



# 2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Cullman County, Alabama

Sponsored by



**CULLMAN**  
REGIONAL

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# INTRODUCTION



# PROJECT OVERVIEW

## Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Cullman County, the service area of Cullman Regional Medical Center. A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

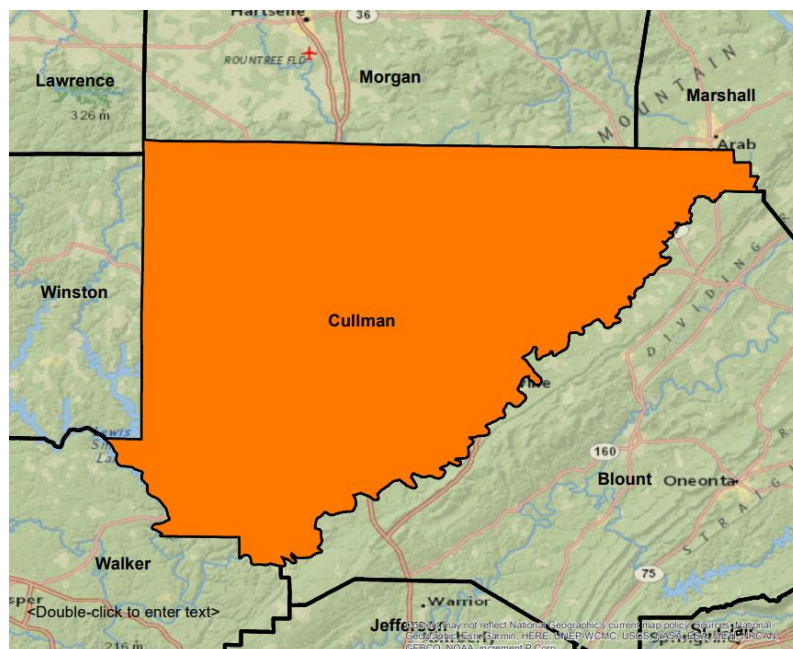
This assessment was conducted on behalf of Cullman Regional Medical Center by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

## Methodology

Quantitative data input for this assessment includes secondary research (vital statistics and other existing health-related data) that allows for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research among community leaders gathered through an Online Key Informant Survey.

## Community Defined for This Assessment

The study area for this effort is Cullman County in Alabama. This community definition, determined based on the residences of most recent patients of Cullman Regional Medical Center, is illustrated in the following map.



## Online Key Informant Survey

To solicit input from community key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Cullman Regional Medical Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 47 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	6
Other Health Providers	1
Social Services Providers	9
Other Community Leaders	31

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Aderholt's Office
- Alabama Dept of Human Resources
- Alfa Insurance
- Ameritek
- Better Business Bureau
- Brook's Place
- City of Cullman
- Cullman Chamber Board
- Cullman Chamber of Commerce
- Cullman City Schools
- Cullman County Commission
- Cullman County Economic Development
- Cullman Economic Development Agency
- Cullman Pilot Club
- Cullman Police Chief
- Cullman Regional
- Cullman Regional Board
- Cullman Utilities Board
- Daystar Church
- Desperation Church
- Edward Jones
- Flourish of Cullman
- Good Samaritan
- Home League Real Estate
- Medical Group
- Medical Staff Officer
- State Farm
- Town of Berlin
- Town of Good Hope
- Town of West Point
- Wellstone



In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

## Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Cullman County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap ([sparkmap.org](http://sparkmap.org))
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

## Benchmark Data

### Alabama and National Data

Where possible, state and national data are provided as an additional benchmark against which to compare local findings.

### Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.





## Determining Significance

For the purpose of this report, “significance” of secondary data indicators (which might be subject to reporting error) is determined by a 15% variation from the comparative measure.

## Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs. In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

## Public Comment

Cullman Regional Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Cullman Regional Medical Center had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Cullman Regional Medical Center will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

# IRS FORM 990, SCHEDULE H COMPLIANCE

For nonprofit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2022)		See Report Page
<b>Part V Section B Line 3a</b> A definition of the community served by the hospital facility		6
<b>Part V Section B Line 3b</b> Demographics of the community		20
<b>Part V Section B Line 3c</b> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		81
<b>Part V Section B Line 3d</b> How data was obtained		6
<b>Part V Section B Line 3e</b> The significant health needs of the community		11
<b>Part V Section B Line 3f</b> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		Addressed Throughout
<b>Part V Section B Line 3g</b> The process for identifying and prioritizing community health needs and services to meet the community health needs		12
<b>Part V Section B Line 3h</b> The process for consulting with persons representing the community's interests		6
<b>Part V Section B Line 3i</b> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		85

# SUMMARY OF FINDINGS

## Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in Cullman County with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"><li>▪ Lack of Health Insurance</li><li>▪ Access to Primary Care Physicians</li></ul>
CANCER	<ul style="list-style-type: none"><li>▪ Lung Cancer Incidence</li></ul>
DIABETES	<ul style="list-style-type: none"><li>▪ Key Informants: <i>Diabetes</i> ranked as a top concern.</li></ul>
DISABLING CONDITIONS	<ul style="list-style-type: none"><li>▪ Disability Prevalence</li></ul>
HEART DISEASE & STROKE	<ul style="list-style-type: none"><li>▪ High Blood Pressure Prevalence</li></ul>
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"><li>▪ Teen Births</li></ul>
INJURY & VIOLENCE	<ul style="list-style-type: none"><li>▪ Unintentional Injury Deaths<ul style="list-style-type: none"><li>◦ Motor Vehicle Crash Deaths</li></ul></li></ul>
MENTAL HEALTH	<ul style="list-style-type: none"><li>▪ Suicide Deaths</li><li>▪ Mental Health Provider Ratio</li><li>▪ Key Informants: <i>Mental Health</i> ranked as a top concern.</li></ul>
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"><li>▪ Lack of Leisure-Time Physical Activity</li><li>▪ Access to Recreation/Fitness Facilities</li><li>▪ Key Informants: <i>Nutrition, Physical Activity &amp; Weight</i> ranked as a top concern.</li></ul>
ORAL HEALTH	<ul style="list-style-type: none"><li>▪ Dental Visits</li><li>▪ Access to Dentists</li></ul>

—continued on the following page—

AREAS OF OPPORTUNITY (continued)	
RESPIRATORY DISEASE	<ul style="list-style-type: none"> <li>▪ Lung Disease Deaths</li> <li>▪ COPD Prevalence</li> </ul>
SUBSTANCE USE	<ul style="list-style-type: none"> <li>▪ Key Informants: <i>Substance Use</i> ranked as a top concern.</li> </ul>
TOBACCO USE	<ul style="list-style-type: none"> <li>▪ Cigarette Smoking</li> </ul>

## Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Substance Use
3. Nutrition, Physical Activity & Weight
4. Tobacco Use
5. Diabetes
6. Heart Disease & Stroke
7. Disabling Conditions
8. Cancer
9. Respiratory Diseases
10. Infant Health & Family Planning
11. Injury & Violence
12. Oral Health
13. Access to Health Care Services

## Hospital Implementation Strategy

Cullman Regional Medical Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

*Note: An evaluation of the hospital's past activities to address the needs identified in the prior CHNA can be found as an appendix to this report.*

## Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Cullman County, grouped by health topic.

### Reading the Summary Tables














■ In the following tables, Cullman County results are shown in the larger, gray column.

























■ The columns to the right of the Cullman County column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Cullman County compares favorably (☀️), unfavorably (☁️), or comparably (☔️) to these external data.

Note that blank table cells in the tables that follow signify that data are not available or are not reliable for that area and/or for that indicator.






SOCIAL DETERMINANTS	Cullman County	CULLMAN COUNTY vs. BENCHMARKS		
		vs. AL	vs. US	vs. HP2030
Linguistically Isolated Population (Percent)	0.6	☀️ 1.1	☀️ 3.9	
Population in Poverty (Percent)	13.0	☀️ 15.7	☁️ 12.5	☔️ 8.0
Children in Poverty (Percent)	16.3	☀️ 21.9	☁️ 16.7	☔️ 8.0
No High School Diploma (Age 25+, Percent)	15.4	☔️ 12.3	☔️ 10.9	
Unemployment Rate (Age 16+, Percent)	2.8	☀️ 3.3	☀️ 4.0	
Housing Exceeds 30% of Income (Percent)	19.4	☀️ 24.7	☀️ 30.5	☀️ 25.5
		☀️ better	☁️ similar	☔️ worse






OVERALL HEALTH	Cullman County	CULLMAN COUNTY vs. BENCHMARKS		
		vs. AL	vs. US	vs. HP2030
"Fair/Poor" Overall Health (Percent)	23.7	☁️ 22.3	☔️ 17.9	
		☀️ better	☁️ similar	☔️ worse













ACCESS TO HEALTH CARE	Cullman County	CULLMAN COUNTY vs. BENCHMARKS		
		vs. AL	vs. US	vs. HP2030
Uninsured (Adults 18-64, Percent)	14.8	 13.3	 11.2	 7.6
Uninsured (Children 0-18, Percent)	3.4	 3.1	 5.1	 7.6
Routine Checkup in Past Year (Percent)	76.6	 79.6	 76.1	
Primary Care Doctors per 100,000	87.6	 90.7	 116.3	
		 better	 similar	 worse











CANCER	Cullman County	CULLMAN COUNTY vs. BENCHMARKS		
		vs. AL	vs. US	vs. HP2030
Cancer Deaths per 100,000	214.9	 209.9	 182.7	
Cancer Incidence per 100,000	428.2	 440.7	 442.3	
Female Breast Cancer Incidence per 100,000	115.7	 122.1	 127.0	
Prostate Cancer Incidence per 100,000	69.1	 120.3	 110.5	
Colorectal Cancer Incidence per 100,000	41.2	 41.1	 36.5	
Lung Cancer Incidence per 100,000	63.8	 60.1	 54.0	
Breast Cancer Screening in Past 2 Years (Women 50-74, Percent)	74.5	 77.9	 76.5	 80.5
Cervical Cancer Screening in Past 3 Years (Women 21-65, Percent)	82.5	 83.7	 82.8	 84.3
Colorectal Cancer Screening (Age 45-75, Percent)	63.1	 67.0	 66.3	 74.4
		 better	 similar	 worse





















DIABETES	Cullman County	CULLMAN COUNTY vs. BENCHMARKS		
		vs. AL	vs. US	vs. HP2030
Diabetes Prevalence (Percent)	11.7	 12.5	 10.0	
		 better	 similar	 worse
















DISABLING CONDITIONS	Cullman County	CULLMAN COUNTY vs. BENCHMARKS		
		vs. AL	vs. US	vs. HP2030
Disability Prevalence (Percent)	18.2	 16.2	 12.9	
		 better	 similar	 worse









HEART DISEASE & STROKE	Cullman County	CULLMAN COUNTY vs. BENCHMARKS		
		vs. AL	vs. US	vs. HP2030
Heart Disease Deaths per 100,000	113.5	 103.1	 112.5	
Stroke Deaths per 100,000	54.2	 65.5	 47.7	
High Blood Pressure Prevalence (Percent)	40.9	 41.1	 32.7	 42.6
High Blood Cholesterol Prevalence (Percent)	39.2	 37.1	 35.5	
		 better	 similar	 worse










INFANT HEALTH & FAMILY PLANNING	Cullman County	CULLMAN COUNTY vs. BENCHMARKS		
		vs. AL	vs. US	vs. HP2030
Low Birthweight (Percent of Births)	8.7	 10.5	 8.3	
Infant Deaths per 1,000 Live Births	5.0	 7.7	 5.7	 5.0
Teen Births per 1,000 Females 15-19	30.7	 24.9	 16.6	
		 better	 similar	 worse










INJURY & VIOLENCE	Cullman County	CULLMAN COUNTY vs. BENCHMARKS		
		vs. AL	vs. US	vs. HP2030
Unintentional Injury Deaths per 100,000	74.8	 62.3	 60.2	
Motor Vehicle Crash Deaths per 100,000	25.0	 20.2	 12.5	
Homicide Deaths per 100,000	3.5	 13.1	 6.9	
Violent Crimes per 100,000	128.8	 504.7	 416.0	
		 better	 similar	 worse








MENTAL HEALTH	Cullman County	CULLMAN COUNTY vs. BENCHMARKS		
		vs. AL	vs. US	vs. HP2030
Suicide Deaths per 100,000	20.6	 16.5	 14.5	
Mental Health Providers per 100,000	132.0	 140.9	 312.5	
		 better	 similar	 worse







NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Cullman County	CULLMAN COUNTY vs. BENCHMARKS		
		vs. AL	vs. US	vs. HP2030
Fast Food Restaurants per 100,000	80.8	 85.7	 80.0	
Population With Low Food Access (Percent)	8.4	 24.5	 22.2	
No Leisure-Time Physical Activity (Percent)	23.6	 24.3	 19.5	 21.8
Recreation/Fitness Facilities per 100,000	5.7	 9.6	 12.3	
Obese (Percent)	32.2	 34.1	 30.1	 36.0
		 better	 similar	 worse

ORAL HEALTH	Cullman County	CULLMAN COUNTY vs. BENCHMARKS		
		vs. AL	vs. US	vs. HP2030
Dental Visit in Past Year (Percent)	55.0	 56.8	 63.9	 45.0
Dentists per 100,000	43.3	 44.0	 66.5	
		 better	 similar	 worse

RESPIRATORY DISEASE	Cullman County	CULLMAN COUNTY vs. BENCHMARKS		
		vs. AL	vs. US	vs. HP2030
Lung Disease Deaths per 100,000	95.9	 68.5	 46.0	
Asthma Prevalence (Percent)	10.6	 10.5	 9.9	
COPD Prevalence (Percent)	10.8	 8.7	 6.8	
		 better	 similar	 worse

SEXUAL HEALTH	Cullman County	CULLMAN COUNTY vs. BENCHMARKS		
		vs. AL	vs. US	vs. HP2030
HIV Prevalence per 100,000	107.1	 343.8	 386.6	
Chlamydia Incidence per 100,000	231.6	 612.1	 495.0	
Gonorrhea Incidence per 100,000	90.5	 261.7	 194.4	
		 better	 similar	 worse

SUBSTANCE USE	Cullman County	CULLMAN COUNTY vs. BENCHMARKS		
		vs. AL	vs. US	vs. HP2030
Excessive Drinking (Percent)	15.8	 14.5	 18.1	
Drug Overdose Deaths per 100,000	26.4	 22.0	 26.9	
		 better	 similar	 worse

TOBACCO USE	Cullman County	CULLMAN COUNTY vs. BENCHMARKS		
		vs. AL	vs. US	vs. HP2030
Cigarette Smoking (Percent)	18.4	 16.5	 12.9	 6.1
		 better	 similar	 worse



# COMMUNITY DESCRIPTION

# POPULATION CHARACTERISTICS

## Total Population

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

**Total Population**  
(Estimated Population, 2018-2022)

	TOTAL POPULATION	TOTAL LAND AREA (SQUARE MILES)	POPULATION DENSITY (PER SQUARE MILE)
<b>Cullman County</b>	88,284	734.74	120
<b>Alabama</b>	5,028,092	50,650.83	99
<b>United States</b>	331,097,593	3,533,269.34	94

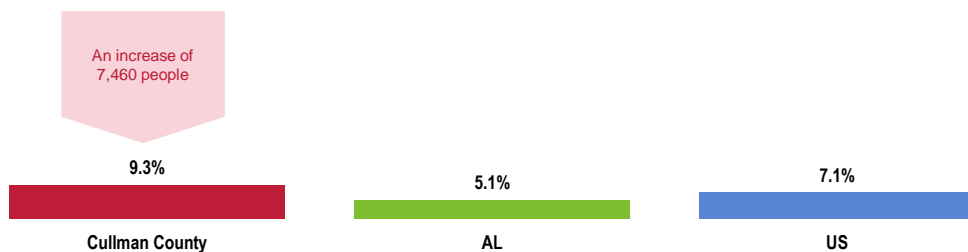
Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

## Population Change

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources. The following chart and map illustrate the changes that have occurred in Cullman County between the 2010 and 2020 US Censuses.

