2016

Community Health Needs Assessment



Russellville Hospital

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I. EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA), was enacted into law on March 23, 2010. The ACA created new requirements and guidelines for 501(c)(3) tax-exempt not-for-profit status healthcare facilities including one that they must complete a Community Health Needs Assessment (CHNA) every three years with annual updates on implementation strategy progress.

On December 31, 2014, Curae Health acquired three healthcare facilities located in northwest Alabama from LifePoint Health, a national for-profit publicly traded hospital chain. With Russellville Hospital being one of the facilities acquired, Curae Health converted the hospital to not-for-profit status triggering the requirement under the ACA to perform a CHNA.

A CHNA is an important tool in identifying the health needs of a community. The results assist in prioritizing health needs that lead to the allocation of appropriate resources and the creation of new partnerships to improve the health of the population. In an era of rising healthcare costs that are projected to continue to rise due to increased life expectancy, chronic disease prevalence, frequency of obesity, and economic insecurity in rural America, healthcare organizations are being challenged to maximize the use of their collective resources to respond to the needs of the communities they serve.

The CHNA process was conducted under the direction of Curae Health and facilitated by LBMC, a healthcare consulting firm. The framework utilized during the CHNA process was a community-driven strategic planning process that secured input from community representatives that represent the broad interest of the community in which the hospital operates, including those with knowledge of public health. The community committee met multiple times 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 within the community. The 2016 community health priorities identified by the committee and approved by the hospital Board of Directors are:

Cancer
Heart Disease
Stroke

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 2019.

II. INTRODUCTION

In accordance with the guidelines set forth in the Affordable Care act, the Community Health Needs Assessment (CHNA) has been conducted by Curae Health to better understand the needs and resources within the community in which Russellville Hospital operates to guide strategic planning. The CHNA process was directed by Curae Health and facilitated by LBMC Healthcare Consulting. LBMC has a dedicated healthcare industry team that provides a wide range of services focusing on the particular needs of each client from a financial, operational and strategic standpoint. In addition to exemplary traditional audit, tax and accounting services, LBMC provides a comprehensive offering of advisory consulting, reimbursement, compliance and strategic business services to healthcare clients. LBMC was engaged to assist in providing evaluations of the community health status and to provide a blueprint for a collaborative environment for identifying initiatives and prioritizing health needs. An overview of the CHNA process in general and approach methodology utilized in the process are detailed below.

CHNA Development Overview

CHNAs and associated implementation strategies are newly required of tax-exempt hospitals as a result of the Patient Protection and Affordable Care Act. These assessments and strategies create an important opportunity to improve the health of communities. They ensure that hospitals have the information they need to provide enhanced benefits that meet the needs of their communities. They also provide an opportunity to improve coordination of hospital community benefits with other efforts to improve community health. By statute, the CHNA process must take into account input from “persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health.”

Project Objectives

The CHNA project objectives for the Curae Health facility, Russellville Hospital are as follows:

The objective of the CHNA 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. This 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. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for diseases.

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.

Curae Health Overview

Curae Health ("Curae") is a 501(c)(3) not-for-profit health system that was formed to help address the needs of rural healthcare. Curae's home office is located in Clinton, Tennessee. Curae's primary goals are to own and operate community hospitals, provide high quality care to the communities they serve, and to seek strategic affiliations to ensure the hospital's success. Curae works with small to medium-sized sole community providers in non-urban settings.

Curae's current hospitals under ownership are Russellville Hospital in Russellville, Alabama; Lakeland Community Hospital in Haleyville, Alabama; and Northwest Medical Center in Winfield, Alabama. Prior to Curae's acquisition of the facilities mentioned above on December 31, 2014, they were owned and operated by a national, publicly traded healthcare organization, LifePoint Health. Upon acquisition, each hospital was converted to 501(c)(3) corporation status with Curae as the sole voting member.

Curae provides management oversight of physician employment and recruitment; payor contracting; oversight of hospitals' accounts payable, payroll and business offices; corporate accounting, insurance and risk management and real estate management. Curae Health has a deep, experienced executive team. Management is comprised of five individuals who have served as hospital CEOs and two individuals that have led multi-hospital companies or divisions.

Russellville Hospital Overview

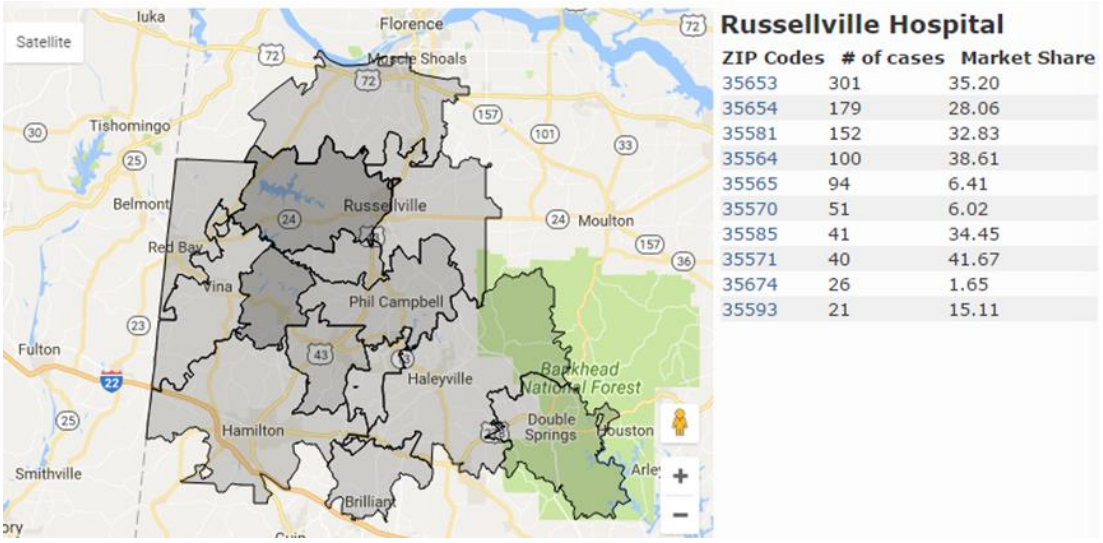
Russellville Hospital is a 100-bed acute care facility located in Franklin County, Alabama. The facility serves patients from all across northwest Alabama, but is the only short term acute care facility in Franklin County. The hospital is fully accredited by The Joint Commission. Among its many services, the hospital provides a 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 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 and Urology. 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 2014, 2015, and year-to-date 2016, the ZIP codes presented below represent approximately 93 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	Franklin County	Haleyville	Alabama
35585	Franklin County	Spruce Pine	Alabama
35564	Marion County	Hackleburg	Alabama
35674	Colbert County	Tuscumbia	Alabama
35570	Lamar County	Hamilton	Alabama
35582	Colbert County	Red Bay	Alabama
35571	Franklin County	Hodges	Alabama
35646	Colbert County	Leighton	Alabama
35650	Lawrence County	Moulton	Alabama
35543	Marion County	Bear Creek	Alabama
35651	Lawrence County	Mount Hope	Alabama
35593	Franklin County	Vina	Alabama
93%			



With over 85% 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. Community health data and assessments for neighboring counties such as Winston and Marion, can be seen

in the CHNA reports issued by the other Curae Health facilities: Lakeland Community Hospital (Winston County) and Northwest Medical Center (Marion County).

Franklin County (PSA) Demographics

Franklin County Alabama is located 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 31,696[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 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

DEMOGRAPHICS			
Demographics	United States	State of Alabama	Franklin County
Population and Community Overview			
Total	321,418,820	4,858,979	31,696
Female	50.8%	51.5%	50.1%
Male	49.2%	48.5%	49.9%
Median Age	37.2	37.9	38.5
Race			
White	72.4%	68.5%	83.0%
Black or African American	12.6%	26.2%	3.9%
American Indian and Alaska Native	0.9%	0.6%	0.7%
Asian	4.8%	1.1%	0.2%
Hispanic (of any Race)	16.3%	3.9%	14.9%
Age			
Under 5 years	6.5%	6.4%	7.1%
5 to 19 years	20.4%	20.3%	20.4%
20 to 44 years	33.6%	32.7%	31.9%
45 to 64 years	26.4%	26.8%	25.3%
65 and Older	13.1%	13.9%	15.2%
Socioeconomic			
Education			
Age 25+ with Less Than High School	14.6%	18.1%	28.4%
High School Graduate	86.3%	83.7%	74.4%
Bachelor's Degree or Higher	29.3%	23.1%	10.9%
Unemployment	9.2%	10.2%	9.5%
Median Household Income	$53,482	$43,511	$35,450
Poverty Rate			
Overall	15.6%	18.9%	24.3%
Children Living in Poverty	21.9%	27.5%	40.5%
By Race			
White	12.8%	13.8%	22.8%
Black or African American	27.3%	31.6%	33.7%
American Indian and Alaska Native	28.8%	21.8%	87.9%
Asian	12.7%	13.6%	-
Hispanic (any Race)	24.8%	33.9%	41.3%
By Educational Attainment			
Less than High School Graduate	27.6%	30.8%	31.1%
High School Graduate	14.2%	16.1%	18.0%
Some College or Associate's Degree	10.5%	12.2%	11.2%
Bachelor's Degree or Higher	4.5%	4.3%	3.2%

As displayed in the preceding table, the median household income for the county is $35,450 which is 18% lower than the state of Alabama. Educational attainment, the percent of population that is a high school graduate or higher, is 74% which is over 10% lower than both the state and national averages. Accordingly, over 24% of the population of the PSA is living in poverty.

Further, the percentage of children living in poverty within the community is 40.5% which is approximately 85% higher than the national average and 47% higher than the state of Alabama average. Consequently, over 58% of children enrolled in public schools are eligible for free lunch. Although poverty is an issue for the community, the unemployment rate for the County is 9.5% which is in line with the United States national average and slightly better than the state of Alabama as a whole.

Quality of life issues are indicators that include not only wealth and employment, but also the environment, physical and mental health, education, recreation and leisure time, and social belonging. The following section addresses social determinants of health, and how the Russellville Hospital PSA rates relative to state and national figures.

Demographics as Health Indicators Discussed

Poverty, Education, and Insurance Coverage

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 a 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 (e.g., access to better quality food and housing, leisure-time activities, and health-care services).

As mentioned above, the PSA's median household income of $35,450 is substantially lower than the median household income for the state of Alabama of $43,511 and the United States of $53,482. 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 chance at an education or a 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.

[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] National Center for Children in Poverty

40.5 percent of all children in Franklin County– live in families with incomes below the federal poverty level – $24,300 a year for a family of four.[4] Research shows that, on average, families need an income of about twice that level to cover basic expenses. Most of these children have parents who work, but low wages and unstable employment leave their families struggling to make ends meet. Poverty can impede children's ability to learn and contribute to social, emotional, and behavioral problems. Poverty also can contribute to poor health and mental health. Risks are greatest for children who experience poverty when they are young and/or experience deep and persistent poverty.

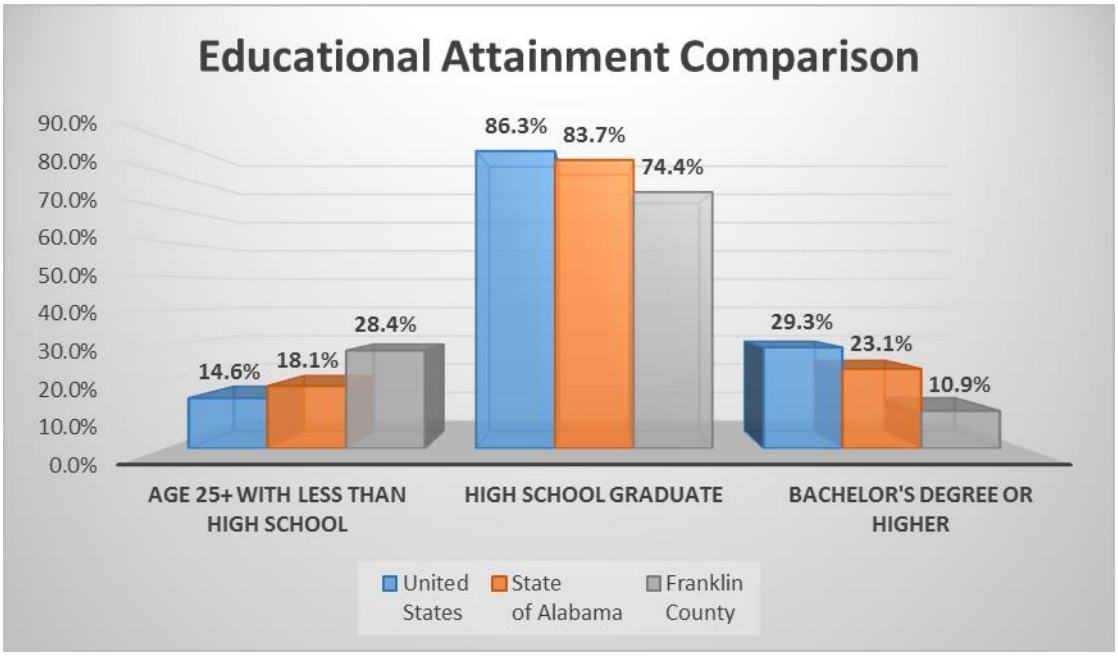
The exhibit below reports the percentage of the population that is eligible to be enrolled in Medicaid. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

ACCESS TO HEALTHCARE			
Indicator		State of Alabama	Franklin County
Medicaid Eligible Percent of Population			
Population	21 and Older	22.3%	28.9%
Children	Under 21	46.9%	61.1%

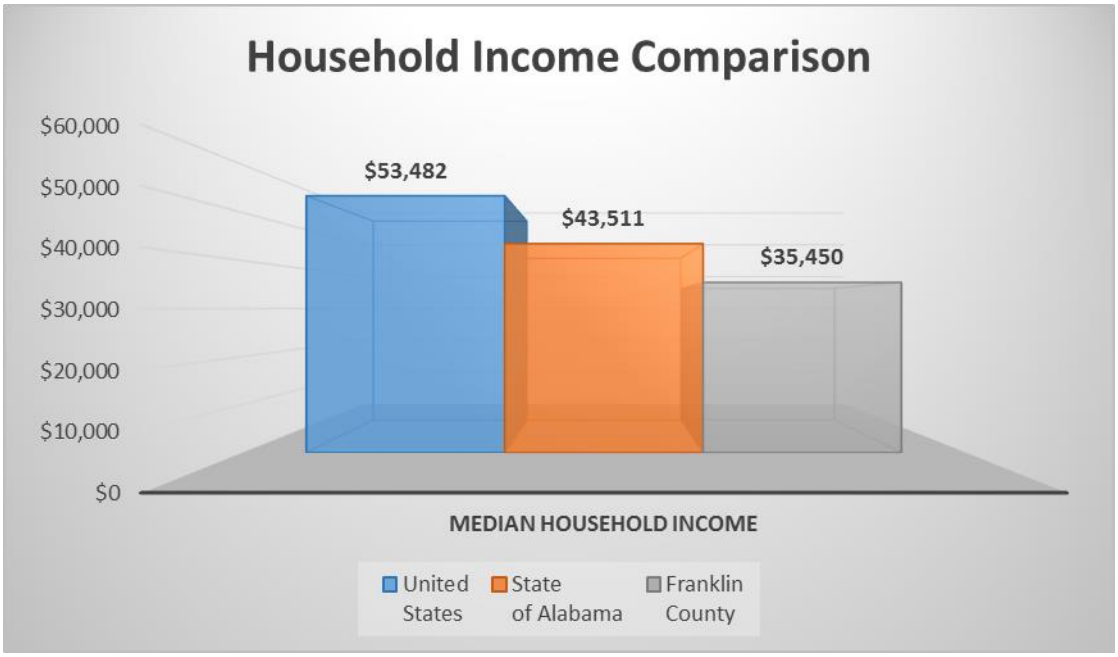
A lack of education has been cited as a major indicator of poor health in many studies.[5] Educational barriers often turn into impediments to employment, further increasing the likelihood of poverty and lack of insurance. Lack of adequate health education also impacts a person's ability to understand medical information or recognize early symptoms of disease.

