Cullman Regional Medical Center, Inc.

2019

Community Health Needs Assessment

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Executive Summary

Introduction and Process

Cullman Regional Medical Center, Inc. (CRMC) contracted with Alexander Consulting Group, Inc. to (ACG) assist in conducting a Community Health Needs Assessment (CHNA) as required by Internal Revenue Code, section 501(r).

CRMC is a 145-bed acute care hospital located in Cullman, Alabama. CRMC is the only hospital in Cullman County, a county consisting of more than 755 square miles located in north central Alabama. CRMC is designated a Level III Trauma Center and provides a wide range of services, including:

❑ Cardiovascular,

❑ Women's and Children's,

❑ Orthopedics, and

❑ Emergency Services.

CRMC provides high quality, cost effective care and is committed to continuing to provide educational and disease prevention programs to improve the health of its community.

CRMC defined its community geographically as Cullman County based on its patient origin. Further, CRMC is able to have the greatest influence on the health of Cullman County residents.

Both information and data from primary and secondary sources were collected to assist in identifying health needs within Cullman County.

During the CHNA process, CRMC solicited and took into account input received from persons who represent the broad interests of Cullman County, including those with special knowledge of and expertise in public health through multiple methods. Interviews and focus groups were conducted with a wide range of community representatives who represent the broad interests of Cullman County. Many of the interview and focus group participants have special knowledge of and expertise in public health, and represented the interests of the medically underserved, low income, and minority populations of Cullman County. In total, 25 community representatives participated in either interviews or focus groups, including a representative from the Cullman County Health Department. The purpose of the interviews and focus groups was to gain direct input from these individuals regarding identifying and prioritizing health needs, including the health issues associated with the medically underserved, low income, and minority populations, as well as identifying resources potentially available to address those health needs.

In addition to conducting interviews and focus groups, community input was garnered from participants in a Community Advisory Committee (CAC), comprised of community representatives, as well as CRMC's CHNA Advisory Committee. The CHNA Advisory Committee was responsible for overseeing the CHNA process, including identifying and prioritizing the significant health needs of the community.

Secondary data was collected from a variety of respected organizations on a broad array of health indicators and other information, and analyzed and summarized. The types of data collected included demographic, socioeconomic, mortality and morbidity, health status indicators, health behaviors, maternal and child health, insurance status, and general community/environmental information.

Summary Findings

Community health needs were based on information gathered through primary and secondary data collection and analysis, and discussions with the CHNA Advisory Committee and Community Advisory Committee, and were grouped into seven major categories. These areas were prioritized by the CHNA Advisory Committee by utilizing criteria related to the number or proportion of people effected by the health need; the ability to meet the need with resources available; the estimated feasibility and effectiveness of possible interventions; whether addressing the need builds on existing organizational competencies; the importance the community places on addressing the health need; and the opportunity to intervene at the prevention level. This process resulted in the prioritized health needs list shown below:

1. Heart disease
2. Access to Care/Continuity of Care
3. Obesity
4. Diabetes
5. Substance Abuse/Mental Health
6. Smoking/Vaping
7. Cancer

These priorities will be further discussed in CRMC's Implementation Strategy.

Background

Requirements

The CHNA process is designed to meet the requirements of Internal Revenue Service (IRS) rules, including the assessment and prioritization of health needs within the community through a process that includes collecting and analyzing primary and secondary data.

To assist in conducting the CHNA, CRMC contracted with ACG, an Atlanta-based independent consulting firm providing services exclusively to the health care industry. Founded in 1998, ACG provides a broad range of health planning services to health care organization, including community health needs assessments, strategic and financial planning, service line planning, and regulatory planning. ACG uses only highly experienced, senior-level consultants. The CHNA facilitated and prepared for CRMC was directed by the firm's president, Keith Alexander. Mr. Alexander has more than 30 years of health care planning experience and holds an MBA with a concentration in health care management from Boston University.

As required by the 2010 Patient Protection and Affordable Care Act (PPACA) and the IRS rules published on December 31, 2014, the CHNA process included, and the CHNA report includes, the following:

❑ A definition of the community served by the hospital facility and a description of how the community was determined

❑ A description of the process and methods used to conduct the CHNA

❑ An assessment of the health needs of the community served that incorporated:

- The solicitation and inclusion of input from persons who represent the broad interests of the community, including those with special knowledge of and expertise in public health, regarding identifying and prioritizing significant health needs and identifying resources potentially available that included:

  – At least one state, local, tribal, or regional governmental public health department, or State Office of Rural Health with knowledge, information, or expertise relevant to the health needs of the community

  – Members or individuals or organizations representing the interests of medically underserved, low income, and minority populations in the community

  – Written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy

- Identification of significant health needs of the community, including:

  – Prioritization of those health needs

  – Identification of resources potentially available to address those health needs

❑ Documentation of the CHNA in a written report that is adopted for the hospital facility by the authorized body of the hospital, and includes:

- A definition of the community served by the hospital facility and a description of how the community was determined

- A description of the process and methods used to conduct the CHNA, including:

  – The data and other information used in the assessment

  – The methods of collecting and analyzing the data and information, or citing of the source material

  – The organization with which it contracted for assistance in conducting the CHNA

- A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves

- A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs

- A description of the resources potentially available to address the significant health needs identified through the CHNA

- An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA

CHNA Approval

The CHNA was approved and adopted by the Cullman Regional Medical Center, Inc. Board of Directors on June 25, 2019.

Public Posting/Availability

The CRMC 2019 Community Health Needs Assessment is publicly posted and available on its website.

Assessment Methodology

Report Methodology

The assessment was conducted using a wide range of primary and secondary data sources, and resulted in a profile of the community, information regarding access to care, health outcomes, behaviors and risk factors, and a summary of focus group and interview findings.

Secondary Data Methodology

Secondary data was collected using a variety of publicly available data from numerous respected organizations and agencies, and regarding a broad range of issues. The types of data included information related to demographics, socioeconomics, insurance status, chronic disease, mortality/morbidity, health status, health behaviors, behavioral risk factors, and maternal and child health indicators for residents of Cullman County. The sources of the secondary data are cited together with the data. In many cases, secondary data for Cullman County residents were compared with state and national indicators when applicable and available.

Primary Data Methodology

To gather input from an extensive range of people who represent the broad interests of Cullman County, focus groups and one-on-one interviews were conducted in March and April 2019, and included 25 participants. Questions involved an array of health topics including what the most significant health needs are in Cullman County and why; what groups of residents are medically underserved and what are their most significant health needs; and health needs and other issues associated with the low income and minority populations in the county. The opinions of focus group and interview participants were summarized and ranked according to the number of responses provided.

Focus group and interview participants included community stakeholders from the Cullman County Health Department, health care and social services providers, schools and colleges, religious organizations, economic organizations, community officials, law enforcement, emergency medical services, and minority representatives. The vast majority of focus group and interview participants were from organizations serving and/or representing the interests of the medically underserved, low income, and minority populations in Cullman County.

In addition, community input was garnered from participants in the CAC, as well as CRMC's CHNA Advisory Committee, which was responsible for overseeing the CHNA process, including identifying and prioritizing health needs.

Information Gaps

Every attempt was made to collect relevant and recent primary and secondary data reflecting the health status and social determinants of health in Cullman County. In some cases, the ability of CRMC to assess all community health needs may have been limited by a lack of existing or recent small-area estimate information relevant to Cullman County. For example, due to the very small minority population in Cullman County, secondary data was very limited and/or had a high margin of error in some cases. As a result, primary data was relied upon more heavily in assessing the health needs of minority groups in Cullman County. Also, it is also important to note that much of the most recent secondary data available, including health status indicators and mortality/morbidity data, consists of data from 2017 or earlier time periods. As a result, much of the secondary data is not recent enough to reflect the impact of actions CRMC has taken since its 2016 CHNA was conducted.

Comments Received on Most Recently Conducted CHNA/Implementation Strategy

CRMC has received no written comments on the hospital facility's most recently conducted CHNA or most recently adopted implementation strategy.

Prioritization Methodology

Community health needs were identified through the analyses described above. CRMC's CHNA Advisory Committee, described below, considered and discussed Cullman County's health needs, and developed and used weighted criteria to evaluate and prioritize the health needs. The evaluation criteria included the number or proportion of people effected by the health need; the ability to meet the need with resources available; the estimated feasibility and effectiveness of possible interventions; whether addressing the need builds on existing organizational competencies; the importance the community places on addressing the health need; and the opportunity to intervene at the prevention level.

Subsequent to developing the evaluation criteria, the CHNA Advisory Committee deliberated and applied the evaluation criteria to each health need through group consensus to determine its priority. The result was the identification and ranking of seven significant health needs.

CHNA Advisory Committee

CRMC's CHNA Advisory Committee provided input into the CHNA throughout the process, from February through June 2019. The CHNA Advisory Committee was responsible for overseeing the CHNA process.

Members of the CHNA Advisory Committee were chosen to bring a broad range of perspectives to the CHNA process. The following individuals participated in the CHNA Advisory Committee:

- ❑ James Clements, Chief Executive Officer
- ❑ Nesha Donaldson, Chief Operations Officer
- ❑ Charna Brown, Chief Nursing Officer
- ❑ William Smith, MD, Chief Medical Officer
- ❑ Lindsey Dossey, Vice President, Marketing & Public Relations
- ❑ Lisa Courtney, Vice President, Physician Relations
- ❑ Beth Anderson, Board Chairman
- ❑ Natalie Carden, Administration/Medical Staff Support
- ❑ Jerry Lawson, Local Clergy

Representatives of the CHNA Advisory Committee participated in four meetings over the course of five months, reviewed and discussed the implications of the primary and secondary data analyses, and identified and prioritized the significant health needs of the community.

Community Advisory Committee

In addition to the 25 focus group and interview participants, the CAC was formed to provide further input and feedback related to the CHNA process at CRMC. Participants from the CAC were not affiliated with CRMC and included representatives from a broad range of perspectives. The CAC was given the task of: reviewing a summary of the primary and secondary data; reviewing, recommending changes to, and prioritizing a preliminary list of significant health needs identified by the CHNA Advisory Committee; and identifying resources potentially available to address the significant health needs. Recommendations from the CAC were then presented to and utilized by the CHNA Advisory Committee to develop their final prioritization of the most significant health needs in Cullman County.

The CAC included representatives from Good Samaritan Health Clinic, the local clinic for the low income and uninsured residents, clergy, and physician community.

Response to 2016 Community Health Needs

The 2016 CRMC CHNA identified heart disease, obesity, access to care/continuity of care, cancer, and smoking as the highest priority needs. Based on the 2016 assessment activities, CRMC enacted specific programs designed to impact the needs identified. Below are some of the activities CRMC has enacted as a result of the 2016 CHNA and Implementation Strategy:

Priority/Goal:	Heart Disease – Reduce the mortality rate for heart disease in Cullman County.
Actions Taken to Address Goal/Health Need:	

Operated Community Paramedic Program through Cullman Emergency Medical Services, with a targeted focus on congestive heart failure (CHF).

Used/expanded use of multidisciplinary Readmissions Team to work with CHF patients to reduce hospital readmissions, including dedicating a Case Manager and conducting regular meetings with area nursing homes to improve coordination of care.

Provided free health screenings at community events at locations throughout Cullman County, including targeting low income and minority populations. For example, in 2016 through 2018, CRMC:
- Completed a total of 7,437 health screenings throughout the community;
- Expanded free screening services within the City of Colony (with a significant African American population); and
- Partnered with First United Methodist Church Hispanic Ministry to provide free screenings as part of its outreach programs.

Worked toward changing negative health behaviors through community health education/outreach, including:
- Grew CRMC's Employee Wellness Program; and
- Partnered with Yutaka Technologies, Royal Technologies, and Cullman Electric Cooperative to provide corporate health screening and education programs, including fitness and nutrition education, referral to the appropriate providers and one-on-one education with employees based on screening results.

Opened an on-site employee gym, available 24 hours/day. Partnered with area fitness centers to provide greater exercise opportunities. Partnered with Cullman Wellness and Aquatics Center, offering discounted rates for employees, and free screenings at its annual community wellness day. Supported the First American Heart Walk.

Developed a CRMC Team focused on heart failure, providing specific education and tools to heart failure patients, and tracking specific heart failure statistics.

Achieved full accreditation for CRMC's Cardiac Cath Lab from the Society of Cardiovascular Patient Care.

Hired two Cardiologists since 2017. CRMC Cardiologists offer a Continuing Medical Education program on cardiology risk factors and how to identify and treat heart conditions to any member of CRMC's medical staff.

Began offering Calcium Scoring tests, providing area physicians more tools to use in diagnosing heart disease.

Operated a STEMI program, including providing 12-lead EKG technology in all ambulances.

Priority/Goal:	Obesity – Reduce the proportion of Cullman County residents that are obese.

Actions Taken to Address Goal/Health Need:
Worked toward changing negative health behaviors through community health education/outreach, including: • Grew CRMC's Employee Wellness Program; and • Partnered with Yutaka, Royal, and Cullman Electric Cooperative to provide corporate health screening and education programs, including fitness and nutrition education. • Expanded free screening services within the City of Colony (with a significant African American population); and • Partnered with First United Methodist Church Hispanic Ministry to provide free screenings as part of its outreach programs.
Opened an on-site employee gym, available 24 hours/day. Partnered with area fitness centers to provide greater exercise opportunities. Partnered with Cullman Wellness and Aquatics Center, offering discounted rates for employees, free screenings at its annual community wellness day. Supported the First American Heart Walk.
Partnered with the North Alabama Agriplex, which operates a mobile kitchen, to support its Food for Life program that encourage healthy lifestyles, including: • Provided education on topics such as growing your own food and container gardening; and • Provided education at local farmer's markets that included vouchers for produce.
Partnered with the American Heart Association for "Kids Heart Challenge", which is available at all schools in Cullman County. Additionally, partnered with the North Alabama Agriplex to provide outdoor classrooms to local schools.
Offered Healthy Life education programs once per month.
Provided numerous wellness tips on its website and through social media, including through the Wellness Wednesday program.

