



2019

Community Health Needs Assessment

Russellville Hospital

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Russellville, Alabama 35653

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2019 Community Health Needs Assessment

I. Executive Summary

As required by the Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA), Russellville Hospital is to complete a Community Health Needs Assessment (CHNA) every three years. Russellville Hospital became a not-for-profit hospital January 1, 2015. Russellville Hospital's first Community Health Needs Assessment was completed December 2016, and an overview of our progress with the 2016 implementation strategies is presented in Appendix 3.

A CHNA is an important tool to identify the health needs of a community. The results assist in prioritizing health needs for the proper allocation of resources and the creation of new partnerships to improve the health of the service area. Rural hospitals now more than ever are challenged to maximize the use of their resources to meet the needs of the communities served.

The CHNA process was conducted under the direction of Russellville Hospital's Administrative team. The framework used during the process was a community-focused strategic planning process that obtained input from community representatives that represent the broad interest of the community served by the hospital, including knowledge of public health. The community committee met during the CHNA process to discuss strategy, review available public health data, analyze the community health survey results, and prioritize the public health issues that are prevalent in the community. The 2019 community health priorities identified by the committee and approved by the hospital Board of Directors are:

Cancer Chronic Disease Management Substance Abuse

An implementation strategy that addresses the issues identified above has been created by Russellville Hospital. The strategy will seek to leverage valuable partnerships and resource allocation, collaboration with partners for collective impact while deploying specific

interventions within the community. The outcomes and results of these interventions will be followed and re-examined in preparation for the next CHNA scheduled for 2022.

II. INTRODUCTION

In accordance with the guidelines set forth in the Affordable Care Act, the Community Health Needs Assessment (CHNA) has been conducted by Russellville Hospital to better understand the needs and resources within the community in which the hospital operates to guide strategic planning. The CHNA process was directed by the Russellville Hospital Administrative Team. An overview of the CHNA process in general and approach methodology utilized in the process is detailed below.

CHNA Development Overview

The CHNA process must consider input from “persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of our expertise in public health.”

Project Objectives

The CHNA project objectives for Russellville Hospital are as follows:

The objective is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of the hospital. The data obtained during this process will be utilized to inform decisions and guide efforts to improve community health and wellness. The process will provide information so that communities may identify issues of great concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. The CHNA will serve as a tool toward reaching three basic goals:

- To improve residents’ health status, increase their life spans, and elevate their overall quality of life.
- To reduce the health disparities among residents.
- To increase accessibility to preventative services for all community residents.

Approach

The approach for completing the CHNA process is as follows:

- Describe the process and methods used to conduct the assessment.
- Sources of data, and dates retrieved.
- Analytical methods applied.
- Information gaps impacting ability to assess the needs; and

- Identify with whom the Hospital collaborated.
- Describe how the hospital gained input from community representatives.
- When and how the organization consulted with these individuals.
- Names, titles, and organizations of these individuals; and
- Any special knowledge or expertise in public health possessed by these individuals.
- Describe the process and criteria used in prioritizing health needs.
- Describe existing resources available to meet the community health needs.
- Identify the programs and resources the hospital facility plans to commit to meeting each identified need and the anticipated impact of those programs and resources on the health need.

Russellville Hospital Overview

Russellville Hospital is a 49-bed acute care facility located in Franklin County, Alabama. The facility services patients from across northwest Alabama, including residents of Winston and Marion Counties. The hospital is fully accredited by The Joint Commission. Among its many services, the hospital provides 24-hour Emergency Room, Intensive Care Unit/Cardiac Care Unit, Respiratory Therapy, Inpatient and Outpatient Diagnostic and Treatment Services, Rehabilitation Services, Cardiac Catheterization, Ambulatory Surgery, Laboratory, Wound Care and Home Health. The medical staff provides physician services in the following areas: Anesthesiology, Cardiology, Emergency Medicine, Family Practice, General Surgery, Internal Medicine, Neurology, Gynecology, Orthopedics, Pathology, Pediatrics, Podiatry, Radiology, Urology and Vascular Surgery. The hospital also serves as an educational clinic for local nursing, laboratory, and radiology students.

III. DEMOGRAPHICS

Definition of Area Served

Utilizing discharge data from Russellville Hospital for 2017, 2018 and year-to-date 2019, the zip codes presented below represent approximately 92 percent of total discharges

