

TWO YEAR PLAN FOR FY 12 & FY 13

FOR

CAHABA BOARD FOR MENTAL HEALTH

TWO YEAR PLAN FOR FY 12 & FY 13

Cahaba Board for Mental Health

A comprehensive 310 Board serving Dallas, Perry and Wilcox counties.

Populations served include persons with mental illness, intellectual disabilities and substance abuse

Vision Statement

It is the vision of the Cahaba Board to provide the residents of Dallas, Perry and Wilcox communities with the best quality service possible. This entails providing services in the most efficient and effective manner given available resources. It also requires an ongoing assessment of these communities mental illness, intellectual disabilities and substance abuse needs to use in planning efforts.

Motto

C.A.R.E.

Customer satisfaction from an

Active involvement of all concerned persons in a

Re-evaluation and ongoing improvement of services by the

Entire workforce.

Mission Statement

It is the mission of the Board to provide a comprehensive array of services to the citizens of Dallas, Perry and Wilcox counties, including but not limited to the citizens of Selma, Orrville, Valley Grande, Marion, Uniontown, Camden and Pine Hill. These services shall include, but not be limited to, mental illness, intellectual disabilities, substance abuse and epilepsy. They shall include prevention and treatment as per Act 310 of Alabama Law. It is the mission of the planning process to gather input from all concerned persons to determine needs and use that determination to plan service development.

I. Plan Development

1. Planning Cycle - Planning is an ongoing process with formal plans developed at the end of every odd numbered fiscal year. This allows for the development of two year plans as required by State standards.

2. Role of Key Stakeholders - Key stakeholders include the Board of Directors, Executive Director, staff, consumers, family members and related parties such as

appointing authorities, other social service agencies and funding source representatives. It is the role of all of these parties to provide input to determine community needs. This input can be in a formal or informal manner such as reports, reviews, surveys, and/or general observations. The data gathered is assembled by the staff and reported to the Board of Directors to produce a formal planning document.

3. Plan Monitoring and Evaluation - The formal plan will be reviewed by the Board of Directors on a biannual basis to evaluate the process and determine if additions, deletions or modifications need to be made to the plan's goals and objectives.

II Plan Components

1. Population

A. Type - Cahaba Center services address the needs of persons of all age groups with mental illness, intellectual disabilities, and substance abuse. Services have also been developed for children with developmental disabilities and perpetrators of domestic violence.

B. Demographics - see attached charts of the "State and County QuickFacts" from the US Census Bureau last revised October 27, 2011 for Dallas, Perry and Wilcox Counties. Also attached is the 2009 Alabama "Kid Count" data provided by VOICES for Alabama's Children/The Annie E Casey Foundation.

2. Community Needs and Services Priorities

A. Needs Assessment - Needs are determined by gathering data from consumers and family members through satisfaction surveys and other instruments. All funding sources are potential sources of information about needs. Statewide agencies, organizations and universities are excellent sources of information. As well as Board members, staff, local officials, the medical community and the clergy. Available information is used to determine needs and plan for service development and/or modification.

In addition to the above listed sources under "Demographics", the following instruments were utilized for the FY12-FY13 Plan: "Selected Health Status Indicators" of the Black Belt Action Commission jointly produced by The Office of Primary Care and Rural Health, Alabama Department of Public Health and The Alabama Rural Health Association in October, 2007 (see attached), "Selected Health Status Indicators" for Dallas, Perry, and Wilcox Counties jointly produced by The Office of Primary Care and Rural Health Alabama Department of Public Health and The Alabama Rural Health Association in February of 2009 (see attached) and the most recent data from the Alabama Department of Mental Health 2011 MSHIP Surveys (see attached comparative data 2005-2011 state and

national results as compared to Cahaba Center).

Local data from the 2011 Strategic Alliance for Health's "Community Health Assessment and Group Evaluation-Community (At-Large) and Community Based Institution Cahaba Mental Health" needs assessments were also reviewed and utilized in developing the local plan (see attached).

B. Greatest Area of Unmet Needs -Overall improved access to care is needed with more individual counseling particularly for persons dealing with substance abuse issues, and quicker access to psychiatrist for both adults and children. Better and more reliable transportation is needed in all programs as is more updated materials/books/cd's/videos. Unmet waiting list needs for day, residential, and support services continues to be a priority need for adults with intellectual disabilities including emergency respite services. Increased employment opportunities for all populations served is a need as is services targeting primary healthcare issues such as obesity (specifically more physical activities).

3. Services

A. Current Services - See attached list of Cahaba Center Services.

B. Services Needed - Service development and improvement is needed in all three counties (Dallas, Perry and Wilcox) to increase access to psychiatric and counseling services. More detox facilities are needed in our area and increased utilization of Evidenced Based Practices to achieve greater satisfaction and improved outcomes has also been identified as services needed for persons dealing with substance abuse issues and mental illness. Residential and emergency respite services continue to be the primary need for individuals with intellectual disabilities with a continued need for day activities. Employment training such as job coaching is a primary need for all populations served.

4. Resource Development

A. Current Budget and Resource Allocation - See attached Budget FY12.

B. Funding Resources to Address Unmet Needs - Cahaba Center received funding from a Bristol-Myers Squibb grant to purchase telepsychiatry equipment to use to increase access in remote/rural areas to a psychiatrist. Cahaba Center also received four new 5310 gant vans which are handicap accessible to help address transportation needs. In addition, a Developmental Disabilities grant has recently been submitted for \$63,400 to support community integration for adult consumers with intellectual disabilities. Currently monies are received from the Delta Rural Access Program in the amount of \$18,000 (\$9,000 of which goes to

our Medication Assistance program and \$9,000 which pays an RN to teach Diabetes Classes in our communities through our collaboration with the Alabama Extension Service). Re-application for a Clara Weaver Parish grant in the amount of \$15,000 for Early Intervention was submitted November 18, 2011 and Cahaba Center has been the beneficiary of local efforts to raise money this week including the Mayor's Charity Golf Tournament for Special Needs Children and the Bank of Pine Hill's Bake Sale to benefit Cahaba Center.

III. Goals and Objectives

Goal 1 - To thoroughly assess the mental illness, intellectual disabilities and substance abuse needs of the service area.

Objective 1 Meet with all stakeholders to gather needs information. See Planning Meeting - November 17, 2011.

Objective 2 Review available statistical data related to the service area that provides needs information.

See attached statistical data as of November 17, 2011.

Objective 3 Participate in the Alabama Strategic Alliance for Health to assess local health care needs from the committee perspective and have access to the committee data. See attached data as of November 17, 2011.

Goal 2 - To determine the unmet needs of the service community and prioritize service development needs.

Objective 1 Review all needs data and compare it to current services to determine unmet needs.

Based on review of the unmet needs, improved access to care is a top priority. Better and more reliable transportation is also a priority need across all service divisions for our remote rural areas. Residential and emergency respite services for persons with intellectual disabilities continues to be a critical need in our area as primary caretakers are aging, experiencing declining health, and dying. Increased physical activity and improved nutrition to combat obesity and chronic illnesses such as diabetes is also a critical need for individuals we serve.

Objective 2 Meet with key stakeholders to determine the services needed to address unmet needs and prioritize service expansions and/or developments.

See objective 1.

Goal 3 - To seek resources to develop or expand needed services

Objective 1 Review all needs data and compare it to current services to determine unmet needs.

- a. An "Access to Care" committee has been formed under the leadership of Cahaba Center's Clinical Director. Efforts to serve a greater number of people faster, eliminate "no shows", engage people in the treatment process and improve Cahaba Center's overall outpatient clinics efficiency has been initiated. Participation in the Alabama Benchmarking Initiative has been useful in determining appropriate steps to improve access. In addition, opportunities to utilize telepsychiatry are an available option to increased psychiatric services.
- b. As noted previously four new 5310 grant vans were recently obtained to improve transportation services in remote rural areas and Cahaba Center will continue to apply for these vans every other year as permitted to replace vans which are wore out. In addition, used cars will continue to be purchased at auction as funds are available and the price is right.
- c. Evidenced Based Practices are being implemented in our programs and new materials, CD's, books and videos to support treatment and recovery will be purchased. Further opportunities to train staff regarding Evidence Based Practices and dual diagnosis treatment modalities will be identified and utilized.
- d. The waiting list for adults with intellectual disabilities continues to be a problem, but available resources will continue to be used as efficiently as possible to meet residential and respite needs for persons with intellectual disabilities. Other service locations will be identified and developed as determined by need and funding opportunities.
- e. Staff have been attending employment workshops around the state to obtain information about assisting our populations in obtaining job related skills and helping obtain jobs in our communities. Cahaba Center's greenhouse program is being dismantled due to emphasis on community integration with employment practices, and decline in the economy. Some of our consumers are working or volunteering in our communities but our aim is to increase the number of persons who are employed or

volunteering in our communities. Any funding opportunity to support this process be it Medicaid or otherwise will be utilized.

- f. Exercise programs (daily trips to the walking trail, swimming at the YMCA, walking at the mall) are being implemented in some of our programs but will be encouraged in all programs. New sports equipment will be purchased as requested. Obesity and chronic illnesses such as diabetes are being combated thru a series of nutrition “Cook It Right” classes recently held to train all Cahaba Center residential staff in meal preparation by the Alabama Cooperative Extension Service. In addition, diabetes management program classes are also being taught thru the Delta Rural Access Program and in conjunction with Dallas County’s Strategic Health Alliance.

Objective 2 Report to key stakeholders any modifications to current services that would effect the service development plan or would effect mental illness, intellectual disabilities, or substance abuse needs.

State & County QuickFacts

Dallas County, Alabama

People QuickFacts	Dallas County	Alabama
Population, 2010	43,820	4,779,736
Population, percent change, 2000 to 2010	-5.5%	7.5%
Population, 2000	46,365	4,447,100
Persons under 5 years, percent, 2010	7.3%	6.4%
Persons under 18 years, percent, 2010	26.5%	23.7%
Persons 65 years and over, percent, 2010	14.1%	13.8%
Female persons, percent, 2010	53.8%	51.5%
White persons, percent, 2010 (a)	29.1%	68.5%
Black persons, percent, 2010 (a)	69.4%	26.2%
American Indian and Alaska Native persons, percent, 2010 (a)	0.2%	0.6%
Asian persons, percent, 2010 (a)	0.3%	1.1%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	Z	Z
Persons reporting two or more races, percent, 2010	0.7%	1.5%
Persons of Hispanic or Latino origin, percent, 2010 (b)	0.7%	3.9%
White persons not Hispanic, percent, 2010	28.9%	67.0%
Living in same house 1 year & over, 2005-2009	85.9%	83.9%
Foreign born persons, percent, 2005-2009	0.9%	2.9%
Language other than English spoken at home, pct age 5+, 2005-2009	1.7%	4.4%
High school graduates, percent of persons age 25+, 2005-2009	75.3%	80.8%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	13.9%	21.5%
Veterans, 2005-2009	3,261	403,962
Mean travel time to work (minutes), workers age 16+, 2005-2009	25.7	23.7
Housing units, 2010	20,208	2,171,853
Homeownership rate, 2005-2009	61.3%	70.8%
Housing units in multi-unit structures, percent, 2005-2009	16.0%	16.0%
Median value of owner-occupied housing units, 2005-2009	\$70,300	\$111,900
Households, 2005-2009	17,077	1,819,441
Persons per household, 2005-2009	2.48	2.48
Per capita money income in past 12 months (2009 dollars) 2005-2009	\$16,304	\$22,732
Median household income, 2009	\$27,088	\$40,547
Persons below poverty level, percent, 2009	35.0%	17.5%
Business QuickFacts	Dallas County	Alabama
Private nonfarm establishments, 2009	788	100,805 ¹
Private nonfarm employment, 2009	11,745	1,612,258 ¹
Private nonfarm employment, percent change 2000-2009	-22.3%	-2.5% ¹
Nonemployer establishments, 2009	2,782	305,420
Total number of firms, 2007	3,148	382,350
Black-owned firms, percent, 2007	49.1%	14.8%

American Indian and Alaska Native owned firms, percent, 2007	F	0.8%
Asian-owned firms, percent, 2007	4.4%	1.8%
Native Hawaiian and Other Pacific Islander owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.2%
Women-owned firms, percent, 2007	28.8%	28.1%

Manufacturers shipments, 2007 (\$1000)	1,174,763	112,858,843
Merchant wholesaler sales, 2007 (\$1000)	D	52,252,752
Retail sales, 2007 (\$1000)	437,359	57,344,851
Retail sales per capita, 2007	\$10,223	\$12,364
Accommodation and food services sales, 2007 (\$1000)	33,708	6,426,342
Building permits, 2010	36	11,261
Federal spending, 2009	611,206	56,047,825 ¹

Geography QuickFacts**Dallas County Alabama**

Land area in square miles, 2010	978.70	50,645.33
Persons per square mile, 2010	44.8	94.4
FIPS Code	047	01
Metropolitan or Micropolitan Statistical Area	Selma, AL Micro Area	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information

F: Fewer than 100 firms

FN: Footnote on this item for this area in place of data

NA: Not available

S: Suppressed; does not meet publication standards

X: Not applicable

Z: Value greater than zero but less than half unit of measure shown

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report

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State & County QuickFacts

Perry County, Alabama

People QuickFacts	Perry County	Alabama
Population, 2010	10,591	4,779,736
Population, percent change, 2000 to 2010	-10.7%	7.5%
Population, 2000	11,861	4,447,100
Persons under 5 years, percent, 2010	6.4%	6.4%
Persons under 18 years, percent, 2010	24.1%	23.7%
Persons 65 years and over, percent, 2010	16.7%	13.8%
Female persons, percent, 2010	53.0%	51.5%
White persons, percent, 2010 (a)	30.3%	68.5%
Black persons, percent, 2010 (a)	68.7%	26.2%
American Indian and Alaska Native persons, percent, 2010 (a)	0.2%	0.6%
Asian persons, percent, 2010 (a)	0.3%	1.1%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	Z	Z
Persons reporting two or more races, percent, 2010	0.4%	1.5%
Persons of Hispanic or Latino origin, percent, 2010 (b)	1.1%	3.9%
White persons not Hispanic, percent, 2010	29.7%	67.0%
Living in same house 1 year & over, 2005-2009	87.9%	83.9%
Foreign born persons, percent, 2005-2009	0.2%	2.9%
Language other than English spoken at home, pct age 5+, 2005-2009	1.1%	4.4%
High school graduates, percent of persons age 25+, 2005-2009	73.0%	80.8%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	11.6%	21.5%
Veterans, 2005-2009	577	403,962
Mean travel time to work (minutes), workers age 16+, 2005-2009	30.6	23.7
Housing units, 2010	4,737	2,171,853
Homeownership rate, 2005-2009	66.9%	70.8%
Housing units in multi-unit structures, percent, 2005-2009	11.4%	16.0%
Median value of owner-occupied housing units, 2005-2009	\$60,600	\$111,900
Households, 2005-2009	4,489	1,819,441
Persons per household, 2005-2009	2.18	2.48
Per capita money income in past 12 months (2009 dollars) 2005-2009	\$14,266	\$22,732
Median household income, 2009	\$24,351	\$40,547
Persons below poverty level, percent, 2009	31.0%	17.5%
Business QuickFacts	Perry County	Alabama
Private nonfarm establishments, 2009	126	100,805 ²
Private nonfarm employment, 2009	1,519	1,612,258 ²
Private nonfarm employment, percent change 2000-2009	-28.9%	-2.5% ²
Nonemployer establishments, 2009	685	305,420
Total number of firms, 2007	854	382,350
Black-owned firms, percent, 2007	55.7%	14.8%

American Indian and Alaska Native owned firms, percent, 2007	F	0.8%
Asian-owned firms, percent, 2007	F	1.8%
Native Hawaiian and Other Pacific Islander owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.2%
Women-owned firms, percent, 2007	41.3%	28.1%

Manufacturers shipments, 2007 (\$1000)	0 ¹	112,858,843
Merchant wholesaler sales, 2007 (\$1000)	10,360	52,252,752
Retail sales, 2007 (\$1000)	34,121	57,344,851
Retail sales per capita, 2007	\$3,181	\$12,364
Accommodation and food services sales, 2007 (\$1000)	2,632	6,426,342
Building permits, 2010	0	11,261
Federal spending, 2009	130,849	56,047,825 ²

Geography QuickFacts	Perry County	Alabama
Land area in square miles, 2010	719.66	50,645.33
Persons per square mile, 2010	14.7	94.4
FIPS Code	105	01
Metropolitan or Micropolitan Statistical Area	None	

1: Counties with 500 employees or less are excluded.
 2: Includes data not distributed by county.

(a) Includes persons reporting only one race.
 (b) Hispanics may be of any race, so also are included in applicable race categories.

D: Suppressed to avoid disclosure of confidential information
 F: Fewer than 100 firms
 FN: Footnote on this item for this area in place of data
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Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report
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State & County QuickFacts

Wilcox County, Alabama

People QuickFacts	Wilcox County	Alabama
Population, 2010	11,670	4,779,736
Population, percent change, 2000 to 2010	-11.5%	7.5%
Population, 2000	13,183	4,447,100
Persons under 5 years, percent, 2010	6.1%	6.4%
Persons under 18 years, percent, 2010	27.0%	23.7%
Persons 65 years and over, percent, 2010	15.0%	13.8%
Female persons, percent, 2010	52.7%	51.5%
White persons, percent, 2010 (a)	26.8%	68.5%
Black persons, percent, 2010 (a)	72.5%	26.2%
American Indian and Alaska Native persons, percent, 2010 (a)	0.1%	0.6%
Asian persons, percent, 2010 (a)	0.0%	1.1%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	Z	Z
Persons reporting two or more races, percent, 2010	0.4%	1.5%
Persons of Hispanic or Latino origin, percent, 2010 (b)	0.6%	3.9%
White persons not Hispanic, percent, 2010	26.6%	67.0%
Living in same house 1 year & over, 2005-2009	95.0%	83.9%
Foreign born persons, percent, 2005-2009	0.0%	2.9%
Language other than English spoken at home, pct age 5+, 2005-2009	0.3%	4.4%
High school graduates, percent of persons age 25+, 2005-2009	71.1%	80.8%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	17.0%	21.5%
Veterans, 2005-2009	535	403,962
Mean travel time to work (minutes), workers age 16+, 2005-2009	26.2	23.7
Housing units, 2010	5,649	2,171,853
Homeownership rate, 2005-2009	75.1%	70.8%
Housing units in multi-unit structures, percent, 2005-2009	6.5%	16.0%
Median value of owner-occupied housing units, 2005-2009	\$53,400	\$111,900
Households, 2005-2009	4,366	1,819,441
Persons per household, 2005-2009	2.85	2.48
Per capita money income in past 12 months (2009 dollars) 2005-2009	\$12,258	\$22,732
Median household income, 2009	\$22,611	\$40,547
Persons below poverty level, percent, 2009	34.6%	17.5%
Business QuickFacts	Wilcox County	Alabama
Private nonfarm establishments, 2009	212	100,805 ¹
Private nonfarm employment, 2009	2,012	1,612,258 ¹
Private nonfarm employment, percent change 2000-2009	-23.5%	-2.5% ¹
Nonemployer establishments, 2009	893	305,420
Total number of firms, 2007	928	382,350
Black-owned firms, percent, 2007	66.2%	14.8%

American Indian and Alaska Native owned firms, percent, 2007	F	0.8%
Asian-owned firms, percent, 2007	F	1.8%
Native Hawaiian and Other Pacific Islander owned firms, percent, 2007	F	0.1%
Hispanic-owned firms, percent, 2007	F	1.2%
Women-owned firms, percent, 2007	37.6%	28.1%

Manufacturers shipments, 2007 (\$1000)	D	112,858,843
Merchant wholesaler sales, 2007 (\$1000)	21,337	52,252,752
Retail sales, 2007 (\$1000)	75,708	57,344,851
Retail sales per capita, 2007	\$6,018	\$12,364
Accommodation and food services sales, 2007 (\$1000)	12,949	6,426,342
Building permits, 2010	0	11,261
Federal spending, 2009	159,172	56,047,825 ¹

Geography QuickFacts

	Wilcox County	Alabama
Land area in square miles, 2010	888.50	50,645.33
Persons per square mile, 2010	13.1	94.4
FIPS Code	131	01
Metropolitan or Micropolitan Statistical Area	None	

1: Includes data not distributed by county.

