Infirmary
Long Term Acute Care Hospital (LTAC)

Community Health Needs Assessment
2012

Infirmary LTAC | 5 Mobile Infirmary Circle, Mobile, AL 36607 | P: 251-435-2400

~ Mission ~ Vision ~ Values ~

Mission

Our mission is LIFE

Vision

The FIRST CHOICE for healthcare in our region

Our Values

Leadership

Integrity

Family

Excellent Service

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Executive Summary

The Patient Protection and Affordable Care Act (ACA), signed into law on March 23, 2010, created new requirements for not-for-profit hospitals including a requirement for a Community Health Needs Assessment (CHNA) to be completed every three years. This report was prepared by Alabama Quality Assurance Foundation (AQAF) in conjunction with Infirmary Long Term Acute Care Hospital (LTAC) to meet the CHNA requirement for fiscal year 2012-2013. Alabama Quality Assurance Foundation (AQAF) is the Quality Improvement Organization (QIO) for the state of Alabama. AQAF has over three decades of experience in identifying and addressing community health needs.

To prepare this CHNA report data was gathered from multiple sources in an effort to construct a current and accurate snapshot of the health issues in Mobile County, Alabama. Data was obtained from multiple public data bases and opinions were solicited from public health experts, community leaders and patients within the community served by the Infirmary LTAC. This information was summarized for final consideration by a CHNA team consisting of hospital and system personnel as well as community members. Using rank order balloting, this team prioritized the community health needs as follows:

1. Good Nutrition/Obesity Prevention
2. Diabetes Related Education and Support
3. Decrease Unemployment
4. Free Subsidized Healthcare for the Medically Indigent or Needy
5. Cardiac Health
6. Mental Health Related Education and Support

An implementation strategy that will address each of these issues is currently in development. The strategy will seek to leverage valuable partnerships that currently exist, identify novel opportunities for synergy and maximize legacy programs while deploying specific interventions within the community. The outcomes and results of these interventions will be followed and reexamined in preparation for the next CHNA scheduled for completion in Spring 2016.

Methodology

The needs assessment process was initiated by assembling an internal team responsible for shepherding the entire project. The internal team was comprised of representatives from hospital management, nursing services, patient services and AQAF. This team met initially to review the requirements of the Community Health Needs Assessment as established by the Affordable Care Act and further defined by IRS Notice 2011-52 and to establish the roles and responsibilities for the team members. These decisions were memorialized in a project plan and incorporated into a project dashboard. A secure, web-based portal was established to provide reliable communication among the team members and ready access to the project plan and dashboard. With the infrastructure created and the purpose and scope of the project identified, the team set about its primary task of gathering data.

The first step in the data gathering process was to obtain several de-identified data sets from the hospital. The initial task was to obtain zip code specific discharges for up to three years. These data were then analyzed to compile zip code maps defining the hospital's service area. Additional data were requested from the hospital including admission data stratified by age, race, ethnicity and payer mix and discharge diagnoses. With the service area of the hospital determined, a best fit county was selected for data collection from secondary (public) sources and for the purposes of comparison. Secondary sources utilized for this report include:

- Behavioral Risk Factor Surveillance Survey
- Youth Risk Factor Behavior Surveillance Survey
- Alabama Department of Public Health, Center for Health Statistics
- Alabama Department of Public Health, Immunization Division
- Alabama Department of Public Health, Cancer Registry
- U.S. Census Bureau
- U.S. Bureau of Labor Statistics
- County Health Rankings and Roadmaps
- Community Health Status Indicators

The second step was to gather information from various representatives of the community. The elements of this step required answers to the following questions:

- Who would provide input?
- What questions would be asked?
- What format would be utilized?

The CHNA team met to establish a list of key informants that included individuals with public health expertise, state and local officials, community leaders and patients. The CHNA team also developed a consistent list of health issues that would be used to query the key informants. These issues were established with a private ballot after an open discussion. The ballot contained 42 high-priority health issues identified as Healthy People 2020 Health Indicators. The participants were instructed to select up to 20 of the issues that they felt were of significance in their community. A frequency calculation was used to

establish the topic areas of concern for that community. These topic areas were then used to develop a survey that was distributed to the key informants via Survey Monkey. The topic areas were also used to create a survey that was distributed to several patient groups and to inform the face to face interviews held with the public health experts. The results of these surveys and interviews were then compiled.

Distillation of these data into a prioritized list was the final step of the Community Health Needs Assessment. The CHNA coalition committee (the CHNA team plus multiple community members) met to complete this final task. AQAF staff presented the data collected. The coalition committee members then completed a private, rank ordered ballot identifying the most significant health care priorities for the community. A frequency weighted, Borda type tabulation was then used to arrive at the final prioritized list. The information presented to the CHNA coalition committee and the final prioritized list of care needs is summarized in this report.

Community Description

Geographic Area Defined

Infirmary LTAC community is defined by the zip codes of 75% of the hospitals discharges and includes the following:

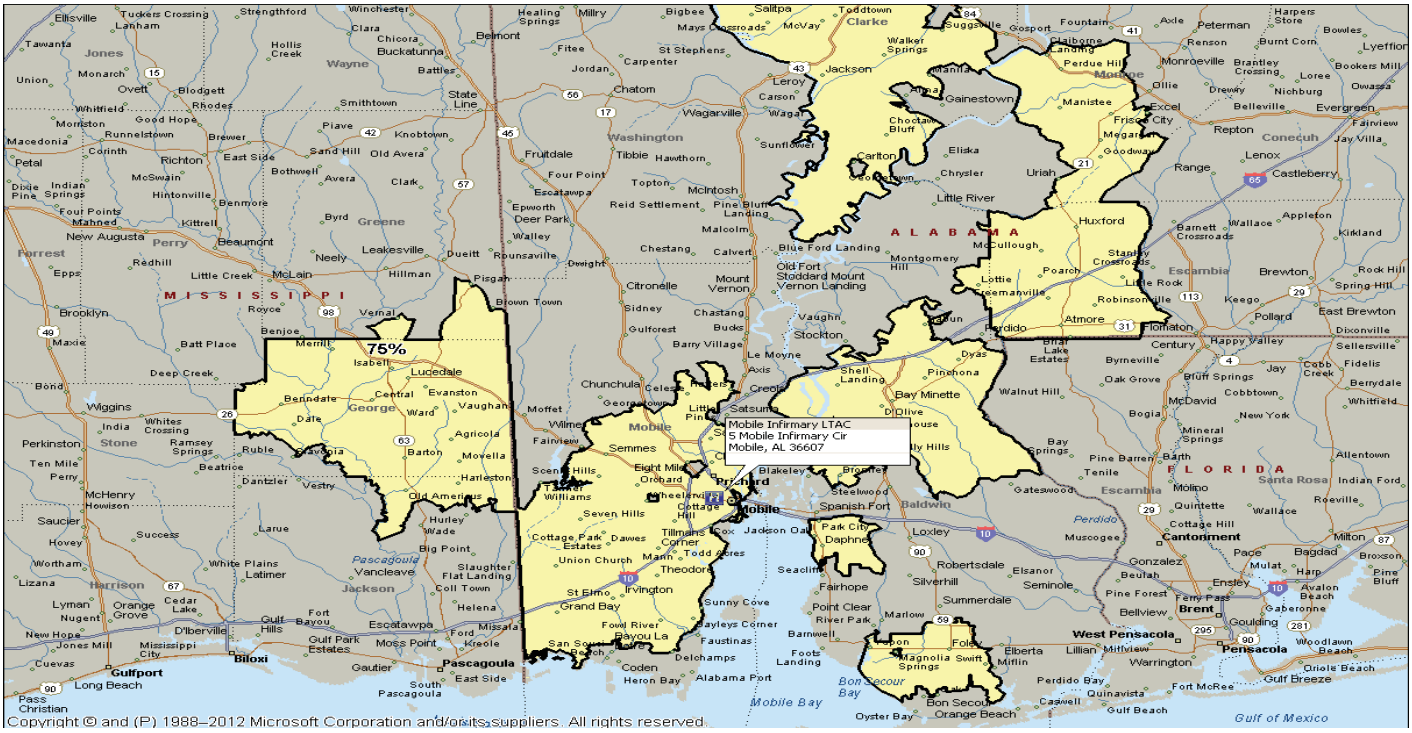
36605	36617	36507	36613	36451
36582	36571	36693	36619	36445
36695	36610	36526	36607	36545
36606	39452	36604	36603	
36608	36575	36544	36541	
36609	36618	36611	36502	

The community consists of 27 zip codes, of which 24 are in Mobile County. Two additional Alabama counties, Baldwin and Jackson, are also represented as well as George County, Mississippi. For the purpose of community comparisons in this study, Infirmary LTAC's community will be defined as Mobile County, Alabama.

Mobile County is located on the Alabama Gulf Coast and is bordered by Mississippi to the west and Florida to the east. It includes Dauphin Island, Gaillard Island and Mon Louis Island. The City of Mobile is the dominant urban area. Economic growth, mild climate, and coastal appeal entice residents to live in this community. The region offers an abundance of cultural and recreational opportunities, a variety of museums, theatre, symphony, ballet, opera, fishing, golf and beach activities. Mobile is also home to the oldest Mardi Gras celebration in the United States with annual Mystic Society celebrations and public parades.

The land area of the county is 1,233.09 (75%) square miles with 410.93 (25%) square miles of water. (Graph 2)

Illustration 1. Infirmary LTAC Service Area



Demographics

Population

The 2011 population for Mobile County is estimated to be 412,577. (Graph 1) The county experienced a slight population percentage change of - 01% during the previous year. The county shows a slightly higher percentage of women as opposed to men; this is consistent with state and national data. The percentage of persons 65 years and older is 13.2%, slightly lower than the state's 14.0%. (Graph 5)The dominant language is English, with 4.8% speaking another language in the home. There are 35,538 veterans in the community. Although Mobile County residents are well served by an abundance of hospitals in the area, it is currently designated as a Medically Underserved Area/Population (MUA/P) This designation is made by the Department of Health and Human Services based on an index of four variables; the ratio of primary care physicians per 1,000 residents, the infant mortality rate %, population living below the poverty line %, population over the age of 65. Mobile County is also considered a Health Professional Shortage Area (HPSA) for low-income residents in areas of primary care, dental care and mental health care.

Medically Underserved Area/Population

	Mobile	Alabama	United States
Infant Mortality	7.9%	7.5%	6.7%
Below Poverty Level	19.2%	19%	15.9%
Age 65 and Over	13.2%	14%	13.3%

Race/Ethnicity

The population of Mobile County is 60.8% white, 34.9% black, and 2.9% other with 1.4% reporting two or more races. (Graph 6) The U.S. Census Bureau considers Hispanic/Latino heritage as an ethnicity versus a race. Persons claiming Hispanic/Latino heritage are included in the self-designated race categories previously defined. The Hispanic/Latino population of Mobile County is less than the state average of 4.0%. Persons of Asian heritage comprise 1.9% of the population and (Graph 7) American Indians are less than 1% of the population. There is a federally recognized tribe of Choctaw Indians occupying 300 aces near Mt. Vernon.

Education

In most areas of Mobile County the schools are operated by the Mobile County Public School System. The cities of Chickasaw, Saraland and Satsuma have separate school systems. The Public School System has an enrollment of over 65,000 students, and approximately 8,500 employees. There are 72 different languages spoken within the 150 public schools. Mobile County has four of the state's high-performing, high-poverty schools, known as Torchbearers. The State of Alabama operates the Alabama School of Mathematics and Science in Mobile, which boards advanced Alabama high school students. Mobile also has a large number of private schools, the majority being parochial in nature. Private schools include 8 catholic, 6 Protestant and 1 non-religious affiliated preparatory school. Of the county's residents, 13.9% are considered illiterate, 82.9% are high school graduates and 20.1% hold a Bachelor's degree or higher. (Graph 8 and Graph 9) Post secondary educational opportunities include Bishop State Community College. Academic colleges and universities in Mobile include University of South Alabama, Spring Hill College, and the University of Mobile. The University of South Alabama is one of only two medical schools in Alabama, graduating 75 students per year.

Employment

In Mobile County, the per capita Income is $22,306, median family income $42,187, and the percentage of residents living below the poverty level is 19.2%. (Graph 10 and Graph 11) The unemployment rate for Mobile County is 7.2%, while the State of Alabama average is 7.1% and the national average is 7.8%. Overall, the county is doing well on many economic indicators. In Mobile County, aerospace, retail services, construction, healthcare and manufacturing are the major industries. The Mobile Chamber of Commerce lists the region's largest employers as:

1. Mobile County Public School System (7,350)
2. University of South Alabama (USA) and USA Health Systems (5,500)
3. Infirmary Health Systems (5,200)
4. Austal USA (3,000)
5. Wal-Mart (2,900)
6. City of Mobile (2,200)

Food stamps and Supplement Nutrition Assistance Program (SNAP) benefits are used by 19% of the residents of Mobile County. Of low-income residents, 42.4% use SNAP.

Roads and Transportation

Roads in Mobile County provide residents and companies transportation access to major cities across the United States. Two major interstates converge in Mobile, I-10 and I-65.

Public transportation is limited in Mobile County. The Wave Transit is based in downtown Mobile and is the only public transportation system for the county. Bus service runs regularly from the transportation center to multiple points in Mobile and several surrounding communities. Smaller buses connect with three cities in Baldwin County: Daphne, Fairhope and Spanish Fort. The downtown electric trolley service is only available for accommodations and attractions. Greyhound provides intercity bus transportation to cities across the United States.

