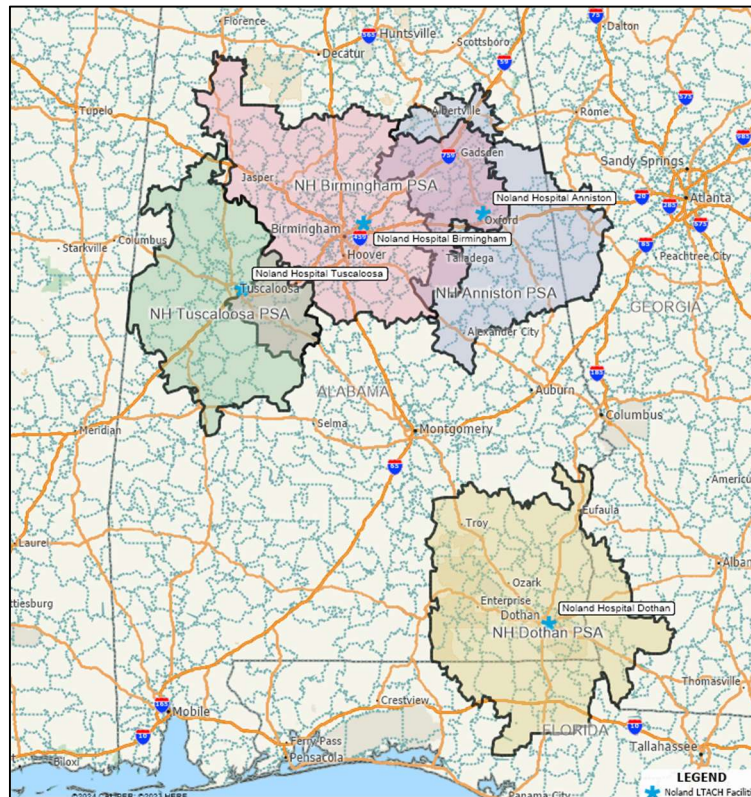




NOLAND HEALTH SERVICES, INC.



Noland Health Services (Noland) MAY 2025
Tuscaloosa Market
Community Health Needs Assessment

Table of Contents

Welcome to Noland Health Services (Noland)	3
Our Mission	3
About Us	3
Program Overview	3
Interdisciplinary Treatment Teams	3
Noland Health Services (Noland) Inventory	4
Process and Methodology.....	6
Community Served	8
Data Assessment – Secondary Data	9
Demographics	9
Other Secondary Data	12
County Ranking	41
Community Input Findings	43
Prioritized 2025 Community Health Needs	46
Appendix A – Alabama Data Sources.....	48

Welcome to Noland Health Services (Noland)

Noland Health Services (Noland) is a not-for-profit corporation that operates several Long-Term Acute Care Hospitals (“LTACHs”), and ten senior living communities located in various areas throughout the State of Alabama. Noland has a long and rich history of providing health care services and is the premier post-acute healthcare provider in Alabama. Noland Health Services (Noland) has been a pioneer in the development of programs and services for the elderly and chronically ill since its inception.

Our Mission

Noland Health Services (Noland) is dedicated to identifying and meeting the healthcare needs of the people and communities we serve by providing innovative, high quality health services and senior living options in a compassionate, efficient, and effective manner.

About Us

Through its Hospital Division, Noland Health Services (Noland) specializes in establishing innovative long term acute care regional referral hospitals by partnering with premier general acute care hospitals.

The Senior Living Division develops strategically located, comprehensive multi-level senior living communities offering seniors the security of knowing that additional assistance is available, should their needs change.

Program Overview

Noland Health Services (Noland) LTACHs are regionally based specialty hospitals dedicated to meeting the complex clinical needs of patients who require extended hospital stays. LTACHs are certified by the Centers for Medicare and Medicaid Services (“CMS”) and licensed by the state of Alabama as a hospital. Our hospitals are located inside short-term acute care hospitals and are operated as separate legal entities and provide a full array of clinical services.

Noland Hospitals offer comprehensive medical management for medically complex patients. Patients requiring interdisciplinary, acute medical services over an extended period are appropriate for our hospitals.

Interdisciplinary Treatment Teams

Our team of professionals offer an interdisciplinary approach to each patient’s care. Meetings are held weekly to collaborate with the interdisciplinary team to project the type of patient care needed and define expected goals. Progress toward goals is monitored, reviewed, and revised based on the patient’s condition. Individualized plans and goals are developed according to patient diagnosis, needs of the patient, acute problems, and acceptable discharge plans.

Team members include:

- Physician Advisor
- Case Manager
- Nursing
- Dietary
- Rehab Services
- Pharmacy
- Respiratory
- Wound Care
- Patients and Family

Noland Health Services (Noland) Inventory

There are many services and programs that are already offered by Noland Health Services (Noland) to residents of the service areas of Noland Health Services (Noland) LTACH hospitals.

Specialty Services Offered:

- Ventilator Management/Weaning
- 24/7 Respiratory Therapy
- Daily Physician Visits
- ACLS RN Certified Nursing Staff
- Cardiac Monitoring
- Extensive Wound Management/Wound Vac
- In House Dialysis
- Long-Term IV Antibiotics
- Radiology/Laboratory Services
- TPN/Nutritional Support Services
- Prolonged Surgical Recovery
- Patient and Family Education
- Supplemental Rehabilitation Services (PT, OT, ST)

- Case Management/ Individualized Care Plans
- Discharge Planning

These services include providing treatment for a complete variety of complex medical conditions including, but not limited to:

- Pulmonary Disease
- Infectious Disease
- Congestive Heart Failure
- Uncontrolled Diabetes
- Cardiovascular Disease
- Renal Failure
- Sepsis
- Multi-System Complications
- Spinal Cord Injury
- Head Injury
- Malnutrition
- Wounds
- Neurological Conditions

Source: Nolandhospitals.com

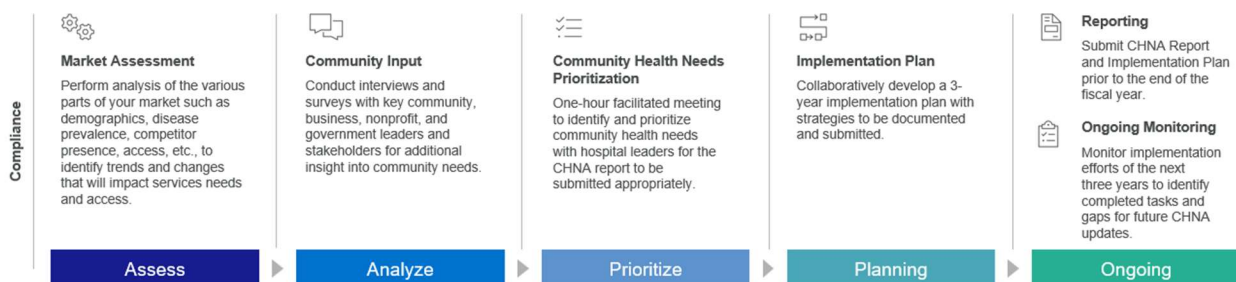
Process and Methodology

Understanding the community's health needs is important to the Noland Health Services (Noland) mission. To that goal, Noland Health Services (Noland) sought outside assistance from Forvis Mazars. Forvis Mazars is ranked as the eighth largest healthcare management consulting firm in the country by Modern Healthcare and has 950 professionals serving a national footprint. Forvis Mazars demonstrated the necessary capabilities and service offerings to assist Noland Health Services (Noland) on this important project. Forvis Mazars provided the project plan, research and organized the secondary data findings, analyzed, and compiled survey input, and provided support and report of the findings.

Noland Health Services (Noland) identified community health needs by undergoing an assessment process. This process incorporated a comprehensive review by the hospital's Community Needs Assessment Team along with secondary and primary data input using the expertise of Forvis Mazars. The team used several sources of quantitative health, social and demographic data specific to the home county of each facility provided by local public health agencies, health care associations and other data sources. Noland Health Services (Noland) took advantage of this opportunity to collaborate with its administrators, physicians, public health agencies, and local organizations.

Noland sought outside assistance from Forvis Mazars in this process. Forvis Mazars provided data, organized community input, facilitated priority sessions, and supported the report drafting process.

The community health needs assessment process consists of five steps pictured below:



The "Community Health Needs Assessment 2025" identifies local health and medical needs and provides a plan to indicate how Noland Health's hospitals may respond to such needs. This document suggests areas where other local organizations and agencies might work with Noland to achieve desired improvements and illustrates ways, as a medical community, are meeting our obligations to efficiently deliver medical services.

The data assessment piece was completed during March and April of 2025. In this step, service areas were defined, external data research was completed, and key findings were summarized. As the data assessment was completed, the community input phase was started.

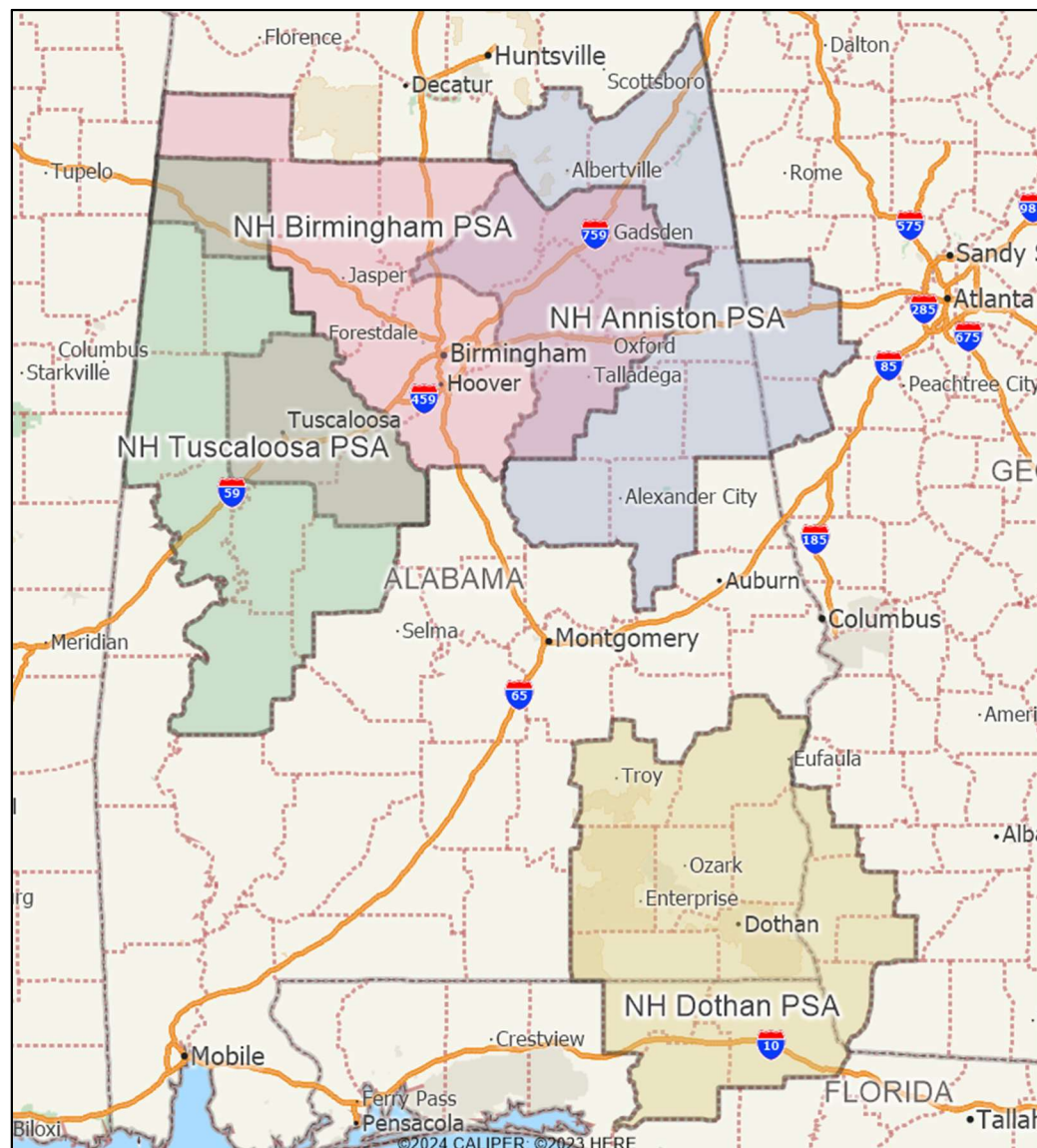
Surveys were distributed among community health professionals, key community members, providers, facility administration, and government representatives. A summary of these findings was created and is included in this report. Prioritization then took place to summarize and overlay data elements with key community input findings.

From this prioritization, health priorities were decided based upon the significance of the need to the service area, and Noland Health's ability to impact the need. Based on these priorities, each of the four Noland Hospitals decided on which priorities would be included in their implementation strategy and how Noland plans to address the top health needs of their community. These are compiled in the Implementation Strategy document. This report and strategy were then approved by the board and made "widely available" on the Noland Health website.

Community Served

Noland Health Services (Noland) specializes in long term acute care hospitals (LTACH) for patients who require care due to chronic diseases or complex medical conditions. Noland Health Services (Noland) hospitals are in Anniston, Birmingham, Dothan, and Tuscaloosa. Noland is the largest provider of long-term acute care in Alabama. LTACHs are innovative regional referral hospitals dedicated to meeting the complex treatment and clinical education needs of patients and families who require extended (exceeding 25 days) or specialty focused stays in a hospital setting.

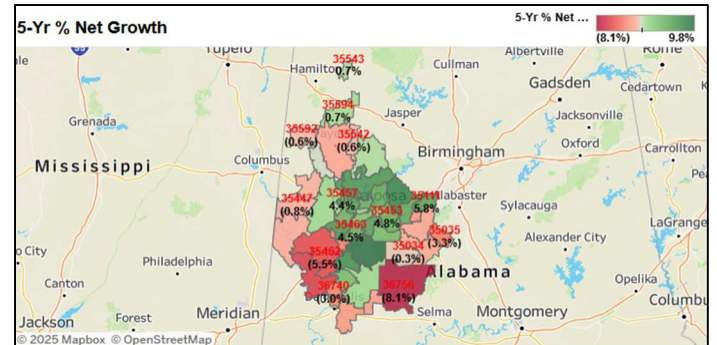
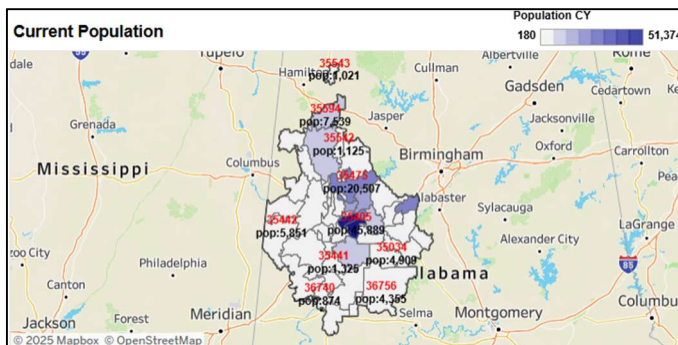
For this assessment, we have used each facility's patient origin of 80% or greater to determine the counties that are included in its service area. Using a county definition as the service area is crucial for our analysis as much of our secondary data sources are county specific and serve as a comparison tool to other counties, the state of Alabama, and the United States.



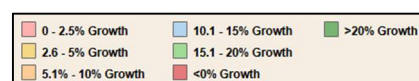
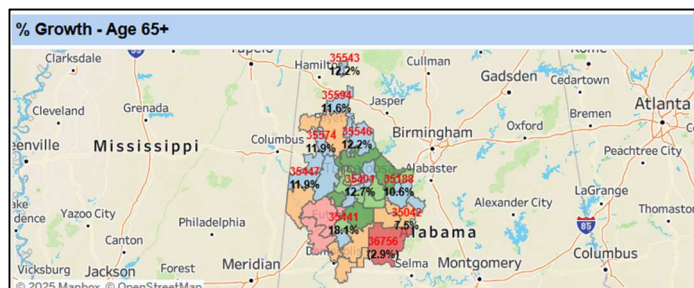
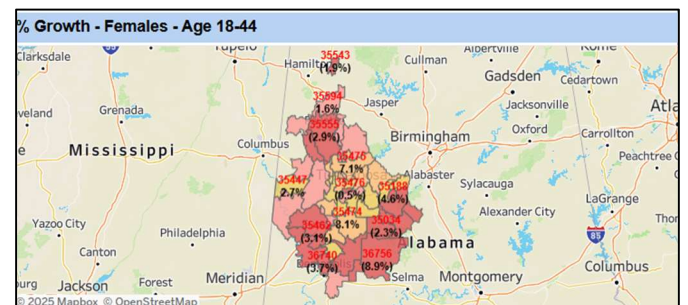
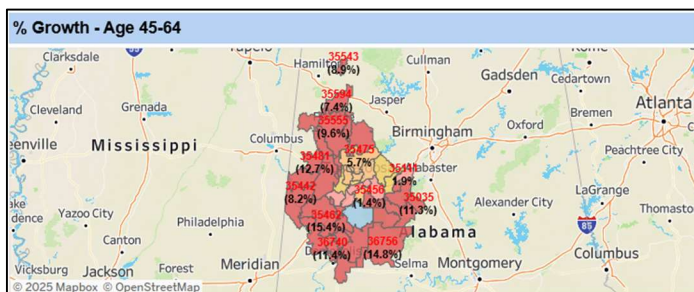
Data Assessment – Secondary Data

Demographics

An understanding of the demographics of the residents is a key component of understanding community health. It is also important to understand the differences between the communities. Claritas demographic information was reviewed for each individual county in comparison to the state and national norms. The maps below visual current state of population distribution and future growth areas in the Tuscaloosa Market.



