DCH REGIONAL MEDICAL CENTER

AND

NORTHPORT MEDICAL CENTER

2016 COMMUNITY HEALTH NEEDS ASSESSMENT

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INTRODUCTION

DCH System

For more than 90 years, the DCH Health System has operated as a community-owned, not-for-profit organization providing high-quality health care services to the West Alabama Community. The System includes DCH Regional Medical Center, a 583-bed cornerstone hospital, Northport Medical Center, a 204-bed community hospital, and Fayette Medical Center, a 61-bed rural hospital. Throughout the DCH System, the mission is to provide high-quality and compassionate care coupled with community benefits to each and every resident of West Alabama regardless of their ability to pay. The DCH System strives to meet the needs of the community by constantly improving the services provided and updating dated equipment when necessary. There are approximately 4,730 employees in the three DCH hospitals with more than 250 physicians practicing in the system. Services include, but are not limited to inpatient and outpatient services, surgery, diagnostics, emergency services, and specialty units for pediatrics, orthopedics, cancer, cardiology, intensive care, and psychiatry. The DCH System serves residents in a seven-county region to include Tuscaloosa, Bib, Fayette, Green, Hale, Lamar, and Pickens counties. All of the hospitals in the DCH System are accredited by the Joint Commission on Accreditation of Healthcare Organizations. DCH Regional Medical Center and Northport Medical Center, located within a few miles of each other, operate under a single Medicare provider number and provide a comprehensive array of services to residents in the seven-county primary service area; therefore, this CHNA will be a joint effort between DCH Regional Medical Center and Northport Medical Center.

DCH Regional Medical Center

DCH Regional Medical Center is the bedrock of the DCH System and a major referral center in West Alabama. The Medical Center has the region's most advance trauma center and offers a broad and comprehensive spectrum of services including inpatient and outpatient services for pediatrics, orthopedics, oncology, intensive care, and acute cardiac care/cardiac intervention. It also provides endoscopy, neonatal services, physical and occupational therapy, and general diagnostic services including ultrasound, robotic surgery, nuclear medicine, CT, and MRI. In 2015, there were more than 24,000 patients admitted, more than 372,000 outpatient visits, and more than 18,000 surgeries performed. The physicians, staff, and administration work together as a team to provide patients and families an experience and environment of high quality, convenience, and comfort. High satisfaction scores documented from patients throughout West Alabama and beyond uphold the well-deserved premier status of the DCH Regional Medical Center.

Northport Medical Center

Northport Medical Center is a full-service community hospital with a full range of inpatient and outpatient services. The hospital also offers a rehabilitation pavilion to treat patients with neurological and orthopedic disorders, an inpatient psychiatric unit for adults and geriatric individuals, and a progressive and modern women's obstetrical pavilion featuring a neonatal intensive care unit. Northport Medical Center has been part of the DCH System since 1992. In 2015,

there were more than 8,000 patients admitted, over 42,000 outpatient visits, and more than 4,700 surgeries performed.

EXECUTIVE SUMMARY

In order to cooperatively satisfy the provisions of the Affordable Care Act (Section 501 (r)), the DCH Health System organized a collaborative effort between the hospitals operated under the DCH System and members of the community served by the System to conduct a Community Health Needs Assessment (CHNA) to identify, prioritize, and address the issues of health within the community. DCH Regional Medical Center and Northport Medical Center operate under a single Medicare provider number, are located within a few miles of each other, and share patient populations; therefore, a joint assessment between the two hospitals was deemed most appropriate for this CHNA. A stakeholder group was formed to review and discuss data sources to better identify and address the health needs of the communities served by these hospitals. This assessment is a follow-up to the DCH Health System's original CHNA conducted in 2013 as well as a new assessment of the health issues affecting the communities served by DCH Regional Medical Center and Northport Medical Center. As required, this CHNA report defines the community served, assesses the various health needs identified, includes input from persons representing the broad interest of the community, and prioritizes needs with an action plan to address them. The information reported includes input from representatives from public health, city leaders, representatives and program directors from both hospitals, and individuals representing the medically underserved, the low-income, and the minority populations. The report also includes supporting data from the US Census Bureau, the Alabama Department of Public Health, the Alabama Rural Health Association, The Robert Woods Johnson Foundation, the CDC, and other pertinent sources.

The leadership team of the DCH System with the assistance of the facilitator team of Williford & Associates, LLC and Hand Arendall LLC organized a Stakeholder Committee representative of the communities of both hospitals. In determining the community, the Stakeholders considered the geographical seven-county area served by DCH Medical Center and Northport Medical Center, the patient population of the hospitals, various disease populations, and the low-income, medically underserved, and minority populations. Demographics, disease states, mortality, and behavioral, environmental, and socioeconomic risk factors were considered. The "Community" was defined as the entire population of the seven-county area served by DCH Regional Medical Center and Northport Medical Center.

Through interviews and meetings conducted from March through June of 2016, multiple health issues and continuing needs were identified throughout the community. Credible studies and multiple data sources demonstrated that multiple counties in West Alabama ranked very low in healthcare indicators. Six out of the seven counties within the community are currently considered highly rural and consist of older, poorer populations with greater ethnic diversity, and lower formal education levels - all factors that contribute to health trends in the area. The leading causes of death in the seven-county area, identified as major health issues, were consistent: Heart disease, cancer, stroke, accidents, and diabetes. Other identified health concerns included wellness and better nutrition, obesity, mental health, substance abuse, access to care, and the need for additional

accessible healthcare services. The health needs identified and prioritized in the community in this CHNA are consistent with the Office of Disease Prevention and Health Promotion's Healthy People 2020 indicators. Those include, but are not limited to 1) decreasing the incidence of diabetes 2) improving access to care, and 3) improving the area's mental health profile.

With the assistance of the facilitator team, the CHNA stakeholder committee reviewed the 2013 CHNA, compared past and current data, and discussed facts, community efforts, and personal and professional experiences to best determine how to improve the health status of the community. Health needs were identified, discussed, and prioritized, and action plans were developed based on feasibility and potential effectiveness. This report will include:

- The methodology used to identify the health needs
- A review of the 2013 CHNA
- Prioritization of health needs and action plans to address
- Additional data
- Available resources to address the identified health needs
- Plans to update and monitor the 2016 CHNA

The overall goal of the DCH System is to establish a long-term collaboration among community members and leaders, experts in public health, state agencies, and others to promote a healthy community where people served by the DCH System live, work, and play.

METHODOLOGY

To insure compliance with the IRS regulations and to facilitate the CHNA, the DCH System leadership engaged the expert assistance of Williford & Associates, LLC in Montgomery, Alabama and Hand Arendall, LLC in Birmingham, Alabama. The combined years of healthcare consulting experience of Williford & Associates, LLC and the comprehensive legal expertise of Hand Arendall, LLC insured that all necessary steps were taken to achieve compliance with the IRS regulations.

The DCH System and consultants organized a process to conduct the CHNA with the purpose of identifying the health care needs in the community, prioritizing those needs, and developing a strategic plan to address those needs. To assist DCH Regional Medical Center and Northport Medical Center in accomplishing the task, a Stakeholder group was formed consisting of individuals representing broad interests of the community. Stakeholders from the original CHNA were asked to participate to maintain ownership in the community, to strengthen the partnerships and action plans already in place, to create new strategies based on personal and professional experiences and pertinent health data provided, and to avoid any unnecessary duplication of efforts. Individuals representing the low-income, minorities, and medically underserved were also part of the Stakeholder group.

Meetings were held with Stakeholders on February 8th, March 28th and 29th, May 13th, and June 2nd and 30th. Multiple telephonic interviews were also conducted during the five-month information gathering period. The facilitator team provided to the Stakeholders public health and census

information and a review of needs identified in the 2013 CHNA as well as an update on the action plans accomplished over the past three years. In each meeting, public health data and census information was presented. Personal or professional experiences and available resources were also reviewed and discussed. The Stakeholders identified new health needs of the community, prioritized those health needs, and suggested action plans to address those needs. Both quantitative and qualitative data was considered, analyzed, and ultimately utilized in developing this assessment. Data sources included the Alabama Department of Public Health, The Robert Woods Johnson Foundation/County Health Rankings, The Alabama Rural Health Association, the CDC, the US Census Bureau, and the DCH Health System. The Stakeholder Committee included:

- Sammy Watson – Director of Community Relations, DCH Regional Medical Center
- Cathey Sanford, DCH Regional Medical Center, Community Relations Coordinator
- Debrah Fisher RN, MSN, DCH Regional Medical Center Diabetes Center Director
- Dr. Pam Moody, Director Area 3, West Alabama Department of Public Health
- Jackie Wuska, Executive Director, United Way of West Alabama
- Cynthia Burton, CEO, Community Service Programs of West Alabama
- Sontonia Stephens, Community Service Programs of West Alabama
- Jackie Standridge, Community Service Programs of West Alabama
- Deborah Tucker, Executive Director, Maude Whatley Health Services
- Representative Alan Harper, Alabama State Legislator
- Alan Martin, Chief, Tuscaloosa Fire and Rescue
- Shelly L. Edwards, Director, North Harbor Pavilion, Northport Medical Center
- Jim Harrison, Current DCH Health System Board Member
- Stephanie Craft, Williford & Associates, LLC
- Patti Fuller, Executive Director, Extension Service of Pickens County

This written report will be submitted to the hospitals' authorized governing Board for approval and will be made widely available through the DCH System website for public access.

OBTAINING PUBLIC INPUT

As mandated by the applicable regulations regarding public input, DCH Regional Medical Center and Northport Medical Center sought, obtained and documented input from three primary community sources:

- A government health department with knowledge and expertise of the health issues in the community service area;
- Representatives of the medically underserved, minority, or low-income; and
- Written comments received from the public addressing the facility's most recently conducted CHNA.

Additional public sources of community based health and social input were obtained for this CHNA through utilization of small focus groups. Meetings were held with the various Stakeholders and

telephone interviews were conducted when necessary or appropriate to obtain data. National, state, and local health data sources that were collected and analyzed included public health data, census data, Alabama state agency data, the DCH Health System data, and information and opinions provided by multiple city, county, and state leaders.

1. 2013 CHNA Review

Although the 2013 CHNA was made widely available to the public through the DCH System website with a mechanism to receive public comments, no comments have been received to date; therefore, the following is a review of the 2013 CHNA with an update to the strategic plans that were implemented to address the prioritized needs identified by the original Stakeholder committee:

- The "Community" identified for DCH Regional Medical Center and Northport Medical Center included a seven-county area – Tuscaloosa, Bibb, Lamar, Pickens, Fayette, Hale, and Greene counties.