**Change in Total Population**  
(Percentage Change Between 2010 and 2020)

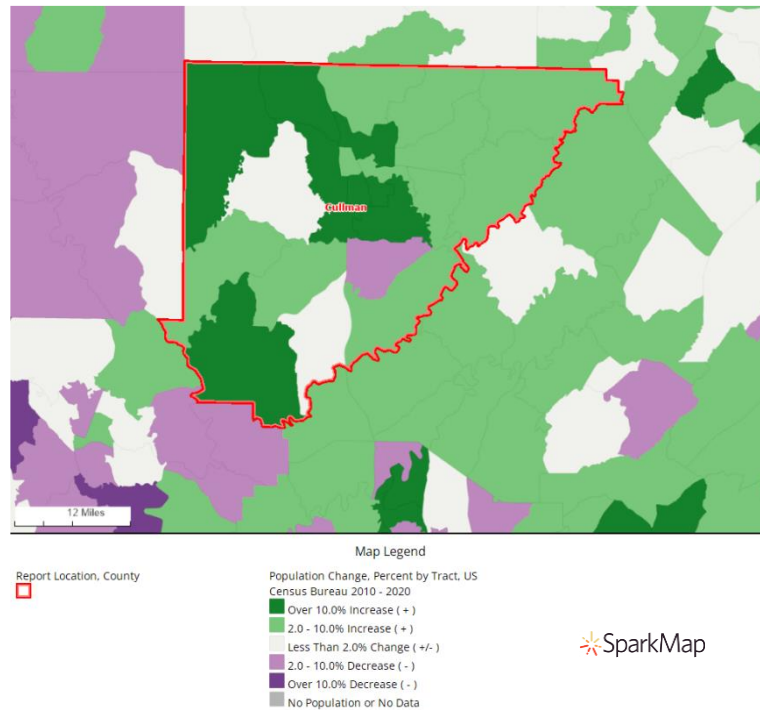


Sources: 

- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

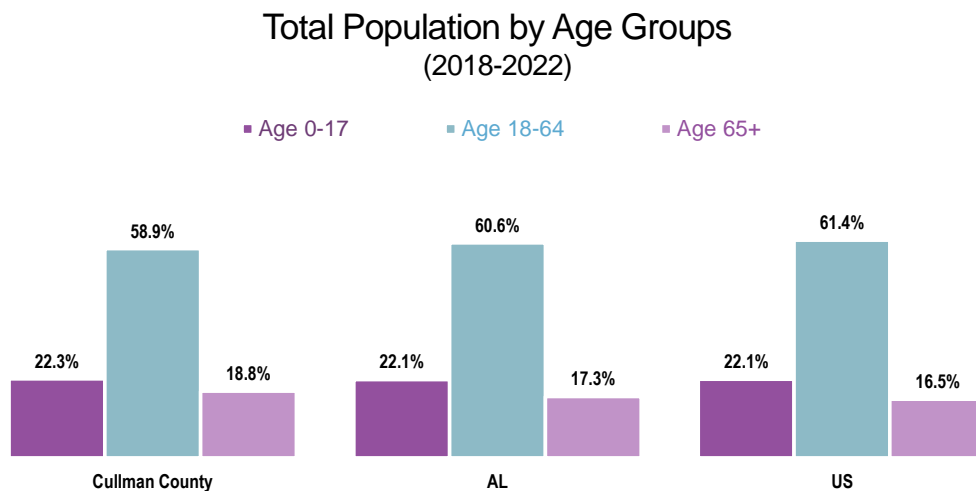






## Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.



Sources:

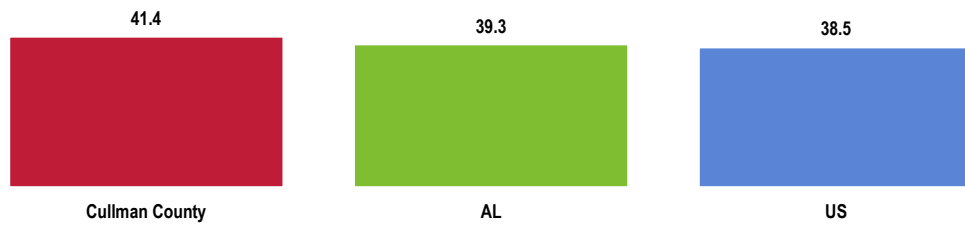
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).



## Median Age

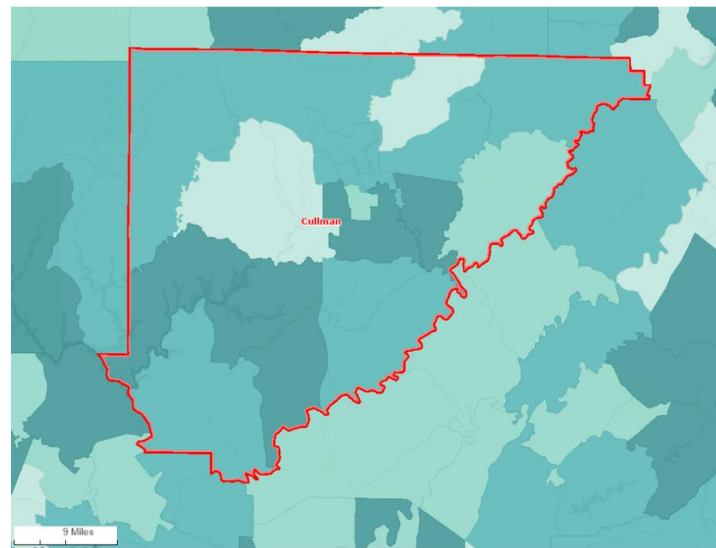
Note the median age of our population, relative to state and national medians.

### Median Age (2018-2022)



Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).



Report Location, County  
□

#### Map Legend

Median Age by Tract, ACS 2018-22

- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed

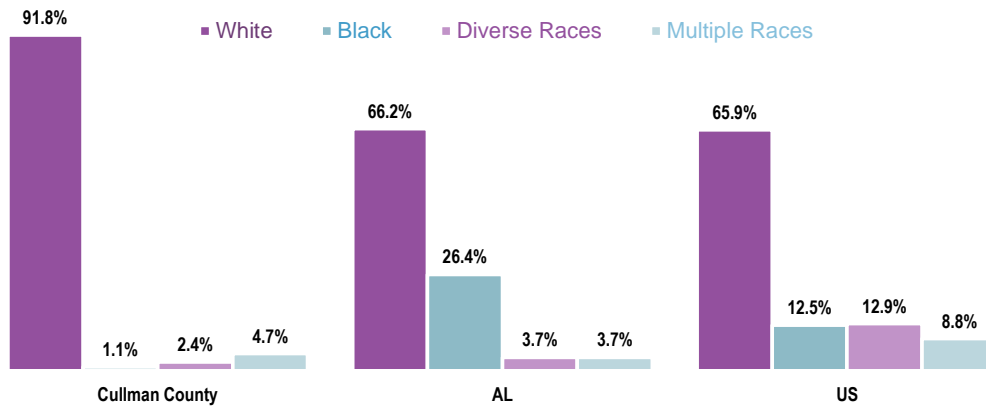
SparkMap



## Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. “Race Alone” reflects those who identify with a single race category — people who identify their origin as Hispanic, Latino, or Spanish may be of any race.

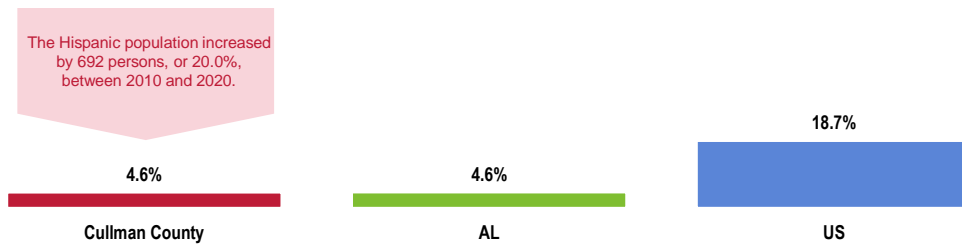
**Total Population by Race Alone**  
(2018-2022)



Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

**Hispanic Population**  
(2018-2022)



Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

  
Notes: 

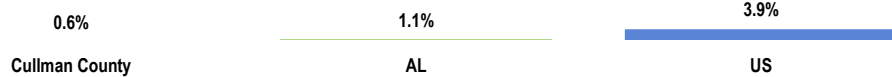
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



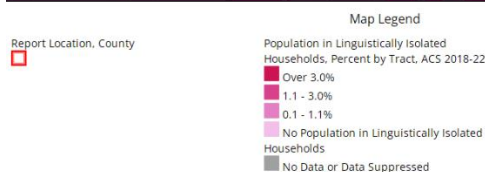
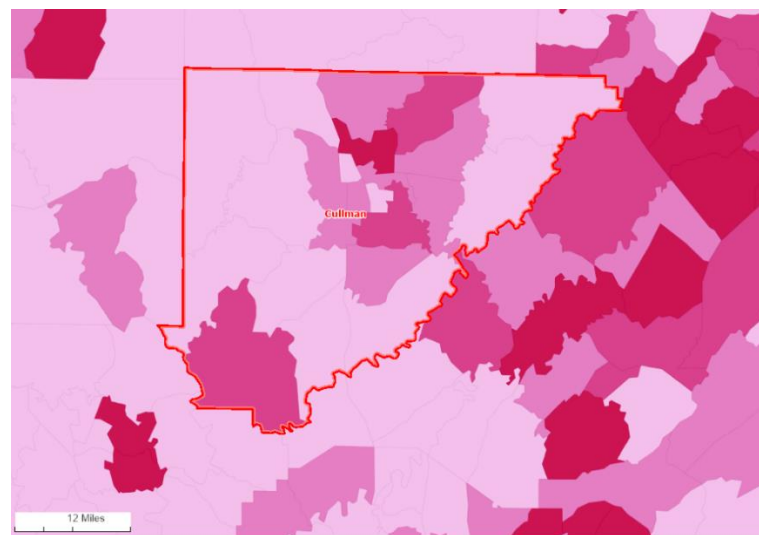
# Linguistic Isolation

This indicator reports the percentage of the population age 5 years and older who live in a home in which: 1) no person age 14 years or older speaks only English; or 2) no person age 14 years or older speaks a non-English language but also speaks English “very well.”

## Linguistically Isolated Population (2018-2022)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."



SparkMap



# SOCIAL DETERMINANTS OF HEALTH

## ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Poverty

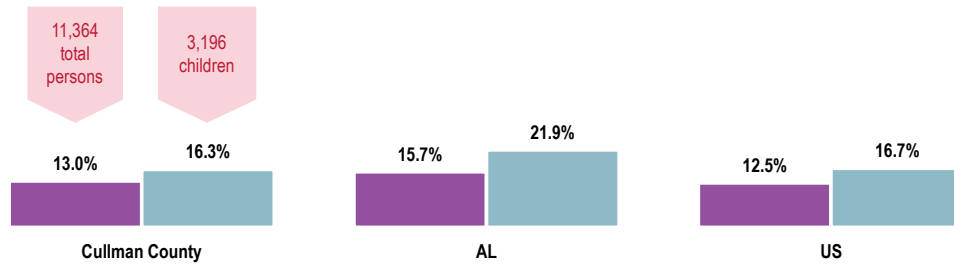
Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to accessing health services, healthy food, and other necessities that contribute to health status. The following chart and maps outline the proportion of our population below the federal poverty threshold, as well as the percentage of children in Cullman County living in poverty, in comparison to state and national proportions.



## Percent of Population in Poverty (2018-2022)

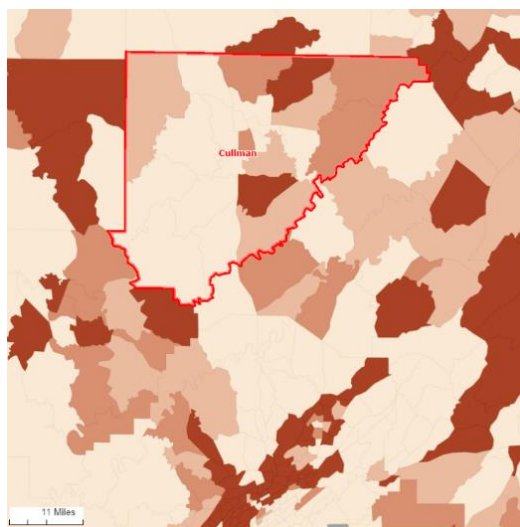
Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Map Legend

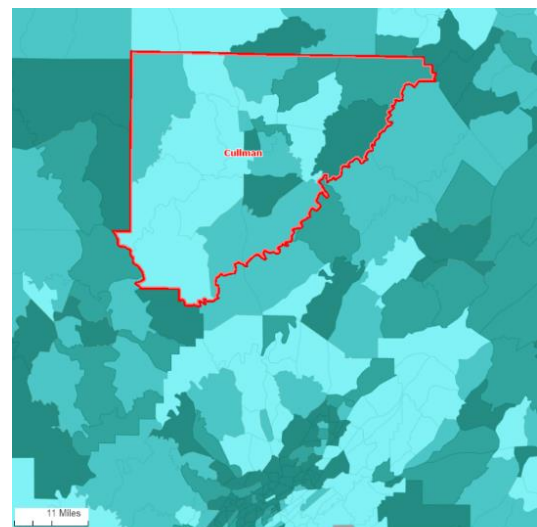
Report Location, County



SparkMap

Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2018-22

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed



Map Legend

Report Location, County



SparkMap

Population Below the Poverty Level, Percent by Tract, ACS 2018-22

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

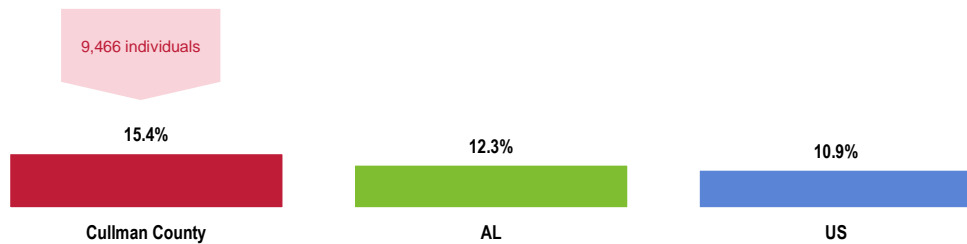




## Education

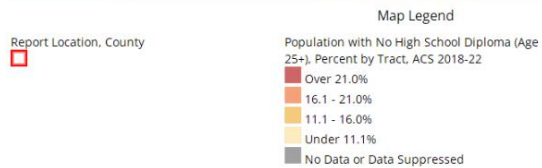
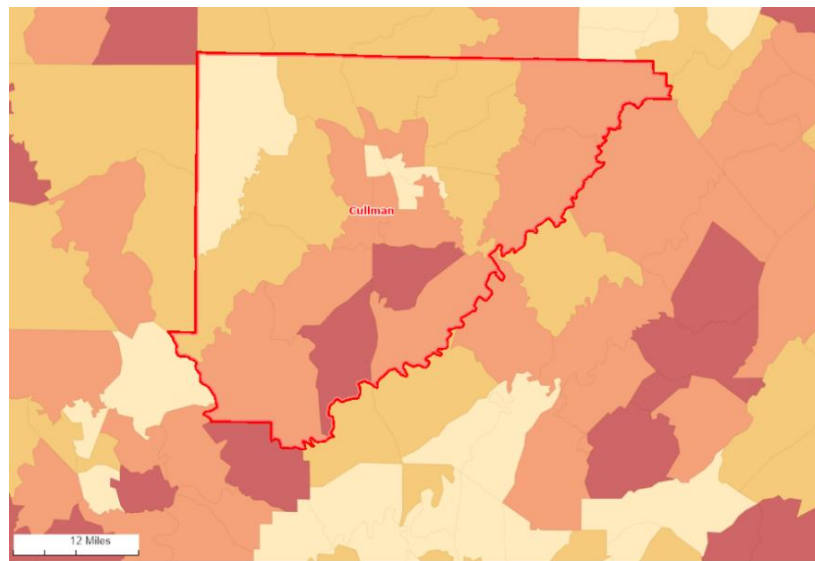
Education levels are reflected in the proportion of our population age 25 and older without a high school diploma. This indicator is relevant because educational attainment is linked to positive health outcomes.