(a) Includes persons reporting only one race.

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Profile for Alabama (State)

Data Provided by: VOICES for Alabama's Children

AL KIDS COUNT Indicators

Demographics

Indicators by Race and Ethnicity

Children Under Age 20 (Number) Showing most recent 5 years; Show All Years					
Race	2004	2005	2006	2007	2008
Non-Hispanic White alone	765,548	751,540	772,095	770,400	768,692
Non-Hispanic Black alone	392,147	388,108	391,422	393,379	386,514
Non-Hispanic American Indian and Alaskan Native alone	5,628	5,239	5,482	5,573	5,586
Non-Hispanic Asian alone	9,152	9,299	10,719	11,725	11,986
Hispanic or Latino	35,424	38,215	43,082	51,040	58,846
Non-Hispanic Two or More Race Groups	15,359	15,582	17,843	19,299	22,524
Total	1,223,258	1,217,983	1,240,643	1,251,776	1,254,148

Children Under Age 20 (Percent) Showing most recent 5 years; Show All Years					
Race	2004	2005	2006	2007	2008
Non-Hispanic White alone	62.6%	62.5%	62.2%	61.5%	61.3%
Non-Hispanic Black alone	32.1%	31.9%	31.5%	31.5%	30.8%
Non-Hispanic American Indian and Alaskan Native alone	0.5%	0.4%	0.4%	0.4%	0.4%
Non-Hispanic Asian alone	0.7%	0.8%	0.9%	0.9%	1.0%
Hispanic or Latino	2.9%	3.1%	3.5%	4.1%	4.7%

Non-Hispanic Two or More Race Groups	1.3%	1.3%	1.4%	1.5%	1.8%
Total	27.0%	26.7%	27.0%	27.0%	26.9%

Education

Early Childhood

Child Care Facilities (Number) Showing most recent 5 years; Show All Years					
Child Care Facilities	2006	2007	2008	2009	2010
Family Day Care Homes	1,272	1,041	959	899	844
Group Day Care Homes	450	413	389	371	363
Day Care Centers	1,288	1,256	1,205	1,186	1,133
Total Licensed Providers	3,010	2,710	2,553	2,456	2,340
Exempt Centers	808	785	788	838	820

Children Receiving Child Care Subsidies (Number)	
2009	2010
27,050	27,629

School Age

First Grade Retention (Number) Showing most recent 5 years; Show All Years				
2005	2006	2007	2008	2009
3,791	3,085	2,999	3,178	2,568

First Grade Retention (Percent) Showing most recent 5 years; Show All Years				
2005	2006	2007	2008	2009
6.4%	5.2%	5.0%	5.3%	4.4%

Other Education

Graduation Rate (Number) Showing most recent 5 years; Show All Years				
2005	2006	2007	2008	2009
36,381	36,790	37,662	38,762	37,128

Graduation Rate (Percent) Showing most recent 5 years; Show All Years				
2005	2006	2007	2008	2009
64.0%	64.2%	64.9%	64.6%	61.7%

Economic Well-Being

Poverty

Children in Poverty (Number) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008
245,017	260,919	253,314	261,151	244,661

Children in Poverty (Percent) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008
22.6%	24.3%	23.1%	23.6%	22.1%

Indicators by Race and Ethnicity

Children in Poverty by Race (Number)		
Race	1989	1999
White	89,959	85,685
Black or African American	160,510	142,772
Other	3,167	9,424

Children in Poverty by Race (Percent)		
Race	1989	1999
White	12.9%	12.0%
Black or African American	47.5%	40.5%
Other	22.6%	22.7%

Other Economic Well Being

Vulnerable Families (Number) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008
3,056	2,816	3,147	3,246	3,145

Vulnerable Families (Percent) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008
12.5%	11.3%	11.9%	12.0%	11.9%

Children in Single-Parent Families (Number)	
1990	2000
228,925.0	285,371.0

Children in Single-Parent Families (Percent)	
1990	2000
24.5%	28.7%

Health

Birth Outcomes

Prenatal Care in First Trimester (Number) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008
49,499	49,743	51,115	50,818	49,657

Prenatal Care in First Trimester (Percent) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008
84.0%	82.8%	81.6%	79.5%	78.6%

Adequate Prenatal Care (Number) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008
49,499	49,743	51,115	47,415	46,772

Adequate Prenatal Care (Percent) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008
84.0%	82.8%	81.6%	74.6%	74.2%

Vital Statistics

Infant Mortality (Number) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008
516	561	569	641	612

Infant Mortality (Rate per 1,000 live births) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008
8.7	9.3	9.0	10.0	9.5

Low Weight Births (Number) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008

6,204	6,428	6,616	6,695	6,716
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Low Weight Births (Percent) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008
10.5%	10.7%	10.5%	10.4%	10.6%

Births to Unmarried Teens (Number) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008
6,196	5,780	6,405	6,641	6,699

Births to Unmarried Teens (Percent) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008
10.5%	9.6%	10.2%	10.3%	10.6%

Indicators by Race and Ethnicity

Infant Mortality by Race (Number)	
Race	2008
African American and Other	288.0
White	324.0

Infant Mortality by Race (Rate)	
Race	2008
African American and Other	13.4
White	7.6

Low Weight Births by Race (Number)	
Race	2008
African American and Other	3,238.0
White	3,478.0

Low Weight Births by Race (Percent)	
Race	2008
African American and Other	15.3%
White	8.3%

Births to Unmarried Teens by Race (Number)	
Race	2008
African American and Other	3,637.0
White	3,062.0

Births to Unmarried Teens by Race (Percent)	
Race	2008
African American and Other	17.2%
White	7.3%

Safety and Risky Behaviors

Child Abuse and Neglect

Children with Indication of Abuse or Neglect (Number) Showing most recent 5 years; Show All Years				
2005	2006	2007	2008	2009
10,110	10,479	10,180	10,095	10,461

Children with Indication of Abuse or Neglect (Rate per 1,000 children <18) Showing most recent 5 years; Show All Years				
2005	2006	2007	2008	2009
8.9	9.2	8.9	9.0	9.3

Juvenile Justice

Juvenile Violent Crime Court Petition Rate (Number)				
2005	2006	2007	2008	2009
4,122.0	4,203.0	4,273.0	4,270.0	3,773.0

Juvenile Violent Crime Court Petition Rate (Rate)				
2005	2006	2007	2008	2009
8.1	8.2	8.4	8.4	7.5

Other Safety and Risky Behaviors

Child Deaths (Number) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008
234	213	222	197	214

Child Deaths (Rate per 100,000 children aged 1-14) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008
27.7	25.4	26.0	22.8	24.8

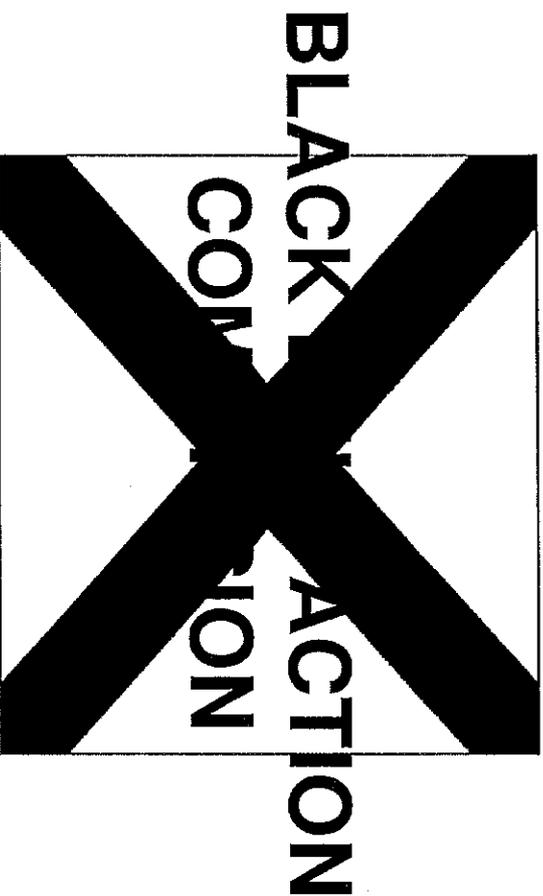
Preventable Teen Deaths (Number) Showing most recent 5 years; Show All Years				
----------------------------------------------------------------------------------------------	--	--	--	--

2004	2005	2006	2007	2008
240	214	241	232	202

Preventable Teen Deaths (Rate per 100,000 teens aged 15-19) Showing most recent 5 years; Show All Years				
2004	2005	2006	2007	2008
75.4	66.6	74.1	71.1	61.6

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Selected Health Status Indicators



Jointly produced to assist those seeking to improve health care in rural Alabama

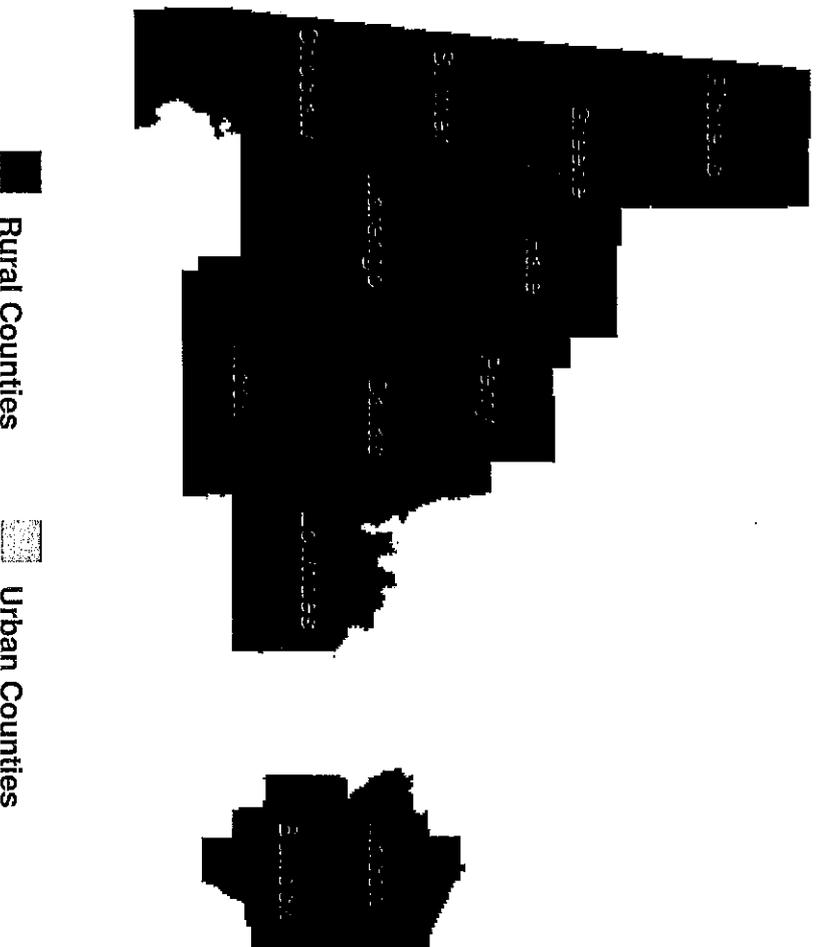
by
The Office of Primary Care and Rural Health,
Alabama Department of Public Health
and
The Alabama Rural Health Association

Special thanks to the National Organization of State Offices of Rural Health and the National Rural Health Association for funding assistance in the production of this publication.

This and other reports in this series can be referenced on-line by visiting the "Reports" section of the Office of Primary Care and Rural Health Web site at <http://adph.org/ruralhealth/> or the "Rural/Urban Comparisons" section of the Alabama Rural Health Association Web site at www.arhaonline.org

October 2007

The Black Belt Action Commission Region



This publication defines entire counties as being “rural” or “urban” since most data of interest is available at the county level, but not at sub-county levels. For this specific definition, counties are assigned a score using four major indicators of rurality. These are population per square mile, the size and number of cities in a county, percentage of total employment comprised by employment in public education, and per capita agricultural sales. For additional information on the determination of which counties are considered “rural,” please visit the “What Is Rural?” section at the Alabama Rural Health Association’s Web site, www.arhaonline.org.

**SELECTED HEALTH STATUS INDICATORS
United States, Alabama, and the Black Belt Action Commission**

Indicators	United States		Alabama		All Counties		Rural Counties		Urban Counties	
	Number	Pct. of Total	Number	Pct. of Total	Number	Pct. of Total	Number	Pct. of Total	Number	Pct. of Total
2006 Population										
Total	299,398,484	100.0	4,599,030	100.0	212,148	100.0	212,148	100.0	All Counties in the Black Belt Action Commission are Rural.	
African American (alone)	38,342,549	12.8	1,211,583	26.3	136,251	64.2	136,251	64.2		
White (alone)	239,746,254	80.1	3,276,561	71.2	73,772	34.8	73,772	34.8		
American Indian (alone)	2,902,851	1.0	23,799	0.5	322	0.2	322	0.2		
Asian (alone)	13,159,343	4.4	41,881	0.9	615	0.3	615	0.3		
Hispanic	44,321,038	14.8	113,890	2.5	2,655	1.3	2,655	1.3		
Age 19 Years or Less	82,079,106	27.4	1,240,643	27.0	62,409	29.4	62,409	29.4		
Age 65 Years or More	37,260,352	12.4	615,597	13.4	30,755	14.5	30,755	14.5		
Age 85 Years or More	5,296,817	1.8	79,530	1.7	4,613	2.2	4,613	2.2		
Population Change										
1910 – 2000	91,972,266 to 281,421,906	206.0	2,138,093 to 4,447,100	108.0	369,332 to 222,068	-39.9	369,332 to 222,068	-39.9		
2000 – 2025 Projected	281,421,906 to 349,695,000	24.3	4,447,100 to 5,385,997	21.1	222,068 to 220,065	-0.9	222,068 to 220,065	-0.9		
Age 65+ : 2000 – 2025 Projected	34,991,753 to 63,042,500	80.2	579,907 to 999,769	72.4	31,310 to 45,155	44.2	31,310 to 45,155	44.2		
Hispanic: 1990 – 2006 Estimated	22,354,059 to 44,321,038	98.3	24,629 to 113,890	362.4	772 to 2,655	243.9	772 to 2,655	243.9		
Income Related Indicators										
Population Below Poverty Level – 2004	37,039,804	12.7%	727,308	16.1%	55,292	25.7%	55,292	25.7%		
Children Under 18 Below Poverty Level - 2004	13,041,492	17.8%	245,017	22.6%	18,986	34.1%	18,986	34.1%		
Per Capita Personal Income – 2005	N.A.	\$34,471	N.A.	\$29,623	N.A.	\$22,406	N.A.	\$22,406		
Medicaid Eligible Population – 2006	N.A.	N.A.	988,677	21.1%	77,536	35.1%	77,536	35.1%		
Medicaid Eligible Children (Under 21) – 2006	N.A.	N.A.	520,256	38.9%	39,296	55.9%	39,296	55.9%		
Medicaid Births - 2006	N.A.	N.A.	30,114	49.3%	1,766	69.2%	1,766	69.2%		
Access to Health Care Indicators										
Primary Care Physicians – 2006 (Per 10,000 Pop.)	209,550	7.2	3,044	6.5	102	4.6	102	4.6		
Dentists – 2003 (Per 10,000 Pop.)	86,110	2.9 (2006)	1,557	3.5	38	1.7	38	1.7		
Psychiatrists – 2006 (Per 10,000 Pop.)	24,730	0.9	298	0.6	6	0.3	6	0.3		
Hospital Beds (Per 10,000 Pop.)	N.A.	N.A.	16,917	36.1	475	21.5	475	21.5		
Households With No Vehicle – 2000	10,861,067	10.3%	143,594	8.3%	13,355	15.9%	13,355	15.9%		
Uninsured Population - 2003	39,803,527	14.2% (2001)	504,539	11.2%	28,634	13.2%	28,634	13.2%		

SELECTED HEALTH STATUS INDICATORS - continued
United States, Alabama, and the Black Belt Action Commission

Indicators	United States		Alabama		Black Belt Action Commission		Rural Counties		Urban Counties	
	Number	Measure	Number	Measure	All Counties		Rural Counties		Urban Counties	
					Number	Measure	Number	Measure	Number	Measure
Nativity Related Indicators										
Infant Mortality Rate Per 1,000 Births (2004 - 2006)	28,534	6.9	1,646	9.0	85	10.2	85	10.2		
Low Weight Births - 2006 (Percent of All Births)	331,772 (2004)	8.1 %	6,616	10.5 %	363	12.9 %	363	12.9 %		
Births to Teens (10-19) - 2006 (Percent of All Births)	422,043 (2004)	10.3 %	8,670	13.8 %	492	17.5 %	492	17.5 %		
Births With Less Than Adequate Prenatal Care - 2006 (Percent of All Births)	N.A.	N.A.	14,390	23.1 %	934	33.5 %	934	33.5 %		
Tobacco Use During Pregnancy - 2006 (Percent of All Births)	419,429	10.2 %	7,394	11.8 %	206	7.3 %	206	7.3 %		
Births Occurring Outside of the Mother's County of Residence - 2006 (Percent of All Births)	N.A.	N.A.	20,002	31.8 %	2,007	71.3 %	2,007	71.3 %		
Births to Undereducated Women - 2006	N.A.	N.A.	11,648	18.6 %	475	17.0 %	475	17.0 %		
Other Indicators	Number	Measure	Number	Measure	Number	Measure	Number	Measure	Number	Measure
Age 65+ With "Home Bound" Disability - 2000	6,795,517	19.4 %	139,401	24.0 %	8,511	27.2 %	8,511	27.2 %		
Age 25+ With Less Than High School Education - 2000	35,715,625	19.6 %	714,081	24.7 %	45,256	32.9 %	45,256	32.9 %		
Receiving Medicare Disability - 2003 (Percent of Total Population)	6,079,424	2.2 %	150,573	3.3 %	9,834	4.5 %	9,834	4.5 %		
Obese - 2003 (Percent of Total Population)	Not Comparable	Not Comparable	1,073,329	23.9 %	58,476	26.9 %	58,476	26.9 %		
Accidental Deaths Occurring Outside of a Health Care Facility: 2003-05 (Percent of All Accidental Deaths)	N.A.	N.A.	3,621	52.2 %	260	60.9 %	260	60.9 %		
Life Expectancy at Birth - 2005	N.A.	77.9 years	N.A.	74.8 years	N.A.	72.9 years	N.A.	72.9 years		
Sexually Transmitted Disease Cases Reported in 2006 (Per 10,000 Pop.)	1,349,333	45.9	33,463	73.6	2,568	120.4	2,568	120.4		
Cumulative HIV Cases as of December 31, 2006 (Per 10,000 Pop.)	Not Comparable	Not Comparable	14,737	32.4	672	31.5	672	31.5		
Families Being Counselor for Drug Issues by the Alabama Department of Mental Health During FY 2004 (Percent of All Families)	N.A.	N.A.	20,881	1.7 %	702	1.2 %	702	1.2 %		

¹ Rates, percentages, etc based upon fewer than 16 events may not be statistically reliable for specific analyses. Caution should be exercised in using these indicators.

