2022

Community Health Needs Assessment

Russellville Hospital

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Russellville, Alabama 35653

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2022 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 2019 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 2022 community health priorities identified by the committee and approved by the hospital Board of Directors are:

Mental Health, Substance Abuse, and Suicide
Chronic Disease Management
Wellness and Preventive Care

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 2025.

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, 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, Orthopedics, Pathology, Pediatrics, Podiatry, Radiology, and Vascular Surgery. The hospital also serves as an educational clinic for local nursing, scrub technician, laboratory, respiratory, pharmacy and radiology students.

III. DEMOGRAPHICS

Definition of Area Served

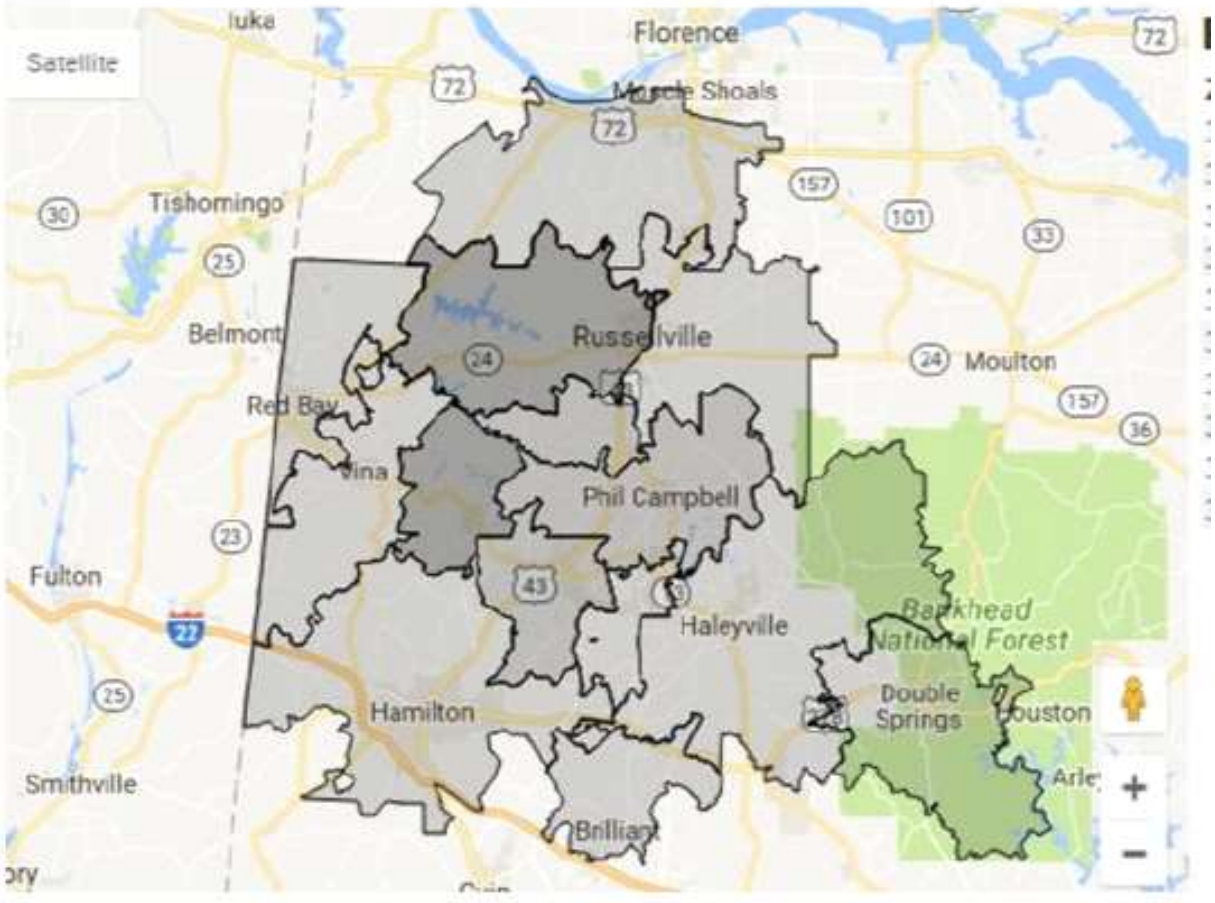
Utilizing discharge data from Russellville Hospital for 2017, 2018 and year-to-date 2019, the zip codes presented below represent approximately 92 percent of total discharges

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

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
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.

