

# COMMUNITY HEALTH NEEDS ASSESSMENT 2022

# COMMUNITY HOSPITAL HEALTH NEEDS ASSESSMENT - 2022

In 2022, a comprehensive Community Health Needs Assessment (CHNA) was completed by Community Hospital as required by the 2010 Affordable Care Act. This was the fourth assessment performed and includes an evaluation of the progress made towards meeting the health needs and goals identified in 2019, as well as strategies to identify and address health needs moving forward. The most significant unanticipated occurrence that followed the completion of the 2019 CHNA was the Covid-19 pandemic. The negative effects from the pandemic have been far-reaching in scope and duration and are evident in all phases of the assessment process.

## HOSPITAL PROFILE

Community Hospital, Inc. is a private, non-profit facility located in Tallassee, Alabama that serves primarily the citizens of Elmore, Macon and Tallapoosa Counties. The hospital offers 24-hour emergency care, medical surgical care, critical care, inpatient geropsychiatric and swing bed rehabilitation services, as well as home health, hospice, cardiopulmonary, gastroenterology, physical, occupational and speech therapy, CT, MRI, ultrasound and digital mammography services. Newly added services during 2020 – 2022 include the opening of a Substance Abuse/Medical Assisted Treatment program and the establishment of two Rural Health Clinics. Primary Care and specialty services are provided at the main campus in Elmore County and include full and part-time Family Practice, Internal Medicine, General Surgery, Gastroenterology, Cardiology, Orthopedics, Podiatry, Nephrology and Ophthalmology. Rural Health Clinics are operated in Elmore and Macon counties.

## SERVICE AREA

Community Hospital is located at the corner of three counties with primary, secondary and tertiary service areas that draw primarily from populations in Elmore, Tallapoosa and Macon counties. Hospital volumes, especially inpatient services, have continued to decline during the last three-year period due to a host of factors. This is a trend seen nationally and is more pronounced in rural communities where hospitals have fewer specialty service lines. Factors such as provider shortages, managed care penetration, higher patient out-of-pocket costs, and increased preauthorization requirements all contribute to an overall decrease in service utilization. However, the most significant continuing decline in service volume began in early 2020 as a result of the Covid-19 pandemic.

Elmore County is part of the Montgomery metropolitan statistical area. However, the census tract location for the hospital is considered to be rural. Macon and Tallapoosa County populations served by the hospital are designated as rural. (Source: CON application, State Health Planning Agency).

## RESOURCES

A review of local resources was completed. Services easily accessible to residents vary in both availability and scope. The pandemic has had a dramatic effect on the availability of services in the area as primary and specialty provider shortages intensified. Physician offices converted to “telehealth visits only” or closed satellite locations all together. Area intensive care beds and transport services across the state became unavailable as the health system became overwhelmed during multiple pandemic surges.

Lead time for physician recruitment continues to be years, despite being near several medical schools and residency programs. In an effort to alleviate the current shortage of providers and healthcare professionals in our area, we continued with affiliation partnerships, serving as the only clinical preceptor site for medical students, residents, advanced practitioners and other allied health students in our service area. Covid restrictions eliminated the majority of student rotations during the pandemic, and these preceptorships are just beginning to resume on a limited basis.

Hospital facilities are located in Elmore and Tallapoosa counties, while Macon County continues to have no acute care beds in the county. Capabilities and service lines vary among facilities with Community Hospital offering the only critical care services, geriatric psych and swing beds in Elmore County. Nursing Home facilities are available in all three counties with post-acute care services offered through our swing bed program and at multiple area nursing homes. Referral relationships are well established with other facilities in the region, although historic disruptions in transfer patterns occurred during the pandemic. Urgent care, home health and hospice providers have had a growing presence in Elmore and Tallapoosa counties, although services were restricted during Covid.

# DATA ANALYSIS

Data used in the assessment was obtained from an array of in-house, county, state and federal statistics. County Health Rankings & Roadmaps, 2020 Population Statistics & Projections, ADPH/CHS 2019 County Health Profiles, Death Rates and USA Facts were among the data files used as primary source documents for analysis. Data sources included the US Census Bureau, Alabama Department of Public Health, Center for Business & Economic Research, The University of Alabama, Robert Wood Johnson Foundation and other identified references included in the Supplemental Documents section. Select statistics and indicators were evaluated to identify changes in population characteristics, socioeconomic factors, access issues and mortality and morbidity rates.

## POPULATION INDICATORS:

2020 Census Data shows a population of 87,977 in Elmore County; 19,532 in Macon County and 41,311 in Tallapoosa County. Review of county population projections show the following:

				2025	2040	
<b>% POPULATION CHANGE</b>				Alabama	3%	11%
				Elmore	6%	24%
				Macon	-5%	-22%
				Tallapoosa	0%	0%

(Source: Alabama County Population 2020 & Projections 2025–2040; US Census Bureau & Center for Business & Economic Research, The University of Alabama, August 2022).

2019 County Health Profile data (Source: ADPH/CHS) shows an estimated population base in the three counties that consists of individuals in the following age groups: 0-14 yrs old representing 14-18% of the tri-county population; 15-64 yrs old representing 61-66% of the population and age 65+ representing 16-22% of the population. The age breakdown has remained stable during the past three years.

The largest segment of the population is represented by the broader 15-64 yr old age group and should benefit from early disease recognition and behavior modifications.

The age group most likely to utilize health services and have unmet healthcare needs continues to be the geriatric population. The Elderly Population has been the fastest growing age group during the past decade (2011–2021) with a 48% increase in Elmore County, a 34% increase in Macon County and a 28% increase in Tallapoosa County (Source: US Census Bureau – USA Facts).

Other demographic statistics that continue to reflect the unique characteristics of our service area include the following main race categories: Elmore County – 76% white; Macon County – 83% black; Tallapoosa County – 71% white. (Source: ADPH/CHS).

**INCOME RELATED INDICATORS:**

Review of selected 2020 & 2022 Income Related Indicators show the following:

INCOME RELATED INDICATORS				
	ALABAMA	ELMORE	MACON	TALLAPOOSA
2022 CHILDREN IN POVERTY	21%	17%	39%	26%
2020 POVERTY RATE	15%	14%	26%	21%
2020 MEDIAN HOUSEHOLD INCOME	\$53,958	\$62,524	\$37,736	\$46,654
2022 UNINSURED	12%	9%	11%	12%

The “Children in Poverty” indicator has decreased compared with prior rankings, but continues to reflect a significant disparity for Macon County residents, as does “Poverty Rate” and “Median Household Income”. The “Uninsured” population data is not reliable for comparison purposes due to the effects associated with the pandemic and stimulus relief payments. However, it is unlikely that “Uninsured Rates” in the state will improve significantly without Medicaid expansion. An additional trend seen is an increase in the “Underinsured” population, who represent working individuals with high out-of-pocket costs associated with employer sponsored health plans. Addressing the needs of the financially vulnerable will remain a critical need in our service area. However, additional resources will be required to address this need as organizational financial challenges have only been exacerbated during the pandemic (Source: County Health Rankings & Roadmaps; US Census Bureau (SAIPE) Program; Welfare Info).

**HEALTHCARE ACCESS/STATUS INDICATORS:**

One of the most significant factors that has an overriding impact on the health status of residents is the lack of access to provider services, especially primary care. Provider shortages were significant pre-pandemic and reached critical levels during the past three years. It is anticipated that a lack of providers will continue to present challenges to healthcare access for several years. Analysis of the latest Population to Primary Care Physician Ratio indicates the following:

**POPULATION TO PHYSICIAN RATIO**

	2019	2022	% Change	
Alabama	1,530:1	1,520:1	0%	
Elmore	3,720:1	4,270:1	15%	worse
Macon	2,400:1	2,580:1	8%	worse
Tallapoosa	2,400:1	2,020:1	16%	better

Source: 2022 County Health Rankings & Roadmaps

Data for all counties in our service area reflect severe physician shortages compared to the Population-to-Physician statewide ratio. Elmore County data reflects the most significant need for primary care practitioners as several local physicians retired during 2022. Our long-standing affiliation with multiple colleges and universities has been an effort to address healthcare provider shortages, but clinical rotations were disrupted during the pandemic. We will have a goal of reestablishing those partnerships and resuming clinical rotations as quickly as possible.

Inadequate access to basic primary care negatively affects all residents, but is especially detrimental for the minority and indigent communities. While we successfully recruited practitioners and expanded primary care in Macon County, the financial resources required to achieve that access remain large. Our goal of converting several office practices to Rural Health Clinics has been achieved and should result in more favorable reimbursement. However, the timeframe for achieving the conversion was significantly delayed because of the pandemic.