Priority/Goal:	Access to Care/Continuity of Care – Improve access to care and continuity of care for Cullman County residents.

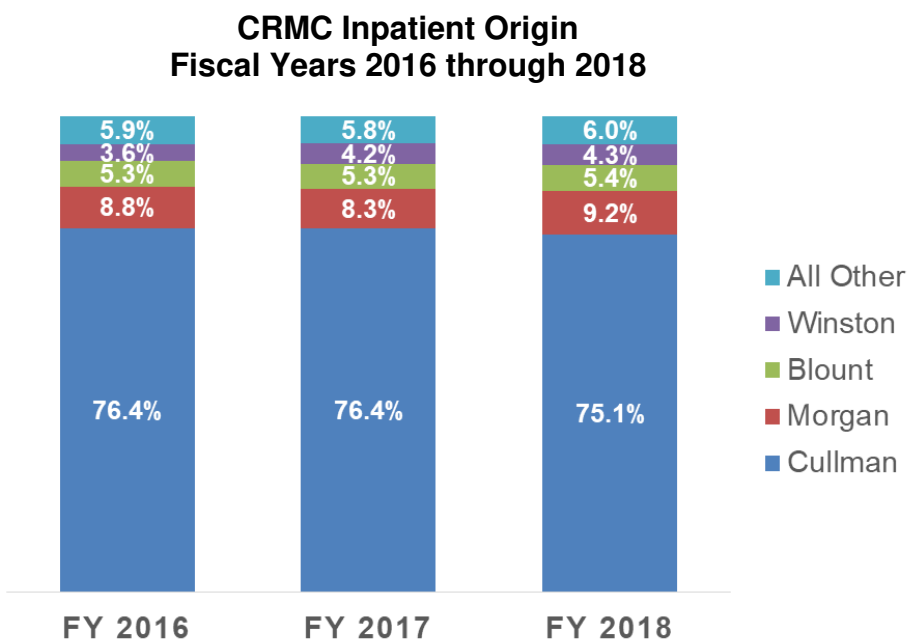| Actions Taken to Address Goal/Health Need: |
|---|
| Operated and grew the Community Paramedic Program through Cullman Emergency Medical Services, with a re-centered focus on patients discharged to home since these patients represent a more vulnerable population. |
| Used/expanded use of multidisciplinary Readmissions Team to work with all patients to reduce hospital readmissions (including CHF patients), including dedicating a Case Manager and conducting regular meetings with area nursing homes to improve coordination of care. |
| Provided support to Good Samaritan Health Clinic, including:
• Continued funding (CRMC provided approximately $1.3 million in funding in FY 2018, including providing a nurse practitioner to support of the clinic);
• Promoted awareness in community among local physicians; and
• Worked with Good Samaritan to minimize patient paperwork, providing simplified waivers to facilitate the application process. |
| Opened Cullman Regional Urgent Care in June 2018 and provided online check in, expanded hours and online appointments to provide better access to care. Additionally, CRMC has opened a Family Care Clinic, Urology Clinic, and Gynecology Clinic since August 2018. |
| Provided patient transportation using CRMC's own van, with either valet or maintenance staff member serving as driver. |
| Assisted individuals in health insurance enrollment, by:
• Contracting with a Medicaid eligibility provider; and
• Working closely with the Commission on Aging, who provides free assistance and advice regarding health care insurance options. |
| Partnered with and served as a sponsor with The Link of Cullman County. |
| Expanded education and health screenings to areas of Cullman County with low income and minority populations, including providing:
• Expanded free screening services within the City of Colony (with a significant African American population); and
• Partnered with First United Methodist Church Hispanic Ministry to provide free screenings as part of its outreach programs. |
| Hired a VP of Physician Services to focus on physician recruitment and assist in addressing the need for additional physicians in Cullman County. |

Priority/Goal:	Cancer – Reduce the mortality rate for cancer in Cullman County.
Actions Taken to Address Goal/Health Need:	

Provided a Nurse Navigation Program to assist patients in navigating the cancer treatment process, including locating community resources that provide financial assistance.
Referred patients seeking mammogram screenings to state and federal organizations that are funded for these purposes. Offered free prostate cancer screening and genetic testing options in both Urology and Gynecology. Additionally, CRMC added 3D mammography and breast MRI services to assist in the early detection of cancer.
Provided support to the Victory Support Group, which offers support for all cancer survivors and care givers.
Began offering navigational bronchoscopy services, providing earlier and more accurate lung cancer diagnoses and facilitating the performance of minimally invasive lung cancer surgery.
Partnered with the American Cancer Society, including sponsoring Relay for Life and Survivor Dinner events.
Provided community educational programs focused on the prevention and early detection of cancer on a monthly basis, including education programs related to new developments in mammography technology, colon cancer awareness, genetic testing options, and signs and symptoms of prostate, cervical, ovarian, breast and uterine cancers.

Priority/Goal:	Smoking – Reduce the percentage of Cullman County residents who smoke.
Actions Taken to Address Goal/Health Need:	

Incorporated the offering of new, and promotion of existing, smoking and tobacco cessation programs into CRMC's Employee Wellness Program, including: • Tobacco cessation to all employees and dependents free of charge; • Tobacco cessation classes for the community through various community physicians; and • Tying to the wellness program through financial incentives.
Implemented a smoke- and tobacco-free campus in 2017.
Offered its tobacco cessation services to Cullman County industries and businesses. Additionally, CRMC discussed tobacco cessation during community screenings and individual counseling.

Community Overview

CRMC defined its community geographically as Cullman County based on its patient origin.

There are many cities and towns in Cullman County including the cities of Cullman, Hanceville and Good Hope; the towns of Baileyton, Colony, Dodge City, Fairview, Garden City, Holly Pond, South Vinemont, and West Point; and several unincorporated areas. The large majority of CRMC's patients reside in Cullman County, and CRMC is able to have the greatest influence on the health of the residents of this county. As demonstrated below, approximately 75 percent of CRMC's inpatients are residents of Cullman County.

CRMC Inpatient Origin
Fiscal Years 2016 through 2018

	FY 2016	FY 2017	FY 2018
All Other	5.9%	5.8%	6.0%
Winston	3.6%	4.2%	4.3%
Blount	5.3%	5.3%	5.4%
Morgan	8.8%	8.3%	9.2%
Cullman	76.4%	76.4%	75.1%

Source: CRMC records.

A map of Cullman County follows.

Cullman County, Alabama
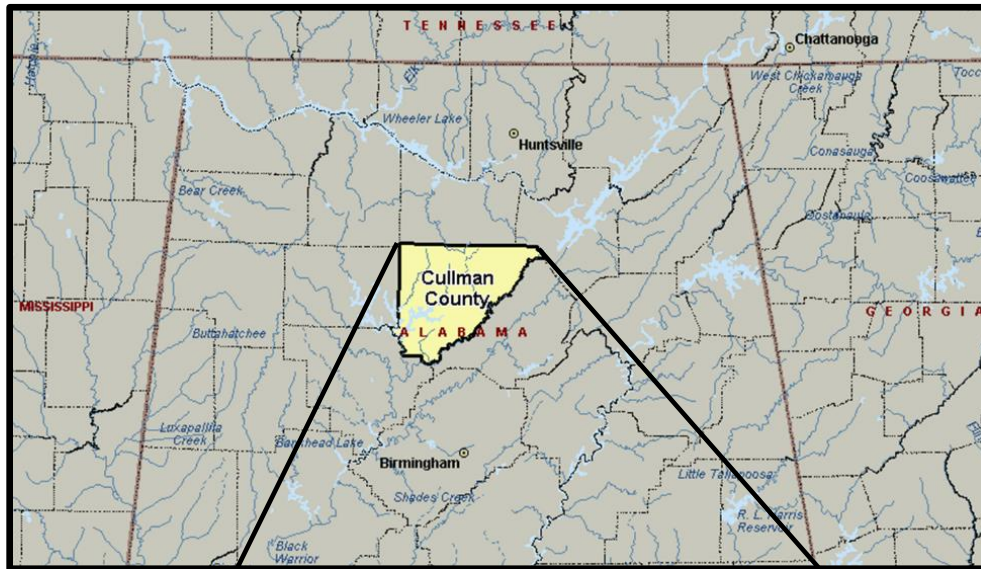
Community Profile

Cullman County, with a 2010 population of 80,406, is located in the north central portion of Alabama, roughly halfway between the cities of Birmingham and Huntsville. Cullman County covers 755 square miles and is located on the Cumberland Plateau. Cullman County is defined as a Micropolitan Statistical Area, and is included in the Birmingham-Hoover-Talladega, Alabama Combined Statistical Area.

With a 2010 population of 14,775, the City of Cullman is by far the most populous city in Cullman County. In contrast, the 2010 population of the City of Hanceville was 2,982 and of the City of Good Hope was 2,264. The remainder of the Cullman County population is dispersed throughout other portions of the county.

Demographic Profile

Cullman County is projected to grow by 2.4 percent, or just over 2,000, between 2019 and 2024. In particular, the population ages 65 and older is expected to increase substantially as shown in the table below.

Cullman County Population Trends
By Age Group and Total

Age Groups	Census 2010	Estimated 2019	Projected 2024	Projected Change 2019-2024	Projected % Change 2019-2024
17 and Under	18,641	18,469	18,587	+118	+0.6%
18 to 44	26,848	26,983	27,282	+299	+1.1%
45 to 64	22,107	21,839	21,159	-680	-3.1%
65 and Over	12,810	16,159	18,449	+2,290	+14.2%
All Ages	80,406	83,450	85,477	+2,027	+2.4%
				Alabama	+1.5%
				U.S.	+3.6%

Source: Claritas, LLC, 2019.

The proportion of the Cullman County population that are seniors is very large as shown in the age distribution table below.

Percent of Population by Age Group
2019 Estimate
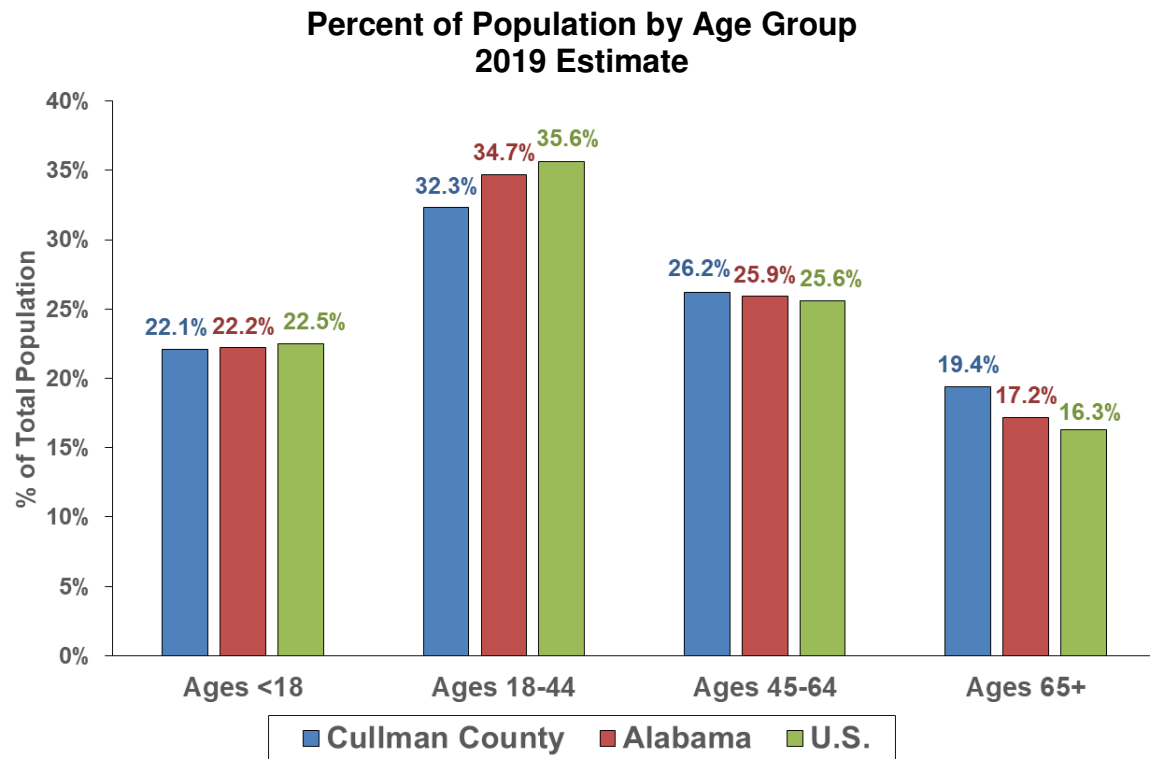
Source: Claritas, LLC, 2019.

When compared with Alabama and the U.S., the proportion of the population ages 65 and older significantly greater in Cullman County.

Race and Ethnicity Profile

As shown in the following table, the vast majority of the Cullman County population by race is White, at 96.1 percent of the population, followed very distantly by African American (1.3 percent), two or more races (1.3 percent), Native American (0.6 percent), Asian (0.6 percent), and some other race (0.1 percent).