All Counties in the Black Belt Action Commission are Rural.

THIS PUBLICATION IS DESIGNED TO BE USED WITH THE "COUNTY SPECIFIC DATA" PUBLICATION IN IDENTIFYING SPECIFIC COUNTIES WHERE SELECTED INDICATORS MAY BE OF GREATER CONCERN.

FOR EXAMPLE: IT IS NOTED THAT THE MOTOR VEHICLE ACCIDENT MORTALITY RATE FOR ALL COUNTIES IN THE BLACK BELT ACTION COMMISSION REGION COMBINED IS 39.6 DEATHS PER 100,000 PERSONS.

THE USER CAN REFER TO THE "MOTOR VEHICLE ACCIDENT MORTALITY" SECTION ON PAGE 16 IN THE "COUNTY SPECIFIC DATA" PUBLICATION WHERE IT CAN BE SEEN THAT THE HIGHEST MORTALITY RATES FOR MOTOR VEHICLE ACCIDENTS IN THAT COMMISSION REGION ARE IN THE COUNTIES OF PERRY (61.1), LOWNDES (58.6), CHOCTAW (48.6), WILCOX (46.6), AND HALE (42.3).

Sources of Information and Special Notes

- 2006 Population:** U.S. Census Bureau, County Population Estimates – characteristics; County Population by Age, Sex, Race, and Hispanic Origin: April 1, 2000 through July 1, 2006. <http://www.census.gov/popest/counties/asrh/CC-EST2006-alldata.html>
- Population Change 1910-2000:** U.S. Census Bureau, County Population Census Counts 1900-90, <http://www.census.gov/population/cencounts/al190090.txt> for 1910 data; U.S. Census Bureau, American FactFinder, Census 2000 Summary File 1 (SF 1) 100-Percent Data for 2000 data.
- Population Change 2000-2025:** U.S. Census Bureau, American FactFinder, Census 2000 Summary File 1 (SF 1) 100-Percent Data for 2000 data. Alabama State Data Center, Alabama County Population 2000 and Projections 2005-2025 for 2025. http://ober.cba.ua.edu/edata/est_prl.html
- Age 65+ Population Change 2000-2025:** Alabama State Data Center, Alabama County Population 65 and Over 2000 and Projections 2005-2025 for 2025. http://ober.cba.ua.edu/edata/est_prl.html
- Hispanic Population Change 1990-2006:** U.S. Census Bureau, American FactFinder, Census 1990 Summary File 1 (STF 1) 100-Percent Data for 1990 data. Alabama State Data Center, Estimates of the Hispanic Population by County, 2006. http://ober.cba.ua.edu/edata/est_prl.html
- Population Below Poverty Level - 2004:** U.S. Census Bureau, Small Area Income and Poverty Estimates, <http://www.census.gov/hhes/www/saipe/saipe.html>
- Children Under 18 Below Poverty Level - 2004:** U.S. Census Bureau, Small Area Income and Poverty Estimates, <http://www.census.gov/hhes/www/saipe/saipe.html>
- 2005 Per Capita Personal Income:** U.S. Bureau of Economic Analysis, Interactive Tables: Local Area Personal Income, Table CA1-3. <http://www.bea.gov/regional/reis/default.cfm?catable=CA1-3§ion=2>
- Medicaid Eligible Population - 2006:** Alabama Medicaid Agency, Alabama Medicaid Statistics by County – 2006. http://www.medicaid.alabama.gov/resources/stats_reports.aspx?tab=5
- Medicaid Eligible Children (Under 21) - 2006:** Alabama Medicaid Agency, Alabama Medicaid Statistics by County – 2006. http://www.medicaid.alabama.gov/resources/stats_reports.aspx?tab=5

Medicaid Births - 2006: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2006 Birth Statistics File.

Primary Care Physicians in 2006: Medical Licensure Commission, Licensed Physician Data Base – 2006.
(In this publication, primary care physicians include family practitioners, internal medicine specialists, pediatricians, and obstetricians and gynecologists.)

Dentists in 2003: Board of Dental Examiners of Alabama, Licensed dentists data base - 2003.

Psychiatrists in 2006: Medical Licensure Commission, Licensed Physician Data Base – 2006.

Hospital Beds in 2007: Alabama Department of Public Health, Division of Provider Services, Healthcare Facilities Directory – Hospital Section. October 4, 2007.
[http://ph.state.al.us/facilitiesdirectory/\(S\(1kg10gmph41h5550hmu445\)\)/Default.aspx](http://ph.state.al.us/facilitiesdirectory/(S(1kg10gmph41h5550hmu445))/Default.aspx)

Households With No Vehicle in 2000: U.S. Census Bureau, American FactFinder, Census 2000 Summary File 3 (SF 3) Sample Data, Table H44 - Tenure by Vehicles Available.

Uninsured Persons - 2003: State Health Access Data Assistance Center, Alabama County Chartbook: County-Level Estimates of Uninsurance July 2005. (Prepared for the Alabama Department of Public Health, Children's Health Insurance Program)

Cause of Death Indicators: Alabama Department of Public Health, Center for Health Statistics, Special queries of the 2003, 2004, and 2005 Mortality Statistics Files for Alabama data. Centers for Disease Control and Prevention, CDC Wonder Interactive Program, Mortality – Underlying Cause of Death 2004 file. <http://wonder.cdc.gov/>
(Cause of death data included in this publication is not age-adjusted)

Infant Mortality Rate - 2004-2006: Alabama Department of Public Health, Center for Health Statistics, Special queries of the 2004, 2005, and 2006 Birth Statistics Files for birth data. Alabama Department of Public Health, Center for Health Statistics, Total Resident Infant Deaths and Infant Mortality Rates by County, Alabama, 2006, 2005, 2004, and Combined 2006-2004. <http://adph.org/healthstats/assess/06ToInfantDeaths.pdf>

Low Weight Births - 2006: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2006 Birth Statistics File.
(Births weighing less than 2,500 grams or 5 pounds and 8 ounces are defined as being of low weight.)

Births to Teenagers (Age 10-19) - 2006: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2006 Birth Statistics File.

Births With Less Than Adequate Prenatal Care - 2006: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2006 Birth Statistics File.
(The Kotlichuck Index is used in determining adequacy of prenatal care. This index primarily considers the date when prenatal care was begun and the number of visits in determining adequacy.)

Births With Tobacco Use During Pregnancy - 2006: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2006 Birth Statistics File.

Births Occurring Outside Mother's County of Residence - 2006: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2006 Birth Statistics File.
(This indicator was included because of the serious decline in the number of rural hospitals where obstetrics are performed and the natural relationship between women receiving adequate prenatal care and the presence of obstetrical care in the county.)

Births to Undereducated Women - 2006: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2006 Birth Statistics File.
(Women are considered to be "undereducated" when their years of education is at least two years less than what would be expected for someone of their age.)

Age 65+ With "Home Bound" Disability - 2000: U.S. Census Bureau, American FactFinder, Census 2000 Summary File 3 (SF 3) Sample Data, Table P41 – Age by Types of Disability for the Civilian Noninstitutionalized Population 5 Years and Over With Disabilities.

Age 25+ With Less Than High School Education - 2000: U.S. Census Bureau, American FactFinder, Census 2000 Summary File 3 (SF 3) Sample Data, Table P37 – Sex by Educational Attainment for the Population 25 Years and Over.

Persons Receiving Medicare Disability - 2003: Centers for Medicare and Medicaid Services, Medicare County Enrollment, As of July 1, 2003.
<http://www.cms.hhs.gov/MedicareEnmps/>

Obesity - Percent of Population in 2003: Chronic Disease in Alabama: Past, Present, and Future Trends. Pp. 16-17.
<http://adph.org/ADMINISTRATION/chronicdisease.pdf>

Accidental Deaths Occurring Outside of a Health Care Facility - (2003-2005): Alabama Department of Public Health, Center for Health Statistics, Special query of the 2003, 2004, and 2005 Mortality Statistics File.
(This indicator was used in the place of an "emergency medical services emergency ambulance runs" data base. While there is such a data base maintained within the Alabama Department of Public Health, reporting to this data base is not complete and could produce confusing findings. The provision of adequate emergency medical service continues to be a serious issue in most rural Alabama counties.)

Life Expectancy at Birth - 2005: Alabama Department of Public Health, Center for Health Statistics, County Health Profiles – 2005.
<http://www.adph.org/healthstats/Default.asp?id=1521>

Sexually Transmitted Disease Cases - 2006: Alabama Department of Public Health, Division of STD Prevention and Control, Statistics, County Totals – 2006.
<http://www.adph.org/STD/Default.asp?id=1080>

Cumulative HIV Cases as of 12/31/2006: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Control, Statistics, Public Health Area (January – December 2006). <http://www.adph.org/aids/Default.asp?id=984>
(National data for the cumulative number of HIV cases as of December 31, 2006 is not comparable due to the fact that not all states report this information to the Centers for Disease Control and Prevention and those that are reporting initiated this reporting at varying times.)

Families Served by the Division of Substance Abuse Services in the Alabama Department of Mental Health - FY 2004: Alabama Department of Mental Health, Department's Annual Report, '03-'04, p35. http://www.mh.alabama.gov/downloads/AnnualReports/ADMH_AnnualReport_03_04Part3.pdf

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For additional information please contact the Office of Primary Care and Rural Health Development at (334) 206-5396 or the Alabama Rural Health Association at (334) 281-3866.

Selected Health Status Indicators



Jointly produced to assist those seeking to improve health care in rural Alabama

By

The Office of Primary Care and Rural Health,
Alabama Department of Public Health
and
The Alabama Rural Health Association

Special thanks to the National Rural Health Association for funding assistance in the production of this publication.

February 2009

**SELECTED HEALTH STATUS INDICATORS
United States, Alabama, and Dallas County**

Indicators	United States		Alabama		Dallas County	
	Number	Pct. of Total	Number	Pct. of Total	Number	Pct. of Total
2007 Population						
Total	301,621,157	100.0	4,627,851	100.0	43,079	100.0
African American (alone)	38,756,452	12.8	1,224,496	26.5	28,953	67.2
White (alone)	241,166,890	80.0	3,287,453	71.0	13,630	31.6
American Indian (alone)	2,938,436	1.0	24,315	0.5	60	0.1
Asian (alone)	13,366,154	4.4	44,086	1.0	170	0.4
Hispanic	45,504,311	15.1	124,741	2.7	326	0.8
Age 19 Years or Less	82,361,752	27.3	1,251,776	27.0	12,907	30.0
Age 65 Years or More	37,887,958	12.6	707,781	15.3	6,304	14.6
Age 85 Years or More	5,512,298	1.8	82,025	1.8	870	2.0
Population Change						
1910 – 2000	91,972,266 to 281,421,906	206.0	2,138,093 to 4,447,100	108.0	53,401 to 46,365	-13.2
2000 – 2025 Projected	281,421,906 to 349,695,000	24.3	4,447,100 to 5,385,997	21.1	46,365 to 44,648	-3.7
Age 65+; 2000 – 2025 Projected	34,991,753 to 63,042,500	80.2	579,907 to 999,769	72.4	6,428 to 8,664	34.8
Hispanic; 1990 – 2007 Estimated	22,354,059 to 45,504,311	103.6	24,629 to 124,741	406.5	131 to 326	148.9
Income Related Indicators						
Population Below Poverty Level – 2007	38,052,247	13.0%	750,197	16.6%	12,834	30.2%
Children Under 18 Below Poverty Level - 2007	13,097,100	18.0%	261,151	23.6%	4,818	42.0%
Per Capita Personal Income – 2006	N.A.	\$36,714	N.A.	\$30,894	N.A.	\$25,250
Medicaid Eligible Population – 2007	N.A.	N.A.	932,521	19.8%	17,766	39.1%
Medicaid Eligible Children (Under 21) - 2007	N.A.	N.A.	514,486	38.1%	9,238	64.2%
Medicaid Births - 2007	N.A.	N.A.	30,624	48.5%	535	73.1%
Access to Health Care Indicators						
Primary Care Physicians – 2006 (Per 10,000 Pop.)	209,550	7.2	3,044	6.5	31	6.8
Dentists – 2007 (Per 10,000 Pop.)	86,110	2.9 (2006)	1,996	4.3	12	2.8
Psychiatrists – 2006 (Per 10,000 Pop.)	24,730	0.9	298	0.6	3	0.7
Hospital Beds - 2009 (Per 10,000 Pop.)	N.A.	N.A.	16,814	36.3	163	37.8
Households With No Vehicle – 2000	10,861,067	10.3%	143,594	8.3%	2,884	16.2%
Uninsured Population Under 65 Years of Age - 2005	44,209,874	17.2%	612,428	15.6%	4,101	10.8%

SELECTED HEALTH STATUS INDICATORS - continued
United States, Alabama, and Dallas County

Indicators	United States		Alabama		Dallas County	
	Number in 2005	Rate per 100,000 Pop.	Number in 2005 - 2007	Rate per 100,000 Pop.	Number in 2005 - 2007	Rate per 100,000 Pop. ¹
All Causes	2,448,017	825.9	139,039	1,010.6	1,675	1,290.7
Septicemia	34,136	11.5	2,407	17.5	42	32.4
Human Immunodeficiency Virus (HIV) disease	12,543	4.2	536	3.9	14	10.8
Cancer	559,312	188.7	29,475	214.2	320	246.6
Lip, Oral Cavity, Pharynx, and Esophagus	21,272	7.2	1,034	7.5	11	8.5
Stomach	11,514	3.9	549	4.0	7	5.4
Colon, Rectum, and Anus	53,252	18.0	2,709	19.7	30	23.1
Liver and Intrahepatic Bile Ducts	16,076	5.4	773	5.6	7	5.4
Pancreas	32,760	11.1	1,625	11.8	17	13.1
Trachea, Bronchus, and Lung	159,292	53.7	9,233	67.1	102	78.6
Melanoma of Skin	8,345	2.8	463	3.4	2	1.5
Breast (female)	41,116	27.3	2,018	28.4	21	29.8
Cervix Uteri, Corpus Uteri, and Uterus (female)	11,020	7.3	512	7.2	6	8.5
Ovary (female)	14,787	9.8	769	10.8	8	11.3
Prostate (male)	28,905	19.8	1,556	23.4	30	50.6
Kidney and Renal Pelvis	12,517	4.2	591	4.3	7	5.4
Bladder	13,253	4.5	569	4.1	5	3.9
Meninges, Brain, Other Central Nervous System	13,152	4.4	625	4.5	4	3.1
Hodgkin's Disease	55,028	18.6	56	0.4	1	0.8
Non-Hodgkin's Lymphoma	20,873	7.0	969	7.0	3	2.3
Leukemia	21,623	7.3	1,063	7.7	11	8.5
Multiple Myeloma and Immunoproliferative Neoplasms	11,200	3.8	636	4.6	5	3.9
Diabetes Mellitus	75,119	25.3	4,138	30.1	54	41.6
Nutritional Deficiencies	3,183	1.1	228	1.7	1	0.8
Parkinson's Disease	19,544	6.5	907	6.6	6	4.6
Alzheimer's Disease	71,599	24.2	4,487	32.6	58	44.7
Major Cardiovascular Diseases	856,030	288.2	48,383	351.7	657	506.3
Heart Diseases	652,562	220.0	36,995	268.9	522	402.2
Hypertensive Heart Disease	29,282	9.9	1,225	8.9	19	14.6

SELECTED HEALTH STATUS INDICATORS - continued
United States, Alabama, and Dallas County

Indicators	United States		Alabama		Dallas County	
	Number in 2005	Rate per 100,000 Pop.	Number in 2005 - 2007	Rate per 100,000 Pop.	Number in 2005 - 2007	Rate per 100,000 Pop. ¹
Cause of Death Indicators						
Major Cardiovascular Diseases - Continued						
Ischemic Heart Diseases	445,687	150.4	17,326	125.9	285	219.6
Heart Failure	58,933	19.9	6,206	45.1	53	40.8
Cerebrovascular Diseases	143,579	48.4	8,318	60.5	99	76.3
Atherosclerosis	11,841	4.0	618	4.5	1	0.8
Pneumonia	61,189	20.6	2,748	20.0	33	25.4
Chronic Lower Respiratory Diseases	130,933	44.2	7,158	52.0	60	46.2
Chronic Liver Disease and Cirrhosis	27,530	9.3	1,450	10.5	13	10.0
Nephritis, Nephrotic Syndrome, and Nephrosis	43,901	14.8	3,110	22.6	32	24.7
Accidents	117,809	39.7	7,295	53.0	71	54.7
Motor Vehicle Accidents	45,343	15.3	3,544	25.8	42	32.4
Falls	19,656	6.6	498	3.6	0	0.0
Drowning and Submersion	3,582	1.2	219	1.6	3	2.3
Smoke, Fire, and Flames	3,197	1.1	281	2.0	6	4.6
Poisoning and Exposure to Noxious Substances	23,618	8.0	1,008	7.3	3	2.3
Intentional Self-Harm (suicide)	32,637	11.0	1,685	12.2	16	12.3
Assault (homicide)	18,124	6.1	1,340	9.7	22	17.0
Causes of Death Groupings of Special Interest						
Cause of Death Indicators	Number in 2005	Rate per 100,000 Pop.	Number in 2005 - 2007	Rate per 100,000 Pop.	Number in 2005 - 2007	Rate per 100,000 Pop.¹
Cataclysmic Storms	874	0.3	11	0.1	0	0.0
Firearm Deaths (intentional self-harm, assault, legal intervention, and undetermined intent)	30,364	10.4	2,306	16.8	30	23.1
Drug-Induced Deaths	33,541	11.3	1,328	9.7	6	4.6
Alcohol-Induced Deaths	21,634	7.3	732	5.3	5	3.9

