

2013 Community Health Needs Assessment



CULLMAN
REGIONAL
MEDICAL
CENTER



Prepared and distributed by the
Cullman County Community Health Coalition &
Cullman Regional Medical Center

Executive Summary

Purpose

The purpose of this project was to conduct a Community Health Needs Assessment (CHNA) as mandated by the IRS. The CHNA initiative was organized around four specific goals to take place in Cullman Regional Medical Center's target community by June 30, 2013: *(1) to utilize the Cullman County Community Health Coalition to provide assessment support and guidance; (2) to complete community health assessments (needs identification and assets inventory); (3) to prioritize identified community health issues; and (4) to educate core steering group members and community members on the principles and practices of health promotion program planning and evaluation.*

Service Area

- The target area for the CHNA relied on a county-based definition. Zip code data was used to establish the general threshold for determining a county as part of the CHNA target.
- The specific target area for Cullman Regional Medical Center was Cullman County

Cullman County Community Health Coalition

- The Cullman County Community Health Coalition was a key component of community engagement in the process as required by the IRS mandate. The Health Coalition was composed of 15-25 members representing a cross-section of the defined community (target area).

Data Collection Approaches

- The secondary data reports were generated using data collected from multiple online sources including Community Commons.org, the U.S. Census Bureau, and the County Health Rankings, U.S. Bureau of Labor Statistics, U.S. Department of Education, The World Fact Book, the U.S. Department of Agriculture, Centers for Disease Control and Prevention, Alabama Rural Health Association, Office of Primary Care and Rural Health, Dartmouth Atlas of Healthcare; Medical Licensure Commission; National Cancer Institute, National Center for HIV/AIDS,
- Primary data was collected using a community-based survey. Through the assistance of the Cullman County Community Health Coalition and the Cullman City and County School Systems, a minimum of 10,000 surveys were distributed to a cross-section of the defined target area and more than 10,000 electronic surveys were distributed across the targeted area.
- Community assets were identified using the two primary data collection methods described above, as well as a compilation of health related resources in the target area, including hospitals, health services, counseling services, youth organizations, community organizations and rehabilitation services.

Prioritization Strategy

- A two-stage process was used to complete the prioritization of issues in each community. The first stage was determined by the Cullman Community Health Coalition by selecting the top priorities addressed by the Community Health Needs Assessment. The second stage involved, the Hanlon Method to obtain the final prioritization of issues.

Results: Secondary Data Analysis

- The majority of the population is white (Cullman County—95.83%), while persons of Hispanic decent constitute the largest minority (Cullman County—73% of minority).
- Cullman County has a larger population of citizens without insurance than the State and National Averages.
- The majority of the Cullman County population is over the age of 45 years.
- Physical Environment indicators acknowledge a need for additional recreation and fitness facilities in the community.
- Cullman County has a significantly higher rate of tobacco use than both the State and National Average, which contributes to multiple health issues in the community.
- Although Cullman County's percentage of obesity and physical inactivity are lower than the state percentages, both are significantly higher than the national benchmark.

Executive Summary *(continued)*

Results: Secondary Data Analysis *continued*

- Cullman County has higher than both state and national averages for screenings for breast cancer and diabetes; however, Cullman County falls short on screenings for Colon Cancer and HIV.

Mortality

- Cardiovascular diseases are a significant cause of Mortality. Rates of Major Cardiovascular Disease and Heart Disease are significantly higher than both the state and national averages. Cullman County is higher in all areas of Heart Disease—Hypertensive Heart Disease, Ischemic Heart Diseases, Acute Myocardial Infarction, Heart Failure and Stroke.
- Cullman County has higher rates of cancer than the State of Alabama and significantly higher rates than the United States. Cullman County has higher rates of all types of cancer, excluding breast cancer than the United States. Cullman County has higher rates colon cancer, pancreatic cancer, non-Hodgkin's Lymphoma and significantly higher rates of lung cancer than the state. The higher rates of lung cancer may be attributed to the higher rates of tobacco use in the community.
- Cullman County has significantly higher rates of Parkinson's Disease and Alzheimer's Disease than both the state and national rates.
- Cullman County has significantly higher rates of Pneumonia and Chronic Lower Respiratory Disease (CLRD) which can likely be attributed to higher rates of tobacco use as well.
- Cullman County has significantly higher rates of kidney disease than both national and state rates.
- Cullman County has a higher rate of Accidents (such as Motor Vehicle Accidents and Poisoning/Exposure to Toxic Substances) than both national and state rates.
- Mortality Rate for Suicide is higher than both the state and national averages.

Maternal and Child Health

- 70 percent of Births to Unwed Mothers are between the age of 10 and 19
- 10% of Low weight births are to teen mothers
- 80% of Medicaid births in Cullman County are to Teen mothers.

Results: Community-Based Survey

- A total of 695 surveys were completed and returned to Cullman Regional Medical Center for analysis.
- Considerably more females (76.4%) completed this survey than males (22.5%).
- Most respondents were white/Caucasian (93.1%).
- Nearly 60% of all participants were between the ages of 31 and 50 years old.
- Exactly 31% of participants reported household incomes of less than \$25,000 per year.
- Overall, respondents agreed the quality of services in the community is high. Respondents characterized the community services as good, and agreed that they were satisfied or very satisfied (63.7%) with the local health care system. However, improvement in local sex education programs for teens and the increasing cost of healthcare were primary concerns.
- Stress (35.5%), Unemployment/Economy (27.5%), Tobacco Use (25.2%), Lack of Exercise (24.2%) and Obesity were reported as the top 5 greatest challenges facing respondents and their families.
- Nearly 90% of respondents reported never consuming alcohol (51.9%) or only consuming it occasionally (38.4%).
- A majority of respondents (51.8%) said that they limit foods and beverages high in sugar and calories from their diet and 42.6% said they eat a variety of fruits and vegetables with every meal. While 29% said they exercise at least 30 minutes each day. Most respondents reported always (73.8%) or mostly (15.7%) using seatbelts.
- The majority of respondents (61.3%) indicated having private insurance, with 23.4% indicated they had no insurance at all.
- Among respondents surveyed, 89.6% used hospital services in the last five years. Those reporting using hospital services, 56.4% indicated using services at Cullman Regional Medical Center.

Executive Summary *(continued)*

Results: Community-Based Survey (continued):

- **Community Issues:** Cheaper prices on healthy foods; Availability of free exercise programs for families; Affordability of health insurance co-pays and premiums; Accessibility of health care services for the poor/unemployed; Dental care for low-income people; Lack of adequate time with primary care physicians; Too much time spent waiting to see Primary Care Physicians; Improvements to Medicaid coverage for adults and children; Public Transportation—too costly for low-income; Cooking classes for Hispanic diabetics; Education to change community behavior problems; Ability to get appointments in a timely fashion with PCP; Better insurance/healthcare coverage for cancer patients; Better grocery stores—such as Publix or Whole Foods; More monitoring of Urgent Care Clinics; Improvements to school nutrition programs for children; Additional Pediatric Dentists in the community; Explain Insurance options to Seniors; More pediatric specialists; Education about community healthcare options for children; Lack of employment opportunities; Increased number of uninsured; Lack of mental health professionals; Chronic health conditions in adults and children; Increased Number of Physicians who accept Medicaid and Medicare.
- **Hospital Problems:** Long ER wait times; lack of empathy with hospital personnel; cost of care; Public perception of less than adequate care; Lack of Mental Health care; Improve physician empathy
- **Hospital:** Small town hospital feel, good services
- **Recommendations:** More FREE community educational seminars in outlying communities; More Community awareness of health issues associated with tobacco use and alcohol; Reduced ER wait times; Lower fees for uninsured; Education of the benefits and importance of breastfeeding to new moms; Publicize events/seminars more; More community classes on dealing with stress; Education on proper use of the ER; Improved billing; Recruitment of additional physician specialists; Lower the cost for private pay patients; Improved Cancer Care;
- **Community Vision:** Availability of more doctors to decrease wait times and improve quality of care; increase mental health services, and programs directed at reducing obesity and the number of tobacco users.

Community Assets

An inventory of community assets and resources is outlined in this report.

Prioritization

The following issues emerged from the data: Community Health Education (Exercise, Diet, Tobacco); Community Image of the Hospital (Morale, Turnover, Wait-times), Mental Health, Economic Development (Unemployment, Poverty), Cancer, Heart Disease, Access to Healthcare (Transportation, Cost) Issues Involving Youth (Teen Pregnancy, Lack of Recreational Activities), Diabetes, Respiratory Disease/Asthma, Dental Care

Following the prioritization exercise the rank order of community issues included:

1.

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Introduction

The Community Health Needs Assessment that has been undertaken by Cullman Regional Medical Center was designed to help the medical center become aware of the current needs and existing assets within the community we serve. Concurrently, we wanted to learn how to best respond to these needs within the scope of our services and partnerships. Although Cullman Regional Medical Center receives patients from several surrounding counties, our needs assessment is focused primarily on Cullman County as that is where the hospital is physically located. Cullman County is also the geographic center of the other counties served as well as the most densely populated and 75% of our patient population comes from this county.

Cullman Regional Medical Center is dedicated to promoting wellness by providing excellent healthcare services in the most efficient manner possible and exceeding the expectations of those we serve. Completing a needs assessment plays a vital role in determining how and where Cullman Regional Medical Center can continue to best serve the community. This assessment will help to confirm the value of the services now offered and help forge new partnerships within the community. All of this will ensure that our community outreach is effective and supported by the community.

Finally, the needs assessment has also been undertaken as part of our federal responsibility as a not-for-profit hospital. Under the recently passed federal health reform bill, all not-for-profit hospitals are required to conduct a Community Health Needs Assessment every three years. The Patient Protection and Affordable Care Act of 2010 describes a Community Health Needs Assessment as an assessment that, “takes into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health,” and “is made widely available to the public.” We feel that this assessment has fulfilled this requirement.

Infrastructure and Members of Committees

The community health needs assessment was lead and conducted by the Cullman County Community Health Coalition with oversight from Cullman Regional Senior Leadership Committee.

Cullman County Health Coalition Members

- Ms. Lindsey Dossey, *Cullman Regional Medical Center Marketing/Community Relations Manager—Survey Task Force Lead*
- Ms. Rhonda Abbott, RN, *Alabama Department of Public Health, Cullman Clinic Supervisor*
- Ms. Ann Armstrong, CRNP, *Cullman Internal Medicine Practitioner*
- Ms. Cindy Barnett, *Good Samaritan Health Clinic, Clinic Office Administrator*
- Ms. Kim Bevis, MSW, LBSW, *Child Advocacy Center of Cullman, Executive Director*
- Mr. Craig Green, *Cullman City Police Department, Assistant Police Chief*
- Ms. Sammie Danford, *Cullman County Economic Development, Director*
- Ms. Catherine Denard, *Alabama Department of Human Resources—Cullman County, Director*
- Ms. Lisa German, *Wallace State Community College, Dean of Health Sciences*
- Ms. Kasey Kearce, *United Way of Cullman County, Executive Director*
- Ms. Phyllis Little, *Cullman County Emergency Management Agency, Director*
- Dr. Lori McGrath, DRNP, *CRMC Nurse Navigation & Case Management, Division Director*
- Ms. Dawn Owens, *The Link of Cullman County, Founder/Executive Director*
- Dr. William Peinhardt, MD, *Cullman Internal Medicine, Physician*
- Mr. Edward Potter, *Cullman County Sheriff's Office, Jailor*
- Ms. Luanne Reid, RN, *Cullman City Schools, School Nurse Manager*
- Ms. Donna R. Shanklin, *Cullman County Cooperative Extension, Regional Extension Agent II—Human Nutrition, Diet and Health*
- Ms. Randall Shedd, *Cullman County Commission on Aging, Director*
- Mr. Greg Smith, *Cullman Fire & Rescue, EMS Officer*
- Ms. Marti Smith, RN, BSN, *Cullman Regional Medical Center Infection Control Nurse*
- Ms. Maria Stanford, *Cullman Regional Medical Center Foundation, Executive Director*
- Ms. Evelyn Stevens, *Congressman Robert Aderholt—Cullman District Office Representative*
- Mr. Chris VanDyke, *Mental Healthcare of Cullman, Executive Director*
- Ms. Kathy Yoho, *Childhaven, Medicaid Billing Specialist*

Cullman Regional Medical Center Senior Leadership Committee

- Mr. Jim Weidner, *President/CEO*
- Ms. Nesha Donaldson, *Chief Financial Officer*
- Ms. Cheryl Bailey, RN, BSN, MBA, *Chief Nursing Officer & Vice President of Patient Care Services*
- Ms. Susan Copeland, RN, BSN, MSN, *Vice President of Ambulatory Services*
- Ms. Charna Brown, ADN, BSN, RN, *Vice President of Quality & Risk Management Services*
- Ms. Toni Geddings, *Director of Human Resources and Organizational Development*
- Mr. Todd McLeroy, *Healthcare Authority of Cullman County, Board Chair*
- Mr. Del Brock, *Healthcare Authority of Cullman County, Community Affairs Committee Board Chair*
- Mr. Clint Frey, *Healthcare Authority of Cullman County, Board Member*
- Mr. Jeb Williamson, *CRMC Foundation Board Chair*
- Dr. Vince Bergquist, MD, *CRMC Medical Staff President*
- Dr. Bill Smith, MD, *CRMC Medical Staff Vice-President*
- Dr. Chris Coccia, MD, *CRMC Medical Staff Secretary/Treasurer*
- Dr. John Morris, MD, *CRMC Medical Staff Immediate Past President*

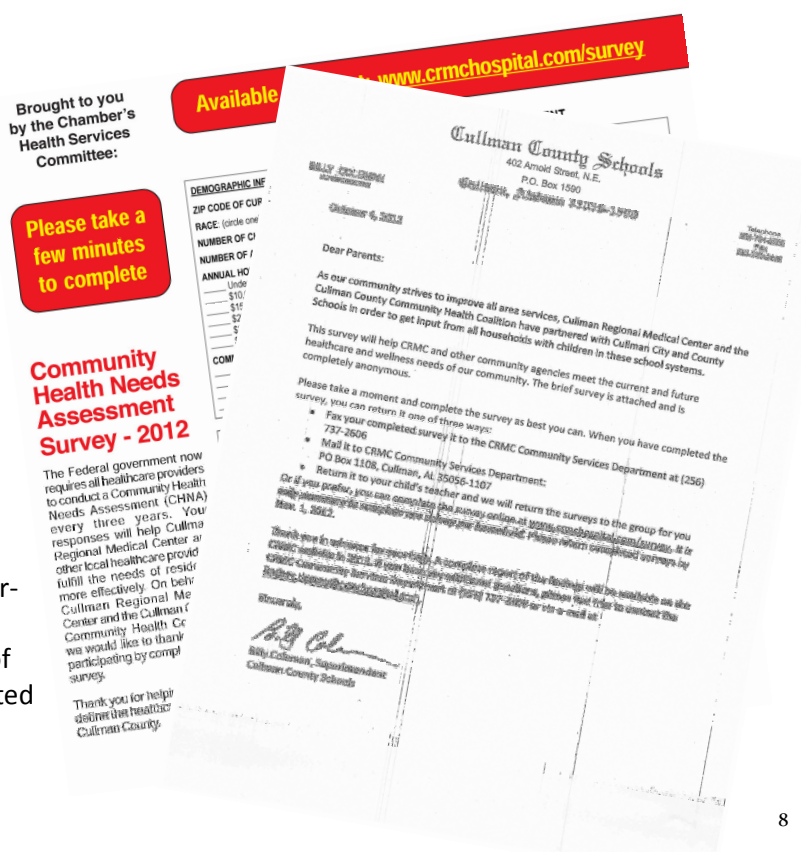
Methodology for Collecting Data & Gaining Community Input

Community Health Needs Assessment is a dynamic process that identifies health needs of the community by collecting qualitative and quantitative data from multiple sources and sectors both within and outside of the community. This needs assessment was carried out in accordance with the guidelines established by the Community Health Needs Assessment Task Force of Cullman County Community Health Coalition.

