refused to Answer	6	3.9%
Total Qualified	152	100.0%

Do you have regular medical checkups?

	Frequency	Percent
1 Yes	567	93.3%
2 No	41	6.7%
Total Qualified	608	100.0%

Which of the following personal behaviors do you feel have a negative
impact on health in your area?

		Frequency	Percent
1	Smoking	348	57.2%
2	Improper Dieting	322	53.0%
3	Lack of exercise	391	64.3%
4	Alcohol abuse	283	46.5%
5	Drug abuse	309	50.8%
6	Other	42	6.9%
	Total Qualified	608	100.0%

Are you aware of any wellness activities in your community?

		Frequency	Percent
1	Yes	318	52.3%
2	No	287	47.2%
3	No Answer/Refuse to Answer	3	0.5%
	Total Qualified	608	100.0%

Do you participate in any of these activities?

		Frequency	Percent
1	Yes	144	45.3%
2	No	173	54.4%
3	No Answer/Refuse to Answer	1	0.3%
	Total Qualified	318	100.0%

Are there any health services not in your area that you would like to
see added?

		Frequency	Percent
1	Yes	112	18.4%
2	No	497	81.7%
	Total Qualified	608	100.0%

What services?

Dermatology
Better equipment
N/A
MORE WELLNESS SERVICES AND PREVENTION SERVICES
Doctors should be in clinics
YMCA
A health service place
Fitness centers
Eye clinic
Diabetic clinic
Anything
Mental Ill
Transportation
Acupuncture
She would like to see them add physical therapy clinics
(including pools) and massage clinics
24 hour clinic
Basic care facilities
Exercising places
Health Fairs for sickle cell anemia
Specialist
Total fitness gym
Dental facility
Retirement facility
Dental services
AN ADULT DAYCARE CENTER FOR ADULTS WHO HAVE HEALTH CONDITIONS
SUCH AS
ALZHEIMERS
A gym
More parks
Seniors, People with arthritis
Exercise facility
Walking parks
Community center for exercise
Low cost or free transportation to and from doctors and
hospitals,
especially for the elderly
All of the health insurance, you can't receive in the area
35111
Health Clinic
Need clinic
Foot services
Better doctors
Local clinic
After school programs
Social Health Care
More doctors of different varieties
Wellness activities and more activities for the elderly
Diet and wellness specialist
Doctors
Better radiological services, better mental health services,
better child disability service (autism), better pediatricians
Free Gym membership

Good surgeons
He says the only thing he will like to see is better care
services
Better nurses and doctors
Pulmonary doctor
24 hour clinic
Stores
Gym for disabled citizens
Have to travel 20 plus miles to get any medics
Being able to provide services for senior citizens that need
to get to
and from the doctor's office
A local hospital
Clinic
Clinic
Closer Hospital
Everything
Healthcare for people with low income and no insurance
A GYM
Home health care
Exercise for senior citizens
Public transportation bus
SPECIALIST FOR STROKES
Additional specialist
Children Awareness
Clinic for people on Medicaid
Would like to see them add more doctors to the area
A clinic for Medicaid other than health department
Running club
Screening facility
Another hospital to replace DCH hospital
Better sports medicines
Walk in blood donation
MORE MEDICAL AND WELLNESS FACILITIES
WEIGHT LOSS CLINIC
Specialty clinic that specializes in ALS treatment, or other
diseases that are uncommon
More doctor offices
More places that accept Medicaid
More athletic things for people to do; especially for those
who are disabled (amputees)
Have doctors who are better equipped in giving out the proper
prosthetic limbs
EXERCISE
Wellness
Acupuncture
New Doctors
Senior citizens gym
ALOT OF THINGS
Clinics that are willing to help low-income families
General practitioners
Good doctor
Dentist
Pediatric specialties

Better doctors office
MORE POSITIVE ATTITUDE AND MORE CARING ABOUT THE PATIENST AND
NOT MONEY
Recreational center for adults and kids to exercise
Closer hospital
Walk and trail, wellness activity
Preventive health for ppl that can't afford
Easier psychiatric care
Assistant living
Free transportation to hospital
RECREATIONAL SPORTS
Dermatologist
Family recreational facility
Dental services
More emergency rooms with different levels of emergency for
more urgent care cases
Children's cancer facility
Better doctors who can treat on site
Decent doctors
Senior citizens center
MORE DOCTORS
MORE RECREATIONAL ACTIVITIES FOR CHILDREN
Dental clinic for adults that do not have insurance

Total Qualified   112   100.0%

Your age is in which of the following ranges?

	Frequency	Percent
1 18 to 20	7	1.2%
2 21 to 34	40	6.6%
3 35 to 49	109	17.9%
4 50 to 59	155	25.5%
5 60 or Older	296	48.7%
6 No Answer/ Refused to Answer	1	0.2%

Total Qualified   608   100.0%

I am required to confirm whether you are male or female. (ASK ONLY
IF NOT CLEAR FROM VOICE OR CONVERSATION)

	Frequency	Percent
1 Male	182	29.9%
2 Female	426	70.1%

Total Qualified   608   100.0%

In addition to being an American, what do you consider to be your ethnic and racial background?

	Frequency	Percent
1 Black or African American	202	33.2%
2 White or Caucasian	391	64.3%
4 Latino or Hispanic	4	0.7%
5 American Indian or Alaska Native	7	1.2%
6 Don't know/Not Sure	2	0.3%
7 No Answer/Refused to Answer	2	0.3%
Total Qualified	608	100.0%

In which of the following counties do you live?

	Frequency	Percent
1 Fayette	34	5.6%
2 Tuscaloosa	402	66.1%
3 Pickens	52	8.6%
4 Greene	23	3.8%
5 Hale	23	3.8%
6 Bibb	49	8.1%
7 Lamar	24	3.9%
9 No Answer/ Refused to Answer	1	0.2%
Total Qualified	608	100.0%

Do you have access to reliable transportation?

	Frequency	Percent
1 Always	536	88.2%
2 Almost Always	23	3.8%
3 Sometimes	28	4.6%
4 Almost Never	4	0.7%
5 Never	14	2.3%
6 No Answer/ Refused to Answer	3	0.5%
Total Qualified	608	100.0%

Do you have access to a computer with an internet connection?

	Frequency	Percent
1 Always	397	65.3%
2 Almost Always	26	4.3%
3 Sometimes	28	4.6%
4 Almost Never	14	2.3%
5 Never	140	23.0%
6 No Answer/ Refused to Answer	3	0.5%
Total Qualified	608	100.0%

Which of the following income ranges represents your household?

	Frequency	Percent
1 Less than $15,000	120	19.7%
2 $15 to $20,000	57	9.4%
3 $21 to $35,000	85	14.0%
4 $36 to $50,000	77	12.7%
5 $51 to $70,000	60	9.9%
6 More than $70,000	120	19.7%
7 No Answer/ Refused to Answer	89	14.6%
Total Qualified	608	100.0%

This completes our survey. Thank you for your time. Have a good evening.

Northport Medical Center Executive Summary

In the course of a comprehensive seven county survey, data were also developed on and for the Northport Medical Center. While these data do not have the same statistical strength of the larger multi-county sample, data for this hospital's three county market area does result in a margin of error of 95 percent with an interval of plus or minus 4.85 percent.

The following are trends developed from the Northport Medical Center three county sample data:

-Seventy-three percent of those responding from the three county area had a member of their family require medical treatment in the past year.

-Thirty-six percent of those requiring medical treatment used a local hospital. Fifty-five percent went to a private physician.

- Of those who went to a hospital for treatment, six percent used Northport Medical Center. Sixty-six percent went to DCH Regional Medical Center.

-Twenty-nine percent of the three county respondents said they paid for their medical service through Medicare . Twenty-seven percent said they paid with private insurance and 25 percent paid through insurance from their employer.

-When asked about availability of medical treatment, 78 percent rated availability in the three county area either as good or excellent. Twenty-four percent of respondents said they had required treatment not available locally.

-In the area of preventive health care, 93 percent of the three county respondents said they have regular checkups. Sixty-five percent see lack of exercise as a local negative health factor. However, 57 percent also see smoking as a factor along with improper dieting in negatively impacting health locally.

-Fifty-six percent of the three county respondents were aware of any wellness activities in their community and of those who were aware, only 46 percent participated in them.

-Only 17 percent said they would like to see additional health care service and those desires are delineated in the marginal of this section.

-When analyzing transportation limitations and its impact on health care, 67 percent of the three county participants said they always have reliable transportation.

-When asked about access to a computer with internet access, 67 percent of respondents said they always have access. However, 21 percent said they never have access to a computer with internet service.

Northport Medical Center – Method of Payment
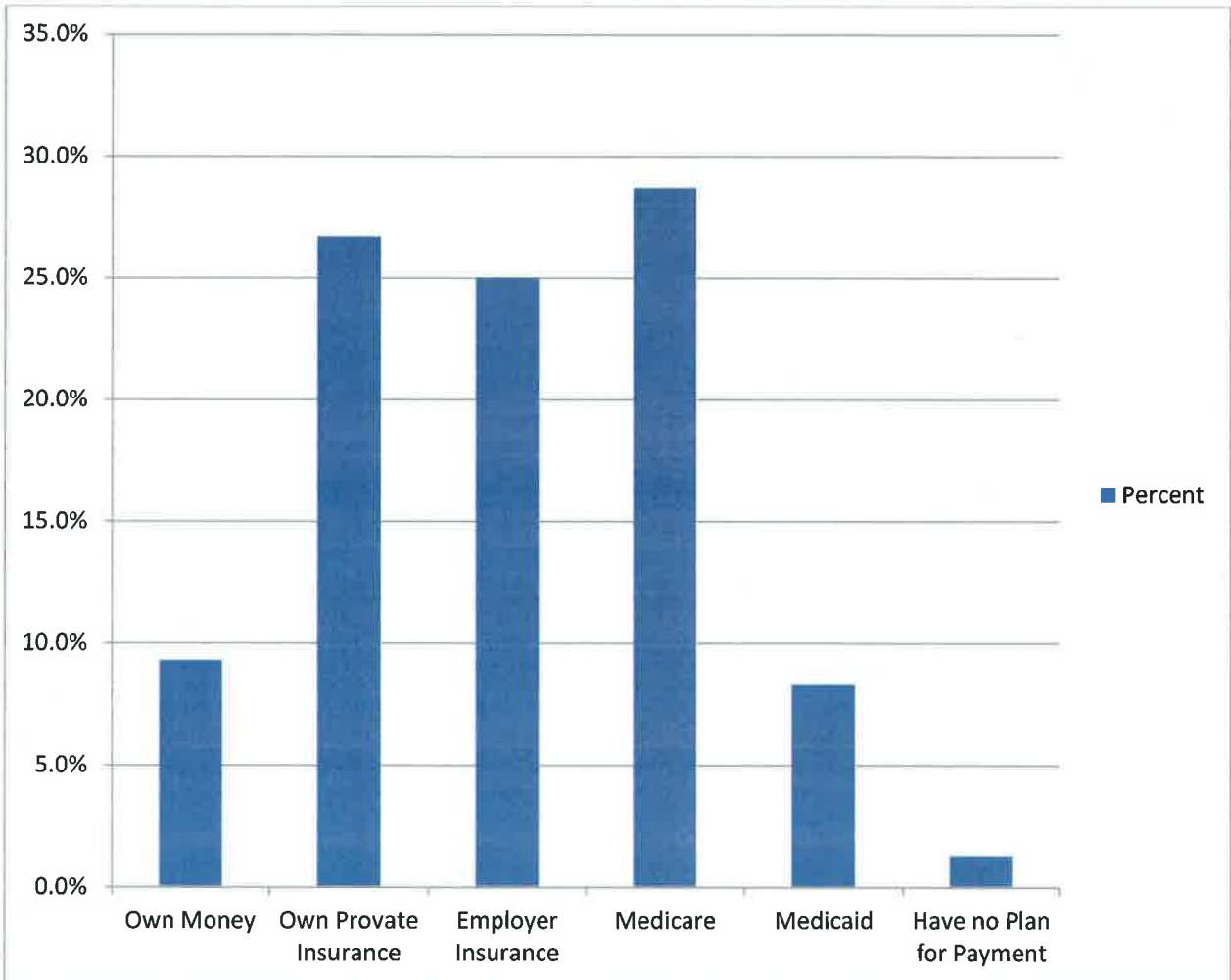
Method of payment	Percent
Own Money	9.3%
Own Private Insurance	26.7%
Employer Insurance	25.0%
Medicare	28.7%
Medicaid	8.3%
Have no Plan for Payment	1.3%

Northport Medical Center – Negative Personal Behaviors
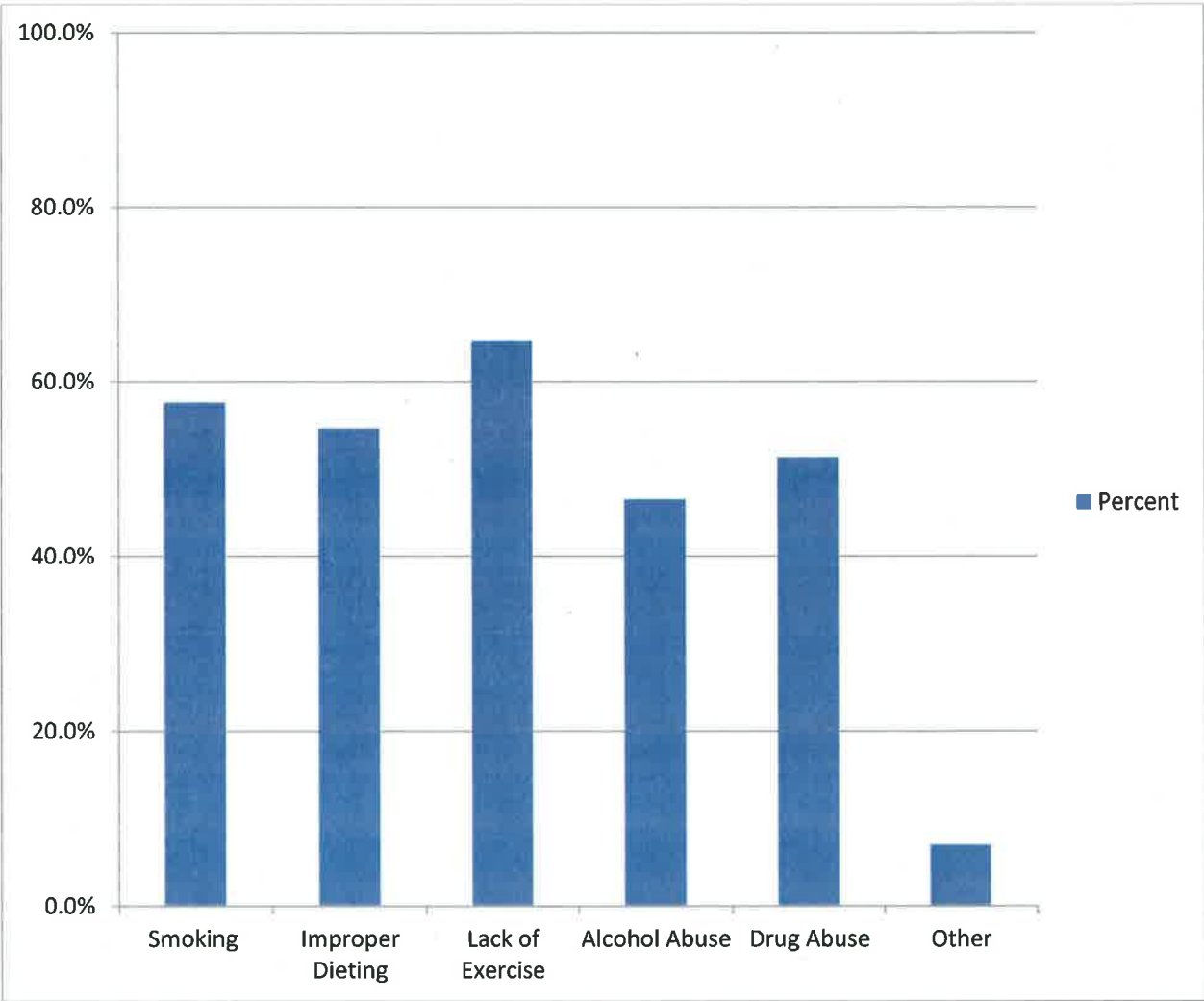
Personal Behavior	Percent
Smoking	57.6%
Improper Dieting	54.6%
Lack of Exercise	64.6%
Alcohol Abuse	46.5%
Drug Abuse	51.3%
Other	7.0%

