2016 COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN

MIZELL MEMORIAL HOSPITAL

702 NORTH MAIN STREET
OPP, ALABAMA

APPROVED BY BOARD OF DIRECTORS SEPTEMBER 2016

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OVERVIEW

CHNA Background

Mizell Memorial Hospital is pleased to provide the residents of Covington County with a comprehensive summary of the community's health status and needs. This community health profile is intended to help the community, Mizell Memorial Hospital and other organizations better understand the health needs and priorities of Covington County residents.

The Patient Care and Affordable Care Act of 2010 requires that all 501(c)(3) hospitals conduct a community health needs assessment (CHNA) to meet the U.S. Department of Treasury and Internal Revenue Service (IRS) rules. The overarching view of the community assessment must be health needs from the perspective of the community, not the perspective of the health providers. The hospital must also present an implementation plan with strategies to address the findings.

During 2013, MMH conducted its first CHNA and adopted an implementation strategy based on community health needs identified through the assessment. A CHNA must be conducted every three years. During 2016, MMH conducted its second CHNA. The 2016 Community Health Needs Assessment indentifies local health and medical needs and provides a plan to indicate how MMH will respond to those needs. The CHNA took into account input from those who represent the broad interest of the MMH community including:

- Populations with chronic disease needs
- Representatives of the medically underserved, low income and minority populations
- Persons with special knowledge of or expertise in public health

The 2016 Community Health Needs Assessment report includes a description of the community serviced, the process and methods used to conduct the assessment and a prioritized description of all the community health needs identified through the CHNA. This document suggests areas where other local organization and agencies might work with us to achieve desired improvements and illustrates how MMH is meeting obligations to efficiently deliver medical services.

This report has a great potential to guide the hospitals' actions and efforts of others to make needed health and medical improvements for the community. It is our hope that this assessment provides a window into the community's health status and needs, and contributes to targeting limited resources and strengthening relationships that can help keep the community healthy.

Mizell Memorial Hospital Background

Mizell Memorial Hospital (MMH) in Opp, Alabama, has provided care to people in the Covington County and surrounding areas since 1949. Mizell is known for providing quality healthcare in a Christian manner in a hospital setting. Located in one of the largest counties in Alabama, Mizell Memorial has continued to maintain quality services with improvements in technology and equipment, along with well trained healthcare professionals to meet the needs of their residents.

Mizell Memorial Hospital is licensed for 99 beds with an operating capacity of 59 beds. The active medical staff at Mizell consists of physicians and surgeons in family practice, radiology, gynecology, general surgery and orthopedic surgery. Mizell Memorial is a member of the Stroke Care Network with Southeast Alabama Medical Center. Mizell Memorial Hospital offers a wide range of outpatient services including surgery, laboratory testing, urology, ophthalmology, ENT, sleep center, x-ray and diagnostics testing. In addition inpatient services include Medical-Surgical floor, Intensive Care unit, Swing Bed, and a Senior Behavioral Care Unit for adults 55 or older. The Mizell Emergency Department provides state of the art emergency care. The Mizell Wellness Center offers state of the art fitness equipment and fitness classes to focus on the health of the community and preventive maintenance. The Wellness Center also houses the physical therapy department.

Mizell Memorial Hospital is a not-for-profit hospital in Covington County that is governed by a volunteer board of local community members. Mizell's partnership with the local community ensures their dedication to providing quality medical care for the best health for the residents of Covington County.

PURPOSE & SCOPE

CHNA Objectives

- Evaluate current health needs/issues of the community and prioritize them
- Gather suggestions for improving health and addressing disparities
- Elicit ideas about how MMH could contribute to health improvements
- Identify resources available to meet both the priorities, as well as opportunities identified through the CHNA
- Engage community members on evaluating current health improvement efforts and programs
- Create and implement plan to address health priorities

PROCESS & RESEARCH METHODS

Steering Committee

Mizell Memorial Hospital established a CHNA Steering Committee to help guide the process through defining health indicators defining goals and target population in the data gathering stage and help set future priorities based on results. The steering committee also assists in obtaining organizational support and alignment to defined priorities. Committee members are:

Jana Wyatt, Chief Executive Officer
Amy Bess, Chief Financial Officer
Kristen Averitt, Marketing Coordinator
Dianne Morrison, Human Resources Director
Marika Arnold, Chief Nursing Officer
Sherry Jinks, Quality Officer

Primary Research— Stakeholder Forum

During the writing of this report, Mizell Memorial held a stakeholder forum. Mizell consulted with stakeholders representing various entities that serve Covington County. These stakeholders provided briefings related to ongoing efforts, identified needs and the priority of those needs. Stakeholders who participated in the in-person meeting include:

Beverly Barber; Opp Housing Authority Executive Director
Terry Kilpatrick; Opp Housing Authority Director
Experience with providing affordable housing assistance to low income populations

Glenn Jowers; Pridemark EMS
Nick Marcotte; Pridemark EMS
Over 40 years combined experience providing fire service and emergency medical treatment to the community

Michael Smithart; Opp City School Superintendent
20 years of working with at risk youth and low income children

Shelly Tomberlin; LHC Andalusia Branch Manager
13 years of nursing experience in home health setting and hospital

Gail Williams; LHC Opp Director of Nursing
40 years of nursing experience in settings of hospital, nursing home, doctors office, and home health

Sarah Goolsby; Florala Health & Rehab Director
Over 40 years of experience in healthcare setting providing nurse services and nurse educator

Sara Grantham; Florala Health & Rehab Social Services Director
Experience working with Human Resources Department of Covington County and providing assistance and service to at risk and low income populations

Amanda Harrelson; Comfort Care Hospice Patient Care Coordinator
Nursing experience in hospice setting

Vickie Wacaster; Comfort Care Hospice Patient Care Coordinator
9 years experience with hospice serving as a community liaison, educator and consultant for patients, families and medical professionals

Michelle Ellison; Elba Nursing Home & Rehabilitation Center Patient Care Coordinator
Experience working as a community liaison with families and patients

Carol Polk; Opportunity EMS
Shana McVickers; Opportunity EMS
Experience providing emergency medical treatment to the community

Primary Research— Survey

After receiving the information about MMH's service area from the above sources, the CHNA Steering Committee recommended additional research to further understand and focus on top health needs of the community. A survey was formulated as a primary research tool.

- Survey (online and paper format)– Online survey for community members and Mizell Memorial employees, wider geographic reach.

Before beginning the survey process, Mizell Memorial Hospital Administrators, including the CEO, CFO and Marketing Coordinator, studied the IRS regulations regarding the CHNA requirement. Guidance was also received from other hospital administrators and attendance at a professional conference where CHNA information was presented by a consultant. A comprehensive approach was taken to assess the health needs of our community to insure that the broad interests of the community served by the hospital were represented.

The Community Health Needs Assessment Survey (Appendix A) was made available to the public beginning on February 15, 2016 through May 31, 2016. An electronic version was made available through the hospital's website. The exact survey, in paper format, was made available through locations around the community. Great lengths were taken to ensure that the community was aware of the survey and that all populations within the community had access to it either in paper or electronic format. A member of the CHNA Steering Committee discussed the survey on two local radio stations the week prior to the release of the survey. Two local newspapers featured articles about the CHNA process and the importance of the survey. Paid ads were also ran in the local newspapers. A public service announcement was broadcast on the local radio stations throughout the survey period. The local Chamber of Commerce and one local radio station posted the survey information on their social media (Facebook) page. In addition, the survey link was emailed to the local city school system and the county school system for email distribution to their faculty. Area businesses, including the local Community Mental Health Center were asked to email the survey link to their employees. Paper copies, along with self-addressed stamped envelopes were made available at the local Senior Center, Chamber of Commerce, Hospital Switchboard and ER and at the local Housing Authority Office. Business card and/or flyers detailing the survey were distributed to local daycare centers, the Community Mental Health Center, a local Assisted Living Facility, various churches, and the only known Indian Tribal facility in the area.

The electronic survey was powered by a survey tool available through the hospital's website. For easier tabulation, all surveys returned to the hospital in paper format were entered as an electronic survey by a hospital staff member. Survey results were downloaded into Excel where COUNT, SUM, and other formulas were used to tabulate responses. Since both the electronic and paper surveys allowed for open comments, only data from the comments which are pertinent to the CHNA are included in this document. All comments are included and categorized by hospital staff into four distinct areas when presented to the board of directors for input and review. These four areas were "Positives About Hospital," "Hospital Vital to the Community", "Physician/Service Needs Identified" and "Negatives About the Hospital."

Secondary Research

Mizell Memorial Hospital's CHNA project support team gathered and analyzed existing community information from a number of sources. Data sources included national sources, such as the U.S. Census and the Centers, Roadmaps to Health Action Center, American Cancer Society. State and local sources included the Alabama Hospital Association, Covington County population data, Covington County Children's Policy Council. All sources are cited in this report. Rates and/or percentages were calculated when necessary. Where rates per population were calculated, U.S. Census population data or estimates of the relevant year were used.

Following the compilation of the data from secondary research, Mizell Memorial Hospital Steering Committee Members convened. The secondary data was presented and prioritized, along with professional experiences and personal knowledge of the community were used to identify health needs. A summary of the data is presented in this report and serves as a foundation of Mizell Memorial's priority strategies.

COMMUNITY PROFILE

This section describes the demographic, social, economic and housing characteristics of the population in Covington County. The information below is from 2014 data.

Population
Covington County's 2014 estimated population is 37,914, which slightly decreased from the 2012 estimated population of 37,955.

Age & Sex
The percentage of persons 65 year and over is 19.8% compared to the state average of 15.3%. Person's under 5 years of age represent 5.9% of the population and those under 18 years of age represent 22.1%, which are both only slightly below the state average of 6.1% and 22.8% respectively. 2014 data shows that 51.6% of the county's population is female compared to 51.5% for the state.

Race & Hispanic Origin
2014 data shows that 84.3% of Covington County's race is White which is significantly more than the state percentage of 69.7%. The county's Black or African American percentage of the population is 13.0% which is less than half of the state's 26.7%. The county's American Indian and Alaska Native population is 0.6% which is comparable to the state's average 0.7%. Native Americans and Other Pacific Islander represent less than 0.1% of the county's population with the state's population being 0.1%. Hispanic or Latino race represented 1.6% of the county's population which is lower than the state population of 4.1%.

Health
15.2% of Covington County has a disability, under the age of 65 years, which is higher than the state average of 11.7%. Persons without health insurance , under age 65 years in Covington County is 16.9% which is higher than that state average of 14.2%.

Education
2010—2014 shows that 80.0% of the county's population are high school graduates or higher while the state average is 83.7%. For the same time period, only 14.6% of the county's population that are age 25+ have received a Bachelor's degree or higher compared to 23.1% for the state.

Income & Poverty
The median household income based on date from 2010—2014 is $33,218 for Covington County compared to $43,511 for the state. The persons in poverty percent for Covington County is 20.8% which is only slightly higher than the state percentage of 19.3%.

Compared to the data collected in the last Community Health Needs Assessment, there was very little change in the data percentages. There was a slight increase in the percentage of high school graduates from 81.9% to 83.9% and age 25+ receiving a Bachelor's degree or higher from 12.% to 14.2%. The median household income showed a slight decrease from the 2007-2011 data of $33,544.

Demographic data retrieved from the US Department of Commerce website on June 16, 2016 at http://www.census.gov/quickfacts/table/IPE120214/01039,01

Demographic Trends In Covington County: By Age & Sex

		Covington County	Alabama	United States
	Total Population	37,914	4,858,979	321,418,820
Age	Under 5 years	5.9%	6.1%	6.2%
	Under 18 years	22.1%	22.8%	23.1%
	65 years and over	19.8%	15.3%	14.5%
Race	Caucasian	84.3%	69.7%	77.4%
	African American	13.0%	26.7%	13.2%
	American Indian/Alaska Native	0.6%	0.7%	1.2%
	Asian	0.5%	1.3%	5.4%
	Native Hawaiian & Other Pacific Islander	0.0%	0.1%	0.2%
	Two or More Races	1.6%	1.5%	2.5%
	Hispanic or Latino	1.6%	4.1%	17.4%

This section describes area served by the hospital facility.

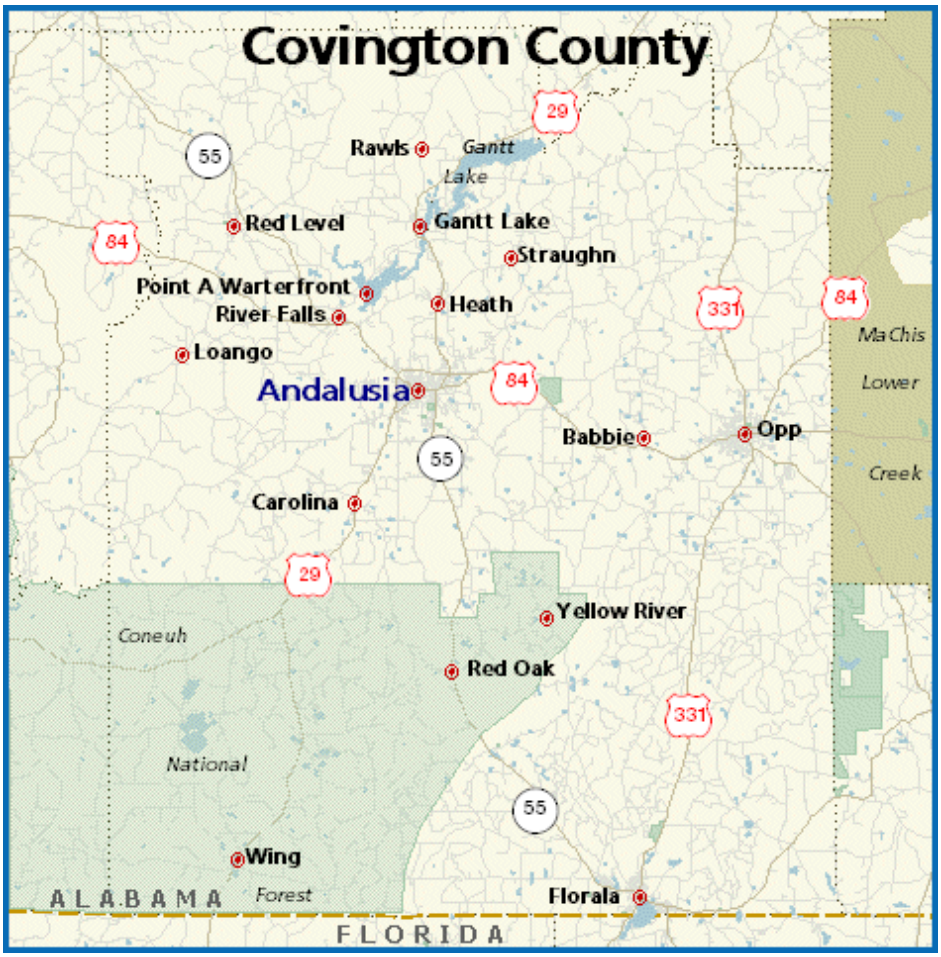
Mizell Memorial Hospital services patients in the Covington County, AL, area. Mizell Memorial Hospital's "core service area" is the primary focus for the CHNA.

