FAYETTE MEDICAL CENTER

2013 Community Health Needs Assessment

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INTRODUCTION

In 1936, long time Fayette County physician, Dr. B. W. McNease, acting out of a sense of duty and responsibility for the health care of the people of Fayette County, Alabama, lead the community to develop and build Fayette County's first hospital. As a public non-profit hospital, Fayette Medical Center continues to serve the citizens of Fayette County with a wide range of health services.

Fayette Medical center, located in Fayette, Alabama is approximately 45 miles north of the Tuscaloosa, Alabama metropolitan area. The hospital's service area extends throughout Fayette County, Alabama and includes the Southern area of Lamar County, Alabama. The hospital employs approximately 318 staff members on average and has 5 physicians on staff. In 2012 Fayette Medical Center treated 1.407 admitted patients and 14,665 emergency patient visits. In addition, this small rural hospital administered over 37,000 outpatient procedures and 674 surgery cases.

Fayette Medical Center consists of a 61-bed hospital and a 122-bed nursing home. The hospital has been under a lease agreement with DCH Health System since 1984. Fayette Medical Center also operates an eight-bed intensive care unit, maintains a five-suite surgical department and a large, centrally monitored recovery area and an Emergency Department that is staffed by full-time physicians. In addition to general surgery and advanced endoscopic procedures, weekly eye surgery and orthopedic surgery are performed on site by surgeons from DCH Regional Medical Center in Tuscaloosa. The hospital is equipped with modern radiology equipment including an in-house three-dimensional CT scanner and an MRI. Patients have access to nuclear medicine, ultrasound with cardiac Doppler, angiography, mammography, bone densitometry and fluoroscopic equipment at Fayette Medical Center.

EXECUTIVE SUMMARY

As part of a total system collaborative and joint community needs assessment effort, DCH Health System organized stakeholders and an assessment process for each of the hospitals operated under the DCH health System ownership, management or control. On June 13, 2013, Fayette Medical Center, under the direction of DCH Health System, formally convened a local and separate Community Stakeholder Committee (the "CHNA Committee") and commenced an assessment of health care needs for the communities served by the Fayette Medical Center. For purposes of this Community Health Needs Assessment ("CHNA") Fayette Medical Center's service area was deemed by the CHNA Committee to consist of Fayette County, Alabama and the southern portion of Lamar County, Alabama. The CHNA Committee consisted of 21 members, who are community leaders in the hospital's primary service area and reflected the geographic, gender, racial and ethnic diversity of the hospital's service area.

The CHNA Committee met of June 13, 2013, June 27, 2013, July 11, 2013 and July 25, 2013. Prior to convening the meetings, DCH Health System commissioned a community needs assessment survey that was conducted by the Alabama State University Center for Leadership and Public Policy. The survey consisted of a professionally designed telephone survey using a seven county sample, including Fayette and Lamer counties, provided by Survey Sampling International. The survey was conducted from April 23, 2013 through June 6, 2013. A summary of the survey results, and specific

conclusions and findings related to Fayette Medical Center were shared by survey team leader, Mr. Myles Mayberry, with the entire CHNA Committee at its June 13, 2013 orientation meeting. A complete copy of the survey report is attached hereto as Appendix A.

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

The CHNA Committee meetings were well attended and participation of the members was excellent. As required and expected, the CHNA Committee identified some specific community priorities it determined would improve the overall community health of the population served by Fayette Medical Center. These priorities along with this report were approved by the Committee to be submitted to DCH Health System's Board of Directors for consideration. It was the CHNA Committee's expectation that this CHNA will be updated in 2016 and that progress can be evaluated and measured to permit an updated assessment and report of the hospitals participation in these community goals and objectives.

As a part of the CHNA Committee's evaluative work, the members were provided with substantial health care data and information reflecting the trends of specific health care needs within the service community. This data was primarily obtained and produced by the public health agencies of the State of Alabama. This report will include some of the statistics that describe the health status and health behaviors of residents in the communities served by Fayette Medical Center. There are also statistics and some survey results reflective on how some of Fayette Medical Center's hospital services are utilized. This information was also made available to the CHNA Committee. The healthcare data considered by the CHNA Committee is attached hereto as Appendix B.

METHODOLOGY

Introduction/Statement of Purpose

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

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

Obtaining Public Input

A. Regional Healthcare Survey

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

The Regional Healthcare Survey was conducted by Alabama State University's Center for Leadership and Public Policy polling center operating as New Century Polling and Research. New Century Polling and Research is a computer-aided telephone interviewing (CATI) lab within the Alabama State University Center for Leadership and Public Policy. It was established to provide needed research data not readily available from other sources, and to provide flexible, paying contract work positions for students. At least three public interest surveys are produced and published annually. In addition, proprietary surveys are completed for profit and non-profit organizations on a contractual basis. New Century Polling and Research has been conducting polls since 1999. The research lab consists of 14 calling booths manned largely by trained Alabama State University students (field agents) with an experienced field supervisor monitoring both data entry and verbal communication of no more than

seven field agents. The software employed by the research lab for the purpose of this survey was the latest version of WinQuery, developed and supported by The Analytical Group, Inc. of Scottsdale, Arizona. The software uses random digit dialing of samples purchased by the research lab from Survey Sampling International (SSI), an internationally recognized sample provider in Connecticut. The Alabama State University Center for Leadership and Public Policy has been a member of and subscribed to the standards of the American Association for Public Opinion Research for over ten years.

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

The survey data collected specifically for Fayette Medical Center had a slightly reduced statistical strength; however, the researchers opined that the data met valid sampling parameters. Almost 9 percent of the public surveyed for Fayette Medical Center's service areas were between the ages of 35-49, approximately 32 percent were from 50 to 59 years old and 58.8 percent were 60 or older. Slightly over Seventy percent (70.6%) of those surveyed were female. Over Thirty-five percent (38.3%) of the participants made less than $20,000 a year, 20.5 percent made $21 to $50 thousand and 23.5 percent made more than $51,000 annually. Racially, 11.8% of those surveyed were African American and 88.2 % were Caucasian. The demographics of those surveyed generally reflected the makeup of Fayette Medical Center's service area.

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

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

(1) The healthcare survey found that, in the Fayette Medical Center surveyed area, 88 percent of the participants had required some type of medical assistance for their families in the past year.

(2) Approximately 47 percent of those requiring medical assistance used the local hospital and 37 percent sought care from a private physician to handle their needs. Of those who went to a hospital for treatment, 57 percent used Fayette Medical Center.

(3) Seventy-two percent of the survey participants rated availability of care at Fayette Medical Center as good to excellent; however, 47 percent responded that they required some treatment not available through the local medical providers.

(4) When asked how they paid for their medical expenses, 38 percent of participants said they were covered through Medicare, approximately 35 percent said they used their own cash or own personal insurance, and nearly 21 percent said they used their

employers' insurance. Medicaid payments accounted for only approximately 6 percent of those surveyed.

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

One of the questions used in the survey requested the respondents to identify service or services they would like to see added to Fayette Medical Center's available service offerings. The respondents had a perception of the need to add or improve the number of physicians, including surgeons and pulmonary specialists. Respondents also stated desires for more services for senior citizens and low income families.

B. Stakeholder Committee

In furtherance of its effort to gain access to public input and consider community perceived needs, Fayette Medical Center formed and authorized the establishment of a local stakeholders committee. Committee members were selected to provide the broadest community perspectives possible and to represent community leaders from the hospital's primary service area that reflected the geographic, gender, racial and ethnic diversity of the hospital's service area. The 26-member Committee was selected in June 2013 and the Committee met on four separate occasions to discuss the project and assess its items of priority. The Committee included the following:

DCH Health System/Fayette Medical Center

- Sammy Watson — Director of Community Relations, DCH Health System
- Cathey Sanford - Marketing Coordinator, DCH Health System
- JoAnn Nichols – Fayette Medical Center
- Cynthia Blackburn Melton-Fayette Medical Center

Healthcare

- Heather Collins – RN at Fayette County School System
- Debbie Yerby – Owner – Debbie's Drugs

Local Government

- Rick Cargile – Fayette County Commissioner
- Judge William Oswalt -Probate Judge, Fayette County
- Mayor Ray Nelson – City of Fayette, Mayor

Social Services/Public Health

- Roni- Renae Brasher- Fayette County Cooperative Extension Service
- Denese Marion – Fayette County Mental Health Department
- Vic Pierce – Fayette County Mental Health
- Jason Cowart – Fayette Department of Human Resources

Education

- Portia Stowe - Fayette County School System
- Max Weaver – Bevill State Community College
- Dr. Steve Franks — President, Central Alabama Community College

Community At Large

- Rick Hanna – Owner, McDonalds-Fayette and Tuscaloosa
- Donna Kerr – Owner – Robbie's of Fayette
- Tom Whitley – Citizens Bank
- Tammy Pogue Jones – Morningside of Fayette
- Blanche Shelton – Regions Bank
- Sherry Grey – Retired School Teacher

Business and Industry

- Mark Brown – Insurance Agent/Owner – State Farm Insurance
- Mike Freeman – Owner – Mike Freeman Chevrolet and Mike Freeman Ford
- Zac Freeman – Mike Freeman Chevrolet and Mike Freeman Ford
- Larry Humber – Owner, Prater Company

DCH Health System for the benefit of Fayette Medical Center engaged the assistance of the healthcare consulting firm, Williford & Associates to assist and guide the CHNA Committee through the CHNA process. Williford & Associates principals have had many years of experience in the healthcare industry and have performed various consulting services for hospitals including directing and leading community health needs assessment teams in a variety of settings. The firm acted as a moderator and facilitator for the Committee at each of the stakeholder meetings.

June 13, 2013 Stakeholder Meeting

The initial meeting of the stakeholders was held at Fayette Medical Center on June 13, 2013. The meeting was attended by representatives of DCH Health System and 70% of the enlisted stakeholders were present.

A total of 14 members attended the CHNA Committee's orientation meeting. Mr. Jeff Huff, Assistant Administrator of Fayette Medical Center, welcomed the stakeholders to the first meeting and kick-off of the CHNA for Fayette Medical Center. Mr. Huff invited the stakeholders to introduce themselves and inform every one of their background and professional experience. Mr. Huff gave a general overview of the CHNA process, introduced the professional consulting team assisting in the management of the project and explained that this meeting was for the primary purpose of orientation to the process for the project. Mr. Huff thanked the stakeholders for their participation and the anticipated contribution they would make to promoting healthcare in Fayette Medical Center's service area. Mr. Huff affirmed Fayette Medical Center's intentions to provide the stakeholders freedom and independence in this important process.

Mr. Frank Williford and Ms. Stephanie Craft of Willford and Associates were introduced as the retained health care consultants to assist in the CHNA process. On behalf of Williford and Associates, Ms. Craft informed the stakeholders that the firm is a comprehensive healthcare consulting firm located in Montgomery, Alabama. She also presented a power point information session to the stakeholders describing the requirements, the process and the anticipated results associated with it. Mr. Williford and Ms. Craft have many years of experience in the healthcare industry and have performed various consulting services for DCH Health Systems and others in the hospital community throughout the State of Alabama.

Ms. Craft explained the process of the project to the stakeholders and provided more details of the number of anticipated meetings it would take to accomplish a complete and acceptable CHNA report. Ms. Craft highlighted several points including the fact that the process would (1) identify and define the "community" to be covered by the CHNA- a very significant criteria for the CHNA, including the geographic area and any specific target populations. The stakeholders were informed that the consultants would assist in gathering data and determining what the stakeholders wanted to learn about the community's health, including the range of topics and any issues of particular interest. Williford and Associates were charged to conduct the stakeholder meetings to accomplish this task and facilitate the discussion needed to arrive at a CHNA report; (2) use data and survey results to help define the specific health needs within the Fayette Medical Center's service area; and (3) prepare a written assessment summary or report that describes the community, the process used to conduct the assessment, how the organization took into account community and public health input, and the health needs identified.

Ms. Craft distributed a variety of written materials to the stakeholders which contained additional information about the process and all were asked to review the information before the next stakeholders' meeting. The materials contained a survey of the hospital and a number of healthcare data pages applicable to the Fayette Medical Center's service area.

Some of the highlights of the consultants' presentation included the following:

(1) Community Health Needs Assessments are required by law (assessment, goals, strategies) and this is the first step in process. The CHNA is due by October 1, 2013 and must be approved by the Board.

(2) The stakeholders must:

- ✓ Define the community (people, medically underserved, neighborhood) to be addressed;
- ✓ Assess our community health need (data provided as per Dept. of Public Health, survey);
- ✓ Prioritize the health needs;
- ✓ Get input from those representing the broad community interest;
- ✓ Document the CHNA process in a written report; and
- ✓ Make the CHNA widely available to the public.

(3) The CHNA Participants include the Hospital and Consultants but, the Stakeholders are the directors of this process with ownership of the CHNA plan.

(4) Stakeholder tasks – identify health needs, analyze data, prioritize needs, develop action plans, and engage the community

(5) Expectations – the CHNA should bring about improved awareness of the issues of health, a focus on prevention and wellness, improved accessibility to service, and ultimately improved quality of life. It could also identify new service opportunities for Fayette Medical Center.

(6) Criteria to prioritize needs – The stakeholders should consider whether the needs/actions will improve the health status of the community, the urgency and severity of the need, the likelihood of success, and the financially feasibility. The stakeholders should also consider whether the need/action is consistent with other organizations including local, regional, and national groups.

(7) Public Health Data should be reviewed and studied as part of the process to determine needs. The data provided to the group showed multiple issues of health and the following should be worth the group's consideration:

- ➢ Top selected causes of death to include heart disease and cancer;
- ➢ Negative personal behaviors contributing to obesity and diabetes, including lack of physical activity and poor nutrition;
- ➢ Smoking; and
- ➢ Sexually transmitted infections and diseases.

Counsel for the consulting team, Roger L. Bates, presented a more detailed overview of the CHNA process. Mr. Bates explained that a CHNA is a process for assessing a broad range of individual, environmental, cultural, and health-related information on which to base future decisions and

actions impacting the health of the community. He further explained that the CHNA must be a written document that (1) describes the process used to conduct the assessment, (2) how Fayette Medical Center took into account input from the community and public health members, and (3) a description of the community served, its health needs, needs to be addressed, the reasons those needs were selected, and a summary of the implementation strategy. Mr. Bates explained that the stakeholders' report would eventually be presented to the DCH Health System's Board of Directors who would have the responsibility for adopting an implementation plan. The written plan must describe how the hospital facility plans to meet the identified health needs by taking into account that hospital's specific programs, resources, and priorities.

The Regional Healthcare Survey performed by the Alabama State University Center for Leadership and Public Policy was reviewed with the CHNA Committee by survey team leader, Mr. Myles Mayberry. Mr. Mayberry presented an overview of the methodology used to conduct the survey and reviewed the survey executive summary and highlights with the stakeholders. Mr. Mayberry explained the geographic survey area, briefly explained some of the service area demographics found in the survey results and provided some explanations of the survey results. Mr. Mayberry explained that the survey was conducted in April 2013 and that the survey could be dissected by demographics. All were provided a complete copy of the survey. Mr. Myles's comments included, but were not limited to the following:

(1) This was an independent survey and 13,300 people were called over a footprint of DCH service area. 608 completed the survey.

(2) Mr. Mayberry reviewed the summary notes in the Assessment Survey found at Page 19:

- Forty-seven percent of respondents said they had required treatments not available locally.
- Eighty-eight percent of Fayette County respondents said they have regular checkups.
- Sixty-four percent see drug abuse as a local negative health factor.
- Sixty-two percent see lack of exercise and improper dieting as negatively impacting health locally.
- Forty-one percent of Fayette County respondents were aware of wellness activities; twenty-one percent participated in them.
- Eighty-five percent of Fayette County participants said they always have reliable transportation.
- Fifty-three percent of respondents said they always have access to a computer; thirty-five percent said no access to computer with internet.

Mr. Mayberry also referred the stakeholders to page 26 of the survey and noted the following question asked in the survey and the results obtained:

> Which of the following personal behaviors do you feel have a negative impact on health in your area?
>
> - Smoking 55.9%
> - Improper Dieting 61.8%
> - Lack of exercise 61.8%
> - Alcohol abuse 55.9%
> - Drug abuse 64.7%
> - Other 5.9%

After discussing the survey results, the first series of discussions with the committee were facilitated by the consulting team. Upon completion of Mr. Mayberry's presentation, Ms. Craft reviewed the HHS News information provided to the stakeholders. Ms. Craft discussed the CDC's Healthy People 2020 10-year agenda of improving the health of all Americans and suggested that the needs/actions identified and developed by the stakeholders might fall in line with the goals established nationally. She provided to the group for review, a list of Leading Health Indicators which described a small set of topics considered high priority by the federal government with actions to address. Those included the following:

- **Access to Health Services** - persons with medical insurance, with usual primary care provider;

- **Clinical Preventive Services** - adults who receive colorectal cancer screening based on most recent guidelines, adults with hypertension whose blood pressure is under control, adult diabetic population with an A1c value greater than9 percent, children aged 19 to 35 months who receive recommended doses of vaccines;

- **Environmental Quality** – Air Quality Index exceeding 100, Children aged 3 to 11 years exposed to secondhand smoke;

- **Injury and Violence** – Fatal injuries, Homicides;

- **Maternal, Infant, and Child Health** – Infant deaths, Preterm births;

- **Mental Health** – Suicides, Adolescents who experience major depressive episodes;

- **Nutrition, Physical Activity, and Obesity** – Adults who meet current Federal physical activity guidelines, Adults who are obese, Children and adolescents who are considered obese, Total vegetable intake for persons aged 2 years and older; and

- **Oral Health** – Persons aged 2 years and older who used the oral health care system in the past 12 months.

The stakeholders participated in a discussion period designed to have them explore any known concerns or ideas for the improvement of healthcare in the service area. The consultants also asked the members to consider such issues and bring all ideas and thoughts to the subsequent meetings for further discussion. The committee was also informed that they could direct requests for additional data or speakers they would like to hear. Members of the stakeholder group addressed the following points of interest:

(1) Wellness activities:

- ❖ Bevill State Community College: One member advised that the community college has a wellness center, utilized by students and community education patrons. It includes exercise equipment and weight lifting equipment, and could be better utilized by the community. Community College representatives met with Fayette Medical Center representatives several years ago about developing a wellness center and creating a partnership. There were also financial and resource concerns at the hospital so this center never materialized. It was noted that a Hamilton, AL hospital has an employee that runs the Wellness Center at the Hamilton- Bevill State campus. Bevill is adding PE classes back to the course schedule in Fayette. Original Zumba classes had 200; most recent had 40. The cost at Bevill for 3-1/2 month is $100.

- ❖ Zumba classes also offered downtown for fee.

- ❖ No city or County funded wellness or activity center of any kind.

- ❖ Cardiologists hold individual clinics in Fayette.

- ❖ Walking programs: Use of the city's park or the grounds of the hospital could be considered as venues for the development of these types of programs. It was noted that the community must be encouraged to participate in these programs to create an atmosphere of wellness and participation. Methods to distribute information included the newspaper, the college, or the hospital newsletter to name a few.

- ❖ The Faith based communities could provide venues and help disseminate information as an option.

- ❖ It was suggested that a Bevill State Satellite be considered in Berry. This would reach more people.

- ❖ The college has a health fair at the elementary school. This promotes wellness with children.

- ❖ Due to the lack of resources, the number of health fairs provided by the hospital has dropped. Development of partnerships with business/industry to increase those fairs might be considered.

- Puberty, hygiene, STDs were all considered issues. Sex education was mentioned to address.

- Kids' Net program was very active in the school system for 13 years or so supported by grant money; however, the grant has expired and there has been very little activity since the funding has disappeared. FMC has helped with medical supplies for this program and Bevill nursing students do health assessments (kids have wellness screening-hearing/vision/oral, scoliosis, dentist, sex education, etc.).

- DPH screens all adults in school system (blood sugar, cholesterol, etc.).

- Condom programs are available. This should be investigated as an option to address the high rate of STDs identified through the data.

- Home Economics taught at schools (Family Consumer Sciences now) focuses on healthy eating, living, etc.

- People that do get involved in exercise become loyal (FMC announced closure of the Cardiac Rehab Wellness Program (participants by physician order) and decision to close was ultimately rescinded).

- Service club participation – there are some wellness/activity programs within the various clubs in Fayette but that could be improved. Could have someone from the hospital do a program for various groups.

- Cannot exclude medically underserved and that population may be missing out on what we are already offering. How can we reach out to them? Community newsletters and a community volunteer outreach group could be initiated to work within those specific populations.