The assessment began with the collection of data from various resources. The Cullman County Community Health Coalition created a targeted list of areas of expertise in the community that would provide valuable input. Each member of the coalition was responsible for supplying and collecting surveys to these different areas in the community. These areas would help generate input from a variety of sources that would help generate an overall view of the health of the community. The group also created both a printed survey and an online electronic survey in order to reach multiple demographics throughout the community. Breakdown of targeted areas of expertise:

- **Agriculture**
 - ⇒ Chamber Agri-business Committee
 - ⇒ Soil & Water Conservation
 - ⇒ Farm-City Committee
 - ⇒ Alabama Cooperative Extension System
- **Business Community**
 - ⇒ Chamber of Commerce Health Services Committee
- **Law Enforcement**
 - ⇒ Cullman City Police Department
 - ⇒ Cullman County Sheriff's Department
 - ⇒ Attorneys & Judges
 - ⇒ Fire Departments - Volunteer
- **Young Adults/Students**
 - ⇒ Wallace State CC Students
 - ⇒ Cullman City High School Students
 - ⇒ Cullman County High School Students
- **Seniors (55+)**
 - ⇒ CRMC SeniorChoice members
 - ⇒ Commission on Aging Senior Centers
- **Physicians & Public Health Officials**
 - ⇒ CRMC Medical Staff
 - ⇒ Cullman County Department of Public Health
- **Nurses & other medical professionals**
 - ⇒ CRMC Staff
 - ⇒ Physician Medical Practice Staff
- **Teachers/Educators**
 - ⇒ Cullman City Schools
 - ⇒ Cullman County Schools
 - ⇒ WSCC Professors
- **Government**
 - ⇒ Cullman City Government
 - ⇒ Cullman County Government
 - ⇒ Local State Legislative Delegation
 - ⇒ Federal Legislative Delegation
- **Minorities**
 - ⇒ Hispanic Community
 - ⇒ African American Population
- **Religious Leaders**
 - ⇒ CRMC Chaplains
 - ⇒ Coalition Member Churches
 - ⇒ Local Associations
- **Low-income/Poverty Community**
 - ⇒ Good Samaritan Health Clinic Patients
 - ⇒ Cullman Housing Authority Residents
 - ⇒ The Link of Cullman County Neighbors

General community input was received by sending surveys home with students attending Cullman County schools and electronic surveys were sent to parents of Cullman City School Students. More than 10,000 printed surveys were distributed throughout the county and many more through the online survey tool.



Methodology *continued*

After both the survey data and secondary data were compiled, discussion was conducted by the members of the Cullman County Community Health Coalition in order to collect primary data about our community. The Community Health Coalition Members represent both the healthcare community and the community at large; therefore, this group served as the focus group portion of the needs assessment process. Once data collection was complete, a discussion meeting was held with several key coalition and community members to discuss the findings and obtain their assistance in setting priorities to respond to needs in the community. Finally, a leadership committee within Cullman Regional Medical Center met to prioritize these needs even further and determine how Cullman Regional can best participate in helping to meet the needs of the community.

Community Defined

Cullman Regional Medical Center (CRMC) is a 145-bed, fully-accredited, not-for-profit medical facility that serves more than 150,000 residents in a six-county area. The six-counties included in this area are: Cullman County, Blount County, Winston County, Morgan County and Marshall County.

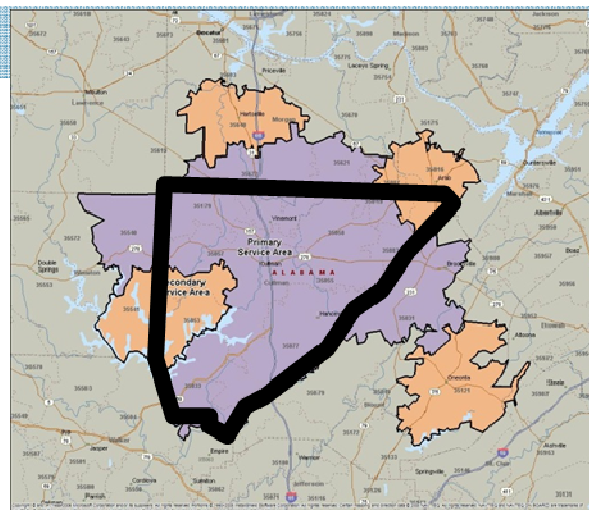
Primary Service area includes: Cullman County, parts of Winston County, parts of Morgan County and parts of Blount County. Majority of patients served by Cullman Regional Medical Center (approximately 75%) reside in Cullman County.

Secondary Service area includes: additional parts of Winston County, Morgan County and Blount County as well as part of Marshall County.

The community served by Cullman Regional Medical Center is culturally and economically diverse. Cullman County contains the City of Cullman

which is a micropolitan city that serves as the urban center to the surrounding rural county. Cullman County is home to Wallace State Community College, one large regional medical center, the county health department and the community-funded Good Samaritan Free Health Clinic. Cullman has been named “Best Place to Raise Children in Alabama” by *Bloomberg Businessweek* in 2012, Cullman City School have ranked as third in the State for the Best test scores according to the Alabama Department of Education. Cullman City has been named second in the State of Alabama for new and expanding industry according to the State Department of Economic Development. Cullman is known for its hospitality and it’s “help each other” attitude as recognized by *Southern Business & Development* as the #1 place in the southeast for Overcoming Nature’s Adversity following the April 2011 tornadoes.

Despite the many accolades, Cullman County continues to have more than 17% of the population living below the Federal Poverty Level and more than 40% of the population at or below 200% of the Federal Poverty Level. This is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.



- Primary Service Area: 100,000
- Secondary Service Area: 50,000

Report Area	Total Population	Urban Population	Rural Population	Percent Urban	Percent Rural
Cullman County, Alabama	80,406	21,517	58,889	26.76%	73.24%
Alabama	4,779,736	2,821,804	1,957,932	59.04%	40.96%
United States	312,471,327	252,746,527	59,724,800	80.89%	19.11%

Data Source: U.S. Census Bureau, 2000 Census of Population and Housing, Summary File 1; U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1

Report Area	Total Population	Population in Poverty	Percent Population in Poverty	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
Cullman County, Alabama	79,160	13,914	17.58%	33,124	41.84%
Alabama	4,631,432	813,385	17.56%	1,783,196	38.50%
United States	298,788,000	42,739,924	14.30%	97,686,536	32.69%

Data Source: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates.

Secondary Data Analysis

DEMOGRAPHICS

The purpose of this report is to provide a profile of the health characteristics of Cullman Regional Medical Center's service area. The report provides both health statistics and contextual information. The context of the service area's health is framed by the demographic data, socio-economic indicators, health behaviors statistics, and physicians' work-force profile. Subsequently, the morbidity and mortality statistics, along with maternal and child health data, are presented in order to understand the relative magnitude of each health problem. As a basis for comparison, the local rates are juxtaposed alongside state data.

	Cullman County, Alabama	Alabama	United States
Population †	80,246	4,747,424	310,346,360
Persons Under 5 years †	4,922	303,661	20,170,376
Persons under 18 years †	18,727	1,132,205	74,047,748
Persons age 18-64 years †	48,849	2,967,885	192,947,204
Persons 65 years and over †	12,670	647,334	39,608,816
Male †	39,779	2,302,958	150,740,224
Female †	40,467	2,444,466	155,863,552
White/Caucasian Persons †	76,905	3,307,557	227,167,008
Black/African American Persons †	817	1,244,112	38,395,856
Hispanic/Latino Persons †	3,322	173,990	49,215,563
Median Household income (2007-2011) †	\$38,703	\$42,934	\$52,762
Home Ownership Rate (2007-2011) †	75.30%	70.70%	66.10%
High school graduate or higher, percent of persons age 25+, 2007-2011 †	76.60%	81.90%	85.40%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011 †	14.20%	22.00%	28.20%
Percent of Uninsured Population ‡	18.90%	16.95%	17.74%

† 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

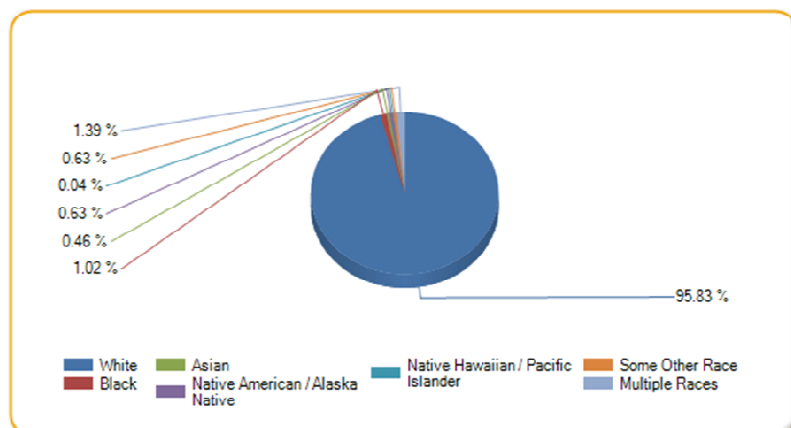
‡ U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE), 2010

Service Area Demographics:

Cullman Regional Medical Center's service area is a rural community. The majority of the population is white, though citizens of Hispanic/Latino origin constitute the largest minority. The median household income, proportion of residents with at least a high school diploma, and percentage of people without insurance lag behind both the state and national averages.

Secondary Data Analysis *continued*

Population by Race - Cullman County

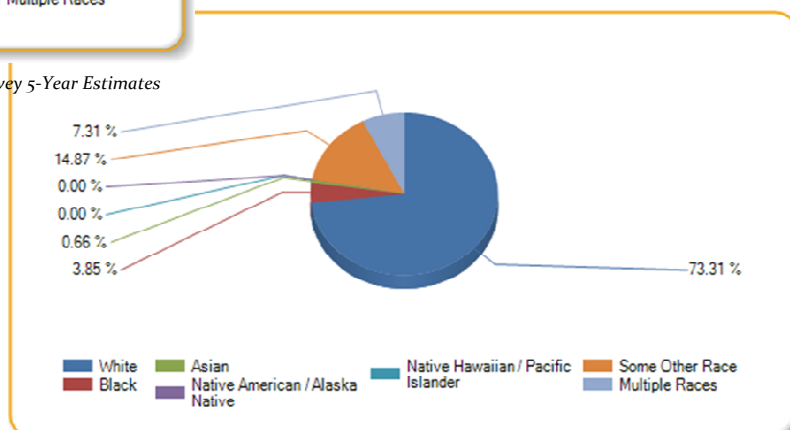


Data Source: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates

Racial Diversity:

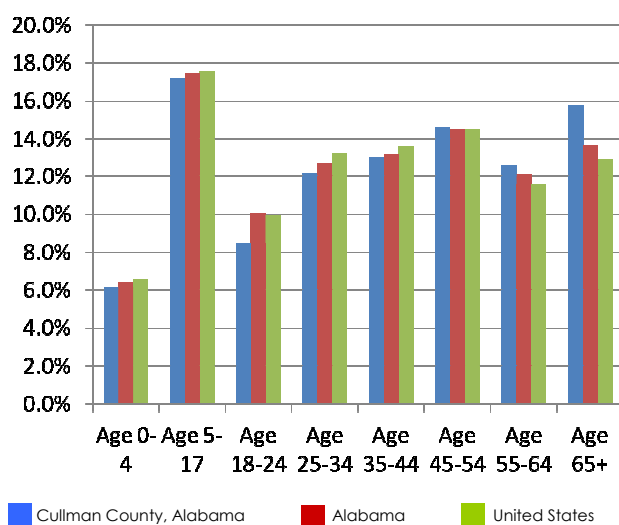
The majority of the population of Cullman County is white/Caucasian with the largest minority being of Latino/Hispanic.

Hispanic Population by Race - Cullman County



Data Source: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates

County, State & US Age Distribution Comparison



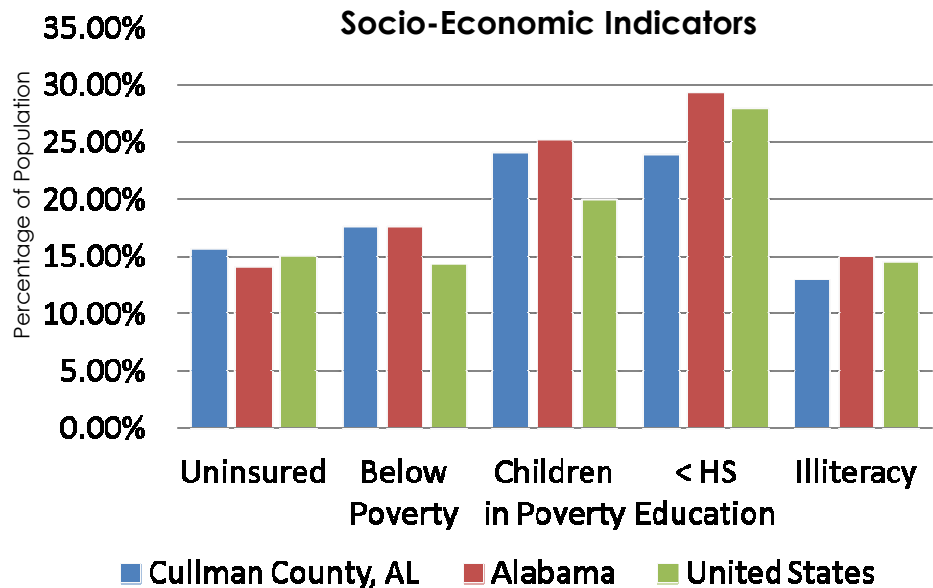
Data Source: U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates

Age Distribution:

Cullman Regional's service area resembles Alabama and the United States age distribution. Compared to the state and United States averages, the service area has fewer residents aged 0 to 44 and has a higher proportion of its residents above the age of 45 years old.

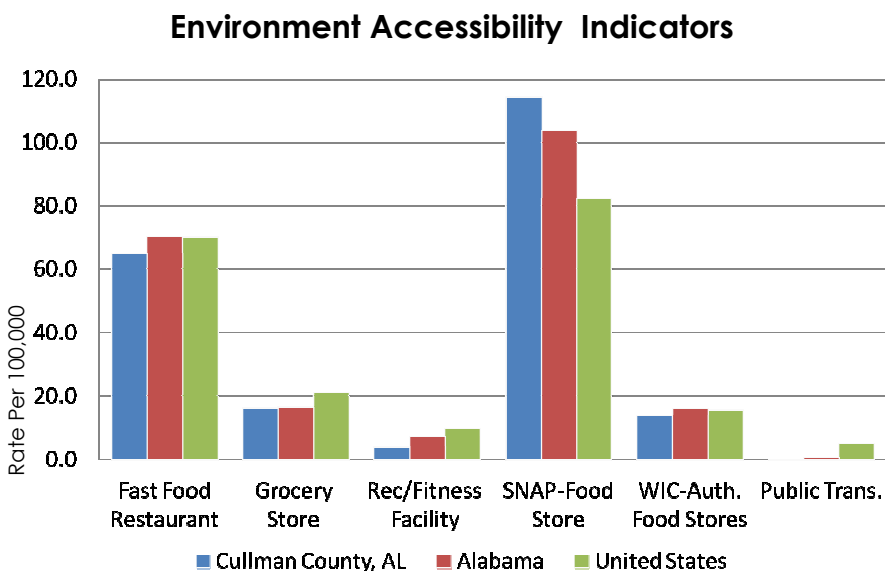
Socio-Economic Indicators

Socio-Economic Indicators: Economic and social insecurity often are associated with poor health. Poverty, unemployment and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Although Cullman County's rates for children in poverty and illiteracy are lower than the state average, the rates of uninsured, people living below the federal poverty level, and people over 25 with less than a high school education are greater than the state average and are much greater than the United States Benchmarks.



Data Sources: U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates; U.S. Bureau of Labor Statistics, January, 2013 Local Area Unemployment Statistics; U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates; The University of Wisconsin, Population Health Institute, County Health Rankings, 2012; U.S. Department of Education, National Center for Educational Statistics, National Assessment of Adult Literacy, 2003

Physical Environment Indicators



Data Source: U.S. Census Bureau, County Business Patterns, 2011; U.S. Department of Agriculture, Food Environment Atlas, 2012

Physical Environment Indicators: A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. According to the data, the rate of Fast Food Restaurant Access is surprisingly lower than both the State and National Access rates. However, access to Recreational/Fitness Facilities, Grocery Stores and WIC-Authorized food stores are significantly lower than the national rates. These indicators are relevant because they provide a measure of healthy food and activity access as well as environmental influences

on both dietary and physical activity behaviors. People utilizing public transportation to get to work is also low for Cullman County at 0.12%. This could be attributed to the rising cost of C.A.R.T.S. fares throughout the county per mile. However, the Access to SNAP (Supplemental Nutrition Assistance Program) Food Stores is well above both the State and National average.