- Major Health Needs identified in the DCH System's original 2013 CHNA included:

  - Gun and Domestic Violence
  - Access and Compliance with RX drugs
  - Mental Health – lack of resources and treatment solutions
  - Obesity – resulting from personal behaviors
  - Leading Causes of Death – heart disease, cancer, and diabetes
  - Substance abuse – alcohol and tobacco
  - Nutrition – or lack thereof
  - Infant mortality, teen pregnancies, single-parent households
  - Sexually transmitted disease increase
  - Poor access to care – lack of transportation, education, and available resources
  - Poor access to dental care
  - Job training for the poverty stricken
  - Asthma
  - Nursing home care costs
  - Need for additional services – OB/GYN, Pediatrics sub-specialties, disabled/amputee program, services for the elderly, poor, and medically underserved in general.

- The following four needs were considered priorities:

  - Wellness – It was determined that an overall program to address nutrition, obesity, and the leading causes of death was needed. The actions to address this need included:

- ✓ Education to the community in the form of community forums, health fairs, school programs, an updated resource guide, increased use of social media, and an enhanced and improved volunteer program;
- ✓ A partnership with the University of Alabama to promote wellness;
- ✓ The development of a new marketing campaign with a new "brand;"
- ✓ Continued and expanded use of telemedicine; and
- ✓ Promotion of community walking programs.

- Access to Care – It was determined that access to care for the elderly, the medically underserved, and the poor needed to be improved through education, use of available resources, and improved access to transportation. The actions to address this need included:

  - ✓ Developing a comprehensive resource guide using the United Way's 211 service as a conduit;
  - ✓ Implementation of a collaborative education effort among all providers in the seven-county area. Meetings to discuss and implement action plans would be hosted by DCH Regional Medical Center; and
  - ✓ Expansion of Telemedicine – especially in rural areas where transportation and financial resources are barriers. A pilot program in psychiatry had been implemented and the plan was to expand on this program and implement others if possible.

- Mental Health: Substance and Alcohol Abuse – Although it was determined that funding was a major obstacle to address this issue, it remained a priority that needed attention. Actions to address this concern included:

  - ✓ Development of the Comprehensive Resource Guide to provide improved education and access to those in need;
  - ✓ Increase community based mental health shelters and caseworkers to better manage patients;
  - ✓ Expansion of the mentoring program within city and county K-12 school systems and expansion of the volunteer program at the University of Alabama with students; and
  - ✓ Expansion of Telepsychiatry in the rural areas. This pilot program was providing a much needed service to those patients in rural areas who had limited or no access to transportation. A continuation of the grant funding the project was recommended.

- Teen Pregnancy/Infant Mortality/Single-Parent Households – As reflected in information provided by the Alabama Department of Public Health, infant mortality rates and socio-economic issues in several of the seven-county areas need attention and improvement in order to experience positive achievement in the status of this community health need. The Committee, collectively, opined that the most effective action to address this issue was education in

low-income homes and among the medically underserved and lower educated populations.

In late 2013, the Governing Board of the DCH System approved the CHNA process, the identified and prioritized health needs, and the action plans to address those needs. Each need was designed to improve the health status of the communities of DCH Regional Medical Center and Northport Medical Center. Upon approval from the Board, the DCH Health System made the CHNA report widely available to the public through the System's website. Individuals or groups wishing to comment could do so through the website and the report remains available today. To date, there have been no comments in response to the CHNA report. In an effort to address these identified and prioritized community needs, DCH Regional Medical Center and Northport Medical Center collaborated with multiple agencies, individuals, and community leaders to accomplish the following actions aimed at improving the health of the seven-county area considered the "community" for DCH and Northport:

A. Wellness and Access to Care

The following action plans were implemented to address wellness in the Community. In many instances, these action plans overlap and address the access to care issue as well:

- The DCH Board established a smoke-free campus effective January 1st, 2014. Although the DCH System was smoke-free inside their buildings on campus for 10-15 years, the DCH System desired to "lead by example" and made the decision to extend the tobacco ban to sidewalks, parking lots, and decks throughout all of their properties. This policy was directed at improving the overall health of the Community by creating a cleaner environment, promoting healthy lifestyle choices, and providing a safer environment for patients, their families, employees, and the community as a whole.

- After identifying the various health needs of the Community in the first CHNA, the DCH System is using its existing Golden Years Program – a program aimed at individuals over 50 years of age. Components of this program include:

  - A Healthy Eating education program - aimed at preventing illnesses such as diabetes and obesity.

  - Heart Arrhythmia education program – causes, prevention, and procedures to correct.

  - Fall prevention education program.

  - Medicare Prescription Drug education program in conjunction with the Tuscaloosa Area Council on Aging – what drugs are available and what is covered by Medicare.

Speakers provided for these programs include physicians, therapists, nutritionists and other clinicians and specialists from DCH Regional Medical Center and Northport Medical Center. There are 5,800 members to date and members are always encouraged to bring guests. Refreshments and free parking is provided and this program is expected to be part of an ongoing action plan to create a healthier environment for the community.

Through the DCH Foundation, funds donated by individuals, corporations, employees, and generally the community at large, are used to provide outreach programs that support the mission of the DCH System – to provide the best possible healthcare to the residents of West Alabama, including the low-income, medically underserved, and minority groups. Since the 2013 CHNA, more than $600,000.00 has been spent on these programs. The intent is to maintain and even grow these outreach programs in the future. Some of the programs specific to wellness and access to care include:

- Free breast screenings – focusing on women who have little or no health insurance. The screenings include a breast exam, education on self-examination, and a voucher for a free digital mammogram. A separate screening was also provided to the Latino community in an effort to bridge language barriers and provide access to care for those who otherwise would not have it. The goal of this program is to provide a baseline mammogram to prevent or allow for early detection of breast cancer.

- Help and Hope Cancer Fund/Bar-B-Q and Blues – an annual event with the goal of assisting cancer patients with various financial needs while being treated for cancer at the Manderson Cancer Center at DCH Regional Medical Center. Assistance includes covering costs of utilities, medications, rent, food, prosthesis, wigs, transportation to and from treatment, and overnight stays in the medical tower during treatments especially for those who live far away in the event that patients and their families cannot provide these things for themselves.

- Home Health and Home Medical Equipment Funds – These funds assist home health patients with financial needs relating to quality of life issues including utility bills, weight scales, blood pressure cuffs, food, etc., as well as patients discharged home that may need financial assistance with home medical equipment such as a hospital bed, crutches, or oxygen.

- Infants and Children Fund – Provides financial assistance to parents of children for travel to see the baby, transfer to other facilities if DCH Regional does not provide a specific service, and free stay overnight in the Medical Tower for parents living far away.

- Mercedes Tours – In an effort to bridge language barriers and improve access to care issues for potential patients of the DCH system, tours are provided two to three times a year for employees of the Mercedes plant who speak German.

Information on healthcare in the US and services provided by the DCH System is provided by an RN fluent in German in each tour.

B. Mental Health

In the DCH System 2013 CHNA, mental health was identified as a significant health need. In particular, a lack of resources and solutions for treatment were identified as part of the problem. Funding and the lack of behavioral clinicians in the area continues to be the major stumbling block for effectively addressing the mental health issue in West Alabama. However, the North Harbor Pavilion at Northport Medical Center continues to strive to provide the best possible care for those in need in the seven-county community of the DCH System. North Harbor is a short-term acute care unit for adults and geriatric psych patients. Treatment plans are designed to improve the quality of life for patients needing mental health services and getting those patients back to normal activities of daily living. Action plans to address these issues include:

- Comprehensive Resource Guide – The United Way continues to develop and expand the 2-1-1 Resource Guide to address various issues of health in the community. The DCH Health System, through the employee fund, supports the United Way annually. This is a call-in program with multiple lines to provide education and guidance regarding multiple issues facing residents of West Alabama. Since 2013, the resource program has grown and seen improved awareness among the public. Additional services have been added as well. As it relates to mental health, residents are more aware of the programs and services provided in the area to address mental health issues and as it relates to alcohol and tobacco use, the 211 guide has added the "smoke-free" homes service. Through the 211 help line, residents of the area are asked to not necessarily quit, but to smoke outside in hopes of preventing exposure to second-hand smoke, therefore creating a healthier environment for adults and children in these homes.

- Increase mental health shelters and caseworkers – Although funding is lacking and clinicians are needed, DCH and Northport make every effort to assist those patients needing mental health services, regardless of their ability to pay. As for the uninsured and low-income groups, North Harbor works closely with Indian Rivers, a community-based outpatient psychiatric facility to insure there is a continuum of care for patients needing mental health services. After an initial assessment at North Harbor which includes a treatment plan, group and recreational therapy, and medication management and education, many patients are directed to Indian Rivers for after care to address any long-term care needs. There is also a new psychiatrist employed at Maude Whatley Health Services to create a better continuum of care for mental health patients. Headquartered in West Tuscaloosa, Maude Whatley Health Services is a nonprofit, federally qualified community health center whose mission is to provide primary health care services to the medically underserved residents of West Alabama.

- Expansion of telepsychiatry in rural areas – Funding of this program and reimbursement for the services provided is a major obstacle to this action plan. However, telepsychiatry is still in place and centered in a rural area of West Alabama. Patients are provided mental health consultations and therapy when needed for telepsychiatry services.

C. Teen Pregnancy/ Infant Mortality/ Single-Parent Households

With the mentoring programs and available resources implemented in West Alabama, teen pregnancy and infant mortality has dropped since the original CHNA. Education in low-income and the underserved populations has been successful in decreasing this statistic. The 2-1-1 comprehensive resource guide has provided much-needed education for teens and the Success by 6 mentoring program implemented in the high schools by the United Way has also proved a very valuable resource in improving the health for teens and infants.

2. Stakeholder Input

A. Government Health Department Input

For purposes of this 2016 CHNA process, an extensive discussion and evaluation was conducted to gain important, current and relevant input from the Alabama Department of Public Health ("ADPH"). DCH System hospitals operate within the ADPH's designated "Area 3" service area. The ADPH's West Alabama Area 3 Director, Dr. Pam Moody, provided substantial input related to these important assessment criteria.

On March 28, 2016, Dr. Moody met with the Stakeholders and provided them with in depth information for the areas of Alabama she represented which overlapped with the defined community of this CHNA. Those counties are Bibb, Fayette, Greene, Lamar, Pickens, and Tuscaloosa. Dr. Moody identified multiple programs and resources available through ADPH that could be used to address the various issues of health for the area. A few of the programs offered include, but are not limited to women's health, sexually transmitted diseases, Tuberculosis testing and treatment, vaccinations, dental care for Medicaid children, family planning, clinical laboratory testing, Women's Infants, and Children (WIC) and others. In the March 28th meeting, Dr. Moody was asked to review the issues of health that were identified in the 2013 CHNA. Dr. Moody agreed that many of those issues were still important issues of health for the service area. Dr. Moody confirmed that the leading causes of death identified in the 2013 CHNA remained the leading causes of death in the community. Those were heart disease, cancer, stroke, accidents, and diabetes. She confirmed that many health behaviors of community members contributed to these leading causes of death. Those included smoking, obesity, physical inactivity, and sexually transmitted diseases. She also noted that tuberculosis cases had been identified in Perry County over the last year. In an effort to control Tuberculosis and prevent a major outbreak, the agency was providing incentives to get at risk individuals to be tested and if tests were positive, to take and complete the

medications provided. It is her hope that education and awareness will control any further outbreaks of the disease.

