



2022 Community Health Needs Assessment
Crenshaw County, Alabama



Crenshaw Community Hospital

101 Hospital Drive
Luverne, AL 36049

334.335.3374

[Crenshaw Community Hospital Website](#)

Table of Contents

Table of Contents.....	3
Executive Summary.....	5
Purpose and Requirements	5
Community – Crenshaw County	5
Methodology.....	5
Crenshaw Community Hospital Overview	7
Community Health Needs Assessment Overview	8
Information Gaps	9
Evaluation and Response from CHNA (2022)	9
Community Health Needs Assessment Implementation Plan.....	11
Community Served and Demographics	15
Community Served.....	15
Community Demographics	15
Population Profile	16
Race, Ethnicity, and Origin Profile	16
Socioeconomic Profile.....	17
Healthcare Service Utilization.....	19
Morbidity and Mortality	20
Health Behaviors.....	21
Community Health Needs Assessment: Methodology and Findings.....	24
Methodology.....	24
Findings	24
Survey.....	24
Discussions	25
Identified Community Health Needs and Prioritization	26
Access To Care	26
Affordability of Care.....	27
Community Collaboration.....	27
Medical Issues.....	27
Mental Health and Substance Abuse Issues	27
Conclusion.....	28
Community Resources	29
Data Sources	30

Appendices..... 31
Appendix A: Crenshaw Community Hospital Community Health Needs Assessment Survey 32
Appendix B: Community Health Needs Assessment Survey Results 38

Executive Summary

Purpose and Requirements

The purpose of this Community Health Needs Assessment (CHNA) is to provide Crenshaw Community Hospital (CCH) with a tool that will help the community, CCH, and other organizations to better understand the health needs and priorities of Crenshaw County residents. This CHNA satisfies the Internal Revenue Service (IRS) regulatory requirements under section 501 (r) that requires all hospitals to conduct a community assessment from the perspective of the community, not the perspective of the health providers.

As required by 2010 Patient Protection and Affordable Care Act (PPACA) and the IRS rules, the CHNA process and report include the following:

This CHNA Report meets the rules of the Internal Revenue Services and provides strategic insight for resource development, clinical development, and collaboration. The results of this CHNA will guide the development of CCH's programs and implementation strategies.

Community – Crenshaw County

Approximately 40% of CCH's inpatients in 2022 were Crenshaw County residents. Therefore, CCH can have the greatest influence on the health of the residents in this county and intends to distribute its resources appropriately.

Methodology

The Community Health Needs Assessment was performed by Crenshaw Community Hospital and input was received from hospital, community leaders, and Crenshaw County residents. Before beginning the survey process, Crenshaw Community Hospital Administrators, including the CEO, CFO, Director of Nursing, Director of Marketing, and the Survey Consultant studied the regulations regarding the CHNA requirement. External guidance was provided by other hospital administrators and consultants from a professional conference about CHNAs.

During the CHNA process, data was collected from primary and secondary sources to help identify the needs within Crenshaw County.

Primary data was collected through interviews, focus groups, and an online survey. CCH solicited input from persons with broad interests in Crenshaw County, including those with special knowledge and expertise in public health. First, direct input from stakeholders was gathered through interviews and focus groups; these discussions focused on identifying and prioritizing health needs and issues associated with the medically underserved, low income, and minority populations. Potentially available resources were identified to address the identified health needs. Finally, community input was gathered through a CHNA Survey on CCH's website.

Secondary data was collected from a variety of respected organizations on a broad array of health indicators and other information. Data was analyzed and summarized for the purposes of this assessment. The types of data included demographic, socioeconomic, mortality and morbidity, health status indicators, health behaviors, insurance status, and general community and environmental information.

This report has a great potential to guide CCH's actions and efforts of other local organizations and agencies that might work with us to improve the overall health of our community. It is our hope that

this CHNA provides a window into our community's health status needs, contributes to allocation limited resources, and strengthens relationships that can help keep the community healthy.

Crenshaw Community Hospital Overview

Crenshaw Community Hospital is a not-for-profit hospital that is governed by a Healthcare Authority board of local community members. CCH provides quality of care with hometown compassion. CCH is also the only hospital serving Crenshaw County and has proudly served the community since 1963.

CCH offer inpatient, outpatient, medical, and surgical care. Outpatient services include home health, laboratory services, imaging, infusions, surgery, orthopedics, and pain management. The new Crenshaw Pain Management Center will offer relief to those with chronic pain including, but not limited to, arthritis, Complex Regional Pain Syndrome, headaches, and nerve damage. The Crenshaw Family Care Center serves as the community's source of preventive care. The hospital has 65 licensed beds and is home to a fully licensed and accredited behavioral health unit. Inpatient services include emergency services; behavioral health services for those over the age of 19; and Med Surg.

Community Health Needs Assessment Overview

IRS regulations provided a detailed guideline for conducting the CHNA process. The hospital followed those regulations while conducting the assessment, as shown below.

1. Forming the Hospital’s Steering Committee
 - The hospital’s Chief Executive Officer developed a hospital steering committee, referred to in this report as the CHNA Hospital Steering Committee (CHSC). The CEO appointed the following individuals as participants on this committee.
 - David Hughes, Chief Executive Officer
 - Amy Bess, Chief Financial Officer
 - Sherry Johnson, Director of Nursing
 - Chloe Young, Marketing Coordinator
 - Brennen Bowen, CHNA Consultant
 - The representatives of the CHSC participated in meetings to review and discuss the implications of the primary and secondary data analyses and identified and prioritized the significant health needs of the community.
2. Defining the Community or Service Area
 - The CHSC selected a geographic service area definition. This definition was based upon the Hospital’s primary services area that included the broad interest of the community served and included medically underserved populations, low-income persons and minority groups. The entire county of Crenshaw was selected as the community for inclusion of this report.
3. Identifying and Engaging Community Stakeholders, Leaders, and Participants
 - The CHSC identified community leaders and representatives to include in the CHNA process. They were requested to attend a forum and work with the hospital to assess the community needs, review available community resources and prioritize the health needs of the community. Representatives of groups, or individuals, who represent medically underserved populations, low-income populations, minority populations, and populations with chronic diseases, were included.