SELECTED HEALTH STATUS INDICATORS - continued
United States, Alabama, and Dallas County

Indicators	United States		Alabama		Dallas County	
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Natality Related Indicators						
Infant Mortality Rate Per 1,000 Births (2005 - 2007)	28,534	6.9	1,771	9.5	10	4.8
Low Weight Births - 2007 (Percent of All Births)	331,772 (2004)	8.1 %	6,695	10.4 %	109	14.9%
Births to Teens (10-19) - 2007 (Percent of All Births)	422,043 (2004)	10.3 %	8,776	13.7 %	170	23.2%
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Tobacco Use During Pregnancy - 2007 (Percent of All Births)	419,429	10.2%	7,703	12.0 %	61	8.3%
Births Occurring Outside of the Mother's County of Residence - 2007 (Percent of All Births)	N.A.	N.A.	20,149	31.4 %	87	11.9%
Births to Undereducated Women - 2007	N.A.	N.A.	11,845	18.5 %	124	16.9%
Other Indicators	Number	Measure	Number	Measure		
Age 65+ With "Home Bound" Disability -- 2000	6,795,517	19.4 %	139,401	24.0 %	1,843	28.7%
Age 25+ With Less Than High School Education - 2000	35,715,625	19.6 %	714,081	24.7 %	8,524	29.7%
Receiving Medicare Disability - 2007 (Percent of Total Population)	7,359,542	2.4 %	189,874	4.1 %	2,720	6.3%
Obese - 2003 (Percent of Total Population)	Not Comparable	Not Comparable	1,073,329	23.3 %	12,079	26.9%
Accidental Deaths Occurring Outside of a Health Care Facility: 2005-07 (Percent of All Accidental Deaths)	N.A.	N.A.	4,215	56.2%	34	58.6%
Life Expectancy at Birth - 2007	N.A.	77.9 years	N.A.	75.4 years	N.A.	71.7 years
Sexually Transmitted Disease Cases Reported in 2008 (Per 10,000 Pop.)	1,349,333	45.9	35,235	76.1	811	188.3
Cumulative HIV Cases as of December 31, 2008 (Per 10,000 Pop.)	Not Comparable	Not Comparable	16,222	35.1	211	49.0
Families Being Counseled for Drug Issues by the Alabama Department of Mental Health During FY 2004 (Percent of All Families)	N.A.	N.A.	20,881	1.7 %	231	1.8%

¹ Rates, percentages, etc based upon fewer than 16 events may not be statistically reliable for specific analyses. Caution should be exercised in using these indicators.

Sources of Information and Special Notes

- 2007 Population:** U.S. Census Bureau, Population Estimates. <http://www.census.gov/popest/estimates.php>
- Population Change 1910-2000:** U.S. Census Bureau, County Population Census Counts 1900-90, <http://www.census.gov/population/cencounts/all190090.txt> for 1910 data; U.S. Census Bureau, American FactFinder, Census 2000 Summary File 1 (SF 1) 100-Percent Data for 2000 data.
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- Age 65+ Population Change 2000-2025:** Alabama State Data Center, Alabama County Population 65 and Over 2000 and Projections 2005-2025 for 2025. http://ober.cba.ua.edu/edata/est_prj.html
- Hispanic Population Change 1990-2007:** U.S. Census Bureau, American FactFinder, Census 1990 Summary File 1 (STF 1) 100-Percent Data for 1990 data. U.S. Census Bureau, Population Estimates. <http://www.census.gov/popest/estimates.php>
- Population Below Poverty Level - 2007:** U.S. Census Bureau, Small Area Income and Poverty Estimates, <http://www.census.gov/hhes/www/saipe/index.html>
- Children Under 18 Below Poverty Level - 2007:** U.S. Census Bureau, Small Area Income and Poverty Estimates. <http://www.census.gov/hhes/www/saipe/index.html>
- 2006 Per Capita Personal Income:** U.S. Bureau of Economic Analysis, Interactive Tables: Local Area Personal Income, Table CA1-3. <http://www.bea.gov/regional/reis/default.cfm?catable=CA1-3§ion=2>
- Medicaid Eligible Population - 2007:** Alabama Medicaid Agency, Alabama Medicaid Statistics by County – 2007. http://www.medicaid.alabama.gov/resources/stats_reports.aspx?tab=5
- Medicaid Eligible Children (Under 21) - 2007:** Alabama Medicaid Agency, Alabama Medicaid Statistics by County – 2007. http://www.medicaid.alabama.gov/resources/stats_reports.aspx?tab=5
- Medicaid Births - 2007:** Alabama Department of Public Health, Center for Health Statistics, Special query of the 2007 Birth Statistics File.
- Primary Care Physicians in 2006:** Medical Licensure Commission, Licensed Physician Data Base – 2006. (In this publication, primary care physicians include family practitioners, internal medicine specialists, pediatricians, and obstetricians and gynecologists.)
- Dentists in 2007:** Board of Dental Examiners of Alabama, Licensed dentists data base - 2007.
- Psychiatrists in 2006:** Medical Licensure Commission, Licensed Physician Data Base – 2006.
- Hospital Beds in 2008:** Alabama Department of Public Health, Division of Provider Services, Healthcare Facilities Directory – Hospital Section. January 28, 2009. <http://adph.org/providers/Default.asp?tab=522>
- Households With No Vehicle in 2000:** U.S. Census Bureau, American FactFinder, Census 2000 Summary File 3 (SF 3) Sample Data, Table H44 - Tenure by Vehicles Available.
- Uninsured Persons Under Age 65 - 2005:** U.S. Census Bureau, Model-based Small Area Health Insurance Estimates (SAHIE) for Counties and States. <http://www.census.gov/hhes/www/sainie>

Cause of Death Indicators: Alabama Department of Public Health, Center for Health Statistics, Special queries of the 2005, 2006, and 2007 Mortality Statistics Files for Alabama data. Centers for Disease Control and Prevention, CDC Wonder Interactive Program, Mortality – Underlying Cause of Death 2005 file. <http://wonder.cdc.gov/> (Cause of death data included in this publication is not age-adjusted)

Infant Mortality Rate - 2004-2006: Alabama Department of Public Health, Center for Health Statistics, Special queries of the 2004, 2005, and 2006 Birth Statistics Files for birth data. Alabama Department of Public Health, Center for Health Statistics, Total Resident Infant Deaths and Infant Mortality Rates by County, Alabama, 2006, 2005, 2004, and Combined 2006-2004. <http://adph.org/healthstats/assets/06TofInfantDeaths.pdf>

Low Weight Births - 2007: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2006 Birth Statistics File.
(Births weighing less than 2,500 grams or 5 pounds and 8 ounces are defined as being of low weight.)

Births to Teenagers (Age 10-19) - 2007: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2006 Birth Statistics File.

Births With Less Than Adequate Prenatal Care - 2007: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2006 Birth Statistics File. (The Kotelchuck Index is used in determining adequacy of prenatal care. This index primarily considers the date when prenatal care was begun and the number of visits in determining adequacy.)

Births With Tobacco Use During Pregnancy - 2007: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2006 Birth Statistics File.

Births Occurring Outside Mother's County of Residence - 2007: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2006 Birth Statistics File.

(This indicator was included because of the serious decline in the number of rural hospitals where obstetrics are performed and the natural relationship between women receiving adequate prenatal care and the presence of obstetrical care in the county.)

Births to Undereducated Women - 2007: Alabama Department of Public Health, Center for Health Statistics, Special query of the 2006 Birth Statistics File.
(Women are considered to be "undereducated" when their years of education is at least two years less than what would be expected for someone of their age.)

Age 65+ With "Home Bound" Disability - 2000: U.S. Census Bureau, American FactFinder, Census 2000 Summary File 3 (SF 3) Sample Data, Table P41 – Age by Types of Disability for the Civilian Noninstitutionalized Population 5 Years and Over With Disabilities.

Age 25+ With Less Than High School Education - 2000: U.S. Census Bureau, American FactFinder, Census 2000 Summary File 3 (SF 3) Sample Data, Table P37 – Sex by Educational Attainment for the Population 25 Years and Over.

Persons Receiving Medicare Disability - 2007: Centers for Medicare and Medicaid Services, Medicare County Enrollment, As of July 1, 2007.
<http://www.cms.hhs.gov/MedicareFmpis/>

Obesity - Percent of Population in 2003: Chronic Disease in Alabama: Past, Present, and Future Trends. Pp. 16-17.
<http://adph.org/ADMINISTRATION/chronicdisease.pdf>

Accidental Deaths Occurring Outside of a Health Care Facility - (2005-2007): Alabama Department of Public Health, Center for Health Statistics, Special query of the 2005, 2006, and 2007 Mortality Statistics File.
(This indicator was used in the place of an "emergency medical services emergency ambulance runs" data base. While there is such a data base maintained within the Alabama Department of Public Health, reporting to this data base is not complete and could produce confusing findings. The provision of adequate emergency medical service continues to be a serious issue in most rural Alabama counties.)

Life Expectancy at Birth - 2007: Alabama Department of Public Health, Center for Health Statistics, County Health Profiles – 2007. <http://www.adph.org/healthstats/>

Sexually Transmitted Disease Cases - 2008: Alabama Department of Public Health, Division of STD Prevention and Control, Statistics, County Totals – 2008. <http://www.adph.org/STD/>

Cumulative HIV Cases as of 12/31/2008: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Control, Statistics, Public Health Area (January – December 2008). <http://www.adph.org/aids/> (National data for the cumulative number of HIV cases as of December 31, 2008 is not comparable due to the fact that not all states report this information to the Centers for Disease Control and Prevention and those that are reporting initiated this reporting at varying times.)

Families Served by the Division of Substance Abuse Services in the Alabama Department of Mental Health - FY 2004: Alabama Department of Mental Health, Department's Annual Report, '03-'04, p35. http://www.mh.alabama.gov/downloads/AnnualReports/ADMH_AnnualReport_03_04Part3.pdf

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For additional information please contact the Office of Primary Care and Rural Health Development at (334) 206-5396 or the Alabama Rural Health Association at (334) 546-3502.

Selected Health Status Indicators



Jointly produced to assist those seeking to improve health care in rural Alabama

By

The Office of Primary Care and Rural Health,
Alabama Department of Public Health
and
The Alabama Rural Health Association

Special thanks to the National Rural Health Association for funding assistance in the production of this publication.

July 2009

**SELECTED HEALTH STATUS INDICATORS
United States, Alabama, and Wilcox County**

Indicators	United States		Alabama		Wilcox County	
	Number	Pct. of Total	Number	Pct. of Total	Number	Pct. of Total
2007 Population						
Total	301,621,157	100.0	4,627,851	100.0	12,779	100.0
African American (alone)	38,756,452	12.8	1,224,496	26.5	9,223	72.2
White (alone)	241,166,890	80.0	3,287,453	71.0	3,491	27.3
American Indian (alone)	2,938,436	1.0	24,315	0.5	19	0.1
Asian (alone)	13,366,154	4.4	44,086	1.0	21	0.2
Hispanic	45,504,311	15.1	124,741	2.7	144	1.1
Age 19 Years or Less	82,361,752	27.3	1,251,776	27.0	4,056	31.7
Age 65 Years or More	37,887,958	12.6	707,781	15.3	1,813	14.2
Age 85 Years or More	5,512,298	1.8	82,025	1.8	307	2.4
Population Change						
1910 - 2000	91,972,266 to 281,421,906	206.0	2,138,093 to 4,447,100	108.0	33,810 to 13,183	-61.0
2000 - 2025 Projected	281,421,906 to 349,695,000	24.3	4,447,100 to 5,385,997	21.1	13,183 to 13,021	-1.2
Age 65+: 2000 - 2025 Projected	34,991,753 to 63,042,500	80.2	579,907 to 999,769	72.4	1,810 to 2,460	35.9
Hispanic: 1990 - 2007 Estimated	22,354,059 to 45,504,311	103.6	24,629 to 124,741	406.5	40 to 144	260.0
Income Related Indicators						
Population Below Poverty Level - 2007	38,052,247	13.0%	750,197	16.6%	4,507	35.7%
Children Under 18 Below Poverty Level - 2007	13,097,100	18.0%	261,151	23.6%	1,709	46.7%
Per Capita Personal Income - 2006	N.A.	\$36,714	N.A.	\$30,894	N.A.	\$18,895
Medicaid Eligible Population - 2007	N.A.	N.A.	932,521	19.8%	5,306	40.8%
Medicaid Eligible Children (Under 21) - 2007	N.A.	N.A.	514,486	38.1%	2,620	59.0%
Medicaid Births - 2007	N.A.	N.A.	30,624	48.5%	113	66.9%
Access to Health Care Indicators						
Primary Care Physicians - 2006 (Per 10,000 Pop.)	209,550	7.2	3,044	6.5	4	3.1
Dentists - 2007 (Per 10,000 Pop.)	86,110	2.9 (2006)	1,996	4.3	2	1.6
Psychiatrists - 2006 (Per 10,000 Pop.)	24,730	0.9	298	0.6	0	0.0
Hospital Beds - 2009 (Per 10,000 Pop.)	N.A.	N.A.	16,814	36.3	32	25.0
Households With No Vehicle - 2000	10,861,067	10.3%	143,594	8.3%	959	20.1%
Uninsured Population Under 65 Years of Age - 2005	44,209,874	17.2%	612,428	15.6%	1,574	14.1%

SELECTED HEALTH STATUS INDICATORS - continued
United States, Alabama, and Wilcox County

Indicators	United States		Alabama		Wilcox County	
	Number in 2005	Rate per 100,000 Pop.	Number in 2005 - 2007	Rate per 100,000 Pop.	Number in 2003 - 2007	Rate per 100,000 Pop. ¹
All Causes	2,448,017	825.9	139,039	1,010.6	734	1,154.1
Septicemia	34,136	11.5	2,407	17.5	16	25.2
Human Immunodeficiency Virus (HIV) disease	12,543	4.2	536	3.9	4	6.3
Cancer	559,312	188.7	29,475	214.2	150	235.9
Lip, Oral Cavity, Pharynx, and Esophagus	21,272	7.2	1,034	7.5	8	12.6
Stomach	11,514	3.9	549	4.0	7	11.0
Colon, Rectum, and Anus	53,252	18.0	2,709	19.7	18	28.3
Liver and Intrahepatic Bile Ducts	16,076	5.4	773	5.6	3	4.7
Pancreas	32,760	11.1	1,625	11.8	9	14.2
Trachea, Bronchus, and Lung	159,292	53.7	9,233	67.1	32	50.3
Melanoma of Skin	8,345	2.8	463	3.4	2	3.1
Breast (female)	41,116	27.3	2,018	28.4	13	37.7
Cervix Uteri, Corpus Uteri, and Uterus (female)	11,020	7.3	512	7.2	3	8.7
Ovary (female)	14,787	9.8	769	10.8	4	11.6
Prostate (male)	28,905	19.8	1,556	23.4	15	51.5
Kidney and Renal Pelvis	12,517	4.2	591	4.3	1	1.6
Bladder	13,253	4.5	569	4.1	3	4.7
Meninges, Brain, Other Central Nervous System	13,152	4.4	625	4.5	0	0.0
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- Hispanic Population Change 1990-2007:** U.S. Census Bureau, American FactFinder, Census 1990 Summary File 1 (STF 1) 100-Percent Data for 1990 data. U.S. Census Bureau, Population Estimates. <http://www.census.gov/popest/estimates.php>
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Selected Health Status Indicators



Jointly produced to assist those seeking to improve health care in rural Alabama

By

The Office of Primary Care and Rural Health,
Alabama Department of Public Health
and
The Alabama Rural Health Association

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January 2009

SELECTED HEALTH STATUS INDICATORS
United States, Alabama, and Perry County

Indicators	United States		Alabama		Perry County	
	Number	Pct. of Total	Number	Pct. of Total	Number	Pct. of Total
2007 Population	301,621,157	100.0	4,627,851	100.0	10,602	100.0
Total						
African American (alone)	38,756,452	12.8	1,224,496	26.5	7,312	69.0
White (alone)	241,166,890	80.0	3,287,453	71.0	3,195	30.1
American Indian (alone)	2,938,436	1.0	24,315	0.5	10	0.1
Asian (alone)	13,366,154	4.4	44,086	1.0	7	0.1
Hispanic	45,504,311	15.1	124,741	2.7	114	1.1
Age 19 Years or Less	82,361,752	27.3	1,251,776	27.0	3,411	32.2
Age 65 Years or More	37,887,958	12.6	707,781	15.3	1,707	16.1
Age 85 Years or More	5,512,298	1.8	82,025	1.8	275	2.6
Population Change	Number	Pct. Change	Number	Pct. Change	Number	Pct. Change
1910 - 2000	91,972,266 to 281,421,906	206.0	2,138,093 to 4,447,100	108.0	31,222 to 11,861	-62.0
2000 - 2025 Projected	281,421,906 to 349,695,000	24.3	4,447,100 to 5,385,997	21.1	11,861 to 10,872	-8.3
Age 65+: 2000 - 2025 Projected	34,991,753 to 63,042,500	80.2	579,907 to 999,769	72.4	1,762 to 2,031	15.3
Hispanic: 1990 - 2007 Estimated	22,354,059 to 45,504,311	103.6	24,629 to 124,741	406.5	36 to 114	216.7
Income Related Indicators	Number	Measure	Number	Measure	Number	Measure
Population Below Poverty Level - 2007	38,052,247	13.0%	750,197	16.6%	3,297	32.7%
Children Under 18 Below Poverty Level - 2007	13,097,100	18.0%	261,151	23.6%	1,334	46.4%
Per Capita Personal Income - 2006	N.A.	\$36,714	N.A.	\$30,894	N.A.	\$22,517
Medicaid Eligible Population - 2007	N.A.	N.A.	932,521	19.8%	4,418	38.7%
Medicaid Eligible Children (Under 21) - 2007	N.A.	N.A.	514,486	38.1%	2,290	57.0%
Medicaid Births - 2007	N.A.	N.A.	30,624	48.5%	113	67.7%
Access to Health Care Indicators	Number	Measure	Number	Measure	Number	Measure
Primary Care Physicians - 2006 (Per 10,000 Pop.)	209,550	7.2	3,044	6.5	5	4.4
Dentists - 2007 (Per 10,000 Pop.)	86,110	2.9 (2006)	1,996	4.3	2	1.9
Psychiatrists - 2006 (Per 10,000 Pop.)	24,730	0.9	298	0.6	0	0.0
Hospital Beds - 2008 (Per 10,000 Pop.)	N.A.	N.A.	16,814	36.3	0	0.0
Households With No Vehicle - 2000	10,861,067	10.3%	143,594	8.3%	720	16.6%
Uninsured Population Under 65 Years of Age - 2005	44,209,874	17.2%	612,428	15.6%	1,160	12.8%

