COMMUNITY HEALTH NEEDS ASSESSMENT 2016-2018

Atmore Community Hospital
INFIRMARY HEALTH
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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 CHNA process was conducted under the direction of Infirmary Health and facilitated by Ascendant Healthcare Partners (AHP) in collaboration with Atmore Community Hospital to meet the CHNA requirement for 2016-18.

The framework used was a community-driven strategic planning process for improving community health with the goal to identify and prioritize health issues. Infirmary Health completed this process of the data to assess overarching themes and health issues. The 2016 Community Health Priorities for the community of Escambia County are:

Healthy Weight
Access to Care
Tobacco

An implementation strategy that will address each of these issues is currently in development. The strategy will seek to leverage valuable partnerships and resource allocation, collaboration with partners for collective impact while deploying specific interventions within the community. The outcomes and results of these interventions will be followed and re-examined in preparation for the next CHNA scheduled for completion in Spring 2019.
INTRODUCTION

The Community Health Needs Assessment (CHNA) has been conducted by Infirmary Health and Atmore Community Hospital to understand the needs and resources within our communities and to guide our strategy. Several environmental factors are driving the need to review our practices such as healthcare reform, compliance, strategic planning, transparency, accountability and emerging technologies. The passage of the Health Care Reform law (the Patient Protection and Affordable Care Act), includes a provision for non-profit hospitals to conduct CHNAs.

The CHNA process was conducted under the direction of Infirmary Health and facilitated by Ascendant Healthcare Partners, a healthcare consulting firm providing evaluations of communities’ health status and providing a blueprint in promoting collaborative initiatives that address priority health issues. The goal of Ascendant Healthcare Partners is to develop and implement community based health promotion and wellness programs that provide a forum for collaborative planning, resource allocation and implementation of programs to address the priority health needs. Ascendant Healthcare Partners has more than 20 years of experience in community health assessments, priorities and engagement.

Infirmary Health formed the Community Assessment and Strategy Committee (CASC) to oversee the assessment process. CASC members included the Coalition for a Healthier Escambia and Infirmary Health representatives from Escambia County, with representatives from hospital management, nursing services and case management.

Atmore Community Hospital (ACH) is a 49-bed facility, serving several rural communities in southern Alabama and northwest Florida, offering services for residents who otherwise would have to travel further from their homes for medical care. Atmore Community Hospital is owned by the Escambia County Health Authority, but has been leased and operated by Infirmary Health since 2015. Infirmary Health is a not-for-profit parent corporation for a locally-owned health system, based in Mobile, in adjoining Mobile County, Alabama.
COMMUNITY DEFINITION

ESCAMBIA COUNTY

Escambia County is located in south central Alabama, and lies on the northern boundary of Florida. It encompasses 951 square miles; the three most populous communities are Brewton, in the eastern part of the county, Flomaton, closer to the middle of the county, and Atmore, in the west.

Atmore is the largest incorporated township in Escambia County, with more than 25% of the county’s population. While the county is a largely rural area, 63.5% with just over 40 persons per square mile compared to the state average of nearly 95, it has a diversified economic base.

<table>
<thead>
<tr>
<th>Demographics</th>
<th>State of Alabama</th>
<th>Escambia County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>4,833,722</td>
<td>37,983</td>
</tr>
<tr>
<td>Female</td>
<td>2,489,367</td>
<td>19,561</td>
</tr>
<tr>
<td>Male</td>
<td>3,244,255</td>
<td>18,422</td>
</tr>
<tr>
<td>Media Age</td>
<td>38.2</td>
<td>38</td>
</tr>
<tr>
<td>Poverty Rate</td>
<td>19%</td>
<td>27.8%</td>
</tr>
<tr>
<td>Children living in poverty</td>
<td>27%</td>
<td>37.1%</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$42,882</td>
<td>$33,455</td>
</tr>
</tbody>
</table>

The median household income is **$33,435**. The largest Escambia County racial/ethnic groups are Caucasian 60.7% followed by African American 32.0% and Hispanic 2.1%. The county poverty rate is 27.8% one of the lowest in the state. 64% of children enrolled in public schools are eligible for free lunch, seventeenth in the state. Uninsured adults in Escambia County is 26% of the population ages 18 to 65 and 5% are under age 19. Additional demographic and socioeconomic data for the county are provided in Appendix III of this report.
The business sector produces automotive parts, carpets, wood products, castings, and other goods. Forestry and agriculture provide jobs for many residents. Tourism in the community includes canoeing, camping, horseback-riding, hunting, golf course and a casino operated by the Poarch Band of Creek Indians — the only federally recognized tribe in Alabama.

**METHODOLOGY**

**FRAMEWORK OF ANALYSIS**

The framework used was a community-driven strategic planning process for improving community health that applies to strategic thinking to identify and prioritize health issues and identify resources to address them.

During 2016, a CHNA was conducted by Infirmary Health. The goal of Infirmary Health is to develop and implement community-based health promotion and wellness programs and provide a forum for collaborative planning, resource allocation and implementation of programs to address the priority health needs.

The health issue prioritization framework followed this process:

1. Identify potential health issues by reviewing the 2013 Community Health Needs Assessment.
2. Use results from two assessments to validate health issues revealed.
3. Priorities were then identified by applying four criteria, three of which were objective, and one that was subjective.

- **Objective Criteria:**
  a. Magnitude of difference between Escambia County and the State of Alabama
  b. Magnitude of difference between Escambia County and 66 other Alabama counties
  c. Overall number of people affected
Subjective Criteria:

- Potential community support and availability of resources to permit effective intervention.

In order to synthesize the results of the objective criteria, those indicators with results most unfavorable by comparison were the social determinants of health indicators. These social determinants of health are the identifying precursor behaviors and other societal factors which could affect health outcome results. Subsequently, input was solicited from the Coalition for a Healthier Escambia County regarding programs and resources available, both in Escambia County and at the state level, to support effective intervention strategies.

Input from members of the Coalition included a discussion relating to indicators for which there were proven evidence-based interventions, and indicators which were directly correlated to many of the poor health outcomes. The Coalition’s input also focused priorities that the community had previously succeeded in achieving positive results for, through collaborative efforts.

The process was comprised of the following individual assessments:

Community Themes and Strengths Assessment (CTSA)

The CTSA Assessment answers questions such as: "What is important to our community?" and "How is quality of life perceived in our community?" This assessment results in a strong understanding of community.

By including Community Themes and Strengths in the process, two benefits are gained. First, community members become more vested in the process when they have a sense of ownership and responsibility for the outcomes. This occurs when their concerns are genuinely considered and visibly affect the process. Second, the themes and issues identified offer insight into the information uncovered during the other assessments’ issues and concerns, perceptions about quality of life and a map of community assets.
**Community Health Status Assessment (CHSA)**

The CHSA answers the questions, "How healthy are our residents?" and "What does the health status of our community look like?" The results of the CHSA provide the CASC with an understanding of the community’s health status and ensure that the community’s priorities include specific health status issues (e.g., high lung cancer rates or low immunization rates).

