



Thomas Hospital

INFIRMARY HEALTH



Community Health Needs Assessment

2012

~ Mission ~ Vision ~ Values ~

Mission

Our mission is LIFE

Vision

The FIRST CHOICE for healthcare in our region

Our Values

Leadership

Integrity

Family

Excellent Service

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Executive Summary

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

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

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

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

Methodology

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

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

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

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

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

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

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

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

Community Description

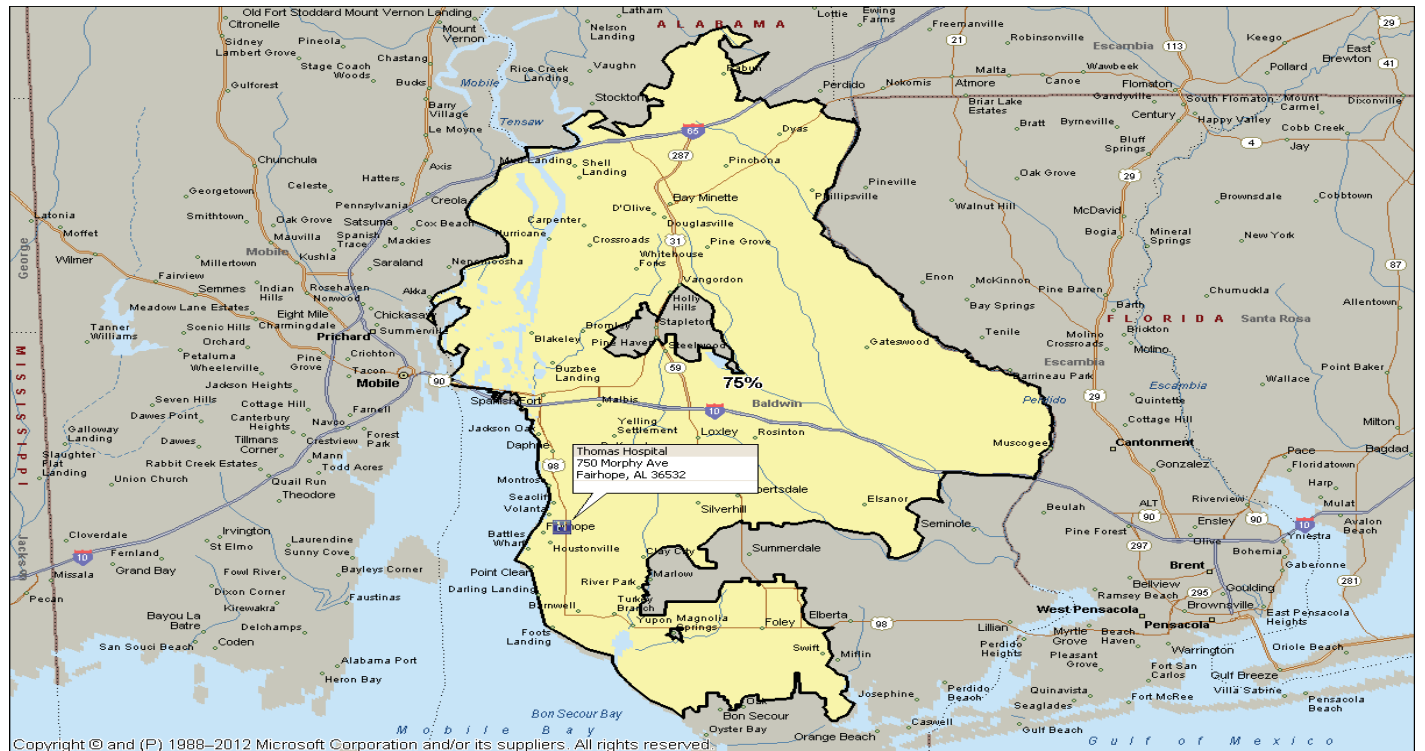
Geographic Area Defined

The Thomas Hospital community is defined as the 8 zip codes covering Baldwin County, Alabama. These contain 75% of the hospital’s inpatient discharges and include:

- 36532 36567 36507 36551
- 36526 36535 36527 36576

Baldwin County, Alabama, is located on the shores of the Gulf of Mexico and Mobile Bay, bordered on the West by Mobile County, Alabama, on the Northwest by Washington and Clarke County, Alabama, on the North by Monroe County, Alabama, on the Northeast by Escambia County, Alabama, and on the East by Escambia County, Florida. The county has a land area of 1,589.78 square miles and 430.6 square miles of water (Graph 2). It is the largest county in the state. The city of Bay Minette is the county seat for Baldwin County and Fairhope is the largest city. Thomas Hospital is located in the City of Fairhope.

Illustration 1. Thomas Hospital Service Area



Demographics

Population

According to the U. S. Census Bureau, the most recent population estimate for Baldwin County is 186,717 (Graph 1). The county experienced a population growth from the previous year of 2.4% compared to the population growth for Alabama of 0.5%. Today, out of the state's sixty-seven counties, Baldwin County remains one of the top three fastest growing.

Race/Ethnicity

The population of Baldwin County is 87.3% white, 9.7% black and 3% other (Graph 6). The U.S. Census Bureau considers Hispanic/Latino heritage as an ethnicity and not a race. Of Baldwin County residents responding to the most recent census, 4.5% consider themselves to be of Hispanic/Latino origin. Persons of Hispanics/Latino origin may be of any race, and are included in the applicable race categories above. The Hispanic/Latino population of Baldwin County is similar to the state average of 4% (Graph 7). The dominant language is English, with 5.4% speaking another language in the home.

Education

Baldwin County Board of Education oversees all public schools in Baldwin County, Alabama. The system has supervision over 30,000 students, 3,200 employees including 2,100 classroom teachers, serving the students at 45 campuses. Since 2008 a one percent sales tax has compensated for decreases in state tax revenue and the economic difficulties resulting from the Deep Water Horizon Oil Spill. The Board spent \$8,900 per student in 2012. The average student/teacher ratio across all schools in the system is 24:1. There are 17 private and parochial schools in Baldwin County. The University of South Alabama, Baldwin County campus in Fairhope and Faulkner State Community College in Bay Minette serve the area with higher education opportunities. Of the county's residents, 87.9% graduate from High School and 27.2% hold a Bachelor's degree or higher (Graph8) (Graph 9). Baldwin County's illiteracy rate is 11%.

Employment

The per capita income in Baldwin County is \$27,217, median household Income is \$51,321 and the percentage of residents living below the poverty level is 12.5% (Graph 10) (Graph 11). The unemployment rate for the county is 6.2%, slightly lower than the state at 6.8%. The average weekly wage in Baldwin County is \$634, lower than both the state and national average of \$783 and \$903 respectively.

The largest percentages of females within the community are employed in healthcare and educational services, while male's highest categories include manufacturing and construction.

Largest employers in Baldwin County are:

1. Baldwin County Board of Education
2. Wal-Mart
3. Standard Furniture Manufacturing Company
4. Thomas Hospital
5. Grand Hotel (Marriott Corporation)

Although the BP oil spill of 2010 brought great economic loss to Baldwin County, in 2011 and 2012 the beaches of the county set all-time records for visitors according to the Baldwin County tourism officials. The November 2012 estimations of \$320 million in taxable lodging revenues were \$40 million more than the previous year. Retail sales were also up by nearly eight percent over 2011. The continued marketing effort of BP has been credited for much of the rebound.

Weather

The Gulf of Mexico adds to Baldwin County's prosperity, but also adds vulnerability to tropical systems. The county is affected by a tropical system on average every 2.4 years. The last two major storms impacting the area were Hurricane Isaac in 2012 and Hurricane Ida in 2009. Although neither storm directly affected Baldwin County, large force winds and flooding extended into the area causing considerable damage.

Roads and Transportation

Roads in Baldwin County provide residents and visitors transportation access to major cities and to the beaches of the Gulf of Mexico. Two major interstate highways cross Baldwin County.

Public transportation is limited in Baldwin County. Baylink, a rural area transportation system offers bus service to the City of Mobile from Fairhope, Daphne and Spanish Fort. A similar service allows individuals from the Eastern Shore and South Baldwin County to travel to Bay Minette five days a week for work. Airports in the county include Bay Minette, Fairhope and Foley with single runways and Gulf Shores with two runways. There are numerous private airports and heliports in Baldwin County. Considerable military airspace overlies much of the county and adjacent bay and coastal waters. Commercial, scheduled service is from Mobile Regional Airport or Pensacola International Airport.

Deepwater Horizon Oil Spill

The British Petroleum (BP) Deepwater Horizon Oil Spill of April 2010 is the largest accidental marine oil spill in petroleum history and damage to the Gulf's fishing and tourism industry persists today. The ecological effects of the oil spill are still not completely known. The microbial population of the coastal waters was significantly altered by the spill, the affect of which may have lasting economical and ecological impact. Private lawsuits and civil and criminal prosecutions continue to be in process. In response to the BP oil spill, the EPA has monitored air, water, sediment and waste generated by the clean-up operation. Periodic updates are available at www.RestoreTheGulf.gov.

Air/Water Quality

Air quality in Baldwin County is 78.5 on a scale to 100 (higher is better). This is based on ozone alert days and the number of pollutants in the air as reported by the EPA. Motor vehicle emissions are the major source of air pollutants in Baldwin County. The County Commission is working to develop programs to improve traffic flow and reduce idling along major thoroughfares. Air quality scores affect an area's ability to recruit new industry and develop new infrastructure (such as roads). Baldwin County Water quality is 67, which is better than the National average of 55. The EPA has a complex method of measuring watershed quality using 15 indicators.

Health Care

Thomas Hospital is the one of four hospitals in the county and is located at 750 Morphy Ave, Fairhope, AL 36532. An affiliate of Infirmity Health, the hospital employs more than 1,100 people, with 200 physicians and 500 Auxiliary volunteers. The hospital opened in September 1960 with 36 beds and eight physicians in order to address the needs of those living in Fairhope and the surrounding communities. Thomas Hospital merged with Infirmity Health to become a part of Gulf Health Hospitals in 2005. In 2009, the hospital doubled its size with a four-story 130,500-square-foot expansion. The first three floors include an emergency department with 28 treatment rooms, as well as medical and surgical units with 64 private

patient rooms.

Baldwin County is currently designated as a Medically Underserved Area/Population (MUA/P) according to criteria developed by the Department of Health and Human Services. This designation is based on an index of four variables; the ratio of primary care physicians per 1,000 residents, the infant mortality rate, population living below the poverty line and the percentage of population over the age of 65. An area may also be designated as shortage areas if the ratio of Primary Care Health Professionals is less than 1:3500, Dental Health Professionals less than 1:5,000 and/or Mental Health Professional 1:30,000. This designation is necessary to qualify for state and federal programs aimed at increasing primary care services to underserved areas and populations. Baldwin County is considered a Medically Underserved Area for Dental Health Professionals serving the low-income population across the entire county. The county is also underserved in the areas of Primary Care and Mental Health care within the low-income population of South Baldwin County.

Thomas Hospital Inpatient Services

- 150 Licensed Inpatient beds
 - o Staffed (129)
 - o Medical/Surgical (89 beds)
 - o Maternity (11 beds)
 - o Women's and Children's (12 beds)
- Birthing Center
 - o Full Service Birthing Rooms (9 beds)
 - o Cesarean-Section Room (1 room)
 - o Infant Video-Monitoring Security System
- Intensive Care Units
 - o Medical ICU (10 bed unit)
 - o Surgical ICU (7 bed unit)
- Surgical Suites (10 suites)
 - o Open Heart
- 24-hour Emergency Department (28 bed unit)

The nearest Level I Trauma Center is located in Mobile, Alabama which is approximately 25 minutes away. There is a Level II Trauma Center approximately 55 minutes away in Pensacola, Florida.

The Thomas Medical Center is an ambulatory surgery and diagnostic center. It houses both primary care and sub-specialist physician practices with access from the main road, U.S. Highway 98.