As seen throughout Alabama, Dr. Moody noted that diabetes was a major issue of health in Area 3 of Alabama. She attributed this mostly to behavioral and socioeconomic risk factors within the community such as poor nutrition and lack of physical activity. According to 2015 data from the CDC, more than 500,000 Alabamians or 13.8% of the population in Alabama have diabetes, far exceeding the national average of 9.3%. The American Diabetes Association states that managing diabetes is key in addressing many of the complications associated with diabetes such as heart disease, stroke, kidney failure, blindness, and amputations. All of the counties in West Alabama served by ADPH Area 3 have diabetes rates above 11%. In an ongoing effort to address this rising epidemic in Alabama, The Tuscaloosa County Diabetes Coalition was established in 2012 to create a grassroots advocacy program, to improve access to care, and to increase education and prevention of the disease. The DCH Diabetes Center, The University of Alabama, and Whatley Health Services and other clinicians in the community to name a few are partners in this movement to decrease the rate of diabetes in West Alabama.

B. Medically Underserved, Low-Income, Minority Input

In order to adequately obtain and document public input from the medically underserved, low income and minority population groups, stakeholder input meetings/interviews were conducted on March 28, 2016, March 29, 2016 and June 30, 2016. The representatives providing this important input included Jackie Wuska, Executive Director, United Way of West Alabama, Cynthia Burton, CEO, Community Service Programs of West Alabama, Deborah Tucker, Executive Director Maude Whatley Health Services, Sontonia Stephens, Community Service Programs of West Alabama and Jackie Standridge, Community Service Programs of West Alabama. These five community based service providers made a substantial effort and contribution to this CHNA and their collective insights and experience provided the Stakeholders with important information to be considered for this CHNA.

Based on information provided by Ms. Wuska, the Stakeholders learned that United Way of West Alabama is a not-for-profit organization that serves to raise money to assist in funding much needed services for residents in West Alabama. Many of those services are health-related and the agency serves residents in Bib, Fayette, Greene, Hale, Lamar, Marengo, Pickens, Sumter, and Tuscaloosa counties – many of the counties considered the "community" for this CHNA. According to Ms. Wuska, the United Way provides financial support for many partner agencies crucial to providing services to the medically underserved and low-income in West Alabama. Some of those partner agencies include the Good Samaritan Clinic, Hospice of West Alabama, 211 Information and Referral Services Help line, the Phoenix House, Temporary Emergency Services, and Easter Seals. Ms. Wuska reviewed the issues of health identified in the 2013 CHNA and agreed that many of the health concerns remain prevalent in West Alabama. She is now participating in the Alabama Health Alliance which is a coalition of academic and clinical professionals

that promote health literacy. The United Way has also employed an individual to promote wellness and prevention in the workplace. One of the action plans from the 2013 CHNA was to improve access to care by increasing awareness of the 211 Resource program. New programs include "smoke-free homes," and the Success by Six program which is a pre-kindergarten intervention program designed to give children the tools needed to insure success as they start in the public school systems. Calls to the 211 Resource line have increased since 2013 meaning more and more individuals in the community know about the services provided by the United Way and are taking advantage of those services. They have also participated in the University of Alabama and DCH Health fairs focusing on improving health in the area. The DCH System created the DCH Employee Fund which allows employees to payroll deduct funds to support the United Way and the programs it provides.

As a result of the Stakeholders meeting with Ms. Burton and Ms. Tucker it was confirmed that the Community Service Programs of West Alabama and Maude Whatley Health Services work hand-in-hand to provide services to the low-income, medically underserved, and minority population. There are ongoing efforts between the DCH System, Whatley, and CSP to educate and treat patients as well as provide opportunities to create a healthier environment for those in the community with limited access to healthcare. Whatley Health Services is a not-for-profit community health center that provides multiple clinical services for patients in West Alabama. With locations in Tuscaloosa, Walker, Lamar, Bibb, Green, Hale, and Sumter counties, Services provided by Whatley Health Services include but are not limited to family and internal medicine, women's care, pediatric and adolescent care, dental care, laboratory, nutrition counseling, health screening, disease prevention education, pharmacy, mental health services, and chiropractic services. Community Service Programs of West Alabama, also a not-for-profit agency provides many services and resources to those who otherwise would not have access to such services. Serving multiple counties in West Alabama, services include emergency aide, meals on wheels, life skills training, energy assistance, food distribution, workforce development, and referrals to other agencies when needed. According to Ms. Burton and Dr. Tucker, obesity, diabetes and other related diseases are major issues of health in the area. Both concurred that the leading causes of death may be directly related to poor behaviors, lack of education and resources, and socioeconomic status. They also expressed wellness, mental health, smoking, sexually transmitted disease, and teen pregnancy as issues of health seen in the service area supported by both groups. Ms. Burton and Dr. Tucker expressed concern that many patients use the DCH System hospitals as their primary care facility, so there is an effort to teach and educate patients as to what is truly an emergency. The goal is to modify the behavior of those patients to avoid unnecessary visits to the hospital emergency room. They also expressed concern over patients "reactive" attitude toward medicine as opposed to using a "proactive" or "preventive" approach to treating issues of health such as diabetes and the diseases directly related to it. Both expressed the need for nutrition counseling – especially for seniors aged 55 and older.

Ms. Stephens, Director of Compliance and Special Projects and Ms. Standridge, Director of Planning and Development for Community Service Programs met with the Stakeholders on June 30, 2017. They discussed the many issues of health facing the community serviced by Community Service Programs of West Alabama. According to both ladies, chronic diseases including obesity and diabetes were big problems for the people served by the agency mainly due to the fact that a large portion of their populations served were elderly. They stated that the agency services more than 20,000 people unduplicated every year. They also stated that many problems facing their clients occurred in the social services arena. Those included job training, transportation, affordable housing, nutrition, and child care. Unfortunately, due to a lack of any marketing budget whatsoever, many of their clients and potential clients were unaware of the services provided by the agency. Both ladies stated that they had participated in multiple health fairs, but there was still a great need for additional education. Trust was also an issue among clients. In order to address many of these issues, Ms. Stephens and Ms. Standridge felt it was imperative for their clients to trust them to provide needed services without fear of losing other benefits. They stated that in Perry County, efforts had been made to address the trust issue through radio talk shows and through the school system. They hoped to improve communication among this vulnerable population in hopes of educating them on the services provided. They also felt that a greater impact could be made through increased referral sources as well as funding sources. Plans to have a formal partnership with DCH and their Case Management group will be an action plan to address these issues for their clients.

C. Additional Stakeholder Input

The Stakeholders conducted additional meetings and interviews with other community stakeholders to gain insight and information to aid in the facilitation and development of this CHNA. A summary of these input meetings and interviews is set forth below.

On March 29, 2016 an interview was conducted with DCH System Diabetes Education Center Manager, Debrah Fisher, RN, MSN, CDE. According to Ms. Fisher, diabetes is one of the major issues of health affecting the 17 counties in Alabama and Mississippi served by the Diabetes Education Center at DCH. Alabama has consistently ranked 3rd in adults diagnosed with diabetes and Alabama is considered part of what the CDC recognizes as the "Diabetes Belt." Multiple studies suggest that diabetes can be traced to obesity and physical inactivity as well as poor nutrition. Studies also suggest that diabetes is more prevalent among African Americans, Native Americans, Hispanics, and those with lower education levels. Approximately 34 percent of the population in the 7-county community is non-white. Greene County for example, with a population of 81% black or other, ranks 67th out of 67 for health behaviors. Forty percent of the adults in Bibb County are considered obese. Pickens County, with a population of 42.5% black and other, ranks 49th out of 67 for health outcomes. The Diabetes and Nutrition Education Center, a recognized education program by the American Diabetes Association, provides education and resources to people and their families affected by diabetes. Nurses and nutritionists provide support and training in healthy eating and self-management skills

designed to better manage diabetes. Although a referral is required to participate in the program, the Center accepts patients with insurance and without. A grant provided by the DCH Foundation allows for charity care for those that are uninsured or low-income. Low literacy materials are available as are materials printed in Spanish for those with language barriers. Ms. Fisher says the goals of the Center foster multiple lifestyles changes including a healthy diet, free meters, and free testing supplies for those at risk and in a coordinated effort with national organizations, a move toward prevention. Referrals to the Center come from the emergency rooms at the DCH System hospitals as well as the Good Samaritan Clinic, Whatley Health Services, and others. The hope is to develop criteria in these facilities of automatic testing in order to identify those undiagnosed cases of diabetes that can become complicated and costly for the health system. Other goals within the program are to improve the health of the DCH System employees by implementing a wellness program for employees designed to increase productivity, decrease time off work, decrease insurance costs, and improve the quality of life for employees. According to Ms. Fisher, there is also a push for telemedicine in all areas related to diabetes. Her hope is for a grant provided through Medicaid that is education based for patients in the 7-county area that have access to care issues such as no insurance or lack of transportation.

The DCH System Stakeholders also met with Tuscaloosa Fire and Rescue Chief Alan Martin on March 29, 2016. Chief Martin was one of the original Stakeholders who participated in the 2013 CHNA process. Chief Martin leads a team of more than 250 firefighters in 11 locations that serve more than 100,000 residents in the Tuscaloosa metro area. One of the many services provided by the Tuscaloosa Fire and Rescue Department is emergency medical care. Chief Martin, through his years of service in the department has seen many of the issues of health in Tuscaloosa and the surrounding rural areas. After reviewing the issues of health identified from the original CHNA, he agreed that many of the issues remain the same. Diabetes issues, mental health, hypertension, and chronic pain are all issues frequently seen by dispatchers responding to 911 calls. Unfortunately, as Chief Martin sees it, many of the users of the 911 emergency system are repeat, low-acuity callers who use the system as their primary care because of poor access to care. More than 30% of the calls responded to are inappropriate and unnecessary. In an effort to change the behaviors of these frequent callers, the department has implemented an Alternative Response Unit. Instead of answering calls in a fire truck or ambulance, the department responds in a medically outfitted SUV. The goal is to assist the vulnerable populations to use more appropriate resources in the community and decrease the frequency of non-emergency calls to 911 as well as improve the quality of life for the people served in the community. The Department has partnered with the University of Alabama School Of Social Work to strengthen this program. Students and faculty work with Tuscaloosa Fire and Rescue to assess the needs of the most vulnerable and dispatch the appropriate care teams. Education and instruction with an emphasis on prevention is part of the program. In assessments, the team identifies what caused the problem, treat the problem and educate on how to solve the problem, and then follow up to insure compliance. Chief Martin intends to extend this Alternate Response program to rural communities as well.