Percent of Population by Race & Ethnicity
2018 Estimate
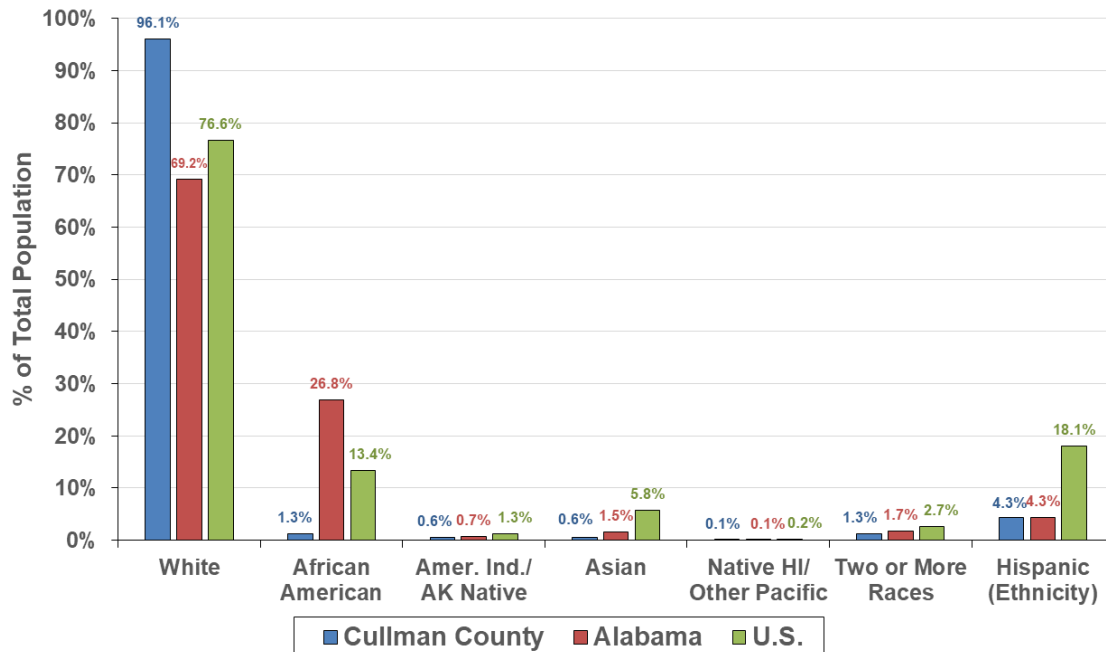
Source: U.S. Census Bureau, QuickFacts, 2019.

When looking at ethnicity, only 4.3 percent of the population is Hispanic, compared with 95.7 percent which is non-Hispanic.

Socioeconomic Profile

The socioeconomic status of Cullman County residents is below, and expected to remain below, Alabama, and significantly below the U.S.

Median Household Income
2019 and 2024 Estimates

Source: Claritas, LLC, 2019.
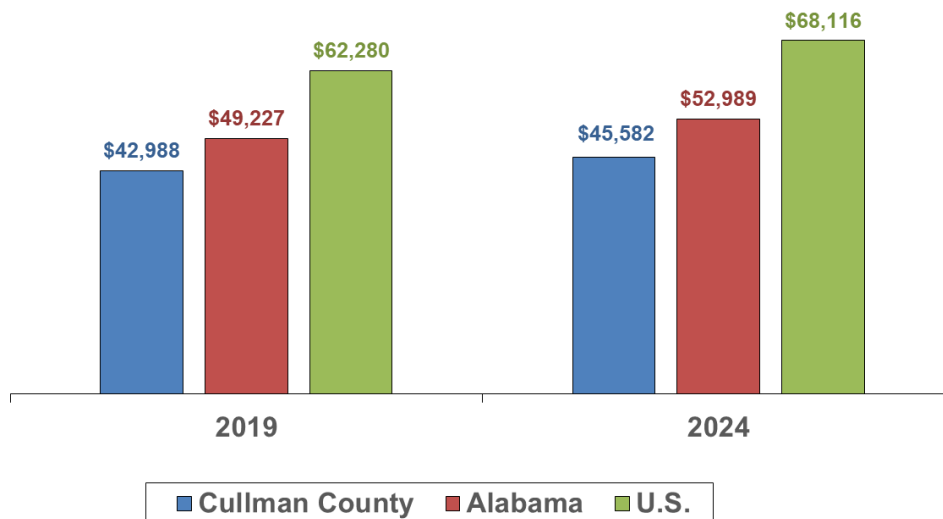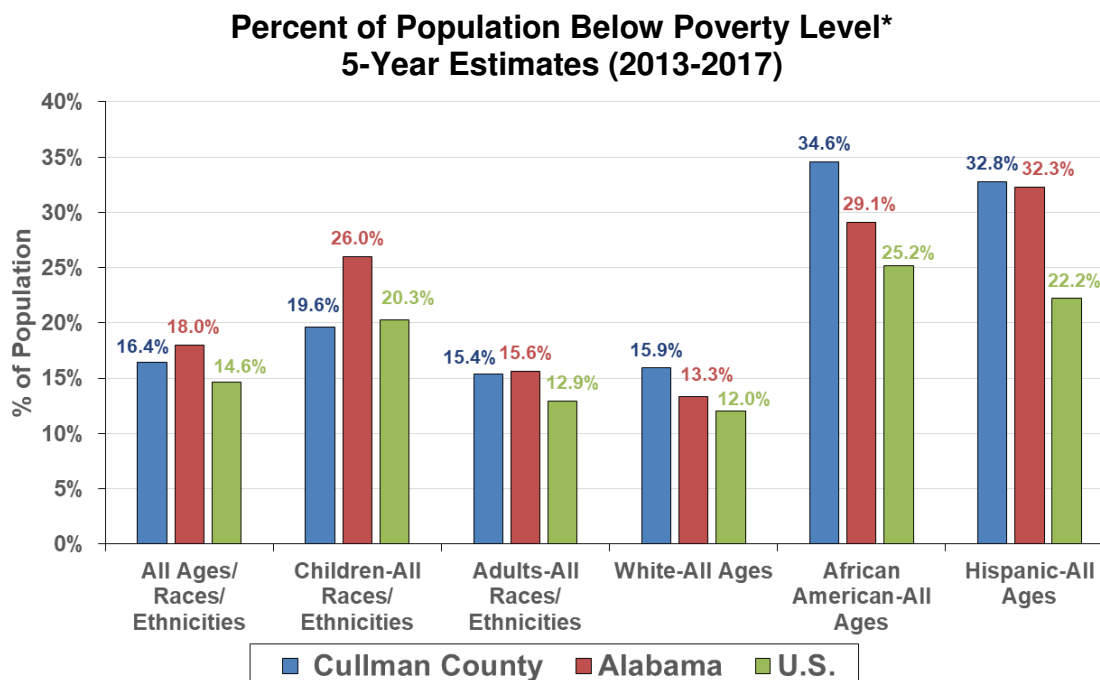
The overall level of poverty in Cullman County is slightly below the statewide level, while greater than the national level. As shown in the chart below, a larger proportion of children live in poverty than adults. Also, a much larger percentage of African Americans and Hispanics live below the poverty level compared with Whites and non-Hispanics in Cullman County.

Percent of Population Below Poverty Level*
5-Year Estimates (2013-2017)

	All Ages/ Races/ Ethnicities	Children-All Races/ Ethnicities	Adults-All Races/ Ethnicities	White-All Ages	African American-All Ages	Hispanic-All Ages
Cullman County	16.4%	19.6%	15.4%	15.9%	34.6%	32.8%
Alabama	18.0%	26.0%	15.6%	13.3%	29.1%	32.3%
U.S.	14.6%	20.3%	12.9%	12.0%	25.2%	22.2%

* Below 100 percent of the Federal Poverty Level.
Source: 2013-2017 American Community Survey 5-Year Estimates; US Census Bureau, 2019.

Other Economic and Social Factors

The unemployment rate, percentage of households receiving food stamps and with no vehicle, and proportion of the population not speaking English at home in Cullman County were all below the Alabama rates as indicated below.

Selected Economic/Social Indicators
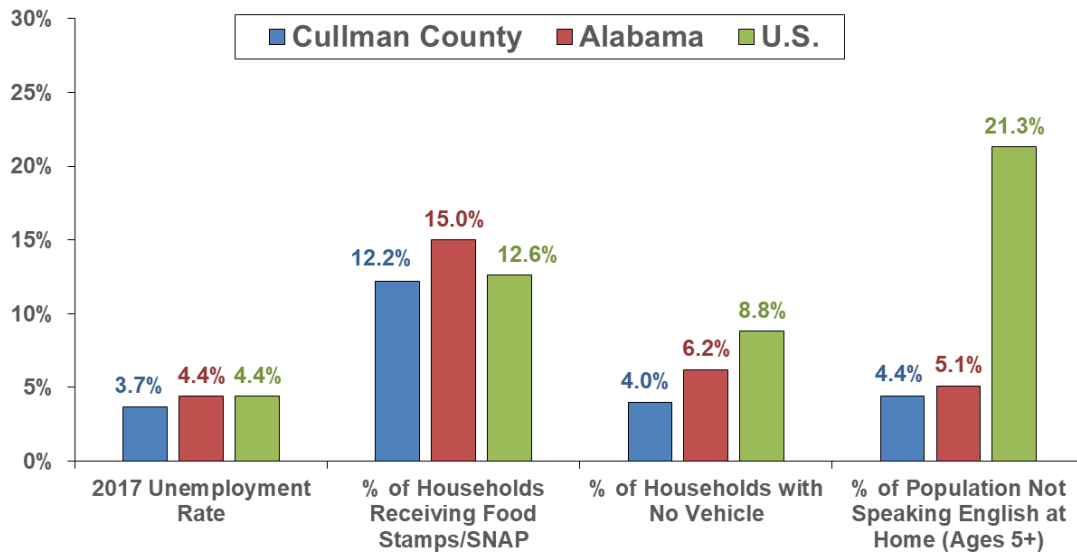
Source: Bureau of Labor Statistics, February 28, 2019; 2013-2017 American Community Survey 5-Year Estimates; US Census Bureau, 2019.

The proportion of the Cullman County population who reported having a disability is consistent with the statewide rate and above the national rate.

Population With a Disability
Percent of Civilian Non-Institutionalized Population
5-Year Estimates (2013-2017)
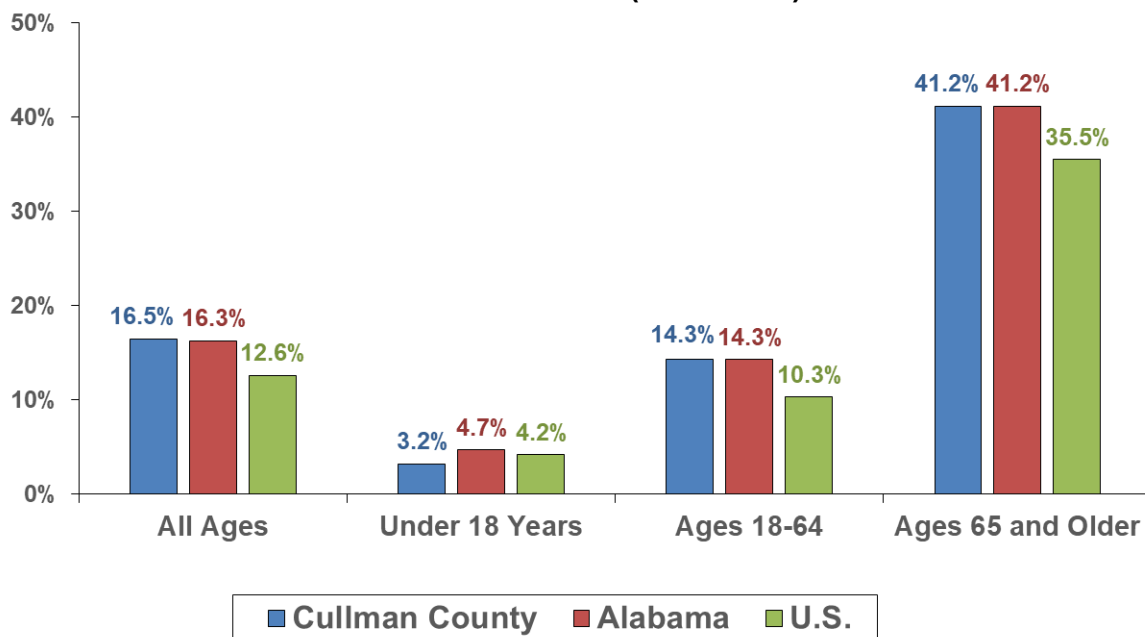
Source: 2013-2017 American Community Survey 5-Year Estimates; US Census Bureau, 2019.

The percentage of Cullman County children who receive free or reduced-price lunch is consistent with the statewide rate. Regarding educational achievement, the percentage of Cullman County residents 25 years of age and over that are not high school graduates or have a bachelor's degree or higher are both below both the Alabama and U.S. rates.