This area includes the following zip codes:

- Opp 36467
- Andalusia 36420 & 36421
- Dozier/Gantt 36028 & 36038
- Florala 36442
- Red Level/River Falls 36474& 36476

Rationale:

- Covers geography immediately adjacent to MMH
- Background research showed this as an area with greatest health needs
- According to hospital admission records between January 2015 through December 2015, MMH received 72.3% of its patients from this area.



RESEARCH FINDINGS

Primary Research Findings

The goal of Mizell Memorial Hospital's primary research was to take into account input from people that represent the broad interests of the community served by the facility. Mizell Memorial needed to engage a variety of community members and key stakeholders in providing input to inform the hospital of the community needs.

Survey Findings

The complete Mizell Community Health Needs Assessment Survey for 2016 is shown in Appendix A. The following section contains graphs to show the results of the CHNA Survey.

Summary of the CHNA Public Survey

Question	Response	
Makes Healthcare Decisions	Yes- 205	No-14
Zip Code	36467- Opp 36420 & 36421- Andalusia 36442- Florala 36453- Kinston 36323- Elba 36477- Sansom 36028- Dozier 36330- Enterprise 36009- Brantley 36346- Jack 36474- Red Level 36049- Luverne 36351- New Brockton 32464- Westville, FL 32538- Paxton, FL	147 51 9 8 7 7 3 2 2 1 1 1 1 1 1
Household Income	Less than $50,000 $50,000 - $100,000 $100,000+	93 97 29
Health Insurance	Employer Medicare Medicaid No Insurance Have Insurance- Not sure who with I don't know	200 27 4 3 10 0

Demographic

Question	Response	
Age	18-29 30-49 50-64 65-84 85+	22 96 89 32 0
Gender	Male Female	59 178
Race	White or Caucasian Black or African American Native American Hispanic Inter-racial Asian or Pacific Islander	230 8 0 0 1 1
Employment	Full time Part time Unemployed Student Retired	189 11 5 1 34
Highest Education Completed	Some High School High School/ GED Some College College- Undergraduate College- Graduate Post-Graduate	3 30 66 41 64 36
Children Under 18 **Elderly Relative**	Yes- 96 Yes-17	No-145 No-224

Current Health Status

Question	Response	
Current Health Status	Excellent Good Fair Poor	58 139 35 6
Routine Health Care	Family Physician's Office Hospital ED Health Department Medical/Urgent Care Don't seek care Other	225 0 1 8 4 3
Physical Exam Past Year	Yes-185	No-51
Weight	Underweight About right Over by 10+ pounds Over by 20+ pounds Over by 30+ pounds	1 68 43 46 76
Missed more than 10 days from work last year	Yes- 14	No-192 NA-31
Routinely Exercise	Yes-96	No-142
Routinely Use Stairs	Yes-93	No-144
Park Nearest Door	Yes-102	No-137

Health Issues

Question	Response	
Cancer Past 5 Years	Yes-10	No-230
Smoke or Smokeless Tobacco	Yes-24	No-213
Anyone in home smoke	Yes-33	No-198
Mammogram	Yes-88	No-51 NA-93
Pap Smear	Yes-92	No-80 NA-61
Depression	Yes-35	No-203
Mental Illness	Yes-6	No-232
Alcohol Daily	Yes-11	No-227
Sunscreen	Yes-169	No-68
Seat Belt	Yes-228	No-10
Servings Fruits & Vegetables Daily	1-2 2-3 5+ None	145 74 2 15

Accessibility to Healthcare

Question	Response	
ER- Past Year **Dependents in ER- Past Year**	Yes-76 Yes-91	No-163 No-121 NA-28
Lack of Transportation	Yes-3	No-237
Cost of Care	Yes-44	No-194
Needed Care- Which hospital preferred	Andalusia Dothan Enterprise Flowers Mizell	5 3 4 4 77

Hospitalizations

Question	Response	
Hospital Admission Within Last Year	Yes-76	No-160
Which Hospital Most Recent Stay	Andalusia Enterprise Flowers Mizell Southeast UAB	4 2 4 32 2 2
Rate Hospital of Most Recent Stay	1 2 3 4 5 6 7 8 9 10	0 1 2 0 5 5 8 15 22 49
Reason for Decision to Use That Hospital	Doctor recommended or referred Patient/Family selected Insurance specified Emergency situation, no choice involved	42 56 8 18

Diseases/Conditions You Have Been Diagnosed With

Disease/Condition	Number of Reponses
High Blood Pressure	73
Cholesterol	42
Chronic Pain (Back/Arthritis, etc.)	39
Diabetes	27
Cardiovascular (Heart) Disease	13
Respiratory Disease	9
Other	19
None	93

Most Important Health Issues To Our Community
(3 selections for each respondent)

Issue	Number of Reponses
Cost of Care	137
Cancer & Related Illnesses	134
Obesity & Related Issues (Diabetes)	102
Access to Medical Care	90
Use of Illegal Drugs	87
Heart & Stroke (Blood Pressure)	65
Mental Health Issues	55
Children's Illnesses	22
Use of Tobacco Products	20
Sexually Transmitted Diseases	3

Survey Comments

All comments were included and categorized by hospital staff into 4 distinct groups. The 4 groups are as follows: 1) Positives about hospital, 2) Hospital vital to community, 3) Physician/Service Needs Identified, 4) Negatives about hospital.

Positives About Hospitals

- Always have had a good experience at Mizell.
- Excellent Care given at Mizell Memorial Hospital.
- Having a Cardiologist in Andalusia/Opp - Dr. Yunis has been wonderful.
- I have been in Mizell before and my in-laws both have had to be there several times over the past 2 years. Mizell is a great hospital. We receive very good medical attention and care.
- I have used hospitals in many big cities and by far would choose to be at MMH. MMH is a hometown hospital with person care for all patients.
- I love Mizell Hospital.
- I rate the care we receive at Mizell a 10.
- I stayed with my husband almost the entire time...and would do so again.
- I was very pleased with my care here.
- I love Mizell.
- Mizell is a wonderful small town hospital that knows you by name not a number and provides great care to community.
- Mizell is an excellent primary care facility and is good to transfer when needed.
- Mizell is good in case of emergency.
- MMH has a knowledgeable, courteous staff. They always go the extra mile when I'm there for a mammogram or there to visit- excellent service.
- Thank you for what you are doing for this community.
- We love Mizell, always excellent care and service.
- Have received excellent service when using Mizell; Haven't done so in over a year.
- This hospital and the staff of doctors and nurses have been a God send. 15 years ago they saved my sons life because he wouldn't have made it out of town to another hospital. He was only 6.
- On many occasions, we have had to use our "hometown" hospital and we have grown to love over the years.

Hospital Vital to the Community

- Access to medical care is paramount locally.
- Having lived in a town with no hospital, it is imperative to support the hospital in your town.
- I am very glad that we continue to have a hospital in our city. There are always improvements that can be made to any establishment, and that includes MMH, but again I am truly glad that we have a hospital in Opp.
- Important to have Mizell in the community.
- It is great that we have a hospital in our town.
- Mizell Hospital is much need in this community.
- Mizell is a much needed hospital in our area...professional folks work here tending to our medical needs.
- Mizell is much needed in the community.
- Mizell needed in the community.
- Mizell is much needed in this community.
- I feel it is very important to continue the presence of MMH in our community. Other rural hospitals around us have closed and this hospital serves many surrounding areas with good medical service.
-

Physician/Service Needs Identified

- Our community needs some additional family physicians.
- Need more updated doctors.
- Opp needs a medical clinic that is open 12 hrs a day (8 to 8) 6 days a week and 7 hrs on Sunday (1 to 8)- It is a problem when doctors are closed Friday, Saturday and Sunday.
- Would recommend a clinic that would open at least Friday, Saturday and Sunday to retain business here.
- My hospital stay was not by choice as I needed a hospital with an OB/maternity ward to deliver my child.
- If Mizell Memorial had an OB dept I would have used Mizell but didn't have a choice.
- More doctors in Opp, Alabama.
- Opp needs more doctors.
- CMS cuts and insurance limitations are hurting the quality of healthcare.
- Many individuals in my community do not have medical coverage and do not qualify for Medicare or Medicaid.
- Obamacare and other CMS cuts are hurting my access healthcare.
- Type of surgeon needed at time of surgery not available at Mizell, but now is.

Negatives About the Hospital

- ER visits too long. Confidentiality in ER is lacking. I could overhear nurses speaking about me aloud.
- Get patient to walk so that he/she is not too weak upon leaving the hospital (to walk).
- In my experience and that of my friends and family: For very easily diagnosable issues and/or minimal care needs local facilities (Wiregrass, Mizell, etc.) would be acceptable choices. However, for more serious health issues (heart disease, neurological, gastronomic, respiratory, etc.) local, smaller facilities tend to be of lower quality both in staffing (particularly physicians) and equipment / technology.
- Mizell is a great hospital, but needs to improve staff accountability for customer satisfaction and quality. Every staff member needs to be held accountable for excellent quality care and that's not being currently done. Also, physician recruitment has to be a major priority in our community.
- Mizell Memorial is not my pick because going through the ER does no good. Lack of adequate care was what caused, severe problems for someone close to me. Also, weekend doctors are not much help if you always have to go to your regular doctor as soon as possible. Another problem is, at times, people taking information in the ER are rude and sometimes nowhere to be found when you need them the most. So my score would be a 0. Sorry.
- Not very clean, not enough help, one does not know what the other is doing.
- The appearance of the nursing staff is a concern of mine. Also, some of the nurses are more competent than others. When you walk in the hospital for a test or to get an x ray, it is not a welcoming place. Just an acknowledgement that you were seen and that someone will be with you in a moment and would be helpful. Even though our hospital is older, it is very clean and seems to be well maintained.
- The only problem I've had with Mizell was when I was billed instead of the transplant center and it took numerous calls by me and the center to get it rectified.
- We first went to Mizell ER and waited for over 45 minutes, didn't know my husband was bleeding internally. Left Mizell, went to Andalusia hospital ER, was taken in right then. Within an hour was on the way to UAB. Mizell does not give the care a hospital should. I would not recommend it to anyone!
- We need to get paid more money!!!
- You take too long to see people in the ER. The hospital does not feel clean.

Stakeholder Findings

- Inpatient hospice education needed for the MD's concerning Medicare rules so that more patients can be appropriately identified who need end of life care services
- Education to doctors on Acute Care Hospitalization– to ensure that proactive orders can be given to maintain patients at home and not be readmitted
- Mental Health Services for children, not just the local mental health. The closet Neuropsychiatric doctor is in Dothan and so many children need in-depth services due to their issues. It is difficult to get the help or follow-up due to the distance. Also, intake services are in Andalusia and with this distance for families is trouble with time, finances, etc. Need a Mental Health Clinic in Opp– at least 1 time a week.
- Difficult for some residents, especially low-income residents to get to appointments for certain specialties– orthopedic, psychiatrist or dialysis, cancer treatments, regular follow-up appointments. The residents don't have a dependable vehicle or the finances or someone to take them.
- Need greater interaction between entities/departments that provide services———hard to know what resources are out their in the community to assist residents. Maybe need to have a printed Resource Guide to distribute to members of the community and have meetings/speakers to get entities/departments together to share ideas, thoughts, etc.
- Physician shortage– doctors in Opp area are nearing retirement age and concerned about having doctors. Also, trying to get people to go into healthcare and be trained properly.
- Need for a dialysis center and nephrologists—-having to travel to Andalusia and hard on patients/families
- Would be nice to have Nurse Practitioners to be trained in Sexual Assault Nurse Examiner training.
- Would be beneficial to have a Dialysis Center in the community.

Limitations

Stakeholder interviews and surveys gather information from a small but representative sample of community members. While providing an indication of how people like themselves might think and behave, the findings are subjective in nature and not reliably projectable to a larger population.

Secondary Research Findings

The CHNA Steering Committee gathered existing information about the health of the communities served by MMH. Sources were used to inform and educate the CHNA Steering Committee and the data indicates which sources information was obtained form.

The number of uninsured adults in Covington County was 5,803. 47.3% of the population was uninsured but working. In 2015, 1,23 purchased an insurance exchange.
A snapshot of insurance exchange purchases in Covington County is as follows: 55.6% were newly enrolled in 2015, 90.3% received subsidy for insurance, 75.1% received subsidy for out-of-pocket costs and 81.2% purchased a Silver plan (30% average co-pay).
Data retrieved from www.alaha.org

The Covington County profile showed data regarding performance with alcohol use, life expectancy at birth, smoking prevalence, obesity, and physical activity.
In 2012, the heavy drinking prevalence for females was 3.6% and males 9.4%, while the national average was 6.7% and 9.9% respectively.
The prevalence of binge drinking in 2012 for females was 7.3%. The prevalence of binge drinking for males was 18.2%. To compare, the national average was 12.4% for females and 24.5% for males.
In 2013, female life expectancy was at 78.1 years, while male expectancy was at 72.6. This compares to that national average of 81.2 years for females and 76.5 years for males.
In 2012, male smoking was at 30.9%, while female smoking was 26.1%. For comparison, the national average in 2012 was 22.2% for males and 17.9% for females.
In 2011, the percentage of obese females was at 40.3%, while the percentage of obese males was 40.9%. The national average for females was 36.1% and 33.8% for males.
The prevalence of recommended physical activity in 2011 for females was 40.3% and 46% for males. To compare, the national average for recommended physical activity was 52.6% for females and 56.3% for males.
Data retrieved from http.www.healthdata.org

The 2013 Covington Health Profile showed that 105 deaths occurred from cancer with a rate of 277.1 (rate per 100,000 population). The top 5 causes of cancer deaths were trachea, bronchus, lung and pleura 42 deaths, colorectal 9 deaths, leukemia 7 deaths, Non-Hodgkin's lymphomas 6 deaths and 18 other.
The 2013 Covington Health Profile additionally showed the number of deaths occurred as follows: 5 Diabetes Mellitus, 15 Septicemia, 24 Alzheimer's, 10 renal failure, 15 accidents, 27 chronic lower respiratory diseases, 15 pneumonia, and 3 suicides. Major cardiovascular diseases; accounted for 171 deaths and of those 171 the largest contributing disease processes were: 18 Acute myocardial infarction, 28 other forms of ischemic heart disease, 14 heart failure, 65 all other forms of heart disease, 41 cerebrovascular disease.
Data retrieved from Covington 2013 Profile produced by the Center for Health Statistics.

