Table of Contents

Executive Summary 2
Background 4
Methodology 6
Community Overview 9
Community Profile 11
Access to Care 16
Health Outcomes, Behaviors and Risk Factors 19
Focus Group and Interview Findings 27
Priority Health Needs 31
Implementation Strategies 33

Appendices

Appendix A – Organizations Providing Focus Group and Interview Input 37
Appendix B – Additional Community Health Resources 39
Executive Summary

Introduction and Process

Jackson County Health Care Authority (JCHCA) contracted with Alexander Consulting Group, Inc. to assist in conducting a Community Health Needs Assessment (CHNA) and development of implementation strategies, as required by Internal Revenue Code, section 501(r).

JCHCA operates Highlands Medical Center (HMC), a 170-bed acute care hospital located in Scottsboro, Alabama. HMC provides a broad range of services and is the only hospital in Jackson County, a county with more than 1,077 square miles in northeast Alabama. In addition to the wide range of typical acute care services provided by HMC, JCHCA operates:

- Highlands Health & Rehab is a 50-bed short-term rehabilitation and long-term care facility located on the HMC campus in Scottsboro;
- Cumberland Health & Rehab, a 100-bed short-term rehabilitation and long-term care facility located in Bridgeport, in the northern portion of Jackson County; and
- Highlands Home Health, a Medicare-certified home health agency serving residents of Jackson, DeKalb, Madison and Marshall counties.

JCHCA and HMC provide high quality, cost effective care and are committed to continuing to provide educational and disease prevention programs to improve the health of its community.

JCHCA defined its community geographically as Jackson County based on its patient origin. Further, JCHCA is able to have the greatest influence on the health of the residents of Jackson County.

Both primary and secondary data were collected to assist in identifying health needs within Jackson County.

Primary data collection methods included interviews and focus groups with key community representatives. In total, 49 community representatives participated in either interviews or focus groups. The purpose of the interviews and focus groups was to gain direct input from these individuals regarding health needs, community assets, and other related topics, including primary and chronic disease needs and other health issues associated with uninsured persons, low income persons, and minority groups. In addition, community input was garnered from participants in a Community Advisory Committee (CAC), as well as JCHCA’s CHNA Advisory Committee, which was responsible for overseeing the CHNA process, including prioritizing health needs and developing implementation strategies to address the health needs.
Secondary data was collected from a variety of respected organizations on a broad array of health indicators and other information, and analyzed and summarized. The types of data collected included demographic, socioeconomic, chronic disease, mortality and morbidity, health status indicators, health behaviors, maternal and child health, insurance status, and general community/environmental information.

Summary Findings

Community health needs were identified through primary and secondary data collection and analysis, and were grouped into five major categories. These areas were prioritized by the CHNA Advisory Committee by utilizing criteria related to the estimated feasibility and effectiveness of possible interventions; whether addressing the need builds on existing organizational competencies; the number or proportion of people effected by the health need; the opportunity to intervene at the prevention level; the importance the community places on addressing the health need; and the relationship to existing partnership, community, or other JCHCA initiatives. This process resulted in the prioritized health needs list shown below:

1. Obesity
2. Smoking
3. Access to primary care
4. Cancer (in particular, screening)
5. Substance abuse/mental health
Background

Requirements

Jackson County Health Care Authority contracted with Alexander Consulting Group, Inc. to assist in conducting a CHNA and development of implementation strategies, as require by Internal Revenue Code 501(r). The CHNA process is designed to assess health needs within the community by collecting and analyzing primary and secondary data.

Alexander Consulting Group, Inc. (ACG) is an Atlanta-based independent consulting firm providing services exclusively to the health care industry. Founded in 1998, ACG provides a broad range of health planning services to health care organization, including community health needs assessments, strategic and financial planning, service line planning, and regulatory planning. ACG uses only highly experienced, senior-level consultants. The CHNA facilitated and prepared for JCHCA was directed by the firm’s president, Keith Alexander. Mr. Alexander has more than 27 years of health care planning experience and holds an MBA with a concentration in health care management from Boston University.

As required by the Patient Protection and Affordable Care Act (PPACA), the CHNA includes the following:

- A definition of the community served by the hospital facility
- How data was obtained, including who was consulted or interviewed
  - The methods the hospital used to obtain data
- Demographics of the community
- Consulting with community representatives, including:
  - The process of consulting with persons representing the community’s interests and how this input was incorporated into the assessment
  - Input from:
    - Persons who represent the broad interests of the community served by the hospital
    - Persons with public health knowledge or expertise within the community
- Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- Existing health care facilities and resources within the community that are available to respond to the identified health needs
- Prioritized list of community health needs, including:
  - The process for identifying and prioritizing community health needs and services to meet the community health needs
  - The community health needs to be addressed
- Implementation strategies developed to meet the health needs to be addressed
CHNA and Implementation Strategies Approval

The CHNA and Implementation Strategies were accepted and approved by the JCHCA Board on August 27, 2013.

Public Posting and Availability

The JCHCA 2013 Community Health Needs Assessment is publicly posted on the HMC website at the following address: www.highlandsmedicalcenter.com. Hard copies are also available either by downloading through the website or through submitting written or electronic requests to the HMC Marketing Department at P.O. Box 1050, Scottsboro, Alabama 35768 or info@highlandsmedcenter.com.
Methodology

Report Methodology

Information related to the highest priority health needs, a profile of the community, and primary and secondary data are presented in the report.

Secondary Data Methodology

Secondary data was collected using a variety of publicly available data from numerous respected organizations and agencies and regarding a broad range of issues. The types of data included demographics, socioeconomics, insurance status, chronic disease and mortality/morbidity information, health status indicators, health behaviors, behavioral risk factor, and maternal and child health indicators for residents of Jackson County. In many cases, secondary data for Jackson County residents were compared with state and national indicators when applicable and available.