Lack of transportation remains a barrier for residents needing access to the healthcare delivery system, especially in Macon County. The transportation service in Macon County experienced a 30% increase in requests for services during the pandemic surge. We will continue to partner with assistance programs to improve transportation to healthcare appointments.

Review of 2020 County Health Rankings reflects a significant disparity in health status for Macon County residents. Data shows a ranking of 59 out of 67 for Macon County in the category of “Health Outcomes” and a ranking of 61 out of 67 in the category of “Health Factors”. This continues to reflect a significant need to prioritize healthcare access in this county. (Source: County Health Rankings.org)

#### **OTHER INDICATORS:**

“Other indicators” that were close to or exceeded state norms in the prior assessment period were “Adult Obesity” and “Sexually Transmitted Diseases”. 2022 “Adult Obesity” data only reflected improvement in Macon County which is still above the statewide rate. Covid restrictions during the past three years limited in-person activities such as Weight Watchers and Scale Back Alabama programs. Due to the health issues associated with obesity and heart disease, cancer, etc., this will remain a priority. We will continue to be a host partner for Weight Watchers, Scale Back Alabama, as well as work with the Wellness Coalition to promote healthy living programs.

Analysis of 2022 data regarding “Sexually Transmitted Diseases” (STD) indicates a significant increase of 18% statewide and a 34% increase in Elmore County since 2019. Macon County had a small increase of 4%, but infections in the county remain 93% higher than infections statewide. Since the retirement of our Tuskegee University Student Health physician, we no longer have the ability to directly influence the high STD rate in Macon County. We will, however, continue to promote educational activities through our clinics to promote preventive measures. (Source: 2022 County Rankings & Roadmaps).

## **STATUS OF 2019 PRIORITY ACTION ITEMS:**

The status of action items from the 2019 assessment has been evaluated. Specific goals were set and identified health needs were addressed as follows:

- PRIORITY #1 IMPROVE PRIMARY CARE ACCESS/REDUCE SHORTAGE OF HEALTHCARE PRACTITIONERS
- PRIORITY #2 ADDRESS HIGH MORTALITY (HEART DISEASE, CANCER, STROKE, DIABETES, ACCIDENTS)
- PRIORITY #3 ADDRESS INDIGENT POPULATIONS
- PRIORITY #4 PROVIDE EDUCATION AND OUTREACH
- PRIORITY #5 ADDRESS OPIOID/SUBSTANCE ABUSE

### **STATUS OF PRIORITY #1**

Goals Met: Recruited Family Practice/Internal Medicine providers to Tallassee/Tuskegee campuses  
Recruited Pediatric Nurse Practitioner  
Expanded Medicaid Early Screening/Detection Program  
Provided Transportation Assistance to Macon County residents  
Completed Clinical Rotations in 2019 and on a limited basis during the pandemic

Goal Not Met: Senior Living Housing project initiated, but not completed due to relocation of local Housing Authority

### **STATUS OF PRIORITY #2**

Goal Met: Maintained Level III Stroke Designation  
Completed Lifesouth Blood Donation Events  
Implemented Emergency Planning for Covid-19 pandemic  
Completed Screening programs - 2019 and on a limited basis during Covid

### **STATUS OF PRIORITY #3**

Goals Met: Converted physician practices to Rural Health Clinics  
Completed Screening programs - 2019 and on a limited basis during Covid

Goal Not Met: Medical RCO model not implemented due to withdrawal by the state

### **STATUS OF PRIORITY #4**

Goal Met: Completed Screening programs - 2019 and on a limited basis during Covid

### **STATUS OF PRIORITY #5**

Goal Met: Opened Inpatient Detoxification Program for Opioid/Substance Abuse

Following review of the status of 2019 action items, as well as current data, health needs going forward were identified based on health indicators, morbidity and mortality information and the resources available to address those needs. Many high priority issues are being carried forward for the 2022 action plan in an effort to build on prior successes. Special emphasis will remain on addressing needs for the low income, minority population that we serve. Full implementation of new clinic models will be emphasized in order to achieve greater financial stability. Much of our preventive and outreach activities were disrupted due to Covid restrictions. These programs play a significant role in helping to achieve other health improvement goals related to poor health status and higher-than-normal mortality rates. Therefore, these activities will remain a high priority.

A new health need identified during the past three years was the Covid-19 pandemic. The negative impact this condition has had on healthcare has been profound. With the unpredictability of the virus going forward and the associated high mortality rate, Covid-19 will replace the category of "Accidents" as a condition to be addressed. Efforts to enhance emergency planning as well as preventive measures such as vaccine clinics will be added to our 2022 Action Plan.

The newest priority added in 2019 related to the growing opioid/substance abuse crisis. After successful implementation of a Substance Abuse program, our goal will be to expand services through telehealth. In addition, we plan to add a mental health component to address underlying behaviors associated with addiction.



## **2022 HEALTHY NEEDS PRIORITY RANKING AND ACTION PLAN**

#1 PRIMARY CARE – Improve healthcare access to primary care and address provider and ancillary workforce shortages

- Grow Family and Internal Medicine services at Tallassee and Tuskegee locations
- Reestablish clinical rotations and preceptorship opportunities for providers and ancillary staff
- Expand Rural Health Clinic services to improve financial viability
- Collaborate with schools, universities and state agencies to increase the supply of healthcare professionals

#2 HIGH MORTALITY RANKINGS - Address high mortality rankings through improved primary care access, preventive health, screening programs, Covid mitigation and educational outreach

HEART DISEASE, CANCER, STROKE, DIABETES, COVID

- Re-establish community screening and education programs for cholesterol, hypertension, heart failure, smoking cessation, weight control, diabetes, breast and colon cancer
- Maintain designation as a Level III Stroke Center
- Serve as a Lifesouth Blood Donation site
- Serve as an approved training facility for Basic and Advanced life support
- Increase Emergency Planning with an emphasis on Pandemic response
- Serve as a Vaccine Provider site

#3 INDIGENT POPULATIONS – Address health status and outcome disparities within our service area

- Increase Rural Health Clinic volume to improve financial viability
- See above regarding community health screenings/programs
- Support Medicaid expansion
- Partner with transportation programs in Macon County

#4 EDUCATION AND OUTREACH- Educate the public on high-risk disease processes, unhealthy lifestyle choices, preventive health tools and other topics to promote healthy communities using radio and other media platforms, screening events and outreach activities

#5 OPIOID/SUBSTANCE ABUSE- Address the growing Opioid/Substance Abuse crisis by adding mental health services that focus on social determinants and their impact on addiction

- Expand Inpatient & Outpatient substance abuse programs at Rural Health Clinics
- Implement telehealth counseling for abuse and addiction programs
- Pursue grant funding for program support

### **IMPLEMENTATION STRATEGY**

An action plan has been developed and presented for board approval in September 2022. Input is received from multiple partners and stakeholders, as well as individuals who voluntarily serve as board members representing citizens, employers, providers, governmental officials, school systems, etc. A sample listing of various organizations and individuals who have assisted us throughout the process is included. We will implement our action plan by continuing to work together to achieve better health for all.

## .... WORKING TOGETHER....

(Examples of the many individuals, stakeholders, coalitions, affiliates, sponsors, community representatives, employers, educators, governmental officials, providers, economic developers and others who have provided input and opportunities to work together to improve the health of citizens in our service area 2019-2022)

Academic Practice Consortium	Kolbe Clinic
Alabama Academy of Family Physicians	Legacy of Hope
Alabama Department of Public Health	Lifesouth
Alabama Hospital Association	Macon County Healthcare Authority
Alabama Medicaid Agency	Macon County Transportation Authority
Alabama Rural Health Association	Mid Alabama Coalition for the Homeless
AL Area Health Education Center	Ministerial Alliance
Alzheimer's Association	Montgomery Area Mental Health
American Cancer Society	PathLab
American College of Physicians	Samford University
American Heart Association	TAHEC
Auburn University School of Nursing	Tallapoosa County Head Start
Blount Foundation	Tallasse Chamber of Commerce
Center for Disease Control	Tallasse Housing Authority
City of Tallasse	Tallasse School System
Community Hospital Board of Directors	Tallasse Times
Edward Via College of Medicine	Troy University
Elmore County Economic Development Authority	Tuskegee Macon County Community Foundation
Elmore County School System	Tuskegee University
Emergency Healthcare Coalition	UAB – Advanced Nursing Practice Program
Faulkner University	UAB Medicine – Telehealth Task Force
Girl Scouts	UAB – Rural Medicine Program
GKN Aerospace	University of South Alabama
Guilford Partners	Walden University
Harvard Medical School	Wallace Community College
Health Equity Alliance	Wellness Coalition
Health Resources Service Administration (HRSA)	Wind Creek Casino
Herzing University	