SELECTED HEALTH STATUS INDICATORS - continued
United States, Alabama, and Perry County

Indicators	United States		Alabama		Perry County	
	Number in 2005	Rate per 100,000 Pop.	Number in 2005 - 2007	Rate per 100,000 Pop.	Number in 2003 - 2007	Rate per 100,000 Pop. ¹
All Causes	2,448,017	825.9	139,039	1,010.6	694	1,274.1
Septicemia	34,136	11.5	2,407	17.5	17	31.2
Human Immunodeficiency Virus (HIV) disease	12,543	4.2	536	3.9	0	0.0
Cancer	559,312	188.7	29,475	214.2	140	257.0
Lip, Oral Cavity, Pharynx, and Esophagus	21,272	7.2	1,034	7.5	8	14.7
Stomach	11,514	3.9	549	4.0	4	7.3
Colon, Rectum, and Anus	53,252	18.0	2,709	19.7	13	23.9
Liver and Intrahepatic Bile Ducts	16,076	5.4	773	5.6	6	11.0
Pancreas	32,760	11.1	1,625	11.8	6	11.0
Trachea, Bronchus, and Lung	159,292	53.7	9,233	67.1	37	67.9
Melanoma of Skin	8,345	2.8	463	3.4	1	1.8
Breast (female)	41,116	27.3	2,018	28.4	9	30.4
Cervix Uteri, Corpus Uteri, and Uterus (female)	11,020	7.3	512	7.2	2	6.8
Ovary (female)	14,787	9.8	769	10.8	5	16.9
Prostate (male)	28,905	19.8	1,556	23.4	15	60.2
Kidney and Renal Pelvis	12,517	4.2	591	4.3	5	9.2
Bladder	13,253	4.5	569	4.1	1	1.8
Meninges, Brain, Other Central Nervous System	13,152	4.4	625	4.5	3	5.5
Hodgkin's Disease	55,028	18.6	56	0.4	1	1.8
Non-Hodgkin's Lymphoma	20,873	7.0	969	7.0	3	5.5
Leukemia	21,623	7.3	1,063	7.7	2	3.7
Multiple Myeloma and Immunoproliferative Neoplasms	11,200	3.8	636	4.6	4	7.3
Diabetes Mellitus	75,119	25.3	4,138	30.1	30	55.1
Nutritional Deficiencies	3,183	1.1	228	1.7	2	3.7
Parkinson's Disease	19,544	6.6	907	6.6	3	5.5
Alzheimer's Disease	71,599	24.2	4,487	32.6	20	36.7
Major Cardiovascular Diseases	856,030	288.2	48,383	351.7	259	475.5
Heart Diseases	652,562	220.0	36,995	268.9	185	339.6
Hypertensive Heart Disease	29,282	9.9	1,225	8.9	3	5.5

SELECTED HEALTH STATUS INDICATORS - continued
United States, Alabama, and Perry County

Indicators	United States		Alabama		Perry County	
	Number in 2005	Rate per 100,000 Pop.	Number in 2005 - 2007	Rate per 100,000 Pop.	Number in 2003 - 2007	Rate per 100,000 Pop. ¹
Major Cardiovascular Diseases - Continued						
Ischemic Heart Diseases	445,687	150.4	17,326	125.9	74	135.9
Heart Failure	58,933	19.9	6,206	45.1	50	91.8
Cerebrovascular Diseases	143,579	48.4	8,318	60.5	59	108.3
Atherosclerosis	11,841	4.0	618	4.5	2	3.7
Pneumonia	61,189	20.6	2,748	20.0	8	14.7
Chronic Lower Respiratory Diseases	130,933	44.2	7,158	52.0	14	25.7
Chronic Liver Disease and Cirrhosis	27,530	9.3	1,450	10.5	4	7.3
Nephritis, Nephrotic Syndrome, and Nephrosis	43,901	14.8	3,110	22.6	28	51.4
Accidents	117,809	39.7	7,295	53.0	46	84.4
Motor Vehicle Accidents	45,343	15.3	3,544	25.8	27	49.6
Falls	19,656	6.6	498	3.6	1	1.8
Drowning and Submersion	3,582	1.2	219	1.6	1	1.8
Smoke, Fire, and Flames	3,197	1.1	281	2.0	8	14.7
Poisoning and Exposure to Noxious Substances	23,618	8.0	1,008	7.3	1	1.8
Intentional Self-Harm (suicide)	32,637	11.0	1,685	12.2	3	5.5
Assault (homicide)	18,124	6.1	1,340	9.7	7	12.9
Causes of Death Groupings of Special Interest						
Causes of Death Indicators	Number in 2005	Rate per 100,000 Pop.	Number in 2005 - 2007	Rate per 100,000 Pop.	Number in 2003 - 2007	Rate per 100,000 Pop. ¹
Cataclysmic Storms	874	0.3	11	0.1	0	0.0
Firearm Deaths (intentional self-harm, assault, legal intervention, and undetermined intent)	30,364	10.4	2,306	16.8	0	0.0
Drug-Induced Deaths	33,541	11.3	1,328	9.7	11	20.2
Alcohol-Induced Deaths	21,634	7.3	732	5.3	1	1.8

SELECTED HEALTH STATUS INDICATORS - continued
United States, Alabama, and Perry County

Indicators	United States		Alabama		Perry County	
	Number	Measure	Number	Measure	Number	Measure ¹
Nativity Related Indicators						
Infant Mortality Rate Per 1,000 Births (2005 – 2007)	28,534	6.9	1,771	9.5	6	12.9
Low Weight Births – 2007 (Percent of All Births)	331,772 (2004)	8.1 %	6,695	10.4 %	25	15.0%
Births to Teens (10-19) – 2007 (Percent of All Births)	422,043 (2004)	10.3 %	8,776	13.7 %	32	19.2%
Births With Less Than Adequate Prenatal Care – 2007 (Percent of All Births)	N.A.	N.A.	16,116	25.4%	71	43.0%
Tobacco Use During Pregnancy – 2007 (Percent of All Births)	419,429	10.2%	7,703	12.0 %	15	9.0%
Births Occurring Outside of the Mother's County of Residence – 2007 (Percent of All Births)	N.A.	N.A.	20,149	31.4 %	167	100.0%
Births to Undereducated Women – 2007	N.A.	N.A.	11,845	18.5 %	28	16.8%
Other Indicators	Number	Measure	Number	Measure	Number	Measure¹
Age 65+ With "Home Bound" Disability – 2000	6,795,517	19.4 %	139,401	24.0 %	469	26.6%
Age 25+ With Less Than High School Education - 2000	35,715,625	19.6 %	714,081	24.7 %	2,625	37.6%
Receiving Medicare Disability -- 2007 (Percent of Total Population)	7,359,542	2.4 %	189,874	4.1 %	677	6.4%
Obese – 2003 (Percent of Total Population)	Not Comparable	Not Comparable	1,073,329	23.3 %	3,140	27.0%
Accidental Deaths Occurring Outside of a Health Care Facility: 2005-07 (Percent of All Accidental Deaths)	N.A.	N.A.	4,215	56.2%	22	100.0%
Life Expectancy at Birth - 2007	N.A.	77.9 years	N.A.	75.4 years	N.A.	74.1 years
Sexually Transmitted Disease Cases Reported in 2008 (Per 10,000 Pop.)	1,349,333	45.9	35,235	76.1	102	96.2
Cumulative HIV Cases as of December 31, 2008 (Per 10,000 Pop.)	Not Comparable	Not Comparable	16,222	35.1	39	19.8
Families Being Counseled for Drug Issues by the Alabama Department of Mental Health During FY 2004 (Percent of All Families)	N.A.	N.A.	20,881	1.7 %	30	1.0%

¹ Rates, percentages, etc based upon fewer than 16 events may not be statistically reliable for specific analyses. Caution should be exercised in using these indicators.

Sources of Information and Special Notes

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- Population Change 1910-2000:** U.S. Census Bureau, County Population Census Counts 1900-90, <http://www.census.gov/population/cencounts/al190090.txt> for 1910 data; U.S. Census Bureau, American FactFinder, Census 2000 Summary File 1 (SF 1) 100-Percent Data for 2000 data.
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Alabama DMH
MHSIP Survey
2005-2011 MSHIP Survey Results as compared to US Rates

Adult: Alabama Rates

Cahaba Center	Alabama Rates: Adult MHSIP Consumer Survey Results: 2010	2011			2010	2009	2008	2007	2006	2005
		Number of Positive Responses	% Positive							
84.3	1. Reporting Positively About Access.	3,916	89%	85%	83%	86%	85%	85%	85%	
89.2	2. Reporting Positively About Quality and Appropriateness for Adults	4,166	87%	89%	88%	89%	90%	90%	89%	
74.0	3. Reporting Positively About Outcomes.	3,633	77%	78%	77%	80%	80%	80%	81%	
80.3	4. Adults Reporting on Participation In Treatment Planning.	3,576	77%	79%	77%	76%	75%	74%	74%	
87.2	5. Adults Positively about General Satisfaction with Services.	4,101	85%	86%	85%	85%	86%	86%	85%	
74.2	6. Social Connectedness*	3,523	76%	76%	75%	74%	75%	74%		
80.2	7. Functioning*	3,651	79%	78%	78%	78%	77%	78%		

* measure started in 2006, data from URS Table 9SC

Adult: US Rates

Cahaba Center	Adult MHSIP Consumer Survey Results: 2010	2011	2010	2009	2008	2007	2006	2005
84.3	1. Reporting Positively About Access.	85%	85%	86%	85%	85%	84%	
89.2	2. Reporting Positively About Quality and Appropriateness for Adults	88%	88%	87%	86%	87%	85%	
74.0	3. Reporting Positively About Outcomes.	72%	72%	72%	70%	71%	71%	
80.3	4. Adults Reporting on Participation In Treatment Planning.	79%	83%	84%	82%	82%	83%	
87.2	5. Adults Positively about General Satisfaction with Services.	88%	88%	89%	87%	88%	88%	
74.2	6. Social Connectedness*	71%	69%	73%	72%	73%		
80.2	7. Functioning*	71%	69%	71%	70%	71%		

* measure started in 2006

Alabama DMH
Youth Family and Youth Services Surveys
2005-2011 MSHIP Survey Results as compared to US Rates

Youth Family: Alabama Rates & US Rates

Cahaba Center	Alabama Youth Services Family Consumer Survey Results: 2010	2011			2010	2009	2008	2007	2006
		Number of Positive Responses	Responses	% Positive					
92.9	1. Reporting Positively About Access.	882	1,100	88%	86%	86%	88%	85%	88%
85.7	2. Reporting Positively about General Satisfaction for Children.	889	1,010	88%	85%	86%	81%	84%	81%
71.4	3. Reporting Positively about Outcomes for Children.	722	1,009	72%	70%	69%	66%	67%	66%
85.7	4. Family Members Reporting on Participation In Treatment Planning for their Children	909	1,009	90%	87%	87%	83%	88%	84%
92.9	5. Family Members Reporting High Cultural Sensitivity of Staff.	952	1,008	94%	94%	95%	91%	93%	92%
84.6	6. Social Connectedness*	889	998	84%	82%	83%	77%	77%	78%
71.4	7. Functioning*	725	1,009	72%	71%	71%	70%	68%	66%

* measure started in 2006, data from URS Table 9SC

		2011	2010	2009	2008	2007	2006
92.9	1. Reporting Positively About Access.	81%	84%	84%	85%	83%	82%
85.7	2. Reporting Positively about General Satisfaction for Children.	82%	83%	83%	84%	81%	81%
71.4	3. Reporting Positively about Outcomes for Children.	62%	65%	64%	65%	73%	73%
85.7	4. Family Members Reporting on Participation In Treatment Planning for	87%	87%	87%	87%	87%	86%
92.9	5. Family Members Reporting High Cultural Sensitivity of Staff.	93%	93%	93%	93%	91%	91%
84.6	6. Social Connectedness*	85%	83%	86%	84%	79%	
71.4	7. Functioning*	64%	65%	65%	65%	62%	

* measure started in 2006

Youth Services: Alabama Rates (US Rates not available)

	Alabama Youth Services Survey Results: 2010	2011			2010	2009	2008	2007	2006	2005
		Number of Positive Responses	Responses	% Positive						
76.9	1. Reporting Positively About Access.	587	782	75%	75%	75%	75%	74%	68%	
84.6	2. Satisfaction with Services	656	794	83%	81%	80%	82%	79%	75%	
76.9	3. Reporting Positively About Outcomes	586	789	75%	72%	69%	73%	69%	60%	
69.2	4. Participation In Treatment Planning	587	794	74%	73%	72%	72%	65%	66%	
92.3	5. Cultural Sensitivity	697	792	88%	87%	85%	87%	87%	85%	

*Data calculated by the UA

Community Health Assessment and Group Evaluation

COMMUNITY (AT-LARGE)

COMMUNITY'S NAME: Dallas County Alabama

Module Score Summaries	
36.67%	Physical Activity
33.91%	Nutrition
30.91%	Tobacco Use
53.33%	Chronic Disease Management
41.67%	Leadership

GENERAL INSTRUCTIONS

Please indicate your answer by marking an 'X' in the appropriate box for your response.

DEMOGRAPHIC INFORMATION

Community density:	
Approximate number of people who reside in the community (population):	43,820
Approximate size of the area (square miles):	980.71

Best description of the community setting (choose ONE only):	
Rural	x
Suburban	
Urban	

The approximate percentage of people in the community with no high school diploma (check the best estimated category):	
< 5%	
5 - 9%	
10 - 14%	
15 - 19%	
≥ 20%	X

The median household income of the community (check the best estimated category):	
< \$25,000	
\$25,000 - \$34,999	x
\$35,000 - \$49,999	
\$50,000 - \$74,999	
≥ \$75,000	

The approximate percentage of people in the community who are living in poverty (check the best estimated category):	
< 5%	
5 - 9%	
10 - 14%	
15 - 19%	
≥ 20%	X

The approximate percentage of people in the community who are currently unemployed (check the best estimated category):	
< 5%	
5 - 9%	
10 - 14%	
15 - 19%	X
≥ 20%	

Cell: E6

Comment: Comment:

Date: 6/27/2011

Jeff Cothran - Executive Director United Way 874-8383

Sheryl Smedley - Executive Director Selma/Dallas County Chamber of Commerce 875-7241

Kathi Needham - VCHS Project Coordinator SAH 874-8383

Marchina Toodle - Selma City Schools Health Services Coordinator 874-1800

Ann Fuller - ADPH Healthy Communities - Strategic Alliance for Health Coordinator 877-2889

Stacey Adams - Communities Coordinator Alabama Strategic Alliance for Health Program 877-2832

Cell: F20

Comment: Comment:

This number was taken from the 2010 U.S. Census Quickfacts page

<http://quickfacts.census.gov/qfd/states/01/01047.html>

Cell: F21

Comment: Comment:

U.S. Quickfacts source

Cell: D25

Comment: Comment:

Cell: G25

Comment: Comment:

Cell: D26

Comment: Comment:

Cell: G28

Comment: Comment:

Cell: D27

Comment: Comment:

Cell: G27

Comment: Comment:

Cell: G28

Comment: Comment:

Cell: G29

Comment: Comment:

24.7% U.S. Census Quickfacts

Cell: D33

Comment: Comment:

Cell: G33

Comment: Comment:

Cell: D34

Comment: Comment:

Cell: G34

Comment: Comment:

Cell: D35

Comment: Comment:

Cell: G35

Comment: Comment:

Cell: D36

Comment: Comment:

Cell: G36

Comment: Comment:

Cell: D37

Comment: Comment:

Cell: G37

Comment: Comment:
36%2010 U.S. Census Quickfacts

Cell: G41

Comment: Comment:

Cell: G42

Comment: Comment:

Cell: G43

Comment: Comment:

Cell: G44

Comment: Comment:
Alabama Unemployment rate and number unemployed May 2011
<http://quickfacts.census.gov/qfd/states/01/01047.html>

Cell: G45

Comment: Comment:

Physical Activity

Based on your team's knowledge or observations of the community, use the following scale to indicate the most appropriate response for each statement.

Please indicate the appropriate number (1) from the scale in the response column that best represents your answer for each item. Each item represents a policy or environmental change strategy (although some can be considered both). While the definitions for policy and environment are listed below, item completion should focus on existence and status of such strategies rather than classifying what type of strategy (policy versus environment).

Response #	Policy	Environment
1	Not identified as problem	Elements not in place
2	Problem identification/gaining agenda status	Few elements in place and/or well developed
3	Policy formulation and adoption	Some elements are in place and/or well developed
4	Policy implementation	Most elements are in place and/or well developed
5	Policy evaluation, adjustment and/or termination	All elements in place and well developed

To what extent does the community:	Response #	
1. Have a land use plan?	1	
2. Have a maintained network of walking routes?	3	
3. Have a maintained network of biking routes?	1	
4. Have a maintained network of parks?	3	
5. Have sidewalks that are built for all new developments (e.g., housing, schools, commercial)?	2	
6. Have sidewalks that are built with <u>street infrastructure enhancements</u> (e.g., lighting, traffic signals, cross walk counters)?	1	
7. Have bike lanes that are built for all new developments (e.g., housing, schools, commercial)?	1	
8. Have bike lanes that are built with <u>street infrastructure enhancements</u> (e.g., cross walks, lighting, traffic signals)?	1	
9. Have sidewalks that are in compliance with <u>Americans with Disabilities Act (ADA)</u> requirements (all routes accessible for people with disabilities)?	1	
10. Have an environment where 80% of children who live within one mile of school walk to school everyday?	1	
11. Have <u>greenways</u> between parks, open spaces, or outdoor recreation areas?	1	
12. Have parks, <u>shared-use paths</u> , or open spaces that are within reasonable walking distance of most homes, especially affordable housing?	1	
13. Have recreational or open space that is built in new subdivisions or housing developments?	1	
14. Have legally protected open spaces or other natural resources (e.g., nature reserve)?	4	
15. Have <u>mixed land use</u> ?	1	
16. Have attractive downtown areas or town centers?	5	
17. Have recreation facilities for people of all ages?	3	
18. Have recreation facilities for people of all abilities?	1	
19. Have public transportation (e.g., bus stops or transit stations) within <u>reasonable walking distance</u> ?	1	
20. Have a town board, health coalition, or other group that partners with organizations (e.g., local retail or food establishments) to promote physical activity?	4	
21. Have street <u>traffic calming measures</u> (e.g., road narrowing, central islands, roundabouts, speed bumps) to make the neighborhood environment safer to walk or bike?	1	
22. Have crosswalk counters with timer countdowns at major intersections to make the neighborhood environment safer to walk or bike?	1	
23. Have <u>strategies</u> to increase physical activity extracurricular opportunities?	2	
24. Have <u>strategies</u> to enhance residents' perception of their safety for walking or biking?	2	
25. Have <u>strategies</u> to enhance infrastructure supporting bicycling (e.g., bike lanes, share road signage, bike racks)?	2	
26. Have <u>strategies</u> to enhance infrastructure supporting walking (e.g., sidewalks, benches, shade)?	3	
27. Have <u>strategies</u> to zone for <u>mixed use development</u> ?	1	
28. Have <u>strategies</u> to enhance traffic safety in areas where people are or could be physically active?	2	
29. Have <u>strategies</u> to enhance personal safety in areas where people are or could be physically active (e.g., playgrounds, parks, bike lanes, walking paths)?	3	
30. Promote <u>strategies</u> to reduce screen time in community settings (e.g., in schools, homes, county buildings)?	1	
COLUMN TOTAL:	65	Please remember to answer every item. Do not leave any item blank.
PHYSICAL ACTIVITY SCORE:	38.67%	

Cell: D8

Comment: Policies (include): laws, regulations, and rules (both formal and informal) adopted on a collective basis to guide individual and group behavior. Examples: Laws and regulations that restrict smoking in public buildings, such as restaurants and other businesses; organizational rules that provide time off during work hours for physical activity; schools with policies that require daily physical education.