Community paramedicine, recommended by the Affordable Care Act, hopefully can curtail inappropriate use of the 911 system so that the available resources can be redirected to enhance the healthcare services for the chronically ill and the medically underserved. The face-to-face aspect of the program can also be used to impact changes in unhealthy or risky behaviors in the community through education and communication.

Finally, Chief Martin was instrumental in helping start a statewide campaign aimed at reducing deaths from fires in Alabama – Turn Your Attention to Fire Prevention. Through various grants, this program hopes to change risky behaviors through education on how to prevent fires and how to avoid serious injury or death. Smoke alarms are provided for free in underserved neighborhoods through Alabama.

On May 13, 2016 the DCH Stakeholders met with Ms. Shelly Edwards, Director, North Harbor Pavilion Northport Medical Center ("North Harbor"). North Harbor is a short-term unit for adult and geropsychiatric patients. In her capacity as Director of North Harbor, Ms. Edwards stated that mental health is still a major issue of health in the community due mainly to the fact that there is a tremendous deficit in resources. After an initial assessment of patients, a treatment plan is developed using nursing care, therapy, medication, education, and consultation with other disciplines if necessary. Once patients are discharged, recovery continues on an outpatient basis. However, there are few community options for patients and many are uninsured or non-compliant. According to Ms. Edwards, there is also a shortage in not only psychiatrists, but behavioral clinicians all together. Many times, patients end up back in the ED or in jail. Ms. Edwards said these patients need additional education on the benefits of using primary care instead of the ED. At North Harbor, depression, anxiety, and stress are the biggest issues diagnosed and those contribute to other issues identified such as gun violence. She believes patients would experience better outcomes if there was a change in the population's perception that the ED was better care than primary care. A bright spot in efforts to improve mental health in the area is the use of telemedicine. Telemedicine is being used in the rural areas where transportation to specialists is an issue. Initial consultations and follow-ups through the use of telemedicine is providing greater access to much needed care for those vulnerable populations in rural areas of West Alabama. Physicians are also on-call in case of emergencies through telemedicine. Ms. Edwards hopes for additional funding, more providers, and education for patients on the use of primary care and compliance that will result in greater outcomes. She is also working with other mental health professionals in multiple meetings to share information, discuss the challenges, develop methods to streamline the process, and work toward better, more efficient outcomes. Ms. Edwards hopes to continue the mental health outreach programs provided by the hospital as well.

DCH System Stakeholders determined it advisable to also seek input from State government elected leadership. The Stakeholders interviewed District 61, State Representative, Alan Harper. Since 2006, Representative Harper has been working toward improving the lives of his constituents in Tuscaloosa, Pickens, Sumter, and Greene counties. He is very much aware of the issues of health facing those in his district

and has worked tirelessly to address those issues. Diabetes, obesity, overall wellness or lack thereof, and mental health coincide with issues identified by other Stakeholders in this CHNA. During the 2015 Legislative Session, Representative Harper supported and gained his legislative colleagues approval for a$600,000.00 appropriation to create a partnership between the University of Alabama and Pickens County – a rural area in his district with 27% of the people living below the poverty line. The money appropriated has been used to develop eight projects designed to address issues of health in Pickens County and provide fellowships to University of Alabama students in medicine, nursing, social work, health education, and other disciplines so that much needed healthcare can be provided in the area. The projects include: mental health preventive intervention in the Head Start program, early autism identification, heart disease and diabetes risk factor education, rural family medicine residency development, medical/legal partnership for the elderly, improving cardiac rehab services access, Alabama literacy project, and senior healthy eating and ease of preparation project. Also, through the partnership, a grant provided by the CDC has been issued to provide education on obesity. The grant provides funds for outdoor exercise equipment, nutrition education and a farmers' market. The hope is to continue this project with new funds obtained from the Alabama Legislature.

Mr. Jim Harrison, a community leader and a current independent member of the DCH System Board of Directors was also interviewed. Mr. Harrison served on the Stakeholder committee of the 2013 CHNA. He reviewed the issues of health identified originally and concurred that the issues were basically identical. Chronic diseases caused by unhealthy behaviors, obesity, and mental health, were identified as current issues of health. He also reviewed the action plans taken to address those needs and totally supported the efforts of the DCH System in addressing and improving the health issues affecting those in the community. Mr. Harrison reiterated that the DCH System Board of Directors is in full support of the efforts of DCH Regional Medical Center and Northport Medical Center and confirmed the Board's desire to follow and abide by the rules and regulations set forth in the Affordable Care Act to address the health needs in the hospitals' service area.

3. Additional Healthcare Data

Refer to Appendix A and B.

From the public input obtained and national, state, and local data, the following issues of health were identified:

- Wellness
- Obesity
- Diabetes
- Mental Health
- Leading causes of death in the 7-county "community"
- Poor access to care
- Sexually transmitted diseases
- Gun Violence

- Need for additional education on services provided to help the underserved and low-income
- Transportation
- Job training
- Child care
- Nutrition
- Tuberculosis

PRIORITIZED NEEDS AND ACTION PLANS TO ADDRESS

After an extensive review of the identified issues of health in the 7-county community, the Stakeholders identified the following needs to prioritize based on their potential effectiveness, resources available, and financial feasibility. Action plans currently in place were also considered. The Stakeholders primary goal was to make recommendations that would continue to enhance the healthcare environment in the community and improve the quality of life for residents regardless of income, race, age, sex, insured, or uninsured. The following needs were prioritized:

1. **Obesity and Unhealthy Behaviors That Lead to Diseases Such as Diabetes and Heart Disease**

   Actions to Achieve:

   - Increase collaborative efforts with partners within the community to educate at risk individuals through health fairs, forums, increased referral sources, and funding. Partners include DCH Diabetes Education Center, the Diabetes Coalition, ADPH, the Alabama Cooperative Extension Service, the University of Alabama, Shelton State, Whatley Health Services, Community Service Programs of Alabama, Tuscaloosa Fire and Rescue, local media outlets, social media, and others;
   - Increase United Way 211 help line partners who provide health information on available services for residents in the community;
   - Encourage and educate seniors in housing projects built by Community Service Programs to build their own gardens to encourage healthy eating. Partner the Temporary Gardens program with the Druid City Garden Project to teach healthy eating and skills to grow healthy food;
   - Continue and expand the Golden Years program for seniors in the DCH System;
   - Continue the outreach programs funded by the DCH Foundation – Screenings, Case Management, Help and Hope Cancer Fund, Diabetes Education Center, Infants and Children Program, Home Medical Equipment Program;
   - Start a Wellness program for employees of the DCH Health System through the Diabetes Education Center with an initial focus on diabetes and continuing in the future with cardiovascular health and weight loss; and
   - Expand use of social media and other local media to educate on prevention and wellness.

2. **Access to Care**

Actions to Achieve:

- Explore the use of telemedicine in rural areas;
- Create a formal partnership between the DCH System and Community Service Programs of West Alabama to increase referral sources and educate the public on services provided which include transportation vouchers to healthcare visits, child care, meals on wheels and others;
- A larger collaborative education effort among all service providers hosted by DCH on a quarterly basis; and
- Assist with funding of the Alternative Response Unit of the Tuscaloosa Fire and Rescue so that they can add another SUV to reach a greater area of the community.

3. **Mental Health**

Actions to Achieve:

- Explore the possibility of creating a funding mechanism for telepsychiatry in West Alabama;
- Increase mental health awareness so that professionals in this arena can affect policy changes that will positively affect mental health care in West Alabama;
- Continue with a North Harbor staff member in the Emergency Department who can encourage primary care, assist with compliance and therefore affect better outcomes;
- Encourage stronger partnerships with Indian Rivers, Whatley Health Services and others to insure patients are getting appropriate treatment for mental health issues;
- Improve communication and marketing efforts at DCH and Northport Medical Center for North Harbor; and
- Work to recruit primary care physicians and behavioral clinicians on all levels at Northport Medical Center.

OTHER RECOGNIZED HEALTH CARE NEEDS

The needs identified by the Stakeholder committee that were not deemed priority were considered to be matters within the authority or purview of other state or federal agencies. This year, the city of Tuscaloosa was named as an Invest Health City by Reinvestment Fund and the Robert Wood Johnson Foundation. This project will create a major collaboration between educational institutions, businesses, faith-based organizations, government officials, other not-for-profits, and others within low-income communities in West Alabama to affect major change for healthy lifestyles. Those drivers of health include jobs, housing, education, community safety, and environmental conditions. Many of the issues of health identified in this CHNA will be addressed through this project over the next several months.

RESOURCES AVAILABLE TO MEET IDENTIFIED NEEDS

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 currently 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 hospital's 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

County	Type of Facility	Facility
	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
	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

County	Type of Facility	Facility
		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
		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

County	Type of Facility	Facility
		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
		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

The CHNA Committee 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 Stakeholders 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.

DOCUMENTING AND COMMUNICATING RESULTS/PLANS TO MONITOR PROGRESS

After approval by the governing board of the DCH System, this document will be made widely available to the public through the System website. The opportunity for public feedback will also be available through the website and monitored by the DCH System. As required by the Affordable Care Act, the DCH Health System and its hospitals will continue to update this assessment every three years. The Blue Ribbon Committee developed in 2013 will continue to develop additional strategies with community leaders and other healthcare providers in the community as well as document progress achieved with the established action plans.

2016 COMMUNITY HEALTH NEEDS ASSESSMENT

DCH REGIONAL MEDICAL CENTER
and
NORTHPORT MEDICAL CENTER

APPENDIX A

BIBB 2014 HEALTH PROFILE

BIRTHS BY AGE OF MOTHER					
	TOTAL	10-14	15-17	18-19	20 plus
All births	262	1	5	18	238
Rate	---	1.6	14.0	75.6	59.7
White	200	0	5	16	179
Rate	---	0.0	17.7	84.7	57.2
Black & Other	62	1	0	2	59
Rate	---	8.0	0.0	40.8	69.0

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	Number	273
	Rate	12.1
Divorces	Number	0
	Rate	0.0

Rate is per 1,000 population.

2014 POPULATION	
Total	22,506
White	17,163
Black and Other	5,343
Median age	39.6
Life expectancy at birth	73.2
Total fertility rate per 1,000 women aged 10-49	2088.5

NATALITY				
	All Women		Women 10-19	
	Number	Rate	Number	Rate
Est. pregnancies	332	87.0	29	23.9
Births	262	11.6	24	19.8
Abortions	17	4.5	1	0.8
Est. fetal losses	53	---	4	---

Birth rate is per 1,000 population.
Pregnancy and abortion rates are per 1,000 females 15-44 (all woman) or 10-19 .