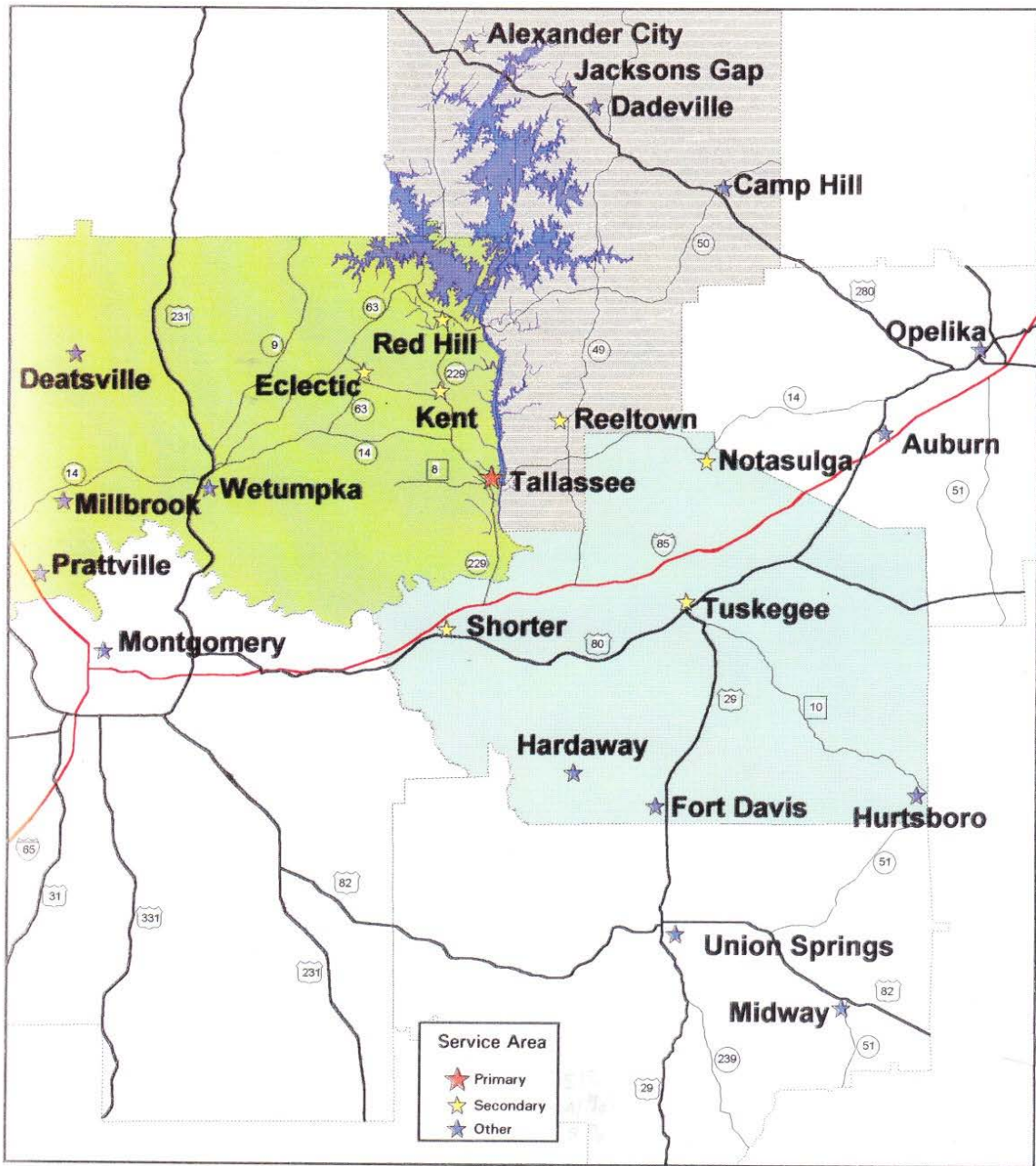
## ....WHAT WE DO....

(Examples of activities and programs we have participated in during 2019–2022 to develop and work towards the achievement of our assessment goals. Thank you to everyone that helps us “Do What We Do”)

AAFP Conference	Level III Stroke Designation
ACP Physician Conference	Level III Trauma Network
AIMS Emergency Resource Program	Macon County Transportation Subsidy
Annual Athletic Physicals	Mammography Screening Party
Breast Cancer Town Hall	Meals on Wheels
Breast Cancer Awareness	Mental Health Summit
Cancer Support Group	Opioid Response Grant
Cholesterol Screening	Patient Care Technician Rotation
Clinical Rotations-Advanced Practice Nursing	Physician Opportunity Fair
Colon Cancer Awareness	Rural Addiction Prevention Program
Community Blood Drives	Rural Health Innovation Workshop
Covid-19 Antibody Testing	Rural Hospital Constituency
Covid-19 Vaccine Clinics	Senior Stretchers Exercise Class
CPR Training	Senior Living Apartment Project
Emergency Tabletop Drills	Social Determinants of Health Seminar
Emergency Preparedness Planning	TAHEC Nursing Student Rotation
Phys Assist Rotations –Faulkner	Tallassee Chamber of Commerce Annual Awards
Go Red Day for Women’s Heart Disease	Tallassee School System – Covid Planning
Grief Support Seminar	TES Hospital Tours for 4 <sup>th</sup> Graders
Harvard University Students	THS Health Occupation Tours
Head Start Partner	Troy University MSW Clinical Affiliation
Kamp Kiwanis Summer Camp Partner	Tuskegee High School Student Rotations
Kolbe Clinic Inpatient Detox Service	UAB Medical School Leadership Seminar

Additional Educational Outreach (Radio, newspaper, magazines and other media are utilized to provide information on health topics for all ages)

**SUPPLEMENTAL  
INFORMATION**



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## Alabama County Population 2020 and Projections 2025-2040

County	Census 2020					Change 2020-2040	
		2025	2030	2035	2040	Number	Percent
<i>Alabama</i>	<i>5,024,279</i>	<i>5,165,416</i>	<i>5,306,554</i>	<i>5,447,691</i>	<i>5,588,829</i>	<i>564,550</i>	<i>11.2</i>
Autauga	58,805	62,452	66,099	69,745	73,392	14,587	24.8
Baldwin	231,767	253,689	275,611	297,532	319,454	87,687	37.8
Barbour	25,223	24,333	23,444	22,554	21,664	-3,559	-14.1
Bibb	22,293	22,659	23,025	23,390	23,756	1,463	6.6
Blount	59,134	61,109	63,083	65,058	67,033	7,899	13.4
Bullock	10,357	10,042	9,726	9,411	9,095	-1,262	-12.2
Butler	19,051	18,506	17,961	17,416	16,871	-2,180	-11.4
Calhoun	116,441	117,525	118,609	119,693	120,778	4,337	3.7
Chambers	34,772	34,367	33,961	33,556	33,150	-1,622	-4.7
Cherokee	24,971	25,224	25,476	25,729	25,981	1,010	4.0
Chilton	45,014	46,338	47,662	48,986	50,310	5,296	11.8
Choctaw	12,665	11,899	11,133	10,367	9,601	-3,064	-24.2
Clarke	23,087	21,966	20,845	19,724	18,603	-4,484	-19.4
Clay	14,236	14,242	14,248	14,255	14,261	25	0.2
Cleburne	15,056	15,289	15,523	15,756	15,989	933	6.2
Coffee	53,465	55,850	58,235	60,619	63,004	9,539	17.8
Colbert	57,227	57,803	58,380	58,956	59,532	2,305	4.0
Conecuh	11,597	11,012	10,427	9,843	9,258	-2,339	-20.2
Coosa	10,387	9,963	9,538	9,114	8,689	-1,698	-16.3
Covington	37,570	37,583	37,596	37,610	37,623	53	0.1
Crenshaw	13,194	13,092	12,989	12,887	12,784	-410	-3.1
Cullman	87,866	90,403	92,940	95,477	98,014	10,148	11.5
Dale	49,326	49,409	49,493	49,576	49,659	333	0.7
Dallas	38,462	36,609	34,756	32,902	31,049	-7,413	-19.3
DeKalb	71,608	73,365	75,121	76,878	78,635	7,027	9.8
<b>Elmore</b>	<b>87,977</b>	<b>93,305</b>	<b>98,632</b>	<b>103,960</b>	<b>109,288</b>	<b>21,311</b>	<b>24.2</b>
Escambia	36,757	36,383	36,010	35,636	35,263	-1,494	-4.1
Etowah	103,436	103,507	103,578	103,649	103,720	284	0.3
Fayette	16,321	15,815	15,310	14,804	14,299	-2,022	-12.4
Franklin	32,113	32,349	32,584	32,820	33,056	943	2.9
Geneva	26,659	26,892	27,125	27,357	27,590	931	3.5
Greene	7,730	7,201	6,673	6,144	5,616	-2,114	-27.3
Hale	14,785	14,225	13,664	13,104	12,543	-2,242	-15.2
Henry	17,146	17,358	17,569	17,781	17,993	847	4.9
Houston	107,202	111,666	116,130	120,593	125,057	17,855	16.7
Jackson	52,579	52,297	52,015	51,733	51,452	-1,127	-2.1
Jefferson	674,721	678,237	681,754	685,270	688,786	14,065	2.1
Lamar	13,972	13,522	13,073	12,623	12,173	-1,799	-12.9
Lauderdale	93,564	94,966	96,368	97,770	99,172	5,608	6.0
Lawrence	33,073	32,686	32,298	31,911	31,523	-1,550	-4.7
Lee	174,241	188,453	202,665	216,877	231,089	56,848	32.6
Limestone	103,570	112,669	121,768	130,867	139,966	36,396	35.1
Lowndes	10,311	9,566	8,821	8,075	7,330	-2,981	-28.9
<b>Macon</b>	<b>19,532</b>	<b>18,458</b>	<b>17,383</b>	<b>16,309</b>	<b>15,235</b>	<b>-4,297</b>	<b>-22.0</b>