Primary Data Methodology

To gather input from an extensive range of people who represent the broad interests of Jackson County, focus groups and one-on-one interviews were conducted in March and April 2013. There were 25 focus group participants and 24 interview participants. Questions were asked about an array of health topics including what the most significant health needs are in Jackson County and why; what groups of residents are underserved and what are the most significant health needs of each group; and issues associated with the medically underserved, low income, minority, and population with chronic and acute diseases. The opinions of focus group and interview participants were summarized and ranked according to the responses given.

Focus group and interview participants included community stakeholders from health care and social services providers, school systems, religious organizations, economic organizations, political community officials, and the elderly/senior population. Many of the focus group and interview participants represented and/or were very much familiar with the health needs associated with the medically underserved, low income, minority, and populations with chronic and acute diseases in Jackson County.

In addition, community input was garnered from participants in the CAC, as well as JCHCA’s CHNA Advisory Committee, which was responsible for overseeing the CHNA process, including prioritizing health needs and developing implementation strategies to address the health needs.

Information Gaps

Every attempt was made to collect relevant and recent primary and secondary data reflecting the health status and social determinants of health in Jackson County. In some cases, the ability of JCHCA to assess all community health needs may have been limited by a lack of existing or recent small-area estimate information relevant to Jackson County.
Prioritization Methodology

Community health needs were identified through the analysis described above. Jackson County Health Care Authority’s CHNA Advisory Committee, described below, considered and discussed the Jackson County health needs identified, and developed and used weighted criteria to evaluate and prioritize the health needs identified. The criteria included the estimated feasibility and effectiveness of possible interventions; whether addressing the need builds on JCHCA’s existing competencies; the number or proportion of people effected by the health need; the opportunity to intervene at the prevention level; the importance the community places on addressing the health need; and the relationship to existing partnership, community, or other JCHCA initiatives.

Subsequent to developing the evaluation criteria, the CHNA Advisory Committee deliberated and applied the evaluation criteria to each health need through group consensus to determine its priority. The result was the identification and ranking of five significant health needs.

CHNA Advisory Committee

The JCHCA CHNA Advisory Committee provided input into the CHNA process from the beginning through the end of the process, from February through July 2013. The CHNA Advisory Committee was responsible for overseeing the CHNA process.

Members of the CHNA Advisory Committee were chosen to bring a broad range of perspectives to the CHNA process. The CHNA Advisory Committee included representatives from the following areas:

- Medical Staff
- Social Services
- Hospitalist Program
- Home Health
- Long Term Care
- Marketing
- Finance
- Board

Representatives of the CHNA Advisory Committee participated in four meetings over the course of five months and reviewed and discussed the implications of the primary and secondary data analyses, identified priority community health needs to be addressed, and developed implementation strategies to address the priority health needs.
Community Advisory Committee

In addition to the 49 focus group and interview participants, the CAC was formed to provide further input and feedback related to the CHNA process at JCHCA. Participants from the CAC were not affiliated with JCHCA and included representatives from a broad range of perspectives. The CAC was given the task of reviewing a summary of the primary and secondary data, preliminary list of health needs identified by the CHNA Advisory Committee, and providing additional community input. Recommendations from the CAC were then presented to and utilized by the CHNA Advisory Committee to develop their final prioritization of the most significant health needs in Jackson County.

The CAC included representatives from the Jackson County Health Department, Jackson County Department of Human Resources, Jackson County Chamber of Commerce, a local pharmacy and a local hospice provider.
Community Overview

JCHCA defined its community geographically as Jackson County based on its patient origin. Further, JCHCA is able to have the greatest influence on the health of the residents of Jackson County.

There are many cities and towns in Jackson County including the cities of Scottsboro, Stevenson and Bridgeport; the towns of Woodville, Pisgah, Section, Dutton and Hollywood; and several unincorporated areas. The large majority of its patients reside in Jackson County and JCHCA is able to have the greatest influence on the health of the residents of this county. As demonstrated below, approximately 84% of HMC’s inpatients are residents of Jackson County.

<table>
<thead>
<tr>
<th>HMC Inpatient Origin</th>
<th>Fiscal Years 2010 through 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2010</td>
<td>84.3%</td>
</tr>
<tr>
<td>FY 2011</td>
<td>84.7%</td>
</tr>
<tr>
<td>FY 2012</td>
<td>83.5%</td>
</tr>
</tbody>
</table>

Source: Highlands Medical Center records.

A map of Jackson County is presented below.
Jackson County, Alabama

Highlands Medical Center
Source: Microsoft MapPoint.
Community Profile

Community Overview

Jackson County, with a 2010 population of 53,227, is located in the northeastern corner of Alabama and borders Tennessee to the north and Georgia to the east. As the seventh largest county in Alabama by land area, Jackson County is traversed by the Tennessee River and Lake Guntersville and this central valley is surrounded by mountains and plateaus on both sides. The northwest portion of the county includes a section of the Cumberland Plateau with mostly hilly terrain and the Sand Mountain area east of the Tennessee River, which is elevated but largely flat on top. The principal population centers are located along the Tennessee River and floodplain. Only two bridges cross the Tennessee River in Jackson County.

With a 2010 population of 14,770, the City of Scottsboro is by far the most populous city in Jackson County. In contrast, 2,418 residents live in the City of Bridgeport, 2,046 reside in the City of Stevenson, and the remainder of the county population is dispersed throughout other portions of the county. The size, largely rural nature and geography of Jackson County results in physical access obstacles to health care for those who cannot drive, such as senior citizens, the disabled, or those who cannot afford a vehicle.

