



STRATEGIC PLAN: FY2018-FY2020

CAPSTONE RURAL HEALTH CENTER
5947 Hwy 269 Parrish, AL 35580

Effective Date: 08/16/2018

Board Approval Date: 08/16/2018

Revision Date: 08/16/2018

VISION

Healthy Patients, Healthy Families, Healthy Communities

MISSION

To meet family health needs by providing high quality health and wellness services through a nurse-managed model.

VALUES

Compassion
Innovation
Family Oriented
Community
Respect
Quality
Patient Centered
Sustainability

LOGO



SUMMARY: NEEDS ASSESSMENT

Community Health Needs Assessment (CHNA): Unfavorable Indicators

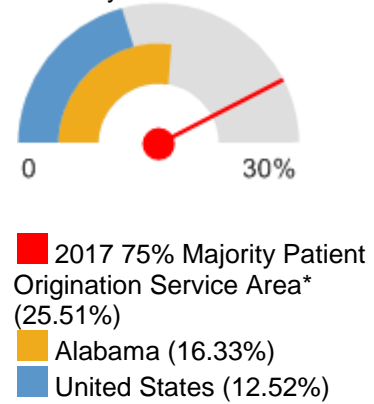
The demographic, social economic factors, physical environment, clinical care, health behaviors, and health outcome indicators below are taken from the comprehensive Community Health Needs Assessment produced from Community Commons. They represent all of the indicators not meeting Alabama’s benchmark. A complete needs assessment can be viewed in the report titled Community Health Needs Assessment (CHNA): 2017 75% Majority Patient Origination Service Area.

Demographic: Population with Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	Percent Population with a Disability
2017 75% Majority Patient Origination Service Area*	53,607	13,675	25.51%
Fayette County, AL	16,591	4,556	27.46%
Tuscaloosa County, AL	200,972	24,083	11.98%
Walker County, AL	64,876	16,386	25.26%
Winston County, AL	23,694	6,065	25.6%
Alabama	4,761,291	777,592	16.33%
United States	313,576,137	39,272,529	12.52%

Percent Population with a Disability



Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

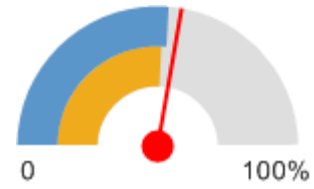
Social Economic Factors: Children Eligible for Free/Reduced-Price Lunch

Within the report area 15,612 public school students or 55.69% are eligible for Free/Reduced-Price lunch out of 28,045 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Number Free/Reduced-	Percent Free/Reduced-

Percent Students Eligible for Free or Reduced-Price Lunch

		Price Lunch Eligible	Price Lunch Eligible
2017 75% Majority Patient Origination Service Area*	28,045	15,612	55.69%
Fayette County, AL	2,403	1,391	57.89%
Tuscaloosa County, AL	28,770	12,603	43.81%
Walker County, AL	10,569	5,937	56.17%
Winston County, AL	4,160	2,466	59.28%
Alabama	742,926	379,554	51.09%
United States	50,611,787	25,893,504	52.61%



■ 2017 75% Majority Patient Origination Service Area* (55.69%)
■ Alabama (51.09%)
■ United States (52.61%)

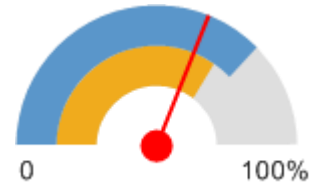
Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2015-16. Source geography: Address

Social Economic Factors: High School Graduation Rate (NCES)

Within the report area 61.98% of students are receiving their high school diploma within four years. This is less than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one the strongest predictors of health (Freudenberg Ruglis, 2007).

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
2017 75% Majority Patient Origination Service Area*	756	468	61.98
Fayette County, AL	221	147	66.6
Tuscaloosa County, AL	2,042	1,411	69.1
Walker County, AL	837	496	59.2
Winston County, AL	359	301	83.8
Alabama	60,169	42,082	69.9
United States	4,024,345	3,039,015	75.5

On-Time Graduation Rate



■ 2017 75% Majority Patient Origination Service Area* (61.98%)
■ Alabama (69.9%)
■ United States (75.5%)

HP 2020 Target			> =82.4
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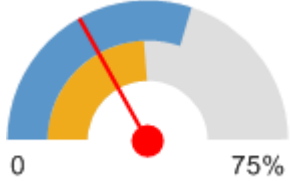
Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2008-09. Source geography: County

Social Economic Factors: Income - Families Earning Over \$75,000

In the report area, 25.49%, or 3,807 families report a total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

Report Area	Total Families	Families with Income Over \$75,000	Percent Families with Income Over \$75,000
2017 75% Majority Patient Origination Service Area*	14,934	3,807	25.49%
Fayette County, AL	4,754	1,291	27.16%
Tuscaloosa County, AL	46,468	18,960	40.8%
Walker County, AL	18,118	4,800	26.49%
Winston County, AL	6,389	1,340	20.97%
Alabama	1,232,880	453,771	36.81%
United States	77,608,829	35,073,881	45.19%

Percent Families with Income Over \$75,000



- 2017 75% Majority Patient Origination Service Area* (25.49%)
- Alabama (36.81%)
- United States (45.19%)

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

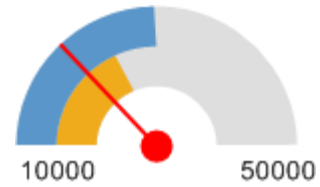
Social Economic Factors: Income - Per Capita Income

The per capita income for the report area is \$20,451. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)

Per Capita Income (\$)