Mobile Regional Airport provides commercial airline service, as well as charter service. Airlines serving the airport include Delta, Northwest Airlink, U.S. Airways, American Eagle, American Airlines and Continental Express. The Regional Airport is currently undergoing improvements by expanding its air terminal ramp and plans to construct an 8,500 foot parallel runway.

The Mobile area is served by six railroads, five of which are Class-I railroads. This capacity provides companies with excellent freight service at competitive prices.

The Alabama State Port Authority owns and operates the public terminals at the Port of Mobile. The public terminals handle containerized, break-bulk, coal, grain, Ro/Ro, cement and oversized/heavy lift cargoes. With nearly 6 million square feet of covered and open storage space, this full services seaport is currently ranked 10th largest in the nation in total trade. The deepwater terminals offer direct access to BNSF/Alabama & Gulf Railroad. The Port also includes services for off-shore natural gas and ship repair/building. As of November 2011, there is no longer cruise liner service in the Port. Although this departure brought a loss of jobs and revenue, the Port Authority saw record revenues in fiscal year 2012 due to increases of steel, container and coal volumes.

Weather

The Gulf of Mexico, Mobile Bay and Mobile River, add to Mobile county's prosperity, but also add vulnerability to tropical systems. The Mobile Coast is affected by a tropical system on average every 2.4 years. The last two major storms impacting the area were Hurricane Isaac in 2012 and Hurricane Ida in 2009. Although neither storm directly affected Mobile, large force winds and flooding extended into the area causing damage. Small coastal fishing communities such as Coden and Bayou La Batre were greatly impacted by these tropical systems.

Deepwater Horizon Oil Spill

The British Petroleum (BP) Deepwater Horizon Oil Spill of April 2010 is the largest accidental marine oil spill in petroleum history and damage to the Gulf's fishing and tourism industry persists today. The ecological effects of the oil spill are still not completely known. Dauphin Island and Mobile Bay's microbial

population was significantly altered by the spill, the affect of which may have lasting economical and ecological impact. Private lawsuits and civil and criminal prosecutions continue to be in process. In response to the B/P oil spill, the EPA monitored air, water, sediment and waste generated by the clean-up operation. Periodic updates are available at www.Restore The Gulf.gov.

Air/Water Quality

Air quality in Mobile, AL is 33 on a scale to 100 (higher is better). This is based on ozone alert days and the number of pollutants in the air as reported by the EPA. Water quality in Mobile is 61, which is better than the National average of 55. The EPA has a complex method of measuring watershed quality using 15 indicators. Superfund index is 20 on a scale to 100 (higher is better). This index is based upon the number and impact of EPA Superfund pollution sites in the county, including spending on the cleanup efforts.

Health Care

Mobile County is a regional center for medical care, research and education. Nearly 10 percent of Mobile's workforce is employed in the healthcare sector. There are more than 850 physicians and 175 dentists practicing in the area, many affiliated with one or more of the nine hospitals and the 2,800 hospital beds serving the Mobile Bay region. In addition, there are many outpatient surgical centers, emergency clinics, home healthcare services, assisted living facilities and nursing homes. The five major medical centers within a 10 miles radius of Infirmary LTAC are:

- Springhill Medical Center
- University of South Alabama Medical Center and Children & Women Hospital
- Alta Point Health System (Mental Health)
- Mitchell Cancer Institute
- Providence Hospital

Infirmary's LTAC and the J.L. Bedsole/Rotary Rehabilitation Hospital, resides within Mobile Infirmary Medical Center. The medical center is located at 5 Mobile Infirmary Circle, Mobile, AL 36607. The LTAC's 124-bed hospital on 5600 Girby Road Mobile, Alabama 36693 relocated to Mobile Infirmary on October 12, 2012. The relocation came after a year of evaluating utilization of the facility as well as the needs of the West Mobile Community. The LTAC has 50 beds. The facility is located on the 4th floor of Mobile Infirmary and is specifically designed to meet the needs of patients requiring extended acute medical care and rehabilitation. It provides specialized care for patients who suffer from neurological disorders, including stroke and Parkinson's disease, respiratory conditions, cardiac related disorders, trauma, spinal cord injuries, burns, cancer and other illnesses requiring acute, long-term care.

Infirmary LTAC Inpatient Services

- 50 LTAC hospital beds
- Health Professional Team Includes:
    - Case Managers
    - Dietitians
    - Neuropsychologists
    - Occupational Therapist
    - Physical Therapist
    - Rehabilitation Nurses
    - Rehabilitation Physicians
    - Social Workers
    - Speech Therapist

- Stroke Rehabilitation Program (STEPS)
    - Driver evaluation
    - Medical consults
    - Neuropsychology for treatment and testing
    - Orthotics and prosthetics
    - Speech, language and occupational therapy

- Discharge Planning
    - Family Education for Home Care
    - Patient and family education for home care

Additional Mobile Community Area Health Care Resources include:

- Alabama Department of Public Health Tobacco Quit Line
- AltaPointe Health System
- Emma's Harvest Home Addiction Facility
- Federally Qualified Health Centers
    - Franklin Primary Health Centers
        - Aiello/Buskey Medical Center
        - Central Plaza Towers Health Center
        - Franklin Medical and Dental Express
        - Franklin Primary Healthcare
        - H. E. Savage Health Care for the Homeless
        - Hadley Medical Center
        - Hadley Vision Center
        - J.R. Thomas Wellness, Fitness and Rehabilitation Center
        - Maysville Medical Center
        - Prevention and Education Community Health Care Center
        - Prichard Medical Center
        - Springhill Health Center
        - West Mobile Family Medical Center
        - Women and Children's Center

Additional Mobile Community Area Health Care Resources (continued):

- Bayou La Batre Area Health Development Board, Inc.
  - BayouClinic, Inc
  - Mostellar Medical Center
  - Mostellar Dental Center

- Mobile County Health Department
  - Citronelle Clinic
  - Eight Mile Clinic
  - Family Oriented Primary Health Care Clinic
  - Mobile Co. Training School Clinic
  - Mobile Medical Van
  - North Mobile Health Center
  - Semmes Clinic (La Clinica de Semmes)
  - Southwest Mobile Health Center
  - University of South Alabama Women's & Children's Health Center
  - Women and Children's Health Center

- Home of Grace Addiction Facility
- Mercy Medical (PACE, Hospice, Asst Living)
- Mobile Alabama Area Home Health Agencies
- Mobile Alabama Area Nursing Homes
- Mobile Health Department Main, Bayou Street
- Prevention and Education Center
- Tillman's Corner Clinic
- Ozanam Charitable Pharmacy
- Providence Hospital
- Providence Hospital Outreach Services, Bayou La Batre
- Serenity Care Addiction Facility
- South Alabama Cares HIV/AIDS
- Springhill Medical Center
- University of South Alabama Medical Center
- University of South Alabama Women & Children's Health Center
- VA Coast Veterans Outpatient Healthcare
- Via Mobile Senior Citizens Services
- Victory Health Partners

Patient data for Infirmary LTAC for FY 2012 is detailed below and includes principal discharge diagnoses , payor source, inpatient demographics, and discharge disposition.

Inpatient 2010-2012		
Principal Diagnosis	Cases	%
ACUTE RESP FAILURE	78	11.03%
OTHER POSTOP INFECTION	51	7.21%
DIAB W MANIF NEC TYPE II	41	5.80%
CHRONIC RESP FAILURE	35	4.95%
POST TRAUM PULM INSUFFIC	33	4.67%
PRESSURE ULCER LOW BACK	28	3.96%
SEPTICEMIA NOS	22	3.11%
ACUTE & CHR RESP FAILURE	17	2.40%
INFEC D/T JOINT PROSTHES	17	2.40%
PNEUMONIA, ORGANISM NOS	16	2.26%
Top 10 Total	338	47.81%
Grand Total	707	100.00%

Inpatient Payor Source		
	Cases	%
MEDICARE	499	70.58%
SENIORS FIRST	77	10.89%
BLUE CROSS	54	7.64%
OTHER MEDICARE ADVANTAGE	13	1.84%
MEDICARE COMPLETE	11	1.56%
BC ADVANTAGE	8	1.13%
WORKERS' COMPENSATION	7	0.99%
CHAMPUS	7	0.99%
OTHER	31	4.38%

Inpatient Race Distribution 2010-2012	
	%
WHITE	64.92%
BLACK	34.79%
ASIAN	0.14%
HISPANIC	0.14%

Inpatient Age Distribution 2010-2012	
	%
0-9 years	0.00%
10-19 years	0.14%
20-29 years	1.56%
30-39 years	4.10%
40-49 years	7.78%
50-59 years	15.98%
60-69 years	27.30%
70-79 years	26.87%
80+ years	16.27%

Inpatient Discharge Disposition 2010-2012		
	Cases	%
HOME W/HOME HEALTH SERVICES	255	36.07%
NURSING HOME-SKILLED	194	27.44%
ACUTE CARE HOSP FOR IP CARE	77	10.89%
EXPIRED	53	7.50%
DISCHARGED HOME	47	6.65%
INPATIENT REHAB FACILITY	39	5.52%
HOSPICE-HOME CARE	14	1.98%
HOSPICE-MEDICAL FACILITY	8	1.13%
OTHER	20	2.83%

Community Resource List

15 Place
Alcoholics Anonymous
Area Agency on Aging
- South Alabama Region

Alabama Department of Rehabilitation Services
- Business Relations/Employment
- Independent Living/Home Bound Services
- Vocational Rehabilitation Services
    - Blind
    - Deaf

Bay Area Food Bank
Catholic Social Services
Community Action, INC
- Bayou La Batre Center
- Hillside Center
- Mobile-Main

Department of Human Resources
- Child Support & Enforcement
- Family Financial Aid
- Food Assistance
- Senior Citizens Abuse & Neglect

Dumas Wesley Community Center
Education Foundation
Family Promise of Coastal Alabama
Goodwill Easter Seals
Gulf Coast Business Support Center
Habitat for Humanity
Hands on South Alabama
Homeless Coalition Housing First
Impact Alabama
Legal Services of Alabama
Life Lines of Mobile/Baldwin Counties
Lighthouse Academy of Excellence
Mobile Housing Authority
Mobile Training School Clinic
Ozanam Charitable Pharmacy
Penelope House
Salvation Army of Coastal Alabama
Serenity Care Addiction Facility
South Alabama Cares HIV/AIDS
State of Alabama Unemployment Claims
Team Focus
United Methodist Inner City Mission
United Way
VA Coastal Veterans Outpatient Healthcare
VIA Health Fitness and Enrichment Center
Volunteer Lawyers Program of America
Volunteers of America Southeast
Wilmer Hall Children's Home
Women's Center
YMCA

COMPARISON COMMUNITY

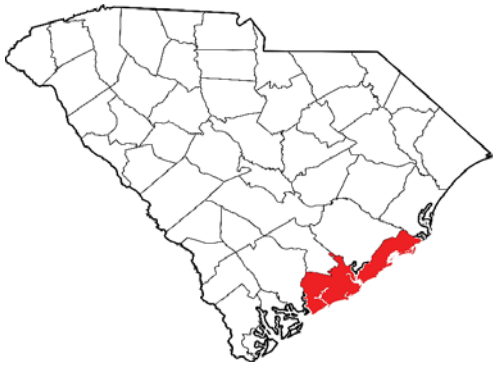
Comparison Community – Charleston County, South Carolina

To measure how the Infirmary LTAC Community compared to a peer county, the Department of Health & Human Services 2009 Community Health Status Indicators (CHSI) report was utilized. CHSI uses population size, poverty level, age distribution, population density and other demographic data to establish comparison communities across the United States. Of the 24 counties considered to be peer counties to Mobile County, Charleston County, South Carolina was selected for this CHNA based on its similar location in the southeastern United States.

Illustration 2. Mobile County, Alabama and comparison Charleston County, SC

Mobile County, Alabama

Charleston County, South Carolina



Comparison Demographics

	Mobile County, Alabama	Charleston County, SC
Population (Graph 1)	412,577	357,704
Density (per square mile) (Graph 2 and Graph 3)	336	382
Poverty Level (% below)	19.2%	16.8%
Age Distribution (Graph 4 and Graph 5)	Under 18 (24.9%) 19 to 64 (61.9%) 65 and older (13.2%)	Under 18 (20.7%) 19 to 64 (66.3%) 65 and older (13%)
Race	White (60.8%) Black (34.9%) Other (4.3%)	White (66.8%) Black (29.7%) Other (3.5%)
Hispanic or Latino Origin	2.5% (4.0% state average)	5.4%
High School Graduates	82.9%	87.9%
Bachelor's Degreee or Higher	20.1%	22%
Median Household Income	$42,187	$50,133

DATA AGGREGATION

Data from primary and secondary sources were analyzed. Secondary source data were aggregated at the smallest unit available - the county. Secondary data reports and other resources were carefully reviewed for this CHNA in order to provide points of comparison for the information and opinions gathered through the primary information collection process. Information from primary sources was obtained via electronic surveys, face-to-face surveys and phone and in-person interviews.

Behavioral Risk Factors

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.

