

CAVETT MEDICAL

CEN

2016 COMMUNITY

HEALTH NEEDS

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INTRODUCTION

In 1936, the first hospital was built in Fayette County, Alabama under the leadership of Dr. Benjamin W. McNease, a dedicated physician in Fayette County. Dr. McNease, through his commitment, vision, and high standards paved a path for exceptional healthcare in Fayette County and the surrounding area. Today, Fayette Medical Center, a public, not-for-profit hospital, continues its commitment to the community by providing a wide range of high-quality services in this rural area of Northwest Alabama.

Fayette Medical Center operates under an operational lease agreement with the DCH system

included representatives from public health, individuals representing the medically underserved, low-income, and minority populations, staff from Fayette Medical Center and the DCH System, and community leaders. This report defines the community, includes input from persons representing the broad interests of the community, and prioritizes needs with action plans to address. The report also includes supporting data from the US Census Bureau, the Alabama Department of Public Health, the Alabama Rural Health Association, The Robert Woods Johnson

Available resources to address the needs; and
Process to update and monitor the 2016 CHNA.

METHODOLOGY

The leadership of the DCH System engaged the expert assistance of the facilitator team of Williford and Associates, LLC and Hand Arendall, LLC to meet the requirements set forth in the IRS regulations. Williford and Associates, LLC located in Montgomery, Alabama has multiple years of experience in healthcare consulting and Hand Arendall, LLC located in Birmingham, Alabama provided the legal expertise to insure that all the necessary steps were taken to be compliant in the process.

The CHNA purpose was to identify the various needs of health in the Community, prioritize those needs based on efficiency, effectiveness, and costs, and develop action plans to address those needs. A Stakeholder Committee was formed representative of various sectors of the community. Members of the Committee from 2013 were included to encourage continued ownership of the process, strengthen existing partnerships, and to avoid any unnecessary duplication of efforts. Individuals representing the medically underserved, minority population, and the low-income were also included in the Stakeholder Committee. In the meetings and phone interviews, Stakeholders discussed leading causes of death, socioeconomic factors, behavioral factors, and environmental factors that affected the health of the Community (See Appendix A). They also discussed issues identified in the 2013 CHNA and the progress of the plans to address those issues. Quantitative and qualitative data was considered and used in developing this assessment. The Stakeholder Committee included:

Sammy Watson – Director of Community Relations, DCH Regional Medical Center;
Debra Fisher RN, MSN, DCH Regional Medical Center Diabetes Center Director;
Stephanie Craft – Williford & Associates, LLC;
Elicia Maston – Community Service Programs of West Alabama – Fayette/Lamar
County Coordinator;

counties. The osteopathic school graduates the first class of physicians in 2017. Efforts are on-going, progress has been made, and this will remain a priority for Fayette Medical Center and the community.

Fayette Medical Center has worked with the local government and school systems to create a channel to encourage those students who are overachievers, talented, and interested in pursuing a medical career in hopes that those students will return to the community to practice. The hospital is also working with the College

Major causes of death: Heart Disease, Stroke, Diabetes, Accidents, Cancer;
Access to Care – Lack of transportation, limited specialty services;
Substance abuse;
Pre-natal and Maternity care;

issues surrounding these patients, patients are misdiagnosed because the paper files with patient information are not always readily available in an emergency situation. Mr. Reese suggested that perhaps in-service training with the doctors and Fayette Medical Center would be appropriate to educate on the various issues affecting these patients.

C. Additional Stakeholder Input

In order to gather experiences and information from key leaders in the community, the Stakeholders conducted additional meetings and interviews to assist in facilitating the development of this CHNA. Information from these meetings and interviews is set forth below.

As evidenced by the alarming statistics nationwide and locally, diabetes was confirmed by all the participating Stakeholders as being a major issue of health which lead to many other health problems found in the community. The Stakeholders met with Debra Fisher, the DCH Regional Medical Center Diabetes Center Director for input. According

provide the much-needed services to residents in the rural counties of Fayette and Lamar County. Although the tax expires in 2018, it can be renewed and these Stakeholders are committed to working within the local market to keep this very important lifeline to Fayette Medical Center.

Fayette Medical Center also has a local foundation. Efforts are underway and will continue to encourage donations to the Foundation. Funds donated go to the Foundation's Patient Impact Fund go directly to improving the facilities, equipment, and services provided to residents served by Fayette Medical Center. Money is also set aside to support the Area Aging Council which provides nutrition and social skills programs to the elderly in the area.