- We need to increase awareness of the need and facilities that we do have. It was suggested that the group review existing resources and consider actions to address these issues using the resources currently available. All community resources should be considered. A list of available resources and licensed healthcare facilities was provided to the group by the facilitators.

(2) Connect dots with STDs, education, and healthcare. STD's and sexual activity is a problem in our area. This is not a moral debate. Stakeholders felt the community has a high rate of teen pregnancy – lot of premature birth problems, low birth weight, babies are uninsured with probable health issues, life- long cycle of healthcare.

- School RNs meet resistance in classes, with school administration, with children, and there is overall denial with the depth of sexual activity and/or experimentation.

- ❖ There are one-on-one mentoring programs at the high school & middle school (FOCUS program). These programs should remain in place and emphasized as a resource.
- ❖ School students began tutoring program at housing project so there are volunteers and community interest in various aspects of life. Could do a variation of this and include other topics/issues.

(3) Transportation was discussed as a possible problem, especially for students that need to get to a doctor, dentist, etc.. Most adults find a way to get where they need to. The churches could take on this project and let it be a ministry. Topic to address at next meeting – Is access to healthcare a community problem that we should discuss / address?

(4) Stakeholders also felt that the community suffers from a lot of substance abuse issues – illegal and legal drugs. This covers all elements of society, not just poor or uneducated. This is target for further discussion.

June 27, 2013 Stakeholder Meeting

The second meeting of the CHNA Committee was held at Fayette Medical Center on June 27, 2013. The meeting was again attended by several representatives of DCH Health System and there was good attendance by the stakeholders. Mr. Watson welcomed each stakeholder and expressed appreciation for their help working through this process. The meeting was called to order and facilitated by Healthcare Consultant, Ms. Stephanie Craft. Ms. Craft reviewed with the attendees the request made at the last meeting of the stakeholders for them to offer ideas and suggestions about community health issues that might need addressing and would be appropriate for a CHNA.

As the first order of business, the stakeholder group was asked to consider and determine how to best define" the community" to be addressed in the CHNA. In considering the issue, the stakeholders were asked to also define and discuss the issues that impact the health of "the community". Based upon this stakeholder input, the group was charged to suggest proposed ideas and approaches to address the health needs in need of improvement in the service area.

Ms. Craft facilitated a review of several topics and ideas discussed during the last stakeholder's meeting. Wellness was a major topic that included discussion of the benefits of exercise and proper diet. A Wellness partnership between Bevill State and Fayette Medical Center was discussed. Other topics of discussion and suggestions were made including 1) offering free exercise programs in the downtown area, 2) providing heart healthy screening, 3) offering a satellite program in Berry, 4) reviving Kids Net, 5) providing training through Home Economic programs and 6) publishing a community newsletter. Suggestions were also made that the hospital initiate and facilitate seeking volunteer advocates (housing projects and medically underserved), and utilize faith based programs in reaching into the community to improve the public's health.

Another topic discussed by the stakeholders centered on the prevalence of STDs and sexual activity in the community. These discussions included discussion regarding youth pregnancy, low birth weights, and premature deliveries. It was pointed out that these concerns are supported by health Statistics and Alabama Department of Public Health data. Mentoring programs and family and community resistance were noted during the last meeting as issues to be addressed.

Substance Abuse was suggested as a topic for further discussion during the last meeting. Multiple comments were made regarding the impact this issue has on the community.

The stakeholders discussed the following:

(1) **What is the community of Fayette Medical Center?** Through discussion, it was determined that the community is somewhat larger than just Fayette County and includes Southern Lamar County as well. It was noted that at least one Lamar physician referred patients to Fayette in the past. Data suggests that most patients come from Fayette and Southern Lamar. (Millport, Vernon, Kennedy).

(2) **Each stakeholder recognized the importance of identifying wellness issues and health related problems in the community; however, the question was raised as to funding for recommended initiatives**? Since the CHNA is a federally mandated process, is federal money available and should this group focus on improvement processes with the least financial impact? It was noted that Fayette Medical Center has gone back to its core due to financial challenges.

Ms. Craft stated multiple federal grant opportunities were available; however, thousands of applications are submitted and only a handful of grants are awarded. Funds are also limited. She suggested that the local Cooperative Extension Service had multiple programs available to address some of the identified issues and if those programs had not been utilized, then they could be. She stated that the federal government realizes the burden on hospitals to provide resources to address all the identified needs of a community, so the IRS established CHNA guidelines allow for flexibility in determining financial feasibility associated with developing new programs and resources. With that in mind and understanding that Fayette Medical Center has limited resources to develop new programs, it will be necessary to develop partnerships and find creative, inexpensive methods to address the issues as part of the strategic implementation plan that the stakeholders will recommend to the Board. It was noted that a budget will need to be developed, but it is possible that the hospital may already have a plan, including marketing, that can be used to address the identified issues. Fayette Medical Center leaders will make those decisions based on the data and recommendations this committee provides as well as their financial situation.

Mr. Bates stated that this committee should also consider available resources already in place in the community that may be under-utilized before recommending new alternatives resulting in financial impact. For example, this Committee may recommend improvement and/or coordination between programs that are already funded. Wasteful spending may

actually be uncoordinated spending. Why build another exercise facility when you can renew utilization for the programs already in place?

Stakeholder Preliminary Identified Priorities

Access to Care was determined to be a priority. The following recommendations were made:

There is concern within the community regarding the hospital and healthcare in general. Many Alabama rural facilities have already closed and the hospital faces significant financial challenges. If we cannot overcome the financial challenges and improve patient utilization, the Fayette community will have an immediate healthcare access problem. Access is a top priority. Suggestions included:

- Promote and preserve access to healthcare in our local community.
- Change the mindset of the community by promoting programs within the community and services available at Fayette Medical Center. This does not cost a lot of money and has a dramatic effect on community awareness and hospital financial bottom line. Communication is the key.
- Increase hospital and DCH System promotional opportunities due to increased benefit to all facilities. Target services that are locally available. Statistically, the vast majority of patients in our area go to FMC or DCH, an overwhelming share.
- Recruit the business community to help promote the hospital. (Industry, business, and retail)
- Improve community perception – base marketing on the nurses and physicians taking care of the community.

After discussing the above listed preliminary priorities, the stakeholders reviewed the following suggestions:

- Advisory Board could take a more active role – County Commission
- Include the business and faith organizations
- Community leaders take the lead and sell this (or worker bee that is designated to do this).
- Develop a panel – give presentations, encourage people to use services
- Investigate and address issues of local physician referrals not going to FMC.

- We have power in our healthcare and need to take that power back.

- Plan to combine – outreach to community and local body.

- Increase low income household participation in wellness programs.

- Promote FMC with people that use the service. DCH has commercials (Rick Hanna) and a great ad campaign.

- Continue informing the public regarding financial needs that this hospital has. With correct management and help from other sources, bring financial challenges to public awareness and to the forefront.

- Understand our fundamental ability to meet the healthcare needs in our community. Everything is magnified without healthcare access in the community.

- Implement a campaign to market specifically to the physicians (make sure they are sending patients here). We need to make sure that physicians in this area continue to use this hospital. Other side of this – make sure there is a program and lead the initiative and go out to the community and talk to potential patients and let them know what we have and promote this. Simple process of taking the lead role and getting info out to the community. Make sure local physicians use the specialists that practice in Fayette. Find out why patients are not using the facility or going to the doctor. It was noted that a DCH employed physician liaison visited all physician offices on a routine basis.

- Physician referrals from Lamar County are very important. Currently, patients that are seen in Lamar County are sent to Winfield, AL. FMC should focus on areas where it is not getting services and increase awareness there. Most felt FMC needed a physician that is supportive of FMC in Lamar County.

- Focus on physician recruitment. Who does it now? (Management of FMC and search firms.

- Physician long range planning – it is forecast that the entire country will face a huge shortage of physicians. Physician recruitment component is critical to any hospital and its access to care. Foreign physicians are being recruited in many hospitals and are paid large sums of money. Coordinate with DCH on physician recruitment and physician alignment as this will impact admissions directly. Local physicians are aging and foreign medical graduates do not do well. Fayette and people in small rural areas are not as comfortable trusting them for treatment.

- Target and spend more on the young people in this area that are currently in medical school to keep them in Fayette. The local physician

is worth more than someone not from this area. The community should favor spending more to keep local talent. A Fayette County person should have an inherent attraction. He is hard to completely value the benefit of keeping local physicians.

The stakeholders discussed some the challenges that might be faced with any CHNA Plan. The concerns included:

- Financial stability – Healthcare side of it needs to have doors opened.

- Rural hospitals have pressure financially and struggle financially to improve access and services. This further supports the discussion regarding services in the community.

- There are many doctors that do not want to do hospital work and this trend is increasing.

- More paperwork and/or computer work involved with patients. Physicians can't justify their increased time in the hospital and make the decision to maintain only an office practice. This causes patients that are admitted to be seen by other physicians that the hospital must hire.

- Fayette physicians are very supportive of the hospital. There are laws specific to the discussion that can occur when seeking physician referrals. If a patient goes to ER, they are referred to the physician on call or backup. Patient always has a right to decide their care. What Fayette Medical Center loses is in the services that are not provided. With its surgery program, Fayette Medical Center lost its depth of surgeries when it lost Dr. Morrison. Fayette Medical Center has been trying to get back to the surgery coverage as close as close as possible.

- This hospital as a rural facility has facilities that compare anywhere. It does a good job based on all the surveys. The hospital can only meet so many needs and it was felt management is capturing everyone they can.

- Up and coming physicians are hard to recruit and are lured to specialties such as dermatology or radiology.

- Trauma patients are managed through the trauma center and they elect where the ambulance must take them. FMC's surgeon can't work 24/7 and that limits the hospital's coverage.

- Northern Fayette County – FMC loses some people that choose to go to Winfield. Buying and referral patterns indicate this loss is due to support of the area and services in which they live.

- Politics, economics, heritage, roots – north end Fayette County man became a physician. He talked to Fayette and Winfield and was offered a

better financial package in Winfield. Winfield hospital is a for-profit and can be more aggressive.

- Loss of patient referrals due to physician broadening of practice, and federal or insurance reimbursement cuts. (For example: there are higher patient insurance deductibles when lab work is processed at a hospital versus other outpatient sources. FMC is currently addressing this challenge and making changes so that patient lab work process to reflect that lab work is performed on an outpatient basis.) It was noted that DCH places an employed Phlebotomist in some offices and nursing homes.

- FMC utilizes the Medical Staff Meetings so that specialists have an opportunity to meet the local physicians and request their referrals. Lunch and learn programs have not been very successful due to physicians being so busy with their practice and/or taking care of patients in the hospital.

- Marketing at FMC and at DCH has been reduced due to financial challenges. DCH personnel create ads and provide primary marketing for FMC. The Healthy Community newsletter that is presently included in all Tuscaloosa and Fayette newspapers may soon be eliminated due to financial concerns.

July 11, 2013 Stakeholders Meeting

The third meeting of the committee was held at Fayette Medical Center on July 11, 2013. The meeting was well attended by stakeholders and representatives of DCH Health System. Consultant, Stephanie Craft welcomed the group and began the meeting with the distribution of a priority process worksheet for review. As part of the CHNA process, prioritization of the needs is required based on identified and validated data and discussions. The worksheet listed the needs identified through the health data provided, the independent survey, and the discussions among the Stakeholder group.

The Stakeholders were asked to review and rank the issues of health according to their perception of need, to list potential resources available to use, and to identify the burden, financial feasibility, and possible effectiveness of the implementation of any plan to address those needs. Ms. Craft asked Stakeholders to submit individual preferences as quickly as possible so that the facilitator team could develop an outline of the top identified priority needs to present to the Stakeholders at the final CHNA meeting. The outline and prioritized needs are to be used as the focal point for the development of an action plan as part of the strategic implementation plan of the CHNA.

Ms. Craft also recapped issues of health discussed in earlier meetings and suggested to the group that they begin to prioritize those issues. Discussions included the following:

(1) Ms. Craft provided to the group new information on the Alabama Partnership for TeleHealth and the potential use of telemedicine to address the issue of ***access to care*** identified as a need in the community. Access to care is a barrier for multiple populations in the area including the medically underserved and uninsured. Providing services and education through this option could substantially improve the health status in the community. Substance abuse, diabetes, and asthma education are topics provided through the Tuscaloosa office of the Alabama Department of Public Health. Northwest Alabama Mental Health is using telepsychiatry to address mental health issues in five counties. According to one Stakeholder, the volume of patients needing this service is in the hundreds each week and the local mental health office does not have the staff or resources to treat or address all the issues presented. Telemedicine possibly provided weekly might be an option to improve access to care in the area. Although telemedicine is in its infancy in Alabama, it is evolving and is a viable consult/treatment option for patients who can't travel long distances for specialty services or can't leave work or school for basic healthcare services. The University of Alabama's College of Community Health Sciences is an excellent source of information for West Alabama.

(2) After reviewing the available data and through multiple discussions, the group concluded that the ***promotion of wellness*** should be a priority addressed as part of the CHNA. Issues of health identified such as obesity, physical inactivity, alcohol and drug abuse, poor nutrition, smoking, lack of education, heart disease, cancer, diabetes, and stroke could all be addressed with a focus on the development of a wellness program and promotion of lifestyle changes within the community. A DCH representative suggested as one element of a possible action plan, coordination with Fayette Medical Center's Nutritional Services to provide healthy cooking classes for the community. It was also recommended that the Cardiac Rehab program of the Hospital set up booths at various local gatherings to provide education and information on wellness and prevention. Exercise classes in various settings could also be an option. It was also noted that the Cooperative Extension Service has multiple programs to address various issues and a partnership with the hospital to incorporate these programs might also be part of an action plan.

(3) Discussions also centered on ***patient utilization of the hospital.*** It was determined that the hospital is the major economic foundation of the community and provides critical access to care for patients in the community. Addressing community need is not possible without sustaining the hospital. It was determined that part of any future plan should include marketing the services of the hospital and increasing awareness of the services provided. Methods to accomplish this included:

- ✓ Development of a comprehensive directory;
- ✓ Use of the Web and Social Media as sources of information;

- ✓ Use of the Bulletin Board, Print media, and Radio Advertising as support mechanisms to the Web and Social Media;
- ✓ Target local physicians to increase referrals and use the hospital services;
- ✓ Target insured consumers to support the hospital instead of leaving to receive services miles away; and
- ✓ Educate the uninsured and medically underserved to decrease chronic disease and promote wellness to decrease the cost of care necessary to treat disease states.

(4) It was identified through patient data and survey information that many patients are leaving the community to receive services elsewhere. It was suggested that ***physician recruitment*** was crucial to avoid future financial difficulties for the hospital. Suggestions to address these issues included:

- Recruitment of a hospitalist, pediatrician, and or general surgeon;
- Involvement of the Board and Leaders of the community to assist in recruitment;
- Establishing better relationships with local physicians to encourage referrals to the hospital;
- Marketing the Hospital; and
- Focusing recruitment efforts on students currently in medical school from the Fayette area.

Committee legal counsel, Mr. Roger Bates reinforced the function of the Stakeholder group to make suggestions and potential proposals to address the community needs identified through the CHNA process. In relation to physician recruitment, he stated that although the stakeholders couldn't officially recruit physicians, they could certainly provide support as part of the recruitment and retention process. He related the situation to another rural hospital closing and spoke to the devastation created as a result of the closing. Without excessive spending of money and a commitment of time, the Stakeholder group could engage the community and impact the ability to bring much needed physicians and additional services to the community.

July 25, 2013 Stakeholders Meeting

The fourth and final meeting of the CHNA Committee was held at the Fayette Medical Center. The Stakeholders were welcomed by Ms. Craft and thanked for their participation in and dedication to the CHNA process. DCH Health System's Director of Community Relations,

Sammy Watson also expressed DCH's appreciation for the time everyone has given to work through this process. The stakeholders provided great leadership and it is obvious they see the value of the hospital in the community. He noted that the DCH Board would approve a CHNA plan at the September 2013 Board meeting.

After reviewing the public health, web-based data, and survey results provided by the facilitators as well as multiple open discussions, the Stakeholders were asked to prioritize the various health needs that had been identified. As suggested by the published regulatory guidelines of the Affordable Care Act, the group prioritized the needs based on urgency, burden, potential effectiveness, and financial feasibility. They also considered all populations within the community including the medically underserved, the uninsured, and the indigent. Based on Stakeholder prioritization, the summary entitled, *Prioritization of Community Health Needs,* was distributed for review and discussion. The top three needs in order were: **Access to Care/ Patient Utilization of the Hospital, Wellness, and Physician Recruitment.**

C. Healthcare Data

The CHNA utilized a number of resources which are considered core functions to the process. For example, the Stakeholders were provided general information and local data during the process as did invited experts. The core data sources for health related data for Fayette and surrounding counties were presented to the Stakeholders during the initial meeting consisting of health data from the Alabama Department of Public Health and Robert Wood Johnson County Health Rankings. The data sources included county specific health data for Fayette County, statewide health data for Alabama, as well as national health data. The data was presented in a format that exhibited rankings by county, state and national increments. The data and rankings applied in the assessment process were consistent with the population and economic diversity in Fayette County and in Alabama. The Stakeholders were encouraged to consider the data as a useful indicator in the consideration and development of priorities.

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

- ☑ Teen birth rate was defined as a rate per 1,000 women ages 15-19;
- ☑ Children in poverty were defined to apply to children under the age of 18;
- ☑ Limited access to healthy foods included those individuals that do not live close to a grocery store;
- ☑ Inadequate social support included adults without emotional support;
- ☑ Premature deaths were defined as the rate per 100,000 that died before the age of 75;

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

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

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

The data presented throughout the CHNA process will be considered a benchmark measurement for evaluating the progress and in meeting the objectives of the priorities selected by the Stakeholders and approved in the report presented to the Board of Trustees. An example of the data distributed to the Stakeholders may be reviewed in the charts that follow:

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

	Alabama	Bibb (BI)	Fayette (FA)	Greene (GR)	Hale (HA)	Lamar (LA)	Pickens (PI)	Tuscaloosa (TU)
Health Outcomes		**53**	**61**	**55**	**65**	**35**	**51**	**25**
Mortality		**54**	**56**	**44**	**65**	**30**	**55**	**21**
Premature death	9,609	11,544	11,965	10,935	13,943	10,051	11,568	9,446
Morbidity		**54**	**61**	**62**	**53**	**41**	**52**	**37**
Poor or fair health	20%	21%	31%	20%	23%	27%	26%	17%
Poor physical health days	4.2	5.0	6.7	4.0	4.4		5.0	4.3
Poor mental health days	4.1	5.3	5.5	5.0	4.1	5.4	3.3	4.3
Low birthweight	10.4%	11.9%	9.6%	15.3%	13.0%	9.0%	12.7%	11.6%
Health Factors		**52**	**22**	**67**	**63**	**32**	**27**	**14**
Health Behaviors		**62**	**11**	**66**	**61**	**28**	**7**	**15**
Adult smoking	23%	33%	17%				14%	22%
Adult obesity	33%	34%	37%	48%	44%	32%	36%	35%
Physical inactivity	31%	37%	33%	38%	36%	36%	33%	29%
Excessive drinking	12%	13%	4%		8%		8%	12%
Motor vehicle crash death rate	23	34	42	33	43	29	31	19
Sexually transmitted infections	562	327	302	1,238	1,326	295	532	620
Teen birth rate	49	48	50	56	46	58	42	31
Clinical Care		**40**	**22**	**65**	**60**	**49**	**30**	**9**
Uninsured	17%	18%	17%	18%	17%	17%	17%	18%
Primary care physicians	1,641:1	3,813:1	2,464:1	3,002:1	15,736:1	4,840:1	2,818:1	1,455:1
Dentists	2,488:1	5,021:1	2,924:1	9,050:1	8,035:1	4,912:1	20,057:1	2,257:1

	Alabama	Bibb (BI)	Fayette (FA)	Greene (GR)	Hale (HA)	Lamar (LA)	Pickens (PI)	Tuscaloosa (TU)
Preventable hospital stays	80	87	79	133	99	113	88	88
Diabetic screening	84%	85%	83%	79%	72%	79%	87%	87%
Mammography screening	65%	57%	63%	51%	60%	61%	65%	73%
Social & Economic Factors		**38**	**33**	**65**	**58**	**32**	**51**	**18**
High school graduation	72%	73%	83%	66%	67%	72%	75%	67%
Some college	56%	42%	40%	36%	40%	42%	41%	61%
Unemployment	9.0%	9.9%	10.4%	14.2%	12.0%	9.9%	10.7%	8.2%
Children in poverty	28%	31%	33%	47%	41%	31%	35%	27%
Inadequate social support	23%	29%	28%			22%	30%	18%
Children in single-parent households	37%	38%	34%	55%	52%	36%	48%	37%
Violent crime rate	427	246	134	1,143	438	56	268	447
Physical Environment		**28**	**60**	**59**	**65**	**11**	**7**	**54**
Daily fine particulate matter	12.9	13.7	13.3	13.9	13.8	13.2	13.6	13.6
Drinking water safety	1%	0%	0%	0%	49%	0%	0%	0%
Access to recreational facilities	7	4	0	0	0	0	10	7
Limited access to healthy foods	8%	2%	1%	21%	0%	0%	2%	7%
Fast food restaurants	54%	45%	67%	25%	50%	31%	44%	60%