Thomas Hospital Outpatient Services include:

- Blood Donation Center
- Cancer Center
- Cardiac Rehabilitation
- Community Resource Center
- Digestive System Services
- Diabetes Education
- Fitness Center
 - o Full Service Exercise Program
 - o Operation Fit Kids Pool
 - o Seniors Silver Sneakers
- LabServices
- Nuclear Medicine
- Occupational Health Services
- Rehabilitation Services
 - o Physical Therapy
 - o Occupational Therapy
 - o Speech Therapy
- Sleep Study Center
- Outpatient surgery center
- The Harbor Mental Health Services
- X-ray (Digital and Fluoroscopy)
 - o Bone Density
 - o CT scan
 - o Mammography
 - o Mobile PET Scan
 - o Open MRI
 - o Ultrasound

Additional Baldwin Community Health Care Resources:

- Baldwin County Health Care Authority – County Health Department
 - o Bay Minette
 - o Foley
 - o Robertsedale
- Baldwin County Quality Health Care – Federally Qualified Health Center
 - o Alabama Free Clinic Bay Minette
 - o Baldwin County Health Department Robertsedale Clinic
 - o Hope Health Clinic, Fairhope
 - o Loxley Family Dental Center
 - o Loxley Medical Center
 - o South Baldwin Family Health Center

- Long-term Care and Assisted Living Facilities – 7 in the county, 2 in Bay Minette
- Mercy Medical Center
- North Baldwin Infirmary
- South Baldwin Regional Medical Center

Twenty-one cities across the county have one or more Fire Departments which offer Emergency Medical Services (EMS), Search and Rescue Squads and ambulance services.

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

Inpatient 2012		
Principal Diagnosis	Cases	%
CORNARY ATHERO-NATIVE VESSEL	383	4.66%
LOCALIZED PRIM. OSTEO-ART-LOW/LEG	309	3.76%
SUBENDO INFRC-INIT EPISD	216	2.63%
PNEUMONIA, ORGANISM NOS	165	2.01%
ATRIAL FIBRILLATION	162	1.97%
SINGLE LB-IN HOSPITL NEC	158	1.92%
SEPTICEMIA NOS	144	1.75%
OTH CURR COND-DELIVERED	126	1.53%
ACUTE KIDNEY FAILURE NOS	121	1.47%
CEREBRAL ARTERU OCC WITH INFARCT	106	1.29%
Top 10 Total	1,890	23.01%
Grand Total	8,214	100%

Outpatient 2012		
Principal Diagnosis	Cases	%
MAMMOGRAM SCREEN CA BREAST	9,636	9.16%
HYPERLIPIDEMIA NEC/NOS	1,886	1.79%
ABDOMINAL PAIN-SITE NOS	1,785	1.70%
URIN TRACT INFECTION NOS	1,600	1.52%
HYPERTENSION NOS	1,539	1.46%
LONG-TERM USE OTH MEDS	1,284	1.22%
ABNORMAL MAMMOGRAM, UNSP	1,264	1.20%
CHEST PAIN NOS	1,252	1.19%
PHYSICAL THERAPY NEC	1,199	1.14%
HEADACHE	1,110	1.06%
Top 10 Total	22,555	21.44%
Grand Total	105,201	100%

Inpatient Race Distribution 2012	
	%
WHITE	84.45%
BLACK	14.09%
HISPANIC	0.82%
ASIAN	0.38%
UNKNOWN	0.15%
INDIAN	0.12%

Outpatient Race Distribution 2012	
	%
WHITE	85.10%
BLACK	13.40%
HISPANIC	0.94%
ASIAN	0.38%
INDIAN	0.06%
UNKNOWN	0.02%

Inpatient Payor Source 2012		
	Cases	%
MEDICARE	3,026	36.84%
BLUE CROSS	1,779	21.66%
MEDICAID	905	11.02%
SELF PAY	503	6.12%
MEDICARE COMPLETE	414	5.04%
OTHER MEDICARE ADVANTAGE	324	3.94%
BC ADVANTAGE	312	3.80%
UNITED HEALTH CARE	229	2.79%
SENIORS FIRST	197	2.40%
CHAMPUS	118	1.44%
OTHER	407	4.95%

Outpatient Payor Source 2012		
	Cases	%
BLUE CROSS	38130	36.24%
MEDICARE OUTPATIENTS	28732	27.31%
MEDICAID	7203	6.85%
SELF PAY	6735	6.40%
BC ADVANTAGE	3755	3.57%
MEDICARE COMPLETE	3136	2.98%
UNITED HEALTH CARE	3133	2.98%
OTHER MEDICARE ADVANTAGE	2765	2.63%
Other	11612	11.04%

Inpatient Age Distribution 2012	
	%
0-9 years	4.42%
10-19 years	2.09%
20-29 years	11.36%
30-39 years	8.47%
40-49 years	7.80%
50-59 years	12.53%
60-69 years	17.63%
70-79 years	19.30%
80+ years	16.40%

Outpatient Age Distribution 2012	
	%
0-9 years	6.94%
10-19 years	5.27%
20-29 years	6.45%
30-39 years	7.89%
40-49 years	12.54%
50-59 years	17.15%
60-69 years	19.56%
70-79 years	15.83%
80+ years	8.37%

Inpatient Discharge Disposition 2012		
	Cases	%
DISCHARGED HOME	5,900	71.83%
HOME W/HOME HEALTH SERVICES	918	11.18%
NURSING HOME-SKILLED	554	6.74%
INPATIENT REHAB FACILITY	237	2.89%
EXPIRED	165	2.01%
HOSPICE-HOME CARE	125	1.52%
NURSING HOME - (ICF)	106	1.29%
ACUTE CARE HOSP FOR IP CARE	68	0.83%
OTHER	141	1.72%

Outpatient Discharge Disposition 2012		
	Cases	%
DISCHARGED HOME	104,124	98.98%
LEFT AGAINST MEDICAL ADVICE	335	0.32%
HOME W/HOME HEALTH SERVICES	229	0.22%
NURSING HOME - (ICF)	136	0.13%
OTHER HEALTH CARE INSTITUTION	114	0.11%
OTHER	263	0.25%

Community Resource List

Adult Day Programs for Memory Loss

- A Shepherd's Place (Fairhope)
- Day Break (Gulf Shores)

Baldwin County ARC Disabilities Services

Baldwin County Chamber of Commerce

- Central Baldwin
- Eastern Shore
- Gulf Coast Area
- North Baldwin
- South Baldwin

Baldwin County Court House

Baldwin County Family and Children's Services

Baldwin County Fire and EMS Association (21 cities county wide)

Baldwin County Health Department

- Bay Minette
- Foley
- Robertsdale

Baldwin County Mental Health Center

- Bay Minette
- Fairhope
- Foley
- Robertsdale

Baldwin County Senior Citizens Center

Baldwin County Maintained

- Parks (13)
- Boat Launches (4)

Baldwin County Sheriff Office (6)

Baldwin, Escambia & Mobile Counties Council on Aging

Catholic Social Services

- Bay Minette

Christian Service Center

- Gulf Shores

Churches (over 100)

North Baldwin Ecumenical Association

Food Pantry

- Bay Minette
- Foley

Prodissee Food Pantry

- Spanish Fort

Public Libraries (11)

Salvation Army

Saving Grace for Women

- Robertsdale

Shoulder

- Foley
- Spanish Fort

The Lighthouse (Domestic Violence)

United Way

- North Baldwin
- South Baldwin

YMCA

COMPARISON COMMUNITY

Comparison Community – Buncombe County, North Carolina

To compare the Thomas Hospital community with a peer county, the Department of Health & Human Services 2009 Community Health Status Indicators (CHSI) report was utilized. CHSI uses population size, poverty level, age distribution, population density and other demographic data to establish comparison communities across the United States. Of the 39 counties considered to be peer counties to Baldwin County, Buncombe County, North Carolina was selected for this CHNA based on its similar location in the southeastern United States.

Illustration 2. Baldwin County, Alabama and comparison Buncombe County, North Carolina

Baldwin County, Alabama



Buncombe County, North Carolina



Comparison Demographics

	Baldwin County, Alabama	Buncombe County, NC
Population (Graph 1)	186,717	241,419
Density (per square mile) (Graph 2 and Graph 3)	115	363
Poverty Level (% below)	12.5%	15.6%
Age Distribution (Graph 4 and Graph 5)	Under 18 (22.9%) 19 to 64 (60%) 65 and older (17.1%)	Under 18 (20.3%) 19 to 64 (61.5%) 65 and older (18.2%)
Race	White (87.3%) Black (9.7%) Other (3%)	White (89.7%) Black (5.7%) Other (1.6%)
Hispanic or Latino Origin	4.5% (4.0% state average)	6.2%
High School Graduates	87.9%	87.9%
Bachelor's Degree or Higher	27.2%	32.1%
Median Household Income	\$51,321	\$44,321