Covington County Health Indicators Comparisons data for 2011—2013 shows comparison for Covington County, Alabama and the United States. The Heart Disease Mortality per 100,000 population for Covington County was 234.9, higher than the Alabama indicator of 226.6 and the US of 173.7. Cerebrovascular Disease (Stroke) Mortality per 100,000 population was 64.1 significantly higher than the state of 48.6 and the US 37.9. The percent of hyperlipidemia prevalence among Medicare recipients in 2012 was 48.27% in Covington County compared to Alabama 45.06% and US 44.75%. The percent of hypertension among Medicare recipients in 2012 was 64.33%. The hypertension percent for the state was 61% and the US 55.49%.
Data retrieved from www.alaha.org

Covington County Rankings for 2015 in regards to the following areas are as follows: Primary Care Physicians for Covington County (ratio of population to primary care physicians) is 2,109:1 as compared to the state of 1,594:1. Mental health providers (ratio of population to mental health providers) for Covington County is 1,994:1 ,while the state is 1,289:1.
Retrieved from County Health Rankings & Roadmaps

The American Cancer Society provide information and services in 2015 to 77 residents of Covington County. 46 of those residents were newly diagnosed in 2015. 44 of those residents were female, 26 male and 7 unknown. The top 3 age ranges served were 71-80, (14 cases), 50-59 (13 cases) and 66-70 (10 cases). 22 cases were unspecified sites, 15 cases were breast cancer, 5 cases were lung cancer, 5 cases were skin cancer and 4 cases were head and neck cancer.
Data retrieved from The American Cancer Society

The Covington County Children's Policy Council Coalition (CCCPCC) performed an annual review of the PRIDE surveys from 2015. The PRIDE survey measuring tobacco, alcohol, marijuana and prescription drugs for each school system in Covington County in grades 6—12. The past 30 day use question measures the statistic by reporting the percentage of students who report using cigarettes, alcohol, marijuana or prescription drugs in the past 30 days. The combined percentages for Opp City Schools, Andalusia City Schools and Covington County schools showed 40% for cigarettes, 55.6% for alcohol, 28.8% for marijuana and 16% for prescription drugs. The CCCPCC also reviewed the frequency of use for grades 9-12 in all schools for 2014-2015. The question asked was within the past year of how often have you smoked marijuana (pot, hashish, etc). The answer choices were did not use, once/year, 6 times/year, once/month, twice/month, once/week, 3 times/week and every day. The results showed that 66.2% of students had smoked marijuana in the past year. Students were also asked the question within the past year how often have you used prescription drugs (such as Ritalin, Adderall, Xanax) to get high. The results showed that 25.7% had used those types of prescriptions drugs in the past year. Additionally, students were asked how often have you used prescription pain killers (like Vicodin, OxyContin or Percocet) to get high. 40.1% of students answered that they had used those types of prescription drugs within the last year.
Data retrieved from the CCCPCC Annual Evaluation Report

Community Health Status Indicators for 2015 compared Covington County with peer counties. The findings showed that compared to our peers Covington County was moderately worse in areas of adult smoking, cancer, limited access to healthy food, cancer deaths, stroke deaths, male life expectancy, diabetes death, cost barrier to cost and uninsured. Covington County was worse when compared to peer counties in the areas of Alzheimer's deaths, female life expectancy, adult diabetes, adult obesity, adult physical inactivity, and older adult preventable hospitalizations.
Data retrieved from U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

KEY THEMES FROM SURVEY & STAKEHOLDER FORUM

The responses received at the stakeholder forum mirrored that of the online survey. Here are some of the findings and key themes of the groups:

Key Themes: Access & Affordability of Care

- Care is difficult to access for certain populations (e.g., the elderly, low income and uninsured) and there is a lack of options in some neighborhoods.
- Transportation option is very limited for serial people (e.g., seniors, peoples with disabilities) and transportation service options are limited.
- Care is expensive and difficult to afford.
- Capacity issues with long waiting for services.
- Large number of people are uninsured or underinsured.
- Cost of transportation.

Key Themes: Access to Primary & Specialty Care

- Limited number of physicians in the area
- Certain specialty services (psychiatric, orthopedic, dialysis) are limited or not available in the area

Key Themes: Medical Issues

- Respondents most often identified heart disease, cancer, obesity and related issues, respiratory disease and mental health issues as common medical issues.

Key Themes: Community collaboration/connecting community resources

- Difficulty with knowing the community based resources in the area more that are available to assist those in need.

PRIORITIES

Prioritization Process

Responses from the survey and stakeholder interviews were summarized and presented to the Steering Committee for review. In addition to the survey and stakeholder interviews, secondary data sources were also considered in supporting the priority assigned to each of the health needs identified through the surveys.

The data received from the public survey was reviewed, specifically the question asking respondents to list the top three health issues for our community. The number of responses for each need was counted and ranked according to the number of responses from greatest to least. Several of these needs were also cited as a concern by our stakeholders and/or the secondary data sources that supported each ranking with statistical data. The items that ranked the lowest on the question of most important health concern were Children's Illnesses, Use of Tobacco Products and Sexually Transmitted Diseases. Because of the low priority determined by the respondents and that they were not specifically mentioned by the stakeholders as a priority, those items will be assigned to the "Other Needs" category.

After an initial review of key findings, the Steering Committee engaged in a priority setting exercise facilitated by the Marketing Coordinator. Areas of need and opportunities for improvement were identified and ranked according to the following criteria:

- Mizell Memorial Hospital's strengths and values
- Organizational strategy
- Seriousness of the health need in the community
- Timeframe of implementation
- Costs of project
- Community partnerships available

Key areas of need and opportunities for improvement were then grouped into four themes:
- Affordability of care
- Community collaboration and engagement
- Access to primary and specialty care
- Medical issues

These themes were reviewed by the Steering Committee and an action plan was formed to address those needs. The steering committee approved four areas of focus and priority and the development of an implementation plan which was then submitted to the MMH Board of Directors for review and approval.

Affordability of care

The cost of care, especially within elderly, low income and uninsured populations is considered a significant need receiving the highest ranking from the public survey. Twenty percent of our respondents answered yes that the cost of care prevented them from seeking medical care in the past year. It was also mentioned numerous times by our stakeholders.

MMH Services available to respond to this need include:

- MMH Emergency Department accepts Medicare, Medicaid and Indigent Patients.
- MMH has a Charity Care Policy that discounts or writes off charges based on household income.

MMH will address the issues of affordability of care through a series of initiatives that focus on the following activities:

- MMH will assist patients who may be eligible with applications for Charity Care and Medicaid.
- MMH will assist patients with applications for the All Kids Program the provides insurance coverage for children under age 19.
- MMH will assist patients with locating financial resources for at home medications and DME prior to discharge.
- MMH will continue to offer payment plans.
- MMH will make follow-up phone calls with patients discharged from the hospital to ensure utilization of financial resources available.
- Education of community members on how to engage and interact with health care resources. Mizell Clinic will support MMH in the education of patients and community members through targeted outreach events. Mizell Clinic will continue to assist patients and members of the community in accessing health care resources and navigating the health care system through the health care home care model.
- Strategic partnerships with community-based resources that support access and enrollment in health insurance programs.
- MMH participates in a Community Care Transition network that provides follow-up care, including financial assistance for care, to Medicare patients.

The anticipated results from the Implementation Plan are to reduce the number of patients who are unable to access care due to their inability to pay.

Community collaboration/connecting community resources

MMH Services available to respond to this need include:

- MMH Case Management department has a list of community resources and organizations to assist community members.

MMH will facilitate connections with community-based organizations key stakeholders and community leaders representing diverse cultures and interests through the following actions:

- Annual meeting initiated by the Chief Executive Officer of MMH between key stakeholders, community leaders, representatives from community-based services and the leadership team of MMH.

- Access to community-based resources into individualized care plans. Mizell Clinic will co-tinue to integrate referrals to community-based resources into patient care plans.

- Strategic partnerships with community-based resources that support access and enrollment in health insurance programs.

The anticipated results from the implementation plan will be to improve communication between community leaders, the hospital and other organizations to improve the overall knowledge of re-sources and assistance that are available.

Access to Primary Medical Care

Access to primary medical care is considered a significant need receiving 4th highest ranking on the most important health issue from public survey. The need for primary care was mentioned numerous times by our experts. Covington County is designated as a Medically Underserved Area/Population.

MMH Services available to respond to this need include:

- MMH operates Mizell Memorial Medical Clinic which employees two full-time Certified Reg-sitered Nurse Practitioners delivering Primary Care to the 12+ population.

- MMH participates in physician recruitment actives including contracting with an outside re-cruitment agency and internally by advertising positions with Family Medicine Residency pro-grams .

- MMH is contracted with the Alabama College of Medicine and the American Medical Educa-tion Consortium to be a clinical site for student rotations.

MMH will address the issue of access to primary care through a series of initiatives that focus on the recruitment of primary care physicians:

- MMH will participate in “Hospital Day” in November with the Alabama College of Medicine (ACOM) to meet potential future candidates that are currently ACOM students.

- MMH will participate in Physicians' Alabama Opportunity Fair (PAOF) held annually in September to match small communities with primary care physicians.

- MMH will continue contract with a physician recruitment consultation firm.

- MMH will contact in-state residency programs and establish link.

- Mizell Clinic will review a possible extension of hours to allow for more opportunity for community members to be seen by healthcare provider.

- Delivery of care to the community through a series of events including screenings, condition-specific and lifestyle health education, all of which are designed to connect community members with care providers.

The anticipated result from focusing recruitment opportunities is to increase contact with primary care physicians interested in practicing in a rural community and ultimately increase our number of practicing primary care physicians. The anticipated result from extending clinic hours is to allow for more access to primary care.

Community Well– Being

MMH will address the health and well-being issues of heart disease, cancer, obesity and related issues, respiratory disease and mental health issues.

Cancer and related issues

Cancer and related illnesses is a considered a significant need having been ranked the 2nd highest most important health issue from the public survey. Data from 2013 showed the rate of cancer for Covington County was 277.1 (rate per 100,000 population). The leading cause of cancer deaths were attributed to trachea, bronchus and lung. Covington County also is below benchmark for mammography screening.

MMH services available to respond to this need include:

- MMH provides a full range of diagnostic imaging services to support early diagnosis and treatment of cancer including mammography, CT, and diagnostic ultrasound.

- MMH provides screening colonoscopy and endoscopy with surgical intervention if indicated.

- MMH operates Mizell Medical Clinic, which offers two Certified Registered Nurse Practicioners 5 days per week.

- MMH offers smoking cessation education to inpatients.

MMH will address the issues of cancer and related issues through a series of initiatives that focus on the following activities:

- MMH will participate in the State of Alabama Breast and Cervical Cancer Early Detection Program.

- MMH will provide extended hours for mammography as needed to enhance availability.

- MMH will promote Breast Cancer Awareness Month during the month of October each year offering discounted rates and Saturday appointments to enhance availability and encourage compliance.

- MMH Clinic Certified Nurse Practitioners will review age and other risk based criteria for Colorectal and other cancers for all clinic patients and recommend screening when applicable.

- MMH will provide Cancer Awareness information that includes screening guidelines and signs and symptoms in hospital newsletter and local radio/newspaper to improve community and staff awareness.

- MMH Surgical Staff to provide education when performing a screening colonoscopy.

- MMH will promote Breast Cancer Awareness during the month of October by sponsoring a Breast Cancer Awareness event where Breast Cancer educational material is distributed.

- MMH will offer Smoking Cessation education to the public and education to be include in Patient Information Guide Books.

- MMH Respiratory Department to be available to assist with Smoking Cessation guidance.

The anticipated results from the implementation plan will be to increase utilization of diagnostic screening services for all types of cancer. The focus on age and risk based cancer screening during patient visits to the Medical Clinic will encourage more screenings and reduce the rate of preventable cancer related deaths. Smoking education will reduce the rate of preventable cancer related deaths. The increased awareness promoted throughout the community will improve awareness of risk factors and available screenings.

Obesity & Related Issues (Diabetes)

Obesity and relates issues (diabetes) is considered the 3rd most important health issue to our community on the public survey. Twelve percent of the public survey respondents state they have been diagnosed with diabetes. Thirty-five percent of the survey respondents state they are overweight. Also, 66% of the respondents have 1– 2 servings of fruits and vegetables daily, 34% have 2-3 servings daily, less than 1% have 5+ servings daily and 7% report no servings.

MMH services available to respond to this need include:

- Glucose screening

- Chemistry profiles, including cholesterol, lipids and triglycerides

- Body Mass Index

- Nutritional screening

- Mizell Wellness Center

MMH will address the issues of obesity and related issues (diabetes) through a series of initiatives that focus on the following activities:

- MMH participates in local health fairs for free blood pressure screenings.

- MMH promotes exercise education through the Mizell Wellness Center.

- MMH to conduct discharge phone follow-ups for patients with high risk disease processes (COPD, DM, Heart Failure, Pneumonia, HTN) to ensure compliance with medications and address any concerns or questions post discharge and follow-up appointments.

- MMH offers personalized exercise programs to Wellness Center members.
- MMH participates in Scale Back Alabama each year.
- MMH sponsors local plus rotating television ads which promote healthy eating and lifestyle.
- MMH participates in educational campaigns with American Diabetes Association.
- MMH offers diabetes mellitus educational workshops at the Mizell Wellness Center.
- MMH Dietician services for consultations.
- Mizell Wellness Center sponsors Kid Camp in the summer for exercise and healthy eating habits.
- MMH provides assistance with obtaining glucometers for newly diagnosed diabetics.
- MMH Dietary Department offers healthy eating choices available to the public daily.

The anticipated results from the implementation plan will be to increase education to the community on healthy eating and lifestyle across all age spectrums. Diabetic community members and family members will have increased understanding of diabetes and importance of monitoring blood sugars and lifestyle modifications to control diabetes. Members of the community from all ages will have increased physical activity and utilize healthy eating habits to combat obesity and other related health issues.

Heart & Stroke (Blood Pressure)

Heart and stroke (blood pressure) is a considered a significant need having been ranked the 6th highest most important health issue from the public survey. Data showed that stroke mortality per 100,000 population was 64.1% in Covington County. The 2013 Covington Health Profile also showed that major cardiovascular diseases accounted for 171 deaths—disease processes of acute myocardial infarction, ischemic heart disease, heart failure, cerebrovascular disease and other forms of heart disease.

MMH services available to respond to this need include:

- MMH provides a full range of diagnostic imaging services to support early diagnosis and treament of cardiovascular disease.
- Blood pressure screening
- Chemistry profiles
- Body Mass Index measurement
- Southeast Alabama Medical Center Stroke Telemedicine Network
- Advanced Cardiac Life Support certified ED staff and physicians.

MMH will address the issues of heart and stroke (blood pressure) through a series of initiatives that focus on the following activities:

- MMH participates in local health fairs for free blood pressure screenings.

- MMH is a member of the Southeast Alabama Medical Center Stroke Network.