Table 1. Health Risk Factors – Cardiovascular Disease identified with BRFSS data

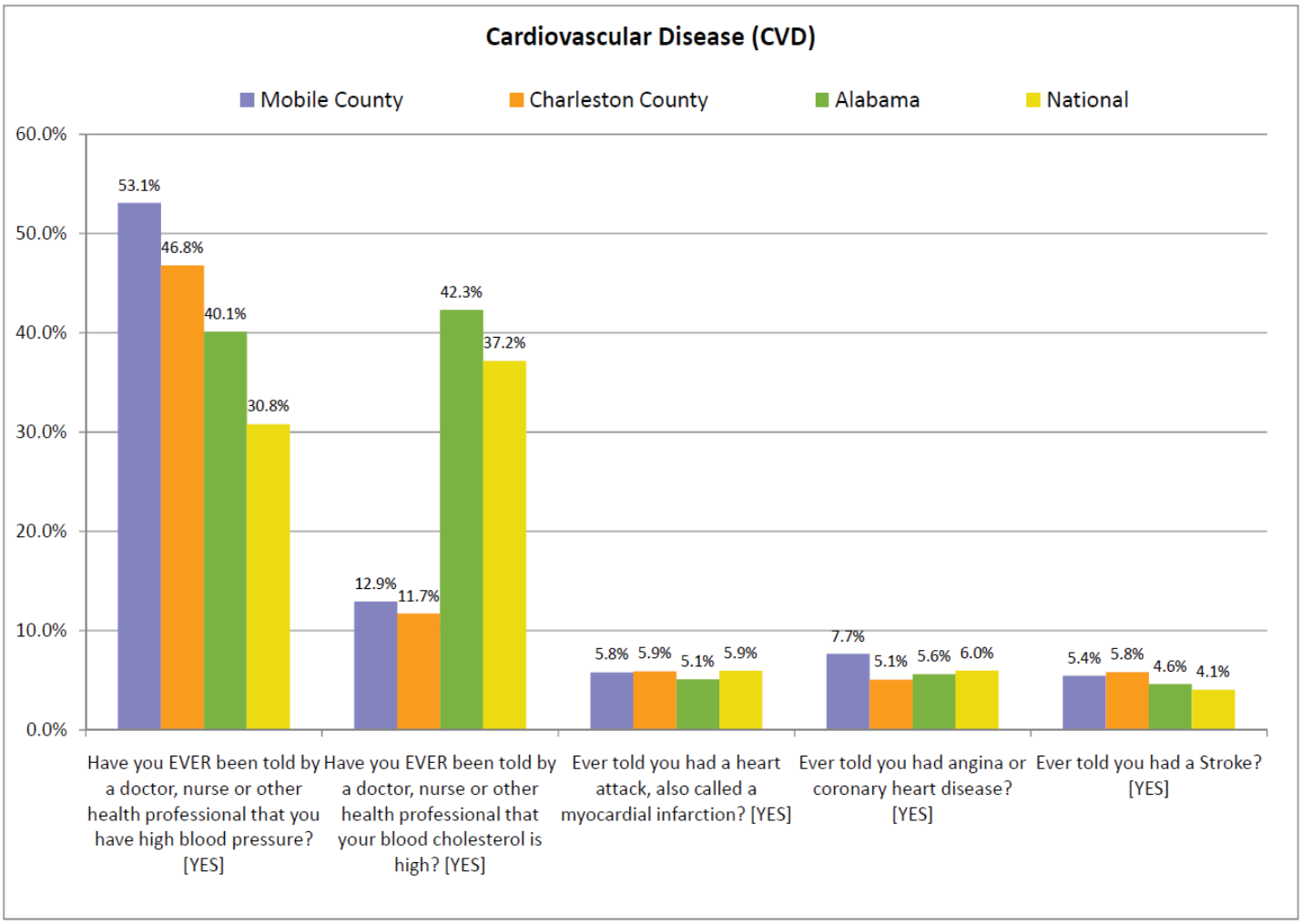


Table 2. Health Risk Factors – Chronic Conditions identified with BRFSS data

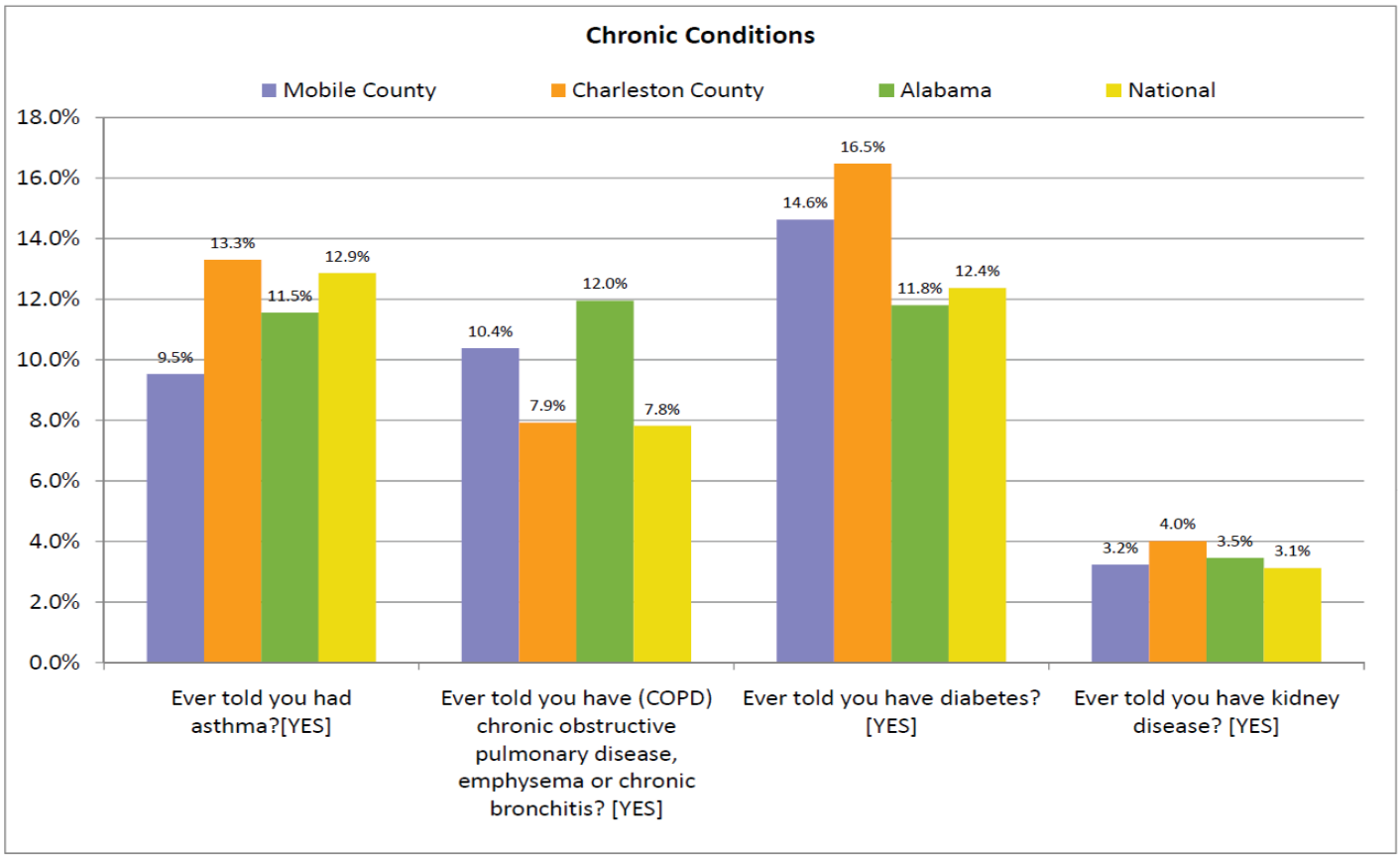


Table 3. Health Risk Factors – Cancer identified with BRFSS data

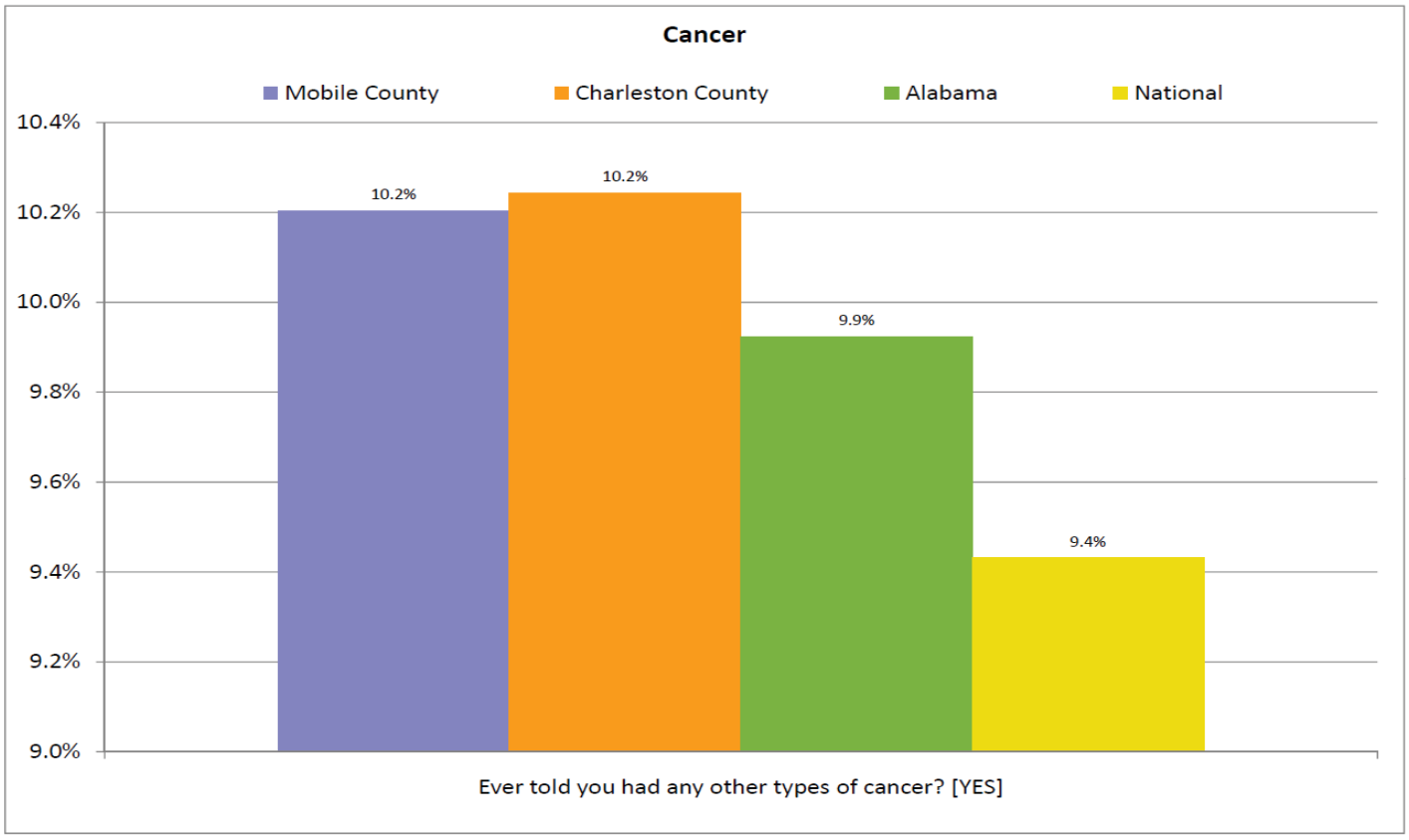


Table 4. Health Risk Factors – Mental Health identified with BRFSS data

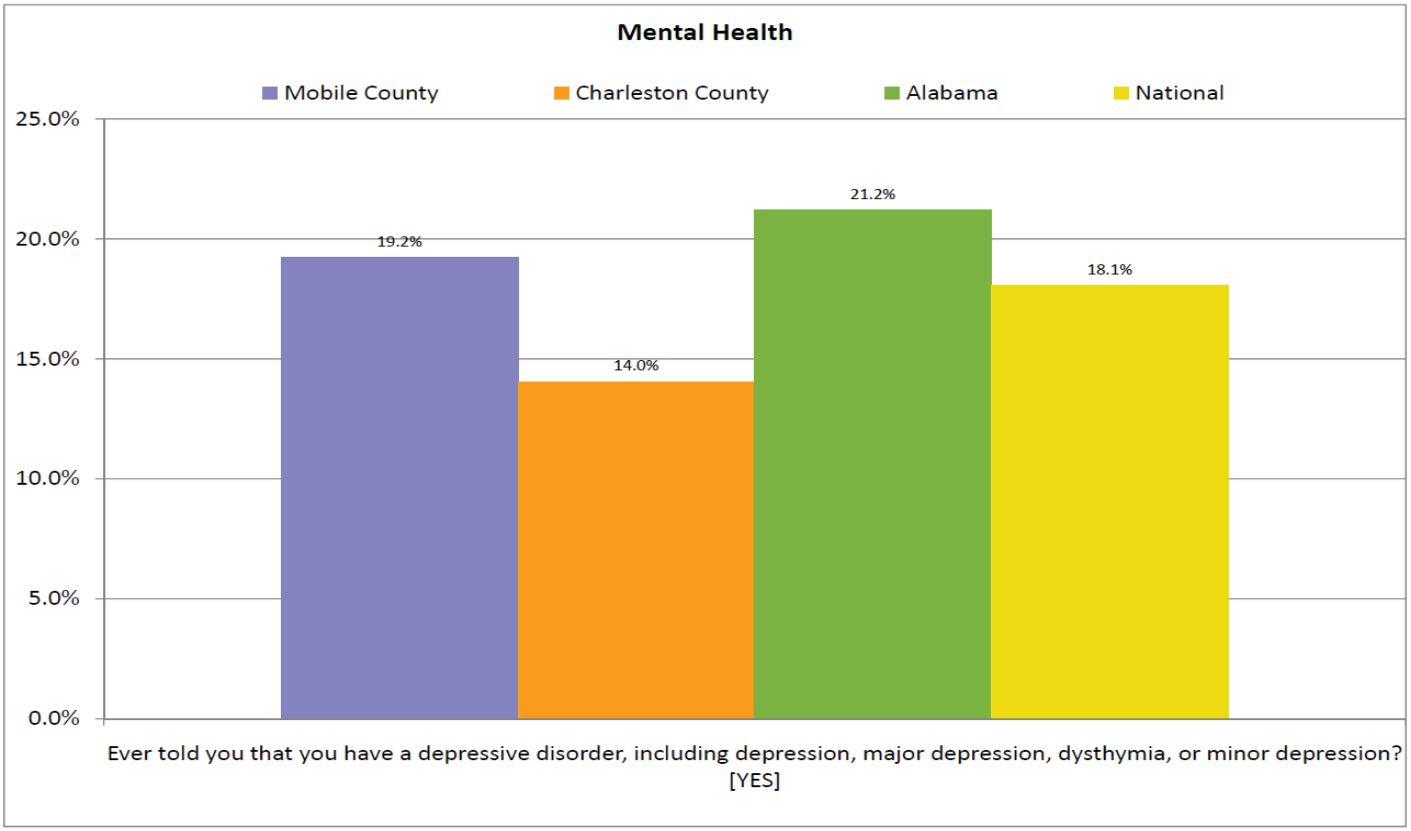


Table 5. Health Risk Factors – Behavioral issues identified with BRFSS data

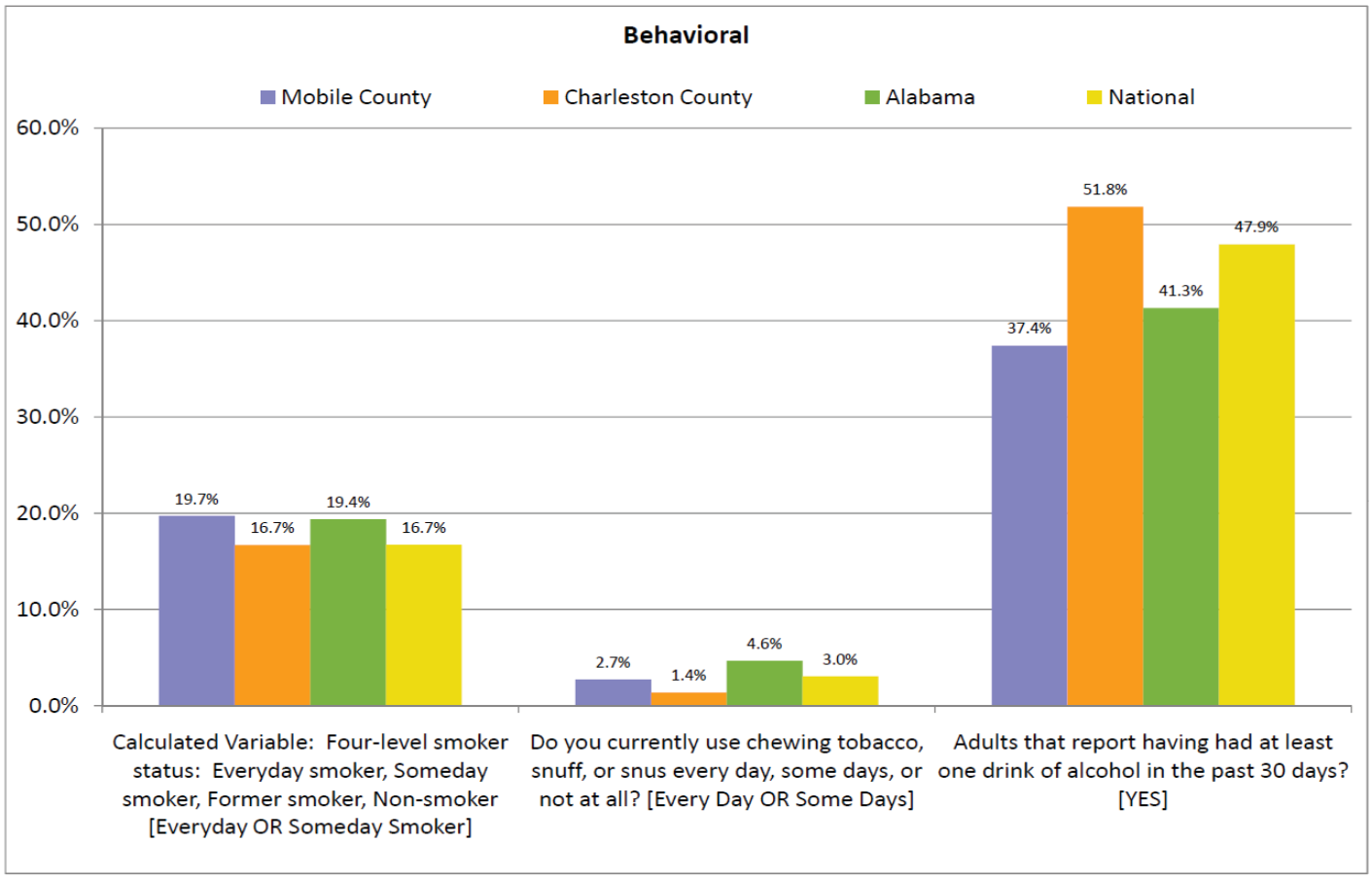


Table 6. Health Risk Factors – Obesity identified with BRFSS data

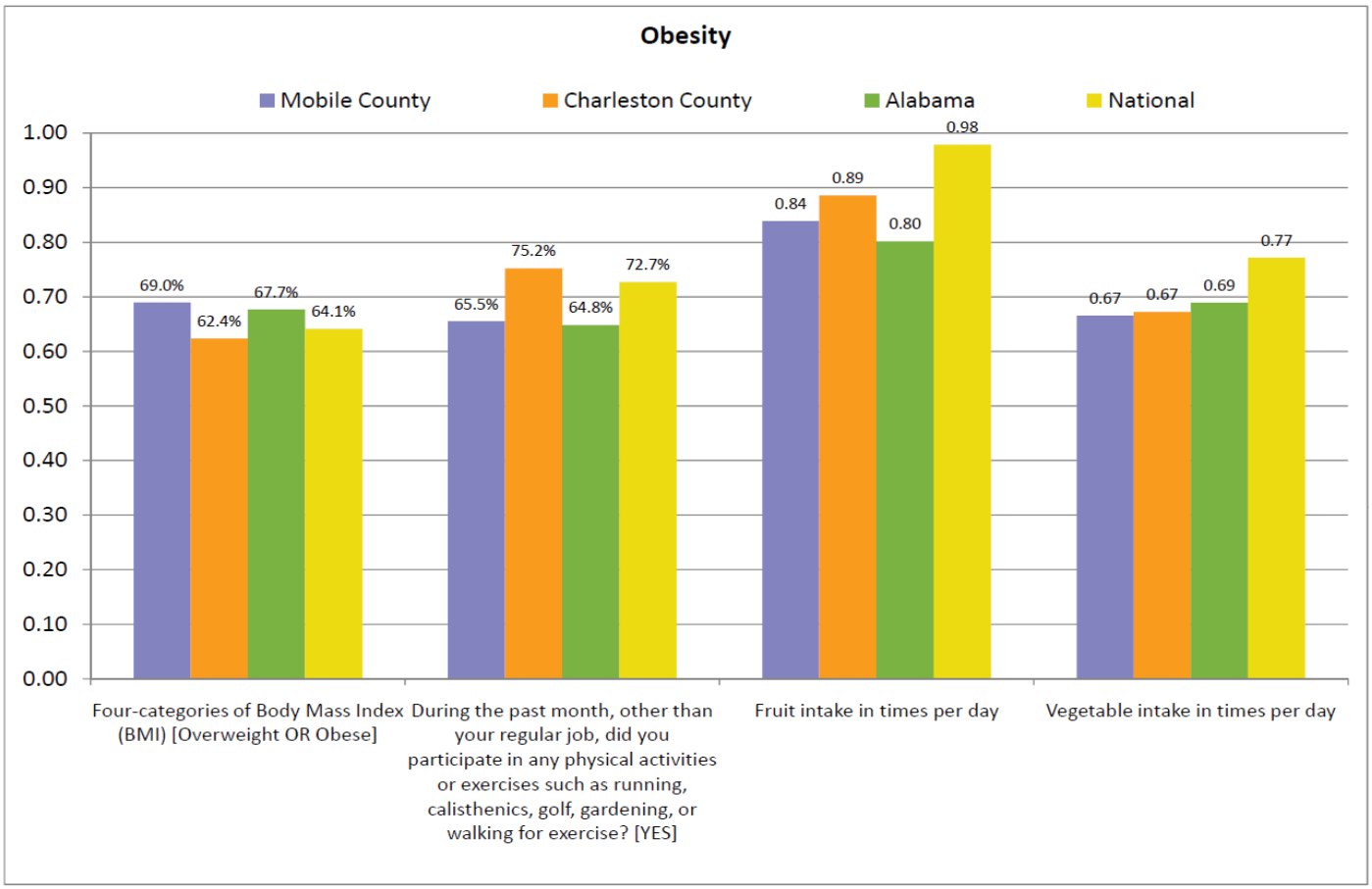
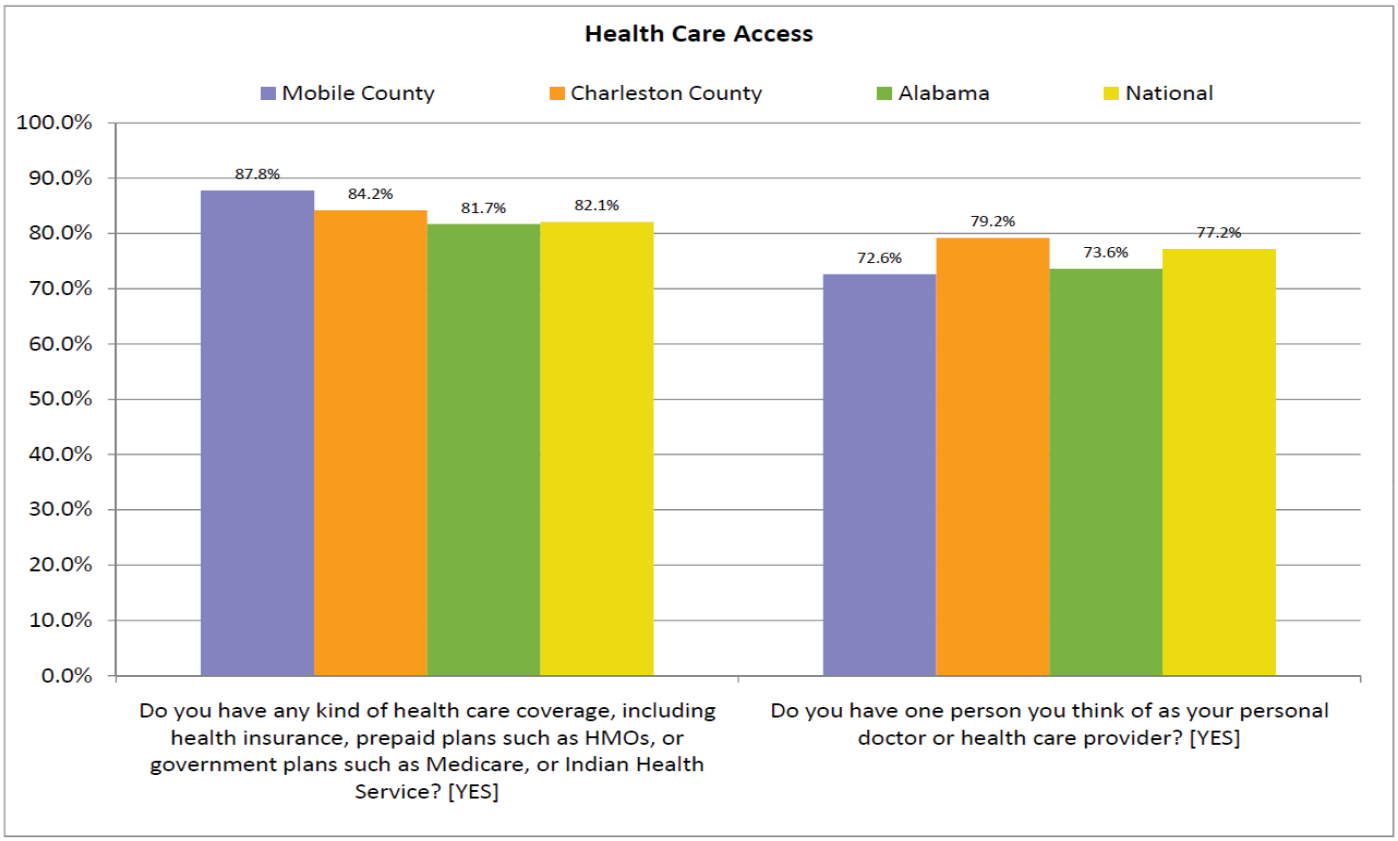


Table 7. Health Care Access identified with BRFSS data



County Health Rankings

Secondary data available on Mobile County and all counties in the nation are available at www.countyhealthranking.org. This annually updated site establishes a benchmark using Health Outcomes and Health Factors. The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) project. MATCH is the collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings identify the multiple health factors that determine a county's health status. Each county receives a summary rank for its health outcomes and health factors - the four types of health factors include: health behaviors, clinical care, social and economic factors and the physical environment.