2017 75% Majority Patient Origination Service Area*	54,311	\$1,110,721,600	\$20,451
Fayette County, AL	16,783	\$339,028,600	\$20,200
Tuscaloosa County, AL	202,471	\$4,838,148,200	\$23,895
Walker County, AL	65,593	\$1,338,747,500	\$20,409
Winston County, AL	24,013	\$463,432,000	\$19,299
Alabama	4,841,164	\$119,752,675,600	\$24,736
United States	318,558,162	\$9,502,305,741,900	\$29,829



■ 2017 75% Majority Patient Origination Service Area* (20,451)
■ Alabama (24,736)
■ United States (29,829)

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Social Economic Factors: Income - Public Assistance Income

This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
2017 75% Majority Patient Origination Service Area*	20,944	388	1.85%
Fayette County, AL	6,850	77	1.12%
Tuscaloosa County, AL	70,440	3,166	4.49%
Walker County, AL	25,194	437	1.73%
Winston County, AL	9,436	162	1.72%
Alabama	1,851,061	33,125	1.79%
United States	117,716,237	3,147,577	2.67%

Percent Households with Public Assistance Income



■ 2017 75% Majority Patient Origination Service Area* (1.85%)
■ Alabama (1.79%)
■ United States (2.67%)

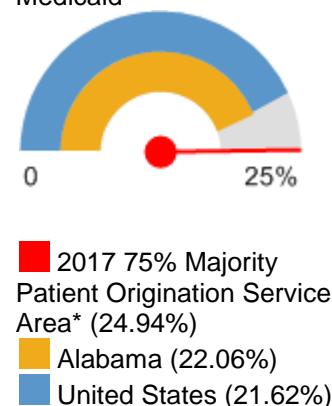
Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Social Economic Factors: Insurance - Population Receiving Medicaid

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
2017 75% Majority Patient Origination Service Area*	53,607	47,030	11,731	24.94%
Fayette County, AL	16,591	15,191	3,952	26.02%
Tuscaloosa County, AL	200,972	181,425	32,559	17.95%
Walker County, AL	64,876	56,670	14,462	25.52%
Winston County, AL	23,694	20,642	5,879	28.48%
Alabama	4,761,291	4,208,373	928,397	22.06%
United States	313,576,137	276,875,891	59,874,221	21.62%

Percent of Insured Population Receiving Medicaid



Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

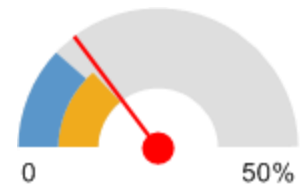
Social Economic Factors: Insurance - Uninsured Adults

The lack of health insurance is considered a key driver of health status.

This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Percent Population Age 18-64 Without Medical Insurance

Report Area	Total Population Age 18 - 64	Population with Medical Insurance	Percent Pop. with Medical Insurance	Pop. Without Medical Insurance	Percent Pop. Without Medical Insurance
2017 75% Majority Patient Origination Service Area*	31,449	26,778	85.15%	4,671	14.85%
Fayette County, AL	9,535	8,225	86.26%	1,310	13.74%
Tuscaloosa County, AL	128,040	113,174	88.39%	14,866	11.61%
Walker County, AL	37,836	32,227	85.18%	5,609	14.82%
Winston County, AL	13,806	11,546	83.63%	2,260	16.37%
Alabama	2,895,627	2,494,583	86.15%	401,044	13.85%
United States	194,808,251	171,274,851	87.92%	23,533,400	12.08%



■ 2017 75% Majority Patient Origination Service Area* (14.85%)
■ Alabama (13.85%)
■ United States (12.08%)

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2016. Source geography: County

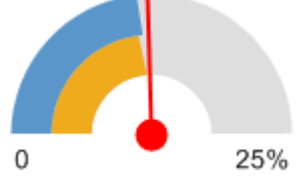
Social Economic Factors: Insurance - Uninsured Population

The lack of health insurance is considered a key driver of health status.

This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
2017 75% Majority Patient Origination Service Area*	53,607	6,577	12.27%
Fayette County, AL	16,591	1,400	8.44%

Percent Uninsured Population



■ 2017 75% Majority Patient Origination Service Area* (12.27%)
■ Alabama (11.61%)
■ United States (11.7%)

Tuscaloosa County, AL	200,972	19,547	9.73%
Walker County, AL	64,876	8,206	12.65%
Winston County, AL	23,694	3,052	12.88%
Alabama	4,761,291	552,918	11.61%
United States	313,576,137	36,700,246	11.7%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

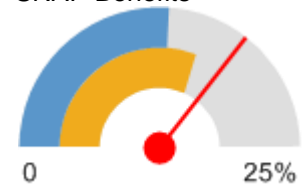
Social Economic Factors: Population Receiving SNAP Benefits (ACS)

This indicator reports the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
2017 75% Majority Patient Origination Service Area*	20,944	3,713	17.73%
Fayette County, AL	6,850	1,234	18.01%
Tuscaloosa County, AL	70,440	7,551	10.72%
Walker County, AL	25,194	4,572	18.15%
Winston County, AL	9,436	1,630	17.27%
Alabama	1,851,061	288,494	15.59%
United States	117,716,237	15,360,951	13.05%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Percent Households Receiving SNAP Benefits



- 2017 75% Majority Patient Origination Service Area* (17.73%)
- Alabama (15.59%)
- United States (13.05%)

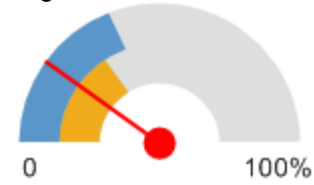
Social Economic Factors: Population with Associate's Level Degree or Higher

20.01% of the population aged 25 and older, or 7,590 have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25	Population Age 25 with Associate's Degree or Higher	Percent Population Age 25 with Associate's Degree or Higher
2017 75% Majority Patient Origination Service Area*	37,928	7,590	20.01%
Fayette County, AL	11,806	2,390	20.24%
Tuscaloosa County, AL	123,155	44,571	36.19%
Walker County, AL	45,633	8,965	19.65%
Winston County, AL	17,274	3,685	21.33%
Alabama	3,261,408	1,041,578	31.94%
United States	213,649,147	82,237,511	38.49%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Percent Population Age 25 with Associate's Degree or Higher