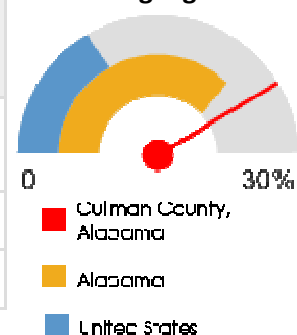
Health Behaviors

Tobacco Usage

Report Area	Total Population Age 18 & Over	Estimated Population Regularly Smoking Cigarettes	Percent Estimated Population Regularly Smoking Cigarettes
Cullman County, Alabama	61,176	15,172	24.80%
Alabama	1,900,110	427,525	22.50%
United States	207,962	20,796	10%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011.

Percent Estimated Population Regularly Smoking Cigarettes

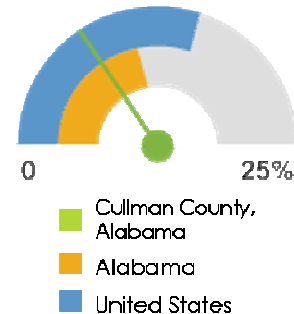


Alcohol Consumption

Report Area	Total Population Age 18	Estimated Population Heavily Consuming Alcohol	Percent Population Heavily Consuming Alcohol
Cullman County, Alabama	61,176	4,772	7.80%
Alabama	1,900,110	209,012	11%
United States	89,135,163	13,385,866	15.02%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011.

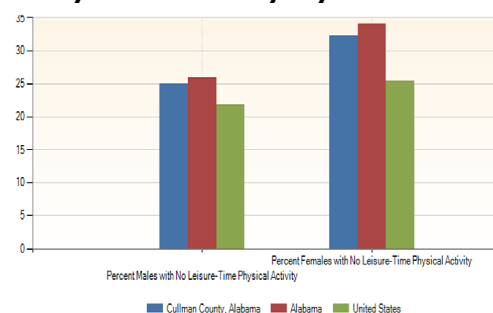
Percent Population Regularly Consuming Alcohol



Physical Inactivity & Obesity

Report Area	Percentage of Obese adults with BMI > 30	Percentage of adults over age 20 reporting no leisure time physical activity	Percent of Overweight Adults with BMI between 25 and 30
Cullman County, Alabama	32%	29%	40.34%
Alabama	33%	31%	35.90%
United States Benchmark	25%	21%	36.31%

Adults with No Leisure-Time Physical Activity by Gender

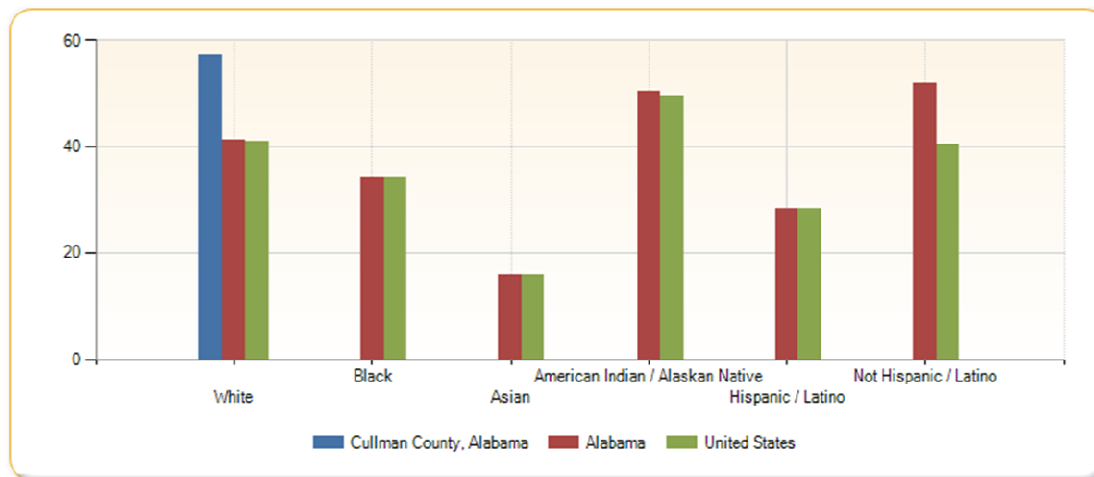


County Health Rankings: University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation Data
Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009.

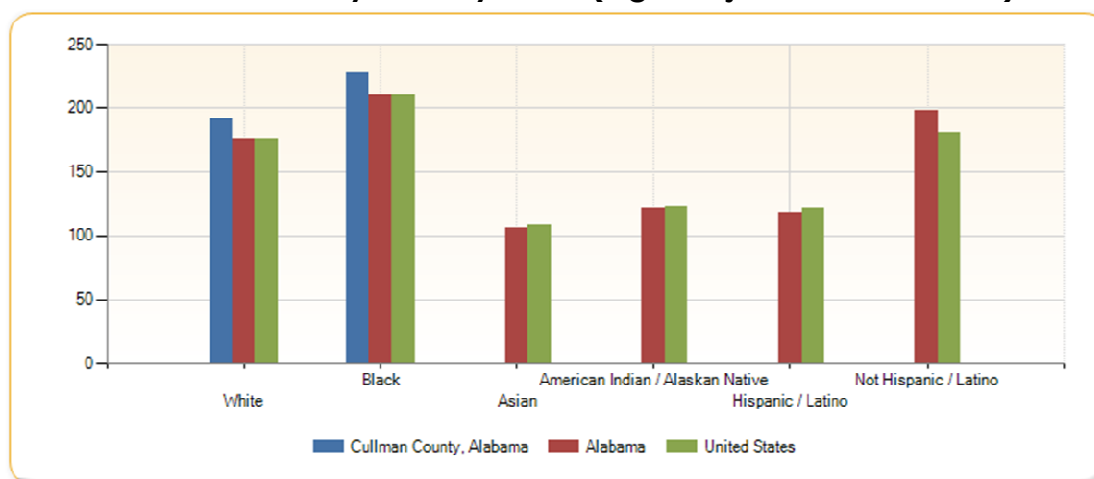
Health Behaviors: Health behaviors such as poor diet, lack of exercise and substance abuse contribute to poor health status. Cullman County has a much lower rate of alcohol consumption than both the State and National benchmarks. However, Cullman County has a significantly higher percentage of smokers when compared to the state and in particular when compared to the national percentages. Although Cullman County's percentages of adults with a BMI higher than 30 and that of adults not participating in physical activity are lower than the state percentages, both rates are higher than national benchmarks. However, the percentage of Cullman County Adults overweight is significantly higher than both the state and national benchmarks. These indicators are substantially contributing to a less healthy population.

Health Outcomes

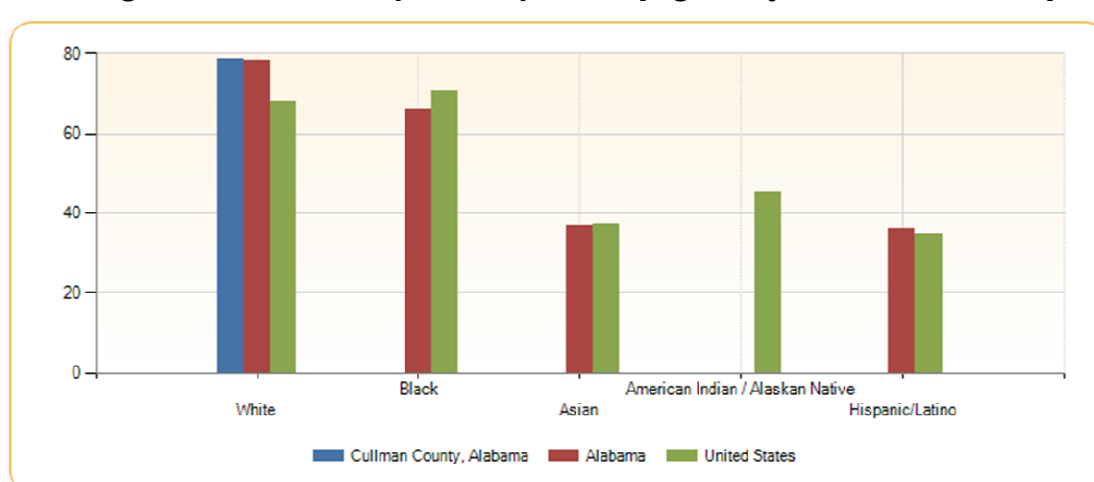
Accident Mortality Rate By Race



Cancer Mortality Rate By Race (Age-Adjusted Per 100,000)



Lung Disease Mortality Rate By Race (Age-Adjusted Per 100,000)



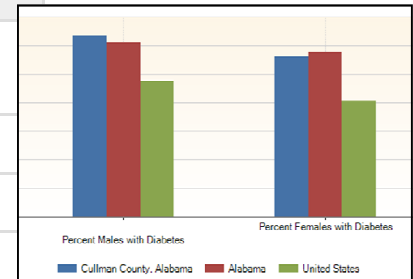
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.

Health Outcomes (continued)

Adults Diagnosed with Diabetes by Gender

Report Area	Total Males with Diabetes	Percent Males with Diabetes	Total Females with Diabetes	Percent Females with Diabetes
Cullman County, Alabama	4,054	12.70%	3,971	11.20%
Alabama	208,482	12.17%	228,116	11.52%
United States	10,488,129	9.49%	10,127,138	8.08%

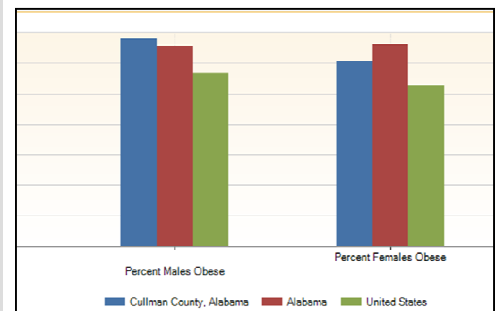
Data Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009



Adults Obesity by Gender

Report Area	Total Males Obese	Percent Males Obese	Total Females Obese	Percent Females Obese
Cullman County, Alabama	10,143	34%	9,323	30.30%
Alabama	538,124	32.73%	594,250	33.02%
United States	31,008,901	28.30%	30,451,365	26.37%

Data Source: Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009

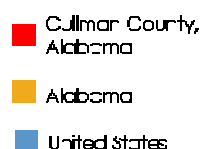
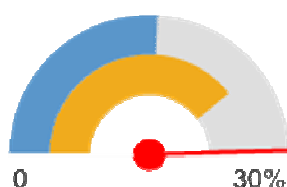


Poor Dental & General Health

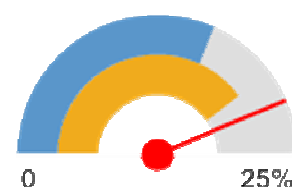
Report Area	Total Population (Age 18)	Number Adults with Poor Dental Health	Percent Adults with Poor Dental Health	Estimated Population with Poor or Fair Health	Percent Population with Poor or Fair Health
Cullman County, Alabama	61,176	18,145	29.66%	13,336	21.80%
Alabama	3,580,348	852,839	23.82%	719,650	20.10%
United States	232,747,222	36,229,520	15.57%	36,429,871	15.84%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-201

Percent Population with Poor Dental Health



Percent Population with Poor or Fair Health



Sexually Transmitted Diseases Prevalence

	Reported Cases of Chlamydia in 2010	Chlamydia Rate (Per 100,000 Population)	Reported Cases of Gonorrhea in 2010	Gonorrhea Infection Rate (Per 100,000 Population)	Reported HIV Cases in 2010	HIV Prevalence Rate
Cullman County, AL	191	234.9	22	27.4	31	50.6
Alabama	25,928	556.18	7,870	164.65	9,932	272.3
United States	1,236,680	406.89	307,929	99.74	724,515	308.88

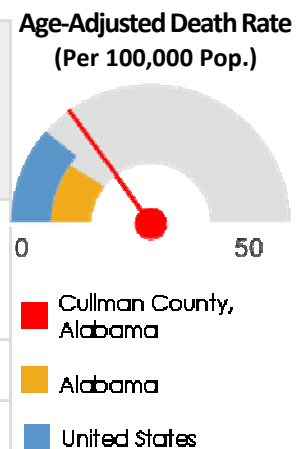
Data Source: Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2009.

Sexually Transmitted Diseases Prevalence: This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices. However, according to the Centers for Disease Control & Prevention, Cullman County's rates of Chlamydia, Gonorrhea and HIV are significantly lower than both the state and national rates. This data when compared to teen pregnancy rate may indicate that teens in Cullman County may be sexually active early but may not seek multiple sexual partners.

Suicide Prevalence

Suicide Rates

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Cullman County, Alabama	79,930	12	15.26	15.05
Alabama	4,711,540	626	13.28	13.02
United States	303,844,430	35,841	11.80	11.57



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010.

Suicide: This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Mortality Rates

INDICATOR	UNITED STATES		ALABAMA		CULLMAN 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 2009 - 2011	Rate per 100,000 Pop. ¹
All Causes	7,418,471	800.9	143,493	1,000.6	2,784	1,154.1
Septicemia	105,990	11.4	2,644	18.4	38	15.8
Cancer	1,717,684	185.4	30,564	213.1	562	233.0
Colon, Rectum, and Anus	157,259	17.0	2,694	18.8	55	22.8
Liver and Intrahepatic Bile Ducts	61,176	6.6	966	6.7	13	N.A.
Pancreas	109,887	11.9	1,813	12.6	31	12.9
Trachea, Bronchus, and Lung	473,090	51.1	9,644	67.2	195	80.8
Breast (female)	122,508	26.0	1,974	26.8	31	25.4
Prostate (male)	84,578	18.6	1,611	23.1	27	22.6
Non-Hodgkin's Lymphoma	60,904	6.6	960	6.7	20	8.3
Leukemia	68,157	7.4	1,148	8.0	18	7.5
Diabetes Mellitus	211,058	22.8	3,840	26.8	48	19.9
Parkinson's Disease	65,704	7.1	1,075	7.5	30	12.4
Alzheimer's Disease	247,188	26.7	4,498	31.4	90	37.3
Major Cardiovascular Diseases	2,339,340	252.6	46,705	325.7	1,018	422.0
Heart Diseases	1,793,441	193.6	35,879	250.2	819	339.5
Hypertensive Heart Disease	100,218	10.8	1,226	8.5	27	11.2
Ischemic Heart Diseases	1,140,484	123.1	16,558	115.5	420	174.1
Acute Myocardial Infarction	367,267	39.7	7,593	52.9	250	103.6
Heart Failure	173,711	18.8	5,769	40.2	148	61.4
Cerebrovascular Diseases (Stroke)	387,249	41.8	7,786	54.3	161	66.7
Pneumonia	152,507	16.5	2,755	19.2	63	26.1
Chronic Lower Respiratory Diseases	418,815	45.2	8,498	59.3	204	84.6
Chronic Liver Disease and Cirrhosis	96,000	10.4	1,539	10.7	21	8.7
Nephritis, Nephrotic Syndrome, and Nephrosis	145,142	15.7	3,410	23.8	68	28.2
Renal Failure	131,884	14.2	3,183	22.2	64	26.5
Accidents	361,657	39.0	7,307	51.0	134	55.5
Motor Vehicle Accidents	106,225	11.5	2,723	19.0	53	22.0
Poisoning and Exposure to Noxious Substances	98,353	10.6	1,571	11.0	18	7.5
Intentional Self-Harm (suicide)	113,558	12.3	1,983	13.8	39	16.2
Assault (homicide)	49,011	5.3	1,181	8.2	7	N.A.

Alabama Department of Public Health, Center for Health Statistics, Special queries of the 2009, 2010, and 2011 Mortality Statistics Files for Alabama data. Centers for Disease Control and Prevention, CDC Wonder Interactive Program, Detailed Mortality files for 2009 and 2010; Deaths – Preliminary Data for 2011, Vol. 61, Number 6, October 10, 2012, Table 2. (Cause of death data included in this data is not age-adjusted) Alabama Cancer Facts & Figures 2011, Alabama Statewide Cancer Registry, Alabama Department of Public Health, Tables 3, 4, and 5

Mortality Rates: Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g. poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationships may emerge, allowing a better understanding of how certain community health needs may be addressed. According to the data above, Cullman County has significantly higher rates of Cancer (particularly in Colorectal & Lung cancers), Parkinson's Disease, Alzheimer's Disease, Major Cardiovascular Diseases, Heart Disease, Pneumonia, Chronic Lower Respiratory Diseases, Kidney Disease, Accidents (particularly those involving intentional self-harm). These indicators continue to point to tobacco use as a leading cause of death in the community—with high incidence of Lung Cancer, Heart Disease, Pneumonia and Chronic Lower Respiratory Diseases as well as need for increased Mental Health Care.