Fayette County	Robert Wood Johnson Foundation					
	Fayette County	Error Margin	Alabama	National Benchmark*	Trend	Rank (of 67)
Health Outcomes						**61**
Mortality						56
Premature death	11,965	10,064-13,866	9,609	5,317		
Morbidity						61
Poor or fair health	31%	25-38%	20%	10%		
Poor physical health days	6.7	5.0-8.5	4.2	2.6		
Poor mental health days	5.5	3.2-7.7	4.1	2.3		
Low birthweight	9.6%	8.0-11.2%	10.4%	6.0%		
Health Factors						**22**
Health Behaviors						11
Adult smoking	17%	11-24%	23%	13%		
Adult obesity	37%	31-43%	33%	25%		
Physical inactivity	33%	27-39%	31%	21%		
Excessive drinking	4%	2-8%	12%	7%		
Motor vehicle crash death rate	42	31-55	23	10		
Sexually transmitted infections	302		562	92		
Teen birth rate	50	44-57	49	21		
Clinical Care						22
Uninsured	17%	15-19%	17%	11%		
Primary care physicians**	2,464:1		1,641:1	1,067:1		
Dentists**	2,924:1		2,488:1	1,516:1		
Preventable hospital stays	79	68-91	80	47		
Diabetic screening	83%	73-92%	84%	90%		
Mammography screening	63%	53-74%	65%	73%		
Social & Economic Factors						33
High school graduation**	83%		72%			

	Fayette County	Error Margin	Alabama	National Benchmark*	Trend	Rank (of 67)
Some college	40%	32-48%	56%	70%		
Unemployment	10.4%		9.0%	5.0%		
Children in poverty	33%	25-41%	28%	14%		
Inadequate social support	28%	19-39%	23%	14%		
Children in single-parent households	34%	26-42%	37%	20%		
Violent crime rate	134		427	66		
Physical Environment						60
Daily fine particulate matter	13.3	13.1-13.5	12.9	8.8		
Drinking water safety	0%		1%	0%		
Access to recreational facilities	0		7	16		
Limited access to healthy foods**	1%		8%	1%		
Fast food restaurants	67%		54%	27%		

Comparative Health Statistics for Alabama and Fayette County 2011 DATA						
		Alabama			Fayette	
Life Expectancy		75.7			73.2	
Infant Mortality: All Ages		1,516			3	
Rate Per 1,000 births		8.3			5.3	
Births by Age of Mother: 2011						
Ages 10-19		6,697	11.3%		26	14.4%
All Deaths (per 100, 000)		1,000.6			1,370.6	
Select Causes		Total Deaths	Per 100,000		Total Deaths	Per 100,000
Heart Disease		35,879	250.2		285	328
Cancer		30,564	213.1		243	279.6
Stroke		7,786	54.3		91	104.7
Accidents		7,307	51.0		72	82.9
Diabetes		3,840	26.8		32	36.8
Influenza/Pneumonia		2,755	19.2		37	42.6
Alzheimer		4,498	31.4		38	43.7
Suicide		1,983	13.8		16	18.4
Homicide		1,181	8.2		5	N.A.
Accidental Deaths (per 100, 000)		7,307			72	
Motor Vehicle		2,723	19.0		30	34.5
Selected Cancer Deaths (per 100, 000)						
All Cancers		30,564			243	
Trachea, Bronchus, Lung		9,644	31.5%		68	28%
Colorectal		2,694	8.8%		24	9.8%
Breast		1,974	7%		18	7.4%
Prostate		1,611	6.4%		11	4.5%
Pancreas		1,813	5.9%		14	5.7%
Deaths by Age Group						
0-44		3,932	8.2%		15	5.6%
45-64		11,049	22.8%		56	21.1%
65 – 84		21,112	43.7%		128	48.3%
85+		12,225	25.3%		66	25%

COMMUNITY RESOURCES AND NEEDS OF MEDICALLY UNDERSERVED

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

Fayette County Community Resources

- 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 Medicaid
- American Red Cross - *Disaster relief, services to military, CPR/First Aid/Safety Classes*
- Alabama Rural Health Association
- The Arc of Alabama - *Job skills training and placement for adults age 21 and older*
- Bevill State Community College
- Boys & Girls Club of West Alabama - *Education, recreation, & leadership programs for children and youth*
- 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*
- Fayette County Child Welfare
- Fayette County Parks and Recreation Department
- 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*
- Maude Whatley Health Center - *Provides primary healthcare services to the medically underserved residents of West Alabama*
- The Sickle Cell Disease Association of America - West Alabama Chapter - *Improves health status*
- United Cerebral Palsy of West Alabama - *Serving individuals with intellectual and physical disabilities and their families*
- West Alabama AIDS Outreach - *HIV/AIDS education and services to those living with HIV/AIDS*

The hospital's healthcare consultants also identified other resources that present opportunities for hospital shared community needs programs in the future including but not limited to the following licensed healthcare facilities in the area:

Licensed Health Care Facilities Serving Fayette County

Type of Facility	Facility
Assisted Living Facility	Morningside of Fayette
Community Mental Health Center	Fayette County Mental Health Center
End Stage Renal Disease Treatment Ctr	Fayette Dialysis
Home Health Agency	Fayette Medical Center HomeCare
Hospital	Fayette Medical Center
Independent Clinical Laboratory	Fayette Medical Center Laboratory
Nursing Home	Fayette Med. Center Long Term Care Unit

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

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

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

HEALTH CARE NEED PRIORITIES

The Stakeholders were asked to discuss, consider and reach a consensus with the ranking of the priorities. Following discussion, the group agreed that the three identified needs were certainly the top priorities for the community served by Fayette Medical Center, but it was further discussed and finally determined that Physician Recruitment should be moved to the second priority position. Physician recruitment was deemed to be critical to complement the patient utilization of the hospital and access to care issue which was identified as the top priority for the community. The following are the identified needs with suggested actions to address those needs:

A. Priority-Access to Care / Patient Utilization of the Hospital

Throughout the Stakeholder discussions, it was noted that the hospital had to remain viable in order to address the issues of health that were identified through the CHNA process. Increasing the patient utilization of the hospital and the services provided was the most important method to accomplish this. In order to improve access to care, methods such as educating populations where health disparities exist, creating partnerships with local resources and the potential use of telemedicine were all cited as possibilities. The following suggestions were also noted as methods to achieve the goal of improving access to care and increasing the patient utilization of the hospital:

(1) Develop a local and comprehensive shopper's guide of the resources available

(2) Develop a competitive marketing campaign to increase awareness in areas where potential patients are not using Fayette Medical Center

(3) Create a committee to lobby local House of Representative and Senate members to push for the expansion of the Alabama Medicaid program to maximize reimbursement for the hospital

(4) Develop an in-house policy that encourages patients to remain in FMC as opposed to using other facilities - especially when the treatment is available locally.

(5) Potential use of telemedicine through the hospital to reach patients who do not have transportation or who don't have access to basic or specialty services - especially psychiatry.

B. Priority-Physician Recruitment

In order to develop a plan to promote and achieve success with the Committee's top priority of improving access to care and increasing the use of the hospital and its services, physician recruitment to the area is critical. It is well noted nationwide, that there is a shortage of primary care physicians. Issues associated with rural areas including but not limited to, reimbursement, long office hours, and lack of sharing the responsibility of emergency

department call were identified as major barriers that contribute to the problem. Suggestions to address this included the following:

(1) Continue Fayette Medical Center's active recruitment of three to four hospitalist physicians to work seven days each on a rotating basis.

(2) Develop a Committee to include the FMC Board and community members to work with any hired Recruitment Company to assist in the recruitment process.

(3) Cultivate relationships with medical students from the Fayette area.

(4) Target Rural Scholars program for recruitment purposes. It was noted that the rural health scholars (high school students interested in healthcare careers) and Rural Medical Scholars currently tour FMC, receive healthcare information, and are provided with demonstrations from several departments.

(5) Review financial package for physicians and ensure it is comparable to competitors in the area.

C. Priority-Wellness

As documented by the health care data provided to the Stakeholders, the prevalence of chronic disease is high in the Fayette Medical Center community service area. Most of these diseases have been found to be contributed to or caused by individual and family lifestyles which in turn cause major economic, social, and health-related burdens on the community. Health damaging behaviors such as the lack of physical activity, use of tobacco and alcohol, and poor eating habits all contribute to the leading causes of death in the FMC Community and the State of Alabama. As indicated from public health data, the obesity prevalence in Fayette County is extremely high and is consistent with the State as a whole. The CDC defines obesity as a Body Mass Index greater than 29.8% and Fayette County falls in this category. In all the Stakeholder group meetings, it was determined that a program focused on wellness was imperative in changing the behaviors and risk factors that are causing these major health issues. Suggestions to accomplish this included:

(1) Partner with businesses, Bevill State Community College, and local resources such as the Cooperative Extension Service, the ADPH, and West Alabama Mental Health to use existing programs designed to address the aforementioned risk factors and to implement exercise and walking programs to promote a healthier lifestyle

(2) Create a volunteer network to educate and promote wellness within groups or populations where health disparities exist

(3) Develop a low cost marketing campaign to promote Wellness by educating through information booths at local venues, through promotion at church, and through promotion within the retail community.

MISCELLANEOUS

In addition to the above proposals, the Stakeholders determined that they would request a meeting with the Fayette Medical Center Administration once the formal CHNA report is approved by the DCH Board to discuss follow-up. It was also noted that although the CHNA meeting part of the process is complete, it would be necessary to follow through on these efforts to ensure success. Development of a blue ribbon task force made up of members from the Stakeholder committee as well as other community members would be necessary to achieve this. Stakeholder Committee Member, Mike Freeman agreed to serve as committee chairman of efforts following this meeting. It was further suggested that the Community Health Needs Assessment report could be a formal agenda item for the local Fayette Medical Center Authority Board of Directors where additional discussion is allowed and updates are provided.

OTHER RECOGNIZED HEALTH CARE NEEDS

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

(1) Alcohol and Drug Abuse: These health needs were identified in both the stakeholder discussions and through the independent survey as issues across all elements of society including teens and seniors. It was determined that these negative personal behaviors certainly contributed to the poor health of the community. It was further discussed that changing these negative behaviors would require resources not currently provided and not financial feasible for the hospital to develop immediately; however, it was determined that increasing awareness of the resources currently available was a first step in changing these negative personal behaviors. One method to address these issues throughout the stakeholder discussions was the development of a comprehensive resource guide that was made widely available to citizens in the community. Sources to achieve this included the use of social media, faith-based mentoring programs, and education through the school system. It was also noted that telemedicine is currently offered through West Alabama Mental Health to address these issues. It is a new concept and is evolving in the area. Expansion of this program by increasing days of service would help address this issue.

(2) Teen pregnancies and low-birth weights: These issues of health were identified through the public health data provided to the group from the Alabama Department of Public Health and the Office of Rural Health. Although this issue was not designated as a top priority, it was determined that education and access to care was critical to address this issue. Implementation of the above discussed plan to address the access to care priority is considered a method to address this identified issue.

(3) Lack of Specialty Services including Dermatology, Eye care, Diabetic clinics, Pulmonology, Disability services, adult Alzheimer's day care center, OBGYN, Oncology, Pediatrics: In the independent survey conducted prior to the start of the CHNA, questions asked as part of the survey identified gaps of services in the area

that may contribute to the poor health of the community. While it is the goal of the hospital to provide all services to all citizens, it is impossible to do so. It was determined however, that physician recruitment to the area would certainly be a first step in addressing this issue. It should also be noted that the continuing development of telemedicine in rural areas such as Fayette County will also be a method to address these gaps in services.

(4) Lack of free transportation: This was an issue identified through discussions among the Stakeholders. It was determined that transportation was most likely an issue within the low-income areas. It was suggested that providing free transportation by means of purchasing a bus or a similar vehicle would not be financially feasible for the hospital at this time. It was discussed however, that a method to address this would be a collaborative effort within the faith-based community to create a volunteer program designed to target underserved areas where transportation is an issue so that citizens in these specific populations would have access to basic health care.

(5) Heart Disease, Cancer: The public health data provided to the group identified that heart disease and cancer were the leading causes of death in Fayette County which is consistent with data for the entire State of Alabama. Although these issues were not specifically targeted as priorities, they are addressed within the top priority determined by the stakeholders – Wellness. It was determined that the development of a wellness program designed to decrease obesity, encourage a healthy diet, increase exercise, and improve access to basic care would indeed address these identified issues of health.

These needs were not included in the list of current priorities as the CHNA Committee considered them beyond the hospital's current economic and financial resources. Not only would these substantial projects place a hardship on the hospital's limited capital resources but they would result in additional staffing and personnel demands that would greatly impact the hospital's general operating budgets. In considering the priorities for the CHNA, the CHNA Committee placed the personal needs of the community over the capital improvement projects. Although not considered top priorities, some of these identified needs will be addressed in the strategic implementation plan adopted by Fayette Medical Center.

PLANS FOR UPDATING THE COMMUNITY HEALTH CARE NEEDS ASSESSMENT

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

FAYETTE MEDICAL CENTER

2013 Community Health Needs Assessment

Appendix A

2013 DCH Health System Community Needs Assessment Survey

PREPARED FOR:
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Tuscaloosa, AL 35401
http://www.dchsystem.com/

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Statement of Operations

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

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

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

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

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

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

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

-Some prior clients include:

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

Purpose

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

Methodology

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

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

Executive Summary

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

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

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

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

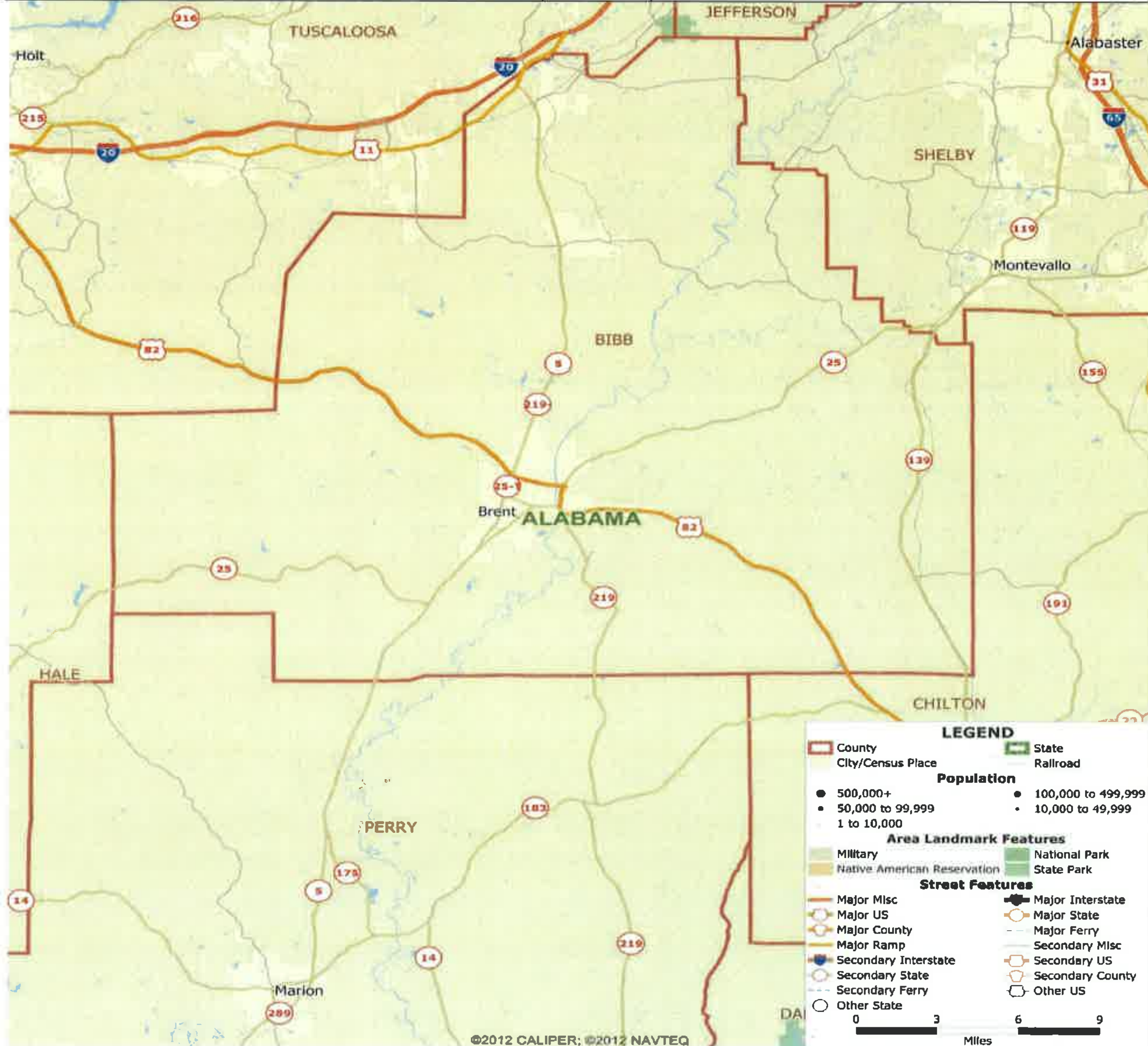
When asked questions about preventive health care, 93 percent of those surveyed said they had regular medical checkups. Sixty-four percent of respondents recognized lack of exercise as having a negative impact on health. Fifty-seven percent also said smoking was a contributing factor, and 53 percent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