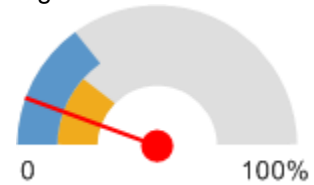
- 2017 75% Majority Patient Origination Service Area* (20.01%)
- Alabama (31.94%)
- United States (38.49%)

Social Economic Factors: Population with Bachelor's Degree or Higher

11.08% of the population aged 25 and older, or 4,204 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25	Population Age 25 with Bachelor's Degree or Higher	Percent Population Age 25 with Bachelor's Degree or Higher
2017 75% Majority Patient Origination Service Area*	37,928	4,204	11.08%
Fayette County, AL	11,806	1,670	14.15%
Tuscaloosa County, AL	123,155	36,170	29.37%
Walker County, AL	45,633	4,811	10.54%

Percent Population Age 25 with Bachelor's Degree or Higher



- 2017 75% Majority Patient Origination Service Area* (11.08%)
- Alabama (24.01%)
- United States (30.32%)

Winston County, AL	17,274	2,261	13.09%
Alabama	3,261,408	783,076	24.01%
United States	213,649,147	64,767,787	30.32%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

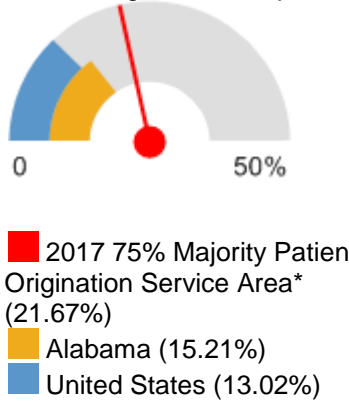
Social Economic Factors: Population with No High School Diploma

Within the report area there are 8,219 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 21.67% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg Ruglis, 2007).

Report Area	Total Population Age 25	Population Age 25 with No High School Diploma	Percent Population Age 25 with No High School Diploma
2017 75% Majority Patient Origination Service Area*	37,928	8,219	21.67%
Fayette County, AL	11,806	2,452	20.77%
Tuscaloosa County, AL	123,155	14,604	11.86%
Walker County, AL	45,633	9,786	21.45%
Winston County, AL	17,274	4,145	24%
Alabama	3,261,408	496,036	15.21%
United States	213,649,147	27,818,380	13.02%

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Percent Population Age 25 with No High School Diploma

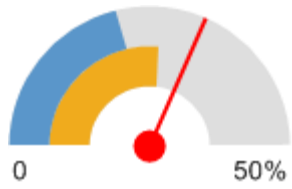


Social Economic Factors: Poverty - Children Below 100% FPL

In the report area 31.65% or 3,744 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Percent Population Under Age 18 in Poverty

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
2017 75% Majority Patient Origination Service Area*	53,443	11,831	3,744	31.65%
Fayette County, AL	16,548	3,598	820	22.79%
Tuscaloosa County, AL	191,934	41,870	9,424	22.51%
Walker County, AL	64,630	14,342	4,518	31.5%
Winston County, AL	23,500	4,836	1,671	34.55%
Alabama	4,720,592	1,090,244	289,382	26.54%
United States	310,629,645	72,456,096	15,335,783	21.17%



■ 2017 75% Majority Patient Origination Service Area* (31.65%)
■ Alabama (26.54%)
■ United States (21.17%)

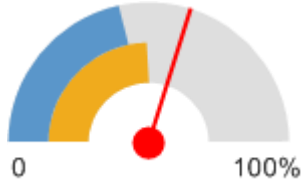
Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Social Economic Factors: Poverty - Children Below 200% FPL

In the report area 59.49% or 7,038 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population Under Age 18	Population Under Age 18 at or Below 200% FPL	Percent Population Under Age 18 at or Below 200% FPL
2017 75% Majority Patient	11,831	7,038	59.49%

Percent Population Under Age 18 at or Below 200% FPL



Origination Service Area*			
Fayette County, AL	3,598	1,898	52.75%
Tuscaloosa County, AL	41,870	19,560	46.72%
Walker County, AL	14,342	8,531	59.48%
Winston County, AL	4,836	3,194	66.05%
Alabama	1,090,244	541,164	49.64%
United States	72,456,096	31,364,270	43.29%

■ 2017 75% Majority Patient Origination Service Area* (59.49%)
■ Alabama (49.64%)
■ United States (43.29%)

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Social Economic Factors: Poverty - Population Below 100% FPL

Poverty is considered a key driver of health status.

Within the report area 21.77% or 11,636 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
2017 75% Majority Patient Origination Service Area*	53,443	11,636	21.77%
Fayette County, AL	16,548	2,863	17.3%
Tuscaloosa County, AL	191,934	34,470	17.96%
Walker County, AL	64,630	14,174	21.93%
Winston County, AL	23,500	4,833	20.57%
Alabama	4,720,592	868,666	18.4%
United States	310,629,645	46,932,225	15.11%

Percent Population in Poverty



■ 2017 75% Majority Patient Origination Service Area* (21.77%)
■ Alabama (18.4%)
■ United States (15.11%)

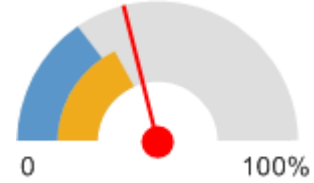
Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Social Economic Factors: Poverty - Population Below 185% FPL