DEMOGRAPHICS				Comparison	
Demographics	United States	State of Alabama	Franklin County	United States vs. Franklin County	Franklin County vs. Alabama
Education					
Age 25+ with Less Than High School	14.6%	18.1%	28.4%	94.5%	56.9%
High School Graduate	86.3%	83.7%	74.4%	13.8%	11.1%
Bachelor's Degree or Higher	29.3%	23.1%	10.9%	62.8%	52.8%
Unemployment	9.2%	10.2%	9.5%	-3.3%	6.9%
Median Household Income	$53,482	$43,511	$35,450	33.7%	18.5%

[4] U.S. Census Bureau, 2010 – 2014 American Community Survey 5-Year Estimates
[5] Fisher Wilson J. The Crucial Link between Literacy and Health. Annals Internal Medicine. 11/18/2003, Vol. 139 Issue 10, p875, 4p.



The PSA's income level is directly correlated with its level of education. As displayed in the graph above, the PSA's educational attainment at all levels lags behind the state and national demographics; only 11% percent of the PSA's residents hold a bachelor's degree or higher compared to 23% statewide and 29% nationally. Consequently, the household income levels lag significantly behind state and national benchmarks as displayed below.



The percentage of the Franklin County population without health insurance continues to be higher than the state and nation. According to the U.S. Census Bureau - Small Area Health Insurance Estimates, the percentage of residents in Franklin County without health insurance coverage was 25.4% in 2014, compared to the state at 18.1% and the nation at 11.5%.

ACCESS TO HEALTHCARE			
Indicator		State of Alabama	Franklin County
Uninsured			
Adults			
All Incomes	18 to 64 years	18.1%	25.4%
≤ 200% of Poverty Level	18 to 64 years	32.7%	39.9%
Children (< 19 years)	< 19 years	4.0%	6.1%
Health Care Costs	Medicare Reimbursements per Enrollee	$9,950	$11,236

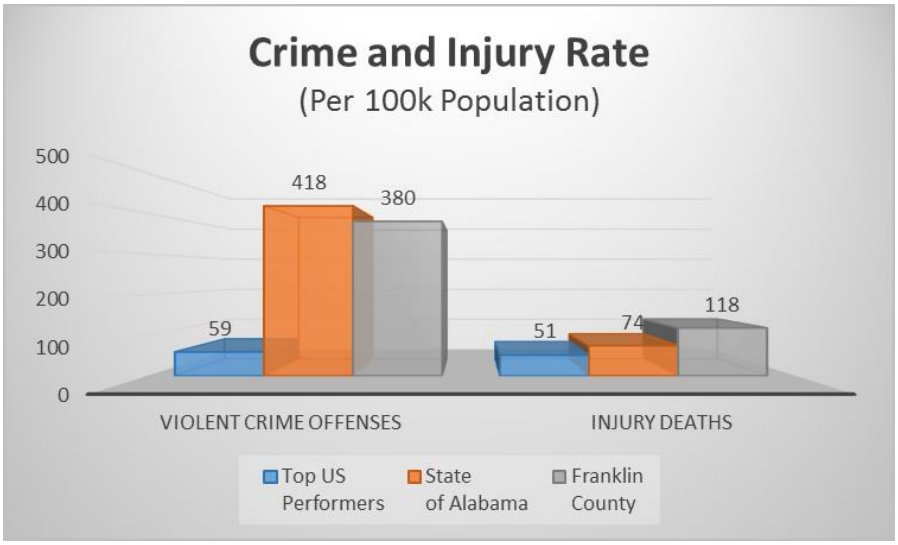
The insured rates for the population lagging behind state and national norms could be due to financial constraints stemming from lagging wages or unemployment, but it is reasonable to believe that these figures will improve over time as the Affordable Care Act matures.

Health Environment

Healthy homes are essential to a healthy community and population. They contribute to meeting physical needs (e.g., air, water, food, and shelter) and to the occupants' psychological and social health. Housing is typically the greatest single expenditure for a family. Safe housing protects family members from exposure to environmental hazards, such as chemicals and allergens, and helps prevent unintentional injuries. Healthy housing can support occupants throughout their life stages, promote health and safety, and support mental and emotional health. In contrast, inadequate housing contributes to infectious and chronic diseases and injuries and can affect child development adversely. The table below displays basic health indictors of both the physical and social environment of the community housing.

HEALTH ENVIRONMENT				
Indicator		Top US Performers	State of Alabama	Franklin County
Physical Environment				
Air Pollution - Particular Matter	Ave Daily Density (µg per m^3)	9.5	12.8	12.3
Severe Housing Problems	% w/ 1 to 4 CHAS Housing Problems	9%	15%	14%
Long Commute - Driving Alone	% Solo Drivers Commuting > 30 min	15%	33%	35%
Social Environment				
Violent Crime Offenses	per 100K	59	418	380
Injury Deaths	per 100K	51	74	118
Child Abuse and Neglect Cases	per 1K < 18 years	na	17.5	13.6
Adults in Reported Abuse and Neglect Cases	per 10K 18+ years	na	23.9	30.2

The physical health environment of Franklin County is materially in line with the state of Alabama norms, but it varies significantly from the top United States performers. Air quality within the PSA is a moderate concern as it scores 29% lower than national peers. Over 14% of the PSA population experiences housing issues deemed to be severe by the Comprehensive Housing Affordability Strategy Administration (CHAS) annually which is slightly better than the state of Alabama norms, but there is room for improvement when compared to national levels.



Another area of concern for the PSA are the occurrences of violent crimes and injury deaths. Per the County Health Ranking and Roadmaps report for 2016, extrapolating the Franklin County population sample to a comparable size of 100 thousand, violent crimes are 544% (321 annual occurrences) more common than in the top United States performers. Additionally, preventable injury deaths in the PSA are 131% higher the top national performers and 37% higher than the state of Alabama average.

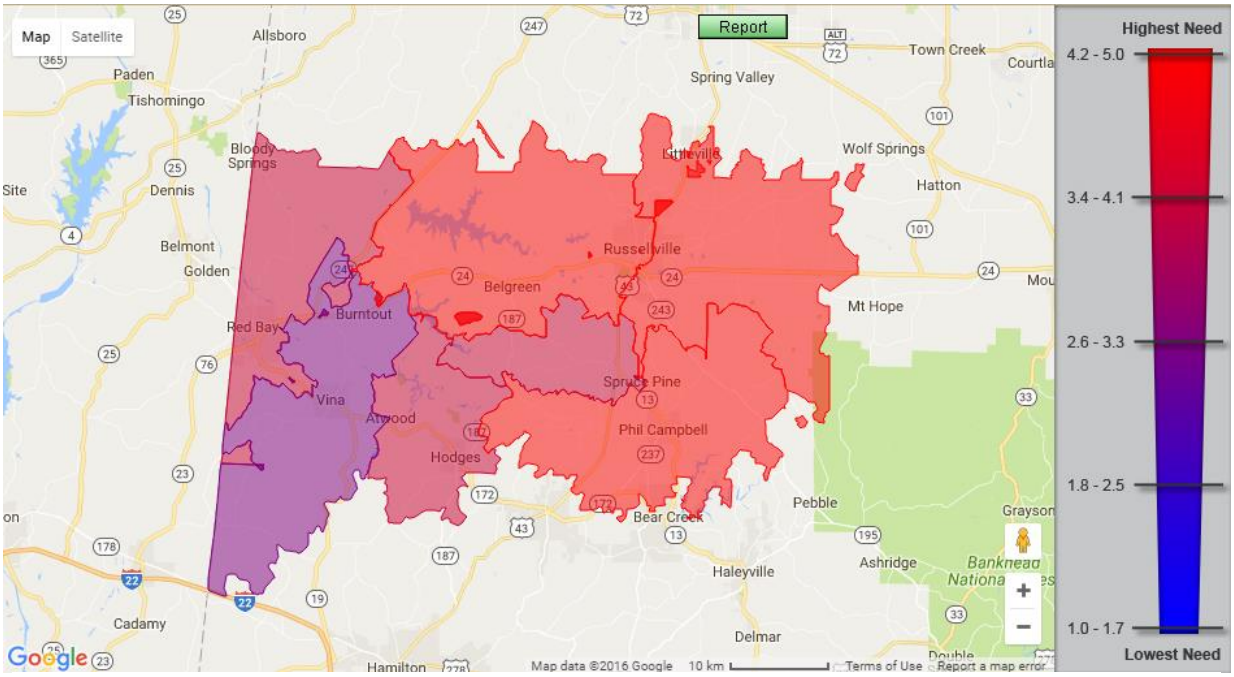
Community Needs Index

The Community Needs Index[6] ("CNI") identifies the severity of health disparities for every ZIP code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. For each ZIP code in the United States, the CNI aggregates five socio-economic indicators /barriers to health care access that are known to contribute to health disparities related to income, education, culture/language, insurance, and housing. LBMC uses the CNI to identify communities of high need and direct a range of community health and faith-based community outreach efforts to these areas.

To determine the severity of barriers to health care access in the primary service area of Russellville Hospital, the CNI gathers data about that community's socio-economy. For example,

[6] http://cni.chw-interactive.org/

what percentage of the population is elderly and living in poverty; what percentage of the population is uninsured; what percentage of the population is unemployed, etc. Using this data, the CNI assigns a score to each barrier condition. A score of 1.0 indicates a zip code with the lowest socio-economic barriers (low need), while a score of 5.0 represents a zip code with the most socio-economic barriers (high need). The scores are then aggregated and averaged for a final CNI score (each barrier receives equal weight in the average). The following map provides the CNI scores for Franklin County.



Mean(zipcode): 4.1 / Mean(person): 4.4 CNI Score Median: 4.2 CNI Score Mode: 4

Zip Code	CNI Score	Population	City	County	State
35571	3.8	928	Hodges	Franklin	Alabama
35581	4.2	5414	Phil Campbell	Franklin	Alabama
35582	4	4156	Red Bay	Franklin	Alabama
35585	4	1533	Spruce Pine	Franklin	Alabama
35593	3.2	1814	Vina	Franklin	Alabama
35653	4.8	11238	Russellville	Franklin	Alabama
35654	4.4	8814	Russellville	Franklin	Alabama

As displayed in the preceding graphic, the weighted average CNI score for Franklin County is 4.4 with a median CNI score of 4.2 for the zip codes that comprise the county. As such, the overall need index for the community scores at the highest level signifying the greatest room for improvement.

IV. Community Health Assessment: Methodology and Findings

With a focus on the demographic health indicators discussed in the preceding section of this report, a Community Health Committee was formed by Curae Health that represents the broad interest of the community to weigh in on the health issues that are impacting the population. With the help of LBMC, a survey was generated to inquire about the community and prioritize issues that impact health. This survey was posted online and distributed within the community through avenues such as the hospital, chamber of commerce, public school board, local church and other civic group email list services. Additionally, hard copies of the survey were handed out in the waiting rooms at the hospital and manually by members of the Community Health Committee within the community.

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 an online survey that was deployed to the community along with the expertise provided by the Community Health Committee that was formed by the Hospital.

Community Health Committee

The goal of establishing the Community Health Committee for this process was to solicit input from residents of the PSA that represent the diverse (underserved, 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
Tamara Pagitt	Hospital Chief Financial Officer
Bill Foster	CPA and Hospital Board Member
Pam Welborn	Hospital Director of Nursing
Mandy Morrow	Franklin County Public Health
Jay Valdez	Healthcare Provider
Faylene Stickley	Hospital Employee
Maria Macias	Hospital Employee
Port Campany	Manager, LBMC Healthcare Consulting

Andrew McDonald	Shareholder, LBMC Healthcare Consulting
Fleeta Scott	Community Member
Floyd Partain	Community Member
Janie Webster	Community Member
Kenny Hurst	Community Member
Dr. Wayne Ray	Retired Educator

The Committee met twice over a four month time-frame and was requested to assist with and provide direction for the following responsibilities:

- Interpreting and understanding CHNA requirements and deadlines
- Identifying primary and secondary data sources
- Identifying key community partners
- Developing the organization's CHNA instrument and methodology
- Developing targeted interview questions including identification of its community's population health experts
- 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