Organization or Department	Population Served
Local EMS	All
Director of LHC Home Health	Chronic disease, low income, seniors
Director of Comfort Care Hospice	All, seniors
Hometown Medical Equipment	All
Local Fire Department	All
Beacon Mental Health	Mental health (all ages)
City Council of Luverne	All
Crenshaw School Board	Children
Children’s Rehabilitation Service	Special needs children

4. Community Input
 - To gather data from an extensive range of people of who represent the broad interests of the community, a Community Health Needs Assessment Survey ([Appendix A](#)) was utilized. The survey was made available to the public beginning April 1, 2022 through June 16, 2022. Great lengths were taken to ensure that the community was aware of the survey through local radio stations, featured newspaper articles, paid advertisement, public service announcements, on

social media and business cards/flyers with survey details were distributed to local Senior Center, Housing Authority, daycare centers, assisted living facilities, various churches, and local businesses. The survey was also made available in electronic or paper format to ensure everyone had access to the survey. A paper survey was made available throughout locations in the community, along with paper copies with self-addressed stamped envelopes were made available at the Hospital Switchboard and Chamber of Commerce. The exact survey, in electronic format, was made available through the hospital's website and survey cards with instructions for completing the survey was taken to the local school systems, county school system and area businesses. The electronic survey was powered by a survey tool available through the hospital's website. For easier tabulation, all non-electronic surveys returned to the hospital in paper format were entered as an electronic survey by a hospital staff member to allow easier compilation of data. Both electronic and paper surveys allowed for open comments, only data from the comments which are pertinent to the CHNA are included in this document.

5. Community Health Profile

- An overall community health profile was collected using a variety of publicly available data from numerous respected organizations and agencies. The types of data included information related to demographics, socioeconomic, chronic disease, mortality/morbidity, health status, health behaviors and behavioral risk factors for residents of Crenshaw County. The sources of the secondary data are cited at the end of this report and are available for review upon request. In many cases, secondary data for Crenshaw County residents were compared with state and national indicators when applicable and available. The overall use of the collected data helped to create a Community Health Profile.

6. Prioritization of Hospital Needs

- Information gathered from survey, stakeholder interviews, discussions of CHSC, and a review of secondary data were used to determine the priority health needs of the population. The CHSC reviewed all available information, and the hospital developed the priority needs of the community. The Hospital Implementation Plan will address the identified needs individually.

Information Gaps

Every attempt was made to collect relevant and recent primary and secondary data reflecting the health status in Crenshaw County. In some cases, the ability of CCH to assess all community health needs may have been limited by a lack of existing or recent small-area estimate information relevant to Crenshaw County or data may not be available or specifically identifiable for special populations such as undocumented residents, lesbian/gay/bisexual/transgender residents, maternity and children, and members of certain racial/ethnic or immigrant groups. The community health assessment was designed to be comprehensive and although numerous health data is included in this report, it is not at all inclusive and cannot measure all aspects of community health but is intended to be used as a guide.

The Board of Directors approved the 2022 Community Health Needs Assessment on September 20th, 2022.

Evaluation and Response from CHNA (2022)

The 2022 CCH CHNA identified several areas of focus and based on the assessment; CCH enacted specific programs designed to impact the needs identified. Since this is the first year that Crenshaw Community Hospital conducted a Community Health Needs Assessment, we cannot draw from past

needs evaluations. The following pages include some of the activities and an Implementation Strategy CCH has enacted as a result of the 2022 CHNA.

Community Health Needs Assessment Implementation Plan

	Ongoing	Deadline	Completion Date
Cost of Care, especially within Elderly, Low Income and Uninsured Populations			
CCH assists patients who may be eligible with applications for Charity Care and Medicaid	✓		
CCH will assist parents with applications for the ALL Kids program that provides insurance coverage for children under age 19	✓		
CCH will assist patients with locating financial resources for at home medications and DME prior to discharge	✓		
CCH will continue to offer payment plans	✓		
Education of community members on how to engage and interact with health care resources. Crenshaw Family Care Center will support CCH in the education of patients and community members through targeted outreach events. Crenshaw Family Care will continue to assist patients and members of the community in accessing health care resources and navigating the health care system through the health care home care model.	✓		
Strategic partnerships with community-based resources that support access and enrollment in health insurance programs.	✓		
Community Collaboration and Connecting Community Resources			
Annual meeting initiated by Chief Executive Officer of CCH between key stakeholders, community leaders, representatives from community-based services and the leadership team of CCH.	✓		2022
Access to community-based resources into individualized care plans. Crenshaw Family Care Center will continue to integrate referrals to community-based resources into patient care plans.	✓		
Strategic partnerships with community-based resources that support access and enrollment in health insurance programs.	✓		
Access to Primary Medical Care			
CCH will participate in “Hospital Day” with the Alabama College of Medicine to meet potential future candidates that are currently ACOM students or students of the American Medical Education Consortium	✓		

	Ongoing	Deadline	Completion Date
CCH will contact in-state residency programs and establish link.	✓		
Crenshaw Family Care Center will review a possible extension of hours to allow for more opportunity for community members to be seen by healthcare provider.			2022
Delivery of care to the community through a series of events including screenings, condition-specific and lifestyle health education, all of which are designed to connect community members with care providers.	✓		
Cancer and Related Illnesses			
CCH participates in the State of Alabama Breast and Cervical Cancer Early Detection Program	✓		
Crenshaw Family Care Center will review age and other risk based criteria for Colo-rectal and other cancers for all clinic patients and recommend screening when applicable	✓		
CCH will offer Smoking Cessation education to the public and education to be included in the Patient Information Guide Books.	✓		
CCH will provide Cancer Awareness information that includes screening guidelines and signs and symptoms in hospital newsletter and local radio/newspaper to improve community and staff awareness.	✓		
CCH Surgical Staff to provide education when performing a screening colonoscopy.	✓		
CCH Medical Staff to be available to assist with Smoking Cessation guidance.	✓		
Obesity and Related Issues (Diabetes)			
CCH participates in local health fair for free blood pressure screenings	✓		
CCH offers personalized exercise programs to Wellness Center members	✓		
CCH participates in Scale Back Alabama each year	✓		
CCH participates in educational campaigns with American Diabetes Association	✓		
CCH Dietician services for consultations	✓		
CCH provides assistance with obtaining glucometers for newly diagnosed diabetics.	✓		

	Ongoing	Deadline	Completion Date
Heart and Stroke (Blood Pressure and Cholesterol)			
CCH participates in local health fair for free blood pressure screenings	✓		
CCH participates in Scale Back Alabama each year	✓		
CCH participates in educational campaigns with American Heart Disease Association	✓		
CCH participates with local LifeSouth blood drives which offers free cholesterol and blood pressure screening	✓		
CCH is a member of the SRPASS State Stroke System	✓		
CCH provides educational televisions throughout the facility that offer education on disease processes and management.	✓		
Mental Health Issues (Including Alzheimer's)			
CCH will improve psychiatrist availability by adding telepsychiatry services to our Mental Health Unit	✓		
CCH will continue to market the Mental Health Unit to make the community aware of its resources	✓		
CCH will provide increased education on Alzheimer's, Dementia, and other Mental Illness issues involving Seniors to our community	✓		
CCH will educate the public on the availability of Crenshaw County Mental Health satellite services monthly through local pediatrician	✓		
Respiratory Disease and Illness (COPD, Flu, and Pneumonia)			
CCH participates in local health fair for free oxygen saturation screenings	✓		
CCH participates in physical as well as respiratory screenings with local high-risk respiratory patients	✓		
CCH participates in educational campaigns with American Heart Association	✓		
CCH participates in Smoke Out Campaign	✓		
CCH is a smoke-free campus	✓		
CCH offers COPD educational workshops	✓		