Demographics and Socioeconomics

Population Size and Age Mix

Jackson County is projected to grow only slightly between 2013 and 2018, with the population ages 65 and older expected to be the only age cohort to increase as shown in the table below.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17 and Under</td>
<td>11,985</td>
<td>11,693</td>
<td>11,323</td>
<td>-370</td>
<td>-3.2%</td>
</tr>
<tr>
<td>18 to 44</td>
<td>17,117</td>
<td>17,022</td>
<td>16,828</td>
<td>-194</td>
<td>-1.1%</td>
</tr>
<tr>
<td>45 to 64</td>
<td>15,352</td>
<td>15,078</td>
<td>14,579</td>
<td>-499</td>
<td>-3.3%</td>
</tr>
<tr>
<td>65 and Over</td>
<td>8,773</td>
<td>9,547</td>
<td>10,912</td>
<td>+1,365</td>
<td>+14.3%</td>
</tr>
<tr>
<td>All Ages</td>
<td>53,227</td>
<td>53,340</td>
<td>53,642</td>
<td>+302</td>
<td>+0.6%</td>
</tr>
</tbody>
</table>

The proportion of the senior population of Jackson County is very large as shown in the age distribution table below.

<table>
<thead>
<tr>
<th>Percent of Population by Age Group</th>
<th>Census 2010</th>
</tr>
</thead>
</table>
| Ages <18                          | Jackson County: 22.5%  
Alabama: 23.1%  
U.S.: 22.0%  |
| Ages 18-44                         | Jackson County: 32.2%  
Alabama: 32.7%  
U.S.: 32.0%  |
| Ages 45-64                         | Jackson County: 36.5%  
Alabama: 36.7%  
U.S.: 35.9%  |
| Ages 65+                           | Jackson County: 16.6%  
Alabama: 13.4%  
U.S.: 13.1%  |

Source: U.S. Census Bureau, 2013.

When compared with Alabama and the U.S., both the proportion of the 65 and older and 45 to 64 age cohorts are significantly greater in Jackson County.

**Race and Ethnicity**

As shown in the table below, the most common race in Jackson County is White, at 90.8% of the population, followed very distantly by African American only (3.4%), two or more races (2.6%), Native American (1.4%), Asian (0.4%), and some other race (1.4%). When looking at ethnicity, only 2.5% of the population is Hispanic, compared with 97.5% which is non-Hispanic.

<table>
<thead>
<tr>
<th>Percent of Population by Race &amp; Ethnicity</th>
<th>Census 2010</th>
</tr>
</thead>
</table>
| White                                    | Jackson County: 90.8%  
Alabama: 90.5%  
U.S.: 87.5%  |
| African American                         | Jackson County: 3.4%  
Alabama: 3.4%  
U.S.: 13.1%  |
| Amer. Ind./ Alaska Native                | Jackson County: 2.6%  
Alabama: 2.6%  
U.S.: 12.1%  |
| Asian                                    | Jackson County: 1.4%  
Alabama: 1.4%  
U.S.: 4.7%  |
| Some Other Race                          | Jackson County: 1.4%  
Alabama: 1.4%  
U.S.: 3.1%  |
| Two or More Races                        | Jackson County: 1.4%  
Alabama: 1.4%  
U.S.: 2.6%  |
| Hispanic                                 | Jackson County: 2.5%  
Alabama: 2.5%  
U.S.: 0.6%  |

Source: U.S. Census Bureau, 2013.
**Socioeconomics**

The socioeconomic status of Jackson County residents is significantly below both Alabama and the U.S. As demonstrated in the chart below, both the median and mean household incomes for Jackson County are well below the same Alabama indicators, which are significantly below the same U.S. indicators.

![Median & Mean Household Income](chart.png)


Although its level of affluence is below that of Alabama, the overall level of poverty in Jackson County is slightly below the statewide level, while greater than the national level. However, as shown in the chart below, a larger proportion of children live in poverty than adults. Also, a slightly larger percentage of African Americans and substantially greater percentage of Hispanics live below the poverty level compared with Whites and non-Hispanics in Jackson County. At the same time, the proportion of African Americans below the poverty level is significantly less in Jackson County than in Alabama or the U.S. overall.
**Percent of Population Below Poverty Level***

3-Year Estimates (2009-2011)

* Below 100 percent of the Federal Poverty Level.


**Other Economic and Social Factors**

The unemployment rate and proportion of households receiving food stamps in Jackson County was fairly consistent with the Alabama rates as indicated below.

**Selected Economic/Social Indicators**

3-Year Estimates (2009-2011)


The percentage of households with no vehicle and proportion of the population not speaking English at home is less than the same statewide statistics, while the proportion of households with grandparents responsible for raising their grandchildren is slightly above the Alabama rate.

The proportion of adults who reported having a disability in surveys conducted by the U.S. Census Bureau is relatively high in Jackson County compared with both the statewide and national rates.
The level of educational achievement is relatively low in Jackson County compared to statewide and national levels. As shown below, approximately one-quarter of Jackson County residents 25 years of age and over are not high school graduates and have significantly lower rates of bachelor’s degrees than in Alabama or the U.S. overall.
Access to Care

Access to care was the most mentioned health issue identified by focus group and interview participants. Below is an overview of key physical and economic factors effecting access to health care in Jackson County.

Physical Access to Care

The physical inability to access care is an impediment to receiving health care, particularly for vulnerable populations. Because of Jackson County’s physical geography, it can be difficult for many to get transportation to the doctor’s office or other care provider. Jackson County’s geographic size and physical features create physical access barriers to health care for those individuals located in remote portions of the county that do not have transportation options available.