In the report area 42.25% or 22,579 individuals are living in households with income below 185% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population with Income at or Below 185% FPL	Percent Population with Income at or Below 185% FPL
2017 75% Majority Patient Origination Service Area*	53,443	22,579	42.25%
Fayette County, AL	16,548	6,793	41.05%
Tuscaloosa County, AL	191,934	66,531	34.66%
Walker County, AL	64,630	27,634	42.76%
Winston County, AL	23,500	10,640	45.28%
Alabama	4,720,592	1,716,565	36.36%
United States	310,629,645	96,139,377	30.95%

Percent Population with Income at or Below 185% FPL



- 2017 75% Majority Patient Origination Service Area* (42.25%)
- Alabama (36.36%)
- United States (30.95%)

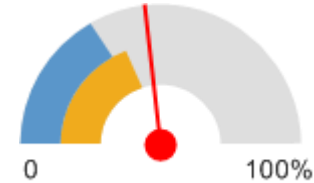
Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Social Economic Factors: Poverty - Population Below 200% FPL

In the report area 46.47% or 24,834 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
2017 75% Majority Patient Origination Service Area*	53,443	24,834	46.47%
Fayette County, AL	16,548	7,438	44.95%
Tuscaloosa County, AL	191,934	72,848	37.95%

Percent Population with Income at or Below 200% FPL



- 2017 75% Majority Patient Origination Service Area* (46.47%)
- Alabama (39.23%)
- United States (33.61%)

Walker County, AL	64,630	30,130	46.62%
Winston County, AL	23,500	11,624	49.46%
Alabama	4,720,592	1,851,965	39.23%
United States	310,629,645	104,390,198	33.61%

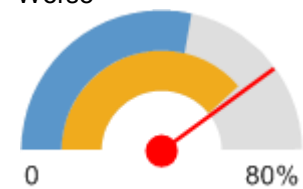
Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Social Economic Factors: Student Reading Proficiency (4th Grade)

This indicator reports the percentage of children in grade 4 whose reading skills tested below the "proficient" level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education.

Report Area	Total Students with Valid Test Scores	Percentage of Students Scoring 'Proficient' or Better	Percentage of Students Scoring 'Not Proficient' or Worse
2017 75% Majority Patient Origination Service Area*	537.80	36.11%	63.89%
Fayette County, AL	201	34.5%	65.5%
Tuscaloosa County, AL	2,151	40.58%	59.42%
Walker County, AL	637	35.61%	64.39%
Winston County, AL	295	36.52%	63.48%
Alabama	54,075	37.62%	62.39%
United States	3,393,582	49.67%	45.61%

Percentage of Students Scoring 'Not Proficient' or Worse



- 2017 75% Majority Patient Origination Service Area* (63.89%)
- Alabama (62.39%)
- United States (45.61%)

Data Source: US Department of Education, ED Facts. Accessed via DATA.GOV. 2014-15. Source geography: School District

Social Economic Factors: Unemployment Rate

Total unemployment in the report area for the current month was 1,670.42, or 7.8% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Unemployment Rate

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
2017 75% Majority Patient Origination Service Area*	21,394.41	19,723.99	1,670.42	7.8
Fayette County, AL	6,505	6,163	342	5.3
Tuscaloosa County, AL	101,903	96,902	5,001	4.9
Walker County, AL	25,828	24,451	1,377	5.3
Winston County, AL	9,982	9,471	511	5.1
Alabama	2,226,756	2,116,435	110,321	5
United States	164,383,283	157,469,839	6,913,444	4.2



■ 2017 75% Majority Patient Origination Service Area* (7.8)
■ Alabama (5)
■ United States (4.2)

Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - June. Source geography: County

Physical Environment: Grocery Stores

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
2017 75% Majority Patient Origination Service Area*	55,794	8	15.1
Fayette County, AL	17,241	4	23.20
Tuscaloosa County, AL	194,656	25	12.84
Walker County, AL	67,023	10	14.92

Grocery Stores, Rate (Per 100,000 Population)



■ 2017 75% Majority Patient Origination Service Area* (15.1)
■ Alabama (15.84)
■ United States (21.18)

Winston County, AL	24,484	6	24.51
Alabama	4,779,736	757	15.84
United States	308,745,538	65,399	21.18

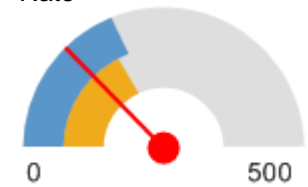
Data Source: US Census Bureau, County Business Patterns.
Additional data analysis by CARES. 2016. Source geography: ZCTA

Physical Environment: Mortgage Lending

Lending institutions must report all loans for home purchases, home improvements, and mortgage refinancing based on the Home Mortgage Disclosure Act (HMDA) of 1975. This indicator displays information derived from the 2014 HMDA loan-level data files.

Report Area	Total Population (2010)	Number of Home Loans Originated	Loans Originations, Approval Rate	Loan Originations, Rate per 100,000 Population
2017 75% Majority Patient Origination Service Area*	180,079	2,290	43.09%	127.17
Fayette County, AL	17,241	180	41.47%	104.4
Tuscaloosa County, AL	194,656	3,667	49.21%	188.38
Walker County, AL	67,023	821	39.72%	122.5
Winston County, AL	24,484	456	55.47%	186.24
Alabama	4,779,736	84,914	47.29%	177.65
United States	312,470,869	5,959,108	51.57%	190.71

Home Loan Origination Rate



■ 2017 75% Majority Patient Origination Service Area* (127.17)
■ Alabama (177.65)
■ United States (190.71)

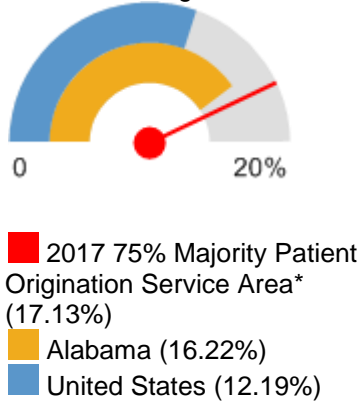
Data Source: Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act. Additional data analysis by CARES. 2014.