The CHNA is a process assessing the current health status of Escambia County through the selection and collection of indicators and the analysis of trends and comparisons to benchmarks.

**SUMMARY OF FINDINGS**

**COMMUNITY THEMES AND STRENGTHS ASSESSMENT**

Infirmary Health conducted a Community Health Survey of local health & social service organizations from December through January with a total of **33 respondents** from Escambia County.

<table>
<thead>
<tr>
<th>County</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escambia</td>
<td>33</td>
</tr>
</tbody>
</table>

Overall themes and community concerns included: obesity or excess weight, diabetes, not seeing a doctor or dentist, poor eating habitat, tobacco use and abuse problems.
<table>
<thead>
<tr>
<th>Question</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Features of a healthy community</td>
<td>Access to health; quality education; quality hospitals and urgent/emergency services; mental health services</td>
</tr>
<tr>
<td>Most important health issues</td>
<td>Obesity; mental health problems; heart disease and stroke; diabetes</td>
</tr>
<tr>
<td>Most concerning unhealthy behaviors</td>
<td>Drug abuse; poor eating; not seeing a doctor or dentist; excess weight</td>
</tr>
<tr>
<td>The health of my community</td>
<td>Somewhat healthy</td>
</tr>
<tr>
<td>Quality of health services</td>
<td>Good</td>
</tr>
<tr>
<td>Healthcare services difficult to obtain for clients</td>
<td>Mental health services, preventative care, affordable prescriptions and dental care</td>
</tr>
<tr>
<td>What happens if your organization cannot provide all the services needed by client?</td>
<td>Give the client information on where to obtain assistance</td>
</tr>
<tr>
<td>Clients served</td>
<td>Families, individuals</td>
</tr>
<tr>
<td>How useful would it be to know other services your client received from other organizations?</td>
<td>Helpful</td>
</tr>
<tr>
<td>Clients served annually</td>
<td>Less than 500 to more than 20,000</td>
</tr>
</tbody>
</table>

**COMMUNITY HEALTH STATUS ASSESSMENT**

**Indicator Selection**

A review of health status assessments from the following organizations: Healthy People 2020, Community Commons, Robert Wood Johnson’s County Health Rankings and previous assessments revealed a cross section of many common indicators. From this cross section, state and county data for 58 health status indicators.

**Data Sources**

Data sources included: Alabama Department of Public Health, Agency for Health Care Administration, County Health Rankings and Roadmaps, Alabama Department of Children and Families, Centers for Disease Control and Prevention, U.S. Department of Health & Human Services, Feeding America, USDA Economic...
Research Service, Alabama Department of Law Enforcement, U.S. Census Bureau, Federal Bureau of Labor and Statistics, and U.S. Department of Housing and Urban Development. A complete list of data sources can be found in Appendix III.

Framework for Analysis
To identify the issues that hold the greatest priority for the community, the indicator results were evaluated within the framework of the County Health Rankings model created by the University of Wisconsin Population Health and the Robert Wood Johnson Foundation. The framework emphasizes factors, that when improved, can help improve the overall health of a community. This model is comprised of three major components:

Health Outcomes
This component evaluates the health of a community as measured by two types of outcomes: how long people live (Mortality/Length of Life) and how healthy people are when they are alive (Morbidity/Quality of Life).

Health Factors
Factors that influence the health of a community including the activities and behavior of individuals (Health Behaviors), availability of and quality of healthcare services (Clinical Care), the socio-economic environment that people live and work in (Social and Economic Factors) and the attributes and physical conditions in which we live (Physical Environment).
Programs and Policies
Policies and programs at the local, state and federal level have the potential to impact the health of a population as a whole (i.e. smoke free policies or laws mandating childhood immunization).

As illustrated, Policies and Programs influence Health Factors which in turn cause the Health Outcomes of a community. Health Outcomes are improved when Policies and Programs are in place to improve Health Factors.

BENCHMARKING
For comparison, each indicator was measured against the performance of the State of Alabama as a whole. According to United Health Foundation’s, America’s Health Rankings 2015, the State of Alabama ranked just near the bottom (46th) of all states across the core measures of Behaviors, Community and Environment, Policy, Clinical Care, and Outcomes. Alabama’s rank for each dimension is shown on page 11. Lower scores indicate a healthier population; thus the health status of Alabama residents ranks near the bottom of the nation. Our local community aspires to be healthier than the state average.

### Social Determinants of Health
Healthy People 2020 defines social determinants of health as conditions in the environments in which people live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. Conditions (e.g., social, economic and physical) in these various environments and settings (e.g., school, church, workplace and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. A “place-based” organizing framework, reflecting five (5) key areas of social determinants of health (SDOH), was developed by Healthy People 2020, including:

<table>
<thead>
<tr>
<th>Place: Economic Stability</th>
<th>Key Issues: Poverty, Employment, Food Security, Housing Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place: Social and Community Context</td>
<td>Key Issues: Social Cohesion, Civic Participation, Perceptions of Discrimination and Equity, Incarceration/Institutionalization</td>
</tr>
<tr>
<td>Place: Health and Healthcare</td>
<td>Key Issues: Access to Healthcare, Access to Primary Care, Health Literacy</td>
</tr>
<tr>
<td>Place: Neighborhood and Built Environment</td>
<td>Key Issues: Access to Healthy Foods, Quality of Housing, Crime and Violence, Environmental Conditions</td>
</tr>
</tbody>
</table>

Alabama’s Health Rankings are determined by four groups of measures:

1) Behavior: Excessive Drinking, Smoking, Obesity, Physical Inactivity, Drug Deaths and High School Graduation (ACGR).

2) Community and Environment: Children in Poverty, Infectious Disease, Violent Crime, Occupational Fatalities and Air Pollution.

3) Policy: Lack of Health Insurance, Children Immunizations, Adolescents Immunizations and Public Health Funding.

4) Clinical Care: Dentists, Primary Care Physicians, Low Birth Weight, and Preventable Hospitalizations.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>46</td>
</tr>
<tr>
<td>Behaviors</td>
<td>40</td>
</tr>
<tr>
<td>Community and Environment</td>
<td>45</td>
</tr>
<tr>
<td>Policy</td>
<td>17</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>48</td>
</tr>
<tr>
<td>Outcomes</td>
<td>49</td>
</tr>
</tbody>
</table>

In the past year, physical inactivity decreased 12% from 31.5% to 27.6% of adults and excessive drinking increased 8% from 12.3% to 13.3% of adults. In the past two years, disparity in health status by education level decreased 31% from 29.4% to 20.2%. In the past 10 years, infant mortality increased 2% from 8.5 to 8.7 deaths per 1,000 live births. Since 1990, children in poverty decreased 4% from 26.2% to 25.2% of children.