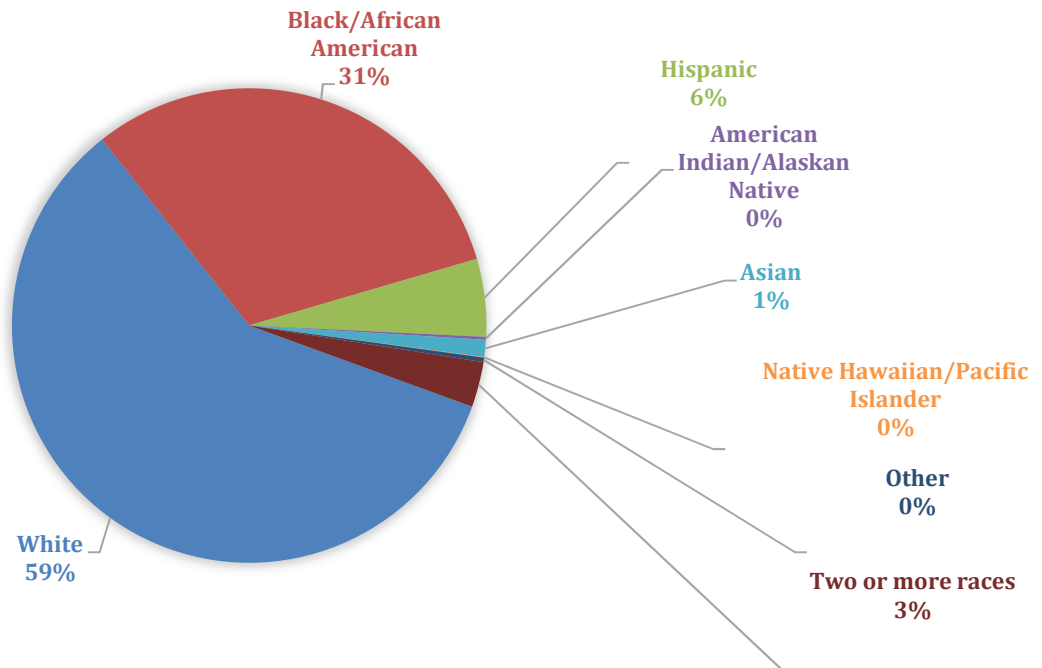
Additionally, the Tuscaloosa Market is projected to see modest and uneven growth, with Hale County (+5.5%) leading the population increases. Perry County, GA (-8.1%) is expected to have the highest decline in population by 2030.



The following table and pie chart display the current and forecasted racial and ethnic diversity in the Tuscaloosa Market.

Race / Ethnicity	Population CY	% of Total Population CY	Population 5-Yr	5-Yr Net Growth	5-Yr % Net Growth
Grand Total	341,073	100.0%	352,418	11,345	3.3%
White (non Hisp)	200,553	58.8%	204,082	3,529	1.8%
Black/African American (non Hisp)	106,097	31.1%	108,795	2,698	2.5%
Hispanic	18,100	5.3%	21,168	3,068	17.0%
Two or More Races (non Hisp)	10,509	3.1%	11,933	1,424	13.6%
Asian (non Hisp)	3,994	1.2%	4,512	518	13.0%
Some Other Race (non Hisp)	1,019	0.3%	1,052	33	3.2%
American Indian/Alaskan Native (non Hisp)	668	0.2%	718	50	7.5%
Native Hawaiian/Pacific Islander (non Hisp)	133	0.0%	158	25	18.8%

2025 Pop by Race/Ethnicity



In the summary table below, there is a disparity between the average median income and the percent of families below poverty compared to the national average. Alabama's median household income (\$64,027) is significantly lower than the U.S. average (\$78,770), with a higher poverty rate of 11.8% compared to 8.9% nationally.

Median Household Income by Service Area

Service Area	Med HH Inc. CY	Med HH Inc. 5Yr	Med HH Inc. 5Yr Net Growth	Med HH Inc. 5Yr % Net Growth	% Families < Poverty CY
Alabama	\$64,027	\$69,761	\$5,734	9.0%	11.8%
USA	\$78,770	\$85,719	\$6,949	8.8%	8.9%

In the subsequent table, we see that the 55-64 age group represents the largest percentage of households across multiple income brackets, including the \$150,000-\$199,999 and \$200,000+ ranges, showing a concentration of higher-earning households in the working-age population.

Household Income by Householder Age CY (# of HHs)

Service Area (*) - Zip Code (*)

Metric Type: **Percent (%)**

	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85p	Totals
Totals	8.8%	15.4%	15.8%	15.6%	16.8%	15.8%	8.9%	2.9%	100.0%
<\$15,000	22.4%	12.1%	10.9%	8.9%	14.5%	16.0%	10.6%	4.5%	100.0%
\$15,000 - \$24,999	16.7%	10.9%	10.0%	11.0%	16.6%	16.1%	12.9%	5.7%	100.0%
\$25,000 - \$34,999	10.6%	18.1%	14.4%	8.4%	11.0%	18.8%	13.7%	5.0%	100.0%
\$35,000 - \$49,999	8.6%	17.2%	14.1%	12.1%	14.7%	18.2%	11.3%	3.8%	100.0%
\$50,000 - \$74,999	5.6%	19.1%	16.4%	13.9%	15.3%	18.0%	9.3%	2.4%	100.0%
\$75,000 - \$99,999	5.4%	15.8%	15.8%	18.7%	18.9%	16.5%	7.2%	1.8%	100.0%
\$100,000 - \$124,999	4.3%	17.9%	20.5%	19.1%	17.9%	13.7%	5.4%	1.2%	100.0%
\$125,000 - \$149,999	2.8%	17.6%	23.2%	22.5%	19.7%	9.9%	3.5%	0.8%	100.0%
\$150,000 - \$199,999	2.1%	12.6%	20.0%	28.4%	23.6%	9.2%	3.3%	0.7%	100.0%
\$200,000+	0.5%	9.3%	20.2%	26.2%	22.2%	14.7%	5.6%	1.3%	100.0%

Other Secondary Data

To present the data in a way that would tell a story of the community needs and identify needs that align with government guidelines, the framework of Healthy People 2030 was selected to guide secondary data gathering and community input. This framework was selected based on its national recognition and governmental relevance.

Within this framework, there are 355 core measurable objectives that were sorted by topic. The five topics have guided discussion and research related to this CHNA. The five topics include Health Conditions, Health Behaviors, Setting and Systems, Social Determinants of Health, and Populations.



Health Conditions

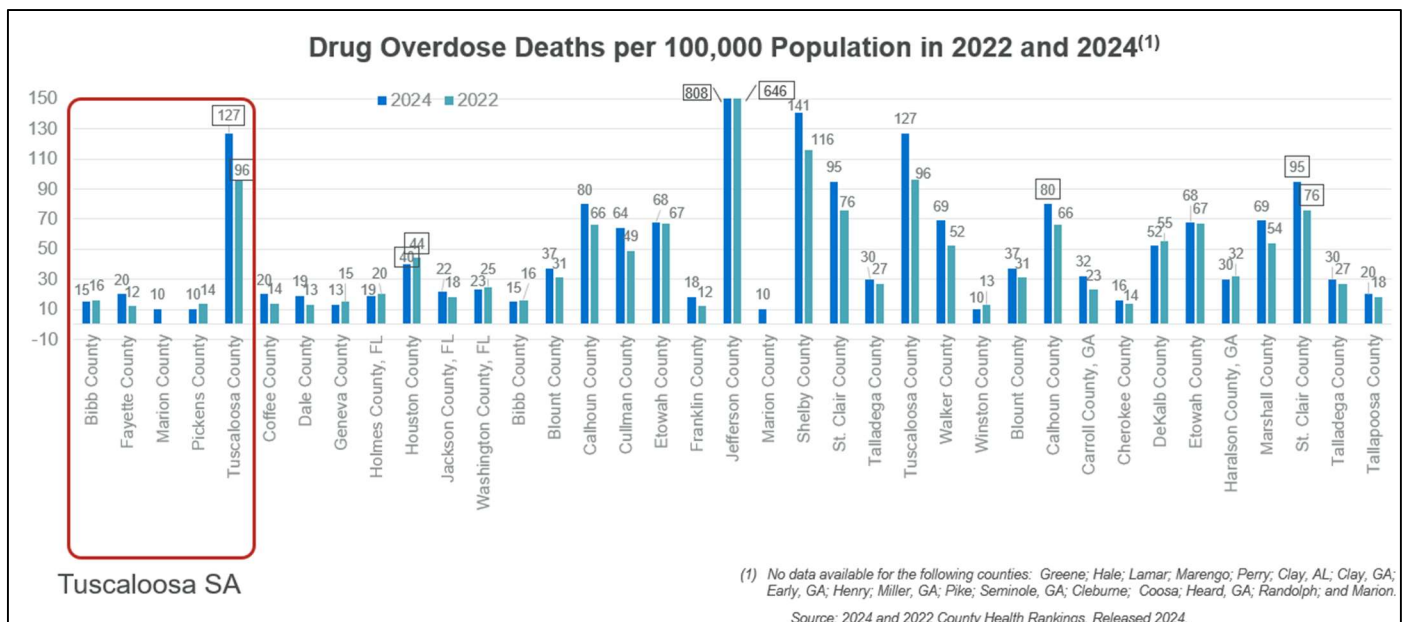
Health Conditions are the prevalent chronic and acute conditions that affect the health of the citizens of the United States. Improvement and achievement of the Healthy People 2030 goals for these conditions will result in the better health of people living with cancer, chronic and mental conditions, infectious diseases, as well as improvement of sexual and reproductive health. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

Healthy People 2030 Objectives

Addiction	Heart Disease and Stroke*
Arthritis	Infectious Disease
Blood Disorders	Mental Health and Mental Disorders*
Cancer	Oral Conditions
Chronic Kidney Disease*	Osteoporosis
Chronic Pain*	Overweight and Obesity*
Dementia	Pregnancy and Childbirth
Diabetes*	Respiratory Disease
Foodborne Illness	Sensory or Communication Disorders
Health Care – Associated Infections	Sexually Transmitted Infections

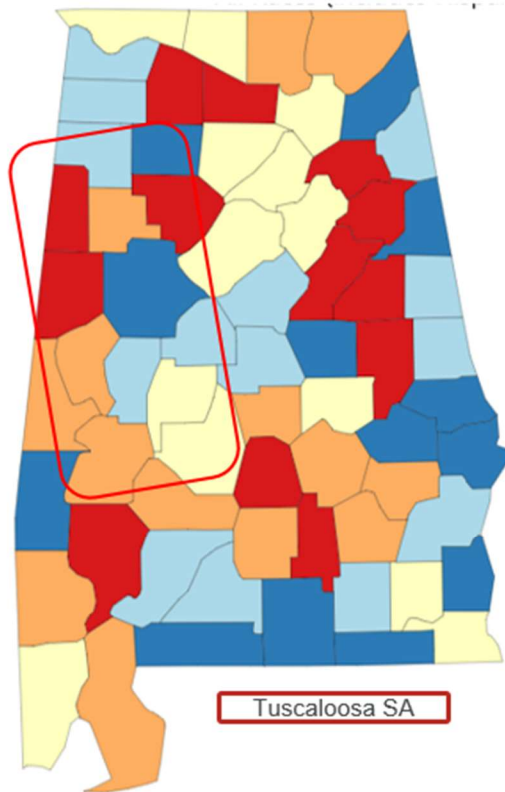
*Objectives that are relevant to Noland Health Services (Noland) Community feedback will be explored further below.

Addiction: Healthy People 2030 focuses on preventing substance use disorders and helping people with these disorders get treatment. Strategies to prevent drug and alcohol use include increasing non-opioid pain management and interventions to help people with these disorders. While most counties report relatively low overdose death rates, Tuscaloosa County, AL stands out with a sharp increase from 96 deaths per 100,000 in 2022 to 127 in 2024 – significantly higher than the other counties in the Tuscaloosa service area, which remained under 20.



Cancer: Healthy People 2030 focuses on promoting evidence-based cancer screening and prevention strategies — and on improving care and survivorship for people with cancer. 70% of counties in the Tuscaloosa Market have a cancer incidence rate below the national average of 42.1, while half are below the Alabama state average of 394.9.

**Age-Adjusted Annual Incidence Rate
(Cases per 100,000) 2017-2021**



Statecancerprofiles.cancer.gov

Age-Adjusted
Annual Incidence Rate
(Cases per 100,000)

- 315.0 to 373.8
- >373.8 to 390.1
- >390.1 to 401.9
- >401.9 to 422.6
- >422.6 to 521.2

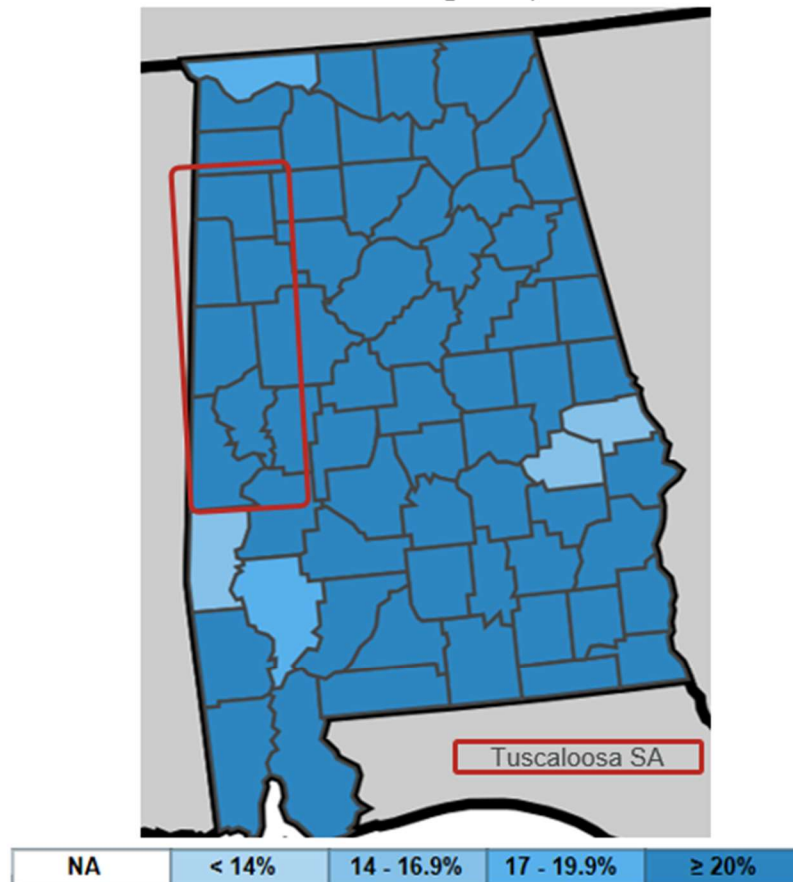
Tuscaloosa Market		
	Incidence Rate	Mortality Rate
Bibb County	383.9	137.8
Fayette County	407.1	179.0
Greene County	411.9	150.6
Hale County	387.2	152.7
Lamar County	433.5	148.4
Marengo County	412.9	120.3
Marion County	378.7	151.5
Perry County	392.2	131.4
Pickens County	521.2	144.3
Tuscaloosa County	352.6	112.9

Top Performers

Low Performers

Chronic Kidney Disease: “More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don’t know they have it” (Healthy People 2030). The average percentage of adults aged sixty-five and over with diagnosed chronic kidney disease in the Noland Markets was 26.3%, with Bibb County, AL having the highest prevalence at 37.2% and Lamar County, AL the lowest at 21.1% within the Tuscaloosa market.

Prevalence of Diagnosed Chronic Kidney Disease among Medicare Beneficiaries age 65+, 2019



CDC; Kidney Disease Surveillance System, Year of Data Used: 2019.

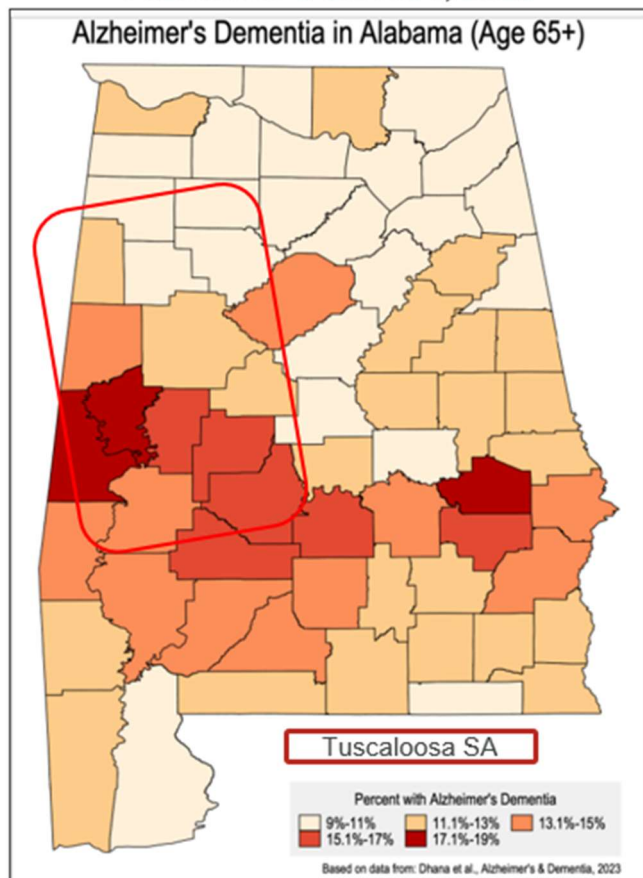
Tuscaloosa Market	
County	Percentage
Bibb	37.2%
Fayette	29.8%
Greene	25.0%
Hale	24.1%
Lamar	21.1%
Marengo	22.7%
Marion	22.8%
Perry	32.5%
Pickens	25.9%
Tuscaloosa	26.5%

Top Performers

Low Performers

Dementia: Healthy People 2030 focuses on improving care and quality of life for people with Alzheimer's and other causes of dementia. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs. While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. In 2020, approximately 11.8% of adults aged 65+ in Alabama had Alzheimer's disease. Within the Noland Markets, Greene County (Tuscaloosa Market) had the highest percentage of seniors diagnosed with Alzheimer's at 17.9%. Overall, the Tuscaloosa Market had the highest average percentage of seniors with Alzheimer's disease at 13.5%.