Madison	388,153	414,976	441,800	468,623	495,446	107,293	27.6
Marengo	19,323	18,572	17,820	17,069	16,317	-3,006	-15.6
Marion	29,341	28,917	28,492	28,068	27,644	-1,697	-5.8
Marshall	97,612	101,346	105,081	108,815	112,549	14,937	15.3
Mobile	414,809	418,679	422,549	426,419	430,289	15,480	3.7
Monroe	19,772	18,703	17,634	16,564	15,495	-4,277	-21.6
Montgomery	228,954	230,419	231,885	233,350	234,816	5,862	2.6
Morgan	123,421	126,454	129,488	132,521	135,554	12,133	9.8
Perry	8,511	7,720	6,928	6,137	5,346	-3,165	-37.2
Pickens	19,123	18,702	18,282	17,861	17,440	-1,683	-8.8
Pike	33,009	33,844	34,679	35,514	36,349	3,340	10.1
Randolph	21,967	21,885	21,803	21,721	21,639	-328	-1.5
Russell	59,183	61,471	63,760	66,048	68,336	9,153	15.5
St. Clair	91,103	97,447	103,791	110,134	116,478	25,375	27.9
Shelby	223,024	242,172	261,321	280,469	299,618	76,594	34.3
Sumter	12,345	11,770	11,195	10,620	10,045	-2,300	-18.6
Talladega	82,149	82,645	83,141	83,637	84,133	1,984	2.4
Tallapoosa	41,311	41,302	41,294	41,285	41,277	-34	-0.1
Tuscaloosa	227,036	242,004	256,972	271,940	286,908	59,872	26.4
Walker	65,342	64,111	62,881	61,650	60,420	-4,922	-7.5
Washington	15,388	14,754	14,121	13,487	12,853	-2,535	-16.5
Wilcox	10,600	9,993	9,386	8,779	8,171	-2,429	-22.9
Winston	23,540	23,247	22,954	22,661	22,369	-1,171	-5.0

Source: US.Census Bureau & Center for Business & Economic Research, The University of Alabama, Aug 2022

**ELMORE 2019  
HEALTH PROFILE**



SUMMARY	
Total Population	81,209
Births	947
Deaths	802
Median Age	39.1
Life Expectancy at Birth	76.4
Total Fertility Rate per 1,000 Females Aged 10-49	1,759.5
Marriages Issued	137
Divorces Granted	300

PREGNANCY/NATALITY				
	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	1,246	76.9	76	14.9
Births	947	11.7	54	10.6
Induced Terminations of Pregnancy	100	6.2	10	2.0
Estimated Total Fetal Losses	199	---	12	---

Birth rates are per 1,000 population.  
Estimated pregnancy and induced termination of pregnancy rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER					
	Total	10-14	15-17	18-19	20+
All Births	947	1	12	41	893
Rate	11.7	0.4	8.2	42.1	53.4
White	670	1	9	25	635
Rate	10.9	0.5	8.7	36.1	52.2
Black and Other	277	0	3	16	258
Rate	14.0	0.0	7.1	56.6	56.6

Rates are per 1,000 females in specified age group.  
Births with unknown age of mother are included in the age group "20+".

LIVE BIRTHS				
	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Women	438	46.3	51	94.4
Low Weight Births	111	11.7	5	9.3
Multiple Births	31	3.3	2	3.7
Medicaid Births	397	41.9	39	9.8

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER						
	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	11	6	5	1	0	1
Rate per 1,000 Births	11.6	9.0	18.1	18.5	0.0	52.6
Postneonatal Deaths	1	0	1	0	0	0
Rate per 1,000 Births	1.1	0.0	3.6	0.0	0.0	0.0
Neonatal Deaths	10	6	4	1	0	1
Rate per 1,000 Births	10.6	9.0	14.4	18.5	0.0	52.6

\*Infant deaths are by race of child; births are by race of mother.

2019 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX									
Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	81,209	39,236	41,973	61,461	29,676	31,785	19,748	9,560	10,188
0-4	4,734	2,387	2,347	3,321	1,701	1,620	1,413	686	727
5-9	4,973	2,649	2,324	3,661	1,960	1,701	1,312	689	623
10-14	5,271	2,628	2,643	3,785	1,886	1,899	1,486	742	744
15-44	31,778	15,571	16,207	22,639	10,930	11,709	9,139	4,641	4,498
45-64	21,796	10,312	11,484	17,134	8,221	8,913	4,662	2,091	2,571
65-84	11,508	5,320	6,188	9,911	4,646	5,265	1,597	674	923
85+	1,149	369	780	1,010	332	678	139	37	102



## MACON 2019 HEALTH PROFILE



SUMMARY	
Total Population	18,068
Births	155
Deaths	263
Median Age	39.9
Life Expectancy at Birth	72.7
Total Fertility Rate per 1,000 Females Aged 10-49	1,130.5
Marriages Issued	78
Divorces Granted	25

PREGNANCY/NATALITY				
	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	249	63.3	28	22.6
Births	155	8.6	15	12.1
Induced Terminations of Pregnancy	57	14.5	9	7.3
Estimated Total Fetal Losses	37	---	4	---

Birth rates are per 1,000 population.

Estimated pregnancy and induced termination of pregnancy rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER					
	Total	10-14	15-17	18-19	20+
All Births	155	0	7	8	140
Rate	8.6	0.0	14.2	24.4	38.5
White	21	0	0	0	21
Rate	6.7	0.0	0.0	0.0	40.6
Black and Other	134	0	7	8	119
Rate	9.0	0.0	15.3	26.2	38.2

Rates are per 1,000 females in specified age group.

Births with unknown age of mother are included in the age group "20+".

LIVE BIRTHS					
	Females Aged 15-44		Females Aged 10-19		
	Number	Percent	Number	Percent	
Births to Unmarried Women	129	83.2	15	100.0	
Low Weight Births	23	14.8	0	0.0	
Multiple Births	4	2.6	0	0.0	
Medicaid Births	119	76.8	12	80.0	

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER						
	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	2	0	2	0	0	0
Rate per 1,000 Births	12.9	0.0	14.9	0.0	---	0.0
Postneonatal Deaths	2	0	2	0	0	0
Rate per 1,000 Births	12.9	0.0	14.9	0.0	---	0.0
Neonatal Deaths	0	0	0	0	0	0
Rate per 1,000 Births	0.0	0.0	0.0	0.0	---	0.0

\*Infant deaths are by race of child; births are by race of mother.