Cell: G8

Comment: Environment (includes): changes and/or alterations to physical, social, or economic environments designed to influence people's attitudes and behaviors. Examples: Building or upgrading walking paths and recreation areas within communities; posting signs to promote stair use at workplaces; removing ashtrays from meeting rooms; faith-based institutions offering low-fat options at all sponsored events.

Cell: D9

Comment: For example, the school board has never discussed instituting a smoke-free policy in schools, complaints have never been filed.

Cell: G9

Comment: For example, there are no sidewalks, appropriate lighting, stoplights, or crosswalks in place in this area.

Cell: D10

Comment: For example, the school board is now discussing instituting this policy; policy is being drafted.

Cell: G10

Comment: For example, there are sidewalks in the area, but they are not well-lit and there is no stop light or cross-walk.

Cell: D11

Comment: For example, the school board developed and approved the policy, but it has not yet been implemented. It will be implemented in the next school year.

Cell: G11

Comment: For example, there are well-lit sidewalks in the area but there is no stop light or cross-walk.

Cell: D12

Comment: For example, the smoke-free policy was established and passed last year and implemented this year. The end of this year will be the review and comment period of the policy.

Cell: G12

Comment: For example, there are well-lit sidewalks in the area with a stop light, but there is no cross-walk.

Cell: D13

Comment: For example, the smoke-free policy was in place last year, and a comment period was held. The policy was revamped over the summer, and is now implemented with revisions including increased funding for implementation and increased punishment for violations.

Cell: G13

Comment: For example, there are sidewalks in the area, they are well-lit, there is a stop light and cross-walk.

Cell: I17

Comment: Comment:
No; we have zoning plans but no land use

Cell: I18

Comment: Comment:
City Walk; River Walk, Valley Grande, Block Park.

Cell: I19

Comment: Comment:
No but being discussed at City Council.

Cell: I20

Comment: Comment:
Camp Crist; Block Park

Cell: I21

Comment: Comment:
Very few new developments.

Cell: C22

Comment: Street Infrastructure Enhancements: It can include total removal and replacement of street pavement, sidewalks, lighting, traffic signals, storm sewer and water and gas mains.

Cell: I22

Comment: Comment:
4 Schools were awarded safe route to schools grant

Cell: I23

Comment: Comment:
Very little new development

Cell: I24

Comment: Comment:
No

Cell: C25

Comment: Americans with Disabilities Act: Gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications.

Cell: I25

Comment: Comment:
but new high school under construction will have this.

Cell: I26

Comment: Comment:
perceived or real(?) safety is an issue

Cell: C27

Comment: Greenways: Open space corridors that can be managed for conservation, recreation, and/or alternative transportation. Greenways often follow natural or existing land or water features such as ridgelines, stream valleys, rivers, canals, utility corridors, abandoned rail lines and others.

Cell: I27

Comment: Comment:
we have green areas but not specifically designed as "greenways" because we are an old city

Cell: C28

Comment: Shared Use Paths and Trails: Part of a transportation circulation system that supports multiple recreation opportunities, such as walking, bicycling, and inline skating. A shared-use path typically has a surface that is asphalt, concrete, or firmly packed crushed aggregate. Shared-use paths can provide both a transportation and recreation function.

Cell: I28

Comment: Comment:
City in East Selma but it is gated.

Cell: I29

Comment: Comment:
No

Cell: I30

Comment: Comment:
Cahaba and Alabama Rivers; Grist State park

Cell: C31

Comment: Mixed Land Use: The use of safe and well-maintained sidewalks, crosswalks, bicycle paths, trails, parks, recreational facilities, and community designs featuring mixed-use development (e.g., mixing residential and commercial in same area) and a connected grid of streets.

Cell: I31

Comment: Comment:

Cell: I32

Comment: Comment:
Historic look and "feel" to downtown

Cell: I33

Comment: Comment:
Golf, tennis, softball, library, water skiing, skateboarding.

Cell: I34

Comment: Comment:
New YMCA has "lift" for disabled

Cell: C35

Comment: Reasonable walking distance: One mile is considered a reasonable distance to walk.
http://www.cdc.gov/pcd/issues/2008/ful/pdf/07_0087.pdf

Cell: I35

Comment: Comment:
No public transportation

Cell: I36

Comment: Comment:
SAH consortium

Cell: C37

Comment: Traffic Calming Measures: The combination of mainly physical measures that reduce the negative effects of motor vehicle use and improve conditions for nonmotorized street users.

Cell: I37

Comment: Comment:
Few major intersections

Cell: C38

Comment: Traffic Calming Measures: The combination of mainly physical measures that reduce the negative effects of motor vehicle use and improve conditions for nonmotorized street users.

Cell: I38

Comment: Comment:
Few major intersections

Cell: I39

Comment: Comment:
PSA's and SAH "buy in"

Cell: I40

Comment: Comment:
Safe route to school initiative will help promote safety; SAH purchase of new playground equipment in areas also enhances perception of safety.

Cell: I41

Comment: Comment:
No bike lanes in city.

Cell: I42

Comment: Comment:
River Walk concept is a strategy

Cell: C43

Comment: Mixed Use Development: Juxtaposition of land classifications, such as residential, office, commercial, industrial, park, and flood plain within a given area. Land use is controlled by zoning ordinances that reflect political decisions often made at the local level.

Cell: I43

Comment: Comment:

Cell: I44

Comment: Comment:
SAH purchased _____ for Block Park

Cell: I45

Comment: Comment:
Concordia College promotes and encourages students to walk together on campus to increase safety.

Cell: I46

Comment: Comment:
Every K-9 teacher in the city must take a class devoted to PE instruction for their students.

Nutrition

Based on your team's knowledge or observations of the community, use the following scale to indicate the most appropriate response for each statement.

Please indicate the appropriate number (#) from the scale in the response column that best represents your answer for each item. Each item represents a policy or environmental change strategy (although some can be considered both). While the definitions for policy and environment are listed below, item completion should focus on existence and status of such strategies rather than classifying what type of strategy (policy versus environment).

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<i>To what extent does the community.</i>	Response #	
1. Promote and connect locally grown food to local restaurants or retail establishments?	1	
2. Promote <u>community gardening</u> or agriculture initiatives?	2	
3. Promote the purchase of fruits and vegetables?	4	
4. Offer healthy food and beverage options?	2	
5. Provide transportation options to supermarkets and large food outlets?	1	
6. Offer or support <u>supermarket accessibility</u> ?	1	
7. Have Farmers' Markets or farm stand programs?	5	
8. Accept <u>WIC (Women, Infants and Children)</u> Farmers Market Nutrition Program vouchers or Food Stamp Benefits at local farmers' markets?	5	
9. Have healthy menu options at local food establishments?	2	
10. Have nutritional labeling at local food establishments?	1	
11. Provide guidance to local food establishments regarding nutritional labeling?	1	
12. Offer smaller portion size options at local food establishments?	1	
13. Have a city ordinance or town ban on cooking with trans fats in food establishments?	1	
14. Promote <u>point-of-purchase nutrition information</u> in local retail establishments?	1	
15. Have strategies to limit displays of unhealthy foods?	1	
16. Have strategies to display healthy foods?	1	
17. Have strategies to provide access to affordable, healthy, ready-to-eat food and beverage options?	1	
18. Have strategies to restrict availability of less healthy foods and beverages?	1	
19. Have strategies to recruit food retailers that provide healthy food and beverage options in <u>underserved areas</u> ?	1	
20. Have strategies to recruit large supermarkets in <u>underserved areas</u> ?	1	
21. Have a town board, health coalition, or other group that partners with organizations (e.g., local retail or food establishments) to promote healthy eating?	3	
22. Support residents' ability to breastfeed by providing a comfortable, private space for women to nurse or pump in community venues (e.g., restaurants, retail establishments)?	1	
23. Use positive <u>role models</u> to encourage healthy eating?	1	
COLUMN TOTAL:	39	Please remember to answer every item. Do not leave any item blank.
NUTRITION SCORE:	33.91%	

Cell: D8

Comment: Policies (include): laws, regulations, and rules (both formal and informal) adopted on a collective basis to guide individual and group behavior. Examples: Laws and regulations that restrict smoking in public buildings, such as restaurants and other businesses; organizational rules that provide time off during work hours for physical activity; schools with policies that require daily physical education.

Cell: G8

Comment: Environment (includes): changes and/or alterations to physical, social, or economic environments designed to influence people's attitudes and behaviors. Examples: Building or upgrading walking paths and recreation areas within communities; posting signs to promote stair use at worksites; removing ashtrays from meeting rooms; faith-based institutions offering low-fat options at all sponsored events.

Cell: D9

Comment: For example, the school board has never discussed instituting a smoke-free policy in schools, complaints have never been filed.

Cell: G9

Comment: For example, there are no sidewalks, appropriate lighting, stoplights, or crosswalks in place in this area.

Cell: D10

Comment: For example, the school board is now discussing instituting this policy; policy is being drafted.

Cell: G10

Comment: For example, there are sidewalks in the area, but they are not well-lit and there is no stop light or cross-walk.

Cell: D11

Comment: For example, the school board developed and approved the policy, but it has not yet been implemented. It will be implemented in the next school year.

Cell: G11

Comment: For example, there are well-lit sidewalks in the area but there is no stop light or cross-walk.

Cell: D12

Comment: For example, the smoke-free policy was established and passed last year and implemented this year. The end of this year will be the review and comment period of the policy.

Cell: G12

Comment: For example, there are well-lit sidewalks in the area with a stop light, but there is no cross-walk.

Cell: D13

Comment: For example, the smoke-free policy was in place last year, and a comment period was held. The policy was revamped over the summer, and is now implemented with revisions including increased funding for implementation and increased punishment for violations.

Cell: G13

Comment: For example, there are sidewalks in the area, they are well-lit, there is a stop light and cross-walk.

Cell: I17

Comment: Comment:
Not being done yet.

Cell: C18

Comment: Community Garden Initiatives: The process of growing, processing, and distributing food in and around cities and suburbs or urban agriculture provides individuals and families with many benefits. Advantages of urban agriculture include an alternative source of fresh produce, improved life satisfaction, and a way to preserve cultural identity and traditions. Most importantly, community gardening and urban farming have the potential to provide a supplemental source of fruits and vegetables. Urban agriculture may be done on land owned by a community group, institution, municipality, land trust, or some other entity. Food grown on these plots can be kept for personal consumption or used to procure supplemental income. Additional benefits of urban agriculture beyond food provision include building job skills, improving self-esteem, and contributing to community revitalization.

Characteristics of community gardening initiatives:

Land and supply procurement; Organization of participants;

Reduction of barriers to fresh produce; Production of primary or alternative source of fresh produce; Entrepreneurial gardens.

Cell: I18

Comment: Comment:
Master Gardeners Program.

Cell: I19

Comment: Comment:
Farmers Markets

Cell: I20

Comment: Comment:
water, bottled now in vending machines.

Cell: I21

Comment: Comment:
No public transportation

Cell: C22

Comment: Supermarket Accessibility: Residents in the community living within a 3 mile radius of a supermarket.

Cell: I22

Comment: Comment:

Cell: I23

Comment: Comment:
Flourishing Farmers Market

Cell: C24

Comment: Women, Infants, and Children (WIC): Is a federally-funded program, which subsidizes food purchases for low-income women and young children. WIC farmers market vouchers are known as Farmers Market checks. With these vouchers, participants can buy fresh fruits, fresh vegetables and fresh cut herbs at approved farmers markets throughout the country.

Cell: I24

Comment: Comment:
Promotes and advertising a direct result of SAH.

Cell: I25

Comment: Comment:
Fast food places now offering healthier choices.

Cell: I26

Comment: Comment:

Cell: I27

Comment: Comment:
Subway does this.

Cell: I28

Comment: Comment:

Cell: I29

Comment: Comment:
Questions -12-17...
No, most food establishments adhere to franchise guidelines.

Cell: C30

Comment: Point of Purchase Nutrition Information: Advertising or marketing of a food and/or beverage product (typically beyond information supplied on product package) that can be found in various types of food and retail establishments. Examples include: product comparisons for fat and/or calorie content and marketing of low fat or low sodium items.

Cell: I30

Comment: Comment:

Cell: I31

Comment: Comment:

Cell: I32

Comment: Comment:

Cell: I33

Comment: Comment:

Cell: I34

Comment: Comment:

The Marmers Market now renders surplus fruits and vegetables to a local food food pantry for distribution to indigent persons via SAH involvement.

Cell: C35

Comment: Underserved Areas: Areas without availabilly of servces and/or barriers to the use of available services.

Cell: I35

Comment: Comment:

Cell: C36

Comment: Underserved Areas: Areas without availability of services and/or barriers to the use of available services.

Cell: I36

Comment: Comment:

Cell: I37

Comment: Comment:

SHA

Cell: I38

Comment: Comment:

Cell: C39

Comment: Role Model: A role model is a person who serves as a model in a particular behavioral or social role for another person to emulate.

Cell: I39

Comment: Comment:

Cooperative Extension agent works with 4H groups in schools. Newspaper takes role in encouraging healthy eating.

Tobacco Use

Based on your team's knowledge or observations of the community, use the following scale to indicate the most appropriate response for each statement.

Please indicate the appropriate number (#) from the scale in the response column that best represents your answer for each item. Each item represents a policy or environmental change strategy (although some can be considered both). While the definitions for policy and environment are listed below, item completion should focus on existence and status of such strategies rather than classifying what type of strategy (policy versus environment).

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<i>To what extent does the community.</i>	Response #	
1. Regulate tobacco advertising?	1	
2. Have a <u>tobacco free policy in place 24/7</u> for community venues (e.g., restaurants, retail establishments)?	1	
3. Have a <u>tobacco free policy in place 24/7</u> for outdoor community venues (e.g., parks, sporting events)?	5	
4. Regulate smoking in places not primarily intended for recreational use such as public walkways, streets, shopping centers?	1	
5. Prohibit the sale of single cigarettes?	1	
6. Restrict the placement of tobacco vending machines?	1	
7. Regulate the number, location, and density of tobacco retail outlets (e.g., conditional use permits)?	1	
8. Prohibit the distribution of free or low-cost tobacco products, coupons, coupon offers, or rebate offers for tobacco products?	1	
9. Prohibit tobacco litter in public places including parks, playgrounds, beaches?	2	
10. Increase the price of tobacco products and generate revenue with a portion of the revenue earmarked for tobacco control efforts (e.g., taxes, mitigation fees)?	1	
11. Have <u>culturally and linguistically appropriate</u> behavior modification-based tobacco cessation services (e.g., 1-800-QUIT-NOW) that are available in the community?	2	
COLUMN TOTAL:	17	Please remember to answer every item. Do not leave any item blank.
TOBACCO USE SCORE:	30.91%	

Cell: D8

Comment: Policies (Include): laws, regulations, and rules (both formal and informal) adopted on a collective basis to guide individual and group behavior. Examples: Laws and regulations that restrict smoking in public buildings, such as restaurants and other businesses; organizational rules that provide time off during work hours for physical activity; schools with policies that require daily physical education.

Cell: G8

Comment: Environment (includes): changes and/or alterations to physical, social, or economic environments designed to influence people's attitudes and behaviors. Examples: Building or upgrading walking paths and recreation areas within communities; posting signs to promote stair use at worksites; removing ashtrays from meeting rooms; faith-based institutions offering low-fat options at all sponsored events.

Cell: D9

Comment: For example, the school board has never discussed instituting a smoke-free policy in schools, complaints have never been filed.

Cell: G9

Comment: For example, there are no sidewalks, appropriate lighting, stoplights, or crosswalks in place in this area.

Cell: D10

Comment: For example, the school board is now discussing instituting this policy; policy is being drafted.

Cell: G10

Comment: For example, there are sidewalks in the area, but they are not well-lit and there is no stop light or cross-walk.

Cell: D11

Comment: For example, the school board developed and approved the policy, but it has not yet been implemented. It will be implemented in the next school year.

Cell: G11

Comment: For example, there are well-lit sidewalks in the area but there is no stop light or cross-walk.

Cell: D12

Comment: For example, the smoke-free policy was established and passed last year and implemented this year. The end of this year will be the review and comment period of the policy.

Cell: G12

Comment: For example, there are well-lit sidewalks in the area with a stop light, but there is no cross-walk.

Cell: D13

Comment: For example, the smoke-free policy was in place last year, and a comment period was held. The policy was revamped over the summer, and is now implemented with revisions including increased funding for implementation and increased punishment for violations.

Cell: G13

Comment: For example, there are sidewalks in the area, they are well-lit, there is a stop light and cross-walk.

Cell: I17

Comment: Comment:
City/county must follow state law.

Cell: C18

Comment: Tobacco Free Policy 24/7: All tobacco products, such as cigarettes, cigars, and chewing tobacco, are prohibited around the clock to be used by anyone inside and/or outside buildings, at sponsored events (on- or off- grounds), and within all vehicles.

Cell: I18

Comment: Comment:
Currently a "choice ordinance" is in place for restaurants and retail establishments. Neither the city nor the county have a comprehensive ordinance in place.

Cell: C19

Comment: Tobacco Free Policy 24/7: All tobacco products, such as cigarettes, cigars, and chewing tobacco, are prohibited around the clock to be used by anyone inside and/or outside buildings, at sponsored events (on- or off- grounds), and within all vehicles.

Cell: I19

Comment: Comment:
SAH Young Lungs at Play signs are in parks in place.

Cell: I20

Comment: Comment:

Cell: I21

Comment: Comment:
This is against state law and the FDA regulates.

Cell: I22

Comment: Comment:
If machines are in place, they must be in an adult only facility where ID's are checked and no one under age 19 admitted. Prohibited in schools.