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

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

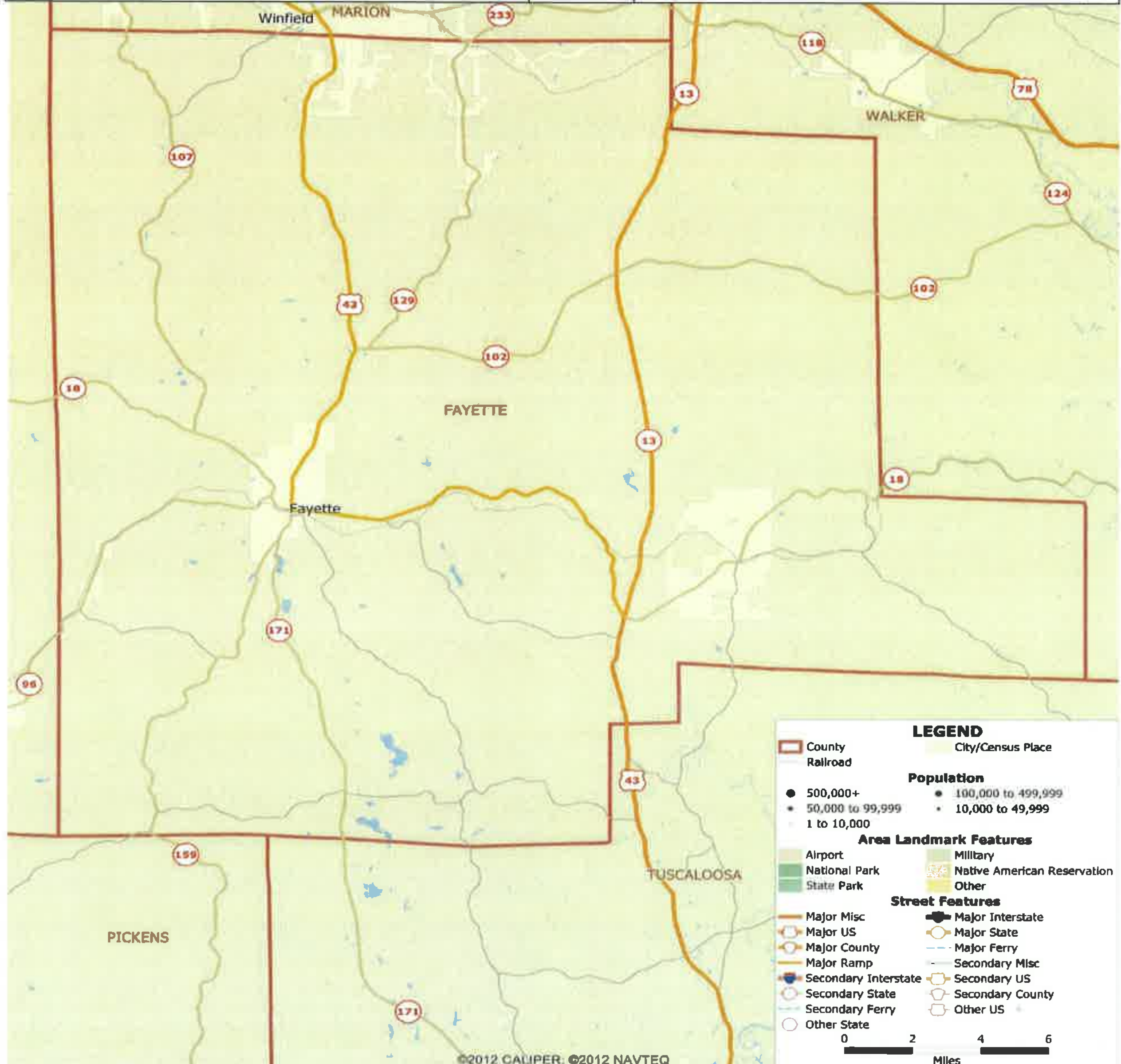
Demographic Profile, Bibb County, AL

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



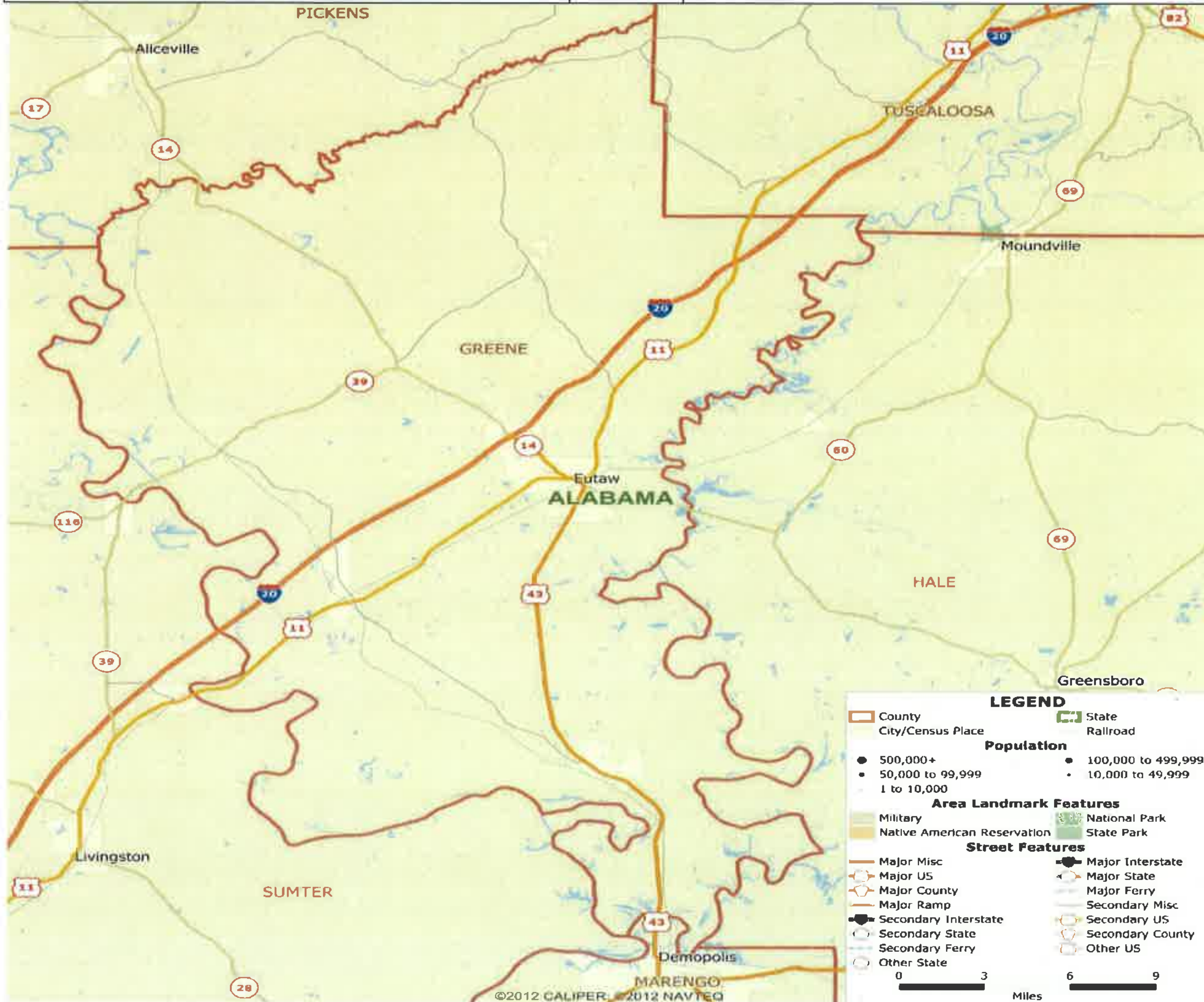
Demographic Profile, Fayette County, AL

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



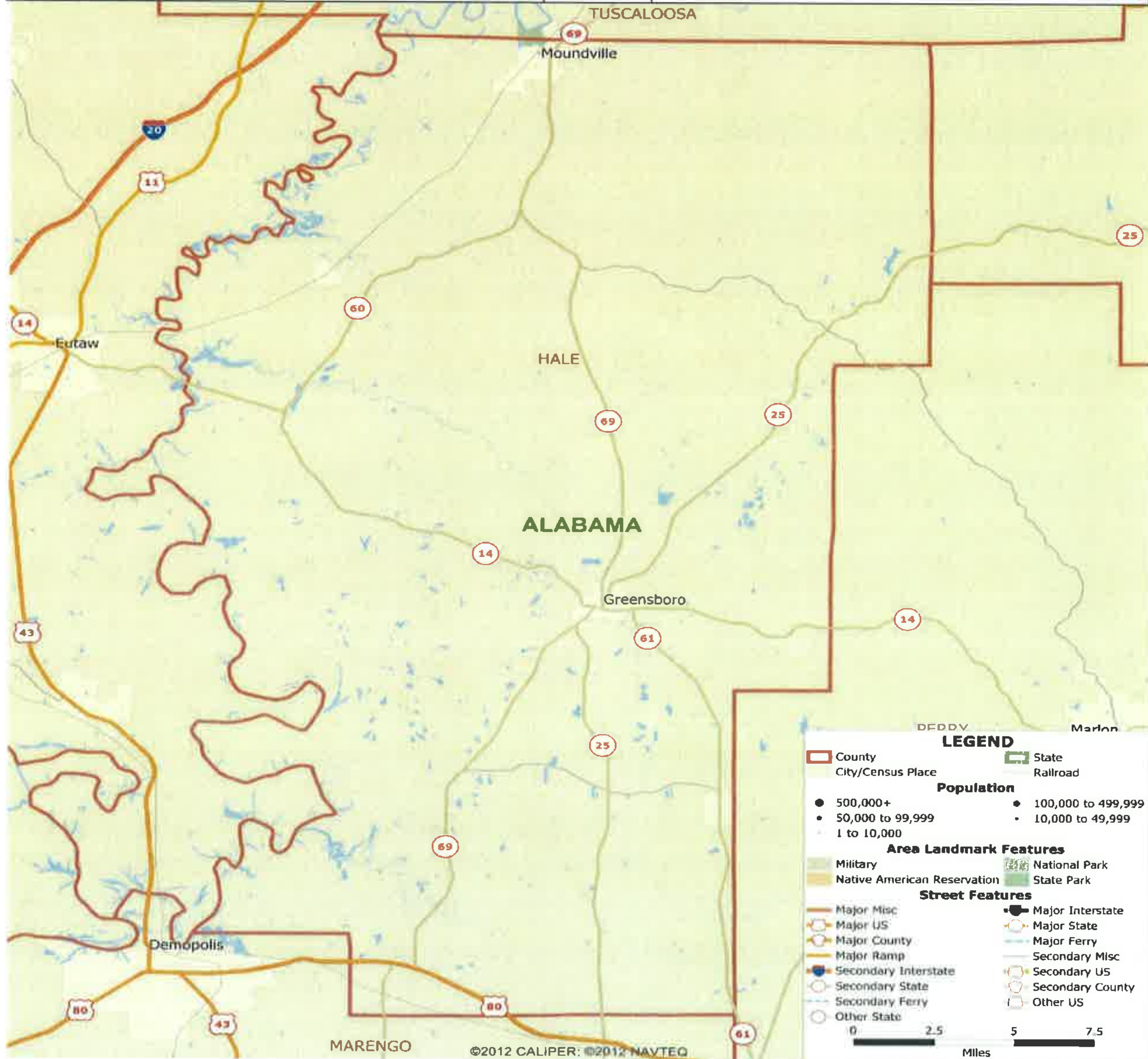
Demographic Profile, Greene County, AL

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



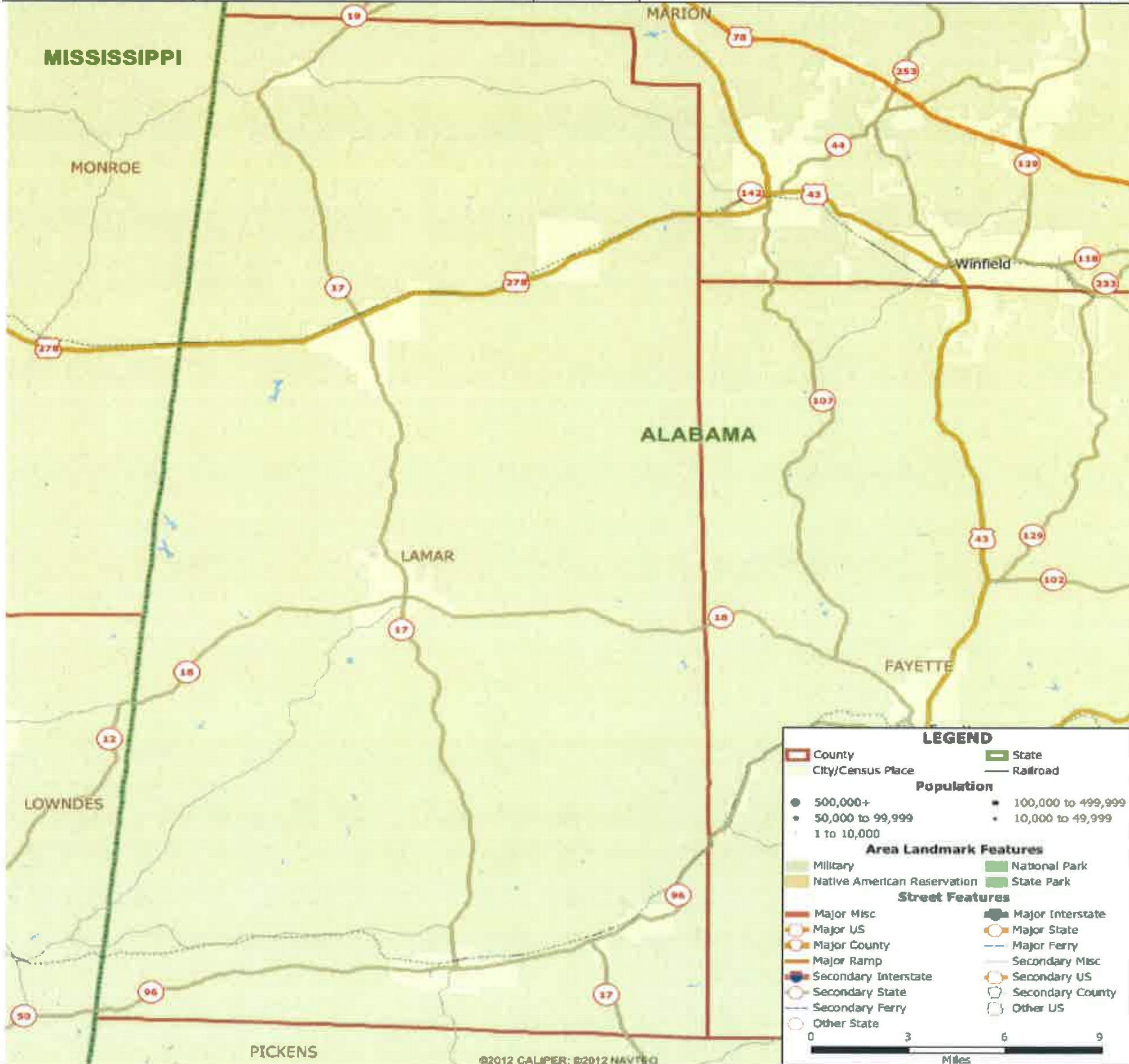
Demographic Profile, Hale County, AL

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



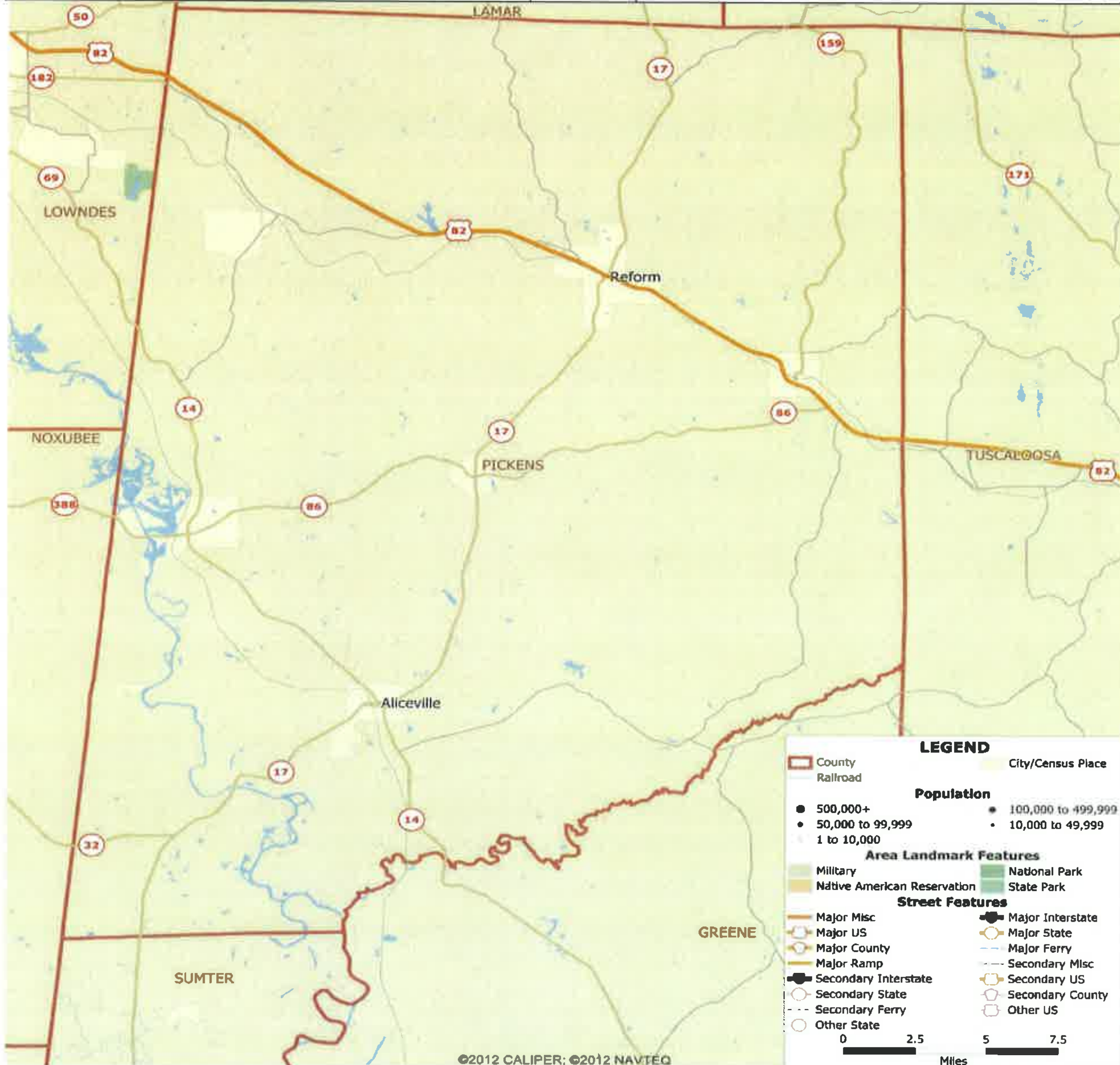
Demographic Profile, Lamar County, AL

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



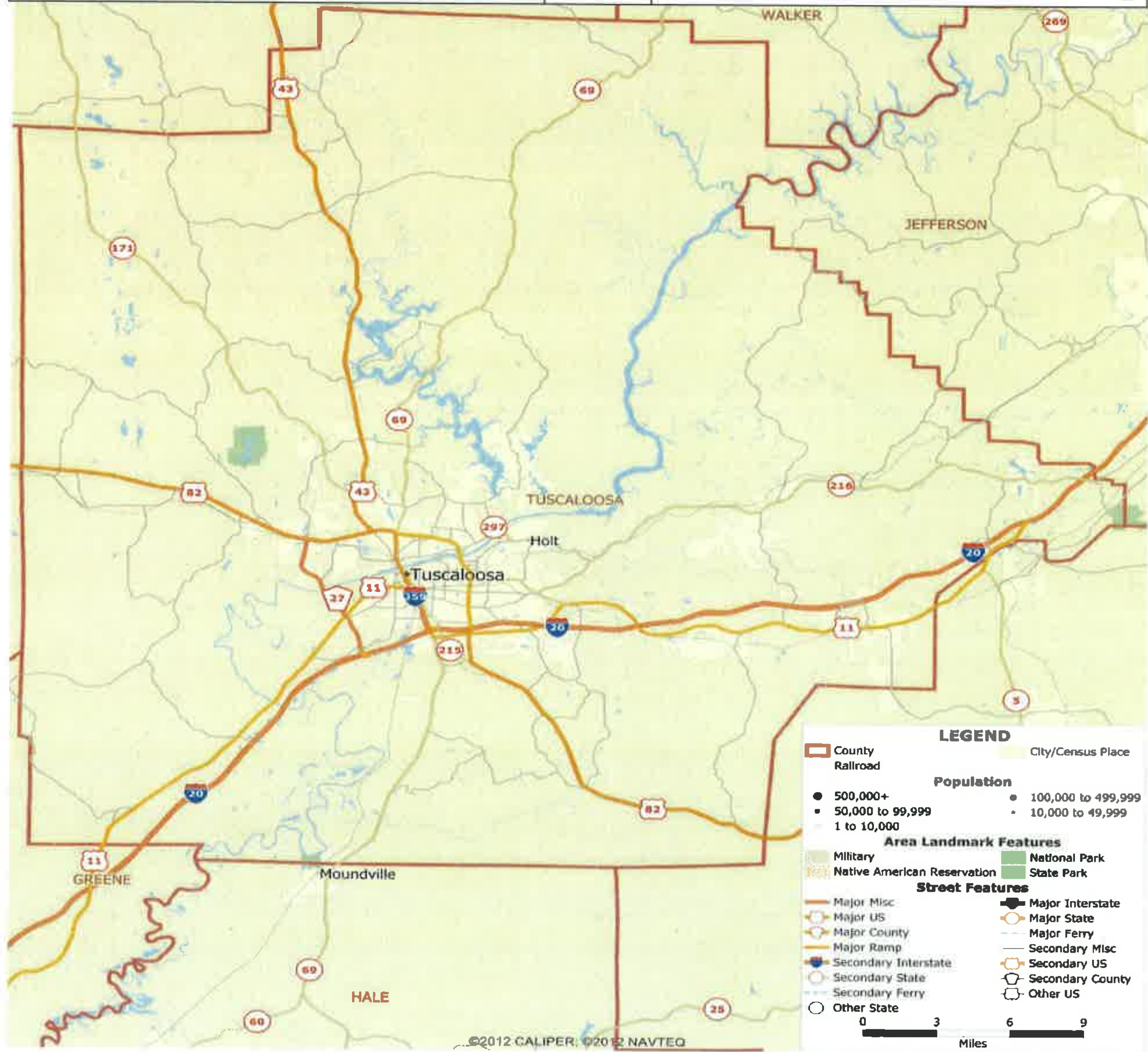
Demographic Profile, Pickens County, AL

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

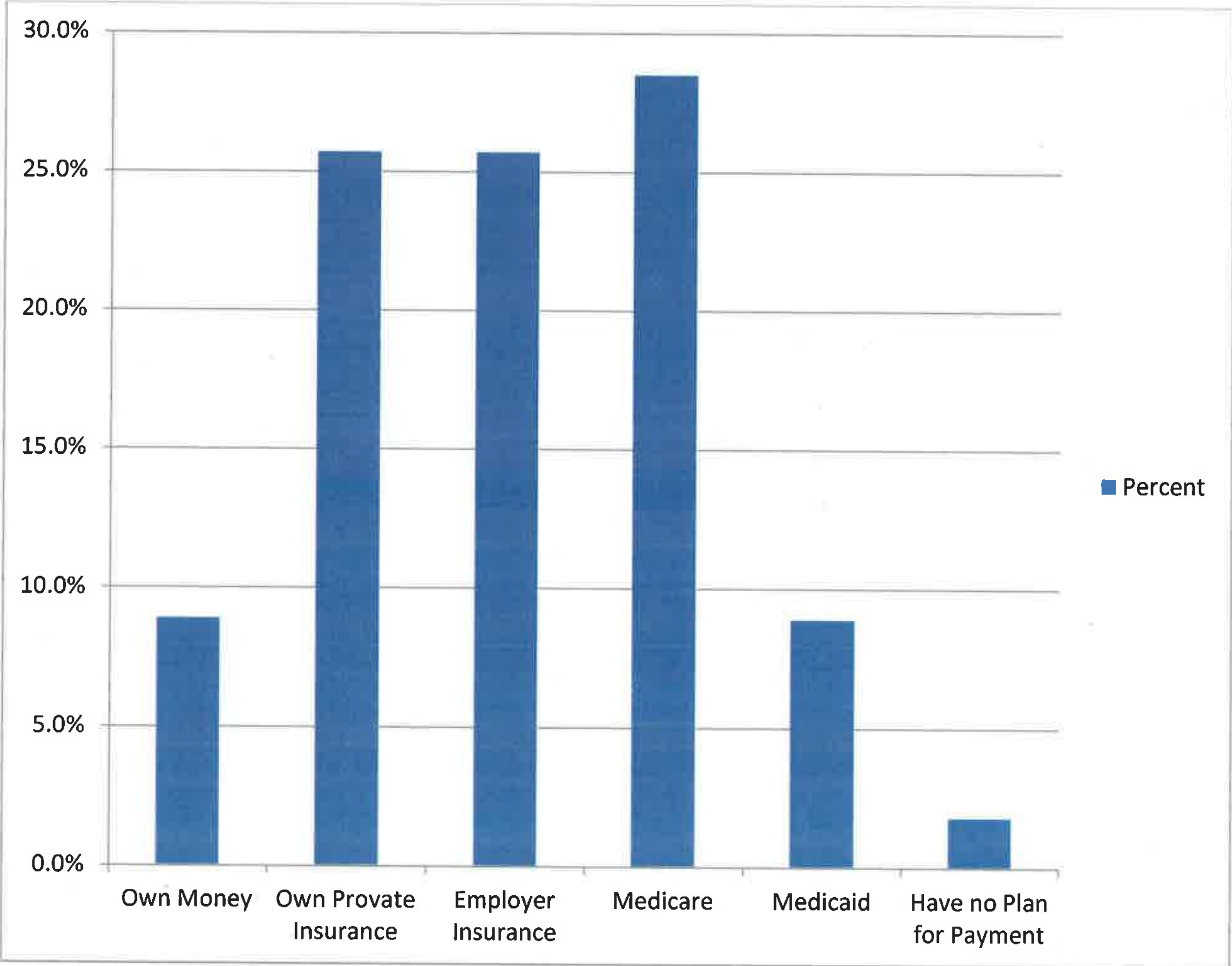


Demographic Profile, Tuscaloosa County, AL

People & Income Overview (By Place of Residence)	Value	Rank in State
Population (2012)	198,596	6
Growth (%) since 2010 Census	2.0%	8
Households (2011)	68,711	7
Unemployment Rate (2012)	6.6	57
Per Capita Personal Income (2011)	$34,724	8
Median Household Income (2011)	$42,086	12
Poverty Rate (2011)	20.2	37
H.S. Diploma or More - % of Adults 25+ (2011 ACS 5yr)	85.3	7
Bachelor's Deg. or More - % of Adults 25+ (2011 ACS 5yr)	26.0	7

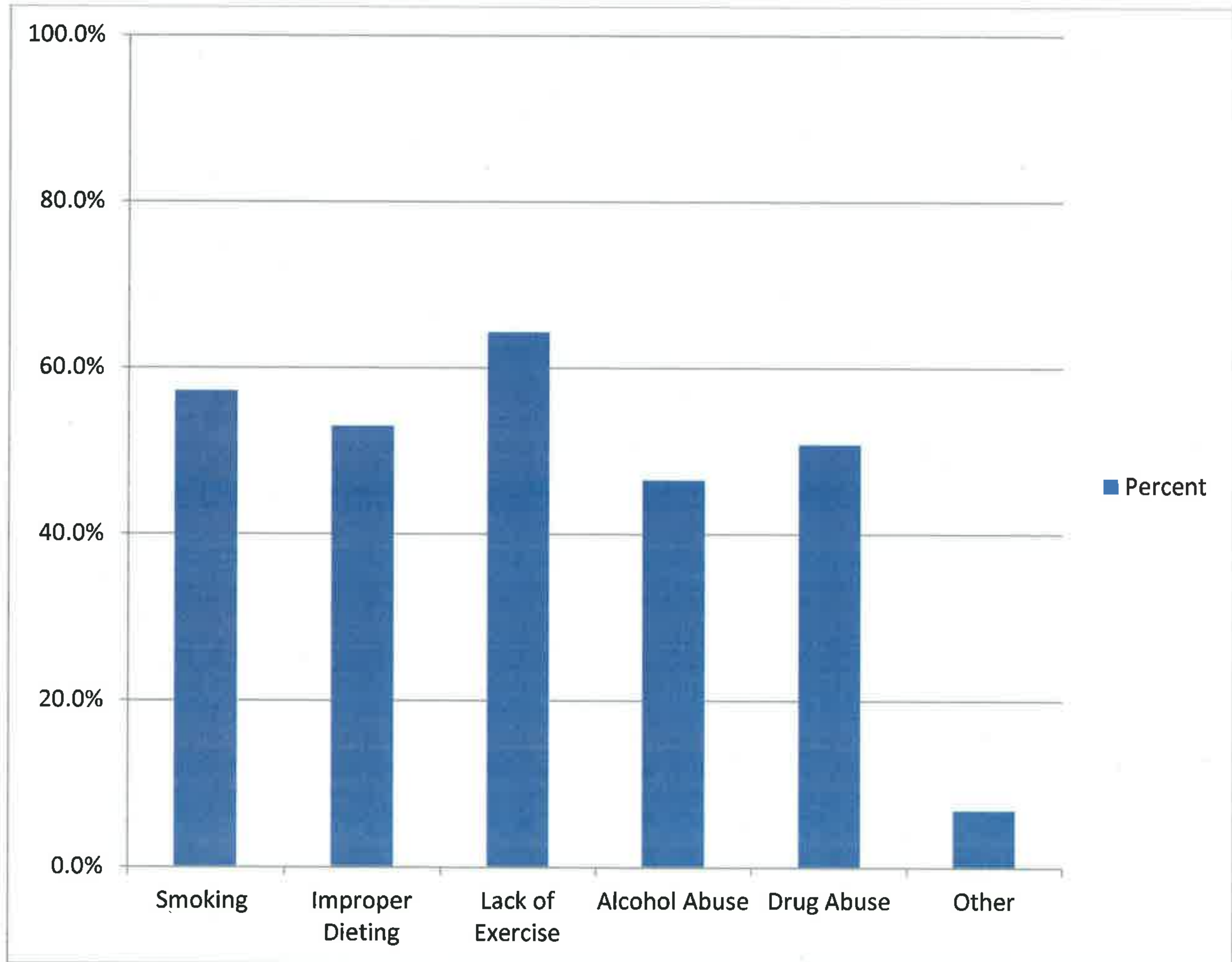


Overall – Method of Payment



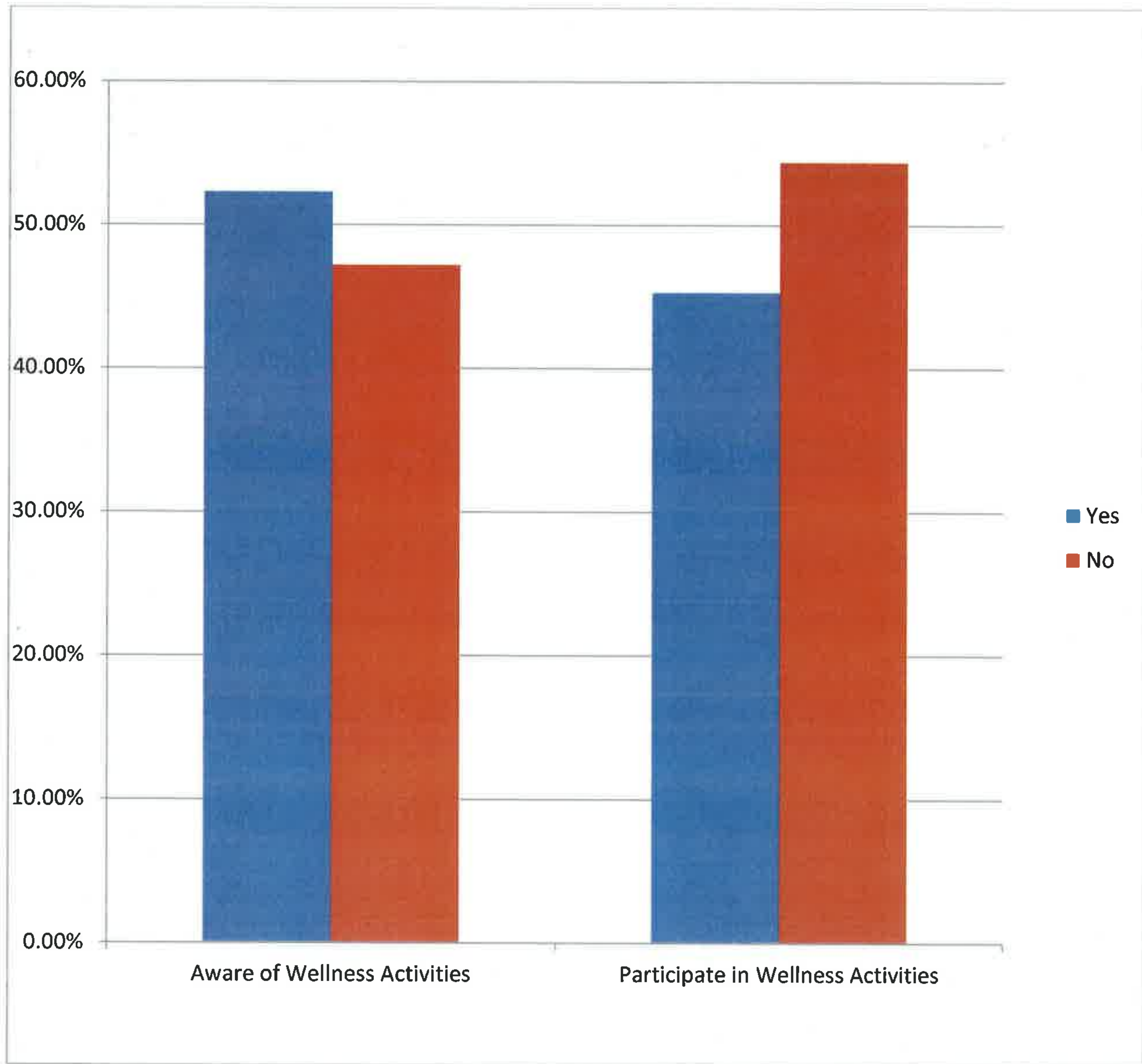
Method of payment	Percent
Own Money	8.9%
Own Private Insurance	25.7%
Employer Insurance	25.7%
Medicare	28.5%
Medicaid	8.9%
Have no Plan for Payment	1.8%

Overall – Negative Personal Behaviors



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

Overall – Awareness vs. Participation



	Aware of Wellness Activities	Participate in Wellness Activities
Yes	52.30%	45.30%
No	47.20%	54.40%

Overall Marginal

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

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

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

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

Where did you or your family member receive care?

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

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

	Frequency	Percent
1 DCH Regional Medical Center	106	65.8%
2 Northport Medical Center	7	4.3%
3 Pickens County Medical Center	4	2.5%
4 Fayette Medical Center	9	5.6%
5 Other:	32	19.9%
Medical Towers		
Out of town		
A Bessemer hospital		
Birmingham		
Tu Cancer Center		
St. Vincent E Birmingham		
Golden Triangle Hospital		
Bibb Medical Center		
Bibb medical center		
He's not sure.		
Children's hospital		
UAB		
UAB West		
UAB Medical West		
Windfield Hospital		
Goodwood Medical Center		
Veteran's Hospital		
Baptist Memorial		
Tuscaloosa facility staff medical		
VA medical center		
UAB		
VA HOSPITAL		
UAB		
Florida		
Bibb County Hospital		
Shelby Memorial Hospital		
Shelby Baptist Medical Center		
UAB Medical West		
UAB Medical Center		
UAB West		
MEDICAL WEST		
UAB		
6 No Answer/Refuse to answer	3	1.9%
Total Qualified	161	100.0%

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

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

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

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