	All Women		Women 10 to 19	
	Number	Percent	Number	Percent
Births to unmarried women	126	48.1	22	91.7
Low weight births	29	11.1	2	8.3
Multiple births	16	6.1	2	8.3
Medicaid births	146	55.7	21	87.5

Percent is percent of all births with known status for all woman or specified age group.

SELECTED NOTIFIABLE DISEASES	
New Cases	
HIV	1
Syphilis	2
Gonorrhea	21
Chlamydia	98
Tuberculosis	2

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP						
	All Ages			Ages 10-19		
	All Races	White	Black & Other	All Races	White	Black & Other
Infant deaths	4	4	0	1	1	0
Rate per 1,000 births	15.3	20.0	0.0	41.7	47.6	0.0
Postneonatal deaths	2	2	0	1	1	0
Rate per 1,000 births	7.6	10.0	0.0	41.7	47.6	0.0
Neonatal deaths	2	2	0	0	0	0
Rate per 1,000 births	7.6	10.0	0.0	0.0	0.0	0.0

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

2014 POPULATIONS BY AGE GROUP, RACE AND SEX									
Age	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	22,506	12,168	10,338	17,163	8,886	8,277	5,343	3,282	2,061
0-4	1,203	631	572	908	483	425	295	148	147
5-9	1,290	703	587	988	544	444	302	159	143
10-14	1,370	749	621	1,090	594	496	280	155	125
15-44	9,180	5,363	3,817	6,507	3,510	2,997	2,673	1,853	820
45-64	6,135	3,254	2,881	4,809	2,498	2,311	1,326	756	570
65-84	3,011	1,379	1,632	2,601	1,182	1,419	410	197	213
85+	317	89	228	260	75	185	57	14	43

BIBB 2014 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	237	129	108	204	107	97	33	22	11
Death rate per 1,000 pop.	10.5	10.6	10.4	11.9	12.0	11.7	6.2	6.7	5.3

SELECTED CAUSES	Total		Male		Female		White		Black & Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart disease	57	253.3	32	263.0	25	241.8	46	268.0	11	205.9
Cancer	50	222.2	29	238.3	21	203.1	38	221.4	12	224.6
Stroke	16	71.1	6	49.3	10	96.7	14	81.6	2	37.4
Accidents	15	66.6	10	82.2	5	48.4	15	87.4	0	0.0
CLRD	15	66.6	7	57.5	8	77.4	15	87.4	0	0.0
Diabetes	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Inf. & pneumonia	4	17.8	1	8.2	3	29.0	4	23.3	0	0.0
Alzheimer's disease	8	35.5	2	16.4	6	58.0	6	35.0	2	37.4
Suicide	8	35.5	7	57.5	1	9.7	8	46.6	0	0.0
Homicide	2	8.9	1	8.2	1	9.7	0	0.0	2	37.4
HIV disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rate is per 100,000 population.

ACCIDENTAL DEATHS	All Ages		Children Under 20	
	Number	Rate	Number	Rate
All accidents	15	66.6	3	57.9
Motor vehicle	7	31.1	3	57.9
Suffocation	0	0.0	0	0.0
Poisoning	5	22.2	0	0.0
Smoke, fire and flames	1	4.4	0	0.0
Falls	1	4.4	0	0.0
Drowning	0	0.0	0	0.0
Firearms	0	0.0	0	0.0
Other accidents	1	---	0	---

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

DEATHS BY AGE GROUP		
Age group	Number	Rate
Total	237	10.5
0 to 14	6	1.6
15 to 44	23	2.5
45 to 64	59	9.6
65 to 84	103	34.2
85+	46	145.1

Rate is per 1,000 population in age group.

SELECTED CANCER SITE DEATHS	Both Sexes		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All cancers	50	222.2	29	238.3	21	203.1
Trachea, bronchus, lung, pleura	19	84.4	11	90.4	8	77.4
Colorectal	1	4.4	0	0.0	1	9.7
Breast (female)	4	17.8	0	0.0	4	38.7
Prostate (male)	1	4.4	1	8.2	0	0.0
Pancreas	2	8.9	2	16.4	0	0.0
Leukemias	1	4.4	0	0.0	1	9.7
Non-Hodgkin's lymphomas	1	4.4	1	8.2	0	0.0
Ovary (female)	2	8.9	0	0.0	2	19.3
Brain and other nervous system	0	0.0	0	0.0	0	0.0
Stomach	1	4.4	1	8.2	0	0.0
Uterus & cervix (female)	0	0.0	0	0.0	0	0.0
Esophagus	1	4.4	1	8.2	0	0.0
Melanoma of skin	1	4.4	1	8.2	0	0.0
Other	16	---	11	---	5	---

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.

FAYETTE 2014 HEALTH PROFILE

BIRTHS BY AGE OF MOTHER					
	TOTAL	10-14	15-17	18-19	20 plus
All births	175	0	2	12	161
Rate	---	0.0	6.9	62.2	54.7
White	153	0	2	12	139
Rate	---	0.0	8.1	72.3	55.3
Black & Other	22	0	0	0	22
Rate	---	0.0	0.0	0.0	51.2

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	Number	142
	Rate	8.4
Divorces	Number	27
	Rate	1.6

Rate is per 1,000 population.

2014 POPULATION	
Total	16,874
White	14,548
Black and Other	2,326
Median age	43.1
Life expectancy at birth	75.0
Total fertility rate per 1,000 women aged 10-49	1890.5

NATALITY				
	All Women		Women 10-19	
	Number	Rate	Number	Rate
Est. pregnancies	227	79.1	19	19.3
Births	175	10.4	14	14.3
Abortions	15	5.2	2	2.0
Est. fetal losses	37	---	3	---

Birth rate is per 1,000 population.
Pregnancy and abortion rates are per 1,000 females 15-44 (all woman) or 10-19.

	All Women		Women 10 to 19	
	Number	Percent	Number	Percent
Births to unmarried women	60	34.3	10	71.4
Low weight births	13	7.4	3	21.4
Multiple births	6	3.4	0	0.0
Medicaid births	98	56.0	13	92.9

Percent is percent of all births with known status for all woman or specified age group.

SELECTED NOTIFIABLE DISEASES	
	New Cases
HIV	1
Syphilis	3
Gonorrhea	4
Chlamydia	66
Tuberculosis	0

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP						
	All Ages			Ages 10-19		
	All Races	White	Black & Other	All Races	White	Black & Other
Infant deaths	0	0	0	0	0	0
Rate per 1,000 births	0.0	0.0	0.0	0.0	0.0	0.0
Postneonatal deaths	0	0	0	0	0	0
Rate per 1,000 births	0.0	0.0	0.0	0.0	0.0	0.0
Neonatal deaths	0	0	0	0	0	0
Rate per 1,000 births	0.0	0.0	0.0	0.0	0.0	0.0

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

2014 POPULATIONS BY AGE GROUP, RACE AND SEX									
Age	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	16,874	8,359	8,515	14,548	7,254	7,294	2,326	1,105	1,221
0-4	903	472	431	741	408	333	162	64	98
5-9	1,032	551	481	860	461	399	172	90	82
10-14	1,046	546	500	893	462	431	153	84	69
15-44	5,852	2,981	2,871	5,048	2,586	2,462	804	395	409
45-64	4,741	2,338	2,403	4,090	2,024	2,066	651	314	337
65-84	2,968	1,348	1,620	2,635	1,201	1,434	333	147	186
85+	332	123	209	281	112	169	51	11	40

FAYETTE 2014 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	230	119	111	211	110	101	19	9	10
Death rate per 1,000 pop.	13.6	14.2	13.0	14.5	15.2	13.8	8.2	8.1	8.2

SELECTED CAUSES	Total		Male		Female		White		Black & Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart disease	47	278.5	27	323.0	20	234.9	44	302.4	3	129.0
Cancer	58	343.7	34	406.7	24	281.9	53	364.3	5	215.0
Stroke	12	71.1	8	95.7	4	47.0	12	82.5	0	0.0
Accidents	14	83.0	7	83.7	7	82.2	13	89.4	1	43.0
CLRD	9	53.3	4	47.9	5	58.7	8	55.0	1	43.0
Diabetes	5	29.6	1	12.0	4	47.0	3	20.6	2	86.0
Inf. & pneumonia	10	59.3	3	35.9	7	82.2	8	55.0	2	86.0
Alzheimer's disease	10	59.3	2	23.9	8	94.0	9	61.9	1	43.0
Suicide	6	35.6	6	71.8	0	0.0	6	41.2	0	0.0
Homicide	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
HIV disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rate is per 100,000 population.

ACCIDENTAL DEATHS	All Ages		Children Under 20	
	Number	Rate	Number	Rate
All accidents	14	83.0	26	635.5
Motor vehicle	6	35.6	1	24.7
Suffocation	0	0.0	0	0.0
Poisoning	2	11.9	0	0.0
Smoke, fire and flames	1	5.9	0	0.0
Falls	2	11.9	0	0.0
Drowning	0	0.0	0	0.0
Firearms	0	0.0	0	0.0
Other accidents	3	---	0	---

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	230	13.6
0 to 14	1	0.3
15 to 44	10	1.7
45 to 64	53	11.2
65 to 84	104	35.0
85+	62	186.7

Rate is per 1,000 population in age group.

SELECTED CANCER SITE DEATHS	Both Sexes		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All cancers	58	343.7	34	406.7	24	281.9
Trachea, bronchus, lung, pleura	21	124.5	12	143.6	9	105.7
Colorectal	4	23.7	2	23.9	2	23.5
Breast (female)	3	17.8	0	0.0	3	35.2
Prostate (male)	4	23.7	4	47.9	0	0.0
Pancreas	0	0.0	0	0.0	0	0.0
Leukemias	3	17.8	1	12.0	2	23.5
Non-Hodgkin's lymphomas	4	23.7	3	35.9	1	11.7
Ovary (female)	1	5.9	0	0.0	1	11.7
Brain and other nervous system	1	5.9	1	12.0	0	0.0
Stomach	1	5.9	1	12.0	0	0.0
Uterus & cervix (female)	0	0.0	0	0.0	0	0.0
Esophagus	0	0.0	0	0.0	0	0.0
Melanoma of skin	1	5.9	1	12.0	0	0.0
Other	15	---	9	---	6	---

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.

GREENE 2014 HEALTH PROFILE

BIRTHS BY AGE OF MOTHER					
	TOTAL	10-14	15-17	18-19	20 plus
All births	103	0	3	7	93
Rate	---	0.0	19.7	69.3	63.5
White	13	0	0	0	13
Rate	---	0.0	0.0	0.0	67.0
Black & Other	90	0	3	7	80
Rate	---	0.0	21.6	75.3	62.9

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	Number	47
	Rate	5.5
Divorces	Number	2
	Rate	0.2

Rate is per 1,000 population.