### Population With No High School Diploma (Adults Age 25 and Older, CENSYRS)



Sources: 

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).



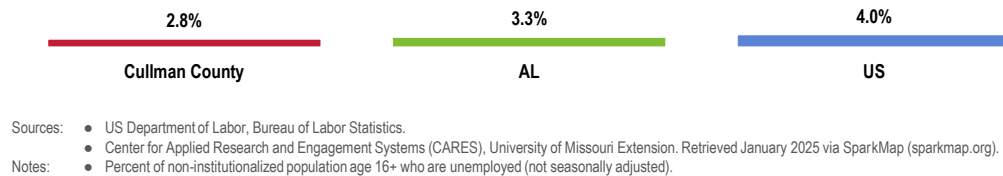
SparkMap



## Employment

Changes in unemployment rates in Cullman County over the past several years are outlined in the following chart. This indicator is relevant because unemployment creates financial instability and barriers to accessing insurance coverage, health services, healthy food, and other necessities that contribute to health status.

### Unemployment Rate (November 2024)

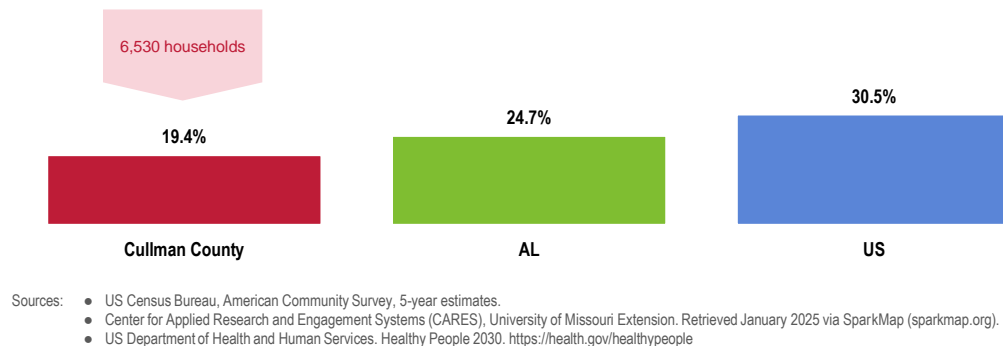


## Housing Burden

“Housing burden” reports the percentage of the households where housing costs (rent or mortgage costs) exceed 30% of total household income.

The following chart shows the housing burden in Cullman County. This serves as a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

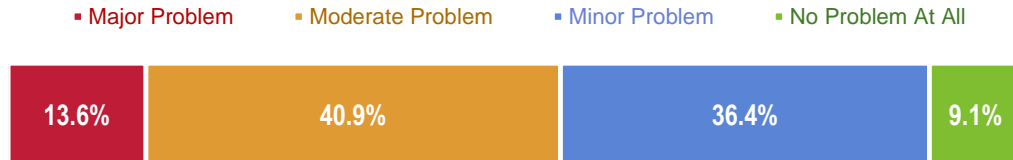
### Housing Costs Exceed 30 Percent of Household Income (Percent of Households; 2018-2022) Healthy People 2030 = 25.5% or Lower



## Key Informant Input: Social Determinants of Health

Key informants' ratings of the severity of *Social Determinants of Health* (especially *Housing*) as a concern in Cullman County are outlined below.

### Perceptions of Social Determinants of Health (Including Housing) as a Problem in the Community (Key Informants; Cullman County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### Housing

Affordable housing is very limited in Cullman County. Disabled people are regularly burdening family of friends due to lack of options. It is not uncommon to find people living in campers, cars, sheds, and tents. Cullman also needs to financially partner with homeless shelters in other areas to create a resource for homelessness. – Other Health Provider





# HEALTH STATUS

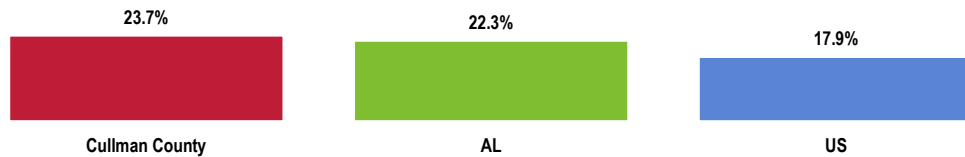
# OVERALL HEALTH STATUS

The CDC's Behavioral Risk Factor Survey, from which these data are derived, asked respondents:

*"Would you say that in general your health is: excellent, very good, good, fair, or poor?"*

The following indicator provides a relevant measure of overall health status in Cullman County, noting the prevalence of residents' "fair" or "poor" health evaluations. While this measure is self-reported and a subjective evaluation, it is an indicator which has proven to be highly predictive of health needs.

## Adults With "Fair" or "Poor" Overall Health (2022)



Sources: 

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).



# MENTAL HEALTH

## ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

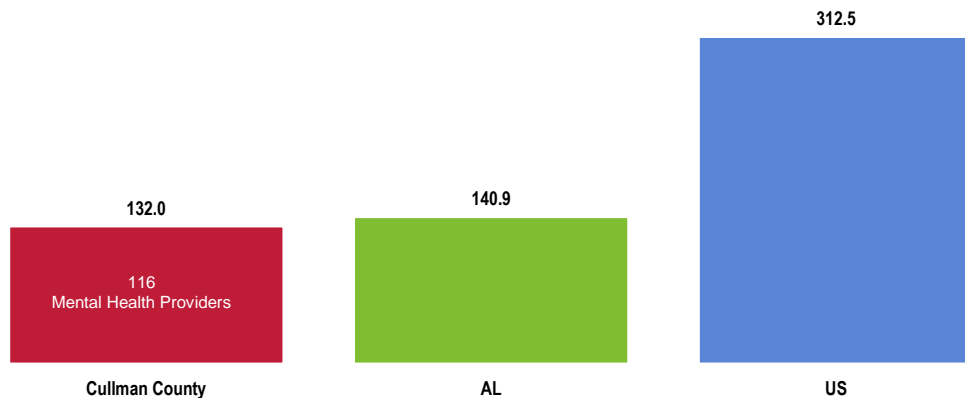
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Mental Health Providers

The data below show the number of mental health care providers in Cullman County relative to the Cullman County population size (per 100,000 residents). This is compared to the rates found statewide and nationally.

**Access to Mental Health Providers**  
(Number of Mental Health Providers per 100,000 Population, 2024)



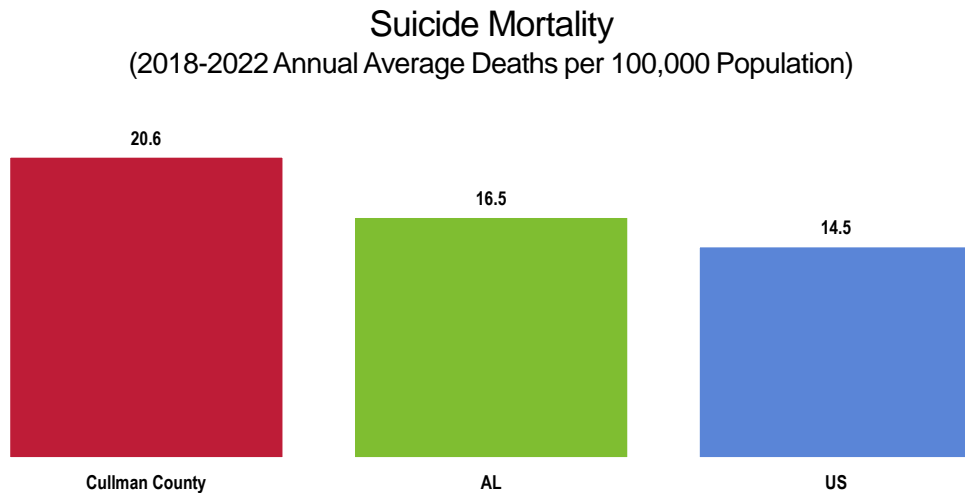
Sources: • Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).  
Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.





## Suicide

The following reports the rate of death in Cullman County due to intentional self-harm (suicide) in comparison to statewide and national rates. This measure is relevant as an indicator of poor mental health.



Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

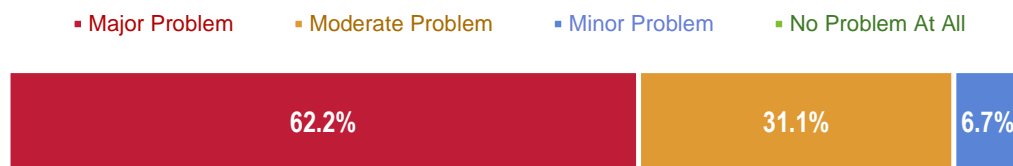
Notes: 

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

## Key Informant Input: Mental Health

Key informants' ratings of the severity of *Mental Health* as a concern in Cullman County are outlined below.

### Perceptions of Mental Health as a Problem in the Community (Key Informants; Cullman County, 2025)



Sources: 

- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes: 

- Asked of all respondents.

## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### Access to Care/Services

Accessing consistent care. – Community Leader

Few resources for mental health treatment other than incarceration. Law enforcement, schools, local government, court system all list it as a serious problem. Same people are repeated offenders. – Social Services Provider

Long term facilities and care. – Social Services Provider



No place for them to go, lack of Insurance, not being held accountable taking their medication. – Community Leader  
No or very limited access to mental health. – Community Leader

### Awareness/Education

I'm not sure if residents know who or where to go locally for mental health issues, especially for an initial diagnosis or seeking initial treatment. – Community Leader  
Lack of education or personal desire to treat the illness. Lack of ability to get care. – Physician

### Affordable Care/Services

Access to affordable care, transportation and ability to purchase medications. – Social Services Provider  
Cost of care and the stigma of mental health issues. Mental health crisis seems to be growing. – Social Services Provider

### Access to Care for Uninsured/Underinsured

Lack of insurance to get proper treatment and diagnoses. A session with a clinical health provider cost 120-150 a session. – Community Leader

### Denial/Stigma

Mental health is such a broad topic. The major challenges people in Cullman face are the barriers to care. The leading reasons people don't get the mental health care they need are because of the stigma and insurance challenges. Many individuals do not seek help due to fear of judgment or discrimination. While insurance coverage can often be difficult to navigate result in inadequate care. – Community Leader

### Diagnosis/Treatment

Individuals affected by mental health issues, in my opinion, have several places located in Cullman, but what I hear individuals tell me is that the people they see never help them and never give them things to work on between sessions. It is very frustrating to them that they say the same thing every time. – Social Services Provider

### Disease Management

There are more services available now than in the past, but a barrier is convincing people with serious mental illness and addiction to participate in treatment. Homelessness and Housing are growing factors in maintaining mental health. – Other Health Provider

### Housing

Inability to be housed and helped at the same time, insurance coverage and stable working history. – Community Leader

### Impact on Quality of Life

So many young people are struggling with issues that are impacting relationships and development. We need more funding and partnerships for mental health counselors in our schools. We also need awareness training for parents to help youth identify mental health triggers and issues. – Social Services Provider

### Incidence/Prevalence

As a pastor, I speak with people regularly who have a mental illness or mental health issues. – Community Leader

### Lack of Providers

Never enough psychiatrists, psychiatric nurses, very limited access to short term psychiatric beds, limited inpatient behavioral health beds. I don't think access to medications is the problem, rather the individual is often the problem and has exhausted family, friends, social and psychiatric care – Physician





# DEATH, DISEASE & CHRONIC CONDITIONS

# CARDIOVASCULAR DISEASE

## ABOUT HEART DISEASE & STROKE

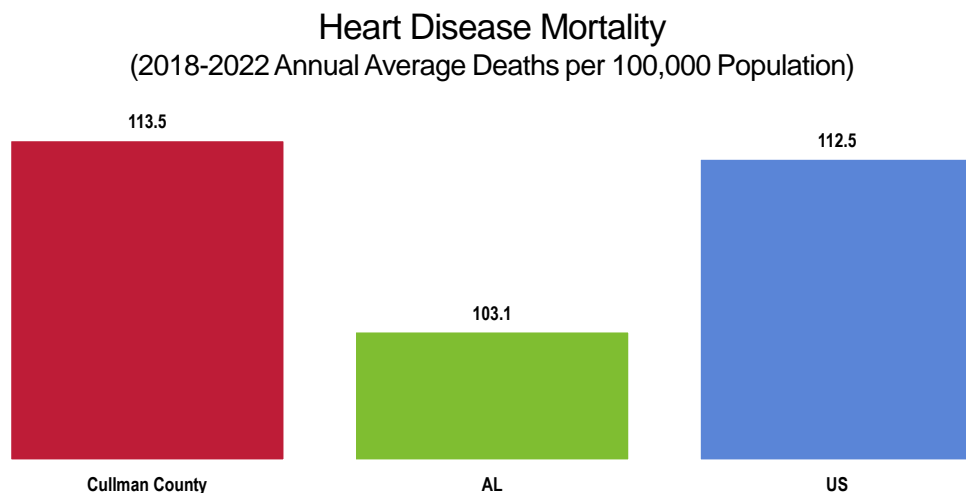
Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Heart Disease Deaths

Heart disease is a leading cause of death in Cullman County and throughout the United States. The chart that follows illustrates how our mortality rate compares to rates in Alabama and the US.



Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).

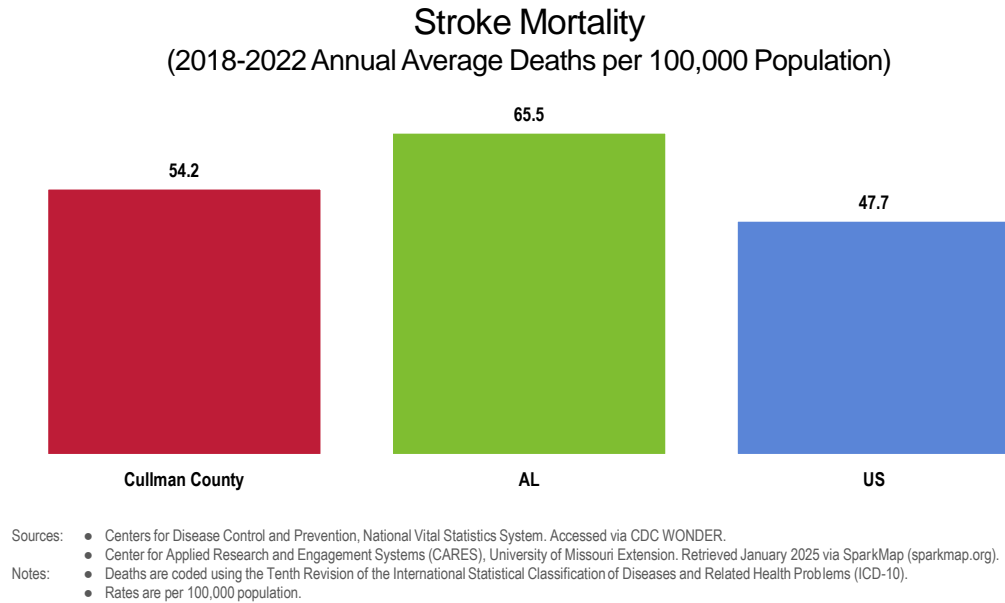
Notes: 

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



## Stroke Deaths

Stroke, a leading cause of death in Cullman County and throughout the nation, shares many of the same risk factors as heart disease. Outlined in the following chart is a comparison of stroke mortality locally, statewide, and nationally.