Jackson County has limited public transportation options, consisting primarily of the Jackson County Rural Public Transportation (JCRPT) bus. The JCRPT bus charges a small fee ($4 to $5), has regularly scheduled routes from a different portion of the county each day (only once per week from each area of the county), and requires that a ride be scheduled in advance. For people in outlying areas of the county to use the JCRPT bus for a doctor’s appointment may require an individual to leave their residence early in the morning, returning late in the afternoon. In most cases, doctor’s appointments must be scheduled and take place in the morning since the JCRPT bus begins its return route in the early afternoon. As a result of these and other limitations, there are many circumstances for which JCRPT bus is not a practical option. As a result, many Jackson County residents may have difficulty obtaining transportation to health care.

The shortage of health care providers exacerbates the ability of Jackson County residents to access health care. For example, according to www.countyhealthrankings.org, the population to primary care physician ratio in Jackson County (1,969:1) is significantly greater than the statewide ratio (1,641:1), indicating a shortage of primary care physicians in the county.

Economic Access to Care

Jackson County relatively low income levels, including high poverty and disability rates, and lack of health insurance have created major economic barriers to care. The uninsured and Medicaid enrollees were identified by focus group and interview participants as those experiencing the greatest difficulty in accessing care.

Jackson County experiences a relatively high rate of uninsured residents compared with the statewide rate, for both children and adults under the age of 65. As shown below, nearly one-quarter of adults under the age of 65 have no health insurance.
At the same time, the proportion of the Jackson County and Alabama population covered by Medicaid is significant and has continued to increase as demonstrated below.

In addition to those who are covered by Medicaid and the uninsured, the increasing number of individuals enrolled in health insurance plans with high deductibles was mentioned by focus group and interview participants as a significant barrier to care. Also, focus group and interview participants indicated that uninsured, underinsured, and Medicaid enrollees were the most likely to be medically underserved, experience the most difficulty accessing health care, and are more likely to use the emergency department for their care.
Other access-related issues mentioned by focus group and interview participants included that there was a lack of awareness regarding other resources available for the low income population, such as rural health clinics, and that it is difficult for this group to pay for medications and medical equipment required and prescribed by physicians.
Health Outcomes, Behaviors and Risk Factors

Mortality and Morbidity Indicators

Although declining since 2007, overall age-adjusted mortality rates in Jackson County are approximately 8% higher than the statewide rate, and 36% greater than the national rate.

As shown below, mortality rates in Jackson County are significantly higher than Alabama and U.S. rates for many of the leading causes of death, including heart disease, cancer, accidents, and chronic respiratory disease. Jackson County mortality rates for stroke are slightly below the Alabama rate, while rates of Alzheimer’s disease and diabetes mortality are consistent with the statewide rate.

Age-Adjusted Mortality Rates by Cause
2006 – 2010


When evaluating the mortality rate for the leading cancer sites, Jackson County mortality rates are significantly higher than Alabama and the U.S. for lung, prostate and colorectal cancers as demonstrated below. At the same time, rates of breast cancer mortality in Jackson County is consistent with the statewide rate.

Age-Adjusted Mortality Rates by Selected Cancer Sites
2006 – 2010

In evaluating the incidence of cancer, the age-adjusted cancer incidence rates in Jackson County are only slightly higher than rates for Alabama or the U.S. Incidence rates for Jackson County are slightly above the statewide incidence rates for lung, colorectal, breast, and melanoma, while significantly below the Alabama incidence rate for prostate cancers.

**Age-Adjusted Incidence Rates by Selected Cancer Sites**

2005 – 2009

Currently, JCHCA and HMC provide a significant amount of education and screening for heart disease and cancer in the region. JCHCA and HMC are committed to continuing, and enhancing and expanding, education and screening services to address these important health needs. For example, according to countyhealthrankings.org, the rates of diabetic and mammography screening among the Medicare population have increased in Jackson County in recent years.
Behavioral Risk Factors

Although, as shown below, the proportion of adults who are obese in Jackson County is slightly lower than in Alabama overall, the level of obesity is a significant factor influencing the health of Jackson County residents.

Behavioral Risk Factors — Adult Obesity, Lack of Exercise & Smoking

Obesity is one of the most significant risk factors for several diseases affecting Jackson County residents, including heart disease, diabetes, and hypertension. The fact that nearly one-third of the adult population is obese has been a significant factor in causing the elevated heart disease mortality rates in Jackson County. One of the causes of obesity is inactivity, and the high proportion of the Jackson County adult population that does not exercise is consistent with the level of obesity.

Another contributing factor to the elevated rate of heart and lung disease, is the high smoking rate in Jackson County. Approximately 27% of Jackson County adults smoke, compared with 23% statewide, and approximately 18% in the U.S. With more than one-quarter of adults who smoke in Jackson County, and the negative impact smoking has on other significant diseases in the region, there is significant room for improvement.

The proportion of adult individuals that have been diagnosed with diabetes and hypertension is slightly higher than the Alabama rate, which is significantly greater than the U.S. rate as shown below.

* Adults that report not participating in physical activity or exercise during the past 30 days other than their regular job.
Behavioral Risk Factors — Adult Diabetes, Hypertension, & Fruit/Vegetable Consumption
2005 – 2009

The percentage of Jackson County adults who consume five or more servings of fruits or vegetables per day is greater than the Alabama rate and fairly consistent with the U.S. rate.

Maternal and Child Health Indicators

The rate of infant mortality is above the Alabama and U.S. rates in Jackson County as shown below. Both the neonatal and post neonatal mortality rates have been higher in Jackson County.
While the proportion of mothers receiving less than adequate prenatal care, low weight births, and births to unmarried women are all lower in Jackson County compared to the statewide percentages, the percentage of mothers who smoked during their pregnancy was substantially greater than statewide. This adds further emphasis to the need to reduce smoking rates in Jackson County, including pregnant mothers.