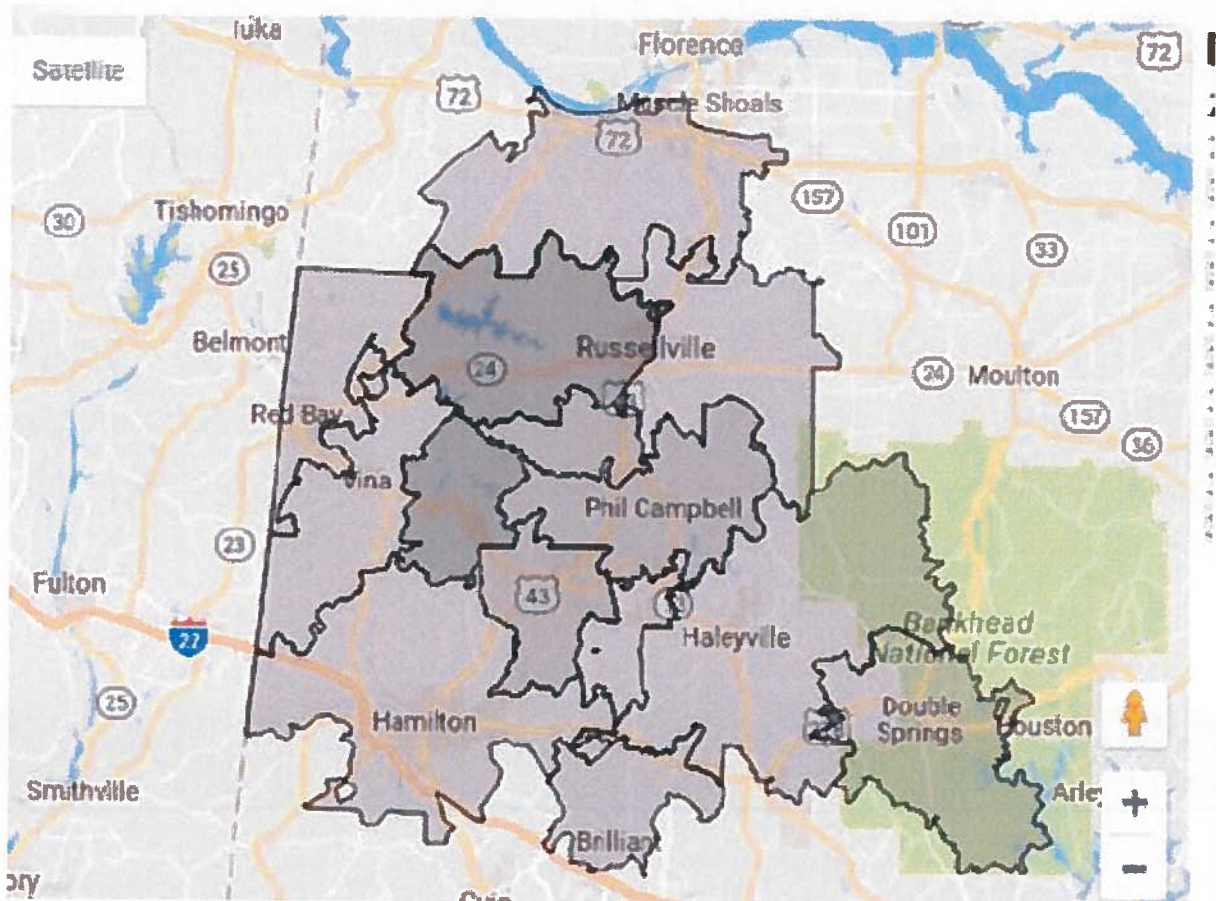
Russellville Hospital	County Name	City Name	State Name
35653	Franklin County	Russellville	Alabama
35654	Franklin County	Russellville	Alabama
35581	Franklin County	Phil Campbell	Alabama
35565	Winston County	Haleyville	Alabama
35564	Marion County	Hackleburg	Alabama
35570	Lamar County	Hamilton	Alabama
35585	Franklin County	Spruce Pine	Alabama

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35571	Franklin County	Hodges	Alabama
35674	Colbert County	Tuscumbia	Alabama
35543	Marion County	Bear Creek	Alabama
35651	Lawrence County	Mount Hope	Alabama
35582	Franklin County	Red Bay	Alabama
35593	Franklin County	Vina	Alabama
<hr/>			
92%			

With over 73% of total discharges originating from Franklin County, the primary service area (PSA) for the purposes of the CHNA will be defined as and limited to Franklin County.

Service Area Map



Franklin County Alabama is in Northwest Alabama between Birmingham, Memphis and Nashville geographically. Within Alabama, Franklin's neighboring counties include Colbert

to the north, Lawrence to the east, and Winston and Marion to the south. The county seat is Russellville.

Russellville Hospital
Franklin County, Alabama



Based on the most recent U.S. Census Bureau data available, the Franklin County population is 31,704¹ and has held relatively steady over the past 15 years and has nearly a 1 to 1 gender ratio. Franklin County is predominately ethnically comprised of White (83%) and Hispanic (15%) groups. Further the median age of the community is in line with state and national averages.

See table below for a summary of the most recent demographic details available per the U.S. Census Bureau for Franklin County.