Physical Environment: Vacancy Rate

This indicator reports the number and percentage of housing units that are vacant. A housing unit is considered vacant by the American Community Survey if no one is living in it at the time of interview. Units occupied at the time of interview entirely by persons who are staying two months or less and who have a more permanent residence elsewhere are considered to be temporarily occupied, and are classified as “vacant.”

Report Area	Total Housing Units	Vacant Housing Units	Vacant Housing Units, Percent
2017 75% Majority Patient Origination Service Area*	25,272	4,328	17.13%
Fayette County, AL	8,412	1,562	18.57%
Tuscaloosa County, AL	87,923	17,483	19.88%
Walker County, AL	30,708	5,514	17.96%
Winston County, AL	13,404	3,968	29.6%
Alabama	2,209,335	358,274	16.22%
United States	134,054,899	16,338,662	12.19%

Vacant Housing Units, Percent



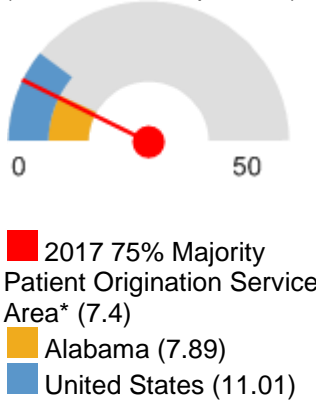
Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Physical Environment: Recreation and Fitness Facility Access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
2017 75% Majority Patient Origination Service Area*	55,794	4	7.4
Fayette County, AL	17,241	0	0
Tuscaloosa County, AL	194,656	12	6.16
Walker County, AL	67,023	5	7.46
Winston County, AL	24,484	2	8.17
Alabama	4,779,736	377	7.89
United States	308,745,538	33,980	11.01

Recreation and Fitness Facilities, Rate (Per 100,000 Population)



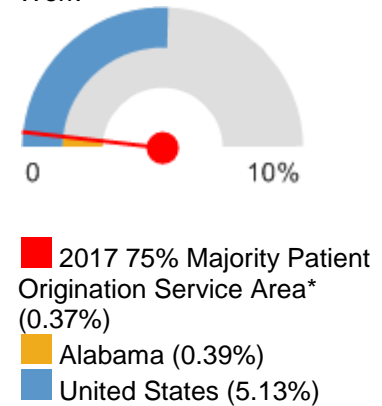
Data Source: US Census Bureau, County Business Patterns.
 Additional data analysis by CARES. 2016. Source geography: ZCTA

Physical Environment: Use of Public Transportation

This indicator reports the percentage of population using public transportation as their primary means of commute to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.

Report Area	Total Population Employed Age 16	Population Using Public Transit for Commute to Work	Percent Population Using Public Transit for Commute to Work
2017 75% Majority Patient Origination Service Area*	19,497	73	0.37%
Fayette County, AL	6,057	1	0.02%
Tuscaloosa County, AL	88,779	342	0.39%
Walker County, AL	23,352	73	0.31%
Winston County, AL	8,471	0	0%
Alabama	2,014,965	7,841	0.39%
United States	145,861,221	7,476,312	5.13%

Percent Population Using Public Transit for Commute to Work



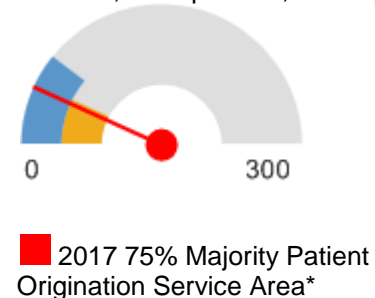
Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Clinical Care: Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Report Area	Total Population, 2015	Dentists, 2015	Dentists, Rate per 100,000 Pop.
2017 75% Majority Patient Origination Service Area*	54,356	22	40.72
Fayette County, AL	16,759	5	29.83

Dentists, Rate per 100,000 Pop.



Tuscaloosa County, AL	203,976	98	48.04
Walker County, AL	65,294	27	41.35
Winston County, AL	23,877	4	16.75
Alabama	4,858,979	2,224	45.8
United States	321,418,820	210,832	65.6

(40.72)
■ Alabama (45.8)
■ United States (65.6)

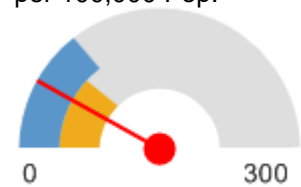
Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source geography: County

Clinical Care: Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
2017 75% Majority Patient Origination Service Area*	54,515	26	49.1
Fayette County, AL	16,874	20	118.53
Tuscaloosa County, AL	202,212	189	93.47
Walker County, AL	65,471	32	48.88
Winston County, AL	24,150	10	41.41
Alabama	4,849,377	3,563	73.5
United States	318,857,056	279,871	87.8

Primary Care Physicians, Rate per 100,000 Pop.



■ 2017 75% Majority Patient Origination Service Area* (49.1)
■ Alabama (73.5)
■ United States (87.8)

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County

Clinical Care: Cancer Screening - Mammogram

This indicator reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a

lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Medicare Enrollees	Female Medicare Enrollees Age 67-69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Year
2017 75% Majority Patient Origination Service Area*	5,938	572	357	62.4%
Fayette County, AL	2,552	217	121	55.8%
Tuscaloosa County, AL	19,874	1,966	1,400	71.2%
Walker County, AL	6,985	675	422	62.5%
Winston County, AL	3,921	366	221	60.4%
Alabama	506,023	48,751	30,610	62.8%
United States	26,753,396	2,395,946	1,510,847	63.1%

Percent Female Medicare Enrollees with Mammogram in Past 2 Year



- 2017 75% Majority Patient Origination Service Area* (62.4%)
- Alabama (62.8%)
- United States (63.1%)

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2014. Source geography: County