**Selected Maternal & Child Health Indicators**

*U.S. data is for 2009 for low weight births and 2010 for births to unmarried women.*


**County Health Rankings**

County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, examines a variety of health status indicators and ranks each county within each state in terms of “health factors” and “health outcomes.” The health outcomes measure is a composite based on mortality and morbidity statistics, and the health factors measure is a composite of several variables known to affect health outcomes: health behaviors, clinical care, social and economic factors, and physical environment. Clinical Care is a composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians; and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life. Physical Environment is a composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days; and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are fast food restaurants.

County Health Rankings is updated annually. County Health Rankings 2013 relies on data from 2004 to 2012, with most data originating in 2008 to 2010.

Below is a summary of the indicators used to develop the 2013 rankings for Jackson County compared with the comparable overall Alabama and U.S. statistics.
## County Health Rankings (2013)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Jackson County</th>
<th>Alabama</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mortality</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature Death (Deaths before age 75 per 100,000 pop.)&lt;sup&gt;1&lt;/sup&gt;</td>
<td>11,018</td>
<td>9,609</td>
<td>8,025</td>
</tr>
<tr>
<td><strong>Morbidity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>27%</td>
<td>20%</td>
<td>17%</td>
</tr>
<tr>
<td>Poor physical health days (per month)</td>
<td>5.6</td>
<td>4.2</td>
<td>3.8</td>
</tr>
<tr>
<td>Poor mental health days (per month)</td>
<td>5.5</td>
<td>4.1</td>
<td>3.4</td>
</tr>
<tr>
<td>Low birthweight (&lt;2,500 grams)</td>
<td>8.9%</td>
<td>10.4%</td>
<td>8.3%</td>
</tr>
<tr>
<td><strong>Health Behaviors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>27%</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>31%</td>
<td>33%</td>
<td>30%</td>
</tr>
<tr>
<td>Physical inactivity&lt;sup&gt;2&lt;/sup&gt;</td>
<td>30%</td>
<td>31%</td>
<td>28%</td>
</tr>
<tr>
<td>Excessive drinking&lt;sup&gt;3&lt;/sup&gt;</td>
<td>8%</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>Motor vehicle crash death rate (per 100,000 pop.)</td>
<td>35</td>
<td>23</td>
<td>22</td>
</tr>
<tr>
<td>Sexually transmitted infections (chlamydia infections per 100,000 pop.)</td>
<td>154</td>
<td>562</td>
<td>315</td>
</tr>
<tr>
<td>Teen birth rate (per 100,000 female pop.)</td>
<td>53</td>
<td>49</td>
<td>46</td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>19%</td>
<td>17%</td>
<td>18%</td>
</tr>
<tr>
<td>Primary care physicians (pop. to physician ratio)</td>
<td>1,969:1</td>
<td>1,641:1</td>
<td>2,596:1</td>
</tr>
<tr>
<td>Dentists (pop. to dentist ratio)</td>
<td>3,585:1</td>
<td>2,488:1</td>
<td>3,630:1</td>
</tr>
<tr>
<td>Preventable hospital stays (hospitalization rate per 1,000 Medicare enrollees)&lt;sup&gt;4&lt;/sup&gt;</td>
<td>126</td>
<td>80</td>
<td>79</td>
</tr>
<tr>
<td>Diabetic screening&lt;sup&gt;5&lt;/sup&gt;</td>
<td>84%</td>
<td>84%</td>
<td>84%</td>
</tr>
<tr>
<td>Mammography screening&lt;sup&gt;6&lt;/sup&gt;</td>
<td>56%</td>
<td>65%</td>
<td>63%</td>
</tr>
</tbody>
</table>
### County Health Rankings (2013)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Jackson County</th>
<th>Alabama</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social &amp; Economic Factors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation</td>
<td>80%</td>
<td>72%</td>
<td>82%</td>
</tr>
<tr>
<td>Some college</td>
<td>47%</td>
<td>56%</td>
<td>54%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>8.7%</td>
<td>9.0%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>25%</td>
<td>28%</td>
<td>25%</td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>22%</td>
<td>23%</td>
<td>19%</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>26%</td>
<td>37%</td>
<td>31%</td>
</tr>
<tr>
<td>Violent crime rate (per 100,000)</td>
<td>243</td>
<td>427</td>
<td>274</td>
</tr>
<tr>
<td><strong>Physical Environment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily fine particulate matter</td>
<td>13.3</td>
<td>12.9</td>
<td>11</td>
</tr>
<tr>
<td>Drinking water safety</td>
<td>0%</td>
<td>1%</td>
<td>9%</td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>2</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td>4%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Fast food restaurants (per total restaurants)</td>
<td>56%</td>
<td>54%</td>
<td>45%</td>
</tr>
</tbody>
</table>

1. Age-adjusted to the 2000 U.S. population
2. Adults that report not participating in physical activity or exercise during the past 30 days other than their regular job.
3. Based on BRFSS criteria for binge or heavy drinkers.
4. Preventable hospital stays for ambulatory care sensitive conditions as defined by the Dartmouth Atlas.
5. Percent of diabetic Medicare enrollees receiving HbA1c screening.
6. Percent of female Medicare enrollees ages 67 to 69 receiving at least one screening over a two year period.
7. Percent of high school freshmen that graduate from high school in four years.
8. Percentage of the population age 25-44 with some post-secondary education.
9. Percentage of adults without social/emotional support, calculated by the CDC using BRFSS data.
10. Average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5).
11. Preventable hospital stays for ambulatory care sensitive conditions as defined by the Dartmouth Atlas.
12. Number of recreational facilities per 100,000 population.
13. Percent of population with a low income and live more than one mile from supermarket/large grocery store in an urban area or greater than 10 miles from a supermarket/large grocery store in a rural area.

Focus Group and Interview Findings

Overview

To gather primary input from people who represent the broad interests of Jackson County, focus groups and one-on-one interviews were conducted representing 49 individuals on March 5, 6, 12, 13 and April 2, including 25 Focus Group participants and 24 Interview participants. The organizations which provided input into the CHNA process through participation in focus groups and interviews are included in Appendix A.