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

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

Which of the following best describes this health problem?

	Frequency	Percent
1 Cancer	28	18.4%
2 Neurology/Neurosurgery	27	17.8%
3 Respiratory/Lung	10	6.6%
4 Joint/Arthritis	21	13.8%
5 Cardio/Heart	22	14.5%
6 Renal/Kidney	5	3.3%
7 Mental Health	3	2.0%
8 Reproductive/sexual	3	2.0%
10 Dermatology	2	1.3%
11 Other:	25	16.4%
Burn Victim		
Brain surgery		
TMG		
Fever of unknown origin		
Eye Surgery		
Leukemia		
No major hospitals in that area		
Lymph nodes		
Transplant		
He had his leg removed and He could not get it did where he is from		
Bowel problems		
Pancreas		
Accident		
Toe infection		
STROKE		
Broken bones		
Spinal cord		
Broken Back		
Eyes		
Pulmonary		
Test		
It was a rare condition and it had to be treated in Birmingham		
Lasik eye surgery		
Vehicle accident		
Liver		
12 No Answer/ Refused to Answer	6	3.9%
Total Qualified	152	100.0%

Do you have regular medical checkups?

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

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

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

Are you aware of any wellness activities in your community?

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

Do you participate in any of these activities?

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

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

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

What services?

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

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

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

	Frequency	Percent
Total Qualified	112	100.0%

Your age is in which of the following ranges?

	Frequency	Percent
1 18 to 20	7	1.2%
2 21 to 34	40	6.6%
3 35 to 49	109	17.9%
4 50 to 59	155	25.5%
5 60 or Older	296	48.7%
6 No Answer/ Refused to Answer	1	0.2%
Total Qualified	608	100.0%

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

	Frequency	Percent
1 Male	182	29.9%
2 Female	426	70.1%
Total Qualified	608	100.0%

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

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

In which of the following counties do you live?

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

Do you have access to reliable transportation?

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

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

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

Which of the following income ranges represents your household?

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

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

Northport Medical Center Executive Summary

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

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

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

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

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

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

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

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

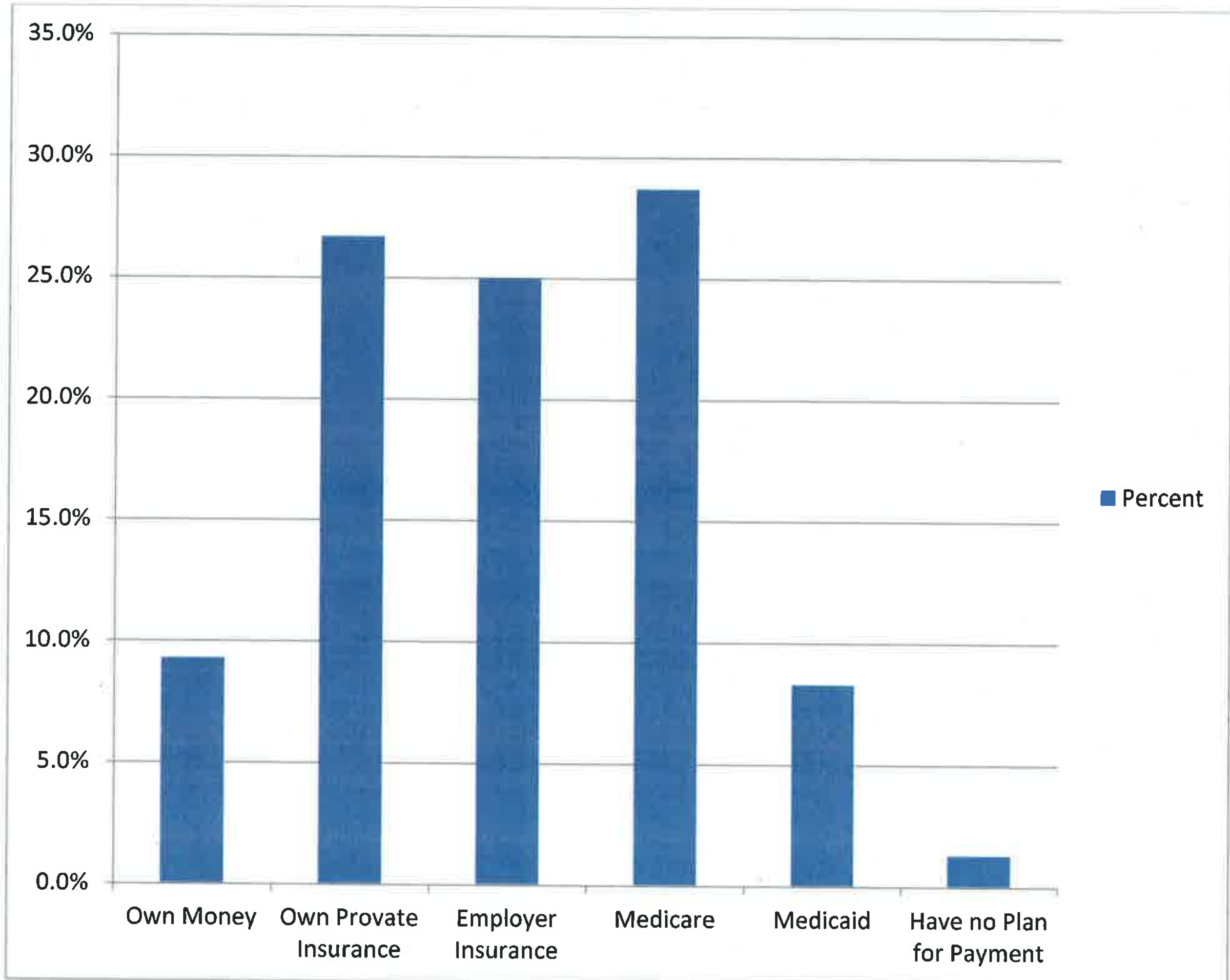
-Fifty-six percent of the three county respondents were aware of any wellness activities in their community and of those who were aware, only 46 percent participated in them.