	Ongoing	Deadline	Completion Date
CCH to provide pneumonia and flu screenings on all admitted patients	✓		
CCH to provide vaccines to all employees and volunteers for free	✓		
Chronic Pain			
CCH will offer educational opportunities on how to deal with chronic pain	✓		
CCH offers a pain management clinic	✓		
CCH offers psychological consultations	✓		
Emergency Department Services			
Educational opportunities to be provided to staff and physicians that provide care	✓		
Monitoring of improvement in ED times - wait time to be put in room, time to be admitted to floor, total time in ED	✓		
LEAN process to be performed to evaluate processes of the ED	✓		

Community Served and Demographics

Community Served

Crenshaw County is located in Southeastern Alabama; the only city in the county is Luverne; the towns include Brantley, Dozier, Glenwood, Petrey and Rutledge; and several unincorporated areas including Fullers Crossroads, Highland Home, Honoraville, and Lapine. The county seat is in Luverne, with a population of 2,765 according to the 2020 census.

Crenshaw Community Hospital has defined its community served as Crenshaw County, Alabama. Crenshaw County was identified as the community served due to the fact that 40 percent of CCH's inpatients are Crenshaw County residents and CCH has the greatest influence of the health in this county.

Crenshaw County's largest employers by sector are manufacturing, education, and health and social services.¹

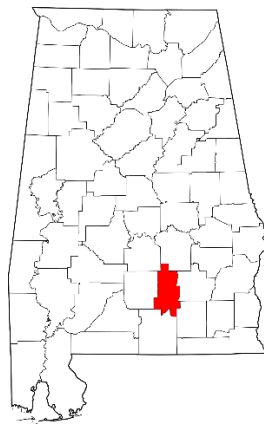


Figure 1 [Crenshaw County, Alabama](#)

Community Demographics

Crenshaw County has a population of 13,194, is 609 square miles, and is the 46th county in terms of population density.^{2, 3} Key demographic data include:

- 19.7 % of Crenshaw County residents are 65 years or older, compared to 17.6% in Alabama
- 69.9% of residents are non-Hispanic White
- 71.8% of residents are White; 23.8% are Black; and 1.2% are Asian
- The total population change between 2020 and 2021 was -1.85% in Crenshaw County, compared to 0.30% in Alabama
- The percent of uninsured residents is 13.4% in Crenshaw County, compared to 11.7% in Alabama and 10.7% in the United States
- The percent of residents with a bachelor's degree or higher is 18.5% in Crenshaw County, compared to 26.2% in Alabama

¹ [Crenshaw County Top Industries](#)

² [Census Bureau: QuickFacts](#)

³ [World Population Review](#)

- The median household income is \$42,611 in Crenshaw County, compared to \$52,035 in Alabama
- The percent of persons in poverty is 16.8% in Crenshaw County, compared to 14.9% in Alabama

	Crenshaw County	Alabama	Variance
People			
65 Years and Over	19.7%	17.6%	+ 2.1%
White	71.8%	68.9%	+ 2.9%
Black or African American	23.8%	26.8%	- 3.0%
Asian	1.2%	1.6%	- 0.4%
Two or More Races	2.4%	1.9%	+ 0.5%
Hispanic or Latino	2.5%	4.8%	- 2.3%
Non-Hispanic White	69.9%	64.9%	+ 5.0%
Social Factors			
Bachelor's Degree or Higher	18.5%	26.2%	- 7.7%
Uninsured	13.4%	11.7%	+ 1.7%
Median Household Income	\$42,611	\$52,035	\$9,424
Persons in Poverty	16.8%	14.9%	+ 1.9%
Census Bureau: QuickFacts			

Population Profile

A community's health status is reflective of its population characteristics. Crenshaw County has a population of 13,194 (compared to 13,906 in 2010); 4,943 households (compared to 5,652 in 2010); and 3,384 families (compared to 3,882 in 2010).

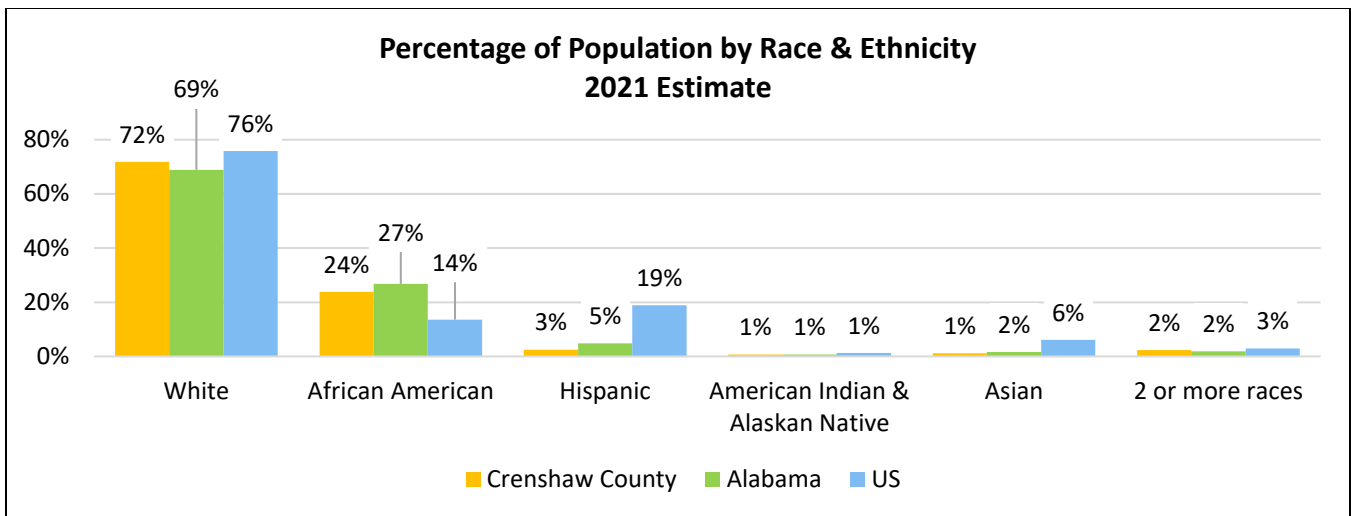
According to the 2020 census, 19.7 percent of County's population was 65 years of age or older. In Alabama, the percent drops to 17.6, with the U.S. being only 16.8 percent. Crenshaw County's population of residents 65 years and over is higher than both Alabama and the United States.

Generally, the more aged the population, the greater its health needs, as this group is more likely to develop chronic medical conditions. Therefore, the age of the population will have a significant impact on the health care delivery system in Crenshaw County.