¹ All population information, unless otherwise cited, sourced from U.S. Census Bureau – American FactFinder

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DEMOGRAPHICS			
Demographics	United States	State of Alabama	Franklin County
POPULATION AND COMMUNITY OVERVIEW			
Total	308,745,538	4,779,736	31,704
Female	50.8%	48.3%	50.1%
Male	49.2%	51.7%	49.9%
Median Age	35.8	35.8	
Race			
White	72.4%	71.1%	83%
Black or African American	12.6%	26.0%	3.9%
American Indian and Alaska Native	0.9%	0.5%	0.7%
Asian	4.8%	0.7%	0.2%
Hispanic (of any Race)	16.3%	1.7%	14.9%
Age			
Under 5 years	6.5%	6.7%	3.5%
5 to 19 years	20.4%	21.6%	9.8%
20 to 44 years	33.6%	35.9%	15.2%
45 to 64 years	26.4%	19.9%	12.9%
65 and older	13.1%	13%	8.6%
SOCIOECONOMIC			
Education			
Age 25+ with Less Than High School	12.6%	14.7%	15%
High School Graduate	27.3%	30.9%	62.1%
Bachelor's Degree or Higher	19.1%	15.4%	9.7%
Unemployment		7.4%	3.2%
Median Household Income	57,652	46,472	39,501
Poverty Rate			
Overall	14.6%	18%	15.2%
Children Living in Poverty	20.3%	26%	22%
By Educational Attainment			
Less than High School Graduate	26.4%	30.4%	27.2%
High School Graduate	14.1%	16.4%	15.6%
Some College or associate degree	10.2%	11.8%	11.3%
Bachelor's Degree or Higher	4.5%	4.4%	6.2%

As displayed in the preceding table, the median household income for the county is \$39,501 which is 15% lower than the state of Alabama. Educational attainment is also lower than both the state and national averages. Accordingly, over 15% of primary service area population is living in poverty. Unemployment is lower than the state average at 3.2% vs 7.4.

Demographic as Health Indicators

Research indicates that people living on limited incomes are more likely to forego visits to the doctor in order to meet their more pressing financial responsibilities.² Low-income wage earners are also less likely to be covered by an employer's health insurance program, and if they are covered, they are often less able to pay their share of health expenses. Educational attainment and family or household income are two indicators commonly used to assess the influence of socioeconomic circumstances on health. Education is as strong determinant of future employment and income. In the majority of persons, educational attainment reflects material and other resources of family origin and the knowledge and skills attained by young adulthood; therefore, it captures both the long-term influence of early life circumstances and the influence of adult circumstances on adult health. Income is the indicator that most directly measures material resources. Income can also influence health by its direct effect on living standards.

As mentioned above, the PSA's median household income of \$39,501 is substantially lower than the median household income for the state of Alabama of \$46,472 and the United States of \$57,652. Research is clear that poverty is the single greatest threat to children's well-being.³ While an adult may fall into poverty temporarily, falling into poverty in childhood can last a lifetime – rarely does a child get a second change at an education or healthy start in life. As such, child poverty threatens not only the individual child, but is likely to be passed on to future generations, entrenching and even exacerbating inequality in society. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. The demographic indicators of low income, lower educational attainment and poverty rates all contribute to the health status of the primary service area.

IV. Community Health Assessment Methodology and Findings

With a focus on the demographic health indicators in the preceding section of this report, a Community Health Needs Committee was formed by Russellville Hospital that represents the broad interest of the community to weigh in on health issues that are impacting the population. A survey was generated to inquire about the community and prioritize issues that impact health. The survey was posted online and distributed throughout the community. Additionally, hard copies of the survey were also distributed.

² DeNavas-Walt C, Proctor BD, Mills RJ. Income, Poverty, and Health Insurance Coverage in the United States: 2003. U.S. Census Bureau, Current Population Reports, P60-226. U.S. Government Printing Office, Washington, DC 2004.

³ Nation Center for Children in Poverty

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The methodology utilized in this assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a survey that was deployed to the community along with the expertise provided by the Community Health Needs Committee that was formed by the Hospital.

Community Health Needs Committee

The goal of establishing the Community Health Needs Committee for this process was to solicit input from residents of the PSA that represent the diverse (underserve, chronically ill, low income and minority populations) views of the community and to promote the broad interest of those served by the Hospital. The committee established by Russellville Hospital and their associated community roles or occupations are as follows:

Name	Community Role or Occupation
Christine Stewart	Hospital Chief Executive Officer
Tracy Martin	Hospital Chief Financial Officer
Pam Welborn	Hospital Chief Clinical Officer
Keri Moody	Practice Manager
Dana Buckhalter	Hospital Director of Emergency Department
Bill Foster	CPA and Hospital Board Member
Leah Yocum	Franklin County Public Health
Maria Macias	Hospital Employee
Thomas Uptain	Community Member
Dr. Wayne Ray	Retired Educator

The committee met at Russellville Hospital and provided direction for the following responsibilities:

- Interpreting and understanding CHNA requirements and deadlines
- Compiling and interpreting the data accumulated through the survey
- Achieving consensus, with its identified community partners, citizens and public health experts, in identifying the top health issues facing its community.
- Developing the Hospital's implementation strategy to address the findings of the CHNA.