- MMH provides educational televisions throughout the facility that offer education on disease processes and management

- MMH subscribes to an online diet manual that is available as a resource to educate proper diet choices to manage conditions.

- MMH promotes exercise education through the Mizell Wellness Center.

- MMH offers personalized exercise programs to Wellness Center members.

- MMH participates in Scale Back Alabama each year.

- MMH sponsors local plus rotating television ads, which promote healthy eating and lifestyle.

- MMH participates in educational campaigns with American Heart Disease Association.

- MMH participates with local LifeSouth blood drives which offer free cholesterol and blood pressure screening.

- MMH to conduct discharge phone follow-ups for patients with high risk disease processes (COPD, DM, Heart Failure, Pneumonia, HTN) to ensure compliance with medications and ad dress any concerns or questions post discharge and follow-up appointments.

The anticipated results from the implementation plan will be to identify community members at risk for high blood pressure and stroke. Community members will have increased understanding of healthy eating, lifestyle and use of exercise to prevent or to control heart disease, stroke and blood pressure.

Mental Health Issues (including Alzheimer's)

Mental Health Issues (including Alzheimer's) is considered the 7th most important health issue to our community on the public survey and was mentioned by the stakeholders as a need, especially children services.

MMH services available to respond to this need include:

- MMH operates a Senior Behavioral Care Unit (Geri-Psych)

- MMH SBCU Staff provide education to the public on Mental Health Issues relating to Seniors.

MMH will address the issues mental health issues (including Alzheimer's) through a series of initiatives that focus on the following activities:

- MMH will educate the public on the availability of Covington County Mental Health satellite services monthly through local pediatrician

- MMH will educate public on Family & Child Services satellite clinic available weekly.

- MMH will work to coordinate outpatient services for geri-psych patients upon discharge from SBCU.

- MMH will improve psychiatrist availability by adding telepsychiatry services to SBCU.

- MMH will continue to market the SBCU to make the community aware of its resources.

- MMH will provide increased education on Alzheimer's/Dementia, and other Mental Health Illness Issues, involving Seniors to our community.

The anticipated results from the implementation plan will be increase community knowledge of Senior Behavioral Care (Geri-Psych) services available to assist families and increase with follow-up appointments. There will be increased access for Mental Health Services for children that will increase opportunities for families/children to receive the care that is needed. The community will have an increase in knowledge of mental health issues and resources that are available.

Respiratory Disease and Illness (COPD, Flu, and Pneumonia)
Chronic lower respiratory infections (bronchitis, asthma, etc) accounted for 27 deaths in 2013 and pneumonia accounted for 15 deaths. Eleven percent of the public survey respondents smoke or use smokeless tobacco and fifteen percent answered yes to anyone in home smokes. The Covington County profile for 2012 showed that male smoking was 30.9%, while female smoking was 26.1%. The national average for males was 22.2% and 17.9% for females.

MMH services available to respond to this need include:

- MMH offers several different pulmonary tests.

- MMH checks immunization status on patients.

- MMH offers industrial medicine screenings.

- MMH has a certified sleep center.

MMH will address the issues of respiratory disease and illness (COPD, flu, pneumonia) through a series of initiatives that focus on the following activities:

- MMH participates in local health fair for free oxygen saturation screenings.

- MMH participates in physical as well as respiratory screenings with local high-risk respiratory plants.

- MMH promotes exercise education through the Wellness Center.

- MMH offers personalized exercise programs through the Wellness Center.

- MMH participates in Smoke Out campaign.

- MMH is a smoke free campus.

- MMH offers COPD educational workshops.

- MMH sleep disorder services for consultation.

- MMH to provide pneumonia and flu screenings on all admitted patients.

- MMH to provide vaccines to all employees and volunteers for free.

- MMH sponsors local plus rotating television ads which promote healthy eating and lifestyle.

- MMH participates in educational campaigns with American Heart Association.

- MMH to conduct discharge phone follow-ups for patients with high risk disease processes (COPD, DM, Heart Failure, Pneumonia, HTN) to ensure compliance with medications and ad dress any concerns or questions post discharge and follow-up appointments.

The anticipated results from the implementation plan will be an increase in screenings for community members at high-risk jobs. The community will have an increase in education regarding respiratory disease and illness that will promote pneumonia/flu screenings, ulitization of vaccines for high-risk populations and importance of quitting smoking with an increase in smoke cessation programs.

Other Needs Identified During the CHNA Process

Chronic Pain

Eighteen percent of public survey respondents have been diagnosed with a chronic pain associated disease. There was no significant statistical data related to chronic pain.

MMH services available to respond to this need include:

- MMH offers multiple diagnostic testing mechanisms to locate the source of pain.

- MMH offers nerve conduction testing.

- MMH offers neurological consultation.

- MMH offers physical therapy and occupational therapy to assist.

- MMH offers aquatic therapy for decreased weight bearing exercise opportunities.

- MMH offers educational opportunities.

- Mizell Clinic certified nurse practitioners perform assessment and refer to pain management services if needed.

MMH will address the issue of chronic pain through a series of initiatives that focus on the following activities:

- MMH will offer educational opportunities on how to deal with chronic pain.

- MMH demonstrates physical techniques at the Wellness Center to decrease pain.

- MMH offers psychological consults.

The anticipated results are increased utilization of services offered, educational opportunities and awareness of the disease processes associated with chronic pain management.

Obstetrics Program

Mizell does not offer obstetrical services.

MMH services available to respond to this need include:

- 24/7 Emergency Room Services

Other local resources are available to assist with these identified need– Andalusia Health 849 South Three Notch St, Andalusia, AL 36420, 334-222-8466.

Emergency Department Services
Several responses/comments on the public survey demonstrated concern regarding the care and wait time in the Emergency Department.

MMH will address the issues of care received in the Emergency Department through a series of initiatives that focus on the following activities:

- LEAN process to be performed to evaluate processes of the ED.
- Results of LEAN process to be reviewed and policies and procedures to be updated.
- Educational opportunities to be provided to staff and physicians that provide care.
- Monitoring of improvement in ED times– wait time to be put in room, time to be admitted to floor.

The anticipated results through the series of initiatives will be increased education to staff and physicians on ED policies and procedures and improve Mizell ED processes. The overall goal will be to maximize customer experience and improve wait times and services provided at the ED.

Dialysis Center
Stakeholders expressed concern for patients/families having to travel to receive dialysis centers.

MMH does not offer dialysis services.

Other resources available to assist with these services:
Fresenius Medical Care, 403 W. Bypass, Andalusia, AL 36420, 334-222-0416
DaVita, 757 South Three Notch St., Andalusia, AL 36420, 334-222-2324

Sexual Assault Examiner Services
Stakeholders discussed Sexual Assault Examiner services not being available at MMH.

MMH does not have any staff certified as Sexual Assault Examiners.

Other resources available to assist with these services:
Andalusia Health, 849 South Three Notch St., Andalusia, AL 36420, 334-222-8466

Inpatient Hospice Education & Education to Doctors on Acute Care Hospitalization
Stakeholders discussed need for increase in education to physicians regarding inpatient hospice and acute care hospitalization.

MMH to assist when needed with educational opportunities.

Other local resources believed able to respond to the needs addressed in the Community Health Needs Assessment include the following:

Andalusia Health, 849 S. Three Notch Street, Andalusia, AL 36420, 334-222-8466
Covington County Health Department, 23989 Hwy 55, Andalusia, AL 36420, 334-222-1175
Covington Family Care, 508 E. Three Notch St, Andalusia, AL 36420, 334-427-2273
Mizell Medical Clinic, 511 Brantley St, Opp, AL 36467, 334-493-3240
Opp Family Medicine, 604 N. Brantley St, Opp, AL 36467, 334-493-4472, J. Michael Stanfield, M.D.
Robert M. Williams, M.D., 103 E. Memorial Dr., Suite B, Opp, AL 36467, 334-493-7930
Balanced Family Health Care, 601 W Bypass, Andalusia, AL 36420, 334-222-0184, Joanne M. Smith, D.O.
Family Practice, 712 E 3 Notch St, Andalusia, AL 36420, 334-222-8450, Charles Reid Kerr, M.D.
Covington Family Care, 508 E. 3 Notch St, Andalusia, AL 36420, 334-427-2273, Roger T. Boyington, D.O., Larry C. Norris, P.A.,
South Central Medical Center, P.C., 843 S. Three Notch St., Andalusia, AL 36420, 334-222-6525, Rex A. Butler, D.M.D.
Three Notch Medical Center, 835 S. Three Notch St., Andalusia, AL 36420, 334-222-8421, J.F. Maddox, M.D., R.L. Lewis, CRNP
Andalusia Family Healthcare, 135 Medical Park, Suite B, Andalusia, AL 36420, 334-222-1366, Rainer Birk, M.D., Jill Elmore, CRNP
Vishwanath, 1073 3rd St., Florala, AL 36442, 334-858-2050, Sasikumar Vishwanath, M.D.
Covington Pediatrics, P.C., 614 W. Bypass, Andalusia, AL 36420, 334-222-3555, Gabrielle Baldwin, M.D.

APPENDIX A

Thank you for taking the time to provide us with information about your healthcare needs.
We appreciate your time and cooperation.

Do you make the majority of the healthcare decisions in your household, such as which hospitals and doctors to use for medical care?

Yes
No

What is the zip code where you live?

_____

My Age

18-29
30-49
50-64
65-84
85+

I am:

Male
Female

Health Insurance coverage:

I have health insurance sponsored by my employer (Blue Cross, Managed Care, etc.)
I have health insurance covered by Medicaid
I have health insurance covered by Medicare
I have health insurance but do not know with whom
I don't have health insurance
I don't know if I have health insurance

My race:

Asian or Pacific Islander
Black or African American
Hispanic
Inter-racial
Native American
White or Caucasian

Employment Status:

Full time
Part time
Unemployed
Student
Retired

My annual household income:

Less than $50,000
$50,000-$100,000
$100,00+

What is your highest level of education completed?

Some high school
High school/GED
Some college
College-undergraduate
College-graduate
Post graduate

Do you have any children under the age of 18 living with you?

Yes
No

Do you have an elderly relative living with you?

Yes
No

What do you consider your current health status to be?

Excellent
Good
Fair
Poor

Where do you go for routine health care?

Family physician's office
Hospital Emergency Room
Health Department
Medical/urgent Care Center
I don't seek health care
Other _____

Have you had a physical examination by your physician in the past year?

Yes
No

Do you consider your weight to be?

Underweight
About right
Over by 10+ pounds
Over by 20+ pounds
Over by 30+ pounds

Select any of the following with which you have been diagnosed:

Diabetes
High blood pressure
Cholesterol
Cardiovascular (heart) disease
Respiratory disease (Asthma, etc.)
Chronic pain (Back, arthritis, etc.)
None
Other, please specify _____

Have you been diagnosed with cancer in the past five years?

Yes
No

Have you been a patient in an emergency room in the past year?

Yes
No

Have any of your dependents been in an emergency room in the past year?

Yes
No
Not applicable

Did a lack of transportation prevent you from receiving medical care in the past year?

Yes
No

Did the cost of care prevent you from seeking medical care in the past year?

Yes
No

Do you smoke or use smokeless tobacco?

Yes
No

Does anyone in your home smoke?

Yes
No

If you are a woman over the age of 40, have you had a mammogram in the past year?

Yes
No
Not applicable

If you are a woman over the age of 21, have you had a pap smear in the past year?

Yes
No
Not applicable

If you are employed, did you miss more than 10 days of work last year due to illness?

Yes
No
Not applicable

Do you routinely exercise?

Yes
No

Do you routinely use the stairs instead of riding the elevator?

Yes
No

When parking your car, do you try to park in the nearest parking space to the door?

Yes
No

Do you suffer from depression?

Yes
No

Have you been diagnosed with a mental illness?

Yes
No

Do you drink alcohol daily?

Yes
No

Do you use sunscreen when you are out in the sun for an extended time?

Yes
No

Do you use a seat belt when you are driving or traveling in a car?

Yes
No

How many servings of fruits and vegetables do you eat each day?

1-2
3-4
5+
None

In your opinion, please select the 3 items below that represent the most important health issues in our community:

Access to medical care
Cost of care
Use of illegal drugs
Mental health issues (including Dementia and related conditions)
Heart and Stroke (blood pressure)
Obesity and related issues (diabetes)
Use of tobacco products
Sexually transmitted diseases (STD's)
Children's illnesses
Cancer and related illnesses

If you needed hospital care, which hospital in the area would you prefer to use? _____

In the past year, have you or has any member of your household spent one night or more as a hospital inpatient? This would involve an admission to the hospital for one or more nights?

Yes
No

Which hospital did you or your household member stay in overnight during that most recent stay? _____

Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during the stay?_____

Which of the following best describes how the decision was made to use that hospital?

A doctor recommended or referred the patient there
The patient and/or family selected the hospital on their own, without a doctor's recommendation or referral
The patient's health insurance plan specified which hospital was to be used
Or, it was an emergency situation and no choice was involved

(Optional) Please write any comments that you would like to make:

APPENDIX B

Covington County

(Southeast region)

Population: **37,850**

Uninsured adults: **5,803**

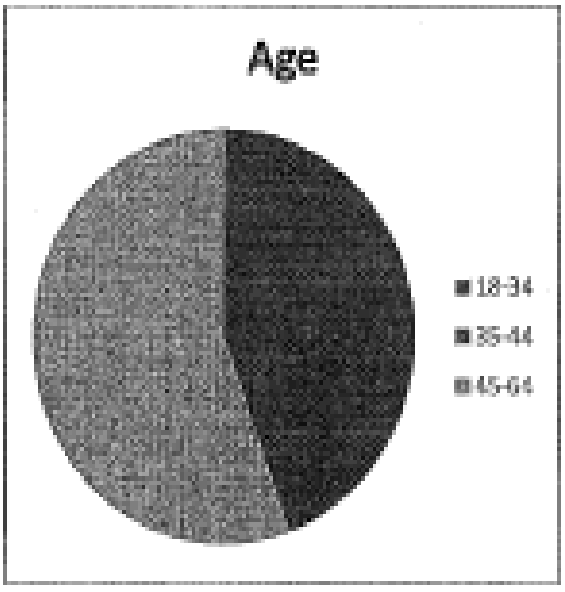
Purchased plan in 2015: **1,239**

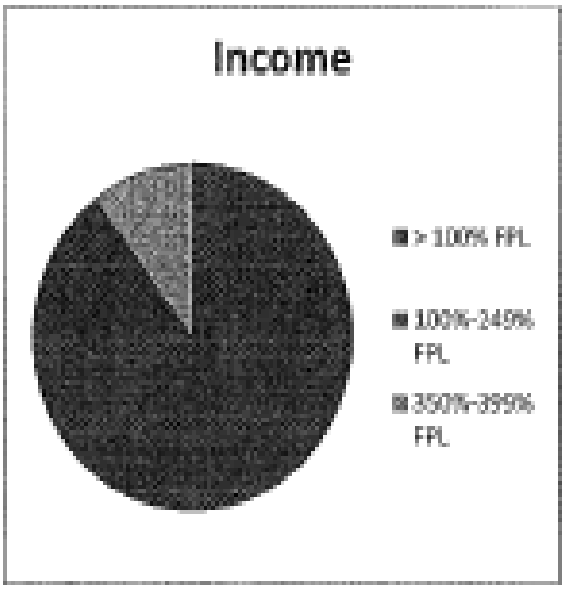
Uninsured but working: **47.3%**

Estimated uptake: **21.4%**

Snapshot of insurance exchange purchases in Covington County

- Newly enrolled in 2015: **55.6%**
- Received subsidy for insurance: **90.3%**
- Received subsidy for out-of-pocket costs: **75.1%**
- Purchased a Silver plan (30% average co-pay): **81.2%**





Federal Poverty Level (FPL): $11,770 (individual); $24,250 (family of 4). Subsidies available only for incomes of 100%-400% FPL.