Age Group	Crenshaw County	Alabama	United States
Under 5 years	5.5%	5.8%	5.7%
Under 18 years	22.9%	22.3%	22.2%
65 years and over	19.7%	17.6%	16.8%
Census Bureau: QuickFacts			

Race, Ethnicity, and Origin Profile

Numerous studies have been conducted that show a link between health disparities among racial and ethnic populations due to differences in access to care, insurance coverage, education, occupation, income, and genetics.



Socioeconomic Profile

There is a link between socioeconomic status and health disparities due to differences in access to care, insurance coverage, education, occupation, and income.

The socioeconomic status of Crenshaw County is below Alabama and significantly below the U.S. As of 2021, the overall level of poverty in Crenshaw County is 16.8%, statewide level of 14.9%, both greater than the total U.S. poverty level of 11.4%. Crenshaw County’s median household income of \$42,611 is lower than the median household income for the state of Alabama of \$52,035 and the United States of \$64,994.

Research has indicated that poverty is a great threat to children’s well-being and falling into poverty in childhood can last a lifetime. Research also shows that most families need an income of about twice the federal poverty level to cover basic expenses. Poverty creates barriers with accessing health services, proper nutrition and other needs that contribute overall to poor health status.

Income and Poverty	Crenshaw County	Alabama	United States
Median Household Income	\$42,611	\$52,035	\$64,994
Persons in poverty	16.8%	14.9%	11.4%

Relationship between more education and improved health outcomes is well known. More education equals higher earning and employment opportunities and often secure jobs that provide benefits of health insurance and sick leave.

Education Level	Crenshaw County	Alabama	United States
High School Graduate or Higher	79.4%	86.9%	88.5%
Bachelor’s Degree or Higher	18.5%	26.2%	32.9%

Crenshaw County’s relatively low-income levels, including high poverty and lack of health insurance have created significant economic barriers to care. The uninsured or underinsured are identified as having the greatest difficult in accessing care.

Crenshaw County has a relatively high rate of uninsured residents compared with statewide rate of 11.7% and U.S. rate of 10.2% for both children and adults under the age of 65. More than 13.4 percent of adults under the age of 65 in Crenshaw County have no health insurance.

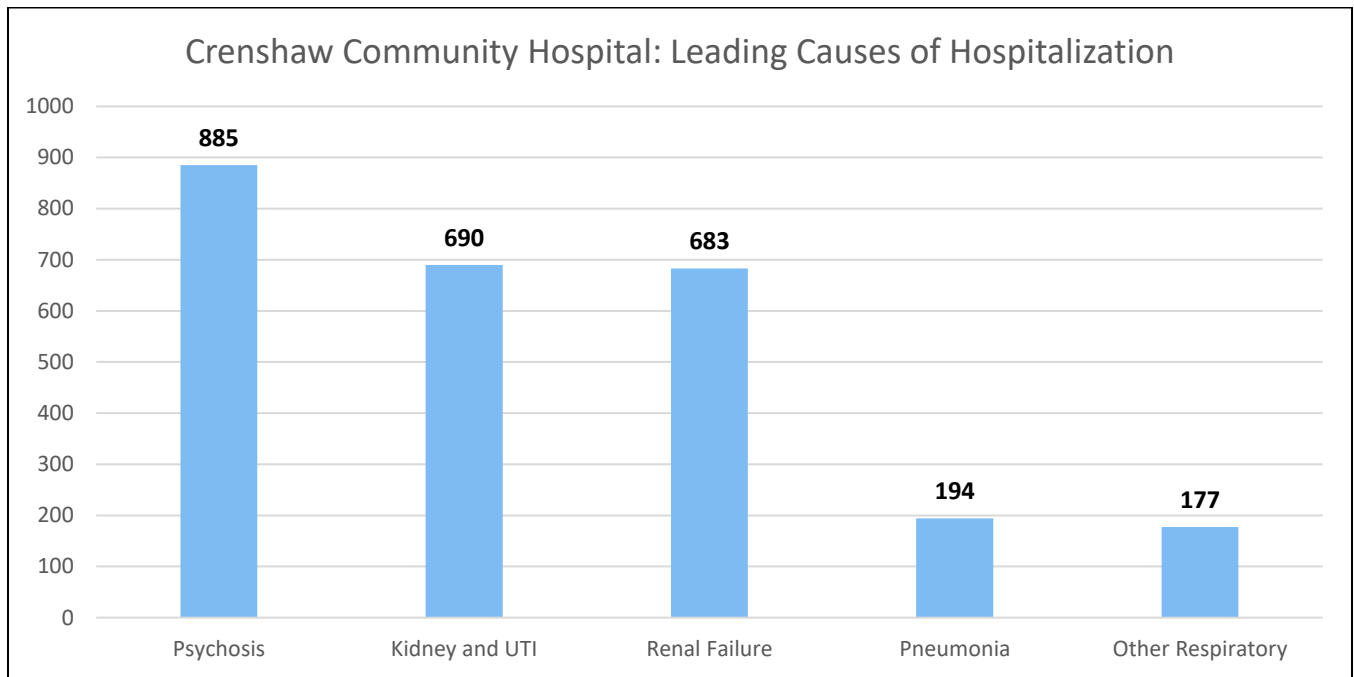
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or obtained from health insurance companies by individuals. Public insurance includes Medicare, Medicaid, and Children's Health Insurance Program, which are government sponsored programs. Public programs are specific to certain populations based on income and/or age, see below for criteria of these programs:

- Alabama Medicaid- This program provides health coverage for low-income residents, children, disabled adults, and nursing home residents who met certain eligibility qualifications. Eligibility is based on family size and income as compared to Federal Poverty Guidelines.
- ALL Kids- Health Insurance available to children under the age of 19 and is administered by the Alabama Department of Public Health. To be eligible for the program, children must be under 19, a U.S. citizen, live in Alabama, not be covered by or eligible for Medicaid or have any other insurance, and not be a resident in an institution. There are set monthly income guidelines based on family size by which premiums are determined.
- Medicare- Most individuals 65 or over have insurance coverage through the Medicare program. This program helps with the cost of health care, but it does not cover all medical costs or long-term care.

At the same time, the proportion of Crenshaw County and Alabama population covered by Medicaid is significant. There are 1,272,000 people eligible for Medicaid in Alabama with 4,886 of those residing in Crenshaw County. However, the lack of support for Medicaid expansion means much of Alabama's low-income population continues to be uninsured.

Healthcare Service Utilization

When looking at utilization rates for health care services between 2020 and 2022, it was shown that the leading cause of hospitalizations at Crenshaw Community Hospital were related to a number of chronic and non-chronic disease conditions.



Morbidity and Mortality

The occurrence of a specific illness (morbidity) in a population can predict a trend for cause of death (mortality) in a population.