DATA AGGREGATION

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

Behavioral Risk Factors

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

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

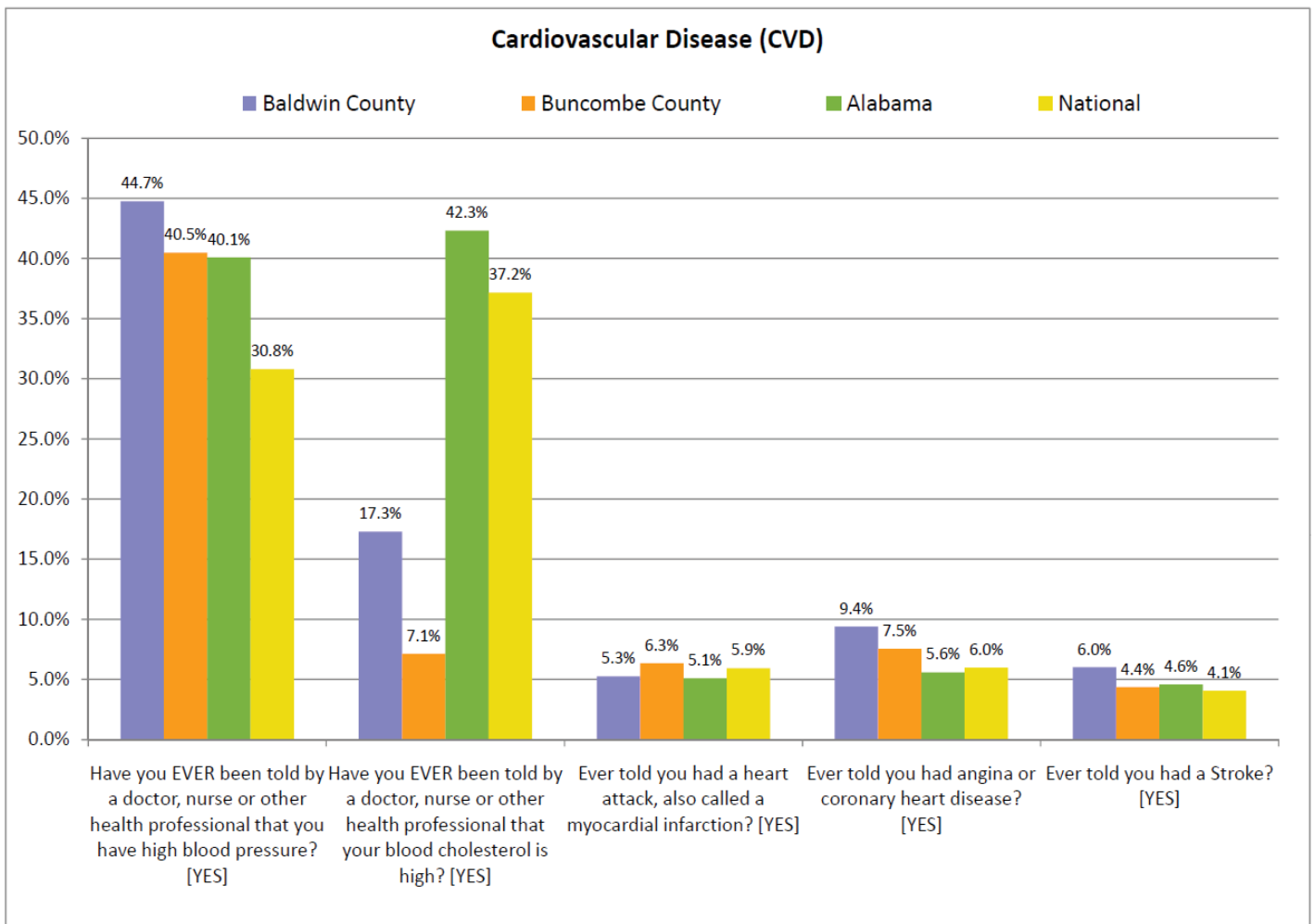


Table 2. Health Risk Factors – Chronic Conditions identified with BRFSS data

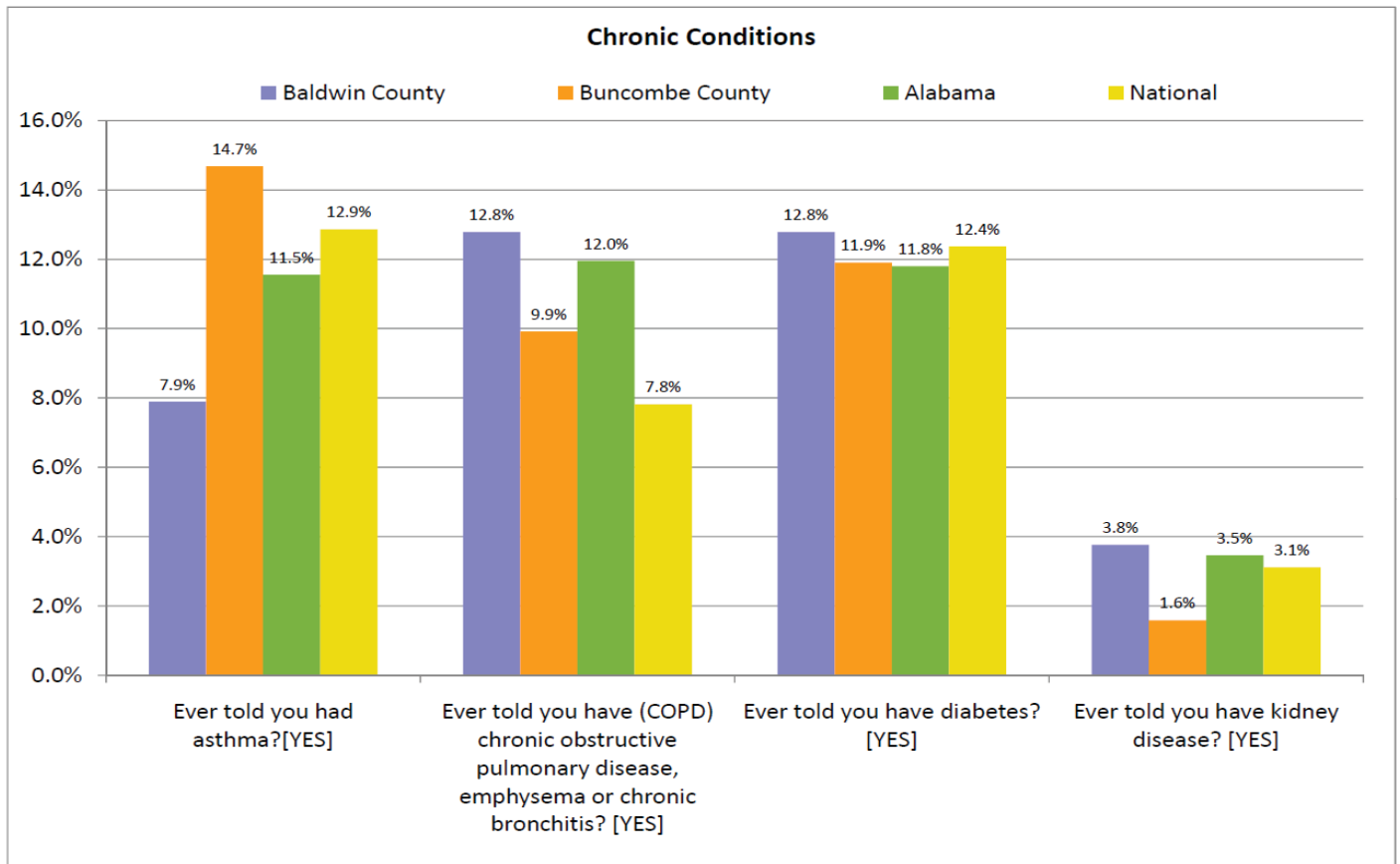


Table 3. Health Risk Factors – Cancer identified with BRFSS data