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

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

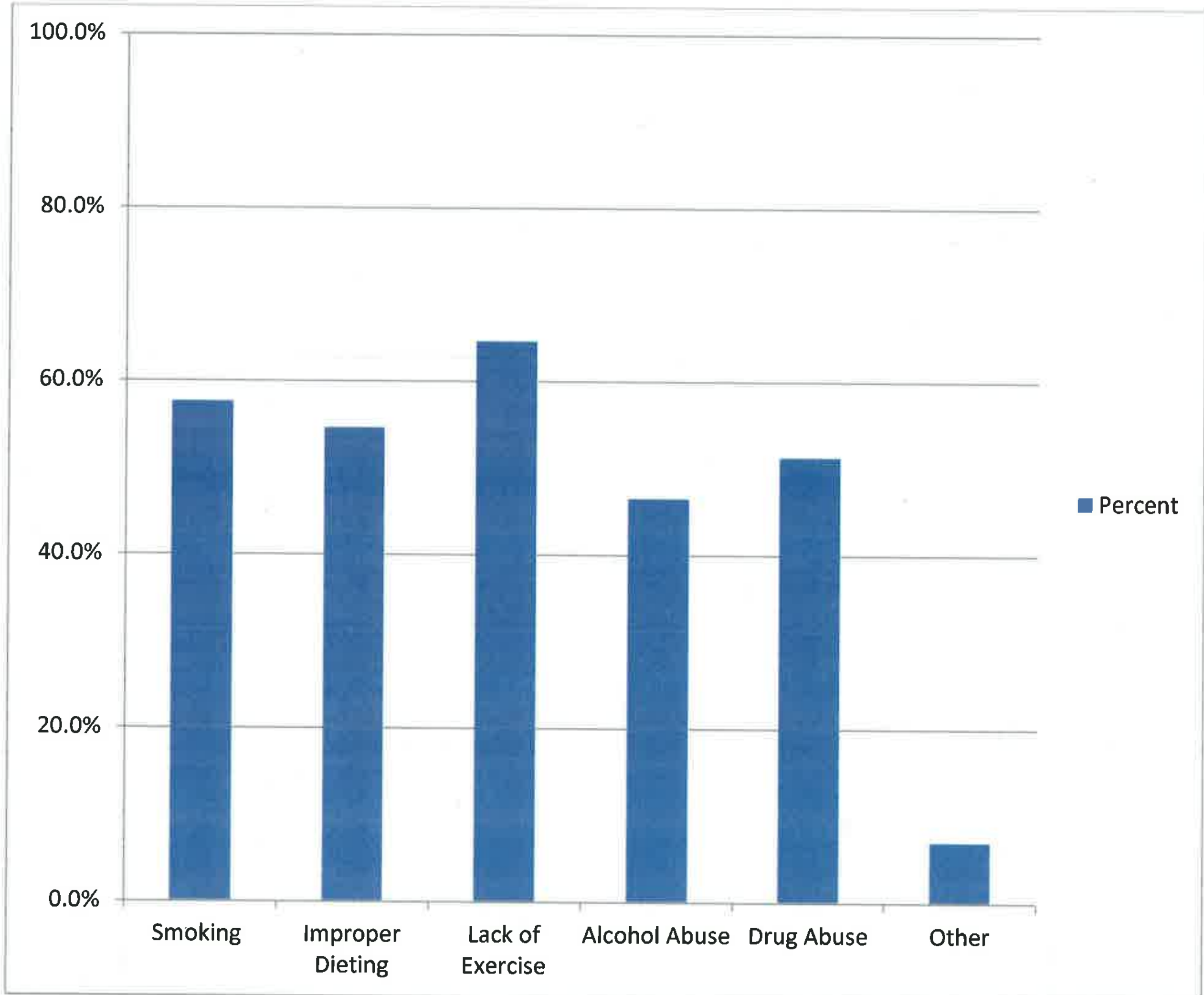
-When asked about access to a computer with internet access, 67 percent of respondents said they always have access. However, 21 percent said they never have access to a computer with internet service.

Northport Medical Center – Method of Payment



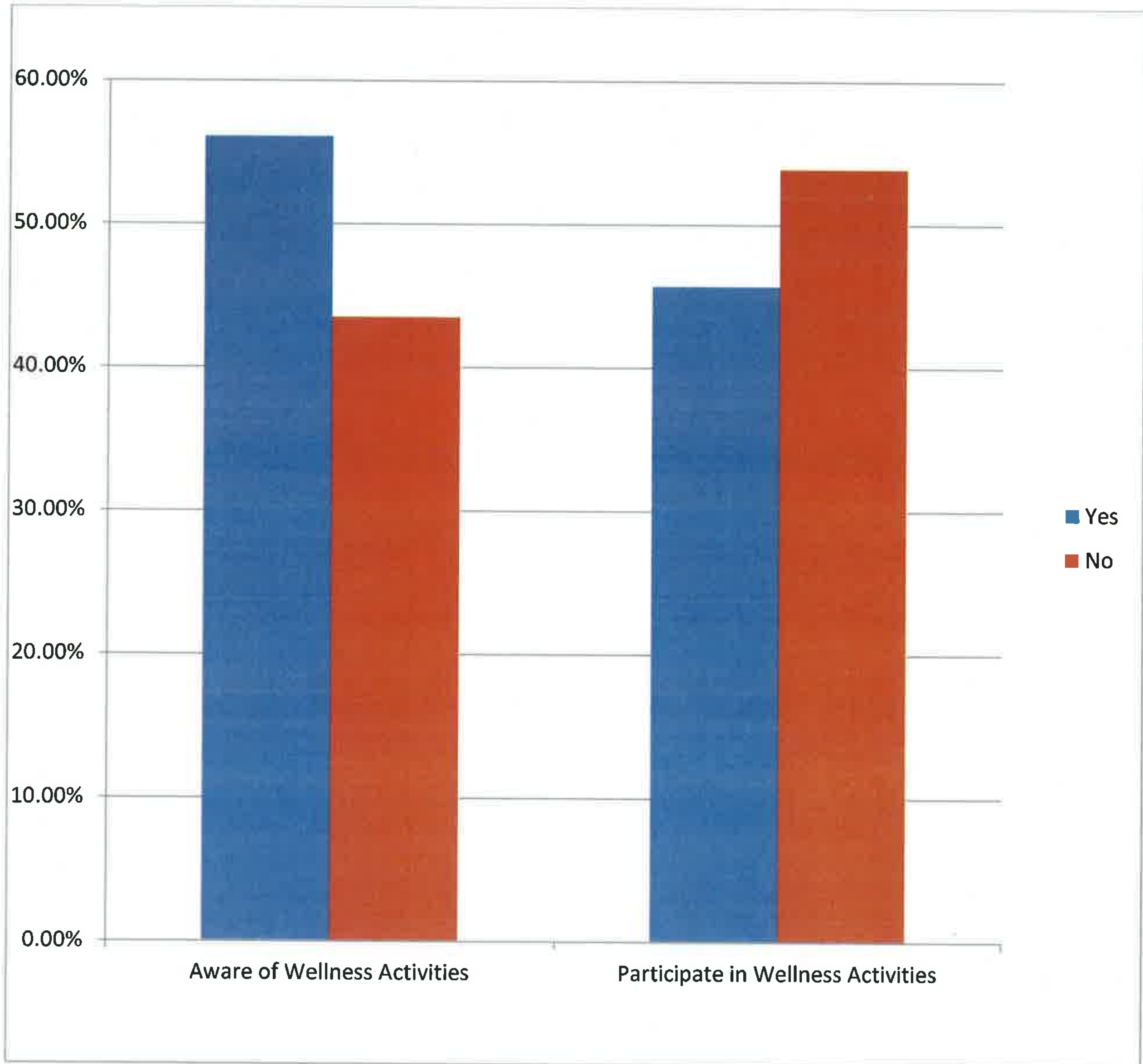
Method of payment	Percent
Own Money	9.3%
Own Private Insurance	26.7%
Employer Insurance	25.0%
Medicare	28.7%
Medicaid	8.3%
Have no Plan for Payment	1.3%

Northport Medical Center – Negative Personal Behaviors



Personal Behavior	Percent
Smoking	57.6%
Improper Dieting	54.6%
Lack of Exercise	64.6%
Alcohol Abuse	46.5%
Drug Abuse	51.3%
Other	7.0%

Nortport Medical Center – Awareness vs. Participation



	Aware of Wellness Activities	Participate in Wellness Activities
Yes	56.10%	45.70%
No	43.50%	53.90%

Northport Medical Center Marginal

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

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

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

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

Where did you or your family member receive care?

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

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

	Frequency	Percent
1 DCH Regional Medical Center	78	65.5%
2 Northport Medical Center	7	5.9%
4 Fayette Medical Center	9	7.6%
5 Other:	23	19.3%
Medical towers		
Out of town		
A Bessemer hospital		
Birmingham		
Tu Cancer Center		
UAB		
St. Vincent E Birmingham		
Golden Triangle Hospital		
He's not sure		
Children's hospital		
Windfield hospital		
Goodwood medical center		
Veteran's Hospital		
Baptist Memorial		
Tuscaloosa facility staff medical		
VA medical center		
UAB		
VA HOSPITAL		
UAB medical west		
UAB medical center		
UAB west		
MEDICAL WEST		
6 No Answer/Refuse to answer	2	1.7%
Total Qualified	119	100.0%

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

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

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

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

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

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

Which of the following best describes this health problem?

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

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

Test		
It was a rare condition and it had to be treated in Birmingham		
Lasik eye surgery		
Vehicle accident		
BURN VICTIM		
12 No Answer/ Refused to Answer	4	3.6%
Total Qualified	111	100.0%

Do you have regular medical checkups?

	Frequency	Percent
1 Yes	428	93.0%
2 No	32	7.0%
Total Qualified	460	100.0%

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

	Frequency	Percent
1 Smoking	265	57.6%
2 Improper Dieting	251	54.6%
3 Lack of exercise	297	64.6%
4 Alcohol abuse	214	46.5%
5 Drug abuse	236	51.3%
6 Other	32	7.0%
Total Qualified	460	100.0%

Are you aware of any wellness activities in your community?

	Frequency	Percent
1 Yes	258	56.1%
2 No	200	43.5%
3 No Answer/Refuse to Answer	2	0.4%
Total Qualified	460	100.0%

Do you participate in any of these activities?

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

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

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

What services?

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

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

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

	Frequency	Percent
Total Qualified	79	100.0%

Your age is in which of the following ranges?

	Frequency	Percent
1 18 to 20	7	1.5%
2 21 to 34	34	7.4%
3 35 to 49	85	18.5%
4 50 to 59	116	25.2%
5 60 or Older	217	47.2%
6 No Answer/ Refused to Answer	1	0.2%
Total Qualified	460	100.0%

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

	Frequency	Percent
1 Male	138	30.0%
2 Female	322	70.0%
Total Qualified	460	100.0%

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

	Frequency	Percent
1 Black or African American	148	32.2%
2 White or Caucasian	299	65.0%
4 Latino or Hispanic	4	0.9%
5 American Indian or Alaska Native	6	1.3%
6 Don't know/Not Sure	2	0.4%
7 No Answer/Refused to Answer	1	0.2%
Total Qualified	460	100.0%

In which of the following counties do you live?

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

Do you have access to reliable transportation?

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

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

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

Which of the following income ranges represents your household?

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

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

Fayette Medical Center Executive Summary

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

The following are trends developed from Fayette County sample data:

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

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

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

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

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

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

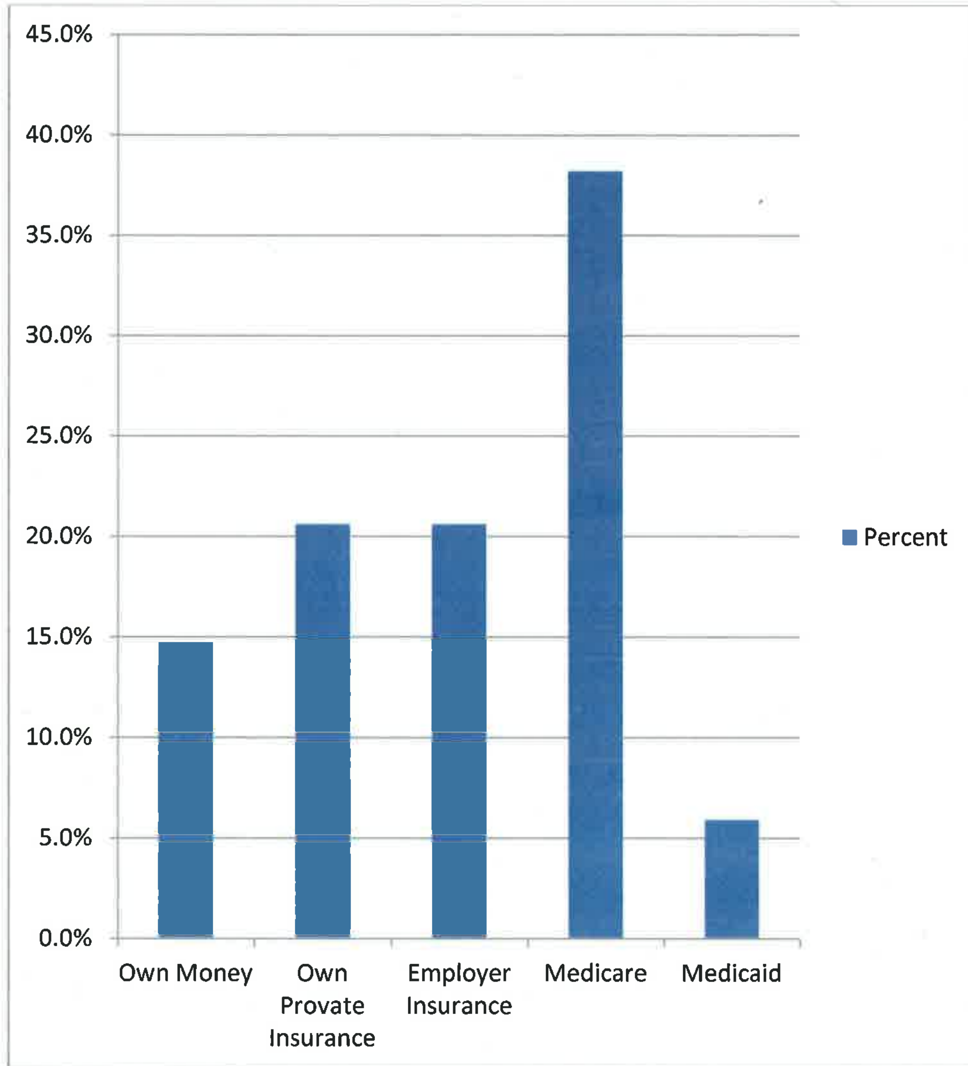
-Only 41 percent of Fayette County respondents were aware of any wellness activities in their community and of those who were aware, only 21 percent participated in them.

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

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

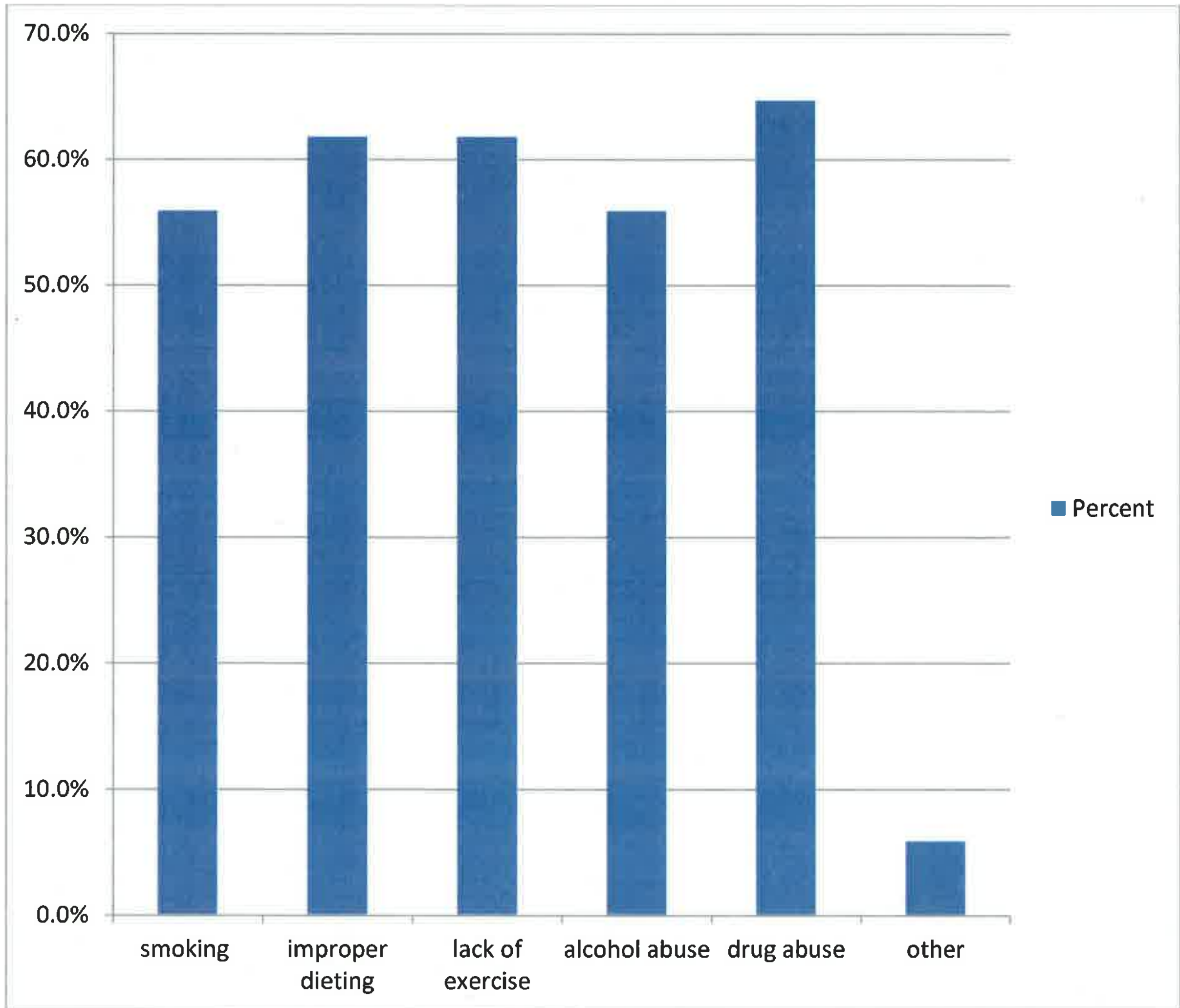
-When asked about access to a computer with internet access, 53 percent of respondents said they always have access. However, 35 percent said they never have access to a computer with internet service.

Fayette Medical Center – Method of Payment



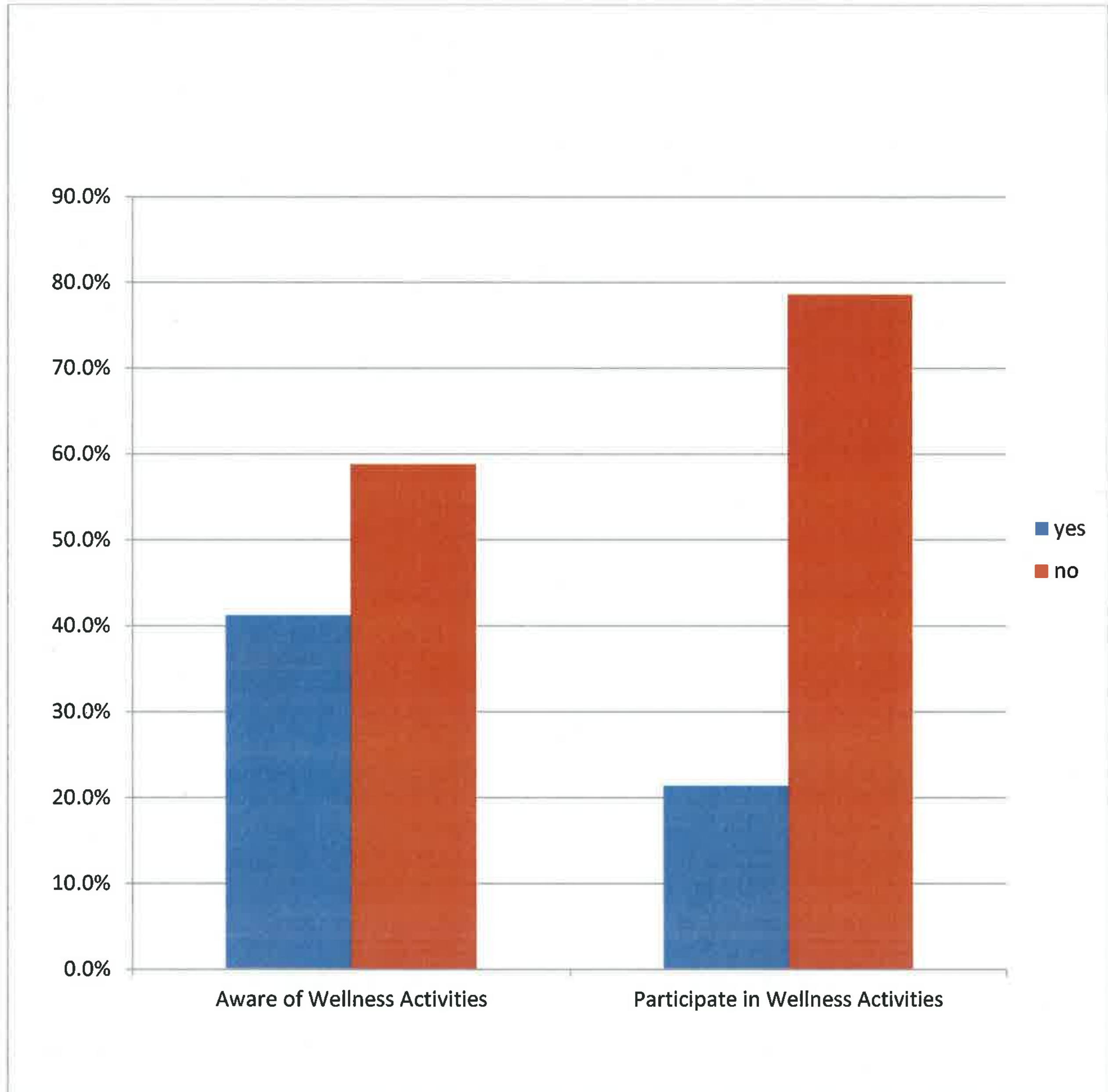
Method of payment	Percent
Own Money	14.7%
Own Private Insurance	20.6%
Employer Insurance	20.6%
Medicare	38.2%
Medicaid	5.9%

Fayette Medical Center – Negative Personal Behaviors



Personal Behavior	Percent
smoking	55.9%
improper dieting	61.8%
lack of exercise	61.8%
alcohol abuse	55.9%
drug abuse	64.7%
other	5.9%

Fayette Medical Center – Awareness vs. Participation



	Aware of Wellness Activities	Participate in Wellness Activities
yes	41.2%	21.4%
no	58.8%	78.6%

Fayette Medical Center Marginal

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

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

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

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

Where did you or your family member receive care?