Preventative Care Services

Report Area	Percent Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Population Ever Screened for Colon Cancer	Percent Medicare Enrollees with Diabetes with Annual Exam	Percent Adults Not Taking Medication for High Blood Pressure (When Present)	Percent Adults Never Screened for HIV	Percent Population with Annual Pneumonia Vaccination	Percent Adults with No Dental Exam
Cullman County, Alabama	71.21%	51.50%	87.94%	14.26%	65.46%	76.10%	32.50%
Alabama	65.27%	54.50%	83.69%	14.92%	55.70%	64.40%	34.13%
United States	65.37%	57.45%	83.81%	21.74%	59.83%	65.72%	30.14%

Data Source: Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2010 ; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010

Access to Care

Report Area	Percent of Adults Without Any Regular Doctor	Primary Care Provider Rate (Per 100,000 Pop.)	Percent of Total Population Underserved	Rate of Psychiatrists—2012 (Per 10,000 Population)
Cullman County, Alabama	16.25%	57.20	21.45%	0.4
Alabama	17.84%	69.90	19.45%	0.7
United States	19.32%	84.70	12.40%	1.3

Data Source: Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2010 ; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010; U.S. Health Resources and Services Administration Area Resource File, 2011 Medical Licensure Commission, Licensed Physician Data Base—2010. National data is for 2010 and is obtained from the American Medical Association, Physician Characteristics and Distribution in the US 2012, Table 1.2

Preventative Care & Access to Care: A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Regarding health screenings, Cullman County rates are higher than both the state and national averages in all areas except for Colorectal Cancer Screenings, regular dental exams and HIV screenings. However, access to care seems to be another issue with more than 20% of the Cullman County population underserved and a 57.2 physician to person rate per 100,000 and only 0.4 psychiatrists per 10,000 people the area definitely has a provider shortage problem. These physician rates are significantly lower than the state and national benchmarks and the access is significantly higher than the national benchmarks.

Nativity Rates

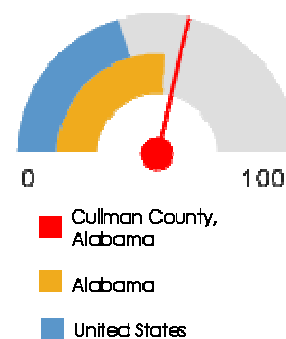
Frequencies of Births 2001– 2011 By Age of Mother

	White	%	Black	%	Other	%	Total	%
Under 18	454	4.26%	14	15.05%	1	0.98%	469	4.32%
18 to 19	1094	10.26%	8	8.60%	2	1.96%	1104	10.17%
20 to 24	3620	33.95%	27	29.03%	23	22.55%	3670	33.80%
25 to 29	3042	28.53%	23	24.73%	31	30.39%	3096	28.51%
30 to 34	1720	16.13%	16	17.20%	37	36.27%	1773	16.33%
over 34	733	6.87%	5	5.38%	8	7.84%	746	6.87%
Total	10663		93		102		10858	

NOTE: Unknowns are not included in the table.

Alabama Center for Health Statistics Online Natality Query System

Teen Birth Rate (Per 1,000 Births)



See Teen Birth Rate Chart Below.

Frequencies of Births 2001– 2011 With No Prenatal Care

	White	Black	Other	Total
Under 18	6	0	0	6
18 to 19	18	0	0	18
20 to 24	46	0	2	48
25 to 29	42	0	0	42
30 to 34	35	0	0	35
over 34	20	0	0	20
Total	167	0	2	169

NOTE: Unknowns are not included in the table.

Alabama Center for Health Statistics Online Natality Query System

Frequencies of Births 2001– 2011 With Less than Adequate Prenatal Care

	White	Black	Other	Total
Under 18	72	1	0	73
18 to 19	156	1	0	157
20 to 24	444	3	7	454
25 to 29	291	3	7	301
30 to 34	183	1	7	191
over 34	100	0	0	100
Total	1246	9	21	1276

NOTE: Unknowns are not included in the table.

Alabama Center for Health Statistics Online Natality Query System

Cullman County Births 2011

	All Women		Women 10 to 19	
	Total	Percent	Total	Percent
Births to unmarried women	302	32.5%	82	70.7%
Low weight births	71	7.6%	12	10.3%
Multiple Births	27	2.9%	4	3.4%
Medicaid Births	448	48.2%	93	80.2%

Alabama Center for Health Statistics Online Natality Query System

Teen Birth Rate

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Births)
Cullman County, Alabama	17,496	1,006	57.50
Alabama	1,108,776	57,989	52.30
United States	72,071,117	2,969,330	41.20

Data Source: Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009.

Nativity & Teen Birth Rate: This indicator is relevant because in many cases, teen parents have unique social, economic and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices. Cullman County's Teen Birth Rate is significantly higher than both the State and National Rates. This indicates that teens in our community may not be informed about safe sex practices. However, rates of STDs are substantially lower than both the state and national averages. This may indicate that teens are sexually active at a young age; however they may not seek multiple partners.

Hospital Admissions July 2011-June 2012

Top Hospital Admission Diagnosis

	ADMISION/DIAGNOSIS	COUNT
1	Pneumonia	300
2	Congestive Heart Failure	76
3	Chronic Obstructive Pulmonary Disease (COPD)	128
4	Osteoarthros Leg	63
5	Chest Pain	56
6	Joint/Leg Pain	52
7	TIA Stroke	48
8	TIA Stroke Protocol	47
9	Gastrointestinal Bleed	40

Top Admitting Diagnosis to Emergency Department

	ADMISION DIAGNOSIS	TOTAL
1	Cough/Bronchitis	332
2	Abdominal Pain	326
3	Chest Pain	257
4	Back Pain	214
5	Vomiting	207
6	Ankle Pain/Ankle Sprain	200
7	Headache	172
8	Migraine Headache	170
9	Sore Throat / Pharyngitis	169
10	Back Pain/Lumbar Strain	166

Ambulatory Care Sensitive Conditions Admissions & Emergency Room Visits

Condition	Inpatient	%	ER Visits	%
Asthma	29	0.38%	193	0.48%
Chronic Obstructive Pulmonary Disease (COPD)	230	2.99%	247	0.61%
Congestive Heart Failure	264	3.43%	22	0.05%
Dehydration	80	1.04%	76	0.19%
Diabetes	164	2.13%	129	0.32%
High Blood Pressure	9	0.12%	233	0.58%
Pneumonia	186	2.42%	215	0.53%
	962		1115	
Total patients	7,687		40,201	

Hospitalizations and Emergency Room Visits:

Many Emergency Room visits at Cullman Regional Medial Center are related to conditions which could be treated in a physician office or clinic setting.

Three of the top reasons for hospitalizations are related to heart disease, pneumonia and COPD (Chronic Obstructive Pulmonary Disease).

Common Ambulatory Care Sensitive Conditions

Asthma—(Respiratory)
Chronic Obstructive Pulmonary Disease (Respiratory)
Congestive Heart Failure (Circulatory)
Dehydration
Diabetes (Endocrine)
High Blood Pressure (Circulatory)
Pneumonia (Respiratory)

Ambulatory Care Sensitive Conditions:

Ambulatory Care Sensitive Conditions are conditions for which good outpatient care can potentially prevent the need for hospitalization , or for which early intervention can prevent complications or more severe disease.

Needs Assessment Results

Although Cullman Regional Medical Center receives patients from several surrounding counties, our Community Health Needs Assessment focuses primarily on Cullman County. While Cullman Regional Medical Center is situated within the bounds of Cullman County, this county is the central point geographically and 75% of patients receiving care live in Cullman County and many community health resources are located in Cullman County. However, some of the surveys collected were from residents from outside of Cullman County, all areas are located in the hospitals Primary Service area.

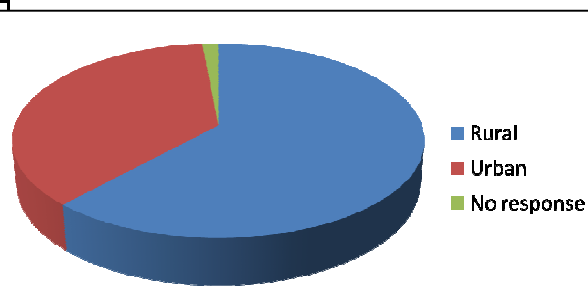
The Community Health Needs Assessment targeted several different groups within Cullman County known to have unmet health needs. These groups included homeless persons, uninsured and underinsured persons. Many chronic conditions are known to be increasing throughout the nation; therefore, members of this community with such conditions were of central focus. Finally, racial and ethnic minority groups shown to have health disparities were also a focus of the assessment (e.g. Hispanics and African Americans).

Survey Respondent Demographics Compared to Community Demographics

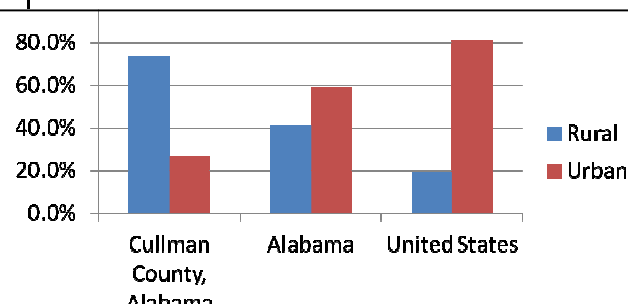
Survey Respondents by Community Area & Zip Code

Zip Code	Community Name	Number of respondents	Percentage of Respondents
35016	Arab, AL	4	0.6%
35019	Baileytown, AL	20	2.9%
35031	Blountsville, AL	3	0.4%
35033	Bremen, AL	14	2.0%
35053	Crane Hill, AL	12	1.7%
35055	Cullman, AL	157	22.7%
35057	Good Hope, AL	98	14.1%
35058	Cullman/Fairview, AL	113	16.3%
35070	Garden City, AL	6	0.9%
35077	Hanceville, AL	104	15.0%
35079	Hayden, AL	1	0.1%
35083	Holly Pond, AL	24	3.5%
35087	Joppa, AL	5	0.7%
35098	Logan, AL	12	1.7%
35179	Vinemont/West Point, AL	75	10.8%
35540	Addison, AL	2	0.3%
35541	Arley, AL	2	0.3%
35550	Cordova, AL	1	0.1%
35565	Haleyville, AL	1	0.1%
35619	Danville, AL	1	0.1%
35621	Eva, AL	8	1.2%
35622	Falkville, AL	12	1.7%
35640	Hartselle, AL	6	0.9%
35951	Albertville, AL	1	0.1%
35980	Horton, AL	1	0.1%
	No response	10	1.4%

Urban & Rural Survey Population Breakdown



Urban & Rural Population Comparison



Data Source: U.S. Census Bureau, 2000 Census of Population and Housing, Summary File 1; U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1

Needs Assessment Demographic Breakdown

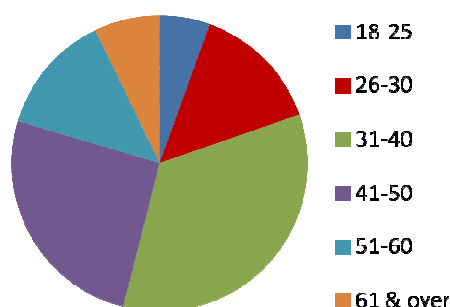
Survey Respondents by Gender

Female	530	76.4%
Male	156	22.5%
Refused	8	1.2%

Survey Respondents by Age

Age Range	Number of Respondents	Percentage of Respondents
18-25	37	5.3%
26-30	95	13.7%
31-40	230	33.1%
41-50	172	24.8%
51-60	89	12.8%
61 & over	48	6.9%
Refused	23	3.3%

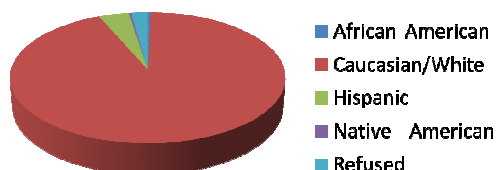
Age Breakdown of Respondents



Survey Respondents by Race

Race	Number of Respondents	Percentage of Respondents
African American	3	0.4%
Caucasian/White	646	93.1%
Hispanic	28	4.0%
Native American	2	0.3%
Refused	15	2.2%

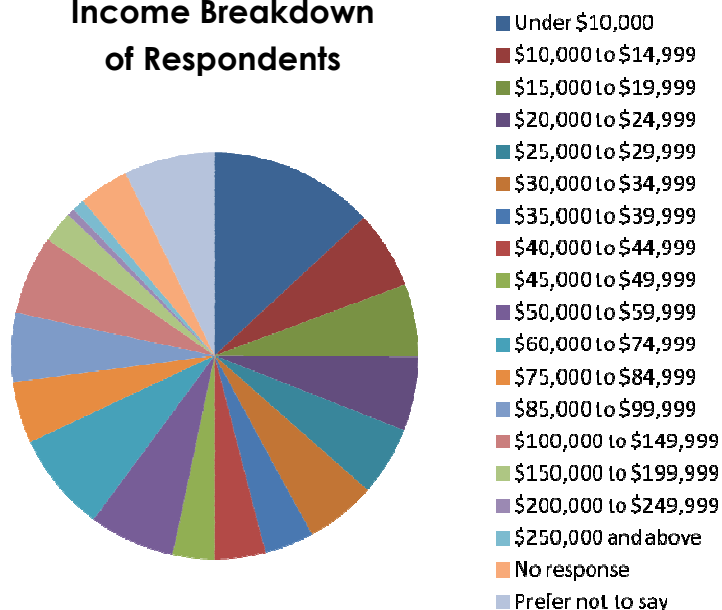
Race Breakdown of Respondents



Survey Respondents by Annual Income

Annual Income Level of Respondents	Number of Respondents	Percentage of Respondents
Under \$10,000	91	13.1%
\$10,000 to \$14,999	43	6.2%
\$15,000 to \$19,999	40	5.8%
\$20,000 to \$24,999	41	5.9%
\$25,000 to \$29,999	38	5.5%
\$30,000 to \$34,999	39	5.6%
\$35,000 to \$39,999	27	3.9%
\$40,000 to \$44,999	28	4.0%
\$45,000 to \$49,999	23	3.3%
\$50,000 to \$59,999	47	6.8%
\$60,000 to \$74,999	55	7.9%
\$75,000 to \$84,999	34	4.9%
\$85,000 to \$99,999	38	5.5%
\$100,000 to \$149,999	44	6.3%
\$150,000 to \$199,999	17	2.5%
\$200,000 to \$249,999	4	0.6%
\$250,000 and above	7	1.0%
No response	28	4.0%
Prefer not to say	50	7.2%

Income Breakdown of Respondents

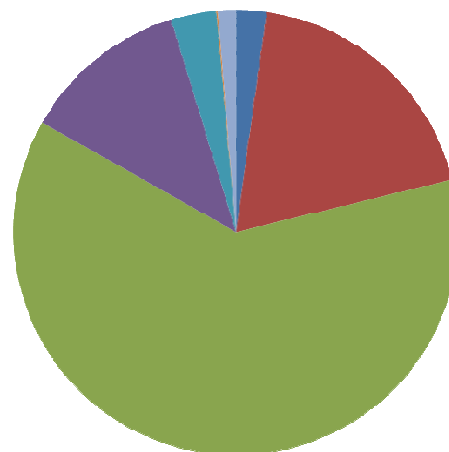


Needs Assessment Household Size

Number of Adults Per Household

Number of Adults in Household	Number of Respondents	Percentage of Respondents
0	15	2.2%
1	132	19.0%
2	430	62.0%
3	84	12.1%
4	23	3.3%
5	1	0.1%
No response	9	1.3%