Nortport Medical Center – Awareness vs. Participation
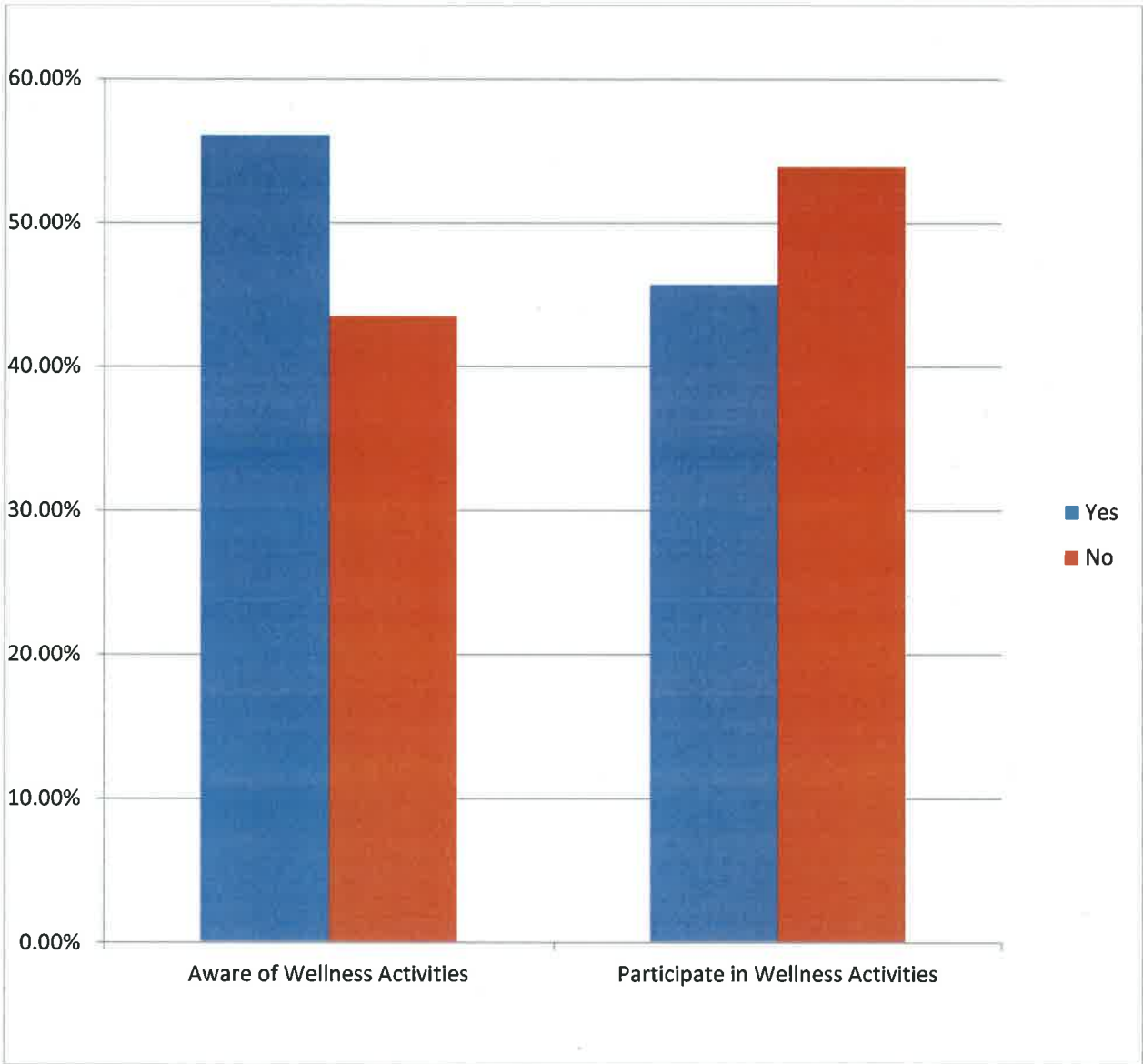
	Aware of Wellness Activities	Participate in Wellness Activities
Yes	56.10%	45.70%
No	43.50%	53.90%

Northport Medical Center Marginal

Hello, my name is [I]##, I am with New Century Polling and Research. We don't sell anything. We want to give you the opportunity to participate in a health survey about your area. This is a fast and easy survey about health related questions. May I speak to someone in your household who is 18 or older?

	Frequency	Percent
1 Yes	460	100.0%
Total Qualified	460	100.0%

Have you or anyone in your family required medical treatment in the past year?

	Frequency	Percent
1 Yes	334	72.6%
2 No	126	27.4%
Total Qualified	460	100.0%

Where did you or your family member receive care?

	Frequency	Percent
1 Private Physician	171	51.2%
2 Local Hospital	119	35.6%
3 Twenty-four hour clinic (Med-One, American Family Care, etc.)	26	7.8%
4 County Health Department	8	2.4%
5 Other:	9	2.7%
Brookewood		
Out of town hospital		
In home care		
Doctors Office		
In Birmingham hospital		
Mental Institution		
Cancer Center		
None		
SURGICAL CENTER		
6 No Answer/ Refused to Answer	1	0.3%
Total Qualified	334	100.0%

At which of the following hospitals did you receive your initial care?

	Frequency	Percent
1 DCH Regional Medical Center	78	65.5%
2 Northport Medical Center	7	5.9%
4 Fayette Medical Center	9	7.6%
5 Other:	23	19.3%

        Medical towers
        Out of town
        A Bessemer hospital
        Birmingham
        Tu Cancer Center
        UAB
        St. Vincent E Birmingham
        Golden Triangle Hospital
        He's not sure
        Children's hospital
        Windfield hospital
        Goodwood medical center
        Veteran's Hospital
        Baptist Memorial
        Tuscaloosa facility staff medical
        VA medical center
        UAB
        VA HOSPITAL
        UAB medical west
        UAB medical center
        UAB west
        MEDICAL WEST

	Frequency	Percent
6 No Answer/Refuse to answer	2	1.7%
Total Qualified	119	100.0%

Which of the methods of payment do you or members of your household most often use to pay for any medical services?

	Frequency	Percent
1 Own money	43	9.3%
2 Own Private Insurance	123	26.7%
3 Employer Insurance	115	25.0%
4 Medicare	132	28.7%
5 Medicaid	38	8.3%
6 Have no plan for payment	6	1.3%
7 No Answer/ Refused to Answer	3	0.7%
Total Qualified	460	100.0%

How would you rate the availability of medical treatment in your area?

		Frequency	Percent
1	Excellent	141	30.7%
2	Good	219	47.6%
3	Fair	63	13.7%
4	Not Good	12	2.6%
5	Poor	23	5.0%
6	No Answer/ Refused to Answer	2	0.4%
	Total Qualified	460	100.0%

Have you or any member of your household ever required treatment that could not be treated locally?

		Frequency	Percent
1	Yes	111	24.1%
2	No	349	75.9%
	Total Qualified	460	100.0%

Which of the following best describes this health problem?

		Frequency	Percent
1	Cancer	20	18.0%
2	Neurology/Neurosurgery	21	18.9%
3	Respiratory/Lung	6	5.4%
4	Joint/Arthritis	18	16.2%
5	Cardio/Heart	15	13.5%
6	Renal/Kidney	3	2.7%
7	Mental Health	3	2.7%
8	Reproductive/sexual	1	0.9%
10	Dermatology	1	0.9%
11	Other:	19	17.1%

        Liver
        Brain surgery
        TMG
        Fever of unknown origin
        Leukemia
        No major hospitals in that area
        Lymph nodes
        Transplant
        He had his leg removed and He could not get it did where he is
        from
        Bowel problems
        Pancreas
        Accident
        Toe infection
        Spinal cord

```
         Test
         It was a rare condition and it had to be treated in
         Birmingham
         Lasik eye surgery
         Vehicle accident
         BURN VICTIM
12 No Answer/ Refused to Answer              4      3.6%

   Total Qualified                         111    100.0%
```

Do you have regular medical checkups?

```
                                   Frequency    Percent
                                   ---------    -------
   1 Yes                                 428      93.0%
   2 No                                   32       7.0%

      Total Qualified                    460     100.0%
```

Which of the following personal behaviors do you feel have a negative impact on health in your area?

```
                                   Frequency    Percent
                                   ---------    -------
   1 Smoking                              265      57.6%
   2 Improper Dieting                     251      54.6%
   3 Lack of exercise                     297      64.6%
   4 Alcohol abuse                        214      46.5%
   5 Drug abuse                           236      51.3%
   6 Other                                 32       7.0%

      Total Qualified                     460     100.0%
```

Are you aware of any wellness activities in your community?

```
                                   Frequency    Percent
                                   ---------    -------
   1 Yes                                  258      56.1%
   2 No                                   200      43.5%
   3 No Answer/Refuse to Answer             2       0.4%

      Total Qualified                     460     100.0%
```

Do you participate in any of these activities?

		Frequency	Percent
1	Yes	118	45.7%
2	No	139	53.9%
3	No Answer/Refuse to Answer	1	0.4%
	Total Qualified	258	100.0%

Are there any health services not in your area that you would like to see added?

		Frequency	Percent
1	Yes	79	17.2%
2	No	382	83.0%
	Total Qualified	460	100.0%

What services?
Dental Clinic for adults that do not have insurance
Doctors should be in clinics
YMCA
A health service place
Fitness centers
Eye clinic
Diabetic clinic
Anything
MENTAL ILL
Transportation
Acupuncture
She would like to see them add physical therapy clinics
(including pools) and massage clinics
More parks
Seniors, People with arthritis
Exercise facility
Community center for exercise
All of the health insurance, you can't receive in the area
35111
Health Clinic
Need clinic
Foot services
Better doctors
Local clinic
After school programs
Social Health Care
More doctors of different varieties
Wellness activities and more activities for the elderly
Diet and wellness specialist
Doctors

Better radiological services, better mental health services, better child disability service (autism)
Better pediatricians
Free Gym membership
Good surgeons
He says the only thing he will like to see is better care services
Pulmonary doctor
Being able to provide services for senior citizens that need to get to and from the doctor's office
A local hospital
Clinic
Clinic
Closer Hospital
Healthcare for people with low income and no insurance
A GYM
Additional specialist
Children Awareness
Clinic for people on Medicaid
Would like to see them add more doctors to the area
A clinic for Medicaid other than health department
Running club
Screening facility
Another hospital to replace DCH hospital
Better sports medicines
Walk in blood donation
MORE MEDICAL AND WELNESS FACILITIES
WEIGHT LOSS CLINIC
Running track
Specialty clinic that specializes in ALS treatment or other diseases that are uncommon
More doctor offices
More places that accept Medicaid
More athletic things for people to do; especially for those who are disabled (amputees)
Have doctors who are better equipped in giving out the proper prosthetic limbs
EXERCISE
Wellness
Acupuncture
New Doctors
Senior citizens gym
ALOT OF THINGS
Good doctor
MORE POSITIVE ATTITUDE AND MORE CARING ABOUT THE PATIENTS AND NOT MONEY
Walk and trail, wellness activity
Preventive health for people that can't afford
Easier psychiatric care
Free transportation to hospital
Family recreational facility
Dental services
More emergency rooms with different levels of emergency for more urgent care cases

```
           Children's cancer facility
           Decent doctors
           Senior citizens center
           MORE DOCTORS
           MORE RECREATIONAL ACTIVITIES FOR CHILDREN
           Dermatology
           Better equipment
           N/A
           MORE WELLNESS SERVICES AND PREVENTION SERVICES

     Total Qualified                          79     100.0%
```

Your age is in which of the following ranges?

```
                                      Frequency    Percent
                                      ---------    -------
     1 18 to 20                               7      1.5%
     2 21 to 34                              34      7.4%
     3 35 to 49                              85     18.5%
     4 50 to 59                             116     25.2%
     5 60 or Older                          217     47.2%
     6 No Answer/ Refused to Answer           1      0.2%

       Total Qualified                      460    100.0%
```

I am required to confirm whether you are male or female. (ASK ONLY
IF NOT CLEAR FROM VOICE OR CONVERSATION)

```
                                      Frequency    Percent
                                      ---------    -------
     1 Male                                 138     30.0%
     2 Female                               322     70.0%

       Total Qualified                      460    100.0%
```

In addition to being an American, what do you consider to be your
ethnic and racial background?

```
                                      Frequency    Percent
                                      ---------    -------
     1 Black or African American          148     32.2%
     2 White or Caucasian                 299     65.0%
     4 Latino or Hispanic                   4      0.9%
     5 American Indian or Alaska Native     6      1.3%
     6 Don't know/Not Sure                  2      0.4%
     7 No Answer/Refused to Answer          1      0.2%

       Total Qualified                      460    100.0%
```

In which of the following counties do you live?

		Frequency	Percent
1	Fayette	34	7.4%
2	Tuscaloosa	402	87.4%
7	Lamar	24	5.2%
	Total Qualified	460	100.0%

Do you have access to reliable transportation?

		Frequency	Percent
1	Always	411	89.3%
2	Almost Always	17	3.7%
3	Sometimes	16	3.5%
4	Almost Never	2	0.4%
5	Never	12	2.6%
6	No Answer/ Refused to Answer	2	0.4%
	Total Qualified	460	100.0%

Do you have access to a computer with an internet connection?