Selected Education-Related Indicators
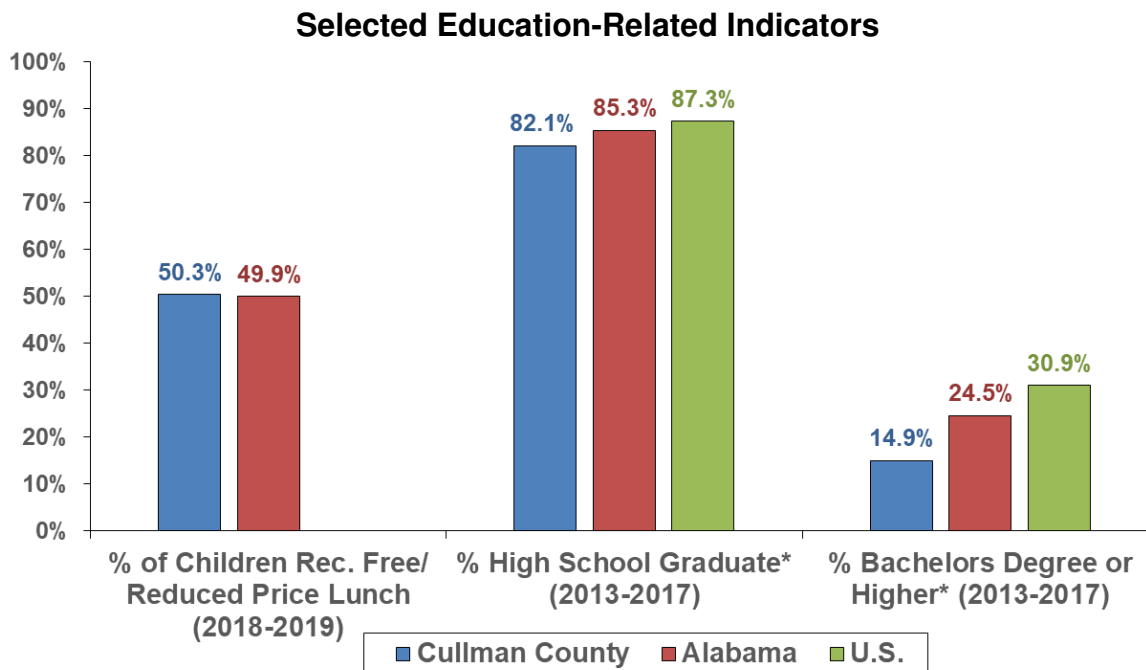
*For ages 25 and older
Source: State of Alabama Department of Education (2018-2019), March 2019; 20010-2014 American Community Survey 5-Year Estimates; US Census Bureau, 2019.

Access to Care

Access to care was one of the most mentioned health issue by focus group and interview participants. Below is an overview of key economic and physical factors effecting access to health care in Cullman County.

Economic Access to Care

Cullman County's relatively low income levels, including levels of poverty and disability, and lack of health insurance have created significant economic barriers to care. The uninsured and underinsured were identified by focus group and interview participants as those experiencing the greatest difficulty in accessing care.

Cullman County experiences a relatively high rate of uninsured residents compared with the statewide and national rates for both children and adults under the age of 65. As shown below, more than 27 percent of adults under the age of 65 have no health insurance.

Percent Uninsured
5-Year Estimates (2013-2017)
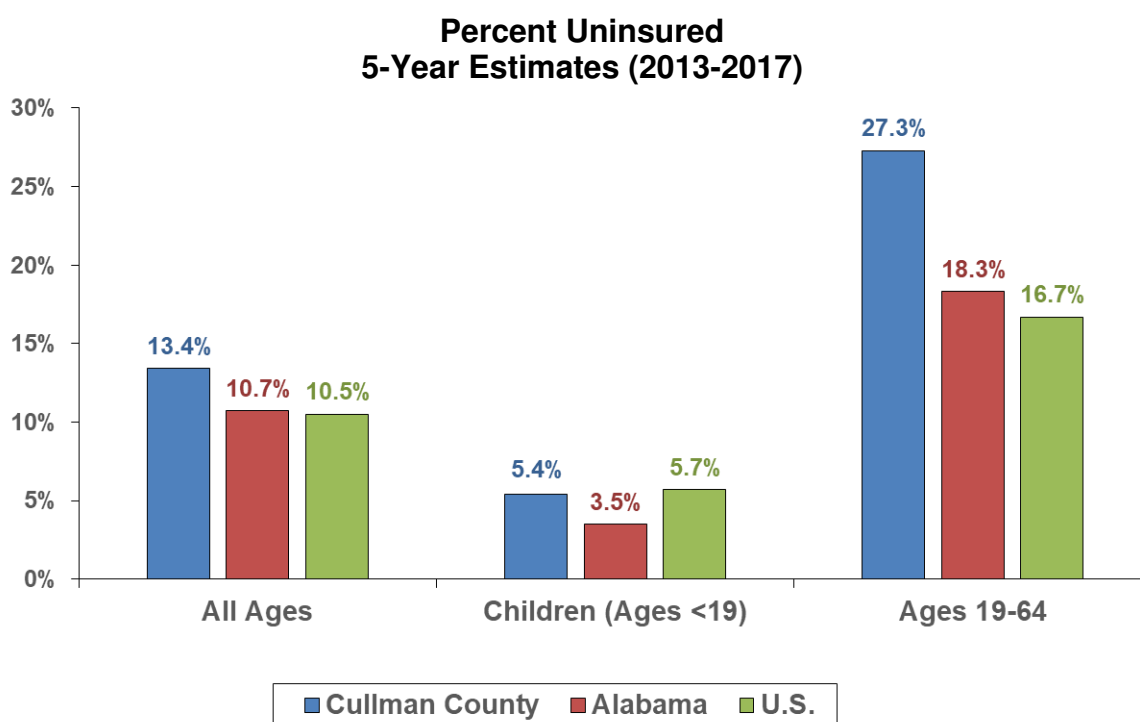
Source: 2013-2017 American Community Survey 5-Year Estimates; US Census Bureau, 2019.

At the same time, the proportion of the Cullman County and Alabama population covered by Medicaid are similar, although the percentage of Cullman County residents covered by Medicaid has declined slightly since 2015 as demonstrated below.

Percentage of Population Covered by Medicaid Eligibles as Percent Population
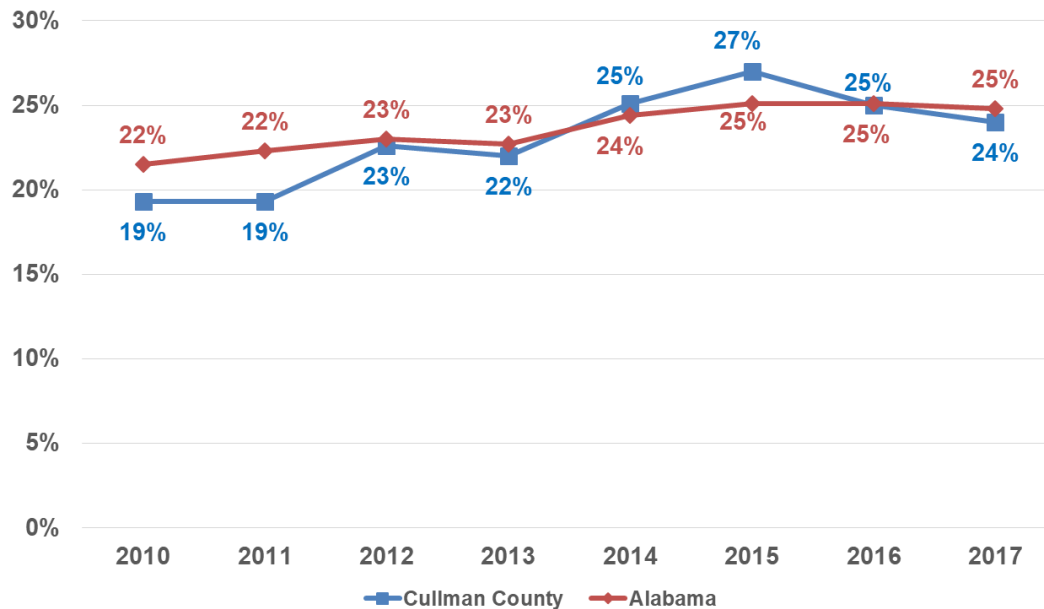
Source: Alabama Medicaid Agency Annual Reports, 2008 through 2017.

In addition to the uninsured, the significant number of individuals unable to afford prescription drugs was mentioned by focus group and interview participants as a barrier to care. Also, focus group and interview participants indicated that the uninsured and underinsured were the most likely to be medically underserved and unable to afford prescription medications and insulin for diabetics.

Other access-related issues mentioned by focus group and interview participants included that there was a lack of regular/basic primary care, dental care, and prenatal care, as well as lack of awareness regarding other resources available for the low income population, such as Good Samaritan Health Clinic and the Federally Qualified Health Center located in Cullman (Quality of Life Health Services).

When looking at utilization rates for health care services, Cullman County's hospital inpatient admission rates are consistent with statewide rates, and ER visit rates per thousand population are significantly below the Alabama and U.S. rates among Medicare beneficiaries as demonstrated below.

Hospital Inpatient Admission & ER Visit Rates
(per 1,000 Medicare Beneficiaries*)
2016
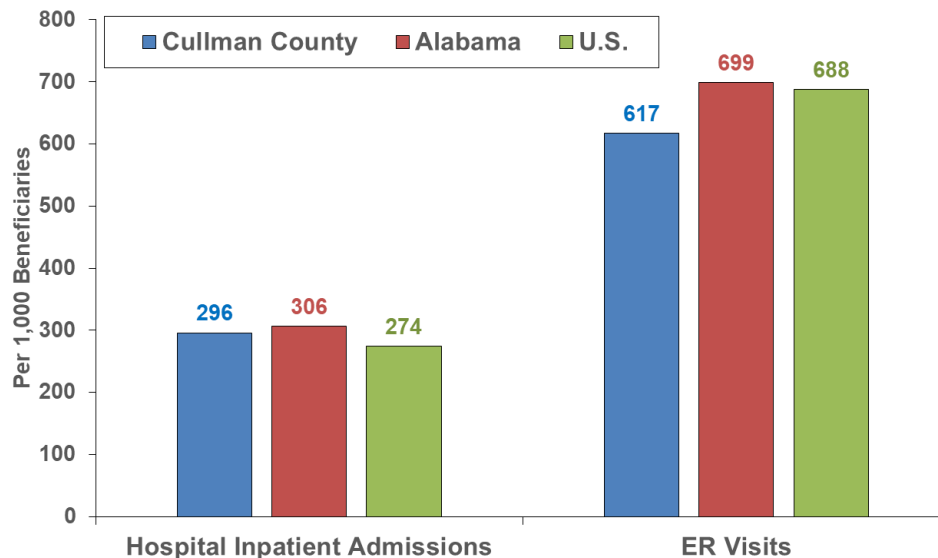
* Includes fee-for-service Medicare beneficiaries only.
Source: Data.CMS.gov Mapping Medicare Disparities Tool, accessed March 26, 2019.

Physical Access to Care

The physical inability to access care is an impediment to receiving health care, particularly for vulnerable populations. Focus group and interview participants indicated that, following being uninsured or underinsured, and lack of behavioral health care access, transportation issues are the next most significant barrier to access to care in Cullman County, particularly for residents living in outlying areas of the county.

Cullman County has limited public transportation options, consisting primarily of the Cullman Area Rural Transportation System (CARTS). Outside of the Cullman city limits, CARTS buses typically charge a fee ranging from $4 roundtrip for scheduled shopping routes, to $6 each way, with the disabled and population over the age of 60 receiving a 50 percent discount. The regularly scheduled shopping routes are from different locations in the county on Mondays through Fridays. All CARTS rides are required to be scheduled at least one business day in advance. For people in outlying areas of the county to use a CARTS bus for a doctor's appointment may require an individual to leave their residence early in the morning, and return late in the afternoon. As a result of these and other limitations, there are many circumstances for which transportation through CARTS for medical services is not a practical option. As a result, some Cullman County residents may have difficulty obtaining transportation to health care.

The shortage of health care providers exacerbates the ability of Cullman County residents to access health care. For example, according to www.countyhealthrankings.org, the population to primary care physician ratio in Cullman County (1,720:1) is significantly greater than the statewide ratio (1,530:1) and national ratio (1,330:1), indicating a shortage of primary care physicians in the county.

Health Outcomes, Behaviors and Risk Factors

Mortality, Morbidity, and Health Screening

Overall age-adjusted mortality rates in Cullman County have been consistently above statewide and national rates over the most recent eight-year period.