The top five leading causes of death in Crenshaw County in 2020 were heart disease, cancer, COVID-19, chronic lower respiratory disease, and Alzheimer’s disease. The top five leading causes of death in Alabama were heart disease, cancer, COVID-19, accidents, and strokes. The top five leading causes of death in the U.S. were heart disease, cancer, COVID-19, accidents, and strokes.

Leading Causes of Death and Death - Crude Rate per 100,000					
Crenshaw County		Alabama		United States	
1. Heart Disease	445.9	1. Heart Disease	299.5	1. Heart Disease	211.5
2. Cancer	292.4	2. Cancer	212.5	2. Cancer	182.8
3. COVID-19	212.0	3. COVID-19	133.0	3. COVID-19	106.5
4. *CLRD	160.8	4. Accidents	69.7	4. Accidents	61.0
5. Alzheimer’s Disease	117.0	5. Cerebrovascular Disease	68.9	5. Cerebrovascular Disease	48.6
*Chronic Lower Respiratory Disease					
Alabama Public Health ; CDC: Alabama ; CDC: Fast Stats					

Heart disease risk factors include poor diet, lack of physical activity, alcohol use, tobacco use, older age.⁴

Cancer risk factors include older age, alcohol use, tobacco use, poor diet, and obesity.⁵

COVID-19 risk factors include older age, cancer, diabetes, obesity, tobacco use, poor diet, and sedentary lifestyle.⁶

These risk factors are important considering the older age of the Crenshaw County population; high rates of smoking, obesity, and physical activity; and low access to exercise opportunities.

Crenshaw County Leading Causes of Death and Death Rate per 100,000					
Cause of Death	Total Rate	Black and Other		White	
		Female	Male	Female	Male
1. Heart Disease	445.9	449.1	163.7	476.9	519.5
2. Cancer	292.4	249.5	218.2	238.5	394.8
3. COVID-19	212.0	499.0	0.0	119.2	270.2
4. CLRD	160.8	49.9	109.1	258.3	124.7
5. Alzheimer’s Disease	117.0	99.8	0.0	238.5	41.6
Alabama Public Health					

⁴ [CDC: Heart Disease](#)

⁵ [National Cancer Institute](#)

⁶ [Healthline](#)

Health Behaviors

On average, Crenshaw County has worse health behaviors than Alabama and United States.

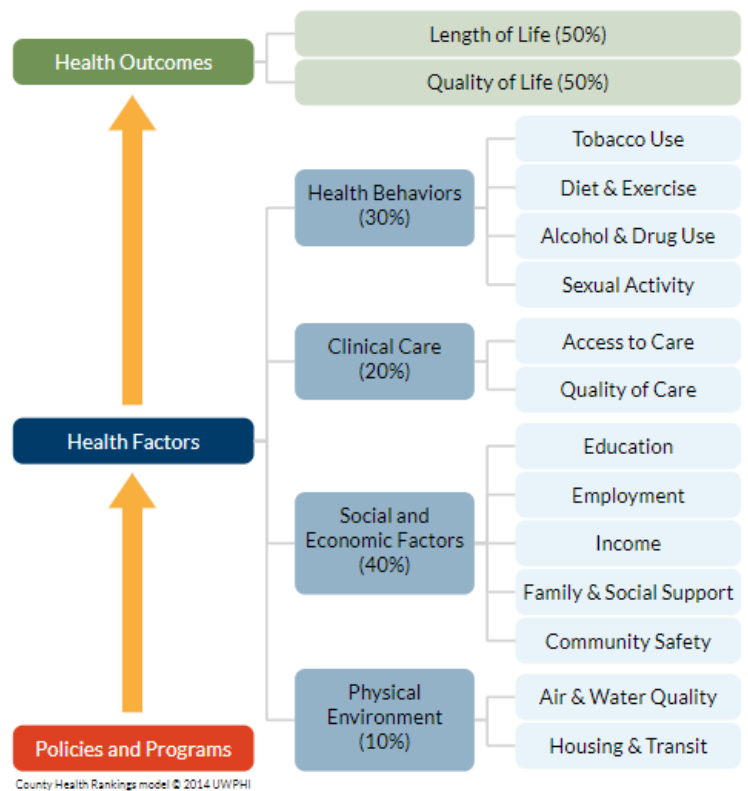
	Crenshaw County	Alabama	Top U.S. Performers
Limited Access to Healthy Foods	14%	9%	2%
Access to Exercise Opportunities	21%	57%	86%
Adult Smoking	24%	21%	15%
Adult Obesity	36%	36%	30%
Physical Inactivity	36%	31%	23%

[County Health Rankings: Snapshot](#)

County Health Rankings

The County Health Rankings model is “based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).”⁷

Crenshaw County is ranked in the lower 25 to 50 percent of Alabama counties in both health outcomes and health factors.⁸



⁷ [County Health Rankings: Snapshot](#)

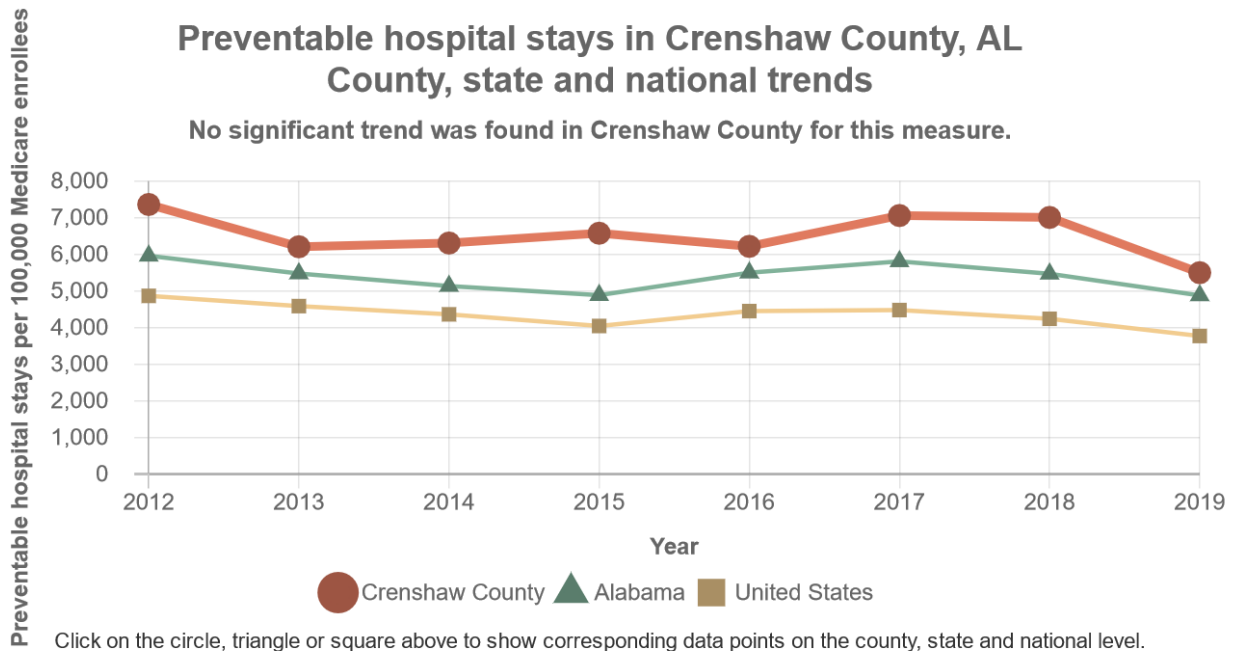
⁸ [County Health Rankings: Snapshot](#)