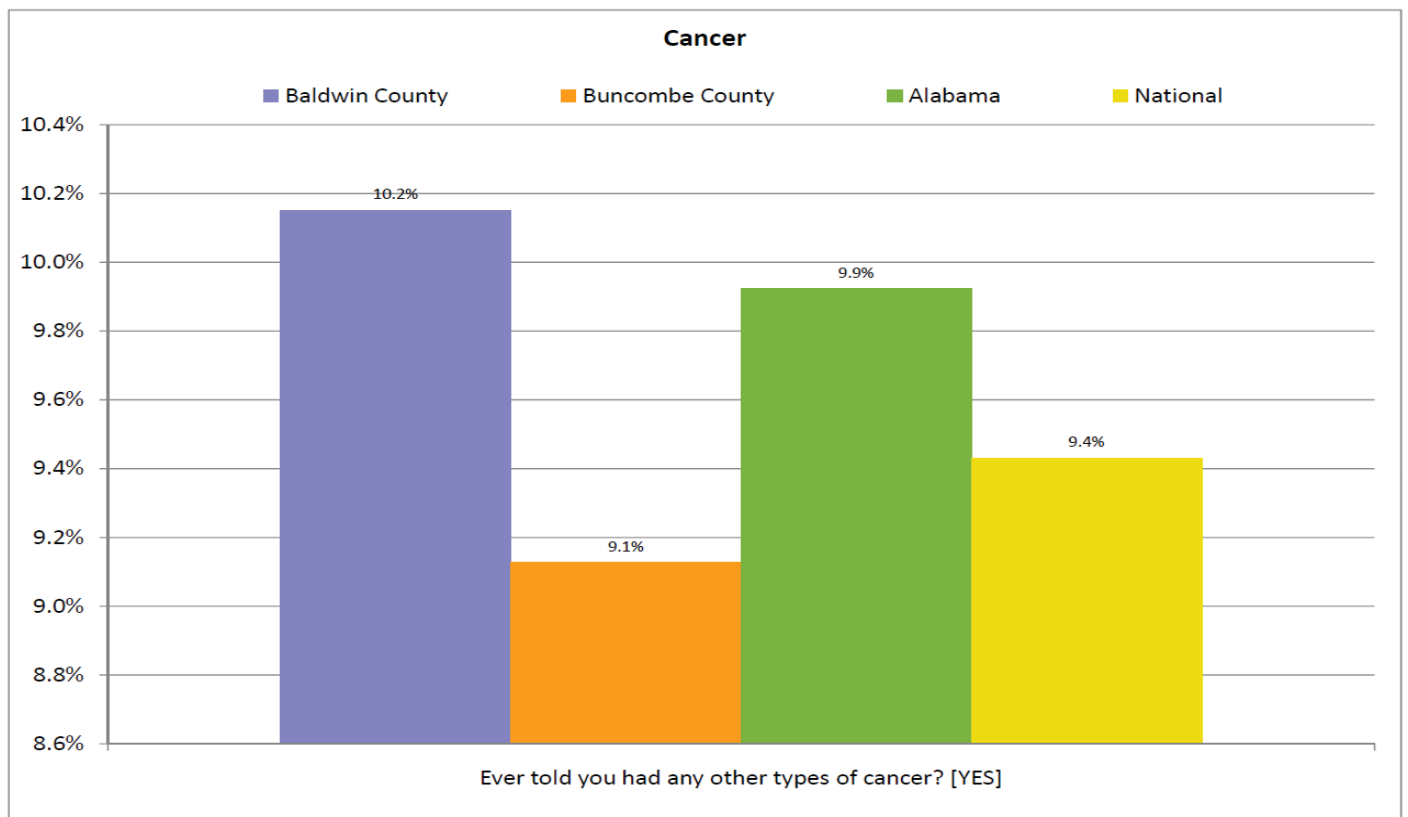


Table 4. Health Risk Factors – Mental Health identified with BRFSS data

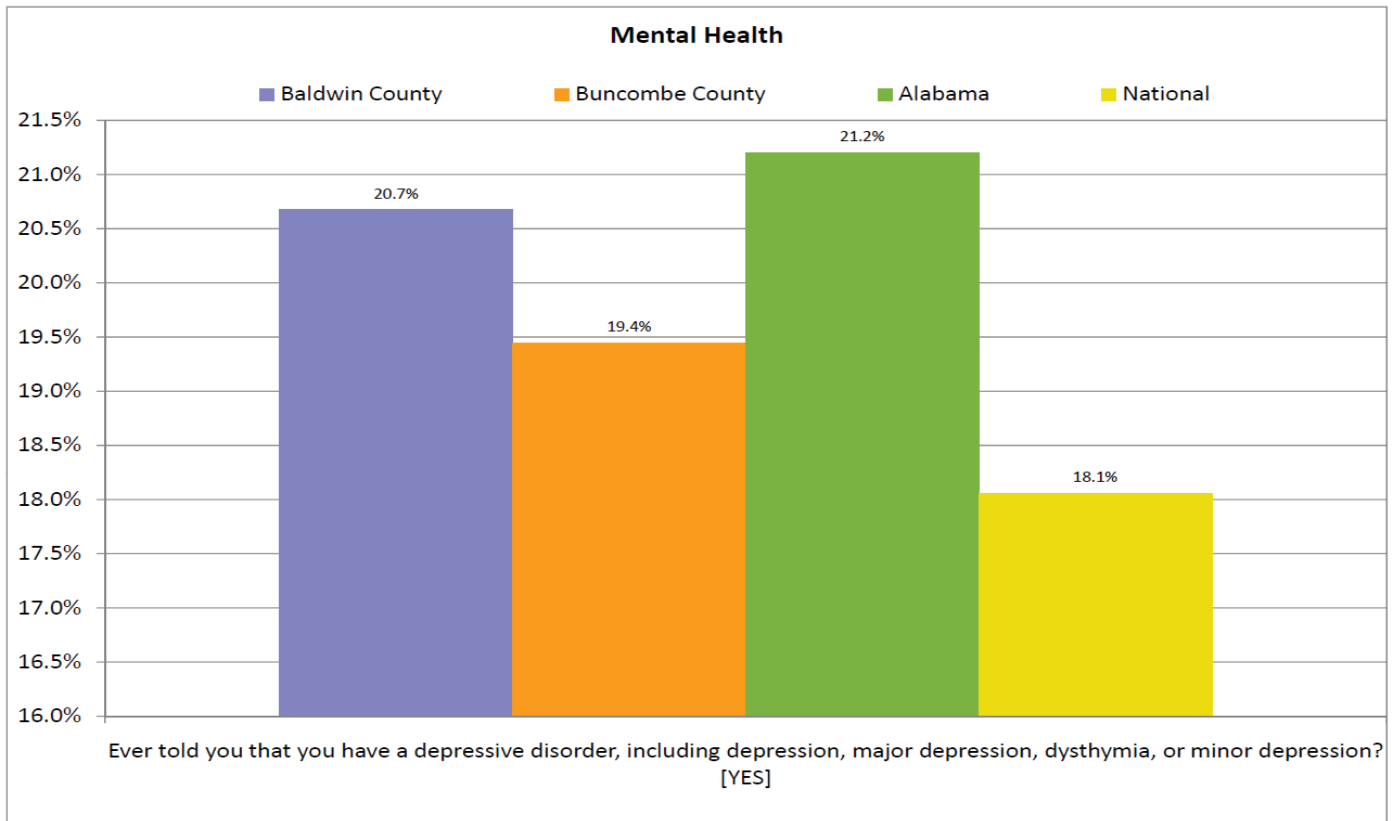


Table 5. Health Risk Factors – Behavioral issues identified with BRFSS data

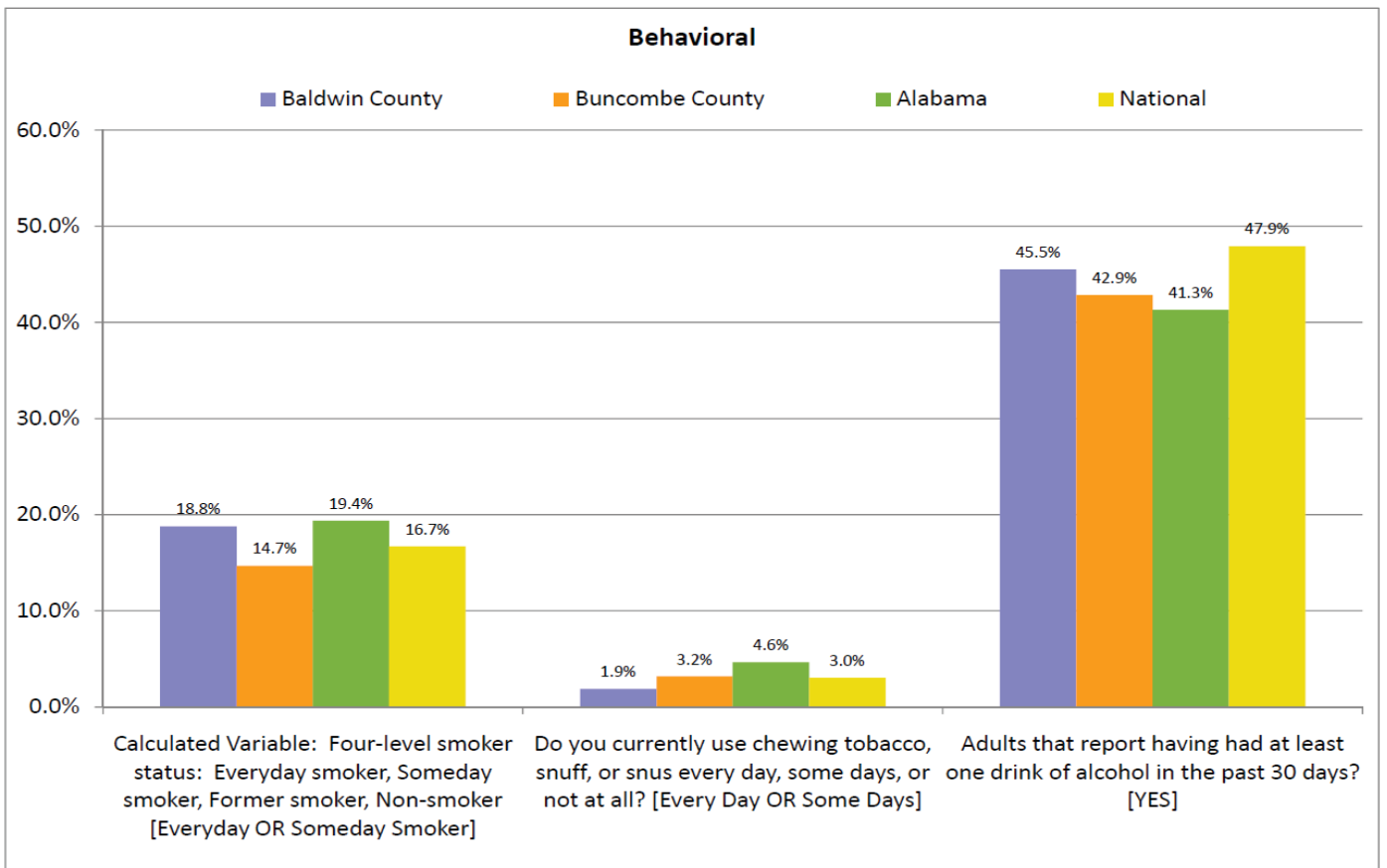


Table 6. Health Risk Factors – Obesity identified with BRFSS data

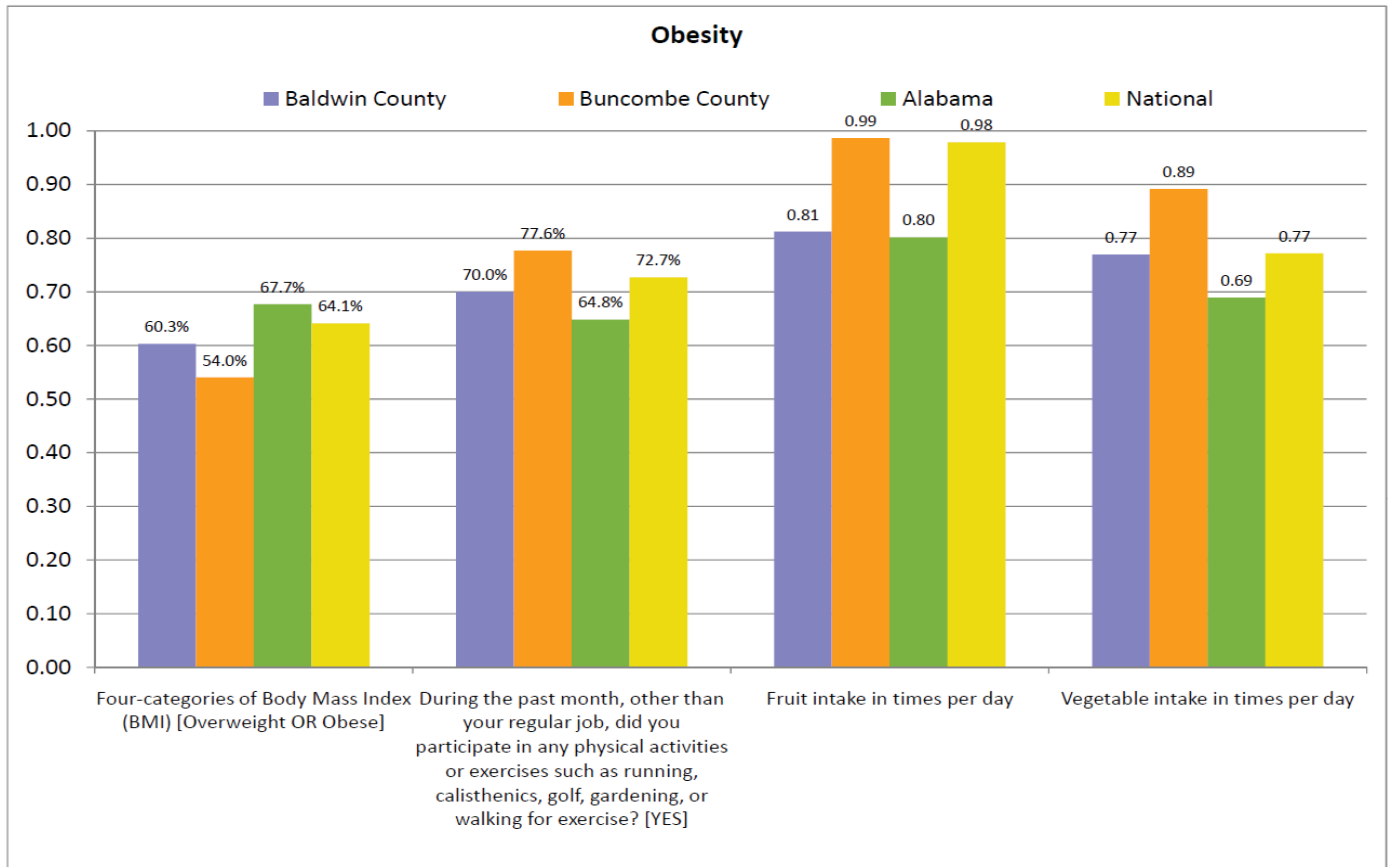
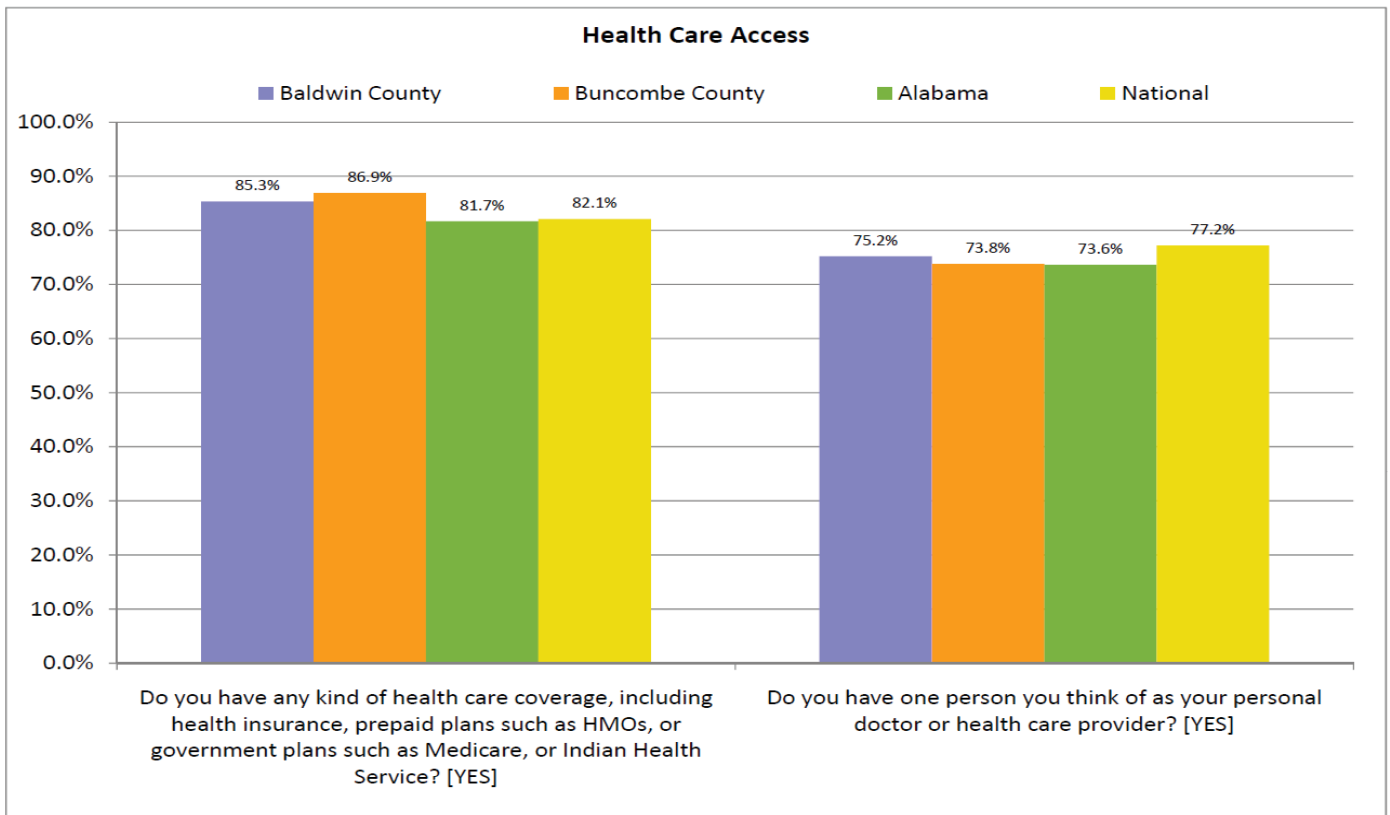