2014 POPULATION	
Total	8,553
White	1,580
Black and Other	6,973
Median age	42.2
Life expectancy at birth	75.0
Total fertility rate per 1,000 women aged 10-49	2074.5

NATALITY				
	All Women		Women 10-19	
	Number	Rate	Number	Rate
Est. pregnancies	154	107.1	15	27.9
Births	103	12.0	10	18.6
Abortions	27	18.8	2	3.7
Est. fetal losses	24	---	3	---

Birth rate is per 1,000 population.
Pregnancy and abortion rates are per 1,000 females 15-44 (all woman) or 10-19.

	All Women		Women 10 to 19	
	Number	*Percent*	Number	Percent
Births to unmarried women	88	85.4	10	100.0
Low weight births	16	15.5	2	20.0
Multiple births	6	5.8	0	0.0
Medicaid births	84	81.6	10	100.0

Percent is percent of all births with known status for all woman or specified age group.

SELECTED NOTIFIABLE DISEASES	
	New Cases
HIV	6
Syphilis	4
Gonorrhea	25
Chlamydia	102
Tuberculosis	0

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP						
	All Ages			Ages 10-19		
	All Races	White	Black & Other	All Races	White	Black & Other
Infant deaths	3	0	3	1	0	1
Rate per 1,000 births	29.1	0.0	33.3	100.0	0.0	100.0
Postneonatal deaths	1	0	1	0	0	0
Rate per 1,000 births	9.7	0.0	11.1	0.0	0.0	0.0
Neonatal deaths	2	0	2	1	0	1
Rate per 1,000 births	19.4	0.0	22.2	100.0	0.0	100.0

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

2014 POPULATIONS BY AGE GROUP, RACE AND SEX									
Age	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	8,553	4,059	4,494	1,580	805	775	6,973	3,254	3,719
0-4	504	264	240	63	35	28	441	229	212
5-9	566	283	283	104	62	42	462	221	241
10-14	574	290	284	79	45	34	495	245	250
15-44	2,868	1,430	1,438	374	201	173	2,494	1,229	1,265
45-64	2,508	1,137	1,371	525	260	265	1,983	877	1,106
65-84	1,280	578	702	367	178	189	913	400	513
85+	253	77	176	68	24	44	185	53	132

GREENE 2014 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	108	56	52	21	10	11	87	46	41
Death rate per 1,000 pop.	12.6	13.8	11.6	13.3	12.4	14.2	12.5	14.1	11.0

SELECTED CAUSES	Total		Male		Female		White		Black & Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart disease	43	502.7	26	640.6	17	378.3	4	253.2	39	559.3
Cancer	21	245.5	6	147.8	15	333.8	6	379.7	15	215.1
Stroke	4	46.8	3	73.9	1	22.3	1	63.3	3	43.0
Accidents	5	58.5	3	73.9	2	44.5	1	63.3	4	57.4
CLRD	1	11.7	1	24.6	0	0.0	1	63.3	0	0.0
Diabetes	1	11.7	1	24.6	0	0.0	0	0.0	1	14.3
Inf. & pneumonia	5	58.5	3	73.9	2	44.5	0	0.0	5	71.7
Alzheimer's disease	1	11.7	0	0.0	1	22.3	0	0.0	1	14.3
Suicide	1	11.7	1	24.6	0	0.0	1	63.3	0	0.0
Homicide	1	11.7	1	24.6	0	0.0	0	0.0	1	14.3
HIV disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rate is per 100,000 population.

ACCIDENTAL DEATHS	All Ages		Children Under 20	
	Number	Rate	Number	Rate
All accidents	5	58.5	0	0.0
Motor vehicle	5	58.5	0	0.0
Suffocation	0	0.0	0	0.0
Poisoning	0	0.0	0	0.0
Smoke, fire and flames	0	0.0	0	0.0
Falls	0	0.0	0	0.0
Drowning	0	0.0	0	0.0
Firearms	0	0.0	0	0.0
Other accidents	0	---	0	---

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	108	12.6
0 to 14	3	1.8
15 to 44	6	2.1
45 to 64	35	14.0
65 to 84	42	32.8
85+	22	87.0

Rate is per 1,000 population in age group.

SELECTED CANCER SITE DEATHS	Both Sexes		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All cancers	21	245.5	6	147.8	15	333.8
Trachea, bronchus, lung, pleura	6	70.2	1	24.6	5	111.3
Colorectal	5	58.5	2	49.3	3	66.8
Breast (female)	1	11.7	0	0.0	1	22.3
Prostate (male)	1	11.7	1	24.6	0	0.0
Pancreas	1	11.7	0	0.0	1	22.3
Leukemias	0	0.0	0	0.0	0	0.0
Non-Hodgkin's lymphomas	0	0.0	0	0.0	0	0.0
Ovary (female)	1	11.7	0	0.0	1	22.3
Brain and other nervous system	0	0.0	0	0.0	0	0.0
Stomach	0	0.0	0	0.0	0	0.0
Uterus & cervix (female)	1	11.7	0	0.0	1	22.3
Esophagus	2	23.4	2	49.3	0	0.0
Melanoma of skin	0	0.0	0	0.0	0	0.0
Other	3	---	0	---	3	---

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.

HALE 2014 HEALTH PROFILE

BIRTHS BY AGE OF MOTHER	TOTAL	10-14	15-17	18-19	20 plus
All births	225	1	5	23	196
Rate	---	2.1	15.3	105.5	69.8
White	93	0	3	10	80
Rate	---	0.0	28.0	138.9	79.2
Black & Other	132	1	2	13	116
Rate	---	3.3	9.1	89.0	64.5

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	Number	140
	Rate	9.2
Divorces	Number	35
	Rate	2.3

Rate is per 1,000 population.

2014 POPULATION	
Total	15,184
White	6,197
Black and Other	8,987
Median age	41.0
Life expectancy at birth	74.4
Total fertility rate per 1,000 women aged 10-49	2377.5

NATALITY	All Women		Women 10-19	
	Number	Rate	Number	Rate
Est. pregnancies	321	113.6	42	40.7
Births	225	14.8	29	28.1
Abortions	46	16.3	7	6.8
Est. fetal losses	50	---	6	---

Birth rate is per 1,000 population.
Pregnancy and abortion rates are per 1,000 females 15-44 (all woman) or 10-19.

	All Women		Women 10 to 19	
	Number	Percent	Number	Percent
Births to unmarried women	131	58.2	27	93.1
Low weight births	28	12.4	2	6.9
Multiple births	12	5.3	0	0.0
Medicaid births	151	67.1	26	89.7

Percent is percent of all births with known status for all woman or specified age group.

SELECTED NOTIFIABLE DISEASES	New Cases
HIV	7
Syphilis	1
Gonorrhea	41
Chlamydia	208
Tuberculosis	1

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP	All Ages			Ages 10-19		
	All Races	White	Black & Other	All Races	White	Black & Other
Infant deaths	1	0	1	0	0	0
Rate per 1,000 births	4.4	0.0	7.6	0.0	0.0	0.0
Postneonatal deaths	0	0	0	0	0	0
Rate per 1,000 births	0.0	0.0	0.0	0.0	0.0	0.0
Neonatal deaths	1	0	1	0	0	0
Rate per 1,000 births	4.4	0.0	7.6	0.0	0.0	0.0

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

2014 POPULATIONS BY AGE GROUP, RACE AND SEX	All Races			White			Black and Other		
Age	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	15,184	7,166	8,018	6,197	3,038	3,159	8,987	4,128	4,859
0-4	939	487	452	304	161	143	635	326	309
5-9	927	463	464	367	171	196	560	292	268
10-14	981	494	487	351	168	183	630	326	304
15-44	5,400	2,574	2,826	1,952	973	979	3,448	1,601	1,847
45-64	4,310	2,025	2,285	1,843	959	884	2,467	1,066	1,401
65-84	2,280	1,032	1,248	1,216	561	655	1,064	471	593
85+	347	91	256	164	45	119	183	46	137

HALE 2014 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	184	86	98	86	40	46	98	46	52
Death rate per 1,000 pop.	12.1	12.0	12.2	13.9	13.2	14.6	10.9	11.1	10.7

SELECTED CAUSES	Total		Male		Female		White		Black & Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart disease	54	355.6	27	376.8	27	336.7	24	387.3	30	333.8
Cancer	35	230.5	17	237.2	18	224.5	15	242.1	20	222.5
Stroke	8	52.7	4	55.8	4	49.9	3	48.4	5	55.6
Accidents	7	46.1	2	27.9	5	62.4	4	64.5	3	33.4
CLRD	6	39.5	1	14.0	5	62.4	5	80.7	1	11.1
Diabetes	5	32.9	2	27.9	3	37.4	1	16.1	4	44.5
Inf. & pneumonia	6	39.5	3	41.9	3	37.4	4	64.5	2	22.3
Alzheimer's disease	7	46.1	4	55.8	3	37.4	1	16.1	6	66.8
Suicide	1	6.6	1	14.0	0	0.0	1	16.1	0	0.0
Homicide	3	19.8	3	41.9	0	0.0	1	16.1	2	22.3
HIV disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rate is per 100,000 population.

ACCIDENTAL DEATHS	All Ages		Children Under 20	
	Number	Rate	Number	Rate
All accidents	7	46.1	27	675.7
Motor vehicle	3	19.8	1	25.5
Suffocation	0	0.0	0	0.0
Poisoning	2	13.2	0	0.0
Smoke, fire and flames	1	6.6	0	0.0
Falls	0	0.0	0	0.0
Drowning	0	0.0	0	0.0
Firearms	0	0.0	0	0.0
Other accidents	1	---	0	---

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	184	12.1
0 to 14	2	0.7
15 to 44	10	1.9
45 to 64	45	10.4
65 to 84	79	34.6
85+	48	138.3

Rate is per 1,000 population in age group.

SELECTED CANCER SITE DEATHS	Both Sexes		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All cancers	35	230.5	17	237.2	18	224.5
Trachea, bronchus, lung, pleura	7	46.1	3	41.9	4	49.9
Colorectal	1	6.6	1	14.0	0	0.0
Breast (female)	4	26.3	0	0.0	4	49.9
Prostate (male)	1	6.6	1	14.0	0	0.0
Pancreas	5	32.9	2	27.9	3	37.4
Leukemias	2	13.2	2	27.9	0	0.0
Non-Hodgkin's lymphomas	0	0.0	0	0.0	0	0.0
Ovary (female)	0	0.0	0	0.0	0	0.0
Brain and other nervous system	0	0.0	0	0.0	0	0.0
Stomach	3	19.8	3	41.9	0	0.0
Uterus & cervix (female)	4	26.3	0	0.0	4	49.9
Esophagus	2	13.2	2	27.9	0	0.0
Melanoma of skin	2	13.2	2	27.9	0	0.0
Other	4	---	1	---	3	---

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.