County Health Rankings produces a similar report ranking the counties in each state. In a state that does poorly across the nation, Escambia County ranks 50th out of 67 counties in Health Outcomes and 55th in Health Factors. Current Health Outcomes and Health Factors rankings are displayed on the following page.
RESULTS

The collection of county-level data for 58 health status indicators. As a benchmark, individual performance for each county was compared to that of the State of Alabama as a whole. To identify overall themes, results were analyzed using the County Health Rankings Model for population health that emphasized the impact of health factors, such as behavior, clinical care, socioeconomic and physical environment, on the health outcomes of mortality, length of life, morbidity and quality of life. Looking at Escambia County, out of the seven indicators, Escambia County performed **worse than the state in 24 of them.**

<table>
<thead>
<tr>
<th>County Health Rankings</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dimensions</strong></td>
<td></td>
</tr>
<tr>
<td>Health Outcomes</td>
<td>50</td>
</tr>
<tr>
<td>Length of Life (Mortality)</td>
<td>49</td>
</tr>
<tr>
<td>Quality of Life (Morbidity)</td>
<td>50</td>
</tr>
<tr>
<td>Health Factors</td>
<td>55</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>42</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>64</td>
</tr>
<tr>
<td>Socioeconomic</td>
<td>53</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>36</td>
</tr>
</tbody>
</table>
The health issue prioritization process was a three-step process:

1. Identify potential health issues by reviewing the 2013 Community Health Needs Assessment.
2. Use results from additional assessments to validate health issues revealed.
3. Priorities were then identified by applying four criteria, three of which were objective, and one that was subjective.

- **Objective Criteria:**
  a. Magnitude of difference between Escambia County and the State of Alabama
  b. Magnitude of difference between Escambia County and other Alabama counties
  c. Overall number of people affected

- **Subjective Criteria**
  a. Potential community support and availability of resources to permit effective intervention.

**2016 COMMUNITY HEALTH PRIORITIES**
Infirmary Health and the Coalition completed this process of the data to assess overarching themes and health issues. The 2016 Community Health Priorities for the Escambia County are:

Healthy Weight
Access to Care
Tobacco Use
COMMUNITY HEALTH PRIORITY: HEALTHY WEIGHT
Data for 25 indicators related to nutrition and physical activity. Of which, two indicators showed a worsening trend.

COMMUNITY HEALTH PRIORITY: ACCESS TO CARE
This priority speaks to the ability for residents to access quality care in a timely manner in the appropriate care setting. Twenty-six indicators related to this priority. Among the indicators with a worsening trend are children in poverty and percentage of the population under 65 without health insurance.

COMMUNITY HEALTH PRIORITY: TOBACCO
Data for twenty indicators related to nutrition and physical activity. Of which, two indicators showed a worsening trend.

To better understand the impact these health issues have on the community, the 2016 Community Health Priorities and the county health issues are discussed in greater detail in the following sections.
COMMUNITY HEALTH PRIORITY

HEALTHY WEIGHT

Obesity is a complex and costly issue. Trust for America’s Health, named Alabama is the fifth “fattest state” in the nation ranking first in adult obesity, with 33.5% of adults in the obese category. The estimated annual medical cost for residents in Alabama was $1.172 billion paying for healthcare costs related to obesity. Currently, only 37% of Alabamians are at healthy weight. With the current trend, by 2030, almost 60 percent will be obese. Additionally, six out of ten children born today will be obese by the time they graduate high school. In Alabama, childhood obesity is 14.1% in 2 to 4-year olds from low-income families, 18.6% in 10 to 17 year olds and 17.1% in high school students. In childhood obesity, Alabama ranks in the top 20 states in all age categories. Adult obesity in Escambia County is 36%, trending higher.

HEALTH FACTORS

Over the next 20 years in Alabama, obesity is expected to contribute to millions of cases of preventable chronic diseases and other poor outcomes costing an estimated $1.172 billion annually such as:

- Type 2 diabetes
- Hypertension
- Heart disease/ Cardiovascular Disease
- Stroke
- Cancer
- Diabetes
The top two causes of death in Alabama are cardiovascular disease (CVD) and cancer. Much research supports the nutrition and physical activity impact on these diseases. CVD accounted for 25.4% of all deaths. More Alabamians die each year from CVD than from all forms of cancer combined. Alabama ranks fourth in the nation in heart disease and stroke deaths. Alabama ranks above the national average in deaths due to heart disease and second in the nation for hypertension. African Americans have the highest stroke death rate in Alabama. Alabama ranked third in terms of adult hypertension. Thirty-three percent of the total Alabama adult population indicated they had been diagnosed with hypertension. In addition, 38 percent of the total adult African American population is at risk for hypertension.

The Alabama Department of Public Health identified both high systolic and high diastolic blood pressures in Alabama adolescents. According to County Health Rankings, 38% of adults in Escambia County are obese, (adults 20 and older with a BMI greater or equal to 30).

Cancer is the second leading cause of death accounting for 29,013 or 21.7% of all deaths.

An estimated 17 million Americans (6.2% of the population) now have diabetes. **Alabama has one of the highest rates of diagnosed diabetes (12.9%) and is ranked fourth in the United States.**

- Energy levels
- Self-esteem
- Healthcare costs
- Habits
- Psychological health
INFLUENCES ON WEIGHT

To ensure the effectiveness of interventions, it is important to understand the personal, social, economic and environmental barriers and facilitators of change in diet or physical activity including:

<table>
<thead>
<tr>
<th>Diet</th>
<th>Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Knowledge and attitudes</td>
<td>▪ Lack of time</td>
</tr>
<tr>
<td>▪ Skills social support</td>
<td>▪ Low motivation</td>
</tr>
<tr>
<td>▪ Food and agricultural policies</td>
<td>▪ Rural residency</td>
</tr>
<tr>
<td>▪ Food assistance program</td>
<td>▪ Lack of social support from peers, family or spouse</td>
</tr>
<tr>
<td>▪ Economic price system</td>
<td>▪ Overweight or obesity</td>
</tr>
</tbody>
</table>
| ▪ Marketing influences people’s — particularly children’s — food choices | ▪ Physical environment
| ▪ Access and availability of healthier foods | ▪ Presence of sidewalks                               |
| ▪ Dining out influences a person’s diet they often have a meal higher in calories | ▪ Access to public transportation                     |
| ▪ Low income                             |                                                       |
RESOURCES AVAILABLE TO ADDRESS PRIORITY

Organizations and programs serving Escambia County which have been identified as community assets for Healthy Weight:

- Alabama Department of Public Health
- Infirmary Health
- Atmore Christian Care
- McMillian Memorial Health
- Atmore Chamber of Commerce
- Poarch Band of Creek Indians
- Coalition for a Healthier Escambia
- Scale Back Alabama – Obesity Task Force
- City of Atmore
- WeCare Ministries
- Escambia County School District
- Wheels of Wellness
- Escambia County Health Department

HEALTHY WEIGHT AND RELATED OUTCOME INDICATORS

Indicators are categorized according to the County Health Rankings model and displayed in groups, see Appendix III.
COMMUNITY HEALTHY PRIORITY
ACCESS TO CARE

Access to comprehensive, quality healthcare services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Access to healthcare impacts:

- Prevention of disease and disability
- Preventable death
- Preventable hospitalization
- Life expectancy
- Detection and treatment of health conditions
- Overall physical, social and mental health status
- Quality of life

Access to health services is a broad and complex issue that encompasses four main components: coverage, services, timeliness and workforce.