Table 7. Health Care Access identified with BRFSS data



County Health Rankings

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

County Health Rankings Health Outcomes and Factors				
	Baldwin County	Buncombe County	Alabama	National Benchmark
Mortality				
Premature death	7,770	7,026	9,609	5,317
Health Behaviors				
Adult smoking	23%	21%	23%	13%
Adult obesity	26%	24%	33%	25%
Physical inactivity	25%	20%	31%	21%
Excessive drinking	19%	13%	12%	7%
Motor vehicle crash death rate	20	13	0.23	0.1
Sexually transmitted infections	306	300	562	92
Low birthweight	8.80%	8.60%	10.40%	6.00%
Teen birth rate	48	40	49	21
Clinical Care				
Uninsured	19%	21%	17%	11%
Primary care physicians	1,347:1	821:1	1,641:1	1,067:1
Dentists	2,379:1	1,550:1	2,488:1	1,516:1
Preventable hospital stays	56	47	80	47
Diabetic screening	81%	89%	84%	90%
Mammography screening	70%	73%	65%	73%
Social & Economic Factors				
High school graduation	74%	81%	72%	
Unemployment	8.10%	8.20%	9.00%	5.00%
Children in poverty	21%	27%	28%	14%
Children in single-parent households	28%	32%	37%	20%
Violent crime rate	215	293	427	66
Physical Environment				
Daily fine particulate matter	11.8	13.5	12.9	8.8
Access to recreational facilities	9	10	7	16
Limited access to healthy foods	5%	9%	8%	1%

Community Health Status Indicators

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

Table 9. Infant Mortality and Low Birth Weight

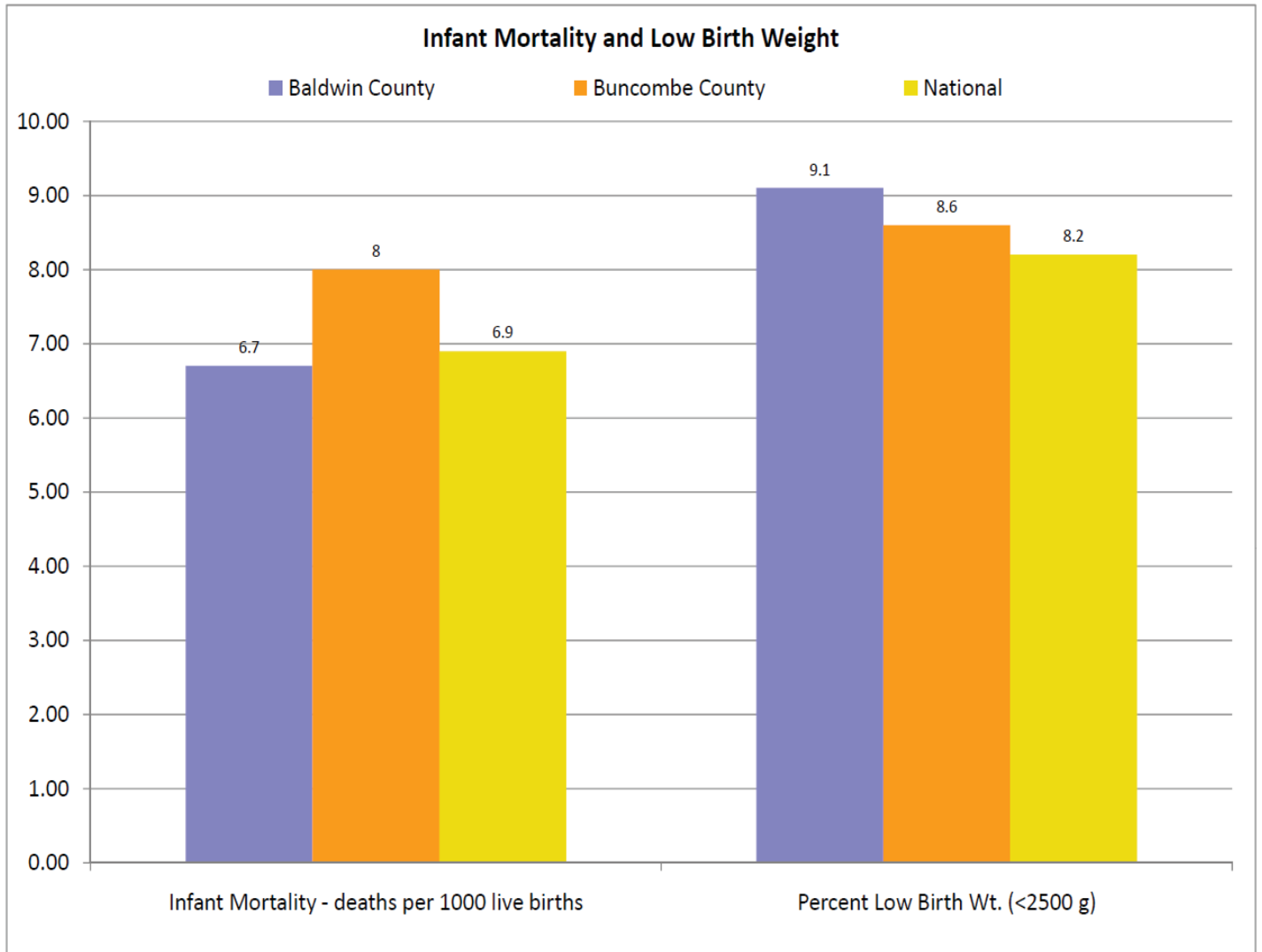
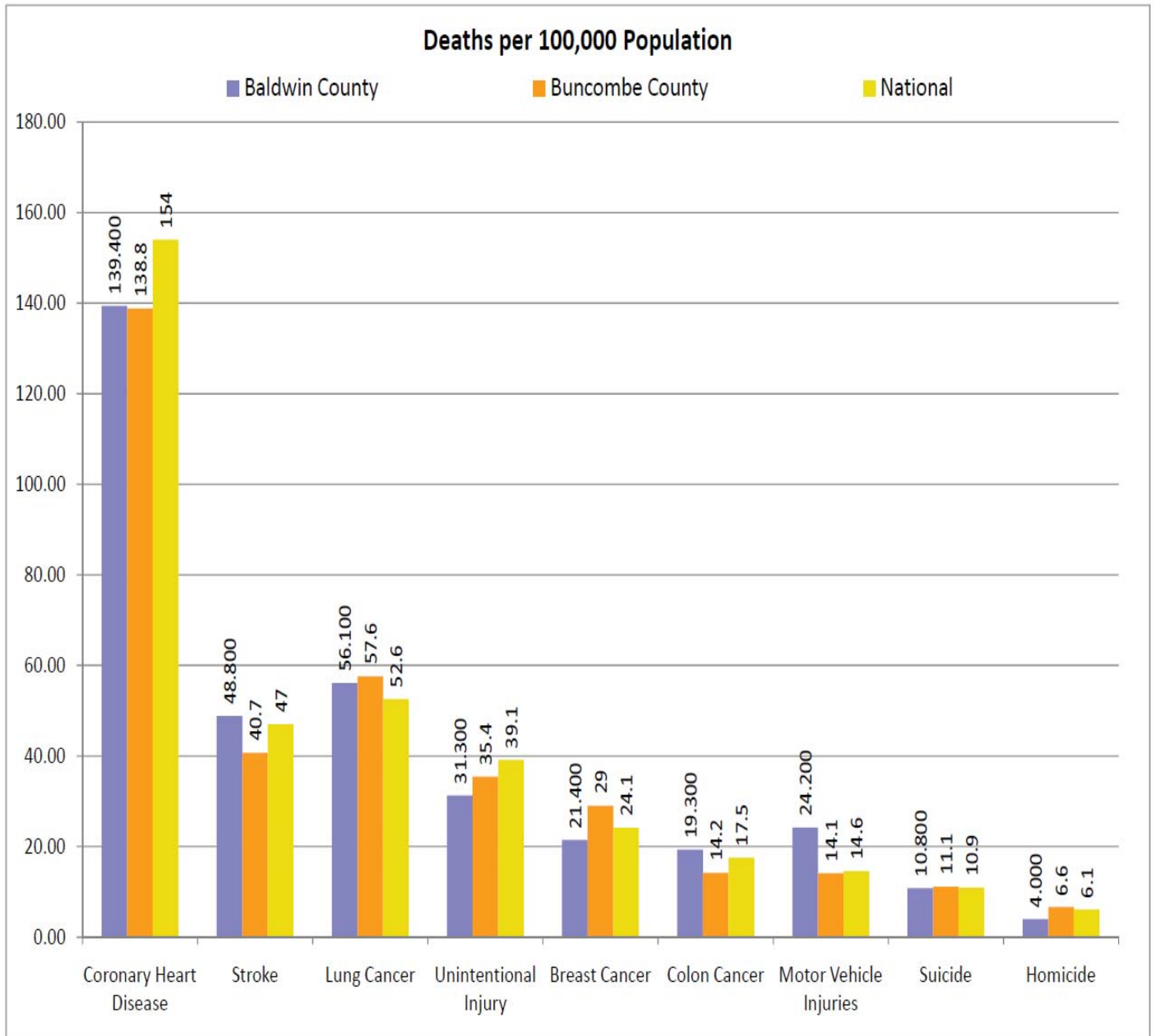


Table 10. Deaths per 100,000 Population



Surveys/Interviews

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

Which are the Biggest Problems for You or Your Family?	<ul style="list-style-type: none"> • Stress • Poor Eating • Lack of Exercise • Increasing Age
Biggest Health Issue/Concern in Your Community?	<ul style="list-style-type: none"> • Cancer • Physical Activity
What Does Your Community Need In Order to Improve Your Health and Others?	<ul style="list-style-type: none"> • Affordable Insurance • Recreational Facilities • Healthier Food Options
What Events/Initiatives are Most Beneficial to Your Community	<ul style="list-style-type: none"> • Spring Fever Chase
Most Important Problems Facing Community?	<ul style="list-style-type: none"> • Lack of Health Insurance • Poverty
What Can Hospitals Do To Improve the Quality of Life in Your Community?	<ul style="list-style-type: none"> • Healthy Education/Screening • Nutritional Counseling
How Can Hospitals in Your Community Help Enrich the Community?	<ul style="list-style-type: none"> • Promote Walking Paths • Eliminate Sugar Drinks • Smoke Free Environment • Educate on Available Services • Decrease Cost of Health Care