## Blood Pressure & Cholesterol

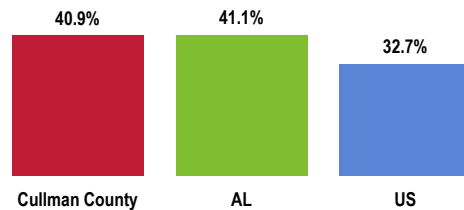
The following chart illustrates the percentages of Cullman County adults who have been told that they have high blood pressure or high cholesterol, known risk factors for cardiovascular disease.

The CDC's Behavioral Risk Factor Survey asked:

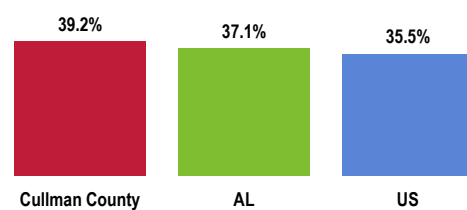
*"Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?"*

*"Have you ever been told by a doctor, nurse, or other health professional that your cholesterol is high?"*

**Prevalence of High Blood Pressure (2021)**  
Healthy People 2030 = 42.6% or Lower



**Prevalence of High Blood Cholesterol (2021)**



Sources: 

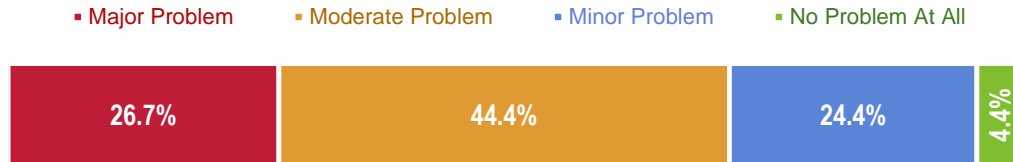
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



## Key Informant Input: Heart Disease & Stroke

Outlined below are key informants' levels of concern for *Heart Disease & Stroke* as an issue in Cullman County.

### Perceptions of Heart Disease & Stroke as a Problem in the Community (Key Informants; Cullman County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### Incidence/Prevalence

- Many people are diagnosed with these conditions. – Community Leader
- Because heart disease is a major cause of death. I think that rings true for Cullman as well. – Community Leader
- Heart disease and stroke are the #1 cause of death across the US. – Community Leader

### Awareness/Education

- Lack of education or personal desire to treat the illness and/or manage risk factors. – Physician

### Lack of Providers

- I feel like we do not have enough cardiologists/facilities available to treat patients in our community. – Social Services Provider

### Lifestyle

- Unhealthy lifestyle – smoking, drinking alcoholic beverages to excess, overeating and little to no exercise. This lifestyle is primarily due to lack of education or failure to listen to their doctors' advice. Some is hereditary. Some maybe because of lack of funds to eat properly. Cheaper food is generally healthier, loaded with carbs, sugar, and preservatives. – Community Leader



# CANCER

## ABOUT CANCER

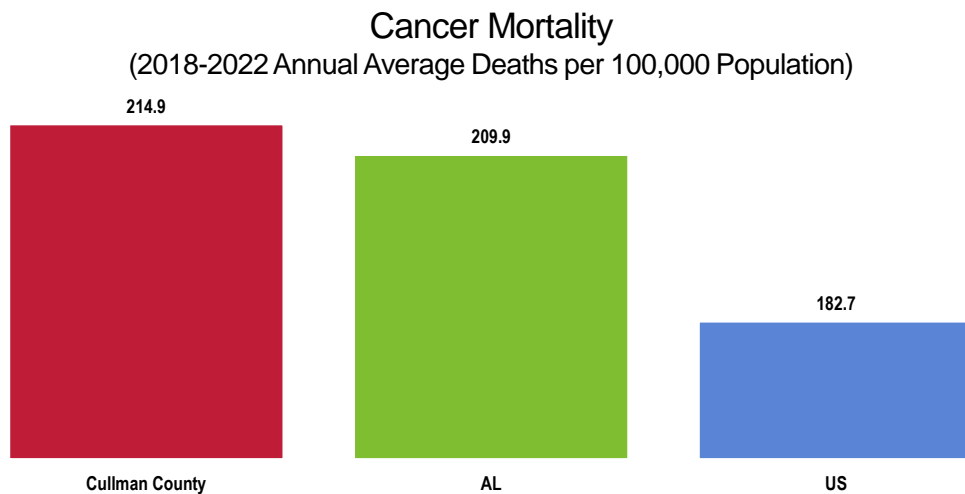
Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Cancer Deaths

Cancer is a leading cause of death in Cullman County and throughout the United States. Cancer mortality rates are outlined below.



Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).

Notes: 

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

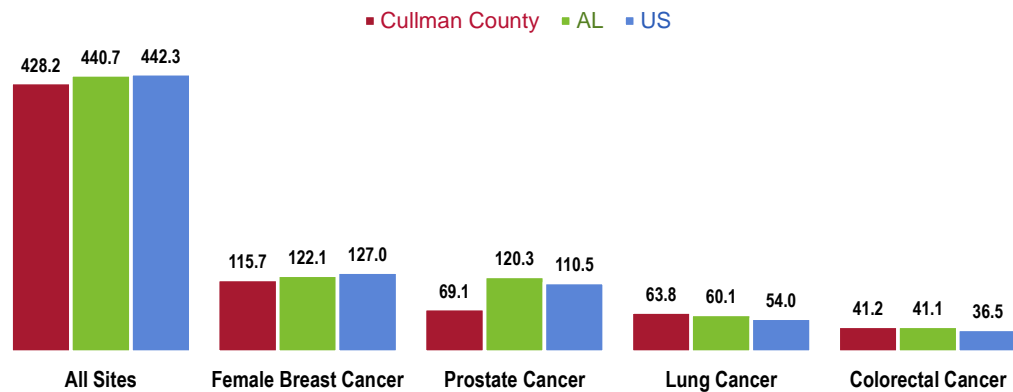


# Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

It is important to identify leading cancers by site in order to better address them through targeted intervention. The following chart illustrates Cullman County incidence rates for leading cancer sites.

**Cancer Incidence Rates by Site**  
(Annual Average Incidence per 100,000 Population, 2016-2020)



Sources: 

- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

Notes: 

- This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.





# Cancer Screenings

## FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

## CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

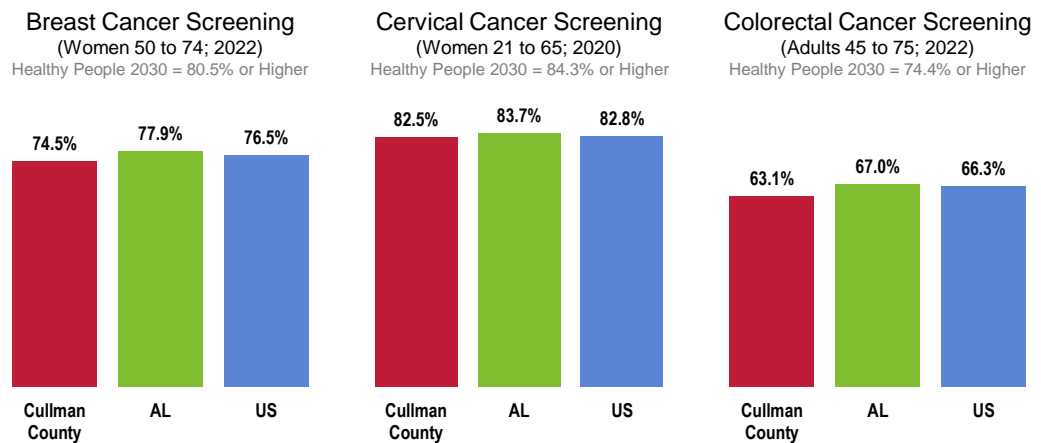
## COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

The following outlines the percentages of residents receiving these age-appropriate cancer screenings. These are important preventive behaviors for early detection and treatment of health problems. Low screening levels can highlight a lack of access to preventive care, a lack of health knowledge, or other barriers.



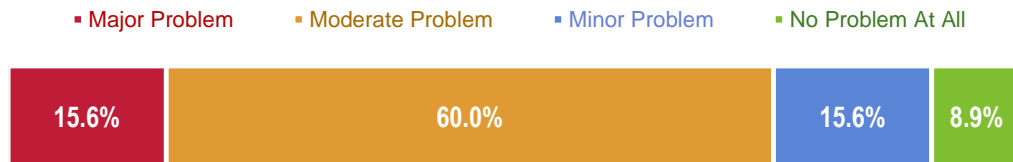
- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Each indicator is shown among the age group specified. Breast cancer screenings are mammograms among females age 50-74 in the past 2 years. Cervical cancer screenings are Pap smears among women 21-65 in the past 3 years. Colorectal cancer screenings include the percentage of population age 45-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.



## Key Informant Input: Cancer

Key informants' perceptions of *Cancer* as a local health concern are outlined below.

### Perceptions of Cancer as a Problem in the Community (Key Informants; Cullman County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### Incidence/Prevalence

We see it on a daily basis, as people come for prayer and our congregation over the last 24-36 months. Cancer is on the uptake. – Community Leader

Many people are diagnosed with cancer. – Community Leader

There seems to be a rising demographic of residents in Cullman County developing more rare types of cancer. In Cullman, we are fortunate to have a couple of oncology offices that are able to provide treatments care for their patients. However, because of the disparities in access to specialized care referrals to other places like Birmingham or Huntsville for care are becoming more common. This creates a greater economic burden due to the sheer cost of treatment and travel. – Community Leader

Cancer is a major problem everywhere, not just limited to Cullman and there are so many types of cancer. I have several friends and acquaintances that have died from some form of cancer in the past few years. We need more research to determine causes of cancer and preventive measures. – Community Leader



# RESPIRATORY DISEASE

## ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

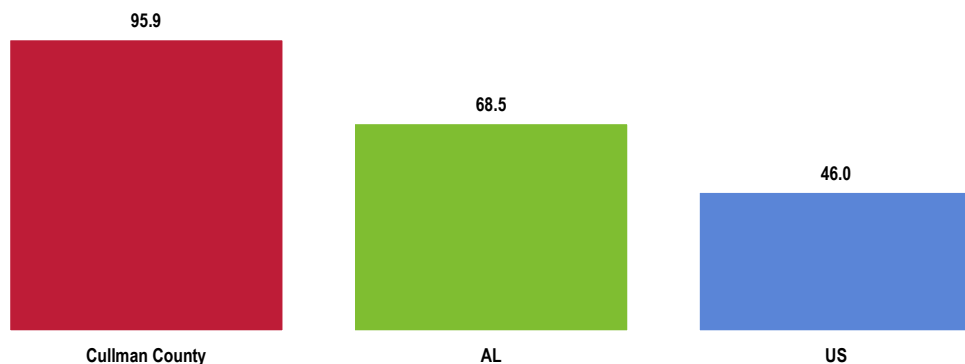
– Healthy People 2030 (<https://health.gov/healthypeople>)

Note that this section also includes data relative to COVID-19 (coronavirus disease).

## Lung Disease Deaths

The mortality rate for lung disease in Cullman County is summarized below, in comparison with Alabama and national rates.

**Lung Disease Mortality**  
(2018-2022 Annual Average Deaths per 100,000 Population)



Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).

Notes: 

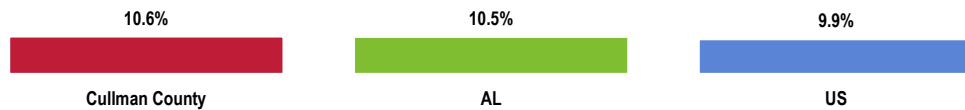
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



## Asthma Prevalence

The following chart shows the prevalence of asthma among Cullman County adults.

### Prevalence of Asthma (2022)



Sources: 

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

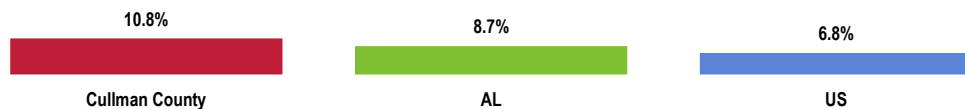
Notes: 

- Includes those who have ever been diagnosed with asthma and report that they still have asthma.

## COPD Prevalence

The following chart shows the prevalence of chronic obstructive pulmonary disease (COPD) among Cullman County adults.

### Prevalence of Chronic Obstructive Pulmonary Disease (COPD) (2022)



Sources: 

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

Notes: 

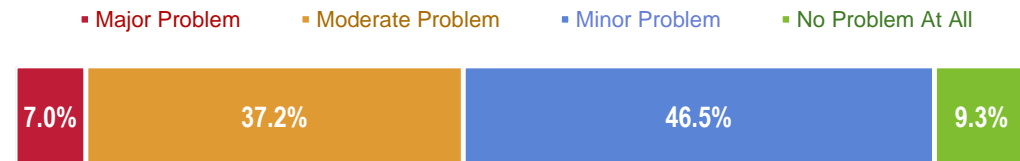
- Includes those who have ever been diagnosed with chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis.



## Key Informant Input: Respiratory Disease

The following outlines key informants' perceptions of *Respiratory Disease* in our community.

### Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants; Cullman County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

### Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

#### E-Cigarettes

Vaping is a problem in our community, especially among younger demographics. Many have swapped tobacco for vaping which seems to be worse and more addictive than tobacco use. – Community Leader



# INJURY & VIOLENCE

## ABOUT INJURY & VIOLENCE

**INJURY** ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

**VIOLENCE** ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

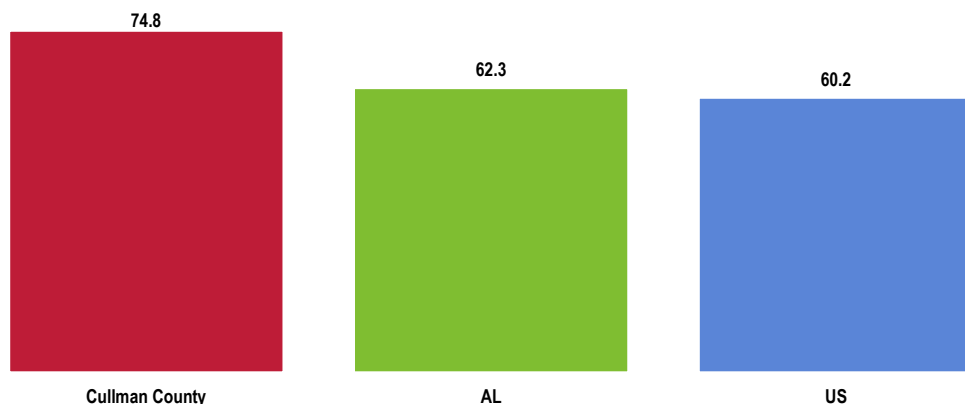
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Unintentional Injury

### Unintentional Injury Deaths

Unintentional injury is a leading cause of death. The chart that follows illustrates unintentional injury death rates for Cullman County, Alabama, and the US.