**Coverage:** Health insurance coverage helps patients get into the healthcare system. Uninsured (and underinsured) people are less likely to receive medical care, more likely to die early and are more likely to have a poor health status.

**Services:** Improving healthcare services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Health Resources and Services Administration (HRSA) defines areas and populations as medically underserved based on four weighted variables - ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level and percentage of the population age 65 or over.
**Timeliness:** Timeliness is the healthcare system’s ability to provide healthcare quickly after a need is recognized. Timeliness issues include the time between identifying a need for specific tests and treatments and actually receiving those services. Actual and perceived difficulties or delays in getting care when patients are ill or injured likely reflect significant barriers to care.

**Workforce:** Primary Care Physicians (PCP) play an important role in the general health of the communities they serve. However, there has been a decrease in the number of medical students interested in working in primary care. Having a PCP as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. HRSA may designate some geographic areas as a Health Professional Shortage Area (HPSA) based on the full-time equivalent professionals per resident (varies by practice area).

As Health Care Reform seeks to expand access to healthcare by improving affordability, significant nonfinancial barriers also prevent many adults from seeking or delaying the care they need. National research has suggested that four nonfinancial barriers were more frequent reasons for unmet need or delayed care (21%) compared to affordability, the only cost-related dimension (18.5%). The top nonfinancial barriers include:

- Accommodation (17.5%) — busy with work or other commitments
- Availability (8.4%) — couldn’t get appointment soon enough
- Accessibility (4.4%) — took too long to get to the doctor’s office or clinic
- Acceptability (4.0%) — doctor or hospital wouldn’t accept health insurance
RESOURCES AVAILABLE TO ADDRESS PRIORITY
Organizations and programs serving Escambia County identified as community assets for Access to Care include:

- Alabama Department of Public Health
- Ecumenical Services
- Atmore Community Hospital
- Infirmary Health
- Brewton City Board of Education
- McMillian Memorial Hospital
- Poarch Band of Creek Indians
- Coalition for a Healthier Escambia County
- Escambia County Health Department
- United Way of Atmore
- Early Intervention Alabama
- United Way of Brewton

ACCESS TO CARE AND RELATED OUTCOME INDICATORS
Indicators are categorized according to the County Health Rankings model, see Appendix III

COMMUNITY HEALTHY PRIORITY
TOBACCO
Tobacco use is the single most preventable cause of death and disease in the United States. It affects not only those who choose to use tobacco, but also people who live and work around tobacco. Each year, approximately 443,000 Americans die from tobacco-related illnesses and an additional 41,000 from exposure to secondhand smoke. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco correlated illness. In addition, tobacco use costs the U.S. $193 billion annually in direct medical expenses and lost productivity.
Smokeless tobacco (chew, spit, dip, snuff, snus and a host of new dissolvable products), while less lethal than smoked tobacco, causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus and lung.

Almost 6% of young adults use smokeless tobacco and half of new users are younger than 18. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: Severe asthma attacks, Respiratory infections, Ear infections, and sudden infant death syndrome (SIDS).

<table>
<thead>
<tr>
<th>Health &amp; Economic Toll of Tobacco in Alabama</th>
<th>In Alabama</th>
<th>In the United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Health Toll of Tobacco</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people who die each year as a result of their own smoking</td>
<td>7,500</td>
<td>400,000</td>
</tr>
<tr>
<td>Number of youth who are under the age of 18 who will die prematurely from smoking (at current smoking rates)</td>
<td>174,000</td>
<td>6 million+</td>
</tr>
<tr>
<td>Number of nonsmokers who die every year from the exposure to secondhand smoke</td>
<td>850</td>
<td>Approximately 50,000</td>
</tr>
<tr>
<td>Economic Toll of Tobacco</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual healthcare costs directly caused by smoking</td>
<td>$1.49 billion</td>
<td>$96 billion</td>
</tr>
<tr>
<td>Portion of healthcare costs covered by Medicare</td>
<td>$238 million</td>
<td>$58.3 billion</td>
</tr>
<tr>
<td>Productivity losses attributed to smoking each year</td>
<td>$2.24 billion</td>
<td>$97 billion</td>
</tr>
</tbody>
</table>
The Health Impact of Tobacco in Alabama

- 8,685 deaths in Alabama were attributable to smoking-related diseases.
  - 3,293 deaths due to cancer
  - 2,339 deaths due to cardiovascular disease
  - 2,264 deaths due to respiratory disease
  - 789 deaths due to secondhand smoke (SHS) and smoking-related fires
- 121,909 years of potential life were lost due to smoking-attributable premature death.
- 15.3 average of years lost among adults who died as a result of a smoking attributable illness.
- 157,920 Alabama residents are living with a smoking-attributable illness.

The Economic Impact of Tobacco in Alabama

- $1.66 billion in excess personal medical care expenditures were attributable to smoking.
- $2.84 billion in productivity losses were attributable to smoking-related premature death.
- $941 million in productivity losses were attributable to smoking-related illnesses.
- $166 million in personal medical costs and productivity losses attributable to exposure to SHS.
- 5.6 billion was the estimated total annual economic impact of tobacco use.

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease and mortality. Risk factors include race/ethnicity, age, education and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices and program funding for tobacco prevention.
RESOURCES AVAILABLE TO ADDRESS PRIORITY
Organizations and programs serving Escambia County which have been identified as community assets for Tobacco include:

- Alabama Department of Public Health
- Ecumenical Services
- Atmore Chamber of Commerce
- Flomaton Chamber of Commerce
- Atmore Community Hospital
- Infirmary Health
- Brewton City Board of Education
- McMillian Memorial Hospital
- Coalition for a Healthier Escambia County
- Poarch Band of Creek Indians
- Escambia County Health Department
- United Way of Atmore
- Early Intervention Alabama
- United Way of Brewton

TOBACCO AND RELATED OUTCOME INDICATORS
Indicators are categorized according to the County Health Rankings model, see Appendix III.