Age-Adjusted Mortality Rates – All Causes
Per 100,000 Population
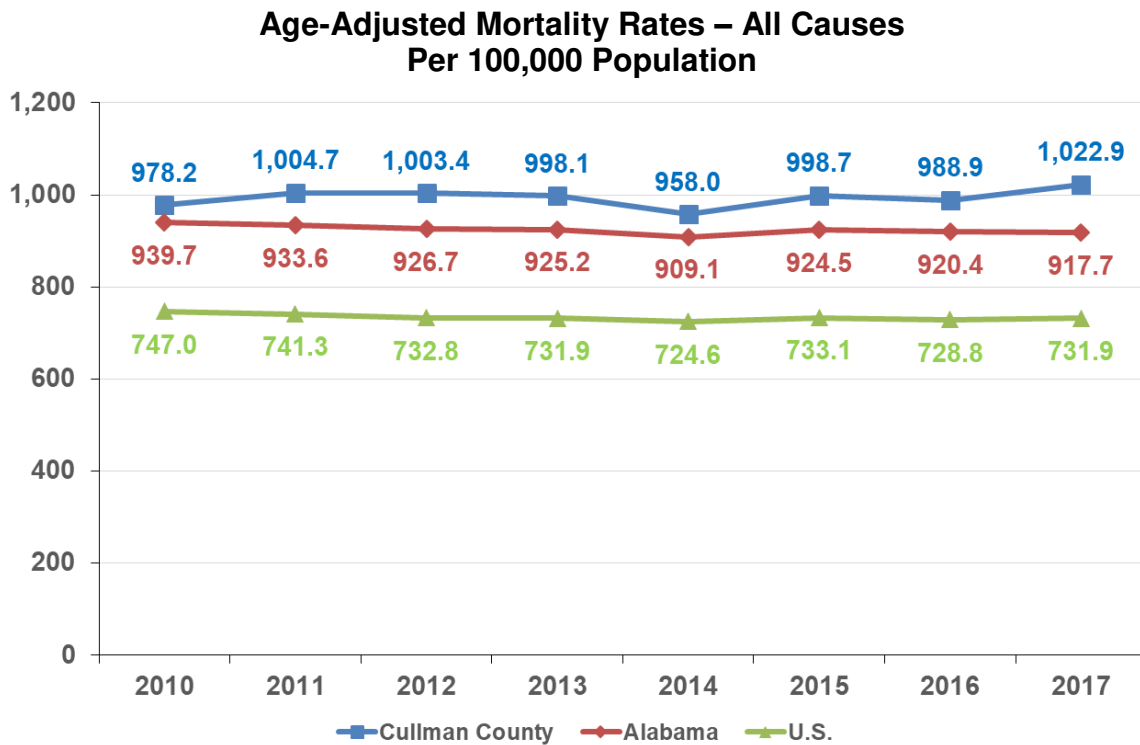
Source: CDC, National Center for Health Statistics, CDC Wonder, Underlying Cause of Death age-adjusted to the 2000 US standard population, accessed March 25, 2019.

As shown below, mortality rates in Cullman County are significantly higher than Alabama and U.S. rates for several of the leading causes of death, including heart disease, chronic lung disease, accidents, Alzheimer's disease, diabetes, and hypertension. Cullman County mortality rates for cancer and stroke are relatively consistent with the statewide rate, but significantly higher than national rates.

Age-Adjusted Mortality Rates by Major Cause
2013 – 2017
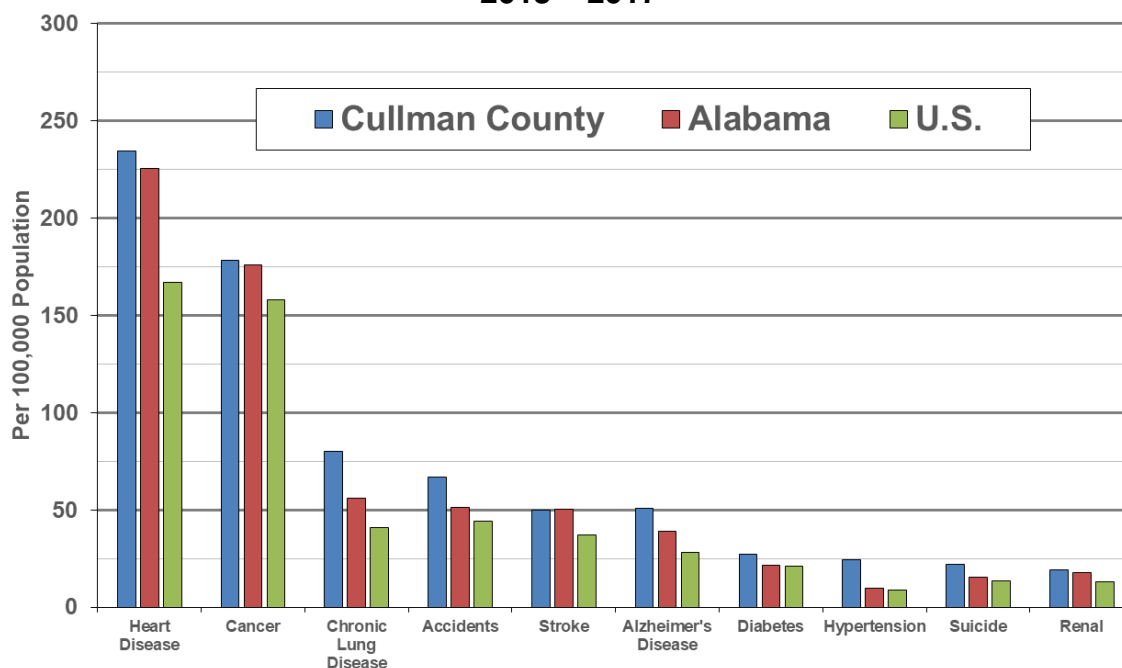
Source: CDC, National Center for Health Statistics, CDC Wonder, Underlying Cause of Death 2013-2017 age-adjusted to the 2000 US standard population, accessed March 25, 2019.

When evaluating the mortality rate for the leading cancer sites, the Cullman County mortality rate for lung cancer is higher than the Alabama rate, and significantly higher than the U.S. rate. During the same period, rates of prostate, breast, and colorectal cancer in Cullman County are relatively consistent with the Alabama rates.

Age-Adjusted Mortality Rates by Selected Cancer Sites
2013 – 2017
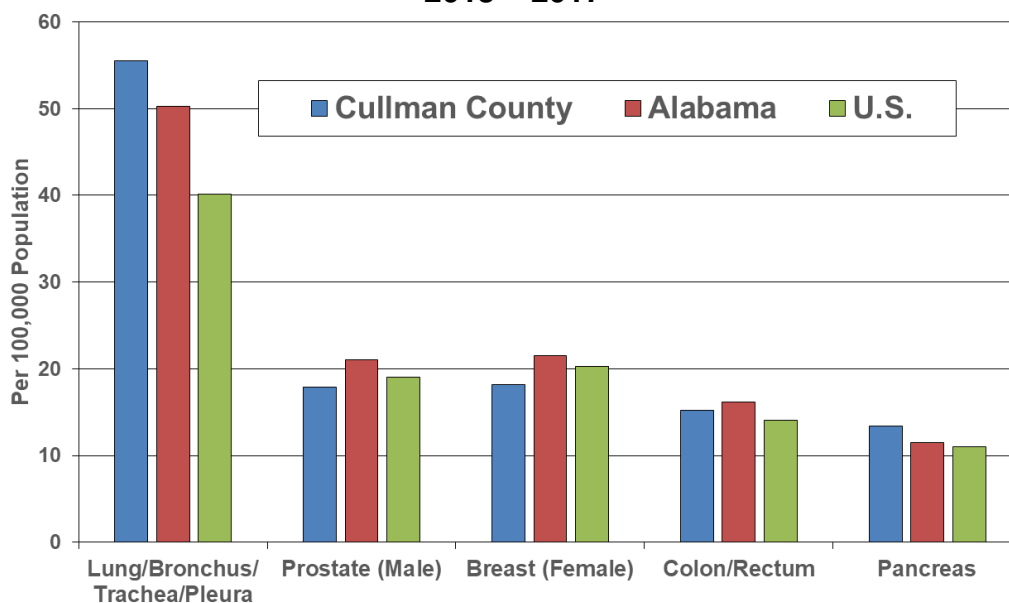
Source: CDC, National Center for Health Statistics, CDC Wonder, Underlying Cause of Death 2013-2017 age-adjusted to the 2000 US standard population, accessed March 25, 2019.

In evaluating the incidence of cancer, the age-adjusted cancer incidence rates in Cullman County are somewhat lower than rates for Alabama or the U.S. Incidence rates for Cullman County are slightly above the statewide and national incidence rates for lung, melanoma and oral cancers.

**Age-Adjusted Incidence Rates by Selected Cancer Sites
2011 – 2015**
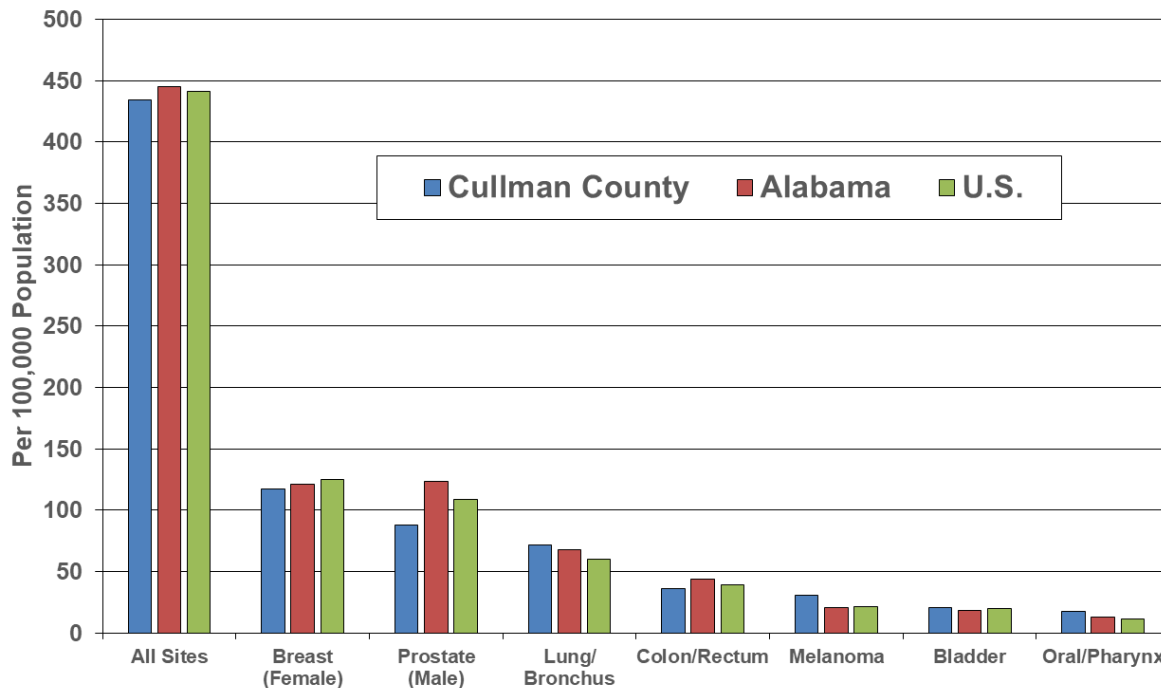
Source: CDC statecancerprofiles.cancer.gov, 2011-2015 age-adjusted to the 2000 US standard population, accessed March 25, 2019.

The proportion of Cullman County adults with diagnosed diabetes has climbed over the most recent reporting periods to above the Alabama statewide rate, and significantly above the U.S. rate as shown below.

Adults Diagnosed with Diabetes
Percent of Adults Ages 20 and Older (Age-Adjusted)
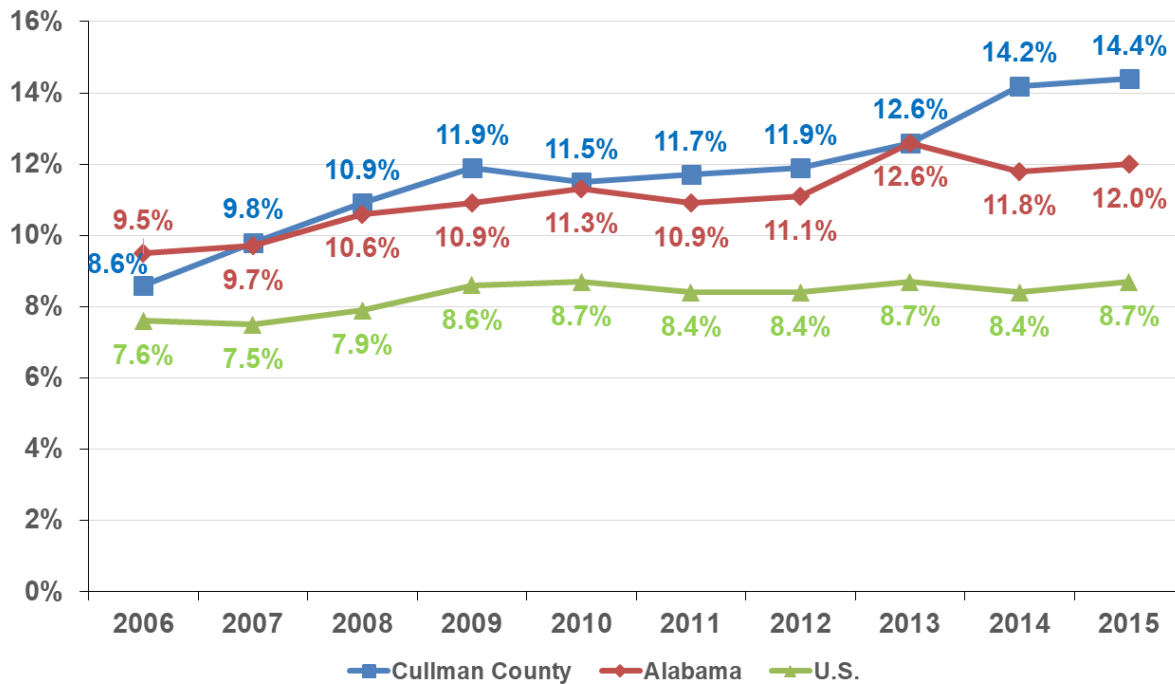
Source: CDC, U.S. Diabetes Surveillance System (www.cdc.gov/diabetes/data), accessed March 26, 2019.

The significance of diabetes as a health issue is consistent with focus group and interview results that identified diabetes as a significant health issue among Cullman County residents.