Number of Adults Per Household

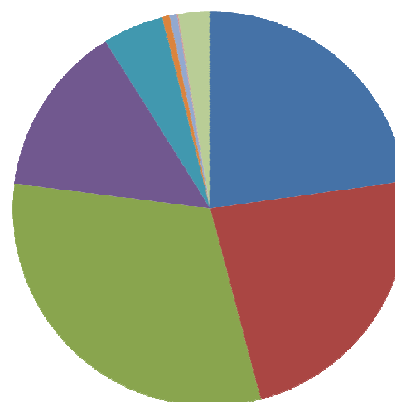


■ 0 ■ 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ No response

Number of Children Per Household

Number of Children	Number of Respondents	Percentage of Respondents
0	158	22.8%
1	160	23.1%
2	216	31.1%
3	98	14.1%
4	35	5.0%
5	4	0.6%
6	4	0.6%
7	1	0.1%
No response	18	2.6%

Number of Children Per Household



■ 0 ■ 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ 6 ■ 7 ■ No response

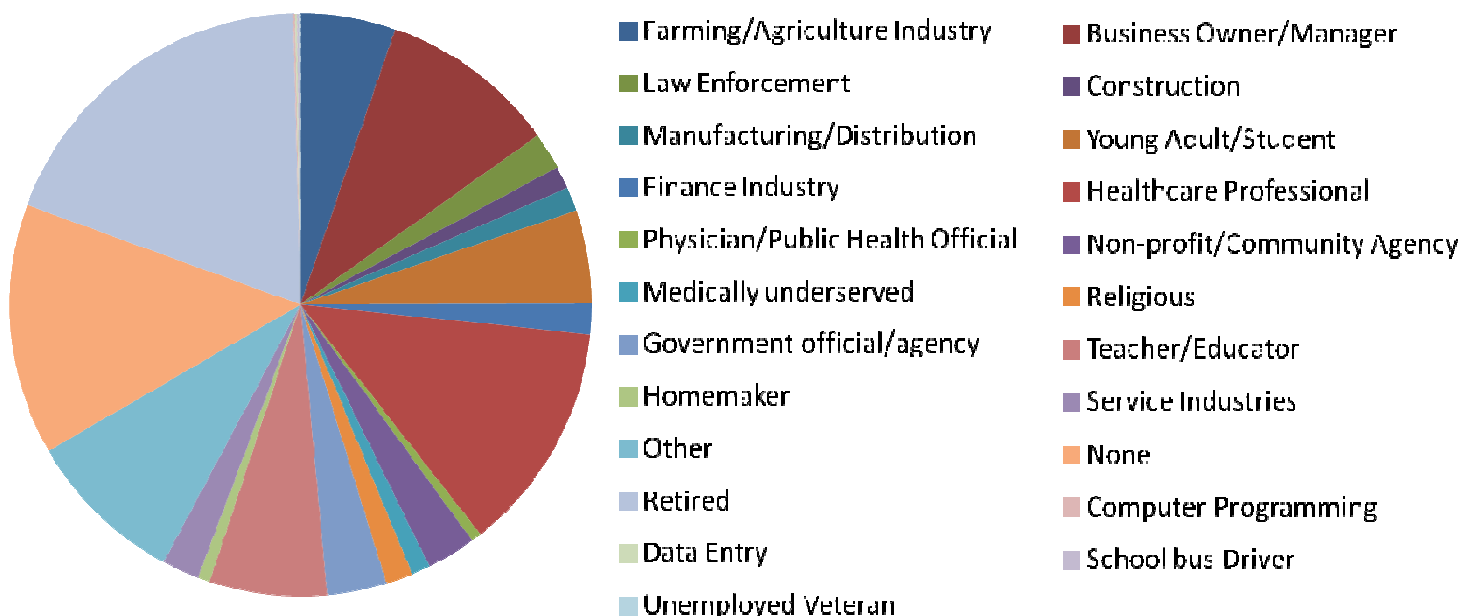
Average Household Size of Respondents

Average Number of Adults per household	1.95
Average Number of Children Per household	1.59



Needs Assessment Community Representation

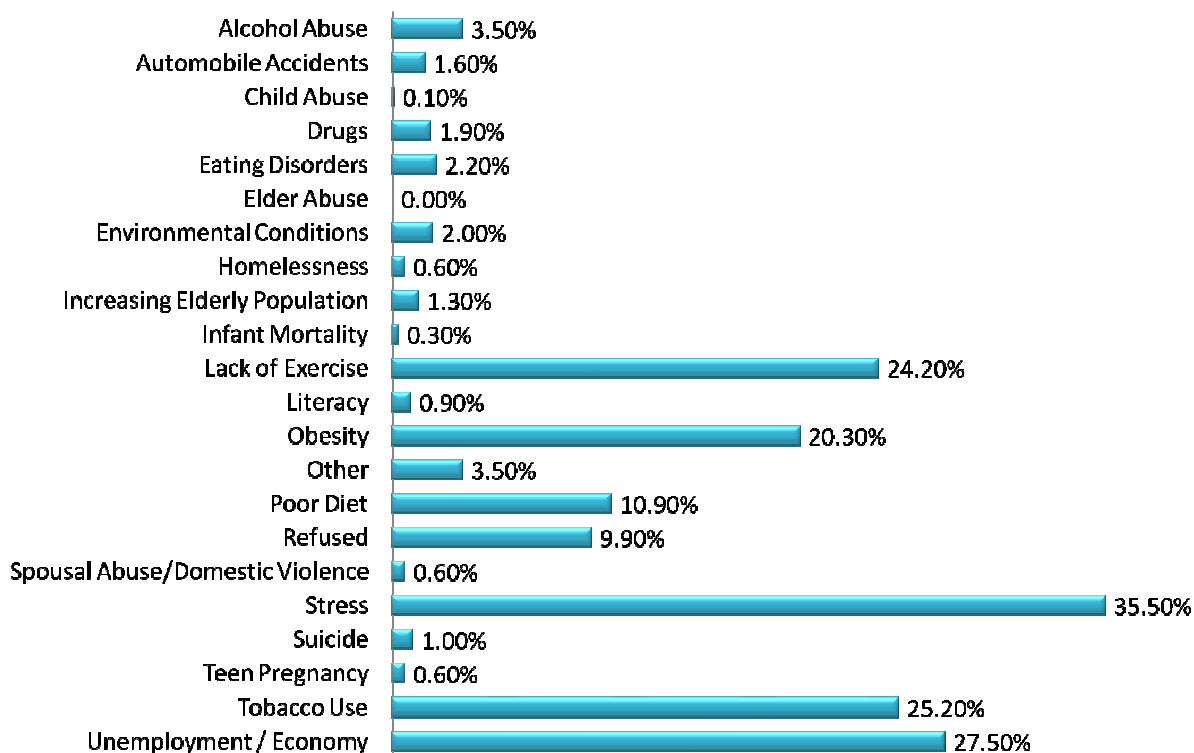
Area of Expertise	Number of Respondents	Percentage of Respondents
Farming/Agriculture Industry	56	10.2%
Business Owner/Manager	105	19.2%
Law Enforcement	22	4.0%
Construction	13	2.4%
Manufacturing/Distribution	14	2.6%
Young Adult/Student	55	10.1%
Finance Industry	18	3.3%
Healthcare Professional	136	24.9%
Physician/Public Health Official	6	1.1%
Non-profit/Community Agency	29	5.3%
Medically underserved	11	2.0%
Religious	16	2.9%
Government official/agency	35	6.4%
Teacher/Educator	69	12.6%
Homemaker	7	1.3%
Service Industries - Retail/Sales/ Food Service	22	4.0%
Other	94	17.2%
None	148	27.1%
Other areas of Expertise		
Retired	2	37.0%
Computer Programming	1	0.2%
Data Entry	1	0.2%
School bus Driver	1	0.2%
Unemployed Veteran	1	0.2%



Needs Assessment Health Issues

Respondents were asked: "What Health Issues Affect You and/or Your Family?"

Health Issue	Number of Respondents	Percentage of Respondents	Other Problems
Tobacco Use	175	25.2%	Economy cost of living higher than pay
Drugs	13	1.9%	Language barriers
Obesity	141	20.3%	Divorce
Suicide	7	1.0%	Educational issues
Unemployment / Economy	192	27.5%	School bullying
Homelessness	4	0.6%	Nerve damage, pseudotumor, ADHD
Child Abuse	1	0.1%	Depression
Alcohol Abuse	24	3.5%	Bells Palsy
Teen Pregnancy	4	0.6%	Teen Depression
Stress	247	35.5%	My child is under evaluation for autism.
Elder Abuse	0	0.0%	Low wages
Poor Diet	76	10.9%	ODD,
Eating Disorders	15	2.2%	Mobility problems
Automobile Accidents	11	1.6%	ADHD, ADD
Lack of Exercise	168	24.2%	Diabetes
Environmental Conditions	14	2.0%	Democrat Politics
Spousal Abuse/ Domestic Violence	4	0.6%	
Infant Mortality	2	0.3%	
Increasing Elderly Population	9	1.3%	
Literacy	6	0.9%	
Refused	69	9.9%	
Other	24	3.5%	

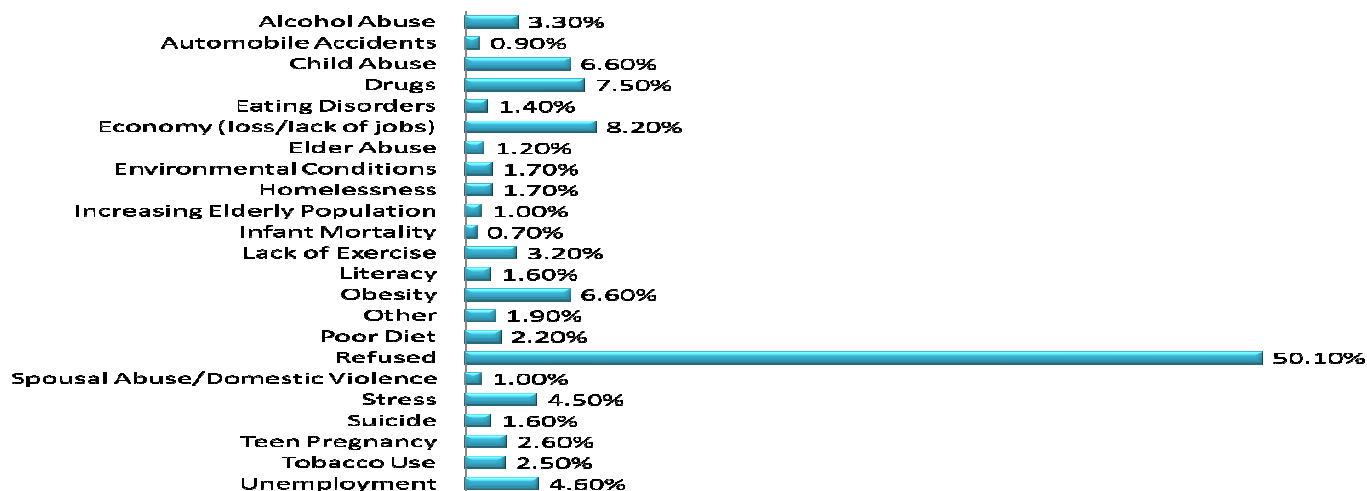


Needs Assessment Health Issues (continued)

Respondents were asked:

“Of the issues affecting you and/or your family, which one would you like to see more community involvement”?

Health Issue	Number of Respondents	Percentage of Respondents	Other Priorities
Tobacco Use	17	2.5%	Teen Depression
Drugs	52	7.5%	health insurance info
Obesity	46	6.6%	better care for foster children
Suicide	11	1.6%	ADHD, ADD
Unemployment	32	4.6%	Autism
Homelessness	12	1.7%	Diabetes
Child Abuse	46	6.6%	mental illness
Alcohol Abuse	23	3.3%	Get illegal immigrants off my health care tax dollars
Teen Pregnancy	18	2.6%	prenatal services
Stress	31	4.5%	More help for uninsured pregnant women
Elder Abuse	8	1.2%	Hispanic diet classes
Poor Diet	15	2.2%	More help for pregnant women
Eating Disorders	10	1.4%	
Economy (loss/lack of jobs)	57	8.2%	
Automobile Accidents	6	0.9%	
Lack of Exercise	22	3.2%	
Environmental Conditions	12	1.7%	
Spousal Abuse/Domestic Violence	7	1.0%	
Infant Mortality	5	0.7%	
Increasing Elderly Population	7	1.0%	
Literacy	11	1.6%	
Refused	348	50.1%	
Other	13	1.9%	

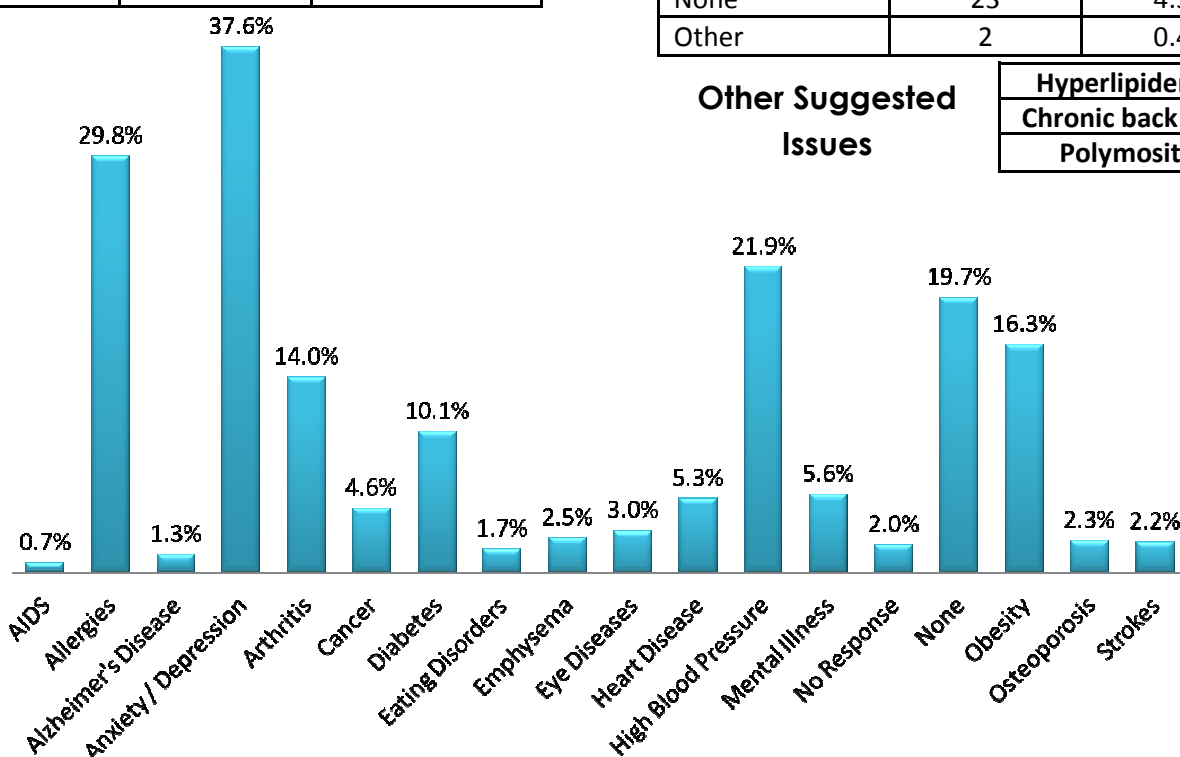


Needs Assessment Health Issues /Chronic Health Issues

Respondents were asked:

“From the list, select the disease/ illnesses you suffer from currently”?

Health Issue	Number of Respondents	Percentage of Respondents
High Blood Pressure	152	21.9%
Heart Disease	37	5.3%
AIDS	5	0.7%
Alzheimer's Disease	9	1.3%
Cancer	32	4.6%
Eating Disorders	12	1.7%
Mental Illness	39	5.6%
Anxiety / Depression	262	37.6%
Diabetes	70	10.1%
Emphysema	17	2.5%
Obesity	113	16.3%
Osteoporosis	16	2.3%
Arthritis	97	14.0%
Eye Diseases	21	3.0%
Strokes	15	2.2%
Allergies	207	29.8%
None	137	19.7%
No Response	14	2.0%



Respondents were asked:

“From the list, select the disease/ illnesses you would like to see more community involvement”?