Survey

Russellville Hospital's primary data collection vehicle for determining public perception about the various needs of the community was a survey, seeking input regarding demographics and health status. In order to seek input from the medically underserved, chronically ill and low-income individuals to ensure input from the overall population, the survey was distributed by community partners. Additionally, the survey was available to the public via a link on the hospital's main website from October 2019 to December 2019. In order to better gauge the community's perception of the local health needs, the community was asked what they perceive to be the most important health issues in their community. A total of 91 surveys were received in electronic and paper format. The full survey can be found in the appendix to this report and the associated results for Russellville Hospital are as follows:

93 Total Responses

Gender

Male 30%

Female 70%

Age

18-24 3%

25-34 7%

35-44 19%

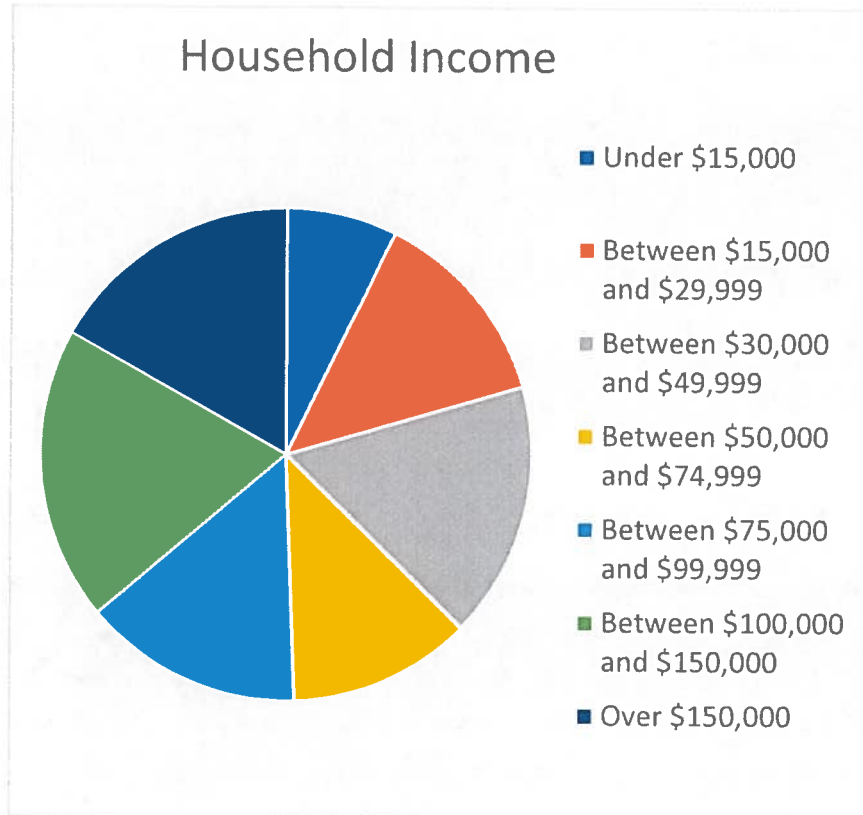
45-54 14%

55-64 25%

65+ 32%

Of the 93 survey respondents, approximately 70% were female and 30% were male. The survey was successful in capturing respectable diversity with the age and ethnicity of the respondents. 86% of the respondents were White or Caucasian, 8% Black or African American and 6% Hispanic or Latino. Educational levels and household income levels of the respondents were also diverse.