RESULTS

Summary of Findings

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

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

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

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

APPENDICES

Graphs

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

Graph 2. U. S. Census – Land Area

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

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

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

Graph 6. U. S. Census – Race

Graph 7. U. S. Census – Ethnicity

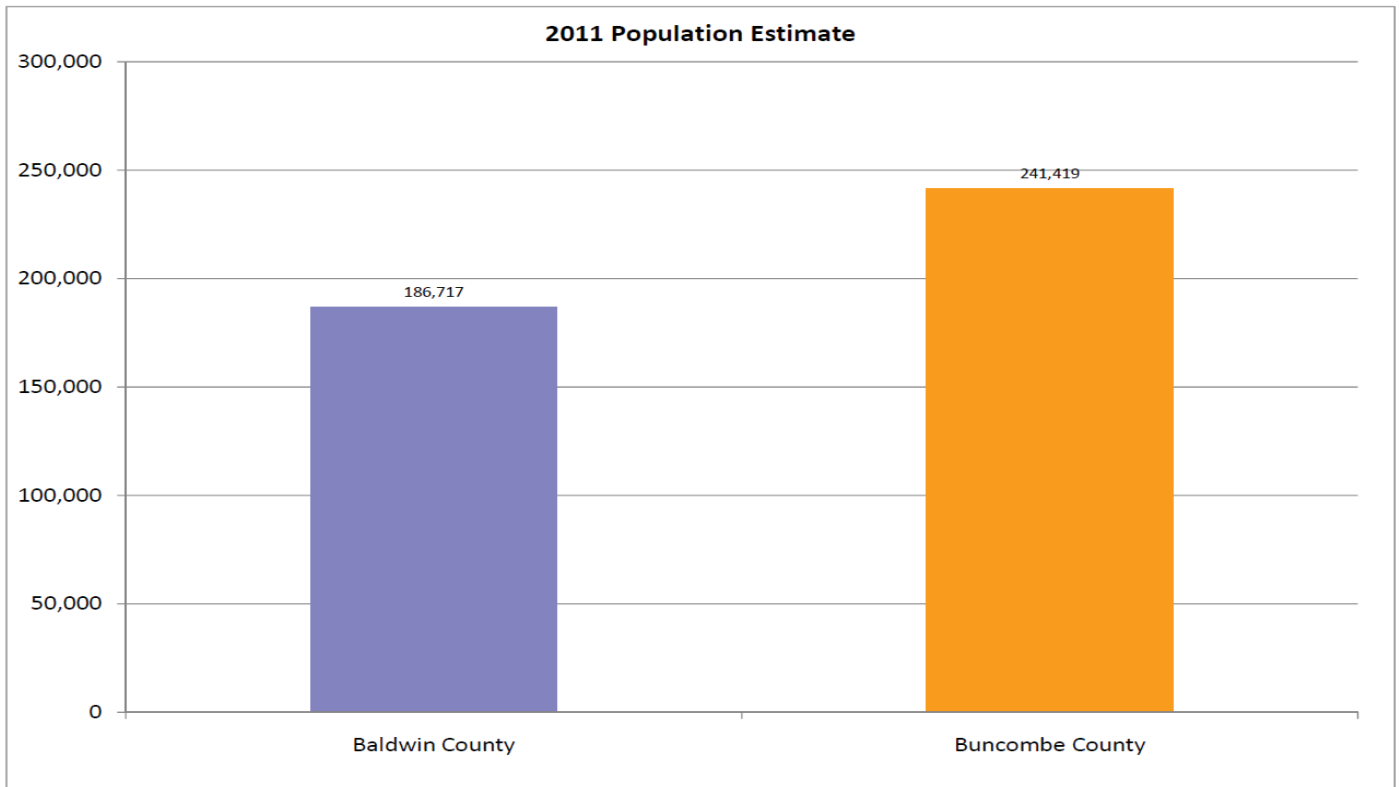
Graph 8. U. S. Census – High School Graduate or Higher

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

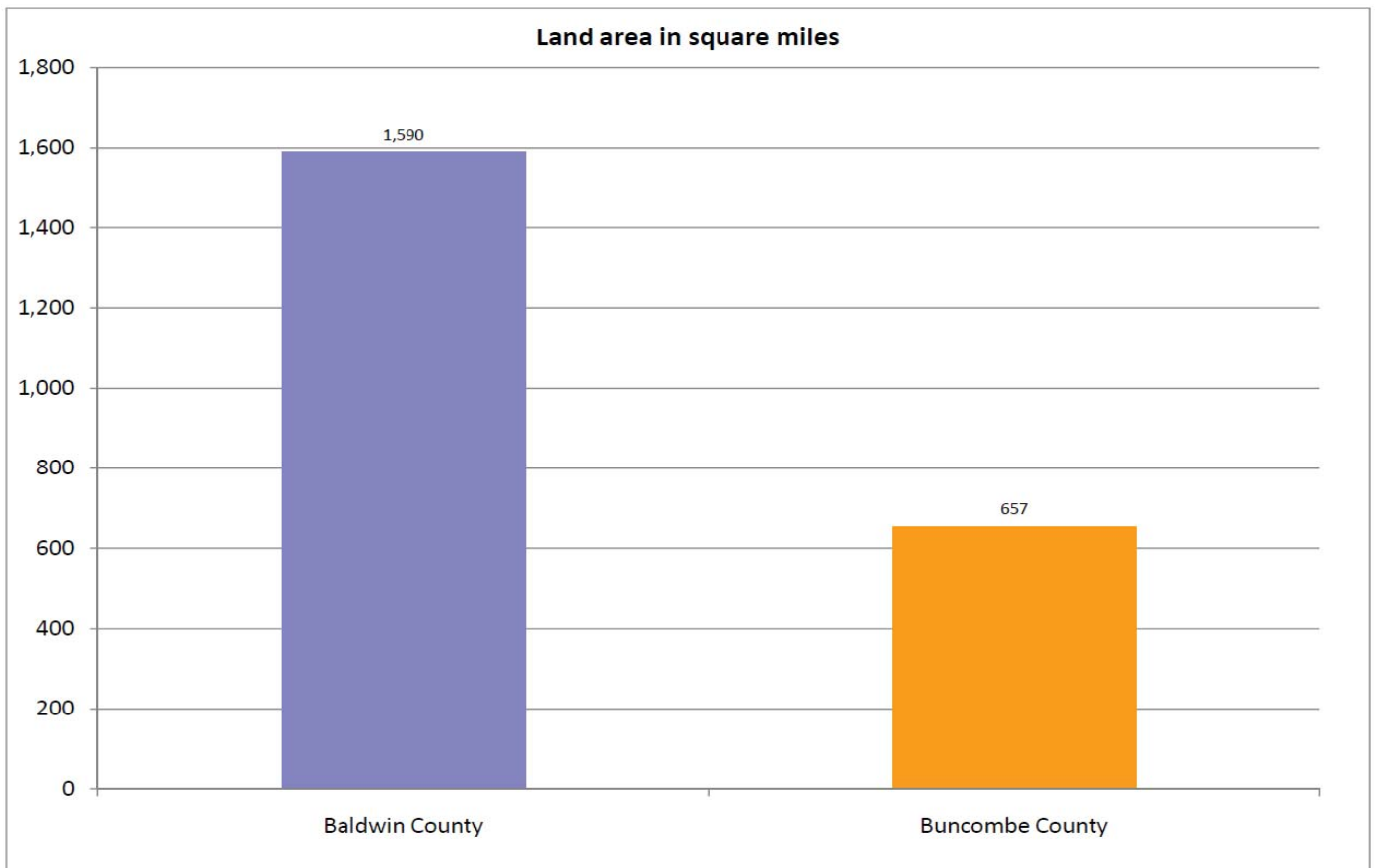
Graph 10. U. S. Census – Median household income

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

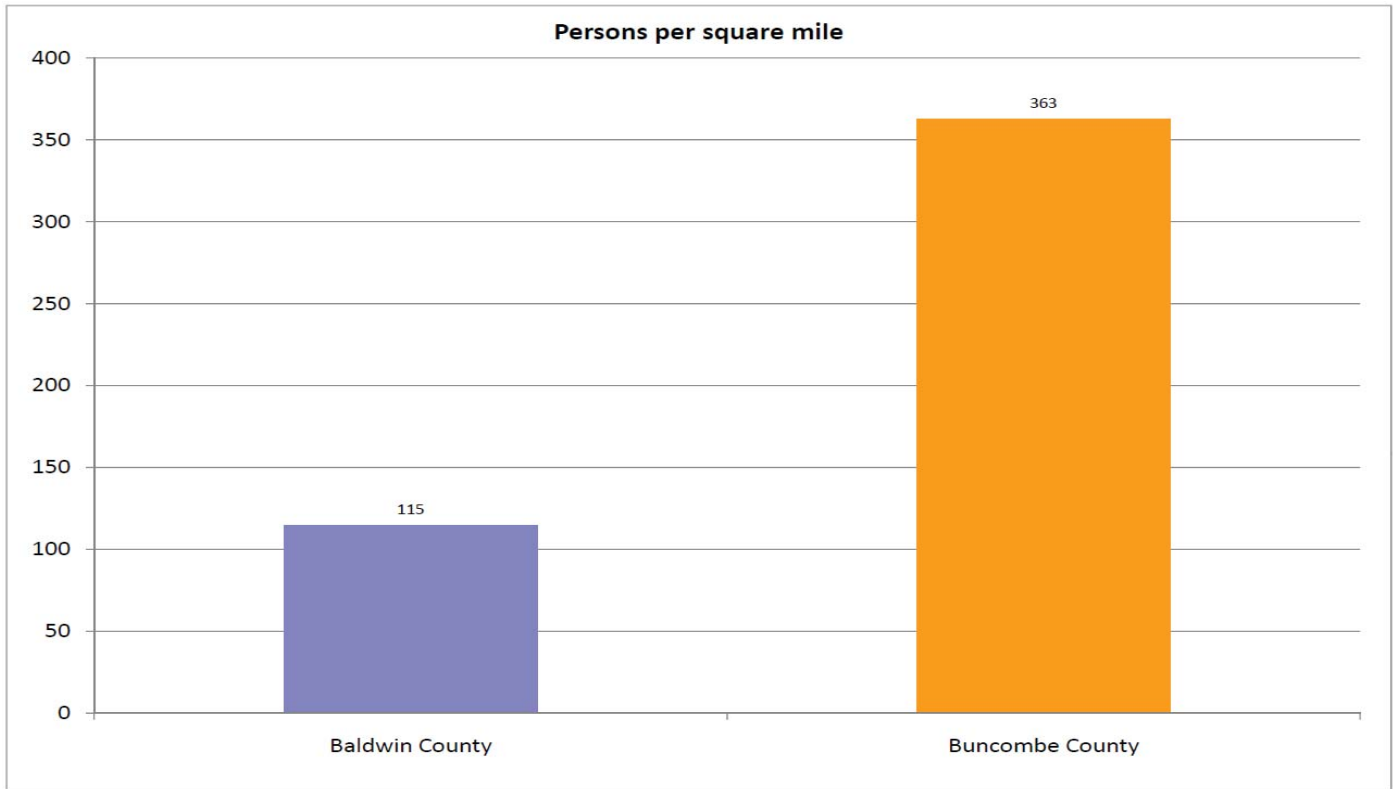
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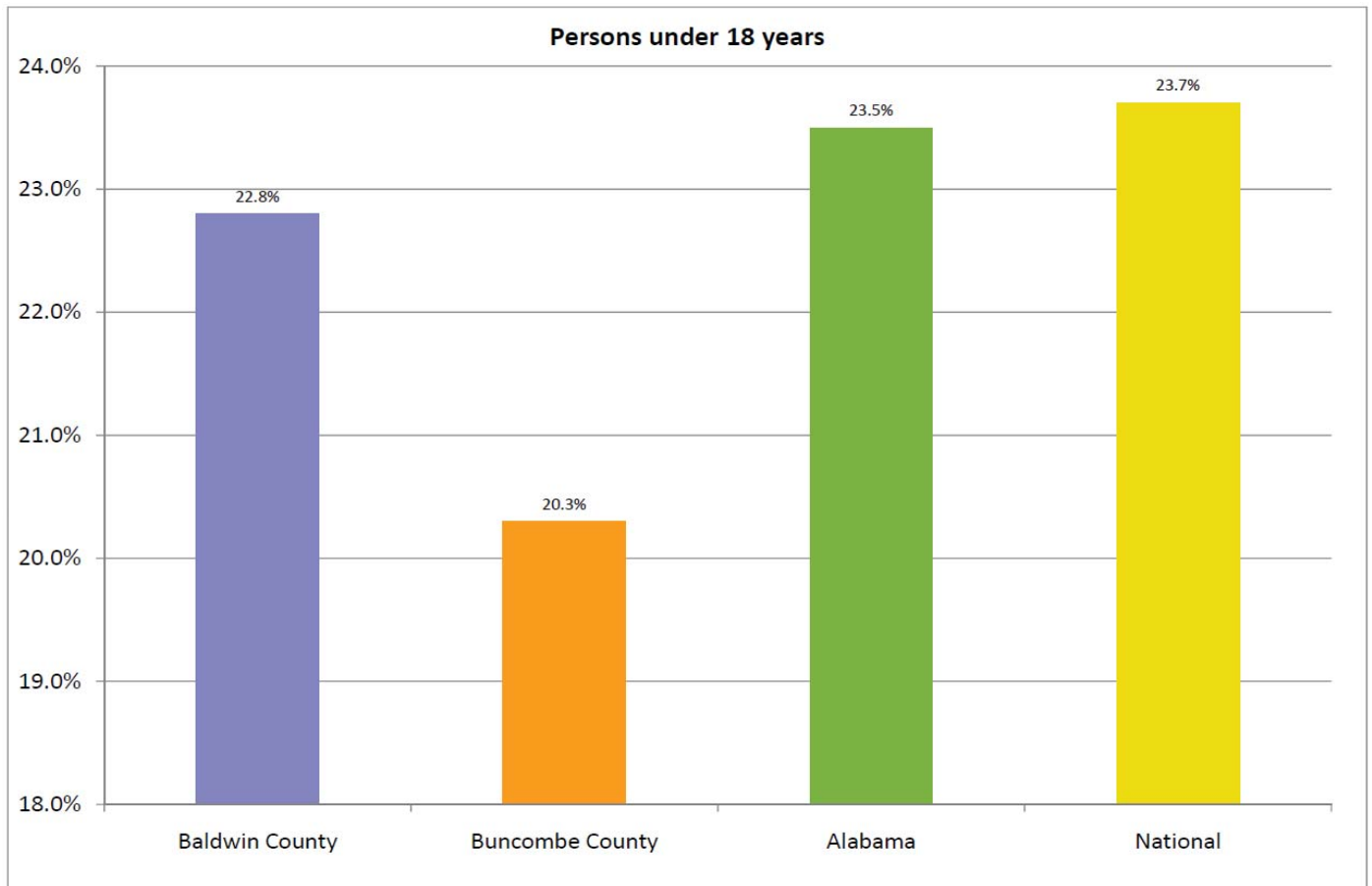
Graph 2. U. S. Census – Land Area