Crenshaw County Health Rankings (of 61)	
Clinical Care	57
Social and Economic Factors	49
Health Behaviors	48
Length of Life	42
Quality of Life	41
Physical Environment	27
County Health Rankings: Data	

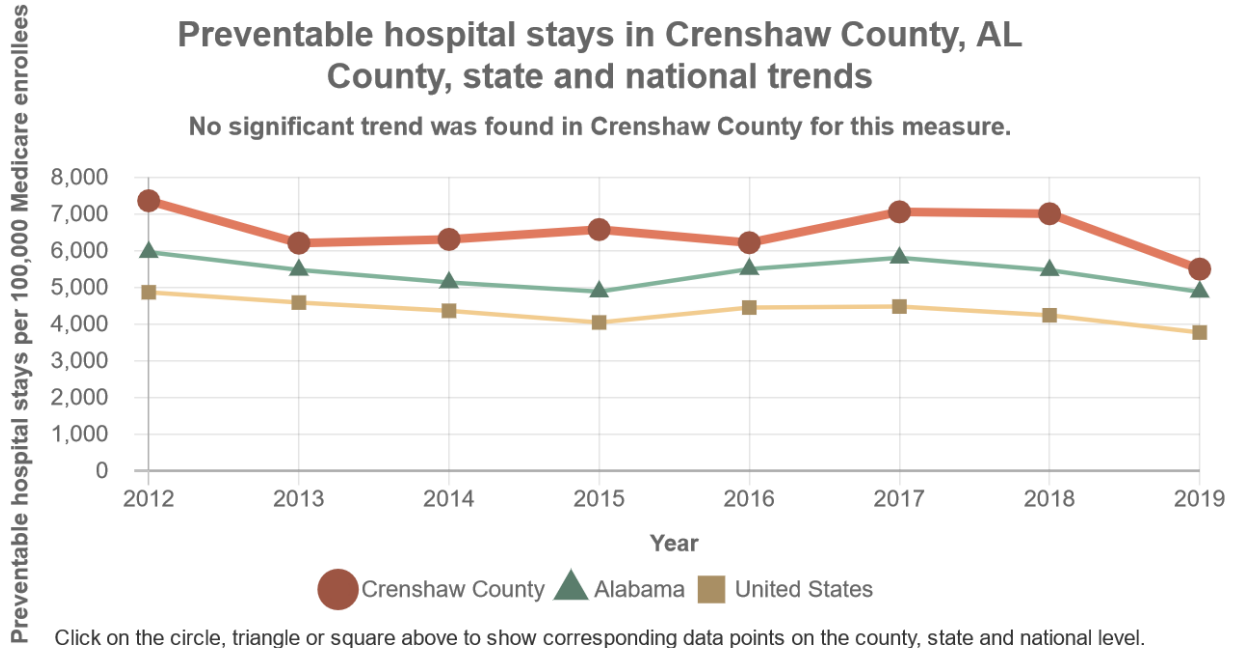
Clinical Care⁹

Crenshaw County has a 13 percent uninsured rate compared to 12 percent in Alabama.

Crenshaw County has significantly more preventable hospital stays (5,496) compared to the Alabama average (4,875).



⁹ [County Health Rankings: Snapshot](#)



Social and Economic Factors

Crenshaw County has lower rates of education and higher rates of children in poverty and income inequality than Alabama.

	Crenshaw County	Alabama
High School Completion	79%	87%
Some College	50%	62%
Children in Poverty	26%	21%
Income Inequality	5.7	5.2
County Health Rankings: Snapshot		

Health Behaviors

Crenshaw County has worse health behaviors than Alabama.

	Crenshaw County	Alabama
Limited Access to Healthy Foods	14%	9%
Access to Exercise Opportunities	21%	57%
Adult Smoking	24%	21%
Adult Obesity	36%	36%
Physical Inactivity	36%	31%
County Health Rankings: Snapshot		

Community Health Needs Assessment: Methodology and Findings

Methodology

With a focus on the demographic health indicators discussed in the preceding section of this report, the CHNA Hospital Steering Committee reviewed data from both quantitative and qualitative sources that included the Community Health Needs Survey, Stakeholder Input, vital statistics, and other existing health-related data.

Findings

Survey

Crenshaw Community Hospital's primary data collection was done through a survey. The survey was useful in determining public perception about the needs of the community and information about demographics and health status.

Please see [Appendix B](#) for a full list of the survey questions and responses.

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

Access to medical care	N/A
Cost of care	N/A
Use of illegal drugs	N/A
Mental health issues (including Dementia and related conditions)	21%
Heart and Stroke (blood pressure)	24%
Obesity and related issues (diabetes)	28%
Use of tobacco products	N/A
Sexually transmitted diseases (STD's)	1%
Children's illnesses	7%
Cancer and related illnesses	19%

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

Diabetes	14%
High blood pressure	29%
Cholesterol	19%
Cardiovascular (heart) disease	7%
Respiratory disease (Asthma, etc.)	6%
Chronic pain (Back, arthritis, etc.)	17%
None	9%
Other	5%

Discussions

Interviews and meetings were held with a small but representative sample of community members. While providing an indication of how people like themselves might think and behave, the findings are subjective in nature and not reliably projectable to a larger population.

The following issues were identified during a community forum:

- EMS and Transport Issues
 - Lack of resources for 911 calls causing delays
 - Lack of resources for hospital-to-hospital transport causing delays
- Diabetes Management
 - Need diabetes education clinics to provide disease management education to community members with diabetes.
 - Need to B/P and glucose checks at Senior Center on routine basis.
 - Need to disease management education at Senior Center
- Outpatient Mental Health Services
 - Need more outpatient options, i.e. pediatric outpatient treatment
- Communication Regarding CCH Services
 - Community needs to know all services provided. Some think of the hospital as a band aid station.
 - Need to market by mail, everyone has a mailbox
 - Need to develop and send out a refrigerator magnet with services and numbers to call
- Need to partner with local educators to develop process for training local labor
- Need to advertise DOT physical better.
- Need to work with local businesses on providing healthcare to their employees

Identified Community Health Needs and Prioritization

The CHNA Hospital Steering Committee was provided with primary and secondary data sources. The Committee reviewed survey results and stakeholder interviews and results of secondary data to assist them with determining the highest priority health care needs of the community. The Committee compared the data and looked at existing services and programs which address identified health needs. Consideration of community resources and partnerships, budgetary constraints, and the hospital's mission and vision were all considerations in selecting which health needs to prioritize and address through the CHNA implementation strategy.