2019 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX									
Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	18,068	8,218	9,850	3,130	1,579	1,551	14,938	6,639	8,299
0-4	875	455	420	152	79	73	723	376	347
5-9	830	399	431	149	72	77	681	327	354
10-14	849	434	415	149	90	59	700	344	356
15-44	7,286	3,360	3,926	970	484	486	6,316	2,876	3,440
45-64	4,443	2,002	2,441	944	488	456	3,499	1,514	1,985
65-84	3,376	1,439	1,937	690	331	359	2,686	1,108	1,578
85+	409	129	280	76	35	41	333	94	239

## TALLAPOOSA 2019 HEALTH PROFILE



SUMMARY	
Total Population	40,367
Births	400
Deaths	595
Median Age	45.5
Life Expectancy at Birth	74.1
Total Fertility Rate per 1,000 Females Aged 10-49	1,766.5
Marriages Issued	207
Divorces Granted	102

PREGNANCY/NATALITY				
	Females Aged 15-44		Females Aged 10-19	
	Number	Rate	Number	Rate
Estimated Pregnancies	535	80.0	20	9.1
Births	400	9.9	16	7.2
Induced Terminations of Pregnancy	50	7.5	1	0.5
Estimated Total Fetal Losses	85	—	3	—

Birth rates are per 1,000 population.  
Estimated pregnancy and induced termination of pregnancy rates are per 1,000 females in specified age group.

BIRTHS BY AGE GROUP OF MOTHER					
	Total	10-14	15-17	18-19	20+
All Births	400	0	2	14	384
Rate	9.9	0.0	3.1	32.1	55.8
White	248	0	1	8	239
Rate	8.7	0.0	2.3	28.1	53.8
Black and Other	152	0	1	6	145
Rate	12.8	0.0	4.4	39.7	59.5

Rates are per 1,000 females in specified age group.  
Births with unknown age of mother are included in the age group "20+".

LIVE BIRTHS				
	Females Aged 15-44		Females Aged 10-19	
	Number	Percent	Number	Percent
Births to Unmarried Women	255	63.8	16	100.0
Low Weight Births	48	12.0	2	12.5
Multiple Births	10	2.5	0	0.0
Medicaid Births	251	62.8	14	87.5

Percentages are of all births with known status for females in specified age group.

INFANT RELATED MORTALITY BY RACE* AND AGE GROUP OF MOTHER						
	All Ages			Ages 10-19		
	All Races	White	Black and Other	All Races	White	Black and Other
Infant Deaths	2	0	2	0	0	0
Rate per 1,000 Births	5.0	0.0	13.2	0.0	0.0	0.0
Postneonatal Deaths	0	0	0	0	0	0
Rate per 1,000 Births	0.0	0.0	0.0	0.0	0.0	0.0
Neonatal Deaths	2	0	2	0	0	0
Rate per 1,000 Births	5.0	0.0	13.2	0.0	0.0	0.0

\*Infant deaths are by race of child; births are by race of mother.

2019 ESTIMATED POPULATIONS BY AGE GROUP, RACE AND SEX									
Age Group	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	40,367	19,562	20,805	28,472	13,968	14,504	11,895	5,594	6,301
0-4	2,148	1,098	1,050	1,327	659	668	821	439	382
5-9	2,356	1,198	1,158	1,433	706	727	923	492	431
10-14	2,351	1,223	1,128	1,494	782	712	857	441	416
15-44	13,082	6,398	6,684	8,629	4,371	4,258	4,453	2,027	2,426
45-64	11,443	5,499	5,944	8,408	4,089	4,319	3,035	1,410	1,625
65-84	8,172	3,802	4,370	6,528	3,079	3,449	1,644	723	921
85+	815	344	471	653	282	371	162	62	100

Source: [Census Bureau](#)

## How old is the population in Elmore County?

Among six age groups — 0 to 4, 5 to 19, 20 to 34, 35 to 49, 50 to 64, and 65 and older — the **65+** group was the fastest growing between **2011** and **2021** with its population **increasing 47.8%**. The **35 to 49** age group declined the most dropping **1.5%** between **2011** and **2021**.

### Population by age in Elmore County



## How old is the population in Macon County?

Among six age groups — 0 to 4, 5 to 19, 20 to 34, 35 to 49, 50 to 64, and 65 and older — the **65+** group was the fastest growing between **2011** and **2021** with its population **increasing 33.9%**. The **5 to 19** age group declined the most dropping **22.6%** between **2011** and **2021**.

### Population by age in Macon County



## How old is the population in Tallapoosa County?

Among six age groups — 0 to 4, 5 to 19, 20 to 34, 35 to 49, 50 to 64, and 65 and older — the **65+** group was the fastest growing between **2011** and **2021** with its population **increasing 28.2%**. The **35 to 49** age group declined the most dropping **18.2%** between **2011** and **2021**.

### Population by age in Tallapoosa County



## INCOME INDICATORS

				2019	2022
<b>UNEMPLOYMENT RATES</b>					
	Alabama			4.40%	5.90%
	Elmore			3.60%	4.90%
	Macon			5.80%	9.60%
	Tallapoosa			4.20%	6.90%
<b>2020</b>					
<b>MEDIAN INCOME</b>					
	Alabama			\$53,958	
	Elmore			\$62,524	
	Macon			\$37,736	
	Tallapoosa			\$46,654	
<b>2019</b>					
<b>2022</b>					
<b>CHILDREN IN POVERTY</b>					
	Alabama			24%	21%
	Elmore			17%	17%
	Macon			45%	39%
	Tallapoosa			28%	26%

Source: US Census Bureau; Small Area Income & Poverty Estimates; County Health Rankings & Roadmaps; Welfare Info

The 2022 Rankings include deaths attributable to COVID-19 from 2020. See our FAQs for more information on COVID-specific data.

## Compare Counties

### 2022 Rankings

	Alabama	Elmore (EL), AL X	Macon (MA), AL X	Tallapoosa (TL), AL X
Health Outcomes				
Length of Life				
Premature Death	10,400	9,200	14,700	11,400
Quality of Life				
Poor or Fair Health**	21%	21%	28%	24%
Poor Physical Health Days**	4.8	4.4	5.3	5.1
Poor Mental Health Days**	5.6	5.4	5.7	5.9
Low Birthweight	10%	9%	13%	14%
Health Factors				
Health Behaviors				
Adult Smoking**	21%	20%	23%	24%
Adult Obesity**	36%	36%	40%	39%
Food Environment Index**	5.3	7.6	5.6	7.3
Physical Inactivity**	31%	33%	39%	37%
Access to Exercise Opportunities	57%	45%	34%	63%
Excessive Drinking**	15%	16%	12%	15%
Alcohol-Impaired Driving Deaths	26%	36%	28%	24%
Sexually Transmitted Infections**	636.9	561.5	1,228.7	408.7
Teen Births	28	24	21	35
Clinical Care				
Uninsured	12%	9%	11%	12%
Primary Care Physicians	1,520:1	4,270:1	2,580:1	2,020:1
Dentists	2,030:1	6,320:1	3,580:1	3,340:1
Mental Health Providers	850:1	3,910:1	240:1	3,090:1

Preventable Hospital Stays	4,875	4,897	4,892	3,370
Mammography Screening	42%	46%	35%	38%
Flu Vaccinations	42%	39%	33%	46%
Social & Economic Factors				
High School Completion	87%	87%	84%	81%
Some College	62%	55%	54%	48%
Unemployment**	5.9%	4.9%	9.6%	6.9%
Children in Poverty	21%	17%	39%	26%
Income Inequality	5.2	4.3	5.4	5.1
Children in Single-Parent Households	31%	23%	53%	42%
Social Associations	12.2	11.2	7.2	13.1
Violent Crime**	480	239	734	639
Injury Deaths	87	76	111	101
Physical Environment				
Air Pollution - Particulate Matter	9.0	9.6	9.4	9.4
Drinking Water Violations		No	Yes	No
Severe Housing Problems	14%	11%	18%	16%
Driving Alone to Work	85%	86%	85%	84%
Long Commute - Driving Alone	35%	44%	39%	40%