In addition to insuring the viability of the hospital, these Stakeholders are committed to recruitment of physicians to the area. They are looking at the community in detail and trying to determine what personalities mix with or mirror the community as a whole. Dr. Sweat, Mr. Freeman, and Mr. Jones will continue to reach out to potential students in high school, work with the College of Health and Human Services at the University of Alabama to establish a residency program for the area, and maintain contact with the College of Osteopathic Medicine in Dothan, Alabama and the Edward Via College of Osteopathic Medicine at 960003-4210004Bu4(it-3(d)5()5)-371(an)-3(d)5()63(ab)-46g ah n

Continue the "Target Rural Scholars" program by working within the local school system to identify talented and interested students that have potential for enrollment in medical school in hopes of them returning to the area;

Continue recent and on-going discussions with the University of Alabama to develop a residency program in the area; and

Continue efforts to recruit a nurse practitioner to the area.

3. Wellness to Decrease the Incidence of Diabetes, Heart Disease, Obesity, and Other Major Causes of Death in Fayette and Lamar County

After reviewing multiple healthcare data sources provided, the Stakeholders identified multiple issues of health that if addressed would improve the health status of the community. Many factors affect this including non-compliance with taking medications, a lack of education among certain populations, and unhealthy behaviors that lead to disease. According to the American Diabetes Association, more than 600,000 Alabamians, or 15%, have diabetes and many others are simply unaware that they have it. Alabama ranks 5th among states with 33.5% of the people considered obese. The state ranks 2nd in adult hypertension rates with 40.3% of the population having high blood pressure. The statistics are staggering and the fact that Fayette and Lamar counties are rural compounds the problem. Suggestions to address this issue of health are as follows:

Continue the collaboration between Fayette Medical Center and the DCH Diabetes Education Center to provide diabetes education and management of the disease in Fayette County. Include low-literacy and Spanish interpretation materials in Fayette Medical Center for those in need;

Continue the health fairs, runs/walks sponsored by Fayette Medical Center to encourage exercise and increased physical activity;

Partner with Bevill State and other identified resources to promote healthy nutrition and exercise programs that will create a healthier lifestyle; and

Attend local community partnership meetings with other agencies to cross-promote services that will address these issues of health.