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Education Level

Less Than High School 1%

High School/GED 16%

Some College 18%

2 Year Associates 12%

4 Year College 22%

Masters 14%

Doctoral 4%

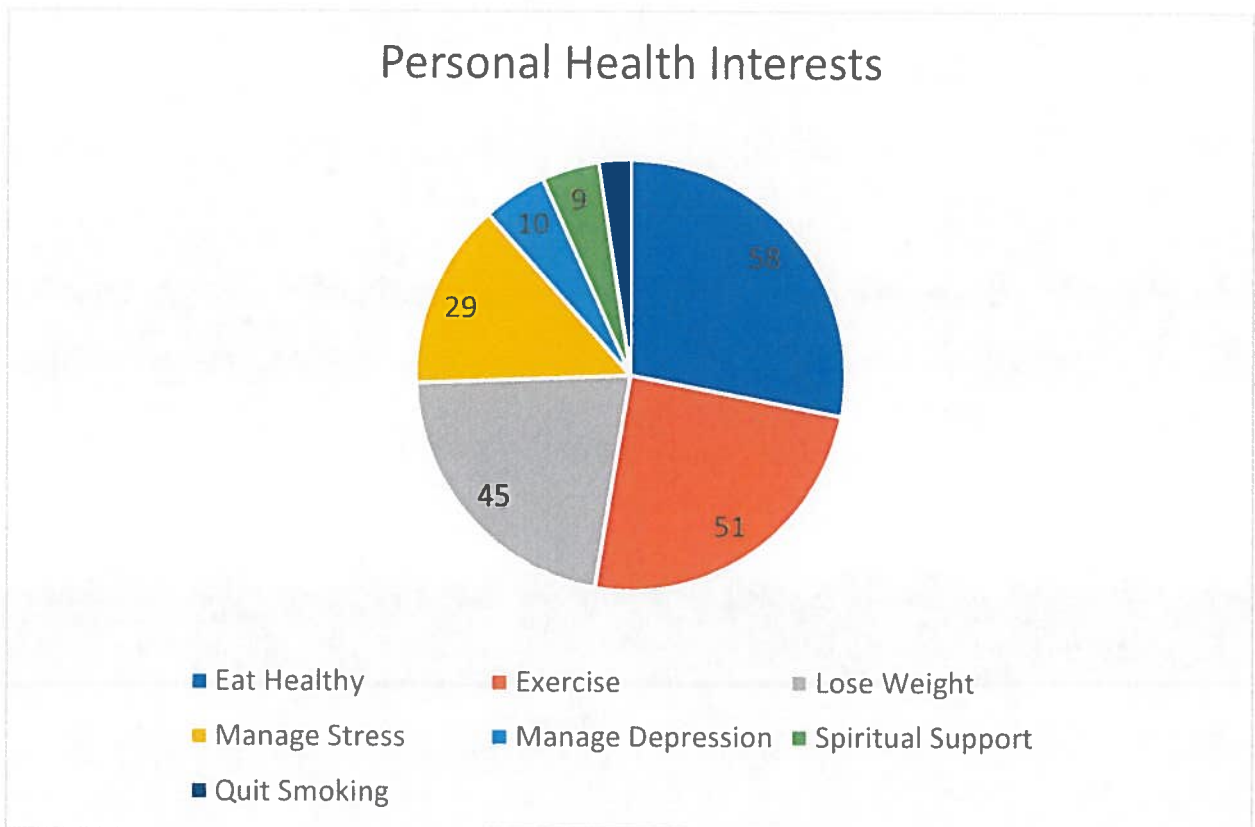
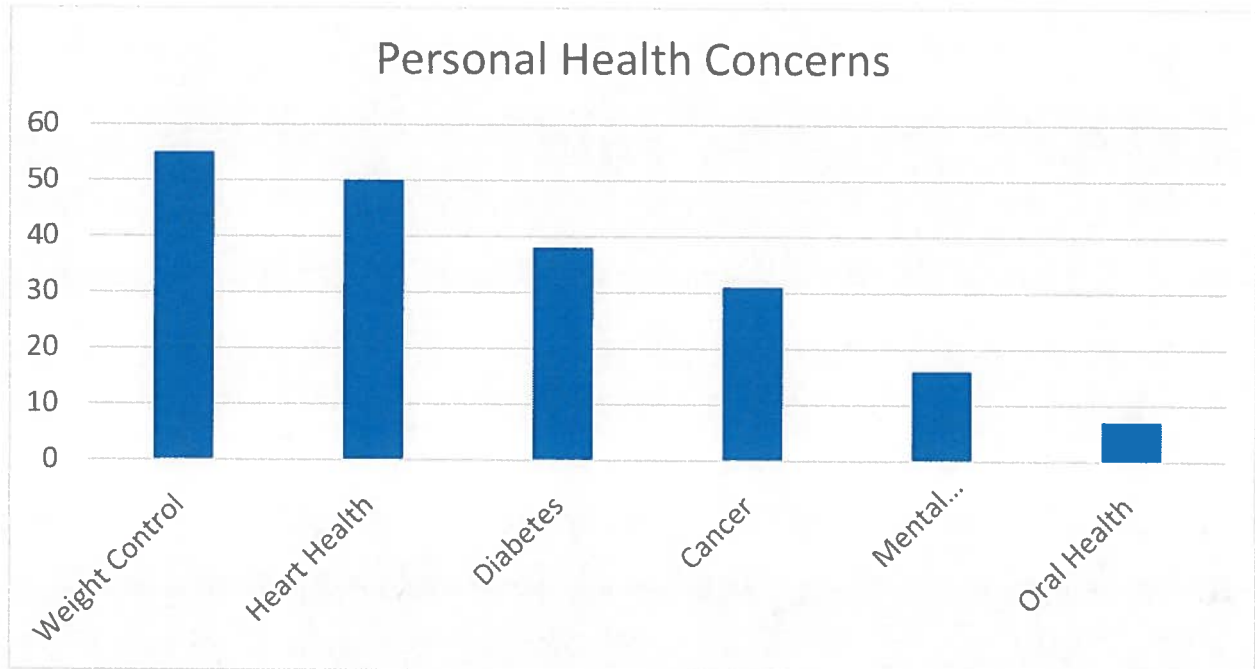
MD/JD 4%

Employed Full Time 68%

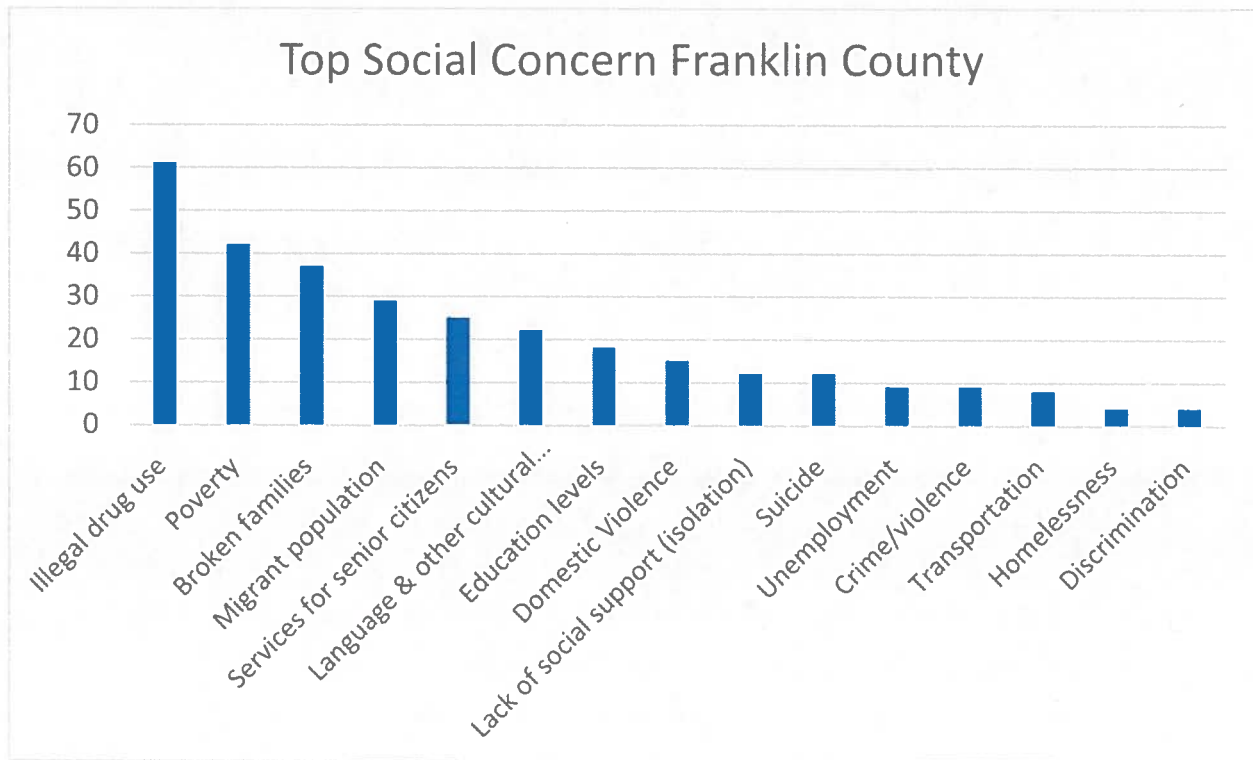
5% Part Time

27% Retired

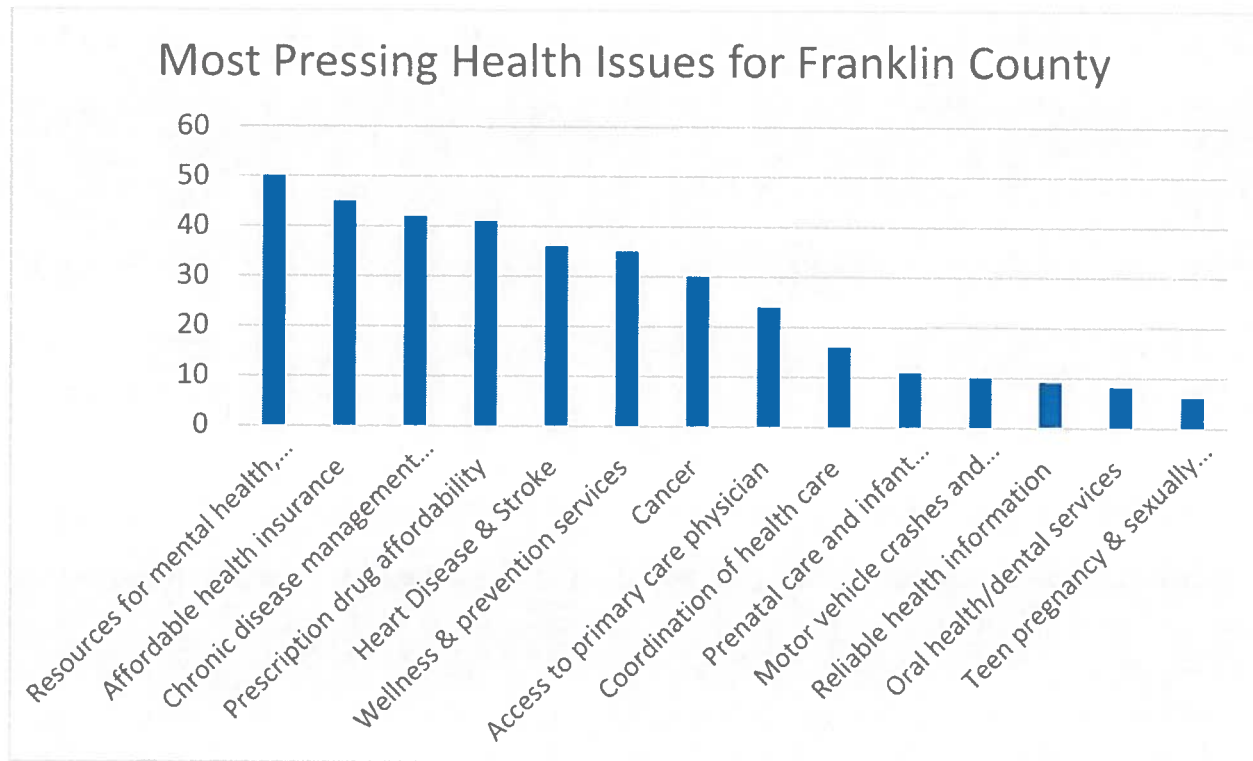
Subsequent to the demographic series of questions the survey inquired of the respondent's personal health concerns and their perception of the health of the community. Weight control was noted to be the largest personal health concern identified. Eating Healthy, Exercise and Losing Weight were the top items the respondents were interested in doing to become healthier. See graph below for additional details.