This Community Needs Assessment for Escambia County, Alabama provides documentation that Atmore Community Hospital is in compliance with IRS requirements for conducting community health assessments.
APPENDIX I: COMMUNITY PARTNERS

COALITION FOR A HEALTHIER ESCAMBIA COUNTY

Ruth Harrell, R.N., MPH
Chair
Coalition for a Healthier Escambia County

Carolyn Bivins
Extension President
Jefferson Davis Community College

Charles Smith
Project Director
Area Agency on Aging of the South Alabama Regional Planning Commission

Sara Davis
Retired
Escambia County School System

Marcia DeGraaf
Human Resources/Community Coordinator
Covenant Care

Rick Elliott
Administrator Area 9
Alabama Department of Public Health

Vicki Fussell
Director
Hope Place Family Resource Center
Brewton, AL

Joan Hackman
East Escambia County Red Cross

Arelene Mack
Health Planner
Poarch Band of Creek Indians

Wynell Bell
Grant Coordinator
Poarch Band of Creek Indians

Judge Jeff White
District Judge
Escambia County

Kerean Reynolds
Executive Assistant
Judge Jeff White’s office
Escambia County

Superintendent Lynn Smith
Brewton City Board of Education

David Adams
Director
Alabama Emergency Management Agency

Cheryl Vickery
Executive Director
Atmore Chamber of Commerce

Wanda Vanlandingham
President
Flomaton Chamber of Commerce
Catherine Hanks
Southern Division Perinatal Director
Alabama Department of Public Health

Chris Griffin
Administrator /CEO
D.W. McMillian Memorial Hospital

Doug Tanner Jr.
President
Atmore Community Hospital

Dan Raulerson, M.D.
Medical Examiner
Escambia County

Marsha Raulerson, M.D.
Pediatrician
Brewton, AL

Sheriff Grover Smith
Escambia County Sheriff

Commissioner David Stokes
Escambia County Commissioner
District One

Commissioner Larry White
Escambia County Commissioner
District Three

Charles Smith
Project Director
Alabama Regional Planning Commission

State Representative Alan Baker
Alabama Legislator
State House District 66

Judge Dave Jordan
Judge: Circuit One

Linda Burkett
Retired Registered Nurse

Bobby Florie
Retired Healthcare Professional

Ann Florie
Business Owner

Gretchen McPherson
Journalist
Tri-City Ledger
APPENDIX II: COMMUNITY THEMES AND STRENGTHS ASSESSMENT
SURVEY INSTRUMENT

COMMUNITY HEALTH NEEDS ASSESSMENT: HEALTH AND SOCIAL SERVICE ORGANIZATIONS

The purpose of the following survey is to get your opinions about community health issues facing clients, you serve in Escambia County. Atmore Community Hospital will use the results of this survey to identify health priorities for community action.

This survey will take about 10 minutes to complete.
Your opinion is important to us. Thank you for taking the time to provide it.

1. What do you think are the most important features of a "Healthy Community"? (Those factors that would most improve the quality of life in this community.) Check only three (3).

- Community Health Survey: Health and Social Service Organizations
- Low numbers of sexually transmitted disease (STDs)
- Quality hospitals and urgent / emergency services
- Access to health services (e.g. family doctor, hospitals)
- Healthy food options
- Good transportation options
- Arts and cultural events
- Religious or spiritual values
- Family doctors and specialists
- Low tobacco use
- Low numbers of homeless
- Low percent of population that are obese
- Quality education
- Good schools
- Mental health services
- Good race relations
- Affordable housing
- Good employment opportunities
- Social support services such as:
  - Salvation Army, food pantries, United Way, Red Cross, etc.
- Good place to raise children
- Low crime safe neighborhoods
- Clean environment (clean water, air, etc.)
- Active lifestyles/outdoor activities
- Low alcohol and drug abuse
2. What do you think are the most important health issues in your county? (Those problems that have the greatest impact on overall community health.) Check only three (3).

- Infant death
- Homicide
- Heart disease and stroke
- Diabetes
- Domestic violence
- Child abuse/neglect
- Rape/sexual assault
- Motor vehicle crash injuries
- Fire-arm related injuries
- Tobacco use
- Dental problems
- Cancers
- HIV/AIDS

Sexually Transmitted Diseases (STDs)

- Respiratory / lung disease
- Obesity/Excess weight
- Infant death
- Suicide
- Heart disease and stroke
- Accidental injuries (at work, home, school, farm)
- Aging problems (e.g. dementia, vision/hearing loss, loss of mobility)
- Teenage pregnancy
- Homelessness
- Mental health problems

3. Which of the following unhealthy behaviors in the county concern you the most? (Those behaviors that have the greatest impact on overall community health.) Check only three (3).

- Not seeing a doctor or dentist
- Drug abuse
- Homelessness
- Tobacco use
- Not getting shots to prevent disease
- Excess weight

- Poor eating habits/poor nutrition
- Alcohol abuse
- Not using seat belts/child safety seats
- Lack of exercise
- Unprotected/unsafe sex
4. Overall, how would you rate the health of people who live in Escambia County?

- Very Healthy
- Healthy
- Somewhat Healthy
- Unhealthy
- Very Unhealthy
- Not Sure/Don’t know

5. Based on your knowledge of your clients, which healthcare services do you believe your clients have difficulty obtaining in the local area? (Check all that apply)

- Alternative therapies (acupuncture, herbals, etc.)
- Mental Health services
- Dental care (including dentures)
- Physical Therapy/rehabilitation
- Emergency medical care
- Preventative healthcare (routine or wellness checkups, etc.)
- Family Planning (including birth care)
- Affordable Prescriptions
- Hospital care
- Primary medical care (clinic/primary)
- Laboratory services
- Services for the elderly
- Alcohol or drug abuse treatment
- Specialty medical care-specialist/doctor
- Vision care (eye exams and glasses)
- X-rays or mammograms
- Do not know/none

6. Overall, how would you rate the health of people who live in Escambia County?

- Very Healthy
- Healthy
- Somewhat Healthy
- Unhealthy
- Very Unhealthy
- Not Sure/Don’t know
7. What type of services does your organization provide?

- Alcohol/substance abuse treatment
- Housing/temporary shelter
- Clothing/thrift store disability services
- Legal Aid
- Education
- Mental health
- Employment/job training faith-based counseling
- Pregnancy or Adoption Assistance
- Financial counseling
- Senior services
- Food assistance
- Utility payment assistance
- Healthcare
- Other

8. Describe the clients you serve?

- Active duty military
- Individuals
- Disabled
- Veteran
- Families
- Homeless
- Other

9. Which of the following best describes what happens if your organization cannot provide all the services needed by a client?

- Give the client information on where to obtain assistance (client is responsible for contacting other organization)
- Phone, email or fax a referral to another organization
- Send an electronic referral using a shared software system (such as Bowman Systems or CareScope)
- Other
10. What age group do most of your clients fit into?
   - Children
   - Adults (Under the age of 65)
   - Seniors (65+)

11. Given the services your organization provides and the clients you serve; how helpful would it be to know what other services the client has received from other organizations?
   - Helpful
   - Not Helpful
   - Somewhat Helpful
   - Not Sure/Don’t Know

12. How many clients (unique individuals, not visits) do you serve on an annual basis?
   - 500 or less
   - 5,001 to 10,000
   - 501 to 1,000
   - 10,001 to 20,000
   - 1,001 to 5,000
   - 20,000 or more

13. Do your clients have to meet income eligibility requirements to obtain services?
   - Yes, 50% of poverty or less
   - Yes, 100% of poverty or less
   - Yes, 150% of poverty or less
   - Yes, 200% of poverty or less
   - Yes, 300% of poverty or less
   - No, we serve everyone
   - Other ________________

14. What percent of your staff is volunteer?
   - 10% or Less
   - 11% to 25%
   - 26% to 50%
   - 51% to 75%
   - More than 75%
15. Do you use any of the following systems to store client records electronically. Check all that apply:

- CareScope
- Bowman Systems (Service Point or Community Point)
- VisionLink (2-1-1 or Community OS)
- Social Solutions (ETO Collaborative)
- An electronic medical record (EMR) or electronic health record (HER)

16. Name of your organization____________________________________________________.
## SURVEY RESULTS

### SERVICE AREA

<table>
<thead>
<tr>
<th>County</th>
<th>Primary Count</th>
<th>Primary % of Total</th>
<th>Secondary Count</th>
<th>Secondary % of Total</th>
<th>Tertiary Count</th>
<th>Tertiary % of Total</th>
<th>Other/No Responses Count</th>
<th>Other/No Responses % of Total</th>
<th>Grand Total Count</th>
<th>Grand Total % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escambia County</td>
<td>13</td>
<td>41.4%</td>
<td>5</td>
<td>16.13%</td>
<td>8</td>
<td>25.81%</td>
<td>5</td>
<td>16.13%</td>
<td>31</td>
<td>27.93%</td>
</tr>
</tbody>
</table>

### What do you think is the most important features of a healthy community?

<table>
<thead>
<tr>
<th>Feature</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to health services (e.g. family doctor, hospitals)</td>
<td>55%</td>
</tr>
<tr>
<td>Quality education</td>
<td>38%</td>
</tr>
<tr>
<td>Quality hospitals and urgent/ emergency services</td>
<td>37%</td>
</tr>
<tr>
<td>Mental health services</td>
<td>24%</td>
</tr>
</tbody>
</table>

### What do you think are the most important health issues in your county?

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity/Excess Weight</td>
<td>56%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>51%</td>
</tr>
<tr>
<td>Heart disease and stroke</td>
<td>39%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>34%</td>
</tr>
</tbody>
</table>

### Which of the following unhealthy behaviors in the county concern you the most?

<table>
<thead>
<tr>
<th>Unhealthy Behavior</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug abuse</td>
<td>57%</td>
</tr>
<tr>
<td>Poor eating habitats / Poor nutrition</td>
<td>52%</td>
</tr>
<tr>
<td>Excess Weight</td>
<td>51%</td>
</tr>
<tr>
<td>Not seeing a doctor or dentist</td>
<td>48%</td>
</tr>
</tbody>
</table>
## SURVEY RESULTS

### SERVICE AREA

#### Overall, how would you rate the health of people who live in your county?

<table>
<thead>
<tr>
<th>Rating</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somewhat healthy</td>
<td>55%</td>
</tr>
<tr>
<td>Unhealthy</td>
<td>31%</td>
</tr>
<tr>
<td>Not Sure/Don’t Know</td>
<td>10%</td>
</tr>
<tr>
<td>Healthy</td>
<td>4%</td>
</tr>
<tr>
<td>Very Unhealthy</td>
<td>0%</td>
</tr>
</tbody>
</table>

#### Based on your knowledge of your clients, which healthcare services do you believe your clients have difficulty obtaining in the local area?

<table>
<thead>
<tr>
<th>Service</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative healthcare (routine or wellness checkups, etc.)</td>
<td>58%</td>
</tr>
<tr>
<td>Alcohol or drug abuse treatment</td>
<td>52%</td>
</tr>
<tr>
<td>Affordable Prescriptions</td>
<td>41%</td>
</tr>
<tr>
<td>Dental care (including dentures)</td>
<td>35%</td>
</tr>
</tbody>
</table>

#### Overall, how would you rate the quality of healthcare services for your clients that are available in your County?

<table>
<thead>
<tr>
<th>Rating</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>42%</td>
</tr>
<tr>
<td>Fair</td>
<td>31%</td>
</tr>
<tr>
<td>Very Good</td>
<td>17%</td>
</tr>
<tr>
<td>Poor</td>
<td>5%</td>
</tr>
<tr>
<td>Excellent</td>
<td>3%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>2%</td>
</tr>
</tbody>
</table>
### SURVEY RESULTS

#### SERVICE AREA

<table>
<thead>
<tr>
<th>Describe the clients you serve?</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families</td>
<td>45%</td>
</tr>
<tr>
<td>Individuals</td>
<td>42%</td>
</tr>
<tr>
<td>Homeless</td>
<td>9%</td>
</tr>
<tr>
<td>Disabled</td>
<td>5%</td>
</tr>
<tr>
<td>Veteran</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Which of the following best describes what happens if your organization cannot provide all the services needed by a client?</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give the client information on where to obtain assistance (client is responsible for contacting other organization)</td>
<td>82%</td>
</tr>
<tr>
<td>Phone, email or fax a referral to another organization</td>
<td>13%</td>
</tr>
<tr>
<td>Send an electronic referral using a shared software system (such as Bowman Systems or CareScope)</td>
<td>5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What age group do most of your clients fit into?</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>25%</td>
</tr>
<tr>
<td>Adults (Under age 65)</td>
<td>52%</td>
</tr>
<tr>
<td>Seniors (65+)</td>
<td>13%</td>
</tr>
</tbody>
</table>
## APPENDIX III: INDICATOR LIST