OTHER RECOGNIZED HEALTH NEEDS

FAYETTE MEDICAL CENTER

2016 Community Health Needs Assessment

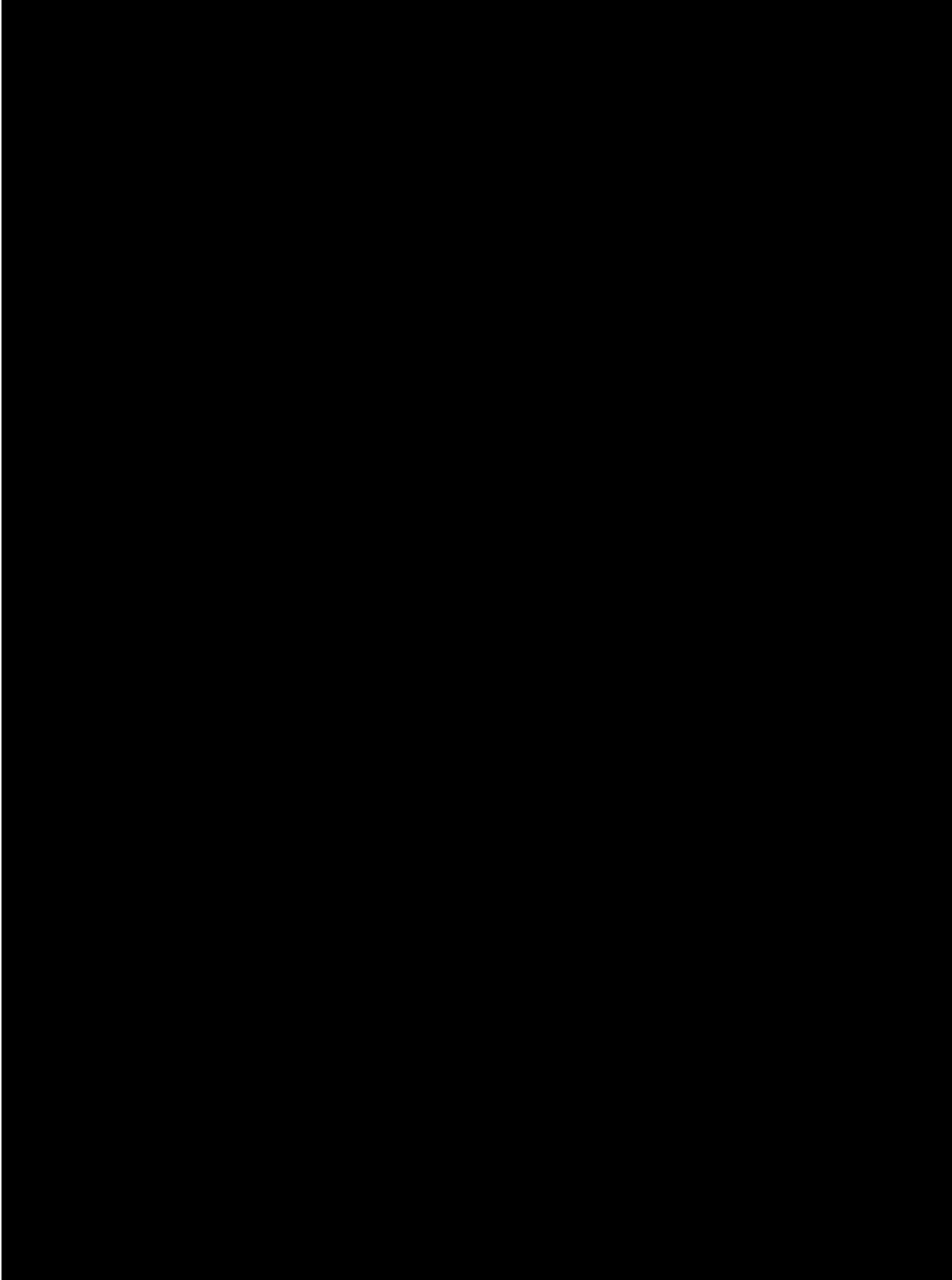
Appendix A