The proportion of Cullman County Medicare beneficiaries that have been diagnosed with heart failure is 20 percent, significantly higher than the statewide and national rates. At the same time, the proportion with high cholesterol, ischemic heart disease, diabetes, kidney disease, COPD, and Alzheimer's disease are relatively consistent with Alabama and the U.S. overall as shown in the following table.

Percentage of Medicare Beneficiaries
with Selected Conditions*
2015

% of Medicare Recipients

Condition	Cullman County	Alabama	U.S.
Hypertension	63%	62%	55%
High Cholesterol	48%	47%	45%
Ischemic Heart Disease	29%	29%	27%
Diabetes	29%	29%	27%
Heart Failure	20%	15%	14%
Depression	19%	16%	17%
Chronic Kidney Disease	16%	19%	18%
COPD	14%	13%	11%
Alzheimer's Disease	10%	10%	10%

■ **Cullman County** ■ **Alabama** ■ **U.S.**
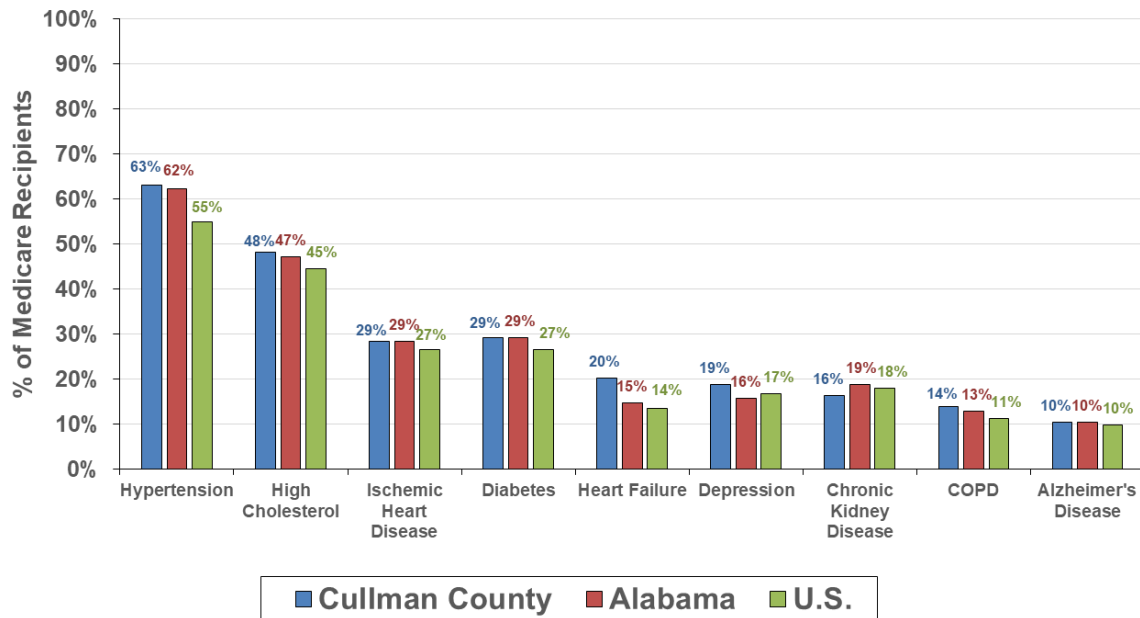
* Percentage of fee-for-service Medicare beneficiaries only.
Source: CMS Chronic Condition Data Warehouse, (www.cms.gov), 2019.

Regarding preventive services indicators, Cullman County Medicare beneficiaries experienced slightly higher mammography, cervical cancer, and prostate cancer screening rates than Alabama overall. However, Cullman County Medicare beneficiaries have a significantly lower rate of annual wellness visits than Alabama and the U.S. overall as shown below.

Percentage of Medicare Beneficiaries Receiving Preventive Services*
2016
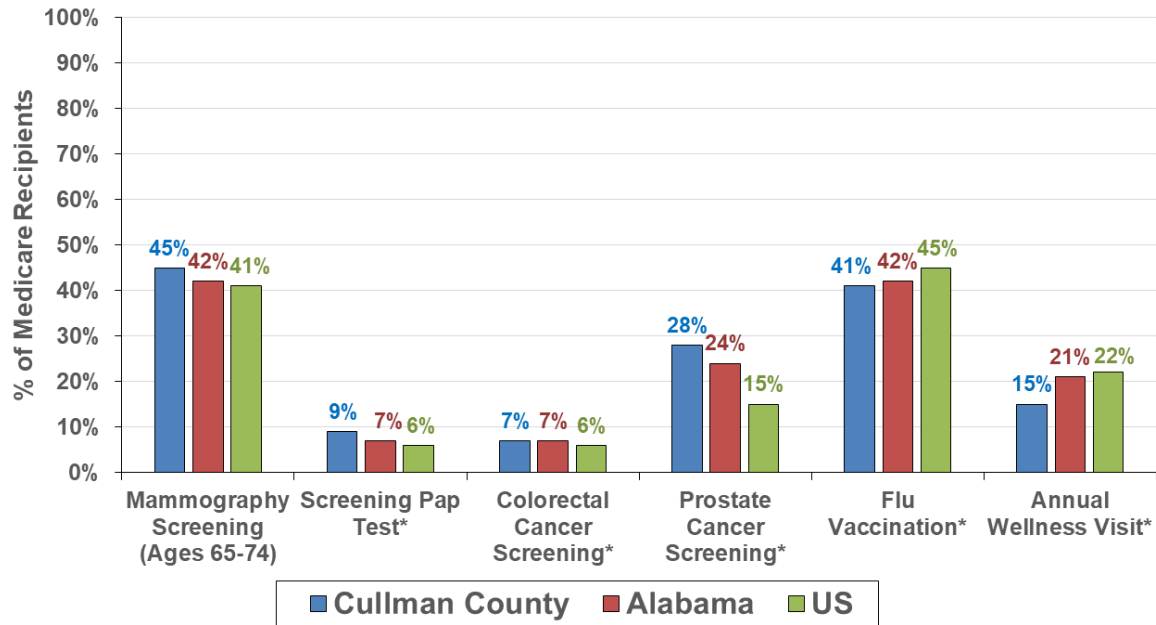
*Age-adjusted to the 2000 US standard population.
Source: CDC, National Center for Health Statistics, Health Indicators Warehouse (www.healthindicators.gov), 2016.

Currently, CRMC provides a significant amount of education and screening for heart disease, cancer, and diabetes in the region, and is committed to continuing, enhancing, and expanding education and screening services to address these important health needs.

Behavioral Risk Factors

As shown below, the proportion of Cullman County adults that are obese is consistent with Alabama overall, and that smoke is slightly lower than the statewide percentage. However, when compared with national figures, rates of both obesity and smoking are significantly higher in both Cullman County and Alabama as demonstrated below.

Behavioral Risk Factors — Adult Smoking, Obesity, Excessive Drinking and Alcohol Impaired Driving Deaths

% of Respondents

	Cullman County	Alabama	U.S.
Current Smoker (2016)	20%	22%	17%
Adult Obesity (2015)	35%	35%	29%
Excessive Drinking (2016)	16%	14%	18%
Alcohol Impaired Driving Deaths (2013-2017)	29%	29%	29%
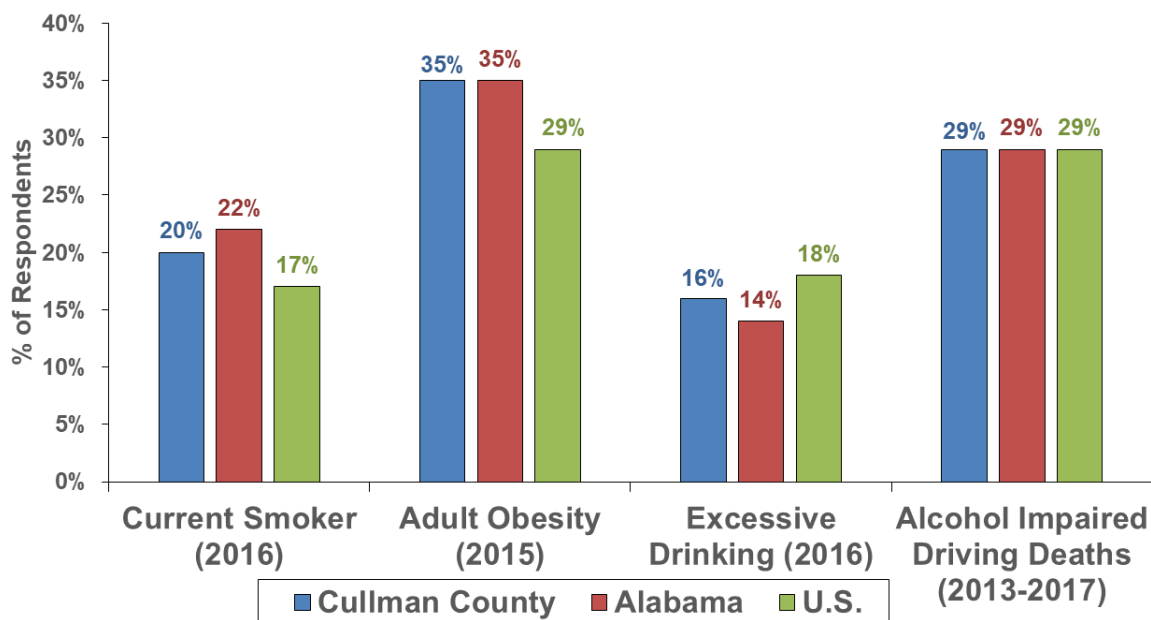
Source: www.countyhealthrankings.org, 2016.

Obesity trends are shown below.

Adult Obesity Trends
Percent of Adults Ages 20 and Older (Age-Adjusted)

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Cullman County	27%	29%	30%	32%	32%	34%	35%	33%	35%	35%
Alabama	31%	32%	32%	33%	33%	34%	34%	34%	35%	35%
U.S.	26%	26%	27%	28%	28%	28%	28%	28%	28%	29%
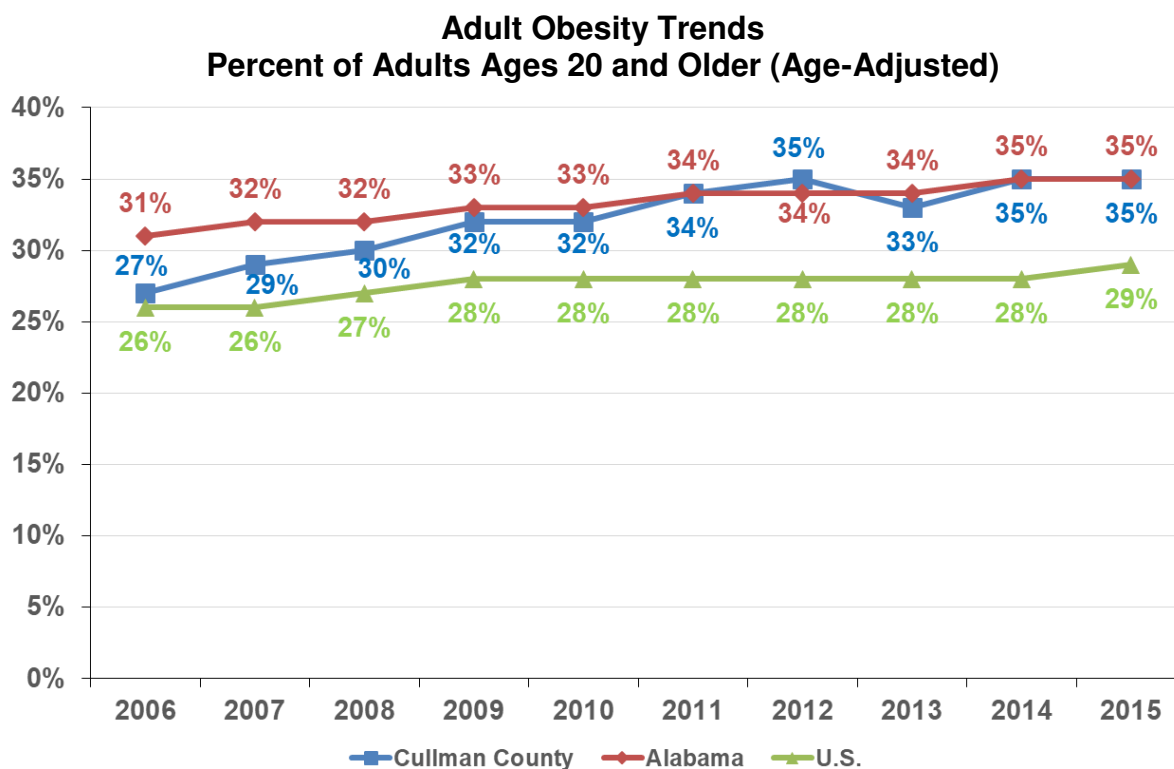
Source: www.countyhealthrankings.org, 2019.

Obesity is one of the most significant risk factors for several diseases affecting Cullman County residents, including heart disease, diabetes, and hypertension. The fact that more than one-third of the adult population is obese is likely to be a significant factor in causing the elevated heart disease mortality rates in Cullman County. One of the causes of obesity is inactivity, and the relatively high proportion of the Cullman County adult population that do not exercise (approximately one-third of adults) is consistent with the level of obesity.

Maternal and Child Health

The rate of infant mortality in Cullman County, including both neonatal and post neonatal mortality, is well below the Alabama rate, and relatively consistent with the U.S. rate as shown below.