Based on the most recent U.S. Census Bureau data available, the Franklin County population is 32,013[1] and has held relatively steady over the past 15 years and has nearly a 1 to 1 gender ratio. Franklin County is predominately ethnically compromised of White (91.3%) and Hispanic (19%) 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] U.S. Census Bureau QuickFacts: Franklin County, Alabama

DEMOGRAPHICS			
Demographics	**United States**	**State of Alabama**	**Franklin County**
POPULATION AND COMMUNITY OVERVIEW			
Total	331,449281	5,024,279	32,013
Female	50.5%	51.4%	49.9%
Male	49.5%	48.6%	50.1%
Median Age	38.1	39.2	39.2
Race			
White	75.8%	68.9%	91.3%
Black or African American	13.6%	26.8%	4.5%
American Indian and Alaska Native	1.3%	0.7%	1.8%
Asian	6.1%	1.6%	0.4%
Hispanic (of any Race)	18.9%	4.8%	19%
Age			
Under 5 years	6.8%	5.8%	7.3%
5 to 19 years	21.8%	19.3%	20.7%
20 to 44 years	36.9%	31.7%	31%
45 to 64 years	22%	25.7%	25.4%
65 and older	12.4%	17.5%	16.4%
SOCIOECONOMIC			
Education			
Age 25+ with Less Than High School	11.1%	12.3%	20.6%
High School Graduate	26.5%	30.5%	42.2%
Bachelor's Degree or Higher	33.8%	26.7%	14.3%
Unemployment	3.7%	2.7%	2.2%
Median Household Income	64,994	52,035	41,174
Poverty Rate			
Overall	11.6%	16.1%	19.7%
Children Living in Poverty	20.3%	24%	22%
By Educational Attainment			
Less than High School Graduate	12.9%	15.2%	24.3%
High School Graduate	27.5%	31%	36.7%
Some College or associate degree	29%	29.8%	26.6%
Bachelor's Degree or Higher	30%	24%	12.4%

As displayed in the preceding table, the median household income for the county is $41,174 which is 20% lower than the state of Alabama. Educational attainment is also lower than both the state and national averages. Accordingly, over 19% of primary service area population is living in poverty. Unemployment is lower than the state average at 2.2% vs 2.7%

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 $41,174 is substantially lower than the median household income for the state of Alabama of $52,035 and the United States of $64,994. 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.

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[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

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
Stephen Proctor	Hospital Chief Executive Officer
Shannon Hughes	Hospital Chief Financial Officer
Alisia Welborn	Hospital Chief Clinical Officer
Brooke Boyles	Hospital Clinical Coordinator
Catherine Grissom	Practice Manager
Anitra Prince	Hospital Director of Emergency Department
Marilyn Mayfield	Hospital Board Member
Pam Taylor	Hospital Nurse Educator
Terry Welborn	Franklin County Board of Education
Ramona Riley	Hospital Employee
Wanda Hamilton	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.