FAYETTE 2014 HEALTH

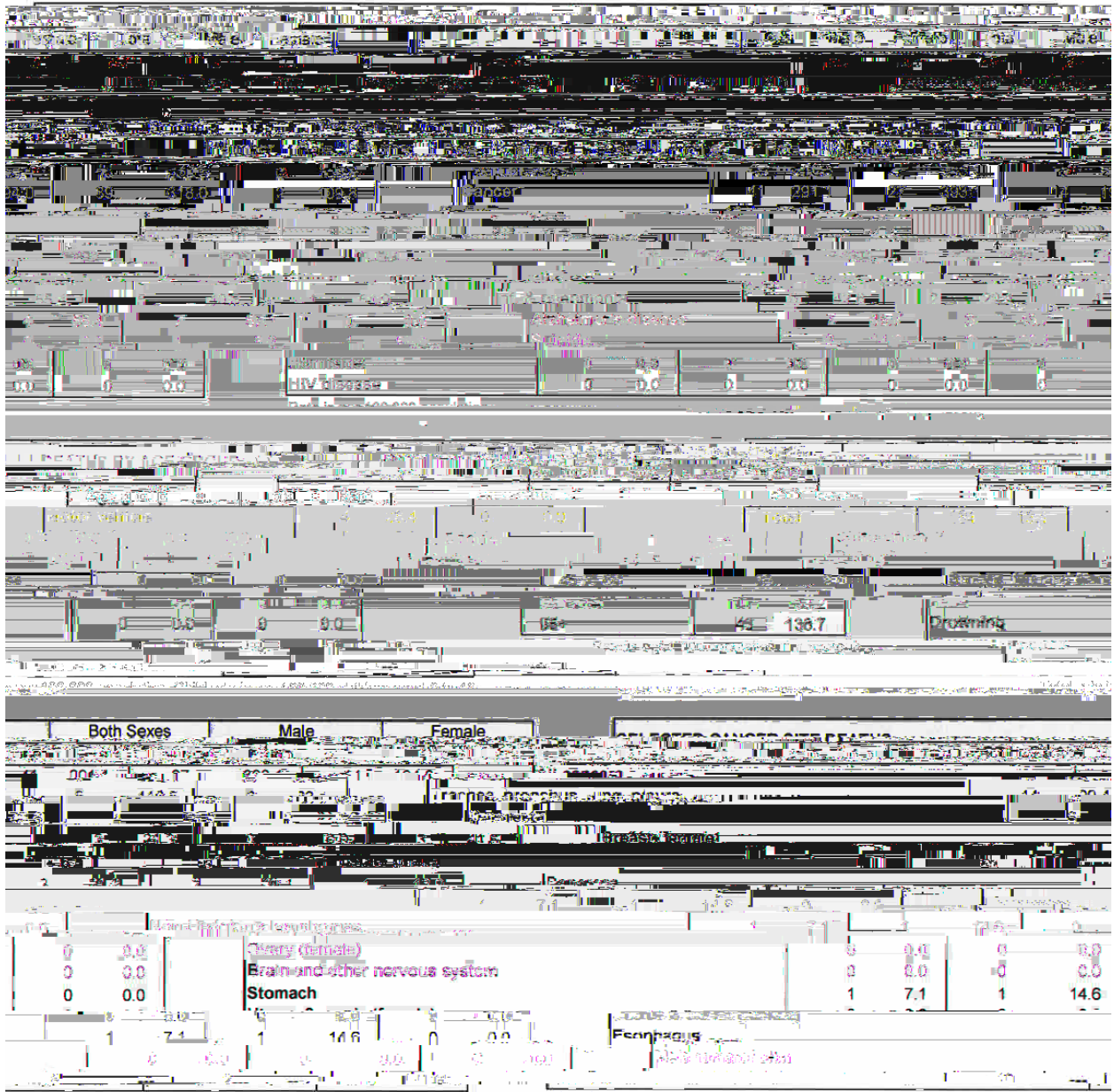
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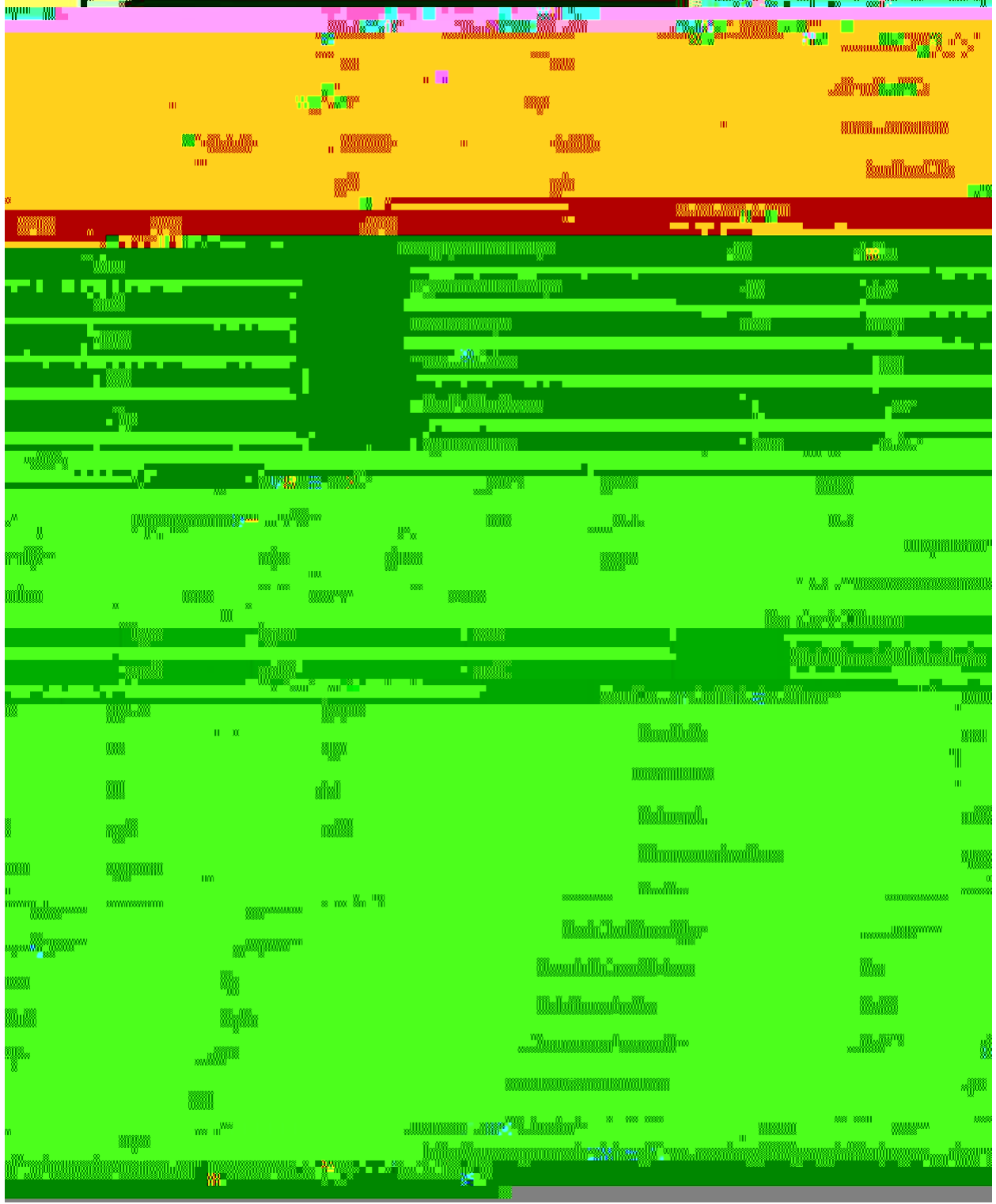