		Frequency	Percent
1	Always	310	67.4%
2	Almost Always	21	4.6%
3	Sometimes	19	4.1%
4	Almost Never	10	2.2%
5	Never	98	21.3%
6	No Answer/ Refused to Answer	2	0.4%
	Total Qualified	460	100.0%

Which of the following income ranges represents your household?

		Frequency	Percent
1	Less than $15,000	79	17.2%
2	$15 to $20,000	41	8.9%
3	$21 to $35,000	68	14.8%
4	$36 to $50,000	59	12.8%
5	$51 to $70,000	47	10.2%
6	More than $70,000	96	20.9%
7	No Answer/ Refused to Answer	70	15.2%
	Total Qualified	460	100.0%

This completes our survey. Thank you for your time. Have a good evening.

Fayette Medical Center Executive Summary

In the course of a comprehensive seven county survey, data were also developed on and for the Fayette Medical Center. While these data do not have the same statistical strength of the larger multi-county sample, data for this county are valid in determining trends. The correlation of the smaller sample to trend validity is demonstrated by the racial makeup of those surveyed and their income level. The 2010 Census found Fayette County to have a racial makeup of 86 percent white and 11.4 percent black which compares favorably with the sample composition of 88 percent white and 11.8 percent black. Likewise, the 2011 American Community Survey found the median household income to be $35,754 while the survey sample revealed that 41.2 percent of respondents had household income of less than $35,000.

The following are trends developed from Fayette County sample data:

-Eighty-eight percent of those responding from Fayette County had a member of their family require medical treatment in the past year.

-Forty-seven percent of those requiring medical treatment used a local hospital. Thirty-seven percent went to a private physician.

- Of those who went to a hospital for treatment, 57 percent used Fayette Medical Center.

-Thirty-eight percent of Fayette County respondents said they paid for their medical service through Medicare which correlates to the 59 percent of respondents being 60 years old or older and half of those responding had income of over $36,000.

-When asked about availability of medical treatment, 72 percent rated availability in Fayette County as good or excellent. However, 47 percent of respondents said they had required treatment not available locally.

-In the area of preventive health care, 88 percent of Fayette County respondents said they have regular checkups. Sixty-four percent see drug abuse as a local negative health factor. However, 62 percent also see lack of exercise and improper dieting as negatively impacting health locally.

-Only 41 percent of Fayette County respondents were aware of any wellness activities in their community and of those who were aware, only 21 percent participated in them.

-Only 15 percent said they would like to see additional health care service and those desires are delineated in the marginal of this section.

-When analyzing transportation limitations and its impact on health care, 85 percent of the Fayette County participants said they always have reliable transportation.

-When asked about access to a computer with internet access, 53 percent of respondents said they always have access. However, 35 percent said they never have access to a computer with internet service.

Fayette Medical Center – Method of Payment
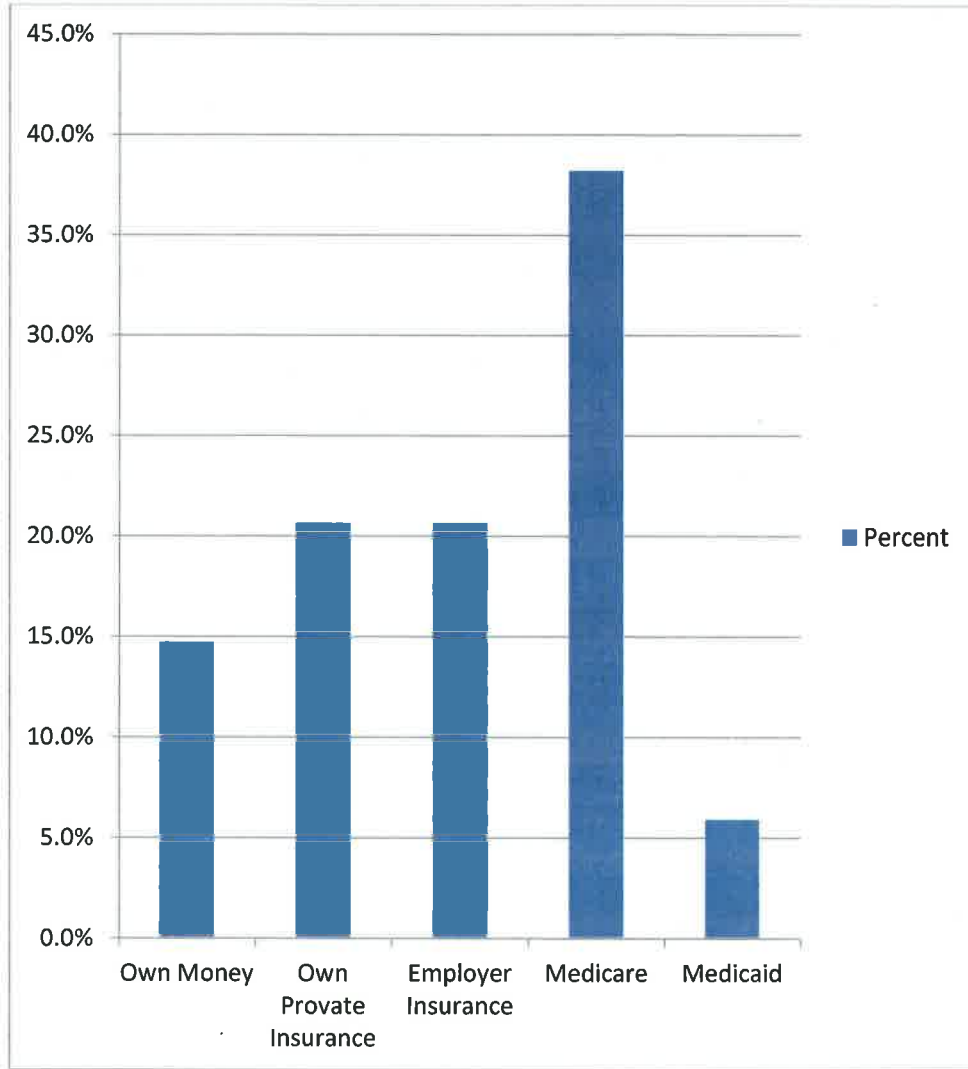
Method of payment	Percent
Own Money	14.7%
Own Private Insurance	20.6%
Employer Insurance	20.6%
Medicare	38.2%
Medicaid	5.9%

Fayette Medical Center – Negative Personal Behaviors
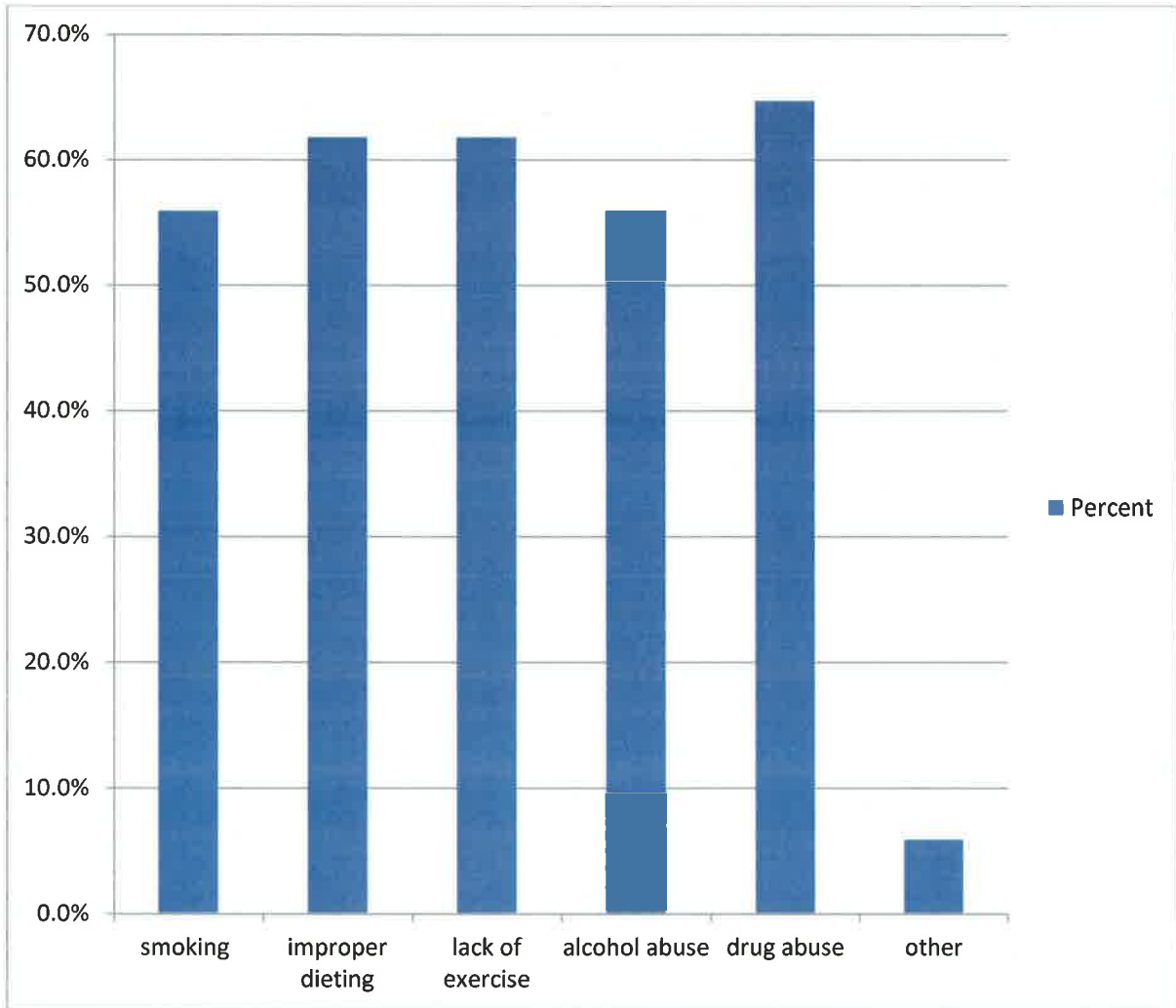
Personal Behavior	Percent
smoking	55.9%
improper dieting	61.8%
lack of exercise	61.8%
alcohol abuse	55.9%
drug abuse	64.7%
other	5.9%

Fayette Medical Center – Awareness vs. Participation
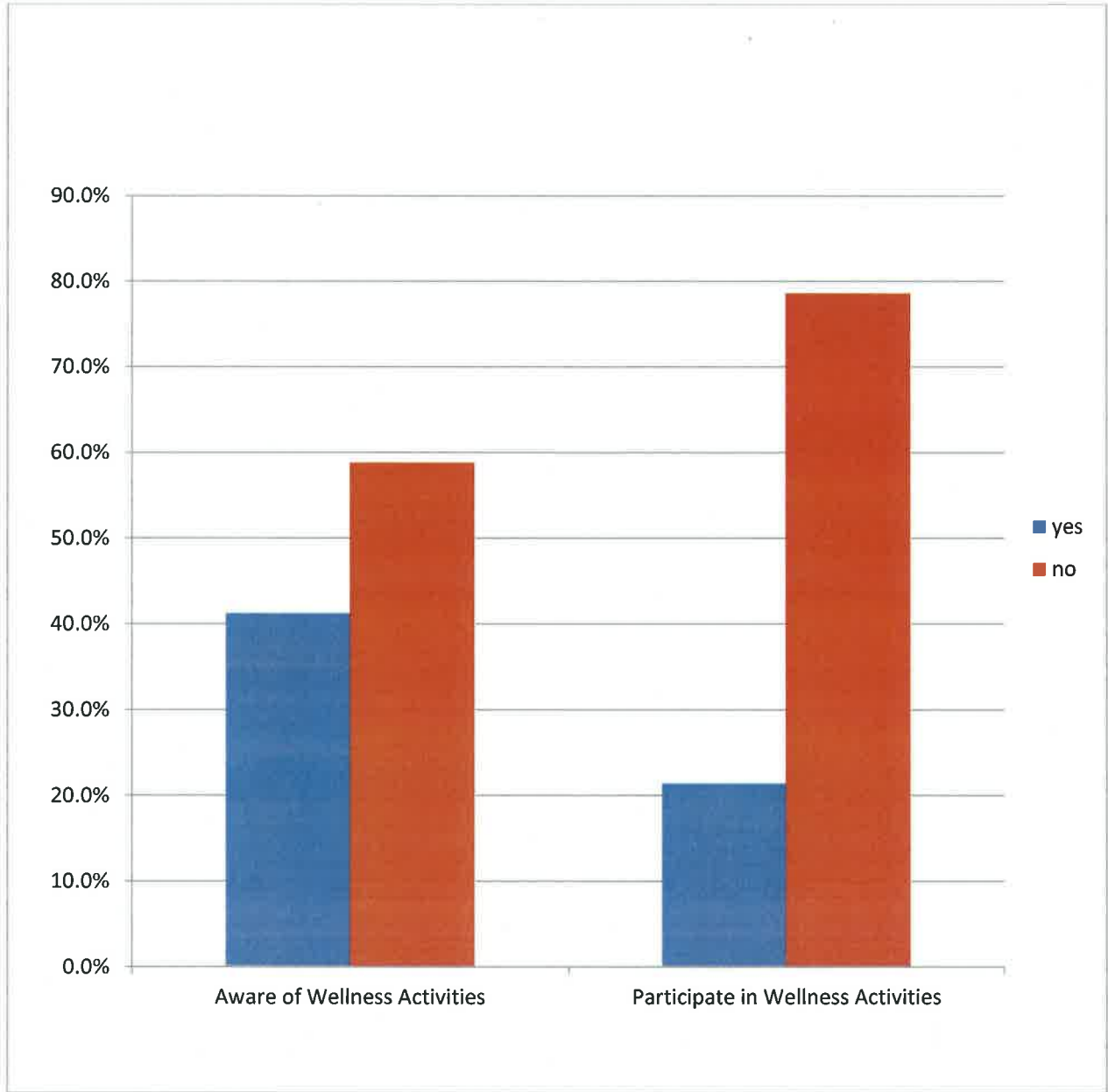
	Aware of Wellness Activities	Participate in Wellness Activities
yes	41.2%	21.4%
no	58.8%	78.6%

Fayette Medical Center Marginal

Hello, my name is [I]##, I am with New Century Polling and
Research. We don't sell anything. We want to give you the opportunity
to participate in a health survey about your area. This is a
fast and easy survey about health related questions. May I speak to
someone in your household who is 18 or older?

	Frequency	Percent
1 Yes	34	100.0%
Total Qualified	34	100.0%

Have you or anyone in your family required medical treatment in the
past year?

	Frequency	Percent
1 Yes	30	88.2%
2 No	4	11.8%
Total Qualified	34	100.0%

Where did you or your family member receive care?