Topics included:

- What do you believe are the most significant health needs in Jackson County?
  - Why are they significant?

- What groups of residents in Jackson County are underserved and what do you believe are the most significant health needs of each group, including:
  - Medically underserved population?
  - Low income population?
  - Minority population?
  - Acute and Chronic disease groups?

A summary of the opinions of focus group and interview participants follows, in descending order of frequency in which they were mentioned.

Most Significant Health Needs

Most frequently mentioned significant health needs are as follows:

- Access to Care
  - Most affected populations include uninsured/underinsured, poor/low income, unemployed/underemployed.
  - There are many causes which include:
    - Difficulty in accessing primary care, resulting in overuse of HMC’s ED, caused by few physicians accepting Medicaid and uninsured patients, and lack of awareness regarding other resources and options available (e.g., rural health clinics);
    - Transportation issues, caused by limited public transportation and large size and difficult terrain of the county; and
    - Other access issues, such as difficulty in getting follow-up care beyond office visits or hospital discharges; overall cost of care, including out of pocket costs for medications; and limited after-hours care.
Behavioral Health (Mental Health/Drug Addiction)
- Majority of drug addiction issues center around meth and prescription drugs.
- Inadequate access for many unless problems are severe, due to:
  - Inadequate number of providers;
  - Lack of coordination and frequency of visits; and
  - Difficulty accessing services without insurance.

Unhealthy Lifestyle of Population
- Causes include:
  - Smoking habits;
  - Obesity, which results in many other problems, including disability and diabetes;
  - Drug addiction, which impacts family structure; and
  - Diet/Eating habits, with causes including lack of education, relative low cost of unhealthy foods, and lack of people taking responsibility for their own health.

Heart disease
- Causes include smoking, diet, exercise, obesity, diabetes.

Diabetes
- Causes include diet (regional) and long-term mindset of people not taking responsibility for their own health.
- Results in many secondary illnesses/multiple issues.

Cancer
- Causes include smoking and pesticide/chemical exposure.

Pulmonary disease / COPD / Emphysema
- Caused by a large number/proportion of smokers in region.

Lack of Education / Communication
- Lack of basic health education, with little or no health education in schools, low graduation rates, and many physicians not educating patients.

Dental Services
- Impacts both adults and children, with little access for people without insurance.

Teen Pregnancy
- Causes include denial, lack of accountability, and drug addiction.
Medically Underserved Population

Most frequently mentioned characteristics of the medically underserved population are as follows:

- Low income/minimum wage population with no health insurance
  - Individuals with income above qualification for Medicaid/All Kids, but below ability to purchase health insurance.
- People with no or limited transportation access
- Elderly, particularly those with multiple health issues
- Mental health/substance abuse patients
- People who can’t afford high co-pays and cost of medication/equipment
- People in rural areas of Jackson County, who tend to have low incomes and educational levels, and be territorial/more difficult to engage

Low Income Population

Most frequently mentioned characteristics of the low income population are as follows:

- Those that have difficulty accessing services due to lack of health or dental insurance and/or inability to pay for medications and medical equipment
- Remote rural population with transportation issues, lack of insurance, and lack of education
- Medicaid patients, where access to primary care can be difficult and number of physician visits limited
- Many who use ED for primary care
Minority Population

African American, Hispanic, and Asian were the only minorities mentioned by more than one respondent, and many indicated the minority population is very small in Jackson County. Also, several respondents mentioned that the health and economic issues associated with minority groups are consistent with the non-minority population in Jackson County.

The most frequently mentioned minority groups and their characteristics are as follows:

- **African Americans**
  - Characteristics mentioned included more likely to work together to help each other out than the overall population, including assistance provided by extended family members; and more likely to have a higher proportion of diabetes and hypertension.

- **Hispanics**
  - Characteristics mentioned included that many lack health insurance; a language barrier exists; and less likely to seek medical attention.

Population with Acute and Chronic Diseases

The most frequently mentioned acute and chronic diseases, together with causes and associated issues suggested are listed below.

- **Heart disease, including congestive heart failure**
  - Causes include smoking, family history, nutrition, lifestyle, inactivity, lack of education.
  - There is a significant amount of non-compliance with follow-up care (e.g., monitoring, medications, etc.).

- **Diabetes**
  - Causes include obesity and diet/nutrition.
  - The cost of supplies is high and many do not control their blood sugar levels after diagnosis.

- **Pulmonary disease, including COPD and Emphysema**
  - Causes include smoking and factory work/contaminants.
  - Medicines and equipment are costly.

- **Mental Health / Drug addiction**
  - Most drug addiction is related to chronic narcotic dependence and meth addiction, and there is also a population of acute and chronic/serious mental illness.
  - Obstacles to treatment include inadequate resources/lack of quality services.

- **Cancer**
  - Treatment requires traveling for radiation and chemotherapy.

- **Hypertension**
Priority Health Needs

Evaluation Process and Criteria

Community health needs were identified through primary and secondary data collection and analysis, and were grouped into five major categories. These areas were prioritized by the CHNA Advisory Committee by utilizing criteria related to the estimated feasibility and effectiveness of possible interventions; whether addressing the need builds on existing organizational competencies; the number or proportion of people effected by the health need; the opportunity to intervene at the prevention level; the importance the community places on addressing the health need; and the relationship to existing partnership, community, or other JCHCA initiatives. The result was the identification and ranking of five significant health needs.