Infant, Neonatal & Post Neonatal Mortality Rates
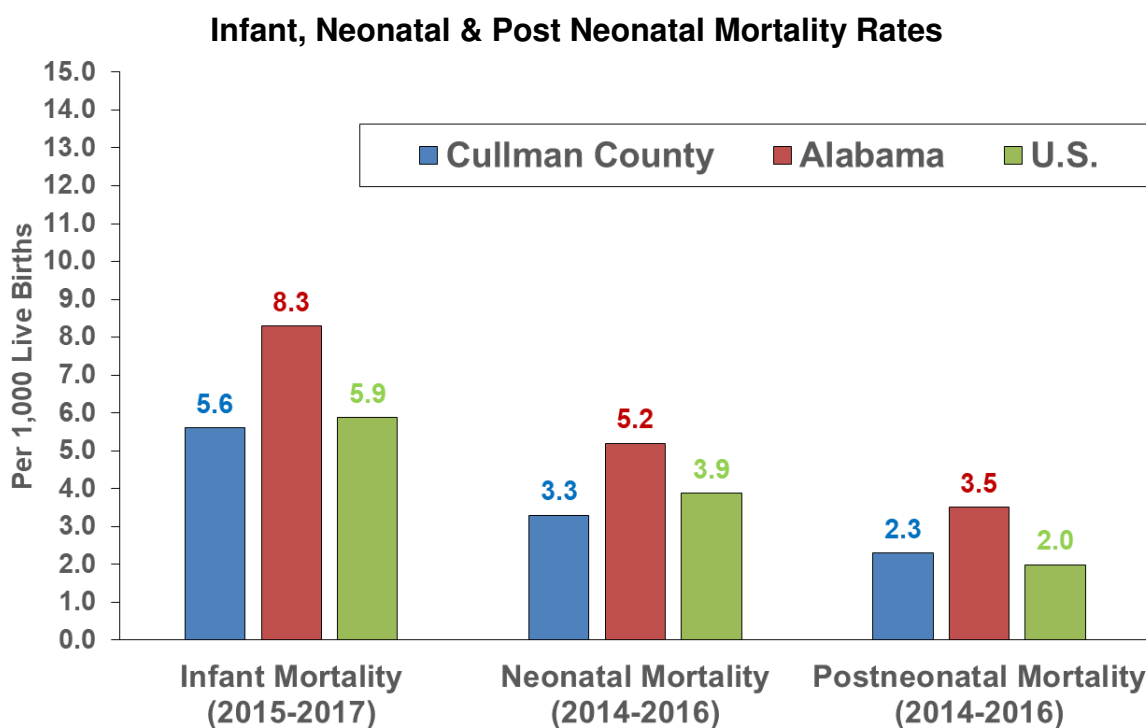
Source: Alabama Center for Health Statistics, Statistical Analysis Division, Infant Mortality Alabama 2017 and County Profiles, 2019; CDC, NCHS Data Brief, No. 326, November 2018.

While the proportion of mothers receiving less than adequate prenatal care, low weight births, and births to unmarried women are all similar or lower in Cullman County compared to statewide percentages, the percentage of mothers who smoked during their pregnancy was substantially greater than statewide.

Selected Maternal & Child Health Indicators
2015 – 2017

% of Live Births

Indicator	Cullman County	Alabama	U.S.*
Less than Adequate Prenatal Care	24.8%	24.6%	
Low Weight Births	8.4%	10.3%	8.3%
Births to Teenagers	9.7%	7.7%	5.1%
Births to Unmarried Women	35.0%	45.2%	39.8%
Mothers Who Smoked During Pregnancy	18.0%	10.4%	6.9%

■ Cullman County ■ Alabama ■ U.S.*
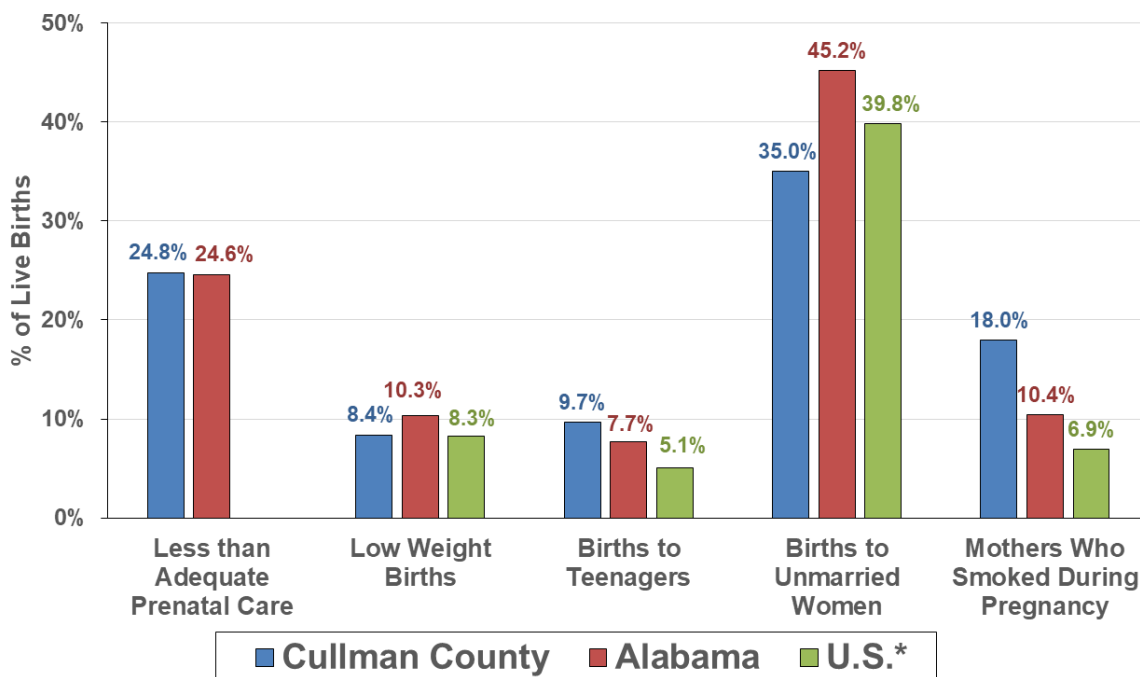
* U.S. data is for 2017.
Sources: Alabama Center for Health Statistics, Statistical Analysis Division, Natality Query, accessed March 26, 2019; and CDC, NCHS National Vital Statistics Reports, Vol. 67, No. 8, November 7, 2018.

County Health Rankings

County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, examines a variety of health status indicators and ranks each county within each state in terms of "health factors" and "health outcomes" as shown below.

County Health Rankings model © 2014 UWPHI
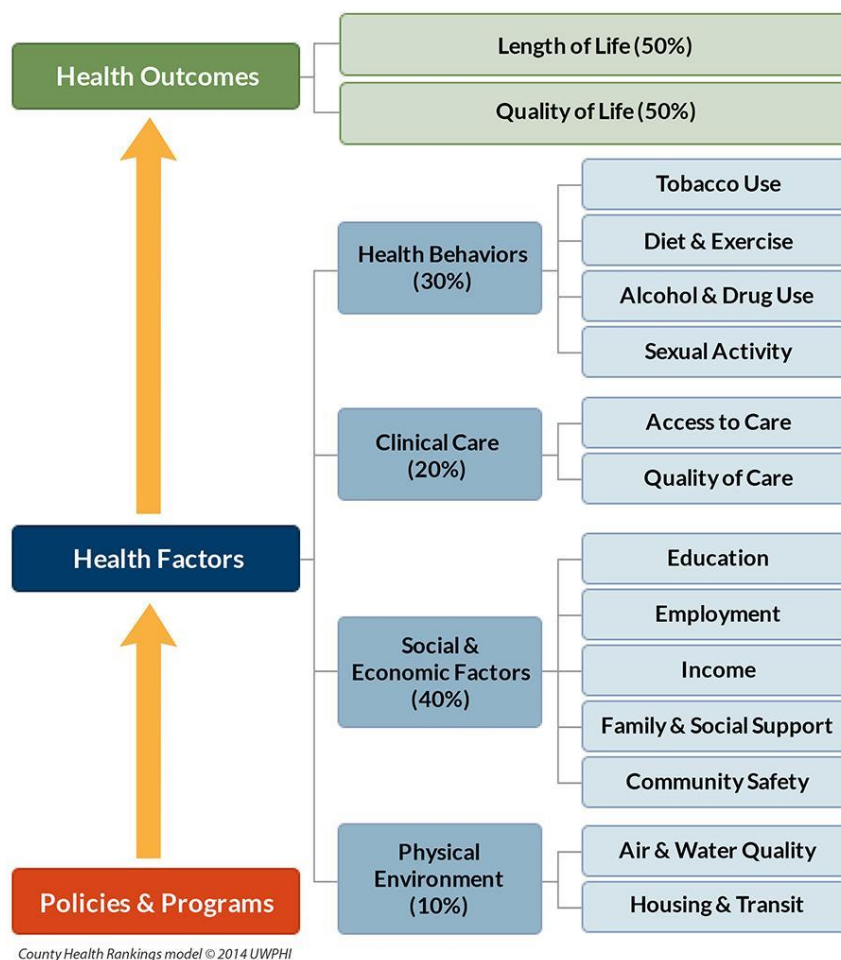
The health outcomes measure is a composite based on length of life and quality of life statistics; and the health factors measure is a composite of several variables known to affect health outcomes: health behaviors, clinical care, social and economic factors, and physical environment.

- ❑ Health Behaviors consists of several indicators, including measures of tobacco use, diet and exercise, alcohol and drug use, and sexual activity.

- ❑ Clinical Care is a composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, dentists, and mental health providers; and Quality of Care, which includes measures of preventable hospital stays, diabetic monitoring, and mammography screening.

- ❑ Social and Economic Factors measures indicators related to education, employment, income, family and social support, and community safety.

- ❑ Physical Environment is a composite that examines air and water quality, and housing and transit indicators.

County Health Rankings is updated annually. Currently, County Health Rankings 2019 relies on data from 2011 to 2017, with most data originating in 2012 to 2017.

Following is a summary of the indicators used to develop the 2019 rankings for Cullman County, compared with overall Alabama and U.S. statistics.

County Health Rankings (2019)			
Indicators	**Cullman County**	**Alabama**	**U.S.**
Mortality			
Premature Death (Deaths before age 75 per 100,000 pop.)[1]	10,000	9,900	6,900
Morbidity			
Poor or fair health	21%	21%	16%
Poor physical health days (per month)	4.5	4.4	3.7
Poor mental health days (per month)	4.8	4.6	3.8
Low birthweight (<2,500 grams)	8%	10%	8%
Health Behaviors			
Adult smoking	20%	22%	17%
Adult obesity	35%	35%	29%
Food environment index[2]	8.3	5.8	7.7
Physical inactivity[3]	33%	28%	22%
Access to exercise opportunities[4]	46%	62%	84%
Excessive drinking[5]	16%	14%	18%
Alcohol impaired driving deaths	29%	29%	29%
Sexually transmitted infections (chlamydia infections per 100,000 pop.)	337	544	497
Teen birth rate (per 100,000 female pop.)	45	33	25
Clinical Care			
Uninsured	13%	11%	10%
Primary care physicians (pop. to physician ratio)	1,720:1	1,530:1	1,330:1
Dentists (pop. to dentist ratio)	2,070:1	2,100:1	1,460:1
Mental health providers (pop. to provider ratio)	840:1	1,100:1	440:1
Preventable hospital stays (hospitalization rate per 1,000 Medicare enrollees)[6]	63	55	45
Flu Vaccinations[7]	41%	42%	41%
Mammography screening[8]	45%	42%	63%

County Health Rankings (2019)			
Indicators	**Cullman County**	**Alabama**	**U.S.**
Social & Economic Factors			
High school graduation[9]	91%	89%	85%
Some college[10]	51%	60%	65%
Unemployment	3.7%	4.4%	4.4%
Children in poverty	19%	24%	18%
Income inequality[11]	4.6	5.2	4.9
Children in single-parent households	28%	38%	33%
Social associations[12]	12.6	12.2	9
Violent crime rate (per 100,000)	129	480	386
Injury deaths (per 100,000)	97	80	67
Physical Environment			
Daily fine particulate matter[13]	11.6	11.0	8.6
Drinking water violations[14]	No	n/a	n/a
Severe housing problems[15]	14%	15%	18%
Driving alone to work	88%	86%	76%
Long commute – driving home[16]	35%	34%	35%

[1]Age-adjusted to the 2000 U.S. population.

[2]Ranges from 0 (worst) to 10 (best) and equally weights two indicators: Limited Access to Healthy Foods, and Food Insecurity.

[3]Percentage of adults aged 20 and over reporting no leisure-time physical activity.

[4]Percentage of individuals who live reasonably close to a location for physical activity, defined as parks and recreation facilities.

[5]Based on BRFSS criteria for binge or heavy drinkers.

[6]Preventable hospital stays for ambulatory care sensitive conditions.

[7]Percentage of Medicare enrollees who receive an influenza vaccination.

[8]Percent of female Medicare enrollees ages 65 to 74 that receive mammography screening.

[9] Percent of ninth-grade cohort that graduates in four years.

[10]Percentage of the population age 25-44 with some post-secondary education.

[11]Ratio of household income at the 80th percentile to income at the 20th percentile.

[12]Number of membership associations per 10,000 population.

[13]Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).

[14]Whether or not there is the presence of health-related drinking water violations during 2017.

[15]Percentage of households with at least 1 or more of the following housing problems: housing unit lacks complete kitchen facilities; housing unit lacks complete plumbing facilities; household is severely overcrowded; and household is severely cost burdened.