LAMAR 2014 HEALTH PROFILE

BIRTHS BY AGE OF MOTHER					
	TOTAL	10-14	15-17	18-19	20 plus
All births	146	0	1	11	134
Rate	---	0.0	4.1	68.3	55.1
White	132	0	1	10	121
Rate	---	0.0	5.0	74.6	58.4
Black & Other	14	0	0	1	13
Rate	---	0.0	0.0	37.0	36.4

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	Number	123
	Rate	8.7
Divorces	Number	68
	Rate	4.8

Rate is per 1,000 population.

2014 POPULATION	
Total	14,086
White	12,265
Black and Other	1,821
Median age	44.2
Life expectancy at birth	72.5
Total fertility rate per 1,000 women aged 10-49	1988.5

NATALITY				
	All Women		Women 10-19	
	Number	Rate	Number	Rate
Est. pregnancies	182	76.7	14	16.4
Births	146	10.4	12	14.1
Abortions	7	2.9	0	0.0
Est. fetal losses	29	---	2	---

Birth rate is per 1,000 population.
Pregnancy and abortion rates are per 1,000 females 15-44 (all woman) or 10-19.

	All Women		Women 10 to 19	
	Number	Percent	Number	Percent
Births to unmarried women	55	37.7	11	91.7
Low weight births	22	15.1	2	16.7
Multiple births	4	2.7	0	0.0
Medicaid births	77	52.7	9	75.0

Percent is percent of all births with known status for all woman or specified age group.

SELECTED NOTIFIABLE DISEASES	
New Cases	
HIV	1
Syphilis	0
Gonorrhea	12
Chlamydia	61
Tuberculosis	0

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP						
	All Ages			Ages 10-19		
	All Races	White	Black & Other	All Races	White	Black & Other
Infant deaths	0	0	0	0	0	0
Rate per 1,000 births	0.0	0.0	0.0	0.0	0.0	0.0
Postneonatal deaths	0	0	0	0	0	0
Rate per 1,000 births	0.0	0.0	0.0	0.0	0.0	0.0
Neonatal deaths	0	0	0	0	0	0
Rate per 1,000 births	0.0	0.0	0.0	0.0	0.0	0.0

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

2014 POPULATIONS BY AGE GROUP, RACE AND SEX									
Age	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	14,086	6,868	7,218	12,265	6,036	6,229	1,821	832	989
0-4	709	365	344	580	300	280	129	65	64
5-9	880	464	416	750	401	349	130	63	67
10-14	912	462	450	795	407	388	117	55	62
15-44	4,679	2,305	2,374	4,013	2,001	2,012	666	304	362
45-64	4,021	2,006	2,015	3,506	1,771	1,735	515	235	280
65-84	2,575	1,170	1,405	2,349	1,070	1,279	226	100	126
85+	310	96	214	272	86	186	38	10	28

LAMAR 2014 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	184	105	79	169	94	75	15	11	4
Death rate per 1,000 pop.	13.1	15.3	10.9	13.8	15.6	12.0	8.2	13.2	4.0

SELECTED CAUSES	Total		Male		Female		White		Black & Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart disease	45	319.5	27	393.1	18	249.4	43	350.6	2	109.8
Cancer	41	291.1	27	393.1	14	194.0	39	318.0	2	109.8
Stroke	13	92.3	4	58.2	9	124.7	11	89.7	2	109.8
Accidents	5	35.5	3	43.7	2	27.7	4	32.6	1	54.9
CLRD	16	113.6	11	160.2	5	69.3	15	122.3	1	54.9
Diabetes	3	21.3	1	14.6	2	27.7	3	24.5	0	0.0
Inf. & pneumonia	6	42.6	2	29.1	4	55.4	5	40.8	1	54.9
Alzheimer's disease	7	49.7	3	43.7	4	55.4	7	57.1	0	0.0
Suicide	2	14.2	2	29.1	0	0.0	1	8.2	1	54.9
Homicide	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
HIV disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rate is per 100,000 population.

ACCIDENTAL DEATHS	All Ages		Children Under 20	
	Number	Rate	Number	Rate
All accidents	5	35.5	0	0.0
Motor vehicle	4	28.4	0	0.0
Suffocation	0	0.0	0	0.0
Poisoning	0	0.0	0	0.0
Smoke, fire and flames	0	0.0	0	0.0
Falls	1	7.1	0	0.0
Drowning	0	0.0	0	0.0
Firearms	0	0.0	0	0.0
Other accidents	0	---	0	---

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	184	13.1
0 to 14	1	0.4
15 to 44	3	0.6
45 to 64	36	9.0
65 to 84	101	39.2
85+	43	138.7

Rate is per 1,000 population in age group.

SELECTED CANCER SITE DEATHS	Both Sexes		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All cancers	41	291.1	27	393.1	14	194.0
Trachea, bronchus, lung, pleura	14	99.4	8	116.5	6	83.1
Colorectal	6	42.6	4	58.2	2	27.7
Breast (female)	3	21.3	0	0.0	3	41.6
Prostate (male)	1	7.1	1	14.6	0	0.0
Pancreas	3	21.3	2	29.1	1	13.9
Leukemias	1	7.1	1	14.6	0	0.0
Non-Hodgkin's lymphomas	1	7.1	1	14.6	0	0.0
Ovary (female)	0	0.0	0	0.0	0	0.0
Brain and other nervous system	0	0.0	0	0.0	0	0.0
Stomach	1	7.1	1	14.6	0	0.0
Uterus & cervix (female)	0	0.0	0	0.0	0	0.0
Esophagus	1	7.1	1	14.6	0	0.0
Melanoma of skin	0	0.0	0	0.0	0	0.0
Other	10	---	8	---	2	---

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.

PICKENS 2014 HEALTH PROFILE

BIRTHS BY AGE OF MOTHER					
	TOTAL	10-14	15-17	18-19	20 plus
All births	223	0	4	15	204
Rate	---	0.0	11.9	67.3	53.7
White	111	0	1	4	106
Rate	---	0.0	6.5	38.8	52.6
Black & Other	112	0	3	11	98
Rate	---	0.0	16.6	91.7	54.9

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	Number	178
	Rate	8.7
Divorces	Number	38
	Rate	1.9

Rate is per 1,000 population.

2014 POPULATION	
Total	20,365
White	11,826
Black and Other	8,539
Median age	42.0
Life expectancy at birth	74.0
Total fertility rate per 1,000 women aged 10-49	1822.0

NATALITY				
	All Women		Women 10-19	
	Number	Rate	Number	Rate
Est. pregnancies	307	85.1	30	26.2
Births	223	11.0	19	16.6
Abortions	35	9.7	6	5.2
Est. fetal losses	49	---	5	---

Birth rate is per 1,000 population.
Pregnancy and abortion rates are per 1,000 females 15-44 (all woman) or 10-19.

	All Women		Women 10 to 19	
	Number	Percent	Number	Percent
Births to unmarried women	121	54.3	18	94.7
Low weight births	32	14.3	4	21.1
Multiple births	14	6.3	2	10.5
Medicaid births	133	59.6	17	89.5

Percent is percent of all births with known status for all woman or specified age group.

SELECTED NOTIFIABLE DISEASES	
New Cases	
HIV	4
Syphilis	1
Gonorrhea	25
Chlamydia	131
Tuberculosis	1

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP						
	All Ages			Ages 10-19		
	All Races	White	Black & Other	All Races	White	Black & Other
Infant deaths	6	3	3	2	1	1
Rate per 1,000 births	26.9	27.0	26.8	105.3	200.0	71.4
Postneonatal deaths	1	0	1	0	0	0
Rate per 1,000 births	4.5	0.0	8.9	0.0	0.0	0.0
Neonatal deaths	5	3	2	2	1	1
Rate per 1,000 births	22.4	27.0	17.9	105.3	200.0	71.4

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

2014 POPULATIONS BY AGE GROUP, RACE AND SEX									
Age	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	20,365	10,051	10,314	11,826	6,042	5,784	8,539	4,009	4,530
0-4	1,052	496	556	521	244	277	531	252	279
5-9	1,108	571	537	566	287	279	542	284	258
10-14	1,225	640	585	635	332	303	590	308	282
15-44	7,517	3,909	3,608	4,071	2,230	1,841	3,446	1,679	1,767
45-64	5,836	2,867	2,969	3,489	1,811	1,678	2,347	1,056	1,291
65-84	3,213	1,420	1,793	2,262	1,026	1,236	951	394	557
85+	414	148	266	282	112	170	132	36	96

PICKENS 2014 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	247	136	111	163	96	67	84	40	44
Death rate per 1,000 pop.	12.1	13.5	10.8	13.8	15.9	11.6	9.8	10.0	9.7

SELECTED CAUSES	Total		Male		Female		White		Black & Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart disease	59	289.7	39	388.0	20	193.9	40	338.2	19	222.5
Cancer	56	275.0	37	368.1	19	184.2	36	304.4	20	234.2
Stroke	13	63.8	3	29.8	10	97.0	8	67.6	5	58.6
Accidents	17	83.5	10	99.5	7	67.9	15	126.8	2	23.4
CLRD	7	34.4	6	59.7	1	9.7	6	50.7	1	11.7
Diabetes	4	19.6	4	39.8	0	0.0	3	25.4	1	11.7
Inf. & pneumonia	11	54.0	5	49.7	6	58.2	6	50.7	5	58.6
Alzheimer's disease	12	58.9	5	49.7	7	67.9	10	84.6	2	23.4
Suicide	2	9.8	2	19.9	0	0.0	2	16.9	0	0.0
Homicide	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
HIV disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rate is per 100,000 population.

ACCIDENTAL DEATHS	All Ages		Children Under 20	
	Number	Rate	Number	Rate
All accidents	17	83.5	0	0.0
Motor vehicle	5	24.6	0	0.0
Suffocation	1	4.9	0	0.0
Poisoning	5	24.6	0	0.0
Smoke, fire and flames	0	0.0	0	0.0
Falls	3	14.7	0	0.0
Drowning	1	4.9	0	0.0
Firearms	1	4.9	0	0.0
Other accidents	1	---	0	---

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	247	12.1
0 to 14	6	1.8
15 to 44	8	1.1
45 to 64	60	10.3
65 to 84	108	33.6
85+	65	157.0

Rate is per 1,000 population in age group.