County Health Rankings
Health Outcomes and Factors

	Mobile County	Charleston County	Alabama	National Benchmark
Mortality				
Premature death	10,188	7,819	9,609	5,317
Health Behaviors				
Adult smoking	24%	18%	23%	13%
Adult obesity	32%	28%	33%	25%
Physical inactivity	31%	24%	31%	21%
Excessive drinking	15%	22%	12%	7%
Motor vehicle crash death rate	23	17	0.23	0.1
Sexually transmitted infections	785	716	562	92
Low birthweight	11.90%	9.70%	10.40%	6.00%
Teen birth rate	59	43	49	21
Clinical Care				
Uninsured	19%	20%	17%	11%
Primary care physicians	1,714:1	804:1	1,641:1	1,067:1
Dentists	2,246:1	1,076:1	2,488:1	1,516:1
Preventable hospital stays	72	46	80	47
Diabetic screening	83%	85%	84%	90%
Mammography screening	64%	72%	65%	73%
Social & Economic Factors				
High school graduation	64%	73%	72%	
Unemployment	10.10%	8.30%	9.00%	5.00%
Children in poverty	30%	26%	28%	14%
Children in single-parent households	44%	41%	37%	20%
Violent crime rate	612	694	427	66
Physical Environment				
Daily fine particulate matter	11.8	11.9	12.9	8.8
Access to recreational facilities	7	13	7	16
Limited access to healthy foods	11%	6%	8%	1%

Community Health Status Indicators

Community Health Status Indicators (CHSI) provides data on over 200 key health indicators for each of the 3,141 United States counties. The data are provided to assist community leaders and public health professionals as they identify, compare and address the most pressing issues for their community.

Table 9. Infant Mortality and Low Birth Weight

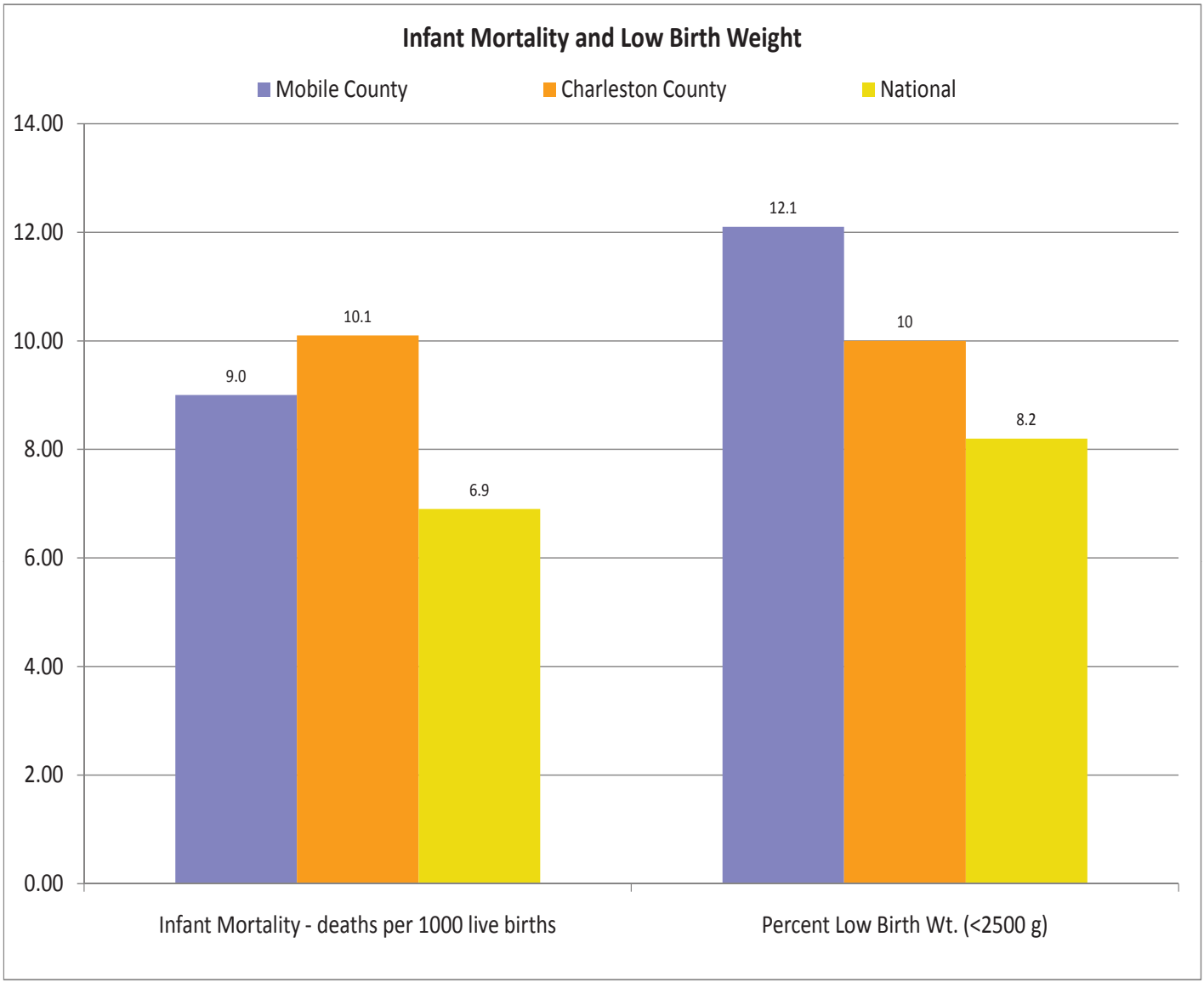
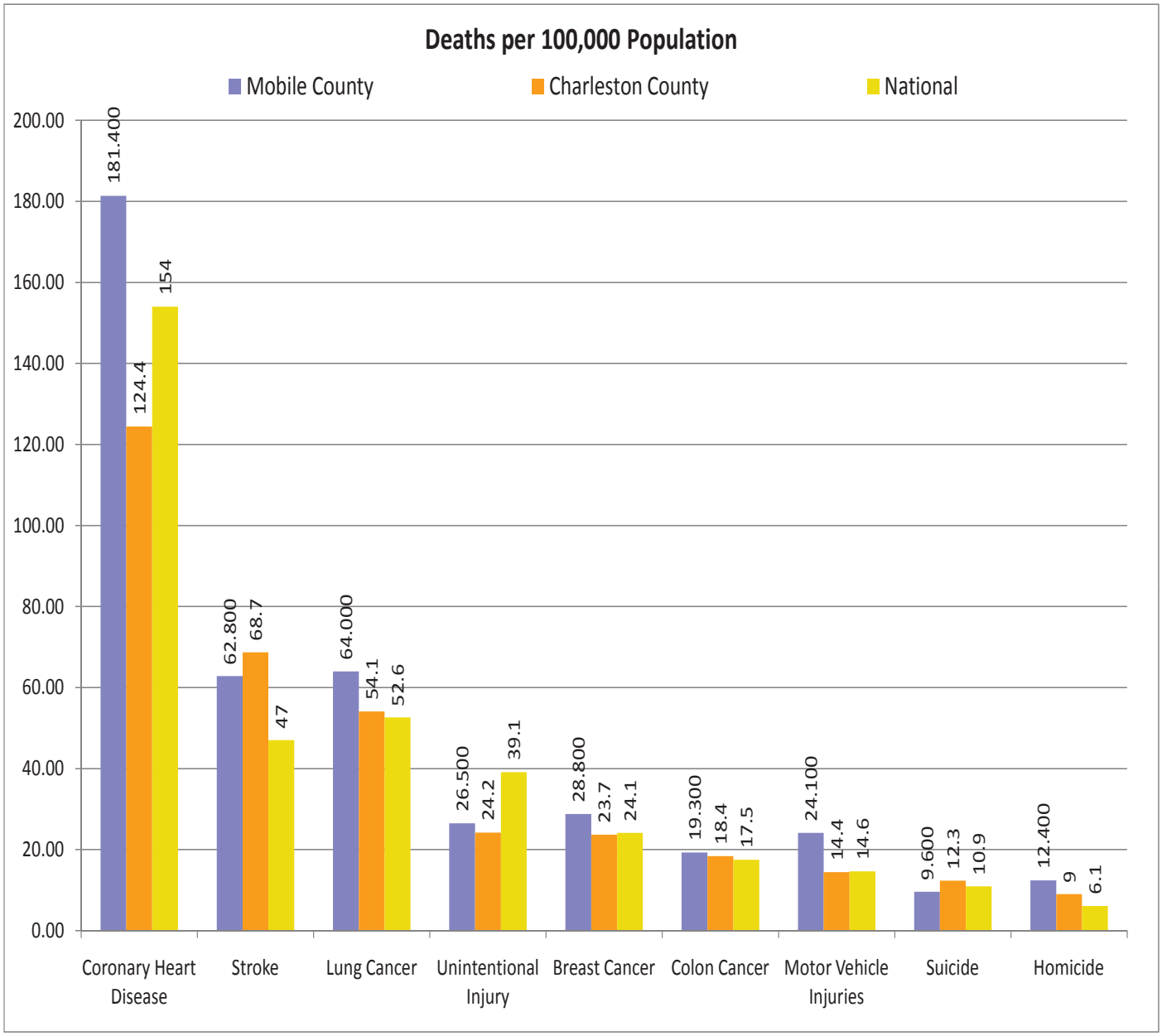


Table 10. Deaths per 100,000 Population



Surveys/Interviews

To formulate a comprehensive list of the greatest health needs within the Infirmary LTAC community, survey and interview questions were developed as previously described. Using the guidance provided in IRS Notice 2011-52 on Community Health Needs Assessments for tax-exempt hospitals, the CHNA team identified key informants. The list of key informants included health experts at the state and community levels, local civic leaders, patients and patient advocates. These key informants were queried using a variety of techniques including electronic survey, focus groups, telephone and in-person interviews. Below is a list of the survey questions and the weighted responses:

Which are the Biggest Problems for You or Your Family?	• Stress • Lack of Exercise
Biggest Health Issue/Concern in Your Community?	• Nutrition / Weight Loss • Heart Disease/ Stroke
What Does Your Community Need In Order to Improve Your Health and Others?	• Affordable Insurance • Mental Health Services • Healthier Food Options • Substance Abuse Rehabilitation
What Events/Initiatives are Most Beneficial to Your Community	• Pro Health • DeBakey Drug Van
Most Important Problems Facing Community?	• Transportation • Lack of Physicians • Overuse of Health System by Uninsured • Lack of Health Insurance • Apathy Toward Adequate Self Care
What Can Hospitals Do To Improve the Quality of Life in Your Community?	• Healthy Education/Screening • Nutritional Counseling
How Can Hospitals in Your Community Help Enrich the Community?	• Promote Walking Paths • Eliminate Sugar Drinks • Smoke Free • Educate on Available Services • Decrease Cost of Health Care

RESULTS

Summary of Findings

The CHNA Coalition Committee, consisting of representatives from hospital senior management and multiple community leaders, completed a private ballot to determine the top issues of the community. The ballot prompted each committee member to rank order a list of community concerns.

The results demonstrated the committee member's healthcare priorities, as well as the voting frequency of each item on the ballot. A Borda-type methodology was used to tabulate the results. The issues considered to be of greatest need in the community were as follows:

1. Good Nutrition/Obesity Prevention
2. Diabetes Related Education and Support
3. Decrease Unemployment
4. Free Subsidized Healthcare for Medically Indigent or Needy
5. Cardiac Health
6. Mental Health Related Education and Support

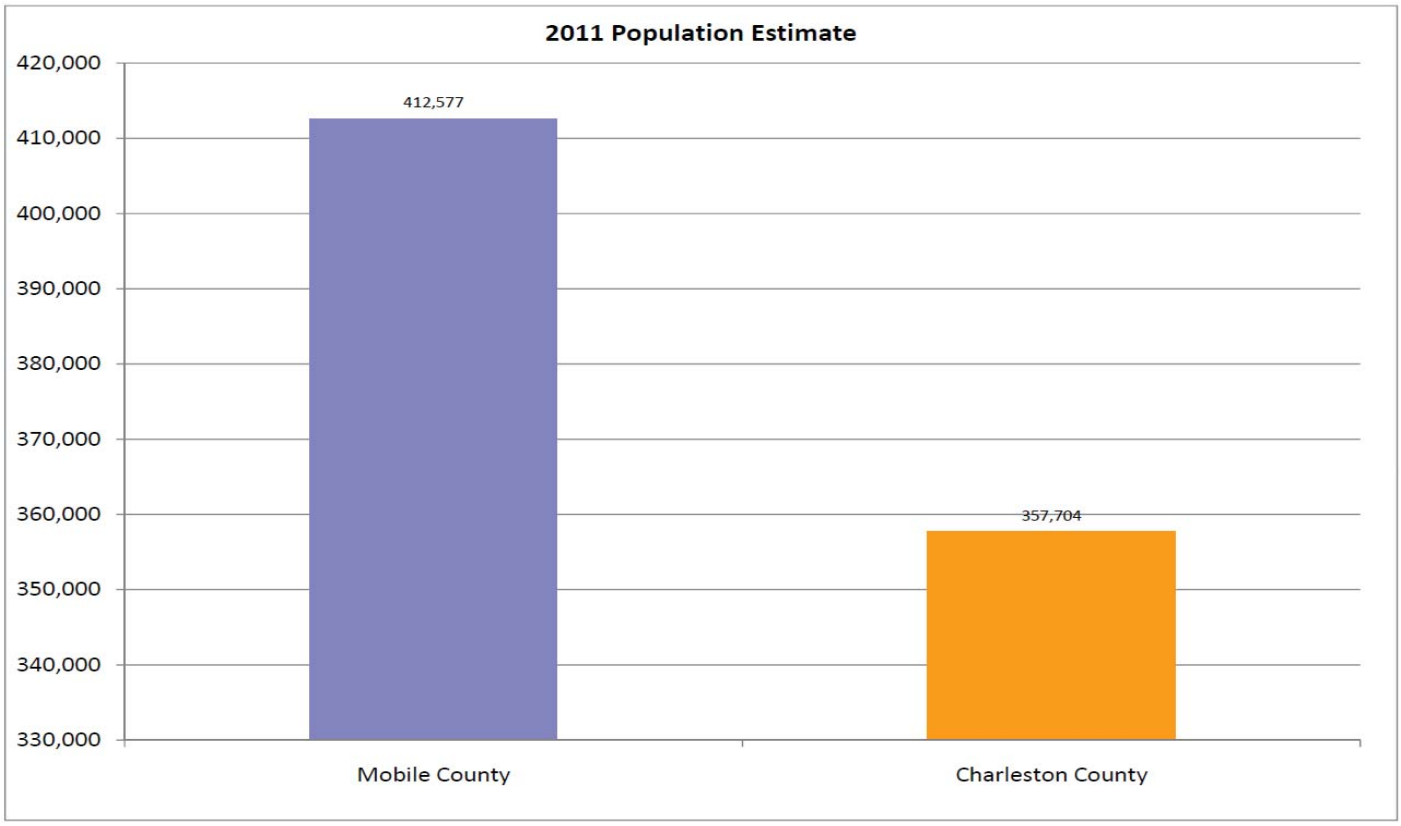
Identifying the needs of the community provides Infirmary LTAC the opportunity and the knowledge to better align existing programs and to design future efforts to best meet the needs of their community. Infirmary LTAC is part of a health system committed to community outreach and health care excellence.