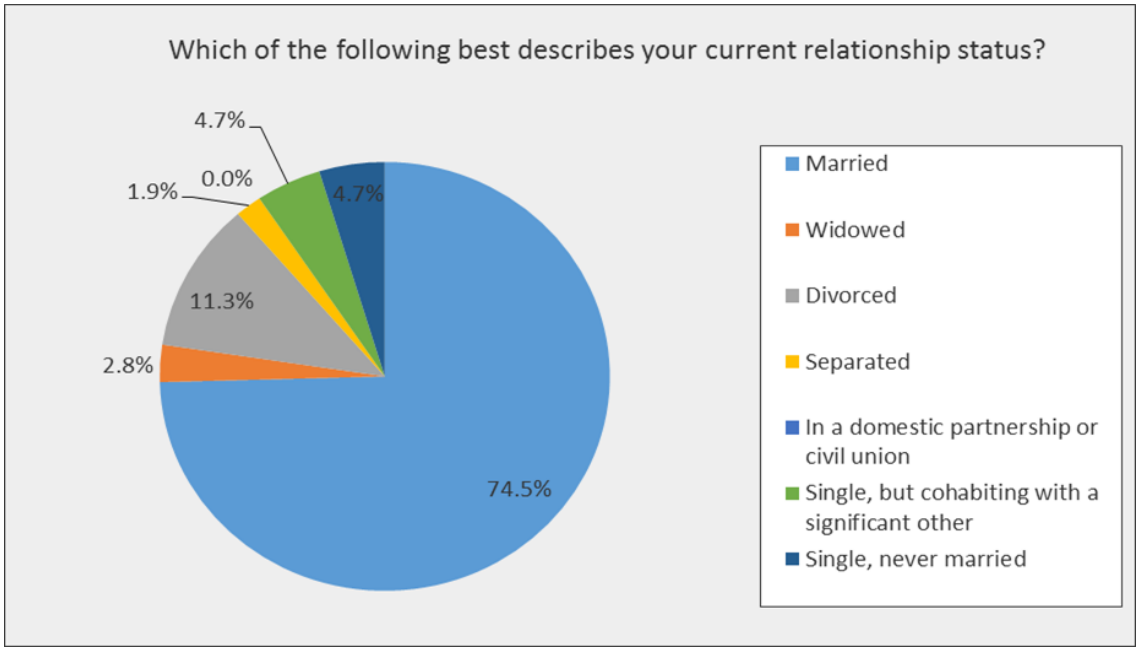
Survey

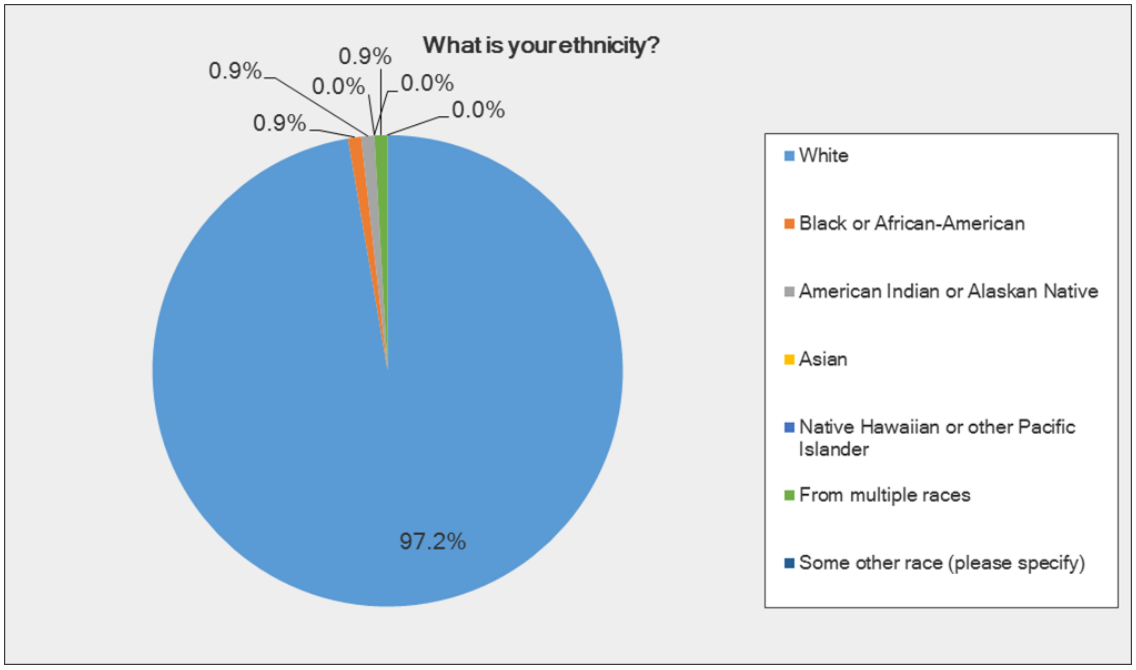
Russellville Hospital's primary data collection vehicle for determining public perception about the various needs of the community was an online survey, seeking input regarding demographics and health status. In order to seek input from the medically underserved, chronically ill and low-income individuals and to ensure input from the overall population, the survey was advertised by several different community partners who also helped distribute through their email list services. Additionally, the survey was available to the public via a link on the hospital's main website for a five-week period, from October 2016 to December 2016. 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 107 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:

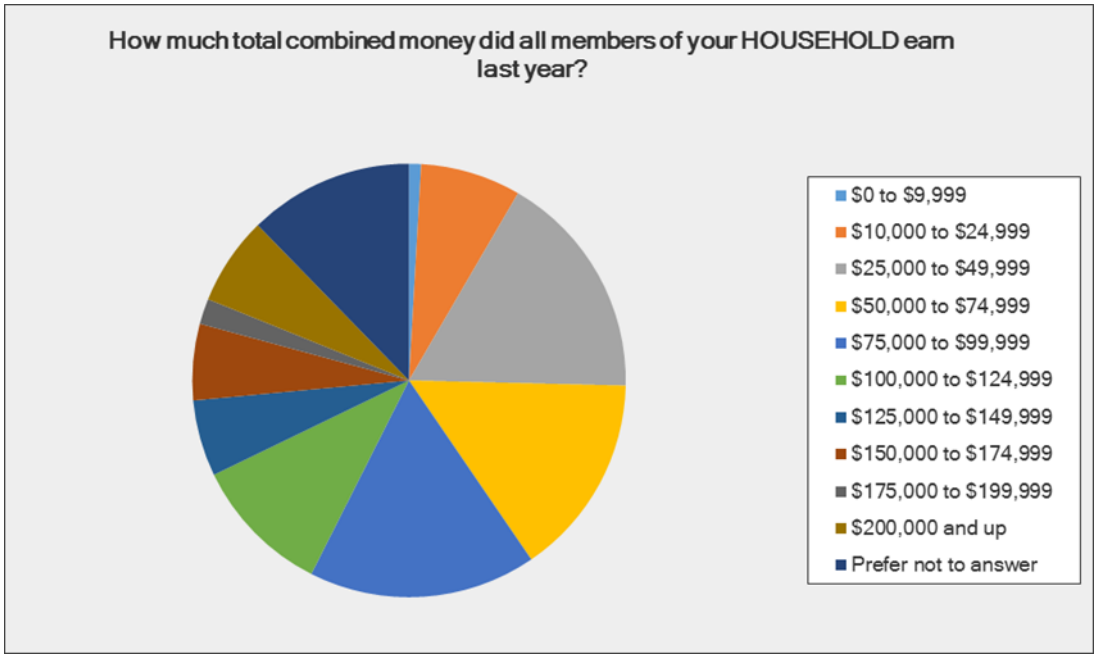
Total Responses:	107
Gender:	
Male	18.1%
Female	81.9%

Age:	
20 or younger	0.0%
21-29	8.4%
30-39	15.0%
40-49	24.3%
50-59	31.8%
60 or older	20.6%
Median Age:	50 - 59

Of the 107 survey respondents, approximately 82% were female and 18% were male. The survey was successful in capturing respectable diversity with the age of the respondents. The median age of the respondent fell within the 50 to 59 age bucket. About 75% of the participants were married bringing the average and median household size to 3 with 32% of said households containing children under the age of 18. Below are a series of graphs and tables that further expand upon the diversity of the demographics of the community survey respondents:

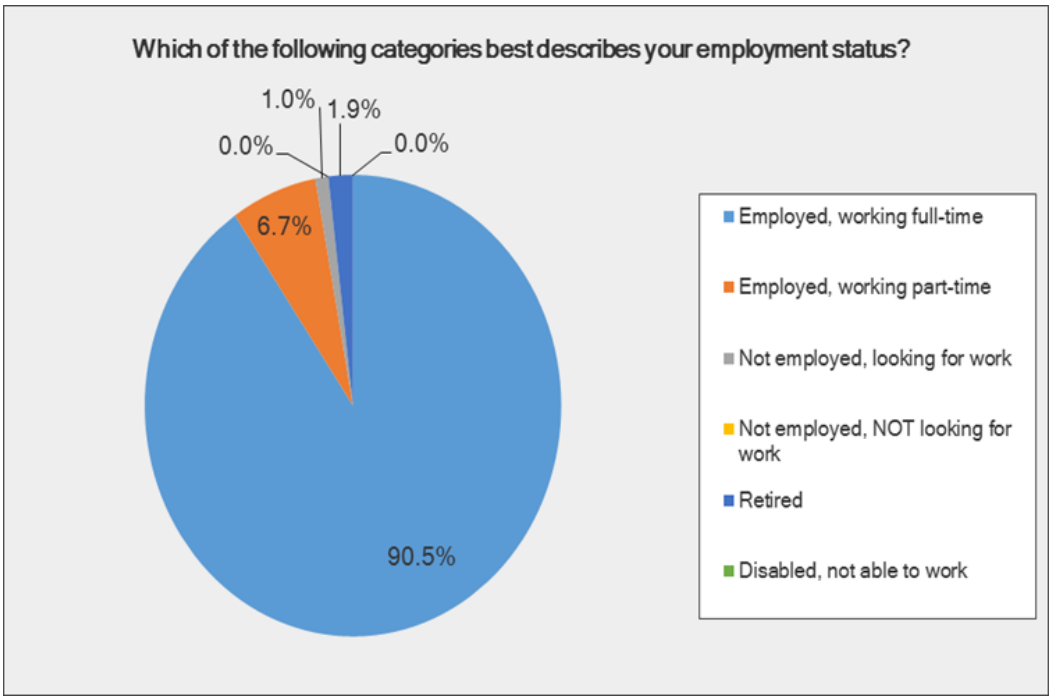



What is your ethnicity?
0.9%
0.9%
0.0%
0.0%
0.9%
0.0%
97.2%
White
Black or African-American
American Indian or Alaskan Native
Asian
Native Hawaiian or other Pacific Islander
From multiple races
Some other race (please specify)


How much total combined money did all members of your HOUSEHOLD earn last year?
$0 to $9,999
$10,000 to $24,999
$25,000 to $49,999
$50,000 to $74,999
$75,000 to $99,999
$100,000 to $124,999
$125,000 to $149,999
$150,000 to $174,999
$175,000 to $199,999
$200,000 and up
Prefer not to answer

What is the highest level of education you have completed?

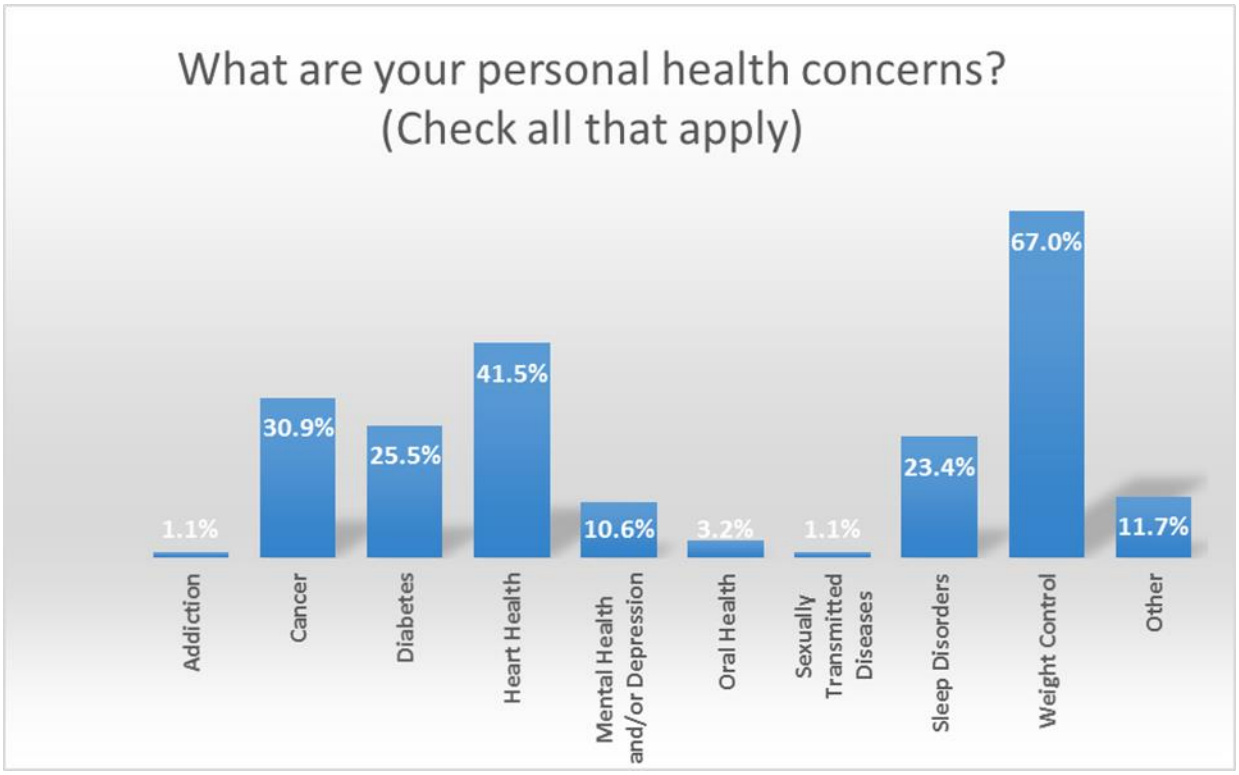
Less than high school degree	1%
High school degree or equivalent (e.g., GED)	12%
Some college but no degree	18%
Associate degree	38%
Bachelor degree	19%
Graduate degree	12%

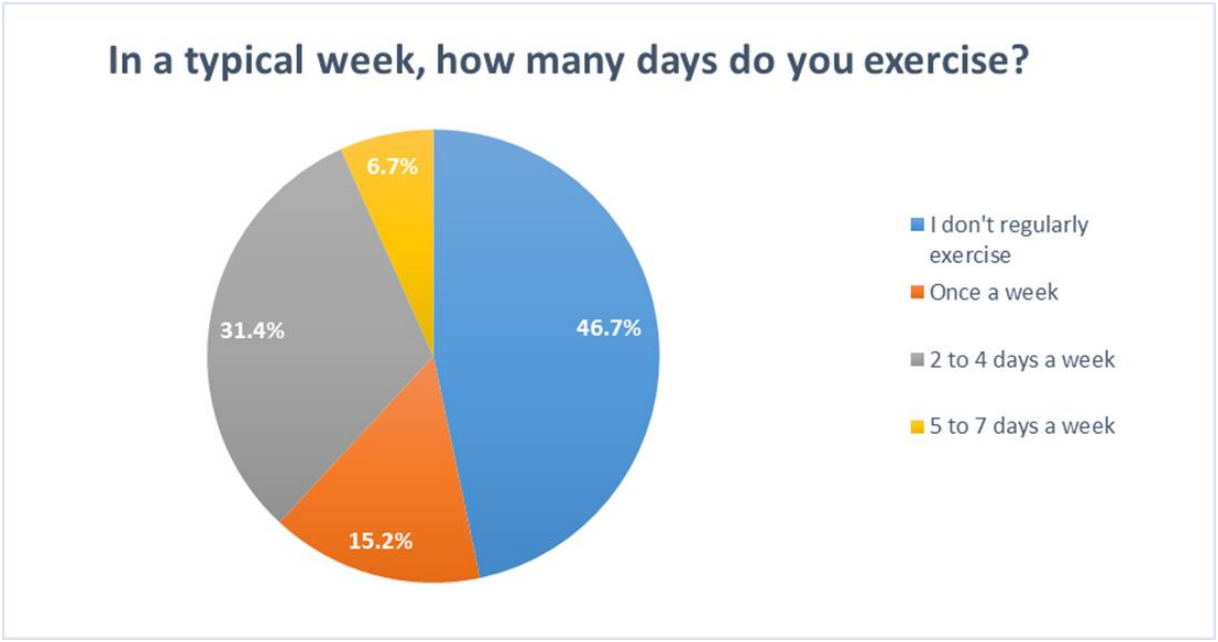


Current Occupation	
Healthcare Practitioners and Technical Occupations	53%
Office and Administrative Support Occupations	14%
Other	8%
Business and Financial Operations Occupations	6%
Management Occupations	4%
Community and Social Service Occupations	4%
Food Preparation and Serving Related Occupations	3%
Occupations	2%
Installation, Maintenance, and Repair Occupations	2%
Life, Physical, and Social Science Occupations	1%
Legal Occupations	1%
Protective Service Occupations	1%
Personal Care and Service Occupations	1%
Sales and Related Occupations	1%