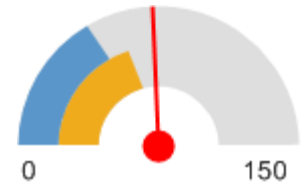
Clinical Care: Preventable Hospital Events

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
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Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)

2017 75% Majority Patient Origination Service Area*	6,304	460	73
Fayette County, AL	2,635	212	80.7
Tuscaloosa County, AL	21,045	1,428	67.9
Walker County, AL	7,423	520	70.2
Winston County, AL	4,063	638	157.1
Alabama	534,296	32,662	61.1
United States	29,649,023	1,479,545	49.9



■ 2017 75% Majority Patient Origination Service Area* (73)
■ Alabama (61.1)
■ United States (49.9)

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2014. Source geography: County

Health Behaviors: Soda Expenditures

This indicator reports soft drink consumption by census tract by estimating expenditures for carbonated beverages, as a percentage of total food-at-home expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues such as diabetes and obesity. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (US)	Z-Score (State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
2017 75% Majority Patient Origination Service Area*	no data	no data	no data	\$77.06	4.58%
Fayette County, AL	44	1.56	0.36	suppressed	suppressed
Tuscaloosa County, AL	37	1.44	0.12	suppressed	suppressed
Walker County, AL	48	1.58	0.42	suppressed	suppressed
Winston County, AL	54	1.78	0.85	suppressed	suppressed
Alabama	no data	0.76	0	\$237.22	4.51%

Soda Expenditures, Percentage of Total Food-At-Home Expenditures



■ 2017 75% Majority Patient Origination Service Area* (4.58%)
■ Alabama (4.51%)
■ United States (4.02%)

United States	no data	no data	no data	\$236.04	4.02%
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Data Source: Nielsen, Nielsen Site Reports. 2014. Source geography: Tract

Health Behaviors: Tobacco Expenditures

This indicator reports estimated expenditures for cigarettes, as a percentage of total household expenditures. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (US)	Z-Score (State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
2017 75% Majority Patient Origination Service Area*	no data	1.27	0.91	\$68.09	2.46%
Fayette County, AL	64	2.47	2.09	suppressed	suppressed
Tuscaloosa County, AL	12	0.81	-0.13	suppressed	suppressed
Walker County, AL	58	2.30	1.86	suppressed	suppressed
Winston County, AL	66	2.80	2.53	suppressed	suppressed
Alabama	no data	0.36	0	\$899.69	1.92%
United States	no data	no data	no data	\$822.7	1.56%

Cigarette Expenditures, Percentage of Total Household Expenditures



- 2017 75% Majority Patient Origination Service Area* (2.46)
- Alabama (1.92)
- United States (1.56)

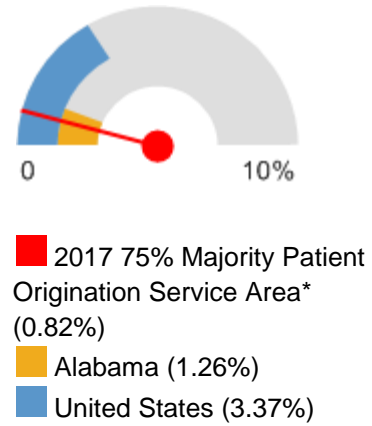
Data Source: Nielsen, Nielsen Site Reports. 2014. Source geography: Tract

Health Behaviors: Walking or Biking to Work

This indicator reports the percentage of the population that commutes to work by either walking or riding a bicycle.

Percentage Walking or Biking to Work

Report Area	Population Age 16	Population Walking or Biking to Work	Percentage Walking or Biking to Work
2017 75% Majority Patient Origination Service Area*	19,497	159	0.82%
Fayette County, AL	6,057	57	0.94%
Tuscaloosa County, AL	88,779	1,680	1.89%
Walker County, AL	23,352	206	0.88%
Winston County, AL	8,471	44	0.52%
Alabama	2,014,965	25,320	1.26%
United States	145,861,221	4,908,725	3.37%

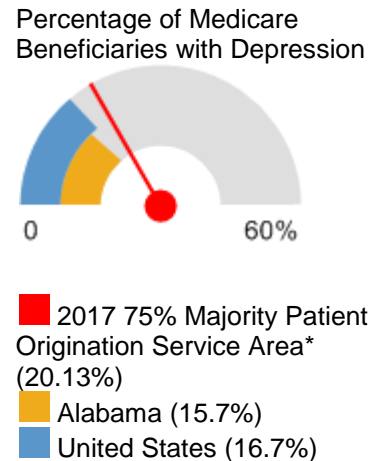


Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

Health Outcomes: Depression (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with depression.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Depression	Percent with Depression
2017 75% Majority Patient Origination Service Area*	9,828.44	1,978.78	20.13%
Fayette County, AL	3,353	595	17.7%
Tuscaloosa County, AL	26,970	5,334	19.8%



Walker County, AL	11,655	2,352	20.2%
Winston County, AL	5,224	991	19%
Alabama	686,830	108,148	15.7%
United States	34,118,227	5,695,629	16.7%

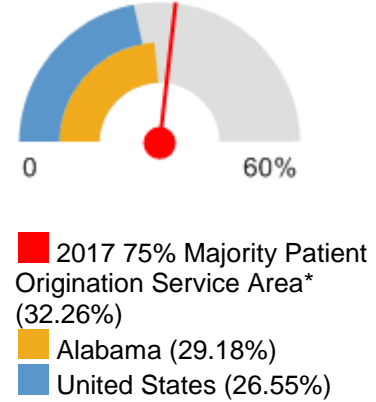
Data Source: Centers for Medicare and Medicaid Services. 2015.
Source geography: County