	Frequency	Percent
1 Private Physician	11	36.7%
2 Local Hospital	14	46.7%
3 Twenty-four hour clinic (Med-One, American Family Care, etc.)	3	10.0%
5 Other: Mental Institution Cancer Center	2	6.7%
Total Qualified	30	100.0%

At which of the following hospitals did you receive your initial care?

	Frequency	Percent
1 DCH Regional Medical Center	3	21.4%
2 Northport Medical Center	2	14.3%
4 Fayette Medical Center	8	57.1%
5 Other: Not sure.	1	7.1%
Total Qualified	14	100.0%

Which of the methods of payment do you or members of your household most often use to pay for any medical services?

	Frequency	Percent
1 Own money	5	14.7%
2 Own Private Insurance	7	20.6%
3 Employer Insurance	7	20.6%
4 Medicare	13	38.2%
5 Medicaid	2	5.9%
Total Qualified	34	100.0%

How would you rate the availability of medical treatment in your area?

	Frequency	Percent
1 Excellent	8	23.5%
2 Good	20	58.8%
3 Fair	1	2.9%
4 Not Good	1	2.9%
5 Poor	4	11.8%
Total Qualified	34	100.0%

Have you or any member of your household ever required treatment that could not be treated locally?

	Frequency	Percent
1 Yes	16	47.1%
2 No	18	52.9%
Total Qualified	34	100.0%

Which of the following best describes this health problem?

	Frequency	Percent
1 Cancer	2	12.5%
2 Neurology/Neurosurgery	3	18.8%
3 Respiratory/Lung	1	6.2%
4 Joint/Arthritis	2	12.5%
5 Cardio/Heart	1	6.2%
7 Mental Health	1	6.2%
11 Other:	5	31.2%
Lymph nodes		
He had his leg removed and He could not get it did where he is from		
Pancreas		
Accident		
Toe infection		
12 No Answer/Refused to Answer	1	6.2%
Total Qualified	16	100.0%

Do you have regular medical checkups?

	Frequency	Percent
1 Yes	30	88.2%
2 No	4	11.8%
Total Qualified	34	100.0%

Which of the following personal behaviors do you feel have a negative impact on health in your area?

	Frequency	Percent
1 Smoking	19	55.9%
2 Improper Dieting	21	61.8%
3 Lack of excercise	21	61.8%
4 Alcohol abuse	19	55.9%
5 Drug abuse	22	64.7%
6 Other	2	5.9%
Total Qualified	34	100.0%

Are you aware of any wellness activities in your community?

	Frequency	Percent
1 Yes	14	41.2%
2 No	20	58.8%
Total Qualified	34	100.0%

Do you participate in any of these activities

	Frequency	Percent
1 Yes	3	21.4%
2 No	11	78.6%
Total Qualified	14	100.0%

Are there any health services not in your area that you would like to see added?

	Frequency	Percent
1 Yes	5	14.7%
2 No	29	85.3%
Total Qualified	34	100.0%

What services?

Good surgeons

He says the only thing he will like to see is better care services.

Pulmonary doctor

Being able to provide services for senior citizens that need to get to and from the doctor's office

Healthcare for people with low income and no insurance

	Frequency	Percent
Total Qualified	5	100.0%

Your age is in which of the following ranges?

	Frequency	Percent
3 35 to 49	3	8.8%
4 50 to 59	11	32.4%
5 60 or Older	20	58.8%
Total Qualified	34	100.0%

I am required to confirm whether you are male or female. (ASK ONLY
IF NOT CLEAR FROM VOICE OR CONVERSATION)

	Frequency	Percent
1 Male	10	29.4%
2 Female	24	70.6%
Total Qualified	34	100.0%

In addition to being an American, what do you consider to be your
ethnic and racial background?

	Frequency	Percent
1 Black or African American	4	11.8%
2 White or Caucasian	30	88.2%
Total Qualified	34	100.0%

In which of the following counties do you live?

	Frequency	Percent
1 Fayette	34	100.0%
Total Qualified	34	100.0%

Do you have access to reliable transportation?

	Frequency	Percent
1 Always	29	85.3%
2 Almost Always	1	2.9%
3 Sometimes	2	5.9%
5 Never	2	5.9%
Total Qualified	34	100.0%

Do you have access to a computer with an internet connection?

	Frequency	Percent
1 Always	18	52.9%
2 Almost Always	4	11.8%
5 Never	12	35.3%
Total Qualified	34	100.0%

Which of the following income ranges represents your household?

	Frequency	Percent
1 Less than $15,000	9	26.5%
2 $15 to $20,000	4	11.8%
3 $21 to $35,000	1	2.9%
4 $36 to $50,000	6	17.6%
5 $51 to $70,000	3	8.8%
6 More than $70,000	5	14.7%
7 No Answer/ Refused to Answer (Do Not Read)	6	17.6%
Total Qualified	34	100.0%

This completes our survey. Thank you for your time. Have a good evening.

Pickens County Medical Center Executive Summary

In the course of a comprehensive seven county survey, data were also developed on and for the Pickens County Medical Center. While these data do not have the same statistical strength of the larger multi-county sample, data for this county are valid in determining trends. The correlation of the smaller sample to trend validity is demonstrated by the racial makeup of those surveyed and their income level. The 2010 Census found Pickens County to have a racial makeup of 55.8 percent white and 41.4 percent black which compares favorably with the sample composition of 59.6 percent white and 40.4 percent black. Likewise, the 2011 American Community Survey found the median household income to be $27,150 while the survey sample revealed that 42.3 percent of respondents had household income of less than $20,000.

The following are trends developed from Pickens County sample data:

-Eighty-one percent of those responding from Pickens County had a member of their family require medical treatment in the past year.

-Thirty-six percent of those requiring medical treatment used a local hospital. Fifty-five percent went to a private physician.

- Of those who went to a hospital for treatment, 27 percent used Pickens County Medical Center. Sixty-seven percent went to DCH Regional Medical Center.

-Thirty-six percent of Pickens County respondents said they paid for their medical service through Medicare which correlates to the 60 percent of respondents being 60 years old.

-When asked about availability of medical treatment, 60 percent rated availability in Pickens County as good or excellent. However, 31 percent of respondents said they had required treatment not available locally.

-In the area of preventive health care, 94 percent of Pickens County respondents said they have regular checkups. Ninety percent see lack of exercise as a local negative health factor. However, 50 percent also see smoking, drug abuse and improper dieting as negatively impacting health locally.

-Only 42 percent of Pickens County respondents were aware of any wellness activities in their community and of those who were aware, only 41 percent participated in them.

-Only 19 percent said they would like to see additional health care service and those desires are delineated in the marginal of this section.

-When analyzing transportation limitations and its impact on health care, 83 percent of the Pickens County participants said they always have reliable transportation.

-When asked about access to a computer with internet access, 54 percent of respondents said they always have access. However, 31 percent said they never have access to a computer with internet service.

Pickens County Medical Center – Method of Payment
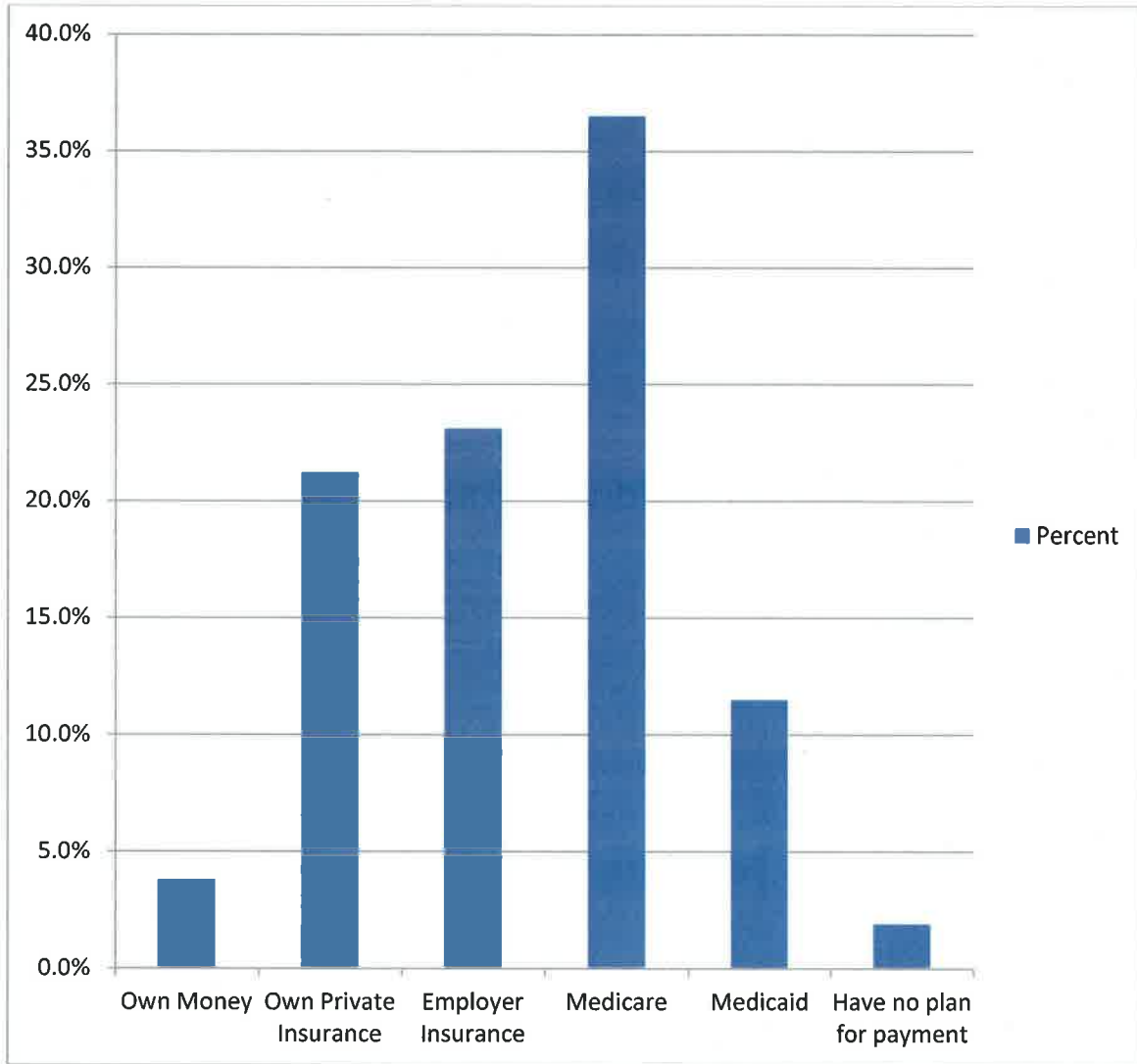
Method of payment	Percent
Own Money	3.8%
Own Private Insurance	21.2%
Employer Insurance	23.1%
Medicare	36.5%
Medicaid	11.5%
Have no plan for payment	1.9%

Pickens County Medical Center – Negative Personal Behaviors
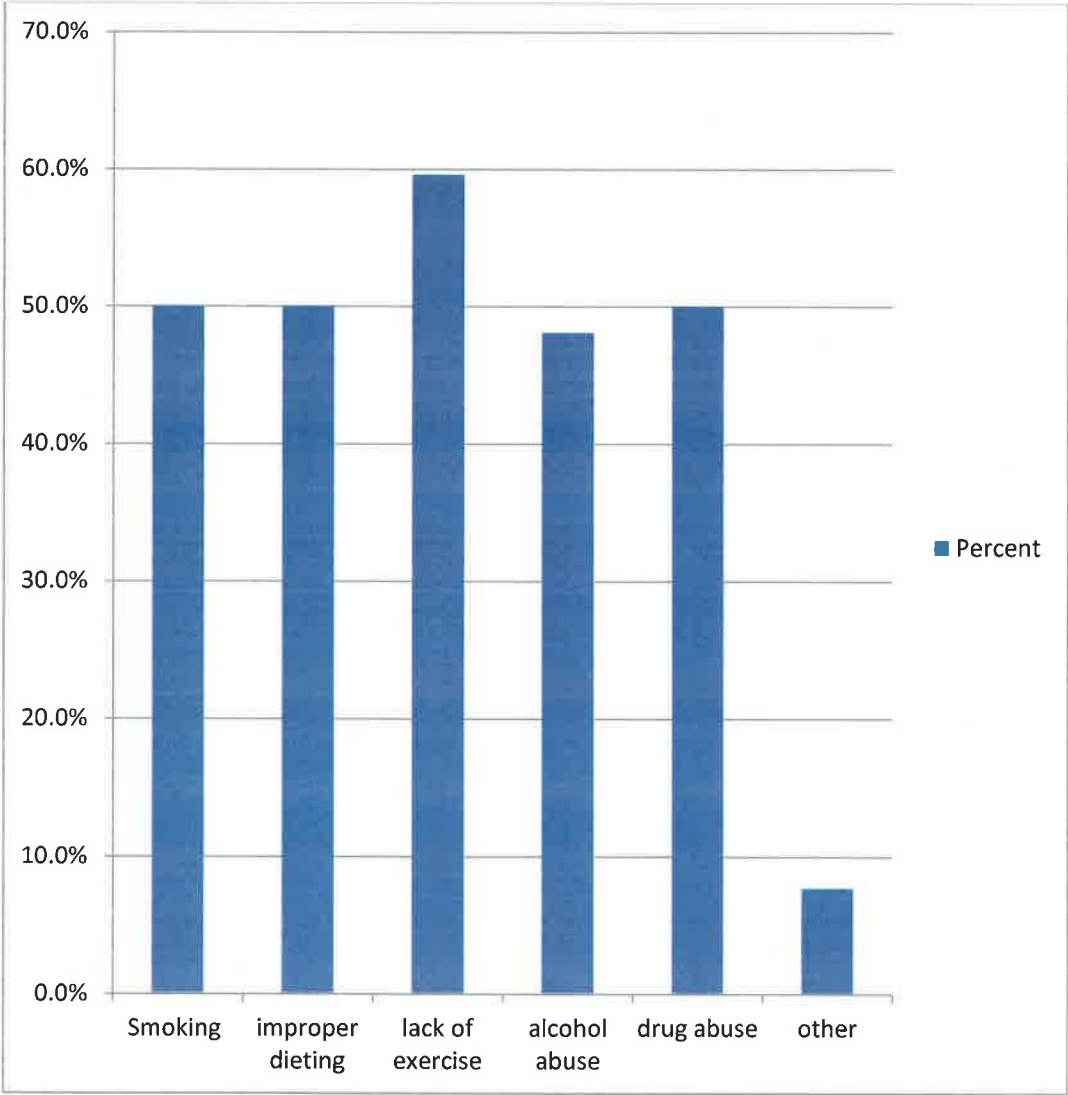
Personal Behavior	Percent
Smoking	50.0%
improper dieting	50.0%
lack of exercise	59.6%
alcohol abuse	48.1%
drug abuse	50.0%
other	7.7%