\*\* Compare across states with caution

^ This measure should not be compared across states

Note: Blank values reflect unreliable or missing data

<b>2020 Median Household Income Estimates for Alabama Counties</b>			
United States	\$67,340		
Alabama	\$53,958		
Autauga County	\$67,565	Jackson County	\$46,606
Baldwin County	\$71,135	Jefferson County	\$57,802
Barbour County	\$38,866	Lamar County	\$40,204
Bibb County	\$50,907	Lauderdale County	\$52,293
Blount County	\$55,203	Lawrence County	\$48,924
Bullock County	\$33,124	Lee County	\$58,963
Butler County	\$42,268	Limestone County	\$70,850
Calhoun County	\$50,259	Lowndes County	\$37,499
Chambers County	\$39,318	Macon County	\$37,736
Cherokee County	\$50,388	Madison County	\$67,810
Chilton County	\$52,693	Marengo County	\$43,198
Choctaw County	\$41,649	Marion County	\$44,333
Clarke County	\$44,178	Marshall County	\$51,417
Clay County	\$44,763	Mobile County	\$50,871
Cleburne County	\$50,134	Monroe County	\$38,812
Coffee County	\$54,203	Montgomery County	\$49,607
Colbert County	\$54,185	Morgan County	\$55,688
Conecuh County	\$34,664	Perry County	\$33,712
Coosa County	\$46,509	Pickens County	\$41,870
Covington County	\$43,544	Pike County	\$43,141
Crenshaw County	\$45,927	Randolph County	\$46,679
Cullman County	\$51,844	Russell County	\$40,821
Dale County	\$48,493	St. Clair County	\$61,973
Dallas County	\$37,679	Shelby County	\$88,444
DeKalb County	\$47,156	Sumter County	\$32,275
Elmore County	\$62,524	Talladega County	\$44,802
Escambia County	\$41,212	Tallapoosa County	\$46,654
Etowah County	\$47,872	Tuscaloosa County	\$56,610
Fayette County	\$45,937	Walker County	\$46,519
Franklin County	\$40,448	Washington County	\$36,346
Geneva County	\$39,882	Wilcox County	\$31,909
Greene County	\$33,609	Winston County	\$46,453
Hale County	\$41,836		
Henry County	\$51,126		
Houston County	\$54,391		
Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program.			
Internet Release date: December 2021			
<a href="https://www.census.gov/data/datasets/2020/demo/saipe/2020-state-and-county.html">https://www.census.gov/data/datasets/2020/demo/saipe/2020-state-and-county.html</a>			

## 2020 County Health Rankings for the 67 Ranked Counties in Alabama

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Autauga	6	9	Conecuh	53	59	Houston	14	14	Morgan	9	11
Baldwin	2	3	Coosa	55	52	Jackson	36	26	Perry	67	63
Barbour	45	56	Covington	38	22	Jefferson	26	10	Pickens	41	23
Bibb	34	29	Crenshaw	18	43	Lamar	47	19	Pike	33	39
Blount	24	20	Cullman	16	17	Lauderdale	10	4	Randolph	22	37
Bullock	56	66	Dale	23	21	Lawrence	40	40	Russell	43	49
Butler	64	58	Dallas	65	64	Lee	3	5	Shelby	1	1
Calhoun	42	33	DeKalb	29	38	Limestone	5	6	St. Clair	11	18
Chambers	44	34	Elmore	8	12	Lowndes	66	65	Sumter	63	60
Cherokee	37	16	Escambia	50	55	Macon	59	61	Talladega	48	48
Chilton	15	35	Etowah	39	32	Madison	7	2	Tallapoosa	46	24
Choctaw	52	45	Fayette	19	30	Marengo	54	51	Tuscaloosa	12	7
Clarke	49	53	Franklin	32	36	Marion	30	28	Walker	62	42
Clay	25	47	Geneva	28	46	Marshall	17	31	Washington	51	50
Cleburne	21	25	Greene	61	62	Mobile	35	44	Wilcox	60	67
Coffee	4	8	Hale	57	54	Monroe	58	57	Winston	31	41
Colbert	20	13	Henry	13	15	Montgomery	27	27			

For more information on how these ranks are calculated, view the tables at the end of this report and visit

[www.countyhealthrankings.org](http://www.countyhealthrankings.org)



### Stay Up-To-Date with County Health Rankings & Roadmaps

For the latest updates on Rankings, What Works for Health, community support, RWJF Culture of Health Prize communities, Action Learning Guides, and more visit [www.countyhealthrankings.org](http://www.countyhealthrankings.org). You can see what we're featuring on our webinar series, what communities are doing to improve health, and how you can get involved!



## MORTALITY DEATH RATES AND RANKINGS

The Covid-19 pandemic began shortly after implementation of our 2019 Community Health Needs Assessment (CHNA) action plan. As a result, comparative analysis of 2019-2022 data cannot be fully assessed. It is noted, however, that Covid-19 Death Rates were added to the 2022 mortality statistics. Data shows significantly higher Covid mortality for those living in counties with pre-existing health disparities. Both Macon and Tallapoosa counties are in the bottom third of statewide health rankings. We did not anticipate significant improvement in outcomes for many of the “High Priority Needs” identified in the 2019 CHNA, as these chronic conditions have been negatively impacted by Covid. For example, 2022 data shows significant worsening of heart disease mortality post-pandemic. In addition, the ability to impact chronic conditions such as cancer and diabetes has been severely limited since 2020 due to Covid restrictions that limited screening procedures and other preventive educational and outreach activities.

**PREMATURE DEATH** (defined as Years of Potential Life lost before age 75 per 100,000 population.  
Higher numbers are associated with poorer health status and high risk behaviors)

	2019	2022	% Change
Alabama	9,900	10,400	5% increase
Elmore	8,400	9,200	10% increase
Macon	11,800	14,700	25% increase
Tallapoosa	10,200	11,400	12% increase

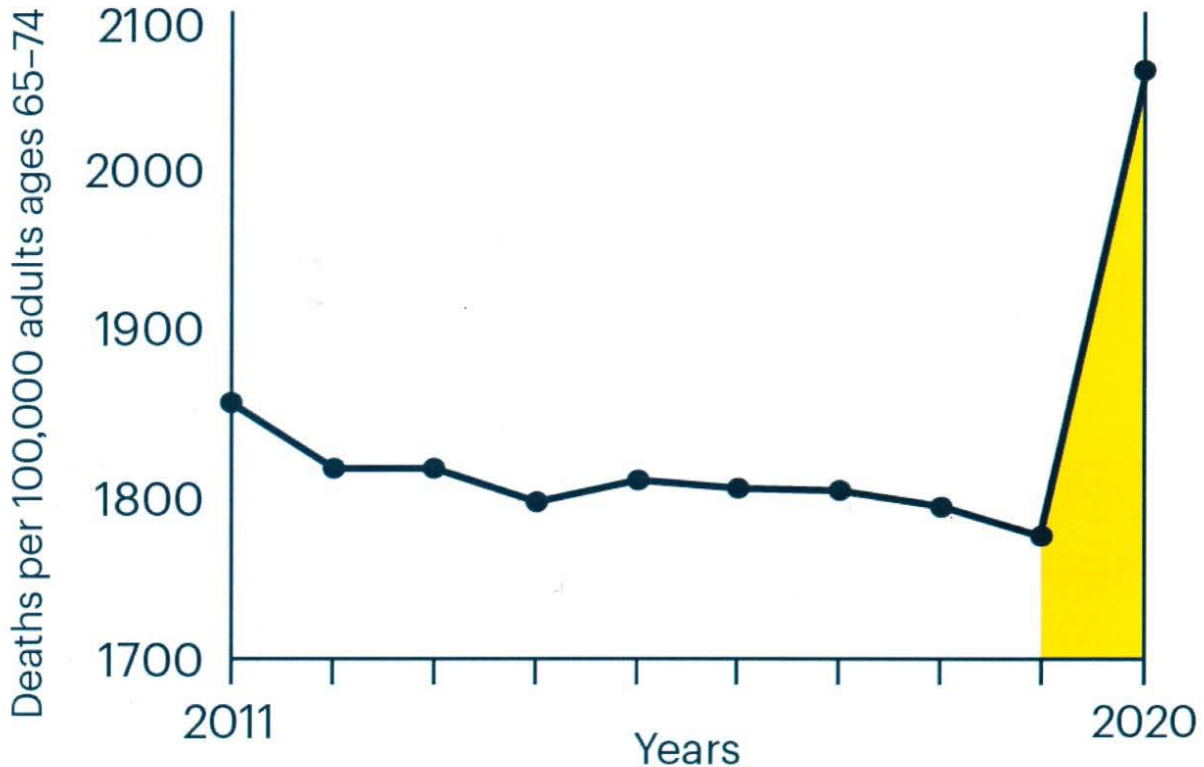
### DEATH RATES BY COUNTY - SELECT CAUSES

Rate per 100,000 population

	2016	2019	2020		2016	2019	2020
<b>HEART DZ</b>				<b>ACCIDENTS</b>			
Alabama	263	274	395	Alabama	56	56	61
Elmore	209	262	390	Elmore	60	37	45
Macon	416	410	659	Macon	47	44	45
Tallapoosa	353	384	458	Tallapoosa	81	84	65
<b>CANCER</b>				<b>DIABETES</b>			
Alabama	214	209	212	Alabama	24	25	29
Elmore	205	219	211	Elmore	20	22	37
Macon	305	310	274	Macon	15	22	45
Tallapoosa	324	304	219	Tallapoosa	30	42	35
<b>STROKE</b>				<b>COVID-19</b>			
Alabama	61	64	69	Alabama	NA	NA	133
Elmore	53	57	60	Elmore	NA	NA	113
Macon	73	67	123	Macon	NA	NA	207
Tallapoosa	73	72	70	Tallapoosa	NA	NA	197

Source: ADPH/CHS Death Rates, County Profiles

## Early Death Rate Up **17%** ▲



After a decade of decline, early deaths among adults ages 65-74 showed a **sudden and significant increase during the COVID-19 pandemic in 2020.**

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Source: CDC WONDER, Multiple Cause of Death Files, 2011-2020.