Critical Health Issue	Number of Respondents	Percentage of Respondents
High Blood Pressure	23	4.3%
Heart Disease	21	4.0%
AIDS	19	3.6%
Alzheimer's Disease	27	5.1%
Cancer	64	12.1%
Eating Disorders	11	2.1%
Mental Illness	47	8.9%
Anxiety / Depression	68	12.8%
Diabetes	43	8.1%
Emphysema	13	2.5%
Obesity	112	21.1%
Osteoporosis	7	1.3%
Arthritis	16	3.0%
Eye Diseases	9	1.7%
Strokes	10	1.9%
Allergies	15	2.8%
None	23	4.3%
Other	2	0.4%

Other Suggested Issues

Hyperlipidemia
Chronic back pain
Polymositis

Needs Assessment Quality of Local Services

Respondents were asked to rate the quality of the following local services using this rating scale:

Excellent=1 Very Good=2 Good=3 Needs Improvement=4 Poor=5

	Average	Excellent	Very Good	Good	Needs Improvement	Poor
Availability of Health Information	2.8	15.5%	18.5%	42.0%	20.0%	4.0%
Good Samaritan Free Health Clinic	2.6	29.5%	20.3%	24.3%	16.1%	9.8%
Exercise Services	2.8	18.8%	20.0%	36.0%	16.9%	8.3%
Home Health Care	2.5	17.7%	29.2%	39.1%	11.5%	2.5%
Family Practice Physicians	2.6	19.3%	28.0%	33.0%	17.0%	2.7%
Physical Therapy/Rehab	2.4	20.9%	32.7%	35.6%	8.6%	2.2%
Ambulance Service	2.3	29.4%	27.9%	32.0%	8.3%	2.4%
Labor & Delivery Services	2.3	28.3%	28.7%	31.3%	8.1%	3.7%
Urgent Care Clinics	2.6	16.7%	28.5%	38.0%	13.1%	3.8%
Heart Care	2.5	14.5%	18.1%	36.9%	22.1%	8.5%
Children's Doctors	2.7	18.1%	24.5%	33.2%	19.8%	4.5%
Hospice Care	2.3	25.3%	31.2%	33.6%	7.3%	2.7%
Surgical Care	2.6	17.5%	30.4%	33.8%	14.1%	4.2%
Health Screenings	3.0	15.2%	19.9%	28.5%	26.6%	9.7%
Dental Services	2.4	20.9%	33.1%	32.9%	9.6%	3.5%
Physician Specialists	2.8	14.7%	22.3%	37.9%	21.1%	4.0%
Cancer Care	2.9	13.9%	20.2%	34.7%	24.3%	6.9%
Public Health Department	2.8	15.0%	20.1%	40.5%	19.7%	4.7%
Pharmacies	2.2	28.9%	34.9%	30.0%	4.9%	1.4%
Substance Abuse Counseling	3.2	11.5%	15.2%	28.3%	32.3%	12.6%
Emergency Care	3.2	13.1%	12.9%	33.1%	25.8%	15.1%
Hospital Care	2.9	12.8%	20.7%	36.8%	20.9%	8.8%
Mental Health Counseling	3.2	10.9%	15.7%	28.9%	29.5%	15.1%
Nursing Homes	3.0	11.5%	16.9%	37.7%	26.2%	7.7%
Assisted Living Facilities	2.5	12.8%	18.3%	47.0%	17.5%	4.4%
Elderly Housing	3.2	9.9%	9.1%	42.0%	29.6%	9.5%
Senior Care	2.9	14.6%	16.7%	41.5%	22.6%	4.7%
Public Transportation	3.0	11.9%	16.4%	39.4%	20.3%	11.9%
Sex Education Programs	3.5	6.2%	9.7%	30.5%	34.5%	19.0%
Availability of Health, Dental, Vision Insurance	3.2	11.8%	12.0%	33.9%	25.2%	17.1%
Affordability of Insurance	3.9	5.0%	7.2%	17.7%	38.1%	32.0%
Healthcare of Medicaid Patients	3.2	11.6%	14.2%	34.0%	26.8%	13.4%
Healthcare for Medicare Patients	3.1	10.0%	15.1%	37.8%	27.8%	9.3%

Needs Assessment Quality of Local Services

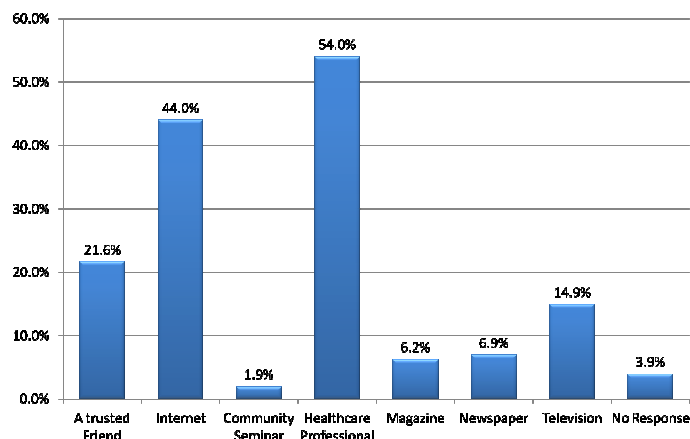
Respondents were asked to choose one local service that they would most like to see improved.

Services	Number of Respondents	Percentage of Respondents
Affordability of Health Insurance	112	34.4%
Adequate Health Screenings	3	0.9%
Assisted Living Facilities	6	1.8%
Availability of Health Information	2	0.6%
Availability of Health, Dental & Vision Insurance	13	4.0%
Cancer Care	11	3.4%
Pediatricians	19	5.8%
Children's Hospital Satellite Clinic	1	0.3%
Dental Care for Uninsured	1	0.3%
Dental Services	7	2.2%
Elderly Housing	5	1.5%
Emergency Care	28	8.6%
Exercise Services	5	1.5%
Family doctors	7	2.2%
Good Samaritan Free Clinic	11	3.4%
Heart Care	2	0.6%
Healthcare for Adult Medicaid Patients	6	1.8%
Healthcare for Medicare Patients	2	0.6%
Senior Care	3	0.9%
Home Health Care	1	0.3%
Hospital Care	10	3.1%
Insurance available to Hispanics	1	0.3%
Low cost exercise for large families	1	0.3%
Make Good Samaritan Clinic Easier	1	0.3%
Mental Healthcare	15	4.6%
Nursing Homes	11	3.4%
More Pediatric Dentists	1	0.3%
Pharmacies	1	0.3%
Physician Specialists	7	2.2%
Public Health Department	1	0.3%
Public Transportation	4	1.2%
Repeal Obama care	1	0.3%
Sex Education Programs	9	2.8%
Substance Abuse Counseling	5	1.5%
Surgical Care	3	0.9%
Too many people need help	1	0.3%
Urgent Care Clinics	8	2.5%
Pediatric Urgent Care Clinic	1	0.3%

Needs Assessment -Health Information & Lifestyle

Respondents were asked where they received most of their health information.

Information Source	Number of Respondents	Percentage of Respondents
A trusted Friend	150	21.6%
Internet	306	44.0%
Community Seminar	13	1.9%
Healthcare Professional	376	54.0%
Magazine	43	6.2%
Newspaper	48	6.9%
Television	104	14.9%
No Response	27	3.9%



Respondents were asked to select any/all of the healthy lifestyle habits they incorporate into their daily lives.

Lifestyle Habit	Number of Respondents	Percentage of Respondents
Exercise at least 30 minutes per day	202	29.0%
Eat a variety of fruits & vegetables with each meal	297	42.6%
Eat lean, low-fat meats	208	29.8%
Limit foods & beverages high in sugar and calories	361	51.8%
Drink alcohol in moderation only (1-2 drinks per day) or not at all	177	25.4%
Choose and prepare foods with little or no salt	245	35.2%
Select fat-free, 1% fat and low-fat dairy products	244	35.0%
Limit how much saturated fat, trans fat & cholesterol	214	30.7%
Eat fish at least 3 times per week	47	6.7%

Respondents were asked if they weren't currently living a healthy lifestyle, what were the reasons?

Reason	Number of Respondents	Percentage of Respondents
I don't feel safe walking in my neighborhood	52	7.5%
No one to do it with	140	20.1%
Limited Income	254	36.4%
Places to get healthy food and/or locations to exercise are too far from where I live	106	15.2%
Limited Transportation	35	5.0%
I can't cook	14	2.0%
No time	299	42.9%
Other	101	14.5%
No Response	117	16.8%

Needs Assessment -Health Information & Lifestyle

Respondents were asked to rate how likely or unlikely they would be to use or purchase the healthy lifestyle choices/classes listed, using the following rating system:

Very Likely=1

Likely=2

3=Unknown

Less Likely=4

Never =5

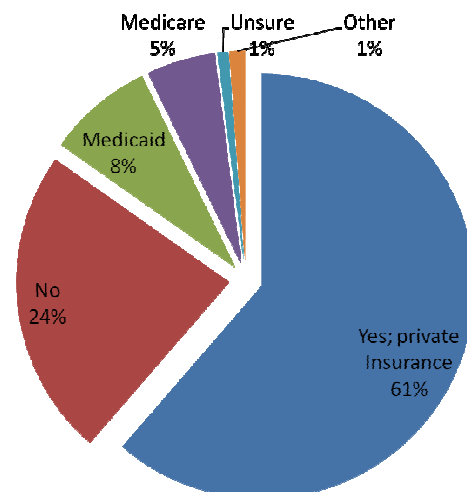
	Very Likely to Use / Purchase	Likely to Use / Purchase	Unknown	Less Likely to Use / Purchase	Never Use / Purchase	No Response	Avg. Response
Healthy Vending Options over Junk Food if provided in the work-place or public vending areas	34.7%	34.5%	13.5%	7.7%	9.3%	0.4%	2.21
Community Healthy Cooking classes for free or low cost	19.3%	25.7%	17.0%	17.4%	20.2%	0.4%	2.92
Healthy choices on a budget classes for free or low cost	22.0%	28.9%	17.0%	14.5%	17.3%	0.4%	2.75
Fruit & Vegetable Gardening Classes for free or low cost	17.5%	21.9%	20.9%	19.3%	20.0%	0.4%	3.01
Group running/walking sessions for free	19.9%	27.7%	18.0%	15.7%	18.3%	0.4%	2.84
Group cycling sessions for free	15.5%	21.4%	19.4%	16.8%	26.4%	0.6%	3.15
Classes on helping kids make healthier food choices	21.1%	28.9%	18.2%	12.9%	18.9%	0.0%	2.79



Needs Assessment Healthcare Accessibility

Do You Currently Have Insurance?

	Number of Respondents	Percentage of Respondents
Yes; private Insurance	445	61.3%
No	170	23.4%
Medicaid	58	8.0%
Medicare	38	5.2%
Unsure	6	0.8%
Other	9	1.2%



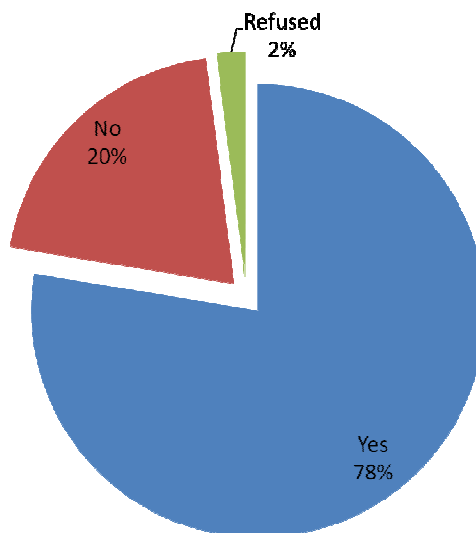
Other Responses

Value options	TriCare (military)
I do; husband does not	Samaritan Ministries Health Care

Are you able to get healthcare when you need it?

	Number of Respondents	Percentage of Respondents
Yes	539	77.6%
No	142	20.4%
Refused	14	2.0%

Are you able to get healthcare when you need it?



If you are not able to get healthcare when you need it, what is the reason?

Reason for lack of Access	Number of Respondents	Percentage of Respondents
No insurance	110	38.1%
No transportation	9	3.1%
Can't get in to see the doctor	12	4.2%
Don't know where to look or who to ask	5	1.7%
Can't get the type of care I need	10	3.5%
None of the above	12	4.2%
No response	116	40.1%
Other	15	5.2%

Other Responses

Can't afford co pays and meds	Have to go out of town. Very inconvenient
Not affordable	Cannot afford it
SSI eligibility	Can't always afford it
Some places that do help are not open when help is need at all times	Not offered through work. Not enough income to pay for personally
Local hospital just dropped out of network	No extra money
No money	Can't afford it
Can't find anyone to accept my insurance	Unable to afford family coverage. Only individual.

Needs Assessment –Hospital of Choice

Respondents were asked if they had been treated in a hospital in the last five years.

If so, what was the location of the hospital.

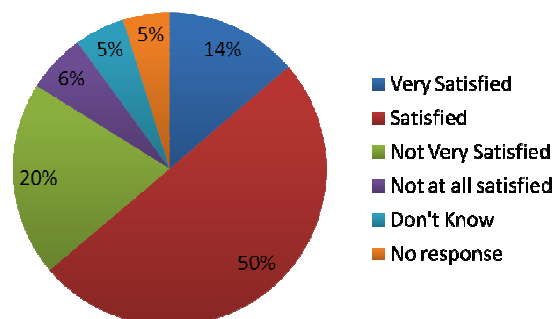
Hospital	Number of Respondents	Percentage of Respondents
Cullman Regional Medical Center	393	56.4%
Birmingham area hospital	139	19.9%
Huntsville area hospital	28	4.2%
Decatur area hospital	29	4.2%
Other	34	4.9%
None	147	21.1%
No response	45	6.5%

Other Hospitals	
Walker Baptist	2
Marshall Medical North	1

Needs Assessment –Overall Healthcare Satisfaction

Respondents were asked overall, how satisfied they are with the healthcare in the community.

	Number of Respondents	Percentage of respondents
Very Satisfied	95	13.7%
Satisfied	347	50.1%
Not Very Satisfied	139	20.1%
Not at all satisfied	42	6.1%
Don't Know	36	5.2%
No response	33	4.8%



Needs Assessment – Other Opportunities for Improvement

- Affordability of Care— co pays, premiums, etc.
 - Additional FREE Health Services for low income families
 - Need FREE healthcare educational programs—Dealing with Stress, Benefits of Breastfeeding to new moms, etc.
 - Exercise options for children
 - Reduce availability of sugary snacks & sodas in schools
 - Reduced cost for healthy foods
 - Need better grocery stores—Publix, Whole Foods, etc.
 - Local walking/running groups for parents
 - Local walking groups for people with disabilities
 - Need free swimming/exercise programs in the community
 - More community awareness about health issues
 - Public Transportation is below poor
 - Hispanic cooking classes for diabetics
 - Improved dental care for low-income families
 - Need improved care for Medicaid & Medicare patients
 - Single mothers should automatically qualify for Medicaid to help keep them healthy
 - Need Mental healthcare for unemployed
 - Single mothers should automatically qualify for Medicaid to help keep them healthy
 - Need Mental healthcare for unemployed
 - Doctors should try homeopathic solutions
 - Too hard to get appointments & too long of wait at appointment time
 - Need more doctors in the Jasper area
 - Need more experienced nurses
 - Need more empathetic and compassionate doctors & healthcare workers
 - Need more physician specialists
 - Have to go out of town because physicians don't accept my insurance
 - CRMC Billing Needs Improvement
 - Need a NICU and improved women's services
 - Need closer monitoring of Urgent Care Clinics
 - Educate the public on proper use of the Emergency Room
 - Improved Emergency Room Care
 - Decrease Wait times in the Emergency Room
 - Mental Health in community needs improvement