Subsequent to the demographic series of questions, the survey inquired of the respondent's personal health and their perception of the health of the community. The survey revealed that the majority of the respondents felt that they were in good health, but there were only a few who indicated excellent or poor health. Thus, leaving room for improvement. Drilling down further, over 67% personally struggled with weight control, 42% indicated issues with heart health and approximately 31% have battled cancer. With weight control being the largest personal health concern identified, it is important to note that 62% of the respondents exercise one or fewer times per week. See tables and graphs below for additional details:

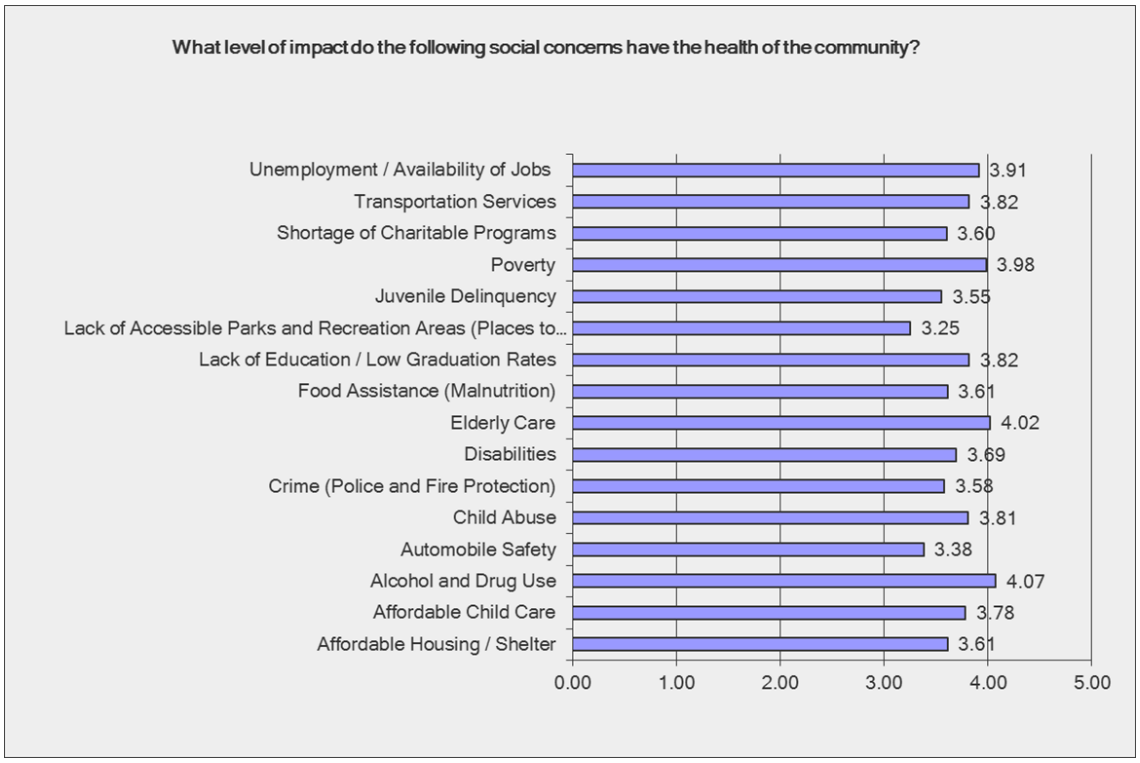
How would you rate your overall health?	
Excellent	7.5%
Very good	29.0%
Good	50.5%
Fair	13.1%
Poor	0.0%



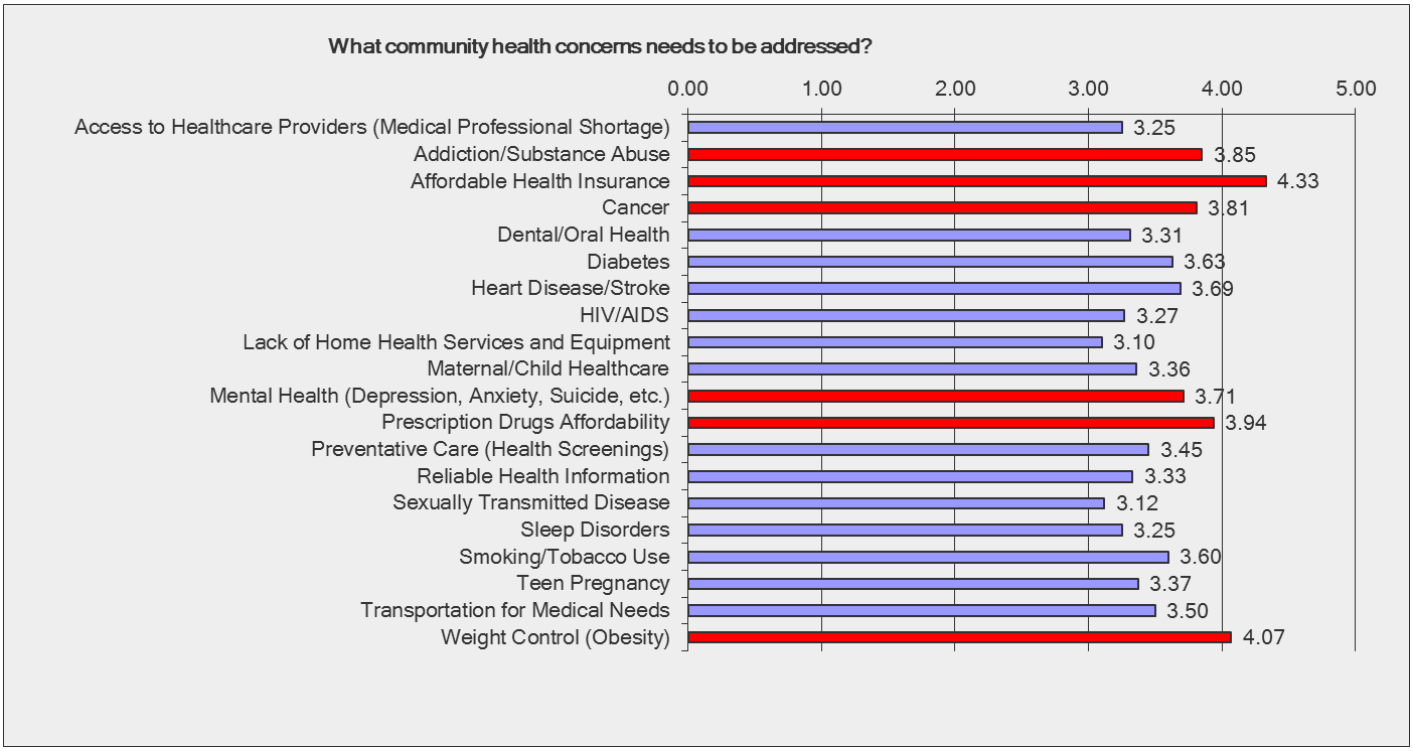


Social concerns and struggles within the community often directly impact the overall health of said community. The survey polled on a scale of 0 to 5 with 0 being no impact and 5 being the highest impact to measure the public perception of key social issues that are believed to be correlated to health. Within Franklin County, alcohol and drug use, elderly care, poverty, and

unemployment were the most significant current social concerns identified and will be considered when prioritizing action items by the Community Health Committee.



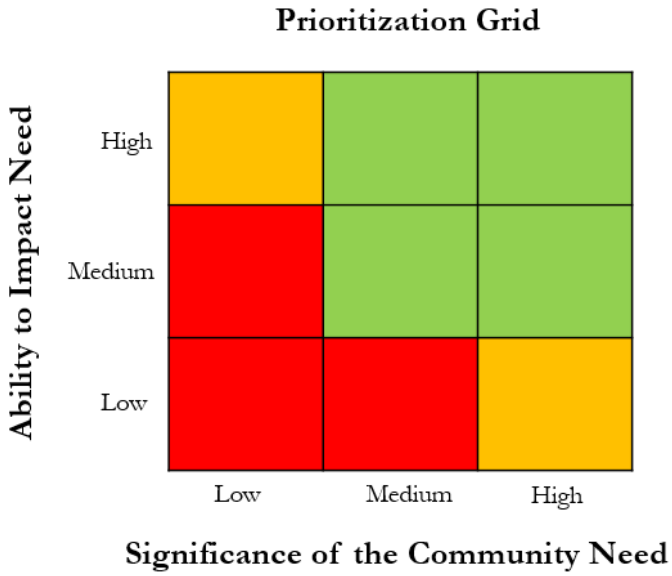
On a similar scale as the social concerns question, the survey inquired into the health concerns that need to be addressed within the community as displayed below.



	Russellville	Public Health Statistics
1	Affordable Health Insurance	25.4% of Franklin County is uninsured
2	Weight Control (Obesity)	A) 47% of survey group does not exercise regularly B) 67% of survey group says weight control is a personal health concern C) 34% of Franklin County residents are obese per medical guidelines D) Access to exercise opportunities are 35% lower than the national average
3	Prescription Drug Affordability	
4	Addiction/Substance Abuse	A) Drug overdose deaths are 200% more likely in Franklin County than the national average B) Drug and alcohol related motor vehicle deaths are 175% more likely than the national average
5	Cancer	A) Cancer related deaths are 56% more likely than the national average B) Lung cancer deaths are 57% higher than the national average C) All trackable cancer death rates exceed the national averages
6	Mental Health	Suicide and homicide rates for state of AL are in line with national averages
7	Heart Disease/Stroke	Heart failure rates are 179% higher than the national averages
8	Diabetes	Diabetes related deaths are 100% higher than the national and state averages
9	Smoking/Tobacco Use	Lung cancer deaths are 57% higher than the national average
10	Transportation for Medical Needs	Residents have 20% more households with motor vehicles than the national average

As part of the assessment process, the Community Health Committee was presented the top ten most significant health issues, as summarized above, facing the PSA and requested to rank them based on their expertise. The grid below displays the methodology used in prioritizing the

identified needs of the community based on the hospital's ability to impact the need and the significance of the need. The Committee was provided with primary and secondary data sources to assist them on determining the highest priority health care needs in the community. The Committee compared the raw secondary and primary data and took inventory of existing services and programming which address identified health needs. 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 list of top ten areas of need, the Community Health 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 secondary data on the size, seriousness, available community resources, the Committee determined the following health needs which will be targeted for interventions by the CHNA committee in the implementation plan:

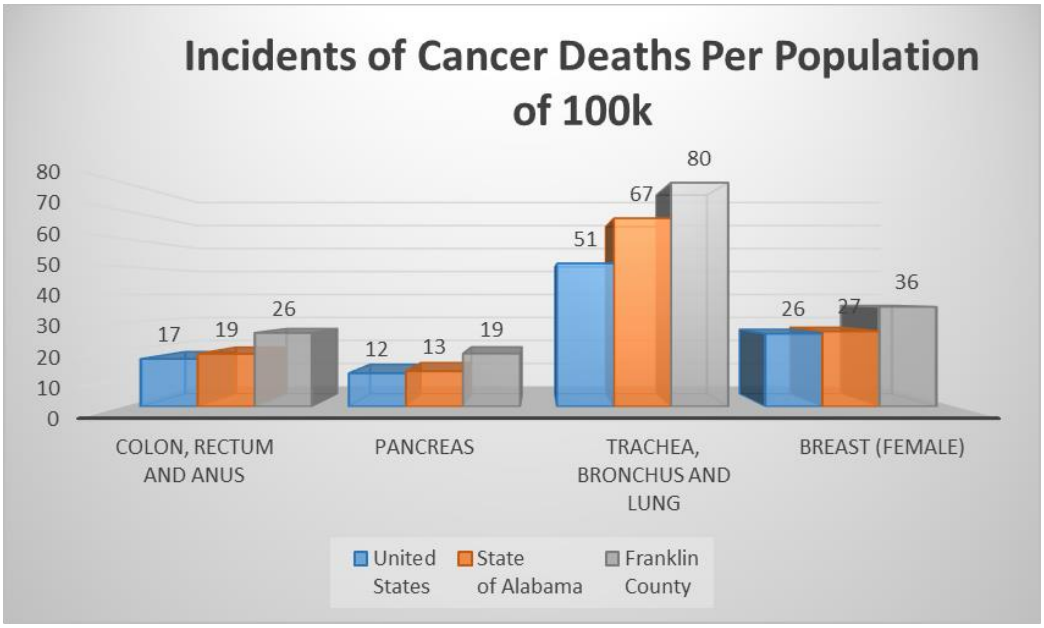
1. **Cancer**
2. **Heart Disease**
3. **Stroke**

V. Identified Community Health Needs

Cancer[7]

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 evidence shows 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).

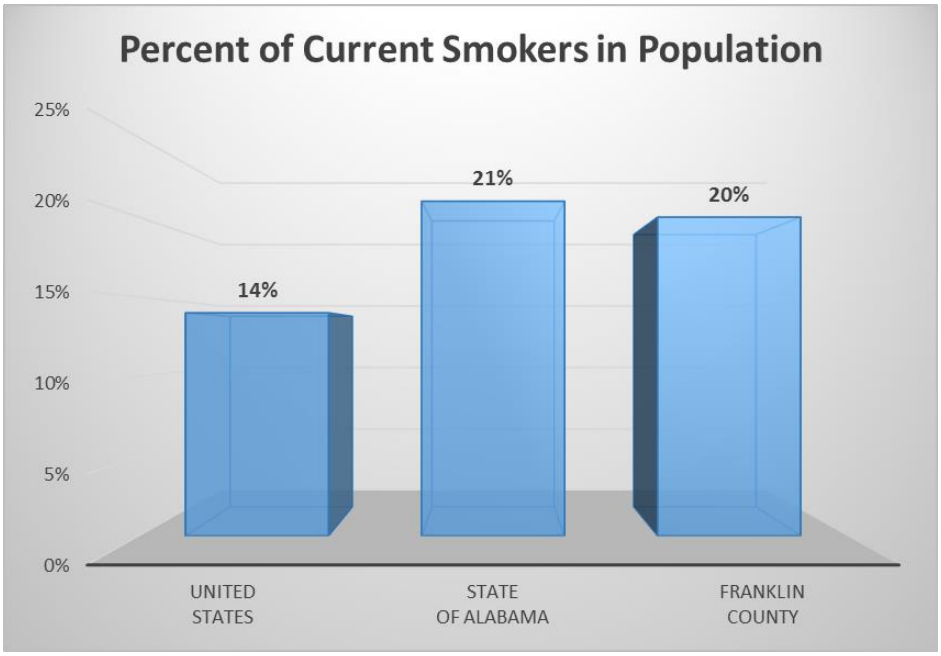
Cancer is one of the leading causes of death for Franklin County residents. Per the Alabama Rural Health Association (arhaoline.org), Franklin County cancer driven mortality rates exceed both the state of Alabama and National averages for lung, female breast, pancreatic, and colorectal.



[7] All Cancer-related information, unless otherwise cited, sourced from National Cancer Institute – State Cancer Profiles and the Alabama Rural Health Association Status Indicators Reports

Lung Cancer

Lung cancer is far and away the leading cause of cancer related deaths in Franklin County as they are 57% higher than national levels. Cigarette smoking is the number one risk factor for lung cancer. In the United States, cigarette smoking causes about 90 percent of lung cancers. Tobacco smoke is a toxic mix of more than 7,000 chemicals. At least 70 of the aforementioned chemicals are known to cause cancer in people or animals. People who smoke are 15 to 30 times more likely to get lung cancer or die from lung cancer than people who do not smoke. Even smoking a few cigarettes a day or smoking occasionally increases the risk of lung cancer. The more years a person smokes and the more cigarettes smoked each day, the higher the risk goes up. Approximately 20% percent of Franklin County residents are currently smokers, which is materially in line with the State, but 43% percent higher than the national benchmark.[8]

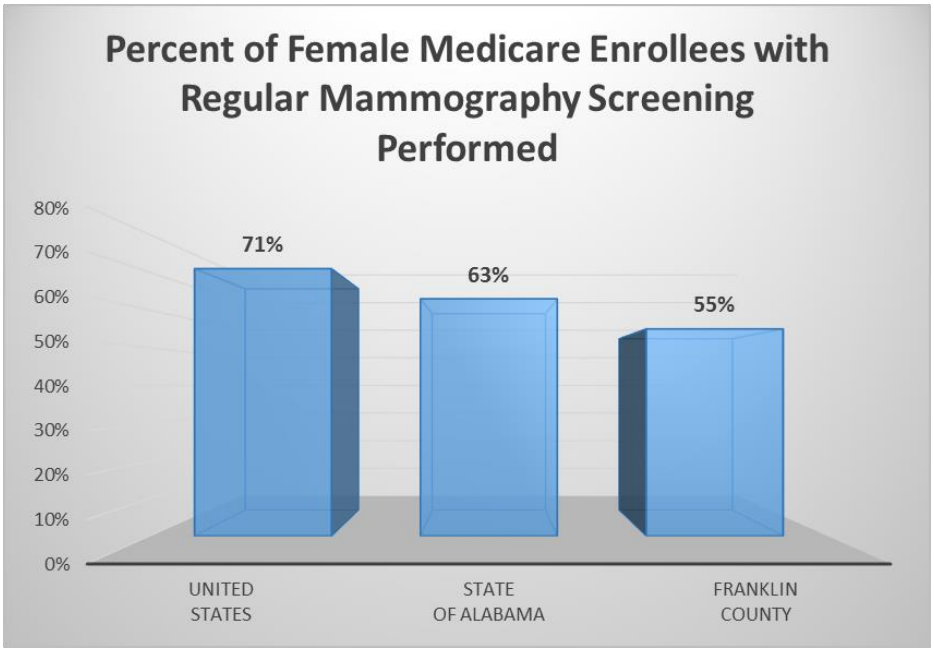


Breast Cancer

Breast cancer related deaths for Franklin County exceed the national norms by 37%. As mentioned above, regular preventative screening is a key step in early stage cancer detection. Evidence suggests that mammography screening reduces breast cancer mortality, especially among older women. A physician's recommendation or referral—and satisfaction with physicians—are major factors facilitating breast cancer screening. The percent of women ages 40-69 receiving a mammogram is a widely endorsed quality of care measure. In Franklin County,

[8] The Behavioral Risk Factor Surveillance System - Centers for Disease Control and Prevention

only 55% of female Medicare enrollees aged 67-69 had at least one mammogram over a two-year period, below the state average of 63% and the national average of 71%.



Colorectal Cancer

Colorectal cancer related deaths in Franklin County significantly exceed both state and national levels by more than 40%. Recently, several screening tests have been developed to help doctors find colorectal cancer early, when it may be more treatable. Some tests that detect adenomas and polyps can actually prevent the development of cancer because these tests allow growths that might otherwise become cancer to be detected and removed. That is, colorectal cancer screening may be a form of cancer prevention, not just early detection. Colorectal screening rates among citizens of Franklin County were not available at the time of this assessment, but it appears reasonable that early detection methods could help stem this epidemic.

Pancreatic Cancer

It's not clear what causes pancreatic cancer in most cases, but doctors have identified the following risk factors that can increase the likelihood of pancreatic cancer:

- Smoking
- Obesity
- Diabetes
- Family History of Pancreatic Cancer
- Chronic inflammation of the pancreas (pancreatitis)

As such, regular doctor visits and screening is key to early detection and potential prevention. With pancreatic cancer rates for Franklin County exceeding state and national benchmarks by over 50%, it is a significant issue for the community.

Heart Disease & Stroke

Per the Center for Disease Control, the top cause of death in the state of Alabama is heart disease. Heart Disease and stroke are one of 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, and in 2020 will be the leading cause of death throughout the world. According to Healthy People 2020, heart disease and stroke related health issues cost families over $320 billion annually in the United States. As heart disease and stroke risk factors are correlated in many ways, they will be discussed together for the purposes of this report.

As many of the indicators are preventable or treatable, it is important to highlight the modifiable or controllable risk factors for heart disease and stroke:

- High blood pressure
- High cholesterol
- Smoking Tobacco
- Diabetes
- Physical inactivity
- Obesity and Poor Dietary Habits

Over time, these risk factors cause changes in the heart and blood vessels that can lead to heart attacks, heart failure, and strokes. It is critical to address risk factors early in life to prevent chronic cardiovascular disease. The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use. The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

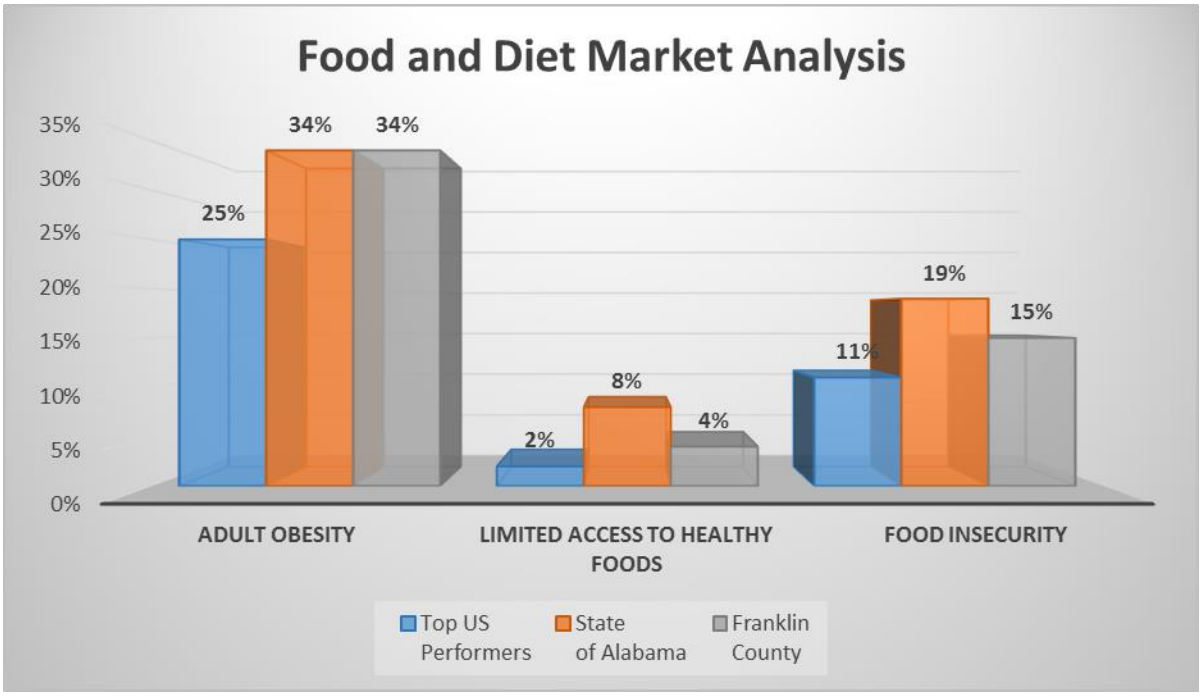
- Incidence of risk factors
- Access to treatment
- Timely, appropriate, and effective treatment
- Death

Per Healthy People 2020, cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities;

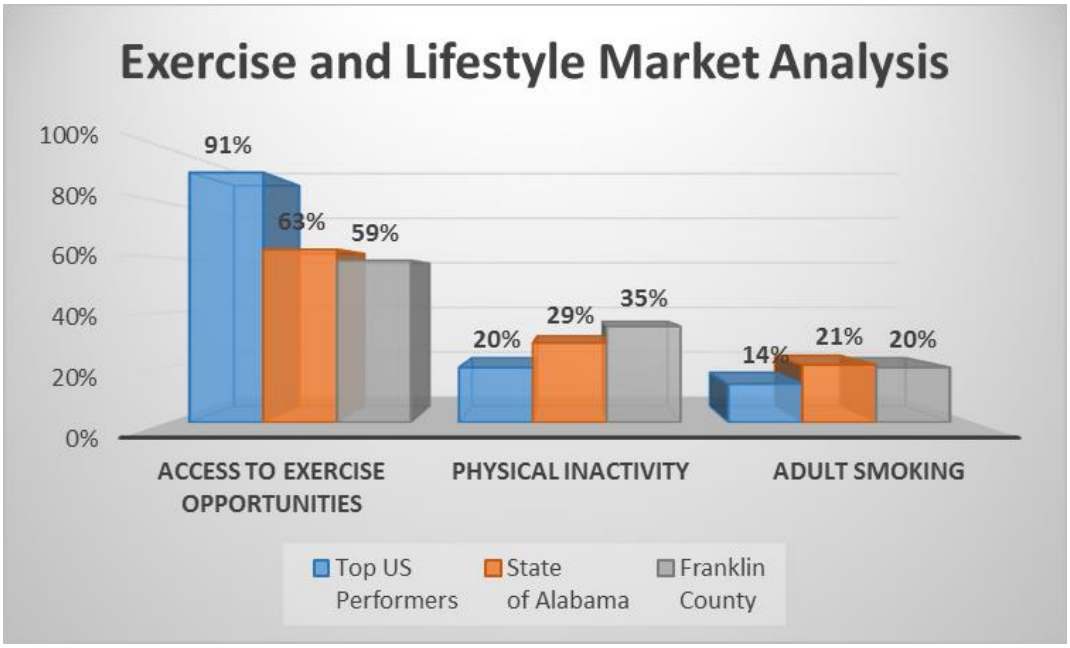
quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

HEALTH BEHAVIORS				
Indicator		Top US Performers	State of Alabama	Franklin County
Food and Diet				
Adult Obesity	% of Adults with BMI 30+	25%	34%	34%
Children Eligible for Free Lunch	% Children in Public Schools	25%	51%	58%
Food Insecurity	% of Population	11%	19%	15%
Limited Access to Healthy Foods	% Low-income not Near a Grocery	2%	8%	4%
Factors Contributing to a Healthy Food Environment	0 Worst to 10 Best	8.3	6.6	7.5
Exercise and Lifestyle				
Insufficient Sleep	% of Adults that Average < 7 hrs Sleep	28%	38%	38%
Access to Exercise Opportunities	% of Population	91%	63%	59%
Physical Inactivity	% of Adults > 20 years	20%	29%	35%
Adult Smoking	% of Adults that are Current Smokers	14%	21%	20%
Sexually-transmitted Infections	per 100K	134	611	318
Teen Births	per 1K between 15 to 19 years	19	44	58

Food and diet along with exercise and lifestyle are key indicators of the health of a community. The associated performance against state and national benchmarks can lead to reasonable assumptions about areas of focus for improvement within the community that can prevent heart disease and stroke. As displayed in the preceding table, obesity, food insecurity and limited access to healthy foods for Franklin County all negatively exceed national benchmarks per the County Health Ranking and Roadmaps 2016 report. As each of these factors have been identified as primary risk indicators for heart disease and stroke, we will explore several of them further within the graphs and exhibits below:

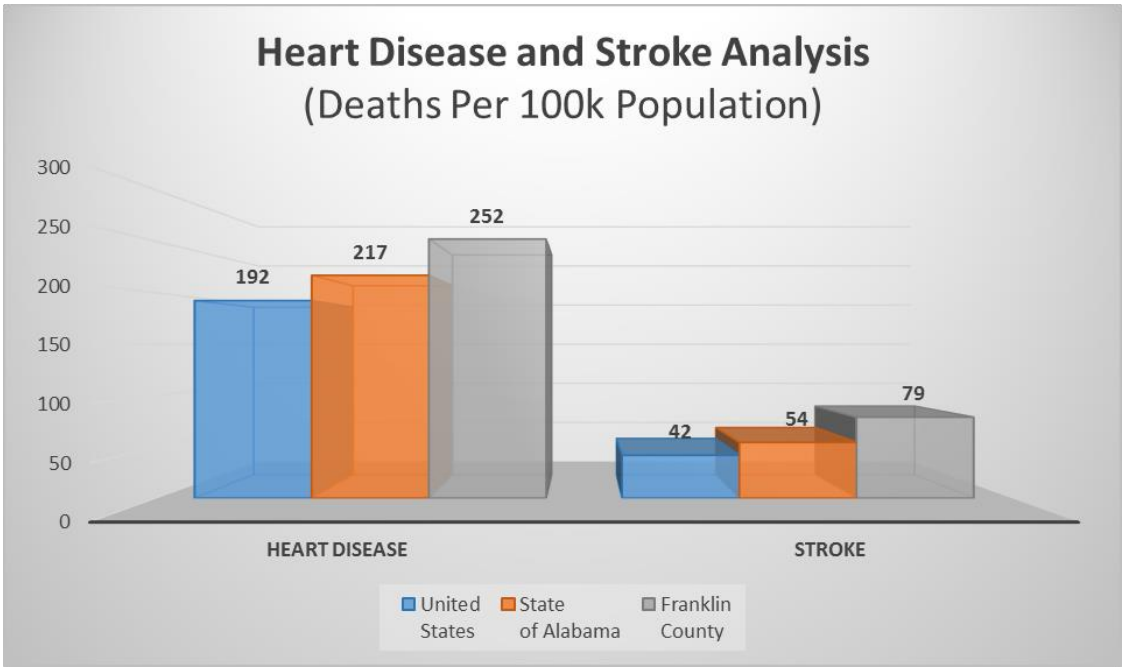


As previously discussed, obesity has been linked to both cardiovascular health and diabetes. Residents of Franklin County and the State of Alabama are 36% more likely to be obese than those of the top US state performers. According to the Journal of Leisure Research, decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Factors contributing to obesity such as access to healthy foods and food insecurity are also elevated in Franklin County as compared to national benchmarks. As is common in rural America, the opportunities for exercise and physical activities can be lower than in urban settings with numerous gyms, fitness studios, and outdoor parks for recreation. As such, it is important to highlight Franklin County's key deviations from national benchmarks for exercise and activity below:

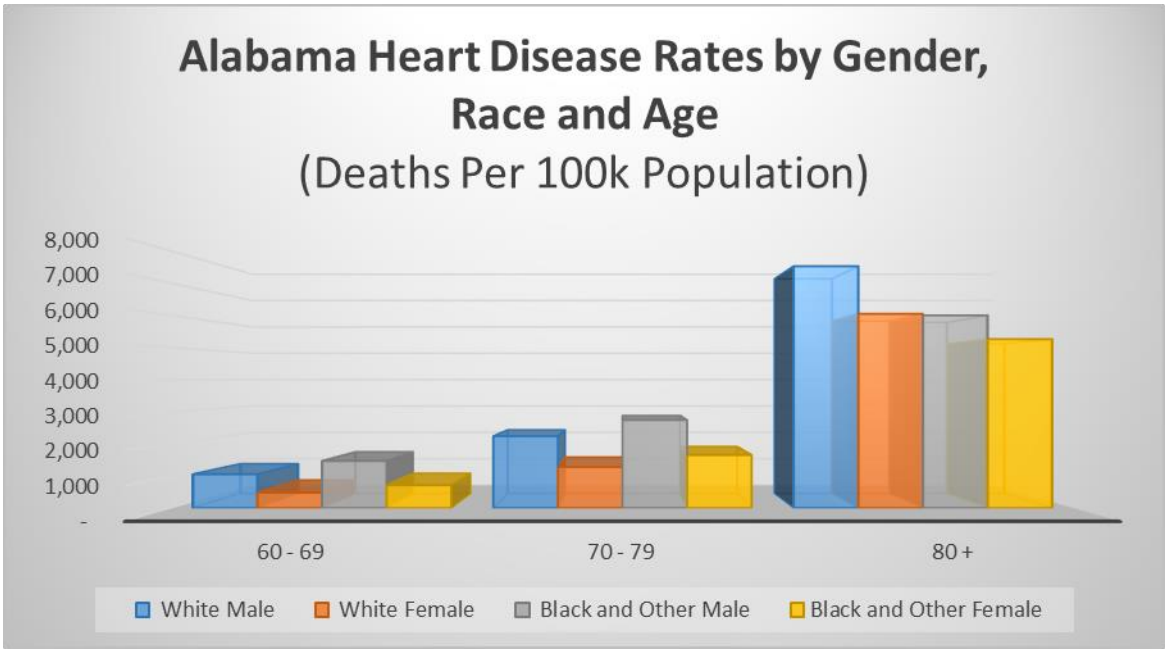


In Franklin County, heart disease is a leading cause of death annually. Per the Alabama Rural Health Association, total heart disease mortality in Franklin County for the most recent year available, 2013, was 16% higher as compared to the state, and 31% higher than the U.S. Additionally, stroke mortality in Franklin County was 45% higher than the state, and 89% higher than the United States. Heart disease and stroke related deaths for Franklin County and the state of Alabama exceed national benchmarks for each traceable category as displayed below.

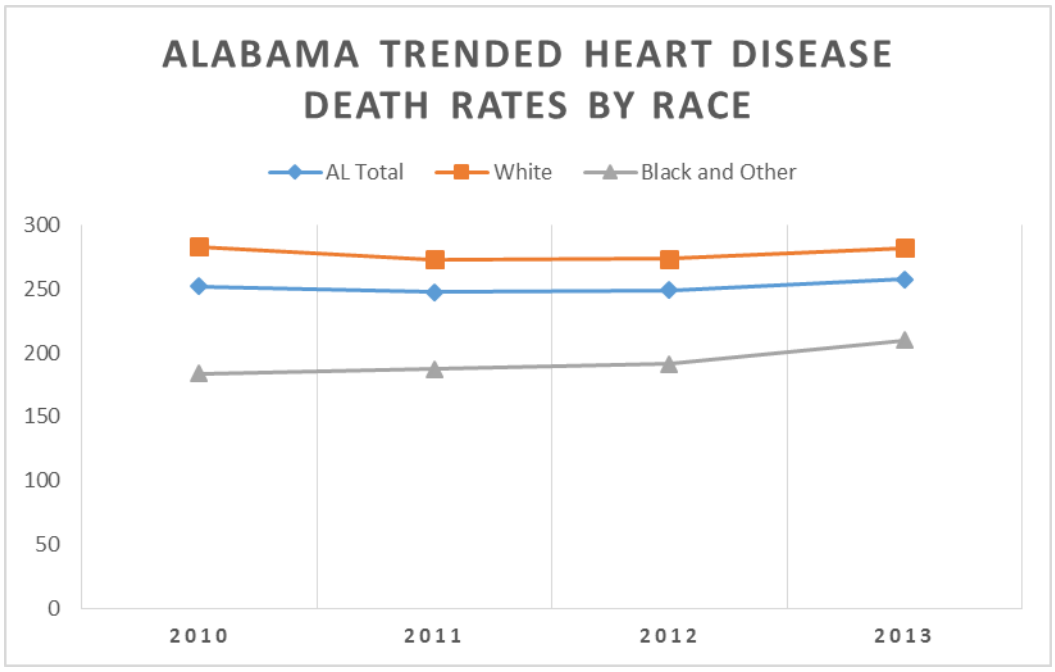
CAUSE OF DEATH INDICATORS				
Indicator		United States	State of Alabama	Franklin County
Heart Diseases				
Hypertensive Heart Disease	per 100K	10.8	8.5	-
Ischemic Heart Disease	per 100K	123.1	115.5	149.3
Acute Myocardial Infarction	per 100K	39.7	52.9	50.5
Heart Failure	per 100K	18.8	40.2	52.6
All Heart Diseases	per 100K	192.4	217.1	252.4
Stroke				
Cerebrovascular Disease (Stroke)	per 100K	41.8	54.3	78.9



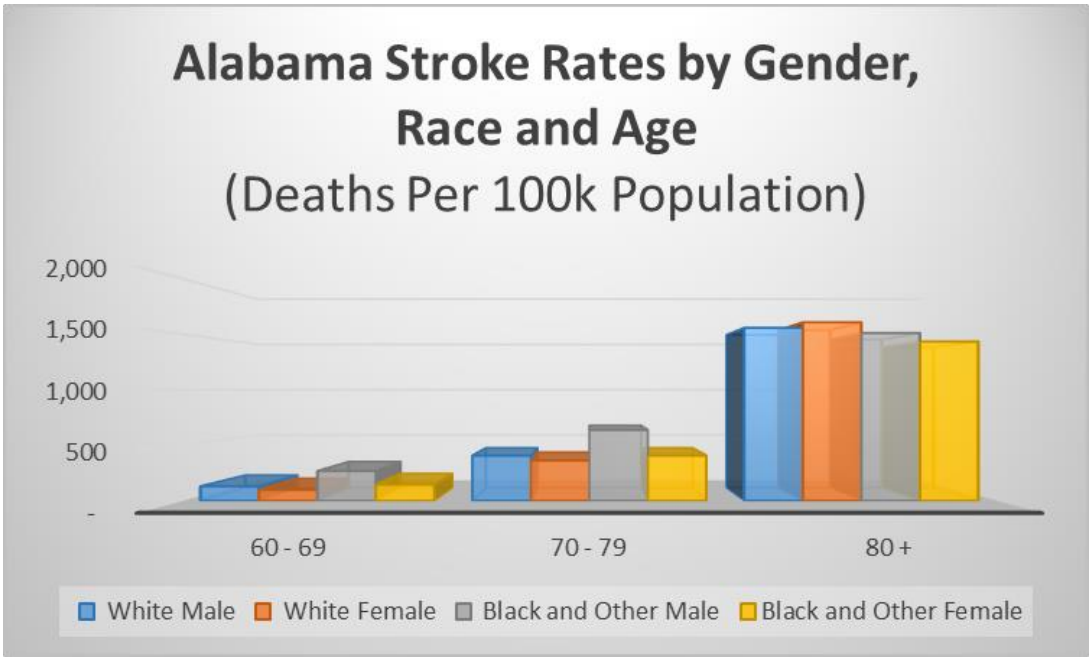
The total heart disease mortality rate for men over the age of 60 in the state of Alabama was nearly 36% higher than for women. The table below displays the correlation between gender, race and age for the state of Alabama.



Per the Alabama Department of Public Health, African American/Black residents are 26% less likely to die from heart disease (210 deaths per 100,000 population) than White residents (282 per 100,000 population).



The total stroke mortality rate for men over the age of 60 in the state of Alabama was nearly 63% higher than for women. The table below displays the correlation between gender, race and age for the state of Alabama.



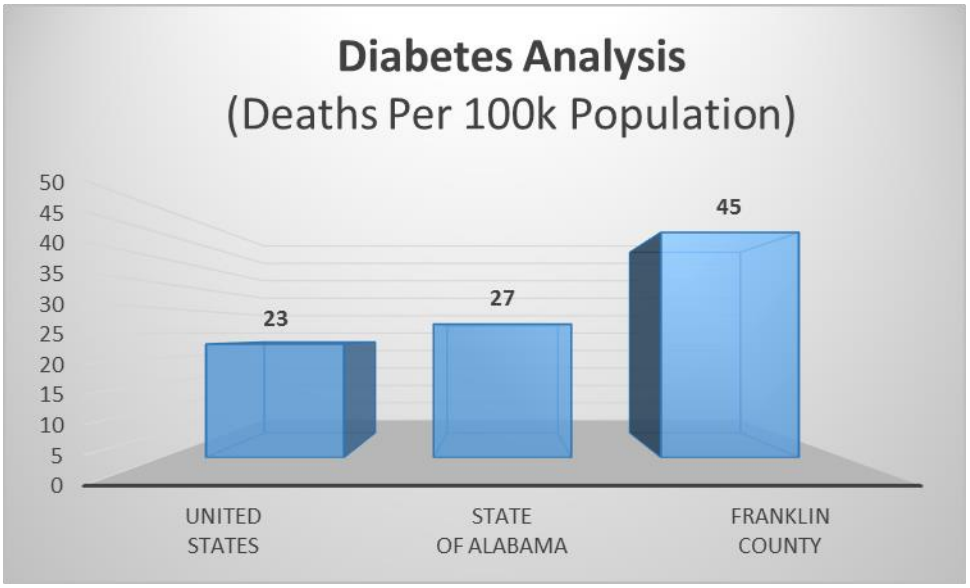
Per the Alabama Department of Public Health 2013 Vital Statistics Report, African American/Black residents are 20% less likely to die from heart disease (45 deaths per 100,000 population) than White residents (57 per 100,000 population).

As a leading cause of heart disease and stoke related deaths, it is important to highlight diabetes and its impact on the community. Diabetes is a serious, costly, and potentially preventable disease and presents a significant public health issue in the U.S. Both the prevalence and incidence of diabetes have increased rapidly since the mid-1990s, with minority racial/ethnic groups and socioeconomically disadvantaged groups experiencing the steepest increases and most substantial effects from the disease. Death rates for heart disease and the risk of stroke are about 2–4 times higher among adults with diabetes than among those without diabetes.[9] In addition, 67% of U.S. adults who report having diabetes also report having high blood pressure. For people with diabetes, high blood pressure levels, high cholesterol levels, and smoking increase the risk of heart disease and stroke. This risk can be reduced by controlling blood pressure and cholesterol levels and stopping smoking. Diabetes can also lead to other complications, such as vision loss, kidney failure, and amputations of legs or feet.

Average medical expenses are more than twice as high for a person with diabetes as they are for a person without diabetes. In 2013, the estimated cost of diabetes in the United States was $245 billion. That amount included $176 billion in direct medical care costs and $69 billion in indirect costs (from disability, productivity loss, and premature death).

[9] Centers for Disease Control and Prevention – Diabetes Report Card

The fact that diabetes often presents as a co-morbidity with other diseases, it is difficult to segregate diabetes-specific information. The following table shows how Franklin County compares to the state of Alabama and the U.S. diabetes related death benchmarks:



VI. Data Gaps Identified

Where available, the most current and up-to-date data was used to determine the health needs of the community. Although the data set available is rich with information, not surprisingly, data gaps exist.

- Data such as health insurance coverage data and cancer screening, incidence and mortality rates are not available by geographic areas within Franklin County.

- Data is not available on all topics to evaluate health needs within each race/ethnicity by age-gender specific subgroups.

- Diabetes prevalence is not available for children, a group that has had an increasing risk for type 2 diabetes in recent years due to increasing overweight/obesity rates.

- Health risk behaviors that increase the risk for developing chronic diseases, like diabetes, are difficult to measure accurately in subpopulations, especially the Hispanic/Latino populations, due to risk factor surveillance system methodology issues.

- County-wide data that characterize health risk and lifestyle behaviors like nutrition, exercise, and sedentary behaviors are not available for children.

- Data surrounding the hospitalization rate for ambulatory-care sensitive conditions limits the population to mostly individuals age 65 and older, and does not account for trends and disparities among younger age groups.

VII. CONCLUSIONS

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 across non-governmental as well as governmental agencies to improve the lives of residents. The findings from this process demonstrate that residents include high concentrations of people at an 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 – it is clear the need for establishing and expanding effective partnerships among city agencies is critical.

Collaboration holds the promise of allowing progress on issues where multiple parties are involved. Sustaining collaborations in Franklin County are possible not only because of established partnerships but also because of efforts such as this needs assessment, which will further strengthen existing relationships by highlighting areas of major needs.

In order to have improved collaborations throughout the service area, there needs to be better data exchange among health organizations. Both health and societal data are not consistently collected, are difficult to compare longitudinally, and frequently may not tell the whole story. To improve the health of Franklin County residents, Russellville Hospital and its partners must have access to accurate local data. There are opportunities to make significant improvements in gathering and tracking such data on all of these issues, particularly on the issues of chronic diseases and risk factors that contribute to health disparities. It is imperative that those working in public health and providers of direct clinical services collaborate to develop a strategic plan for delivery of health care (including preventive care and mental health services) in a manner best suited to the community being served.