APPENDICES

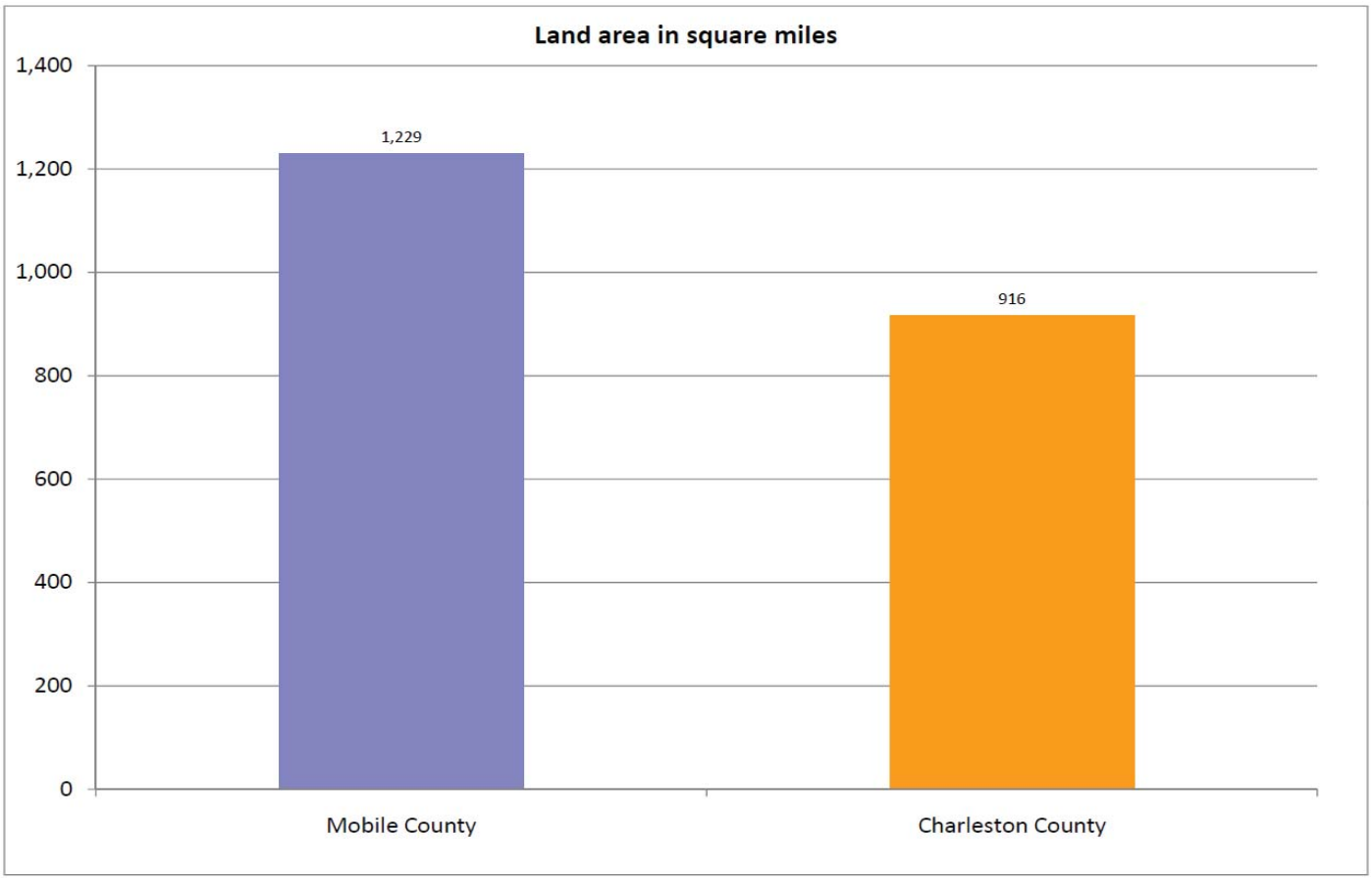
Graphs

Graph 1. U.S. Census – 2011 Population Estimate
Graph 2. U. S. Census – Land Area
Graph 3. U. S. Census – Persons per Square Mile
Graph 4. U. S. Census – Persons under 18 years
Graph 5. U. S. Census – Persons 65 years and over
Graph 6. U. S. Census – Race
Graph 7. U. S. Census – Ethnicity
Graph 8. U. S. Census – High School Graduate or Higher
Graph 9. U. S. Census – Bachelor's degree or higher
Graph 10. U. S. Census – Median household income
Graph 11. U. S. Census – Persons below poverty level

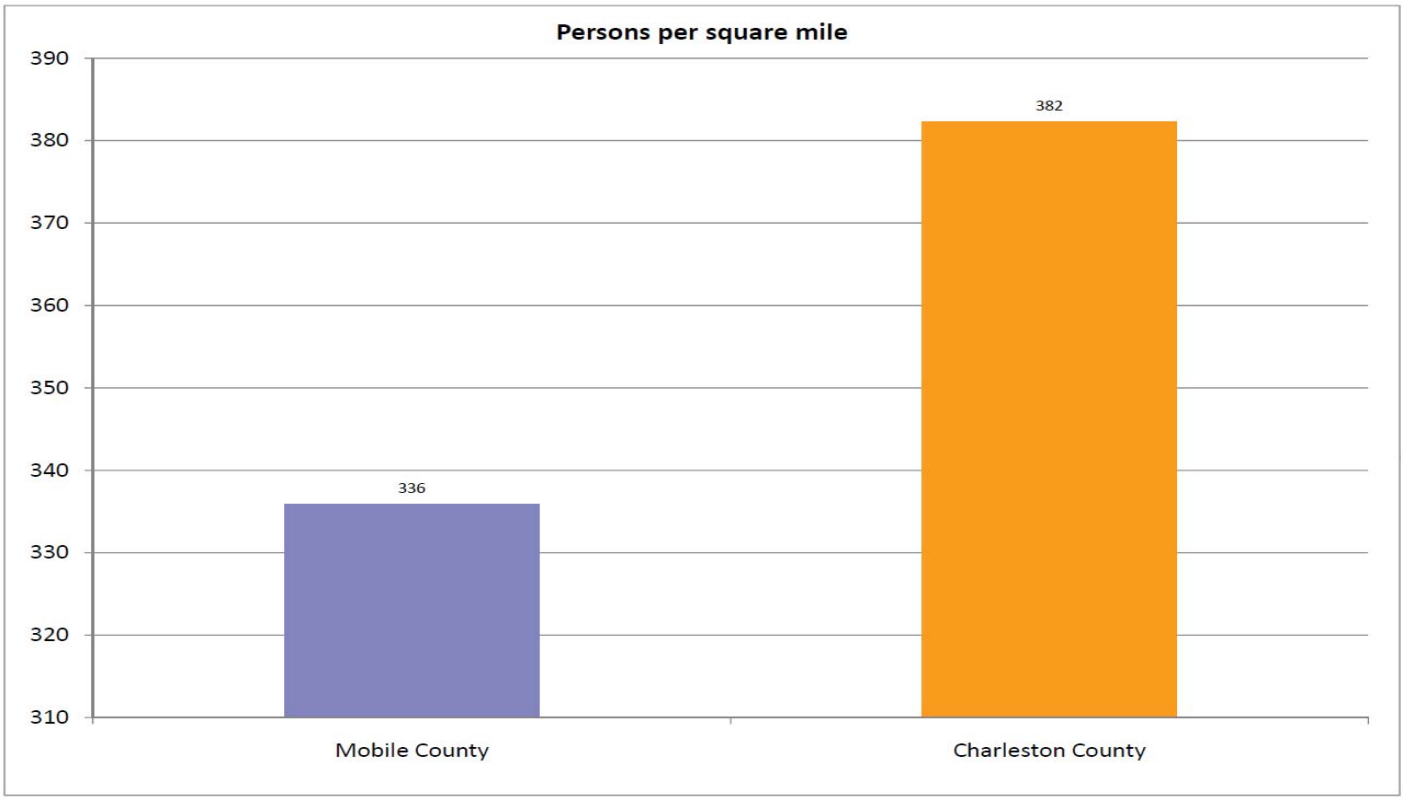
Graph 1. U.S. Census – 2011 Population Estimate