Community Assets

Company /Agency	Phone Number/Website	Address	Services
Cullman Regional Medical Center	(256) 737-2000 / www.crmchospital.com	1912 AL Highway 157, Cullman, AL 35058	Hospitals, Home Health Services, Hospice Service, Outpatient Rehab, Ambulance Services, Maternity & Nursery Services, Wound Care, Surgical
Good Samaritan Health Clinic	(256) 775-1389 / www.gsclinic.org	401 Arnold Street NE, Suite A Cullman, AL 35055	Free Health Clinic for uninsured and underinsured in Cullman County
Mental Healthcare of Cullman	(256) 734-4688 / www.mentalhealthcareofcullman.org	1909 Commerce St. Cullman, AL 35058	A non-profit community mental health center
Cullman County — Alabama Department of Public Health	(256) 734-1030 / www.adph.org/cullman	601 Logan Avenue SW Cullman, AL 35055	Family planning counseling & birth control; women's health screenings; vaccinations; STD testing; Home Health; Women's, Infant's & Children's Nutrition counseling & assistance
Dialysis Clinic, Inc.	(256) 734-3055 / www.dcinc.org	1734 Eva Road NE Cullman, AL 35055	Outpatient Hemodialysis
Quality of Life Health Care	(256) 775-0230 / www.qolhs.org	2016 Main Avenue SW Cullman, AL 35055	Low-income/Medicaid Medical Clinic
Cullman Health & Rehab	(256) 734-8745 / www.usahealthcare.net	1607 Main Avenue NE Cullman, AL 35055	Skilled Nursing Facility
Cullman Long Term Care & Rehabilitation Center	(256) 739-4409 / www.usahealthcare.net	401 Arnold Street NE Cullman, AL 35055	Skilled Nursing Facility
Woodland Village Healthcare Center	(256) 739-1430 / www.usahealthcare.net	1900 Olive Street SW Cullman, AL 35055	Skilled Nursing Facility
Hanceville Nursing & Rehab	(256) 352-9100 / www.hnrcenter.com	420 Main Street Hanceville, AL 35077	Skilled Nursing Facility
The Sanctuary at the Woodlands	(256) 255-0820 / www.usahealthcare.net	1910 Cherokee Ave SW Cullman, AL 35055	In-patient Psychiatric Facility for Adults & Geriatric Patients
Falkville Nursing & Rehab	(256) 784-5291 / www.usahealthcare.net	184 West Third Street Falkville, AL 35622	Skilled Nursing Facility — Dementia Unit
New Beginnings Clinic	(256) 739-1455 / www.newbeginningscliniccullman.com	1948 AL Highway 157, POB 1 Cullman, Alabama 35058	Provides counseling for individuals (adults and adolescents), cou-

Community Assets *continued*

Company /Agency	Phone Number/Website	Address	Services
Cullman Area Rural Transportation System	(256) 734-1246 / www.co.cullman.al.us/carts.htm	1950 Beech Avenue SE Cullman, AL 35055	Rural Transportation—fixed schedule, fixed route. Provides Medical appointment transportation, etc.
LifeSouth Community Blood Centers	(256) 736-1594 / www.lifesouth.org	112 Clark Street Cullman, AL 35055	Community Blood Supplier
Wallace State Community College	(256) 352-8000 / www.wallacestate.edu	801 Main Street Hanceville, AL	RN Degree Program, Technical Education, Allied Health Professional Programs & Adult Education Program
Cullman County Commission on Aging	(256) 734-1241 / www.cullmancocoa.webs.com	1539 Sportsman Lake Rd. NW Cullman, AL 35055	Community Organization
The Link of Cullman County	(256) 775-0028 / www.linkingcullman.org	1101 3rd Avenue SE, Cullman, AL 35055	Community Organization
United Way of Cullman	(256) 739-2948 / www.uwaycc.org	304 1st Avenue NE Cullman, AL 35055	Community Organization
Community Action Partnership of North Alabama	256-355-7843 / www.caaalabama.org	1909 Central Parkway SW Decatur, AL 35601	Community Organization
American Red Cross—Cullman County	256-734-0921 / www.redcross.org	107 2nd Avenue NE Cullman, AL 35055	Community Organization
Cullman Area Chamber of Commerce	(256) 734-0454 / www.cullmanchamber.org	301 2nd Avenue SW Cullman, AL 35055	Community Organization
Cullman County Center for the Developmentally Disabled	(256) 737-1915	1807 Beech Ave SE Cullman, AL 35055	Community Organization
Victim Services of Cullman, Inc.	(256) 775-2600 / www.vsoccullman.org	PO Box 416 Cullman, AL 35056-0416	Community Organization
Brooks' Place—Child Advocacy Center of Cullman	256-739-2243 / www.caccullman.org	1003 4th Avenue NE Cullman, AL 35055	Community Organization
Alabama Extension Agency—Cullman County	(205) 789-0106 / www.aces.edu/counties/Cullman	402 Arnold St., NE Suite G-1, Cullman County Office Building Cullman, AL 35055	Community Organization
Alabama Department of Human Resources—Cullman County	(256) 737-5300 / dhr.alabama.gov/counties/ county_results.aspx?id=Cullman	1220 St. Joseph Street NW Cullman, AL 35055	Community Organization

Prioritization Process

The Cullman County Community Health Coalition and Cullman Regional Medical Center used the following process to prioritize the identified needs that the community and hospital would attempt to address:

- A. All of the findings and data were read and analyzed for needs and recurring themes within the identified needs.
- B. Reference was made to the content provided by community members.
- C. Comparisons were made with these two topics and compared to what had been the common knowledge and experience of the clinical staff in the hospital, especially in the Emergency Department.
- D. All data was presented to the Cullman County Community Health Coalition as well as Community Affairs Committee.
- E. The Cullman Community Health Coalition discussed the findings and made recommendations.
- F. The Health Coalition recommendations coincided with what had been said through the community comments and data collection.
- G. These identified needs were presented to the senior leadership of the hospital, members of the hospital board (Healthcare Authority of Cullman County) and members of the hospital Medical Staff for decision making based on the hospital's mission and values as well as the hospital's personnel and financial capability. This group prioritized these actions using the Hanlon Method.

Recommended Priorities & Tactics

Members of the Cullman County Community Health Coalition members, who represent different interests or parts of the health care system in Cullman County were involved in a discussion to identify the most important needs of the community. The following needs were recognized by this group as the most important issues that must be addressed to improve the health and quality of life in our community.

1. Increase access to health care by:
 - Addressing barriers such as lack of health insurance, lack of ability to pay co pays, education and literacy.
 - Increase use of CRMC Nurse Navigators to direct uninsured or underinsured patients to the Good Samaritan Clinic for primary care in order to reduce the use of the Emergency Department for primary care. Also, continue to educate and funnel Medicaid patients through the Stidham Medicaid Clinic through Nurse Navigation.
 - Continue to build relationships with community-based clinics in order to help increase their use and capacity.
 - Work with Cullman Area Mental Healthcare to increase utilization of services or to enhance services provided.
 - Work with the Good Samaritan Clinic to increase services offered by the clinic—mental health services, dental care, etc. Help to streamline processes for patients in order to reduce time to see a practitioner.
 - Work with CARTS and other local agencies to improve transportation access to people throughout the community.
2. Treat, educate and prevent chronic conditions such as obesity, heart disease, COPD, diabetes, hypertension (especially targeting low-income groups).
 - Create educational programs—online education tools, information to local groups, work with Good Samaritan Clinic to help educate their patient population about the numerous health issues plaguing our community
 - Work with local groups to help improve the overall wellness of the community through FREE community programs that enhance wellness as a lifestyle
 - Work with local communities to encourage the creation of additional public recreation areas in those communities
 - Educate teens about the cost of pregnancy and the short and long-term impact on having a baby as a teen
3. Improve public image of hospital:
 - Emphasize quality awards achievements
 - Eliminate “small, county hospital image”
 - Educate about proper use of ER in order to reduce ER wait times
 - Focus on compassionate care with staff and physicians
4. Decrease poverty caused by unemployment, homelessness, illness, and general poverty.
 - Work with The Link of Cullman County and other community service agencies to help reduce the number of people without employment, without shelter and food to help meet their immediate needs. Use Nurse Navigators to help navigate them through their healthcare issues after meeting immediate needs.

Final Priorities

Members of Cullman Regional Medical Center's Senior Leadership Team, members of the hospital board (Healthcare Authority of Cullman County) and members of the CRMC Medical Staff reviewed the priorities recommended by the Cullman County Community Health Coalition and used the Hanlon Method to further prioritize these recommendations based on the size of the issue, the seriousness of the issue and the ability to solve or change the issue.

Here is the final prioritization of these issues:

Conclusion

Appendix A—Copy of Survey

2012 CULLMAN COUNTY HEALTH NEEDS ASSESSMENT

DEMOGRAPHIC INFORMATION

ZIP CODE OF CURRENT RESIDENCE? _____ AGE _____ SEX: (circle one) Male Female

RACE: (circle one) CAUCASIAN/WHITE AFRICAN AMERICAN HISPANIC OTHER _____

NUMBER OF CHILDREN UNDER AGE 18 IN YOUR HOUSEHOLD: _____

NUMBER OF ADULTS OVER AGE 18 IN YOUR HOUSEHOLD: _____

ANNUAL HOUSEHOLD INCOME:

_____ Under \$10,000	_____ \$35,000 to \$39,999	_____ \$85,000 to \$99,999
_____ \$10,000 to \$14,999	_____ \$40,000 to \$44,999	_____ \$100,000 to \$149,999
_____ \$15,000 to \$19,999	_____ \$45,000 to \$49,999	_____ \$150,000 to \$199,999
_____ \$20,000 to \$24,999	_____ \$50,000 to \$59,999	_____ \$200,000 to \$249,999
_____ \$25,000 to \$29,999	_____ \$60,000 to \$74,999	_____ \$250,000 and above
_____ \$30,000 to \$34,999	_____ \$75,000 to \$84,999	_____ prefer not to say

COMMUNITY REPRESENTATION – Please select any/all of your areas of expertise:

_____ Farming/Agriculture Industry	_____ Healthcare Professional	_____ Religious Leader
_____ Business Owner/Manager	_____ Physician/Public Health Official	_____ Government official/agency
_____ Law Enforcement	_____ Non-profit/Community Agency	_____ Teacher/Educator
_____ Young Adult/Student	_____ Medically underserved	_____ Other _____

1. Do you have health insurance? (select one)

_____ Yes, private insurance like BlueCross BlueShield _____ No _____ Medicaid
_____ Medicare _____ Unsure _____ Other _____

2. Are you able to get healthcare when you need it? (select one) YES NO

IF NO, WHY NOT? (check all that apply)

_____ No Insurance	_____ Don't know where to look or who to ask
_____ No Transportation	_____ Can't get the type of care I need
_____ Can't get in to see a doctor	_____ Other: _____
_____ None of the above	

3. Which of the following are a problem for you and your family? (check all that apply)

_____ Tobacco Use	_____ Alcohol Abuse	_____ Automobile Accidents
_____ Drugs	_____ Teen Pregnancy	_____ Lack of Exercise
_____ Obesity	_____ Stress	_____ Environmental Conditions
_____ Suicide	_____ Elder Abuse	_____ Spousal Abuse/Domestic Violence
_____ Unemployment	_____ Poor Diet	_____ Infant Mortality
_____ Homelessness	_____ Eating Disorders	_____ Increasing Elderly Population
_____ Child Abuse	_____ Economy (loss/lack of jobs)	_____ Literacy
_____ Other _____		

Of these issues, which one would you like to see more community involvement? _____

4. From the list below, select the diseases/illnesses you suffer from currently. (check all that apply)

_____ High Blood Pressure	_____ Eating Disorders	_____ Diabetes	_____ Arthritis
_____ Heart Disease	_____ Mental Illness	_____ Emphysema	_____ Eye Diseases
_____ AIDS	_____ Anxiety	_____ Obesity	_____ Strokes
_____ Alzheimer's Disease	_____ Depression	_____ Osteoporosis	_____ Allergies
_____ Cancer	_____ None		

Of these diseases, which one disease do you feel needs to be addressed in our Community at this time? _____

Appendix A—continued

5. Please rate the quality of the following local services listed below using the following rating system:

Excellent	Very Good	Good	Needs Improvement	Poor	Don't Know
1	2	3	4	5	N/A

HEALTHCARE SERVICES

☐ Availability of Health Information
☐ Good Samaritan Free Health Clinic
☐ Exercise Services
☐ Home Health Care
☐ Family Doctors
☐ Physical Therapy/Rehab Services
☐ Ambulance Services
☐ Labor & Delivery Services
☐ Urgent Care Clinics
☐ Heart Care
☐ Children's doctors
☐ Hospice Care

☐ Surgical Care
☐ Health Screenings
☐ Dental Services
☐ Physician Specialists
☐ Cancer Care
☐ Public Health Department
☐ Pharmacies
☐ Substance Abuse Counseling
☐ Emergency care
☐ Hospital Care
☐ Mental Health Counseling

LONG TERM CARE IN OUR AREA

☐ Nursing Homes
 ☐ Assisted Living Facilities

COMMUNITY SERVICES

☐ Senior Care
☐ Public Transportation
☐ Sex Education Programs

INSURANCE

☐ Availability of Health, Dental, Vision Insurance
☐ Affordability of Insurance
☐ Healthcare for Medicaid Patients
☐ Healthcare for Medicare Patients

☐ Elderly Housing

Choose the one service you would most like to see improved.

WELLNESS, NUTRITION & HEALTH INFORMATION

6. Where do you get most of your health/wellness information? (check all that apply)

<input type="checkbox"/> A trusted friend	<input type="checkbox"/> Healthcare professional	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Internet	<input type="checkbox"/> Magazines	<input type="checkbox"/> Television
<input type="checkbox"/> Community seminar		

7. Which of the following healthy lifestyle habits do you incorporate into your daily living? (check all that apply)

<input type="checkbox"/> Exercise at least 30 minutes per day	<input type="checkbox"/> Choose and prepare foods with little or no salt.
<input type="checkbox"/> Eat a variety of fruits & vegetables with each meal	<input type="checkbox"/> Select fat-free, 1 % fat and low-fat dairy products
<input type="checkbox"/> Eat lean, low-fat meats	<input type="checkbox"/> Limit how much saturated fat, Trans fat, cholesterol
<input type="checkbox"/> Limit foods & beverages high in sugar and calories	<input type="checkbox"/> Eat fish at least three times a week
<input type="checkbox"/> Drink alcohol in moderation only – 1-2 drinks per day	

8. What are the reasons you are not living a healthier lifestyle? (check all that apply)

<input type="checkbox"/> I don't feel safe walking in my neighborhood	<input type="checkbox"/> Limited Transportation
<input type="checkbox"/> No one to do it with	<input type="checkbox"/> I can't cook
<input type="checkbox"/> Limited income	<input type="checkbox"/> No time
<input type="checkbox"/> Places to get healthy food and/or locations to exercise are too far from where I live	<input type="checkbox"/> Other

9. Please rate how likely you are to use the following options/services in our community:

Very Likely to Use/Purchase	Likely to Use/Purchase	Unknown	Less Likely to Use/Purchase	Never Use/Purchase
1	2	3	4	5

☐ Healthy Vending Options over Junk Food if provided in the workplace or public vending areas
☐ Community healthy cooking classes for free or low cost
☐ Healthy choices on a budget classes for free or low cost
☐ Fruit & Vegetable Gardening classes for free or low cost
 ☐ Group Running/Walking Sessions for free
☐ Group Cycling Sessions for free
☐ Classes on helping kids make healthier food choices

10. Have you been treated in a hospital in the last 5 years? If so, select where:

<input type="checkbox"/> Cullman Regional Medical Center	<input type="checkbox"/> Huntsville area hospital	<input type="checkbox"/> Other
<input type="checkbox"/> Birmingham area hospital	<input type="checkbox"/> Decatur area hospital	<input type="checkbox"/> None

Appendix A—continued

11. Overall, how satisfied are you with the healthcare in your community?

_____ Very Satisfied _____ Satisfied _____ Not very satisfied _____ Not at all satisfied _____ Don't Know

12. Please share other comments you would like to make about experiences or ideas to improve health in our Community:

13. **FOR BUSINESS OWNERS/MANAGERS:**

If Not applicable, mark "X": _____

As a business owner/manager, what are your primary business issues with healthcare?

Please rank in order of importance 1-5: (1 being most important and 5 being least important).

_____ Cost	_____ Prevention
_____ Access	_____ Health/Wellness Promotion
_____ Other _____	(please indicate other issues)

This survey is being conducted by and for Cullman Regional Medical Center &
the Cullman County Community Health Coalition
in order to help identify the health needs of residents of Cullman County.

WE APPRECIATE YOUR INPUT!

You may complete the survey online at WWW.CRMCHOSPITAL.COM/SURVEY

Please return completed survey, by mail:

ATTN: Cullman Regional Medical Center Marketing Dept.,

PO Box 1108, Cullman, AL 35056

or via FAX: 256-737-2606.

Completed surveys should be returned by no later than November 1, 2012.

The Federal government now requires all healthcare providers to conduct a Community Health Needs Assessment (CHNA) every three years. Your responses will help Cullman Regional Medical Center and other local healthcare providers fulfill the needs of county residents more effectively. On behalf of the CRMC and the Cullman County Community Health Coalition, we would like to thank you for participating by completing the survey.