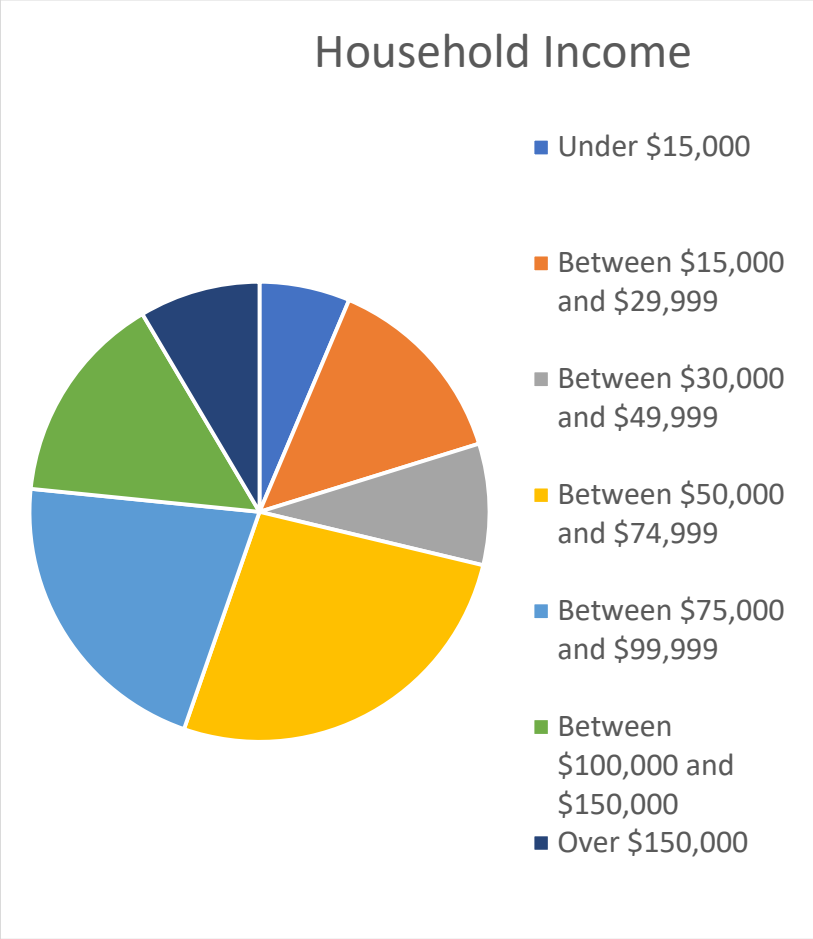
Survey

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 2022 to November 2022. 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 98 surveys were received in electronic and paper format. The full survey can be found in the Appendix 1 of this report and the associated results for Russellville Hospital are as follows:

98 Total Responses
Gender
- Male 15%
- Female 83%

Age
- 18-24 9%
- 25-34 24%
- 35-44 10%
- 45-54 20%
- 55-64 23%
- 65+ 9%

Of the 98 survey respondents, approximately 83% were female and 15% were male. The survey was successful in capturing respectable diversity with the age and ethnicity of the respondents. 93% of the respondents were White or Caucasian, 2% Black or African American and 5% Hispanic or Latino. Educational levels and household income levels of the respondents were also diverse.