Identified Health Needs

Through the process described above and in the Methodology section, the CHNA Advisory Committee prioritized the following health needs:

1. Obesity
2. Smoking
3. Access to primary care
4. Cancer (in particular, screening)
5. Substance abuse/mental health

JCHCA prioritized those health needs with the strongest alignment to its mission, and ability and capacity to address those health needs:

1. Obesity
2. Smoking
3. Access to primary care

Obesity

The percentage of the population that is obese in Jackson County is significantly higher than nationally as shown in secondary data. The significance of obesity was also expressed by several focus group and interview participants. Additionally, obesity is one of the most significant risk factors for and causes of numerous other health issues experienced by Jackson County residents, including diabetes, hypertension and heart disease.

JCHCA believes it is only through addressing the root causes of the most significant health issues that the most significant needs can be addressed.
**Smoking**

Similar to obesity, the prevalence of smoking among Jackson County residents is significantly higher than the national rate based on secondary data, and another of the most significant risk factors for and causes of many other health issues, including heart disease, chronic respiratory disease and lung cancer.

**Access to Primary Care**

Access to care, and access to primary care in particular, was identified through both primary and secondary data. Access to care was indicated by more focus groups and interview participants than virtually any other health issue, with uninsured, underinsured and Medicaid recipients mentioned as experiencing the greatest difficulty in accessing primary care. Secondary data supports this concern, with a low level of affluence, and a high proportion of uninsured population and those enrolled in Medicaid in Jackson County.

**Cancer (Screening) and Substance Abuse/Mental Health**

Both primary and secondary data indicate cancer is a significant health issue and can best be addressed through screening. Jackson County residents experience relatively high mortality rates for lung, prostate and colorectal cancer, and cancer was mentioned by several interview and focus group participants as a significant health need. Smoking is the most significant root cause of lung cancer, while prostate and colorectal cancers can be discovered and treated more effectively through screening and early detection.

Substance abuse and mental health were mentioned by many focus group and interview participants as a significant health issue in Jackson County. Although there is little secondary data to support these concerns, it is apparent that treatment options to address this health issue are limited.

JCHCA believes it most appropriate to focus its efforts and resources on obesity, smoking and access to primary care. JCHCA currently provides and will continue to offer a broad range of cancer screening services to the community to assist in early detection. In addition, JCHCA is committed to focusing on reducing smoking in the community, which it believes is the most appropriate way to reduce the incidence and mortality of lung cancer, one of the most deadly forms of cancer. Regarding substance abuse and mental health issues, JCHCA believes its resources are best focused on the highest priority health needs identified due to several factors, including its lack of competency to address these needs and low expected effectiveness of possible interventions.

**Other Available Resources**

In addition to the facilities and services provided by JCHCA/HMC and other providers as discussed above and in the Access to Care section of this report, Jackson County has many health resources available for vulnerable populations and the community overall. These resources were considered by JCHCA in prioritizing the health needs of the community.

Appendix B to this report includes a list of existing health care facilities and other resources identified during the CHNA process that are available to address the community health needs identified. This list is not comprehensive, but includes those health resources known or identified in the course of conducting the CHNA.
Implementation Strategies

Introduction

As described in the preceding section (“Priority Health Needs”), JCHCA prioritized those needs with the strongest alignment to its mission, and ability and capacity to address those health needs as follows:

1. Obesity
2. Smoking
3. Access to primary care

To address those needs, the following implementation strategies, together with their anticipated impact, were developed by the CHNA Advisory Committee.
## Obesity

**Goal:** Reduce the proportion of Jackson County residents that are obese.

**Implementation Strategies:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1. | Expand JCHCA’s existing program that provides nutrition, fitness, and smoking prevention education to children in both the Jackson County and Scottsboro City school systems.  
- Assess current programs offered by the school systems related to food choices and exercise. |
| 2. | Develop a program to facilitate healthy diet and exercise among JCHCA employees and their families, and evaluate opportunities to expand these programs to the greater community. |
| 3. | Investigate opportunities to work together with and assist other community organizations in reducing the level of obesity in Jackson County (e.g., Jackson County Council on Aging, City of Scottsboro/Rec*Com, Jackson County Health Department). |
| 4. | Develop a process for increasing awareness among physicians in Jackson County regarding improving diet and exercise among their patients. |
| 5. | Develop a program to increase participation of JCHCA employees, their families, and other Jackson County residents in Scale Back Alabama. |
| 6. | Continue to provide Body Mass Index Screenings by HMC’s Medicine On The Move. |

**Anticipated Impact:**

- Increased number of nutrition, fitness, and smoking prevention education programs provided to the school systems in Jackson County.
- Initiation of a program to facilitate healthy diet and exercise among JCHCA employees and their families; and completion of evaluation of opportunities to expand these programs to the greater community.
- Investigation of opportunities to work together with and assist other community organizations in reducing the level of obesity in Jackson County.
- Increased awareness among physicians in Jackson County regarding improving diet and exercise among their patients.
- Increased participation of JCHCA employees, their families, and other Jackson County residents in Scale Back Alabama.
## Smoking

**Goal:** Reduce the proportion of Jackson County residents who smoke.

### Implementation Strategies:

1. Expand JCHCA’s existing program that provides nutrition, fitness, and smoking prevention education to children in both the Jackson County and Scottsboro City school systems. (see Obesity Strategy #1)

2. Develop a program to encourage Jackson County residents to use the Alabama Quit Now resources, including educating physicians and assisting employers.

3. Use Highlands Home Health to educate patients and their families to reduce exposure to second hand smoke in the home.

### Anticipated Impact:

- Increased number of nutrition, fitness, and smoking prevention education programs provided to the school systems in Jackson County.
- Initiation of a program to encourage Jackson County residents to use the Alabama Quit Now resources, including educating physicians and assisting employers.
- Increased education of Highlands Home Health patients and their families to reduce exposure to second hand smoke in the homes.