After a thorough review of all available data, the Committee determined the following health needs which will be targeted for interventions by the CHNA committee in the implementation plan:

- Access to care
- Affordability of care
- Community collaboration
- Medical issues
 - Heart Disease and Stroke
 - Obesity and Related Issues (Diabetes)
 - Cancer and Related Illnesses
 - Respiratory Disease and Related Illnesses
- Mental Health and Substance Abuse Issues

Access To Care

One of the most mentioned health issues identified was access to care. An individual's insured status can greatly influence the ability to access healthcare. People without insurance often deal with limited access to services or may delay treatment. In addition to the uninsured, the increasing number of individuals enrolled in health insurance plans with high deductibles and copays was mentioned by stakeholders and participants as a barrier to care. It was identified the uninsured and underinsured with high deductibles and copays were the most likely to be medically underserved, experience the most difficulty accessing health care, and more likely to use the emergency department for their care.

The physical inability to access care is another issue to receiving health care, particularly for vulnerable populations. Stakeholders and participants indicated that, following being uninsured or underinsured, transportation issues are the next most significant barrier to access to care in Crenshaw County, particularly for resident living in outlying areas of the county.

Crenshaw County has limited public transportation options, consisting primarily of the Crenshaw Area Transportation System (CATS). Outside of the Opp city limits, CATS buses typically charge a fee ranging from \$4.00 - \$8.00. There are also only certain days to different locations and rides are required to be scheduled in advance. For people in outlying areas of the county using the CAT system may require leaving early in morning and returning late in the afternoon. As a result of these and other limitations, there are many circumstances for which transportation through CATS for medical services may not be a practical option. As a result, some Crenshaw County residents may have difficulty obtaining transportation to health care. Other patients rely on friends and family members for transportation because of lack of public transportation but at times that is an unreliable option.

In addition, the shortage of health care providers exacerbates the ability of Crenshaw County residents to access health care. Health professionals are less likely to work in rural areas and these areas are often referred to as Health Professional Shortage Areas (HPSAs). According to the Health Resources and Services Administration (HRSA), Crenshaw County lacks adequate primary medical care, dental care, and mental health services. The population to primary care physician ratio in Crenshaw County 1,970:1, indicating a shortage of primary care physicians in the county. Mental Health providers are also at a significant shortage with a 1,691:1 ratio.

Affordability of Care

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

Community Collaboration

It was found during the annual stakeholder meetings that the community leaders were not aware of services available in the community. It was identified in these meetings the need for better connections with community-based organizations and community leaders to ensure that all resources and assistance were known and used for the betterment of the community. The goal is to improve communication between community leaders, the hospital and other organizations and improve the overall knowledge of resources and assistance that are available.

Medical Issues

The survey results ranked cancer as the second most important health issue in the community. Heart, stroke and obesity and related issues, including diabetes was ranked as the fourth most important issue in the community. All the data also indicated that the medical issues of heart disease and stroke, cancer, obesity and related issues, including diabetes and chronic lower respiratory disease were issues in Crenshaw County with them being the leading causes of death and a higher rate of the modifiable risk factors that contribute to these disease processes. It is important to address the health and well-being medical issues that affect a large number of the population.

Mental Health and Substance Abuse Issues

The survey results ranked use of illegal drugs as third and mental health issues as fourth for the most important health issue in our community. General population generally views these issues as separate issues, however, in the medical community substance abuse falls under the mental health umbrella so we chose to address these issues together. Secondary data sources also supported the high importance of these issues.

Conclusion

This Community Health Needs Assessment was created to give readers an overview of the community's public health trends and to provide a way to increase communication through all agencies that might be able to play a part in improving the lives of residents in our community.

After all data was examined, it is clear that collaboration among all agencies is key to build partnerships throughout the community, to better serve those who need our assistance, and to ensure they have access to resources and quality healthcare.

Crenshaw Community Hospital has created an Implementation Plan based on the findings presented in this report. For various reasons, CCH is not able to provide all services to meet every identified need. Both the implementation plan and a list of available resources are included in this assessment.

Community Resources

1. Crenshaw Community Hospital, 101 Hospital Dr, Luverne, AL 36049, 334-335-3374
2. Crenshaw County Health Department, 101 Hospital Dr, Luverne, AL 36049, 334-335-2471
3. Crenshaw Family Care, 58 Roy Beall Dr, Luverne, AL 36049, 334-335-1212
4. Luverne Health and Rehabilitation, LLC, 142 W 3rd ST., Luverne, AL 36049, 334-335-5331
5. Family Practice Associates, 1704 Forest Ave, Luverne, AL 36049, 334-335-3383
6. Mental Health Center, 587 Bentley Ave, Luverne, AL 36049, 334-335-5201
7. Hospice Complete Inc., 15 Forest Ave, Luverne, AL, 36049, 334-335-2510
8. South Central Mental Health, 19815 Bay Branch Rd, Andalusia, AL 36420, 334-222-2523

Data Sources

1. [Alabama Medicaid](#)
2. [Alabama Medicaid: Statistics](#)
3. [Alabama Public Health: Causes of Death](#)
4. [American Cancer Society](#)
5. [Census Bureau: QuickFacts](#)
6. [County Health Rankings: Snapshot](#)
7. [Crenshaw County Top Industries](#)
8. [Healthy People 2020](#)
9. [Institute for Health Metrics and Evaluation: County Profile](#)

Appendices

[Appendix A: Crenshaw Community Hospital Community Health Needs Assessment Survey](#)

[Appendix B: Community Health Needs Assessment Survey Results](#)

Appendix A: Crenshaw Community Hospital Community Health Needs Assessment Survey

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

- Yes
- No

What is the zip code where you live?

My Age:

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

I am:

- Male
- Female

Health Insurance Coverage:

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

My Race:

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

Employment Status:

- Full time
- Part time
- Unemployed

Student

Retired

My annual household income:

Less than \$50,000

\$50,000 - \$100,000

\$100,000 +

What is your highest level of education completed?

Some high school

High school/GED

Some college

College-undergraduate

College-graduate

Post graduate

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

Yes

No

Do you have an elderly relative living with you?

Yes

No

What do you consider your current health status to be?

Excellent

Good

Fair

Poor

Where do you go for routine health care?

Family physician's office

Hospital Emergency Room

Health Department

Medical/urgent Care Center

I don't seek health care

Other

If you listed other in the question above, please specify:

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

Yes

No

Do you consider your weight to be?

Underweight

About right

Over by 10+ pounds

Over by 20+ pounds

Over by 30+ pounds

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

Diabetes

High blood pressure

Cholesterol

Cardiovascular (heart) disease

Respiratory disease (Asthma, etc.)