**Unintentional Injury Mortality**  
(2018-2022 Annual Average Deaths per 100,000 Population)



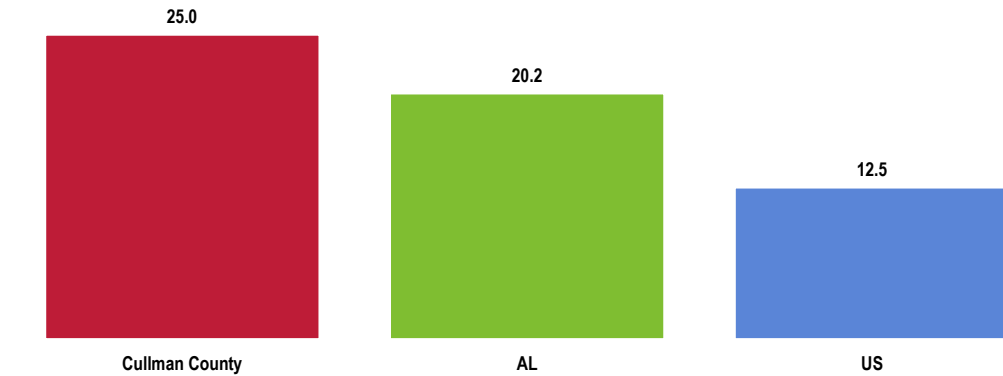
Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).  
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population.



## Motor Vehicle Crash Deaths

Motor vehicle crash deaths are preventable and are a cause of premature death. Mortality rates for motor vehicle crash deaths are outlined below.

**Motor Vehicle Crash Mortality**  
(2018-2022 Annual Average Deaths per 100,000 Population)



Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

Notes: 

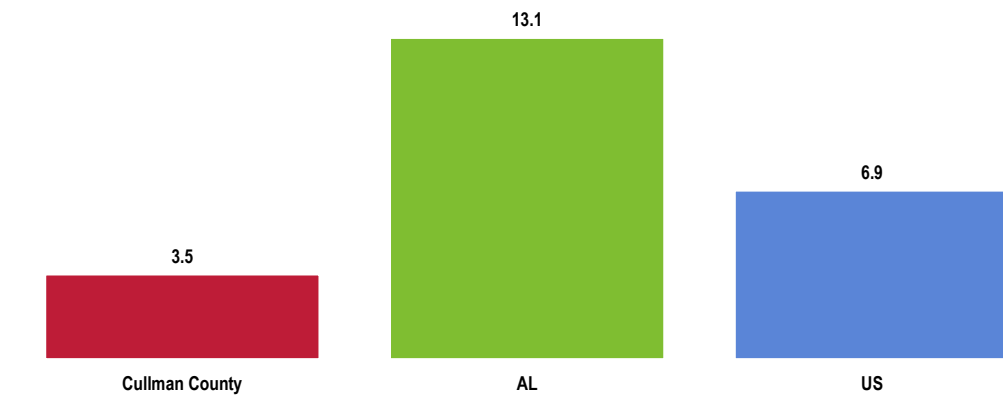
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

## Intentional Injury (Violence)

### Homicide Deaths

Homicide is a measure of community safety and a leading contributor to years of potential life lost. Homicide mortality rates for Cullman County, Alabama, and the US are shown in the following chart.

**Homicide Mortality**  
(2018-2022 Annual Average Deaths per 100,000 Population)



Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

Notes: 

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

**RELATED ISSUE**  
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

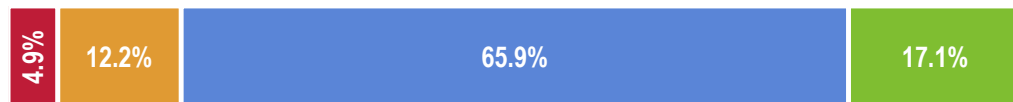


## Key Informant Input: Injury & Violence

Key informants' perceptions of *Injury & Violence* in our community:

### Perceptions of Injury & Violence as a Problem in the Community (Key Informants; Cullman County, 2025)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### Domestic/Family Violence

Significant level of spousal abuse and child abuse in this county. Much of it related to alcohol and substance abuse. – Physician

This could be a perception, but the arrest reports have a lot of domestic violence charges in our community. – Community Leader





# DIABETES

## ABOUT DIABETES

More than 30 million people in the United States have diabetes. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (<https://health.gov/healthypeople>)

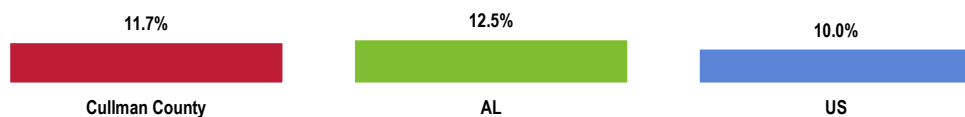
## Prevalence of Diabetes

Diabetes is a prevalent and long-lasting (chronic) health condition with a number of adverse health effects, and it may indicate an unhealthy lifestyle. The prevalence of diabetes among Cullman County adults age 20 and older is outlined below, compared to state and national prevalence levels.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

*“Has a doctor, nurse, or other health professional ever told you that you had diabetes?”*

### Prevalence of Diabetes (Adults Age 20 and Older; 2021)



Sources: 

- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).

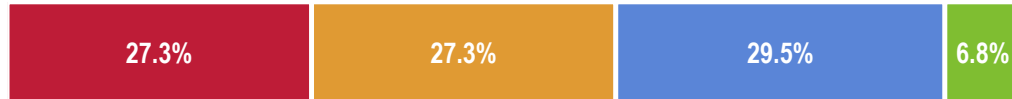


## Key Informant Input: Diabetes

The following are key informants' ratings of *Diabetes* as a health concern in Cullman County.

### Perceptions of Diabetes as a Problem in the Community (Key Informants; Cullman County, 2025)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### Nutrition

- Diet control. – Physician
- Poor eating choices and lack of nutritional education. Additionally, the healthy foods are generally too expensive for many residents. – Community Leader
- Poor nutrition, lack of knowledge about maintaining a healthy lifestyle, lack of funds to purchase the correct foods to maintain a good weight and control diabetes. Lack of funds to seek medical care. – Community Leader

### Awareness/Education

- Lack of education or personal desire to treat the illness. – Physician
- Lack of knowledge of or lack of willingness to lead a healthy lifestyle, healthy eating habits. – Community Leader

### Prevention/Screenings

- Prevention and patient compliance with treatment plan. Patients need education and a buy into treatment plans. Access to resources like education to understand the disease process and how their actions can make an impact. – Social Services Provider
- Community actions to decrease diabetes and proactively reduce risks are lacking. – Community Leader

### Affordable Medications/Supplies

- Insulin access. The cost of insulin going down has made a great impact in a positive way. I think that we need more recognition of diabetes, particularly Type 2, and getting the treatment necessary to bring it under control. Type I, particularly in youth, has had much more positive outcomes. We have managed Type I very well. – Social Services Provider

### Obesity

- Obesity runs rampant in rural areas in Cullman County. Proper nutrition and counseling for weight-related mental health issues. – Community Leader



# DISABLING CONDITIONS

## ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

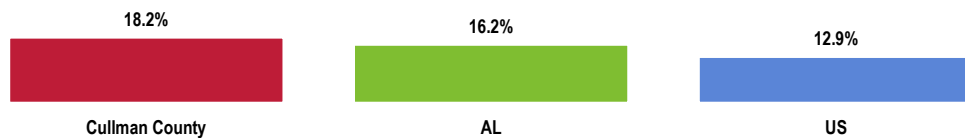
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Disability

The following represents the percentage of the total civilian, non-institutionalized population in Cullman County with a disability. This indicator is relevant because disabled individuals may comprise a vulnerable population that requires targeted services and outreach.

### Population With Any Disability (Among Civilian Non-Institutionalized Residents; 2018-2022)



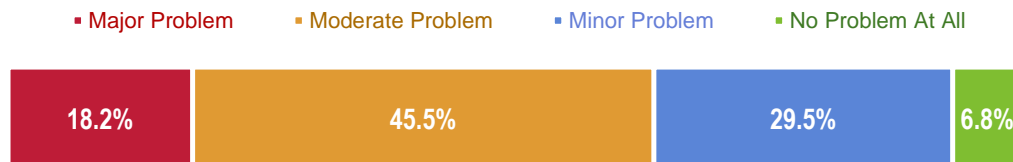
Sources: • US Census Bureau, American Community Survey.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).



# Key Informant Input: Disabling Conditions

Key informants' perceptions of *Disabling Conditions* are outlined below.

## Perceptions of Disabling Conditions as a Problem in the Community (Key Informants; Cullman County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### Aging Population

Older population. – Physician

### Diagnosis/Treatment

People often do not address physical needs while they are minor. Then they become disabling. – Community Leader

### Incidence/Prevalence

The incidence rate seems to be increasing in several of the areas listed. Need more options for treating chronic pain than medications. – Social Services Provider

### Lack of Providers

Not enough qualified doctors, and the qualified ones are full, and it takes forever to get an appointment. – Social Services Provider





# BIRTHS

# BIRTH OUTCOMES & RISKS

## ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

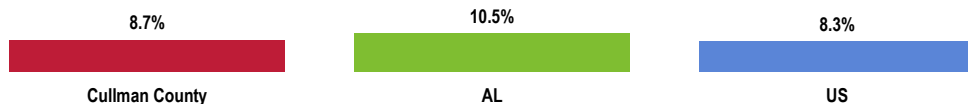
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Low-Weight Births

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable. The following chart illustrates the percent of total births that are low birth weight.

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Low-Weight Births  
(Percent of Live Births, 2016-2022)



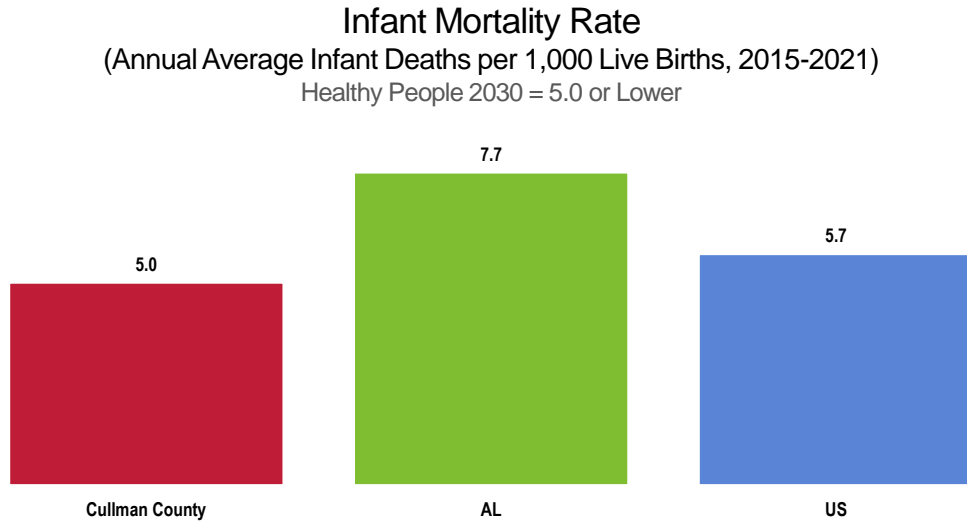
Sources: • University of Wisconsin Population Health Institute, County Health Rankings.  
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g).



## Infant Mortality

Infant mortality includes the death of a child before his/her first birthday, expressed as the number of such deaths per 1,000 live births.

The following chart shows the number of infant deaths per 1,000 live births in Cullman County. High infant mortality can highlight broader issues relating to health care access and maternal/child health.



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Infant deaths include deaths of children under 1 year old.



# FAMILY PLANNING

## ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

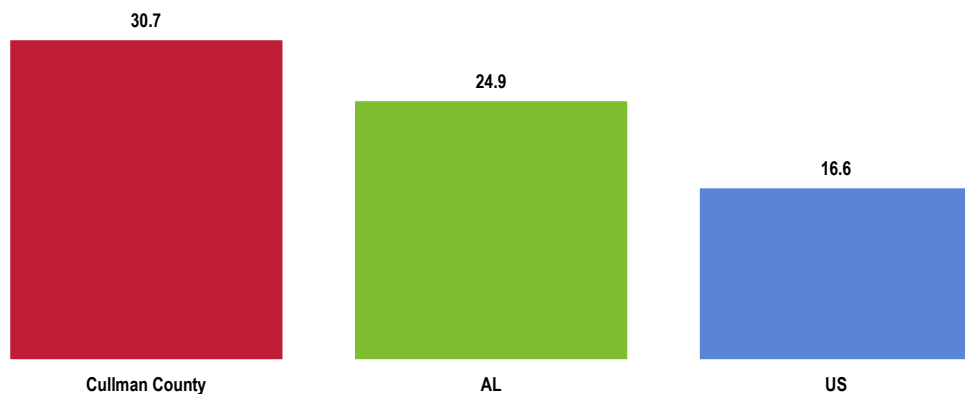
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Births to Adolescent Mothers

Here, teen births include births to women ages 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

The following chart outlines the teen birth rate in Cullman County, compared to rates statewide and nationally. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.

**Teen Birth Rate**  
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2016-2022)



Sources: 

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).

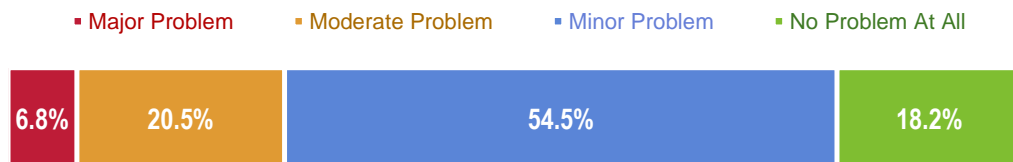




# Key Informant Input: Infant Health & Family Planning

Key informants' perceptions of *Infant Health & Family Planning* as a community health issue are outlined below.

## Perceptions of Infant Health & Family Planning as a Problem in the Community (Key Informants; Cullman County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### Access to Care/Services

Because until recently there was no real neonatal care in Cullman. – Community Leader





# MODIFIABLE HEALTH RISKS

# NUTRITION

## ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

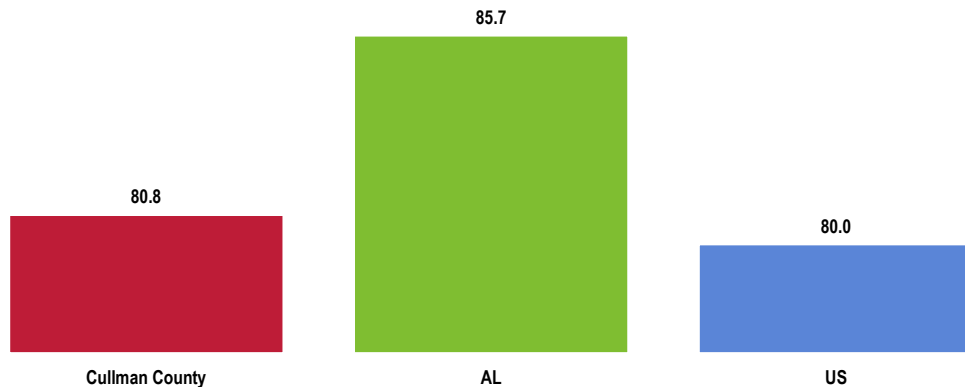
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Food Environment: Fast Food

Here, fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

The following shows the number of fast food restaurants in Cullman County, expressed as a rate per 100,000 residents. This indicator provides a measure of healthy food access and environmental influences on dietary behavior.

**Fast Food Restaurants**  
(Number of Fast Food Restaurants per 100,000 Population, 2022)



Sources: 

- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).