## Primary Care Access

**Goal:** Increase access of Jackson County residents to primary care.

### Implementation Strategies:

1. Develop an urgent care clinic in northern Jackson County.

2. Expand the services offered by Medicine On The Move to include expanded health screening services (beyond currently offered services of flu shots and other immunizations and blood sugar, blood pressure, cholesterol, skin cancer, and body mass index, bone density, hearing and vision screenings).
   - Provide health education of various topics.
   - Evaluate the feasibility of providing primary health care.

3. Coordinate the investigation of the feasibility of development of a community free clinic.

4. Continue to assist low income residents with enrollment in Medicaid and ALL Kids health insurance programs, including the use of a freestanding enrollment device in HMC’s emergency department.
   - Expand assistance to include educating and enrolling low income patients in insurance products offered through the Alabama Health Insurance Exchange.

5. Continue HMC’s recruitment of primary care physicians.

### Anticipated Impact:

- Opening of an urgent care clinic in northern Jackson County.
- Increased number of individuals served by Medicine on the Move.
- Completion of evaluation of the feasibility of expanding services provided by Medicine on the Move to include providing primary health care.
- Completion of investigation of the feasibility of development of a community free clinic.
- Increased number of individuals assisted in enrollment in Medicaid, ALL Kids, and Alabama Health Insurance Exchange health insurance programs.
Appendices
Appendix A – Organizations Providing Focus Group and Interview Input

Below are the organizations which provided input into the CHNA process through participation in focus groups and interviews.

- JCHCA/HMC
  - Home Health Agency
  - Social Services
  - Hospitalist Program
  - Family Medicine Physician
  - Chief Financial Officer
  - Cumberland Health & Rehab
  - Hospital Authority Board
  - Compliance
  - Emergency Department
  - Chief Medical Officer

- ABC Hospice

- ARC of Jackson County

- Care Assurance System of the Aging and Homebound (CASA)

- City of Scottsboro Mayor

- Clergy
  - Bridgeport United Methodist Church
  - New Home Baptist Church
  - Scottsboro Circuit United Methodist Church
  - Section United Methodist Church
  - St. Luke’s Episcopal Church

- Community Action Agency
  - Scottsboro
  - Pisgah

- Dawson, McGinty & Parker Law Firm

- IMPACT Learning Center

- Jackson County Chamber of Commerce

- Jackson County Council on Aging

- Jackson County Department of Human Resources

- Jackson County Health Department

- Jackson County Sheriff’s Department (2)
Mountain Lakes Behavioral Healthcare

Pharmacies
- Section Pharmacy
- Scottsboro Family Pharmacy

Physicians (Independent)
- Family Medicine
- Obstetrics/Gynecology
- Retired Family Medicine Physician

Porch Home Medical

School Systems
- Jackson County Schools
  - English Language Specialist
  - Lead Nurse
  - Parental Involvement Consulting Teacher
- Scottsboro City Schools
  - Brownwood Elementary English Language Teacher
  - Caldwell Elementary Counselor
  - Caldwell Elementary Media Specialist
  - Community Education/After School Program
  - HOSA Director
  - Nelson Elementary Counselor
  - Nelson Elementary Instructional Assistant
  - Nurse Coordinator

Scottsboro Police Department (2)
Appendix B – Additional Community Resources

In addition to the facilities and services provided by JCHCA and other providers as discussed above and in the Access to Care section of this report, Jackson County has many health resources available for vulnerable populations and the community overall. These resources were considered by JCHCA in prioritizing the health needs of the community.

The following is a list of other existing health care facilities and resources identified during the CHNA process that are available to address the community health needs identified. This list is not comprehensive, but includes those health resources known or identified in the course of conducting the CHNA.

Federally Qualified Health Center
- Northeast Alabama Health Services, Inc. (locations in Bryant, Trenton, Scottsboro (2 sites) and Section)

Hospice Agencies
- ABC Hospice
- Alacare Hospice
- Comfort Care Hospice
- Heartlite Hospice
- Hospice of North Alabama
- New Beacon of Scottsboro

Mental Health/Substance Abuse Resources
- Mountain Lakes Behavioral Healthcare (psychiatric evaluation, medication monitoring, individual, group and family counseling, day rehabilitation, case management, substance abuse assessment, intensive outpatient and inpatient services)
- Family Life Center (mental health counseling, anger management, drug/alcohol testing, outpatient drug counseling)
- Alcoholics Anonymous
- Narcotics Anonymous
- Multiple Celebrate Recovery Groups (Christ-centered recovery program)
- S.A.F.E. (Christ-centered recovery program)

Transportation
- Council On Aging Bus
Other Organizations

- Alabama Department of Public Health
  - Scale Back Alabama Program (weight loss)
  - Alabama Quit Now Program (smoking cessation)
- Alabama Cooperative Extension System-Jackson County Office (food/nutrition)
- ARC of Jackson County (support for mentally retarded/developmentally disabled)
- CASA of Jackson County (provides in-home services to the elderly and homebound, such as home repair, transportation for medical care outside the county, wheelchair ramps and food pantry)
- Community Action Agency (assistance paying heating/cooling bills during crisis, clothing to adults and children, and furniture to needy families)
- Crisis Services of North Alabama (domestic violence shelter and free counseling)
- Jackson County Council on Aging (educational, recreational and health-related activities, including exercise classes and equipment, health fairs, meals, unskilled respite, homemaker services, and legal services)
- Jackson County Department of Human Resources (food assistance, child support, investigation of reports of abuse, neglect and exploitation of children and adults, administers temporary assistance to needy families)
- Jackson County Health Department (home health services, personal care, housekeeping and unskilled respite services, case management)
- Scottsboro Parks and Recreation Department (recreation facility)
- Senior Care Rx (medication assistance)
- TARCOG (assistance to local governments, including aging (ombudsman, legal, employment, in home services, insurance counseling, nutrition services, caregiver services, prescription assistance)