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

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

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

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

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

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

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

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

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

Which of the following best describes this health problem?

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

Do you have regular medical checkups?

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

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

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

Are you aware of any wellness activities in your community?

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

Do you participate in any of these activities

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

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

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

What services?

Good surgeons

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

Pulmonary doctor

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

Healthcare for people with low income and no insurance

	Frequency	Percent
Total Qualified	5	100.0%

Your age is in which of the following ranges?

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

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

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

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

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

In which of the following counties do you live?

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

Do you have access to reliable transportation?

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

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

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

Which of the following income ranges represents your household?

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

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

Pickens County Medical Center Executive Summary

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

The following are trends developed from Pickens County sample data:

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

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

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

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

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

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

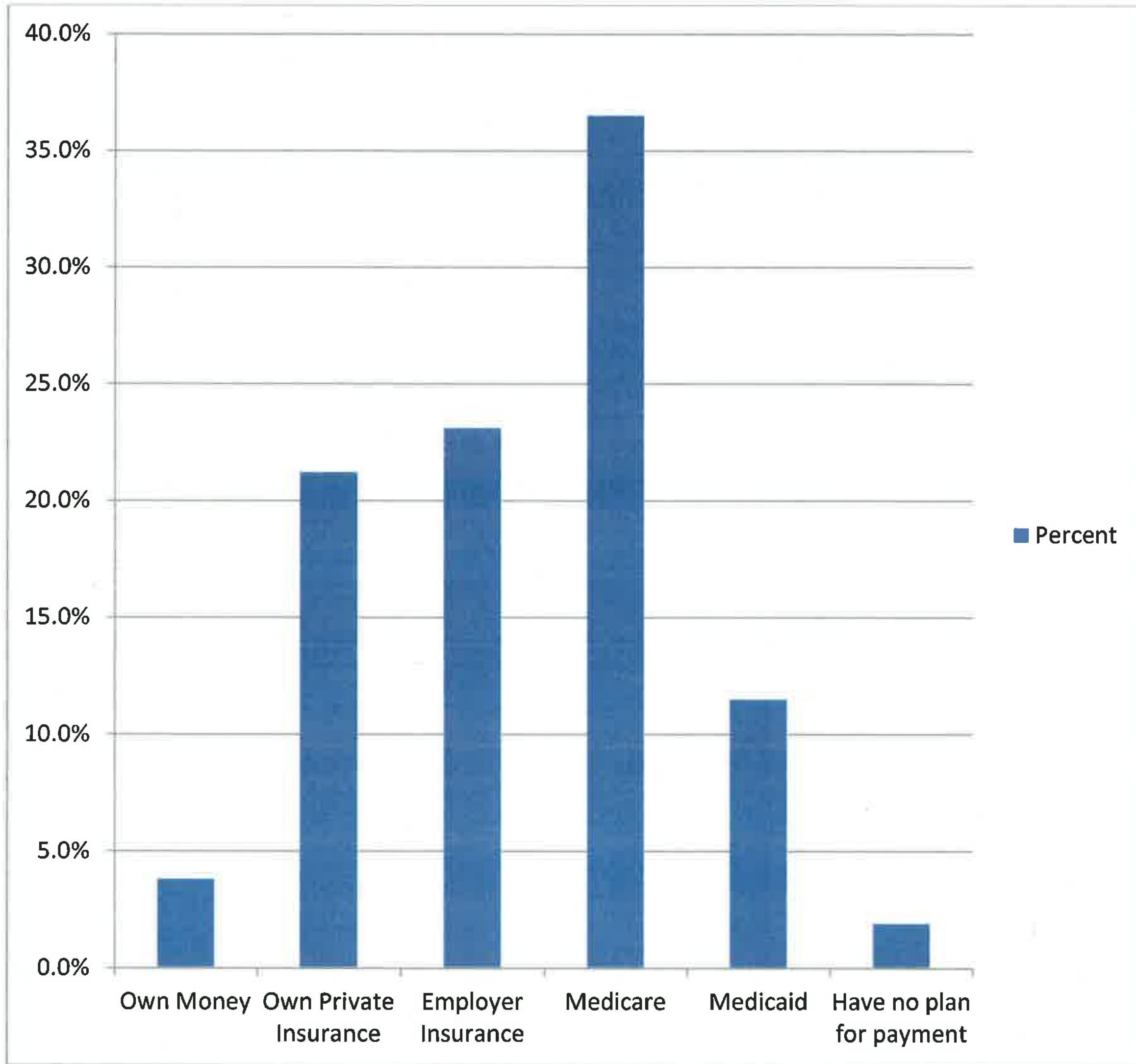
-Only 42 percent of Pickens County respondents were aware of any wellness activities in their community and of those who were aware, only 41 percent participated in them.

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

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

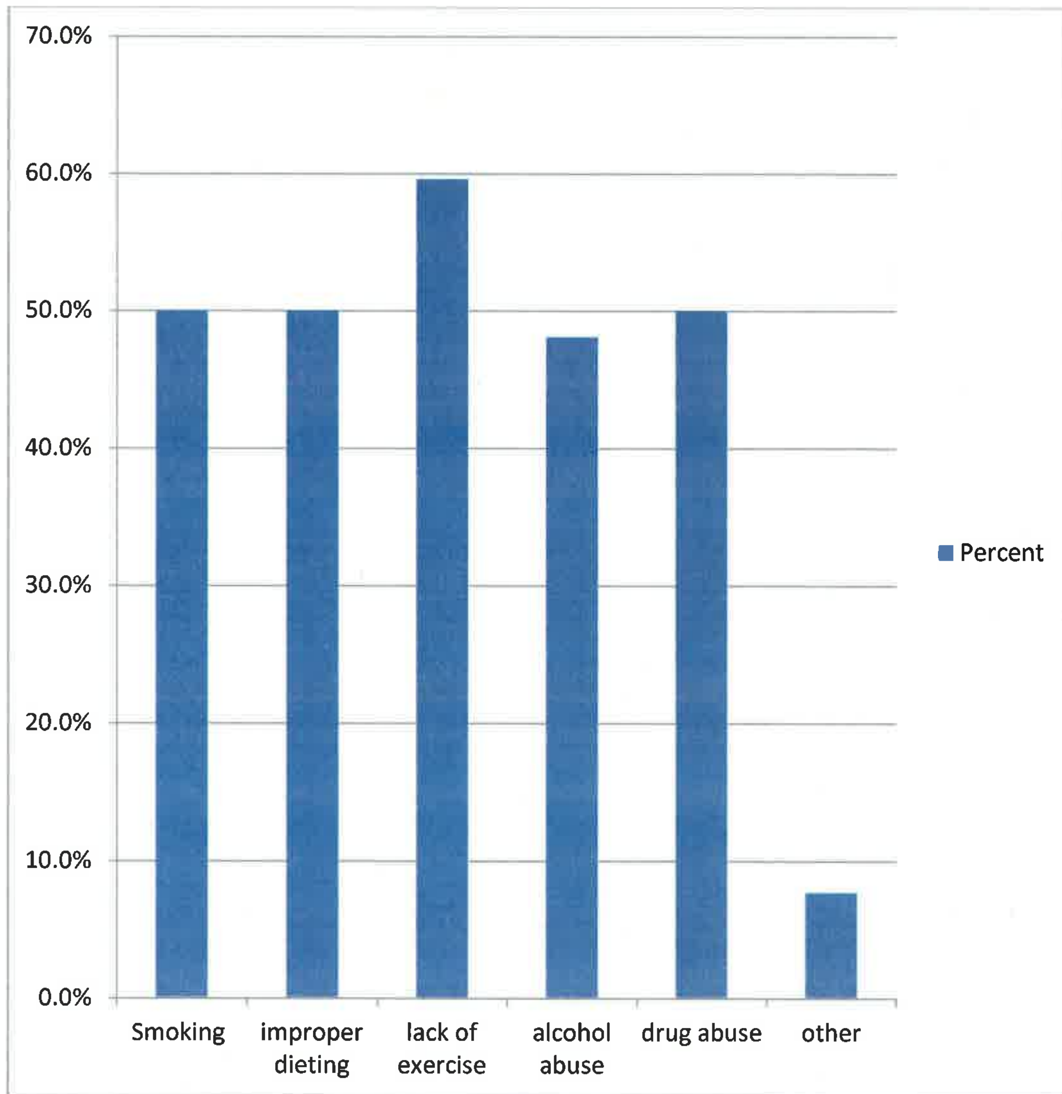
-When asked about access to a computer with internet access, 54 percent of respondents said they always have access. However, 31 percent said they never have access to a computer with internet service.

Pickens County Medical Center – Method of Payment



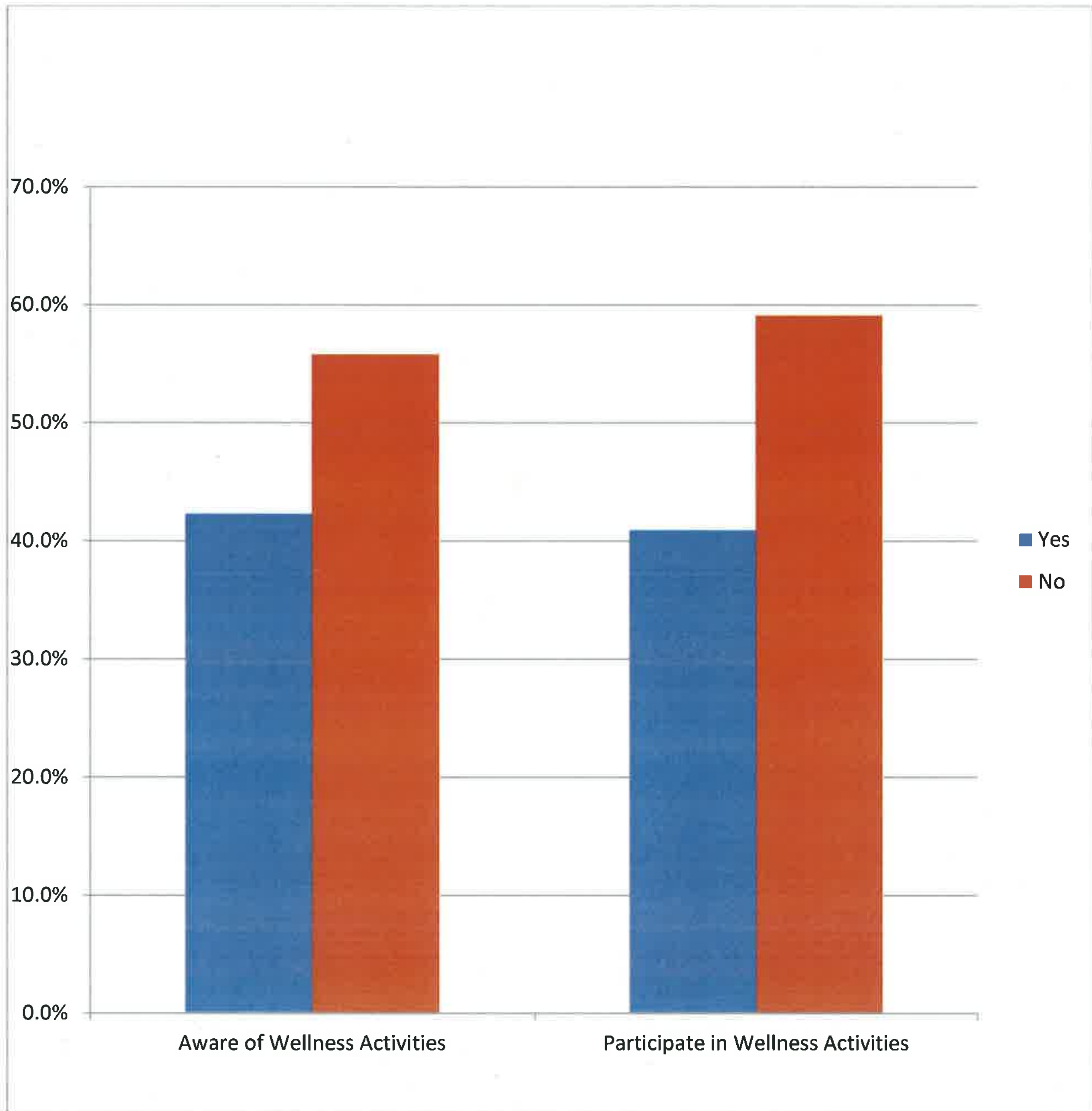
Method of payment	Percent
Own Money	3.8%
Own Private Insurance	21.2%
Employer Insurance	23.1%
Medicare	36.5%
Medicaid	11.5%
Have no plan for payment	1.9%

Pickens County Medical Center – Negative Personal Behaviors



Personal Behavior	Percent
Smoking	50.0%
improper dieting	50.0%
lack of exercise	59.6%
alcohol abuse	48.1%
drug abuse	50.0%
other	7.7%

Pickens County Medical Center – Awareness vs. Participation



	Aware of Wellness Activities	Participate in Wellness Activities
Yes	42.3%	40.9%
No	55.8%	59.1%

Pickens County Medical Center Marginal

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

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

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

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

Where did you or your family member receive care?

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

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

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

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

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

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

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

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

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

Which of the following best describes this health problem?

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

Do you have regular medical checkups?

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

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

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

Are you aware of any wellness activities in your community?

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

Do you participate in any of these activities

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

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

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

What services?

Specialist

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

Home health care

Exercise for senior citizens

Public transportation bus

SPECIALIST FOR STROKES

RECREATIONAL SPORTS

Dermatologist

Better doctors who can treat on site

Wellness Center

	Frequency	Percent
Total Qualified	10	100.0%

Your age is in which of the following ranges?

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

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

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

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

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

In which of the following counties do you live?

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

Do you have access to reliable transportation?

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

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

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

Which of the following income ranges represents your household?

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

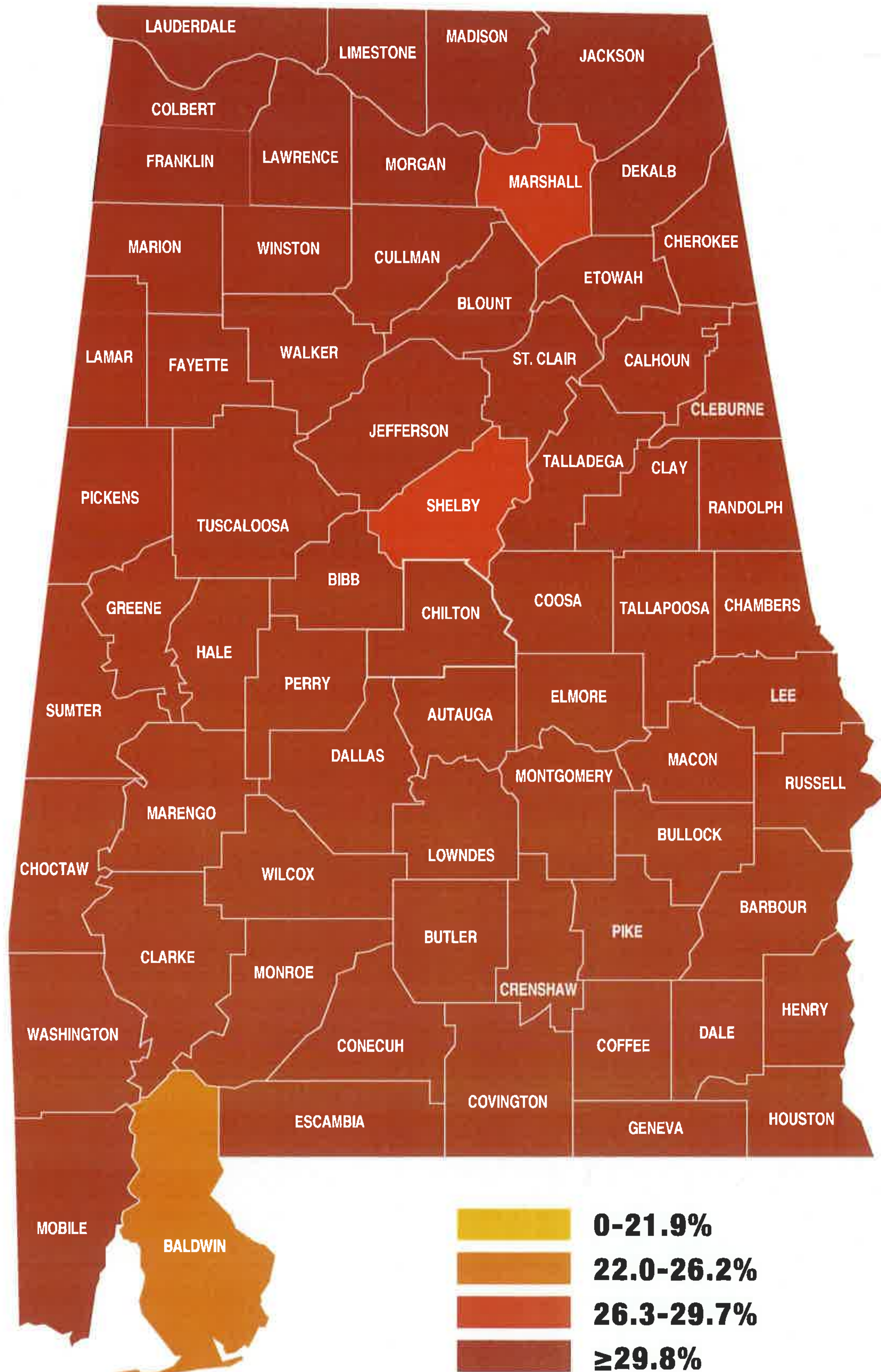
This completes our survey. Thank you for your time. Have a good evening.

FAYETTE MEDICAL CENTER

2013 Community Health Needs Assessment

Appendix B

ALABAMA AGE-ADJUSTED 2009 OBESITY PREVALENCE



Obesity is defined as a body mass index (BMI) of 30 or higher. Overweight is defined as a BMI of 25-29.
Centers for Disease Control and Prevention: National Diabetes Surveillance System.
Available online at: http://apps.nccd.cdc.gov/DDTSTRS/default.aspx. Retrieved 09/24/2012.

Selected Health Status Indicators

FAYETTE COUNTY

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

By

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

Special thanks to the National Rural Health Association for funding assistance in the production of this publication.