[16]Percentage of commuters, among those who commute to work by car, truck, or van alone, who drive longer than 30 minutes to work each day.

Source: www.countyhealthrankings.org, 2019.

Focus Group and Interview Findings

Overview

To gather primary input from people who represent the broad interests of Cullman County, focus groups and one-on-one interviews were conducted representing 25 individuals on March 19 through 21, and April 2, 2019. The organizations which provided input into the CHNA process through participation in focus groups and interviews are included in Appendix A.

Topics of the Focus Groups and Interviews included:

❑ What do you believe are the most significant health needs/issues in Cullman County?
  • Why are they significant?

What do you believe are the most significant health needs of each of the following groups?

❑ Medically underserved population?

❑ Low income population?

❑ Minority population?

A summary of the opinions of focus group and interview participants follows, in descending order of frequency in which they were mentioned.

Significant Health Needs

The most frequently mentioned significant health needs are as follows:

❑ Obesity
  • Causes included:
    – Poor diet
    – Lack of exercise/walking
      ◆ Lack of access to fitness/wellness centers/parks
      ◆ Screen time takes away from activity time
    – Parents not recognizing children as overweight
    – Low self-esteem/lack of purpose
  • Thought to be more prevalent among lower income population

❑ Poor Nutrition/Diet
  • Causes included:
    – Fast food/processed foods
    – Lack of education
    – Healthy food is more expensive
    – Lack of desire to eat healthy foods
    – Meals not being prepared at home

- Mental Health/Substance Abuse/Addiction
  - Most commonly abused substances included:
    - Opioids
      - With some shifting to heroin and fentanyl
    - Methamphetamine
    - Alcohol
  - Suicide/attempted suicide
    - Causes included lack of:
      - Coping/social/communication skills
      - Parenting skills
      - Personal responsibility
  - Depression
    - Causes included:
      - Use of social media/social comparison
      - Lack of self-acceptance
  - Both children and older adults are affected
  - Lack of resources available
    - Includes lack of bed availability and lack of mental health specialists
  - Results in a strain/drain on Emergency Department

- Heart Disease/Stroke
  - Heart failure was mentioned by several respondents
  - Causes included lack of physical fitness, poor diet (salty foods), high cholesterol, and other items listed under obesity

- Diabetes
  - Causes included inability to afford healthy foods, lack of education, family history, and other causes listed under obesity
  - Exacerbated by lack of regular testing due to inability to afford testing supplies and lack of insurance
  - Type 2 mentioned as becoming more common in children

- Access to care
  - Lack of health insurance is a cause
  - Inability to afford prescription drugs due to:
    - Medicare patients being excluded from drug savings/coupon programs
    - Lack of health insurance
  - Lack of regular/basic primary care
  - Lack of dental care
  - Lack of access to prenatal care
    - Can takes weeks for mothers to become enrolled in Medicaid

- ❑ Cancer
  - Causes included smoking and obesity/poor nutrition

- ❑ Lack of health awareness/neglected health
  - Need for more health/wellness screenings/checkups
  - Lack of knowledge of available services

- ❑ Smoking/Vaping/Respiratory Disease
  - Smoking during pregnancy
  - COPD

- ❑ Physician Needs
  - Primary care
  - Psychiatry
  - Neurology
  - ENT
  - Urology
  - Neurosurgery

Medically Underserved Population

The most frequently mentioned characteristics of the medically underserved population are as follows:

- ❑ Uninsured/Underinsured, resulting in:
  - People unable to afford prescriptions
  - Diabetics unable to afford insulin

- ❑ Mental illness and substance abuse due to:
  - Lack of mental health beds
  - Lack of mental health specialists

- ❑ Residents of outlying areas of the county are more likely to be underserved due to lack of transportation

Low Income Population

The most frequently mentioned characteristics of the low income population are as follows:

❑ Suffer from obesity

❑ Lack access to primary care due to:
  • Lack transportation
  • Only accessing care when sick and ignoring well checkups
  • Lack of awareness of Good Samaritan Health Clinic

❑ Apathetic toward health

❑ Abuse drugs

❑ Have a poor diet due to cost of healthy foods and buying unhealthy/fast foods

❑ Smoke/vape

Minority Population

The Hispanic and African American populations were the only minority groups mentioned by more than one respondent. Several indicated the minority population is very small in Cullman County. Also, several respondents mentioned that the minority populations have the same or similar health issues as the overall population in Cullman County.

The most frequently mentioned minority groups, and their identified characteristics and health needs/issues are as follows:

❑ Hispanic
  • Considered to be the largest minority in Cullman County, but small in number
  • Language barrier exists
    – Few resources in Spanish
    – Translators not able to translate in adequate detail
  • Other characteristics mentioned included:
    – Some undocumented residents fear going to doctor or don't know where to obtain care
    – Many have a poor diet and rely on energy drinks to work long hours
    – Many develop the flu and have not received flu shots
    – Diseases/conditions most prevalent included diabetes, obesity, high cholesterol, and cancer

❑ African American
  • Characteristics mentioned included:
    – Diseases/conditions most prevalent are cancer, heart disease, hypertension, and stroke
    – Lifestyle issues included poor nutrition
    – Many are uninsured and underemployed

Priority Health Needs

Evaluation Process and Criteria Utilized

Community health needs were identified through primary and secondary data collection and analyses, and were grouped into seven major categories. These areas were prioritized by the CHNA Advisory Committee by utilizing criteria related to the number or proportion of people effected by the health need; the ability to meet the need with resources available; the estimated feasibility and effectiveness of possible interventions; whether addressing the need builds on existing organizational competencies; the importance the community places on addressing the health need; and the opportunity to intervene at the prevention level. The result was the identification and ranking of seven significant health needs.

Prioritized Health Needs

Through the process described above and in the Assessment Methodology section, the CHNA Advisory Committee developed the following prioritized list of the most significant health needs:

1. Heart disease
2. Access to care/continuity of care
3. Obesity
4. Diabetes
5. Substance abuse/mental health
6. Smoking/vaping
7. Cancer

These priorities will be further discussed in CRMC's Implementation Strategy.

Resources Potentially Available to Address Significant Health Needs

In addition to the facilities and services provided by CRMC and other providers as discussed above and in the Access to Care section of this report, Cullman County has many health resources available for vulnerable populations and the community overall. These resources were considered by CRMC in prioritizing the health needs of the community.

Appendix B to this report includes a list of existing health care facilities and other resources identified during the CHNA process that are available to address the community health needs identified. This list is not comprehensive, but includes those health resources known or identified in the course of conducting the CHNA.

Appendices

Appendix A – Organizations Providing Focus Group and Interview Input

Below are the organizations which provided input into the CHNA process through participation in focus groups and interviews. Organizations represented by more than one individual during the focus group and interview process are indicated in parentheses.

- ❑ Cullman Regional Medical Center
  - Chaplain
  - Dietician
  - Emergency Department
  - Home Health and Hospice
  - Emergency Medical Services
- ❑ Cullman County Health Department
- ❑ Good Samaritan Health Clinic (2)
- ❑ Clergy
  - Desperation Church
  - Cullman First United Methodist Church (and Hispanic Representative)
- ❑ The Sanctuary at The Woodlands
- ❑ Wallace State Community College
- ❑ Cullman City Council
- ❑ Cullman City Schools Guidance Counselor
- ❑ Cullman City Schools Head Start
- ❑ Cullman County Career Center
- ❑ Local Pharmacist
- ❑ Cullman Economic Development Agency
- ❑ USA Healthcare
- ❑ 32nd Judicial Circuit Judge
- ❑ The Link of Cullman County
- ❑ Former Congressman (and African American Representative)
- ❑ Cullman City Police
- ❑ West Elementary School

Appendix B – Community Resources

Cullman County has many health facilities and resources within the community that are available to respond to the health needs of the community. These resources were considered by CRMC in prioritizing the health needs of the community.

The following is a partial list of existing health care facilities and resources identified during the CHNA process that are available to address the community health needs identified. This list is not comprehensive, but includes those health resources known or identified in the course of conducting the CHNA.

Organization	Location/City	Telephone Number
Hospital		
• Cullman Regional Medical Center	Cullman	256-737-2831
Federally Qualified Health Center		
• Quality of Life Health Services, Inc.	Cullman	256-775-0230
Free Clinic		
• Good Samaritan Health Clinic	Cullman	256-775-1389
Rural Health Clinics		
• Cullman Internal Medicine, P.C.	Cullman	256-734-9370
• Family Medicine of Cullman	Cullman	256-642-9821
• Southview Medical Clinic, LLC	Hanceville	256-352-4767
Public Health Department		
• Cullman County Health Department	Cullman	256-734-1030
Home Health Agencies		
• Cullman Regional Home Health	Cullman	256-737-2831
• Woodland Home Health Services-CRMC, LLC	Cullman	256-739-2588
• Cullman County Health Department Home Care	Cullman	256-734-0258
• Kindred at Home	Cullman	256-739-2992

Organization	Location/City	Telephone Number
Hospice Agencies		
• Cullman Regional Hospice	Cullman	256-739-5185
• Alacare Hospice	Cullman	256-739-5557
• Comfort Care Hospice of Cullman	Cullman	256-739-2588
• Kindred Hospice-Cullman	Cullman	256-737-7234
• SouthernCare New Beacon Cullman	Hanceville	256-887-0190
Nursing Homes		
• Cullman Health Care Center	Cullman	256-734-8745
• Folsom Center for Rehabilitation and Healthcare	Cullman	256-739-4409
• Hanceville Nursing & Rehab Center, Inc.	Hanceville	256-352-6481
• Woodland Village Rehabilitation and Healthcare Center	Cullman	256-739-1430
Assisted Living Facilities		
• Eagle Glen Hanceville	Hanceville	256-352-3141
• Country Living, Inc.	Falkville	256-734-8618
• Morningside of Cullman	Cullman	256-737-1088
• Westminster Assisted Living of Cullman	Cullman	256-255-0361
• Woodland Haus	Cullman	256-739-2988
Mental Health/Substance Abuse Resources		
• Alabama Psychiatric Services (mental health and substance abuse services)	Cullman	256-739-4910
• WellStone Behavioral Health (mental health and substance abuse services for individuals ages 4 and up)	Cullman	256-734-4688
• The Sanctuary at the Woodlands (inpatient mental health services for adult (ages 19 to 64) and geriatric (ages 65 and older)	Cullman	256-255-0820
• Bridge Recovery Center for Teens (outpatient substance abuse treatment and drug testing for teens ages 12 to 18)	Cullman	256-775-8301
• Cullman County Treatment Center (methadone maintenance)	Cullman	256-739-5595
• The Foundry Farm Recovery Center (residential treatment of substance abuse for men)	Cullman	256-796-1440
• Lighthouse, Inc. (residential rehabilitation center for treatment of substance abuse for men)	Cullman	256-739-2777
• Restoring Women Outreach (inpatient recovery for women)	Cullman	256-727-6531
• Alcoholics Anonymous – Cullman (alcohol prevention, treatment, counseling)	Cullman	256-736-6000

Organization	Location/City	Telephone Number
Counseling Resources		
• New Beginnings Clinic	Cullman	256-739-1455
• Alliance Counseling & Psychotherapy	Cullman	256-736-3408
• Alzheimer's Support Group	Cullman	256-737-2033
• Brooks' Place/Children's Advocacy Center of Cullman, Inc.	Cullman	256-739-2243
• Childhaven, Inc.	Cullman	256-734-6720
• Cullman Family Counseling	Cullman	256-734-2006
• East Cullman Baptist Association	Cullman	256-737-9918
• New Horizon Family Center	Cullman	256-739-9786
• Restoration Counseling Services	Cullman	256-385-2539
• Turnaround Counseling Services	Cullman	256-739-9569
• Victim Services of Cullman, Inc.	Cullman	256-734-6100
• Youth Advocate Programs, Inc.	Cullman	256-734-2644
Transportation		
• Cullman Area Rural Transportation System (CARTS)	Cullman	256-734-1246
Dialysis		
• Dialysis Clinic, Inc.	Cullman	256-734-3055
• Colonel Dialysis	Cullman	256-736-9276
Senior Citizens		
• Cullman County Commission on Aging	Cullman	256-734-1241
• Community Action Partnership of North Alabama	Cullman	256-260-3142
Developmentally Delayed/Disabilities		
• The ARC of Cullman County	Cullman	256-737-1915
• Cullman County Center for the Developmentally Delayed	Cullman	256-734-3253
• Cullman County Child Development Center	Cullman	256-739-0486
• T.O.D.D.'s Club	Cullman	256-737-1915

Organization	Location/City	Telephone Number
Other Community Organizations		
• The Link of Cullman County	Cullman	256-775-0028
• First Source for Women Pregnancy Center	Hanceville	256-352-5683
• United Way of Cullman	Cullman	256-739-2948
• American Red Cross-Cullman County	Cullman	256-734-0921
• Cullman Area Chamber of Commerce	Cullman	256-734-0454
• Cullman Caring for Kids, Inc.	Cullman	256-739-1111
• Cullman County Center for the Developmentally Disabled	Cullman	256-737-1915
• Alabama Cooperative Extension Agency-Cullman County Office	Cullman	256-789-0106
• Alabama Department of Human Resources-Cullman County	Cullman	256-737-5300
• Cullman County Parks and Recreation	Cullman	256-734-3369
• Cullman City Parks and Recreation	Cullman	256-734-9157
• North Alabama Agriplex	Cullman	256-297-1044