Pickens County Medical Center – Awareness vs. Participation
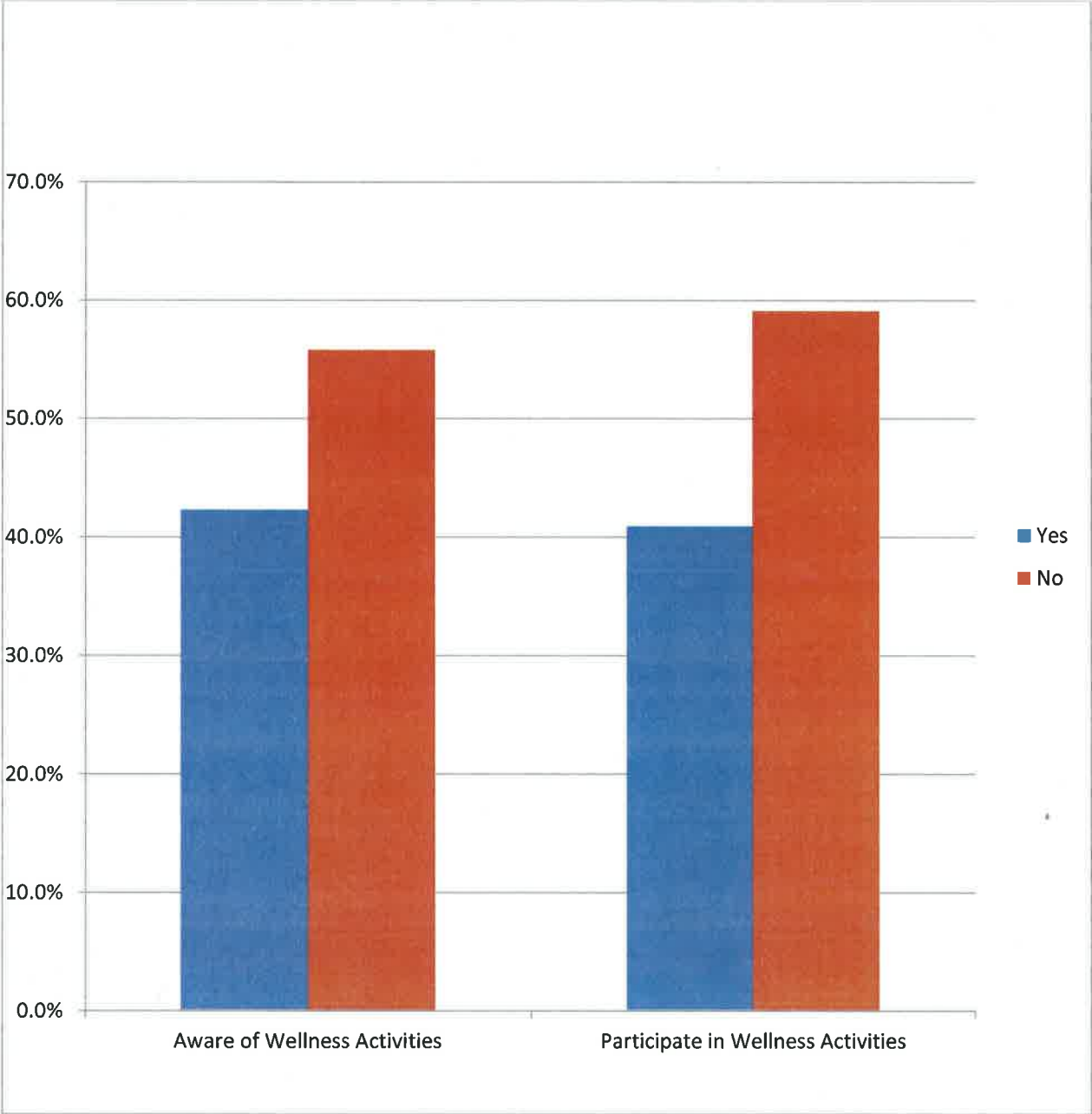
	Aware of Wellness Activities	Participate in Wellness Activities
Yes	42.3%	40.9%
No	55.8%	59.1%

Pickens County Medical Center Marginal

Hello, my name is [I]##, I am with New Century Polling and
Research. We don't sell anything. We want to give you the opportunity
to participate in a health survey about your area. This is a
fast and easy survey about health related questions. May I speak to
someone in your household who is 18 or older?

	Frequency	Percent
1 Yes	52	100.0%
Total Qualified	52	100.0%

Have you or anyone in your family required medical treatment in the
past year?

	Frequency	Percent
1 Yes	42	80.8%
2 No	10	19.2%
Total Qualified	52	100.0%

Where did you or your family member receive care?

	Frequency	Percent
1 Private Physician	23	54.8%
2 Local Hospital	15	35.7%
3 Twenty-four hour clinic (Med-One, American Family Care, etc.)	1	2.4%
4 County Health Department	1	2.4%
5 Other: Tupelo, MS	1	2.4%
6 No Answer/ Refused to Answer (Do Not Read)	1	2.4%
Total Qualified	42	100.0%

At which of the following hospitals did you receive your initial care?

	Frequency	Percent
1 DCH Regional Medical Center	10	66.7%
3 Pickens County Medical Center	4	26.7%
5 Other: Florida	1	6.7%
Total Qualified	15	100.0%

Which of the methods of payment do you or members of your household most often use to pay for any medical services?

	Frequency	Percent
1 Own money	2	3.8%
2 Own Private Insurance	11	21.2%
3 Employer Insurance	12	23.1%
4 Medicare	19	36.5%
5 Medicaid	6	11.5%
6 Have no plan for payment	1	1.9%
7 No Answer/ Refused to Answer	1	1.9%
Total Qualified	52	100.0%

How would you rate the availability of medical treatment in your area?

	Frequency	Percent
1 Excellent	8	15.4%
2 Good	23	44.2%
3 Fair	17	32.7%
4 Not Good	1	1.9%
5 Poor	2	3.8%
6 No Answer/ Refused to Answer	1	1.9%
Total Qualified	52	100.0%

Have you or any member of your household ever required treatment that could not be treated locally?

	Frequency	Percent
1 Yes	16	30.8%
2 No	36	69.2%
Total Qualified	52	100.0%

Which of the following best describes this health problem?

	Frequency	Percent
1 Cancer	2	12.5%
2 Neurology/Neurosurgery	4	25.0%
3 Respiratory/Lung	2	12.5%
4 Joint/Arthritis	1	6.2%
5 Cardio/Heart	1	6.2%
6 Renal/Kidney	2	12.5%
8 Reproductive/sexual	1	6.2%
11 Other:	3	18.8%
STROKE		
Broken bones		
Broken Back		
Total Qualified	16	100.0%

Do you have regular medical checkups?

	Frequency	Percent
1 Yes	49	94.2%
2 No	3	5.8%
Total Qualified	52	100.0%

Which of the following personal behaviors do you feel have a negative impact on health in your area?

	Frequency	Percent
1 Smoking	26	50.0%
2 Improper Dieting	26	50.0%
3 Lack of exercise	31	59.6%
4 Alcohol abuse	25	48.1%
5 Drug abuse	26	50.0%
6 Other	4	7.7%
Total Qualified	52	100.0%

Are you aware of any wellness activities in your community?

	Frequency	Percent
1 Yes	22	42.3%
2 No	29	55.8%
3 No Answer/Refuse to Answer	1	1.9%
Total Qualified	52	100.0%

Do you participate in any of these activities

	Frequency	Percent
1 Yes	9	40.9%
2 No	13	59.1%
Total Qualified	22	100.0%

Are there any health services not in your area that you would like to see added?

	Frequency	Percent
1 Yes	10	19.2%
2 No	42	80.8%
Total Qualified	52	100.0%

What services?

Specialist

AN ADULT DAYCARE CENTER FOR ADULTS WHO HAVE HEALTH CONDITIONS SUCH AS ALZHEIMERS

Home health care

Exercise for senior citizens

Public transportation bus

SPECIALIST FOR STROKES

RECREATIONAL SPORTS

Dermatologist

Better doctors who can treat on site

Wellness Center

	Frequency	Percent
Total Qualified	10	100.0%

Your age is in which of the following ranges?

	Frequency	Percent
2 21 to 34	2	3.8%
3 35 to 49	8	15.4%
4 50 to 59	11	21.2%
5 60 or Older	31	59.6%
Total Qualified	52	100.0%

I am required to confirm whether you are male or female. (ASK ONLY IF NOT CLEAR FROM VOICE OR CONVERSATION)

	Frequency	Percent
1 Male	10	19.2%
2 Female	42	80.8%
Total Qualified	52	100.0%

In addition to being an American, what do you consider to be your ethnic and racial background?

	Frequency	Percent
1 Black or African American	21	40.4%
2 White or Caucasian	31	59.6%
Total Qualified	52	100.0%

In which of the following counties do you live?

	Frequency	Percent
3 Pickens	52	100.0%
Total Qualified	52	100.0%

Do you have access to reliable transportation?

	Frequency	Percent
1 Always	43	82.7%
2 Almost Always	1	1.9%
3 Sometimes	7	13.5%
5 Never	1	1.9%
Total Qualified	52	100.0%

Do you have access to a computer with an internet connection?

	Frequency	Percent
1 Always	28	53.8%
2 Almost Always	2	3.8%
3 Sometimes	5	9.6%
4 Almost Never	1	1.9%
5 Never	16	30.8%
Total Qualified	52	100.0%

Which of the following income ranges represents your household?

	Frequency	Percent
1 Less than $15,000	15	28.8%
2 $15 to $20,000	7	13.5%
3 $21 to $35,000	6	11.5%
4 $36 to $50,000	7	13.5%
5 $51 to $70,000	5	9.6%
6 More than $70,000	5	9.6%
7 No Answer/ Refused to Answer	7	13.5%
Total Qualified	52	100.0%

This completes our survey. Thank you for your time. Have a good evening.

DCH REGIONAL MEDICAL CENTER
AND
NORTHPORT MEDICAL CENTER

2013 Community Health Needs Assessment

Appendix B

ALABAMA AGE-ADJUSTED 2009 OBESITY PREVALENCE

🟨	**0-21.9%**
🟧	**22.0-26.2%**
🟥	**26.3-29.7%**
🟫	**≥29.8%**
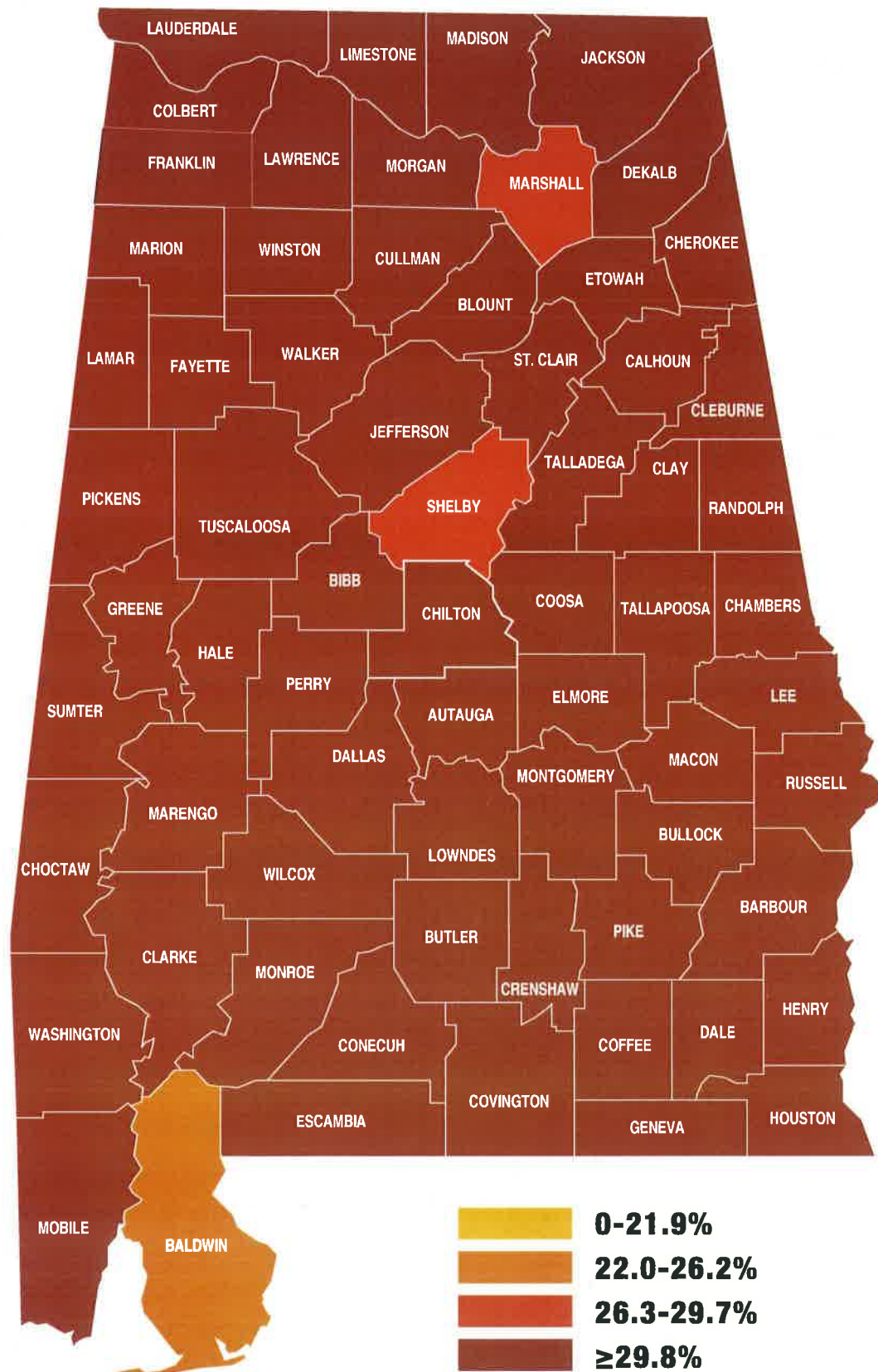
Obesity is defined as a body mass index (BMI) of 30 or higher. Overweight is defined as a BMI of 25-29.

Centers for Disease Control and Prevention: National Diabetes Surveillance System.

Available online at: http://apps.nccd.cdc.gov/DDTSTRS/default.aspx. Retrieved 09/24/2012.