Chronic pain (Back, arthritis, etc.)

None

Other

If you listed other in the question above, please specify:

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

Yes

No

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

Yes

No

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

Yes

No

Not applicable

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

Yes

No

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

Yes

No

Do you smoke or use smokeless tobacco?

Yes

No

Does anyone in your home smoke?

Yes

No

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

Yes

No

Not applicable

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

Yes

No

Not applicable

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

Yes

No

Not applicable

Do you routinely exercise?

Yes

No

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

Yes

No

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

Yes

No

Do you suffer from depression?

Yes

No

Have you been diagnosed with a mental illness?

Yes

No

Do you drink alcohol daily?

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- 1-2
- 3-4
- 5+
- None

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

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

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

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

- Yes
- No

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

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

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

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

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

Appendix B: Community Health Needs Assessment Survey Results

Do you make the majority of the healthcare decisions in your household, such as which hospitals and doctors to use for medical care?	
Yes	5%
No	95%
What is the zip code where you live?	
Brantley	11
Dozier	1
Goshen	1
Greenville	1
Honoraville	2
Hope Hull	1
Lapine	3
Luverne	35
Troy	3
Opp	1
My Age:	
18-29	5%
30-49	34%
50-64	29%
65-84	32%
85+	N/A
I am:	
Male	13%
Female	87%
Health Insurance Coverage:	
I have health insurance sponsored by my employer (Blue Cross, Managed Care, etc.)	62%
I have health insurance covered by Medicaid	3%
I have health insurance covered by Medicare	33%
I have health insurance but do not know with whom	N/A
I don't have health insurance	N/A
I don't know if I have health insurance	N/A
My Race:	
Asian or Pacific Islander	N/A
Black or African American	3%
Hispanic	N/A
Inter-racial	N/A
Native American	2%
White or Caucasian	95%
Employment Status:	

Full time	56%
Part time	6%
Unemployed	11%
Student	N/A
Retired	26%
My annual household income:	
Less than \$50,000	41%
\$50,000 - \$100,000	33%
\$100,000 +	26%
What is your highest level of education completed?	
Some high school	2%
High school/GED	23%
Some college	21%
College-undergraduate	6%
College-graduate	32%
Post graduate	16%
Do you have any children under the age of 18 living with you?	
Yes	23%
No	77%
Do you have an elderly relative living with you?	
Yes	10%
No	90%
What do you consider your current health status to be?	
Excellent	10%
Good	61%
Fair	29%
Poor	N/A
Where do you go for routine health care?	
Family physician's office	90%
Hospital Emergency Room	3%
Health Department	N/A
Medical/urgent Care Center	3%
I don't seek health care	N/A
Other	3%
If you listed other in the question above, please specify:	
UAB	1.00
Have you had a physical examination by your physician in the past year?	
Yes	74%
No	26%
Do you consider your weight to be?	

Underweight	5%
About right	23%
Over by 10+ pounds	21%
Over by 20+ pounds	21%
Over by 30+ pounds	31%
Select any of the following with which you have been diagnosed:	
Diabetes	14%
High blood pressure	29%
Cholesterol	19%
Cardiovascular (heart) disease	7%
Respiratory disease (Asthma, etc.)	6%
Chronic pain (Back, arthritis, etc.)	17%
None	9%
Other	5%
If you listed other in the question above, please specify:	
AFIB	1
Anxiety	1
Macular Eye Degeneration	1
Pre-Diabetes	1
Stomach Problems	1
Have you been diagnosed with cancer in the past five years?	
Yes	13%
No	87%
Have you been a patient in an emergency room in the past year?	
Yes	38%
No	62%
Have any of your dependents been in an emergency room in the past year?	
Yes	26%
No	55%
Not applicable	26%
Did a lack of transportation prevent you from receiving medical care in the past year?	
Yes	5%
No	95%
Did the cost of care prevent you from seeking medical care in the past year?	
Yes	23%
No	77%
Do you smoke or use smokeless tobacco?	
Yes	13%
No	87%
Does anyone in your home smoke?	
Yes	15%

No	85%
If you are a woman over the age of 40, have you had a mammogram in the past year?	
Yes	38%
No	30%
Not applicable	33%
If you are a woman over the age of 21, have you had a pap smear in the past year?	
Yes	36%
No	0%
Not applicable	26%
If you are employed, did you miss more than 10 days of work last year due to illness?	
Yes	11%
No	55%
Not applicable	34%
Do you routinely exercise?	
Yes	37%
No	63%
Do you routinely use the stairs instead of riding the elevator?	
Yes	38%
No	62%
When parking your car, do you try to park in the nearest parking space to the door?	
Yes	52%
No	48%
Do you suffer from depression?	
Yes	23%
No	77%
Have you been diagnosed with a mental illness?	
Yes	8%
No	92%
Do you drink alcohol daily?	
Yes	2%
No	98%
Do you use sunscreen when you are out in the sun for an extended time?	
Yes	71%
No	29%
Do you use a seat belt when you are driving or traveling in a car?	
Yes	93%
No	7%
How many servings of fruits and vegetables do you eat each day?	
1-2	71%
3-4	23%
5+	5%

None	2%
In your opinion, please select the 3 items below that represent the most important health issues in our community:	
Access to medical care	N/A
Cost of care	N/A
Use of illegal drugs	N/A
Mental health issues (including Dementia and related conditions)	21%
Heart and Stroke (blood pressure)	24%
Obesity and related issues (diabetes)	28%
Use of tobacco products	N/A
Sexually transmitted diseases (STD's)	1%
Children's illnesses	7%
Cancer and related illnesses	19%
If you needed hospital care, which hospital in the area would you prefer to use?	
Crenshaw Community Hospital	57%
Montgomery	6%
Unsure	6%
Troy	6%
Baptist East	6%
Flowers	4%
Jackson	4%
Southeast	2%
Baptist East	2%
Montgomery	2%
Baptist South	2%
Mizell	2%
UAB	2%
Andalusia	2%
In the past year, have you or has any member of your household spent one night or more as a hospital inpatient? This would involve an admission to the hospital for one or more nights?	
Yes	29%
No	71%
Which hospital did you or your household member stay in overnight during that most recent stay?	
Crenshaw Community Hospital	42%
Baptist East	13%
Jackson	13%
Mizell	8%
Troy Regional Medical Center	8%
Piedmont	4%
Baptist South	4%
Flowers	4%

JM Hughston Phenix City	4%
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during the stay?	
Crenshaw Community Hospital	8
Baptist East	7
Jackson	8
Mizell	4
Troy	8
Which of the following best describes how the decision was made to use that hospital?	
A doctor recommended or referred the patient there	51%
The patient and/or family selected the hospital on their own, without a doctor's recommendation or referral	23%
The patient's health insurance plan specified which hospital was to be used	3%
Or, it was an emergency situation and no choice was involved	23%
(Optional) Please write any comments that you would like to make:	