Percentage of adults age 65+ with Alzheimer's disease, 2020



Tuscaloosa Market	
County	Percentage
Bibb	11.3%
Fayette	10.9%
Greene	17.9%
Hale	15.4%
Lamar	11.4%
Marengo	14.8%
Marion	11.0%
Perry	16.5%
Pickens	13.4%
Tuscaloosa	11.9%

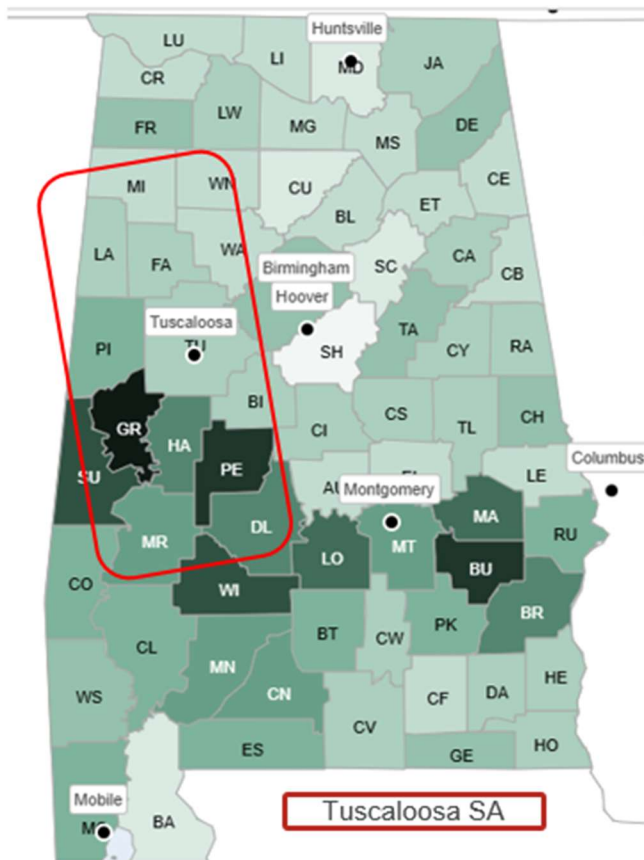
Top Performers

Low Performers

Dhana, et al., 2023, "Prevalence of Alzheimer's disease dementia in the 50 U.S. states and 3,142 counties"; Map: Kavya Beheraj/Axios

Diabetes: Healthy People 2030 focuses on reducing diabetes cases, complications, and deaths. In 2021, Greene County, AL had the highest percentage of adults aged 20 and older with diagnosed diabetes in the Tuscaloosa market at 20%, while Marion County, AL had the lowest at 11%. The Alabama state average for diagnosed diabetes among adults was 13%, placing Marion County, AL below the state average and Greene County, AL well above it.

Percentage of adults age 20+ with diagnosed diabetes, 2021



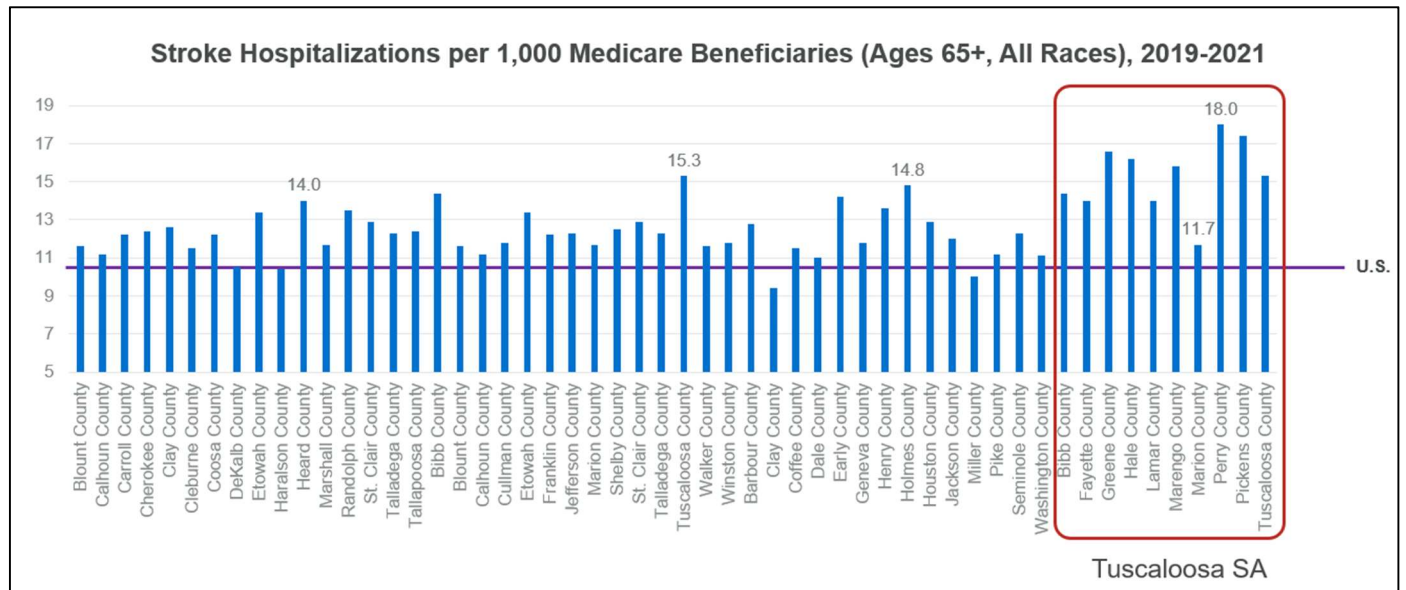
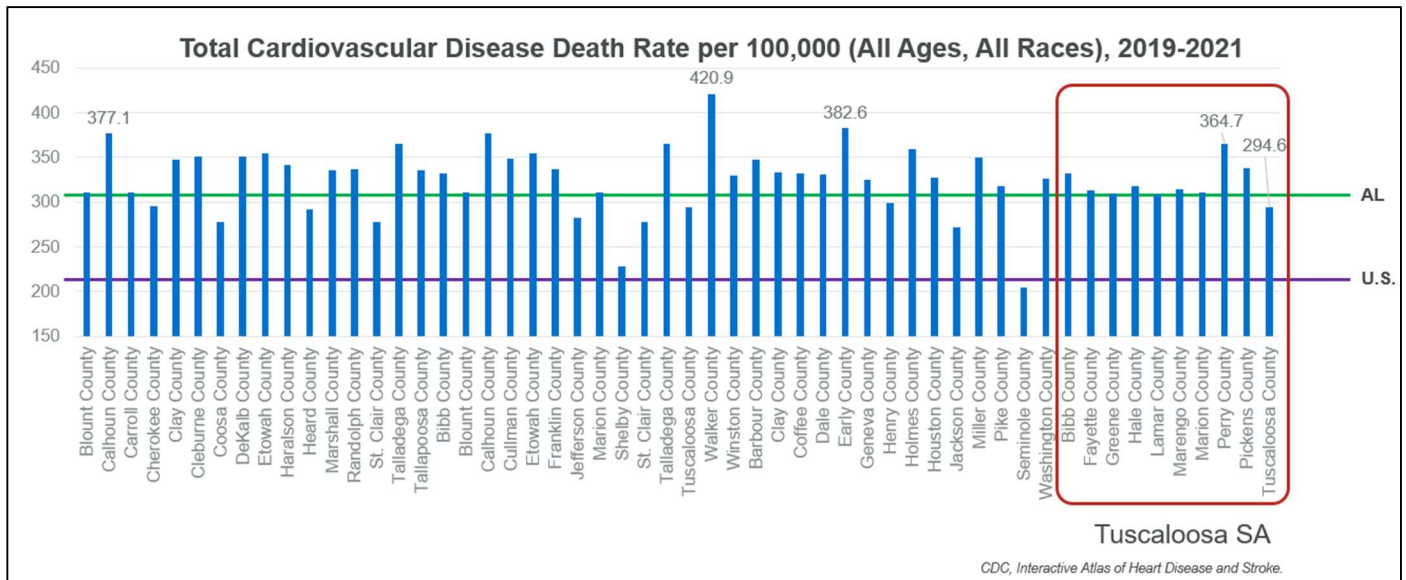
Tuscaloosa Market	
County	Percentage
Bibb	12%
Fayette	12%
Greene	20%
Hale	16%
Lamar	12%
Marengo	15%
Marion	11%
Perry	19%
Pickens	14%
Tuscaloosa	12%

Top Performers

Low Performers

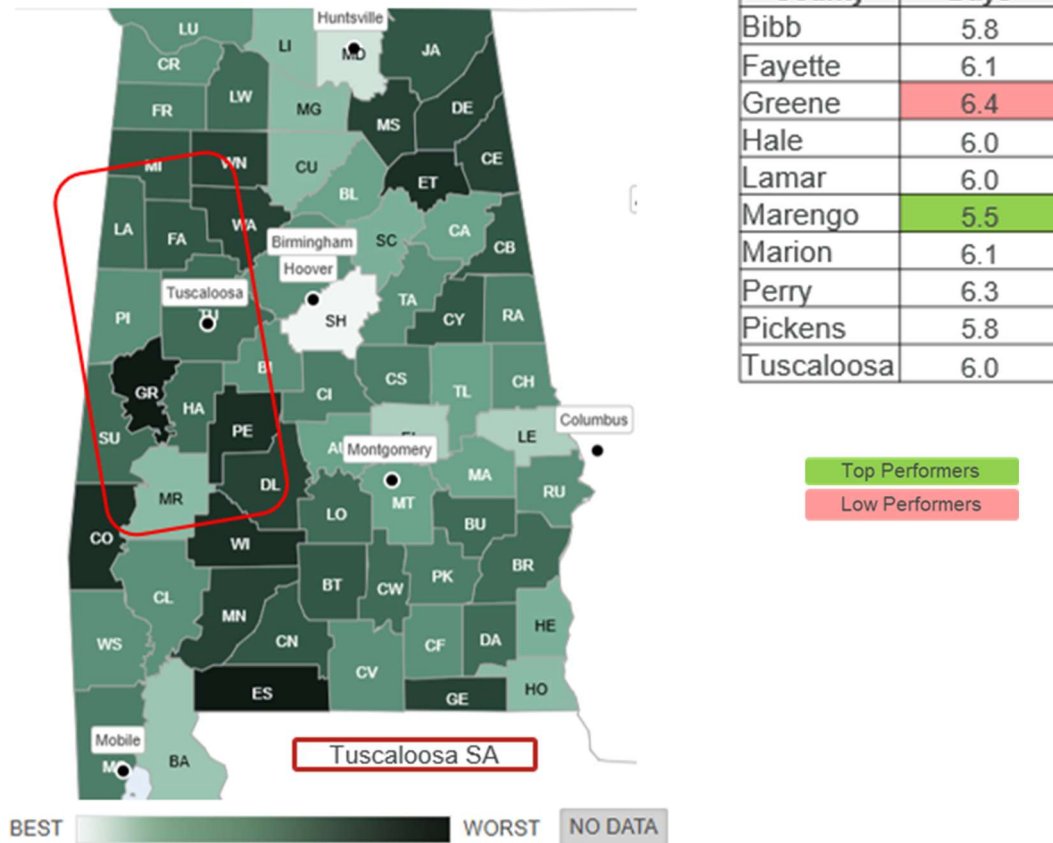
County Health Rankings; 2024 Annual Data Release, Year of Data Used: 2021.

Heart Disease & Stroke: Healthy People 2030 focuses on helping people eat healthy and get enough physical activity to reach and maintain a healthy weight. Perry County, located in the Tuscaloosa SA, had the highest death rate at 364.7 while Tuscaloosa County, had the lowest death rate at 294.6, compared to the state at 306.2 and the national rate of 223.0. In the Tuscaloosa market, Perry County, AL had the highest stroke hospitalization rate at 18.0 per 1,000 Medicare beneficiaries, well above the national rate of 10.7, showing a higher stroke burden among older adults. In contrast, Marion County, AL reported the lowest rate at 11.7, falling below the national average.



Mental Health and Mental Disorders: About half of all people in the United States will be diagnosed with a mental health disorder at some point in their lifetime. Healthy People 2030 focuses on the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. In 2021, Greene County, AL reported the highest number of mentally unhealthy days in the past 30 days at 6.4 days, while Marengo County, AL had the lowest at 5.5 days.

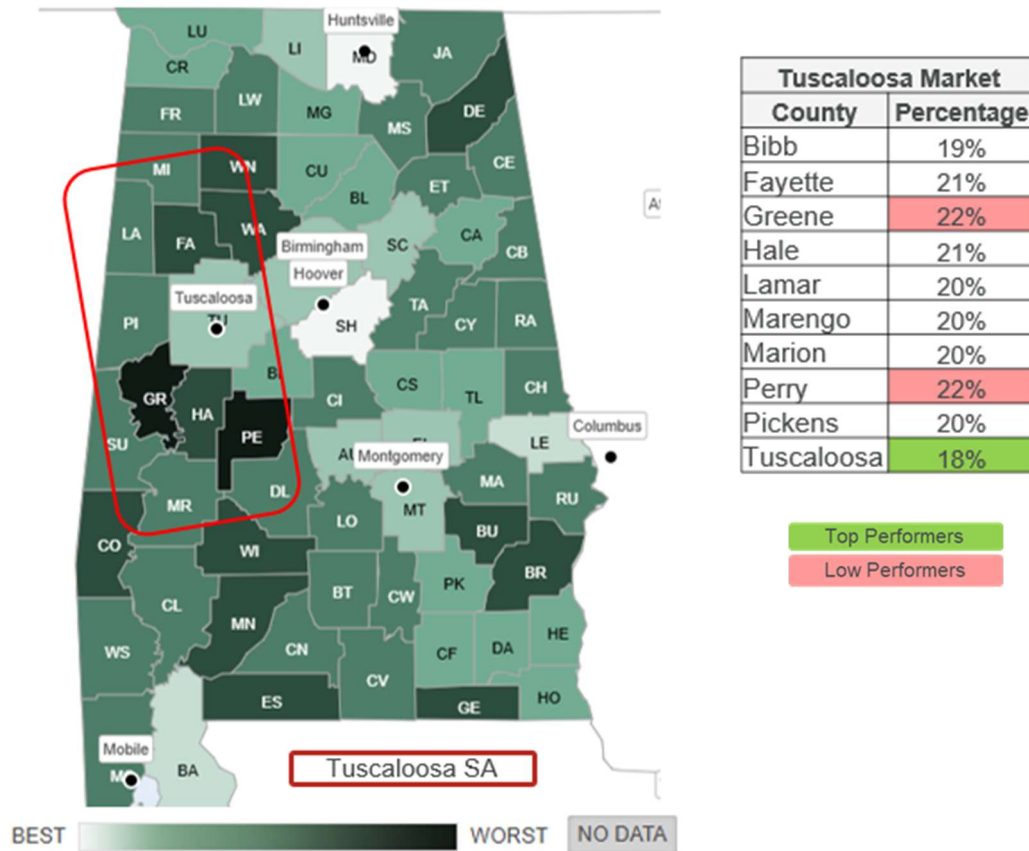
Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted), 2021



County Health Rankings; 2024 Annual Data Release, Year of Data Used: 2021.

In 2021, Greene County, AL and Perry County, AL reported the highest percentage of adults experiencing 14 or more days of poor mental health in a month at 22%, while Tuscaloosa County, AL reported the lowest at 18%.

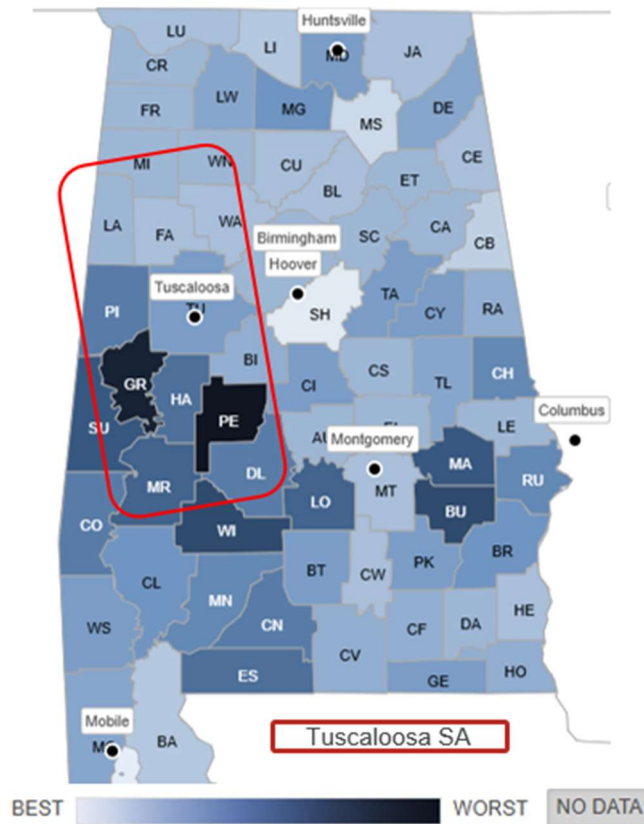
Percentage of Adults Reporting 14 or More Days of Poor Mental Health per Month (Age-Adjusted), 2021



County Health Rankings; 2024 Annual Data Release, Year of Data Used: 2021.