COUNTY PROFILE: Covington County, Alabama

US COUNTY PERFORMANCE

The Institute for Health Metrics and Evaluation (IHME) at the University of Washington analyzed the performance of all 3,143 US counties or county-equivalents in terms of alcohol use, life expectancy at birth, smoking prevalence, obesity, physical activity, and poverty using novel small area estimation techniques and the most up-to-date county-level information.

COVINGTON COUNTY OVERVIEW

Measure	Sex	Value	National Rank	Change
Heavy drinking prevalence, 2012	Female	3.6%	759	+0.7 pct points since 2005
Heavy drinking prevalence, 2012	**Male**	**9.4%**	**1193**	**+0.4 pct points since 2005**
Binge drinking prevalence, 2012	Female	7.3%	664	+2.2 pct points since 2002
Binge drinking prevalence, 2012	**Male**	**18.2%**	**419**	**-1.5 pct points since 2002**
Life expectancy, 2013	Female	78.1 years	2531	+0.3 years since 1985
Life expectancy, 2013	**Male**	**72.6 years**	**2577**	**+3.7 years since 1985**
Smoking prevalence, 2012	Female	26.1%	2683	+2.4 pct points since 1996
Smoking prevalence, 2012	**Male**	**30.9%**	**2822**	**-0.9 pct points since 1996**
Obesity prevalence, 2011	Female	40.3%	1989	+6.7 pct points since 2001
Obesity prevalence, 2011	**Male**	**40.9%**	**2783**	**+9.7 pct points since 2001**
Recommended physical activity prevalence, 2011	Female	40.3%	2780	-1.3 pct points since 2001
Recommended physical activity prevalence, 2011	**Male**	**46.0%**	**2752**	**-3.2 pct points since 2001**

FINDINGS: HEAVY DRINKING

- In 2012, the prevalence of heavy drinking for females was in the best 25% of all counties at 3.6%, while the prevalence of heavy drinking for males was in the middle 50% of all counties at 9.4%. The national average in 2012 was 6.7% for females and 9.9% for males.
- From 2005 to 2012, the change in female heavy drinking was in the best-performing 25% of all counties with an increase of 0.7 percentage points, while the change in male heavy drinking was in the best-performing 25% of all counties with an increase of 0.4 percentage points. For comparison, the national average change from 2005 to 2012 was an increase of 1.5 percentage points for females and 0.9 percentage points for males.

Figure 1: Female heavy drinking prevalence, 2012

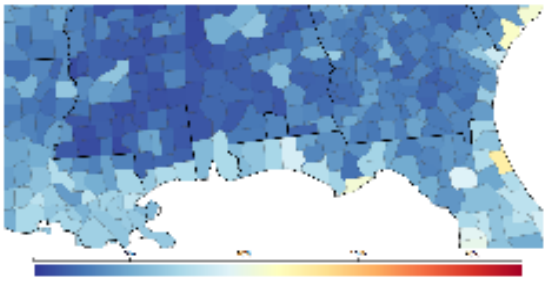
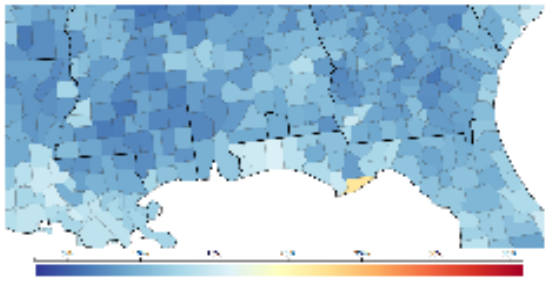


Figure 2: Male heavy drinking prevalence, 2012



FINDINGS: BINGE DRINKING

- The prevalence of binge drinking in 2012 for females was in the best-performing 25% for all counties with 7.3% of females engaging in binge drinking, while the prevalence of binge drinking in 2012 for males was in the best-performing 25% for all counties with 18.2% of males engaging in binge drinking. To compare, the national average in 2012 was 12.4% for females and 24.5% for males.

- The change from 2002 to 2012 for females was in the middle-performing 50% of all counties while the change for males was in the best-performing 25%, with females experiencing an increase of 2.2 percentage points and males experiencing a decrease of 1.5 percentage points. To compare with the national average, females had an increase of 1.6 percentage points and males had an increase of 0.4 percentage points.

Figure 3: Female binge drinking prevalence, 2012

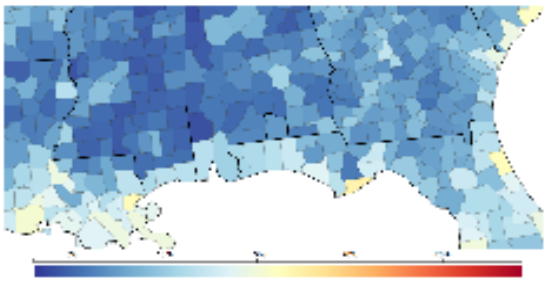
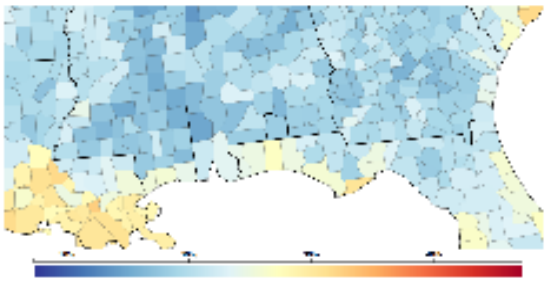


Figure 4: Male binge drinking prevalence, 2012



FINDINGS: LIFE EXPECTANCY

- In 2013, female life expectancy was in the worst 25% of all counties at 78.1 years, while male life expectancy was in the worst 25% of all counties at 72.6 years. This compares to the national average of 81.2 years for females and 76.5 years for males.

- Changes over the period from 1985 to 2013 were in the worst-performing 25% of all counties for females and in the middle-performing 50% of all counties for males, with females having an increase of 0.3 years and males having an increase of 3.7 years. The national average was an increase of 3.1 years for females and an increase of 5.5 years for males.

Figure 5: Female life expectancy, 2013

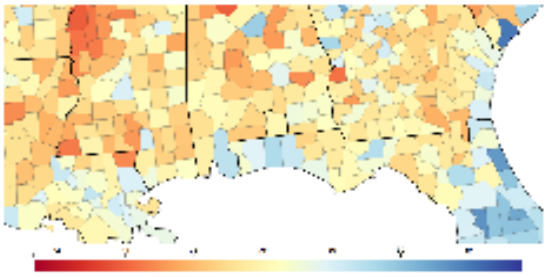
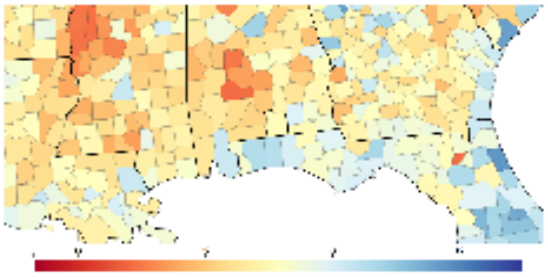


Figure 6: Male life expectancy, 2013



FINDINGS: SMOKING

- In 2012, male smoking was in the worst-performing 25% of all counties at 30.9%, while female smoking was in the worst-performing 25% of all counties at 26.1%. For comparison, the national average in 2012 was 22.2% for males, 17.9% for females, and 20% for both sexes.

Figure 7: Female smoking prevalence, 2012

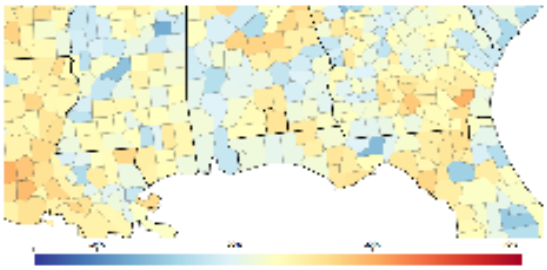
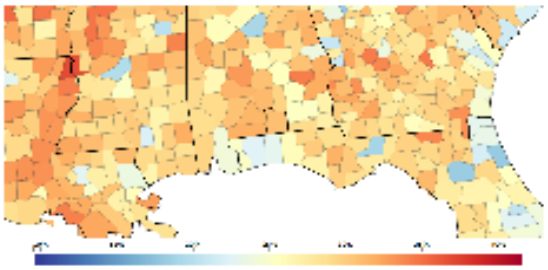


Figure 8: Male smoking prevalence, 2012



FINDINGS: OBESITY

- In 2011, the percentage of obese females was in the middle 50% of all counties at 40.3%, while the percentage of obese males was in the worst 25% of all counties at 40.9%. The national average in 2011 was 36.1% for females and 33.8% for males.

- From 2001 to 2011, the change in female obesity prevalence was in the middle-performing 50% of all counties with an increase of 6.7 percentage points, while the change in male obesity prevalence was in the worst-performing 25% of all counties with an an increase of 9.7 percentage points. For comparison, the national average change from 2001 to 2011 was an increase of 7.3 percentage points for females and 7.8 percentage points for males.

Figure 9: Female obesity prevalence, 2011

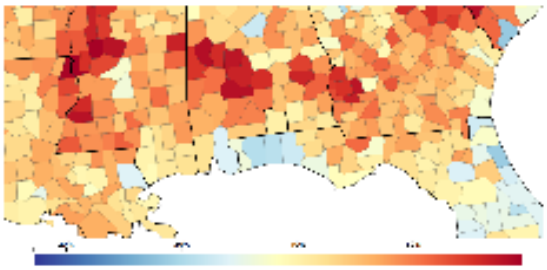
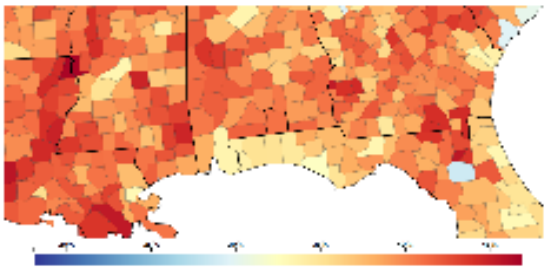


Figure 10: Male obesity prevalence, 2011



FINDINGS: PHYSICAL ACTIVITY

- The prevalence of recommended physical activity in 2011 was in the worst 25% of all counties for females and in the worst 25% of all counties for males, with 40.3% of females and 46% of males getting recommended physical activity. To compare, the national average in 2011 was 52.6% for females and 56.3% for males.

- The change from 2001 to 2011 for females was in the worst-performing 10% of all counties with a decrease of 1.3 percentage points, while the change for males was in the worst-performing 25% of all counties with a decrease of 3.2 percentage points. To compare with the national average, females had an increase of 5.9 percentage points and males had a decrease of 0.5 percentage points.

Figure 11: Female recommended physical activity prevalence, 2011

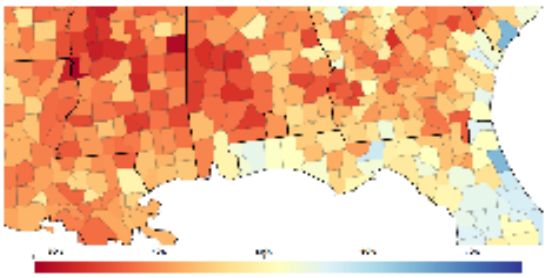
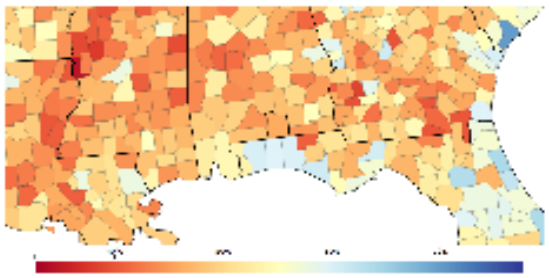


Figure 12: Male recommended physical activity prevalence, 2011

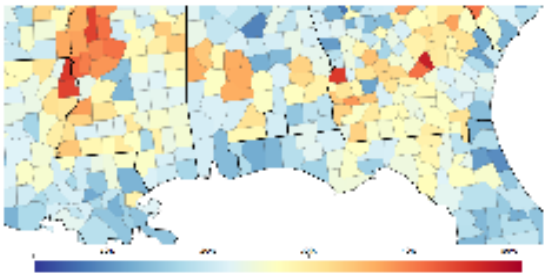


FINDINGS: POVERTY

- Note: The poverty data are from the Small Area Income and Poverty Estimates (SAIPE) program at the US Census Bureau. http://www.census.gov/did/www/saipe/data/

- In 2012, female and male poverty prevalence was in the middle 50% of all counties.

Figure 13: Prevalence of poverty, 2012



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IHME

COVINGTON 2014 HEALTH PROFILE

BIRTHS BY AGE OF MOTHER					
	TOTAL	10-14	15-17	18-19	20 plus
All births	451	1	14	43	393
Rate	—	0.9	21.7	99.8	58.7
White	375	1	11	34	329
Rate	—	1.1	22.0	102.1	59.3
Black & Other	76	0	3	9	64
Rate	—	0.0	20.5	91.8	55.8

Rates for age group are per 1,000 females in specified age group (age-specific birth rate).
Births with unknown age of mother counted with the age group "20 plus".

Marriages	Number	412
	Rate	10.9
Divorces	Number	203
	Rate	5.4

Rate is per 1,000 population.

2014 POPULATION	
Total	37,914
White	31,978
Black and Other	5,936
Median age	42.8
Life expectancy at birth	75.4
Total fertility rate per 1,000 women aged 10-49	2077.5

NATALITY				
	All Women		Women 10-19	
	Number	Rate	Number	Rate
Est. pregnancies	553	84.2	71	32.0
Births	451	11.9	58	26.1
Abortions	10	1.5	1	0.5
Est. fetal losses	92	—	12	—

Birth rate is per 1,000 population.
Pregnancy and abortion rates are per 1,000 females 15-44 (all woman) or 10-19.