Selected Health Status Indicators

TUSCALOOSA COUNTY

Jointly produced to assist those seeking to improve health care in rural Alabama

By

The Office of Primary Care and Rural Health,
Alabama Department of Public Health
and
The Alabama Rural Health Association

SELECTED HEALTH STATUS INDICATORS
United States, Alabama, and Tuscaloosa County

Indicators	United States		Alabama		Tuscaloosa County	
2011 Population	Number	Pct. of Total	Number	Pct. of Total	Number	Pct. of Total
Total	311,591,917	100.0	4,802,740	100.0	197,211	100.0
African American (alone)	40,750,746	13.1	1,271,695	26.5	59,131	30.0
White (alone)	243,470,497	78.1	3,368,118	70.1	132,722	67.3
American Indian (alone)	3,814,772	1.2	33,298	0.7	659	0.3
Asian (alone)	15,578,383	5.0	57,155	1.2	2,564	1.3
Hispanic	52,045,277	16.7	193,868	4.0	6,205	3.1
Age 19 Years or Less	82,809,903	26.6	1,265,680	26.4	53,185	27.0
Age 65 Years or More	41,394,141	13.3	672,586	14.0	21,539	10.9
Age 85 Years or More	5,737,173	1.8	77,743	1.6	2,683	1.4
Population Change	Number	Pct. Change	Number	Pct. Change	Number	Pct. Change
1910 – 2010	91,972,266 to 308,745,538	235.7	2,138,093 to 4,779,736	123.6	47,559 to 194,656	309.3
2010 – 2040 Projected	308,745,538 to 380,016,000	23.1	4,779,736 to 5,567,024	16.5	194,656 to 246,924	26.9
Age 65+: 2010 – 2040 Projected	40,267,984 to 79,719,000	98.0	657,792 to 1,199,853	82.4	21,050 to 41,551	97.4
Hispanic: 1990 – 2011	22,354,059 to 52,045,277	132.8	24,629 to 193,868	687.2	948 to 6,205	554.5
Income Related Indicators	Number	Measure	Number	Measure	Number	Measure
Population Below Poverty Level – 2011	48,452,035	15.9%	896,117	19.1%	37,718	20.2%
Children Under 18 Below Poverty Level - 2011	16,386,500	22.5%	307,310	27.6%	10,967	26.6%
Population Under 200% Poverty Level (2006-2011)	97,686,522	32.7%	1,783,196	38.5%	68,152	37.3%
Per Capita Personal Income – 2011	N.A.	$41,560	N.A.	$34,880	N.A.	$34,724
Medicaid Eligible Population – 2011	N.A.	N.A.	1,070,781	22.3%	38,645	19.6%
Medicaid Eligible Children (Under 21) - 2011	N.A.	N.A.	618,137	46.9%	22,356	38.1%
Medicaid Births - 2011	N.A.	N.A.	31,498	53.1%	1,201	50.9%
Access to Health Care Indicators	Number	Measure	Number	Measure	Number	Measure[1]
Primary Care Physicians – 2012 (Per 10,000 Population)	208,807	6.8 (2010)	3,056	6.4	149	7.6
Dentists – 2013 (Per 10,000 Pop.)	155,700	5.0 (2010)	2,141	4.4	85	4.3
Psychiatrists – 2012 (Per 10,000 Pop.)	39,738	1.3	326	0.7	39	2.0
General Hospital Authorized Beds – 2013 (Per 10,000 Population)	N.A.	N.A.	16,475	34.3	787	39.9
Is there a hospital providing obstetrical service in the county?	N.A.	N.A.	YES in 31 counties NO in 36 counties		Yes	

SELECTED HEALTH STATUS INDICATORS - continued
United States, Alabama, and Tuscaloosa County

Indicators	United States		Alabama		Tuscaloosa County	
Access to Health Care Indicators – continued	Number	Measure	Number	Measure	Number	Measure[1]
Households With No Vehicle	10,397,000	9.1% (2010)	119,611	6.6% (2010)	4,631	7.0% (2010)
Uninsured Population Under 65 Years of Age - 2010	46,556,803	17.7%	681,437	16.9%	28,690	17.5%
Dialysis Patients and Dialysis Patients per Dialysis Station – 2013	N.A.	N.A.	7,584	3.2	260	3.1
Cause of Death Indicators (Includes all causes with 950 or more deaths statewide.)	Number in 2009 - 2011	Rate per 100,000 Pop.	Number in 2009 - 2011	Rate per 100,000 Pop.	Number in 2009 - 2011	Rate per 100,000 Pop.[1]
All Causes	**7,418,471**	**800.9**	**143,493**	**1,000.6**	**4,876**	**834.6**
Septicemia	105,990	11.4	2,644	18.4	110	18.8
Cancer	**1,717,684**	**185.4**	**30,564**	**213.1**	**951**	**162.8**
Colon, Rectum, and Anus	157,259	17.0	2,694	18.8	88	15.1
Liver and Intrahepatic Bile Ducts	61,176	6.6	966	6.7	20	3.4
Pancreas	109,887	11.9	1,813	12.6	59	10.1
Trachea, Bronchus, and Lung	473,090	51.1	9,644	67.2	304	52.0
Breast (female)	122,508	26.0	1,974	26.8	64	21.2
Prostate (male)	84,578	18.6	1,611	23.1	50	17.6
Non-Hodgkin's Lymphoma	60,904	6.6	960	6.7	24	4.1
Leukemia	68,157	7.4	1,148	8.0	43	7.4
Diabetes Mellitus	211,058	22.8	3,840	26.8	91	15.6
Parkinson's Disease	65,704	7.1	1,075	7.5	24	4.1
Alzheimer's Disease	247,188	26.7	4,498	31.4	127	21.7
Major Cardiovascular Diseases	**2,339,340**	**252.6**	**46,705**	**325.7**	**1,521**	**260.3**
Heart Diseases	**1,793,441**	**193.6**	**35,879**	**250.2**	**1,107**	**189.5**
Hypertensive Heart Disease	100,218	10.8	1,226	8.5	77	13.2
Ischemic Heart Diseases	1,140,484	123.1	16,558	115.5	368	63.0
Acute Myocardial Infarction	367,267	39.7	7,593	52.9	133	22.8
Heart Failure	173,711	18.8	5,769	40.2	243	41.6
Cerebrovascular Diseases (Stroke)	387,249	41.8	7,786	54.3	272	46.6
Pneumonia	152,507	16.5	2,755	19.2	123	21.1
Chronic Lower Respiratory Diseases	418,815	45.2	8,498	59.3	244	41.8
Chronic Liver Disease and Cirrhosis	96,000	10.4	1,539	10.7	54	9.2

SELECTED HEALTH STATUS INDICATORS - continued
United States, Alabama, and Tuscaloosa County

Indicators	United States		Alabama		Tuscaloosa County	
	Number in 2009 - 2011	Rate per 100,000 Pop.	Number in 2009 - 2011	Rate per 100,000 Pop.	Number in 2009 - 2011	Rate per 100,000 Pop.[1]
Cause of Death Indicators (Includes all causes with 950 or more deaths statewide.)						
Nephritis, Nephrotic Syndrome, and Nephrosis	145,142	15.7	3,410	23.8	132	22.6
Renal Failure	131,884	14.2	3,183	22.2	126	21.6
Accidents	**361,657**	**39.0**	**7,307**	**51.0**	**284**	**48.6**
Motor Vehicle Accidents	106,225	11.5	2,723	19.0	81	13.9
Poisoning and Exposure to Noxious Substances	98,353	10.6	1,571	11.0	78	13.4
Intentional Self-Harm (suicide)	113,558	12.3	1,983	13.8	75	12.8
Assault (homicide)	49,011	5.3	1,181	8.2	38	6.5

Causes of Death Groupings of Special Interest

Cause of Death Indicators	United States		Alabama		Tuscaloosa County	
	Number in 2009 - 2011	Rate per 100,000 Pop.	Number in 2009 - 2011	Rate per 100,000 Pop.	Number in 2009 - 2011	Rate per 100,000 Pop.[1]
Firearm Deaths (intentional self-harm, assault, legal intervention, and undetermined intent)	95,182	10.3	2,387	16.6	85	14.5
Drug-Induced Deaths	119,779	12.9	1,812	12.6	80	13.7
Alcohol-Induced Deaths	76,466	8.3	748	5.2	23	3.9

Cancer Incidence and Rates by Site and County

Indicators	United States		Alabama		Tuscaloosa County	
	Number in 2000 - 2009	Rate per 100,000 Pop.	Number in 2000 - 2009	Rate per 100,000 Pop.	Number in 2000 - 2009	Rate per 100,000 Pop.[1]
Cancer Site						
All Sites	N.A.	N.A.	225,026	459.9	7,510	469.8
Lung	N.A.	N.A.	37,608	76.1	1,189	74.7
Colorectal	N.A.	N.A.	24,344	49.8	836	52.7
Oral	N.A.	N.A.	6,187	12.5	159	9.9
Melanoma	N.A.	N.A.	8,152	17.0	282	17.5
Prostate	N.A.	N.A.	33,711	155.8	1,090	153.8
Breast (Female, only)	N.A.	N.A.	31,171	117.3	1,111	126.8
Cervix	N.A.	N.A.	2,190	9.0	67	8.0

SELECTED HEALTH STATUS INDICATORS - continued
United States, Alabama, and Tuscaloosa County

Indicators	United States		Alabama		Tuscaloosa County	
Natality Related Indicators	Number	Measure	Number	Measure	Number	Measure[1]
Infant Mortality 2009-2011 – (Per 1,000 Births)	74,908	6.2	1,516	8.3	79	10.8
Low Weight Births – 2011 (Percent of All Births)	325,563 (2010)	8.1 %	5,908	10.0 %	262	11.1%
Births to Teens (10-19) – 2011 (Percent of All Births)	372,175 (2010)	9.3 %	6,697	11.3 %	250	10.6%
Births With Less Than Adequate Prenatal Care – 2011 (Percent of All Births)	N.A.	N.A.	15,986	27.2 %	634	27.4%
Caesarian Births – 2011 (Percent of All Births)	1,309,182	32.8 %	20,980	35.4 %	830	35.1%
Tobacco Use During Pregnancy – 2011 (Percent of All Births)	N.A.	N.A.	6,289	10.6 %	223	9.4%
Births to Undereducated Women – 2011 (Percent of All Births)	N.A.	N.A.	9,295	15.7 %	317	13.6%
Births to Unmarried Women – 2011 (Percent of All Births)	1,633,471 (2010)	40.8% (2010)	24,946	42.1%	1,053	44.6%
Preterm Births – 2009 - 2011 (Percent of All Births)	478,790	12.0% (2010)	29,096	16.0%	1,204	16.5%
Births for Which Diabetes was Reported as a Risk Factor – 2007-2011 (Per 1,000 Live Births)	201,218	50.5 (2010)	13,510	45.5	530	44.9
Other Indicators	Number	Measure	Number	Measure	Number	Measure
Age 25+ With Less Than High School Education – 2007-2011	29,518,935	14.6 %	567,670	18.1 %	16,568	14.7%
Public School Graduation Rates - 2011	N.A.	78.0 % (2010)	45,221	71.8 %	1,565	66.7%
Receiving Medicare Disability – 2010 (Percent of Total Population)	7,735,377	2.5 %	203,252	4.3 %	8,212	4.2%
Adult Obesity – 2010 (Percent of Total Population Aged 20 Years or More)	56,369,496	25 %	1,153,068	33 %	49,542	35%
Adult Smoking - 2010 (Percent of Total Population Aged 18+ Years)	32,838,970	14 %	838,874	23 %	35,160	23%
Excessive Drinking - 2010 (Percent of Total Population Aged 18+ Years)	18,765,126	8 %	437,673	12 %	19,873	13%
Life Expectancy at Birth - 2011	78.7 years		75.7 years		75.7 years	
Sexually Transmitted Disease Cases Reported – January 2012 through March 2013 (Per 10,000 Pop.)	N.A.	N.A.	47,608	99.1	2,331	118.2

SELECTED HEALTH STATUS INDICATORS - continued
United States, Alabama, and Tuscaloosa County

Indicators	United States		Alabama		Tuscaloosa County	
Other Indicators	Number	Measure	Number	Measure	Number	Measure[1]
New HIV Cases – 2009 through 2011 (Per 100,000 Population) NOTE: Number of cases is not released in counties where this is less than five.	145,614	15.7	2,093	14.6	82	14.0
Child Abuse and Neglect Cases Reported to Child Protective Services for Investigation– October 2009 through September 2011 (Per 1,000 population Under Age 18)	N.A.	N.A.	39,581	17.5	988	11.8
Adults Involved in Reported Abuse and Neglect Cases – October 2010 through September 2012 (Per 10,000 Adults Aged 18+ Years.	N.A.	N.A.	8,729	23.9	129	8.4

[1]Rates, percentages, etc based upon fewer than 16 events may not be statistically reliable for specific analyses. "N.A." is given for such indicators. Numbers of events, as well as measurements, are indicated using "N.A." for some indicators in accordance with the data owner's policy of not publishing smaller numbers of events.

Sources of Information and Special Notes

2011 Population Estimates: Alabama State Data Center, The University of Alabama, 2011 Population Estimates and Projections, http://cber.cba.ua.edu/edata/est_prj.html and; 2011 Population Estimates Data, http://www.census.gov/popest/data/index.html

Population Change 1910-2010: U.S. Census Bureau, County Population Census Counts 1900-90, http://www.census.gov/population/cencounts/al190090.txt for 1910 data; U.S. Census Bureau, American FactFinder, Census 2010 Summary File 1 (SF 1) 100-Percent Data for 2010 data.

Population Change 2000-2040: U.S. Census Bureau, National Population Projections, Interim Projections 2000-2050 based on Census 2000. http://www.census.gov/population/www/projections/natproj.html. Alabama State Data Center, Alabama County Population 2000-2010 and Projections 2015-2040. http://cber.cba.ua.edu/edata/est_prj.html

Hispanic Population Change 1990-2011: U.S. Census Bureau, American FactFinder, Census 1990 Summary File 1 (STF 1) 100-Percent Data for 1990 data and 2011 Population Estimates Data, http://www.census.gov/popest/data/index.html.

Population Below Poverty Level - 2011: U.S. Census Bureau, Small Area Income and Poverty Estimates, http://www.census.gov/did/www/saipe/data/statecounty/data/2011.html

Children Under 18 Below Poverty Level - 2011: U.S. Census Bureau, Small Area Income and Poverty Estimates, http://www.census.gov/did/www/saipe/data/statecounty/data/2011.html

Population Under 200% Poverty Level (2006-2011): American Community Survey, 5-year data for 2007-2011, Table C17002.

2011 Per Capita Personal Income: U.S. Bureau of Economic Analysis, Interactive Tables: Local Area Personal Income, Table CA1-3. http://www.bea.gov/iTable/iTable.cfm?ReqID=70&step=1#reqid=70&step=1&isuri=1

Medicaid Eligible Population - 2011: Alabama Medicaid Agency, 2011 Statistics by County. http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.6_Statistics.aspx

Medicaid Eligible Children (Under 21) - 2011: Alabama Medicaid Agency, 2011 Statistics by County. http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.6_Statistics.aspx

Medicaid Births - 2011: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2011 Birth Statistics File.

Primary Care Physicians in 2012: Medical Licensure Commission, Licensed Physician Data Base – 2012. National data is for 2010 and is obtained from the American Medical Association's 2010 Physician Master File. National data was obtained from the Agency for Healthcare Research and Quality's on-line publication, Primary Care Workforce Facts and Stats #1, at http://www.ahrq.gov/research/pcwork1.htm. All data has been adjusted to exclude licensed retirees and include only those actively practicing primary care. (In this publication, primary care physicians include family practitioners, internal medicine specialists, pediatricians, gerontologists, and obstetricians and gynecologists.)