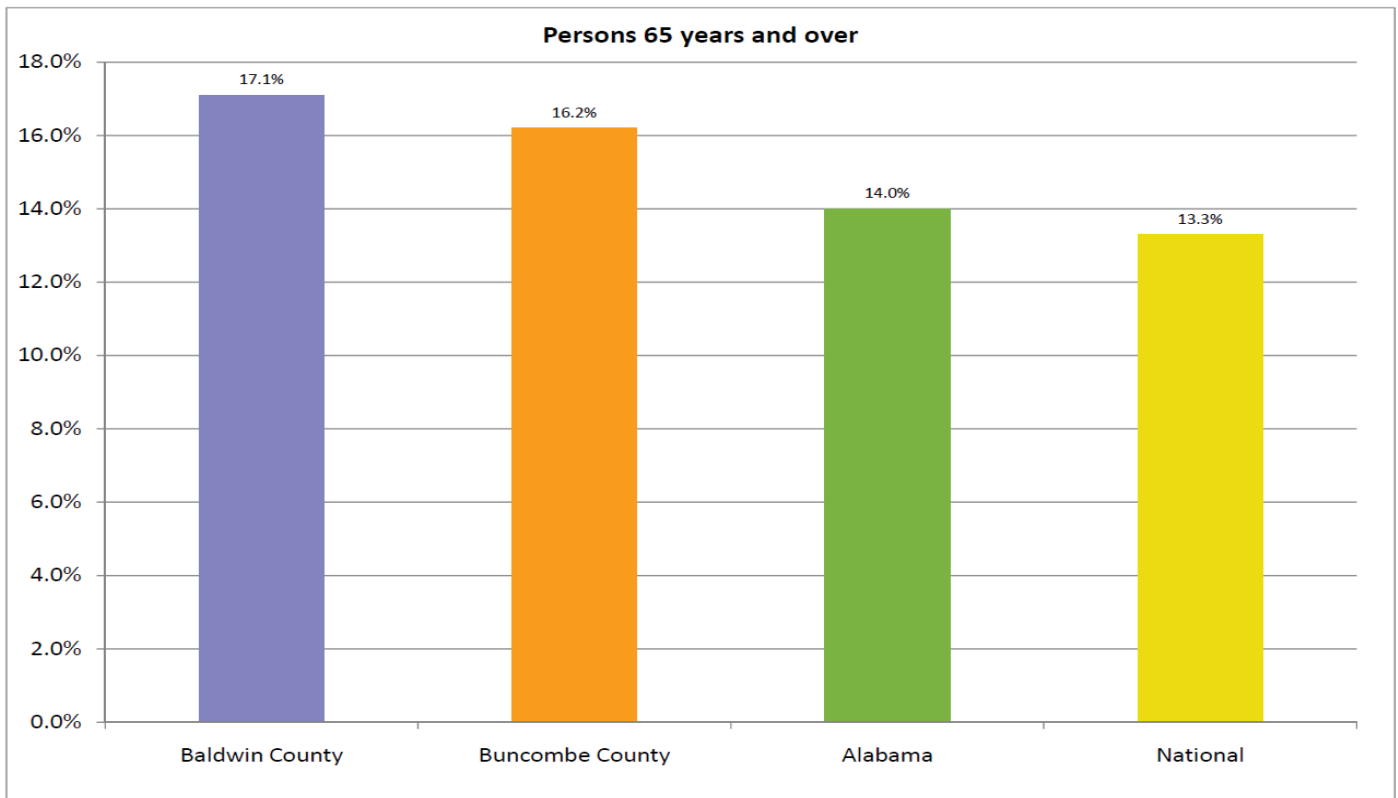
Graph 3. U. S. Census – Persons per Square Mile



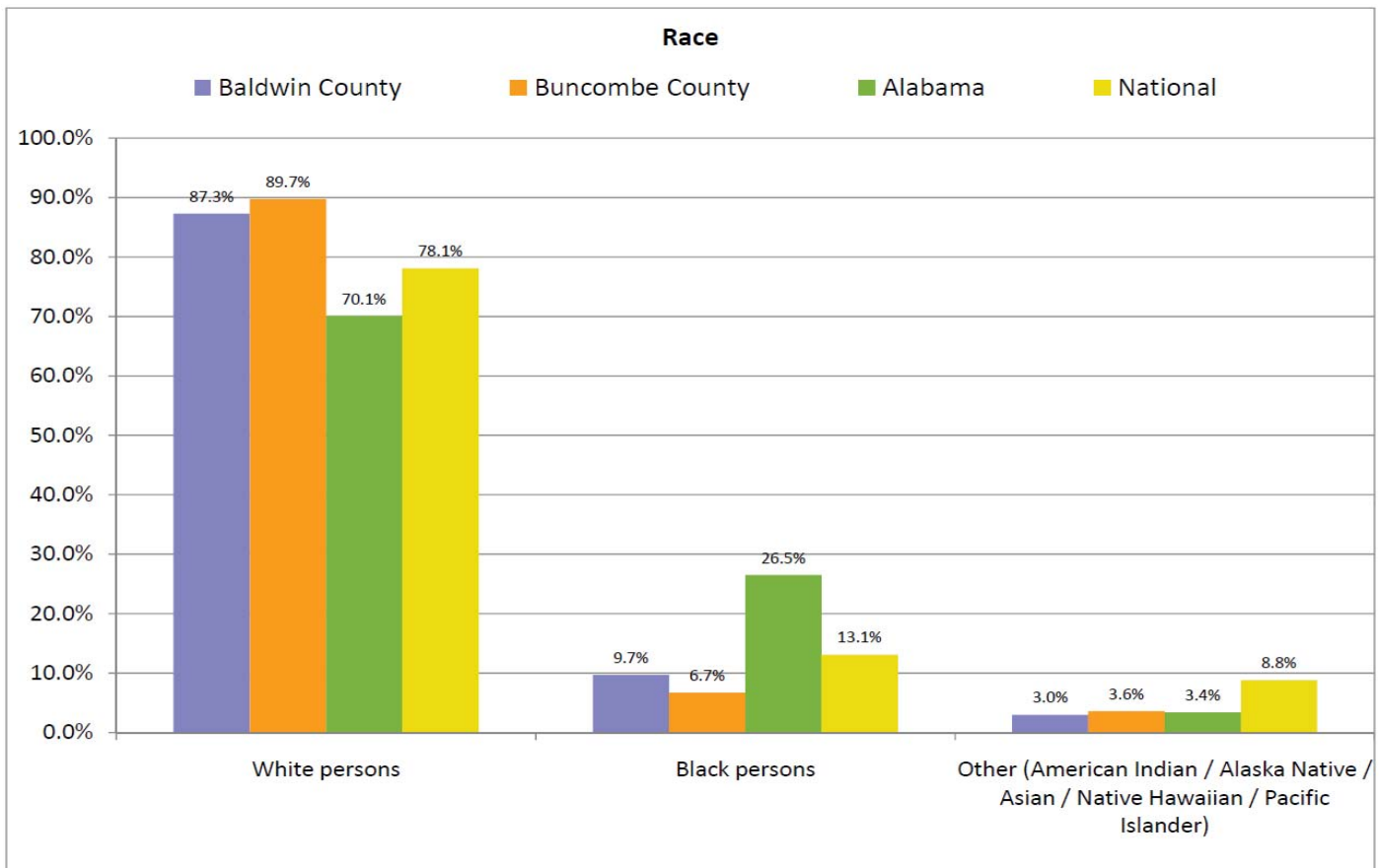
Graph 4. U. S. Census – Persons under 18 years