Overweight and Obesity: Healthy People 2030 focuses on helping people eat healthy and get enough physical activity to reach and maintain a healthy weight. In 2021, 41% of adults in Alabama had a Body Mass Index (BMI) of 30 or greater, showing obesity. Within the Tuscaloosa market, Perry County, AL had the highest percentage at 53%, while Fayette County, AL had the lowest at 38%. Notably, seven of the ten counties in the Tuscaloosa Market exceeded the state average.

Percentage of Adults (18 and older) that Reported a BMI Greater Than or Equal to 30kg/m² (Age Adjusted), 2021



Tuscaloosa Market	
County	Percentage
Bibb	40%
Fayette	38%
Greene	52%
Hale	46%
Lamar	39%
Marengo	47%
Marion	39%
Perry	53%
Pickens	45%
Tuscaloosa	42%

Top Performers
Low Performers

County Health Rankings; 2024 Annual Data Release, Year of Data Used: 2021.

Health Behaviors

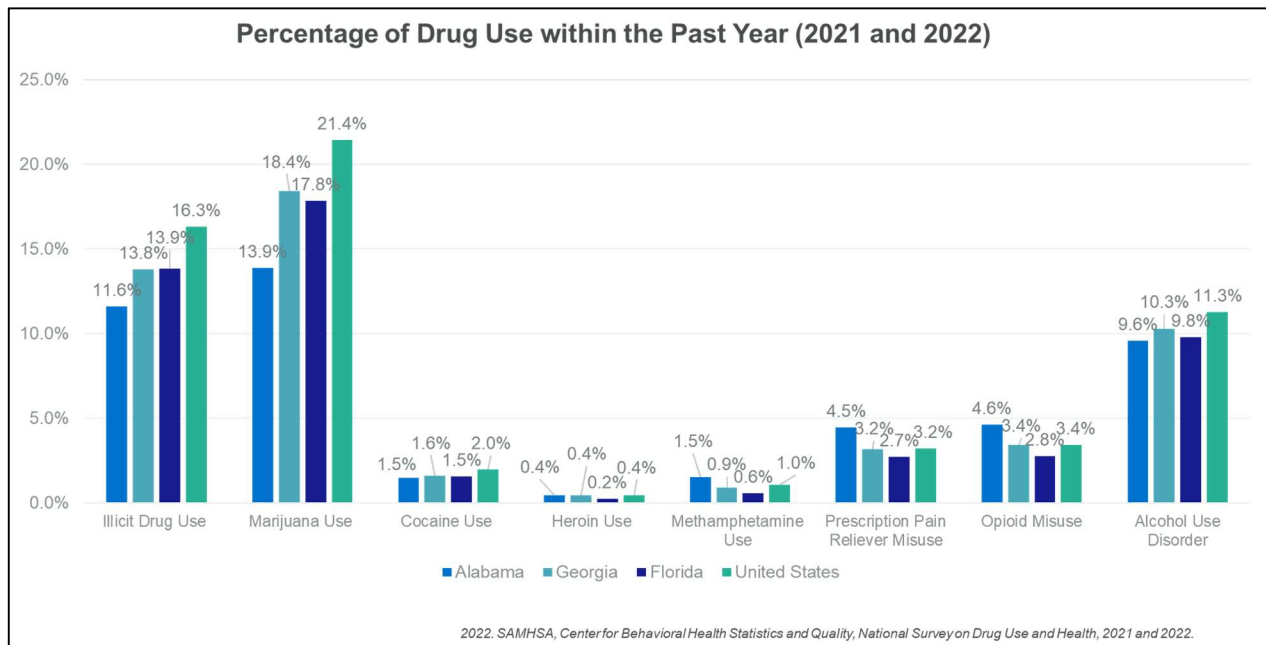
Health Behaviors are the behaviors that influence the health of individuals related to family and personal health, healthcare prevention, substance abuse, violence, as well as other health behaviors such as emergency preparedness and safe food handling. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

Healthy People 2030 Objectives

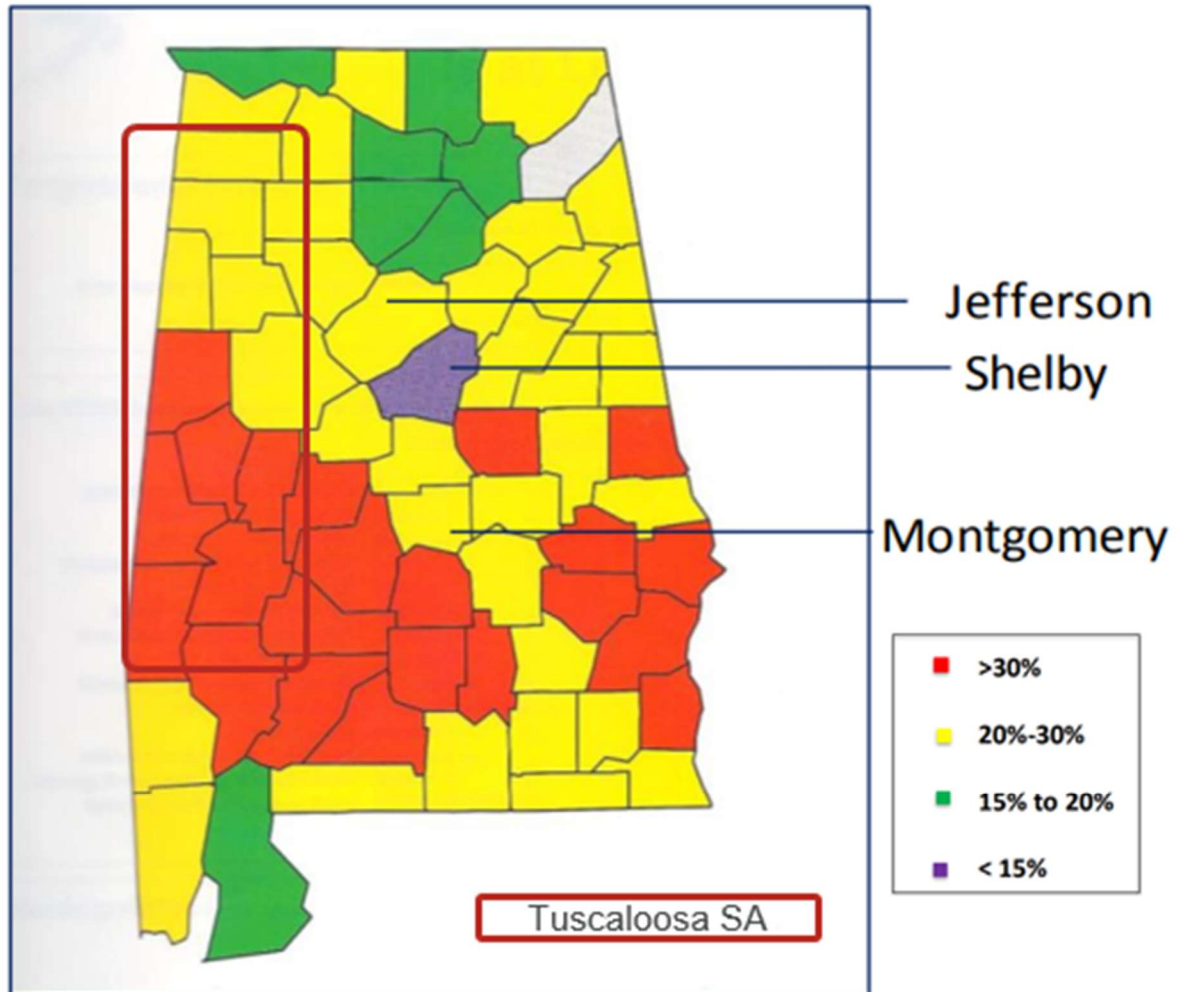
Child and Adolescent Development	Physical Activity*
Drug and Alcohol Use	Preventative Care*
Emergency Preparedness	Safe Food Handling
Family Planning	Sleep
Health Communication*	Tobacco Use
Injury Prevention	Vaccination
Nutrition and Healthy Eating*	Violence Prevention

*Objectives that are relevant to Noland Health Services (Noland) Community feedback will be explored further below.

Drug and Alcohol Use: Healthy People 2030 focuses on preventing drug and alcohol misuse and helping people with substance use disorders get the treatment they need. Alabama had a higher rate of methamphetamine use, prescription pain reliever misuse and opioid misuse compared to the United States in 2021 and 2022. In Alabama, the most used substances within the past year were marijuana (13.9%), illicit drugs overall (11.6%), and alcohol (9.6%). Misuse of prescription pain relievers (4.5%), opioids (3.4%), and methamphetamine (1.5%) were also notable among Alabamians.

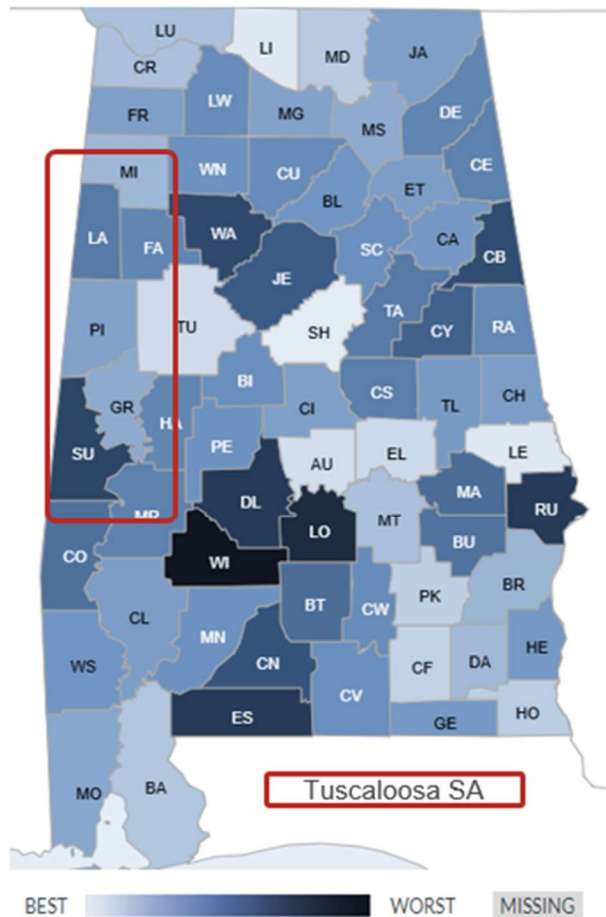


Health Communication: Healthy People 2030 focuses on improving health communication so that people can easily understand and act on health information. In Alabama, 510,000 adults (9.5%) lack basic literacy skills and cannot read. Additionally, 25% of adults do not have a high school degree, and up to 59% suffer from low health literacy. This map shows that most counties in the Tuscaloosa market have a mix of high (over 30%) and moderately high (20%-30%) percentages of adults with Level 1 Literacy Skill indicating reading at or below a 5th grade level.



Alabama Department of Public Health, 2025

Injury Prevention: Healthy People 2030 focuses on preventing intentional and unintentional injuries, including injuries that cause death. From 2017 to 2021, Lamar County, AL had the highest injury death rate in the Tuscaloosa market at 106 deaths per 100,000 people, while Tuscaloosa County, AL had the lowest at 69 deaths.



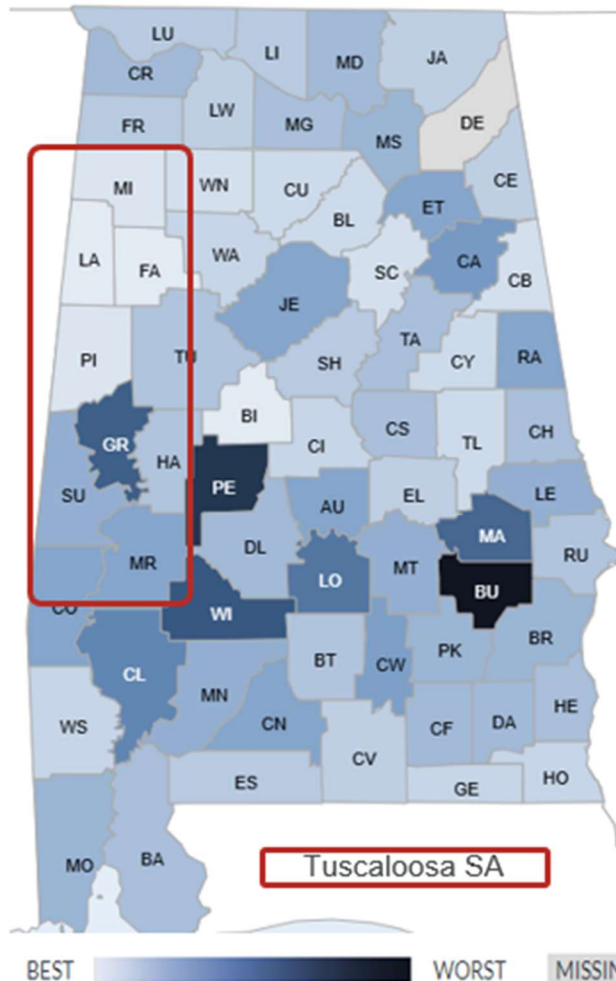
Number of deaths due to injury per 100,000 population., 2017-2021	
Tuscaloosa SA	
Bibb	100
Fayette	103
Greene	89
Hale	103
Lamar	106
Marengo	104
Marion	84
Perry	99
Pickens	93
Tuscaloosa	69

Top Performers

Low Performers

County Health Rankings; Years of Data Used: 2017-2021. Released 2024.

Nutrition and Healthy Eating: Healthy People 2030 focuses on helping people get the recommended amounts of healthy foods — like fruits, vegetables, and whole grains — to reduce their risk for chronic diseases and improve their health. In 2019, Perry County, AL had the highest percentage of the population in the Tuscaloosa service area who were low-income and lacked nearby access to a grocery store at 28%, while Bibb, Fayette, and Lamar Counties, AL reported 0%.



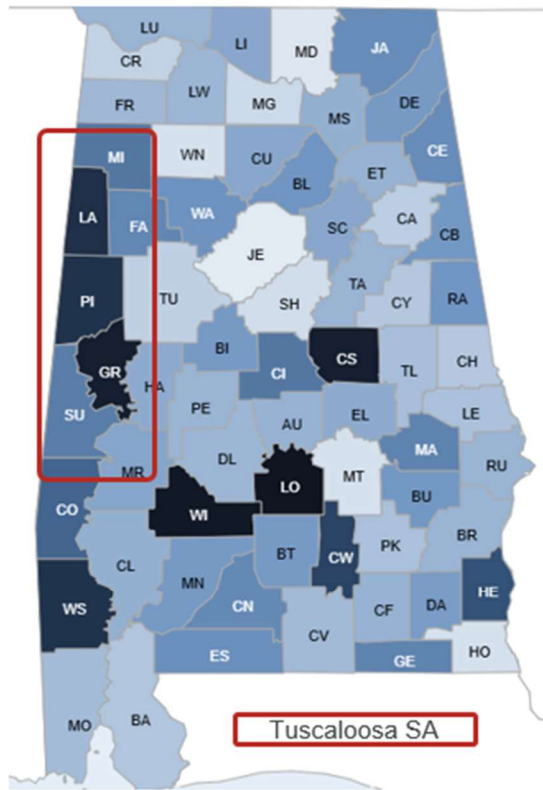
Percentage of population who are low-income and do not live close to a grocery store., 2019	
Tuscaloosa SA	
Bibb	0%
Fayette	0%
Greene	23%
Hale	7%
Lamar	0%
Marengo	13%
Marion	1%
Perry	28%
Pickens	1%
Tuscaloosa	7%

Top Performers

Low Performers

County Health Rankings; Years of Data Used: 2019. Released 2024.

Physical Activity: Healthy People 2030 focuses on improving health and well-being by helping people of all ages get enough aerobic and muscle-strengthening activity. In the Tuscaloosa market, Tuscaloosa County, AL had the highest percentage of population with adequate access to locations for physical activity at 68%, while Greene County, AL had the lowest at 4%, showing a significant disparity in opportunities for active living across the Tuscaloosa market.



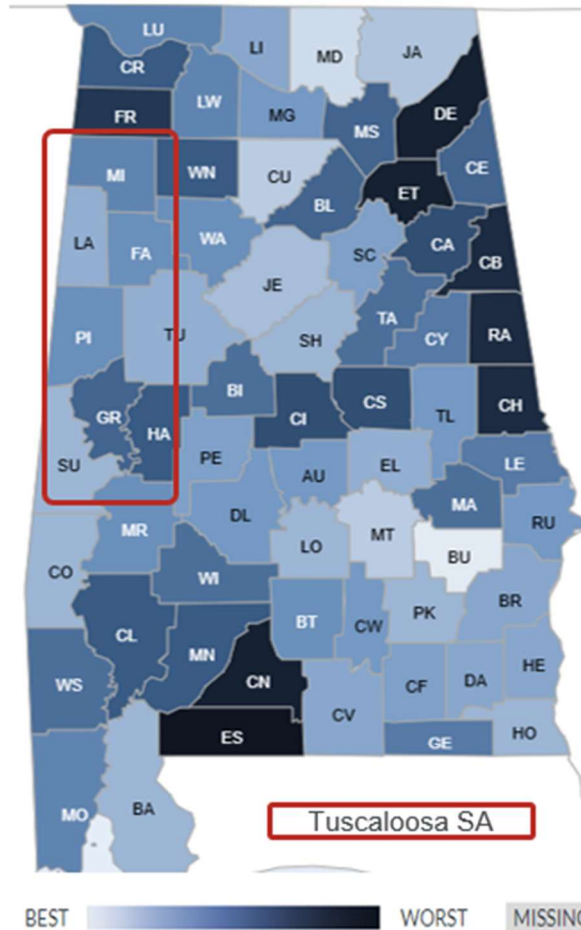
Percentage of population with adequate access to locations for physical activity., 2023, 2022 & 2020	
Tuscaloosa SA	
Bibb	43%
Fayette	36%
Greene	4%
Hale	51%
Lamar	9%
Marengo	48%
Marion	31%
Perry	55%
Pickens	10%
Tuscaloosa	68%

Top Performers
Low Performers

County Health Rankings; Years of Data Used: 2023, 2022, & 2020. Released 2024.

BEST WORST MISSING
County Health Rankings; Years of Data Used: 2023, 2022, & 2020. Released 2024.

Preventative Care: Healthy People 2030 focuses on increasing preventive care for people of all ages. In the Tuscaloosa market, Lamar County, AL had the highest mammography screening rate among female Medicare enrollees ages 65-74 at 43%, while Hale County, AL had the lowest at 34%.

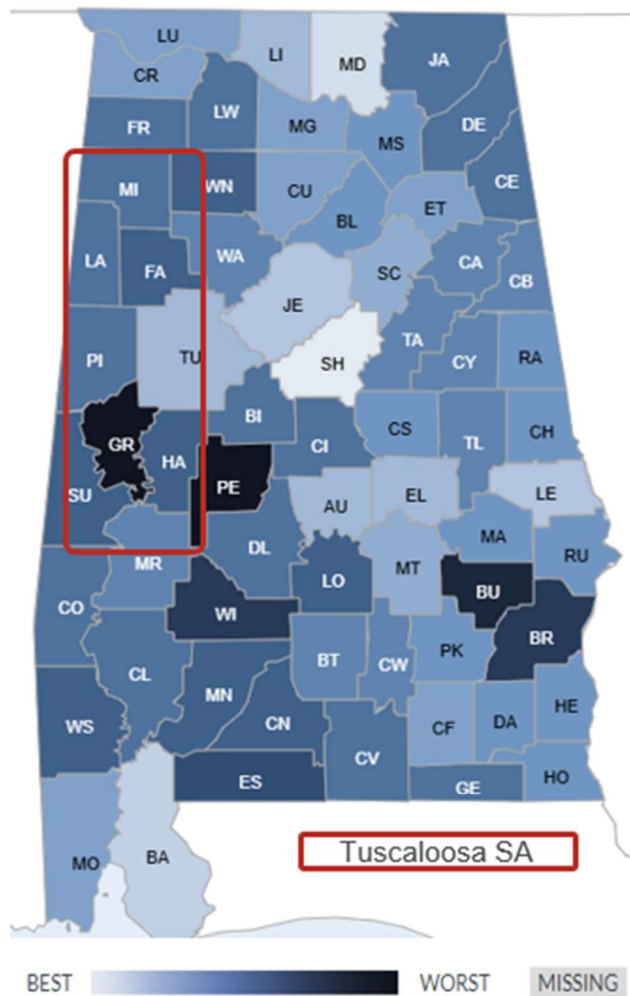


Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening., 2021	
Tuscaloosa SA	
Bibb	36%
Fayette	39%
Greene	35%
Hale	34%
Lamar	43%
Marengo	39%
Marion	38%
Perry	41%
Pickens	39%
Tuscaloosa	41%

Top Performers
Low Performers

County Health Rankings; Years of Data Used: 2021. Released 2024.

Tobacco Use: Healthy People 2030 focuses on improving health and wellness by assessing the prevalence of tobacco use, which provides communities valuable information for cessation and tobacco control programs. Adult smoking, including cigarette and tobacco smoke, has been identified as a cause for different respiratory conditions, cancers, cardiovascular diseases, and other adverse health outcomes. In the Tuscaloosa market, Tuscaloosa County, AL had the lowest smoking rate among adults at 17%, while both Greene County, AL and Perry County, AL reported the highest at 27%.



Percentage of adults who are current smokers (age-adjusted), 2021	
Tuscaloosa SA	
Bibb	22%
Fayette	23%
Greene	27%
Hale	23%
Lamar	22%
Marengo	21%
Marion	22%
Perry	27%
Pickens	22%
Tuscaloosa	17%

Top Performers
Low Performers

County Health Rankings; Years of Data Used: 2021. Released 2024.

Setting and Systems

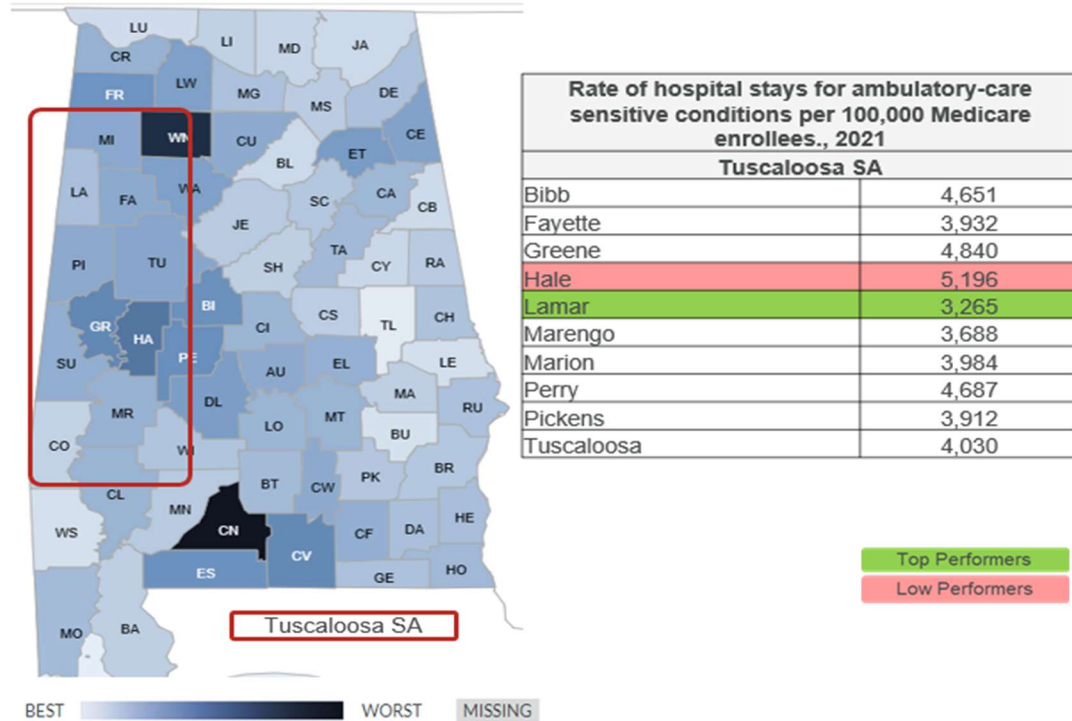
Setting and Systems provide insights into the infrastructure that influences the health outcomes and behaviors of populations. The availability of healthcare resources outside of the traditional healthcare settings play a vital role in the overall health of individuals. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

Healthy People 2030 Objectives

Community	Hospital and Emergency Services*
Environmental Health	Housing and Homes
Global Health	Public Health Infrastructure
Health Care	Schools
Health Insurance*	Transportation*
Health IT*	Workplace
Health Policy	

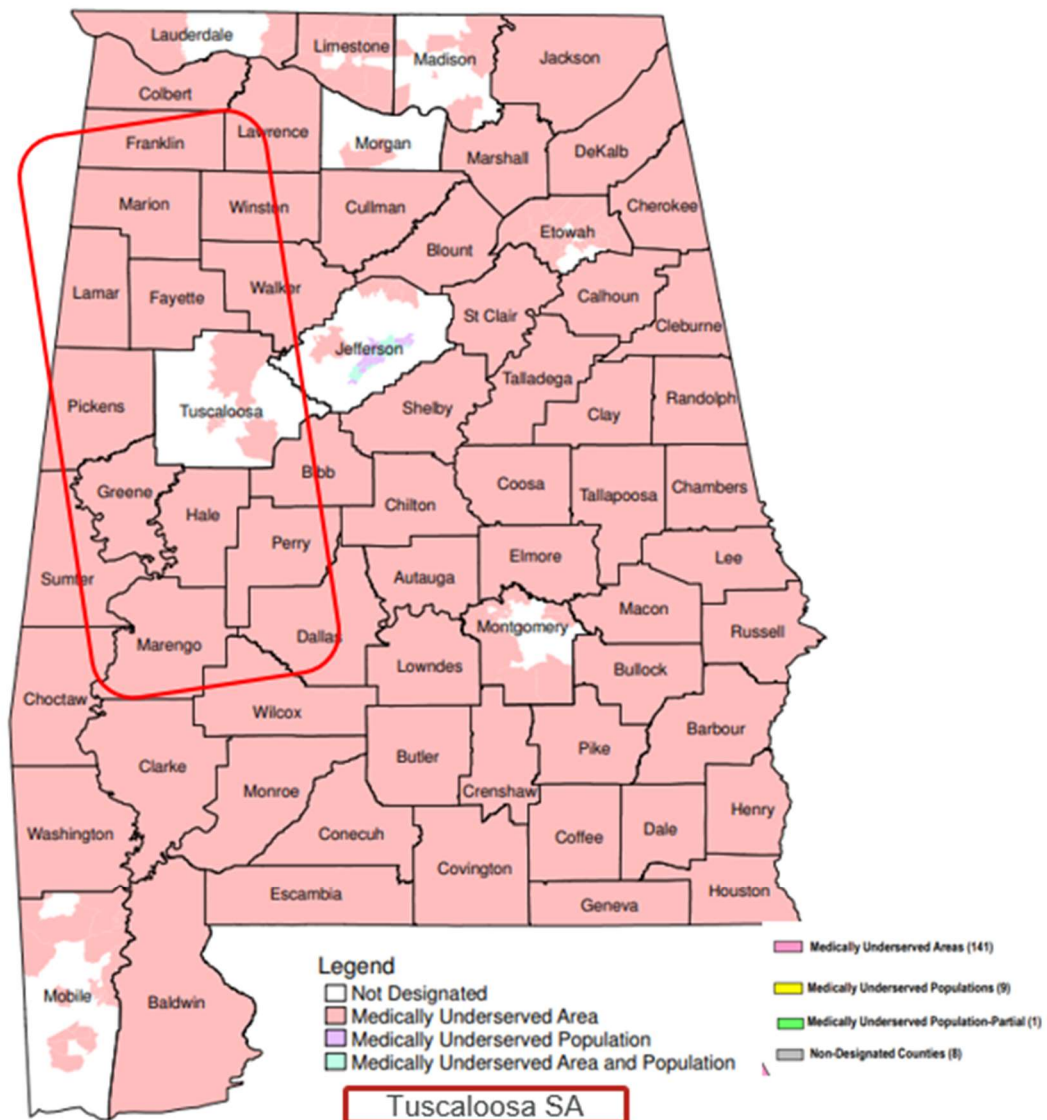
*Objectives that are relevant Noland Health Services (Noland) Community feedback will be explored further below.

Hospital and Emergency Services: Healthy People 2030 focuses on reducing preventable hospital visits and improving hospital care, including follow-up services. In the Tuscaloosa market, Hale County, AL had the highest rate of hospital stays for ambulatory-care sensitive conditions at 5,196 per 100,000 Medicare enrollees – nearly double the U.S. average of 2,666. In contrast, Lamar County, AL had the lowest rate at 3,265.



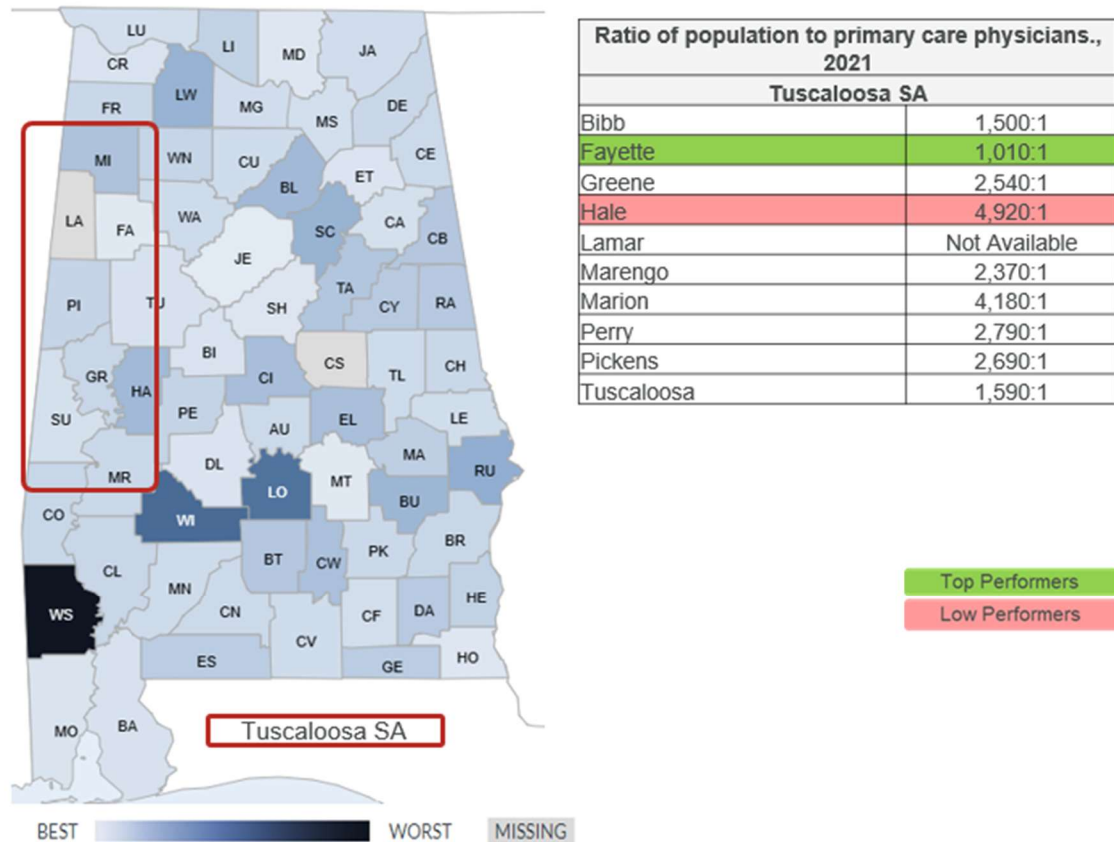
County Health Rankings; Years of Data Used: 2021. Released 2024.

The majority of Alabama is designated as a Medically Underserved Area. Medically Underserved Areas (MUAs) have a shortage of primary care services and are based on the Index of Medical Underservice (IMU). IMU is calculated based on the population to provider ratio, percent of population below the federal poverty level, percent of population over 65, and infant mortality rate.



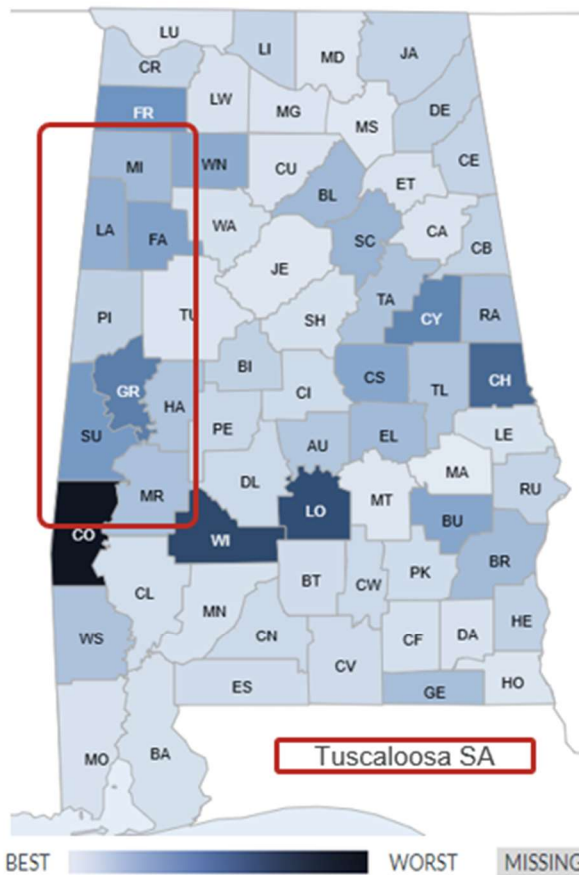
Source: Alabama Public Health, 2024.

In the Tuscaloosa market, Hale County, AL had the highest population-to-primary care physician ratio at 4,920:1 – significantly exceeding the U.S. average of 1,330:1 – showing a severe shortage of primary care access. In contrast, Fayette County, AL had the most favorable access at 1,010:1, outperforming the national average.



County Health Rankings; Years of Data Used: 2021. Released 2024.

In the Tuscaloosa market, the ratio of population to mental health providers is significantly higher than the U.S. average of 300:1, showing limited access to mental health care. Greene County, AL had the worst access with a ratio of 7,420:1, while Tuscaloosa County, AL had the best access at 610:1 – still more than double the national average.

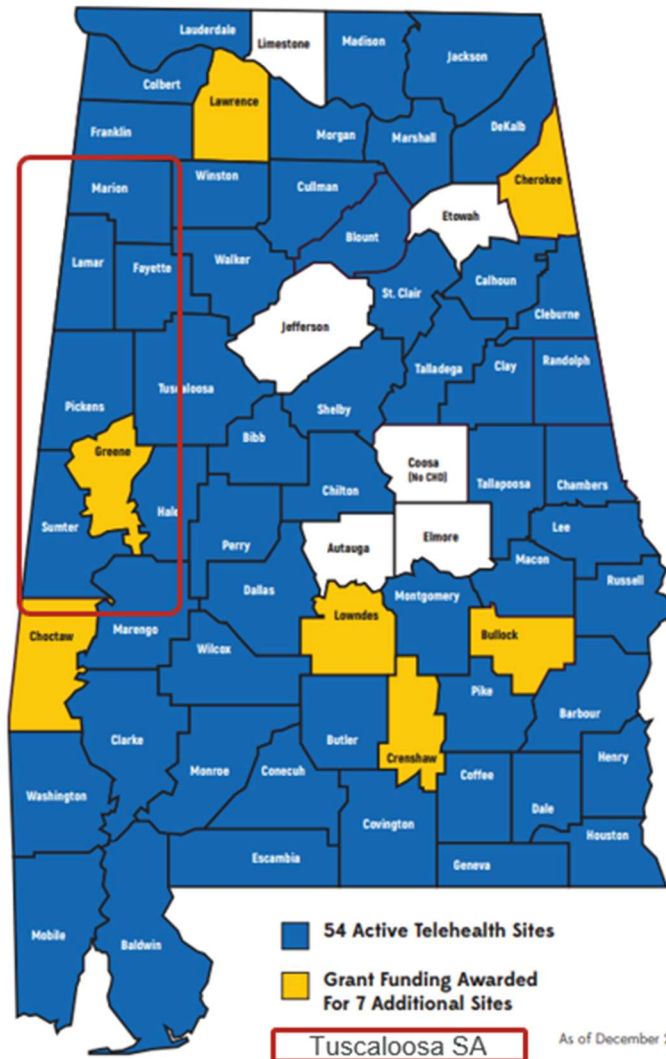


Ratio of population to mental health providers., 2023	
Tuscaloosa SA	
Bibb	2,000:1
Fayette	5,370:1
Greene	7,420:1
Hale	2,920:1
Lamar	4,570:1
Marengo	3,120:1
Marion	3,640:1
Perry	1,610:1
Pickens	2,080:1
Tuscaloosa	610:1

Top Performers
Low Performers

County Health Rankings; Years of Data Used: 2023. Released 2024.

Health IT: Healthy People 2030 focuses on helping health care providers and patients access health IT and use it more effectively. People who can access electronic health information can better track and manage their health care. Through the AL Department of Public Health, telehealth services are available in fifty-four of the sixty-seven counties.

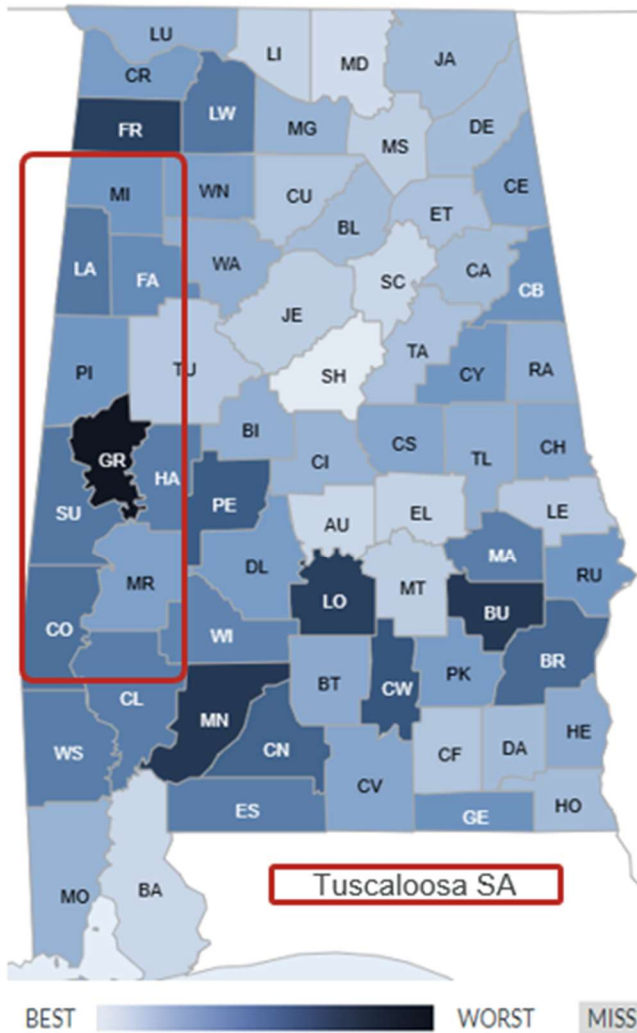


Telehealth Services

- Behavioral Health
- Diabetes Education
- Genetic Counseling
- Maternal Fetal Medicine
- Neurology
- Cardiology
- Family Planning
- HIV/AIDS
- Nephrology
- Rheumatology

AL Public Health Telehealth Network Overview. December 2018; [Telehealth.HHS.gov](https://www.hhs.gov/telehealth), 2025.

In the Tuscaloosa market, Greene County, AL had the lowest percentage of households with a broadband internet connection at 56%, while Tuscaloosa County, AL had the highest at 86% - which shows the disparities in digital connectivity across the Tuscaloosa service area.

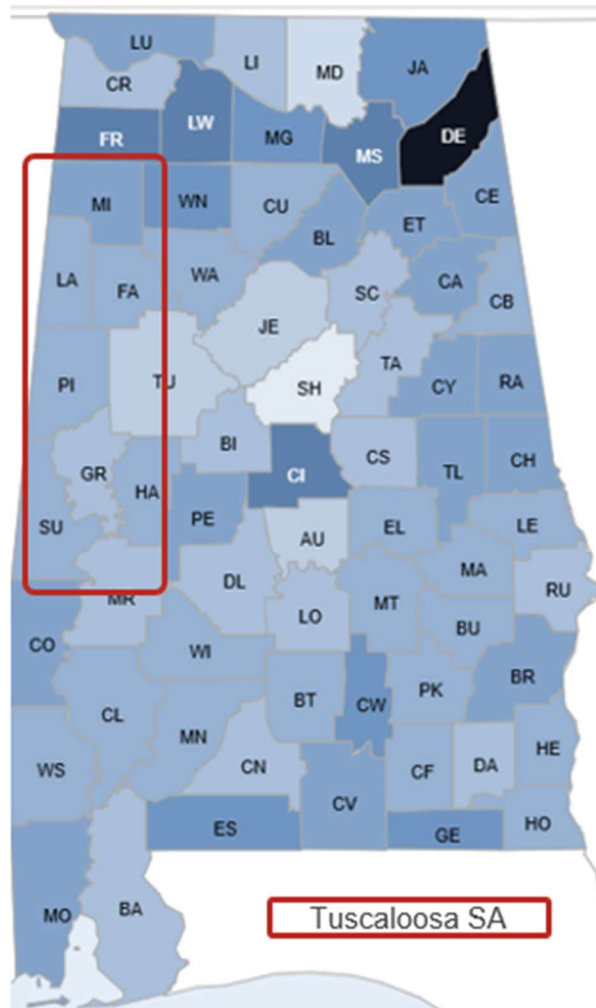


Percentage of households with broadband internet connection., 2018-2022	
Tuscaloosa SA	
Bibb	80%
Fayette	73%
Greene	56%
Hale	71%
Lamar	70%
Marengo	77%
Marion	75%
Perry	66%
Pickens	75%
Tuscaloosa	86%

Top Performers
Low Performers

County Health Rankings; Years of Data Used: 2018-2022. Released 2024.

Health Insurance: Healthy People 2030 focuses on improving health by increasing medical, dental, and prescription drug insurance coverage. About thirty million people in the United States do not have health insurance and people without insurance are less likely to get the health care services and medications they need. In addition, many individuals who are underinsured face similar barriers due to high out-of-pocket costs or limited coverage. In the Tuscaloosa market, uninsured rates for adults under age 65 were relatively consistent across most counties in 2021, ranging from 10% to 13%. Tuscaloosa County, AL had the lowest uninsured rate at 10%, while Marion and Perry Counties, AL reported the highest at 13%.



Percentage of population under age 65 without health insurance., 2021	
Tuscaloosa SA	
Bibb	11%
Fayette	12%
Greene	11%
Hale	12%
Lamar	12%
Marengo	11%
Marion	13%
Perry	13%
Pickens	12%
Tuscaloosa	10%

Top Performers
Low Performers

BEST WORST
County Health Rankings; Years of Data Used: 2021. Released 2024.

Social Determinants of Health

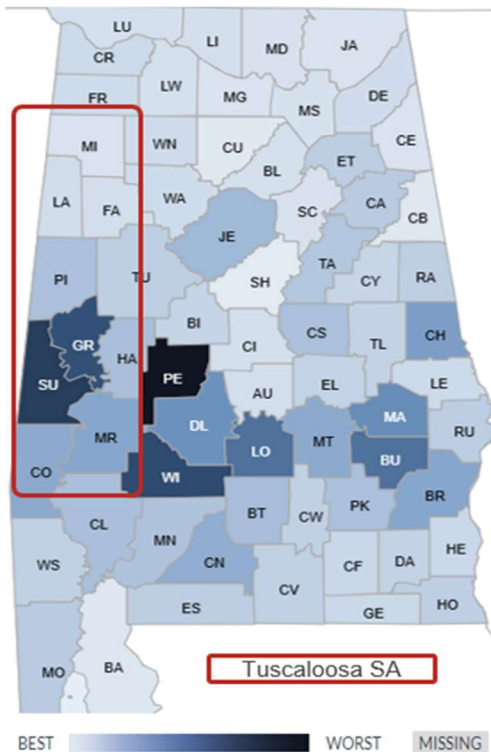
Social Determinants of Health describe the socioeconomic factors that play a role in the level of health people can achieve. This section looks at aspects outside of healthcare such as economic stability, education, and violence in the community. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

Healthy People 2030 Objectives

Economic Stability	Neighborhood and Built Environment*
Education Access and Quality*	Social and Community Context
Health Care Access and Quality	

*Objectives that are relevant to Noland Health Services (Noland) Community feedback will be explored further below

Education Access and Quality: Healthy People 2030 focuses on providing high-quality educational opportunities for children and adolescents. People with higher levels of education are more likely to be healthier and live longer. Additionally, education access and quality impact the overall health literacy of the community. The average gap in Alabama (-\$7,912) is significantly below the U.S. average (\$634), indicating underfunding in public school districts statewide. In the Tuscaloosa market, Perry County, AL had the largest funding gap at -\$60,228, while Marion County, AL had the smallest gap at -\$1,689 - exceeding both the Alabama state and national averages for adequacy in education spending.



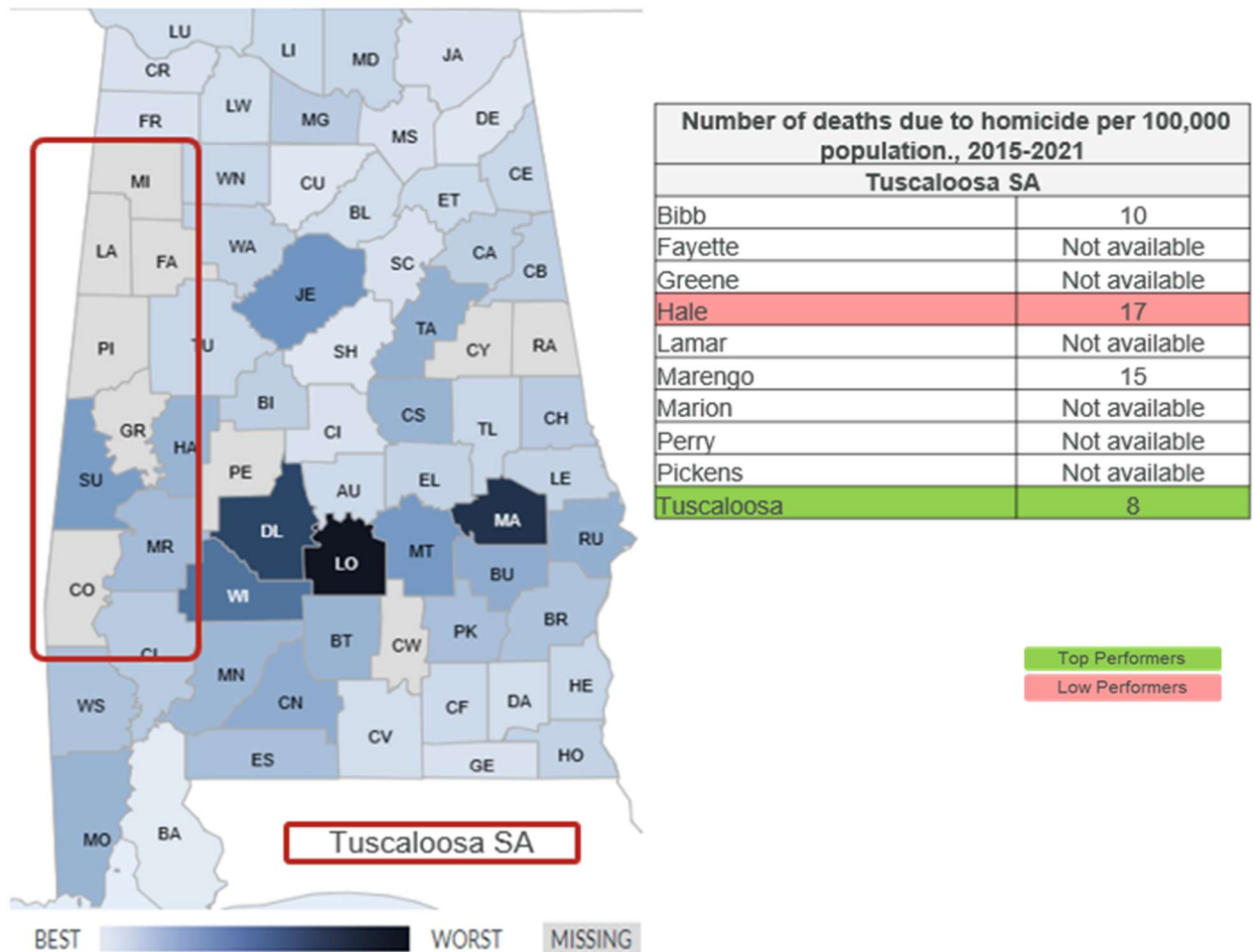
The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district., 2021

Tuscaloosa SA	
Bibb	-\$6,971
Fayette	-\$3,384
Greene	-\$46,688
Hale	-\$14,408
Lamar	-\$3,916
Marengo	-\$23,709
Marion	-\$1,689
Perry	-\$60,228
Pickens	-\$13,956
Tuscaloosa	-\$8,818

Top Performers
Low Performers

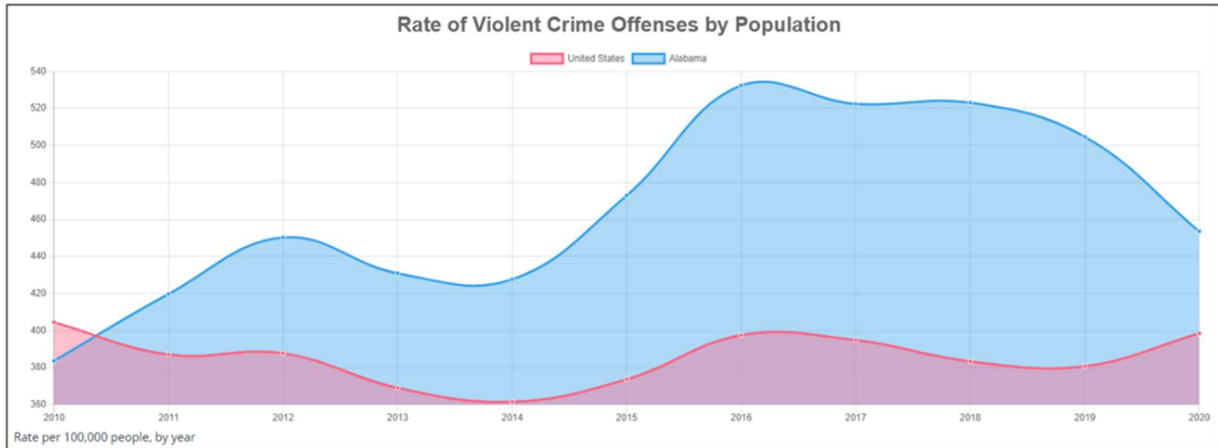
County Health Rankings; Years of Data Used: 2021. Released 2024.

Neighborhood and Built Environment: Healthy People 2030 focuses on improving health and safety in the places where people live, work, learn, and play. Hale County, AL had the highest homicide death rate in the Tuscaloosa service area at 17 deaths per 100,000 population, slightly exceeding the U.S. average of 15. In contrast, Tuscaloosa County, AL had the lowest rate at 8 per 100,000.

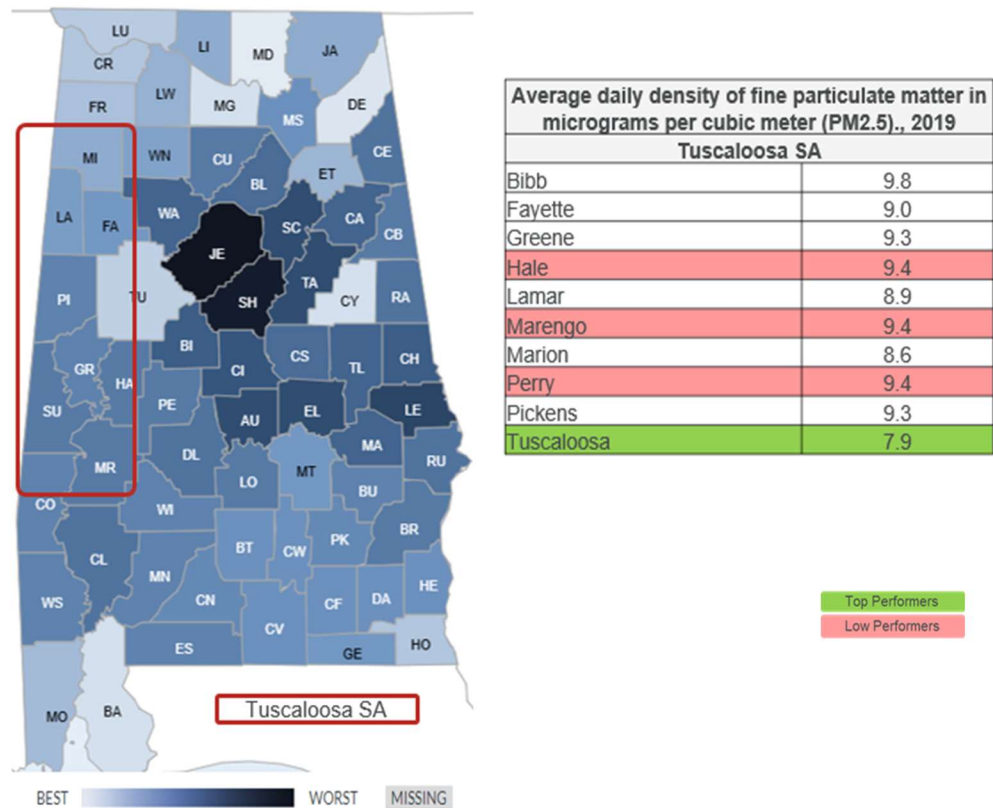


County Health Rankings; Years of Data Used: 2015-2021. Released 2024.

In 2020, the rate of violent crime in Alabama was 453.6 per 100,000 people, higher than the national rate of 398.5. The 20-29 age group is the most common age of both offenders and victims of violent crimes. Healthy People 2030 have a goal to reduce the rate of minors and young adults committing violent crimes to 199.2 per 100,000.



Alabama's average PM2.5 level (9.3 $\mu\text{g}/\text{m}^3$) is significantly higher than the U.S. average (7.4 $\mu\text{g}/\text{m}^3$), indicating poorer air quality across the state. Within the Tuscaloosa market, Hale, Marengo, and Perry Counties, AL had the highest pollution level at 9.4 $\mu\text{g}/\text{m}^3$, while Tuscaloosa County, AL reported lowest at 7.9 $\mu\text{g}/\text{m}^3$, aligning more closely with national averages and showing relatively better air quality in the Tuscaloosa market.



County Health Rankings; Years of Data Used: 2021. Released 2024.

Populations

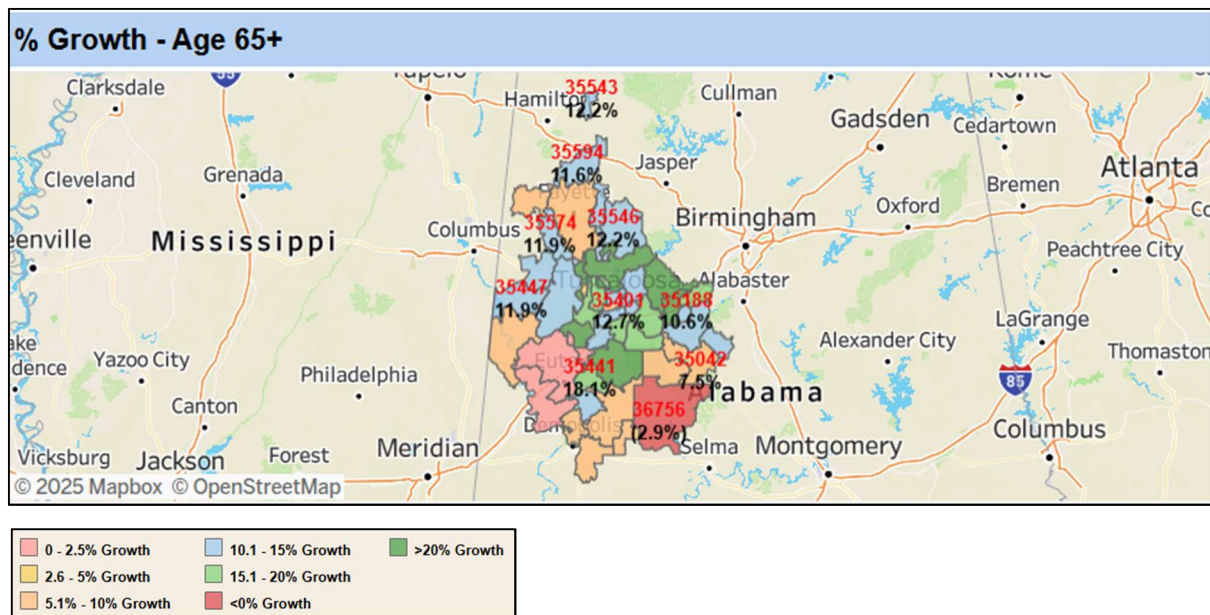
Populations define the populations and demographics that align with other Healthy People 2030 objectives. The population information looks at age groups, gender, race and ethnicity, and disability status. Health and wellness metrics are also identified related to specific populations. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

Healthy People 2030 Objectives

Adolescents	Older Adults*
Children	Parents or Caregivers*
Infants	People with Disabilities
LGBT	Women
Men	Workforce

*Objectives that are relevant to Noland Health Services (Noland) Community feedback will be explored further below

Older Adults: The Healthy People 2030 focuses on reducing health problems and improving quality of life for older adults. The 65+ age group has the highest projected growth of all other age groups. The 65+ age group is projected to grow by 13% across the service area, with the Tuscaloosa Market (12.3%) experiencing the lowest increase.



65+ Age Group			
	2025 Population	2030 Population	Total 5-YR % Growth
Tuscaloosa Service Area	90,419	101,571	12.3%

Parents or Caregivers: Healthy People 2030 focuses on ways parents and caregivers can help keep the people they care for — and themselves — healthy and safe. In 2021, about thirty-eight million family caregivers in the United States provided an estimated thirty-six billion hours of care to an adult with limitations in daily activities. The estimated economic value of their unpaid contributions was approximately \$600 billion. In Alabama, 700,000 family caregivers provided 660 million hours of unpaid care in 2021, with an estimated economic value of \$8.3B at \$12.66 per hour, one of the lowest rates in the nation.

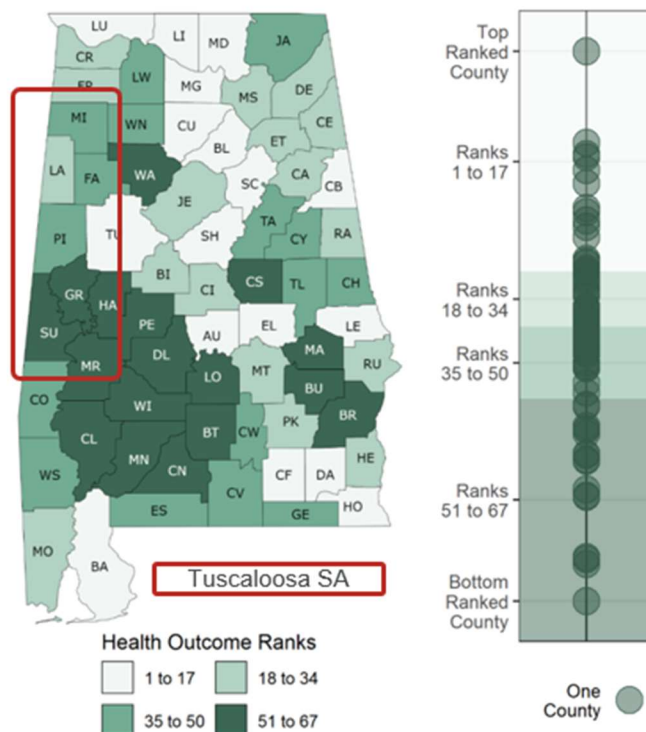
State	State Population	Number of Caregivers	Number of Care Hours (millions)	Value per Hour	Economic Value (millions)
Alabama	5.05M	700,000	660	\$12.66	\$8,300
National Estimates (2019), Adjusted to 2019			Adjusted Number of Caregivers (2019)	Average Hours per Caregiver per Week	Total Adjusted Number of Care Hours
			41.6M	18	\$36.7B

AARP PUBLIC POLICY INSTITUTE. *Insight on the Issues* 1581602, March 2023.

County Ranking

In addition to reviewing the data, overall county health rankings were utilized. The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Measures for this are based on a wide variety of data sources, including the Bureau of Labor Statistics, National Center for Healthcare Statistics, and Behavioral Risk Factor Surveillance System survey data, and other units of the Centers for Disease Control and Prevention, etc. This allows us to understand how each county is performing against another within the state.

Health Outcomes: Healthy People 2030 focuses on health outcomes as a measure of how healthy a county is currently. This measure accounts for numerous factors that reflect mental and physical well-being of the community through metrics that impact both length and quality of life. In Alabama, there are sixty-seven counties—where the healthiest county ranks at #1, and the least healthy county ranks at #67.



2022 County Health Rankings for the 67 Ranked Counties in Alabama	
Tuscaloosa SA	
Bibb	31
Fayette	46
Greene	66
Hale	55
Lamar	21
Marengo	57
Marion	38
Perry	64
Pickens	42
Tuscaloosa	10

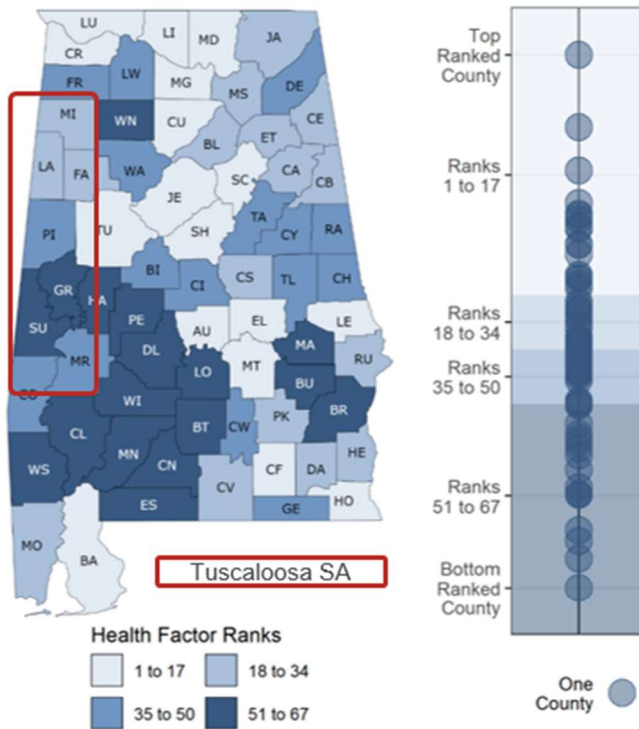
Top Performers

Low Performers

County Health Rankings; 2022 State Report Alabama.

The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: **how long people live and how healthy people feel while alive.**

Health Factors: The overall ranking in health factors represents what influences the health of a county. They are estimates of the future health of the county in comparison to other counties. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.



The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: **health behaviors, clinical care, social and economic, and physical environment factors.**

2022 County Health Rankings for the 67 Ranked Counties in Alabama	
Tuscaloosa SA	
Bibb	50
Fayette	23
Greene	66
Hale	63
Lamar	31
Marengo	47
Marion	34
Perry	64
Pickens	48
Tuscaloosa	8

Top Performers

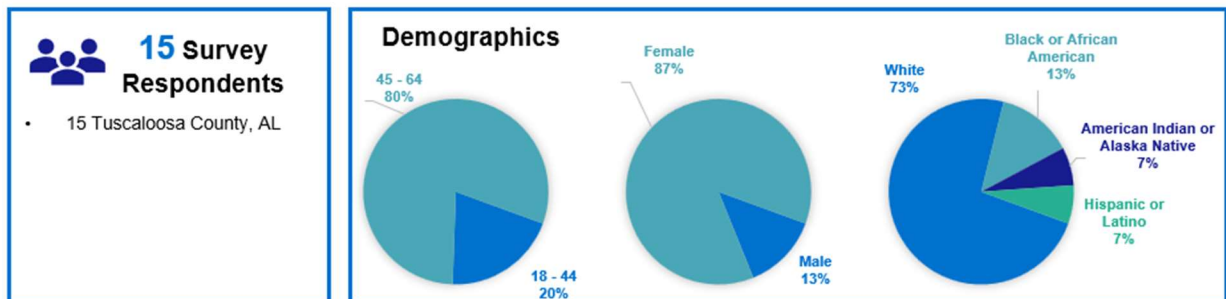
Low Performers

County Health Rankings; 2022 State Report Alabama.

Community Input Findings

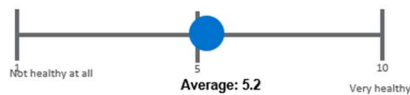
The last and most essential element of the Community Needs Assessment is community input. Noland Health Services (Noland) facilitated the distribution of a community health survey shared with key hospital administrators, physicians, community members, those with knowledge/expertise in public health, and those serving underserved and chronic disease populations. During this phase, the team deployed a survey to gain the community's knowledge.

There were fifteen out of sixty-nine survey respondents who completed the survey across the Tuscaloosa service area. Below is a summary of the feedback distribution.



Community Input Findings

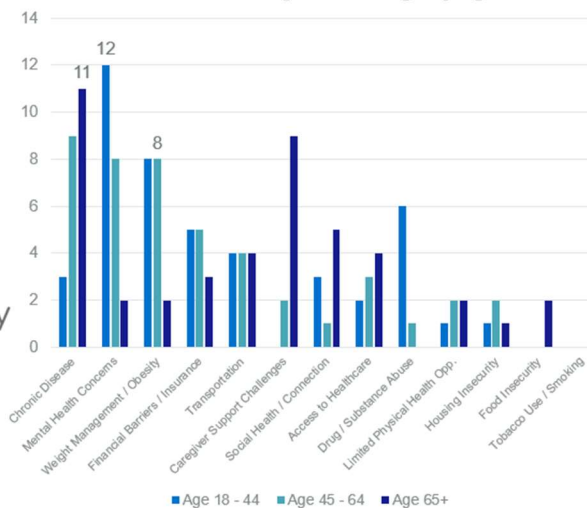
On a scale of 1 - 10, how would you rate the overall health of your community?



One Word Describing the Health of the Community:

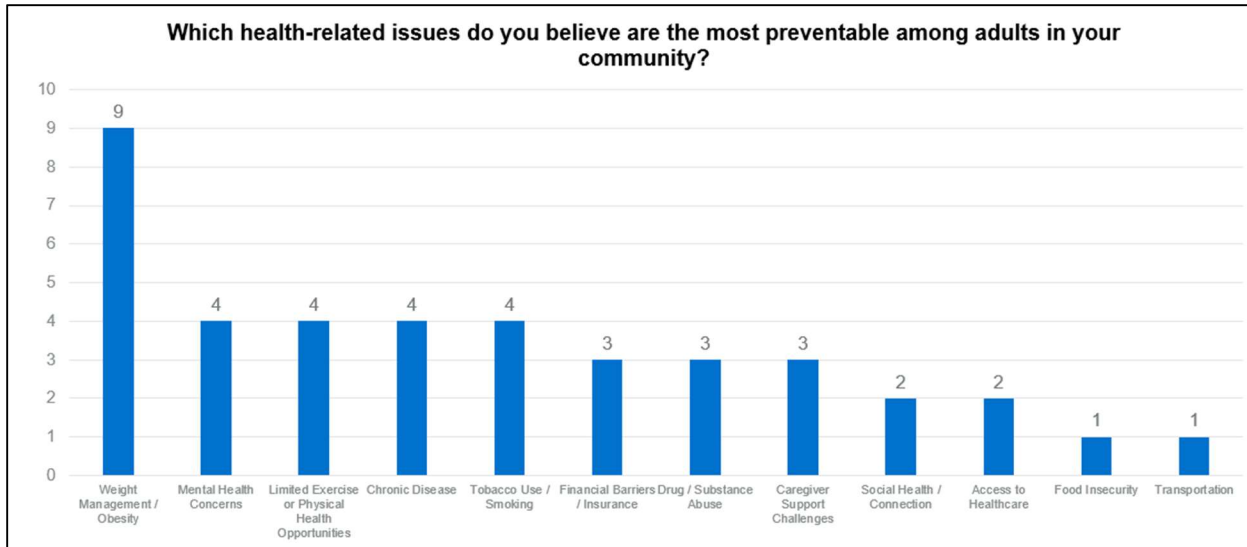


What do you see as the top 3 health or healthcare challenges affecting key ages?