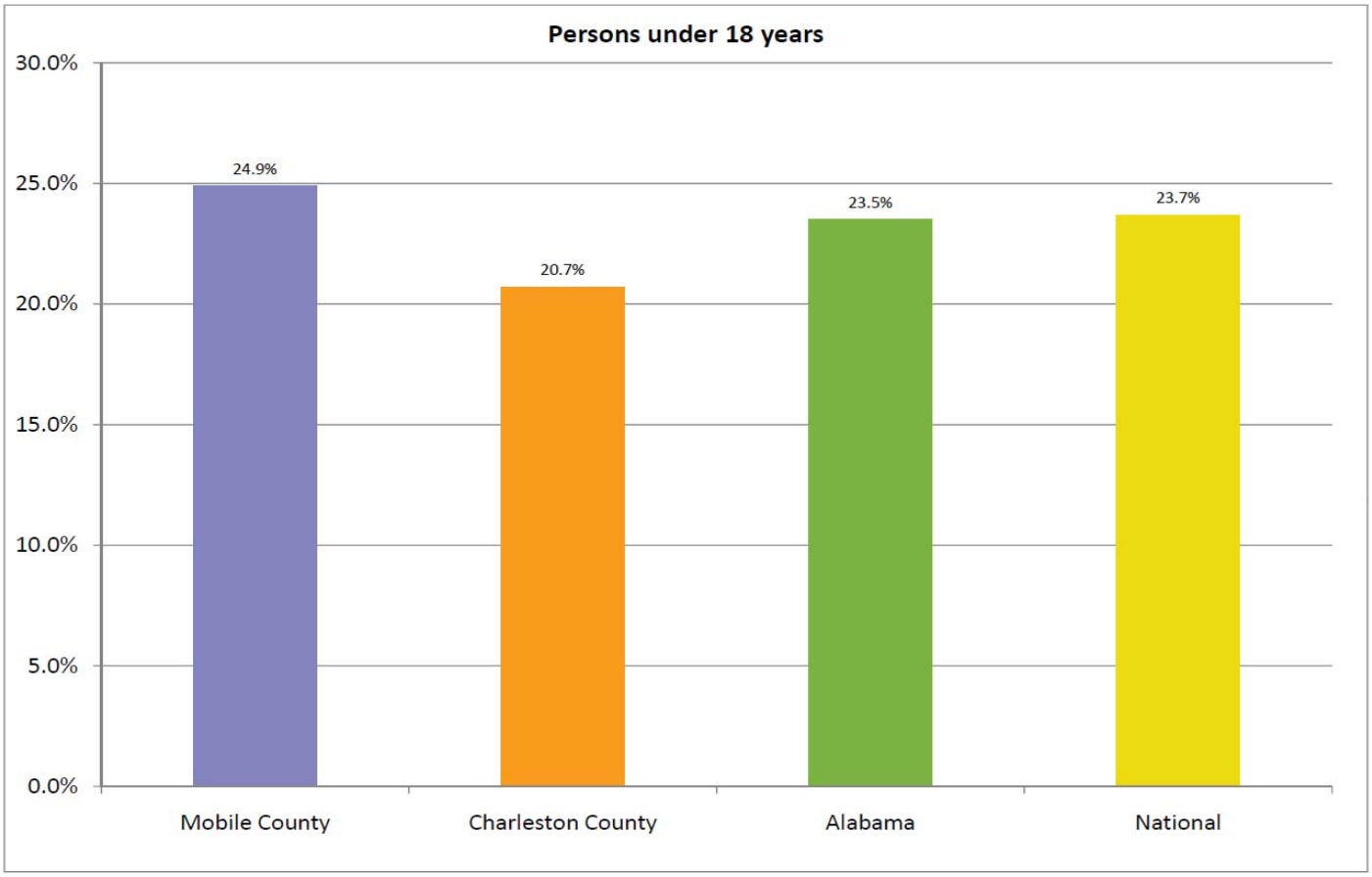
Graph 2. U. S. Census – Land Area



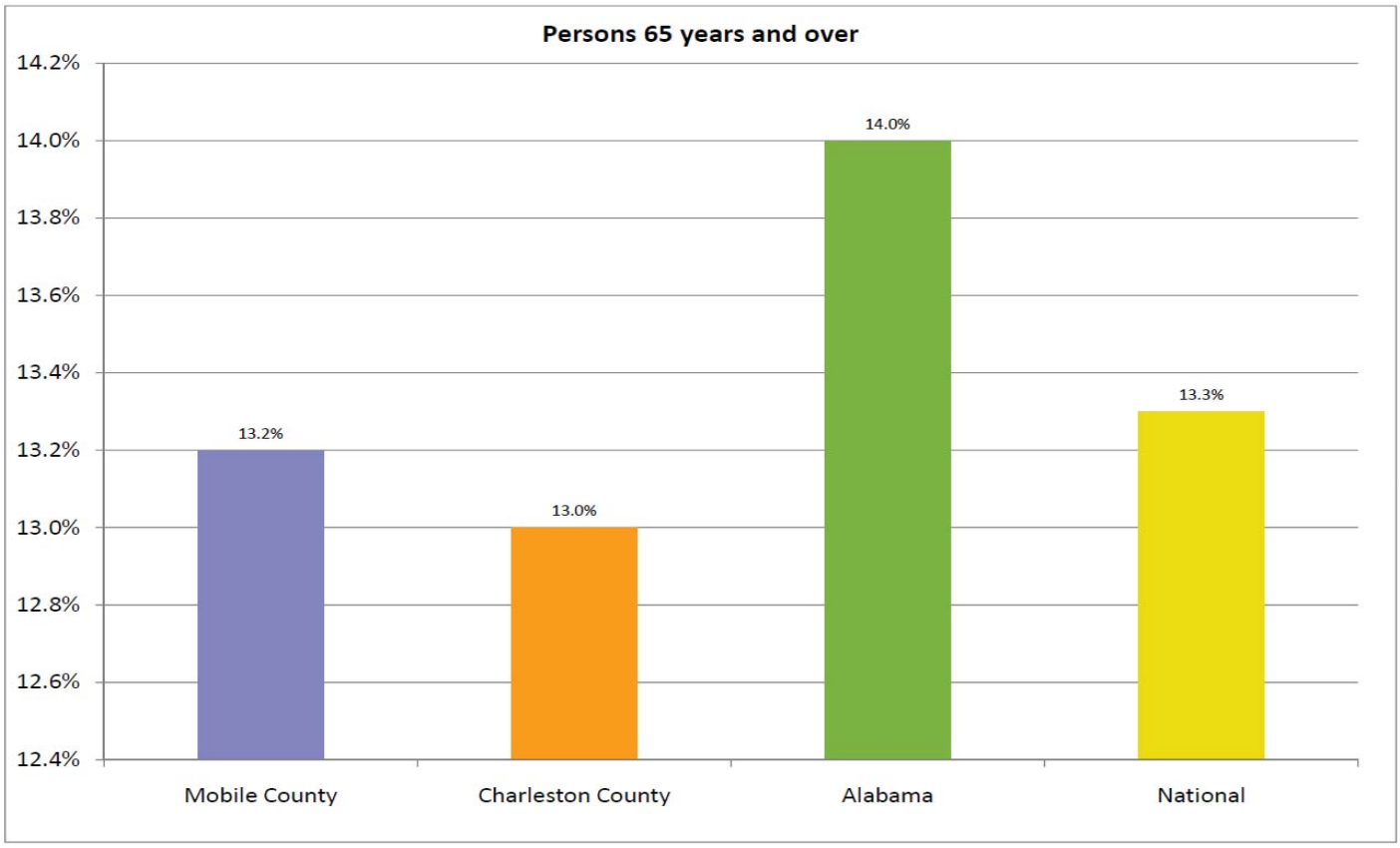
Graph 3. U. S. Census – Persons per Square Mile



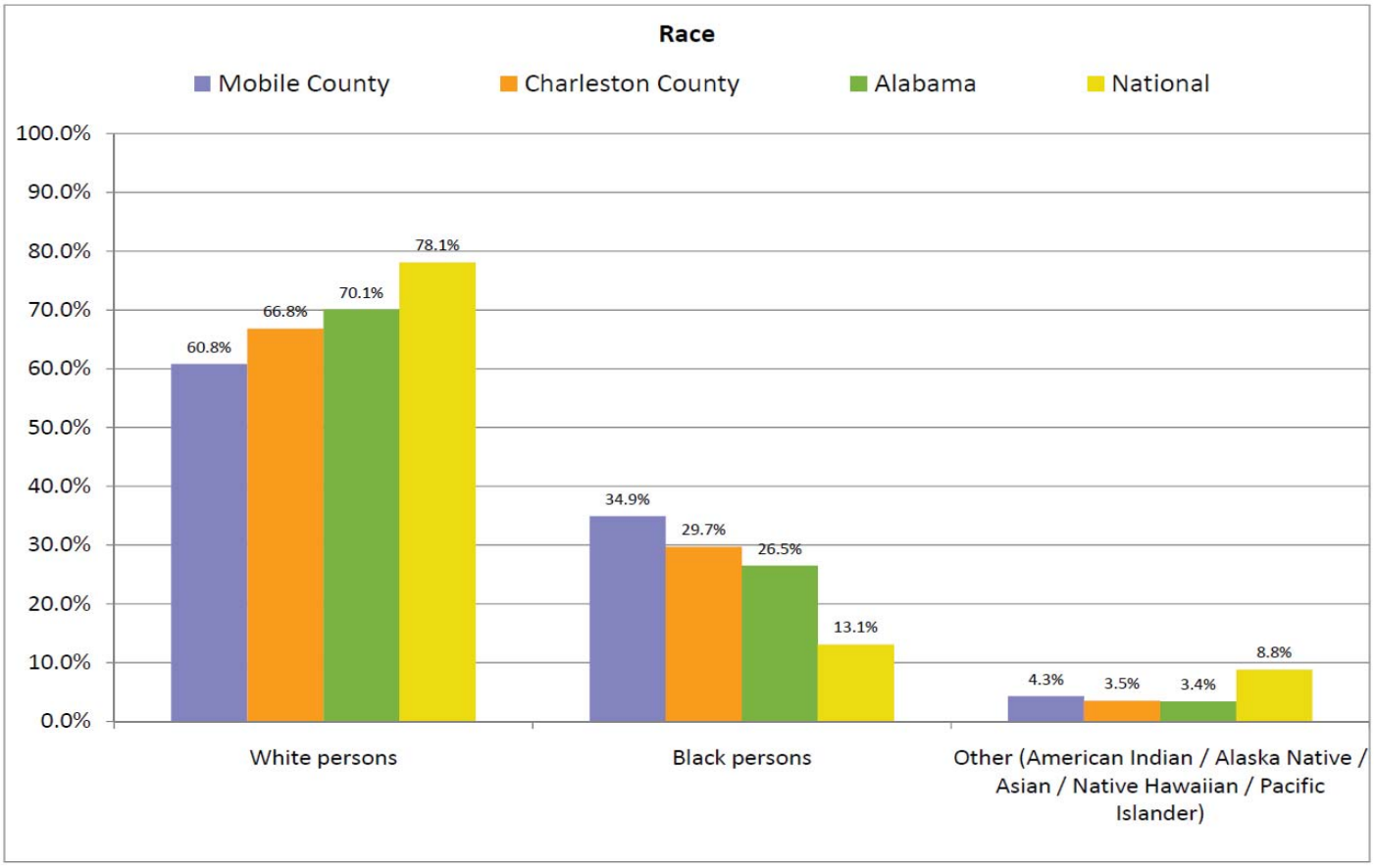
Graph 4. U. S. Census – Persons under 18 years



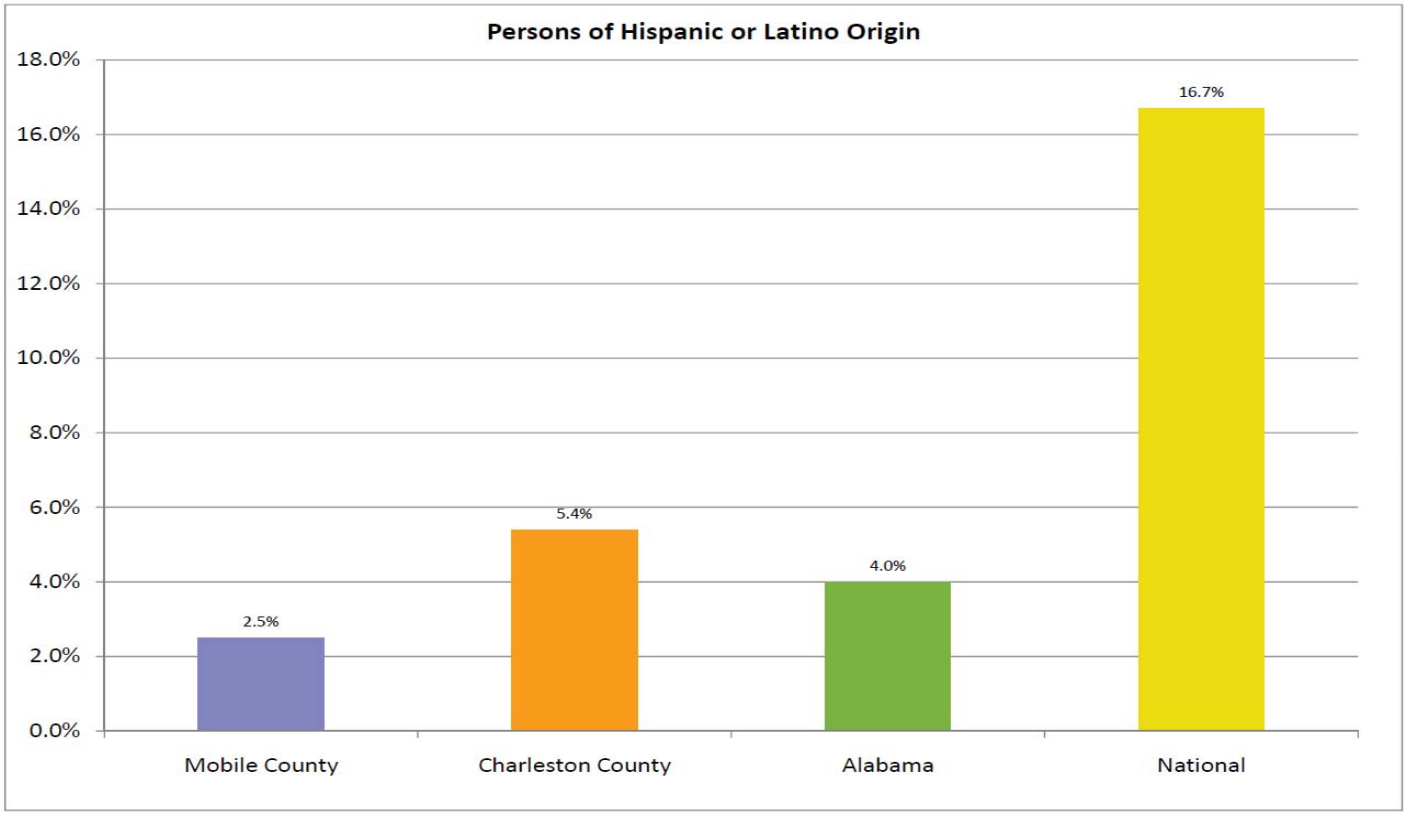
Graph 5. U. S. Census – Persons 65 years and over



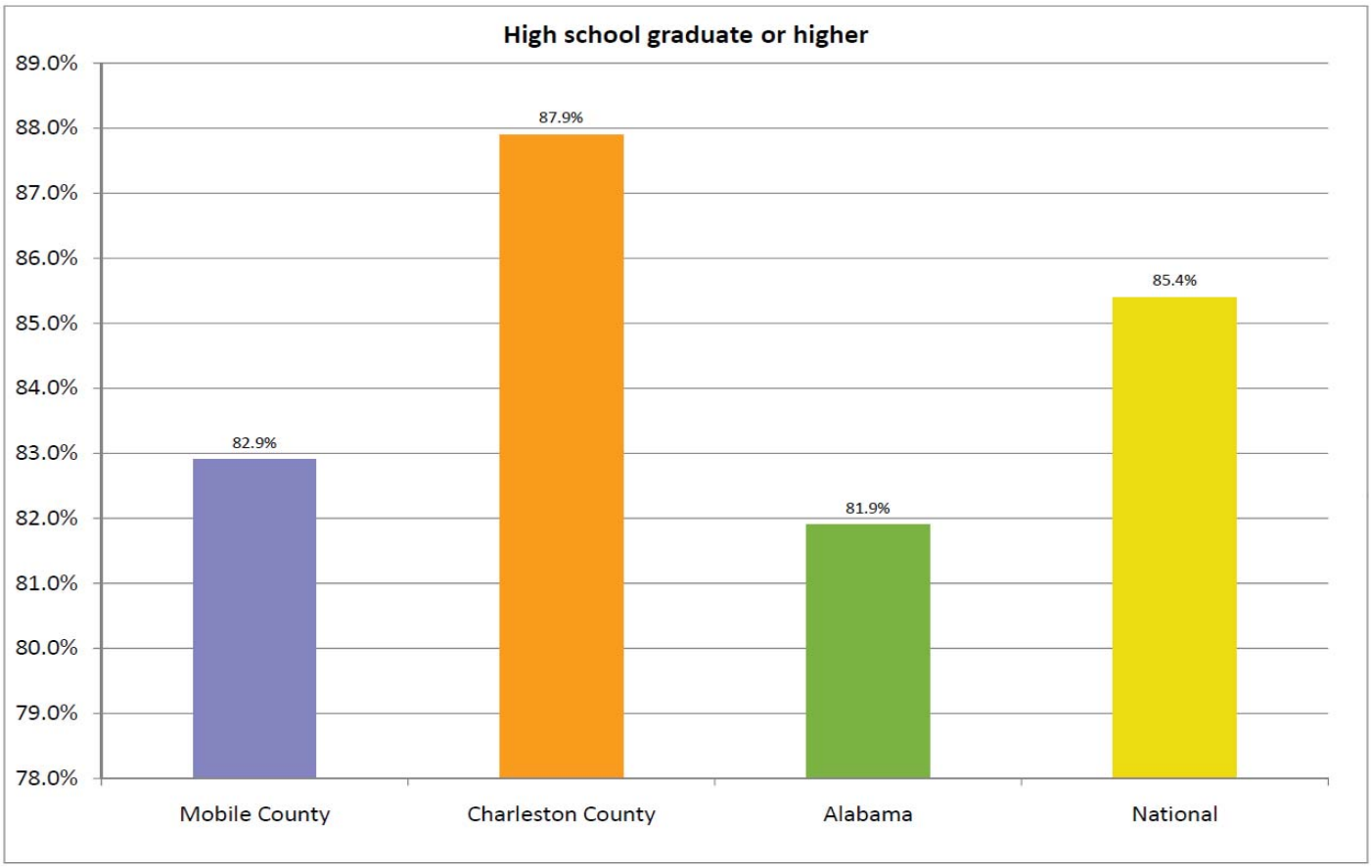
Graph 6. U. S. Census – Race



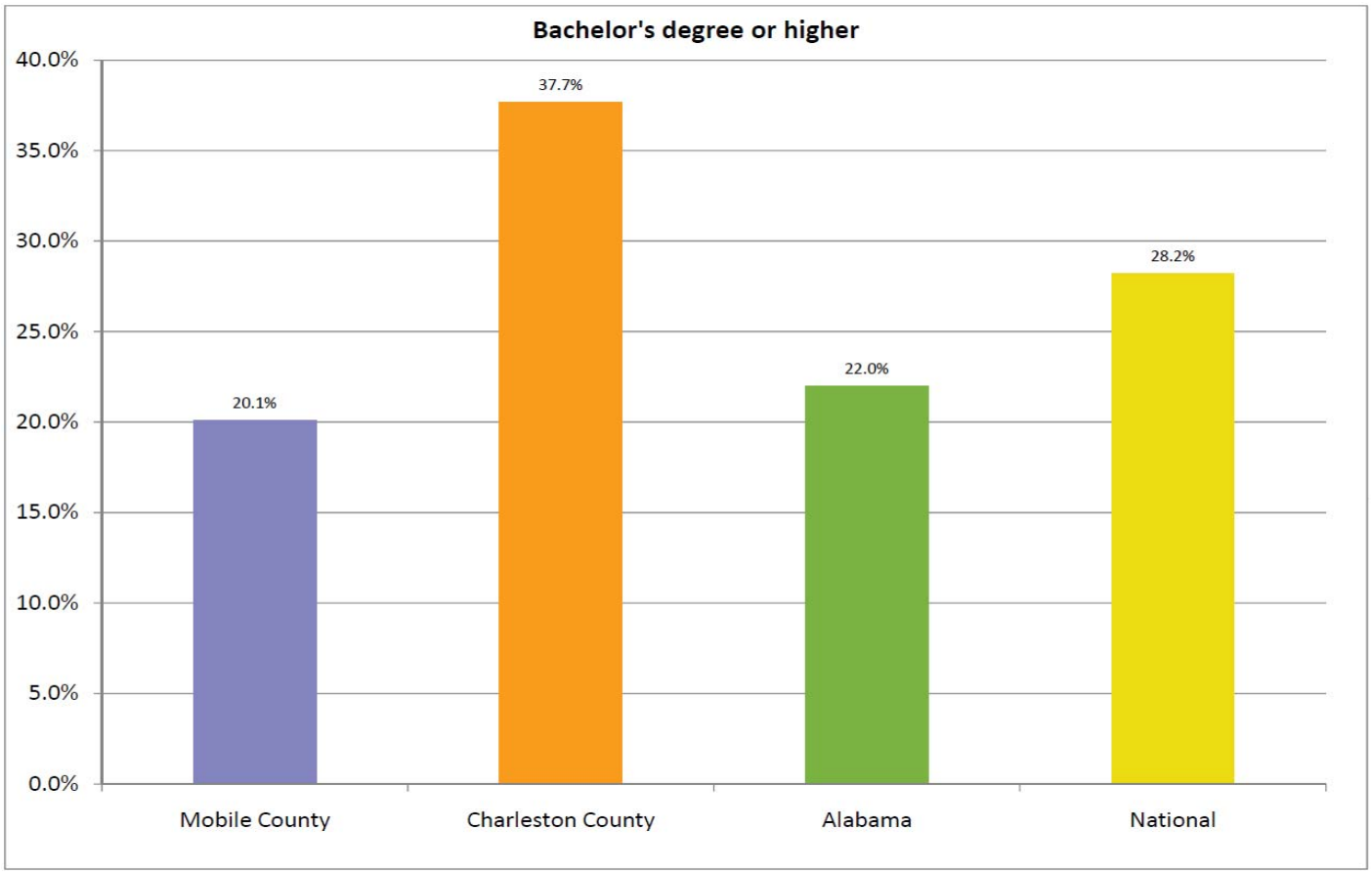
Graph 7. U. S. Census – Ethnicity



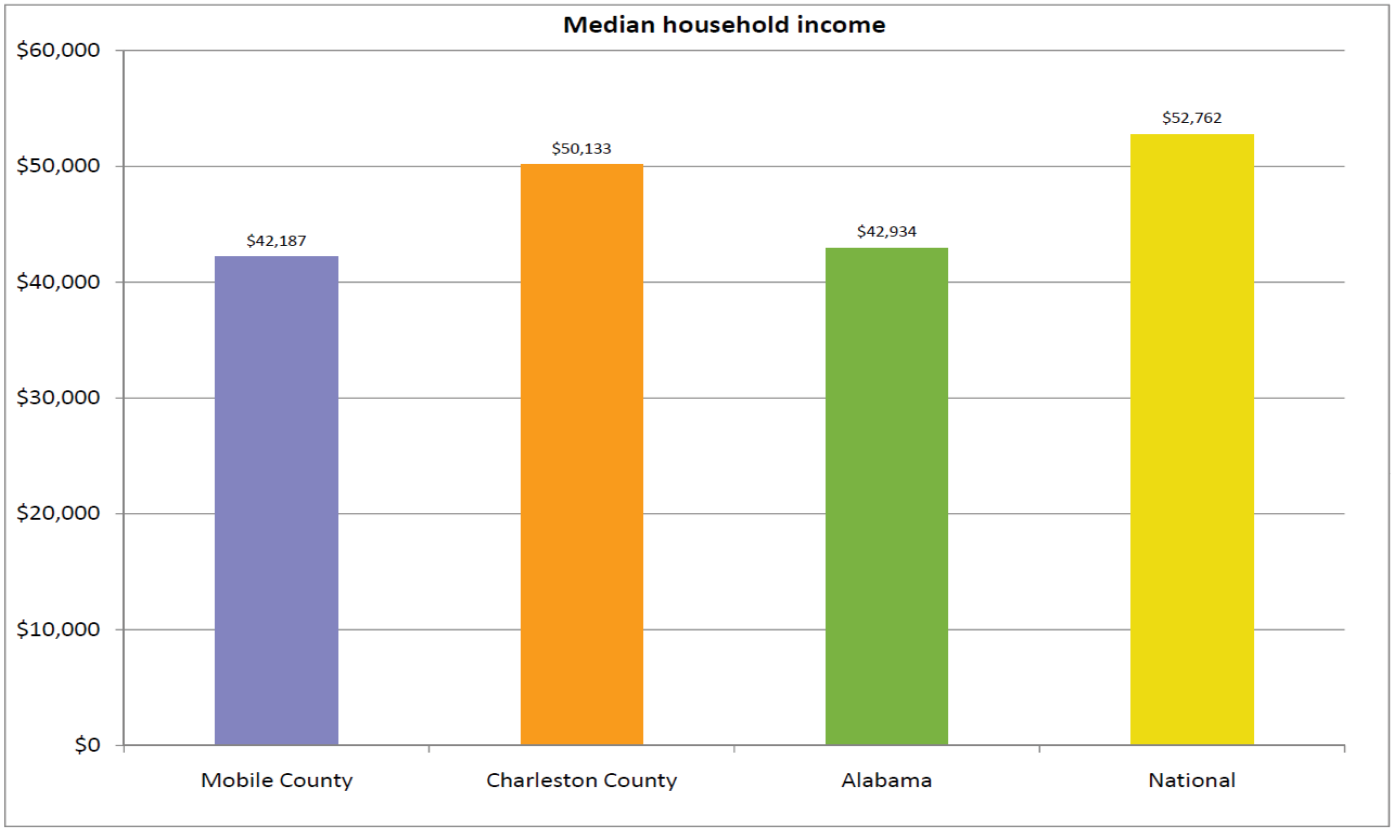
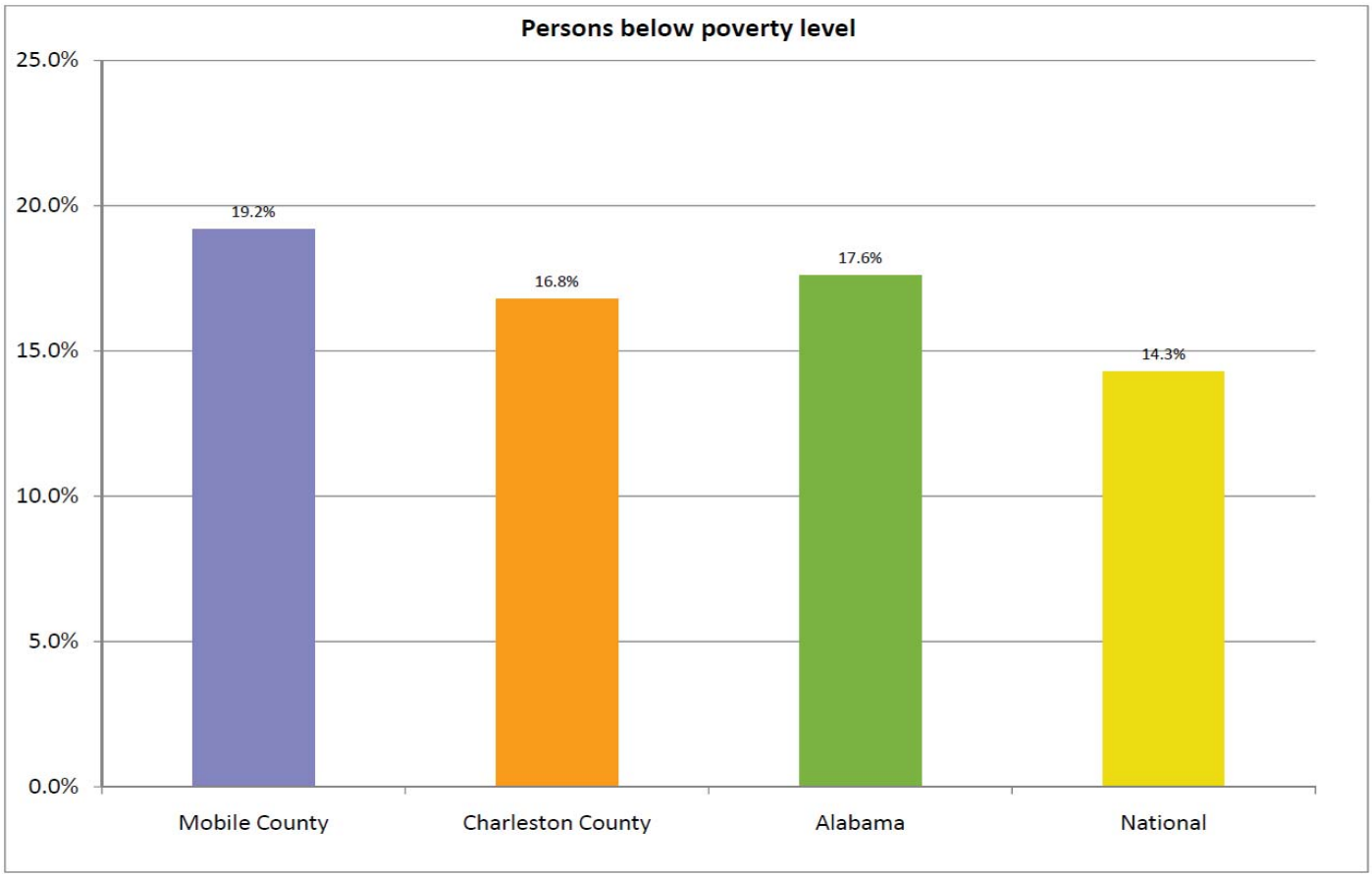
Graph 8. U. S. Census – High School Graduate or Higher



Graph 9. U. S. Census – Bachelor's degree or higher



Graph 10. U. S. Census – Median household income



Graph 11. U. S. Census – Persons below poverty level