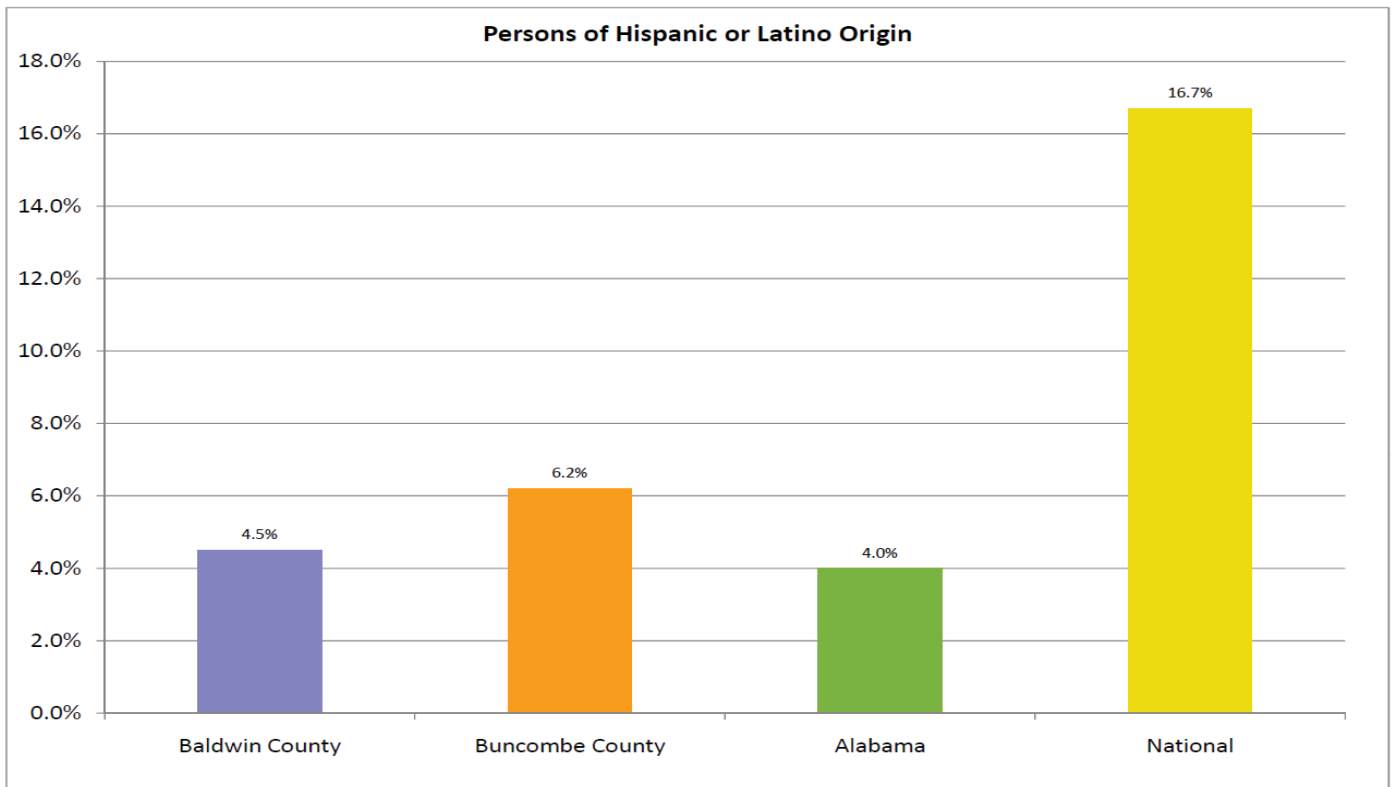
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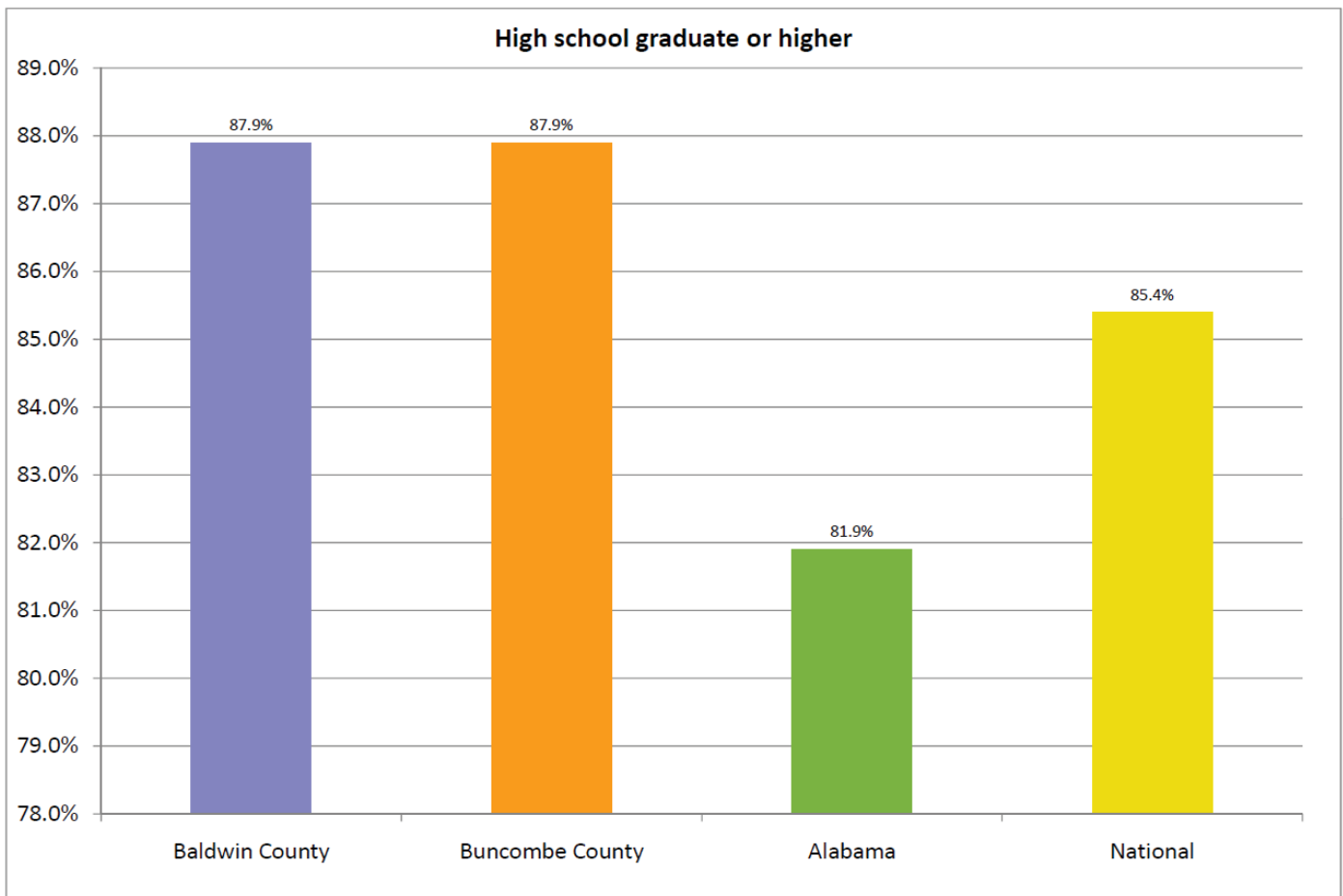
Graph 6. U. S. Census – Race



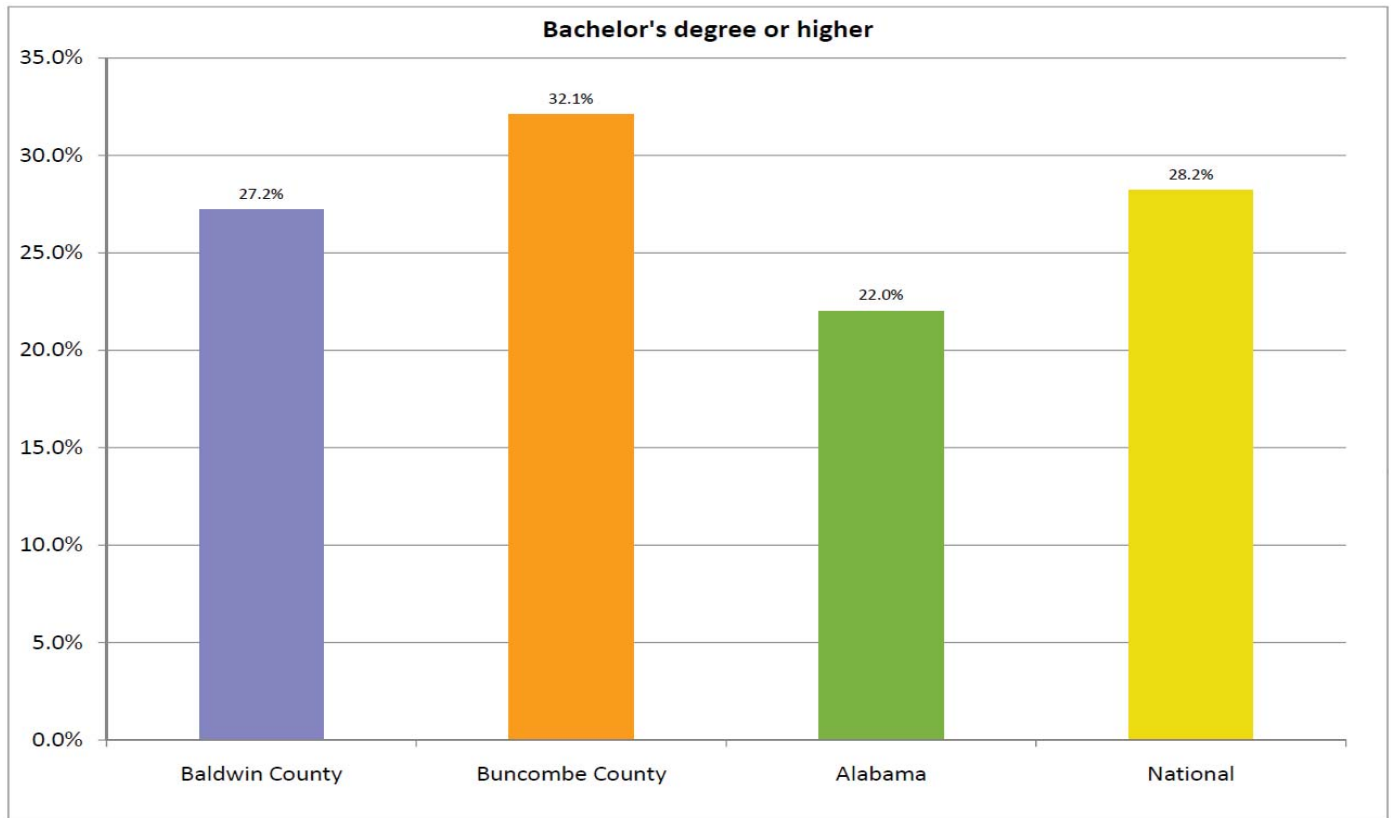
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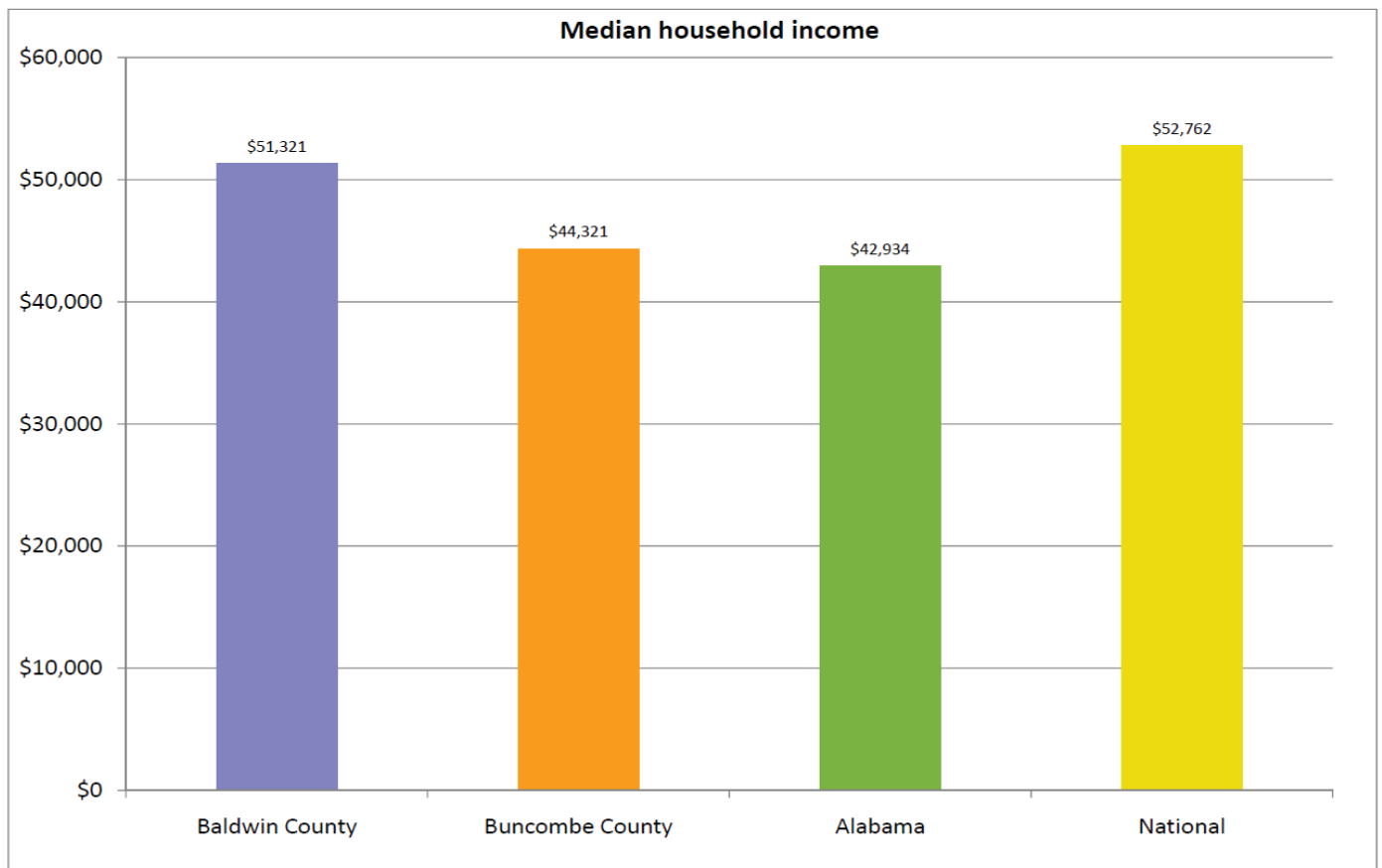
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