	All Women		Women 10 to 19	
	Number	Percent	Number	Percent
Births to unmarried women	212	47.0	46	79.3
Low weight births	53	11.8	10	17.2
Multiple births	12	2.7	0	0.0
Medicaid births	277	61.4	46	79.3

Percent is percent of all births with known status for all woman or specified age group.

SELECTED NOTIFIABLE DISEASES	
New Cases	
HIV	3
Syphilis	3
Gonorrhea	25
Chlamydia	156
Tuberculosis	0

INFANT RELATED MORTALITY BY RACE* AND MOTHER'S AGE GROUP						
	All Ages			Ages 10-19		
	All Races	White	Black & Other	All Races	White	Black & Other
Infant deaths	2	2	0	2	2	0
Rate per 1,000 births	4.4	5.3	0.0	34.5	43.5	0.0
Postneonatal deaths	1	1	0	1	1	0
Rate per 1,000 births	2.2	2.7	0.0	17.2	21.7	0.0
Neonatal deaths	1	1	0	1	1	0
Rate per 1,000 births	2.2	2.7	0.0	17.2	21.7	0.0

* Infant deaths are by race of infant; births are by race of mother.

2014 POPULATIONS BY AGE GROUP, RACE AND SEX									
Age	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	37,914	18,361	19,553	31,978	15,530	16,448	5,936	2,831	3,105
0-4	2,221	1,149	1,072	1,699	891	808	522	258	264
5-9	2,321	1,189	1,132	1,800	911	889	521	278	243
10-14	2,376	1,233	1,143	1,923	991	932	453	242	211
15-44	13,053	6,486	6,567	10,748	5,389	5,359	2,305	1,097	1,208
45-64	10,445	5,099	5,346	8,996	4,418	4,578	1,449	681	768
65-84	6,533	2,915	3,618	5,930	2,657	3,273	603	258	345
85+	965	290	675	882	273	609	83	17	66

COVINGTON 2014 HEALTH PROFILE (Continued)

MORTALITY	All Races			White			Black & Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	545	254	291	493	235	258	52	19	33
Death rate per 1,000 pop.	14.4	13.8	14.9	15.4	15.1	15.7	8.8	6.7	10.6

SELECTED CAUSES	Total		Male		Female		White		Black & Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart disease	150	395.6	72	392.1	78	398.9	139	434.7	11	185.3
Cancer	104	274.3	46	250.5	58	296.6	88	275.2	16	269.5
Stroke	31	81.8	16	87.1	15	76.7	30	93.8	1	16.8
Accidents	30	79.1	14	76.2	16	81.8	28	87.6	2	33.7
CLRD	29	76.5	17	92.6	12	61.4	28	87.6	1	16.8
Diabetes	3	7.9	3	16.3	0	0.0	2	6.3	1	16.8
Inf. & pneumonia	13	34.3	8	43.6	5	25.6	12	37.5	1	16.8
Alzheimer's disease	16	42.2	2	10.9	14	71.6	15	46.9	1	16.8
Suicide	4	10.6	3	16.3	1	5.1	4	12.5	0	0.0
Homicide	1	2.6	1	5.4	0	0.0	0	0.0	1	16.8
HIV disease	1	2.6	1	5.4	0	0.0	0	0.0	1	16.8

Rate is per 100,000 population.

ACCIDENTAL DEATHS	All Ages		Children Under 20	
	Number	Rate	Number	Rate
All accidents	30	79.1	48	523.0
Motor vehicle	16	42.2	4	43.8
Suffocation	0	0.0	0	0.0
Poisoning	4	10.6	0	0.0
Smoke, fire and flames	0	0.0	0	0.0
Falls	3	7.9	0	0.0
Drowning	0	0.0	0	0.0
Firearms	2	5.3	0	0.0
Other accidents	5	---	0	---

Total rate is per 100,000 population. Child rate is per 100,000 children aged 0 to 19.

DEATHS BY AGE GROUP		
Age group	Total	Rate
Total	545	14.4
0 to 14	7	1.0
15 to 44	31	2.4
45 to 64	112	10.7
65 to 84	246	37.7
85+	149	154.4

Rate is per 1,000 population in age group.

SELECTED CANCER SITE DEATHS	Both Sexes		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All cancers	104	274.3	46	250.5	58	296.6
Trachea, bronchus, lung, pleura	36	95.0	15	81.7	21	107.4
Colorectal	10	26.4	3	16.3	7	35.8
Breast (female)	3	7.9	0	0.0	3	15.3
Prostate (male)	1	2.6	1	5.4	0	0.0
Pancreas	4	10.6	1	5.4	3	15.3
Leukemias	5	13.2	3	16.3	2	10.2
Non-Hodgkin's lymphomas	1	2.6	0	0.0	1	5.1
Ovary (female)	2	5.3	0	0.0	2	10.2
Brain and other nervous system	2	5.3	1	5.4	1	5.1
Stomach	3	7.9	3	16.3	0	0.0
Uterus & cervix (female)	2	5.3	0	0.0	2	10.2
Esophagus	5	13.2	4	21.8	1	5.1
Melanoma of skin	0	0.0	0	0.0	0	0.0
Other	30	---	15	---	15	---

Rate is per 100,000 population.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or less than 1,000 population are shaded. Births, abortions and estimated total fetal losses sum to the total number of estimated pregnancies. Estimated total fetal losses is not the same as the total number of fetal deaths. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. 5 years. A total fertility rate of 2,100 births per 1,000 females 10-49 years of age would maintain the current population. Population estimates are from the United States Census Bureau.

APPENDIX E

TABLE 35
RESIDENT DEATHS AND DEATH RATES [1]
BY RACE, SEX AND SELECTED CAUSES[2]
ALABAMA, 2013

CAUSE OF DEATH	TOTAL		WHITE				BLACK & OTHER			
ALL CAUSES	TOTAL	RATE	MALE	RATE	FEMALE	RATE	MALE	RATE	FEMALE	RATE
ALL CAUSES	50,140	10.4	19,682	11.8	18,761	10.9	6,053	8.9	5,644	7.3
Salmonella infections	2	0.0	2	0.1	0	0.0	0	0.0	0	0.0
Shigellosis and amebiasis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Certain other intestinal infections	151	3.1	41	2.5	84	4.9	13	1.9	13	1.7
Tuberculosis	5	0.1	2	0.1	0	0.0	2	0.3	1	0.1
Respiratory Tuberculosis	3	0.1	1	0.1	0	0.0	2	0.3	0	0.0
Other tuberculosis	2	0.0	1	0.1	0	0.0	0	0.0	1	0.1
Whooping cough	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Scarlet fever and erysipelas	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Meningococcal infection	1	0.0	1	0.1	0	0.0	0	0.0	0	0.0
Septicemia	963	19.9	346	20.8	333	19.4	125	18.3	159	20.6
Syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Acute poliomyelitis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Arthropod-borne viral encephalitis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Measles	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Viral hepatitis	119	2.5	60	3.6	36	2.1	20	2.9	3	0.4
Human immunodeficiency virus	121	2.5	25	1.5	8	0.5	59	8.6	29	3.7
Malaria	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other and unspecified infectious and parasitic diseases and their sequelae	93	1.9	35	2.1	32	1.9	11	1.6	15	1.9
Malignant neoplasms	10,331	213.7	4,413	265.6	3,468	202.2	1,320	193.0	1,130	146.1
Lip, oral cavity and pharynx	155	3.2	82	4.9	36	2.1	32	4.7	5	0.6
Esophagus	212	4.4	139	8.4	25	1.5	38	5.6	10	1.3
Stomach	190	3.9	80	4.8	40	2.3	44	6.4	26	3.4
Colon, rectum and anus	989	20.5	406	24.4	296	17.3	147	21.5	140	18.1
Liver and intrahepatic bile ducts	407	8.4	204	12.3	78	4.5	93	13.6	32	4.1
Pancreas	621	12.8	250	15.0	192	11.2	87	12.7	92	11.9
Larynx	63	1.3	33	2.0	5	0.3	18	2.6	7	0.9
Trachea, bronchus and lung	3,165	65.5	1,492	89.8	1,056	61.6	394	57.6	223	28.8
Skin	149	3.1	102	6.1	46	2.7	1	0.1	0	0.0
Breast	667	13.8	5	0.3	475	27.7	2	0.3	185	23.9
Cervix uteri	102	2.1	0	0.0	64	3.7	0	0.0	38	4.9
Corpus uteri and uterus, part unspecified	114	2.4	0	0.0	60	3.5	0	0.0	54	7.0
Ovary	235	4.9	0	0.0	183	10.7	0	0.0	52	6.7
Prostate	470	9.7	305	18.4	0	0.0	165	24.1	0	0.0
Kidney and renal pelvis	242	5.0	120	7.2	67	3.9	29	4.2	26	3.4
Bladder	202	4.2	134	8.1	41	2.4	11	1.6	16	2.1
Meninges, brain and other parts of central nervous system	298	6.2	142	8.5	116	6.8	27	3.9	13	1.7
Lymphoid, hematopoietic and related tissue	950	19.7	435	26.2	353	20.6	85	12.4	77	10.0
Hodgkin's disease	15	0.3	7	0.4	5	0.3	3	0.4	0	0.0
Non-Hodgkin's lymphoma	324	6.7	146	8.8	137	8.0	23	3.4	18	2.3
Leukemia	372	7.7	179	10.8	138	8.0	27	3.9	28	3.6
Multiple myeloma and immunoproliferative neoplasms	236	4.9	101	6.1	72	4.2	32	4.7	31	4.0
Other and Unspecified Lymphoid, hematopoietic and related tissue	3	0.1	2	0.1	1	0.1	0	0.0	0	0.0
All Other and unspecified malignant neoplasms	1,100	22.8	484	29.1	335	19.5	147	21.5	134	17.3
In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	240	5.0	107	6.4	90	5.2	23	3.4	20	2.6
Anemias	82	1.7	19	1.1	25	1.5	13	1.9	25	3.2
Diabetes mellitus	1,346	27.8	455	27.4	415	24.2	216	31.6	260	33.6
Nutritional deficiencies	96	2.0	30	1.8	45	2.6	10	1.5	11	1.4

[1]Total rate is per 1,000 population. Cause-specific rates are per 100,000 population. Use caution with rates based on small numbers.

[2] See Appendix C.

APPENDIX E

TABLE 35
RESIDENT DEATHS AND DEATH RATES [1]
BY RACE, SEX AND SELECTED CAUSES[2]
ALABAMA, 2013

CAUSE OF DEATH	TOTAL		WHITE				BLACK & OTHER			
ALL CAUSES	TOTAL	RATE	MALE	RATE	FEMALE	RATE	MALE	RATE	FEMALE	RATE
ALL CAUSES	50,140	10.4	19,682	11.8	18,761	10.9	6,053	8.9	5,644	7.3
Malnutrition	95	2.0	30	1.8	44	2.6	10	1.5	11	1.4
Other nutritional deficiencies	1	0.0	0	0.0	1	0.1	0	0.0	0	0.0
Meningitis	8	0.2	4	0.2	1	0.1	2	0.3	1	0.1
Parkinson's disease	422	8.7	223	13.4	162	9.4	26	3.8	11	1.4
Alzheimer's disease	1,399	28.9	341	20.5	848	49.5	60	8.8	150	19.4
Major cardiovascular diseases	16,104	333.2	6,220	374.4	5,943	346.6	2,008	293.6	1,933	249.9
Diseases of the heart	12,453	257.6	5,014	301.8	4,509	262.9	1,531	223.9	1,399	180.8
Acute rheumatic fever and chronic rheumatic heart diseases	45	0.9	11	0.7	23	1.3	7	1.0	4	0.5
Hypertensive heart disease	431	8.9	129	7.8	150	8.7	81	11.8	71	9.2
Hypertensive heart and renal disease	51	1.1	16	1.0	18	1.0	5	0.7	12	1.6
Ischemic heart diseases	5,347	110.6	2,475	149.0	1,768	103.1	604	88.3	500	64.6
Acute myocardial infarction	2,095	43.3	949	57.1	663	38.7	260	38.0	223	28.8
Other acute ischemic heart diseases	33	0.7	16	1.0	7	0.4	4	0.6	6	0.8
Other forms of chronic ischemic heart disease	3,219	66.6	1,510	90.9	1,098	64.0	340	49.7	271	35.0
Atherosclerotic cardiovascular disease, so described	702	14.5	309	18.6	245	14.3	84	12.3	64	8.3
All other forms of chronic ischemic heart disease	2,517	52.1	1,201	72.3	853	49.7	256	37.4	207	26.8
Other heart diseases	6,579	136.1	2,383	143.4	2,550	148.7	834	122.0	812	105.0
Acute and subacute endocarditis	17	0.4	6	0.4	1	0.1	5	0.7	5	0.6
Diseases of pericardium and acute myocarditis	15	0.3	7	0.4	4	0.2	3	0.4	1	0.1
Heart failure	2,124	43.9	745	44.8	967	56.4	171	25.0	241	31.2
All other forms of heart disease	4,423	91.5	1,625	97.8	1,578	92.0	655	95.8	565	73.0
Essential (primary) hypertension and hypertensive renal disease	587	12.1	184	11.1	175	10.2	112	16.4	116	15.0
Cerebrovascular diseases	2,589	53.6	809	48.7	1,118	65.2	313	45.8	349	45.1
Atherosclerosis	139	2.9	59	3.6	50	2.9	12	1.8	18	2.3
Other diseases of circulatory system	336	7.0	154	9.3	91	5.3	40	5.8	51	6.6
Aortic aneurysm and dissection	166	3.4	85	5.1	40	2.3	18	2.6	23	3.0
Other diseases of arteries, arterioles and capillaries	170	3.5	69	4.2	51	3.0	22	3.2	28	3.6
Other disorders of circulatory system	118	2.4	34	2.0	56	3.3	18	2.6	10	1.3
Influenza and pneumonia	1,035	21.4	406	24.4	421	24.6	102	14.9	106	13.7
Influenza	54	1.1	25	1.5	21	1.2	5	0.7	3	0.4
Pneumonia	981	20.3	381	22.9	400	23.3	97	14.2	103	13.3
Other acute lower respiratory infecttions	3	0.1	1	0.1	1	0.1	0	0.0	1	0.1
Acute bronchitis and bronchiolitis	3	0.1	1	0.1	1	0.1	0	0.0	1	0.1
Unspecified acute lower respiratory infection	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Chronic lower respiratory diseases	3,040	62.9	1,372	82.6	1,342	78.3	189	27.6	137	17.7
Bronchitis, chronic and unspecified	11	0.2	5	0.3	5	0.3	0	0.0	1	0.1
Emphysema	121	2.5	56	3.4	51	3.0	13	1.9	1	0.1
Asthma	42	0.9	6	0.4	15	0.9	9	1.3	12	1.6
Other chronic lower respiratory diseases	2,866	59.3	1,305	78.5	1,271	74.1	167	24.4	123	15.9
Pneumoconiosis and chemical effects	20	0.4	17	1.0	0	0.0	3	0.4	0	0.0
Pneumonitis due to solids and liquids	282	5.8	139	8.4	90	5.2	26	3.8	27	3.5
Other diseases of the respiratory system	785	16.2	326	19.6	313	18.3	74	10.8	72	9.3
Peptic ulcer	52	1.1	27	1.6	17	1.0	6	0.9	2	0.3
Diseases of the appendix	4	0.1	2	0.1	1	0.1	1	0.1	0	0.0
Hernia	36	0.7	11	0.7	17	1.0	2	0.3	6	0.8
Chronic liver disease and cirrhosis	577	11.9	308	18.5	170	9.9	58	8.5	41	5.3
Alcoholic liver disease	161	3.3	83	5.0	38	2.2	18	2.6	22	2.8
Other chronic liver disease and cirrhosis	416	8.6	225	13.5	132	7.7	40	5.8	19	2.5

[1]Total rate is per 1,000 population. Cause-specific rates are per 100,000 population. Use caution with rates based on small numbers.
[2] See Appendix C.