What are the biggest barriers to achieving greater health in the community among adults?

- Financial & Insurance Barriers:** Cost of care, lack of insurance or state-wide coverage, and limited financial resources
- Transportation Challenges:** Ongoing issue with reliable or accessible transportation
- Mental Health Support & Stigma:** Limited access to mental health care and social stigma or internal struggle
- Health Education & Personal Motivation:** Lack of understanding about healthy habits and low desire to improve health
- Limited Healthcare Access & Provider Shortage:** Delays and lack of availability of healthcare professionals



Respondents were asked what they viewed as the top three health or healthcare challenges affecting key ages facing the Tuscaloosa Market and its residents. They were then asked to elaborate on certain barriers and health of the community.

Based on the feedback provided in the Community Input phase of the CHNA, the following barriers and opportunities were identified when evaluating the health of the Tuscaloosa service area.

Barriers

- Financial & Insurance Barriers: Cost of care, lack of insurance or state-wide coverage, and limited financial resources
- Transportation Challenges: Ongoing issue with reliable or accessible transportation
- Mental Health Support & Stigma: Limited access to mental health care and social stigma or internal struggle
- Health Education & Personal Motivation: Lack of understanding about healthy habits and low desire to improve health
- Limited Healthcare Access & Provider Shortage: Delays and lack of availability of healthcare professionals

Most Preventable Health Related Issue

- Weight Management / Obesity
- Mental Health Concerns
- Limited Exercise or Physical Health Opportunities
- Chronic Disease
- Tobacco Use / Smoking
- Financial Barriers / Insurance

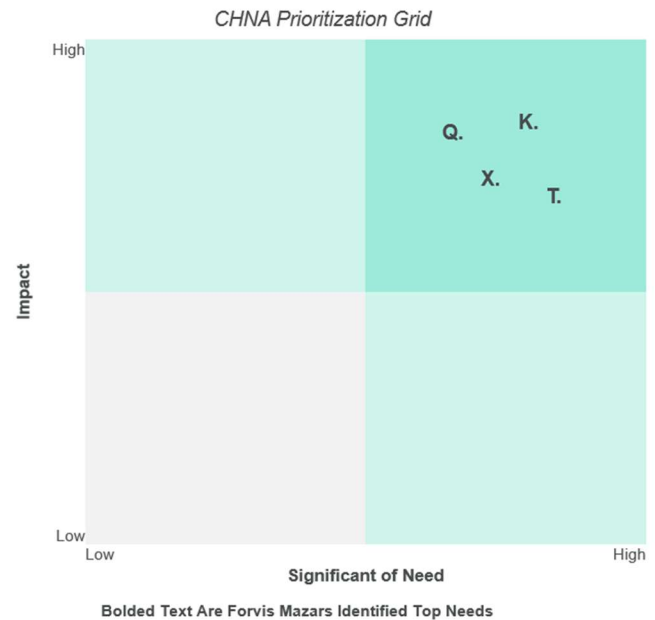
Once the issues/community needs were identified and organized, a prioritization session was held with members of the Community Health Needs Assessment Steering Committee. This session resulted in the development of a Prioritization Table. The priorities were ranked based on significance of the community need, Noland Health Services (Noland) ability to impact the need, and community perceived need. This process identified the top prioritized health issues for the Tuscaloosa Market that Noland Health Services (Noland) feels it has an ability to impact

at certain levels.

Prioritized 2025 Community Health Needs

Tuscaloosa Market

Emerging Community Health Needs	
Health Conditions	A. Cancer
	B. Drug Use & Abuse
	C. Chronic Disease – Kidney
	D. Chronic Disease – Cardiovascular Disease and Heart Failure
	E. Chronic Disease - Stroke
	F. Mental Health – Poor Mental Health & Mental Distress
	G. Alzheimer's
	H. Diabetes
	I. Obesity
Health Behaviors	J. Low Exercise Opportunities
	K. Low Health Literacy
	L. Mammography Screenings
	M. Excessive Drinking
	N. Adult Smoking
	O. Injury Related Deaths
Settings & Systems	P. Low Access to Healthy Foods
	Q. Access to Care – Primary Care & Mental Health
	R. Broadband Internet Access
	S. Preventable Hospital Stays
	T. Financial (Insurance & Cost Barriers)
Social Determinants of Health (SDOH)	U. Violence - Homicide & Violent Crime
	V. School Funding Adequacy
	W. Air Quality
	X. Care Giver Support



From this prioritization table, the Noland Health Services (Noland) team identified community needs that would be the basis for the development of the implementation strategy. Based on the secondary quantitative data, community input, the needs evaluation process, and the prioritization of these needs, the following community needs have been selected for implementation.

- Low Health Literacy** – Low health literacy is a prioritized health need because it significantly impacts individuals' ability to navigate the healthcare system and make informed decisions about their health. In the Tuscaloosa market, a notable portion of the population demonstrates Level 1 literacy skills, indicating reading comprehension at or below a 5th-grade level. This contributes to poor health outcomes, medication errors, reduced preventive care utilization, and higher rates of hospitalization. Factors such as limited education, poverty, and inadequate access to clear and culturally appropriate health information all play a role. Noland Health Services (Noland) seeks to align initiatives around Health Literacy with the community health priorities identified by the state of Alabama to maximize impact and align resources.
- Access to Care / Primary Care & Mental Health** – Providing better access points to healthcare in this community is vital to enhancing the quality of life for the Tuscaloosa service area citizens. The resources that the community and Noland Health Services (Noland) provide can have a significant impact on population health outcomes. If more resources are available in the community, the social and physical environments within the community will help to promote good health for all. For the Tuscaloosa market, the promotion of health education, increased provider access, and insurance literacy will

help to improve the overall health of the community.

- **Financial Barriers / Insurance & Cost Barriers** - Financial barriers and insurance play a significant role in the Tuscaloosa market resident's ability to access healthcare. Although medical services may be available throughout the county, high unemployment, lower incomes, and a lack of insurance may prohibit people from accessing or using these resources. People who have a low or fixed income are more vulnerable to competing financial priorities. These barriers must be addressed as county and hospital resources are expended to meet the community need.
- **Care Giver Support** – Caregiver support is a significant factor impacting health outcomes across the Tuscaloosa market. Many caregivers face emotional strain, limited respite options, and a lack of coordinated support services. Even when care resources exist, caregivers – especially those balancing full-time jobs or caring for multiple individuals – often experience burnout and isolation. Without adequate support systems, these challenges can lead to delayed care, worsening health conditions, and strain on the broader healthcare infrastructure. Addressing these gaps is critical as local health organizations work to improve health and well-being for their loved ones and themselves.

Noland Health Services (Noland) Community Needs Assessment Steering Committee will initiate the development of implementation strategies for each health priority identified above. This implementation strategy will be executed in collaboration with community partners and health issue experts over the next three years. The following key elements will be used in developing their implementation strategy:

- Identify what other local organizations are doing to address the health priority.
- Develop support and participation for these approaches to address the health need.
- Develop specific and measurable goals so that the effectiveness of these approaches can be measured.
- Develop detailed work plans.
- Communicate with the assessment team and ensure appropriate coordination with other efforts currently underway to address the issue.

The team will utilize and build upon the monitoring method developed in the conclusion of the prior CHNA to provide status updates and outcome notifications of these efforts to improve community health. Noland Health Services (Noland) is committed to conducting another health needs assessment in three years.

Appendix A – Alabama Data Sources

Focus Area	Measure	Description	Weight	Source	Year(s)	Top Performers	US Overall
HEALTH OUTCOMES							
Length of Life	Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	50%	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2019-2021	6,000	8,000
Quality of Life	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2021	13%	14%
	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2021	3.1	3.3
	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2021	4.4	4.8
	Low Birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	20%	National Center for Health Statistics - Natality Files	2016-2022	6%	8%
HEALTH FACTORS							
HEALTH BEHAVIORS							
Tobacco Use	Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2021	14%	15%
Diet and Exercise	Adult Obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).	5%	Behavioral Risk Factor Surveillance System	2021	32%	34%
	Food Environment Index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	2%	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2019 & 2021	8.9	7.7
	Physical Inactivity	Percentage of adults age eighteen and over reporting no leisure-time physical activity (age-adjusted).	2%	Behavioral Risk Factor Surveillance System	2021	20%	23%
	Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	1%	ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles	2023, 2022 & 2020	90%	84%
Alcohol and Drug Use	Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	2.5%	Behavioral Risk Factor Surveillance System	2021	13%	18%
	Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	2.5%	Fatality Analysis Reporting System	2017-2021	10%	26%
Sexual Activity	Sexually Transmitted Infections+	Number of newly diagnosed chlamydia cases per 100,000 population.	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2021	151.7	495.5
	Teen Births*	Number of births per 1,000 female population ages 15-19.	2.5%	National Center for Health Statistics - Natality Files; Census Population Estimates Program	2016-2022	9	17
CLINICAL CARE							

Access to Care	Uninsured	Percentage of population under age 65 without health insurance.	5%	Small Area Health Insurance Estimates	2021	6%	10%
	Primary Care Physicians	Ratio of population to primary care physicians.	3%	Area Health Resource File/American Medical Association	2021	1,030:1	1,330:1
	Dentists	Ratio of population to dentists.	1%	Area Health Resource File/National Provider Identifier Downloadable File	2022	1,180:1	1,360:1
	Mental Health Providers	Ratio of population to mental health providers.	1%	CMS, National Provider Identification	2023	230:1	320:1
Quality of Care	Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	5%	Mapping Medicare Disparities Tool	2021	1,558	2,681
	Mammography Screening*	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	2.5%	Mapping Medicare Disparities Tool	2021	52%	43%
	Flu Vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	2.5%	Mapping Medicare Disparities Tool	2021	53%	46%
SOCIAL & ECONOMIC FACTORS							
Education	High School Completion	Percentage of adults ages twenty-five and over with a high school diploma or equivalent.	5%	American Community Survey, 5-year estimates	2018-2022	94%	89%
	Some College	Percentage of adults ages 25-44 with some post-secondary education.	5%	American Community Survey, 5-year estimates	2018-2022	74%	68%
Employment	Unemployment	Percentage of population ages sixteen and older unemployed but seeking work.	10%	Bureau of Labor Statistics	2022	2.30%	3.70%
Income	Children in Poverty*	Percentage of people under age 18 in poverty.	7.5%	Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates	2022 & 2018-2022	10%	16%
	Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	2.5%	American Community Survey, 5-year estimates	2018-2022	3.7	4.9
Family and Social Support	Children in Single-Parent Households	Percentage of children that live in a household headed by a single parent.	2.5%	American Community Survey, 5-year estimates	2018-2022	13%	25%
	Social Associations	Number of membership associations per 10,000 population.	2.5%	County Business Patterns	2021	18	9.1
Community Safety	Injury Deaths*	Number of deaths due to injury per 100,000 population.	5.0%	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2017-2021	64	80
PHYSICAL ENVIRONMENT							
Air and Water Quality	Air Pollution - Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	2.5%	Environmental Public Health Tracking Network	2019	5	7.4

	Drinking Water Violations+	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	2.5%	Safe Drinking Water Information System	2022		
Housing and Transit	Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	2%	Comprehensive Housing Affordability Strategy (CHAS) data	2016-2020	8%	17%
	Driving Alone to Work*	Percentage of the workforce that drives alone to work.	2%	American Community Survey, 5-year estimates	2018-2022	70%	72%
	Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	1%	American Community Survey, 5-year estimates	2018-2022	17%	36%

*Indicates subgroup data by race and ethnicity is available; + Not available in all states.

Focus Area	Measure	Description	Source	Year(s)
HEALTH OUTCOMES				
Length of Life	Life Expectancy*	Average number of years people are expected to live.	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2019-2021
	Premature Age-Adjusted Mortality*	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2019-2021
	Child Mortality*	Number of deaths among residents under age 20 per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2021
	Infant Mortality*	Number of infant deaths (within 1 year) per 1,000 live births.	National Center for Health Statistics - Natality and Mortality Files	2015-2021
Quality of Life	Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
	Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
	Diabetes Prevalence	Percentage of adults aged twenty and above with diagnosed diabetes (age-adjusted).	Behavioral Risk Factor Surveillance System	2021
	HIV Prevalence+	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2021
HEALTH FACTORS				
HEALTH BEHAVIORS				
Diet and Exercise	Food Insecurity	Percentage of population who lack adequate access to food.	Map the Meal Gap	2021
	Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	USDA Food Environment Atlas	2019
Alcohol and Drug Use	Drug Overdose Deaths*	Number of drug poisoning deaths per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2019-2021
Other Health Behaviors	Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).	Behavioral Risk Factor Surveillance System	2020
CLINICAL CARE				
Access to Care	Uninsured Adults	Percentage of adults under age 65 without health insurance.	Small Area Health Insurance Estimates	2021
	Uninsured Children	Percentage of children under age 19 without health insurance.	Small Area Health Insurance Estimates	2021
	Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	CMS, National Provider Identification	2023
SOCIAL & ECONOMIC FACTORS				
Education	High School Graduation+	Percentage of ninth-grade cohort that graduates in four years.	EDFacts	2020-2021
	Disconnected Youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	American Community Survey, 5-year estimates	2018-2022

	Reading Scores*+	Average grade level performance for third graders on English Language Arts standardized tests.	Stanford Education Data Archive	2018
	Math Scores*+	Average grade level performance for third graders on math standardized tests.	Stanford Education Data Archive	2018
	School Segregation	The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.	National Center for Education Statistics	2022-2023
	School Funding Adequacy+	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.	School Finance Indicators Database	2021
Income	Gender Pay Gap	Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as	American Community Survey, 5-year estimates	2018-2022
	Median Household Income*	The income where half of households in a county earn more and half of households earn less.	Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates	2022 & 2018-2022
	Living Wage	The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.	The Living Wage Institute	2023
	Children Eligible for Free or Reduced Price Lunch+	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.	National Center for Education Statistics	2021-2022
Family and Social Support	Residential Segregation - Black/White	Index of dissimilarity where higher values indicate greater residential segregation between Black and white county residents.	American Community Survey, 5-year estimates	2018-2022
	Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	The Living Wage Institute; Small Area Income and Poverty Estimates	2023 & 2022
	Child Care Centers	Number of child care centers per 1,000 population under 5 years old.	Homeland Infrastructure Foundation-Level Data (HIFLD)	2010-2022
Community Safety	Homicides*	Number of deaths due to homicide per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2015-2021
	Suicides*	Number of deaths due to suicide per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2017-2021
	Firearm Fatalities*	Number of deaths due to firearms per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2017-2021
	Motor Vehicle Crash Deaths*	Number of motor vehicle crash deaths per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2015-2021

	Juvenile Arrests+	Rate of delinquency cases per 1,000 juveniles.	Easy Access to State and County Juvenile Court Case Counts	2021
Other Social & Economic Factors	Voter Turnout+	Percentage of citizen population aged eighteen or older who voted in the 2020 U.S. Presidential election.	MIT Election Data and Science Lab; American Community Survey, 5-year estimates	2020 & 2016-2020
	Census Participation	Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone).	Census Operational Quality Metrics	2020
PHYSICAL ENVIRONMENT				
Housing and Transit	Traffic Volume	Average traffic volume per meter of major roadways in the county.	EJSCREEN: Environmental Justice Screening and Mapping Tool	2023
	Homeownership	Percentage of owner-occupied housing units.	American Community Survey, 5-year estimates	2018-2022
	Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing.	American Community Survey, 5-year estimates	2018-2022
	Broadband Access	Percentage of households with broadband internet connection.	American Community Survey, 5-year estimates	2018-2022
DEMOGRAPHICS				
All	Population	Resident population.	Census Population Estimates Program	2022
	% Below 18 Years of Age	Percentage of population below 18 years of age.	Census Population Estimates Program	2022
	% Sixty-five and Older	Percentage of population ages sixty-five and older.	Census Population Estimates Program	2022
	% Non-Hispanic Black	Percentage of population identifying as non-Hispanic Black or African American.	Census Population Estimates Program	2022
	% American Indian or Alaska Native	Percentage of population identifying as American Indian or Alaska Native.	Census Population Estimates Program	2022
	% Asian	Percentage of population identifying as Asian.	Census Population Estimates Program	2022
	% Native Hawaiian or Other Pacific Islander	Percentage of population identifying as Native Hawaiian or Other Pacific Islander.	Census Population Estimates Program	2022
	% Hispanic	Percentage of population identifying as Hispanic.	Census Population Estimates Program	2022
	% Non-Hispanic White	Percentage of population identifying as non-Hispanic white.	Census Population Estimates Program	2022
	% Not Proficient in English	Percentage of population aged five and over who reported speaking English less than well.	American Community Survey, 5-year estimates	2018-2022
	% Female	Percentage of population identifying as female.	Census Population Estimates Program	2022
	% Rural	Percentage of population living in a census-defined rural area.	Decennial Census Demographic and Housing Characteristics File	2020

*Indicates subgroup data by race and ethnicity is available; + Not available in all states.

Violent Crime Data Sources:

- FBI Crime Data Explorer: <https://crime-data-explorer.fr.cloud.gov/pages/explorer/crime/crime-trend>

Other Health Conditions Data Sources

- CDC: <https://nccd.cdc.gov/DHDSPAtlas/?state=County>
- State Cancer Profiles: <https://statecancerprofiles.cancer.gov/index.html>