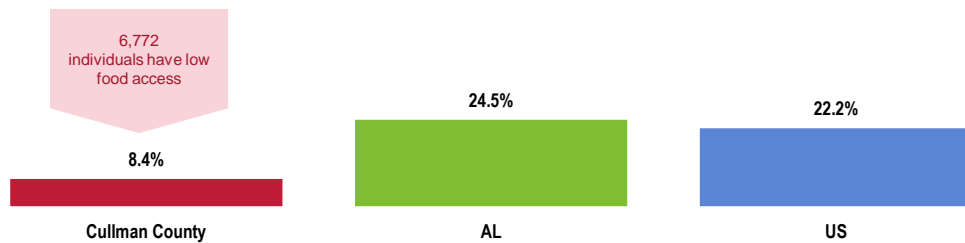


## Low Food Access

Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store (or 10 miles in rural areas).

The following chart shows US Department of Agriculture data determining the percentage of Cullman County residents found to have low food access, meaning that they do not live near a supermarket or large grocery store.

### Population With Low Food Access (Percent of Population Far From a Supermarket or Large Grocery Store, 2019)

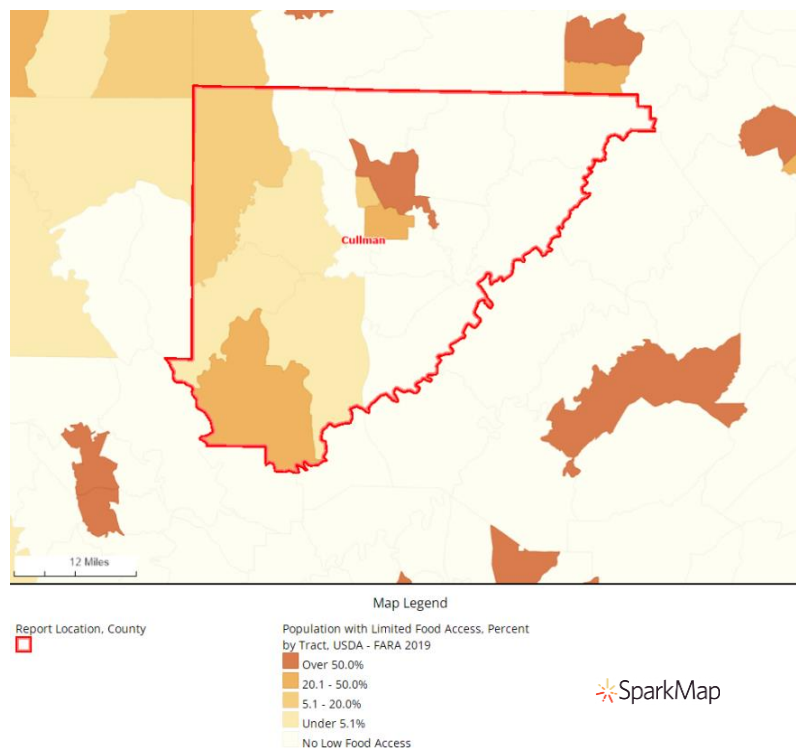


Sources: 

- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

Notes: 

- Low food access is defined as living far (more than 1 mile in urban areas, more than 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.



# PHYSICAL ACTIVITY

## ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

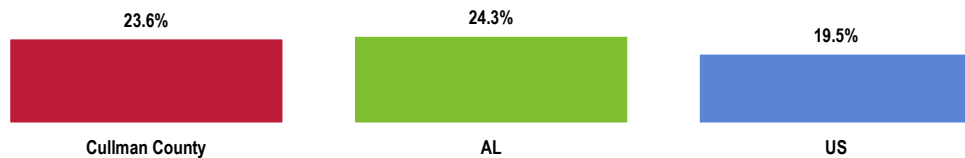
Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Leisure-Time Physical Activity

Below is the percentage of Cullman County adults age 20 and older who report no leisure-time physical activity in the past month. This measure is important as an indicator of risk for significant health issues such as obesity or poor cardiovascular health.

### No Leisure-Time Physical Activity in the Past Month (Among Adults Age 20 and Older, 2021) Healthy People 2030 = 21.8% or Lower



Sources: 

- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



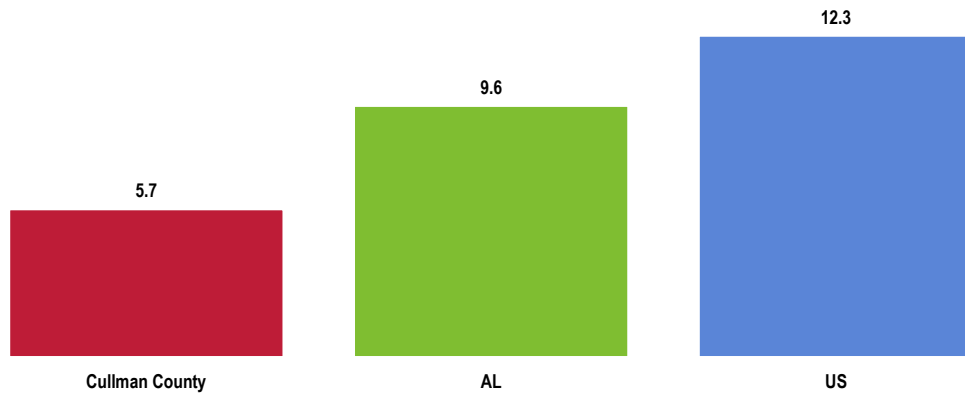
## Access to Physical Activity

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

The following chart shows the number of recreation/fitness facilities for every 100,000 population in Cullman County. This is relevant as an indicator of the built environment's support for physical activity and other healthy behaviors.

**Population With Recreation & Fitness Facility Access**  
(Number of Recreation & Fitness Facilities per 100,000 Population, 2022)



Sources: 

- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).

Notes: 

- Recreation and fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.





# WEIGHT STATUS

## ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared ( $m^2$ ). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches<sup>2</sup>)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9  $kg/m^2$  and obesity as a BMI  $\geq 30 kg/m^2$ . The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25  $kg/m^2$ . The increase in mortality, however, tends to be modest until a BMI of 30  $kg/m^2$  is reached. For persons with a BMI  $\geq 30 kg/m^2$ , mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25  $kg/m^2$ .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI ( $kg/m^2$ )
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	$\geq 30.0$

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

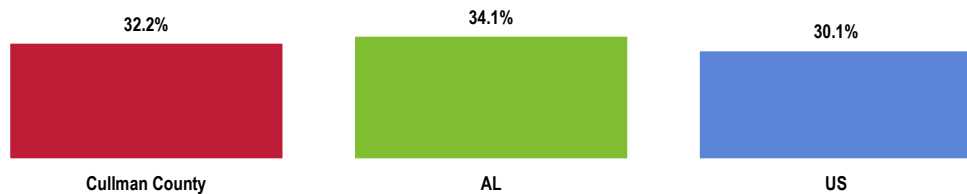


## Obesity

"Obese" includes respondents with a BMI value  $\geq 30.0$ .

Outlined below is the percentage of Cullman County adults age 20 and older who are obese, indicating that they might lead an unhealthy lifestyle and be at risk for adverse health issues.

### Prevalence of Obesity (Adults Age 20 and Older With a Body Mass Index $\geq 30.0$ , 2021) Healthy People 2030 = 36.0% or Lower



Sources: 

- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: 

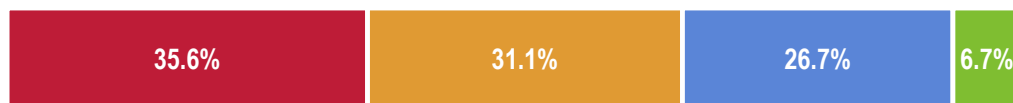
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

## Key Informant Input: Nutrition, Physical Activity & Weight

Key informants' ratings of *Nutrition*, *Physical Activity* & *Weight* as a community health issue are illustrated below.

### Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community (Key Informants; Cullman County, 2025)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: 

- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes: 

- Asked of all respondents.





## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### Awareness/Education

Poor education on proper diet and nutrition. – Physician

Lack of education or personal desire to treat the illness and/or modify risk factors. – Physician

One major issue is the role of school physical education has been diminished. It isn't required for each year of high school. Another reason is it costs more and is more labor intensive to eat healthy. – Community Leader

Lack of knowledge of how to eat healthy or how what they eat contributes to health issues, as well as easier access to processed/junk food than healthy food options. – Community Leader

### Access to Affordable Healthy Food

Cost and education and access to good healthy food. – Community Leader

Rising food costs, cheap foods often equal unhealthy choices. – Community Leader

Affordability and education to buy and eat better more nutritious foods is a problem, especially after inflationary increases in prices. It's just easier to eat fast and convenient vs. what is healthy and more nutritious. Weight gain seems to be an ongoing issue. Likely most affected by what we eat and the cost that associates higher prices now. There are plenty of places to walk, run, sports, and even work-out. I believe we have ample access in our community to increase physical activity... if nothing else join Planet Fitness for \$10 a month. So if access is not an issue, then it goes back to busyness and lack of desire. – Community Leader

### Lifestyle

Getting people to commit to a healthy lifestyle with more activity and healthy eating habits. – Social Services Provider

People have to take responsibility for their actions. They have to want to maintain a healthy lifestyle. Cost of food needs to be more affordable so they can purchase the right kind of food. People have to be educated about eating healthy, avoiding smoking, drinking, etc... getting more exercise – utilizing the facilities that are at their disposal such as the parks. – Community Leader

### Nutrition

Lack of focus on better overall health and not the fad diet of the month. More education and how people can determine their trajectory of better health. Cost effective access to the gym. Cost of fresh veggies and fruits, etc. – Social Services Provider

### Obesity

More and more people seem to be over weight in our society and community. – Social Services Provider



# SUBSTANCE USE

## ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

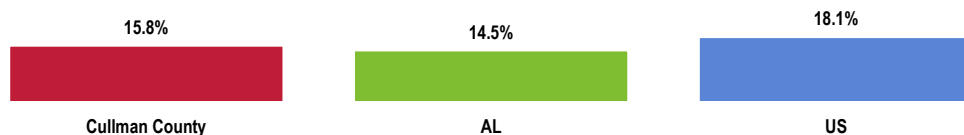
## Excessive Alcohol Use

**Excessive drinking** includes heavy and/or binge drinking:

- **HEAVY DRINKING** ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKING** ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

The following illustrates the prevalence of excessive drinking in Cullman County, as well as statewide and nationally. Excessive drinking is linked to significant health issues, such as cirrhosis, certain cancers, and untreated mental/behavioral health issues.

### Engage in Excessive Drinking (2021)

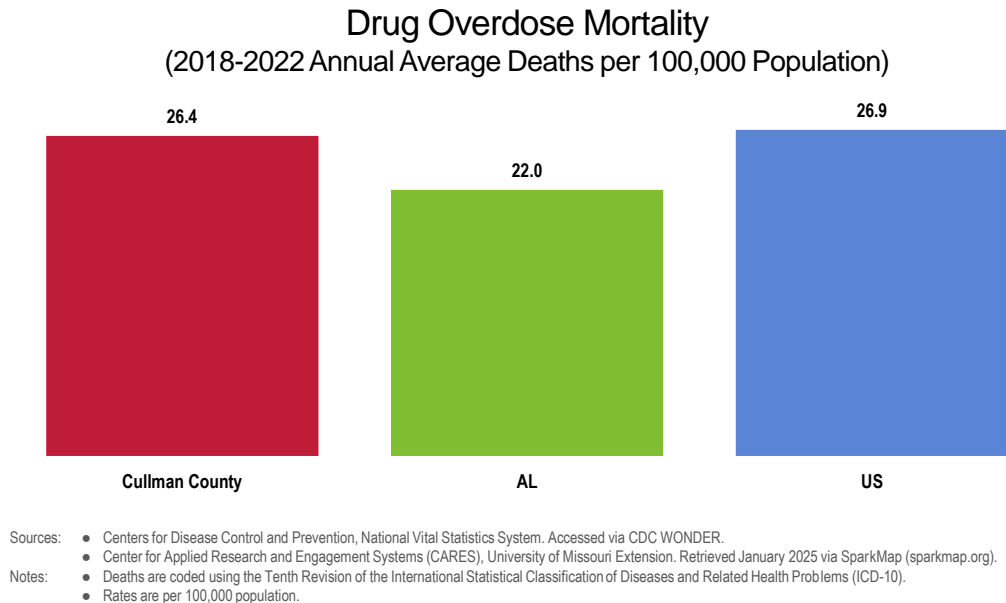


- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).
- Notes:
- Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period.



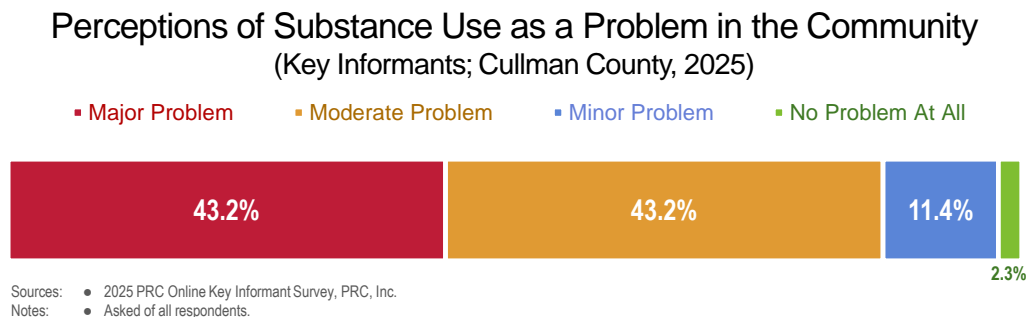
## Drug Overdose Deaths

The chart that follows illustrates death rates attributed to drug overdoses (all substances, excluding alcohol) for Cullman County, Alabama, and the US.



## Key Informant Input: Substance Use

Note the following perceptions regarding *Substance Use* in the community among key informants taking part in an online survey.



## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### Denial/Stigma

Stigma of needing help and accountability. The ease at which illegal substances are available. – Social Services Provider

The number one reason people do not seek treatment is that they do not believe they have a problem, and if someone does seek treatment, the community shames them. – Social Services Provider



## Income/Poverty

The patient and financial. – Physician

Financial means, family support structure, space in these treatment centers. – Community Leader

## Law Enforcement

Fear of arrest for illegal drugs, embarrassment, unwillingness to acknowledge problem, lack of insurance, fear of job loss and education. – Social Services Provider

First – Law Enforcement to keep drugs out – secondly education of young people to not put harmful substances in your body. – Community Leader

## Affordable Care/Services

The greatest barriers to accessing substance abuse treatments for people in Cullman County include financial, systemic, and personal barriers. High costs, lack of insurance coverage, and expenses make care unaffordable. While limited facilities, long wait times, and shortages of specialized programs restrict availability. Stigma, fear of judgement, and misconceptions about treatment deter many, as do personal challenges like denial, fear of withdrawal and/or legal liabilities, and other occurring mental health issues. – Community Leader

## Co-Occurrences

I think this is a two-fold problem. Most substance, not all, abuse comes from untreated mental health issues. These individuals typically are self-medicating with substances in order to cope with their underlying mental health issue. If we can help reduce the mental health issues, it should also positively impact the substance abuse issues. – Community Leader

## Delta 8

Over-the-counter Delta 8 and other products that claim to a range of benefits but are in reality dangerous drugs that many are dependent on. Delta 8 and other substances often trigger psychosis and sometimes violent or self-destructive behavior. – Other Health Provider

## Disease Management

Consumer accountability, no sanctions for not completing programs, affordability of treatment, transportation to get to treatment and family support. – Social Services Provider

## Incidence/Prevalence

Significant drug use in this area. – Physician

## Insurance Issues

Getting approval from insurance, expensive, availability to facilities and access. – Community Leader

## Most Problematic Substances

Note below which substances key informants (who rated this as a “major problem”) identified as causing the most problems in Cullman County.

### SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)

Alcohol	36.4%
Methamphetamines or Other Amphetamines	36.4%
Heroin or Other Opioids	18.2%
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	9.1%



# TOBACCO USE

## ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Cigarette Smoking Prevalence

Tobacco use is linked to the two major leading causes of death: cancer and cardiovascular disease. Note below the prevalence of cigarette smoking in our community.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

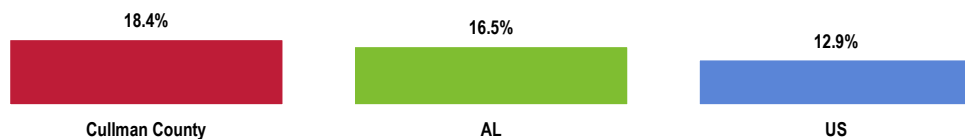
*“Have you smoked at least 100 cigarettes in your entire life?”*

*“Do you now smoke cigarettes every day, some days, or not at all?”*

Cigarette smoking prevalence includes those who report having smoked at least 100 cigarettes in their lifetime and who currently smoke every day or on some days.

### Prevalence of Cigarette Smoking (2022)

Healthy People 2030 = 6.1% or Lower



Sources: 

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: 

- Includes those who report having smoked at least 100 cigarettes in their lifetime and currently smoke cigarettes every day or on some days.



## Key Informant Input: Tobacco Use

Below are key informants' ratings of Tobacco Use as a community health concern.

### Perceptions of Tobacco Use as a Problem in the Community (Key Informants; Cullman County, 2025)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.

## Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

### E-Cigarettes

Zins and vapes are widespread. We do not know what lasting effects these products will have on young people's health and bodies. – Social Services Provider

Still used in the original form or vaping by many people. Large number of COPD patients. Unknown level of lung damage from vaping. – Physician

Tobacco to me now includes vaping which is incredibly popular among school aged children. – Community Leader

### Impact on Quality of Life

Health issues related to use. – Social Services Provider

### Incidence/Prevalence

Significant amount of population is still using tobacco products. – Physician



# SEXUAL HEALTH

## ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

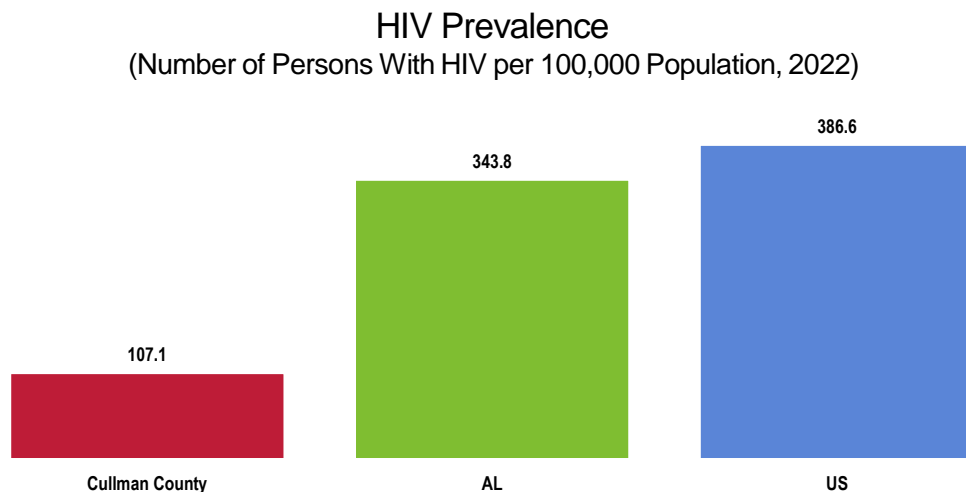
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## HIV

The following chart outlines the prevalence of HIV in our community, expressed as a rate per 100,000 population. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.



Sources:

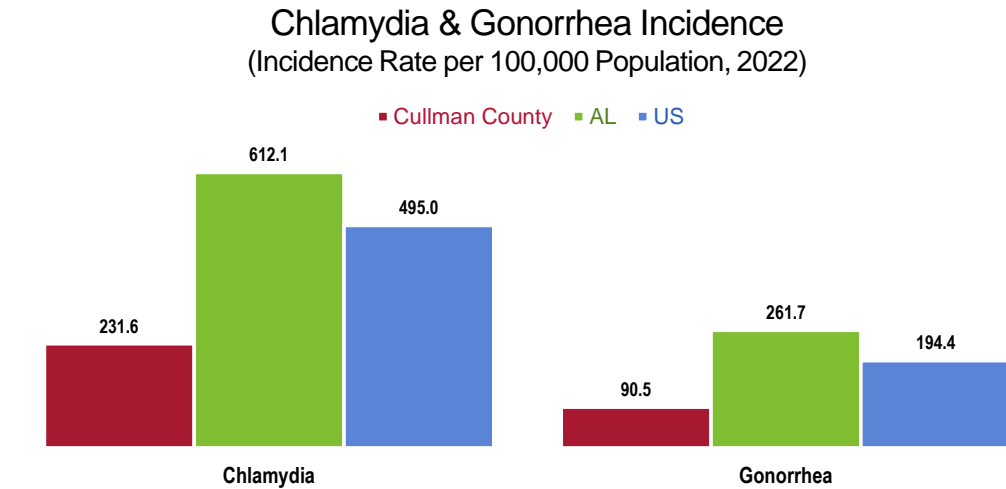
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).



## Sexually Transmitted Infections (STIs)

### Chlamydia & Gonorrhea

Chlamydia and gonorrhea are reportable health conditions that might indicate unsafe sexual practices in the community. Incidence rates for these sexually transmitted diseases are shown in the following chart.

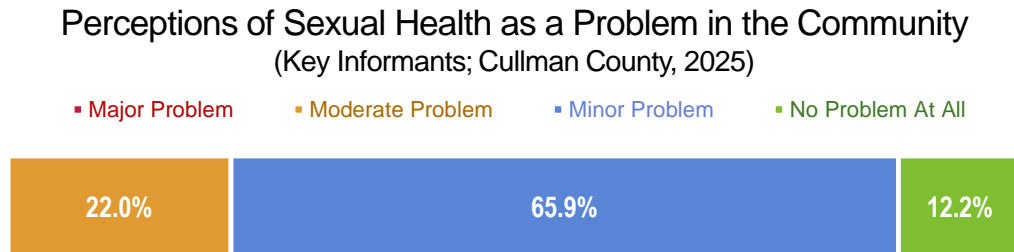


Sources: 

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

## Key Informant Input: Sexual Health

Key informants' ratings of *Sexual Health* as a community health concern are shown in the following chart.



Sources: 

- 2025 PRC Online Key Informant Survey, PRC, Inc.

  
Notes: 

- Asked of all respondents.







# ACCESS TO HEALTH CARE

# BARRIERS TO HEALTH CARE ACCESS

## ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

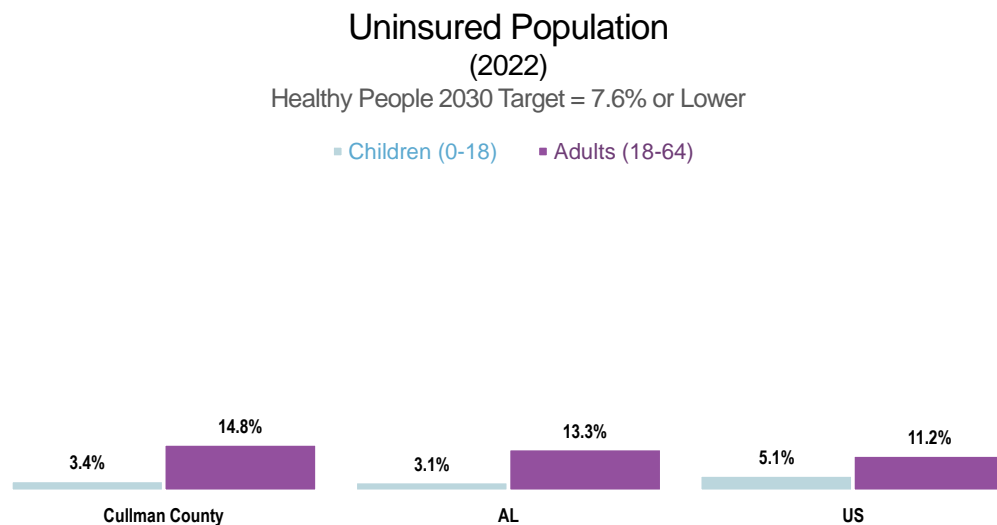
Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Lack of Health Insurance Coverage

Health insurance coverage is a critical component of health care access and a key driver of health status. The following chart shows the latest figures for the prevalence of uninsured adults (age 18 to 64 years) and of uninsured children (under the age of 19) in Cullman County.

Here, lack of health insurance coverage reflects those younger than 65 (thus excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans.



Sources:

- US Census Bureau, Small Area Health Insurance Estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



# Key Informant Input: Access to Health Care Services

Key informants' ratings of *Access to Health Care Services* as a problem in Cullman County is outlined below.

## Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants; Cullman County, 2025)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



Sources:   • 2025 PRC Online Key Informant Survey, PRC, Inc.  
Notes:   • Asked of all respondents.



# PRIMARY CARE SERVICES

## ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

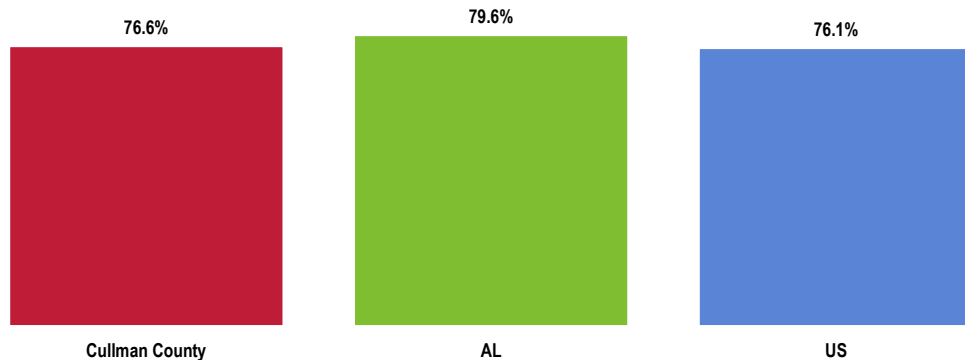
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (<https://health.gov/healthypeople>)

## Primary Care Visits

The following chart reports the percentage of Cullman County adults who visited a doctor for a routine checkup in the past year.

Primary Care Visit in the Past Year  
(2022)



Sources: 

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).

Notes: 

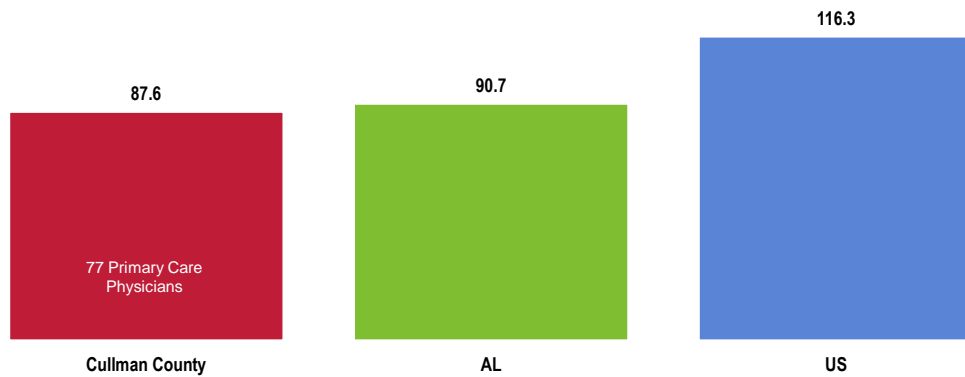
- This indicator reports the number and percentage of adults age 18 and older with one or more visits to a doctor for routine checkup within the past one year.



## Access to Primary Care

The following indicator outlines the number of primary care physicians per 100,000 population in Cullman County. Having adequate primary care practitioners contributes to access to preventive care.

**Access to Primary Care**  
(Number of Primary Care Physicians per 100,000 Population, 2024)



Sources: 

- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).

Notes: 

- Doctors classified as "primary care physicians" by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.



# ORAL HEALTH

## ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

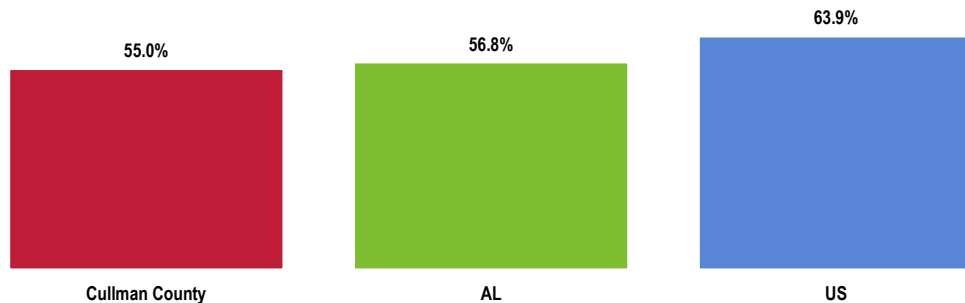
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Dental Visits

The following chart shows the percentage of Cullman County adults age 18 and older who have visited a dentist or dental clinic in the past year.

### Visited a Dentist or Dental Clinic in the Past Year (2022)

Healthy People 2030 = 45.0% or Higher



Sources:

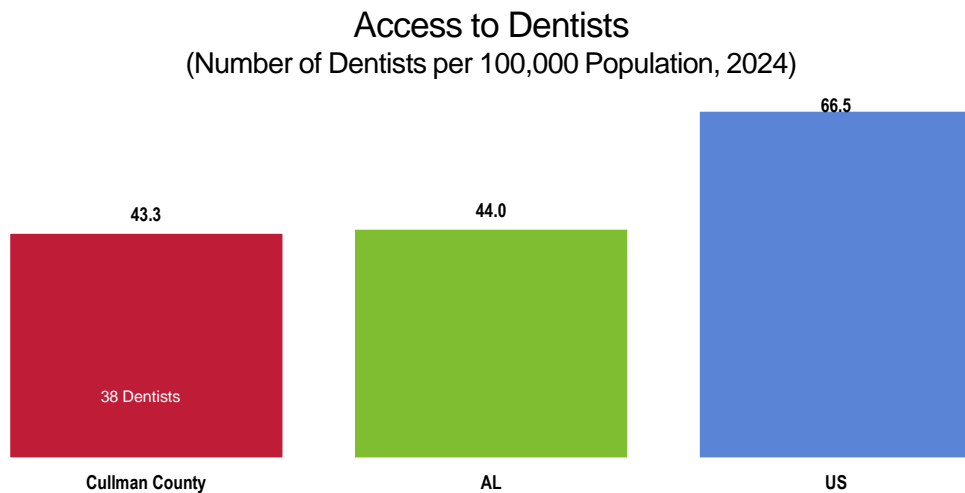
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap ([sparkmap.org](https://sparkmap.org)).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



## Access to Dentists

This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

The following chart outlines the number of dentists for every 100,000 residents in Cullman County.



Sources: 

- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2025 via SparkMap (sparkmap.org).