APPENDIX E

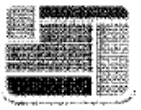
TABLE 35
RESIDENT DEATHS AND DEATH RATES [1]
BY RACE, SEX AND SELECTED CAUSES[2]
ALABAMA, 2013

CAUSE OF DEATH	TOTAL		WHITE				BLACK & OTHER			
ALL CAUSES	TOTAL	RATE	MALE	RATE	FEMALE	RATE	MALE	RATE	FEMALE	RATE
ALL CAUSES	50,140	10.4	19,682	11.8	18,761	10.9	6,053	8.9	5,644	7.3
Cholelithiasis and other gallbladder disorders	50	1.0	18	1.1	17	1.0	5	0.7	10	1.3
Nephritis, nephrotic syndrome and nephrosis	1,056	21.8	340	20.5	344	20.1	160	23.4	212	27.4
Acute and rapidly progressive nephritic and nephotic syndrome	9	0.2	5	0.3	2	0.1	1	0.1	1	0.1
Chronic glomerulonephritis nephritis and nephritis not specified as acute and renal sclerosis	2	0.0	1	0.1	0	0.0	1	0.1	0	0.0
Renal failure	1,045	21.6	334	20.1	342	19.9	158	23.1	211	27.3
Other disorders of kidney	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Infections of kidney	10	0.2	2	0.1	6	0.3	0	0.0	2	0.3
Hyperplasia of prostate	7	0.1	6	0.4	0	0.0	1	0.1	0	0.0
Inflammatory diseases of female pelvic organs	2	0.0	0	0.0	2	0.1	0	0.0	0	0.0
Pregnancy, childbirth and the puerperium	8	0.2	0	0.0	4	0.2	0	0.0	4	0.5
Pregnancy with abortive outcome	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other complications of pregnancy, childbirth and the puerperium	8	0.2	0	0.0	4	0.2	0	0.0	4	0.5
Certain conditions originating in the perinatal period	244	5.0	73	4.4	43	2.5	73	10.7	55	7.1
Congenital malformations, deformations and chromosomal abnormalities	155	3.2	54	3.3	62	3.6	24	3.5	15	1.9
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1,604	33.2	519	31.2	707	41.2	169	24.7	209	27.0
All other diseases (Residual)	5,991	123.9	1,914	115.2	2,735	159.5	601	87.9	741	95.8
Accidents	2,302	47.6	1,130	68.0	689	40.2	320	46.8	163	21.1
Transport accidents	934	19.3	472	28.4	216	12.6	170	24.9	76	9.8
Motor vehicle accidents	904	18.7	453	27.3	213	12.4	163	23.8	75	9.7
Other land transport	14	0.3	6	0.4	2	0.1	5	0.7	1	0.1
Water, air, space and other and unspecified transport accidents and their sequelae	16	0.3	13	0.8	1	0.1	2	0.3	0	0.0
Nontransport accidents	1,368	28.3	658	39.6	473	27.6	150	21.9	87	11.2
Falls	237	4.9	107	6.4	94	5.5	23	3.4	13	1.7
Accidental discharge of firearms	25	0.5	16	1.0	2	0.1	7	1.0	0	0.0
Accidental drowning and submersion	69	1.4	31	1.9	17	1.0	17	2.5	4	0.5
Accidental exposure to smoke, fire and flames	85	1.8	37	2.2	15	0.9	27	3.9	6	0.8
Accidental poisoning and exposure to noxious substances	540	11.2	286	17.2	199	11.6	33	4.8	22	2.8
Other and unspecified nontransport accidents and their sequelae	412	8.5	181	10.9	146	8.5	43	6.3	42	5.4
Intentional self-harm (suicide)	719	14.9	511	30.8	138	8.0	55	8.0	15	1.9
Suicide by discharge of firearms	497	10.3	379	22.8	79	4.6	33	4.8	6	0.8
Suicide by other and unspecified means and their sequelae	222	4.6	132	7.9	59	3.4	22	3.2	9	1.2
Assault (homicide)	420	8.7	92	5.5	42	2.4	243	35.5	43	5.6
Homicide by discharge of firearms	320	6.6	65	3.9	19	1.1	206	30.1	30	3.9
Homicide by other and unspecified means and their sequelae	100	2.1	27	1.6	23	1.3	37	5.4	13	1.7
Legal intervention	5	0.1	4	0.2	0	0.0	1	0.1	0	0.0
Events of undetermined intent	67	1.4	28	1.7	25	1.5	7	1.0	7	0.9
Discharge of firearms, undetermined intent	7	0.1	4	0.2	0	0.0	2	0.3	1	0.1
Other and unspecified events of undetermined intent and their sequelae	60	1.2	24	1.4	25	1.5	5	0.7	6	0.8
Operations of war and their sequelae	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Complications of medical and surgical care	65	1.3	24	1.4	29	1.7	7	1.0	5	0.6

[1] Total rate is per 1,000 population. Cause-specific rates are per 100,000 population. Use caution with rates based on small numbers.
[2] See Appendix C.

APPENDIX F

Covington County Health Indicators Comparisons	Covington County	AL	US
Heart Disease Mortality per 100,000 pop 2011-2013	234.9	226.6	173.7
Cerebrovascular Disease (Stroke) Mortality per 100,000 pop 2011-2013	64.1	48.6	37.9
Percent Hyperlipidemia Prevalence Among Medicare Recipients 2012	48.27	45.06	44.75
Percent BCBS Members Filing Lipid Disorder Claims 2013	6.26	4.91	NA
Percent Hypertension Among Medicare Recipients 2012	64.33	61	55.49
Percent Stroke Prevalence Among Medicare Recipients 2012	4.02	4.05	3.81
Percent Hyperchloesterolemia Diagnosis Among Medicaid Recipients 2013	6.9	4.3	NA



County Health Rankings & Roadmaps
A Healthier Nation, County by County

County Snapshots

Covington (CV)

	Covington County	Error Margin	Alabama	National Benchmark*	Rank (of 67)
Health Outcomes					22
Mortality					25
Premature death	9,830	8,659-11,000	9,609	5,317	
Morbidity					26
Poor or fair health	23%	19-28%	20%	10%	
Poor physical health days	3.7	2.9-4.5	4.2	2.6	
Poor mental health days	4.5	2.9-6.0	4.1	2.3	
Low birthweight	9.6%	8.5-10.6%	10.4%	6.0%	
Health Factors					46
Health Behaviors					64
Adult smoking	31%	24-39%	23%	13%	
Adult obesity	36%	31-42%	33%	25%	
Physical inactivity	37%	32-43%	31%	21%	
Excessive drinking	12%	8-19%	12%	7%	
Motor vehicle crash death rate	31	24-38	23	10	
Sexually transmitted infections	471		562	92	
Teen birth rate	70	64-75	49	21	
Clinical Care					39
Uninsured	18%	15-20%	17%	11%	
Primary care physicians**	1,575:1		1,641:1	1,067:1	
Dentists**	2,952:1		2,488:1	1,516:1	
Preventable hospital stays	153	144-163	80	47	
Diabetic screening	86%	80-92%	84%	90%	
Mammography screening	66%	59-73%	65%	73%	
Social & Economic Factors					30
High school graduation**	76%		72%		

APPENDIX H

October 27, 2015

ANNUAL EVAULATION OF THE COVINGTON CO CHILDREN'S POLICY COUNCIL COALITION

The CCCPCC reviews the PRIDE Surveys taken by each school system, measuring tobacco, alcohol, marijuana, and prescription drugs. This year we've reviewed not only our Core Measures, but also looked at additional question areas as compared to previous years in order to measure effectiveness and project student trends in use and perception of risk. The Core Measures for each school system for grades 6-12 are presented first and then highlights of findings from the additional areas for grades 9-12 are presented for marijuana and prescription drug use as these are the focus areas for the DFC grant. Across all three school systems, the 6-8 grade measures have remained steady since the 2010/2011 survey or improved except in the category for Perception of Risk for marijuana where we see significant declines as students age for all school systems and grade levels. Please note the Friends Disapproval rate in grades 9-12, especially as students age for marijuana and prescription drugs.

The four Core Measures used for the DFC grant are Past 30 Day Use, Perception of Risk, Parental Disapproval Use and Friends Disapproval of Use. The set of four tables for each school district found on the following pages examines these measures broken down by grade level. The meaning of the pct column will vary with each table and is described below. The n column represents the number of students who responded to the question (i.e. sample size).

Past 30-Day Use: The question During the past 30 days: is used to measure this statistic by reporting the percentage of students who report using cigarettes, alcohol, marijuana, or prescription drugs in the past 30 days.

Perception of Risk: The question How much do you think people risk harming themselves (physically or in other ways): is used to measure this statistic by reporting the percentage of students who report that using cigarettes, alcohol, marijuana or prescription drugs is a Moderate Risk or Great Risk.

Perception of Parental Disapproval: The questions How wrong do your parents feel it would be for you to: is used to measure this statistic by reporting the percentage of students who report that their parents would feel it is Wrong or Very Wrong to use tobacco, alcohol, marijuana or prescription drugs.

Perception of Friends Disapproval: The questions How wrong do your friends feel it would be for you to: is used to measure this statistic by reporting the percentage of students who report that their friends would feel it is Wrong or Very Wrong to use tobacco, alcohol, marijuana or prescription drugs.

Andalusia City School System

Table 16.1: Core Measure for 30 Day Use by Grade

Grade	Cigarettes		Alcohol		Marijuana		Presc Drugs	
	pct	n	pct	n	pct	n	pct	n
Grade 6	0.8	118	0.8	118	0.0	118	1.7	118
Grade 7	0.0	105	0.0	105	0.0	105	0.0	105
Grade 8	9.3	108	8.3	108	5.6	108	4.6	108
Grade 9	11.5	130	27.7	130	10.0	130	10.8	130
Grade 10	11.2	89	27.3	88	19.1	89	4.5	89
Grade 11	9.1	77	20.8	77	20.8	77	5.2	77
Grade 12	20.7	87	33.3	87	16.1	87	9.3	86
Combined	8.5	714	16.1	713	9.2	714	5.2	713

Table 16.2: Core Measure of Perception of Risk by Grade

Grade	Cigarettes		Alcohol		Marijuana		Presc Drugs	
	pct	n	pct	n	pct	n	pct	n
Grade 6	78.6	117	76.9	117	78.4	116	86.2	116
Grade 7	74.8	103	75.5	102	76.5	102	81.4	102
Grade 8	76.4	106	70.8	106	64.2	106	75.5	106
Grade 9	75.4	130	68.5	130	57.8	128	81.9	127
Grade 10	78.7	89	68.2	88	65.2	89	82.8	87
Grade 11	84.0	75	68.4	76	61.3	75	89.5	76
Grade 12	73.3	86	59.3	86	46.5	86	73.3	86
Combined	77.1	706	70.1	705	64.8	702	81.4	700

Table 16.3: Core Measure of Parental Disapproval by Grade

Grade	Tobacco		Alcohol		Marijuana		Presc Drugs	
	pct	n	pct	n	pct	n	pct	n
Grade 6	95.7	116	94.0	117	93.2	117	93.2	117
Grade 7	94.3	105	92.4	105	94.2	103	94.2	104
Grade 8	92.5	105	89.6	106	91.5	106	91.5	106
Grade 9	82.2	129	79.2	130	85.3	129	89.8	128
Grade 10	87.6	89	81.1	90	83.3	90	90.0	90
Grade 11	89.5	76	85.7	77	87.2	78	93.4	76
Grade 12	81.8	88	72.4	87	79.1	86	86.0	86
Combined	89.1	709	85.3	712	88.0	709	91.2	707

Table 16.4: Core Measure of Friends' Disapproval by Grade

Grade	Tobacco		Alcohol		Marijuana		Presc Drugs	
	pct	n	pct	n	pct	n	pct	n
Grade 6	91.3	115	91.2	114	93.0	115	92.2	115
Grade 7	90.5	105	88.6	105	91.3	104	93.3	105
Grade 8	73.3	105	69.5	105	77.1	105	84.8	105
Grade 9	69.2	130	59.2	130	73.1	130	81.5	130
Grade 10	63.3	90	52.7	91	60.4	91	76.9	91
Grade 11	66.2	77	63.6	77	66.2	77	81.8	77
Grade 12	43.0	86	47.7	86	48.8	86	62.4	85
Combined	72.3	708	68.5	708	74.3	708	82.6	708

APPENDIX H

October 27, 2015

ANNUAL EVAULATION OF THE COVINGTON CO CHILDREN'S POLICY COUNCIL COALITION

Covington County School System

Table 16.1: Core Measure for 30 Day Use by Grade

Grade	Cigarettes		Alcohol		Marijuana		Presc Drugs	
	pct	n	pct	n	pct	n	pct	n
Grade 6	2.4	211	2.9	208	1.0	210	0.5	209
Grade 7	2.0	205	8.3	205	3.9	204	2.5	204
Grade 8	13.6	214	18.2	214	7.0	214	4.2	214
Grade 9	17.2	180	30.7	179	12.3	179	7.3	179
Grade 10	17.8	146	29.7	145	8.3	145	5.5	145
Grade 11	21.8	156	31.2	157	15.4	156	4.5	156
Grade 12	22.8	145	33.6	143	22.4	143	10.4	144
Combined	12.9	1257	20.5	1251	9.2	1251	4.8	1251

Table 16.2: Core Measure of Perception of Risk by Grade

Grade	Cigarettes		Alcohol		Marijuana		Presc Drugs	
	pct	n	pct	n	pct	n	pct	n
Grade 6	77.8	212	69.3	212	76.6	209	87.4	207
Grade 7	79.8	203	72.3	202	76.7	202	89.2	204
Grade 8	77.8	212	67.8	211	67.5	209	84.9	212
Grade 9	70.7	181	64.1	181	58.6	181	76.3	177
Grade 10	83.3	144	71.5	144	67.1	143	93.1	144
Grade 11	78.1	155	62.8	156	53.9	154	81.7	153
Grade 12	81.9	149	65.1	149	52.3	149	78.7	150
Combined	78.3	1256	67.7	1255	65.7	1247	84.6	1247