Dentists in 2013: Board of Dental Examiners of Alabama, Licensed dentists data base - 2013. National data is for 2010 and is obtained from the Bureau of Labor Statistics at http://www.bls.gov/emp/ep_table_102.htm.

Psychiatrists in 2012: Medical Licensure Commission, Licensed Physician Data Base – 2012. National data is for 2010 and is obtained from the American Medical Association, Physician Characteristics and Distribution in the US 2012, Table 1.2.

Obstetrical Hospitals: Center for Health Statistics 2013 Birth Master File, special inquiry, February 28, 2013.

Hospital Beds in 2013: Alabama Department of Public Health, Division of Provider Services, Healthcare Facilities Directory – Hospital Section. March 21, 2013. http://www.adph.org/HEALTHCAREFACILITIES/Default.asp?id=5349.

Uninsured Persons Under Age 65 - 2010: U.S. Census Bureau, Model-based Small Area Health Insurance Estimates (SAHIE) for Counties and States. http://www.census.gov/did/www/sahie/index.html

Households With No Vehicle in 2010: U.S. Census Bureau, American FactFinder, American Community Survey – 2010 or 2008-2010 or 2006-2010, Table B08210 – Household Size by Vehicles Available. Estimates are for 1-year, 3-years, or 5-years according to the population of each county.

Dialysis Patients and Dialysis Patients per Dialysis Station – 2013: Dialysis patients data by county was obtained by special request from Network 8, Inc. (http://www.esrdnetwork8.org) dated May 31, 2011. Dialysis stations by county was obtained from the *Healthcare Facilities Directory*, Alabama Department of Public Health (http://ph.state.al.us/facilitiesdirectory/(S(qc1vsw45hfl2iw45vbzbwini))/Default.aspx).

Cause of Death Indicators: Alabama Department of Public Health, Center for Health Statistics, Special queries of the 2009, 2010, and 2011 Mortality Statistics Files for Alabama data. Centers for Disease Control and Prevention, CDC Wonder Interactive Program, Detailed Mortality files for 2009 and 2010 (http://wonder.cdc.gov/). Deaths – Preliminary Data for 2011, Vol. 61, Number 6, October 10, 2012, Table 2. (Cause of death data included in this publication is not age-adjusted)

Cancer Incidence and Rates by Site and County – Alabama Cancer Facts & Figures 2011, Alabama Statewide Cancer Registry, Alabama Department of Public Health, Tables 3, 4, and 5. http://www.adph.org/ascr/assets/2011FactsFigures.pdf

Infant Mortality Rate - 2009-2011: Alabama Department of Public Health, Center for Health Statistics, http://www.adph.org/healthstats/assets/Total_Inf_Mort09_11.pdf. National Data: CDC WONDER Online Data Inquiry System, 2009 and 2010 Birth and Detailed Mortality data, http://wonder.cdc.gov/, National Vital Statistics Reports, Deaths: Preliminary Data for 2011, http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf and Recent Trends in Births and Fertility Rates Through December 2011, http://www.cdc.gov/nchs/data/hestat/births_fertility_december_2011/births_fertility_december_2011.pdf.

Low Weight Births - 2011: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2011 Birth Statistics File and CDC WONDER Online Data Inquiry System, 2010 Births. (Births weighing less than 2,500 grams or 5 pounds and 8 ounces are defined as being of low weight.)

Births to Teenagers (Age 10-19) - 2011: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2011 Birth Statistics File and CDC WONDER Online Data Inquiry System, 2010 Births.

Births With Less Than Adequate Prenatal Care - 2011: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2011 Birth Statistics File. (The Kotelchuck Index is used in determining adequacy of prenatal care. This index primarily considers the date when prenatal care was begun and the number of visits in determining adequacy.)

Caesarian Births - 2011: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2011 Birth Statistics File and CDC WONDER Online Data Inquiry System, 2010 Births.

Births With Tobacco Use During Pregnancy - 2011: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2011 Birth Statistics File.

Births to Undereducated Women - 2011: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2011 Birth Statistics File. (Women are considered to be "undereducated" when their years of education is at least two years less than what would be expected for someone of their age.)

Births to Unmarried Women - 2011: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2011 Birth Statistics File. National data: National Vital Statistics Reports, Vol. 61, No. 1, August 28, 2012, Final Data for 2010, Supplemental Tables, http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_01_tables/pdf

Preterm Births – 2009 - 2011: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2009-2011 Birth Statistics Files. National data: National Vital Statistics Reports, Vol. 61, No. 1, August 28, 2012, Final Data for 2010, Supplemental Tables, http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_01_tables/pdf Preterm births are those with a calculated gestation of less than 37 full weeks of pregnancy.

Births for Which Diabetes was Reported as a Risk Factor – 2007- 2011: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2007-2011 Birth Statistics Files. National data: National Vital Statistics Reports, Vol. 61, No. 1, August 28, 2012, Final Data for 2010, Supplemental Tables, http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_01_tables/pdf

Age 25+ With Less Than High School Education – 2007-2011: U.S. Census Bureau, American FactFinder, American Community Survey for 2007-2011, Table B15002.

Public School Graduation Rates – 2011: Alabama Kids Count Data Book – 2012, pp.31-98. http://www.alavoices.org/files/12_AKC-DataBook.pdf National data: National Center for Education Statistics. The number of students who graduated from public high schools in Alabama in 2011 with regular, advanced, and credit-based diplomas expressed as a percentage of the total number of students who enrolled as first year freshmen four years earlier (or in 2007-2008). While the denominator used in computing the rate includes graduates, completers, students still enrolled, students withdrawn but still enrolled, students who enrolled but failed to attend, dropouts, and "others," it does not include students in the class of 2007-2008 who were retained from later classes. Data are adjusted for students who transferred into, and out of, the cohort over the four-year period. This method of measuring the graduation rate is referred to as the "four-year cohort graduation rate" and reflects efforts to conform to the National Governor's Association recommendation in 2005 that states implement a common measure of graduation beginning with the 2010-2011 academic year. However, the methodology used in computing the cohort graduation rate remains subject to variation from one state to another

Persons Receiving Medicare Disability - 2010: Centers for Medicare and Medicaid Services, Medicare Aged and Disabled by State and County as of July 1, 2010. http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareEnrpts/Downloads/County2010.pdf

Adult Obesity - Percent of Population Aged 20+ in 2010: County Health Rankings & Roadmaps. The adult obesity measure represents the percent of the adult population (age 20 and older) that has a body mass index (BMI) greater than or equal to 30 kg/m2. Estimates of obesity prevalence by county were calculated by the CDC's National

Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, using multiple years of Behavioral Risk Factor Surveillance System (BRFSS) data. BRFSS data are representative of the total non-institutionalized U.S. population over 18 years of age living in households with a land-line telephone.

Adult Smoking - Percent of Population Aged 18+ in 2010: County Health Rankings & Roadmaps. This measure was calculated by the National Center for Health Statistics using data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey. BRFSS data are representative of the total non-institutionalized U.S. population over 18 years of age living in households with a land-line telephone. The estimates are based on seven years of data.

Excessive Drinking - Percent of Population Aged 18+ in 2010: County Health Rankings & Roadmaps. This measure was calculated by the National Center for Health Statistics using data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial survey. BRFSS data are representative of the total non-institutionalized U.S. population over 18 years of age living in households with a land-line telephone. The estimates are based on seven years of data.

Life Expectancy at Birth - 2011: Alabama Department of Public Health, Center for Health Statistics, special request and Deaths – Preliminary Data for 2011, Vol. 61, Number 6, October 10, 2012, Table 6.

Sexually Transmitted Disease Cases – January 2011 through March 2012: Alabama Department of Public Health, Division of STD Prevention and Control, Statistics, 2011 and 2012. http://www.adph.org/STD/Default.asp?id=1080

New HIV Cases – 2009 through 2011: Alabama Department of Public Health (ADPH), HIV Surveillance Branch. Any analyses, interpretation or conclusions reached from this data are those of the user and not the HIV Surveillance Branch. National data: HIV Surveillance Report, Diagnosis of HIV Infection in the United States and Dependent Areas, 2011, Vol.23, Table 1a. Note that national data is estimated to account for reporting delays and missing transmission.

Child Abuse and Neglect Cases Reported to Child Protective Services for Investigation – October 2009 through September 2011: Alabama Department of Human Resources, Child Protective Services, special request for FY 2010 and FY 2011. Please note that it is possible for there to be more than one report on the same family and the number of reports does not correspond with the number of children since reports can involve more than one child in a family.

Adults Involved in Reported Abuse and Neglect Cases – October 2010 through September 2012 : Alabama Department of Human Resources, Adult Protective Services, special request for FY 2011 and FY 2012. Please note that it is possible for there to be more than one report on the same adult.

This and other county reports are available online at www. Arhaonline.org or www.adph.org/ruralhealth/

For additional information please contact the Office of Primary Care and Rural Health Development at (334) 206-5396 or the Alabama Rural Health Association at (334) 546-3502.

Health Outcome Comparison of Select Alabama Counties: Bibb, Fayette, Green, Hale, Lamar, Pickens, Tuscaloosa

	Alabama	Bibb (BI)	Fayette (FA)	Greene (GR)	Hale (HA)	Lamar (LA)	Pickens (PI)	Tuscaloosa (TU)
Health Outcomes		**53**	**61**	**55**	**65**	**35**	**51**	**25**
Mortality		**54**	**56**	**44**	**65**	**30**	**55**	**21**
Premature death	9,609	11,544	11,965	10,935	13,943	10,051	11,568	9,446
Morbidity		**54**	**61**	**62**	**53**	**41**	**52**	**37**
Poor or fair health	20%	21%	31%	20%	23%	27%	26%	17%
Poor physical health days	4.2	5.0	6.7	4.0	4.4		5.0	4.3
Poor mental health days	4.1	5.3	5.5	5.0	4.1	5.4	3.3	4.3
Low birthweight	10.4%	11.9%	9.6%	15.3%	13.0%	9.0%	12.7%	11.6%
Health Factors		**52**	**22**	**67**	**63**	**32**	**27**	**14**
Health Behaviors		**62**	**11**	**66**	**61**	**28**	**7**	**15**
Adult smoking	23%	33%	17%				14%	22%
Adult obesity	33%	34%	37%	48%	44%	32%	36%	35%
Physical inactivity	31%	37%	33%	38%	36%	36%	33%	29%
Excessive drinking	12%	13%	4%			8%		8%	12%
Motor vehicle crash death rate	23	34	42	33	43	29	31	19
Sexually transmitted infections	562	327	302	1,238	1,326	295	532	620
Teen birth rate	49	48	50	56	46	58	42	31
Clinical Care		**40**	**22**	**65**	**60**	**49**	**30**	**9**
Uninsured	17%	18%	17%	18%	17%	17%	17%	18%
Primary care physicians	1,641:1	3,813:1	2,464:1	3,002:1	15,736:1	4,840:1	2,818:1	1,455:1
Dentists	2,488:1	5,021:1	2,924:1	9,050:1	8,035:1	4,912:1	20,057:1	2,257:1
Preventable hospital stays	80	87	79	133	99	113	88	88
Diabetic screening	84%	85%	83%	79%	72%	79%	87%	87%
Mammography screening	65%	57%	63%	51%	60%	61%	65%	73%
Social & Economic Factors		**38**	**33**	**65**	**58**	**32**	**51**	**18**
High school graduation	72%	73%	83%	66%	67%	72%	75%	67%
Some college	56%	42%	40%	36%	40%	42%	41%	61%
Unemployment	9.0%	9.9%	10.4%	14.2%	12.0%	9.9%	10.7%	8.2%
Children in poverty	28%	31%	33%	47%	41%	31%	35%	27%
Inadequate social support	23%	29%	28%			22%	30%	18%
Children in single-parent households	37%	38%	34%	55%	52%	36%	48%	37%
Violent crime rate	427	246	134	1,143	438	56	268	447
Physical Environment		**28**	**60**	**59**	**65**	**11**	**7**	**54**
Daily fine particulate matter	12.9	13.7	13.3	13.9	13.8	13.2	13.6	13.6

	Alabama	Bibb (BI)	Fayette (FA)	Greene (GR)	Hale (HA)	Lamar (LA)	Pickens (PI)	Tuscaloosa (TU)
Drinking water safety	1%	0%	0%	0%	49%	0%	0%	0%
Access to recreational facilities	7	4	0	0	0	0	10	7
Limited access to healthy foods	8%	2%	1%	21%	0%	0%	2%	7%
Fast food restaurants	54%	45%	67%	25%	50%	31%	44%	60%

ALABAMA 2011 HEALTH PROFILE

BIRTHS BY AGE OF MOTHER

	TOTAL	10-14	15-17	18-19	20 plus
All births	59,322	95	1,981	4,621	52,625
Rate	---	0.6	20.2	70.8	54.3
White	39,770	37	1,083	2,679	35,971
Rate	---	0.4	17.6	65.2	55.4
Black & Other	19,552	58	898	1,942	16,654
Rate	---	1.0	24.8	80.4	52.0

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

Marriages	40,523
Rate	8.4
Divorces	20,550
Rate	4.3

Rate is per 1,000 population.

2011 POPULATION

Total	4,802,740
White	3,368,118
Black and Other	1,434,622
Median age	38.0
Life expectancy at birth	75.7
Total fertility rate per 1,000 Women aged 10-49	1835.5

NATALITY

	All Women		Women 10-19	
	Total	Rate	Total	Rate
Est. pregnancies	80,574	83.9	9,494	29.6
Births	59,322	12.4	6,697	20.9
Abortions	8,522	8.9	1,318	4.1
Est. fetal losses	12,730	---	1,479	---

Birth rate is per 1,000 population.
Pregnancy and abortion rates are per 1,000 females 15-44.   Rate is per 1,000 women 10-19.

	All women		Women 10 to 19	
	Total	Percent	Total	Percent
Births to unmarried women	24,946	42.1	5,554	82.9
Low weight births	5,908	10.0	751	11.2
Multiple births	1,985	3.3	106	1.6
Medicaid births	31,498	53.1	5,624	84.1

Percent is percent of all births with known status.   Percent is percent of all births to women 10-19.