Cell: I23

Comment: Comment:

Cell: I24

Comment: Comment:

Cell: I25

Comment: Comment:
Auntie Litter Campaign

Cell: I26

Comment: Comment:

Cell: C27

Comment: Culturally and Linguistically Appropriate: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable effective work in cross-cultural situations.

Cell: I27

Comment: Comment:
DCPH supports
(Hispanic services are referenced)

Chronic Disease Management

Based on your team's knowledge or observations of the community, use the following scale to indicate the most appropriate response for each statement.

Please indicate the appropriate number (#) from the scale in the response column that best represents your answer for each item. Each item represents a policy or environmental change strategy (although some can be considered both). While the definitions for policy and environment are listed below, item completion should focus on existence and status of such strategies rather than classifying what type of strategy (policy versus environment).

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4	Policy implementation	Most elements are in place and/or well developed
5	Policy evaluation, adjustment and/or termination	All elements in place and well developed

To what extent does the community:	Response #	
1. Promote chronic disease self-management programs (e.g., diabetes, obesity – such as Weight Watchers)?	3	
2. Have strategies to educate its residents on the importance of obesity prevention?	2	
3. Have strategies to educate its residents on the importance of controlling high blood pressure?	2	
4. Have strategies to educate its residents on the importance of controlling cholesterol?	2	
5. Have strategies to educate its residents on the importance of controlling blood glucose/insulin levels?	2	
6. Have strategies to educate its residents on heart attack and stroke symptoms and when to call 9-1-1?	4	
7. Have strategies to educate its residents on the importance of preventive care?	2	
8. Have emergency medical services (e.g., 9-1-1, transport system)?	5	
9. Have strategies to address chronic disease <u>health disparities</u> ?	2	
COLUMN TOTAL:	24	Please remember to answer every item. Do not leave any item blank.
CHRONIC DISEASE MANAGEMENT SCORE:	53.33%	

Cell: D8

Comment: Policies (include): laws, regulations, and rules (both formal and informal) adopted on a collective basis to guide individual and group behavior. Examples: Laws and regulations that restrict smoking in public buildings, such as restaurants and other businesses; organizational rules that provide time off during work hours for physical activity; schools with policies that require daily physical education.

Cell: G8

Comment: Environment (includes): changes and/or alterations to physical, social, or economic environments designed to influence people's attitudes and behaviors. Examples: Building or upgrading walking paths and recreation areas within communities; posting signs to promote stair use at worksites; removing ashtrays from meeting rooms; faith-based institutions offering low-fat options at all sponsored events.

Cell: D9

Comment: For example, the school board has never discussed instituting a smoke-free policy in schools, complaints have never been filed.

Cell: G9

Comment: For example, there are no sidewalks, appropriate lighting, stoplights, or crosswalks in place in this area.

Cell: D10

Comment: For example, the school board is now discussing instituting this policy; policy is being drafted.

Cell: G10

Comment: For example, there are sidewalks in the area, but they are not well-lit and there is no stop light or cross-walk.

Cell: D11

Comment: For example, the school board developed and approved the policy, but it has not yet been implemented. It will be implemented in the next school year.

Cell: G11

Comment: For example, there are well-lit sidewalks in the area but there is no stop light or cross-walk.

Cell: D12

Comment: For example, the smoke-free policy was established and passed last year and implemented this year. The end of this year will be the review and comment period of the policy.

Cell: G12

Comment: For example, there are well-lit sidewalks in the area with a stop light, but there is no cross-walk.

Cell: D13

Comment: For example, the smoke-free policy was in place last year, and a comment period was held. The policy was revamped over the summer, and is now implemented with revisions including increased funding for implementation and increased punishment for violations.

Cell: G13

Comment: For example, there are sidewalks in the area, they are well-lit, there is a stop light and cross-walk.

Cell: I17

Comment: Comment:
Weight Watchers programs

Cell: I18

Comment: Comment:
VCHS; cooperative extension, PSA's
(questions 2-3)

Cell: I19

Comment: Comment:
Family Medicine Physicians, associated with UAB, visits nutrition center routinely to address prevention issues with seniors.
(questions 3-4)

Note: There is no certified dietitian educator in community at large.

Cell: I20

Comment: Comment:
VCHS screenings.

Cell: I21

Comment: Comment:
VCHS screenings. Cooperative Extension has a DM project of 20 weeks - curriculum designed to educate and prevent diabetes through healthier diet, exercise, regulating BS

Cell: I22

Comment: Comment:

Cell: I23

Comment: Comment:
VCHS; Cooperative Extension.

Cell: I24

Comment: Comment:

Cell: C25

Comment: Health Disparities: Are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.

Cell: I25

Comment: Comment:

Leadership

Based on your team's knowledge or observations of the community, use the following scale to indicate the most appropriate response for each statement.

Please indicate the appropriate number (#) from the scale in the response column that best represents your answer for each item. Each item represents a policy or environmental change strategy (although some can be considered both). While the definitions for policy and environment are listed below, item completion should focus on existence and status of such strategies rather than classifying what type of strategy (policy versus environment).

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5	Policy evaluation, adjustment and/or termination	All elements in place and well developed

<i>To what extent does the community:</i>	Response #	
1. Finance <u>shared-use paths or trails</u> (by passing bonds, passing millages, levying taxes or getting grants)?	3	
2. Finance recreation facilities (by passing bonds, passing millages, levying taxes or getting grants)?	3	
3. Finance parks or <u>greenways</u> (by passing bonds, passing millages, levying taxes or getting grants)?	3	
4. Finance sports facilities (by passing bonds, passing millages, levying taxes or getting grants)?	3	
5. Finance pedestrian enhancements (e.g., sidewalks, street crossing enhancements)?	1	
6. Finance bicycle enhancements (e.g., bike lanes, bike parking, road diets)?	2	
7. Address the community's operating budget to make walking, bicycling, or other physical activities a priority?	2	
8. Promote <u>mixed land use</u> through regulation or other incentives?	1	
9. Protect <u>mixed land use</u> through regulation or other incentives?	1	
10. Have a staff person specifically responsible for bicycle or pedestrian transportation options?	1	
11. Develop a management program to improve the safety of the transportation system?	1	
12. Have established community coalitions and partnerships to address chronic diseases and associated risk factors (e.g., obesity, diabetes, tobacco use)?	4	
COLUMN TOTAL:	25	Please remember to answer every item. Do not leave any item blank.
LEADERSHIP SCORE:	41.67%	

Cell: D8

Comment: Policies (include): laws, regulations, and rules (both formal and informal) adopted on a collective basis to guide individual and group behavior. Examples: Laws and regulations that restrict smoking in public buildings, such as restaurants and other businesses; organizational rules that provide time off during work hours for physical activity; schools with policies that require daily physical education.

Cell: G8

Comment: Environment (includes): changes and/or alterations to physical, social, or economic environments designed to influence people's attitudes and behaviors. Examples: Building or upgrading walking paths and recreation areas within communities; posting signs to promote stair use at worksites; removing ashtrays from meeting rooms; faith-based institutions offering low-fat options at all sponsored events.

Cell: D9

Comment: For example, the school board has never discussed instituting a smoke-free policy in schools, complaints have never been filed.

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Comment: For example, the school board is now discussing instituting this policy; policy is being drafted.

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Comment: For example, the smoke-free policy was in place last year, and a comment period was held. The policy was revamped over the summer, and is now implemented with revisions including increased funding for implementation and increased punishment for violations.

Cell: G13

Comment: For example, there are sidewalks in the area, they are well-lit, there is a stop light and cross-walk.

Cell: C17

Comment: Shared Use Paths and Trails: Part of a transportation circulation system that supports multiple recreation opportunities, such as walking, bicycling, and inline skating. A shared-use path typically has a surface that is asphalt, concrete, or firmly packed crushed aggregate. Shared-use paths can provide both a transportation and recreation function.

Cell: I17

Comment: Comment:
Past bond issues and grants have enabled the financing of recreational facilities such as River Walk, Block Park, and Memorial Stadium. (questions 1-4)

Cell: I18

Comment: Comment:

Cell: C19

Comment: Greenways: Open space corridors that can be managed for conservation, recreation, and/or alternative transportation. Greenways often follow natural or existing land or water features such as ridgelines, stream valleys, rivers, canals, utility corridors, abandoned rail lines and

others.

Cell: I19

Comment: Comment:

Cell: I20

Comment: Comment:

Cell: I21

Comment: Comment:

Cell: I22

Comment: Comment:

Discussed in city council June, 2011

Cell: I23

Comment: Comment:

Very little discretionary funds exist to impace the problem.

Cell: C24

Comment: Mixed Land Use: The use of safe and well-maintained sidewalks, crosswalks, bicycle paths, trails, parks, recreational facilities, and community designs featuring mixed-use development (e.g., mixing residential and commercial in same area) and a connected grid of streets.

Incentive: Any factor (financial or non-financial) that provides a motive for a particular course of action, or counts as a reason for preferring one choice to the alternatives. Examples are: certificates of appreciation or certificates of participation in the program, movie passes, transportation passes or tokens, phone cards, meal certificates, and/or cash.

Cell: I24

Comment: Comment:

Cell: C25

Comment: Mixed Land Use: The use of safe and well-maintained sidewalks, crosswalks, bicycle paths, trails, parks, recreational facilities, and community designs featuring mixed-use development (e.g., mixing residential and commercial in same area) and a connected grid of streets.

Incentive: Any factor (financial or non-financial) that provides a motive for a particular course of action, or counts as a reason for preferring one choice to the alternatives. Examples are: certificates of appreciation or certificates of participation in the program, movie passes, transportation passes or tokens, phone cards, meal certificates, and/or cash.

Cell: I25

Comment: Comment:

Cell: I26

Comment: Comment:

Cell: I27

Comment: Comment:

Cell: I28

Comment: Comment:

Cahaba Mental Health - Dallas Co. Date: 05/04/2011
 Interviewer: Ann Fuller
 Respondent: Lafon Barlow, Ex. Dir.

6/10/11
 FH

Community Health Assessment and Group Evaluation

COMMUNITY BASED INSTITUTION

INSTITUTION'S NAME: Cahaba Mental Health (AKA The Cahaba Center)

Module Score Summaries	
0.00%	Physical Activity
0.00%	Physical Activity (including daycare)
0.00%	Nutrition
0.00%	Nutrition (including daycare)
0.00%	Tobacco Use
0.00%	Tobacco Use (including daycare)
0.00%	Chronic Disease Management
0.00%	Leadership

GENERAL INSTRUCTIONS

Please indicate your answer by marking an 'X' in the appropriate box for your response.

DEMOGRAPHIC INFORMATION

Best description of the community setting
 (choose ONE only):

Rural	
Suburban	
Urban	X

Median household income in the community (check the best estimated category):

< \$25,000	X
\$25,000 - \$34,999	
\$35,000 - \$49,999	
\$50,000 - \$74,999	
≥ \$75,000	

Sector Type
 (choose ONE only)

Private	
Public	X

Profit Type
 (choose ONE only)

For-Profit	
Not-for-Profit	X

Total number of individuals being served 3,000

Clients in Selma/Dallas Co

Target Population (choose ALL that apply)

Children/Youth*	X
Young Adults	X
Families	X
Seniors/Older Adults	X
Other, please specify:	

*** If serving children/youth, what grades being served**
 (choose ALL that apply):

Preschool	X
Elementary	X
Middle School	X
High School	X

Type of Institution (choose ONE type only)

Senior Center	
Faith-based Institution	
Daycare Center	
Other, please specify: <u>Mental Health Clinic / Mental Retardation Clinic</u>	X

Physical Activity

Based on your team's knowledge or observations of the institution, use the following scale to indicate the most appropriate response for each statement.

Please indicate the appropriate number (#) from the scale in the response column that best represents your answer for each item. Each item represents a policy or environmental change strategy (although some can be considered both). While the definitions for policy and environment are listed below, item completion should focus on existence and status of such strategies rather than classifying what type of strategy (policy versus environment).

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To what extent does the community-based institution:	Response #
1. Promote stairwell use (e.g., make stairs appealing or post signs to promote stair use for exercise)?	3
2. Provide safe area outside to walk or exercise (e.g., trails or sidewalks, lighting)?	5
3. Designate a walking path on or near building property?	1
4. Encourage non-motorized commutes (e.g., walk, bike) to facility?	1
5. Have recreation facilities for people of all ages?	3
6. Have recreation facilities for people of all abilities?	3
7. Have strategies to increase physical activity extracurricular opportunities?	4
8. Have strategies to enhance personal safety in areas where people are or could be physically active?	3
9. Have access to public transportation (e.g., bus stops or transit stations) within reasonable walking distance?	1
10. Provide access to onsite fitness center, gymnasium, or physical activity classes?	3
11. Provide a changing room or locker room with showers?	1
12. Secure bicycle parking for patrons?	1
13. Provide individually adapted behavior change program(s) (e.g., motivationally-tailored physical activity programs)?	3
14. Provide a broad range of competitive and noncompetitive physical activities that help to develop the skills needed to participate in lifetime physical activities?	3
15. Ensure that patrons have a voice in available exercise resources?	3
16. Require eliminating marketing of products that promotes sedentary lifestyles onsite, including through posters and other print materials?	2
17. Provide opportunity for unstructured play or leisure-time physical activity?	5
18. Offer a program or curriculum that teaches the health-related benefits of physical activity?	4
19. Have strategies to reduce screen time (e.g., watching television, working on computer) in facility?	1
20. Use positive role models in the media (both content and advertising) to encourage active lifestyles and healthy choices (including regular physical active)?	4
21. Require 60 minutes of physical activity every school day of the week? (daycare only)	N/A
22. Prohibit using physical activity or withholding physical education class as punishment? (daycare only)	N/A
COLUMN TOTAL:	0
PHYSICAL ACTIVITY SCORE:	0.00%
COLUMN TOTAL (including daycare):	0

*Automatic lights after dark
safe area around of bldg. + well not a "designated"*

perimeter lift space

*group home residents have structured physical act. not available
some clients utilize the*

opportunities local ymc

*behavior modification used with clients
special city dance classes for some clients, too.*

ics available

*This is a probation area
State Dept. of Health would*

Mental do this

Please remember to answer every item. Do not leave any

PHYSICAL ACTIVITY SCORE (including daycare)

0.00%

every item is not blank
item blank.

Nutrition

Based on your team's knowledge or observations of the institution, use the following scale to indicate the most appropriate response for each statement.

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To what extent does the community-based institution:	Response #
1. Require healthy food and beverage options at institution-sponsored meetings or events?	3
2. Require healthy food and beverage options in vending machines?	3
3. Require healthy food and beverage options in cafeteria or onsite food venues?	4
4. Require healthy food purchasing (e.g., to reduce the fat content of food offered) for cafeteria, onsite food venues or vending machines?	4
5. Require healthy food preparation practices (e.g., steaming, low fat, low salt, limiting frying) in cafeteria or onsite food venues?	4
6. Eliminate marketing of unhealthy food onsite, including through vending machines, posters, or other print materials?	5
7. Offer smaller portion size options in cafeteria or onsite food venues?	4
8. Use positive role models in the media (both content and advertising) to encourage good nutrition and healthy eating (including healthy food or beverage choices)?	5
9. Provide labels at the institution's cafeteria, snack bar, or food service (e.g., 'low fat', 'light', 'heart healthy', 'no transfat')?	5
10. Serve water to drink (e.g., have bottled water, clean sources of tap water, or working water fountains)?	5
11. Work with food vendors or cafeteria managers to provide affordable, healthy food options?	5
12. Have strategies to limit displays of unhealthy foods? <i>posters</i>	5
13. Have strategies to display healthy foods?	5
14. Provide healthy eating classes or demonstrations?	5
15. Provide <u>individually adapted behavior change program(s)</u> (e.g., nutrition counseling, weight management)?	3
16. Use food pyramid charts in the learning environment?	5
17. Use a curriculum or program that ensures adequate time devoted to nutrition education, including healthy eating?	4
18. Provide direct material support (e.g., money, land, a pavilion, donated advertising) for farmers' markets or community garden initiatives? <i>greenhouse in existence</i>	5
19. Support patrons' ability to breastfeed by providing a comfortable, private space for women to nurse or pump?	5
20. Prohibit giving food as a reward and withholding food as punishment? (daycare only)	N/A
21. Encourage teachers to schedule time for students to wash their hands before meals and snacks? (daycare only)	N/A
COLUMN TOTAL:	0
NUTRITION SCORE:	0.00%
COLUMN TOTAL (including daycare):	0
NUTRITION SCORE (including daycare):	0.00%

"a mix" is most often seen.

- mixed

supervisors food

app. home purchase the

State Dept. Health

of Mental Workers

distilled water Also water available fountains

posters and Coop. Ext. bulletin board: has done this.

Please remember to answer every item. Do not leave any item blank.

Tobacco Use

Based on your team's knowledge or observations of the institution, use the following scale to indicate the most appropriate response for each statement.

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To what extent does the community-based institution:	Response #	
1. Have a tobacco free policy in place 24/7? <i>Indoor only policy</i>	5	
2. Ban tobacco vending machines onsite?	5	<i>all bldgs are smoke free</i>
3. Have smoking cessation resources or programs available?	5	
4. Have a selective purchase policy indicating that tobacco company subsidiary food products will not be bought or accepted as a donation?	1	
5. Provide individually adapted behavior change program(s) (e.g., smoking cessation) for patrons?	3	<i>Behavior modification used with clients.</i>
6. Have a referral system to help patrons to access community-based cessation resources and services, such as quitlines (i.e., 1-800-QUIT-NOW)?	5	
7. Prohibit tobacco company contributions or advisements?	5	
8. Provide health education messages about nicotine addiction and cigarette smoking for patrons of all ages? <i>Damphlets provided as needed</i>	5	
9. Provide instruction that meets CDC guidelines on tobacco use prevention for students (daycare only)	N/A	
COLUMN TOTAL:	0	
TOBACCO USE SCORE:	0.00%	
COLUMN TOTAL (including daycare):	0	Please remember to answer every item. Do not leave any item blank.
TOBACCO USE SCORE (including daycare):	0.00%	

Chronic Disease Management

Based on your team's knowledge or observations of the institution, use the following scale to indicate the most appropriate response for each statement.