Table 16.3: Core Measure of Parental Disapproval by Grade

Grade	Tobacco		Alcohol		Marijuana		Presc Drugs	
	pct	n	pct	n	pct	n	pct	n
Grade 6	90.5	211	91.4	210	93.3	209	95.2	210
Grade 7	94.6	204	92.6	203	94.6	203	94.1	204
Grade 8	90.1	212	91.5	211	91.9	210	93.8	211
Grade 9	89.4	180	87.2	180	92.8	180	93.3	180
Grade 10	85.5	145	84.7	144	90.3	144	95.1	144
Grade 11	77.9	154	76.0	154	83.2	155	91.0	155
Grade 12	78.5	149	80.3	147	83.9	149	89.2	148
Combined	87.4	1255	87.0	1249	90.5	1250	93.3	1252

Table 16.4: Core Measure of Friends' Disapproval by Grade

Grade	Tobacco		Alcohol		Marijuana		Presc Drugs	
	pct	n	pct	n	pct	n	pct	n
Grade 6	88.2	211	85.8	211	91.0	210	89.0	210
Grade 7	79.4	204	78.9	204	83.2	202	86.2	204
Grade 8	66.2	210	66.0	212	75.9	212	81.7	213
Grade 9	62.0	179	60.3	179	66.5	179	78.8	179
Grade 10	54.1	146	53.4	146	67.1	146	77.8	144
Grade 11	47.8	157	50.3	157	55.8	156	75.8	157
Grade 12	45.4	152	42.8	152	48.7	152	72.4	152
Combined	65.2	1259	64.4	1261	71.4	1257	81.3	1259

Opp City School System

Table 16.1: Core Measure for 30 Day Use by Grade

Grade	Cigarettes		Alcohol		Marijuana		Presc Drugs	
	pct	n	pct	n	pct	n	pct	n
Grade 6	0.0	84	0.0	84	0.0	84	0.0	84
Grade 7	9.8	82	6.5	82	6.1	82	3.7	82
Grade 8	16.9	77	16.9	77	9.2	76	2.7	75
Grade 9	9.3	75	10.7	75	9.5	74	6.7	75
Grade 10	23.4	77	23.4	77	9.1	77	3.9	77
Grade 11	39.0	59	45.8	59	28.1	57	17.2	58
Grade 12	48.1	52	45.1	51	19.6	51	15.4	52
Combined	18.6	506	19.0	505	10.4	501	6.2	503

Table 16.2: Core Measure of Perception of Risk by Grade

Grade	Cigarettes		Alcohol		Marijuana		Presc Drugs	
	pct	n	pct	n	pct	n	pct	n
Grade 6	77.4	84	84.5	84	83.3	84	92.9	84
Grade 7	70.7	82	69.5	82	70.4	81	72.0	82
Grade 8	81.3	75	80.3	76	80.0	75	89.3	75
Grade 9	78.6	70	72.9	70	68.1	69	76.8	69
Grade 10	87.0	77	78.7	75	82.3	77	84.2	76
Grade 11	76.3	59	57.6	59	55.9	59	74.6	59
Grade 12	60.0	50	49.0	49	46.0	50	68.0	50
Combined	76.7	497	72.1	495	68.3	495	80.6	495

Table 16.3: Core Measure of Parental Disapproval by Grade

Grade	Tobacco		Alcohol		Marijuana		Presc Drugs	
	pct	n	pct	n	pct	n	pct	n
Grade 6	100.0	84	96.4	84	100.0	84	100.0	84
Grade 7	92.7	82	90.2	82	91.4	81	92.6	81
Grade 8	96.1	76	94.6	74	93.3	75	97.3	75
Grade 9	90.0	70	91.7	72	90.1	71	90.3	72
Grade 10	88.2	76	84.4	77	88.3	77	92.0	75
Grade 11	74.6	59	67.2	58	79.3	58	87.9	58
Grade 12	58.8	51	68.6	51	76.5	51	80.4	51
Combined	87.8	498	86.3	498	89.5	497	92.3	496

Table 16.4: Core Measure of Friends' Disapproval by Grade

Grade	Tobacco		Alcohol		Marijuana		Presc Drugs	
	pct	n	pct	n	pct	n	pct	n
Grade 6	94.0	84	97.6	84	98.8	84	98.8	84
Grade 7	81.7	82	79.3	82	84.1	82	82.9	82
Grade 8	81.6	76	78.7	75	81.6	76	93.2	74
Grade 9	67.1	76	61.0	77	65.3	75	77.9	77
Grade 10	48.6	72	47.2	72	57.7	71	72.9	70
Grade 11	37.3	59	32.2	59	50.8	59	62.1	58
Grade 12	28.3	53	39.6	53	41.5	53	50.9	53
Combined	65.9	502	65.1	502	71.2	500	79.1	498

We also reviewed Frequency of Use for grades 9-12 in the three school systems and compared that data over a four year period since the DFC grant is focused on marijuana and prescription drug use. The following depicts changes in frequency of use comparing data across the four year span.

For marijuana all three school systems have an overall use rate in grades 9-12 for "some use" within a one year period of approximately 22%. While this is higher than we would like, it does appear to be a percentage that is remaining fairly steady rather than growing and it is lower than some school districts that haven't had substance abuse prevention programming over a prolonged period such as Homewood whose rate exceeds 30%.

Schools: ANDALUSIA CITY ▼ — Item by Item Responses

Years: 2014-15 ▼

Subsets: ○ All ○ 6-8 ◉ 9-12 ○ Male ○ Female

Within the past year how often have you: Smoked marijuana (pot, hashish, etc.)?

RESPONSE	2010-11	2012-13	2013-14	2014-15
Did Not Use	74.5%	78.0%	77.7%	77.7%
Once/Year	6.5%	5.5%	6.2%	4.0%
6 Times/Year	4.3%	3.4%	4.5%	3.7%
Once/Month	3.0%	1.8%	1.8%	1.3%
Twice/Month	1.4%	2.4%	3.0%	2.1%
Once/Week	2.4%	3.1%	1.2%	4.0%
3 Times/Week	2.2%	1.3%	2.7%	3.2%
Every Day	5.7%	4.5%	3.0%	4.0%

22.3% use

Note daily

Schools: COVINGTON COUNTY ▼ — Item by Item Responses

Years: 2014-15 ▼

Subsets: ○ All ○ 6-8 ◉ 9-12 ○ Male ○ Female

Within the past year how often have you: Smoked marijuana (pot, hashish, etc.)?

RESPONSE	2010-11	2012-13	2013-14	2014-15
Did Not Use	75.7%	83.9%	81.4%	77.9%
Once/Year	5.9%	4.0%	4.6%	5.7%
6 Times/Year	2.5%	2.5%	2.2%	3.2%
Once/Month	3.6%	1.5%	1.4%	2.2%
Twice/Month	1.2%	1.3%	1.0%	2.2%
Once/Week	2.0%	1.2%	1.2%	1.7%
3 Times/Week	2.8%	1.5%	3.0%	2.5%
Every Day	6.3%	4.0%	5.2%	4.5%

22.1 % use

Note daily

October 27, 2015

ANNUAL EVAULATION OF THE COVINGTON CO CHILDREN'S POLICY COUNCIL COALITION

Schools: OPP CITY

Years: 2014-15

Item by Item Responses

Subsets: All | 6-8 | 9-12 | Male | Female

Within the past year how often have you: Smoked marijuana (pot, hashish, etc.)?

RESPONSE	2010-11	2012-13	2013-14	2014-15
Did Not Use	77.1%	73.7%	82.2%	78.2%
Once/Year	2.0%	8.5%	4.3%	6.0%
6 Times/Year	2.4%	1.5%	1.9%	2.6%
Once/Month	2.4%	2.6%	1.9%	1.9%
Twice/Month	3.2%	0.4%	1.0%	1.1%
Once/Week	0.4%	4.4%	2.9%	1.1%
3 Times/Week	3.6%	4.8%	2.4%	1.5%
Every Day	8.8%	4.1%	3.4%	7.5%

21.8 % use

Note daily

For prescription drugs the Pride survey breaks their frequency question into two types of questions: How often have you used prescription drugs (such as Ritalin, Adderall, Xanax) to get high? And; How often have you used prescription pain killers (such as Vicodin, OxyCondin, Percocet) to get high?

For grades 9-12 in the Andalusia system we see the most improvement in 2014/2015 in the use of pain killers to get high, dropping 9.5% use in a one year period to 7.5%. Covington County Schools saw slight improvements in use over a one year period, but Opp City Schools saw significant increases in use.

Andalusia City System Frequency of Use for Prescription Drugs

Schools: ANDALUSIA CITY

Years: 2014-15

Item by Item Responses

Subsets: All | 6-8 | 9-12 | Male | Female

Within the past year how often have you: Used prescription drugs (such as Ritalin, Adderall, Xanax) to get high?

RESPONSE	2010-11	2012-13	2013-14	2014-15
Did Not Use	90.2%	90.7%	91.7%	91.1%
Once/Year	1.9%	2.6%	0.6%	3.4%
6 Times/Year	1.6%	0.5%	2.7%	1.1%
Once/Month	1.1%	0.8%	0.6%	1.6%
Twice/Month	1.1%	0.3%	0.3%	0.5%
Once/Week	0.8%	1.5%	2.1%	0.5%
3 Times/Week	0.0%	1.0%	0.9%	0.0%
Every Day	3.3%	2.6%	1.2%	1.8%

8.9 % use

Note once/yr rate

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ANNUAL EVAULATION OF THE COVINGTON CO CHILDREN'S POLICY COUNCIL COALITION

Schools: ANDALUSIA CITY

Item by Item Responses

Years: 2014-15

Subsets: All 6-8 9-12 Male Female

Within the past year how often have you: Used prescription pain killers (like Vicodin, OxyContin, or Percocet) to get high?

RESPONSE	2010-11	2012-13	2013-14	2014-15
Did Not Use	90.8%	91.0%	90.5%	92.9%
Once/Year	2.2%	2.1%	1.2%	1.6%
6 Times/Year	1.4%	0.5%	1.5%	1.1%
Once/Month	1.4%	1.6%	1.5%	1.3%
Twice/Month	0.5%	1.0%	1.2%	0.5%
Once/Week	0.3%	0.5%	2.1%	0.5%
3 Times/Week	0.5%	0.5%	0.9%	0.5%
Every Day	3.0%	2.8%	1.2%	1.6%

7.1 % use

Covington County System Frequency of Use for Prescription Drugs

Schools: COVINGTON COUNTY

Item by Item Responses

Years: 2014-15

Subsets: All 6-8 9-12 Male Female

Within the past year how often have you: Used prescription drugs (such as Ritalin, Adderall, Xanax) to get high?

RESPONSE	2010-11	2012-13	2013-14	2014-15
Did Not Use	84.4%	92.9%	89.5%	90.3%
Once/Year	4.3%	1.5%	2.2%	3.0%
6 Times/Year	1.1%	0.5%	1.2%	0.5%
Once/Month	2.5%	0.9%	0.8%	1.4%
Twice/Month	0.7%	0.5%	0.7%	1.0%
Once/Week	2.0%	1.1%	0.5%	0.3%
3 Times/Week	1.1%	0.3%	0.8%	1.0%
Every Day	3.9%	2.3%	4.2%	2.5%

9.7 % use

Note once/yr rate

Schools: COVINGTON COUNTY

Item by Item Responses

Years: 2014-15

Subsets: All 6-8 9-12 Male Female

Within the past year how often have you: Used prescription pain killers (like Vicodin, OxyContin, or Percocet) to get high?

RESPONSE	2010-11	2012-13	2013-14	2014-15
Did Not Use	84.7%	93.7%	90.1%	91.5%
Once/Year	3.3%	0.9%	2.2%	1.6%
6 Times/Year	1.3%	0.8%	1.4%	0.8%
Once/Month	3.1%	0.7%	0.7%	0.6%
Twice/Month	1.0%	0.3%	0.4%	0.9%
Once/Week	1.5%	0.8%	0.5%	0.6%
3 Times/Week	1.1%	0.5%	1.0%	1.1%
Every Day	3.9%	2.3%	3.8%	2.8%

8.5 % use

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ANNUAL EVAULATION OF THE COVINGTON CO CHILDREN'S POLICY COUNCIL COALITION

Opp City System Frequency of Use for Prescription Drugs

Schools: OPP CITY ▼ Item by Item Responses

Years: 2014-15 ▼

Subsets: ○ All ○ 6-8 ◉ 9-12 ○ Male ○ Female

Within the past year how often have you: Used prescription drugs (such as Ritalin, Adderall, Xanax) to get high?

RESPONSE	2010-11	2012-13	2013-14	2014-15
Did Not Use	85.7%	85.5%	87.1%	83.9%
Once/Year	2.4%	4.5%	2.9%	4.1%
6 Times/Year	2.4%	1.1%	1.4%	1.1%
Once/Month	2.0%	2.2%	1.9%	2.2%
Twice/Month	1.6%	1.1%	1.4%	0.7%
Once/Week	0.8%	1.5%	2.4%	1.5%
3 Times/Week	0.8%	1.1%	0.5%	1.9%
Every Day	4.4%	3.0%	2.4%	4.5%

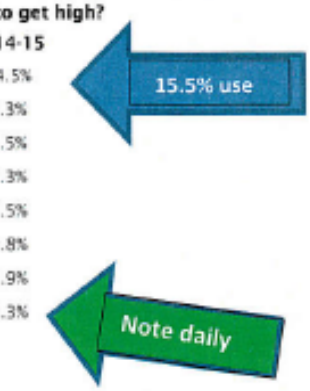
Schools: OPP CITY ▼ Item by Item Responses

Years: 2014-15 ▼

Subsets: ○ All ○ 6-8 ◉ 9-12 ○ Male ○ Female

Within the past year how often have you: Used prescription pain killers (like Vicodin, OxyContin, or Percocet) to get high?

RESPONSE	2010-11	2012-13	2013-14	2014-15
Did Not Use	85.3%	89.2%	90.4%	84.5%
Once/Year	3.2%	2.6%	0.5%	2.3%
6 Times/Year	0.8%	1.1%	1.9%	1.5%
Once/Month	1.6%	2.2%	1.4%	2.3%
Twice/Month	2.4%	1.1%	1.4%	1.5%
Once/Week	1.6%	1.1%	1.0%	0.8%
3 Times/Week	1.6%	1.9%	1.0%	1.9%
Every Day	3.6%	0.7%	2.4%	5.3%



The CCCPCC should consider what programming changes, if any, need to be made in consideration of the Pride data.