Brookwood Baptist Health

Citizens Baptist Medical Center Community Health Needs Assessment

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Citizens Baptist Medical Center at a Glance

In 2015, Baptist Health System and Brookwood Medical Center came together to form a new community of care: Brookwood Baptist Health. United in service and devotion to the people of central Alabama, Brookwood Baptist Health was founded on their mutual dedication to high-quality, compassionate care for the communities they have served since 1922.

With five hospitals, dozens of specialty centers, and the largest primary care network in the state, Brookwood Baptist Health has convenient locations all across Central Alabama, including Citizens Baptist Medical Center and Princeton Baptist Medical Center in Birmingham, Shelby Baptist Medical Center in Alabaster, Walker Baptist Medical Center in Jasper, and Citizens Baptist Medical Center in Talladega.

Across the entire statewide system, Brookwood Baptist Health has more than 1,700 patient beds, includes more than 70 primary and specialty care clinics, approximately 1,500 affiliated physicians, and more than 8,500 employees overall, with convenient locations across central Alabama.

Citizens Baptist Medical Center, located at 604 Stone Ave, Talladega, AL 35160 is an acute care facility equipped with 122 beds and over 350 healthcare professionals. Services provided at CBMC include:

- Children's Services
- Diagnostics
- Digestive Disorders
- Ear, Nose, & Throat
- Emergency
- Gynecological Surgery
- Heart Care
- Home Health
- Hospice Care
- Orthopedics
- Psychiatry
- Pulmonary and Respiratory
- Rehabilitation Services
- Sleep Center
- Surgical Services
- Weight Loss Surgery
- Workforce Wellness

Methodology

Community Health Needs Assessment Background

On June 6, 2019, Brookwood Baptist Health contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) for Citizens Baptist Medical Center (CBMC) as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix A: 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 no later than five and a half months following the end of Fiscal Year 2019.

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, and the Centers for Disease Control and Prevention (CDC). Talladega County defines the community served by CBMC. Demographic and health indicators are presented for this county.

For select indicators, county level data are compared to state and national benchmarks. Additionally, Healthy People 2020 (HP 2020) Goals are presented where applicable. The HP 2020 Goals, launched in December 2010, are science-based, ten-year national objectives for improving the health of all Americans.

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 B: Community Leader Interviewees. Information was gathered by conducting interviews with individuals representing community health and public service organizations, public health agencies, medical professionals, hospital administration and other hospital staff members.

Impact Evaluation – Actions Taken Since 2016 CHNA

CBMC's previous Implementation Strategy outlined a plan for addressing the following priorities identified in the 2016 CHNA: *Cardiovascular Disease, Cancer, Obesity, Diabetes,* and *Mental Health.* The table below describes the strategies completed by CBMC.

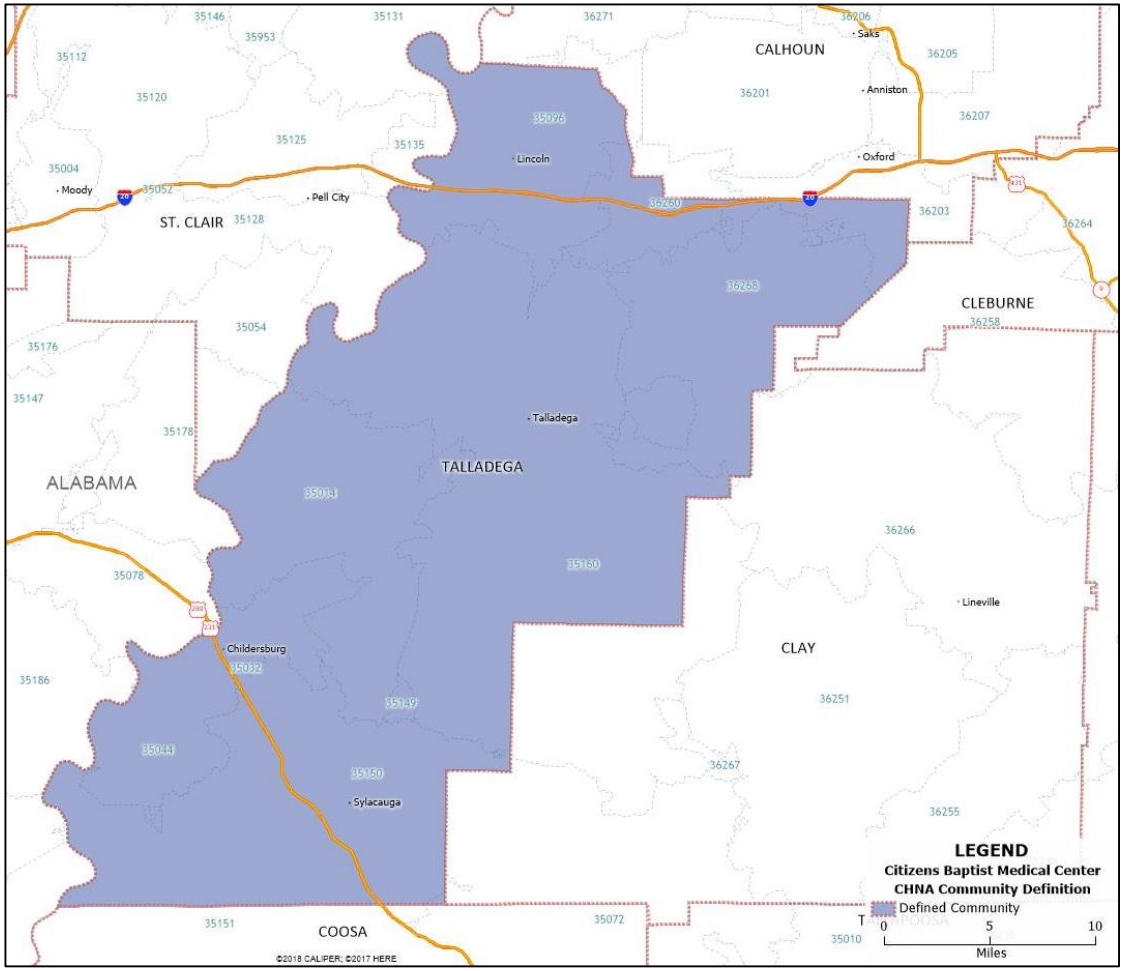
Actions Completed by CBMC 2017-2019

2016 CHNA Health Priorities	2016 Implementation Strategies	Actions Completed
Cardiovascular Disease	Education Reduction in cardiovascular disease rates	Education for physicians 1:1 nutrition education with patients Health Fairs / Screenings Community education events like the Men's Health Forum Silver Sneakers program implemented July 2019
Cancer	Early detection	Community-based education events to increase awareness of screenings Provided lung cancer screenings via the hospital's Imaging Department Provided screenings at local community events
Obesity	Physical activity and nutrition education	Silver Sneakers program implemented July 2019 Completed community-based nutrition education events including the Men's Health Forum
Diabetes	Education Reduce diabetes prevalence	Participate in local health fairs and events including those at Talladega College Offer and promote Diabetes Self Management Program courses
Mental Health	Identify risk factors Improve awareness of local resources	Focused community-based education for seniors Individual patient education by providers Collaboration with other local hospitals to improve resource awareness

CBMC received no written feedback on the 2016 CHNA and Implementation Strategy.

Community Overview

For the purposes of the CHNA report, CBMC chose Talladega County as the defined community. Because this community is based purely on geography, it includes medically underserved, low income, and minority populations.



Source: Maptitude 2018

Community Overview (continued)

Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care, dental health, or mental health.

Shortages may be geographic-, population-, or facility-based:

- **Geographic Area** - A shortage of providers for the entire population within a defined geographic area.
- **Population Groups** - A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)

The following geographies are characterized as Health Professional Shortage Areas (HPSA) within the defined community:

County	Primary Care Designation	Dental Health Designation	Mental Health Designation	Rural Status
Talladega	High Needs Geographic HPSA	Low Income Population HPSA	High Needs Geographic HPSA (Clay/ Coosa/ Randolph/ Talladega Mental Health Catchment Area 9)	Rural

Source: HRSA

Community Overview (continued)

Medically Underserved Areas

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services. MUAs have a shortage of primary care health services for residents within a geographic area while MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care health services.

Designations are based on the Index of Medical Underservice (IMU). The IMU is calculated based on four criteria:

- the population to provider ratio;
- the percent of the population below the federal poverty level;
- the percent of the population over age 65; and
- the infant mortality rate.

IMU can range from 0 to 100, where zero represents the completely underserved. Areas or populations with IMUs of 62.0 or less qualify for designation as an MUA/P.

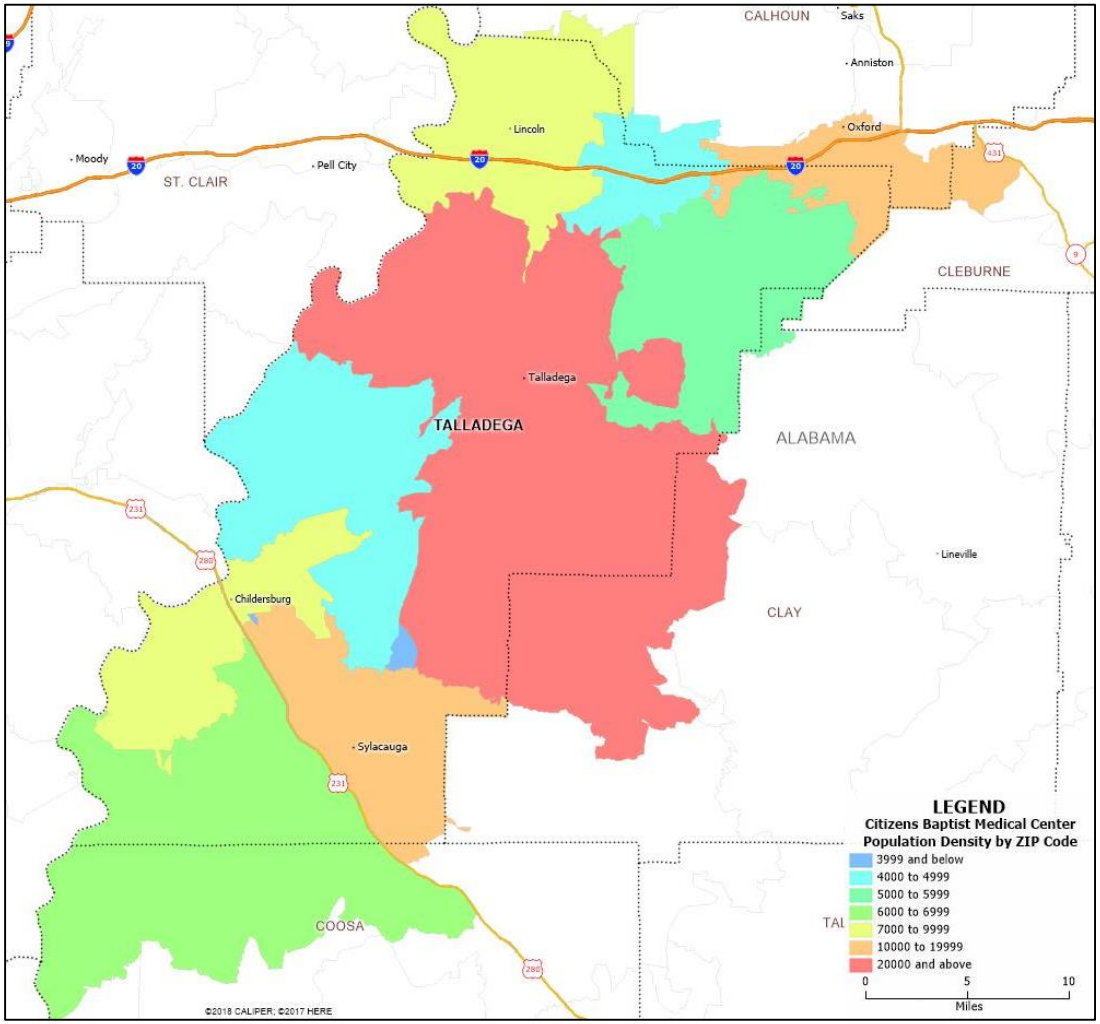
The following table describes the MUA within the community:

County	IMU Score	Medically Underserved Area Designation
Talladega	45.2	MUA

Source: HRSA, Maptitude 2018

Health Profile

Demographics - Population Density by ZIP Code in CBMC's Community, 2019



Source: Esri 2018; Maptitude 2018

Population Change by ZIP Code

The overall projected population change for the county's ZIP Codes is -1.4% over the next five years. Slight population decline is expected for most ZIP Codes, while moderate decline is expected for ZIP Code 35151 in Sylacauga (-3.6%%). Slight growth is expected for ZIP Code 35096 in Lincoln (0.9%).

Total Service Area Population Change by ZIP Code, 2019-2024

ZIP Code	Community	Current Population	Projected 5-year Population	Percent Change
35014	Alpine	4,373	4,332	-0.9%
35032	Bon Air	69	69	0.0%
35044	Childersburg	7,597	7,516	-1.1%
35096	Lincoln	8,374	8,452	0.9%
35149	Sycamore	565	553	-2.1%
35150	Sylacauga	18,203	17,848	-2.0%
35151	Sylacauga	6,804	6,562	-3.6%
35160	Talladega	26,595	26,182	-1.6%
36268	Munford	5,317	5,280	-0.7%
Total		**77,897**	**76,794**	**-1.4%**

Source: Esri 2019

Source: Esri 2017; Maptitude 2018

Population Change by Age and Gender

The population of residents aged 65 and older is expected to increase significantly over the next five years. Slight population growth is expected for children aged 15–19 (3.5%), and adults aged 40–44 (3.2%). Population decline is expected among residents aged 20-39, 45-49, and 55-64.

Total Service Area Population Change by Age and Gender, 2019-2024

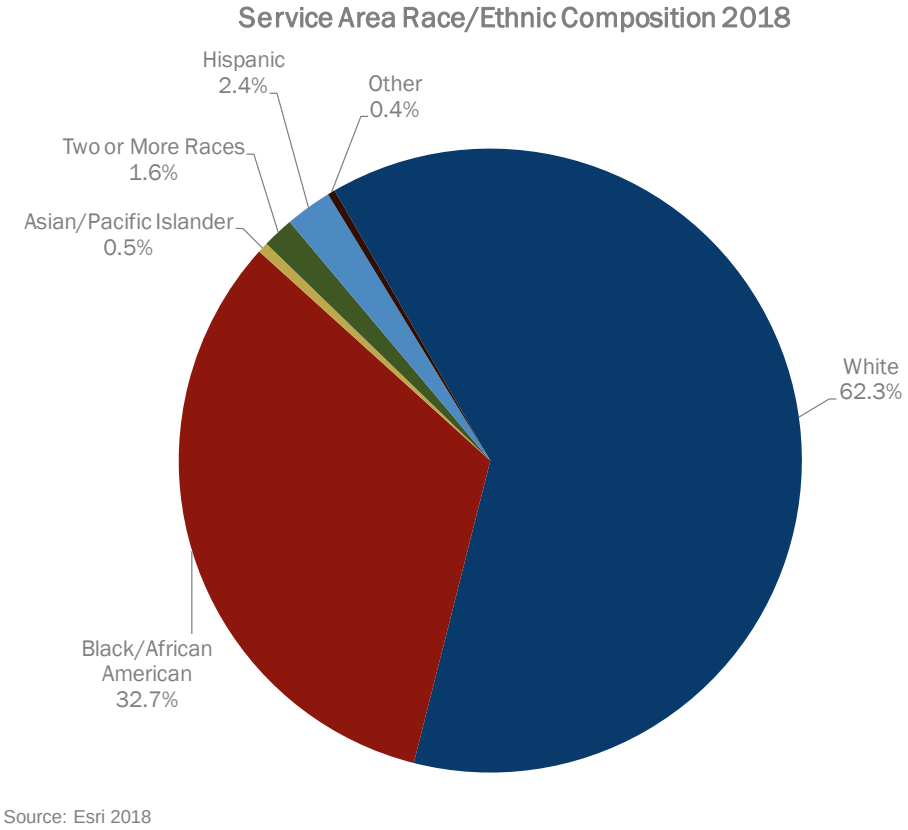
	2019			2024			Percent Change		
Age Group	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age 00 through 04	2,048	2,130	4,178	1,960	2,023	3,983	-4.3%	-5.0%	-4.7%
Age 05 through 09	2,204	2,285	4,489	2,075	2,144	4,219	-5.9%	-6.2%	-6.0%
Age 10 through 14	2,247	2,372	4,619	2,280	2,352	4,632	1.5%	-0.8%	0.3%
Age 15 through 19	2,120	2,264	4,384	2,211	2,326	4,537	4.3%	2.7%	3.5%
Age 20 through 24	2,205	2,231	4,436	1,904	2,079	3,983	-13.7%	-6.8%	-10.2%
Age 25 through 29	2,688	2,481	5,169	2,149	1,986	4,135	-20.1%	-20.0%	-20.0%
Age 30 through 34	2,665	2,411	5,076	2,655	2,236	4,891	-0.4%	-7.3%	-3.6%
Age 35 through 39	2,563	2,434	4,997	2,536	2,346	4,882	-1.1%	-3.6%	-2.3%
Age 40 through 44	2,365	2,372	4,737	2,438	2,450	4,888	3.1%	3.3%	3.2%
Age 45 through 49	2,619	2,591	5,210	2,397	2,344	4,741	-8.5%	-9.5%	-9.0%
Age 50 through 54	2,571	2,567	5,138	2,545	2,623	5,168	-1.0%	2.2%	0.6%
Age 55 through 59	2,743	2,844	5,587	2,548	2,579	5,127	-7.1%	-9.3%	-8.2%
Age 60 through 64	2,687	2,861	5,548	2,656	2,782	5,438	-1.2%	-2.8%	-2.0%
Age 65 through 69	2,366	2,616	4,982	2,516	2,745	5,261	6.3%	4.9%	5.6%
Age 70 through 74	1,822	2,119	3,941	2,051	2,318	4,369	12.6%	9.4%	10.9%
Age 75 through 79	1,091	1,398	2,489	1,414	1,801	3,215	29.6%	28.8%	29.2%
Age 80 through 84	627	921	1,548	777	1,096	1,873	23.9%	19.0%	21.0%
Age 85 and over	441	928	1,369	496	956	1,452	12.5%	3.0%	6.1%
Total	**38,072**	**39,825**	**77,897**	**37,608**	**39,186**	**76,794**	**-1.2%**	**-1.6%**	**-1.4%**

Source: Esri 2019

Current Population by Race/Ethnicity

The most common race/ethnicity in CBMC's community is white (62.3%) followed by Black/African American (32.7%), Hispanic (2.4%), individuals of two or more races (1.6%), Asian/Pacific Islander (0.5%), and other races (0.4%).

Total Service Area Population by Race/Ethnicity, 2019



Source: Esri 2018

Population Change by Race/Ethnicity

Substantial population growth is expected for Asian/Pacific Islanders (34.4%), individuals of two races (20.1%), Hispanics (9.8%), and other races (3.9%). The white and Black/African American populations are expected to decrease over the next five years.

Total Service Area Population Change by Race/Ethnicity, 2019-2024

Race/Ethnicity	2019	2024	Percent Change
White	48,518	46,919	-3.3%
Black/African American	25,504	25,403	-0.4%
Asian/Pacific Islander	424	570	34.4%
Two or More Races	1,267	1,522	20.1%
Hispanic	1,879	2,063	9.8%
Other	305	317	3.9%

Source: Esri 2019

Socioeconomic Characteristics

According to HP2020, socioeconomic status (SES) is most often based on a person's income, education level, occupation, social status in the community, and geographic location. Studies have found that SES, more than race or ethnicity, predicts the likelihood of an individual's or group's access to education, health insurance, health care services, and safe and healthy living or working conditions.

According to the U.S. Bureau of Labor Statistics, the 2019 annual unemployment average for Talladega County (4.3%) was higher than the Alabama and United States average (3.9%). The U.S. Census American Community Survey (ACS) publishes median household income and poverty estimates. According to 2013–2017 estimates, the median household income in Talladega County ($39,219) was lower than Alabama's ($46,472) and the United States ($57,652).

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 As of January 11, 2019, the 2019 federal poverty threshold for a family of four was $25,750. The ACS estimates indicate that the percentage of individuals below the poverty level in Talladega County (19.3%) was higher than in Alabama (16.9%) and in the United States (12.3%). Children in Talladega County were more likely to be living below the poverty level (28.8%) compared to all children in Alabama (26.0%) and the United States (20.3%).

Socioeconomic Characteristics

	Talladega	Alabama	United States
Unemployment Rate[1]	4.3%	**3.9%**	**3.9%**
Median Household Income[2]	$ 39,219	**$ 46,472**	**$ 57,652**
Individuals Below Poverty Level[2]	19.3%	**16.9%**	**12.3%**
Children Below Poverty Level[2]	28.8%	**26.0%**	**20.3%**

[1] Source: Bureau of Labor Statistics, 2018 Annual Average

[2] Source: U.S. Census - ACS, 2013-2017 estimates

Educational Attainment

The U.S. Census ACS publishes estimates of the highest level of education completed for residents aged 25 years and older. The ACS 2013--2017 estimates indicate that Talladega County had more individuals who had not earned a high school diploma than Alabama and the United States. During the same time frame, the percentage of the population who had earned a Bachelor's, graduate, or professional degree was lower in Talladega County than in the state or the nation.

Highest Level of Education Completed by Persons 25 Years and Older, 2013-2017

	Talladega	Alabama	United States
Less than 9th grade	6.7%	**4.7%**	**5.4%**
9th to 12th grade, no diploma	12.8%	**10.0%**	**7.2%**
High school degree or equivalent	35.1%	**30.9%**	**27.3%**
Some college, no degree	23.1%	**21.7%**	**20.8%**
Associate's degree	8.7%	**8.2%**	**8.3%**
Bachelor's degree	8.2%	**15.4%**	**19.1%**
Graduate or professional degree	5.3%	**9.1%**	**11.8%**

Source: U.S. Census, ACS 2013-2017 estimates

Crime Rates

According to the Alabama Law Enforcement Agency, in 2017 the rates of homicide, rape, and assault were higher in Talladega County than in Alabama and the United States. The robbery rate in Talladega County was lower than state and national benchmarks during the same time frame.

Violent Crime Rates, 2017

	Talladega	Alabama	United States*
Homicide	8.7	**8.1**	**5.4**
Rape	50.0	**39.5**	**42.4**
Robbery	47.5	**79.8**	**101.2**
Assault	428.6	**364.3**	**252.4**

Source = Alabama Law Enforcement Agency, Crime in Alabama 2017

* Source = Federal Bureau of Investigation, Crime in the United States 2017

Rates are per 100,000 population

Housing

The U.S. Census Bureau ACS 2013-2017 estimates indicated that residents of Talladega County had a higher rate of home ownership (72.2%) than the Alabama and U.S. averages (68.6% and 64.0%, respectively). County Health Rankings also publishes an estimate of the percent of residents faced with a severe housing cost burden by county. Fewer individuals within Talladega County faced a severe housing cost burden from 2013 to 2017 (10.6%) when compared to the state (12.9%) and the nation (15.0%).

From 2013-2017, the segregation index for both Black/White (29.0) and non-White/White (27.1) populations were lower within Talladega County than in Alabama and the United States.

Home Ownership and Residential Segregation, 2013-2017

	Talladega	Alabama	United States
Homeownership	72.2%	**68.6%**	**64.0%**
Severe housing cost burden	10.6%	**12.9%**	**15.0%**
Residential segregation - Black/White	29.0	**57.0**	**62.0**
Residential segregation - non-White/White	27.1	**51.2**	**47.0**

Source: U.S. Census - ACS, 2013-2017 estimates, County Health Rankings

Residential segregation shown as a segregation index

Health Outcomes & Risk Factors

The Centers for Disease Control and Prevention (CDC) publish mortality and life expectancy data by county. From 2013-2017, the age-adjusted mortality rate from all causes in Talladega County was higher than the mortality rate in Alabama during the same time frame (1,048.3 and 919.3 deaths per 100,000 population, respectively).

According to the CDC National Center for Health Statistics, from 2015-2017 the life expectancy in Talladega County was lower than the life expectancy within the state of Alabama (75.4 years). The life expectancy for black individuals was slightly lower than that of white individuals within Talladega County, which is similar to the trend observed at the national level. In the United States, the life expectancy at birth for the white population was 78.8 years in 2017 while the life expectancy for the black population was 75.3 years.

Mortality Indicators

	Talladega	Alabama
Age-adjusted mortality from all causes[1]	1,048.3	**919.3**
Life expectancy[2]	72.9	**75.4**
White life expectancy[2]	72.8	*
Black life expectancy[2]	72.3	*
Hispanic life expectancy[2]	90.8	*

[1] Source: CDC Wonder, Multiple Cause of Death 2013-2017

[2] Source: National Center for Health Statistics Mortality File 2015-2017

Mortality rates are per 100,000 population and life expectancy is shown in years of age

* Insufficient data

Leading Causes of Death

According to the Centers for Disease Control and Prevention, heart disease and cancer are the first and second leading causes of death (COD), respectively, in Talladega County, Alabama, and the nation. The Alzheimer's disease death rate and the hypertension death rate in Talladega County were lower than state and national benchmarks. For all other causes of death featured, the county had a higher death rate than the state of Alabama and the United States.

	Talladega	Alabama	United States
Heart disease	253.2	**225.5**	**167.1**
Cancer	190.6	**175.8**	**158.1**
Chronic lower respiratory disease	72.0	**55.8**	**41.1**
Stroke	58.0	**50.1**	**37.1**
(Unintentional injury) Accident	64.3	**51.3**	**44.0**
Alzheimer's disease	23.9	**39.0**	**28.0**
Diabetes	23.9	**21.7**	**21.2**
Influenza and pneumonia	24.2	**19.0**	**14.8**
Kidney disease	23.9	**17.9**	**13.2**
Septicemia	19.7	**17.8**	**10.7**
Suicide	17.9	**15.2**	**13.3**
Chronic liver disease and cirrhosis	14.6	**12.1**	**10.6**
Hypertension[1]	6.8	**9.7**	**8.6**
Assault (homicide)	13.8	**10.4**	**5.7**
Pneumonitis	7.7	**5.7**	**5.2**
Other Neoplasms (benign)	5.1	**4.2**	**4.3**
Parkinson's disease	9.5	**8.7**	**7.8**

Source: CDC Wonder, Multiple Cause of Death 2013-2017

Age-Adjusted Death Rates are per 100,000 population

[1] Hypertension includes essential primary hypertension and hypertensive renal disease with renal failure

* Rate unavailable or unreliable

Heart Disease Mortality

According to the Centers for Disease Control and Prevention, Talladega County's age-adjusted mortality rates for heart disease per 100,000 adults aged 45 to 64 were higher than state and national rates from 2014 to 2016. Within the state of Alabama and the United States, heart disease mortality in adults aged 45 to 64 and older was higher for males than for females.

Adults aged 45 to 64 with Black (Non-Hispanic) race/ethnicity were more likely than those with White (Non-Hispanic) race/ethnicity to die of heart disease. The mortality rate for White (Non-Hispanic) adults age 45 to 64 in Talladega County was 204.2, while the mortality rate for Black (Non-Hispanic) adults aged 45 to 64 was 270.0.

Age-Adjusted All Heart Disease Death Rates per 100,000 Adults Age 45 to 64 by Race and Gender, 2014-2016

	Talladega	Alabama	United States
All Heart Disease, All Races/Ethnicities	219.5	198.6	**122.6**
All Heart Disease, Black (Non-Hispanic)	270.0	246.5	**213.2**
All Heart Disease, White (Non-Hispanic)	204.2	190.1	**121.4**
All Heart Disease, Hispanic	*	77.8	**73.5**
All Heart Disease, Male	270.5	268.2	**175.1**
All Heart Disease, Female	170.4	134.3	**72.8**

Source: Centers for Disease Control and Prevention

* Insufficient Data

Heart Attack Mortality

According to the Centers for Disease Control and Prevention, Talladega County's age-adjusted mortality rate for heart attacks per 100,000 adults aged 45 to 64 (30.5) was lower than the Alabama death rate but higher than the U.S. rate from 2014-2016.

Within Talladega County, Black (Non-Hispanic) adults aged 45 to 64 were more likely to die of a heart attack (42.4 deaths per 100,000) than White (Non-Hispanic) adults aged 45 to 64. This trend was not observed at the state level.

The heart attack mortality rates for males and females aged 45 to 64 in Talladega County were lower than the state rates, but greater than the national rates from 2014-2016. Across the county, state, and national levels, the heart attack death rates for females were lower than the death rates for males.

Age-Adjusted Heart Attack Mortality Rates per 100,000 Adults Ages 45 to 64 by Race and Gender, 2014-2016

	Talladega	Alabama	United States
Heart Attack, All Races/Ethnicities	30.5	44.3	**27.9**
Heart Attack, Black (Non-Hispanic)	42.4	41.6	**34.8**
Heart Attack, White (Non-Hispanic)	28.2	47.1	**30.0**
Heart Attack, Hispanic	*	*	**16.9**
Heart Attack, Male	46.3	63.3	**41.3**
Heart Attack, Female	16.9	26.8	**15.2**

Source: Centers for Disease Control and Prevention

* Insufficient Data

Hypertension Mortality

According to the Centers for Disease Control and Prevention, age-adjusted hypertension mortality rates per 100,000 adults aged 45 to 64 were lower in Talladega County than in Alabama and the United States.

Males aged 45 to 64 had a higher hypertension death rate than females within Talladega County, Alabama, and the United States from 2014-2016.

In Talladega County, the disparity in hypertension death rates between Black (Non-Hispanic) adults aged 45 to 64 and White (Non-Hispanic) adults was less significant than the disparity observed at the state and national levels. Black (Non-Hispanic) individuals in Talladega County had a mortality rate of 48.3 per 100,000, while the state and national rates were 148.4 and 189.1, respectively.

Age-Adjusted Heart Attack Mortality Rates per 100,000 Adults Ages 45 to 64 by Race and Gender, 2014-2016

	Talladega	Alabama	United States
Hypertension, All Races/Ethnicities	45.8	89.7	**89.7**
Hypertension, Black (Non-Hispanic)	48.3	148.4	**189.1**
Hypertension, White (Non-Hispanic)	46.3	72.7	**80.4**
Hypertension, Hispanic	*	30.1	**66.6**
Hypertension, Male	61.7	116.9	**121.8**
Hypertension, Female	31.3	64.6	**59.4**

Source: Centers for Disease Control and Prevention

* Insufficient Data

Stroke Mortality

According to the Centers for Disease Control and Prevention, the age-adjusted stroke mortality rate per 100,000 adults aged 45 to 64 was higher in Talladega County (42.8) than in Alabama and the United States from 2014-2016.

Within Talladega County, adults aged 45 to 64 with Black (Non-Hispanic) race/ethnicity had a higher stroke mortality rate (54.0) than those with White (Non-Hispanic) race/ethnicity (30.6). The same trend was observed at the state and national levels.

Males aged 45 to 64 had higher stroke mortality rates than females aged 45 to 64 in Talladega County, Alabama, and the United States from 2014-2016. In Talladega County the male and female death rates exceeded both the state and national benchmarks during the same time frame.

Age-Adjusted Stroke Death Rates per 100,000 Adults Ages 45 to 64 by Race and Gender, 2014-2016

	Talladega	Alabama	United States
All Stroke, All Races/Ethnicities	42.8	33.7	**19.1**
All Stroke, Black (Non-Hispanic)	54.0	54.9	**41.4**
All Stroke, White (Non-Hispanic)	30.6	27.4	**16.0**
All Stroke, Hispanic	*	*	**16.6**
All Stroke, Male	43.1	39.5	**22.4**
All Stroke, Female	34.8	28.4	**16.0**

Source: Centers for Disease Control and Prevention

* Insufficient Data

Cancer Screenings

The Centers for Medicare and Medicaid publish information on screenings completed by beneficiaries in the Mapping Medicare Disparities Tool. In 2017, the percentage of Talladega County Medicare beneficiaries who received mammograms (26%), prostate cancer screens (19%) and pap smears (5%) were lower than the corresponding statewide screening rates. The rate of colorectal cancer screening amongst Medicare beneficiaries in Talladega County was the same as the state rate (6%).

Percentage of Medicare Beneficiaries Receiving Select Cancer Screenings, 2017

	Talladega	Alabama
Mammogram	26%	**31%**
Prostate Cancer Screening	19%	**24%**
Colorectal Cancer Screening	6%	**6%**
Cervical Cancer Screening (Pap Smear)	5%	**7%**

Source: Centers for Medicare and Medicaid, Mapping Medicare Disparities Tool, 2017

Cancer Incidence

The National Cancer Institute reports cancer incidence rates on a state and county level. Tables detailing select cancer incidence rates per 100,000 population from 2012-2016 can be found below.

- The combined incidence rate of all cancer sites in Talladega County was slightly lower than the state benchmark and slightly higher than the national benchmark.
- Talladega's incidence rates for lung, colorectal, pancreatic, ovarian, brain, and stomach cancers were higher than the state and national benchmarks.
- The incidence rates of prostate and breast cancer were lower in Talladega County than in Alabama and the United States.
- Within Talladega County, the incidence rate for cervical cancer was higher than the national benchmark, but lower than the Alabama incidence rate.

	Talladega	Alabama	United States
All Cancer Sites[1]	449.8	**451.9**	**448.0**
Lung and bronchus[1]	72.0	**66.4**	**59.2**
Prostate[2]	103.3	**119.5**	**104.1**
Breast[3]	120.2	**122.1**	**125.2**
Colon and rectum[1]	49.3	**44.0**	**38.7**
Pancreas[1]	14.2	**12.8**	**12.8**
Ovarian[3]	13.0	**11.7**	**11.1**
Brain[1]	7.0	**6.5**	**6.5**
Stomach[1]	7.3	**6.6**	**6.6**
Cervical[3]	8.6	**9.3**	**7.6**

Source: National Cancer Institute - State Cancer Profiles

[1]Rates are per 100,000 males

[2]Rates are per 100,000 females

[3]Rates are per 100,000 population

* Indicates rate is unstable

Cancer Mortality

The National Cancer Institute reports cancer mortality rates on a state and county level. Tables detailing select cancer mortality rates per 100,000 population from 2012-2016 can be found below.

- The combined mortality rate of all cancer sites in Talladega County was higher than both the state and national benchmarks.
- Mortality rates for lung (60.5 per 100,000 population), ovarian (8.6 per 100,000 females), and stomach (4.8 per 100,000 population) cancers were higher than the Alabama and United States rates.
- The county's death rate for colorectal cancer was lower than the state rate but higher than the national benchmark. Similarly, the mortality rate for brain cancer in Talladega County was lower than AL's mortality rate but higher than the U.S. rate.
- In Talladega County, the mortality rates for prostate, breast, and pancreatic cancers were lower than both the state and national benchmarks.

	Talladega	Alabama	United States
All Cancer Sites[1]	189.3	**179.0**	**161.0**
Lung and bronchus[1]	60.5	**51.9**	**41.9**
Prostate[2]	18.7	**21.7**	**19.2**
Breast[3]	20.4	**21.8**	**20.6**
Colon and rectum[1]	15.1	**16.1**	**14.2**
Pancreas[1]	9.7	**11.5**	**11.0**
Ovarian[3]	8.6	**7.4**	**7.0**
Brain[1]	4.8	**5.2**	**4.4**
Stomach[1]	4.8	**3.4**	**3.1**
Cervical[3]	*	**3.5**	**2.3**

Source: National Cancer Institute - State Cancer Profiles

[1]Rates are per 100,000 population

[2]Rates are per 100,000 males

[3]Rates are per 100,000 females

* Indicates rate is unstable

Diabetes Incidence

According to the CDC's Division of Diabetes Translation, in 2016 the percentage of adults aged 20 and older who had been diagnosed with diabetes was 14.3% in Talladega County. The county incidence rate was higher than the state rate (13.2%) and far greater than the national benchmark (8.5%).

Age-Adjusted Diabetes in Adults Ages 20 and Older, 2016

	Talladega	Alabama*	United States
Adults with diagnosed diabetes	14.3%	**13.2%**	**8.5%**

Source: Centers for Disease Control and Prevention, Division of Diabetes Translation

*State and national data reflect adults aged 18+

Weight Status

The Behavioral Risk Factor Surveillance System (BRFSS) collects data and reports on health-related risk behaviors, chronic health conditions, and use of preventative services. The 2017 adult obesity rate in Talladega County was higher than both the Alabama (36.3%) and U.S. rates (34.4%).

Adult Obesity Rate, 2017

	Talladega	Alabama	United States
Adult obesity rate	38.3%	**36.3%**	**30.1%**

Source: Behavioral Risk Factor Surveillance System and Alabama Department of Public Health, 2017

Nutrition and Food Insecurity

The U.S. Department of Agriculture publishes the Food Environment Atlas which includes information on food insecurity, food deserts, and access to healthy foods. Talladega County's food environment index rating was higher than the Alabama index but lower than the United States rating based on 2015-2016 data points. The percent of county residents experiencing limited access to healthy foods (5.9%) was lower than the state and national benchmarks. According to Map the Meal Gap, published by Feeding America in 2017, the percent of individuals experiencing food insecurity within Talladega County was higher than the state average (16.3%) and the U.S. average (12.5%). The average meal cost in Talladega County was also higher than both the state ($2.98) and national ($3.02) averages.

Access to Healthy Foods, 2015-2016

	Talladega	Alabama	United States
Food environment index [1]	6.8	**5.8**	**7.7**
Limited Access to Healthy Foods [1]	5.9%	**7.9%**	**6.0%**
Food insecurity [2]	17.2%	**16.3%**	**12.5%**
Average meal cost [2]	$ 3.23	**$ 2.98**	**$ 3.02**

[1] USDA Food Environment Atlas, 2015-2016

[2] Map the Meal Gap, 2017

Physical Activity

The Centers for Disease Control and Prevention and County Health Rankings collect data on physical inactivity and access to physical fitness venues.

In 2015, Talladega County had a greater rate of physical inactivity (33.2%) than the state of Alabama (28.2%) and the nation (22.0%). Talladega County residents had lower access to recreation and fitness facilities when compared to the state of Alabama (61.6%) and the national benchmark (84.0%).

Physical Activity Indicators

	Talladega	Alabama	United States
Physical inactivity [1]	33.2%	**28.2%**	**22.0%**
Access to exercise opportunities [2]	59.8%	**61.6%**	**84.0%**

[1] CDC Diabetes Interactive Atlas, 2015

[2] County Health Rankings 2019

Sexually Transmitted Infections

The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention reports on rates of sexually transmitted infections (STIs) by county. Talladega County had higher rates of chlamydia and gonorrhea but lower rates of primary and secondary syphilis than the state and nation.

In 2016, the prevalence of HIV in Talladega County was lower than the state and national prevalence rates. The rate of newly diagnosed HIV cases within the county was also lower than the Alabama and U.S. rates.

Rate of Reported Cases of Sexually Transmitted Infections, 2017

	Talladega	Alabama	United States
Chlamydia	729.4	614.1	**524.6**
Gonorrhea	271.0	245.1	**170.6**
Primary and Secondary Syphilis	5.0	8.7	**9.4**

Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2017

Rates are per 100,000 population

HIV Prevalence and Diagnosis Rate, 2016–2017

	Talladega	Alabama	United States
HIV prevalence, 2016	268.0	309.9	**365.5**
Newly Diagnosed HIV Case Rate, 2017	8.8	15.9	**14.0**

Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2017

Rates are per 100,000 population

* Data suppressed or unavailable

Maternal and Child Health

The Alabama Department of Public Health and the National Center for Health Statistics publish data on maternal and child health indicators. The birth rate in Talladega County (10.9 per 1,000 population) was lower than the state and national rates in 2016. The 2015 teen birth rate, measured per 1,000 females aged 15-19, was higher in Talladega County than in Alabama and the United States.

The infant mortality rate per 1,000 live births was higher in Talladega County (8.2) than in Alabama (7.4) and the United States (5.8) in 2017. The county's rate of low-birthweight births in 2016 (12.5%) was higher than the state and national rates. The proportion of mothers with inadequate prenatal care in Talladega County (16.5%) was lower than the Alabama benchmark (18.2%) during 2016.

Births and Infant Morbidity and Mortality, 2015–2017

	Talladega	Alabama	United States
Birth rate (per 1,000 population), 2016[1]	10.9	**12.2**	**12.2**
Teen birth rate (per 1,000 women aged 15–19 years), 2015[2]	32.7	**30.1**	**22.3**
Infant mortality rate (per 1,000 live births), 2017[3]	8.2	**7.4**	**5.8**
Low birthweight, 2016[1]	12.5%	**10.3%**	**8.2%**
Inadequate prenatal care, 2016[1]	16.5%	**18.2%**	**N/A**

[1]Source: Alabama Department of Public Health, Alabama Vital Statistics 2016

[2]Source: National Center for Health Statistics

[3]Source: Alabama Department of Public Health, Center for Health Statistics

Inadequate prenatal care refers to the percentage of births for which the adequacy of prenatal care utilization index was known, comparable national data unavailable

Access to Care

According to the ACS 2013–2017 estimates, 10.2% of Talladega County residents had no health insurance coverage, compared to 10.7% of Alabama residents and 10.5% of Americans. The number of children without health insurance in Talladega County (1.4%) during the same time period was much lower than the state and national benchmarks.

A greater number of individuals received public health insurance in Talladega County (43.6%) than in Alabama (36.1%) and the United States (33.8%). Conversely, a lesser number of individuals had private health insurance coverage in Talladega County when compared to Alabama and the United States.

Health Insurance Coverage, 2013-2017

	Talladega	Alabama	United States
Private insurance coverage	62.0%	**66.9%**	**67.2%**
Public insurance coverage	43.6%	**36.1%**	**33.8%**
No health insurance coverage	10.2%	**10.7%**	**10.5%**
No health insurance coverage (children)	1.4%	**3.5%**	**5.7%**

Source: US Census, ACS 2013-2017

Substance Abuse

The CDC's National Center for Injury Prevention and Control provides estimates of the number of opioid prescriptions dispensed per person, per year. Within Talladega County the prescribing rate (123.6) was double the national rate, and greater than the Alabama average.

Opioid Prescriptions Dispensed per 100 Persons per Year

	Talladega	Alabama	United States
Opioid prescribing rate 2017	123.6	**107.2**	**58.7**

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

Mental Health

County Health Rankings provides an estimate of access to mental health providers in the form of a ratio of the county population to mental health providers. The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. The ratio for Talladega County in 2018 was 7,280:1 which was worse than the ratios for the state of Alabama and the United States during the same time frame.

Mental Health Provider Ratio, 2018

	Talladega	Alabama	United States
Mental health provider ratio	7,280:1	**1,100:1**	**440:1**

Source: County Health Rankings 2019, CMS, National Provider Identification 2018

Health Behaviors

The Behavioral Risk Factor Surveillance System collects data on adult smoking and alcohol consumption. In 2016, Talladega County's adult smoking rate (21.4%) was marginally lower than the Alabama rate (21.5%) but higher than the national benchmark (17.0%). Talladega County had a lower rate of excessive drinking (13.1%) than Alabama (14.2%) and the United States (18.0%).

Behavioral Risk Factors - 2016

	Talladega	Alabama	United States
Adult smokers	21.4%	**21.5%**	**17.0%**
Excessive drinking	13.1%	**14.2%**	**18.0%**

Source: Behavioral Risk Factor Surveillance System, 2016

Health Outcomes

The National Center for Health Statistics provides estimates of premature death. Talladega County's premature death indicator (12,393 years of potential life lost per 100,000 population) was higher than the indicators for Alabama (9,917 years) and the United States (6,900 years) from 2015 to 2017.

The Behavioral Risk Factor Surveillance System collects data on self-reported physical and mental health. In 2016, a greater number of individuals in Talladega County reported poor or fair health (24.4%) when compared to Alabama (21.4%) and the United States (16.0%).

Residents in Talladega County reported a greater number of poor physical health days than the state and national benchmarks. Similarly, those in Talladega County reported a greater number of poor mental health days than the Alabama and United States averages.

Health Outcomes Indicators

	Talladega	Alabama	United States
Premature death indicator [1]	12,393	**9,917**	**6,900**
Poor or fair health [2]	24.4%	**21.4%**	**16.0%**
Poor physical health days[2]	4.8	**4.4**	**3.7**
Poor mental health days [2]	4.8	**4.6**	**3.8**

Source: [1] National Center for Health Statistics, 2015-2017, shown in years of potential life lost before age 75 per 100,000 population

[2] Behavioral Risk Factor Surveillance System, 2016

Community Input

The interview and survey data is qualitative in nature and should be interpreted as reflecting the values and perceptions of those interviewed. This portion of the CHNA process is designed to gather input from persons who represent the broad interest of the community serviced by CBMC, as well as individuals providing input who have special knowledge or expertise in public health. It is intended to provide depth and richness to the quantitative data collected.

Community Leader Interviews

Interview Methodology

Ten interviews were conducted from September 12 through October 2, 2019. Interviews required approximately 30 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 strengths of the community?
- What are the top health concerns of the community?
- What do you think is the single most important thing that could be done to improve the health in your community?
- What are the barriers to obtaining health services in your community?
- What health resources are available in your community?
- What health resources does your community currently need more of?
- What sub-populations are medically underserved in your community?
- Is there anything else we should know about your community that we have not already discussed?

Community Leader Interview Summary

There was a variety of topics discussed during community leader interviews. The most common topics included chronic disease, provider shortages, health insurance coverage, and the high cost of care.

Concerns

Heart disease was the most frequently mentioned concern by community leaders, although other chronic diseases like diabetes, obesity, and cancer were also serious problems. Discussions regarding access to care touched on concerns about long wait times and provider shortages, including a lack of local obstetricians. Leaders noted that mental health and substance abuse were serious issues within the local community. Opioid use was an especially troubling concern for one community leader. Food insecurity was also mentioned by multiple interviewees, some of whom indicated a lack of local grocery stores and the large percentage of children enrolled in the supplemental lunch program. Other concerns mentioned by leaders included physical inactivity, the social determinants of health, transportation, crime, and public health funding.

Barriers

Health insurance coverage was cited most often as a significant barrier to accessing healthcare within the community. Interviewees also felt that provider shortages hinder the quality of care available to local residents and lead to increased wait times to see a physician. Transportation and the high cost of care were also indicated as barriers to receiving healthcare within Talladega County. One community leader mentioned that some individuals with insurance may not be able to afford high copays or coinsurance.

Community Leader Interview Summary

Strengths and Assets

Community leaders spoke about the significance of CBMC within the county, in addition to the availability of urgent care facilities. The Quality of Life clinic was also mentioned as a strength. The local education system and Talladega College, a historically black college, were noted by multiple community leaders as assets. Large area employers were also appreciated by interviewees, as were community-based organizations conducting health-related outreach and the local health department.

Resources

Leaders were also asked to share needed resources. Interviewees spoke at length about area provider shortages, including deficits in primary care, obstetrics and gynecology, dermatology, and all other specialties. Multiple community leaders discussed the need for outreach and marketing efforts to inform local residents about the existing array of services offered. One leader noted how they would like for more health promotion programs to involve the whole family or multiple generations at once. Other needs mentioned included mental health resources and additional local grocers to provide access to healthy foods.

Community Leader Interview Summary

Interview Themes

Topic	Top Themes Discussed
Strengths & Assets	Healthcare facilities including urgent care locations Education system Community-based organizations Large employers
Concerns	Heart disease Diabetes Obesity
Barriers	Health insurance Transportation Provider shortages Financial barriers
Medically Underserved Populations	Low-income populations Middle aged adults without health insurance coverage Older adults

Online Health Survey

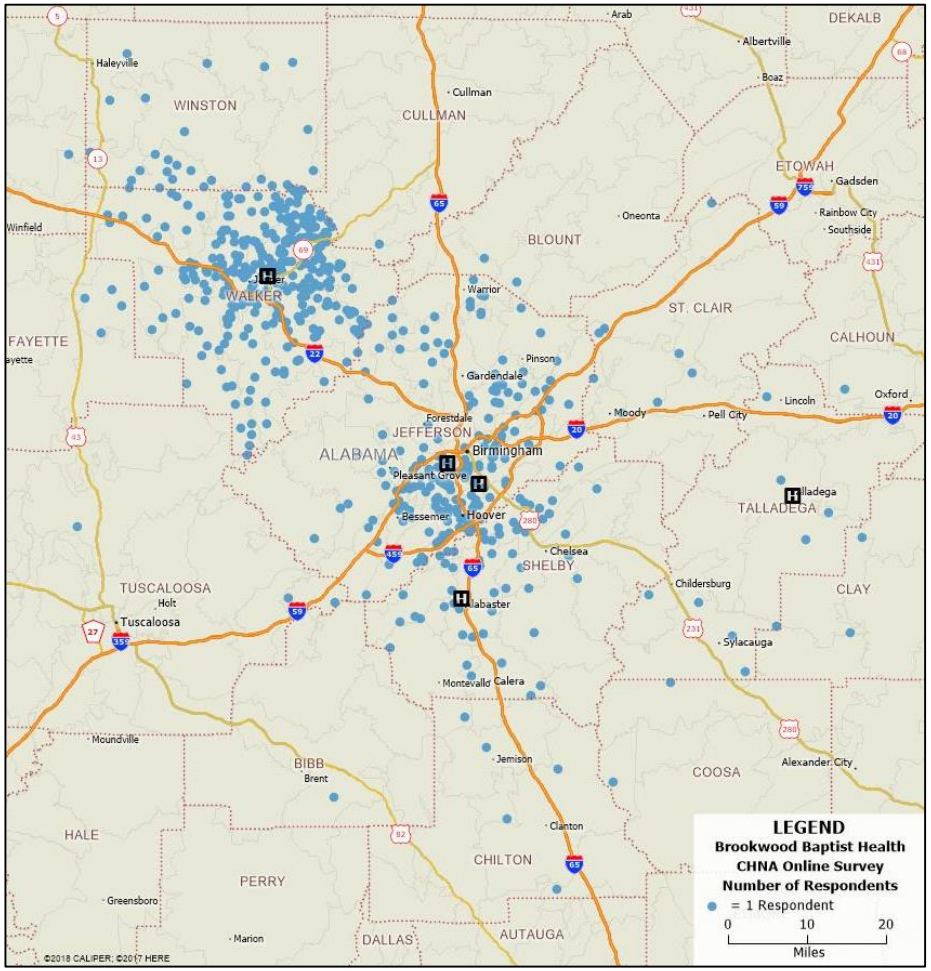
A total of 53 online health surveys were completed by community members within Talladega County and those who did not provide a home ZIP Code. The full health survey questionnaire is available in Appendix C.

Online Community Health Survey Methodology

The link to the online survey was shared via multiple social media channels by Brookwood Baptist Health's Marketing Department. Email invitations to complete the survey or to share the survey via e-newsletters were sent to BBH's email subscriber list, community leaders, and health and public health stakeholders throughout the region. The survey instrument asked respondents to rate their own health and the overall health of community members, in addition to questions related to accessing preventative and sick care. Respondents were also asked to prioritize three health problems and three social problems in the community from lists of options. Lastly, optional demographic questions were also included at the end of the survey.

Online Health Survey Summary

Community Health Survey Distribution – All BBH Facility Respondents Mapped by ZIP Code



Source: Carnahan Group; Maptitude 2018

NOTE: n=30 respondents did not provide a ZIP Code and were also included within the analysis for each BBH facility.

Online Health Survey Summary (continued)

Respondent Demographics

15.4% of n=52 survey respondents indicated that they did not own a smartphone. The majority of respondents indicated that they have private health insurance (92.5%), while 11.3% had Medicare coverage.

Age	Percentage of Respondents
18-44 years	23.7%
45-64 years	63.2%
65+ years	13.2%

n=38 respondents

Gender	Percentage of Respondents
Female	89.2%
Male	10.8%

n=37 respondents

Household Income	Percentage of Respondents
$200,000 and above	6.5%
$150,000 to $199,999	6.5%
$100,000 to $149,999	22.6%
$75,000 to $99,999	9.7%
$50,000 to $74,999	32.3%
$35,000 to $49,999	12.9%
$25,000 to $34,999	3.2%
$15,000 to $24,999	3.2%
Under $15,000	3.2%

n=31 respondents

Race/Ethnicity	Percentage of Respondents
White	86.1%
Black/African American	11.1%
Other	2.8%

n=36 respondents

Online Health Survey Summary (continued)

Community Health Survey Results

When asked to select three serious health problems, n=53 respondents selected the following options*:

Rank	Serious Health Problem	Percentage of Respondents
1	Obesity	71.7%
2	Cancer	64.2%
3	Heart disease and stroke	56.6%
4	High blood pressure	54.7%
5	Diabetes	54.7%
6	Mental health issues (ex. depression)	47.2%
7	Substance abuse/addiction	45.3%
8	Breathing problems (ex. asthma, COPD)	26.4%
9	Alzheimer's Disease	20.8%
10	Tooth problems (dental health)	17.0%
11	Suicide	17.0%
12	Child abuse or neglect	13.2%
13	Infectious diseases	11.3%
14	Violence	9.4%
15	Sexually transmitted diseases	7.5%
16	Motor vehicle injuries	5.7%
17	Injuries	5.7%
18	Prenatal and infant health	1.9%

**Note that some respondents indicated fewer or greater than three selections.*

Online Health Survey Summary (continued)

Community Health Survey Results

When asked to select three serious social problems, n=53 respondents selected the following options*:

Rank	Serious Social Problems	Percentage of Respondents
1	Poverty (low income)	50.9%
2	Not enough free or affordable health screenings	35.8%
3	Public transportation	34.0%
4	No health insurance	34.0%
5	Crime	32.1%
6	Not enough education (ex. high school dropouts)	28.3%
7	Not enough healthy food	26.4%
8	Not enough interesting activities for youth	24.5%
9	Homelessness	20.8%
10	Not enough jobs in area	17.0%
11	Not enough childcare options	17.0%
12	Racism and discrimination	17.0%
13	Overcrowded housing	1.9%

**Note that some respondents indicated fewer or greater than three selections.*

Online Health Survey Summary (continued)

Community Health Survey Results

- When asked “Have you had any of the following health services in the past year?”, the majority of respondents (n=51) indicated that they had received blood work (80.4%), a blood pressure check (72.5%), and dental care (70.6%).
- The majority of respondents indicated that they would rate their health as “good” in general (61.5%). However, only 50.9% of respondents indicated that they would rate the overall health of community members as “good” in general (n=52 and n=53, respectively).
- 37.7% of respondents have missed 1-5 days of work or other activities (ex. church, school) over the past 3 months because they were sick or not feeling well (n=53).
- 71.2% of respondents have had a physical exam (checkup, well visit) with a doctor in the past year (n=52).
- When asked “When you are sick or need health care, are you able to visit the doctor?”, the majority of respondents indicated that they were always able to visit the doctor (69.8%) while 28.3% indicated that they were sometimes able to visit the doctor (n=53).
- When asked “Is there anything that makes it hard for you to see a doctor when you are sick?”, n=38 respondents were more likely to indicate the following barriers:
    - I cannot get time off work (26.3%)
    - It is too expensive (15.8%)
    - I don’t think I need to see a doctor (13.2%)
    - I am not ready to talk about my health problem(s) (13.2%)

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 and interviews. 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 priorities.

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. The five health priorities identified through this process are:

1. Heart disease
2. Weight status
3. Diabetes
4. Cancer
5. Access to care

Heart Disease

Priority Definition

One of the HP2020 goals is to "improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; prevention of repeat cardiovascular events; and reduction in deaths from cardiovascular disease."

Key topics within this priority include:

- Modifiable risk factors
- Education
- Screening
- Early intervention
- Co-morbid conditions
- Access to quality clinical care

Qualitative Findings

COMMUNITY LEADER CONCERNS:

- High cholesterol levels
- Hypertension in the population
- Congestive heart failure
- Obesity as a risk factor
- Preventative healthcare services
- Smoking cessation

Quantitative Findings

Heart disease was the leading cause of death in Talladega County from 2013 to 2017

56.6% of health survey respondents indicated that heart disease and stroke are serious health problems

Of n=51 survey respondents, 80.4% had blood work completed, 72.5% had a blood pressure check, and 23.5% had a heart screening in the past year.

According to the Centers for Disease Control and Prevention, the death rate for all heart disease in adults aged 45-64 was higher in Talladega County (219.5 per 100,000 population) than in Alabama and the United States from 2014-2016. During the same time frame the population also had a higher stroke death rate when compared to state and national benchmarks.

54.7% of health survey respondents indicated that hypertension is a serious health problem

The leading modifiable risk factors for heart disease and stroke are: high blood pressure, high cholesterol, cigarette smoking, diabetes, unhealthy diet and physical activity, and overweight/obese status (HP2020).

In 2016, the percentage of adults in Talladega County who were current smokers was 20% (BRFSS).

Weight Status

Priority Definition

The HP2020 goals include to "promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights" and to "improve health, fitness, and quality of life through daily physical activity."

Key topics within this priority include:

- Food insecurity and hunger
- Access to healthy food
- Access to physical activity opportunities
- Knowledge, understanding, and skills
- Environmental risk factors
- Motivation for behavior change

Qualitative Findings

COMMUNITY LEADER CONCERNS:

- Food deserts and a lack of access to fresh fruits and vegetables
- Large proportion of school children on the supplemental lunch program
- Diabetes prevalence rates
- Lack of physical activity
- The built environment
- Financial barriers

Quantitative Findings

Of n=53 health survey respondents, 71.7% identified obesity as a serious health problem, making it the most frequently identified topic.

38.3% of individuals within the community were obese in 2017

The USDA's Food Environment Index for Talladega County was 6.8 in 2015-2016, which was better than the state benchmark. However, 17.2% of residents experienced food insecurity in 2017 according to Map the Meal Gap.

According to the CDC, 33.2% of adults in Talladega County reported no leisure time physical activity in 2015. This rate was worse than the state and national benchmarks. Within the county, 59.8% of residents had access to exercise opportunities, which was lower than the state (61.6%) and national (84.0%) averages.

"Among adults and older adults, physical activity can lower the risk of coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer, falls, and depression. Among children and adolescents, physical activity can improve bone health, reduce symptoms of depression, improve cognitive skills, and improve the ability to concentrate and pay attention. For people who are inactive, even small increases in physical activity are associated with health benefits." (HP2020)

Diabetes

Priority Definition

One of the HP2020 goals is to "reduce the disease burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for, DM."

Key topics within this priority include:

- Prevention
- Health education to improve self-management
- Nutrition
- Quality clinical care including case management and care coordination
- Support services for individuals with DM

Qualitative Findings

COMMUNITY LEADER CONCERNS:

- Many community leaders cited diabetes as a top health concern within the community
- Risk factors like obesity
- A lack of preventative care in general was a concern

Quantitative Findings

The diabetes death rate in Talladega County was 23.9 deaths per 100,000 population from 2013-17

14.3% of Talladega County residents had diabetes in 2016

HP2020 describes the four "transition points" in diabetes care and their accompanying opportunities for intervention:

1. Primaryprevention: Movement from no diabetes to diabetes
2. Testing and early diagnosis: Movement from unrecognized to recognized diabetes
3. Access to care for people with diabetes: Movement to having timely access to appropriate care
4. Quality of care: Movement to adequate care

54.7% Of health survey respondents (n=53) rated diabetes as a serious health problem

"African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans, Native Hawaiians, and other Pacific Islanders are at particularly high risk for the development of type 2 diabetes." (HP2020)

Of those surveyed (n=51), 39.2% indicated that they had received a blood sugar check in the past year.

Cancer

Priority Definition

One of the HP2020 goals is to "reduce the number of new cancer cases, as well as illness, disability, and death caused by cancer."

Key topics within this priority include:

- Understanding of risk factors
- Access to screenings and diagnostic tests
- Affordability of care
- Support services for patients and family members

Qualitative Findings

COMMUNITY LEADER CONCERNS:

- Multiple community leaders mentioned that cancer prevalence rates were concerning
- Dietary and other lifestyle-related risk factors, such as smoking

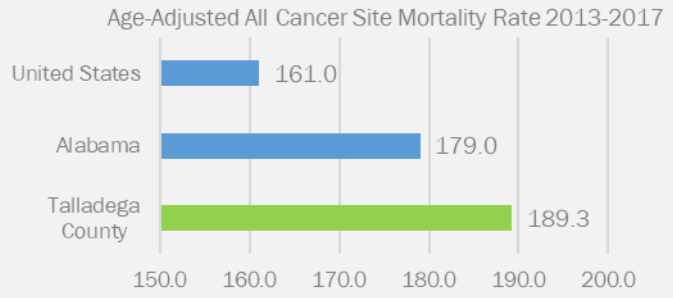
Quantitative Findings

Cancer was the second leading cause of death in Talladega County from 2013-2017

64.2% Of health survey respondents (n=53) rated cancer as a serious health problem

Within Talladega County, the portion of Medicare beneficiaries who received mammograms, prostate cancer screenings, and cervical cancer screenings was lower than the state's average screening rates in 2017. Of health respondents (n=51), 15.7% had a skin cancer screening and 13.7% had a colorectal exam/screening in the past year.

The county had higher lung cancer incidence and mortality rates than the state and the nation from 2013-2017.



Access to Care

Priority Definition

The Institute of Medicine previously defined access to care as “the timely use of personal health services to achieve the best health outcomes.”

Key topics within this priority include:

- Health insurance coverage
- Access to primary care and specialty care
- Affordability
- Transportation
- Cultural competency

Qualitative Findings

COMMUNITY LEADER CONCERNS:

- Many leaders cited access to care as a concern
- Health care services for low-income populations and those who face financial barriers but are unable to qualify for Medicaid
- Transportation was mentioned as a barrier by many
- A lack of specialists, especially obstetrics/gynecology providers, was noted by multiple leaders
- Decreased funding for local health departments
- Affordability of care, such as high insurance copays or deductibles, acts as a barrier to seeking care

Quantitative Findings

Of n=53 respondents, 35.8% were concerned with the availability of free health screenings while 34.0% indicated that a lack of health insurance was a serious social problem in the community

Health survey respondents mentioned difficulty getting time off work, the expense, and difficulty getting an appointment were all barriers that impact community members access.

10.2% **of Talladega County was uninsured from 2013-2017**

Talladega County had a lower rate of private health insurance coverage than Alabama and the United States from 2013-2017. Only 1.4% of children in Talladega County were uninsured during the same time period.

43.6% **of Talladega County received public insurance from 2013-17**

According to County Health Rankings, the physician-to-population ratio for primary care providers was 3,200 persons per 1 provider in Talladega County in 2018, which was more than double the ratio of 1,530:1 across the state of Alabama.

Resources

Hospital-based, community-based, and government-sponsored resources related to each of the health priorities are featured throughout the following pages.

Resources – Heart Disease

Citizens Baptist Medical Center is a fully accredited chest pain center by the Society of Cardiovascular Patient Care.

Cardiovascular Associates (CVA) provide clinical cardiology services at their outreach location in Talladega.

Quality of Life Health Services seeks to break down access barriers and provide care to help patients manage chronic illnesses. Quality of Life also provides behavioral health management screening, hypertensive management, and diabetic care.

Senior Activity Centers throughout the community host activities, volunteer opportunities, and access to health and nutritional information for older adults.

Resources – Weight Status

Citizens Baptist Medical Center continues to sponsor local physical activity and recreation events to increase the community's engagement in physical activity.

Sylacauga Alliance for Family Enhancement (SAFE) coordinates after school and summer meals for school-aged children throughout the county. The Sylacauga Grows project is a partnership between SAFE and the Slyacauga Housing Authority that promotes local community gardens and nutrition education.

Alabama Farmers Market Authority provides locally grown fresh fruits and vegetables from eligible farmers markets and roadside stands to low-income seniors and nutritionally at risk women and children.

Lincoln Food Pantry provides meals for residents in need of food assistance in the Lincoln/Talladega area.

Specific employer-funded health insurance plans for community members include free health coaching. The **Public Education Employees Health Insurance Plan** is one example.

Resources – Diabetes

Citizens Baptist Medical Center provides an on-site diabetes care clinic for the community at their Diabetes Education Center. The clinic provides patients with nutritional counseling and educational information.

The Balm in Gilead is a local faith-based initiative to improve health outcomes for individuals with pre-diabetes.

Quality of Life Health Services, located in Talladega, seeks to break down access barriers and provide care to help patients manage chronic illnesses including diabetes.

Resources – Cancer

Brookwood Baptist Medical Center and **Princeton Baptist Medical Center** are accredited by the American College of Surgeons Commission on Cancer for their commitment to providing comprehensive, high-quality, and multidisciplinary patient-centered care. Robotic minimally invasive surgeries, stereotactic radiosurgery treatments, and robotic bronchoscopy are just a few of the specialized procedures available to patients in the community.

Coosa Valley Regional Cancer Center provides cancer care to the people of Talladega County, utilizing state-of-the-art technology to provide medical and radiation oncology treatment. CVRCC is staffed by a board-certified radiation oncologist.

Ribbons of Hope Foundation provides financial assistance and support to families facing the cost of cancer treatment. The organization seeks to increase integration and coordination of quality services in cancer-related prevention, detection, treatment, survivorship, palliative care, and hospice services.

UAB Russell Medical Cancer Center is approximately 43 miles south of CBMC and offers screenings, comprehensive treatment, and other cancer-related services.

UAB O'Neal Comprehensive Cancer Center is an NCI designated center involved in cancer research. The center is located approximately 56 miles west of CBMC.

Resources – Access to Care

The Talladega County Health Department provides WIC programming, immunizations, family planning, an STD clinic, Medicaid enrollment assistance, and telehealth clinical services.

Alabama Medicaid Non-Emergency Transportation (NET) Program helps eligible recipients pay for rides to dental and doctor offices, hospitals, and other medical facilities when the service is also covered by Medicaid. Recipients with special ride needs for dialysis, radiation, or other treatments might also receive transportation.

Sylacauga Alliance for Family Enhancement (SAFE) provides case management services including assessment, individualized service plans, referrals, advocacy, navigation, and assistance accessing needed services.

The **SenioRx Program** and the **United Way** provide local residents with prescription assistance to lower the costs of medications.

Rural Relief Fund provides medicine, food, clothing, and other assistance to low income families with school-age children in North Talladega County. Funds are administered through the Talladega County Board of Education.

Samaritan House provides food, clothing, and financial assistance for utilities and medication for community members.

A number of local providers offer sliding fee-scale or flat fee services to improve the affordability of care for individuals without health insurance or those who are underinsured. **Sarrell Regional Dental and Eye Centers** provide vision and dental care for children with Medicaid coverage.

Community leaders mentioned how valuable **school nurses** are to the community as they help to bridge the gap to healthcare services for many families.

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Appendix A

Carnahan Group Qualifications

Carnahan Group is an independent healthcare technology and consulting firm that focuses on providing innovative and cost-effective compliance solutions to healthcare systems and organizations throughout the nation. Since 2002, 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. Our executive team has risen through the ranks of some of the world's largest healthcare systems and has firsthand knowledge of working within a hospital system undergoing federal scrutiny and under OIG Corporate Integrity Agreements. We have not spent our lives as consultants and are therefore acutely aware of the sensitivity surrounding the timeliness, the objectivity, and the correctness of strategic reports. Carnahan Group is dedicated to providing unsurpassed customer service and quality to our clients.

Appendix B

Community Leader Interview Organizations

Organization	Title	Organization Type or Population Represented
First Family Service Center	Director	Underserved, low-income, minority, and/or chronic disease populations
City of Talladega	City Manager	Local government
Talladega County Board of Education	Chief School Financial Officer	Academic institution
Talladega City Schools	Student Services Coordinator	Academic institution
City of Lincoln Library	Library Director	Non-profit
Talladega College	Registered Nurse	Clinical provider
Alabama Institute for Deaf and Blind	Birmingham Regional Center Director	Academic institution
N/A	Community Member	Community member
Talladega County Health Department	Public Health Nurse	Public health expert
Talladega Health & Rehab, Rehab Select	Administrator	Clinical provider

Appendix C

Community Health Survey

1. **Are you 18 years of age or older?** ☐ **Yes** ☐ **No**
2. **Which type of health insurance do you have?**
   - ☐ Medicare
   - ☐ Medicaid
   - ☐ Private insurance (ex. through your job)
   - ☐ I do not have health insurance
   - ☐ I don't know
3. **Do you have a smart phone?**
   - ☐ Yes ☐ No
4. **How would you rate your health in general (most days)?**
   - ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ I don't know
5. **Thinking about your community, how would you rate the overall health of community members?**
   - ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ I don't know
6. **Over the last 3 months (90 days), how many days have you missed work or other activities (ex. church, school) because you were sick or not feeling well?**
   - ☐ None
   - ☐ 1-5 days
   - ☐ 6-10 days
   - ☐ 11-15 days
   - ☐ 16-20 days
   - ☐ More than 30 days
7. **When you are sick or need health care, are you able to visit the doctor?**
   - ☐ Always ☐ Sometimes ☐ Rarely ☐ Never
8. **Is there anything that makes it hard for you to see a doctor when you are sick?** ***(Choose all that apply)***
   - ☐ It is too expensive
   - ☐ I don't think I need to see a doctor
   - ☐ I don't have health insurance
   - ☐ I am not ready to talk about my health problem(s)
   - ☐ I do not have transportation
   - ☐ The doctor is too far away
   - ☐ My culture or religious beliefs
   - ☐ I can't find a doctor who accepts my insurance
   - ☐ I can't get time off from work
   - ☐ Other _____
9. **When was your last physical exam (checkup, well visit) with a doctor?**
   - ☐ In the past year
   - ☐ Less than 2 years ago
   - ☐ Between 2-5 years ago
   - ☐ More than 5 years ago
   - ☐ I have never had a checkup or physical exam visit with my doctor

Community Health Survey (continued)

10. Have you had any of the following health services in the past year?
(Choose all that apply)

- ☐ Heart screening
- ☐ Dental appointment
- ☐ Blood work
- ☐ Skin cancer screening
- ☐ Blood sugar check
- ☐ Blood pressure check
- ☐ Mammogram (breast cancer screening – for females)
- ☐ Pap smear (cervical cancer screening – for females)
- ☐ Colon/rectal exam
- ☐ Prostate exam (for males)

11. Which of the following do you consider serious health problems in your community?
(Choose three)

- ☐ Alzheimer's Disease
- ☐ Cancer
- ☐ Tooth problems (dental health)
- ☐ Obesity
- ☐ Heart disease and stroke
- ☐ Suicide
- ☐ Diabetes
- ☐ Injuries
- ☐ Infectious diseases (ex. flu virus, hepatitis, tuberculosis)
- ☐ Mental health issues (ex. depression)
- ☐ Motor vehicle injuries
- ☐ High blood pressure
- ☐ Prenatal and infant health (ex. babies born underweight)
- ☐ Breathing problems (ex. asthma, COPD)
- ☐ Sexually transmitted diseases
- ☐ Violence
- ☐ Child abuse or neglect
- ☐ Substance abuse/addiction
- ☐ Other _____

12. Which of the following do you consider serious social problems in your community?
(Choose three)

- ☐ Poverty (low income)
- ☐ Not enough jobs in the area
- ☐ Overcrowded housing
- ☐ Homelessness
- ☐ Not enough education (ex. high school dropouts)
- ☐ Racism and discrimination
- ☐ No health insurance
- ☐ Not enough interesting activities for youth
- ☐ Crime
- ☐ Not enough healthy food
- ☐ Not enough childcare options
- ☐ Public transportation
- ☐ Not enough free or affordable health screenings (ex. tests for cancer or infectious diseases)
- ☐ Other _____

13. Which of the following do you consider important parts of healthy, thriving community?
(Choose all that apply)

- ☐ Safe worksites
- ☐ Affordable housing
- ☐ Good schools
- ☐ Access to healthy foods
- ☐ Diversity
- ☐ Parks and recreation
- ☐ Sanitation and public works
- ☐ Good jobs
- ☐ Low crime and violence
- ☐ Good healthcare
- ☐ Childcare
- ☐ Faith-based organizations (ex. churches)
- ☐ Services for the elderly
- ☐ Support organizations (ex. nonprofits)
- ☐ Other _____

Community Health Survey (continued)

1. **Your Home ZIP Code** _____
2. **Age:**
   - ☐ Under 18 ☐ 18-44 ☐ 45-64 ☐ 65+
3. **Gender:**
   - ☐ Male ☐ Female
4. **Race/Ethnicity (*Choose all that apply*)**
   - ☐ White
   - ☐ Black/African American
   - ☐ Hispanic
   - ☐ Asian/Pacific Islander
   - ☐ American Indian & Alaska Native
   - ☐ Other
5. **Household income last year:**
   - ☐ Under $15,000
   - ☐ $15,000 to $24,999
   - ☐ $25,000 to $34,999
   - ☐ $35,000 to $49,999
   - ☐ $50,000 to $74,999
   - ☐ $75,000 to $99,999
   - ☐ $100,000 to $149,999
   - ☐ $150,000 to $199,999
   - ☐ $200,000 and above
   - ☐ I don't know
6. **Which of the following best describes your employment status?**
   - ☐ Employed full-time
   - ☐ Employed part-time
   - ☐ Full-time student
   - ☐ Retired
   - ☐ Unemployed
   - ☐ Homemaker
   - ☐ Other _____
7. **Where do you go for information about health and wellness? *Check all that apply***
   - ☐ Doctors, nurses, and pharmacists in my community
   - ☐ Family and friends
   - ☐ Newspapers or magazines
   - ☐ Television or radio
   - ☐ Books
   - ☐ Social media (Facebook, Twitter, Instagram)
   - ☐ Internet (websites)
   - ☐ Hospital
   - ☐ Church
   - ☐ School or college
   - ☐ Health fairs
   - ☐ The health department
   - ☐ Your place of work
   - ☐ Other _____

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Thank you for the opportunity to serve Brookwood Baptist Health and Citizens Baptist Medical Center.
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