ALABAMA 2019 HEALTH PROFILE

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	54,109	28,088	26,021	41,054	21,187	19,867	13,055	6,901	6,154
Rate per 1,000 Population	11.0	11.9	10.3	12.1	12.7	11.5	8.6	9.8	7.6

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	13,445	274.2	7,240	305.5	6,205	244.9	10,251	302.4	3,194	211.0
Cancer	10,263	209.3	5,605	236.5	4,658	183.8	7,719	227.7	2,544	168.1
Stroke	3,139	64.0	1,394	58.8	1,745	68.9	2,276	67.2	863	57.0
Accidents	2,757	56.2	1,849	78.0	908	35.8	2,112	62.3	645	42.6
CLRD*	3,530	72.0	1,726	72.8	1,804	71.2	3,110	91.8	420	27.7
Diabetes	1,223	24.9	705	29.8	518	20.4	755	22.3	468	30.9
Influenza and Pneumonia	1,018	20.8	531	22.4	487	19.2	815	24.0	203	13.4
Alzheimer's Disease	2,659	54.2	810	34.2	1,849	73.0	2,235	65.9	424	28.0
Suicide	804	16.4	630	26.6	174	6.9	711	21.0	93	6.1
Homicide	587	12.0	479	20.2	108	4.3	180	5.3	407	26.9
HIV Disease	88	1.8	66	2.8	22	0.9	23	0.7	65	4.3

Rates are per 100,000 population in specified categories.

\*CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	2,757	56.2	206	16.9
Motor Vehicle	1,013	20.7	110	9.0
Suffocation	116	2.4	21	1.7
Poisoning	739	15.1	12	1.0
Smoke, Fire and Flames	87	1.8	10	0.8
Falls	295	6.0	1	0.1
Drowning	81	1.7	27	2.2
Firearms	29	0.6	8	0.7
Other Accidents	397	—	17	—

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	54,109	11.0
0 - 14	688	0.8
15 - 44	3,574	1.9
45 - 64	11,391	8.9
65 - 84	25,376	33.5
85 +	13,080	142.9

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	10,263	209.3	5,605	236.5	4,658	183.8
Trachea, Bronchus, Lung, Pleura	2,745	56.0	1,665	70.3	1,080	42.6
Colorectal	900	18.4	482	20.3	418	16.5
Breast*	710	14.5	0	0.0	710	28.0
Prostate (male)	507	10.3	507	21.4	...	...
Pancreas	744	15.2	373	15.7	371	14.6
Leukemias	345	7.0	193	8.1	152	6.0
Non-Hodgkin's Lymphomas	295	6.0	173	7.3	122	4.8
Ovary (female)	220	4.5	...	...	220	8.7
Brain and Other Nervous System	309	6.3	171	7.2	138	5.4
Stomach	203	4.1	110	4.6	93	3.7
Uterus and Cervix (female)	221	4.5	...	...	221	8.7
Esophagus	244	5.0	203	8.6	41	1.6
Melanoma of Skin	117	2.4	73	3.1	44	1.7
Other	2,703	—	1,655	—	1,048	—

Rates are per 100,000 population in specified categories.

\* Due to extreme low number of male breast cancer deaths, they are only included in State health profile and are excluded from county health profiles.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. Estimated pregnancies are the sum of births, induced terminations of pregnancy (abortions) and estimated total fetal losses. Estimated total fetal losses are equal to the sum of 20 percent of births and 10 percent of induced terminations of pregnancy. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. five years. A total fertility rate of 2,100 births per 1,000 females aged 10-49 years would maintain the current population. Estimated populations are from the U.S. Census Bureau. See Appendix B for other definitions and formulas.

ELMORE 2019 HEALTH PROFILE

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	802	428	374	664	351	313	138	77	61
Rate per 1,000 Population	9.9	10.9	8.9	10.8	11.8	9.8	7.0	8.1	6.0

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	214	263.5	118	300.7	96	228.7	183	297.7	31	157.0
Cancer	178	219.2	93	237.0	85	202.5	140	227.8	38	192.4
Stroke	46	56.6	20	51.0	26	61.9	36	58.6	10	50.6
Accidents	30	36.9	18	45.9	12	28.6	27	43.9	3	15.2
CLRD*	63	77.6	35	89.2	28	66.7	55	89.5	8	40.5
Diabetes	18	22.2	14	35.7	4	9.5	13	21.2	5	25.3
Influenza and Pneumonia	12	14.8	5	12.7	7	16.7	10	16.3	2	10.1
Alzheimer's Disease	45	55.4	16	40.8	29	69.1	43	70.0	2	10.1
Suicide	17	20.9	14	35.7	3	7.1	17	27.7	0	0.0
Homicide	2	2.5	1	2.5	1	2.4	1	1.6	1	5.1
HIV Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rates are per 100,000 population in specified categories.

\*CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	30	36.9	3	15.0
Motor Vehicle	10	12.3	2	10.0
Suffocation	3	3.7	0	0.0
Poisoning	7	8.6	0	0.0
Smoke, Fire and Flames	1	1.2	0	0.0
Falls	1	1.2	0	0.0
Drowning	1	1.2	1	5.0
Firearms	1	1.2	0	0.0
Other Accidents	6	—	0	—

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	802	9.9
0 - 14	15	1.0
15 - 44	44	1.4
45 - 64	157	7.2
65 - 84	402	34.9
85 +	184	160.1

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	178	219.2	93	237.0	85	202.5
Trachea, Bronchus, Lung, Pleura	48	59.1	30	76.5	18	42.9
Colorectal	20	24.6	8	20.4	12	28.6
Breast (female)	10	12.3	...	...	10	23.8
Prostate (male)	7	8.6	7	17.8	...	...
Pancreas	19	23.4	9	22.9	10	23.8
Leukemias	7	8.6	3	7.6	4	9.5
Non-Hodgkin's Lymphomas	7	8.6	5	12.7	2	4.8
Ovary (female)	3	3.7	...	...	3	7.1
Brain and Other Nervous System	5	6.2	1	2.5	4	9.5
Stomach	2	2.5	1	2.5	1	2.4
Uterus and Cervix (female)	1	1.2	...	...	1	2.4
Esophagus	3	3.7	2	5.1	1	2.4
Melanoma of Skin	1	1.2	0	0.0	1	2.4
Other	45	—	27	—	18	—

Rates are per 100,000 population in specified categories.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. Estimated pregnancies are the sum of births, induced terminations of pregnancy (abortions) and estimated total fetal losses. Estimated total fetal losses are equal to the sum of 20 percent of births and 10 percent of induced terminations of pregnancy. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. five years. A total fertility rate of 2,100 births per 1,000 females aged 10-49 years would maintain the current population. Estimated populations are from the U.S. Census Bureau. See Appendix B for other definitions and formulas.

MACON 2019 HEALTH PROFILE

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	263	141	122	60	33	27	203	108	95
Rate per 1,000 Population	14.6	17.2	12.4	19.2	20.9	17.4	13.6	16.3	11.4

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	74	409.6	38	462.4	36	365.5	14	447.3	60	401.7
Cancer	56	309.9	39	474.6	17	172.6	14	447.3	42	281.2
Stroke	12	66.4	6	73.0	6	60.9	1	31.9	11	73.6
Accidents	8	44.3	6	73.0	2	20.3	3	95.8	5	33.5
CLRD*	13	72.0	8	97.3	5	50.8	7	223.6	6	40.2
Diabetes	4	22.1	1	12.2	3	30.5	1	31.9	3	20.1
Influenza and Pneumonia	2	11.1	1	12.2	1	10.2	0	0.0	2	13.4
Alzheimer's Disease	12	66.4	2	24.3	10	101.5	4	127.8	8	53.6
Suicide	1	5.5	1	12.2	0	0.0	0	0.0	1	6.7
Homicide	12	66.4	10	121.7	2	20.3	0	0.0	12	80.3
HIV Disease	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Rates are per 100,000 population in specified categories.