Education Level

Less Than High School 5%

High School/GED 14%

Some College 23%

2 Year Associates 34%

4 Year College 14%

Masters 7%

Doctoral 1%

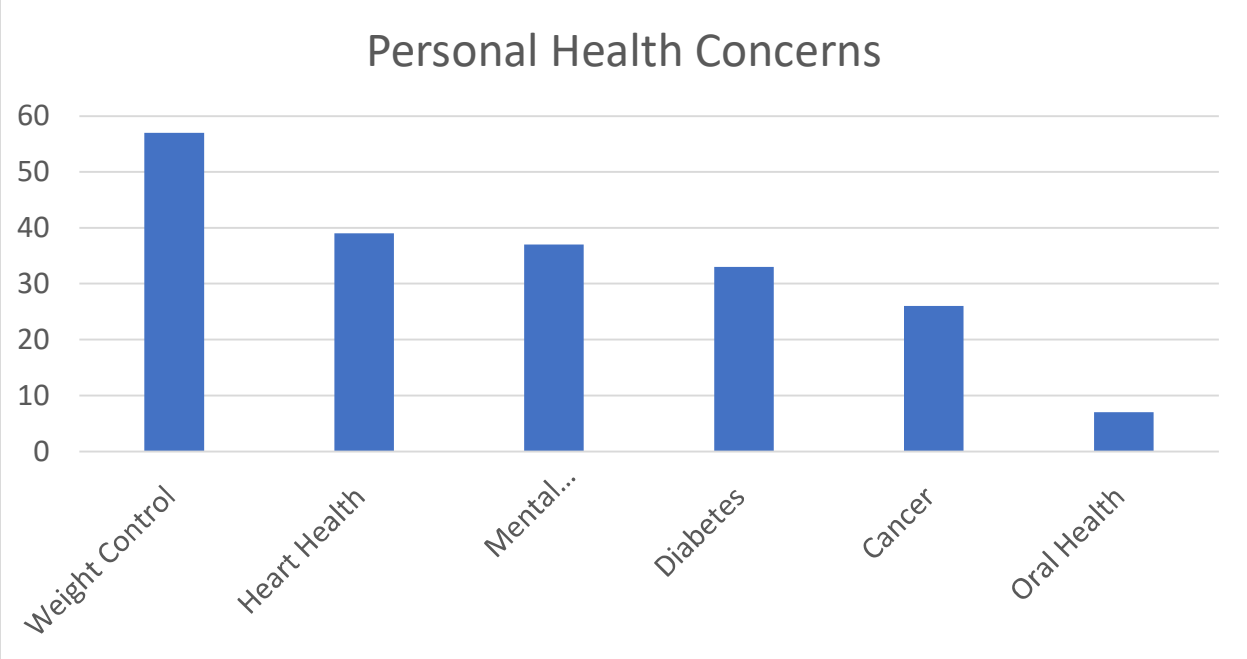
MD/JD 0%

Employed Full Time 71%

12% Part Time

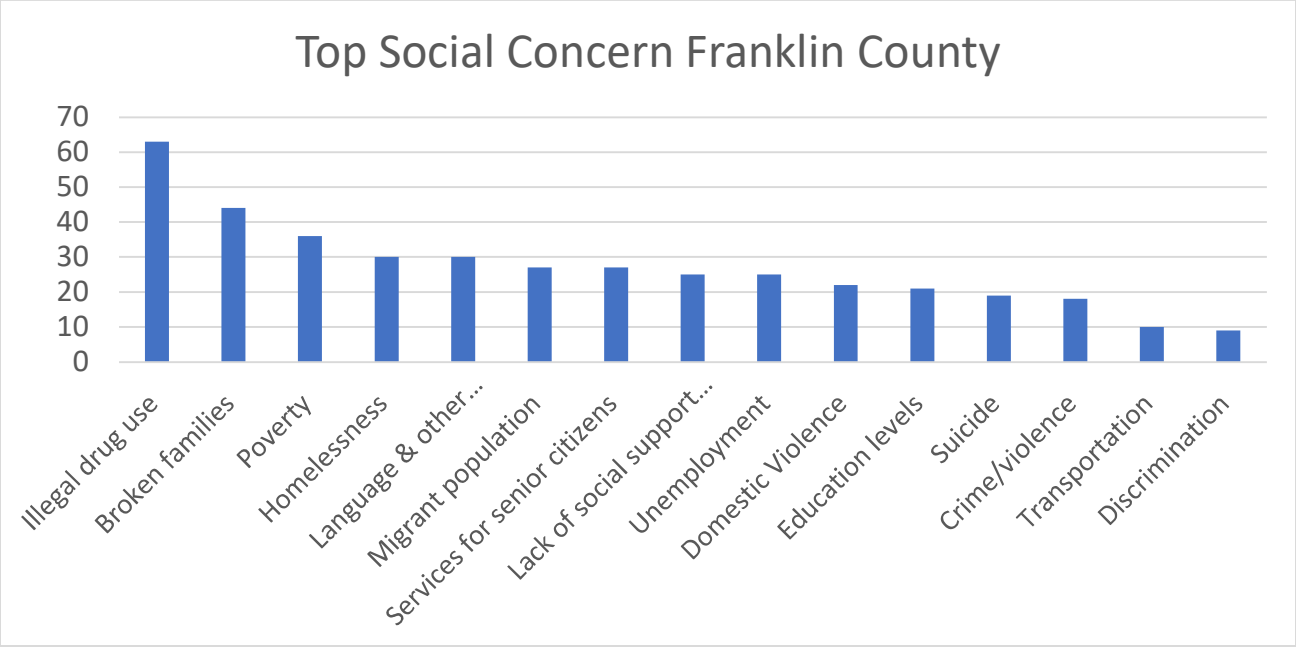
10% Retired

1% Unemployed

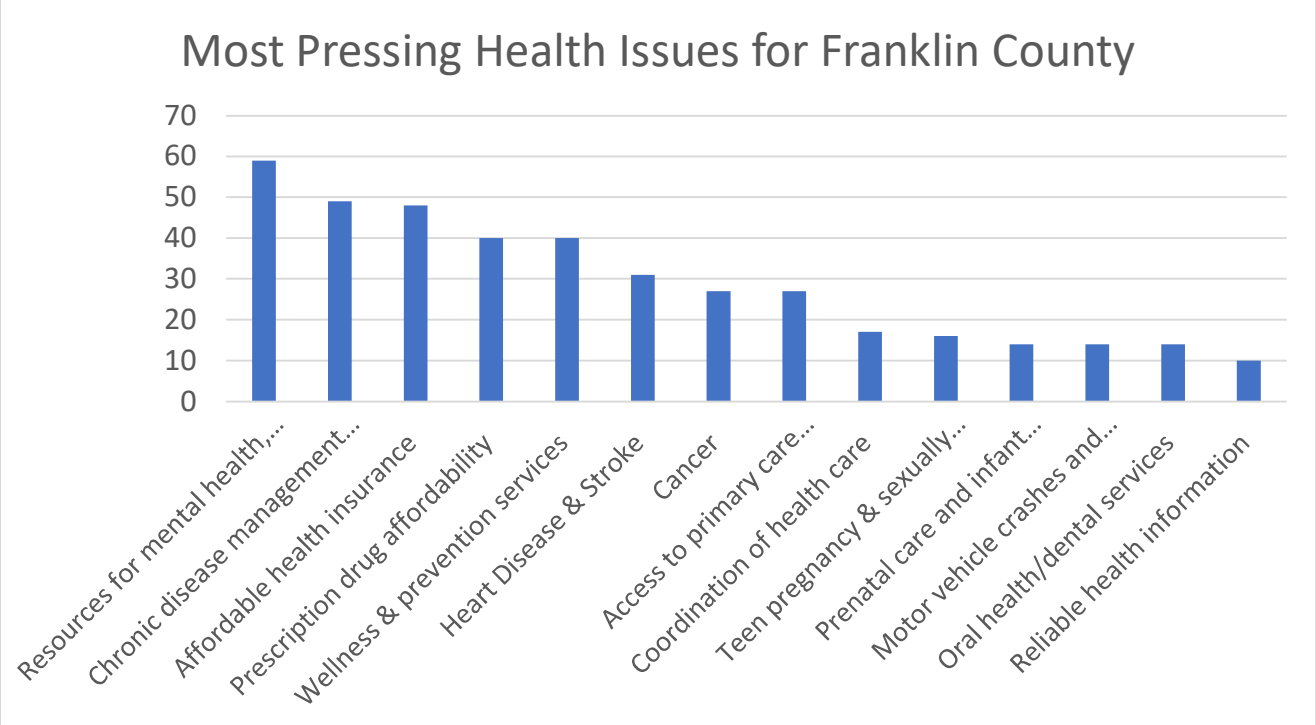


Subsequent to the demographic series of questions the survey inquired of the respondent's personal health concerns and their perception of the health of the community. Weight control was noted to the largest personal health concern identified. Losing Weight, Managing Depression, and Exercising were the 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, broken families and poverty 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.

Russellville Hospital
Mental Health, Suicide & Substance Abuse
Chronic disease management (diabetes, heart failure, etc.)
Affordable Health Insurance
Wellness & Prevention Services
Prescription drug affordability
Heart Disease & Stroke
Cancer
Coordination of health care
Teen pregnancy & Sexually Transmitted Diseases
Prenatal care and infant mortality

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 thorough 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. **Mental Health, Suicide, and Substance Abuse**
2. **Chronic Disease Management**
3. **Wellness and Preventative Services**

The leading causes of death in Alabama are Cardiovascular Disease, Malignant Neoplasm and Infectious and Parasitic Disease. Franklin County Cancer deaths are most attributed to Cardiovascular disease, Malignant Neoplasm and Infectious and Parasitic Disease.

V. Identified Community Health Needs

Mental Health, Suicide and Substance Abuse