SELECTED NOTIFIABLE DISEASES
New Cases

HIV	532
AIDS	176
Syphilis	752
Gonorrhea	9,044
Chlamydia	29,357
Tuberculosis	161

INFANT RELATED MORTALITY BY MOTHER'S RACE AND AGE GROUP

	All Ages			Ages 10-19		
	Total	White	Black & Other	Total	White	Black & Other
Infant deaths	481	242	239	65	26	39
Rate per 1,000 births	8.1	6.1	12.2	9.7	6.8	13.5
Postneonatal deaths	175	84	91	25	8	17
Rate per 1,000 births	3.0	2.1	4.7	3.7	2.1	5.9
Neonatal deaths	306	158	148	40	18	22
Rate per 1,000 births	5.2	4.0	7.6	6.0	4.7	7.6

2011 POPULATIONS BY AGE GROUP, RACE AND SEX

Age	Total			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	4,802,740	2,329,491	2,473,249	3,368,118	1,657,178	1,710,940	1,434,622	672,313	762,309
0-4	303,905	154,951	148,954	192,189	98,314	93,875	111,716	56,637	55,079
5-9	305,108	155,515	149,593	199,254	102,002	97,252	105,854	53,513	52,341
10-14	321,775	164,412	157,363	208,726	107,164	101,562	113,049	57,248	55,801
15-44	1,903,994	943,810	960,184	1,279,984	648,978	631,006	624,010	294,832	329,178
45-64	1,295,372	624,610	670,762	946,019	465,653	480,366	349,353	158,957	190,396
65-84	594,843	262,448	332,395	479,004	215,280	263,724	115,839	47,168	68,671
85+	77,743	23,745	53,998	62,942	19,787	43,155	14,801	3,958	10,843

MORTALITY	Total	Male	Female	White	White male	White female	Black & other	Black & oth. male	Black & other female
Deaths	48,318	24,404	23,914	37,078	18,662	18,416	11,240	5,742	5,498
Death rate per 1,000 pop.	10.1	10.5	9.7	11.0	11.3	10.8	7.8	8.5	7.2

Selected causes	Total	Total rate	Male	Male rate	Female	Female rate	White	White rate	Black & other	Black & other rate
Heart disease	11,882	247.4	6,037	259.2	5,845	236.3	9,194	273.0	2,688	187.4
Cancer	10,153	211.4	5,655	242.8	4,498	181.9	7,774	230.8	2,379	165.8
Stroke	2,538	52.8	1,066	45.8	1,472	59.5	1,868	55.5	670	46.7
Accidents	2,596	54.1	1,621	69.6	975	39.4	2,064	61.3	532	37.1
CLRD	2,892	60.2	1,448	62.2	1,444	58.4	2,576	76.5	316	22.0
Diabetes	1,255	26.1	627	26.9	628	25.4	787	23.4	468	32.6
Inf. & pneumonia	939	19.6	438	18.8	501	20.3	761	22.6	178	12.4
Alzheimer's disease	1,470	30.6	421	18.1	1,049	42.4	1,241	36.8	229	16.0
Suicide	640	13.3	521	22.4	119	4.8	567	16.8	73	5.1
Homicide	379	7.9	296	12.7	83	3.4	130	3.9	249	17.4
HIV disease	125	2.6	84	3.6	41	1.7	32	1.0	93	6.5

Rate is per 100,000 population.

ACCIDENTAL DEATHS	Total	Rate	Children Under 20	Rate
All accidents	2,596	54.1	241	19.1
Motor vehicle	883	18.4	117	9.3
Suffocation	129	2.7	21	1.7
Poisoning	506	10.5	10	0.8
Smoke, fire and flames	87	1.8	17	1.3
Falls	181	3.8	1	0.1
Drowning	69	1.4	26	2.1
Firearms	29	0.6	1	0.1
Other accidents	712	---	48	---

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

DEATHS BY AGE GROUP		
Age group	Total	Rate
Total	48,318	10.1
0 to 14	705	0.8
15 to 44	3,227	1.7
45 to 64	11,049	8.5
65 to 84	21,112	35.5
85+	12,225	157.2

Rate is per 1,000 population in age group.

Selected Cancer Site	Deaths	Rate	Male Deaths	Male Rate	Female Deaths	Female Rate
All cancers	10,153	211.4	5,655	242.8	4,498	181.9
Trachea, bronchus, lung, pleura	3,136	65.3	1,915	82.2	1,221	49.4
Colorectal	880	18.3	469	20.1	411	16.6
Breast	648	13.5	6	0.3	642	26.0
Prostate (male)	542	11.3	542	23.3	0	0.0
Pancreas	638	13.3	337	14.5	301	12.2
Leukemias	400	8.3	235	10.1	165	6.7
Non-Hodgkin's lymphomas	336	7.0	194	8.3	142	5.7
Ovary (female)	250	5.2	0	0.0	250	10.1
Brain and other nervous system	259	5.4	146	6.3	113	4.6
Stomach	171	3.6	97	4.2	74	3.0
Uterus & cervix (female)	199	4.1	0	0.0	199	8.0
Esophagus	225	4.7	176	7.6	49	2.0
Melanoma of skin	143	3.0	90	3.9	53	2.1
Other	2,326	---	1,448	---	878	---

Rate is per 100,000 population.

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

TUSCALOOSA 2011
HEALTH PROFILE

BIRTHS BY AGE OF MOTHER

	TOTAL	10-14	15-17	18-19	20 plus
All births	2,363	5	63	182	2,113
Rate	---	0.9	11.4	49.5	46.8
White	1,412	0	27	83	1,302
Rate	---	0.0	7.7	35.3	44.5
Black & Other	951	5	36	99	811
Rate	---	2.0	18.1	74.5	51.0

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

Marriages	972
Rate	4.9
Divorces	349
Rate	1.8

Rate is per 1,000 population.

2011 POPULATION

Total	197,211
White	132,722
Black and Other	64,489
Median age	31.3
Life expectancy at birth	75.7
Total fertility rate per 1,000 women aged 10-49	1474.5

NATALITY

	All Women Total	All Women Rate	Women 10-19 Total	Women 10-19 Rate
Est. pregnancies	3,565	73.5	401	26.9
Births	2,363	12.0	250	16.7
Abortions	663	13.7	92	6.2
Est. fetal losses	539	---	59	---

Birth rate is per 1,000 population.
Pregnancy and abortion rates are per 1,000 females 15-44.   Rate is per 1,000 women 10-19.

	All Women Total	All Women Percent	Women 10 to 19 Total	Women 10 to 19 Percent
Births to unmarried women	1,053	44.6	223	89.2
Low weight births	262	11.1	33	13.2
Multiple births	104	4.4	6	2.4
Medicaid births	1,201	50.9	212	84.8

Percent is percent of all births with known status.   Percent is percent of all births to women 10-19.

SELECTED NOTIFIABLE DISEASES
New Cases

HIV	22
AIDS	4
Syphilis	28
Gonorrhea	514
Chlamydia	1,391
Tuberculosis	5

INFANT RELATED MORTALITY BY MOTHER'S RACE AND AGE GROUP

	All Ages Total	All Ages White	All Ages Black & Other	Ages 10-19 Total	Ages 10-19 White	Ages 10-19 Black & Other
Infant deaths	21	5	16	3	1	2
Rate per 1,000 births	8.9	3.5	16.8	12.0	9.1	14.3
Postneonatal deaths	6	2	4	2	1	1
Rate per 1,000 births	2.5	1.4	4.2	8.0	9.1	7.1
Neonatal deaths	15	3	12	1	0	1
Rate per 1,000 births	6.3	2.1	12.6	4.0	0.0	7.1

2011 POPULATIONS BY AGE GROUP, RACE AND SEX

Age	Total Total	Total Male	Total Female	White Total	White Male	White Female	Black and Other Total	Black and Other Male	Black and Other Female
Total	197,211	95,586	101,625	132,722	65,817	66,905	64,489	29,769	34,720
0-4	11,834	6,016	5,818	7,016	3,523	3,493	4,818	2,493	2,325
5-9	11,339	5,853	5,486	6,722	3,473	3,249	4,617	2,380	2,237
10-14	11,724	5,989	5,735	6,817	3,554	3,263	4,907	2,435	2,472
15-44	95,523	47,030	48,493	63,834	32,482	31,352	31,689	14,548	17,141
45-64	45,252	21,714	23,538	31,574	15,626	15,948	13,678	6,088	7,590
65-84	18,856	8,126	10,730	14,623	6,464	8,159	4,233	1,662	2,571
85+	2,683	858	1,825	2,136	695	1,441	547	163	384

MORTALITY	Total	Male	Female	White	White male	White female	Black & other	Black & oth. male	Black & other female
Deaths	1,686	829	857	1,243	616	627	443	213	230
Death rate per 1,000 pop.	8.5	8.7	8.4	9.4	9.4	9.4	6.9	7.2	6.6

Selected causes	Total	Total rate	Male	Male rate	Female	Female rate	White	White rate	Black & other	Black & other rate
Heart disease	372	188.6	197	206.1	175	172.2	280	211.0	92	142.7
Cancer	336	170.4	184	192.5	152	149.6	231	174.0	105	162.8
Stroke	96	48.7	29	30.3	67	65.9	74	55.8	22	34.1
Accidents	109	55.3	55	57.5	54	53.1	78	58.8	31	48.1
CLRD	90	45.6	50	52.3	40	39.4	78	58.8	12	18.6
Diabetes	28	14.2	14	14.6	14	13.8	19	14.3	9	14.0
Inf. & pneumonia	39	19.8	20	20.9	19	18.7	32	24.1	7	10.9
Alzheimer's disease	37	18.8	9	9.4	28	27.6	34	25.6	3	4.7
Suicide	24	12.2	20	20.9	4	3.9	21	15.8	3	4.7
Homicide	9	4.6	6	6.3	3	3.0	7	5.3	2	3.1
HIV disease	6	3.0	4	4.2	2	2.0	0	0.0	6	9.3

Rate is per 100,000 population.

ACCIDENTAL DEATHS	Total	Rate	Children Under 20	Rate
All accidents	109	55.3	11	20.8
Motor vehicle	26	13.2	1	1.9
Suffocation	5	2.5	0	0.0
Poisoning	21	10.6	0	0.0
Smoke, fire and flames	1	0.5	0	0.0
Falls	2	1.0	0	0.0
Drowning	1	0.5	0	0.0
Firearms	1	0.5	0	0.0
Other accidents	52	---	10	---

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

DEATHS BY AGE GROUP		
Age group	Total	Rate
Total	1,686	8.5
0 to 14	29	0.8
15 to 44	119	1.2
45 to 64	408	9.0
65 to 84	702	37.2
85+	428	159.5

Rate is per 1,000 population in age group.

Selected Cancer Site	Deaths	Rate	Male Deaths	Male Rate	Female Deaths	Female Rate
All cancers	336	170.4	184	192.5	152	149.6
Trachea, bronchus, lung, pleura	100	50.7	69	72.2	31	30.5
Colorectal	31	15.7	15	15.7	16	15.7
Breast	27	13.7	1	1.0	26	25.6
Prostate (male)	22	11.2	22	23.0	0	0.0
Pancreas	22	11.2	10	10.5	12	11.8
Leukemias	18	9.1	13	13.6	5	4.9
Non-Hodgkin's lymphomas	11	5.6	6	6.3	5	4.9
Ovary (female)	10	5.1	0	0.0	10	9.8
Brain and other nervous system	3	1.5	2	2.1	1	1.0
Stomach	2	1.0	2	2.1	0	0.0
Uterus & cervix (female)	10	5.1	0	0.0	10	9.8
Esophagus	9	4.6	8	8.4	1	1.0
Melanoma of skin	4	2.0	3	3.1	1	1.0
Other	67	---	33	---	34	---

Rate is per 100,000 population.

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

Tuscaloosa County, Alabama

People QuickFacts	Tuscaloosa County	Alabama
Population, 2012 estimate	198,596	4,822,023
Population, 2010 (April 1) estimates base	194,653	4,779,745
Population, percent change, April 1, 2010 to July 1, 2012	2.0%	0.9%
Population, 2010	194,656	4,779,736
Persons under 5 years, percent, 2012	6.1%	6.3%
Persons under 18 years, percent, 2012	21.2%	23.3%
Persons 65 years and over, percent, 2012	11.1%	14.5%
Female persons, percent, 2012	51.6%	51.5%
White alone, percent, 2012 (a)	66.9%	70.0%
Black or African American alone, percent, 2012 (a)	30.3%	26.5%
American Indian and Alaska Native alone, percent, 2012 (a)	0.3%	0.7%
Asian alone, percent, 2012 (a)	1.3%	1.2%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	0.1%	0.1%
Two or More Races, percent, 2012	1.0%	1.5%
Hispanic or Latino, percent, 2012 (b)	3.2%	4.1%
White alone, not Hispanic or Latino, percent, 2012	64.2%	66.6%
Living in same house 1 year & over, percent, 2007-2011	80.4%	84.5%
Foreign born persons, percent, 2007-2011	3.5%	3.4%
Language other than English spoken at home, percent age 5+, 2007-2011	6.3%	5.0%
High school graduate or higher, percent of persons age 25+, 2007-2011	85.3%	81.9%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	26.0%	22.0%
Veterans, 2007-2011	12,388	403,982
Mean travel time to work (minutes), workers age 16+, 2007-2011	21.0	24.0
Housing units, 2011	85,559	2,182,088
Homeownership rate, 2007-2011	63.8%	70.7%
Housing units in multi-unit structures, percent, 2007-2011	26.0%	15.5%
Median value of owner-occupied housing units, 2007-2011	$150,600	$120,800
Households, 2007-2011	68,711	1,831,269
Persons per household, 2007-2011	2.66	2.53
Per capita money income in the past 12 months (2011 dollars), 2007-2011	$22,449	$23,483

	Median household income, 2007-2011	$43,538	$42,934
	Persons below poverty level, percent, 2007-2011	19.9%	17.6%

Business QuickFacts	Tuscaloosa County	Alabama
Private nonfarm establishments, 2011	3,968	97,743[1]
Private nonfarm employment, 2011	70,099	1,573,138[1]
Private nonfarm employment, percent change, 2010-2011	0.4%	0.3%[1]
Nonemployer establishments, 2011	11,080	321,641
Total number of firms, 2007	14,729	382,350
Black-owned firms, percent, 2007	13.3%	14.8%
American Indian- and Alaska Native-owned firms, percent, 2007	0.9%	0.8%
Asian-owned firms, percent, 2007	S	1.8%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	S	1.2%
Women-owned firms, percent, 2007	22.5%	28.1%
Manufacturers shipments, 2007 ($1000)	10,852,479	112,858,843
Merchant wholesaler sales, 2007 ($1000)	760,623	52,252,752
Retail sales, 2007 ($1000)	2,445,850	57,344,851
Retail sales per capita, 2007	$13,664	$12,364
Accommodation and food services sales, 2007 ($1000)	327,429	6,426,342
Building permits, 2012	901	13,506

Geography QuickFacts	Tuscaloosa County	Alabama
Land area in square miles, 2010	1,321.76	50,645.33
Persons per square mile, 2010	147.3	94.4
FIPS Code	125	01
Metropolitan or Micropolitan Statistical Area	Tuscaloosa, AL Metro Area	

1: Includes data not distributed by county.
(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.
D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
FN: Footnote on this item for this area in place of data
NA: Not available
S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown