



# Community Health Needs Assessment

**CARNAHAN  
GROUP**

Strategic Healthcare Advisors

Phone: 813.289.2588  
info@carnahangroup.com  
5005 West Laurel Street  
Suite 204  
Tampa, FL 33607

[www.carnahangroup.com](http://www.carnahangroup.com)

Comments about this report can be sent to:  
Christopher Rester, Business Planning Specialist  
1130 22nd Street South  
Birmingham, AL 35205  
[Christopher.Rester@bhsala.com](mailto:Christopher.Rester@bhsala.com)

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# Walker Baptist Medical Center



## Walker Baptist Medical Center at a Glance

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Walker Baptist Medical Center (Walker) is well equipped to attend to the health and wellness of people in Jasper, AL and the Walker County community at large. Walker is the only hospital located in Walker County. The acute care facility is equipped with 267 beds and nearly 200 physicians on staff. Walker offers a full range of services to meet the diverse needs of patients, including state-of-the-art robotic surgical equipment, and a newly renovated cardiac catheterization lab. Walker offers a comprehensive psychiatric program, with both adult and geriatric units, as well as an outpatient geriatric day program. In partnership with Bradford Health Services, Walker offers a Medical Detoxification Unit, and recently invested in new technology to better detect Prostate Cancer.

# Community Overview

For the purposes of the CHNA report, WBMC chose Walker County and Winston 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 WBMC service area.

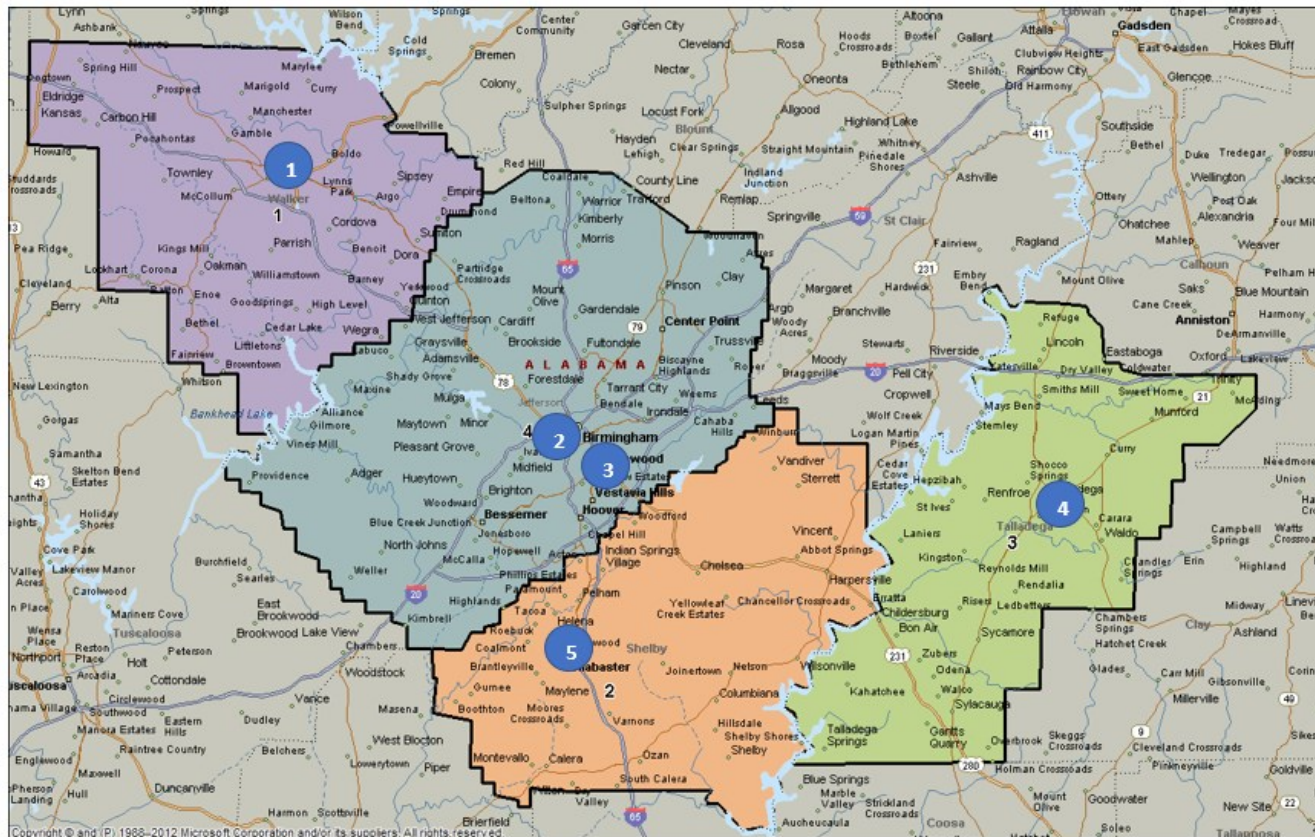


Sources: WBMC; Mapitude 2016

# Community Overview

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, WBMC 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 WBMC 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 WBMC collaborated, if applicable, including their qualifications;
- A description of how WBMC took into account input from persons who represented the broad interests of the community served by WBMC, 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 WBMC; 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 WBMC, 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 WBMC, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by WBMC; and,
- Consultation or input from other persons located in and/or serving WBMC'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 WBMC'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.

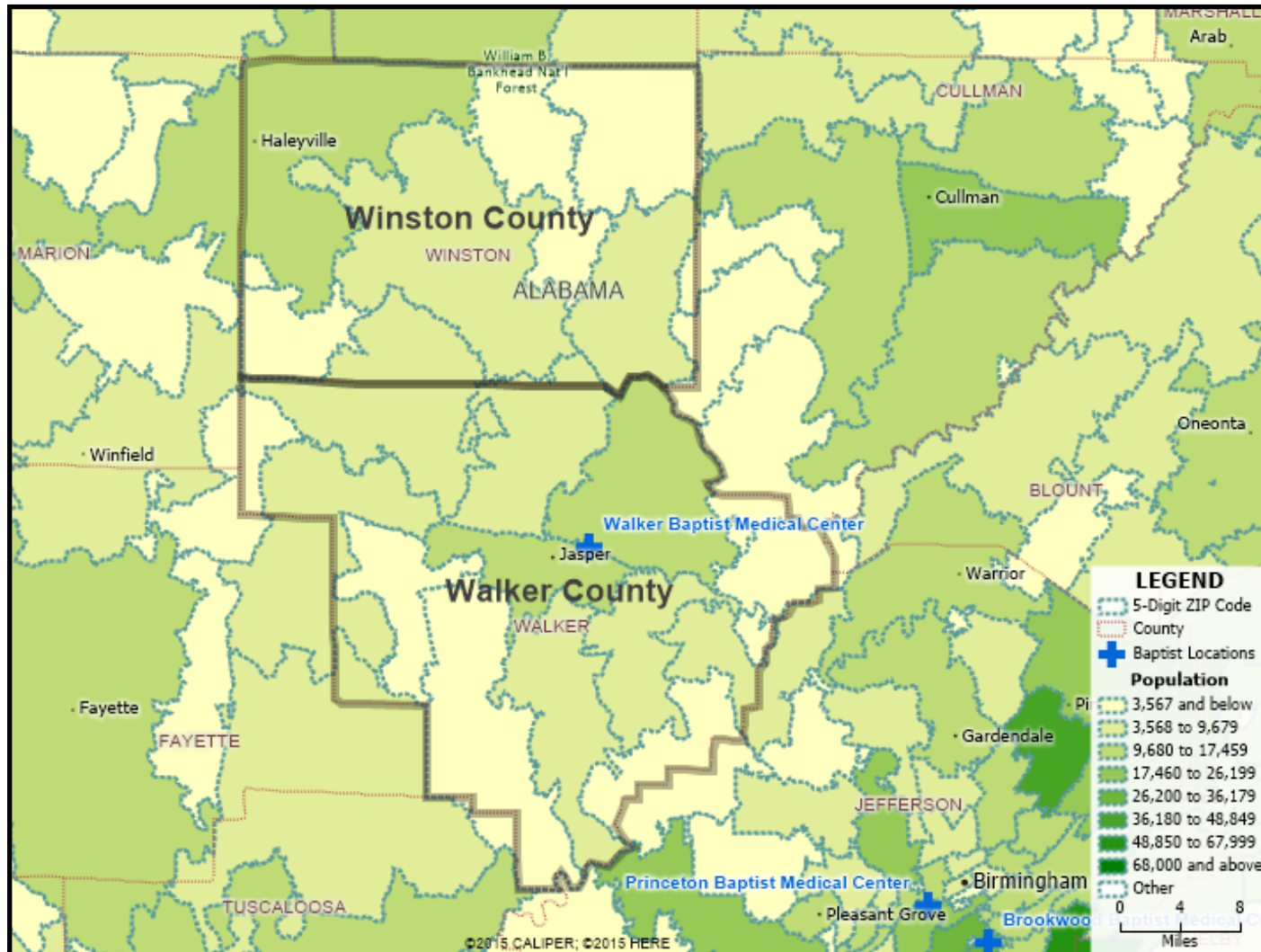
## Secondary Data Collection and Analysis Methodology

A variety of data sources were utilized to gather demographic and health indicators for the community served by WBMC. 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, Walker County and Winston County define the community for WBMC. Demographic and health indicators are presented at the county level and compared to state benchmarks.

# Demographics

## Population in Walker Baptist Medical Center's Community

Population Density by ZIP Code, 2015



Sources: Esri 2015; Maptitude 2016

# Population Change by ZIP Code

The estimated 2015 population in WBMC's community is 94,309 and is expected to grow by 0.5% 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
35504	Jasper	Walker	14,672	14,757	0.6%
35565	Haleyville	Winston	12,847	12,871	0.2%
35501	Jasper	Walker	9,955	9,944	-0.1%
35503	Jasper	Walker	8,140	8,046	-1.2%
35550	Cordova	Walker	5,839	5,801	-0.7%
35578	Nauvoo	Walker	5,781	5,772	-0.2%
35553	Double Springs	Winston	5,543	5,658	2.1%
35549	Carbon Hill	Walker	4,536	4,511	-0.6%
35580	Parrish	Walker	4,007	3,995	-0.3%
35063	Empire	Walker	3,727	3,762	0.9%
35579	Oakman	Walker	3,725	3,793	1.8%
35541	Arley	Winston	3,644	3,803	4.4%
35130	Quinton	Walker	3,276	3,380	3.2%
35148	Sumiton	Walker	2,724	2,783	2.2%
35540	Addison	Winston	2,410	2,411	0.0%
35575	Lynn	Winston	1,121	1,103	-1.6%
35572	Houston	Winston	992	991	-0.1%
35554	Eldridge	Walker	768	765	-0.4%
35587	Townley	Walker	601	606	0.8%
35584	Sipsey	Walker	1	1	0.0%
<b>Total</b>			<b>94,309</b>	<b>94,753</b>	<b>0.5%</b>

Source: Esri 2015

# Population Change by Age and Gender

Substantial population growth is expected among residents aged 65 and older (15.3%). Population declines are expected for children and young adults aged 0 through 19 (-1.4%), adults aged 20 through 44 (-6.4%), and adults aged 45 through 64 (-0.6%).

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	10,974	10,545	21,519	10,857	10,360	21,217	-1.1%	-1.8%	-1.4%
Age 20 through 44	14,089	13,786	27,875	13,125	12,974	26,099	-6.8%	-5.9%	-6.4%
Age 45 through 64	13,583	13,757	27,340	13,621	13,553	27,174	0.3%	-1.5%	-0.6%
Age 65 and older	7,724	9,851	17,575	9,170	11,093	20,263	18.7%	12.6%	15.3%
<b>Total</b>	<b>46,370</b>	<b>47,939</b>	<b>94,309</b>	<b>46,773</b>	<b>47,980</b>	<b>94,753</b>	<b>0.9%</b>	<b>0.1%</b>	<b>0.5%</b>

Source: Esri 2015

# Population by Race and Ethnicity

Substantial population growth is expected for Hispanics (24.7%), individuals of two or more races (15.6%), and Asian/Pacific Islanders (19.9%). Moderate growth is expected for black/African Americans (9.7%) and other races (9.5%), while the white population is expected to decline slightly (-1.0%).

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

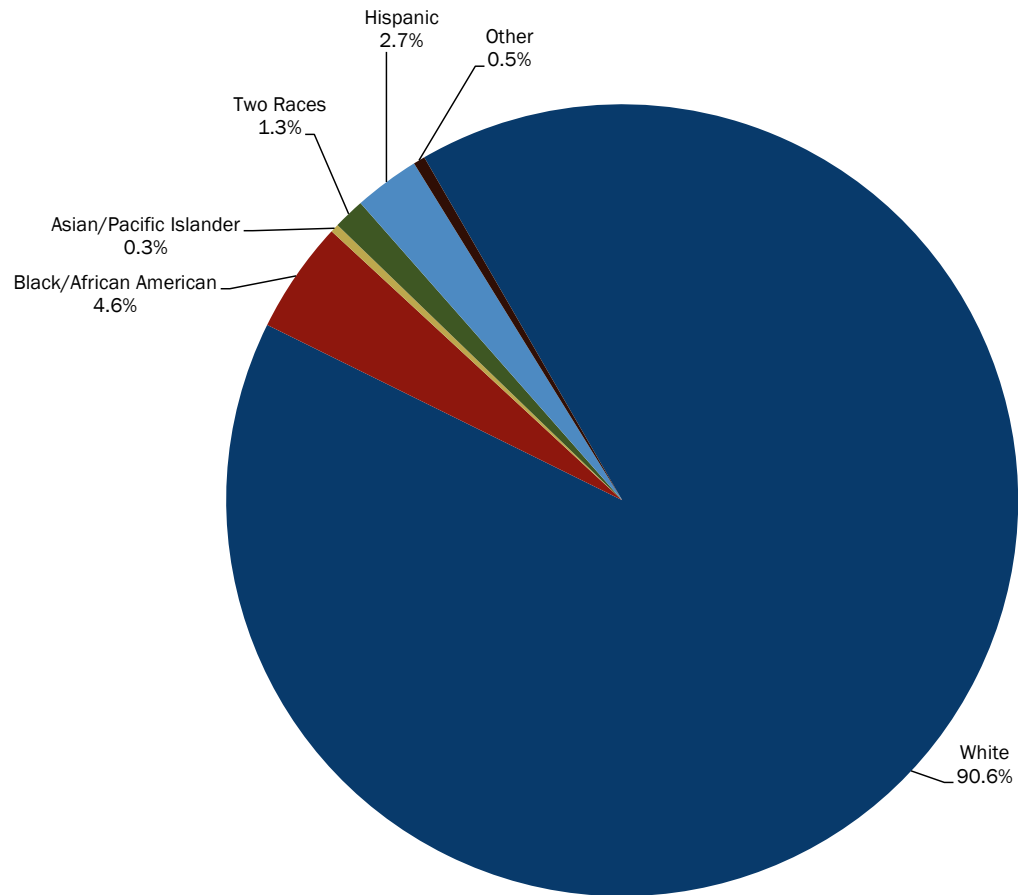
Race/Ethnicity	2015	2020	Percent Change
White	85,475	84,598	-1.0%
Black/African American	4,322	4,743	9.7%
Asian/Pacific Islander	324	369	13.9%
Two Races	1,208	1,396	15.6%
Hispanic	2,529	3,153	24.7%
Other	451	494	9.5%

Source: Esri 2015

# Race/Ethnic Composition

The most common race/ethnicity in WBMC's community is white (90.6%) followed by black/African American (4.6%), Hispanic (2.7%), individuals of two or more races (1.3%), other races (0.5%), and Asian/Pacific Islanders (0.3%)

### Race/Ethnic Composition 2015



Source: Esri 2016



# Socioeconomic Characteristics

According to the U.S. Bureau of Labor Statistics, the 2014 annual unemployment rate for Walker County (6.5%) was similar to that of Alabama (6.8%), while the rate in Winston County (7.5%) was higher.

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 Walker County (\$36,712) and in Winston County (\$34,064) were significantly lower than in Alabama (\$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 residents of Walker County and Winston County are more likely to live in poverty (23.0% and 22.4%, respectively) compared to all Alabama residents (18.9%). Children in both counties are also more likely to be living below the poverty level (33.2% in Walker County and 37.5% in Winston County) compared to all children in Alabama (27.5%).

Socioeconomic Characteristics

	Walker County	Winston County	Alabama
Unemployment Rate, 2014 annual average <sup>1</sup>	6.5%	7.5%	<b>6.8%</b>
Median Household Income <sup>2</sup>	\$36,712	\$34,064	<b>\$43,511</b>
Individuals Below Poverty Level <sup>2</sup>	23.0%	22.4%	<b>18.9%</b>
Children Below Poverty Level <sup>2</sup>	33.2%	37.5%	<b>27.5%</b>

<sup>1</sup>Source: Bureau of Labor Statistics

<sup>2</sup>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. Walker County and Winston County residents aged 25 and older are less likely to be college educated compared to all Alabama residents (see table).

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

	Walker County	Winston County	Alabama
Less than a high school degree	22.9%	26.2%	<b>16.3%</b>
High school degree or equivalent	35.2%	33.3%	<b>31.1%</b>
Some college	23.5%	21.4%	<b>22.0%</b>
Bachelor's degree	6.7%	7.0%	<b>14.5%</b>
Graduate or professional degree	4.0%	4.1%	<b>8.6%</b>

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 Walker County and Winston County students were substantially more likely to be approved for free or reduced lunch (65.3% and 60.4%, respectively) compared to all students in Alabama (52.5%). The four-year dropout rates for Walker County and Winston County (5.6% and 6.4%, respectively) are above the Alabama rate (4.8%). Students in Walker County are less likely to graduate (83.6%) than all Alabama students (89.0%). Students in Winston County are almost as likely to graduate from high school (87.7%) as all Alabama students.

Select Education Indicators

	Walker County	Winston County	Alabama
Students approved for free or reduced lunch <sup>1</sup>	65.3%	60.4%	<b>52.5%</b>
Four-year dropout rate <sup>1</sup>	5.6%	6.4%	<b>4.8%</b>
High school graduation rate <sup>2</sup>	83.6%	87.7%	<b>89.0%</b>

<sup>1</sup>Source: Alabama State Department of Education, 2014-2015

<sup>2</sup>Source: Kids Count Data Center, 2013

# Crime Rates

According to the Alabama Criminal Justice Information System, in 2014 Walker County had lower rates of homicide and robbery compared to the state of Alabama (see table), but higher rates of rape and assault. In 2014, Winston County had lower rates of rape compared to the state, and a significantly lower assault rate in comparison to Alabama (see table). Winston County did not report any homicides or robberies in 2014.

Violent Crime Rates, 2014

	Walker County	Winston County	Alabama
Homicide	4.6	0.0	5.6
Rape	49.2	30.0	39.0
Assault	293.8	60.0	267.8
Robbery	53.8	0.0	92.4

Source: Alabama Criminal Justice Information System, 2014

# Mortality Indicators

The ADPH 2013 County Health Profile for Walker County reported that its residents have a lower life expectancy at birth (71.1 years) compared to Alabama (75.6 years). Winston County residents' life expectancy at birth is also lower (72.5 years) as compared to Alabama. The death rate in Walker County (15.2 per 1,000) and in Winston County (13.0 per 1,000) are above Alabama's (10.4 per 1,000).

Mortality Indicators

	Walker County	Winston County	Alabama
Life expectancy at birth in years	71.1	72.5	75.6
Death rate (per 1,000 population)	15.2	13.0	10.4

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

Among individuals aged 0-14, mortality rates in Walker County and Alabama are identical (0.8 per 1,000). Walker County has higher mortality rates for individuals in all the other age groups (see table below). The mortality rate for age groups 0-14, 15-44, and 45-64 are slightly higher in Winston County in comparison to Alabama's, but the rates for all other age groups were slightly lower (see table below).

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

	Walker County	Winston County	Alabama
0 - 14 years old	0.8	1.2	0.8
15 - 44 years old	3.4	2.9	1.7
45 - 64 years old	11.8	10.2	8.9
65 - 84 years old	44.6	33.8	34.7
85 years and older	205.9	153.0	153.4

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

# Leading Causes of Death

Heart disease and cancer are the two leading causes of death in Walker County, Winston County, and in Alabama. Heart disease and cancer mortality rates are significantly higher in Walker County (401.5 per 100,000 and 300.0 per 100,000, respectively) than in Alabama (257.6 per 100,000 and 213.7 per 100,000, respectively). Winston County’s mortality rates for heart disease (285.8 per 100,000) and cancer (215.4 per 100,000) are also above Alabama’s rates. Chronic lower respiratory disease (CLRD), accidents, and stroke are among the top five leading causes of death in Walker County, Winston County, and Alabama. The CLRD mortality rates in Walker County (110.6 per 100,000) and in Winston County (111.8 per 100,000) are almost double the Alabama rate (62.9 per 100,000). Accident mortality in Walker County (115.2 per 100,000) is more than double the Alabama rate (47.6 per 100,000). Winston County also has a substantially higher accident mortality rate (78.7 per 100,000) as compared to Alabama. Stroke mortality is higher in both Walker County (63.6 per 100,000) and in Winston County (91.1 per 100,000) compared to Alabama (53.6 per 100,000). Other leading causes of death in Walker County and Winston County include diabetes, Alzheimer’s disease, influenza and pneumonia, suicide, and homicide. It is important to note that diabetes mortality rates in both counties are noticeably higher than in Alabama, and Winston County’s suicide rates are well above those of Walker County and Alabama (see table below).

Leading Causes of Death

	Walker County	Winston County	Alabama
Heart disease	401.5	285.8	257.6
Cancer	300.0	215.4	213.7
Chronic lower respiratory disease	110.6	111.8	62.9
Accidents	115.2	78.7	47.6
Stroke	63.6	91.1	53.6
Alzheimer's disease	19.7	20.7	28.9
Diabetes	45.5	45.6	27.8
Influenza and pneumonia	16.7	24.8	21.4
Suicide	15.2	37.3	14.9
Homicide	6.1	12.4	8.7
HIV	0.0	0.0	2.5

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

# Cardiovascular Outcomes

Residents aged 65 and older in Walker County are significantly more likely to die from heart disease (1,843.9 per 100,000) compared to all Alabama residents (1,357.6 per 100,000), while Winston County residents aged 65 and older are slightly more likely (1,378.8 per 100,000). Blacks are less likely to die from heart disease (1,259.4 per 100,000) compared to whites (1,863.1 per 100,000) in Walker County, but more likely in Winston County (1,609.1 per 100,000 for blacks, in comparison to 1,392.6 per 100,000 for whites). Males in Walker County, Winston 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

	Walker County	Winston County	Alabama
Heart Disease, All	1,843.9	1,378.8	<b>1,357.6</b>
Heart Disease, White (Non-Hispanic)	1,863.1	1,392.6	<b>1,359.9</b>
Heart Disease, Black (Non-Hispanic)	1,259.4	1,609.1	<b>1,430.0</b>
Heart Disease, Male	2,045.0	1,692.1	<b>1,631.1</b>
Heart Disease, Female	1,658.5	1,299.1	<b>1,162.9</b>

Source: Centers for Disease Control and Prevention

Deaths from acute myocardial infarctions, commonly known as heart attacks, are less common in Winston County than in Alabama, but more common in Walker County. The overall heart attack mortality rate for residents 65 and older in Winston County (180.6 per 100,000) is lower than in Alabama (213.6 per 100,000), while the incidence in Walker County (235.3 per 100,000) is higher. In Walker County, whites are more likely to die from heart attacks than blacks. Males in Walker County, Winston County, and Alabama are 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

	Walker County	Winston County	Alabama
Heart Attack, All	235.3	180.6	<b>213.6</b>
Heart Attack, White (Non-Hispanic)	237.6	184.5	<b>212.0</b>
Heart Attack, Black (Non-Hispanic)	185.3	*	<b>233.5</b>
Heart Attack, Male	273.2	222.9	<b>268.4</b>
Heart Attack, Female	197.9	200.1	<b>173.1</b>

Source: Centers for Disease Control and Prevention

\*Insufficient data

## Cardiovascular Outcomes (continued)

Walker County and Winston County residents ages 65 and older are less likely to die from a stroke (303.5 per 100,000 and 284.6 per 100,000) than all residents in Alabama (317.7 per 100,000). Blacks in Walker County and Alabama are substantially more likely to die from a stroke compared to white residents (see table below). Stroke mortality is more common among men in Walker County, Winston County, and Alabama compared to women (see table below).

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

	Walker County	Winston County	Alabama
Stroke, All	303.5	284.6	<b>317.7</b>
Stroke, White (Non-Hispanic)	294.4	269.1	<b>311.1</b>
Stroke, Black (Non-Hispanic)	387.6	*	<b>364.4</b>
Stroke, Male	347.7	331.3	<b>318.3</b>
Stroke, Female	278.1	275.4	<b>312.9</b>

Source: Centers for Disease Control and Prevention

\*Insufficient data

Hypertension mortality rates among persons aged 65 and older in Walker County (518.0 per 100,000) and Winston County (469.9 per 100,000) are lower than Alabama's (614.2 per 100,000). Blacks in Walker County, Winston County, and Alabama are substantially more likely to die from hypertension compared to whites (see table). Men in both counties and Alabama are substantially more likely to die

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

	Walker County	Winston County	Alabama
Hypertension, All	518.0	469.9	<b>614.2</b>
Hypertension, White (Non-Hispanic)	500.5	466.1	<b>559.3</b>
Hypertension, Black (Non-Hispanic)	851.5	599.2	<b>899.3</b>
Hypertension, Male	566.4	635.1	<b>648.6</b>
Hypertension, Female	497.3	388.8	<b>581.1</b>

Source: Centers for Disease Control and Prevention

# Cancer Incidence

Total cancer incidence is higher in Walker County (495.0 per 100,000) than in Alabama (461.1 per 100,000) and the United States (453.8 per 100,000), while total cancer incidence in Winston County (454.6 per 100,000) is lower than in Alabama and similar to the one of the United States.

Lung and bronchus cancer incidence rates in Walker County (98.8 per 100,000 population) and in Winston County (97.4 per 100,000) are higher than in Alabama (73.4 per 100,000 population) and higher than the United States (63.7 per 100,000 population).

Breast cancer incidence in Walker County (105.2 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). Breast cancer incidence in Winston County (117.3 per 100,000 females) is similar the one of Alabama and lower than the one of Unites States.

Prostate cancer incidence is lower in Walker County (136.4 per 100,000 males) than in Alabama (146.1 per 100,000 males) but slightly higher than in the United States (131.7 per 100,000 males). In Winston County, the prostate cancer incidence (103.5 per 100,000 males) is lower in comparison to the state and the country.

The cervical cancer incidence rates in Walker County (13.7 per 100,000 females) is higher than in Alabama (8.5 per 100,000 females) and in the United States (7.7 per 100,000 females). Winston County did not provide any public data.

Select Cancer Incidence Rates, 2008-2012

	Walker County	Winston County	Alabama	United States
Total cancer <sup>1</sup>	495.0	454.6	461.1	453.8
Lung and bronchus <sup>1</sup>	98.8	97.4	73.4	63.7
Breast <sup>2</sup>	105.2	117.3	119.5	123.0
Prostate <sup>3</sup>	136.4	103.5	146.1	131.7
Cervical <sup>2</sup>	13.7	*	8.5	7.7

Source: National Cancer Institute, State Cancer Profiles

<sup>1</sup>Rates are per 100,000 population

<sup>2</sup>Rates are per 100,000 females

<sup>3</sup>Rates are per 100,000 males

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



# Cancer Mortality

Total cancer mortality rates in Walker County (231.4 per 100,000) and Walker County (213.8 per 100,000) are substantially higher than in Alabama (191.2 per 100,000) and in the United States (171.2 per 100,000).

The lung and bronchus cancer mortality rates in Walker County (77.8 per 100,000) and in Winston County (76.0 per 100,000) are similar, but both are fairly higher than the rate in Alabama (58.1 per 100,000) and the United States (47.2 per 100,000).

Breast cancer mortality in Walker County (21.0 per 100,000 females) is similar to Alabama's (22.6 per 100,000 females) and to the United States' (21.9 per 100,000), and slightly lower than in Winston County (23.4 per 100,000 females).

The prostate cancer mortality rate in Walker County (28.5 per 100,000 males) is higher than Alabama's (26.4 per 100,000 males) and the United States' rate (21.4 per 100,000 males). Residents in Winston County are also more likely to die from prostate cancer (29.7 per 100,000 males) in comparison to the state and the country.

Cervical cancer mortality rates for Walker County or Winston County were not provided.

Select Cancer Mortality Rates, 2008-2012

	Walker County	Winston County	Alabama	United States
Total cancer <sup>1</sup>	231.4	213.8	191.2	171.2
Lung and bronchus <sup>1</sup>	77.8	76.0	58.1	47.2
Breast <sup>2</sup>	21.0	23.4	22.6	21.9
Prostate <sup>3</sup>	28.5	29.7	26.4	21.4
Cervical <sup>2</sup>	*	*	3.0	2.3

Source: National Cancer Institute, State Cancer Profiles

<sup>1</sup>Rates are per 100,000 population

<sup>2</sup>Rates are per 100,000 females

<sup>3</sup>Rates 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 Walker County are more likely to be diagnosed with Diabetes (14.4%) when compared to adults in Alabama (12.5%) and adults in the United States (9.2%). While adults in Winston County are less likely to be diagnosed with diabetes (10.8%) when compared to adults in Alabama (12.5%), adults in Winston County are more likely to be diagnosed with diabetes when compared to adults in the United States (9.2%).

Males in Walker County are more likely to be diagnosed with diabetes when compared to males in Alabama and the United States (see Table). While males in Winston County are less likely to be diagnosed with diabetes when compared to males in Alabama, males in Winston County are more likely to be diagnosed with diabetes when compared to males in the United States (see Table).

Females in Walker County are more likely to be diagnosed with diabetes when compared to females in Alabama and the United States. While females in Winston County are less likely to be diagnosed with diabetes compared to females in Alabama, females in Winston County are more likely to be diagnosed with diabetes when compared to females in the United States.

Diagnosed Diabetes, 2013

	Walker County	Winston County	Alabama	United States
Population with Diagnosed Diabetes*	14.4%	10.8%	12.5%	9.2%
Percent Males with Diabetes*	15.4%	12.0%	13.1%	9.8%
Percent Females with Diabetes*	13.5%	9.8%	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

# Reported Health Status, Risk Factors, and Behaviors

An adult with a body mass index of 30 or higher is considered obese. Adults in Walker County are as likely to report being obese (33.0%) compared to all Alabama adults (33.1%). Winston County adults are less likely to report being obese (28.7%).

Adults in Walker County are more likely to have been diagnosed with diabetes (13.4%) compared to all Alabama adults (11.1%), while Winston County adults are less likely to have been diagnosed (10.1%).

Physical inactivity in this report is defined as “not participating in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise” in the past month. Adults in Walker County and in Winston County are more likely to be physically inactive (32.5% and 29.0%, respectively), compared to all Alabama adults (27.1%).

Reported Health Status, Risk Factors, and Behaviors, 2012

	Walker County	Winston County	Alabama
Adult obesity	33.0%	28.7%	33.1%
Diagnosed diabetes	13.4%	10.1%	11.1%
Physical inactivity	32.5%	29.0%	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. While adults in Walker County (33.3%) and Winston County (30.2%) have lower percentages of Obesity when compared to the state percentage (34.0%), the county rates are higher than the Obesity rate in the United States (27.5%).

Males in Walker County are less likely to be considered Obese when compared to males in Alabama, however males in Walker County are more likely to be considered Obese when compared to all males in the United States (see Table). Males in Winston County are more likely to be considered Obese when compared to males in Alabama and males in the United States (see Table).

Females in Walker County are less likely to be considered obese when compared to females in Alabama, however females in Walker County are more likely to be considered obese when compared to females in the United States (see Table). Females in Winston County are less likely to be considered obese when compared to females in Alabama, however females in Winston County are more likely to be considered Obese when compared to females in the United States (see Table).

Percentage of Adults with BMI > 30.0, 2013

	Walker County	Winston County	Alabama	United States
Percent Adults with BMI > 30.0 (Obese)*	33.3%	30.2%	34.0%	27.5%
Percent Males Obese*	31.6%	33.9%	33.2%	27.9%
Percent Females Obese*	32.7%	28.9%	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

# Communicable Diseases

Data on reported communicable diseases are available through the ADPH. Reported HIV incidence in Walker County (1.5 per 100,000) and Winston County (none reported) are minimal compared to Alabama (13.5 per 100,000). Similarly, both counties have lower chlamydia incidence rates (494.0 per 100,000 in Walker County and 223.6 per 100,000 in Winston County) compared to Alabama (613.3 per 100,000). The gonorrhea and syphilis incidence rates in Walker County and Winston County were much lower than Alabama's (see table). There were no reported tuberculosis cases in either county, while the state rate is 2.2 per 100,000.

Communicable Disease Incidence Rates

	Walker County	Winston County	Alabama
HIV	1.5	0.0	<b>13.5</b>
Chlamydia	494.0	223.6	<b>613.3</b>
Gonorrhea	45.5	12.4	<b>173.2</b>
Syphilis	10.6	0.0	<b>13.8</b>
Tuberculosis	0.0	0.0	<b>2.2</b>

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

Rates are per 100,000 population

# 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 Walker County are more likely to be diagnosed with depression (18.3%) when compared to adults with Medicare in Alabama (14.8%), and the United States (16.2%). Adults with Medicare in Winston County are more likely to be diagnosed with depression (16.4%) when compared to adults with Medicare in Alabama (14.8%) and in the United States (16.2%).

Medicare Population with Depression, 2014

	Walker County	Winston County	Alabama	United States
Percent of Medicare Population with Depression	18.3%	16.4%	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 Walker County (44.2 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). The rate of mental health care providers in Winston County (8.2 per 100,000 population) is significantly lower than the rate of mental health care providers in Alabama (84.7 per 100,000 population) and the rate in the United States (202.8 per 100,000 population).

Mental Health Care Provider Rate, 2016

	Walker County	Winston County	Alabama	United States
Mental Health Care Provider Rate*	44.2	8.2	84.7	202.8

Source: County Health Rankings, 2016

\* 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 rates in Walker County (11.8 per 1,000) and Alabama (12.0 per 1,000) are similar, while Winston County's birth rate is slightly lower (10.1 per 1,000). The teen birth rate is defined as the number of births per 1,000 persons aged 10-19. Teen births are more common in Walker County (23.5 per 1,000) and in Winston County (22.5 per 1,000) than in Alabama (17.4 per 1,000).

Women in Walker County and Winston County are more likely to receive prenatal care in the first trimester (84.8% and 86.9%, respectively) 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 who receive adequate prenatal care is higher in Walker County (88.2%) and in Winston County (90.5%) than in Alabama (76.2%). Similarly, women in Walker County and in Winston County are less likely to receive inadequate care compared to women in Alabama (see table below).

Low birthweight is defined as less than 2,500 grams (5 lbs 8oz). Low birthweight births are slightly more likely to occur in Walker County (11.3%) and in Winston County (10.2%) than in Alabama (10.0%). Teen women in Walker County and Winston County were as likely to have low birthweight babies (10.6%) as teen women in Alabama (10.4%), while teen women in Winston County are more likely to have low birthweight births (14.7%).

The infant mortality rates in both counties (10.3 per 1,000 in Walker County and 12.3 per 1,000 in Winston County) are higher than in Alabama (8.6 per 1,000).

Maternal and Child Health Indicators, 2013

	Walker County	Winston County	Alabama
Birth rate (per 1,000 population)	11.8	10.1	12.0
Teen birth rate (per 1,000 population aged 10-19 years)	23.5	22.5	17.4
Women receiving prenatal care in first trimester	84.8%	86.9%	80.6%
Women receiving adequate prenatal care	88.2%	90.5%	76.2%
Women receiving inadequate care	9.4%	6.6%	12.8%
Low weight births*	11.3%	10.2%	10.0%
Low weight births to teen women (10-19 years old)	10.6%	14.7%	10.4%
Infant mortality rate (per 1,000 births)	10.3	12.3	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, Walker County residents and Winston County residents are as likely to have health insurance coverage (85.5% and 85.6%, respectively) as all Alabama residents (86.5%).

Private insurance coverage is more common among Alabama residents (65.4%) than residents of Walker County (61.3%) or Winston County (58.1%). Public insurance coverage is slightly more common among Winston County residents (40.2%) and residents of Walker County (42.7%) than all Alabama residents (33.9%)

Residents in Walker County are slightly more likely to be uninsured (14.5%) compared to all Alabama residents (13.5%), while children in Walker County are less likely to be uninsured (4.2%) compared to all children in Alabama (4.6%). Winston County residents are more likely to be uninsured (14.4%) compared to all Alabama residents, while children in Winston County are less likely to be uninsured (2.1%) compared to all children in Alabama.

Health Insurance Coverage, 2010-2014

	Walker County	Winston County	Alabama
Health insurance coverage	85.5%	85.6%	<b>86.5%</b>
Private insurance	61.3%	58.1%	<b>65.4%</b>
Public coverage	40.2%	42.7%	<b>33.9%</b>
No health insurance coverage	14.5%	14.4%	<b>13.5%</b>
No health insurance coverage (Children)	4.2%	2.1%	<b>4.6%</b>

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

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Substance abuse and cancer are top concerns in both Walker and Winston Counties. Both populations are unsatisfied with their local hospital's ability to deal with cancer. Respondents requested more oncology doctors in the area, as well as fundraising events to help families pay for cancer treatments. Respondents in both counties feel that the cancer situation has been improving over time. Walker County has higher satisfaction regarding their local hospital's ability to deal with substance abuse (53.8%) compared to Winston County (45.5%). Some responses to improve substance abuse include increasing law enforcement, education, and opening new rehabilitation centers. One respondent commented that there are more resources available to help women recover than there are for men. Both counties feel that the substance abuse situation is improving over time.

Obesity/overweight is a top concern in Walker County where the majority of respondents were unsatisfied with their local hospital's ability to handle the situation. Some suggestions to improve the situation included healthier school lunches for children as well as more education. The majority of respondents believed that the obesity/overweight situation was improving. In Winston County heart disease was a top concern, though the majority of respondents were both satisfied with their local hospital's ability to deal with the situation and believed the situation was improving over time.

# Community Health Priorities

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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 WBMC, 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.

Walker 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 six health priorities identified through the CHNA are: cardiovascular disease, cancer, diabetes, obesity, mental health, and substance abuse.

## Cardiovascular Disease

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- Heart disease is the leading cause of death in Walker County and Winston County, with mortality rates above the statewide rate.
- Stroke mortality rates in Walker County and Winston County are higher than the statewide rate.
- Walker County adults are more likely to report being obese, being diagnosed with diabetes, and being physically inactive.
- Cardiovascular disease was one of the most commonly mentioned health concerns among community leaders.
- Multiple community leaders discussed nutrition programs and education as methods for improving health in the community.
- Heart disease was the fourth most commonly mentioned health concern by Walker County phone survey respondents and the third most commonly mentioned health concern in Winston County phone survey respondents.

## Cancer

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- Cancer is the second leading cause of death in Walker County and Winston County. The mortality rate in Walker County is substantially higher than the statewide rate.
- The lung and bronchus cancer incidence and mortality rates are substantially higher than the state and national rates.
- Cancer was the second most commonly mentioned health concern by Walker County phone survey respondents; one in five identified cancer as their primary health concern.
- Approximately two-thirds of Walker County phone survey respondents are unsatisfied with their local hospital's ability to deal with cancer.
- Cancer was the second most commonly mentioned health concern by Winston County phone survey respondents; approximately one in four identified cancer as their primary health concern.
- More than two-thirds of Winston County phone survey respondents are unsatisfied with their local hospital's ability to deal with cancer.

## Diabetes

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- Adults in Walker and Winston Counties are more likely to be diagnosed with diabetes when compared to adults in the United States.
- Males in Walker County are moderately more likely to be diagnosed with diabetes when compared to males in the United States.
- During community phone surveys, diabetes was the fifth most mentioned health concern by community members.

## Obesity

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- Walker County adults who participated in the BRFSS survey were more likely to report being obese and physically inactive compared to all Alabama adults.
- Adults in Walker and Winston Counties have higher rates of reported obesity when compared to adults in the United States.
- Obesity/overweight was the third most commonly mentioned health concern by Walker County phone survey respondents.
- 60.0% of Walker County phone survey respondents are unsatisfied with their local hospital's ability to deal with obesity/overweight.
- Obesity/overweight was the fourth most commonly mentioned health concern by Winston County phone survey respondents.

## Mental Health

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- Adults with Medicare Insurance in Walker and Winston Counties are more likely to be diagnosed with depression when compared to adults with Medicare Insurance in Alabama and the United States.
- The rates of mental healthcare providers in Walker and Winston Counties are significantly lower than the rates of mental health care providers in Alabama and the United States.
- Community Leaders expressed a need for more mental health resources in both counties.

## Substance Abuse

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- Community leaders mentioned drug overdoses as a primary health concern.
- Community leaders mentioned informing the community about the importance of staying drug free as a way to improve the health of the people served by the hospital.
- Substance abuse was mentioned by two-thirds of Walker County phone survey respondents as a health concern in the community; more than half identified it as their primary health concern.
- Substance abuse was the most commonly mentioned health concern by Winston County phone survey respondents.
- More than half of Winston County phone survey respondents are unsatisfied with the hospital's ability to deal with substance abuse.

# Resources

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## Cardiovascular Disease

The American Heart Association sponsors The Walker County Heart Walk every year to bring awareness to the Walker County community about cardiovascular issues. Beyond bringing awareness to the community, the Heart Walk is “designed to promote physical activity and heart healthy living.”

Walker Baptist Medical Center has several programs dedicated to improving the overall health in the community. One of the ways the hospital does this is by the Be Well – Workforce Wellness Program. This is a physician led program that screens hospital employees and partners to determine the risk factors to prevent chronic disease: tobacco use, diabetes, high blood pressure, high cholesterol, excess weight, and physical inactivity. Beyond the screening, the program also allows for personalized solutions and health care based on the assessment.

## Resources (continued)

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### Cancer

Walker Cancer Center, located in the city of Jasper, provides full service treatment including intensity-modulated radiation therapy (IMRT), image-guided radiation therapy (IGRT), chemotherapy, and hematology. It has Financial Counselors on staff, and focuses on helping those in financial need through its Angel Fund.

The American Cancer Society hosts a Relay for Life walk every year in Jasper. The Relay for Life event is the “world’s largest and most impactful fundraising event to end cancer.” This event supports fundraising efforts, bringing awareness to cancer, and physical activity ; this is a widely attended event nationwide.

The American Cancer Society also provides lodging to help Walker County cancer patients access potentially life saving treatments. This also takes some of the pressure off of families to be able to afford lodging while receiving treatments.

The University of Alabama at Birmingham’s Comprehensive Cancer Center is located about 35 miles from Walker and Winston Counties and is the only “NCI-designated comprehensive cancer center located in a six state area”. The center is focused on improving cancer prevention, diagnosis, and treatment. The center has more than 330 physicians and researchers and treats an estimated 5,000 new patients each year.

The Susan G. Komen organization has donated millions of dollars since 1982 to the Comprehensive Care Center, and the North Central Alabama chapter issues a community profile report that focuses on issues specific to Walker and Winston Counties.

## Resources (continued)

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### Diabetes

Brookwood Baptist Health is taking an initiative in educating the community on Diabetes with its accredited course, Diabetes Self-Management Education. Participants learn about the disease and how to manage it through nutrition, exercise, and other helpful tips. Potential participants can reach out to their doctor for a referral, which will lead to the development of a specialized plan followed by group classes at Walker Baptist Medical Center.

Additional resources for diabetes and education are offered throughout the city of Jasper, Alabama. For example, English Plaza Pharmacy offers diabetic supplies and education, in some cases free to the public, for the community.

The American Diabetes Association, in conjunction with the state of Alabama, will have a diabetes awareness day in March 2017 in Birmingham, Alabama. This event, American Diabetes Association Alert Day, will encourage all attendees to take the Type 2 Diabetes Risk Test while engaging in workplace friendly activities and other educational activities on the disease.



## Resources (continued)

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### Obesity

The Health Action Partnership in Walker County is focused on healthy foods, healthy people, livable communities, and opportunities. The organization connects farmers and merchants with Walker County customers to provide healthier choices and reduce the rate of obesity in adults and children. The Health Action Partnership is also focused on making the community more friendly to physical activity by equipping Walker County with safe places to walk, ride bicycles, or play. The organization also promotes healthy people by exploring different fitness opportunities in the community and promoting wellness at home.

The Walker County Public School System has implemented the “Kids Making Health Choices” curriculum in its schools. This curriculum educates, motivates, and empowers students to “get on a healthy track through good nutrition and physical fitness”. The curriculum includes a powerful award winning children’s story, story discussion question prompts, fun activities, healthy kid-friendly recipes, free online tools and resources, and research , information, and news.

## Resources (continued)

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### Mental Health

Walker Baptist Medical Center offers multiple programs, both inpatient and outpatient, to help those in the community who are facing mental health issues. The hospital offers two inpatient programs, Adult Psychiatry and Geriatric Psychiatry, both accredited by the Alabama Department of Mental Health, which provide 24-hour care to adults and seniors (respectively). Inpatient therapy services offered by Walker Baptist Medical Center include Individual and Group Psychotherapy, Occupational Therapy, and Recreational Therapy.

For those seniors looking for a different type of program, Walker Baptist Medical Center also offers the Geriatric Day Program. This short-term outpatient program is for seniors experiencing emotional pain and mental stress and can help participants cope with difficult situations such as loneliness or the death of a spouse.

The Northwest Alabama Mental Health Center offers mental health services to the local five-county area: Marion, Lamar, Winston, Fayette, and Walker. The Center is a public, non-profit corporation offering services to the mentally ill, individuals with intellectual disabilities, as well as those suffering from a chemical dependency. It has a well-rounded focus, providing services such as crisis intervention, psychiatric evaluations, and counseling to children, families, and seniors.

Additional resources for anyone suffering from any mental health issues can be found through The Alabama Department of Mental Health. The organization offers courses such as “Mental Health First Aid” and “Preventing Caregiver Burnout,” to communities throughout Alabama, many of which are free to the public.

## Resources (continued)

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### Substance Abuse

In recognition of central Alabama's substance abuse issue, WBMC 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.

Substance abuse services are available to adolescents and adults through the Winston County outpatient office in Haleyville, AL. Clinical services for substance use disorders include: emergency/crisis intervention services, screening, assessment, individual and group therapy, case management, co-occurring services, referrals for detoxification, residential treatment services, follow-up, and aftercare services. Alcohol/drug education sessions are provided in Winston County upon request to facilitate general education related to chemical dependency and recovery.

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# Appendix A: Community Leader Interview Organizations

Organization	Area Represented
Alabama Department of Public Health	Public Health Expert
Jasper City Council	Public Service Organization
Ken Glover Drugs	Hospital Leaders/Medical Professionals
Regional Paramedics	Public Service Organization
Walker County Health Action Partnership	Public Service Organization

## Appendix B: Additional Data

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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

Seven phone interviews were conducted from May 9–19, 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
<b>Health Strengths</b>	<ul style="list-style-type: none"> <li>• Several interviewees mentioned that access to healthcare in the community is a strength. One interviewee noted the hospital as being “first class”.</li> <li>• The Regional Paramedic Services department was also discussed as a strength in the community.</li> </ul>
<b>Health Concerns</b>	<ul style="list-style-type: none"> <li>• The commonly discussed health-related concerns include respiratory issues, cardiac related issues, trauma, and drug overdoses.</li> <li>• One interviewee noted that because many members of the community are “independent” they do not like to ask for care and wait too long to seek medical attention.</li> </ul>
<b>Resources Available</b>	<ul style="list-style-type: none"> <li>• Some health resources mentioned include the Capstone initiative, Backyard Blessings, All Kids Insurance, and several urgent cares in the area.</li> </ul>
<b>Resources Needed</b>	<ul style="list-style-type: none"> <li>• In regards to the concern about drugs, one interviewee noted that there is a shortage of Narcan available in the community. This can be life saving for someone who is overdosing.</li> <li>• Several interviewees mentioned that there needs to be more rural providers as well as a stronger pediatric medicine presence in the community.</li> <li>• Mental health services are needed in the community.</li> </ul>
<b>Ways to improve the overall health in the community</b>	<ul style="list-style-type: none"> <li>• Nutrition was a widely discussed topic during interviews. One interviewee noted that programs geared toward nutrition would be beneficial.</li> <li>• Another topic discussed by interviewees was promoting safety for children by informing the community on the importance of seat belt use, helmets, and staying drug free.</li> </ul>

# Community Health Phone Survey

Phone surveys were conducted between March 2, 2016 and March 17, 2016. There were 42 respondents from Walker County and 51 from Winston 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.

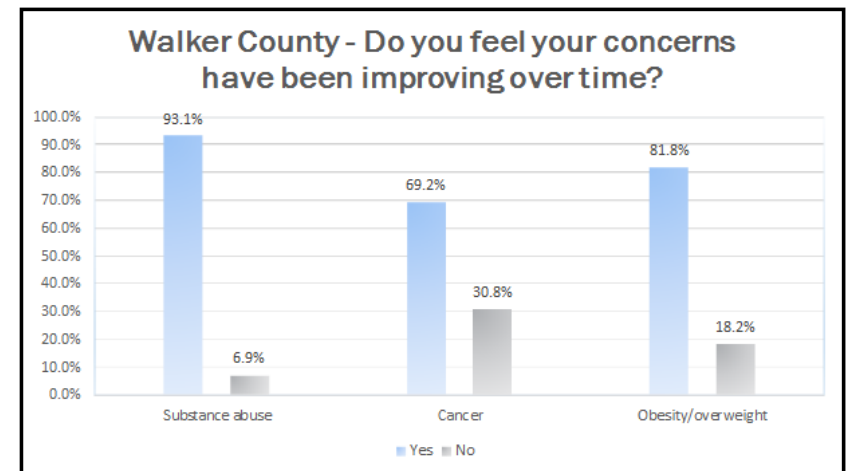
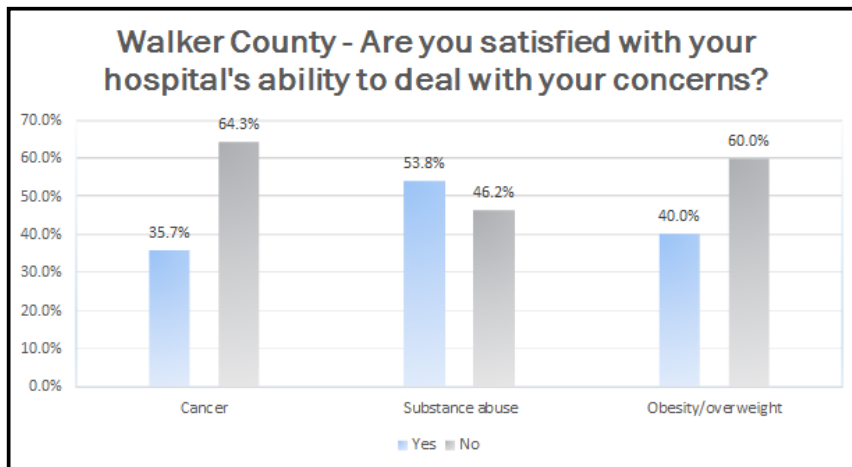
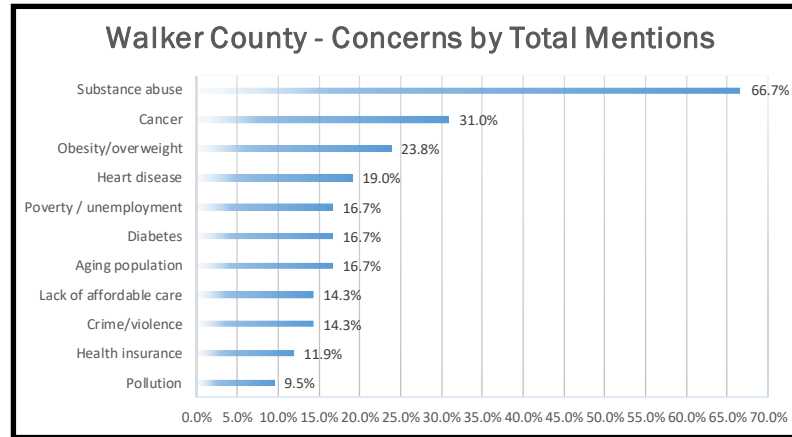
## Walker County Phone Survey Responses

Walker County's top three concerns by total mentions are substance abuse (66.7%), cancer (31.0%), and obesity/overweight (23.8%). Most respondents are unsatisfied with their hospital's ability to deal with cancer and obesity/overweight, but are satisfied with their hospital's ability to deal with substance abuse. Most respondents feel that their concerns were improving over time.

Walker County Top Health Concerns by Total Mentions

Community Concerns	Primary Concern	Secondary Concern	Tertiary Concern	Total Mentions
Substance abuse	52.4%	11.9%	2.4%	66.7%
Cancer	19.0%	11.9%	0.0%	31.0%
Obesity/overweight	4.8%	14.3%	4.8%	23.8%
Heart disease	7.1%	2.4%	9.5%	19.0%
Aging population	9.5%	4.8%	2.4%	16.7%
Diabetes	9.5%	2.4%	4.8%	16.7%
Poverty / unemployment	7.1%	7.1%	2.4%	16.7%
Crime/violence	11.9%	2.4%	0.0%	14.3%
Lack of affordable care	9.5%	4.8%	0.0%	14.3%
Health insurance	11.9%	0.0%	0.0%	11.9%
Pollution	7.1%	2.4%	0.0%	9.5%

# Walker County Phone Survey Responses



# Community Health Phone Survey

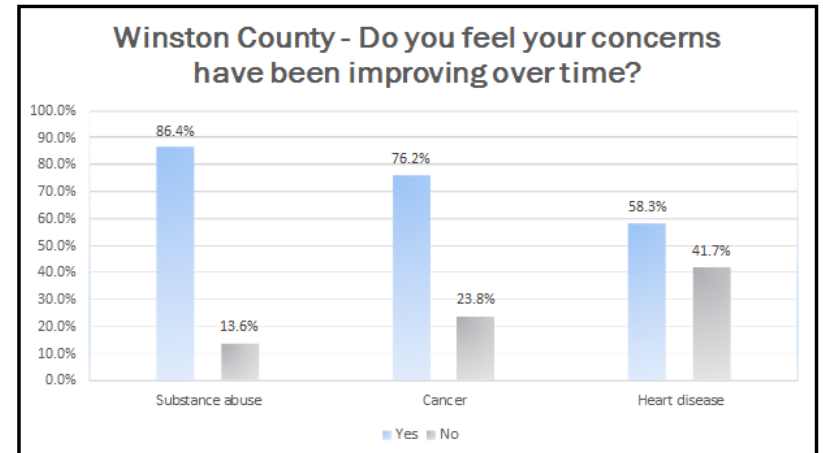
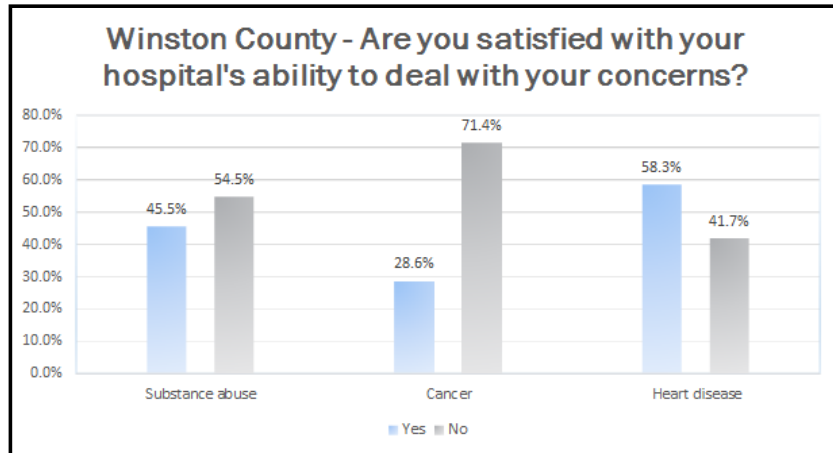
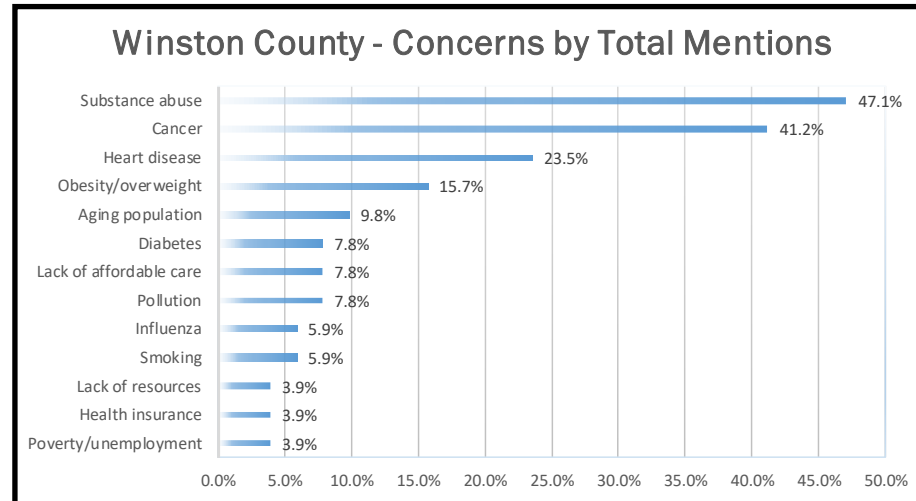
## Winston County Phone Survey Responses

Winston County’s top three concerns by total mentions are substance abuse (47.1%), cancer (41.2%), and heart disease (23.5%). Most respondents are unsatisfied with their hospital’s ability to deal with their top concerns other than heart disease. Most respondents feel that their top concerns were improving over time.

Winston County Top Health Concerns by Total Mentions

Community Concerns	Primary Concern	Secondary Concern	Tertiary Concern	Total Mentions
Substance abuse	23.5%	11.8%	11.8%	47.1%
Cancer	23.5%	17.6%	0.0%	41.2%
Heart disease	2.0%	9.8%	11.8%	23.5%
Obesity/overweight	5.9%	2.0%	7.8%	15.7%
Aging population	5.9%	2.0%	2.0%	9.8%
Pollution	5.9%	2.0%	0.0%	7.8%
Lack of affordable care	3.9%	2.0%	2.0%	7.8%
Diabetes	2.0%	3.9%	2.0%	7.8%
Smoking	3.9%	2.0%	0.0%	5.9%
Influenza	2.0%	0.0%	3.9%	5.9%
Poverty/unemployment	3.9%	0.0%	0.0%	3.9%
Health insurance	2.0%	2.0%	0.0%	3.9%
Lack of resources	2.0%	2.0%	0.0%	3.9%

# Winston County Phone Survey Responses



## Appendix C: Carnahan Group Qualifications

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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.

# Company Overview

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## Headquarter Address

Carnahan Group Inc.  
813.289.2588  
info@carnahangroup.com  
5005 West Laurel Street  
Suite 204  
Tampa, FL 33607

## Branch Offices

Nashville, TN

Thank you for the opportunity to serve Brookwood Baptist Health.  
We are committed to being your innovative strategic partner.



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