According to the CDC, there were 81,230 drug overdose deaths in the United States in the 12 months ending May 2020, the largest number ever recorded for a 12-month period. During that period, drug overdoses increased more than 20% in Alabama, resulting in the state being one of 25 with the highest increase.

Chronic Diseases

Per the Center for Disease Control, the top cause of death in the state of Alabama is heart disease. Heart Disease and Cancer are the most widespread and costly health problems facing the United States today. COVID-19, newly added as a cause of death in 2020, became the 4th leading cause of death in Alabama. There was a 4.1% increase for heart disease from 2019-2020. Heart Disease is also the leading the cause of death in Franklin County.

Wellness and Preventative Services

Getting good medical care that finds problems early and treats them effectively is an essential part of staying healthy. CDC works with public health partners and health care systems to improve the delivery of clinical preventive services, such as using electronic health records to monitor patient care and adding community health workers to health

care teams. A healthy diet and regular physical activity can help prevent weight gain, heart disease, stroke, type 2 diabetes, and some kinds of cancer. CDC works with states, communities, and national partners to help increase healthy food options where people live, learn, work, and play. Participants in the lifestyle change program learn to make healthy food choices, be more physically active, and find ways to cope with problems and stress. These lifestyle changes can cut their risk of developing comorbidities such as type 2 diabetes, heart disease, and obesity.

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.