Thank you for helping us better define the healthcare needs of Cullman County.

Appendix B—Spanish Survey

Evaluación de las Necesidades de Salud Comunitaria - 2012 Versión Española

INFORMACIÓN DEMOGRÁFICA

CÓDIGO POSTAL DE RESIDENCIA ACTUAL? _____ EDAD _____ SEXO: (un círculo) Hombre Mujer

RAZA: (un círculo) CAUCÁSICO / BLANCO AFROAMERICANO HISPANO OTROS _____

NÚMERO DE NIÑOS MENORES DE 18 AÑOS EN SU HOGAR: _____

NÚMERO DE ADULTOS MÁS DE 18 AÑOS EN SU HOGAR: _____

INGRESO ANUAL:

_____ Menos de \$10,000	_____ \$35,000 a \$39,999	_____ \$85,000 a \$99,999
_____ \$10,000 a \$14,999	_____ \$40,000 a \$44,999	_____ \$100,000 a \$149,999
_____ \$15,000 a \$19,999	_____ \$45,000 a \$49,999	_____ \$150,000 a \$199,999
_____ \$20,000 a \$24,999	_____ \$50,000 a \$59,999	_____ \$200,000 a \$249,999
_____ \$25,000 a \$29,999	_____ \$60,000 a \$74,999	_____ \$250,000 y por encima
_____ \$30,000 a \$34,999	_____ \$75,000 a \$84,999	_____ prefiero no decir

REPRESENTACIÓN DE LA COMUNIDAD – Por favor, seleccione cualquiera / todas sus áreas de especialización:

_____ Agricultura / Industria de Agricultura	_____ Profesional de la Salud	_____ Líder Religioso
_____ Empresario / Gerente	_____ Médico / Oficial de Salud Pública	_____ Oficial del gobierno/agencia
_____ Policía/Personas que aplique la ley	_____ Sin fines de lucro / Agencia de la Comunidad	_____ Maestro/Educador
_____ Joven / Estudiante	_____ Necesitados de servicios médicos	_____ Otros _____

1. ¿TIENE SEGURO MÉDICO? (seleccionar uno)

_____ **Sí, el seguro privado como Blue Cross Blue Shield** _____ **No** _____ **Medicaid**
 _____ **Medicare** _____ **Inseguro** _____ **Otros** _____

2. ¿ERES CAPAZ DE RECIBIR ASISTENCIA SANITARIA CUANDO LO NECESITA? (seleccionar uno) **SÍ** **NO**

SI NO, ¿POR QUÉ NO? (marque todas las que apliquen)

_____ Sin seguro	_____ No sabes dónde buscar, o que pida
_____ No Transporte	_____ No se puede obtener el tipo de atención que necesito
_____ No se puede entrar a ver a un médico	_____ Otros: _____
_____ Ninguna de las anteriores	

3. CUAL DE LOS SIGUIENTES SON UN PROBLEMA PARA USTED Y SU FAMILIA? (marque todas las que apliquen)

_____ Uso del Tabaco	_____ Abuso del Alcohol	_____ Accidentes de Automóviles
_____ Drogas	_____ Embarazo en Adolescentes	_____ La falta de ejercicio
_____ Exceso de peso	_____ Estrés	_____ Condiciones Ambientales
_____ Suicidio	_____ Abuso de Ancianos	_____ Abuso Conyugal / Violencia Doméstica
_____ Desempleo	_____ Dieta pobre	_____ Mortalidad infantil
_____ Personas sin hogar	_____ Trastornos de la alimentación	_____ El aumento de población anciana
_____ Abuso Infantil	_____ Económico (pérdida/falta de empleo)	_____ Alfabetismo
_____ Otros _____		

De estos temas, ¿cuál le gustaría ver más participación de la comunidad? _____

4. De la lista de abajo, seleccione las enfermedades / enfermedades que padecen actualmente. Seleccione todas las que correspondan.

_____ Hipertensión	_____ Trastornos de la alimentación	_____ Enfermedades de los ojos
_____ Enfermedad del corazón	_____ Enfermedad Mental	_____ Diabetes _____ Artritis
_____ SIDA	_____ Ansiedad	_____ Exceso de peso
_____ Derrame Cerebral	_____ Enfermedad de Alzheimer	_____ Desaliento
_____ Osteoporosis	_____ Alergias	_____ Cáncer
_____ La enfermedad pulmonaria		_____ Ninguno

De estas enfermedades, ¿cual enfermedad que usted siente debe ser abordado en nuestra Comunidad en este momento?

Appendix B—continued

5. Por favor califique la calidad de los siguientes servicios locales, utilizando el siguiente sistema de clasificación:

Excelente 1	Muy bueno 2	Bueno 3	Necesita mejorar 4	Pobre 5	No sabe N/A
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SERVICIOS DE SALUD

☐ Disponibilidad de Información de Salud
☐ Clínica de Salud Gratis Bueno Samaritano
☐ Servicios de Ejercicio
☐ Atención de salud en el hogar
☐ Médicos de Familia
☐ Fisioterapia / Servicios de Rehabilitación
☐ Servicios de Ambulancia
☐ Servicios de Maternidad
☐ Clínicas de Atención de Urgencia
☐ Cuidado de la salud del Corazón
☐ Médicos para niños
☐ Cuidado de Hospicio

☐ Cuidado Quirúrgico
☐ Exámenes de Salud
☐ Servicios Dentales
☐ Especialistas médicos
☐ Atención de la salud de Cáncer
☐ Departamento de Salud Pública
☐ Farmacias
☐ Consejería de abuso de Sustancia
☐ Atención de emergencia
☐ Hospital
☐ Consejería de Salud Mental

SERVICIOS A LA COMUNIDAD

☐ Cuidado de los Ancianos
☐ Transporte público
☐ Los programas de educación sexual

SEGURO

☐ Disponibilidad de seguro de Salud, Visión y Dental
☐ La asequibilidad de los Seguros
☐ Atención médica para pacientes de Medicaid
☐ Atención médica para pacientes de Medicare

CUIDADO de LARGO PLAZO EN NUESTRA AREA

☐ Asilo de Ancianos
 ☐ Instalaciones de vivienda asistida
 ☐ Hogares de Ancianos

Elija el servicio que usted más le gustaría ver mejorado. _____

SALUD, NUTRICIÓN Y SALUD INFORMACIÓN

6. ¿De dónde obtiene la mayor parte de su salud / bienestar información? (marque todas las que apliquen):

<input type="checkbox"/> Un amigo de confianza	<input type="checkbox"/> Profesional de la salud	<input type="checkbox"/> Periódico
<input type="checkbox"/> Internet	<input type="checkbox"/> Revistas	<input type="checkbox"/> Televisión
<input type="checkbox"/> Seminario en la Comunidad		

7. ¿Cuál de los siguientes hábitos saludables qué incorporar en su vida diaria? (marque todas las que apliquen)

<input type="checkbox"/> Haga ejercicio por lo menos 30 minutos al día	<input type="checkbox"/> Elija y prepare alimentos con poca o ninguna sal.
<input type="checkbox"/> Coma una variedad de frutas y verduras con cada comida	<input type="checkbox"/> Comer pescado al menos tres veces a la semana
<input type="checkbox"/> Comer carnes magras y bajas en grasa	<input type="checkbox"/> Seleccione 1% de grasa o más bajo en los productos lácteos
<input type="checkbox"/> Limite los alimentos y bebidas con alto contenido de azúcar y calorías	<input type="checkbox"/> Beber bebidas alcohólicas en moderación: 1-2 por día
<input type="checkbox"/> Limite la cantidad de grasas saturadas, grasas trans, colesterol	

8. ¿Cuáles son las razones por las que no están viviendo un estilo de vida más saludable? (marque todas las que apliquen):

<input type="checkbox"/> No me siento seguro al caminar en mi barrio	<input type="checkbox"/> Transporte limitado
<input type="checkbox"/> No hay nadie que lo haga conmigo	<input type="checkbox"/> No sé cocinar
<input type="checkbox"/> Ingresos limitados	<input type="checkbox"/> No hay tiempo
<input type="checkbox"/> Lugares para conseguir comida saludable y / o lugares para hacer ejercicio se encuentran muy lejos de donde yo vivo	<input type="checkbox"/> Otros

9. Por favor califique qué tan probable utilice las siguientes opciones / servicios en nuestra comunidad:

Muy probable a utilizar / Comprar 1	Es probable que utilizar / Comprar 2	Desconocido 3	Menos propensos a usar / Comprar 4	Nunca use / Comprar 5
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☐ Opciones Saludables en las expendedoras de comida chatarra en el lugar de trabajo o expendedoras de áreas públicas
☐ Clases gratis o de costo bajo de cocinar saludable para la comunidad
☐ Clases gratis o de costo bajo de opciones saludables para los temas con presupuesto ajustado
☐ Clases gratis o de costo bajo de jardinería de Frutas y Vegetales
☐ Clases para ayudar a los niños elegir alimentos más saludables
☐ Grupo de sesiones de ciclismo gratis
☐ Grupo de sesiones de correr / caminar gratis

Appendix B—continued

10. ¿Ha sido tratado en un hospital en los últimos 5 años? Si es así, seleccione el lugar:

☐ Cullman Regional Medical Center

☐ Hospital de área de Huntsville

☐ Otros

☐ Hospital de área de Birmingham

☐ Hospital de área de Decatur

☐ Ninguno

11. En general, ¿qué tan satisfecho está usted con el cuidado de la salud en su comunidad?

☐ Muy satisfecho

☐ Satisfecho

☐ No muy satisfecho

☐ Nada satisfecho

☐ No sabe

12. Por favor, escribe un comentario que le gustaría hacer acerca de las experiencias o sugerencias para la mejora de la atención de salud en nuestra Comunidad:

13. PARA LOS PROPIETARIOS DE NEGOCIOS / GERENTES:

Si no es aplicable, marque "X": _____

Como propietario de un negocio / gerente, ¿cuáles son los temas principales de el cuidado de la salud de su negocio?

Por favor clasifica en orden de importancia 1-5: (Siendo 1 el más importante y 5 menos importante).

☐ Costo

☐ Prevención

☐ El acceso

☐ Promoción de Salud / Bienestar

☐ Otros _____ (por favor indicar otras cuestiones)

Esta encuesta se lleva a cabo por y para Cullman Regional Medical Center
y la Coalición de Salud de la Comunidad del Condado de Cullman
con el fin de ayudar a identificar las necesidades de salud de los residentes del Condado de Cullman.
¡Le agradecemos su ayuda!

Puede completar la encuesta en línea en WWW.CRMCHOSPITAL.COM / ENCUESTA

Por favor, devuelva la encuesta completada, por correo:

ATTN: Cullman Regional Medical Center Marketing Dept.,

PO Box 1108, Cullman, AL 35056

o por FAX: 256-737-2606.

Las encuestas completadas deben ser devueltas no más tarde del 1 de noviembre de 2012.

El gobierno federal ahora requiere que todos los proveedores de salud para llevar a cabo una Evaluación de Necesidades de Salud de la Comunidad (CHNA) cada tres años. Sus respuestas ayudarán a Cullman Regional Medical Center y otros proveedores de salud locales satisfacer las necesidades de los residentes con mayor eficacia. En nombre de la CRMC y la Coalición de Salud de la Comunidad del Condado de Cullman, le damos las gracias por su participación al completar la siguiente encuesta.

Gracias por ayudarnos a definir mejor las necesidades de salud del Condado de Cullman.

Appendix C—Prioritization Exercise Form

Prioritization Exercise

Using the table provided, rate each issue identified in terms of:

Size	Rate from 1-10
Seriousness	Rate from 1-20
Solutions	Rate from 1-10

Simply write the number (on the scale) that seems to make sense to you

This is an exercise based on **WHAT YOU THINK!** — There are **NO RIGHT** or **WRONG ANSWERS**

	Size of the Issue <i>How many people does the issue affect?</i>	Seriousness of the Issue <i>What are the consequences of NOT addressing the issue?</i>	Ability to Solve or Change the Issue <i>In the context of the community and its resources, is this an issue that can be solved or changed?</i>
Issue	Rate on a Scale from 1-10 You can use the same number more than once	Rate on a Scale from 1-20 You can use the same number more than once	Rate on a Scale from 1-10 You can use the same number more than once
Access to care – Affordability of Insurance/co pays			
Access to care – building patient bridge from ER to Good Samaritan Clinic or CIM Medicaid Clinic or to community clinics			
Access to care – Mental Health Services			
Access to care – Dental care for low-income and/or uninsured			
Access to care – transportation issue/cost			
Health Behaviors – Obesity, Tobacco Use, etc. Education			
Health Behaviors – Recreation, Physical Activity Education/Programs FREE for low-income			
Chronic Illnesses – Obesity, COPD, Heart disease, hypertension, Stroke, etc.			
Hospital Image – improve public perception of hospital, reduce ER Wait Times, Compassionate Care by Physicians & Staff			
Decrease poverty in community			

References

1. U.S. Census Bureau, 2000 Census of Population and Housing, Summary File 1- www.census.gov/main/www/cen2000.html
2. U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1 - www.census.gov/2010census/news/press-kits/summary-file-1.html
3. U.S. Census Bureau, 2007-2011 American Community Survey 5-Year Estimates—www.census.gov/acs/www/data_documentation/2010_release/
4. U.S. Census Bureau: State and County Quick Facts — <http://quickfacts.census.gov/qfd/>
5. U.S. Census Bureau: Population Estimates— www.census.gov/prod/2/pop/p25/p25-1131.pdf
6. U.S. Census Bureau: State and County Housing Unit Estimates— www.census.gov/prod/cen2010/cph-2-2.pdf
7. U.S. Census Bureau: County Business Patterns — www.census.gov/econ/cbp/
8. U.S. Census Bureau: Nonemployer Statistics— <http://censtats.census.gov/cgi-bin/nonemployer/nonsect.pl>
9. U.S. Census Bureau: Survey of Business Owners— www.census.gov/econ/sbo/
10. U.S. Census Bureau: Building Permits— www.census.gov/construction/bps/
11. U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates— www.census.gov/acs/www/guidance_for_data_users/comparing_2010/
12. U.S. Bureau of Labor Statistics, January, 2013 Local Area Unemployment Statistics— www.bls.gov/lau/
13. The University of Wisconsin, Population Health Institute, County Health Rankings, 2012— www.countyhealthrankings.org/app/alabama/2013/cullman/county/outcomes/overall/snapshot/by-rank
14. National Center for Educational Statistics, National Assessment of Adult Literacy, 2003—<http://nces.ed.gov/naal/estimates/Index.aspx>
15. U.S. Department of Agriculture, Food Environment Atlas, 2012—www.ers.usda.gov/data-products/food-environment-atlas.aspx#.UcKAY-fkuSo
16. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2005-2011—www.cdc.gov/brfss/
17. Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010—www.cdc.gov/nchs/nvss.htm
18. Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009—apps.nccd.cdc.gov/DDTSTRS/
19. Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2009—www.cdc.gov/nchhstp/
20. Alabama Department of Public Health, Center for Health Statistics, Special queries of the 2009, 2010, and 2011 Mortality Statistics Files for Alabama data. Centers for Disease Control and Prevention, CDC Wonder Interactive Program, Detailed Mortality files for 2009 and 2010 (<http://wonder.cdc.gov/>). Deaths – Preliminary Data for 2011, Vol. 61, Number 6, October 10, 2012, Table 2. (Cause of death data included in this publication is not age-adjusted)
21. Alabama Cancer Facts & Figures 2011, Alabama Statewide Cancer Registry, Alabama Department of Public Health, Tables 3, 4, and 5. www.adph.org/ascr/assets/2011FactsFigures.pdf
22. Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2010—www.dartmouthatlas.org/tools/downloads.aspx
23. U.S. Health Resources and Services Administration Area Resource File, 2011 - <http://arf.hrsa.gov/>

References

24. Medical Licensure Commission, Licensed Physician Data Base-2010. National data is for 2010 and is obtained from the American Medical Association, Physician Characteristics and Distribution in the US 2012, Table 1.2—
www.fsmb.org/pdf/final_census_article.pdf
25. *Alabama Center for Health Statistics Online Natality Query System—Medical Licensure Commission, Licensed Physician Data Base-2010. National data is for 2010 and is obtained from the American Medical Association, Physician Characteristics and Distribution in the US 2012, Table 1.2—*www.fsmb.org/pdf/final_census_article.pdf