Health Outcomes: Diabetes (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with diabetes.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Diabetes	Percent with Diabetes
2017 75% Majority Patient Origination Service Area*	9,828.44	3,170.84	32.26%
Fayette County, AL	3,353	1,021	30.45%
Tuscaloosa County, AL	26,970	8,036	29.8%
Walker County, AL	11,655	3,771	32.36%
Winston County, AL	5,224	1,526	29.21%
Alabama	686,830	200,422	29.18%
United States	34,118,227	9,057,809	26.55%

Percentage of Medicare Beneficiaries with Diabetes



Data Source: Centers for Medicare and Medicaid Services. 2015.
Source geography: County

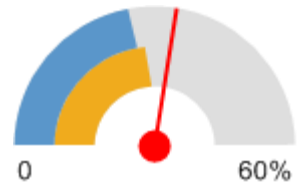
Health Outcomes: Heart Disease (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with ischemic heart disease.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Heart Disease	Percent with Heart Disease
2017 75% Majority Patient	9,828.44	3,242.60	32.99%

Percentage of Medicare Beneficiaries with Heart Disease

Origination Service Area*			
Fayette County, AL	3,353	869	25.92%
Tuscaloosa County, AL	26,970	6,510	24.14%
Walker County, AL	11,655	3,861	33.13%
Winston County, AL	5,224	1,553	29.73%
Alabama	686,830	195,564	28.47%
United States	34,118,227	9,028,604	26.46%



■ 2017 75% Majority Patient Origination Service Area* (32.99%)
■ Alabama (28.47%)
■ United States (26.46%)

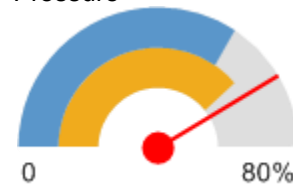
Data Source: Centers for Medicare and Medicaid Services. 2015.
Source geography: County

Health Outcomes: High Blood Pressure (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with hypertension (high blood pressure).

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Blood Pressure	Percent with High Blood Pressure
2017 75% Majority Patient Origination Service Area*	9,828.44	6,508.37	66.22%
Fayette County, AL	3,353	2,154	64.24%
Tuscaloosa County, AL	26,970	17,594	65.24%
Walker County, AL	11,655	7,714	66.19%
Winston County, AL	5,224	3,552	67.99%
Alabama	686,830	428,177	62.34%
United States	34,118,227	18,761,681	54.99%

Percentage of Medicare Beneficiaries with High Blood Pressure



■ 2017 75% Majority Patient Origination Service Area* (66.22%)
■ Alabama (62.34%)
■ United States (54.99%)

Data Source: Centers for Medicare and Medicaid Services. 2015.
Source geography: County

Health Outcomes: High Cholesterol (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with hyperlipidemia, which is typically associated with high cholesterol.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Cholesterol	Percent with High Cholesterol
2017 75% Majority Patient Origination Service Area*	9,828.44	5,250.99	53.43%
Fayette County, AL	3,353	1,552	46.29%
Tuscaloosa County, AL	26,970	14,881	55.18%
Walker County, AL	11,655	6,240	53.54%
Winston County, AL	5,224	2,663	50.98%
Alabama	686,830	325,121	47.34%
United States	34,118,227	15,219,766	44.61%

Percentage of Medicare Beneficiaries with High Cholesterol



- 2017 75% Majority Patient Origination Service Area* (53.43%)
- Alabama (47.34%)
- United States (44.61%)

Data Source: Centers for Medicare and Medicaid Services. 2015.
Source geography: County

OBJECTIVES AND STRATEGIES

Capstone Rural Health Center (CRHC), a Federally Qualified Health Center, is far more than just healthcare providers. CRHC is deeply rooted in the community, dedicated to nourishing and enriching the overall quality of life for CRHC patients. Since 2001, CRHC has been a leading health care provider in Walker County, providing comprehensive primary care services that treat illness and promote and maintain health, to individuals who are medically underserved or face barriers to needed care. CRHC incorporates prevention and health promotion, treatment of illness, and management of chronic disease—often all during the same visit. This *Strategic Plan FY2018 – FY2020* is a blueprint for CRHC as it addresses ongoing access and service delivery issues throughout an evolving healthcare system.

The Strategic Plan reflects Capstone Rural Health Center’s commitment to build upon past successes while advancing its mission, vision, and values to improve health access and achieve health equity through access to patient centered quality healthcare services, a skilled health workforce, and innovative programs. The Strategic Plan sets forth six goals.

- Goal 1: Improve Access to High Quality Healthcare and Services
- Goal 2: Strengthen Health Workforce
- Goal 3: Build Healthier Communities
- Goal 4: Improve Health Equity
- Goal 5: Strengthen Program Management
- Goal 6: Maintain Financial Sustainability

Because of their continuing relevance, the first four goals and the last goal are the same as those in CRHC’s *Strategic Plan 2016-2018*. The fifth goal has been modified to focus on improving and strengthening operation and program efficiency.

For each of these goals, objectives and strategies are outlined. The Strategic Plan presents *priority* objectives reflecting important changes and outcomes that CRHC plans to achieve, and key strategies that indicate the main approaches CRHC intends to take to reach these objectives. The Strategic Plan also identifies key strategic priorities that will be used to track and evaluate progress toward meeting the CRHC goals.

The Strategic Plan will aid in planning and resource allocation decisions over the next three years to align with the U.S. Department of Health and Human Services’ *Strategic Plan 2018-2022*. The CRHC Strategic Plan is a dynamic document to which changes may be made as the Board of Directors of Capstone Rural Health Center adjust to new circumstances, while keeping focus on the meeting the needs of the communities and patient population it serves.