\*CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	8	44.3	0	0.0
Motor Vehicle	4	22.1	0	0.0
Suffocation	1	5.5	0	0.0
Poisoning	1	5.5	0	0.0
Smoke, Fire and Flames	0	0.0	0	0.0
Falls	1	5.5	0	0.0
Drowning	0	0.0	0	0.0
Firearms	0	0.0	0	0.0
Other Accidents	1	—	0	—

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	263	14.6
0 - 14	2	0.8
15 - 44	17	2.3
45 - 64	57	12.8
65 - 84	122	36.1
85 +	65	158.9

Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	56	309.9	39	474.6	17	172.6
Trachea, Bronchus, Lung, Pleura	16	88.6	14	170.4	2	20.3
Colorectal	6	33.2	5	60.8	1	10.2
Breast (female)	3	16.6	...	...	3	30.5
Prostate (male)	3	16.6	3	36.5	...	...
Pancreas	3	16.6	2	24.3	1	10.2
Leukemias	0	0.0	0	0.0	0	0.0
Non-Hodgkin's Lymphomas	1	5.5	0	0.0	1	10.2
Ovary (female)	0	0.0	...	...	0	0.0
Brain and Other Nervous System	1	5.5	0	0.0	1	10.2
Stomach	2	11.1	1	12.2	1	10.2
Uterus and Cervix (female)	1	5.5	...	...	1	10.2
Esophagus	1	5.5	1	12.2	0	0.0
Melanoma of Skin	1	5.5	1	12.2	0	0.0
Other	18	—	12	—	6	—

Rates are per 100,000 population in specified categories.

Measurements based on small denominators should be used with caution. Rates and ratios based on a denominator of less than 50 births or 1,000 population are shaded. Estimated pregnancies are the sum of births, induced terminations of pregnancy (abortions) and estimated total fetal losses. Estimated total fetal losses are equal to the sum of 20 percent of births and 10 percent of induced terminations of pregnancy. The total fertility rate is the sum of age-specific birth rates multiplied by the width of the intervals, i.e. five years. A total fertility rate of 2,100 births per 1,000 females aged 10-49 years would maintain the current population. Estimated populations are from the U.S. Census Bureau. See Appendix B for other definitions and formulas.

TALLAPOOSA 2019 HEALTH PROFILE

MORTALITY	All Races			White			Black and Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	595	318	277	446	244	202	149	74	75
Rate per 1,000 Population	14.7	16.3	13.3	15.7	17.5	13.9	12.5	13.2	11.9

SELECTED CAUSES OF DEATH	Total		Male		Female		White		Black and Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart Disease	155	384.0	82	419.2	73	350.9	111	389.9	44	369.9
Cancer	123	304.7	73	373.2	50	240.3	99	347.7	24	201.8
Stroke	29	71.8	13	66.5	16	76.9	15	52.7	14	117.7
Accidents	34	84.2	17	86.9	17	81.7	25	87.8	9	75.7
CLRD*	43	106.5	23	117.6	20	96.1	38	133.5	5	42.0
Diabetes	17	42.1	13	66.5	4	19.2	14	49.2	3	25.2
Influenza and Pneumonia	15	37.2	8	40.9	7	33.6	12	42.1	3	25.2
Alzheimer's Disease	23	57.0	4	20.4	19	91.3	19	66.7	4	33.6
Suicide	5	12.4	3	15.3	2	9.6	5	17.6	0	0.0
Homicide	1	2.5	1	5.1	0	0.0	1	3.5	0	0.0
HIV Disease	1	2.5	1	5.1	0	0.0	0	0.0	1	8.4

Rates are per 100,000 population in specified categories.

\*CLRD is known as Chronic Lower Respiratory Disease.

ACCIDENTAL DEATHS	All Ages		Ages 19 and Under	
	Number	Rate	Number	Rate
All Accidents	34	84.2	3	33.2
Motor Vehicle	8	19.8	1	11.1
Suffocation	1	2.5	0	0.0
Poisoning	9	22.3	1	11.1
Smoke, Fire and Flames	2	5.0	0	0.0
Falls	4	9.9	0	0.0
Drowning	1	2.5	1	11.1
Firearms	0	0.0	0	0.0
Other Accidents	9	---	0	---

Rates are per 100,000 population in specified categories.

DEATHS BY AGE GROUP		
Age Group	Number	Rate
Total	595	14.7
0 - 14	3	0.4
15 - 44	30	2.3
45 - 64	112	9.8
65 - 84	309	37.8
85 +	141	173.0

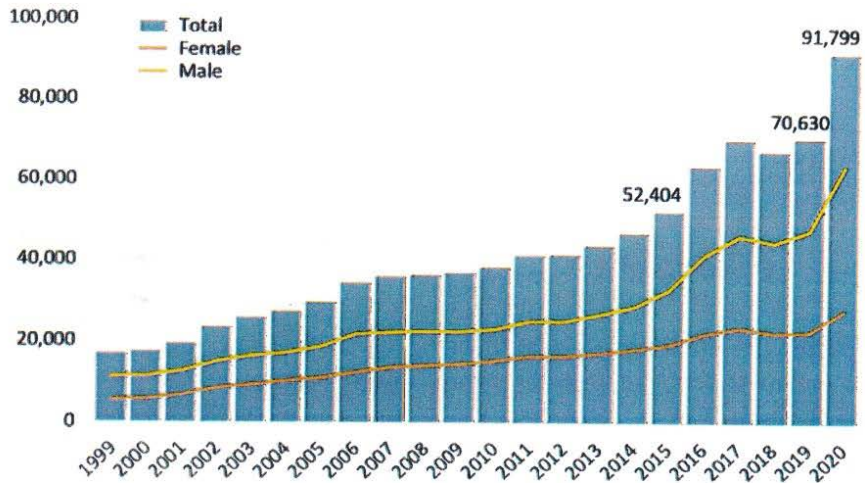
Rates are per 1,000 population in specified age group.

SELECTED CANCER SITE DEATHS	Total		Male		Female	
	Number	Rate	Number	Rate	Number	Rate
All Cancers	123	304.7	73	373.2	50	240.3
Trachea, Bronchus, Lung, Pleura	36	89.2	23	117.6	13	62.5
Colorectal	10	24.8	3	15.3	7	33.6
Breast (female)	6	14.9	...	...	6	28.8
Prostate (male)	6	14.9	6	30.7	...	...
Pancreas	15	37.2	12	61.3	3	14.4
Leukemias	4	9.9	3	15.3	1	4.8
Non-Hodgkin's Lymphomas	3	7.4	2	10.2	1	4.8
Ovary (female)	2	5.0	...	...	2	9.6
Brain and Other Nervous System	2	5.0	1	5.1	1	4.8
Stomach	3	7.4	3	15.3	0	0.0
Uterus and Cervix (female)	1	2.5	...	...	1	4.8
Esophagus	3	7.4	2	10.2	1	4.8
Melanoma of Skin	2	5.0	2	10.2	0	0.0
Other	30	---	16	---	14	---

Rates are per 100,000 population in specified categories.

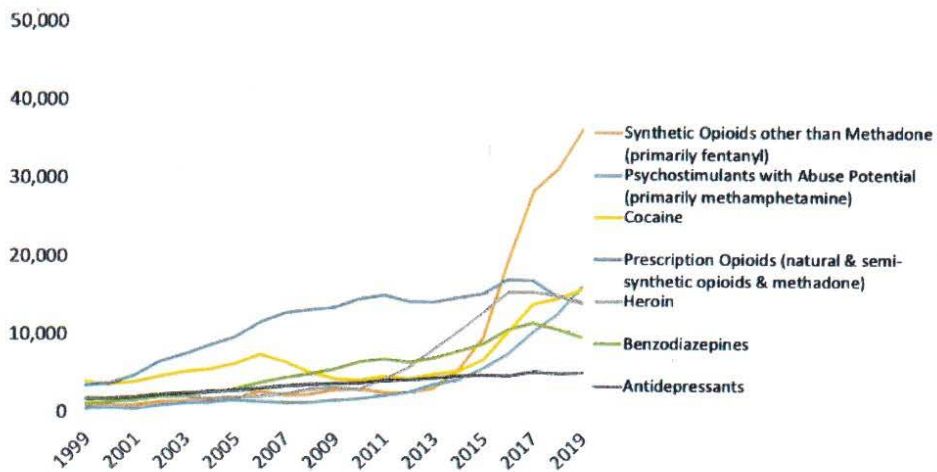
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**Figure 1. National Drug-Involved Overdose Deaths\*  
Number Among All Ages, by Gender, 1999-2020**



\*Includes deaths with underlying causes of unintentional drug poisoning (X40-X44), suicide drug poisoning (X60-X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10-Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

**Figure 2. National Drug-Involved Overdose Deaths\*,  
Number Among All Ages, 1999-2019**



\*Includes deaths with underlying causes of unintentional drug poisoning (X40-X44), suicide drug poisoning (X60-X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10-Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.