The survey respondents indicated that within Franklin County, the top social concerns were illegal drug use, poverty and broken families as displayed in the table below.



On a similar scale as the social concerns question, the survey inquired into the health concerns that need to be addressed within the community as displayed below.



As part of the assessment process, the Community Health Needs Committee was presented the top ten most significant health issues, as summarized above, facing the primary service area and requested to rank them based on their expertise. The Committee was provided with state and local data to assist them in determining the highest priority health care needs in the community. Consideration of community resources, budgetary constraints, available personnel and hospital “mission and vision” were all considerations in selecting which health needs to prioritize and address through the CHNA implementation plan strategy.

From the top ten areas of need, the Community Health Needs Committee eliminated health insurance and prescription drug affordability from the list. While they are significant areas of need for the rural community, affordability of insurance and prescription drugs are national health concerns that will more than likely need to be handled through the highest levels of legislation. Further, given the hospitals limited footprint, any efforts in stemming these issues would more than likely be met with minimal positive results. Consequently, after careful thought, debate and a through review of local health data and available community resources, the Committee determined the following health needs which will be targeted for interventions by the CHNA committee in the implementation plan.

- 1. Cancer**
- 2. Chronic Disease Management**
- 3. Addiction/Substance Abuse**

The leading causes of death in Alabama are Heart Disease, Cancer and Respiratory Diseases. Franklin County Cancer deaths are most attributed to Lung, Colorectal and Breast Cancer.

V. Identified Community Health Needs

Cancer⁴

Incidence and death rates for all cancers have been declining due to advances in research, detection and treatment, yet, cancer remains a leading cause of death in the United States. Sources or causes of cancer are widespread, but many cancer types are preventable by reducing risk factors such as: use of tobacco products, physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, obesity has emerged as a new risk factor for developing certain cancers, including colorectal, breast, and kidney cancers. Clinical evidences show that a continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases, per Healthy People 2020. Further, it is important to note that screening is highly effective in identifying some types of cancers, including, but not limited to the following: breast cancer (using mammography), cervical cancer (using Pap tests), colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy). Cancer is one of the leading causes of death for Franklin County residents⁵ with lung, colorectal and female breast cancer being the most common cancer deaths.

Chronic Diseases

Per the Center for Disease Control, the top cause of death in the state of Alabama is heart disease. Heart Disease and stroke are the most widespread and costly health problems facing the United States today. Fortunately, they are also among the most preventable. Currently, heart disease is the number one cause of death for both men and women in the United States, claiming approximately 1 million lives annually. Heart Disease is also the leading the cause of death in Franklin County. Additionally, diabetes often presents as a co-morbidity with other diseases, and has prevalence in Franklin County as it is the 6th leading cause of death with the county.

⁴ All cancer-related information, unless otherwise cited, sourced from National Cancer Institute-State Cancer Profiles

⁵ http://alabamapublichealth.gov/healthstats/assets/113causes_2015.pdf

Substance Abuse

According to the Nation Institute on Drug Abuse⁶, Alabama had 18 drug overdose deaths per 100,000 in 2017. Alabama was also the highest prescribing rate for opioids although the percentage as declined since years prior. According to the Center on Addiction⁷, Alabama spends 12.95 of the state budget on substance abuse. These statistics indicate a community need for priority areas related to substance abuse.

VI. Conclusion

This Community Health Needs Assessment was assembled to give readers an overview of the community's public health trends and to provide a platform to increase the communication to improve the lives of residents. The findings from this process demonstrate that residents are at increased risk for unhealthy living. After examining all the data sources used to create this report- the survey results, the input from the CHNA Committee, and various secondary data that were analyzed – the priority areas were developed as identified in Appendix 2.

⁶ <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/alabama>

⁷ <https://www.centeronaddiction.org/addiction/state-spending-addiction-risk-use>

Appendix 1



Help Us Help You Complete the Community Health Needs Assessment Survey

This survey is completely anonymous. Your identity will not be revealed to those collecting the survey or in compiling or presenting the results.