GOAL 1: IMPROVE ACCESS TO HIGH QUALITY HEALTH CARE AND SERVICES

Objective 1.A.: Improve Capacity & Strength of Capstone Rural Health Center in the Service Area

How We Will Accomplish Our Objective:

- ❖ Seek opportunities to increase the number of healthcare access points in areas with identified need to expand the availability of services to underserved, disadvantaged, and geographically isolated populations.
- ❖ Continue to expand or grow service lines beyond primary care based on identified community needs.
 - Pharmacy Services
 - Transportation Services
 - Case Management
 - Substance Abuse Services
 - Health Education
 - Optometry Services
 - Dental Services
 - Behavioral/Mental Health
 - Enrollment Assistance
- ❖ Explore new lines of service such as Family/EPSTD services.
- ❖ Finish construction project to build new permanent facility at Parrish.
- ❖ Improve PCMH certification by NCQA to the highest certification and to be inclusive of all service sites.

Objective 1.B.: Improve Quality and Efficiency of the Health Center

How We Will Accomplish Our Objective:

- ❖ Improve patient outcomes as reflected by clinical quality measures in order to attain performance-based awards.
- ❖ Improve provider knowledge of EMR (Athena) in order to further the use of health information technology and subsequently improve quality measurement and reporting.
- ❖ Continue to use the Quality Assurance Committee to drive clinical, operational, and financial excellence.
- ❖ Improve PCMH certification by NCQA to the highest certification and to be inclusive of all service sites as well as staff and patient knowledge of the patient centered approach.
- ❖ Improve communications and responsiveness between the health care team and patients/or patient representative. (This includes but is not limited to an improved website, improved accessibility to a live and helpful staff member via phone, improved ability to push information from the center to patients aggregately and individually, improve health literacy of the target population, and utilization of patient portal).

- Website / Social Media
 - Phone Call Accessibility
 - Patient Portal
 - Health Literacy
 - Scheduling
-
- ❖ Continue to seek collaborations with partners including other Federally Qualified Health Centers that are contiguous and within our service area to maximize resources available.
 - ❖ Improve and expand the primary care behavioral health integration project.
 - ❖ Explore innovative ways to reduce patient wait times

GOAL 2: STRENGTHEN HEALTH WORKFORCE

Objective 2.A.: Improve and maintain skillset and knowledge base of all Capstone Rural Health Center staff as a resource for the community at large to interact as a learning community

How We Will Accomplish Our Objective:

- ❖ Continuously engage employees in learning opportunities that allows them to maximize their effectiveness and efficiencies in their respective positions ensuring the learning, enhancement, and updating of essential knowledge and skills.
- ❖ Identify and train staff across the health center to improve the centers cultural and linguistic appropriateness in care delivery.
- ❖ Actively participate in opportunities with colleges and universities that seek clinical residencies with an emphasis on advanced practice nursing.
- ❖ Support provider training, continuing education, and other opportunities specific to functioning in a community health center.
- ❖ Support outreach and other activities to maximize recruitment and retention of high quality professionals
- ❖ Support technical assistance, training, and other opportunities to help providers effectively use health information technology to support service delivery and quality improvement.
- ❖ Improve communication between administration and clinical staff to remove existing barriers, such as scheduling issues.

GOAL 3: BUILD HEALTHIER COMMUNITIES

Objective 3.A.: Improve health within the service area by the use of community partnerships and collaboration with stakeholders

How We Will Accomplish Our Objective:

- ❖ Develop and support partnerships with stakeholders in the health and non-health sectors in order to link people to services and resources that improve population health.
- ❖ Support the integration and coordination of public health with primary care, including behavioral and oral health services, to improve individual outcomes and overall population health.

Objective 3.B.: Promote continuous awareness and education regarding health promotion and disease prevention within the service area.

How We Will Accomplish Our Objective:

- ❖ Utilize available means (social media, local meetings, and events) to increase awareness of healthy living and disease prevention to improve individual and population health.
- ❖ Utilize resources to promote services offered by Health Center.

Objective 3.C.: Increase understanding of what works in health care and public health practice to address community needs.

How We Will Accomplish Our Objective:

- ❖ Explore and implement innovative ways to remove community perception of free clinic and/or clinic for uninsured
- ❖ Utilize resources to promote services offered by Health Center.
- ❖ Explore innovative ways to reduce service area's "After hours culture"

GOAL 4: IMPROVE HEALTH EQUITY

Objective 4.A.: Reduce disparities in access and quality of care to improve health outcomes across the service area.

How We Will Accomplish Our Objective:

- ❖ Focus resources and services on diseases and conditions with the greatest health disparities and promote outreach efforts to reach populations most affected.
- ❖ Integrate cultural competency education across all staff, lines of service, and policies to ensure the delivery of culturally and linguistically appropriate care.
- ❖ Develop and strengthen partnerships with entities across different sectors to address the social determinants of health through the integration of public health and primary care.
- ❖ Improve provider knowledge of EMR (Athena) in order to further the use of health information technology and subsequently improve quality measurement and reporting.

GOAL 5: STRENGTHEN PROGRAM MANAGEMENT

Objective 5.A.: Improve efficiency and effectiveness of operations

How We Will Accomplish Our Objective:

- ❖ Maintain compliance with all nineteen HRSA Program Center Requirements for the Health Center Program.
- ❖ Support the use of third party consultants to conduct patient satisfaction surveys
- ❖ Create a process for developing an annual capital budget

Objective 5.B.: Reduce Risk by complying with agency specific requirements

How We Will Accomplish Our Objective:

- ❖ Produce and maintain a strong Corporate Compliance Program (inclusive but not limited to; HIPPA, FTCA, Billing, Fraud, False Claims, and miscellaneous regulatory matters).

GOAL 6: MAINTAIN FINANCIAL SUSTAINABILITY

Objective 6.A.: Maintain Financial Resources at a Comfortable Level to Fund CRHC Mission.

How We Will Accomplish Our Objective:

- ❖ Prepare financial reports routinely and accurately for appropriate utilization by the CRHC Board of Directors and management team.
- ❖ Maintain an active and engaged finance committee.
- ