



Community Health Needs Assessment

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Citizens Baptist Medical Center



Citizens Baptist Medical Center at a Glance

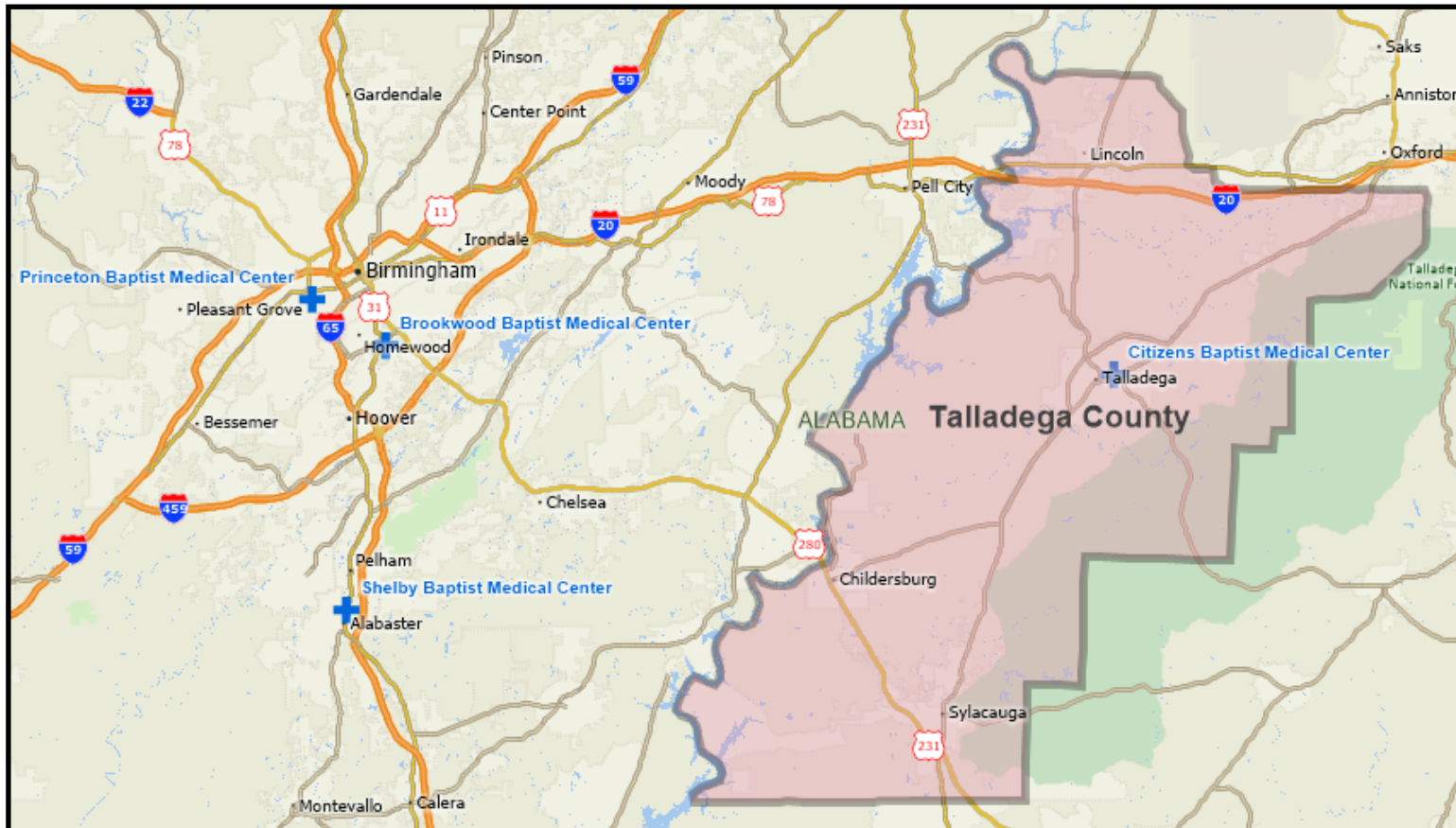
Citizens Baptist Medical Center (Citizens), located in Talladega, AL, is equipped with 122 beds and employs over 350 professionals, including 80 physicians on staff. As a rural hospital, the access to care that Citizens provides is paramount to addressing the community's health needs.

Citizens offers a full range of services to meet the diverse needs of the community, including one of the state's top home health programs and an accredited chest pain facility through the Society of Cardiovascular Patient Care. Along with obstetric and gynecological services, orthopedics, advanced imaging, geriatric psychiatry services, online classes and minimally invasive surgical options, Citizens offers a 10-bed Medical Detoxification Unit in partnership with Bradford Health Services.

Community Overview

For the purposes of the CHNA report, CBMC chose Talladega County as its service area. Because this community was chosen purely by geography, it includes medically underserved, low income, and minority populations.

The map below represents the CBMC service area.

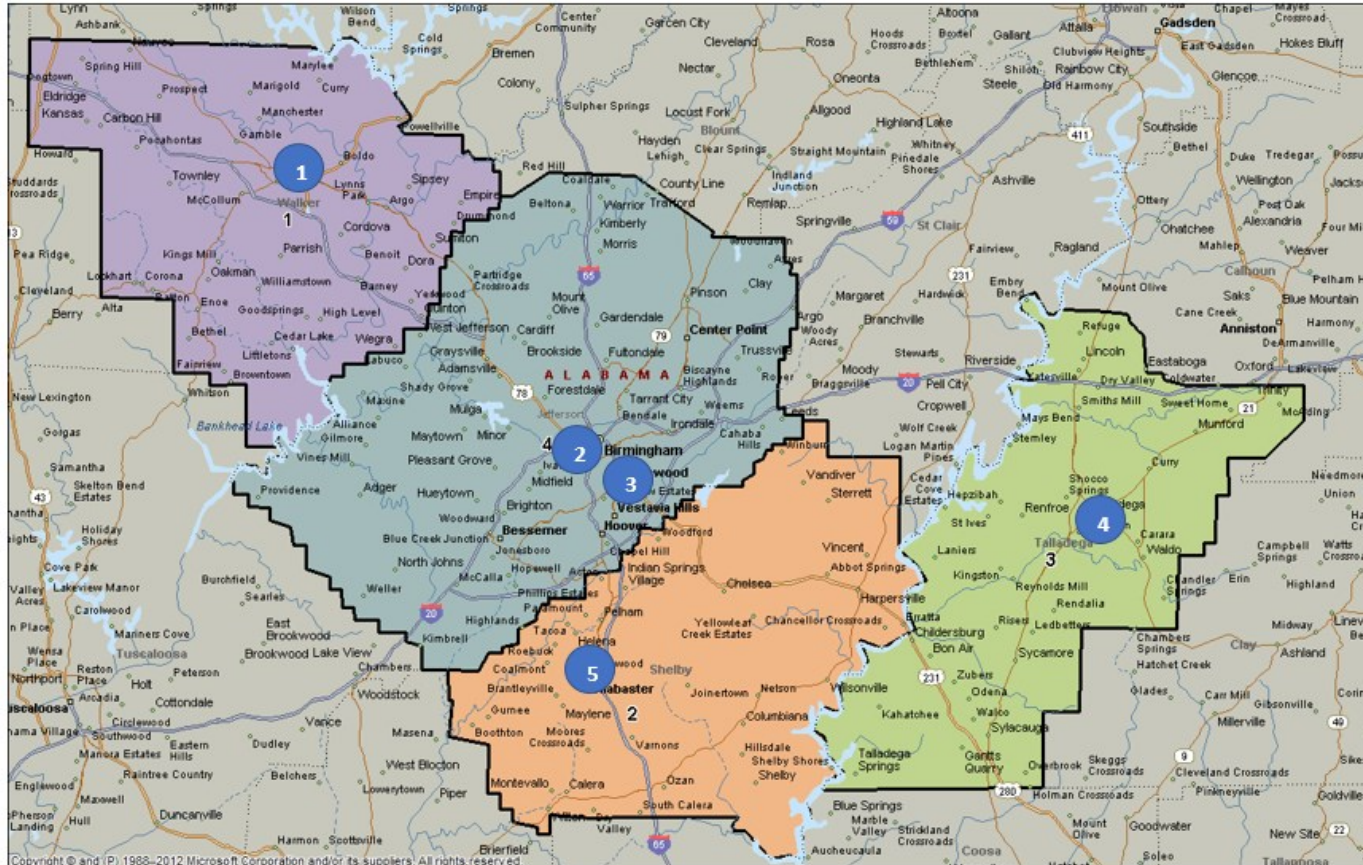


Sources: CBMC; Mapitude 2016

Brookwood Baptist Health

In 2015, Brookwood Medical Center and Baptist Health System merged, creating the new five-hospital network: Brookwood Baptist Health. The five hospitals, shown in the map below, along with Brookwood Baptist Health's additional convenient primary care and specialty centers throughout the state, now represent the largest primary care network in Alabama.

The map below represents the Brookwood Baptist Health Hospital Network



Key:

- 1 Walker Baptist Medical Center
- 2 Princeton Baptist Medical Center
- 3 Brookwood Baptist Medical Center
- 4 Citizens Baptist Medical Center
- 5 Shelby Baptist Medical Center

Community Health Needs Assessment Background

On February 15, 2016, CBMC contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix C: Carnahan Group Qualifications for more information about Carnahan Group.

The PPACA, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

A CHNA is a report based on epidemiological, qualitative, and comparative methods that assess the health issues in a hospital organization's community and that community's access to services related to those issues. Based on the findings of the CHNA, an implementation strategy for CBMC that addresses the community health needs will be developed and adopted by early 2017.

Requirements

As required by the Treasury Department (“Treasury”) and the Internal Revenue Service (IRS), this CHNA includes the following:

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
 - A description of the sources and dates of the data and the other information used in the assessment; and,
 - The analytical methods applied to identify community health needs.
- The identification of all organizations with which CBMC collaborated, if applicable, including their qualifications;
- A description of how CBMC took into account input from persons who represented the broad interests of the community served by CBMC, including those with special knowledge of or expertise in public health, written comments regarding the hospital’s previous CHNA, and any individual providing input who was a leader or representative of the community served by CBMC; and,
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs.

CHNA Strategy

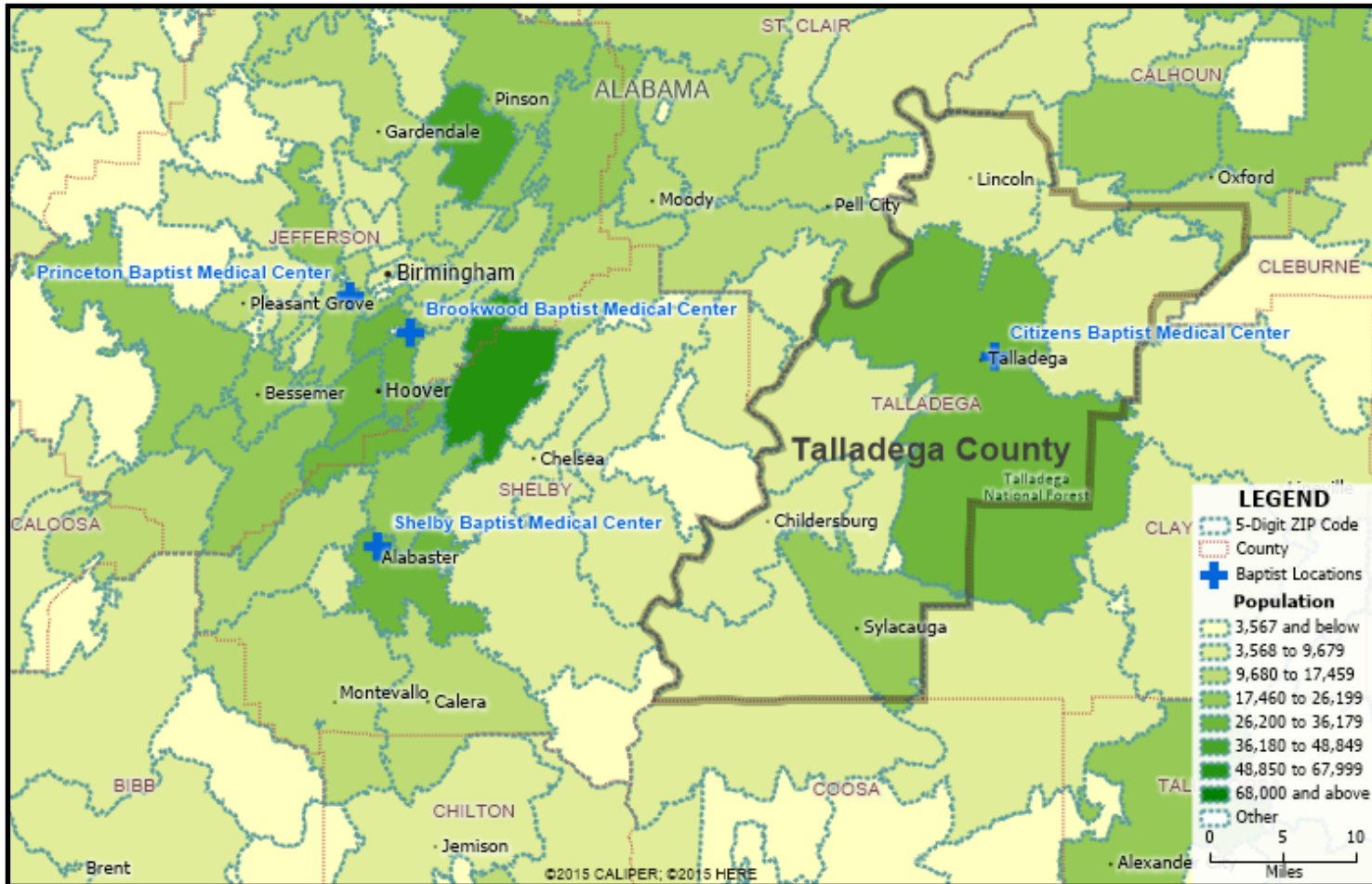
- This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources:
- Input from persons who represented the broad interests of the community served by CBMC, which included those with special knowledge of or expertise in public health;
- Identifying federal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by CBMC, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by CBMC; and,
- Consultation or input from other persons located in and/or serving CBMC's community, such as:
 - Healthcare community advocates;
 - Nonprofit organizations;
 - Local government officials;
 - Community-based organizations, including organizations focused on one or more health issues;
 - Healthcare providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs.
- The sources used for CBMC's CHNA are provided in the References and Appendix A: Community Leader Interviewees. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration and other hospital staff members.

Secondary Data Collection and Analysis Methodology

A variety of data sources were utilized to gather demographic and health indicators for the community served by CBMC. Commonly used data sources include Esri, the U.S. Census Bureau, the Alabama Department of Public Health (ADPH), and the Centers for Disease Control and Prevention (CDC). As previously mentioned, Talladega County defines the community for CBMC. Demographic and health indicators are presented at the county level and compared to state benchmarks.

Demographics

Population Density by ZIP Code, 2015



Sources: Esri 2015; Maptitude 2016

Population Change by ZIP Code

The estimated 2015 population in Talladega County is 80,130 and is expected to grow by 1.2% over the next five years.

Total Service Area Population Change by ZIP Code, 2015–2020

ZIP Code	Community	County	Current Population	Projected 5-year Population	Percent Change
35160	Talladega	Talladega	27,128	27,234	0.4%
35150	Sylacauga	Talladega	20,237	20,494	1.3%
35096	Lincoln	Talladega	8,016	8,475	5.7%
35044	Childersburg	Talladega	7,856	7,876	0.3%
35151	Sylacauga	Talladega	6,100	6,038	-1.0%
36268	Munford	Talladega	5,975	6,141	2.8%
35014	Alpine	Talladega	3,993	4,010	0.4%
35149	Sycamore	Talladega	758	753	-0.7%
35032	Bon Air	Talladega	67	67	0.0%
Total			80,130	81,088	1.2%

Source: Esri 2016

Population Change by Age and Gender

Substantial population growth is expected among residents aged 65 and older (17.7%). Marginal growth is expected for adults aged 45 through 64 (0.2%), while the populations of adults aged 20 through 44 and children and young adults aged 0 through 19 are expected to decline slightly (-4.9% and -1.0%, respectively).

Total Service Area Population Change by Age and Gender, 2015–2020

Age Group	2015			2020			Percent Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 0 through 19	9,380	9,625	19,005	9,293	9,526	18,819	-0.9%	-1.0%	-1.0%
Age 20 through 44	12,978	12,447	25,425	12,417	11,762	24,179	-4.3%	-5.5%	-4.9%
Age 45 through 64	11,174	11,341	22,515	11,192	11,375	22,567	0.2%	0.3%	0.2%
Age 65 and older	5,797	7,388	13,185	6,981	8,542	15,523	20.4%	15.6%	17.7%
Total	39,329	40,801	80,130	39,883	41,205	81,088	1.4%	1.0%	1.2%

Source: Esri 2016

Population by Race and Ethnicity

Substantial population growth is expected for individuals of two or more races (25.0%), Hispanics (17.8%), and other races (11.2%). The Asian/Pacific Islander population is expected to grow moderately (7.4%). The black/African American population is expected to grow slightly (2.4%), while the white population is expected to decline marginally (-0.7%).

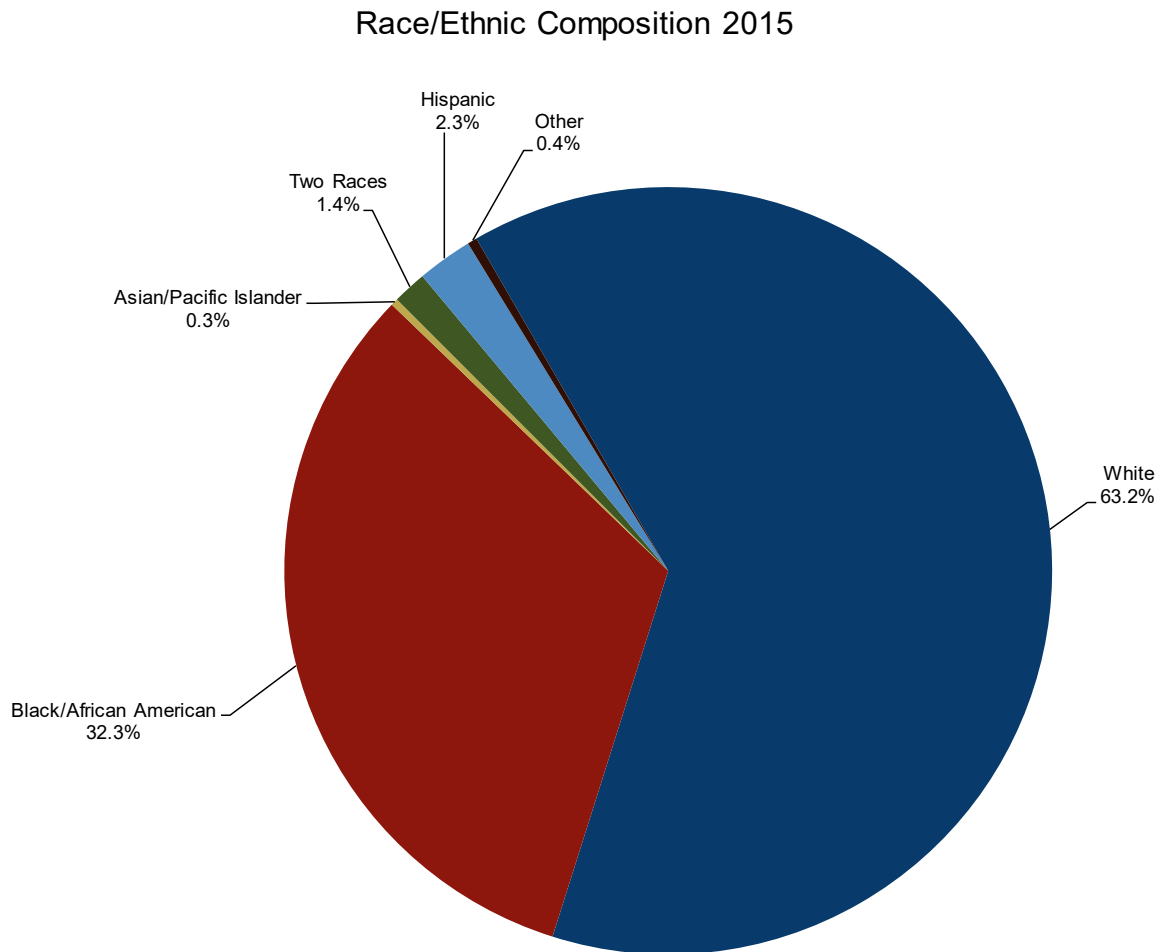
Total Service Area Population Change by Race and Ethnicity, 2015–2020

Race/Ethnicity	2015	2020	Percent Change
White	50,650	50,308	-0.7%
Black/African American	25,901	26,529	2.4%
Asian/Pacific Islander	244	262	7.4%
Two Races	1,146	1,432	25.0%
Hispanic	1,868	2,200	17.8%
Other	321	357	11.2%

Source: Esri 2016

Race/Ethnic Composition

The most common race/ethnicity in CBMC's community is white (63.2%) followed by black/African American (32.3%), Hispanic (2.3%), individuals of two or more races (1.4%), other races (0.4%), and Asian/Pacific Islander (0.3%).



Source: Esri 2016

Socioeconomic Characteristics

According to the U.S. Bureau of Labor Statistics, the 2014 annual unemployment average for Talladega County (6.3%) was lower than Alabama's (6.8%).

The U.S. Census American Community Survey (ACS) publishes median household income and poverty estimates. According to 2010–2014 estimates, the median household income in Talladega County (\$35,896) is lower than Alabama's (\$43,511).

Poverty thresholds are determined by family size, number of children, and age of the head of the household. A family's income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. In 2014, the poverty threshold for a family of four was \$24,008. The ACS estimates indicate that Talladega County residents are more likely to live in poverty (23.4%) as all Alabama residents (18.9%). Children in Talladega County are as likely to be living below the poverty level (37.8%) as all children in Alabama (27.5%).

Socioeconomic Characteristics

	Talladega County	Alabama
Unemployment Rate, 2014 annual average ¹	6.3%	6.8%
Median Household Income ²	\$35,896	\$43,511
Individuals Below Poverty Level ²	23.4%	18.9%
Children Below Poverty Level ²	37.8%	27.5%

¹ Source: Bureau of Labor Statistics

² Source: U.S. Census - American Community Survey, 2010–2014

Education

The U.S. Census ACS publishes estimates of the highest level of education completed for residents 25 years and older. Talladega County residents aged 25 and older are less likely to be college educated compared to all Alabama residents.

Highest Level of Education Completed Persons 25 Years and Older, 2010--2014

	Talladega County	Alabama
Less than a high school degree	20.3%	16.3%
High school degree or equivalent	37.8%	31.1%
Some college	21.6%	22.0%
Bachelor's degree	7.8%	14.5%
Graduate or professional degree	4.7%	8.6%

Source: U.S. Census - American Community Survey, 2010-2014

The Alabama State Department of Education reported data from the 2014-2015 school year indicating that Talladega County students were more likely to be approved for free or reduced lunch (71.8%) compared to students in Alabama (52.5%). The projected four-year dropout rate for Talladega County (4.0%) is below Alabama's (4.8%). Students in Talladega County are less likely to graduate (82.0%) than all Alabama students (89.0%).

Select Education Indicators

	Talladega County	Alabama
Students approved for free or reduced lunch ¹	71.8%	52.5%
Four-year dropout rate ¹	4.0%	4.8%
High school graduation rate ²	82.0%	89.0%

¹Source: Alabama State Department of Education, 2014-2015

²Source: Kids Count Data Center, 2013

Crime Rates

According to the Alabama Criminal Justice Information System, in 2014 Talladega County had a higher rate of assault compared to the state of Alabama. The homicide rate in Talladega County (2.6 per 100,000) is less than half of Alabama's (5.6 per 100,000). Talladega has a lower rate of rape and robbery as well.

Violent Crime Rates, 2014

	Talladega County	Alabama
Homicide	2.6	5.6
Rape	36.5	39.0
Assault	293.1	267.8
Robbery	66.4	92.4

Source: Alabama Criminal Justice Information System, 2014

Mortality Indicators

The ADPH 2013 County Health Profile for Talladega County reported that its residents have a shorter life expectancy at birth (72.3 years) compared to Alabama (75.6 years). The death rate in Talladega County (12.8 per 1,000) is higher than Alabama's (10.4 per 1,000).

Mortality Indicators

	Talladega County	Alabama
Life expectancy at birth in years	72.3	75.6
Death rate (per 1,000 population)	12.8	10.4

Source: Alabama Department of Public Health, 2013 County Health Profiles

Talladega County has higher mortality rates for all age groups than the state average. This is particularly noticeable amongst individuals aged 85 years and older, where Talladega County's mortality rate (173.0 per 100,000) is much higher than Alabama's (153.4 per 100,000).

Age-Specific Mortality Rates per 100,000 Population, 2013

	Talladega County	Alabama
0 - 14 years old	1.1	0.8
15 - 44 years old	2.4	1.7
45 - 64 years old	11.7	8.9
65 - 84 years old	39.7	34.7
85 years and older	173.0	153.4

Source: Alabama Department of Public Health, 2013 County Health Profiles

Leading Causes of Death

Heart disease, cancer, and chronic lower respiratory disease (CLRD) are the three leading causes of death in Talladega County and the state. Heart disease mortality is higher in Talladega County (295.9 per 100,000) than in Alabama (257.6 per 100,000). Cancer mortality rates are higher in Talladega County (233.1 per 100,000) than in Alabama (213.7 per 100,000). The CLRD mortality rate is substantially higher in Talladega County (92.5 per 100,000) than in Alabama (62.9 per 100,000). Other leading causes of death in Talladega County include accidents, stroke, Alzheimer’s disease, diabetes, influenza and pneumonia, and homicide.

Leading Causes of Death

	Talladega County	Alabama
Heart disease	295.9	257.6
Cancer	233.1	213.7
Chronic lower respiratory disease	92.5	62.9
Accidents	66.6	47.6
Stroke	69.1	53.6
Alzheimer's disease	28.4	28.9
Diabetes	27.1	27.8
Influenza and pneumonia	23.4	21.4
Suicide	13.6	14.9
Homicide	11.1	8.7
HIV	2.5	2.5

Source: Alabama Department of Public Health, 2013 County Health Profiles

Cardiovascular Outcomes

Residents aged 65 and older in Talladega County are more likely to die from heart disease (1,487.9 per 100,000) compared to Alabama (1,357.6 per 100,000). Blacks in Talladega County are more likely to die from heart disease (1,651.7 per 100,000) compared to whites (1,465.2 per 100,000). Males in Talladega County and Alabama have a substantially higher likelihood of dying from heart disease compared to females.

Age-Adjusted Heart Disease Mortality Rates per 100,000 Adults Ages 65 and Older by Race and Gender, 2011-2013

	Talladega County	Alabama
Heart Disease, All	1,487.9	1,357.6
Heart Disease, White (Non-Hispanic)	1,465.2	1,359.9
Heart Disease, Black (Non-Hispanic)	1,651.7	1,430.0
Heart Disease, Male	1,750.0	1,631.1
Heart Disease, Female	1,270.6	1,162.9

Source: Centers for Disease Control and Prevention

Deaths from acute myocardial infarctions, commonly known as heart attacks, are less common in Talladega County than in Alabama. The overall heart attack mortality rate for residents 65 and older in Talladega County (208.9 per 100,000) is lower than in Alabama (213.6 per 100,000). In Talladega County, blacks are more likely to die from heart attacks than whites. Males in Talladega County and Alabama are substantially more likely to die from a heart attack compared to females.

Age-Adjusted Heart Attack Mortality Rates per 100,000 Adults Ages 65 and Older by Race and Gender, 2011-2013

	Talladega County	Alabama
Heart Attack, All	208.9	213.6
Heart Attack, White (Non-Hispanic)	208.0	212.0
Heart Attack, Black (Non-Hispanic)	264.7	233.5
Heart Attack, Male	279.5	268.4
Heart Attack, Female	161.8	173.1

Source: Centers for Disease Control and Prevention

Cardiovascular Outcomes (continued)

Talladega County residents ages 65 and older are more likely to die from a stroke (351.7 per 100,000) than residents in Alabama (317.7 per 100,000). Blacks in Talladega County and Alabama are substantially more likely to die from a stroke compared to white residents (see table). There is a higher stroke mortality rate among women in Talladega County (328.6 per 100,000) compared to men (314.4 per 100,000).

Age-Adjusted Stroke Mortality Rates per 100,000 Adults Ages 65 and Older by Race and Gender, 2011-2013

	Talladega County	Alabama
Stroke, All	351.7	317.7
Stroke, White (Non-Hispanic)	335.3	311.1
Stroke, Black (Non-Hispanic)	426.2	364.4
Stroke, Male	314.4	318.3
Stroke, Female	328.6	312.9

Source: Centers for Disease Control and Prevention

Hypertension mortality in persons ages 65 and older in Talladega County (264.0 per 100,000) is substantially lower than in Alabama (614.2 per 100,000). Blacks in Talladega County and Alabama are substantially more likely to die from hypertension compared to whites (see table). In Talladega County, hypertension mortality is higher in males (318.8 per 100,000) than females (246.8 per 100,000).

Age-Adjusted Hypertension Mortality Rates per 100,000 Adults Ages 65 and Older by Race and Gender, 2011-2013

	Talladega County	Alabama
Hypertension, All	264.0	614.2
Hypertension, White (Non-Hispanic)	231.2	559.3
Hypertension, Black (Non-Hispanic)	420.9	899.3
Hypertension, Male	318.8	648.6
Hypertension, Female	246.8	581.1

Source: Centers for Disease Control and Prevention

Cancer Incidence

Total cancer incidence is higher in Talladega County (465.9 per 100,000) than in Alabama (461.1 per 100,000) and the United States (453.8 per 100,000).

Lung and bronchus cancer incidence in Talladega County (78.1 per 100,000 population) is higher than in Alabama (73.4 per 100,000 population) but higher than the United States (63.7 per 100,000 population).

Breast cancer incidence in Talladega County (108.4 per 100,000 females) is lower than in Alabama (119.5 per 100,000 females) and the United States (123.0 per 100,000 females).

Prostate cancer incidence is higher in Talladega County (150.7 per 100,000 males) than in Alabama (146.1 per 100,000 males) and the United States (131.7 per 100,000 males).

The cervical cancer incidence rates are higher in Talladega County (10.1 per 100,000 females) than in Alabama (8.5 per 100,000 females) and the United States (7.7 per 100,000 females).

Select Cancer Incidence Rates, 2008-2012

	Talladega County	Alabama	United States
Total cancer ¹	465.9	461.1	453.8
Lung and bronchus ¹	78.1	73.4	63.7
Breast ²	108.4	119.5	123.0
Prostate ³	150.7	146.1	131.7
Cervical ²	10.1	8.5	7.7

Source: National Cancer Institute, State Cancer Profiles

¹Rates are per 100,000 population

²Rates are per 100,000 females

³Rates are per 100,000 males

Cancer Mortality

Total cancer mortality is higher in Talladega County (203.6 per 100,000) compared to Alabama (191.2 per 100,000) and the United States (171.2 per 100,000).

Lung and bronchus cancer mortality in Talladega County (59.4 per 100,000 population) is higher than in Alabama (58.1 per 100,000 population) and the United State (47.2 per 100,000 population).

Breast cancer mortality is lower in Talladega County (21.0 per 100,000 females) than in Alabama (22.6 per 100,000 females) and the United States (21.9 per 100,000 females).

Prostate cancer mortality is lower in Talladega County (22.7 per 100,000 males) than in Alabama (26.4 per 100,000 males) but higher than the United States (21.4 per 100,000 males).

Select Cancer Mortality Rates, 2008-2012

	Talladega County	Alabama	United States
Total cancer ¹	203.6	191.2	171.2
Lung and bronchus ¹	59.4	58.1	47.2
Breast ²	21.0	22.6	21.9
Prostate ³	22.7	26.4	21.4
Cervical ²	*	3.0	2.3

Source: National Cancer Institute, State Cancer Profiles

¹Rates are per 100,000 population

²Rates are per 100,000 females

³Rates are per 100,000 males

* Data has been suppressed to ensure confidentiality and stability of rate estimates

Diabetes

According to the State of Obesity, diabetes rates have doubled in the past 20 years and Alabama has the third highest rates of diabetes. Adults in Talladega County are more likely to be diagnosed with Diabetes (13.7%) when compared to adults in Alabama (12.5%) and adults in the United States (9.2%).

Males in Talladega County are more likely to be diagnosed with diabetes when compared to males in Alabama and the United States. Females in Talladega County are more likely to be diagnosed with diabetes when compared to females in Alabama and the United States.

Diagnosed Diabetes, 2013

	Talladega County	Alabama	United States
Population with Diagnosed Diabetes*	13.7%	12.5%	9.2%
Percent Males with Diabetes*	14.2%	13.1%	9.8%
Percent Females with Diabetes*	13.3%	12.0%	8.6%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2013

*Adults aged 20 who have been diagnosed with diabetes

The Dartmouth Atlas of Health Care reports on the percentage of diabetes Medicare patients who in the last year have had a hemoglobin A1c (hA1c) test, which is a blood test that measures blood sugar levels. This test is instrumental in early detection as well as treatment of subsequent health problems. Medicare enrollees who have been diagnosed with diabetes in Talladega County are less likely to have had an annual A1c (hA1c) test (81.6%) when compared to Medicare enrollees diagnosed with diabetes in Alabama (84.2%) and in the United States (84.6%).

Medicare Enrollees with an Annual Exam, 2012

	Talladega County	Alabama	United States
Percentage with Diabetes who have had an Annual Exam*	81.6%	84.2%	84.6%

Source: Dartmouth Atlas of Health Care, 2012

*Medicare Enrollees diagnosed with Diabetes

Reported Health Status, Risk Factors, and Behaviors

Obesity is defined as having a BMI greater than or equal to 30. Respondents in Talladega County are more likely to report being obese (37.7%) compared to all Alabama respondents (33.1%).

Adults in Talladega County are more likely to have been diagnosed with diabetes (12.2%) compared to Alabama adults (11.1%).

Physical inactivity is defined as not participating in any leisure-time physical activities (physical activities or exercises other than their regular job). Adults in Talladega County are more likely to report physical inactivity (33.2%) than all adults in Alabama (27.2%).

Reported Health Status, Risk Factors, and Behaviors, 2012

	Talladega County	Alabama
Adult obesity	37.7%	33.1%
Diagnosed diabetes	12.2%	11.1%
Physical inactivity	33.2%	27.1%

Source: Centers for Disease Control and Prevention

Obesity

An adult with a body mass index of 30 or higher is considered obese. According to the State of Obesity, Alabama has the second highest adult obesity rate in the nation. Adults in Talladega County are more likely to report being diagnosed with obesity (39.1%) when compared to adults in Alabama (34.0%) and in the United States (27.5%).

Males in Talladega County are more likely to report being diagnosed with obesity when compared to adult males in Alabama and the United States (see Table).

Females in Talladega County are more likely to report being diagnosed with diabetes when compared to females in Alabama, and are significantly more likely when compared to females in the United States (see Table).

Diagnosed Diabetes, 2013

	Talladega County	Alabama	United States
Percent Adults with BMI > 30.0 (Obese)*	39.1%	34.0%	27.5%
Percent Males Obese*	37.6%	33.2%	27.9%
Percent Females Obese*	40.5%	34.7%	27.1%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2013

*Adults aged 20 or older who have self reported their obesity

Mental Health

This data represents the percentage of the Medicare fee-for-service population with diagnosed depression. According to the Centers for Medicare and Medicaid Services, adults with Medicare in Talladega County are more likely to be diagnosed with depression (15.8%) when compared to adults with Medicare in Alabama (14.8%).

Medicare Population with Depression, 2014

	Talladega County	Alabama	United States
Percent of Medicare Population with Depression	15.8%	14.8%	16.2%

Source: Centers for Medicare and Medicaid Services, 2014

This data represents the rate of the county population to the number of mental health providers in the county. This includes psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care. According to the County Health Rankings, the rate of mental health care providers in Talladega County (9.8 per 100,000 population) is significantly lower than the rate in Alabama (84.7 per 100,000 population) and in the United States (202.8 per 100,000 population).

Mental Health Care Provider Rate, 2016

	Talladega County	Alabama	United States
Mental Health Care Provider Rate*	9.8	84.7	202.8

Source: County Health Rankings, 2016

* Per 100,000 Population

Communicable Diseases

Data on reported communicable diseases are available through the ADPH. Reported HIV incidence in Talladega County (18.5 per 100,000) is higher than in Alabama (13.5 per 100,000). Talladega County has a higher chlamydia incidence rate (686.8 per 100,000) compared to Alabama (613.3 per 100,000). The gonorrhea and syphilis incidence rates in Talladega County are lower than Alabama's. The tuberculosis incidence rates were similar in Talladega County (2.5 per 100,000) and Alabama (2.2 per 100,000).

Communicable Disease Incidence Rates

	Talladega County	Alabama
HIV	18.5	13.5
Chlamydia	686.8	613.3
Gonorrhea	122.1	173.2
Syphilis	9.9	13.8
Tuberculosis	2.5	2.2

Source: Alabama Department of Public Health, 2013 County Health Profiles

Rates are per 100,000 population

Maternal and Child Health

A birth rate is defined as the number of live births per 1,000 persons in a given year. According to the ADPH 2013 County Health Profiles, the birth rate in Talladega County (10.8 per 1,000) is lower than the birth rate in Alabama (12.0 per 1,000). The teen birth rate in Alabama is defined as the number of births per 1,000 persons aged 10-19. Teen births are less common in Talladega County (15.0 per 1,000) than in Alabama (17.4 per 1,000).

Women in Talladega County are more likely to receive prenatal care in the first trimester (83.1%) than all women in Alabama (80.6%). Adequate prenatal care in this report is defined as receiving 80% or more of the expected prenatal visits based on the Kotelchuck Index; whereas, inadequate care in this report is defined as 79% or less of expected prenatal visits. The percentage of women in Talladega County who receive adequate prenatal care (79.1%) is higher than Alabama (76.2%). Women in Talladega County are less likely to receive inadequate care (11.4%) compared to women in Alabama (12.8%).

Low birthweight is defined as less than 2,500 grams (5 lbs. 8oz). Low birthweight births are more likely to occur in Talladega County (12.1%) than in Alabama (10.0%). Teen women in Talladega County were more likely to have low birthweight babies (11.4%) than teen women in Alabama (10.4%).

The infant mortality rate in Talladega County (14.9 per 1,000) is substantially higher than in Alabama (8.6 per 1,000).

Maternal and Child Health Indicators, 2013

	Talladega County	Alabama
Birth rate (per 1,000 population)	10.8	12.0
Teen birth rate (per 1,000 population aged 10-19 years)	15.0	17.4
Women receiving prenatal care in first trimester	83.1%	80.6%
Women receiving adequate prenatal care	79.1%	76.2%
Women receiving inadequate care	11.4%	12.8%
Low weight births*	12.1%	10.0%
Low weight births to teen women (10-19 years old)	11.4%	10.4%
Infant mortality rate (per 1,000 births)	14.9	8.6

Source: Alabama Department of Public Health, 2013 County Health Profiles

* Percent of all births with known status

Access to Care

According to the ACS 2010–2014 estimates, Talladega County residents are about as likely to have health insurance coverage (86.4%) compared to all Alabama residents (86.5%).

Private insurance coverage is less common among Talladega County residents (59.0%) as all Alabama residents (65.4%).

Public insurance coverage is more common among Talladega County residents (42.1%) compared to all Alabama residents (33.9%).

Residents in Talladega County are about as likely to be uninsured (13.6%) compared to all Alabama residents (13.5%), while children in Talladega County are as likely to be uninsured (2.5%) as all children in Alabama (4.6%).

Health Insurance Coverage, 2010-2014

	Talladega County	Alabama
Health insurance coverage	86.4%	86.5%
Private insurance	59.0%	65.4%
Public coverage	42.1%	33.9%
No health insurance coverage	13.6%	13.5%
No health insurance coverage (Children)	2.5%	4.6%

Source: U.S. Census - American Community Survey, 2010–2014

Note: Individuals may be included in more than one group due to dual enrollment in Private and Public Insurance.

Phone Survey Critical Analysis

The most commonly mentioned concern communicated by respondents was cancer. Many respondents were not sure how to improve the situation. It was a close split between the number of respondents who were satisfied with their hospital's ability to deal with cancer (48.1%) and those who were not (51.9%). The second most mentioned concern was substance abuse. Several respondents believe that law enforcement needs more power in order to deal with the problem. However, all respondents felt as though the situation has improved over the recent past. The third most mentioned concern was obesity/overweight. One response was that a health fair may be a good way to educate people on what to eat. Like substance abuse, respondents believe that the situation has improved over time.

Community Health Priorities

The overarching goal in conducting this Community Health Needs Assessment is to identify significant health needs of the community, prioritize those health needs, and identify potential measures and resources available to address the health needs. For the purpose of identifying health needs for CBMC, a health priority is defined as a medical condition or factor that is central to the state of health of the residents in the community. An exhaustive list of health needs was compiled based on the health profile, interviews, and focus group data. Concerns that did not fall within the definition of an identified health priority, such as social determinants of health, are discussed in conjunction with the health priorities where applicable. A modified version of Fowler and Dannenberg's Revised Decision Matrix was developed to capture priorities from the primary and secondary data. This matrix tool is used in health program planning intervention strategies, and uses a ranking system of "high," "medium" and "low" to distinguish the strongest options based on effectiveness, efficiency, and sustainability. As the CHNA is meant to identify the community's most significant health needs, only the health needs falling under the "high" and "medium" categories are highlighted.

Citizens Baptist Medical Center's leadership team reviewed the primary and secondary data compiled and ordered the priority health needs based on capacity to meet the needs identified. The seven health priorities identified through the CHNA are: cardiovascular disease, cancer, obesity, infant mortality, diabetes, mental health, and substance abuse.

Cardiovascular Disease

- Heart disease is the leading cause of death in Talladega County, with a mortality rate substantially higher than the statewide rate.
- The stroke mortality rate in Talladega County is substantially higher than in Alabama.
- Adults in Talladega County are more likely to report being obese, having been diagnosed with diabetes, and being physically inactive compared to all Alabama adults.
- Diabetes, heart problems, obesity, and stroke were commonly mentioned by community leaders as health concerns.
- Obesity/overweight was the third most mentioned health concern by phone survey respondents; heart disease was the fifth most mentioned health concern.
- Half of survey respondents are unsatisfied with their local hospital's ability to deal with obesity/overweight.

Cancer

- Cancer is the second leading cause of death in Talladega County, with a mortality rate higher than the state rate.
- Cancer was the most commonly mentioned health concern by phone survey respondents; one in five stated that cancer is their primary concern.
- More than half of phone survey respondents are unsatisfied with their local hospital's ability to deal with cancer.

Obesity

- More Talladega County adults reported being obese when compared to adults in Alabama.
- Obesity was one of the primary health concerns mentioned by community leaders.
- Obesity/overweight was the third most mentioned health concern by phone survey respondents; approximately 10% of phone survey respondents listed obesity/overweight as their primary health concern.
- Half of the phone survey respondents are unsatisfied with their local hospital's ability to deal with obesity/overweight.

Infant Mortality

- The infant mortality rate in Talladega County is substantially higher than the state rate.
- The current infant mortality rate is higher than the rate from the 2013 CHNA (14.9 per 1,000 births and 8.2 per 1,000 births, respectively).

Diabetes

- Adults in Talladega county are more likely to be diagnosed with diabetes when compared to adults in the United States.
- Males in Talladega County are moderately more likely to be diagnosed with diabetes when compared to males in the United States.
- Females in Talladega County are moderately more likely to be diagnosed with diabetes when compared to males in the United States.
- Medicare enrollees diagnosed with diabetes in Talladega County are less likely to have had an annual hemoglobin A1c (HA1c) test when compared to Medicare enrollees diagnosed with diabetes in Alabama and the United States.
- During community phone surveys, diabetes was the fifth most mentioned health concern by community members.
- During community leader interviews, interviewees noted diabetes as being one of their main health concerns.

Mental Health

- Adults with Medicare Insurance in Talladega County are more likely to be diagnosed with depression when compared to adults with Medicare Insurance in Alabama.
- The rates of mental healthcare providers in Talladega County are significantly lower than the rates of mental health care providers in Alabama and the United States.
- Community Leader Interviewees noted that a lack of mental health resources in the community is a health concern.

Substance Abuse

- Community leaders discussed the after-effects of drug and alcohol abuse as a health concern; it was suggested that the community is currently lacking adequate resources to address this concern.
- Substance abuse was the second most commonly mentioned health concern by phone survey respondents.

Resources

Cardiovascular Disease

As part of its 2013 Implementation Strategy, CBMC created a plan for addressing cardiovascular disease. The goal was to improve community awareness of the signs and symptoms related to cardiac events and to promote participation in initiatives aimed at early detection and prevention of cardiovascular disease. As part of this strategy, CBMC provided support for Be Well - Workforce Wellness (formerly Baptist Health System Workforce Wellness) and health screenings throughout the community. The 2013 Implementation Strategy also included initiatives for diabetes and obesity. CBMC continued to provide nutritional counseling and education to newly diagnosed diabetic patients and partnered with the Lincoln Elementary School to provide ongoing support and equipment for the Project Fit America program, which encourages physical fitness achievement. In October 2015, CBMC achieved national recognition as a fully-accredited Chest Pain Center from the Society of Cardiovascular Patient Care.

In June 2014, Talladega County received a \$900,000 grant to improve access to healthcare. The grant provides \$300,000 per year for three years for a program called Get Healthy Talladega County - Body, Mind and Spirit. CBMC is a primary partner of the Get Healthy Talladega County Network (GHTCN), which is made up of numerous local organizations. Their vision is “to achieve a sustained culture of health and wellness within Talladega County.” The goals of this initiative include supporting and expanding wellness programs in schools, supporting and expanding healthy lifestyle opportunities, implementing a chronic disease care management model, and developing a resource center for residents with chronic diseases.

The Rural Health Outreach Program, which is sponsored by the U.S. Department of Health and Human Services and the Sylacauga Alliance for Family services, aims to encourage positive lifestyle changes for individuals with obesity, diabetes, and/or cardiovascular disease. Quality of Life Health Services has a location in Talladega. Quality of Life seeks to break down access barriers and provide care to help patients manage chronic illnesses. In addition to providing basic medical care, Quality of Life also provides behavioral health management screening, hypertensive management, and diabetic care.

Resources (continued)

Cancer

Coosa Valley Regional Cancer Center (CVRCC), which is part of Southeast Cancer Network, provides cancer care services to the people of Talladega County. It is a full-service cancer center utilizing state-of-the-art technology to provide medical and radiation oncology treatment. CVRCC is staffed by a board-certified radiation oncologist.

UAB Cancer Center at Russell Medical Center is approximately 43 miles south of CBMC. Other than the cancer facilities located in Birmingham, this facility is the closest location for Talladega County residents to receive cancer services.

Resources (continued)

Obesity

The resources and initiatives provided by CBMC and other community organizations discussed on page 40 for cardiovascular disease also assist residents struggling with obesity. As previously discussed, CBMC provides support for Be Well - Workforce Wellness (formerly Baptist Health System Workforce Wellness) and health screenings throughout the community. The 2013 Implementation Strategy also included initiatives for obesity. In addition, CBMC continues to sponsor 5K runs to promote physical activity. The hospital has also partnered with Talladega County Nutritional Service Board to provide assistance developing nutritional guidance to promote overall healthy eating habits among school-aged children in the community. Specifically, CBMC has partnered with Lincoln Elementary School to provide ongoing support and equipment for the Project Fit America program, which encourages physical fitness achievement.

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Resources (continued)

Infant Mortality

According to the CDC, the causes of infant mortality include birth defects, preterm birth and low birth weight, maternal complications of pregnancy, Sudden Infant Death Syndrome (SIDS), and injuries. A woman's health is critical to pregnancy-related outcomes. Maintaining a healthy weight, exercising regularly, avoiding the use of alcohol and drugs, quitting tobacco use, and vitamin supplementation are all behaviors recommended by the CDC for pregnant women to achieve a healthy birth outcome.

There are a variety of resources offered throughout the Talladega community to assist women with having a healthy pregnancy. The Talladega County Health Department provides services through its Plan First Program. This program offers a yearly family planning exam, care support from a social worker or nurse, birth control, lab work, and many other services for young women and expectant mothers. The Talladega County Health Department also offers the Women, Infants, and Children (WIC) Program.

Resources (continued)

Substance Abuse

In recognition of central Alabama's substance abuse issue, CBMC recently partnered with Bradford Health Services to provide more education and increase access to its medical detox unit. The medical detox unit helps ease the physical side effects of the detoxification process, resulting in an improved chance for full rehabilitation. Patients receive medications to alleviate symptoms of withdrawal and 24-hour supervision by licensed nurses, therapists, and physicians.

An additional community resource is offered through AltaPointe Health Systems' Outpatient Services location in Talladega (formerly Cheaha Regional Mental Health Center), which is a public, non-profit center that provides a variety of services for mentally ill patients and substance abusers. AltaPointe accepts insurance for eligible services, but many individuals qualify for a reduced fee based on income level.

Resources (continued)

Diabetes

Citizens Baptist Medical Center provides diabetes care for the community through its on-site dietician. The facility provides patients with counseling and educational information.

Throughout the area, Brookwood Baptist Health is providing “Be Well” screenings which include glucose and blood Pressure checks to determine if individuals exhibit risk factors for common chronic diseases, such as diabetes and pre-diabetes.

According to the Alabama Public Health site, the diabetes branch of the Alabama Department of Public Health is a beneficial resource for the community; promoting nutrition, physical activity, and weight loss. The Alabama Department of Health also provides resources from the Centers of Disease Control and Prevention This includes information for families to help with diabetic care, a guide for ‘Living Well with Diabetes,’ and blood glucose monitoring materials. The state of Alabama also published a guide to all of the diabetes resources throughout the state as reference for anyone seeking care.

Resources (continued)

Mental Health

Citizens Baptist Medical Center provides Geriatric Psychiatry services for seniors 60 years and over who have mental or emotional disturbances requiring treatment. The hospital assesses the mental status and needs of each patient and develops an individual approach to addressing them with a team of Geriatric Psychiatrists, Psychiatric nurses, Social workers, and trained Therapists. The hospital's team also works closely with the families of each patient to develop a treatment and maintenance plan once the patient is discharged and returns home.

The Alabama Department of Mental Health provide a comprehensive list of all mental health resources by county, along with their contact information for anyone seeking help or treatment.

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Appendix A: Community Leader Interview Organizations

Organization	Area Represented
Citizens Hospital Advisory Council	Hospital Leaders/Medical Professionals
First Families Services Center	Medically Underserved and Low-Income Populations
SAFE Family Services Center	Medically Underserved and Low-Income Populations
Talladega Board of Education	Education
Talladega County Health Department	Public Health Expert
Talladega Health and Rehab Select	Mental Health Organization

Appendix B: Additional Data

1. Are you at least 18 years of age? [Yes or No]; **If No, not eligible for survey**
2. Are you a resident of [County of interest]? [Yes or No]; **If No, not eligible for survey**
3. When thinking about your community, what do you feel is the number one health concern facing your community today?

Record <PRIMARY> verbatim:

4. Are you satisfied with your local hospital's ability to deal with <PRIMARY>? [Yes or No]
5. Has there been improvement in <PRIMARY> in the community over time? [Yes or No]
6. What do you feel the community can do to address <PRIMARY>?
7. What do you feel is your second highest health concern in your community?

Record <SECOND> verbatim:

8. Are you satisfied with your local hospital's ability to deal with <SECOND>? [Yes or No]
9. Has there been improvement in <SECOND> in the community over time? [Yes or No]
10. And finally, what do you feel is your third highest health concern in your community?

Record <THIRD> verbatim.

11. Are you satisfied with your local hospital's ability to deal with <THIRD>? [Yes or No]
12. Has there been improvement in <THIRD> in the community over time? [Yes or No]

Community Leader Interviews

Interview Methodology

Six phone interviews were conducted from May 5–25, 2016. Interviews required approximately 20 minutes to complete. Interviewers followed the same process for each interview, which included documenting the interviewee's expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for discussion:

- Interviewee's name
- Interviewee's title
- Interviewee's organization
- Overview information about the interviewee's organization
- What are the top three strengths of the community?
- What are the top three health concerns of the community?
- What are the health assets and resources available in the community?
- What are the health assets or resources that the community lacks?
- What are the barriers to obtaining health services in the community?
- What is the single most important thing that could be done to improve the health in the community?
- That other information can be provided about the community that has not already been discussed?

Community Leader Interview Summary

Topic	Discussion Points/Highlights
Health Strengths	<ul style="list-style-type: none"> • One interviewee noted that there is a strong Senior Elder Care Unit available in the community, as well as a substance abuse program. • Several interviewees noted that the CBMC's presence in the community is a strength. According to one interviewee, the hospital partners with other organizations to provide services to community members, often at a discounted rate.
Health Concerns	<ul style="list-style-type: none"> • Some of the commonly mentioned health concerns include diabetes, heart problems, obesity, stroke, COPD, and the after-effects of drug and alcohol abuse. • The lack of mental health services and elderly care were also mentioned by multiple interviewees.
Resources Available	<ul style="list-style-type: none"> • Some health resources mentioned include a strong health department presence, Quality of Life Clinic, Kid One, and the Medicaid Children's Dental Clinic. • Several interviewees mentioned that CBMC is a significant resource for the community, specifically citing the presence of a social worker in the ER and dialysis programs.
Resources Needed	<ul style="list-style-type: none"> • In regards to the concern about drugs, one interviewee noted that there needs to be more access for the uninsured and underinsured who are suffering from drug addiction. • One interviewee mentioned that an afterhours urgent care is needed in the community as well as clinics with sliding fee scales. • A commonly discussed topic was the concept of awareness and how to disperse information about resources to the community. One interviewee noted that health fairs and classes promoting healthy living would be beneficial.
Ways to improve the overall health in the community	<ul style="list-style-type: none"> • One interviewee noted that offering services in the community like an afterhours ambulatory care center would lessen the high amount of people in the emergency room. • Access to health resources was a widely mentioned topic. Several interviewees felt that increasing access for community members would make the community as a whole healthier.

Community Health Phone Survey

Phone surveys were conducted between March 2, 2016 and March 17, 2016. There were 74 respondents to the survey, all from Talladega County. Respondents were asked about their top concerns for the health of the community, their satisfaction with their local hospital's ability to deal with their concerns, and whether their concerns were improving over time.

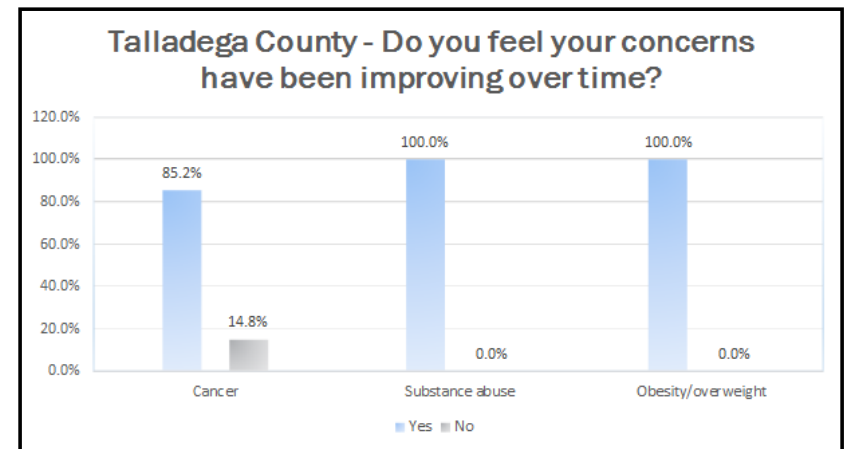
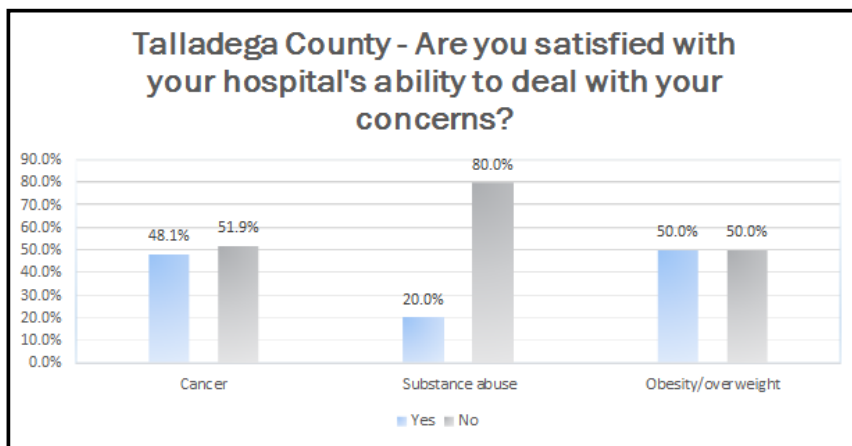
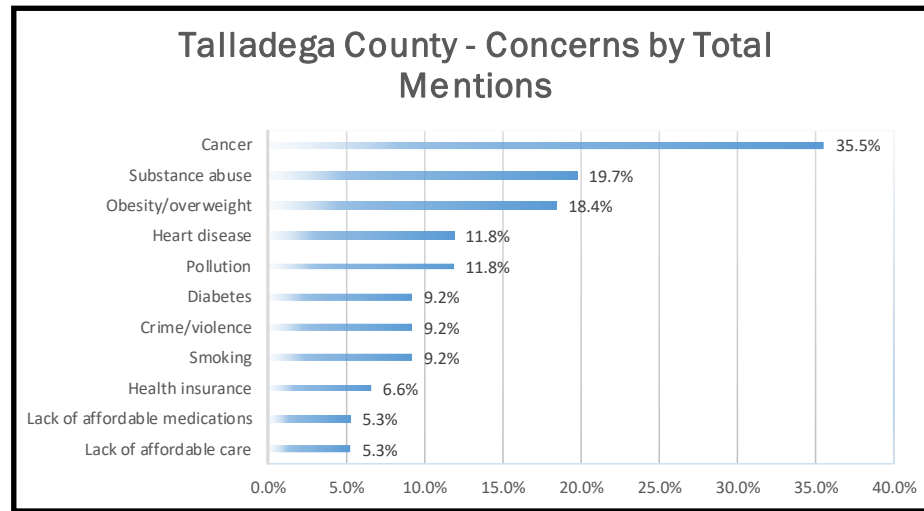
Total Service Area Phone Survey Responses

The total service area's top three concerns by total mentions are cancer (35.5%), substance abuse (10.85%), and obesity/overweight (18.4%). Most respondents are unsatisfied with their hospital's ability to deal with substance abuse, but are split regarding cancer and obesity/overweight. Most respondents feel that their concerns were improving over time.

Talladega County Top Health Concerns by Total Mentions

Community Concerns	Primary Concern	Secondary Concern	Tertiary Concern	Total Mentions
Cancer	19.7%	7.9%	7.9%	35.5%
Substance abuse	6.6%	9.2%	3.9%	19.7%
Obesity/overweight	9.2%	3.9%	5.3%	18.4%
Pollution	7.9%	1.3%	2.6%	11.8%
Heart disease	5.3%	5.3%	1.3%	11.8%
Smoking	5.3%	2.6%	1.3%	9.2%
Crime/violence	2.6%	6.6%	0.0%	9.2%
Diabetes	1.3%	0.0%	7.9%	9.2%
Health insurance	6.6%	0.0%	0.0%	6.6%
Lack of affordable care	3.9%	0.0%	1.3%	5.3%
Lack of affordable medications	2.6%	1.3%	1.3%	5.3%

Talladega County Phone Survey Responses



Appendix C: Carnahan Group Qualifications

Carnahan Group is an independent and objective healthcare consulting firm that focuses on the convergence of regulations and planning. For over 10 years, Carnahan Group has been trusted by healthcare organizations throughout the nation as an industry leader in providing Fair Market Valuations, Medical Staff Demand Analyses, Community Health Needs Assessments, and Strategic Planning. Carnahan Group serves a variety of healthcare organizations, such as, but not limited to, hospitals and health systems, large and small medical practices, imaging centers and ambulatory surgery centers. Carnahan Group offers services through highly trained and experienced employees, and Carnahan Group's dedication to healthcare organizations ensures relevant and specific insight into the needs of our clients.

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