1. Gender

- ☐ Male
- ☐ Female

2. Age

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+

3. Ethnicity

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian or Asian American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Another race

4. Household Income

- ☐ Under \$15,000
- ☐ Between \$15,000 and \$29,999
- ☐ Between \$30,000 and \$49,999
- ☐ Between \$50,000 and \$74,999
- ☐ Between \$75,000 and \$99,999
- ☐ Between \$100,000 and \$150,000
- ☐ Over \$150,000

Appendix 1

5. Employment

- ☐ Employed Full Time
- ☐ Employed Part Time
- ☐ Full Time Student
- ☐ Retired
- ☐ Unemployed

6. Level of Education

- ☐ Less than High School
- ☐ High School/GED
- ☐ Some College
- ☐ 2 Year College Degree (Associates)
- ☐ 4 Year College Degree (BA, BS)
- ☐ Master's Degree
- ☐ Doctoral Degree
- ☐ Professional Degree (MD, JD)

7. What are your personal health concern(s)? Check all that apply.

- ☐ Cancer
- ☐ Diabetes
- ☐ Heart Health
- ☐ Mental Health/Depression
- ☐ Oral Health
- ☐ Weight Control
- ☐ Other (please specify)

Appendix 1



8. What do you see as the most pressing health issues facing Franklin County and the surrounding counties?

- ☐ Wellness & prevention services
- ☐ Prenatal care and infant mortality
- ☐ Coordination of health care
- ☐ Prescription drug affordability
- ☐ Access to primary care physician
- ☐ Affordable health insurance
- ☐ Heart Disease & Stroke
- ☐ Cancer
- ☐ Resources for mental health, suicide, substance abuse
- ☐ Reliable health information
- ☐ Teen pregnancy & sexually transmitted diseases
- ☐ Motor vehicle crashes and other accidental injuries
- ☐ Oral health/dental services
- ☐ Chronic disease management (diabetes, heart failure, etc.)
- ☐ Other (please specify)

9. What are you interested in doing to become healthier?

- ☐ Eat Healthy
- ☐ Exercise
- ☐ Lose Weight
- ☐ Manage Depression
- ☐ Manage Stress
- ☐ Spiritual Support
- ☐ Quit Smoking
- ☐ None of the above
- ☐ Other (please specify)



Appendix 1

10. What do you consider to be the top social concern in the Franklin County area?

- ☐ Lack of social support (isolation)
- ☐ Poverty
- ☐ Broken families
- ☐ Services for senior citizens
- ☐ Education levels
- ☐ Homelessness
- ☐ Discrimination
- ☐ Migrant population
- ☐ Unemployment
- ☐ Crime/violence
- ☐ Illegal drug use
- ☐ Domestic Violence
- ☐ Suicide
- ☐ Language & other cultural barriers
- ☐ Transportation
- ☐ Other (please specify)

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Appendix 2

Russellville Hospital

CHNA Implementation Strategy

Note: As identified and explained in the CHNA report, Russellville Hospital has identified cancer, chronic disease management and substance abuse as the community health needs that will be targeted with interventions.

#	Community Health Need	Target Population	Objective/Goal	Action Plan	Partnering Organization	Tracking Measurement
1-1	Cancer	Women ages 40-74 years living in service area	Increase percentage of female population receiving mammograms	Provide education to the community on the importance of breast cancer screenings; Partner to raise funding for free mammograms for uninsured patients	Internal: Gynecology Provider, Primary Care Providers External: Russellville Fire Department	Number of Mammography Visits
1-2	Cancer	Men and Women ages 50 and older	Increase percentage of population receiving colorectal cancer screenings	Make progress towards the National Cancer Institute guidelines for colorectal cancer screenings	Internal: Primary Care Providers and General Surgeons	Number of Colonoscopy Screenings
2-1	Chronic Disease Management	Service area population with undiagnosed cardiovascular problems	Increase community outreach to engage residents in education and screening for cardiovascular problems	Increase the number of outreach programs on hypertension and other cardiovascular health conditions	Internal: Physician Practices, Home Health Agency External: Franklin County Cooperative Extension Office	Community Engagement Measured by Number of Screenings and Attendance.
2-2	Chronic Disease Management	Hospital Employees	Improve awareness of diabetes and healthy weight control	Engage employees in weight loss program	Internal: Employees External: Alabama Hospital Association	Number of Employees Participating in Program.
3-1	Substance Abuse	Service Area Population	Provide Community Education on Substance Abuse Issues	Increase the number of outreach programs on substance abuse	Internal: Primary Care Providers; Employees External: Franklin County Health Department	Community Engagement Measured by Number of Programs and Attendance.
3-2	Substance Abuse	Service Area Schools	Provide Education on Substance Abuse to include the health risks associated with vaping	Increase the number of outreach programs	Internal: Primary Care Providers; Employees External: Franklin County Schools; Russellville City Schools	Community Engagement Measured by Number of Programs and Attendance.



Appendix 3

Status of 2016 Community Health Needs Assessment Implementation Strategy

- ▶ **Cancer – Increase Mammography Screenings**
 - Purchased New Mammography Unit Feb 2017
 - Mammography Volume increased 15% in 2018 vs. 2016
- ▶ **Cancer - Increase Colonoscopy Screenings**
 - Recruited General Surgeon 2017
 - Colonoscopy Volume Projected Increase 12% 2019 vs 2016
- ▶ **Heart Disease/Stroke**
 - Partnered with The Heart Center for Cardiology Services in Primary Service Area and Hospital
 - Community Outreach Events – Seniors Expo; Pilgrim's Pride Health Fair approximately 50 employees screened.
- ▶ **Obesity**
 - Annual Participation in Alabama Hospital Association's Scale Back – Employee Participation increased 100% 2019 vs 2016
 - Community Outreach Events – Annual Participation in Seniors Expo; approximately 125 blood pressure screening completed.