April 2013

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

Indicators	United States		Alabama		Fayette County	
2011 Population	**Number**	**Pct. of Total**	**Number**	**Pct. of Total**	**Number**	**Pct. of Total**
Total	311,591,917	100.0	4,802,740	100.0	17,182	100.0
African American (alone)	40,750,746	13.1	1,271,695	26.5	2,020	11.8
White (alone)	243,470,497	78.1	3,368,118	70.1	14,889	86.7
American Indian (alone)	3,814,772	1.2	33,298	0.7	65	0.4
Asian (alone)	15,578,383	5.0	57,155	1.2	51	0.3
Hispanic	52,045,277	16.7	193,868	4.0	240	1.4
Age 19 Years or Less	82,809,903	26.6	1,265,680	26.4	4,139	24.1
Age 65 Years or More	41,394,141	13.3	672,586	14.0	3,163	18.4
Age 85 Years or More	5,737,173	1.8	77,743	1.6	344	2.0
Population Change	**Number**	**Pct. Change**	**Number**	**Pct. Change**	**Number**	**Pct. Change**
1910 – 2010	91,972,266 to 308,745,538	235.7	2,138,093 to 4,779,736	123.6	16,248 to 17,241	6.1
2010 – 2040 Projected	308,745,538 to 380,016,000	23.1	4,779,736 to 5,567,024	16.5	17,241 to 14,148	-17.9
Age 65+: 2010 – 2040 Projected	40,267,984 to 79,719,000	98.0	657,792 to 1,199,853	82.4	3,048 to 3,694	19.8
Hispanic: 1990 – 2011	22,354,059 to 52,045,277	132.8	24,629 to 193,868	687.2	78 to 240	207.7
Income Related Indicators	**Number**	**Measure**	**Number**	**Measure**	**Number**	**Measure**
Population Below Poverty Level – 2011	48,452,035	15.9%	896,117	19.1%	3,815	22.5%
Children Under 18 Below Poverty Level - 2011	16,386,500	22.5%	307,310	27.6%	1,218	32.9%
Population Under 200% Poverty Level (2006-2011)	97,686,522	32.7%	1,783,196	38.5%	7,620	44.7%
Per Capita Personal Income – 2011	N.A.	$41,560	N.A.	$34,880	N.A.	$26,884
Medicaid Eligible Population – 2011	N.A.	N.A.	1,070,781	22.3%	4,315	25.1%
Medicaid Eligible Children (Under 21) - 2011	N.A.	N.A.	618,137	46.9%	2,306	53.0%
Medicaid Births - 2011	N.A.	N.A.	31,498	53.1%	111	61.3%
Access to Health Care Indicators	**Number**	**Measure**	**Number**	**Measure**	**Number**	**Measure**[1]
Primary Care Physicians – 2012 (Per 10,000 Population)	208,807	6.8 (2010)	3,056	6.4	6	3.5
Dentists – 2013 (Per 10,000 Pop.)	155,700	5.0 (2010)	2,141	4.4	2	1.2
Psychiatrists – 2012 (Per 10,000 Pop.)	39,738	1.3	326	0.7	0	0.0
General Hospital Authorized Beds – 2013 (Per 10,000 Population)	N.A.	N.A.	16,475	34.3	61	35.5
Is there a hospital providing obstetrical service in the county?	N.A.	N.A.	YES in 31 counties NO in 36 counties		No	

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

Indicators	United States		Alabama		Fayette County	
Access to Health Care Indicators – continued	**Number**	**Measure**	**Number**	**Measure**	**Number**	**Measure**[1]
Households With No Vehicle	10,397,000	9.1% (2010)	119,611	6.6% (2010)	480	6.7% (2006-2010)
Uninsured Population Under 65 Years of Age - 2010	46,556,803	17.7%	681,437	16.9%	2,369	16.9%
Dialysis Patients and Dialysis Patients per Dialysis Station – 2013	N.A	N.A.	7,584	3.2	26	2.6
Cause of Death Indicators (Includes all causes with 950 or more deaths statewide.)	**Number in 2009 - 2011**	**Rate per 100,000 Pop.**	**Number in 2009 - 2011**	**Rate per 100,000 Pop.**	**Number in 2007 - 2011**	**Rate per 100,000 Pop.**[1]
All Causes	**7,418,471**	**800.9**	**143,493**	**1,000.6**	**1,191**	**1,370.6**
Septicemia	105,990	11.4	2,644	18.4	24	27.6
Cancer	**1,717,684**	**185.4**	**30,564**	**213.1**	**243**	**279.6**
Colon, Rectum, and Anus	157,259	17.0	2,694	18.8	24	27.6
Liver and Intrahepatic Bile Ducts	61,176	6.6	966	6.7	8	N.A.
Pancreas	109,887	11.9	1,813	12.6	14	N.A.
Trachea, Bronchus, and Lung	473,090	51.1	9,644	67.2	68	78.3
Breast (female)	122,508	26.0	1,974	26.8	18	40.9
Prostate (male)	84,578	18.6	1,611	23.1	11	N.A.
Non-Hodgkin's Lymphoma	60,904	6.6	960	6.7	6	N.A.
Leukemia	68,157	7.4	1,148	8.0	17	19.6
Diabetes Mellitus	211,058	22.8	3,840	26.8	32	36.8
Parkinson's Disease	65,704	7.1	1,075	7.5	11	N.A.
Alzheimer's Disease	247,188	26.7	4,498	31.4	38	43.7
Major Cardiovascular Diseases	**2,339,340**	**252.6**	**46,705**	**325.7**	**387**	**445.4**
Heart Diseases	**1,793,441**	**193.6**	**35,879**	**250.2**	**285**	**328.0**
Hypertensive Heart Disease	100,218	10.8	1,226	8.5	2	N.A.
Ischemic Heart Diseases	1,140,484	123.1	16,558	115.5	166	191.0
Acute Myocardial Infarction	367,267	39.7	7,593	52.9	106	122.0
Heart Failure	173,711	18.8	5,769	40.2	41	47.2
Cerebrovascular Diseases (Stroke)	387,249	41.8	7,786	54.3	91	104.7
Pneumonia	152,507	16.5	2,755	19.2	37	42.6
Chronic Lower Respiratory Diseases	418,815	45.2	8,498	59.3	65	74.8
Chronic Liver Disease and Cirrhosis	96,000	10.4	1,539	10.7	7	N.A.

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

Indicators	United States		Alabama		Fayette County	
Cause of Death Indicators (Includes all causes with 950 or more deaths statewide.)	**Number in 2009 - 2011**	**Rate per 100,000 Pop.**	**Number in 2009 - 2011**	**Rate per 100,000 Pop.**	**Number in 2007 - 2011**	**Rate per 100,000 Pop.[1]**
Nephritis, Nephrotic Syndrome, and Nephrosis	**145,142**	**15.7**	**3,410**	**23.8**	**35**	**40.3**
Renal Failure	131,884	14.2	3,183	22.2	35	40.3
Accidents	**361,657**	**39.0**	**7,307**	**51.0**	**72**	**82.9**
Motor Vehicle Accidents	106,225	11.5	2,723	19.0	30	34.5
Poisoning and Exposure to Noxious Substances	98,353	10.6	1,571	11.0	13	N.A.
Intentional Self-Harm (suicide)	113,558	12.3	1,983	13.8	16	18.4
Assault (homicide)	49,011	5.3	1,181	8.2	5	N.A.

Causes of Death Groupings of Special Interest

Cause of Death Indicators	Number in 2009 - 2011	Rate per 100,000 Pop.	Number in 2009 - 2011	Rate per 100,000 Pop.	Number in 2007 - 2011	Rate per 100,000 Pop.[1]
Firearm Deaths (intentional self-harm, assault, legal intervention, and undetermined intent)	95,182	10.3	2,387	16.6	18	20.7
Drug-Induced Deaths	119,779	12.9	1,812	12.6	15	N.A.
Alcohol-Induced Deaths	76,466	8.3	748	5.2	8	N.A.

Cancer Incidence and Rates by Site and County

Indicators	United States		Alabama		Fayette County	
Cancer Site	**Number in 2000 - 2009**	**Rate per 100,000 Pop.**	**Number in 2000 - 2009**	**Rate per 100,000 Pop.**	**Number in 2000 - 2009**	**Rate per 100,000 Pop.[1]**
All Sites	N.A.	N.A.	225,026	459.9	878	391.1
Lung	N.A.	N.A.	37,608	76.1	165	72.2
Colorectal	N.A.	N.A.	24,344	49.8	88	39.6
Oral	N.A.	N.A.	6,187	12.5	24	11.1
Melanoma	N.A.	N.A.	8,152	17.0	25	12.4
Prostate	N.A.	N.A.	33,711	155.8	118	116.4
Breast (Female, only)	N.A.	N.A.	31,171	117.3	141	116.8
Cervix	N.A.	N.A.	2,190	9.0	7	N.A.

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

Indicators	United States		Alabama		Fayette County	
Natality Related Indicators	**Number**	**Measure**	**Number**	**Measure**	**Number**	**Measure**[1]
Infant Mortality 2009-2011 – (Per 1,000 Births)	74,908	6.2	1,516	8.3	3	5.3
Low Weight Births – 2011 (Percent of All Births)	325,563 (2010)	8.1 %	5,908	10.0 %	17	9.4%
Births to Teens (10-19) – 2011 (Percent of All Births)	372,175 (2010)	9.3 %	6,697	11.3 %	26	14.4%
Births With Less Than Adequate Prenatal Care – 2011 (Percent of All Births)	N.A.	N.A.	15,986	27.2 %	43	24.0%
Caesarian Births – 2011 (Percent of All Births)	1,309,182	32.8 %	20,980	35.4 %	64	35.4%
Tobacco Use During Pregnancy – 2011 (Percent of All Births)	N.A.	N.A.	6,289	10.6 %	37	20.4%
Births to Undereducated Women – 2011 (Percent of All Births)	N.A.	N.A.	9,295	15.7 %	22	12.2%
Births to Unmarried Women – 2011 (Percent of All Births)	1,633,471	40.8% (2010)	24,946	42.1%	70	38.7%
Preterm Births – 2009 - 2011 (Percent of All Births)	478,790	12.0% (2010)	29,096	16.0%	80	14.2%
Births for Which Diabetes was Reported as a Risk Factor – 2007-2011 (Per 1,000 Live Births)	201,218	50.5 (2010)	13,510	45.5	50	55.2
Other Indicators	**Number**	**Measure**	**Number**	**Measure**	**Number**	**Measure**
Age 25+ With Less Than High School Education – 2007-2011	29,518,935	14.6 %	567,670	18.1 %	3,073	25.4%
Public School Graduation Rates - 2011	N.A.	78.0 % (2010)	45,221	71.8 %	165	82.5%
Receiving Medicare Disability – 2010 (Percent of Total Population)	7,735,377	2.5 %	203,252	4.3 %	988	5.7%
Adult Obesity – 2010 (Percent of Total Population Aged 20 Years or More)	56,369,496	25 %	1,153,068	33 %	4,769	37%
Adult Smoking - 2010 (Percent of Total Population Aged 18+ Years)	32,838,970	14 %	838,874	23 %	2,413	18%
Excessive Drinking - 2010 (Percent of Total Population Aged 18+ Years)	18,765,126	8 %	437,673	12 %	536	4%
Life Expectancy at Birth - 2011	78.7 years		75.7 years		73.2 years	
Sexually Transmitted Disease Cases Reported – January 2012 through March 2013 (Per 10,000 Pop.)	N.A.	N.A.	47,608	99.1	96	55.9

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

Indicators	United States		Alabama		Fayette County	
Other Indicators	**Number**	**Measure**	**Number**	**Measure**	**Number**	**Measure**[1]
New HIV Cases – 2009 through 2011 (Per 100,000 Population) NOTE: Number of cases is not released in counties where this is less than five.	145,614	15.7	2,093	14.6	N.A.	N.A.
Child Abuse and Neglect Cases Reported to Child Protective Services for Investigation– October 2009 through September 2011 (Per 1,000 population Under Age 18)	N.A.	N.A.	39,581	17.5	142	18.5
Adults Involved in Reported Abuse and Neglect Cases – October 2010 through September 2012 (Per 10,000 Adults Aged 18+ Years.	N.A.	N.A.	8,729	23.9	49	36.6

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

Sources of Information and Special Notes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Cause of Death Indicators: Alabama Department of Public Health, Center for Health Statistics, Special queries of the 2007, 2008, 2009, 2010, and 2011 Mortality Statistics Files for Alabama data. Centers for Disease Control and Prevention, CDC Wonder Interactive Program, Detailed Mortality files for 2009 and 2010 (http://wonder.cdc.gov/). Deaths – Preliminary Data for 2011, Vol. 61, Number 6, October 10, 2012, Table 2. (Cause of death data included in this publication is not age-adjusted)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ALABAMA 2011 HEALTH PROFILE

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

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

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

Rate is per 1,000 population.

2011 POPULATION	
Total	4,802,740
White	3,368,118
Black and Other	1,434,622
Median age	38.0
Life expectancy at birth	75.7
Total fertility rate per 1,000 Women aged 10-49	1835.5

NATALITY

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

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

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

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

SELECTED NOTIFIABLE DISEASES	New Cases
HIV	532
AIDS	176
Syphilis	752
Gonorrhea	9,044
Chlamydia	29,357
Tuberculosis	161

INFANT RELATED MORTALITY BY MOTHER'S RACE AND AGE GROUP

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

2011 POPULATIONS BY AGE GROUP, RACE AND SEX

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

ALABAMA 2011 HEALTH PROFILE (Continued)

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

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

Rate is per 100,000 population.

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

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

DEATHS BY AGE GROUP

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

Rate is per 1,000 population in age group.

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

Rate is per 100,000 population.

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

FAYETTE 2011 HEALTH PROFILE

BIRTHS BY AGE OF MOTHER	TOTAL	10-14	15-17	18-19	20 plus
All births	181	1	5	20	155
Rate	---	1.9	16.5	99.5	50.7
White	159	1	4	16	138
Rate	---	2.1	15.8	95.2	51.9
Black & Other	22	0	1	4	17
Rate	---	0.0	20.0	121.2	42.7

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	215
Rate	12.5
Divorces	77
Rate	4.5

Rate is per 1,000 population.

2011 POPULATION	
Total	17,182
White	14,889
Black and Other	2,293
Median age	43.2
Life expectancy at birth	73.2
Total fertility rate per 1,000 women aged 10-49	1916.0

NATALITY

	All Women		Women 10-19	
	Total	Rate	Total	Rate
Est. pregnancies	236	80.6	37	35.8
Births	181	10.5	26	25.2
Abortions	16	5.5	5	4.8
Est. fetal losses	39	---	6	---

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

	All Women		Women 10 to 19	
	Total	Percent	Total	Percent
Births to unmarried women	70	38.7	16	61.5
Low weight births	17	9.4	4	15.4
Multiple births	6	3.3	2	7.7
Medicaid births	111	61.3	22	84.6

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

SELECTED NOTIFIABLE DISEASES	New Cases
HIV	0
AIDS	0
Syphilis	4
Gonorrhea	8
Chlamydia	61
Tuberculosis	0

INFANT RELATED MORTALITY BY MOTHER'S RACE AND AGE GROUP

	All Ages			Ages 10-19		
	Total	White	Black & Other	Total	White	Black & Other
Infant deaths	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

2011 POPULATIONS BY AGE GROUP, RACE AND SEX

	Total			White			Black and Other		
Age	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	17,182	8,480	8,702	14,889	7,346	7,543	2,293	1,134	1,159
0-4	974	512	462	813	422	391	161	90	71
5-9	959	512	447	810	432	378	149	80	69
10-14	1,108	579	529	944	477	467	164	102	62
15-44	5,941	3,013	2,928	5,138	2,614	2,524	803	399	404
45-64	5,037	2,482	2,555	4,361	2,148	2,213	676	334	342
65-84	2,819	1,270	1,549	2,526	1,156	1,370	293	114	179
85+	344	112	232	297	97	200	47	15	32

FAYETTE 2011 HEALTH PROFILE (Continued)

MORTALITY	Total	Male	Female	White	White male	White female	Black & other	Black & oth. male	Black & other female
Deaths	265	131	134	224	116	108	41	15	26
Death rate per 1,000 pop.	15.4	15.4	15.4	15.0	15.8	14.3	17.9	13.2	22.4

Selected causes	Total	Total rate	Male	Male rate	Female	Female rate	White	White rate	Black & other	Black & other rate
Heart disease	66	384.1	40	471.7	26	298.8	55	369.4	11	479.7
Cancer	60	349.2	32	377.4	28	321.8	52	349.3	8	348.9
Stroke	17	98.9	3	35.4	14	160.9	12	80.6	5	218.1
Accidents	16	93.1	9	106.1	7	80.4	15	100.7	1	43.6
CLRD	15	87.3	7	82.5	8	91.9	15	100.7	0	0.0
Diabetes	7	40.7	5	59.0	2	23.0	4	26.9	3	130.8
Inf. & pneumonia	9	52.4	7	82.5	2	23.0	8	53.7	1	43.6
Alzheimer's disease	10	58.2	2	23.6	8	91.9	10	67.2	0	0.0
Suicide	2	11.6	2	23.6	0	0.0	2	13.4	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	Total	Rate	Children Under 20	Rate
All accidents	16	93.1	2	48.1
Motor vehicle	4	23.3	2	48.1
Suffocation	0	0.0	0	0.0
Poisoning	5	29.1	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	7	---	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	265	15.4
0 to 14	1	0.3
15 to 44	14	2.4
45 to 64	56	11.1
65 to 84	128	45.4
85+	66	191.9

Rate is per 1,000 population in age group.

Selected Cancer Site	Deaths	Rate	Male Deaths	Rate	Female Deaths	Rate
All cancers	60	349.2	32	377.4	28	321.8
Trachea, bronchus, lung, pleura	16	93.1	8	94.3	8	91.9
Colorectal	9	52.4	6	70.8	3	34.5
Breast	4	23.3	0	0.0	4	46.0
Prostate (male)	3	17.5	3	35.4	0	0.0
Pancreas	2	11.6	2	23.6	0	0.0
Leukemias	6	34.9	4	47.2	2	23.0
Non-Hodgkin's lymphomas	3	17.5	1	11.8	2	23.0
Ovary (female)	3	17.5	0	0.0	3	34.5
Brain and other nervous system	0	0.0	0	0.0	0	0.0
Stomach	1	5.8	1	11.8	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	0	0.0	0	0.0	0	0.0
Other	13	---	7	---	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.

Fayette County, Alabama

People QuickFacts	Fayette County	Alabama
Population, 2012 estimate	16,983	4,822,023
Population, 2010 (April 1) estimates base	17,241	4,779,745
Population, percent change, April 1, 2010 to July 1, 2012	-1.5%	0.9%
Population, 2010	17,241	4,779,736
Persons under 5 years, percent, 2012	5.6%	6.3%
Persons under 18 years, percent, 2012	21.8%	23.3%
Persons 65 years and over, percent, 2012	18.4%	14.5%
Female persons, percent, 2012	50.3%	51.5%
White alone, percent, 2012 (a)	86.6%	70.0%
Black or African American alone, percent, 2012 (a)	11.7%	26.5%
American Indian and Alaska Native alone, percent, 2012 (a)	0.4%	0.7%
Asian alone, percent, 2012 (a)	0.3%	1.2%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	Z	0.1%
Two or More Races, percent, 2012	1.0%	1.5%
Hispanic or Latino, percent, 2012 (b)	1.4%	4.1%
White alone, not Hispanic or Latino, percent, 2012	85.4%	66.6%
Living in same house 1 year & over, percent, 2007-2011	88.1%	84.5%
Foreign born persons, percent, 2007-2011	0.6%	3.4%
Language other than English spoken at home, percent age 5+, 2007-2011	1.5%	5.0%
High school graduate or higher, percent of persons age 25+, 2007-2011	74.6%	81.9%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	10.9%	22.0%
Veterans, 2007-2011	1,312	403,982
Mean travel time to work (minutes), workers age 16+, 2007-2011	28.1	24.0
Housing units, 2011	8,384	2,182,088
Homeownership rate, 2007-2011	73.7%	70.7%
Housing units in multi-unit structures, percent, 2007-2011	7.9%	15.5%
Median value of owner-occupied housing units, 2007-2011	$72,200	$120,800
Households, 2007-2011	7,240	1,831,269
Persons per household, 2007-2011	2.35	2.53
Per capita money income in the past 12 months (2011 dollars), 2007-2011	$18,336	$23,483

Median household income, 2007-2011	$33,378	$42,934
Persons below poverty level, percent, 2007-2011	19.7%	17.6%

Business QuickFacts	Fayette County	Alabama
Private nonfarm establishments, 2011	334	97,743[1]
Private nonfarm employment, 2011	3,656	1,573,138[1]
Private nonfarm employment, percent change, 2010-2011	-0.2%	0.3%[1]
Nonemployer establishments, 2011	1,095	321,641
Total number of firms, 2007	1,378	382,350
Black-owned firms, percent, 2007	5.1%	14.8%
American Indian- and Alaska Native-owned firms, percent, 2007	F	0.8%
Asian-owned firms, percent, 2007	F	1.8%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.2%
Women-owned firms, percent, 2007	24.3%	28.1%
Manufacturers shipments, 2007 ($1000)	186,247	112,858,843
Merchant wholesaler sales, 2007 ($1000)	22,463	52,252,752
Retail sales, 2007 ($1000)	130,362	57,344,851
Retail sales per capita, 2007	$7,433	$12,364
Accommodation and food services sales, 2007 ($1000)	10,869	6,426,342
Building permits, 2012	0	13,506

Geography QuickFacts	Fayette County	Alabama
Land area in square miles, 2010	627.66	50,645.33
Persons per square mile, 2010	27.5	94.4
FIPS Code	057	01
Metropolitan or Micropolitan Statistical Area	None	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information
F: Fewer than 25 firms
FN: Footnote on this item for this area in place of data
NA: Not available
S: Suppressed; does not meet publication standards
X: Not applicable
Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits
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