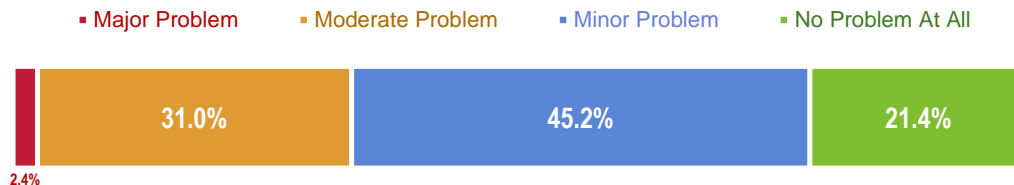
Notes: 

- This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD) — who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

## Key Informant Input: Oral Health

Key informants' perceptions of *Oral Health* are outlined below.

### Perceptions of Oral Health as a Problem in the Community (Key Informants; Cullman County, 2025)



Sources: 

- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes: 

- Asked of all respondents.







## LOCAL RESOURCES

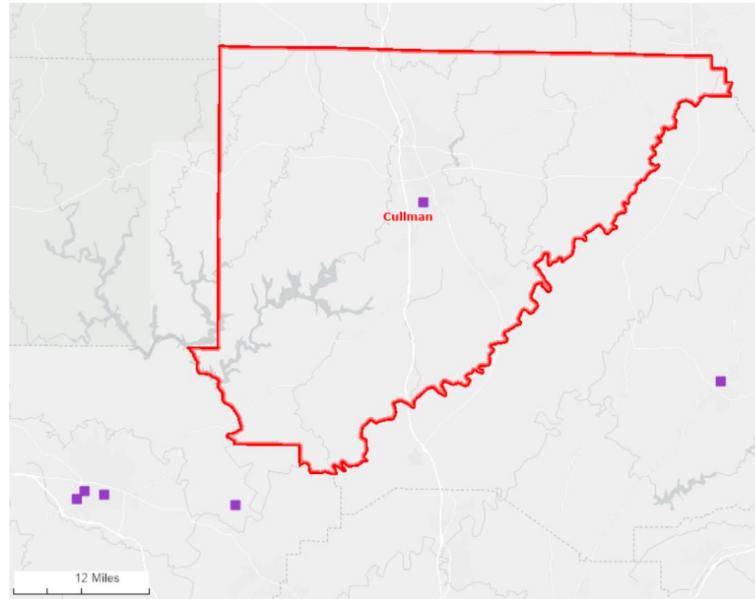


# HEALTH CARE RESOURCES & FACILITIES

## Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Cullman County.

FQHCs are community assets that provide health care to vulnerable populations; they receive federal funding to promote access to ambulatory care in areas designated as medically underserved.



SparkMap



## Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

### Cancer

- American Cancer Society
- Clearview Cancer Institute
- Cullman County Bosom Buddies
- Cullman Regional Medical Center
- Cullman Regional Medical Group Clinics
- Doctors' Offices
- Lifefirst Oncology

### Diabetes

- Aquatic Center
- Certified Diabetic Instructors
- Cullman County Extension Service
- Cullman Regional Medical Center
- Cullman Regional Medical Group Clinics
- Dance Studios
- Doctors' Offices
- Fitness Centers/Gyms
- Good Samaritan Health Clinic
- Health Department
- Hospitals
- Parks and Recreation
- Red Cross
- Senior Centers
- United Way
- Urgent Care
- Weigh Loss Medications

### Disabling Conditions

- Cullman Area Rural Transit System
- Cullman Regional Medical Center
- Doctors' Offices
- Fitness Centers/Gyms
- Lions Club
- Physical Therapy
- Senior Centers
- Therapeutic Exercises/Massage

### Heart Disease & Stroke

- American Heart Association
- Cullman Regional Medical Center
- Cullman Regional Medical Group Clinics
- Doctors' Offices
- Farmers' Market
- Health and Wellness Centers
- Northern Alabama Agriplex
- Parks and Recreation
- School System

### Injury & Violence

- City of Cullman Police Department
- Cullman County Sheriff's Office
- Victim Services

### Mental Health

- Churches
- Community Activities
- Counselors
- Court
- Cullman County Probate
- Cullman Mental Health Authority
- Cullman Regional Medical Center
- Cullman Regional Medical Group Clinics
- Doctors' Offices
- Family Support Services
- Garrison Gives Hope
- Good Samaritan Health Clinic
- Guiding Light Psychiatry
- Haven Counseling
- Hospitals
- Integrated Behavioral Health
- Jail
- Judicial System
- Mental Health Crisis Teams and Hotlines
- Mental Healthcare of Cullman
- Sanctuary
- School System
- The Link
- Turning Point Psychiatry



Wellstone  
Yellow Brick Road

### **Nutrition, Physical Activity & Weight**

Alabama Cooperative Extension System  
Aquatic Center  
Cullman County Extension Service  
Cullman Regional Medical Center  
Cullman Wellness and Aquatics Center  
Doctors' Offices  
Farmers' Market  
Fitness Centers/Gyms  
Good Samaritan Health Clinic  
Northern Alabama Agriplex  
Parks and Recreation  
Planet Fitness  
School System  
Senior Centers  
The Link  
Weight Loss Clinic  
Weight Watchers  
Wild Water

Narcan and Methadone Clinics  
Restoring Women's Outreach  
Sanctuary  
The Link  
Wellstone

### **Tobacco Use**

Cullman Regional Medical Center  
Doctors' Offices  
Self-Quit

### **Respiratory Diseases**

Cullman Regional Medical Center  
Cullman Regional Medical Group Clinics  
Doctors' Offices

### **Social Determinants of Health**

Community Action  
Cullman Housing Authority  
Good Samaritan Health Clinic  
Victim Services  
Wellstone

### **Substance Use**

AA/NA  
BHG Cullman Methadone Clinic  
Bradford Health System  
Churches  
Court  
Cullman County Court Referral  
Cullman Regional Medical Group Clinics  
Faith-Based Recovery Resources  
Foundry  
Good Samaritan Health Clinic  
Integrated Behavioral Health  
Jail  
Law Enforcement





# APPENDIX

# EVALUATION OF PAST ACTIVITIES

## Addressing Significant Health Needs

Cullman Regional conducted its last CHNA in 2022 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that Cullman Regional would focus on developing and/or supporting strategies and initiatives to improve:

- Mental Health
- Tobacco Use
- Nutrition, Physical Activity & Weight
- Heart Disease & Stroke
- Potentially Disabling Conditions
- Respiratory Disease

Strategies for addressing these needs were outlined in Cullman Regional's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Cullman Regional to address these significant health needs in our community.

## Evaluation of Impact

### Priority Area: Mental Health

Goal(s)	Develop existing behavioral health services to support more patients
---------	--

#### Strategy 1: Continue to offer outpatient psychiatric services through Medical Group Turning Point clinic

Strategy Was Implemented?	Yes
Target Population(s)	Individuals in Cullman County in need of outpatient psychiatric care
Partnering Organization(s)	Cullman Regional Physician Services, Cullman Regional Turning Point Clinic
Results/Impact	<ul style="list-style-type: none"><li>• Continued provision of full-time psychiatric care through a board-certified psychiatrist</li><li>• Ongoing recruitment efforts to meet community needs</li><li>• Hired a licensed professional counselor in December 2024</li><li>• 8,142 patient visits from 2022-2024</li></ul>



**Strategy 2: Continue to provide enhanced emergency care with dedicated behavioral health treatment area in ER**

Strategy Was Implemented?	Yes
Target Population(s)	Individuals in Cullman County experiencing mental health crises requiring emergency care
Partnering Organization(s)	Cullman Regional Emergency Department, Cullman Regional Turning Point Clinic, Cullman EMS, Cullman Regional Physician Services, Cullman Police Department, Cullman Sheriff's Office
Results/Impact	<ul style="list-style-type: none"> <li>Increased capacity to assess and stabilize behavior health patients in an appropriate environment</li> <li>Reduced wait times for mental health patients in the emergency department</li> <li>Improved patient safety through a secure, specially designed behavioral health treatment area</li> <li>3,672 patients have been cared for in the dedicated behavioral health area from 2022-2024.</li> </ul>

**Strategy 3: Continue to support and collaborate with partner organizations that also serve individuals with mental health challenges**

Strategy Was Implemented?	Yes
Target Population(s)	Individuals in Cullman County needing ongoing support for mental health and recovery services
Partnering Organization(s)	Cullman Police Department, Cullman Sheriff's Office, WellStone Behavioral Health, The Sanctuary at the Woodlands, The Foundry Farm Recovery Center, Lighthouse, Inc., Restoring Women Outreach, Alcoholics Anonymous- Cullman, SKG Foundation, Court System, The Link of Cullman County, Zero Suicide Project
Results/Impact	Strengthened and added new partnerships with local organizations to improve access to mental health resources

**Priority Area: Tobacco Use**

Goal(s)	Enhance awareness about the harmful effects of tobacco use and provide connections to helpful resources
---------	---

**Strategy 1: Explore ways to use hospital social media and other tactics to share important messages and resources about tobacco use**

Strategy Was Implemented?	Yes
Target Population(s)	Individuals in Cullman County using tobacco or community members seeking information about tobacco cessation
Partnering Organization(s)	Cullman Regional Physician Services, Cullman Regional Respiratory Therapy Department, Cullman Regional Pulmonology Clinic, Cullman Regional Marketing Department, The Lung Association, Alabama Department of Public Health, Quit Now Alabama
Results/Impact	Smoking cessation posts on the Cullman Regional Facebook page had a reach of 2,730 people.



**Strategy 2: Continue to offer tobacco counseling to patients at primary care appointments**

Strategy Was Implemented?	Yes
Target Population(s)	Cullman Regional patients who use tobacco or are at risk of tobacco-related health conditions
Partnering Organization(s)	Cullman Regional Medical Group, The Lung Association, Alabama Department of Public Health, Quit Now Alabama
Results/Impact	Patients are asked at least once a year if they smoke. If they do, providers counsel on health risks related to smoking and offer smoking cessation recommendations.

**Priority Area: Nutrition, Physical Activity & Weight**

Goal(s)	Connect individuals interested in weight loss with healthcare resources that can help them achieve and sustain weight loss goals
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**Strategy 1: Expand free information sessions on bariatric surgery to communities outside of Cullman**

Strategy Was Implemented?	Yes
Target Population(s)	Individuals in Cullman County and surrounding areas considering bariatric surgery or medical weight loss
Partnering Organization(s)	Cullman Regional Bariatric Center of Excellence, Cullman Regional Metabolic & Surgical Clinic, Cullman Regional Marketing Department
Results/Impact	<ul style="list-style-type: none"><li>• Two in-person information sessions were held in adjacent community.</li><li>• Expansion of in person information sessions was paused due to lead physician relocating to a different state. Plans are to use patient education video series to make information available to a wider audience.</li></ul>

**Strategy 2: Establish a weight loss support group**

Strategy Was Implemented?	Yes
Target Population(s)	Individuals who are interested in medical weight loss or have received bariatric surgery
Partnering Organization(s)	Cullman Regional Bariatric Center of Excellence, Cullman Regional Metabolic & Surgical Clinic
Results/Impact	Creation of a safe, supportive environment for individuals to share experiences and receive guidance

**Strategy 3: Produce patient education video series on weight loss**

Strategy Was Implemented?	Yes
Target Population(s)	Individuals who are interested in medical weight loss or have received bariatric surgery
Partnering Organization(s)	Cullman Regional Bariatric Center of Excellence, Cullman Regional Metabolic & Surgical Clinic, Cullman Regional Physician Services, Cullman Regional Medical Group, Cullman Regional Marketing Department
Results/Impact	First video has been produced and published. This project is on-going.





## Priority Area: Heart Disease & Stroke

Goal(s)	Enhance the community's access to more advanced cardiovascular and neurology care
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### Strategy 1: Recruit and employ neurologists

Strategy Was Implemented?	Yes
Target Population(s)	Individuals with age or other risk factors for neurological disorders
Partnering Organization(s)	Cullman Regional Physician Services, Cullman Regional Medical Group, Cullman Regional Comprehensive Neurology Care Clinic, Cullman Regional Marketing Department
Results/Impact	Two neurologists have been added to expand access to neurological care in Cullman Co

### Strategy 2: Invest in technology and systems for advanced cardiovascular care

Strategy Was Implemented?	Yes
Target Population(s)	Individuals in Cullman County at risk for cardiovascular complications
Partnering Organization(s)	Cullman Regional Emergency Department, Cullman Regional Cardiovascular Services, Cullman Regional Cardiology Clinic
Results/Impact	<ul style="list-style-type: none"> <li>Cullman Regional has added a new portable ultrasound machine, a new patient table, and CorVista testing capability.</li> <li>In 2024, the cardiovascular services department provided advanced care for more than 9,000 patients.</li> </ul>

### Strategy 3: Continue activities of hospital's designated heart failure team

Strategy Was Implemented?	Yes
Target Population(s)	Patients in the hospital and patients in the ER with heart attack symptoms or risks
Partnering Organization(s)	American Heart Association, Cullman Regional Emergency Department, Cullman Regional Nursing Units, Cullman Regional Quality Department, Cullman Regional Lab, Cullman Regional Cardiovascular Services
Results/Impact	The continued initiative of Cullman Regional's heart failure team has resulted in the hospital repeatedly earning American Heart Association Get with the Guideline achievement awards, including Get with the Guidelines Heart Failure Gold Plus.

### Strategy 4: Continue to partner with the American Heart Association and American Stroke Association on education and quality initiatives

Strategy Was Implemented?	Yes
Target Population(s)	Patients in the hospital and patients in the ER with stroke symptoms or risks
Partnering Organization(s)	Cullman Regional Quality Department, Cullman Regional Marketing Department, American Heart Association, American Stroke Association
Results/Impact	The hospital's quality initiatives and continued partnerships with American Heart and American Stroke has resulted in the hospital repeatedly earning achievement awards including Get with the Guidelines Heart Failure Gold Plus and Get With the Guidelines Stroke Gold Plus.





## Priority Area: Potentially Disabling Conditions

Goal(s)	Add specialty physician care to address the needs of patients with disabling conditions and complex diagnoses
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### Strategy 1: Establish outpatient palliative care clinic

Strategy Was Implemented?	Yes
Target Population(s)	Patients with possible diagnosis code appropriate for palliative care
Partnering Organization(s)	Cullman Regional Hospice, Cullman Regional Medical Group Hospitalists Group, Cullman Regional Internal & Family Medicine Clinic, Cullman Regional Pulmonology Clinic, Cullman Regional Neurology Clinic
Results/Impact	Cullman Regional's palliative care team provided specialized care during more than 1,000 clinic visits and inpatient consultations.

### Strategy 2: Provide hospitalized patients with palliative care services

Strategy Was Implemented?	Yes
Target Population(s)	Patients with possible diagnosis code appropriate for palliative care
Partnering Organization(s)	Cullman Regional Hospice, Cullman Regional Medical Group Hospitalists Group, Cullman Regional Internal & Family Medicine Clinic, Cullman Regional Pulmonology Clinic, Cullman Regional Neurology Clinic
Results/Impact	Cullman Regional's palliative care team provided specialized care during more than 1,000 clinic visits and inpatient consultations.

## Priority Area: Respiratory Disease

Goal(s)	Enhance the community's access to more specialty physician care for respiratory disease
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### Strategy 1: Establish a post-COVID care clinic

Strategy Was Implemented?	No
Target Population(s)	N/A
Partnering Organization(s)	N/A
Results/Impact	Plans for post-covid clinic were paused due to lead providers relocating to a different community.

### Strategy 2: Continue to ensure that the community has access to local pulmonology care

Strategy Was Implemented?	Yes
Target Population(s)	Individuals with age or other risk factors for respiratory disease or disorders
Partnering Organization(s)	Cullman Regional Physician Services, Cullman Regional Medical Group, Cullman Regional Pulmonology Clinic
Results/Impact	Cullman Regional continues to operate an outpatient pulmonology clinic staffed with a board-certified pulmonologist and nurse practitioner