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Indicator</th>
<th>Alabama</th>
<th>Escambia County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Length of Life</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer deaths</td>
<td>30,564</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>8,498</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Diabetes Death</td>
<td>3840</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Heart Disease Deaths</td>
<td>35,879</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular Disease (Stroke) Deaths</td>
<td>7,786</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Premature deaths</td>
<td>9,508</td>
<td>11,112</td>
<td></td>
</tr>
<tr>
<td><strong>Quality of Life</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease (Adult)</td>
<td>25%</td>
<td>38%</td>
<td></td>
</tr>
<tr>
<td>Diabetes (Adult)</td>
<td>13%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>28%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>4.3%</td>
<td>5.2%</td>
<td></td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>4.3%</td>
<td>4.7%</td>
<td></td>
</tr>
<tr>
<td>Low birth rate</td>
<td>10.3%</td>
<td>10.9%</td>
<td></td>
</tr>
<tr>
<td>Health Factors</td>
<td>Indicator</td>
<td>Alabama</td>
<td>Escambia County</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------</td>
<td>---------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>Healthy Behavior</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical inactivity</td>
<td>37%</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>Adult obesity</td>
<td>33%</td>
<td>38%</td>
</tr>
<tr>
<td></td>
<td>Overweight (adult)</td>
<td>37%</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Healthy weight (adult)</td>
<td>31%</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Healthy weight (youth)</td>
<td>17.1%</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Limited access to healthy foods</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>Adult smoking</td>
<td>22%</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>Smoked in last 30 days (youth)</td>
<td>14.7%</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>Quit attempts in the past year among current smokers</td>
<td>60.5%</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>Food environment index</td>
<td>6.7</td>
<td>6.1</td>
</tr>
<tr>
<td></td>
<td>Food insecurity</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Drug poisoning deaths</td>
<td>11</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Excessive drinking</td>
<td>12%</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>Alcohol impaired driving deaths</td>
<td>39%</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td>Motor vehicle crash deaths</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Sexually transmitted infections</td>
<td>635</td>
<td>553</td>
</tr>
<tr>
<td></td>
<td>Teen births</td>
<td>47</td>
<td>68</td>
</tr>
<tr>
<td></td>
<td><strong>Clinical Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uninsured</td>
<td>16%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Uninsured adults</td>
<td>20%</td>
<td>26%</td>
</tr>
<tr>
<td></td>
<td>Uninsured children</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Healthcare costs</td>
<td>$10,127</td>
<td>$10,882</td>
</tr>
<tr>
<td>Table</td>
<td>Could not see doctor due to costs</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>1,594:1</td>
<td>2,111:1</td>
<td></td>
</tr>
<tr>
<td>Dentist</td>
<td>2,256:1</td>
<td>2,532:1</td>
<td></td>
</tr>
<tr>
<td>Mental health providers</td>
<td>1,289:1</td>
<td>2,922:1</td>
<td></td>
</tr>
<tr>
<td>Other primary care providers</td>
<td>2,071:1</td>
<td>4,220:1</td>
<td></td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>72</td>
<td>117</td>
<td></td>
</tr>
<tr>
<td>Diabetic monitoring</td>
<td>84%</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td>Mammography screening</td>
<td>62.7%</td>
<td>59.9%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Socioeconomic</th>
<th>Median household income</th>
<th>$42,882</th>
<th>$33,455</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduation</td>
<td>77%</td>
<td>77%</td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>58%</td>
<td>44.7%</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>6.5%</td>
<td>8.0%</td>
<td></td>
</tr>
<tr>
<td>Children in poverty</td>
<td>27%</td>
<td>37%</td>
<td></td>
</tr>
<tr>
<td>Income inequality</td>
<td>5.2</td>
<td>5.5</td>
<td></td>
</tr>
<tr>
<td>Children in single parent households</td>
<td>38%</td>
<td>49%</td>
<td></td>
</tr>
<tr>
<td>Violent crime</td>
<td>418</td>
<td>565</td>
<td></td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>20%</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>Children eligible for free/reduced price lunch</td>
<td>64%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Homicides</td>
<td>9</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Injury deaths</td>
<td>75</td>
<td>103</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Environment</th>
<th>Air pollution-particulate matter</th>
<th>12.8</th>
<th>12.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking water violations</td>
<td>5%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>15%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>85%</td>
<td>86%</td>
<td></td>
</tr>
<tr>
<td>Long commute-driving alone</td>
<td>32%</td>
<td>30%</td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX IV: INDICATOR REFERENCES & SOURCES

### Health Outcomes - Mortality: Length of Life

**Premature Death** -
Website: [http://www.countyhealthrankings.org/app/alabama/2015/downloads](http://www.countyhealthrankings.org/app/alabama/2015/downloads)

**Cause of Death in Escambia County** –

### Health Outcomes - Morbidity: Quality of Life

**Diabetic monitoring** –
Website: [http://www.countyhealthrankings.org/app/alabama/2015/measure/factors/7/data](http://www.countyhealthrankings.org/app/alabama/2015/measure/factors/7/data)

**Unhealthy mental days** –
Website: [http://www.cdc.gov/brfss/data_tools.htm](http://www.cdc.gov/brfss/data_tools.htm)

**Poor or fair health** -
Website: [http://www.cdc.gov/brfss/data_tools.htm](http://www.cdc.gov/brfss/data_tools.htm)

**Adults with good to excellent overall health** –
Website: [http://www.cdc.gov/brfss/data_tools.htm](http://www.cdc.gov/brfss/data_tools.htm)

**Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days** -
Website: [http://www.cdc.gov/brfss/data_tools.htm](http://www.cdc.gov/brfss/data_tools.htm)

**Smokers (Adult)** –
Website: [http://www.cdc.gov/brfss/data_tools.htm](http://www.cdc.gov/brfss/data_tools.htm)
Health Behavior: Diet & Exercise

**Overweight (adult)** - Body Mass Index (BMI) 25.0 to 29.9.

**Obesity (adult)** - Body Mass Index (BMI) 30.0 or higher

**Food insecurity** -
Website: [http://map.feedingamerica.org](http://map.feedingamerica.org)

**Exercise opportunities** -
Website: [http://www.countyhealthrankings.org/app/florida/2015/overview](http://www.countyhealthrankings.org/app/florida/2015/overview)

Clinical Care – Access to Health Care

**Insurance - Uninsured adults** - Percent Uninsured (ages < 65).
Website: [http://www.census.gov/did/www/sahie/data/interactive/cedr/sahie.html](http://www.census.gov/did/www/sahie/data/interactive/cedr/sahie.html)

**Insurance - Uninsured children** - Percent Uninsured (ages < 19).
Website: [http://www.census.gov/did/www/sahie/data/interactive/cedr/sahie](http://www.census.gov/did/www/sahie/data/interactive/cedr/sahie)

**Population receiving Medicaid** -

**Dental care access by low income persons** -

**Primary care access** -

**Mental health providers** -

**Adults who have a personal doctor** –
Cancer screening - mammogram –
Website: http://www.countyhealthrankings.org/app/alabama/2015/measure/factors/62/datasource

Preventable hospital stays -
Website: http://www.dartmouthatlas.org/tools/downloads.aspx

Additional Health Factors

High school graduation -
Website: http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Population > 25 without a high school diploma -
Website: http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Social & Economic Factors – Employment

Unemployment -
Website: http://data.bls.gov/map/MapToolServlet

Social & Economic Factors – Income

Real per capita income -
Website: http://www.bea.gov

Median household income –
Website: http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Poverty -
Website: http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Children in poverty
Website: http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t
Children eligible for free/reduced price lunch -
Website: http://assessment.communitycommons.org/CHNA/report?page=2&id=209

Housing cost burden (30%) -
Website: http://assessment.communitycommons.org/CHNA/report?page=2&id=240

Social & Economic Factors – Family and Social Support
Children in single-parent households -
Website: http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Population with Limited English Proficiency -
Website: http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Social & Economic Factors – Community Safety
Domestic violence offenses –
Website: http://www.alea.gov/home/wfContent.aspx?PLH1=plhACJIC-CrimeStats

Forcible sex offenses –
Website: http://www.alea.gov/home/wfContent.aspx?PLH1=plhACJIC-CrimeStats

Aggravated assault –
Website: http://www.alea.gov/home/wfContent.aspx?PLH1=plhACJIC-CrimeStats

Murder –
Website: http://www.alea.gov/home/wfContent.aspx?PLH1=plhACJIC-CrimeStats

Physical Environment-Built Environment
Air pollution -
Website: http://assessment.communitycommons.org/CHNA/report?page=3&id=409

Drinking water violations -
Website: http://www.countyhealthrankings.org/app/florida/2015/measure/
Air quality - Ozone -  
Website: http://assessment.communitycommons.org/CHNA/report?page=3&id=410

**Physical Environment-Built Environment**

Severe housing problems -  
Website: http://www.huduser.gov/portal/datasets/cp/CHAS/data_querytool_chas.html

Driving alone to work -  
Website: http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Use of public transportation -  
Website: http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

**Population Characteristics**

Median age –  
Website: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2014_PEPAGESEX&prodType=table

Total population (ACS) –  
Website: http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t

Families with children -  
Website: http://factfinder.census.gov

Population by race –  
Website: http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t
HOSPITAL EVALUATION 2013-2016
ATMORE HOSPITAL, ESCAMBIA COUNTY
Infirmary Health

The 49-bed Atmore Community Hospital, located in Atmore, Escambia County, Alabama, was a leased affiliate of Baptist Health Care Corporation, a not-for-profit health system based in Pensacola, in adjoining Escambia County, Florida. The hospital is owned by the Escambia County Healthcare Authority. Escambia County is a rural area with a population of approximately 38,100, ranking 33rd in total population among 67 counties in the State of Alabama.

In 2013, Baptist Health Care Corporation, working with the not-for-profit Coalition for a Healthier Escambia County, completed and released the results of a comprehensive health needs assessment for Escambia County. In 2014 the Escambia County Healthcare Authority went through due diligence and contract negotiations with Infirmary Health as the next manager of Atmore Community Hospital.

Based on the most recent available data for key health indicators from a variety of sources, the health status of Escambia County residents does not compare favorably with a number of other counties in the state, or the State of Alabama as a whole, and the magnitude of difference is cause for concern. Alabama ranked 45th among U.S. states in key indexes of health and well-being published in 2012. Based on rankings published in April 2013 by the Robert Wood Johnson Foundation, Escambia County ranks 46th in overall health among Alabama’s 67 counties.

Consistent with their missions and history of involvement in activities that have substantially benefitted the people and communities they serve, Infirmary Health and Atmore Community Hospital are committed to working with the Coalition for a Healthier Escambia County on efforts to improve the health and quality of life for residents of Escambia County.

This document summarizes plans and status for Atmore Community Hospital to devote available resources to initiatives designed to address these priorities and achieve measurable improvements in the health and well-being of residents of Escambia County, over the past three years from 2013 to 2016.
<table>
<thead>
<tr>
<th>Health Priority</th>
<th>Focus</th>
<th>Goal/Anticipated Impact</th>
<th>Actions</th>
<th>Resources</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Weight</td>
<td>Community Focus</td>
<td>Support selected efforts to provide opportunity for increased physical activity for children</td>
<td>Provide leadership in efforts to obtain playground equipment for Atmore Community Park</td>
<td>Atmore Community Hospital will lead and support efforts to obtain needed playground equipment for the park</td>
<td>Atmore Community Hospital and the Coalition hosted the strategic planning meetings for the park required for implementation</td>
</tr>
<tr>
<td>Premature Deaths</td>
<td>Educational Focus</td>
<td>Expand educational programs in Escambia County schools related to suicide and substance abuse</td>
<td>Sponsor and support the Coalition for a Healthier Escambia County’s Drugs Erase Dreams program for Escambia County Schools</td>
<td>Atmore Community Hospital is prepared to provide resources to develop and offer the Drugs Erase Dreams education program in Escambia County Schools</td>
<td>Atmore Community Hospital and the Coalition for a Healthier Escambia County offered the Drugs Erase Dreams education program to high school students at Escambia County Schools to more than 500 participants</td>
</tr>
<tr>
<td>All</td>
<td>Diabetes</td>
<td>Provide leadership and resources to assist in collaborative community-wide health improvement initiatives</td>
<td>Atmore Community Hospital will partner with the Coalition for a Healthier Escambia County and local primary care providers, to provide community health education programs to address health priorities</td>
<td>Atmore Community Hospital will work collaboratively with the Coalition for a Healthier Escambia County, and other area health providers, sponsoring and providing resources required to develop and offer targeted health education programs</td>
<td>Atmore Community Hospital hosted monthly Golden Care meetings for senior citizens. Speakers included primary care providers. Five parent meetings for the Drug Erase Dreams initiative in Brewton, Flomaton and Atmore</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Patient Focus</td>
<td>Develop a care management program for health resource-intensive chronic diabetic patients</td>
<td>Atmore Community Hospital will begin to work with the Poarch Band of Creek Indians Health Department to develop a cooperative and collaborative relationship with their established program for care management for diabetic patients</td>
<td>Atmore Community Hospital will devote staff resources and work to develop a targeted care management programs for high maintenance chronic diabetes in collaboration with the established program at the Poarch Band of Creek Indians Health Department</td>
<td>Atmore Community Hospital and the Poarch Band of Creek Indians Health Department are collaboratively working together for the establishment of a care management program for chronic diabetic patients. Atmore Community Hospital has provided staff to facilitate the program</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>Organizational Focus</td>
<td>Reduce tobacco use in Escambia and Santa Rosa counties</td>
<td>Atmore Community Hospital should adopt a tobacco-free hire policy to reduce tobacco use by team members</td>
<td>Atmore Community Hospital is prepared to implement a smoke free hire policy effective January 1, 2014. The hospital already provides access to smoking cessation at limited cost to team members. The hospital will implement smoke free hire in conjunction with Baptist Health Care</td>
<td>Atmore Community Hospital implemented a smoke free hiring policy effective January 1, 2014</td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>Organizational Focus</td>
<td>Adopt and maintain programs and initiatives designed to promote improved nutrition and physical activities for the majority of the approximately 6,500 team members of Baptist Health Care affiliates</td>
<td>Provide Atmore Community Hospital team members access to related health improvement programs and health coaching available through Baptist Health Care's Healthy Lives Internal wellness benefit program</td>
<td>Atmore Community Hospital will provide health coaching and goal-setting for health improvement for all employees enrolled in its Healthy Lives program. The Hospital will also provide these same services to other area employers who either have, or who decide to, enter into an agreement for access to the Healthy Lives program</td>
<td>Atmore Community Hospital provides health coaching and goal-setting for health improvement for all employees enrolled in its iHealthy program</td>
</tr>
</tbody>
</table>
COMMUNITY ASSETS

The following are organizations are direct providers of health care services and provide community benefit to support interventions related to the four health priorities identified in the CHNA.

Health Care Assets – Escambia County

<table>
<thead>
<tr>
<th>Facility</th>
<th>Parent</th>
<th>Type</th>
<th>Beds</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. W. McMillian Hospital</td>
<td>Escambia County Health Authority</td>
<td>Government</td>
<td>91</td>
<td>Rural</td>
</tr>
<tr>
<td>Atmore Community Hospital</td>
<td>Infirmary Health (Lease)</td>
<td>501(c)(3)</td>
<td>49</td>
<td>Rural</td>
</tr>
</tbody>
</table>

Community Mental Health
Southwest Alabama Mental Health

Health Departments
Alabama Department of Public Health - Escambia County (Atmore and Brewton)
Poarch Band of Creek Indians Health Department

Oral Health
Tri-County Dental Clinic (Brewton)

The Coalition for a Healthier Escambia County is a collaborative organization focused on health promotion and improvement initiatives, which participated in the conduct of the needs assessment described in this document, and in the identification of health improvement priorities for Escambia County, Diabetes, Tobacco Use, Healthy Weight and Premature Deaths from Homicides, Suicides, and Substance Abuse.