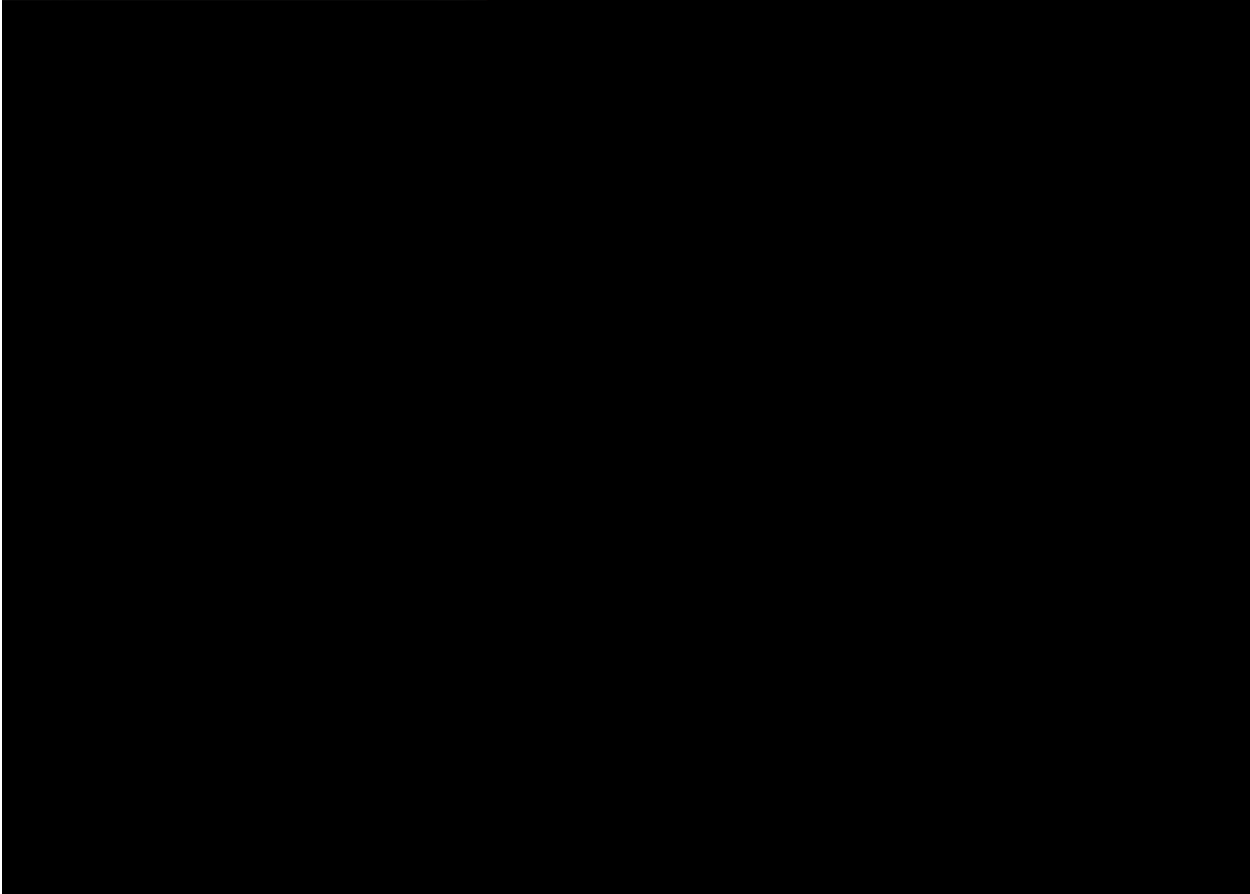
LAMAR 2014 HEALTH PROFILE (Continued)



Data is per 100,000 population.

County Profile (2014)





Alabama



Adult Obesity in Alabama: New Data

Alabama's adult obesity rate is currently 35.6 percent, up from 22.6 percent in 2016. Alabama's adult obesity rate is currently 35.6 percent, up from 22.6 percent in 2016. Alabama's adult obesity rate is currently 35.6 percent, up from 22.6 percent in 2016.