SELECTED CANCER SITE DEATHS	Both Sexes		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All cancers	56	275.0	37	368.1	19	184.2
Trachea, bronchus, lung, pleura	19	93.3	13	129.3	6	58.2
Colorectal	4	19.6	3	29.8	1	9.7
Breast (female)	1	4.9	0	0.0	1	9.7
Prostate (male)	2	9.8	2	19.9	0	0.0
Pancreas	3	14.7	2	19.9	1	9.7
Leukemias	4	19.6	3	29.8	1	9.7
Non-Hodgkin's lymphomas	2	9.8	1	9.9	1	9.7
Ovary (female)	2	9.8	0	0.0	2	19.4
Brain and other nervous system	1	4.9	0	0.0	1	9.7
Stomach	1	4.9	1	9.9	0	0.0
Uterus & cervix (female)	2	9.8	0	0.0	2	19.4
Esophagus	1	4.9	1	9.9	0	0.0
Melanoma of skin	1	4.9	0	0.0	1	9.7
Other	13	---	11	---	2	---

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 2014 HEALTH PROFILE

BIRTHS BY AGE OF MOTHER					
	TOTAL	10-14	15-17	18-19	20 plus
All births	2,521	2	63	151	2,305
Rate	---	0.3	11.8	42.6	49.7
White	1,431	1	29	74	1,327
Rate	---	0.3	8.6	32.9	45.6
Black & Other	1,090	1	34	77	978
Rate	---	0.4	17.5	59.5	56.4

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	Number	992
	Rate	4.9
Divorces	Number	134
	Rate	0.7

Rate is per 1,000 population.

2014 POPULATION	
Total	202,212
White	133,522
Black and Other	68,690
Median age	31.9
Life expectancy at birth	76.6
Total fertility rate per 1,000 women aged 10-49	1519.5

NATALITY				
	All Women		Women 10-19	
	Number	Rate	Number	Rate
Est. pregnancies	3,736	75.4	326	22.3
Births	2,521	12.5	216	14.8
Abortions	645	13.0	60	4.1
Est. fetal losses	570	---	50	---

Birth rate is per 1,000 population.
Pregnancy and abortion rates are per 1,000 females 15-44 (all woman) or 10-19.

	All Women		Women 10 to 19	
	Number	Percent	Number	Percent
Births to unmarried women	1,184	47.0	184	85.2
Low weight births	254	10.1	27	12.5
Multiple births	92	3.6	4	1.9
Medicaid births	1,287	51.1	186	86.1

Percent is percent of all births with known status for all woman or specified age group.

SELECTED NOTIFIABLE DISEASES	
New Cases	
HIV	31
Syphilis	15
Gonorrhea	295
Chlamydia	1,475
Tuberculosis	6

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP						
	All Ages			Ages 10-19		
	All Races	White	Black & Other	All Races	White	Black & Other
Infant deaths	24	8	16	3	1	2
Rate per 1,000 births	9.5	5.6	14.7	13.9	9.6	17.9
Postneonatal deaths	7	3	4	0	0	0
Rate per 1,000 births	2.8	2.1	3.7	0.0	0.0	0.0
Neonatal deaths	17	5	12	3	1	2
Rate per 1,000 births	6.7	3.5	11.0	13.9	9.6	17.9

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

2014 POPULATIONS BY AGE GROUP, RACE AND SEX									
Age	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	202,212	97,626	104,586	133,522	66,058	67,464	68,690	31,568	37,122
0-4	12,127	6,022	6,105	7,193	3,565	3,628	4,934	2,457	2,477
5-9	11,632	5,926	5,706	6,675	3,374	3,301	4,957	2,552	2,405
10-14	11,881	6,113	5,768	6,863	3,502	3,361	5,018	2,611	2,407
15-44	97,198	47,643	49,555	63,140	32,090	31,050	34,058	15,553	18,505
45-64	45,652	21,825	23,827	31,384	15,542	15,842	14,268	6,283	7,985
65-84	20,887	9,189	11,698	16,041	7,245	8,796	4,846	1,944	2,902
85+	2,835	908	1,927	2,226	740	1,486	609	168	441

TUSCALOOSA 2014 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	1,677	834	843	1,192	589	603	485	245	240
Death rate per 1,000 pop.	8.3	8.5	8.1	8.9	8.9	8.9	7.1	7.8	6.5

SELECTED CAUSES	Total		Male		Female		White		Black & Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart disease	367	181.5	205	210.0	162	154.9	259	194.0	108	157.2
Cancer	301	148.9	148	151.6	153	146.3	212	158.8	89	129.6
Stroke	93	46.0	39	39.9	54	51.6	63	47.2	30	43.7
Accidents	69	34.1	44	45.1	25	23.9	49	36.7	20	29.1
CLRD	100	49.5	58	59.4	42	40.2	88	65.9	12	17.5
Diabetes	34	16.8	21	21.5	13	12.4	17	12.7	17	24.7
Inf. & pneumonia	51	25.2	23	23.6	28	26.8	38	28.5	13	18.9
Alzheimer's disease	54	26.7	9	9.2	45	43.0	48	35.9	6	8.7
Suicide	21	10.4	14	14.3	7	6.7	19	14.2	2	2.9
Homicide	11	5.4	11	11.3	0	0.0	1	0.7	10	14.6
HIV disease	4	2.0	4	4.1	0	0.0	0	0.0	4	5.8

Rate is per 100,000 population.

ACCIDENTAL DEATHS	All Ages		Children Under 20	
	Number	Rate	Number	Rate
All accidents	69	34.1	3	5.7
Motor vehicle	30	14.8	1	1.9
Suffocation	2	1.0	0	0.0
Poisoning	21	10.4	0	0.0
Smoke, fire and flames	3	1.5	0	0.0
Falls	1	0.5	0	0.0
Drowning	3	1.5	2	3.8
Firearms	1	0.5	0	0.0
Other accidents	8	---	0	---

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	1,677	8.3
0 to 14	31	0.9
15 to 44	112	1.2
45 to 64	356	7.8
65 to 84	754	36.1
85+	424	149.6

Rate is per 1,000 population in age group.

SELECTED CANCER SITE DEATHS	Both Sexes		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All cancers	301	148.9	148	151.6	153	146.3
Trachea, bronchus, lung, pleura	86	42.5	49	50.2	37	35.4
Colorectal	25	12.4	14	14.3	11	10.5
Breast (female)	19	9.4	0	0.0	19	18.2
Prostate (male)	11	5.4	11	11.3	0	0.0
Pancreas	21	10.4	12	12.3	9	8.6
Leukemias	11	5.4	6	6.1	5	4.8
Non-Hodgkin's lymphomas	8	4.0	4	4.1	4	3.8
Ovary (female)	13	6.4	0	0.0	13	12.4
Brain and other nervous system	4	2.0	4	4.1	0	0.0
Stomach	6	3.0	4	4.1	2	1.9
Uterus & cervix (female)	8	4.0	0	0.0	8	7.6
Esophagus	7	3.5	6	6.1	1	1.0
Melanoma of skin	2	1.0	1	1.0	1	1.0
Other	80	---	37	---	43	---

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.

2016 COMMUNITY HEALTH NEEDS ASSESSMENT

DCH REGIONAL MEDICAL CENTER
and
NORTHPORT MEDICAL CENTER

APPENDIX B

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

	Alabama	Bibb (BI), AL	Fayette (FA), AL	Greene (GR), AL	Hale (HA), AL	Lamar (LA), AL	Pickens (PI), AL	Tuscaloosa (TU), AL
Health Outcomes		43	34	65	54	27	49	14
Length of Life		44	36	57	27	23	37	11
Premature death	9,500	11,000	10,600	12,000	10,000	9,800	10,700	8,600
Quality of Life		41	38	67	60	36	53	28
Poor or fair health	22%	22%	22%	36%	29%	22%	26%	20%
Poor physical health days	4.6	4.8	4.9	6.2	5.6	5.0	5.1	4.5
Poor mental health days	4.7	4.6	4.7	5.6	5.1	4.8	5.0	4.5
Low birthweight	10%	12%	11%	16%	14%	10%	12%	11%
Health Factors		31	34	66	56	23	49	15
Health Behaviors		46	27	67	52	38	55	23
Adult smoking	21%	21%	21%	27%	22%	21%	22%	20%
Adult obesity**	34%	40%	32%	46%	36%	33%	37%	33%
Food environment index**	6.6	7.4	7.4	3.2	6.1	7.4	6.3	6.5
Physical inactivity**	29%	33%	31%	33%	35%	33%	34%	28%
Access to exercise opportunities	63%	33%	27%	15%	58%	22%	1%	76%
Excessive drinking	13%	14%	13%	9%	10%	12%	11%	15%
Alcohol-impaired driving deaths	30%	34%	36%	32%	48%	45%	58%	26%
Sexually transmitted infections**	611.0	367.3	371.0	1,295.6	1,260.7	329.6	654.5	784.5
Teen births	44	48	51	52	43	49	42	29
Clinical Care		29	51	57	53	44	27	7
Uninsured	16%	15%	15%	17%	16%	16%	17%	15%
Primary care physicians	1,570:1	2,810:1	2,420:1	2,910:1	7,700:1		2,770:1	1,380:1
Dentists	2,200:1	5,630:1	3,370:1	8,550:1	7,590:1	4,700:1	10,180:1	2,110:1
Mental health	1,200:1		8,440:1	8,550:1	5,060:1	7,040:1	5,090:1	840:1

	Alabama	**(BI)**, AL	**(FA)**, AL	**(GR)**, AL	**(HA)**, AL	**(LA)**, AL	**(PI)**, AL	**(TU)**, AL
Preventable hospital stays	65	74	101	105	82	85	70	72
Diabetic monitoring	85%	84%	81%	86%	77%	84%	88%	85%
Mammography screening	63%	59%	58%	61%	65%	56%	66%	68%
Social & Economic Factors		25	48	64	55	24	47	12
High school graduation**	81%	81%	78%	73%	78%	83%	88%	75%
Some college	58%	49%	46%	42%	49%	50%	48%	62%
Unemployment	6.8%	7.1%	7.9%	12.6%	9.8%	7.1%	8.2%	6.0%
Children in poverty	27%	27%	29%	46%	37%	28%	35%	23%
Income inequality	5.2	4.3	5.3	4.8	5.6	4.3	5.9	5.1
Children in single-parent households	38%	32%	42%	50%	59%	34%	47%	37%
Social associations	12.5	9.8	10.6	10.3	5.2	9.8	12.4	12.3
Violent crime**	418	236	174	1,113	170	50	226	432
Injury deaths	74	75	98	78	69	90	94	65
Physical Environment		25	3	18	56	2	23	24
Air pollution - particulate matter	12.8	12.9	12.5	12.9	12.9	12.4	12.7	12.7
Drinking water violations		No	No	No	No	No	No	No
Severe housing problems	15%	13%	11%	16%	20%	13%	15%	18%
Driving alone to work	85%	84%	85%	77%	86%	82%	84%	86%
Long commute - driving alone	33%	46%	36%	52%	42%	32%	50%	23%

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

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