This report has presented a case that trends in health outcomes are determined not just by individual-level factors such as genetic make-up or access to medical services, but also by socio-economic factors. Franklin County stakeholders can no longer afford to ignore evidence linking social determinants of health with health outcomes. By building on the analysis in this report and partnerships throughout the geographic region, Franklin County will take significant steps to build the capacity to understand and address the conditions contributing to the compromised health of its most vulnerable neighborhoods.

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APPENDIX 1

Demographics and Indicator Summary

DEMOGRAPHICS			
Demographics	United States	State of Alabama	Franklin County
Population and Community Overview			
Total	321,418,820	4,858,979	31,696
Female	50.8%	51.5%	50.1%
Male	49.2%	48.5%	49.9%
Median Age	37.2	37.9	38.5
Race			
White	72.4%	68.5%	83.0%
Black or African American	12.6%	26.2%	3.9%
American Indian and Alaska Native	0.9%	0.6%	0.7%
Asian	4.8%	1.1%	0.2%
Hispanic (of any Race)	16.3%	3.9%	14.9%
Age			
Under 5 years	6.5%	6.4%	7.1%
5 to 19 years	20.4%	20.3%	20.4%
20 to 44 years	33.6%	32.7%	31.9%
45 to 64 years	26.4%	26.8%	25.3%
65 and Older	13.1%	13.9%	15.2%
Socioeconomic			
Education			
Age 25+ with Less Than High School	14.6%	18.1%	28.4%
High School Graduate	86.3%	83.7%	74.4%
Bachelor's Degree or Higher	29.3%	23.1%	10.9%
Unemployment	9.2%	10.2%	9.5%
Median Household Income	$53,482	$43,511	$35,450
Poverty Rate			
Overall	15.6%	18.9%	24.3%
Children Living in Poverty	21.9%	27.5%	40.5%
By Race			
White	12.8%	13.8%	22.8%
Black or African American	27.3%	31.6%	33.7%
American Indian and Alaska Native	28.8%	21.8%	87.9%
Asian	12.7%	13.6%	-
Hispanic (any Race)	24.8%	33.9%	41.3%
By Educational Attainment			
Less than High School Graduate	27.6%	30.8%	31.1%
High School Graduate	14.2%	16.1%	18.0%
Some College or Associate's Degree	10.5%	12.2%	11.2%
Bachelor's Degree or Higher	4.5%	4.3%	3.2%

DEMOGRAPHICS		
Indicator	Data Source	Year(s) of Data
Population and Community Overview		
Total	U.S. Census Bureau, Annual Estimates of Resident Population	2015
Female	U.S. Census Bureau, Demographic Profile Data	2010
Male		
Median Age	U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates	2014
Race		
White	U.S. Census Bureau, Demographic Profile Data	2010
Black or African American		
American Indian and Alaska Native		
Asian		
Hispanic (of any Race)		
Age		
Under 5 years	U.S. Census Bureau, Demographic Profile Data	2010
5 to 19 years		
20 to 44 years		
45 to 64 years		
65 and Older		
Socioeconomic		
Education		
Age 25+ with Less Than High School	County Health Status Indicators Report	2013
High School Graduate	U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates	2014
Bachelor's Degree or Higher		
Unemployment		
Median Household Income		
Poverty Rate		
Overall	U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates	2014
Children Living in Poverty		
By Race		
White	U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates	2014
Black or African American		
American Indian and Alaska Native		
Asian		
Hispanic (any Race)		
By Educational Attainment		
Less than High School Graduate	U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates	2014
High School Graduate		
Some College or Associate's Degree		
Bachelor's Degree or Higher		

Community Health Needs Assessment

HEALTH OUTCOMES				
Indicator	Measure	Top US Performers	State of Alabama	Franklin County
Natality				
Premature Death	< 75 years per 100K	5,200	9,500	12,200
Child Mortality	per 100K	40	70	60
Infant Mortality	< 1 year per 1K Live Births	5	9	8
Low Birthweight	% of Births	6%	10%	9%
Less than Adequate Prenatal Care	% of Births	na	27.2%	38.6%
Tobacco Use During Pregnancy	% of Births	na	10.6%	14.8%
Health Conditions				
Diabetes Prevalence	% dx > age 20	9%	12%	12%
HIV Prevalence	per 100K	41	298	38
Quality of Life				
Poor or Fair Health	% of Adults	12%	22%	23%
Poor Physical Health Days	% of Adults	2.9	4.6	5.1
Frequent Physical Distress	% of Adults	9%	16%	15%
Poor Mental Health Days	% of Adults	2.8	4.7	4.8
Frequent Mental Distress	% of Adults	9%	15%	15%
Miscellaneous Clinical Care				
Preventable Hospital Stays	per 1K Medicare Enrollees	38	65	97
Mammography Screening	% Female Medicare Enrollees 67 to 69	71%	63%	55%

HEALTH OUTCOMES		
Indicator	Data Source	Year(s) of Data
Natality		
Premature Death	County Health Rankings & Roadmaps	2016
Child Mortality		
Infant Mortality		
Low Birthweight		
Less than Adequate Prenatal Care	County Health Status Indicators Report	2013
Tobacco Use During Pregnancy		
Health Conditions		
Diabetes Prevalence	County Health Rankings & Roadmaps	2016
HIV Prevalence		
Quality of Life		
Poor or Fair Health	County Health Rankings & Roadmaps	2016
Poor Physical Health Days		
Frequent Physical Distress		
Poor Mental Health Days		
Frequent Mental Distress		
Miscellaneous Clinical Care		
Preventable Hospital Stays	County Health Rankings & Roadmaps	2016
Mammography Screening		

ACCESS TO HEALTHCARE				
Indicator		Top US Performers	State of Alabama	Franklin County
Uninsured				
Adults				
All Incomes	18 to 64 years	na	18.1%	25.4%
≤ 200% of Poverty Level	18 to 64 years	na	32.7%	39.9%
Children (< 19 years)	< 19 years	na	4.0%	6.1%
Health Care Costs	Medicare Reimbursements per Enrollee	na	$9,950	$11,236
Medicaid Eligible Percent of Population				
Population	21 and Older	na	22.3%	28.9%
Children	Under 21	na	46.9%	61.1%
Health Professional Shortage Area (HPSA) Designation				
Primary Care		na	na	YES
Mental Health		na	na	YES
Ratio of Population to Providers				
Primary Care Physicians		1,040:1	1,570:1	2,100:1
Mental Health Providers		370:1	1,200:1	10,530:1
Households with No Vehicle	% of Population	9.1%	6.6%	7.3%
Average Annual Hospital Births by County		na	1,316	2

ACCESS TO HEALTHCARE		
Indicator	Data Source	Year(s) of Data
Uninsured		
Adults		
All Incomes	Small Area Health Insurance Estimates (SAHIE)	2014
≤ 200% of Poverty Level		
Children (< 19 years)		
Health Care Costs	County Health Rankings & Roadmaps	2016
Medicaid Eligible Percent of Population		
Population	County Health Status Indicators Report	2013
Children		
Health Professional Shortage Area (HPSA) Designation		
Primary Care	Health Resources & Services Administration (HRSA) Data Warehouse	2016
Mental Health		
Ratio of Population to Providers		
Primary Care Physicians	County Health Rankings & Roadmaps	2016
Mental Health Providers		
Households with No Vehicle	County Health Status Indicators Report	2013
Average Annual Hospital Births by County	Alabama Dept. of Public Health, Births by Hospital of O	2013

HEALTH BEHAVIORS				
Indicator		Top US Performers	State of Alabama	Franklin County
Food and Diet				
Adult Obesity	% of Adults with BMI 30+	25%	34%	34%
Children Eligible for Free Lunch	% Children in Public Schools	25%	51%	58%
Food Insecurity	% of Population	11%	19%	15%
Limited Access to Healthy Foods	% Low-income not Near a Grocery	2%	8%	4%
Factors Contributing to a Healthy Food Environment	0 Worst to 10 Best	8.3	6.6	7.5
Exercise and Lifestyle				
Insufficient Sleep	% of Adults that Average < 7 hrs Sleep	28%	38%	38%
Access to Exercise Opportunities	% of Population	91%	63%	59%
Physical Inactivity	% of Adults > 20 years	20%	29%	35%
Adult Smoking	% of Adults that are Current Smokers	14%	21%	20%
Sexually-transmitted Infections	per 100K	134	611	318
Teen Births	per 1K between 15 to 19 years	19	44	58

HEALTH BEHAVIORS		
Indicator	Data Source	Year(s) of Data
Food and Diet		
Adult Obesity	County Health Rankings & Roadmaps	2016
Children Eligible for Free Lunch		
Food Insecurity		
Limited Access to Healthy Foods		
Factors Contributing to a Healthy Food Environment		
Exercise and Lifestyle		
Insufficient Sleep	County Health Rankings & Roadmaps	2016
Access to Exercise Opportunities		
Physical Inactivity		
Adult Smoking		
Sexually-transmitted Infections		
Teen Births		

HEALTH ENVIRONMENT				
Indicator		Top US Performers	State of Alabama	Franklin County
Physical Environment				
Air Pollution - Particular Matter	Ave Daily Density (µg per m^3)	9.5	12.8	12.3
Severe Housing Problems	% w/ 1 to 4 CHAS Housing Problems	9%	15%	14%
Long Commute - Driving Alone	% Solo Drivers Commuting > 30 min	15%	33%	35%
Social Environment				
Violent Crime Offenses	per 100K	59	418	380
Injury Deaths	per 100K	51	74	118
Child Abuse and Neglect Cases	per 1K < 18 years	na	17.5	13.6
Adults in Reported Abuse and Neglect Cases	per 10K 18+ years	na	23.9	30.2

HEALTH ENVIRONMENT		
Indicator	Data Source	Year(s) of Data
Physical Environment		
Air Pollution - Particular Matter	County Health Rankings & Roadmaps	2016
Severe Housing Problems		
Long Commute - Driving Alone		
Social Environment		
Violent Crime Offenses	County Health Rankings & Roadmaps	2016
Injury Deaths		
Child Abuse and Neglect Cases	County Health Status Indicators Report	2013
Adults in Reported Abuse and Neglect Cases		

CAUSE OF DEATH INDICATORS				
Indicator		United States	State of Alabama	Franklin County
All Causes	per 100K	800.9	1,000.6	1,249.5
Cancer				
Colon, Rectum and Anus	per 100K	17.0	18.8	26.3
Liver and Intrahepatic Bile Ducts	per 100K	6.6	6.7	-
Pancreas	per 100K	11.9	12.6	18.9
Trachea, Bronchus and Lung	per 100K	51.1	67.2	79.9
Breast (female)	per 100K	26.0	26.8	35.6
Prostate (male)	per 100K	18.6	23.1	-
Non-Hodgkin's Lymphoma	per 100K	6.6	6.7	-
Leukemia	per 100K	7.4	8.0	-
Heart Diseases				
Hypertensive Heart Disease	per 100K	10.8	8.5	-
Ischemic Heart Disease	per 100K	123.1	115.5	149.3
Acute Myocardial Infarction	per 100K	39.7	52.9	50.5
Heart Failure	per 100K	18.8	40.2	52.6
Other				
Septicemia	per 100K	11.4	18.4	-
Diabetes Mellitus	per 100K	22.8	26.8	45.2
Parkinson's Disease	per 100K	7.1	7.5	-
Alzheimer's Disease	per 100K	26.7	31.4	-
Cerebrovascular Disease (Stroke)	per 100K	41.8	54.3	78.9
Pneumonia	per 100K	16.5	19.2	25.2
Chronic Lower Respiratory Disease	per 100K	45.2	59.3	84.1
Chronic Liver Disease and Cirrhosis	per 100K	10.4	10.7	-
Renal Failure	per 100K	14.2	22.2	20.0
Non-clinical				
Motor Vehicle Accident	per 100K	11.5	19.0	26.3
Poisoning	per 100K	10.6	11.0	21.0
Intentional Self-harm (Suicide)	per 100K	12.3	13.8	-
Assault (Homicide)	per 100K	5.3	8.2	-
Drug-induced	per 100K	12.9	12.6	21.0

CAUSE OF DEATH INDICATORS		
Indicator	Data Source	Year(s) of Data
All Causes	County Health Status Indicators Report	2013
Cancer		
Colon, Rectum and Anus	County Health Status Indicators Report	2013
Liver and Intrahepatic Bile Ducts		
Pancreas		
Trachea, Bronchus and Lung		
Breast (female)		
Prostate (male)		
Non-Hodgkin's Lymphoma		
Leukemia		
Heart Diseases		
Hypertensive Heart Disease	County Health Status Indicators Report	2013
Ischemic Heart Disease		
Acute Myocardial Infarction		
Heart Failure		
Other		
Septicemia	County Health Status Indicators Report	2013
Diabetes Mellitus		
Parkinson's Disease		
Alzheimer's Disease		
Cerebrovascular Disease (Stroke)		
Pneumonia		
Chronic Lower Respiratory Disease		
Chronic Liver Disease and Cirrhosis		
Renal Failure		
Non-clinical		
Motor Vehicle Accident	County Health Status Indicators Report	2013
Poisoning		
Intentional Self-harm (Suicide)		
Assault (Homicide)		
Drug-induced		

APPENDIX 2

Survey

Help Us Help You - Please Complete the Community Health Needs Assessment Survey

1. Are you male or female?

- Male
- Female

2. What is your age?

- 17 or younger
- 18-20
- 21-29
- 30-39
- 40-49
- 50-59
- 60 or older

3. Which of the following best describes your current relationship status?

- Married
- Widowed
- Divorced
- Separated
- In a domestic partnership or civil union
- Single, but cohabiting with a significant other
- Single, never married

4. How many people currently live in your household?

5. Do you have any children under 18?

- Yes
- No

6. What is your ethnicity?

- White
- Black or African-American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- From multiple races
- Some other race (please specify)

7. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)

8. How much total combined money did all members of your HOUSEHOLD earn last year?

- $0 to $9,999
- $10,000 to $24,999
- $25,000 to $49,999
- $50,000 to $74,999

- $75,000 to $99,999
- $100,000 to $124,999
- $125,000 to $149,999
- $150,000 to $174,999
- $175,000 to $199,999
- $200,000 and up
- Prefer not to answer

9. What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
- High school degree or equivalent (e.g., GED)
- Some college but no degree
- Associate degree
- Bachelor degree
- Graduate degree

10. Which of the following categories best describes your employment status?

- Employed, working full-time
- Employed, working part-time
- Not employed, looking for work
- Not employed, NOT looking for work
- Retired
- Disabled, not able to work

11. Which of the following best describes your current occupation?

- Legal Occupations

- Architecture and Engineering Occupations
- Education, Training, and Library Occupations
- Community and Social Service Occupations
- Healthcare Support Occupations
- Office and Administrative Support Occupations
- Installation, Maintenance, and Repair Occupations
- Computer and Mathematical Occupations
- Sales and Related Occupations
- Personal Care and Service Occupations
- Business and Financial Operations Occupations
- Farming, Fishing, and Forestry Occupations
- Protective Service Occupations
- Healthcare Practitioners and Technical Occupations
- Production Occupations
- Building and Grounds Cleaning and Maintenance Occupations
- Life, Physical, and Social Science Occupations
- Food Preparation and Serving Related Occupations
- Arts, Design, Entertainment, Sports, and Media Occupations
- Management Occupations
- Construction and Extraction Occupations
- Transportation and Materials Moving Occupations
- Other (please specify)

12. In a typical week, how many days do you exercise?

- I don't regularly exercise
- Once a week
- 2 to 4 days a week
- 5 to 7 days a week

13. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

14. What are your personal health concerns? (Check all that apply)

- Addiction
- Cancer
- Diabetes
- Heart Health
- Mental Health and/or Depression
- Oral Health
- Sexually Transmitted Diseases
- Sleep Disorders
- Weight Control
- Other (please specify)

15. What community health concerns needs to be addressed?

Community Health Needs Assessment

	No Need	Some Need	Average/Moderate Need	Significant Need	Greatest Need	Don't Know or N/A
Access to Healthcare Providers (Medical Professional Shortage)	Access to Healthcare Providers (Medical Professional Shortage) No Need	Access to Healthcare Providers (Medical Professional Shortage) Some Need	Access to Healthcare Providers (Medical Professional Shortage) Average/Moderate Need	Access to Healthcare Providers (Medical Professional Shortage) Significant Need	Access to Healthcare Providers (Medical Professional Shortage) Greatest Need	Access to Healthcare Providers (Medical Professional Shortage) Don't Know or N/A
Addiction/Substance Abuse	Addiction/Substance Abuse No Need	Addiction/Substance Abuse Some Need	Addiction/Substance Abuse Average/Moderate Need	Addiction/Substance Abuse Significant Need	Addiction/Substance Abuse Greatest Need	Addiction/Substance Abuse Don't Know or N/A
Affordable Health Insurance	Affordable Health Insurance No Need	Affordable Health Insurance Some Need	Affordable Health Insurance Average/Moderate Need	Affordable Health Insurance Significant Need	Affordable Health Insurance Greatest Need	Affordable Health Insurance Don't Know or N/A
Cancer	Cancer No Need	Cancer Some Need	Cancer Average/Moderate Need	Cancer Significant Need	Cancer Greatest Need	Cancer Don't Know or N/A
Dental/Oral Health	Dental/Oral Health No Need	Dental/Oral Health Some Need	Dental/Oral Health Average/Moderate Need	Dental/Oral Health Significant Need	Dental/Oral Health Greatest Need	Dental/Oral Health Don't Know or N/A
Diabetes	Diabetes No Need	Diabetes Some Need	Diabetes Average/Moderate Need	Diabetes Significant Need	Diabetes Greatest Need	Diabetes Don't Know or N/A
Heart Disease/Stroke	Heart Disease/Stroke No Need	Heart Disease/Stroke Some Need	Heart Disease/Stroke Average/Moderate Need	Heart Disease/Stroke Significant Need	Heart Disease/Stroke Greatest Need	Heart Disease/Stroke Don't Know or N/A
HIV/AIDS	HIV/AIDS No Need	HIV/AIDS Some Need	HIV/AIDS Average/Moderate Need	HIV/AIDS Significant Need	HIV/AIDS Greatest Need	HIV/AIDS Don't Know or N/A
Lack of Home Health Services and Equipment	Lack of Home Health Services and Equipment No Need	Lack of Home Health Services and Equipment Some Need	Lack of Home Health Services and Equipment Average/Moderate Need	Lack of Home Health Services and Equipment Significant Need	Lack of Home Health Services and Equipment Greatest Need	Lack of Home Health Services and Equipment Don't Know or N/A

Community Health Needs Assessment

	No Need	Some Need	Average/Moderate Need	Significant Need	Greatest Need	Don't Know or N/A
Maternal/Child Healthcare	Maternal/Child Healthcare No Need	Maternal/Child Healthcare Some Need	Maternal/Child Healthcare Average/Moderate Need	Maternal/Child Healthcare Significant Need	Maternal/Child Healthcare Greatest Need	Maternal/Child Healthcare Don't Know or N/A
Mental Health (Depression, Anxiety, Suicide, etc.)	Mental Health (Depression, Anxiety, Suicide, etc.) No Need	Mental Health (Depression, Anxiety, Suicide, etc.) Some Need	Mental Health (Depression, Anxiety, Suicide, etc.) Average/Moderate Need	Mental Health (Depression, Anxiety, Suicide, etc.) Significant Need	Mental Health (Depression, Anxiety, Suicide, etc.) Greatest Need	Mental Health (Depression, Anxiety, Suicide, etc.) Don't Know or N/A
Prescription Drugs Affordability	Prescription Drugs Affordability No Need	Prescription Drugs Affordability Some Need	Prescription Drugs Affordability Average/Moderate Need	Prescription Drugs Affordability Significant Need	Prescription Drugs Affordability Greatest Need	Prescription Drugs Affordability Don't Know or N/A
Preventative Care (Health Screenings)	Preventative Care (Health Screenings) No Need	Preventative Care (Health Screenings) Some Need	Preventative Care (Health Screenings) Average/Moderate Need	Preventative Care (Health Screenings) Significant Need	Preventative Care (Health Screenings) Greatest Need	Preventative Care (Health Screenings) Don't Know or N/A
Reliable Health Information	Reliable Health Information No Need	Reliable Health Information Some Need	Reliable Health Information Average/Moderate Need	Reliable Health Information Significant Need	Reliable Health Information Greatest Need	Reliable Health Information Don't Know or N/A
Sexually Transmitted Disease	Sexually Transmitted Disease No Need	Sexually Transmitted Disease Some Need	Sexually Transmitted Disease Average/Moderate Need	Sexually Transmitted Disease Significant Need	Sexually Transmitted Disease Greatest Need	Sexually Transmitted Disease Don't Know or N/A
Sleep Disorders	Sleep Disorders No Need	Sleep Disorders Some Need	Sleep Disorders Average/Moderate Need	Sleep Disorders Significant Need	Sleep Disorders Greatest Need	Sleep Disorders Don't Know or N/A
Smoking/Tobacco Use	Smoking/Tobacco Use No Need	Smoking/Tobacco Use Some Need	Smoking/Tobacco Use Average/Moderate Need	Smoking/Tobacco Use Significant Need	Smoking/Tobacco Use Greatest Need	Smoking/Tobacco Use Don't Know or N/A

	No Need	Some Need	Average/Moderate Need	Significant Need	Greatest Need	Don't Know or N/A
Teen Pregnancy	Teen Pregnancy No Need	Teen Pregnancy Some Need	Teen Pregnancy Average/Moderate Need	Teen Pregnancy Significant Need	Teen Pregnancy Greatest Need	Teen Pregnancy Don't Know or N/A
Transportation for Medical Needs	Transportation for Medical Needs No Need	Transportation for Medical Needs Some Need	Transportation for Medical Needs Average/Moderate Need	Transportation for Medical Needs Significant Need	Transportation for Medical Needs Greatest Need	Transportation for Medical Needs Don't Know or N/A
Weight Control (Obesity)	Weight Control (Obesity) No Need	Weight Control (Obesity) Some Need	Weight Control (Obesity) Average/Moderate Need	Weight Control (Obesity) Significant Need	Weight Control (Obesity) Greatest Need	Weight Control (Obesity) Don't Know or N/A

Other (please specify)

16. What level of impact do the following social concerns have the health of the community?

	No Impact	Some Impact	Average/Moderate Impact	Significant Impact	Greatest Impact	Don't Know or N/A
Affordable Housing / Shelter	Affordable Housing / Shelter No Impact	Affordable Housing / Shelter Some Impact	Affordable Housing / Shelter Average/Moderate Impact	Affordable Housing / Shelter Significant Impact	Affordable Housing / Shelter Greatest Impact	Affordable Housing / Shelter Don't Know or N/A
Affordable Child Care	Affordable Child Care No Impact	Affordable Child Care Some Impact	Affordable Child Care Average/Moderate Impact	Affordable Child Care Significant Impact	Affordable Child Care Greatest Impact	Affordable Child Care Don't Know or N/A
Alcohol and Drug Use	Alcohol and Drug Use No Impact	Alcohol and Drug Use Some Impact	Alcohol and Drug Use Average/Moderate Impact	Alcohol and Drug Use Significant Impact	Alcohol and Drug Use Greatest Impact	Alcohol and Drug Use Don't Know or N/A
Automobile Safety	Automobile Safety No Impact	Automobile Safety Some Impact	Automobile Safety Average/Moderate Impact	Automobile Safety Significant Impact	Automobile Safety Greatest Impact	Automobile Safety Don't Know or N/A

Community Health Needs Assessment

	No Impact	Some Impact	Average/Moderate Impact	Significant Impact	Greatest Impact	Don't Know or N/A
Child Abuse	Child Abuse No Impact	Child Abuse Some Impact	Child Abuse Average/Moderate Impact	Child Abuse Significant Impact	Child Abuse Greatest Impact	Child Abuse Don't Know or N/A
Crime (Police and Fire Protection)	Crime (Police and Fire Protection) No Impact	Crime (Police and Fire Protection) Some Impact	Crime (Police and Fire Protection) Average/Moderate Impact	Crime (Police and Fire Protection) Significant Impact	Crime (Police and Fire Protection) Greatest Impact	Crime (Police and Fire Protection) Don't Know or N/A
Disabilities	Disabilities No Impact	Disabilities Some Impact	Disabilities Average/Moderate Impact	Disabilities Significant Impact	Disabilities Greatest Impact	Disabilities Don't Know or N/A
Elderly Care	Elderly Care No Impact	Elderly Care Some Impact	Elderly Care Average/Moderate Impact	Elderly Care Significant Impact	Elderly Care Greatest Impact	Elderly Care Don't Know or N/A
Food Assistance (Malnutrition)	Food Assistance (Malnutrition) No Impact	Food Assistance (Malnutrition) Some Impact	Food Assistance (Malnutrition) Average/Moderate Impact	Food Assistance (Malnutrition) Significant Impact	Food Assistance (Malnutrition) Greatest Impact	Food Assistance (Malnutrition) Don't Know or N/A
Lack of Education / Low Graduation Rates	Lack of Education / Low Graduation Rates No Impact	Lack of Education / Low Graduation Rates Some Impact	Lack of Education / Low Graduation Rates Average/Moderate Impact	Lack of Education / Low Graduation Rates Significant Impact	Lack of Education / Low Graduation Rates Greatest Impact	Lack of Education / Low Graduation Rates Don't Know or N/A
Lack of Accessible Parks and Recreation Areas (Places to exercise)	Lack of Accessible Parks and Recreation Areas (Places to exercise) No Impact	Lack of Accessible Parks and Recreation Areas (Places to exercise) Some Impact	Lack of Accessible Parks and Recreation Areas (Places to exercise) Average/Moderate Impact	Lack of Accessible Parks and Recreation Areas (Places to exercise) Significant Impact	Lack of Accessible Parks and Recreation Areas (Places to exercise) Greatest Impact	Lack of Accessible Parks and Recreation Areas (Places to exercise) Don't Know or N/A
Juvenile Delinquency	Juvenile Delinquency No Impact	Juvenile Delinquency Some Impact	Juvenile Delinquency Average/Moderate Impact	Juvenile Delinquency Significant Impact	Juvenile Delinquency Greatest Impact	Juvenile Delinquency Don't Know or N/A

	No Impact	Some Impact	Average/Moderate Impact	Significant Impact	Greatest Impact	Don't Know or N/A
Poverty	Poverty No Impact	Poverty Some Impact	Poverty Average/Moderate Impact	Poverty Significant Impact	Poverty Greatest Impact	Poverty Don't Know or N/A
Shortage of Charitable Programs	Shortage of Charitable Programs No Impact	Shortage of Charitable Programs Some Impact	Shortage of Charitable Programs Average/Moderate Impact	Shortage of Charitable Programs Significant Impact	Shortage of Charitable Programs Greatest Impact	Shortage of Charitable Programs Don't Know or N/A
Transportation Services	Transportation Services No Impact	Transportation Services Some Impact	Transportation Services Average/Moderate Impact	Transportation Services Significant Impact	Transportation Services Greatest Impact	Transportation Services Don't Know or N/A
Unemployment / Availability of Jobs	Unemployment / Availability of Jobs No Impact	Unemployment / Availability of Jobs Some Impact	Unemployment / Availability of Jobs Average/Moderate Impact	Unemployment / Availability of Jobs Significant Impact	Unemployment / Availability of Jobs Greatest Impact	Unemployment / Availability of Jobs Don't Know or N/A

17. How would you most like to receive FREE health education/information?

- Community Event
- Email
- Newsletter or Publication
- Website
- Other (please specify)

APPENDIX 3

Curae Health
Russellville Hospital
CHNA Implementation Strategy

Note: As identified and explained in the CHNA report, Russellville Hospital has identified cancer, heart disease and stroke as the community health needs that will be targeted with interventions. In addition to the primary targeted health needs, obesity was identified in the CHNA report as a secondary risk factor for both cancer and heart disease. Therefore, Russellville Hospital elected to implement obesity objectives into the intervention plan in an effort to have a dual impact on both cancer and heart disease rates within the community.

#	Community Health Need	Target Population	Objective/Goal	Action Plan	Partnering Organization(s)	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 with civic organization to raise funding for free mammograms for uninsured patients.	**Internal:** Gynecology clinical care, Primary Care **External:** Russellville City 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	**Heart Disease/Stroke**	Service Area Population with undiagnosed cardiovascular programs	Increase community outreach to engage residents in education and screening for cardiovascular problems	Increase the number of outreach programs on hypertension and other cardio vascular conditions	**Internal:** Physician Practices, Home Health Agency **External:** Franklin County Cooperative Extension Office	Community Engagement Measured by Number of Screenings and Attendance
2-2	**Heart Disease/Stroke**	Service Area Population with diagnosed cardiovascular programs	Help patients with cardiovascular health issues obtain needed medications.	Through patient assistance programs help patients receive access to needed medications.	**Internal:** Senior Assistance Program	Amount and Number of Patients Assisted
3-1	**Obesity**	Hospital Employees	Improve awareness of fitness/wellness in both groups	Engage employees in weight loss program	**Internal:** Employees **External:** Alabama Hospital Association	Number of Employees Participating in Program
3-2	**Obesity**	Service Area Population	Engage residents in education about good nutrition, weight loss	Increase the number of outreach programs on good nutrition, weight loss	**Internal:** Physician Practices, Home Health Agency **External**: Franklin County Cooperative Extension Office	Community Engagement of Attendance