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To what extent does the community-based institution:	Response #	
1. Provide access to an onsite nurse?	5	
2. Provide an onsite medical clinic to monitor and address chronic disease risk factors (e.g., high blood pressure, high cholesterol, blood glucose)?	1	
3. Provide routine screening and follow-up counseling and education to patrons to help prevent and control chronic disease risk factors (e.g., poor nutrition, physical inactivity, hypertension, tobacco use)?	5	clients are the M.D. every 3 months
4. Offer chronic disease self-management programs (e.g., diabetes, obesity – such as Weight Watchers)?	1	
5. Raise awareness of the risk factors for and signs and symptoms of heart attacks and strokes?	4	done with emph
6. Raise awareness of the importance of calling 9-1-1 immediately when someone is having a heart attack or stroke?	5	
7. Disseminate chronic disease prevention messages to patrons (e.g., post signs reminding patrons to get blood pressure checked, quit smoking)?	1	not done b/c M.D. sees clients sp routinely
8. Have an emergency response plan (e.g., appropriate equipment such as Automatic External Defibrillator [AED] or instructions for action) in place?	1	
COLUMN TOTAL:	0	Please remember to answer every item. Do not leave any item blank.
CHRONIC DISEASE MANAGEMENT SCORE:	0.00%	

employees are geared mainly

seen by every 3

clients are the M.D. every 3 months

done with emph

not done b/c M.D. sees clients sp routinely

Psychiatrist does routine medical care

First Aid classes are taught monthly to staff by Jeannie Jones
CPR - taught annually to staff

Pamphlets, brochures, etc. are available but geared more toward mental health than physical health.

Leadership

Based on your team's knowledge or observations of the institution, use the following scale to indicate the most appropriate response for each statement.

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To what extent does the community-based institution:	Response #	
1. Have a wellness coordinator?	3	Lofon Barton, Dir. of RN Use eval. forms "Cook It Right" prog. of Cooperative Extension System utilized.
2. Have a wellness committee?	3	
3. Have a health promotion budget?	4	
4. Have a mission statement (or a written policy statement) that includes the support of or commitment to patron health and well-being?	5	
5. Conduct a needs assessment when planning a health promotion program?	3	
6. Evaluate health promotion programs or curricula?	5	
7. Provide training and support to food service and other relevant staff to meet nutrition standards for preparing healthier meals?	5	
8. Provide incentives to patrons participating in chronic disease prevention measures (e.g., quit smoking, log miles walked, blood pressure or cholesterol screening)?	1	
9. Seek patron feedback (e.g., interest, satisfaction, adherence) about health promotion programs or curricula?	2	
10. Participate in community coalitions and partnerships to address chronic diseases and associated risk factors (e.g., obesity, diabetes, tobacco use)?	5	
COLUMN TOTAL:		0
LEADERSHIP SCORE:		0.00%

Exec. Dir. of RN

Use eval. forms "Cook It Right" prog. of Cooperative Extension System utilized.

→ Strategic Alliance for Health
 Cooperative Extension
 State Dept. of Mental Health
 Relay for Life
 Delta Rural Access Program
 Bristol Myers Squibb Pharmaceutical Co.

CAHABA CENTER SERVICES

Cahaba Center for Mental Health provides a continuum of services for persons with mental illness and/or substance abuse issues, and developmental or intellectual disabilities services. The services include the following:

MENTAL HEALTH SERVICES

1. Children and Adolescents - Individual and group therapy for children and adolescents.
2. Child Abuse and Neglect - Specialized services for the treatment of child abuse and neglect victims and their families.
3. Counseling services provided in schools throughout Dallas County and the Selma School System. Services include individual, group, family, case management, emergency and crisis intervention.
4. Individual and Group Psychotherapy - Counseling for adults and families.
5. Targeted Outreach Services - Evaluation and counseling for persons being considered for treatment in a state mental health facility.
6. Aftercare - Mental health follow-up service for persons being formerly hospitalized, and supervision of prescribed medication.
7. Indigent Drug Program - Administering of physician-prescribed medications, for a small handling charge, to those persons showing a financial need.
8. Inpatient - Coordination of hospital services for people needing immediate and intensive treatment.
9. Intensive Day Treatment - Provides therapeutic activities and individual and group therapy which are aimed at helping the client take more interest in his life and the world around him.
10. Emergency - 24 hour emergency. Toll free number for crisis management. (875-2109 within three county area of Dallas, Perry and Wilcox).
11. Group Home - Residential training program which provides a homelike atmosphere while receiving training to enable mentally ill adults to live more independently in the community.

12. In-Home Services - For adults with serious mental illness, and children with serious emotional disorder (SED) who need in-home intense outpatient services. Includes case management and medication management.
13. Residential Supervised Independent Apartments -Leased apartments sublet to mentally ill persons who can not live totally independent of supervision.
14. Consumer employment projects.
15. Rehabilitative Day Programs - Provides long-term recovery in a day setting with the focus on improved functioning, achieving personal goals to become productive participants in family and community life.
16. Case Management - Serves to provide linkage to other social services.

SUBSTANCE ABUSE SERVICES

1. Adolescent Treatment - Counseling and treatment designed specifically for adolescents who have alcohol or other drug abuse or addiction.
2. Drug and Alcohol Prevention Education - Emphasis on developing positive communication skills and healthy coping skills as alternatives to substance abuse.
3. Substance Abuse (IOP)- Counseling and treatment designed specifically for persons who have alcohol or other drug abuse or addiction.
4. Specialized Services for Women - Program provides specialized treatment for female alcoholics and drug abusers who are pregnant or have dependent children.

DUAL DISORDERS TREATMENT PROGRAM (MI/SA)

Cahaba Place - DD center (MI/SA) - Residential, Intensive Day and Rehabilitative Day services.

INTELLECTUAL DISABILITIES SERVICES

1. Diagnosis and Evaluation - Intelligence testing to determine an individual's functioning level.
2. Day Training Centers - Centers located in Selma, Uniontown and Camden that provide a place where adults with intellectual disabilities can learn daily living skills and receive basic educational and prevocational training.
3. Information and Counseling - To help families of persons with intellectual disabilities determine the most appropriate programs for the needs of the individual.
4. Group homes - Residential training program which provides a homelike atmosphere while receiving training to enable persons to live more independently in the community.
5. Early Intervention - Infants (0-3) with developmental disabilities provided stimulation to enhance cognitive, motor, adaptive, personal-social and linguistic skills.
6. Employment opportunities for consumers.
7. Personal Care and Companion Services - Assistance in the home with bathing, meal preparation and other activities of daily living.
8. Respite Services - provide care for individuals with intellectual disabilities for a limited number of hours/days to relieve family/caregivers of 24-7 responsibilities or provide assistance when caregiver is hospitalized for brief periods.

OTHER SERVICES

1. Public Information - Provides information and materials to news media and the general public regarding mental health, intellectual disabilities and substance abuse services and programs.
2. Community Education - Informational and educational presentations for community organizations to promote a greater awareness of the principles of good mental health.
3. Personal Growth Opportunities - Multiple educational sessions provided on a "fee per session" basis that deal primarily in adjustment and enhancement areas.
4. Program Consultation - Consultation to other service agencies, governmental bodies and civic organizations as an aid to development of their own mental health related fields.

5. Orientation and Student Training – Programs for college and junior college students who are pursuing study or careers in the areas of health, psychology, counseling or related fields.
6. Prevention and Intervention – Programs focusing on areas of responsibility which provide healthy mental attitudes in living.
7. Court Consultation – Working with the court system in the area of institutional commitments.
8. Employee Assistance Programs (EAP) – A program for business and institutions available through the Cahaba Employee Assistance Service for a fee.
9. Court Referral System – Court Referral Officer who works with local judges to assess offenders for educational or treatment programs.
10. Court Referral Education Programs – Which include DUI, Youthful Offenders, Anger Management, Domestic Violence and Driver's Education.

FY2012 BUDGET CAHABA CENTER
REVENUE

Client Services			
Client Fees		\$ 25,000	
Ins. & Other		\$ 20,000	
Client Medicaid		\$ 3,165,315	
Medicare		\$ 25,000	
Room & Board		\$ 420,000	
Sub total			<u>\$3,655,315</u>
State Gov't	Mental Illness	\$ 1,345,000	
	Sub. Abuse	\$ 650,000	
	MR - State	\$ 500,000	
	MR - Waiver	\$ 2,000,000	
	Sp Education	\$ 55,185	
	EIP - Part C	\$ 222,800	
	EIP - Federal	\$ 63,700	
Sub total			<u>\$4,836,685</u>
Local Gov't	Appropriations	\$ 50,000	
Donations	United Way	\$ 32,000	
	Weaver Parrish	\$ 5,500	
	Other	\$ 4,000	
Sub total			<u>\$ 91,500</u>
COE Fees		\$ 65,000	
Rural Health Grant		\$ 17,000	
Interest		\$ 15,000	
Sheltered Workshop		\$ 25,000	
Misc.		\$ 30,000	
Sub total			<u>\$ 152,000</u>
Total Revenue			<u>\$8,735,500</u>

**FY 2012 BUDGET
EXPENSES**

CAHABA CENTER

Personnel - Salaries	\$ 4,800,000	
- Fringe Benefits	\$ 1,482,500	
- Consultants	\$ 130,000	
- Staff Travel & Training	\$ 62,000	
Sub total		\$6,474,500
Building - Utilities & Telephone	\$ 360,000	
- Computer Support	\$ 100,000	
- Rent	\$ 170,000	
- Maintenance	\$ 120,000	
Sub total		\$ 750,000
Vehicle - Preventive Maintenance	\$ 80,000	
- Gas & Oil	\$ 190,000	
- Insurance	\$ 100,000	
- Tags	\$ 2,500	
Sub total		\$ 372,500
Equipment - Minor Equipment	\$ 10,000	
- Lease	\$ 62,000	
- Maintenance contracts/repair	\$ 1,500	
Sub total		\$ 73,500
Supplies - General Office	\$ 27,000	
- Program Supplies	\$ 210,000	
- Food	\$ 118,000	
Sub total		\$ 355,000
Other - Contractual Disbursement	\$ 305,000	
- Property Insurance	\$ 10,000	
- Liability & Bonding Ins.	\$ 73,000	
- Legal/Audit/Dues	\$ 50,000	
- Bad Debt Expense	\$ 20,000	
		\$ 458,000
Depreciation - Building	\$ 102,000	
- Computer/Other Equipment	\$ 50,000	
- Vehicle	\$ 100,000	
Sub total		\$ 252,000
Total Expense		\$8,735,500

Charlotte Jones

From: "Charlotte Jones" <charlotte.jones@cahabamentalth.com>
To: "Walter McCrimon" <wmccrimon@att.net>; "Viola Daniel" <ed_vi@bellsouth.net>; "Peggy Brening" <mpjd4@yahoo.com>; "Ora G. Colston" <oragcolston@hotmail.com>; "Lewis Fincher" <lewisfincher@cahabaconsumeraffairs.com>; "Lee Maxwell" <lmaxwell@cahabaconsumeraffairs.com>; "Lee Ann Henderson" <leeaneh@centurytel.net>; "Kathy McVay" <gkmcvay@bellsouth.net>; "Judy Schober" <rschober1@earthlink.net>; "Cindy Yeager" <cindy.yeager@wccs.edu>; "Camille S. Jones" <camillejones@frontiernet.net>; "Bobbie Samac" <bobbiesam@centurytel.net>; "Anna Marie Southall" <amskiss@yahoo.com>; "Vinnie Royster" <vinnieroyster@yahoo.com>; "Evelyn Huff" <evelynhff@yahoo.com>; "Betsy Powell" <associatorrector@stpaulselma.org>; "Charles Moss" <charles.moss@peoplesbt.com>; "Jeannie Evans" <evansjw@dallask12.org>; "Martha Maurer" <marthamaurer@yahoo.com>; "Mike Reynolds" <mikereynolds@WDX.com>; "James Ware" <ware.jamese@gmail.com>; "Larry Huguen" <lehuguen@bellsouth.net>; "Sallie McFarland" <mcfarland6@bellsouth.net>; "Jean Martin" <olddepot@wwisp.com>; "Anna Gibler" <jkg504@aol.com>; "Valerie Kisor Chittom" <vkclaw@bellsouth.net>; "John G. Chisolm" <john.chisolm@banktrustonline.com>; "Andy Stewart" <andy.stewart@wachovia.com>; "Alvin Reed" <Alvin.Reed@dhr.alabama.gov>; "Callie Nelson" <nelsoc3@aces.edu>; "Tonya Gandy" <tonya.gandy@cahabamentalth.com>; "Lathesia Spencer" <Lathesia.Saulsberry@dhr.alabama.gov>; "Michele McNeill" <Michele.Mcneill@dhr.alabama.gov>; "Elizabeth Smith" <elizabeth.smith@cahabamentalth.com>; "Lafon Barlow" <lafon.barlow@cahabamentalth.com>; "Gail Stevenson" <gail.stevenson@cahabamentalth.com>; "Timmy Till" <tammy.till@cahabamentalth.com>; "Dorothy Vasser" <dorothy.vasser@cahabamentalth.com>; "Judge Kim Ballard" <ballard1961@bellsouth.net>
Cc: "Lafon Barlow" <lafon.barlow@cahabamentalth.com>
Sent: Monday, November 14, 2011 11:33 AM
Subject: Planning meeting Thursday, November 17th 1 p.m.

Cahaba Center for Mental Health will hold a planning meeting, **Thursday, November 17, 2011 at 1:00 p.m.** in the conference room of the Annex **Building, 417 Medical Center Parkway, Selma.**

Please mark your calendar and plan to attend.

Charlotte Jones
 Executive Administrative Assistant
 Cahaba Center for MH/MR
 417 Medical Center Pkwy
 Selma, AL 36701
 334-875-6068

Cahaba Mental Health Local Planning Meeting
Thursday, November 17, 2011

Cahaba Center for Mental Health held a local planning meeting on Thursday, November 17, 2011 at 1:00 p.m. in the conference room of the Cahaba Center Annex Building, 417 Medical Center Parkway, Selma, Alabama. Ms. Barlow, Executive Director, welcomed everyone and thanked them for taking the time out of their busy schedule to attend the meeting (see attached sign-in sheets).

Ms. Barlow encouraged everyone to attend the Mental Health Meet & Greet on Monday, November 28, 2011 at the Selma Convention Center, 211 Washington Street, Selma. The meeting will be from 6:30 p.m. to 8:00 p.m. The Commissioner of Mental Health will attend and address the meeting and guest will have an opportunity to speak as well. This will be the BlackBelt areas opportunity to express its needs concerning mental health services. Due to the economic downturn and healthcare reforms, changes (1) in services, (2) how services are provided, and (3) what services are provided, are on the horizon.

Ms. Barlow stated that Cahaba Center for Mental Health is a public not for profit community mental health center that provides an array services to persons with mental illness, intellectual disabilities and substance abuse in Dallas, Perry, and Wilcox counties. The purpose of the meeting is to discuss Cahaba's current services, and services that may need to be changed/added to meet the needs of persons with mental illness, intellectual disabilities, and substance abuse in the future. Ms. Barlow introduced Lynne Brown, Cahaba Center's Clinical Director, Dorothy Vasser, Cahaba Center's Director of Substance Abuse, Tonya Gandy, Cahaba Center's Intellectual Disabilities and Early Intervention Program Director, and Carrie Bearden, Cahaba Center's Director of Family & Youth Services.

Ms. Vasser, Director of Substance Abuse, reviewed Cahaba's current substance abuse programs. Cahaba Center currently provides intensive outpatient services for adults and adolescents, specialized women's services, and prevention services in Dallas, Perry, and Wilcox counties. The needs identified and prioritized are; (1) more one-on-one counseling, (2) more materials/books/cd's/videos, (3) better/more reliable transportation, (4) more detox facilities in our area, (5) recovery/motivational speakers.

Ms. Lynne Brown, Clinical Director, reviewed Cahaba's adult mental illness programs. Cahaba Center currently provides adult outpatient services, case management services, psychiatric services, day/intensive day treatment services in Dallas County, rehabilitative day services in Dallas, Perry, and Wilcox counties, emergency services, and residential services. The needs identified and prioritized are; (1) better access to care - psychiatrist, (2) facilities updates/repairs, (3) better/more reliable transportation, (4) more "fun" activities, (5) more physical activities, and (6) sporting equipment.

Ms. Tondy Gandy, ID and EIP Director, reviewed Cahaba's intellectual disabilities services. Cahaba currently provides day rehabilitative services, case management, residential services, and early intervention services. The needs identified and prioritized are: (1) waiting list, (2) new materials/supplies, (3) emergency respite space, (4) mentoring program, (5) better/more reliable transportation.

Ms. Carrie Bearden, Youth and Family Director, reviewed Cahaba's youth and family services. Cahaba currently provides outpatient services, case management, in-home services for youth at-risk of being placed outside the home, psychiatric services. Cahaba works closely with schools, Central Alabama Regional Child Advocacy Center, Department of Human Resources and other agencies. The needs identified and prioritized are; (1) initial access to psychiatrist, (2) more materials/supplies, (3) more access to staff / licensure training.

Ms. Barlow stated that Cahaba Center's website is being updated. Mr. Larry Huguen addressed the group and discussed the importance of the upcoming November 28th, Mental Health Meet and Greet meeting.

Ms. Barlow thanked everyone for coming and offering their input.

MEETING Local Planning Meeting 11/17/11

DATE 11/17/11 TIME 1 ^{pm} LOCATION Cahaba Annex

PRESENTER Lafon Barlow

Name	Board member Staff Person Consumer, Family Member, Agency
Camille Jones	Board member
Larry Hughes	Sec of Foundation
Janyla Gandy J U/D/O/S	Staff
MYRONL EVERETT	Consumer
DORIS mae King	Consumer
James E. Lee	staff
Walter McCrinn	BD MEMBER
Greenda Jewison	Cahaba Place
Mela Leschore	Consumer
Robyn Childs	Cahaba Place
Charly A May	Board member
Camie Bearden	Cahaba Center
Tracey Craig	CARES
Lauri Cothran	Child Adv. Cntr
Kandace Carter	Cahaba Care
Angela Billingsly	Cahaba Care
Craig R Stevens	Cahaba Center
Jamie Nill	Cahaba Place
Stephanie Brackitt	Mc Dougal

MEETING Planning Meeting / Executive Committee of Board

DATE 11/14/11 TIME 4:30 LOCATION Cahaba Annex

417 Medical Center Parkway

PRESENTER Z. Br...

Cindy Yeager

Lewis Fincher Jr.

Judy Scholer

Peggy Brening

John James

Anna Southall

Viola H. Daniel

Increase Productivity -

Provide Services for Families to get in and out
as quickly ASAP.

Improve on goals for local, state and nation.

- 1) In the area of substance abuse, the current model does not seem very effective. Are there any other options available? With federal funding I am unsure of the use of faith-based programs but they seem to work best, in my opinion.
- 2) I have a concern about individuals being medicated in lieu of extra counseling.

Continue to try to see clients as quickly as possible.

Offer day care for as many people as possible - this is so important for the care taker and for the consumer to have a goal for each day.

1. Quicker access for adult and youth consumers
2. Better satisfaction for families of our consumers
3. Continue to have a good relation with the communities we serve
4. Create jobs for the community when our economies improve

The consumers want jobs in order to work again.

The consumers want more input in their treatment to recovery.

Group Home for ID ~~and~~ for Women - (3 or 4 people)

Autistic Children + Adults

Eating Disorders - Counseling -

More jobs for consumers.

Easier and more rapid access.

Better interaction in communities.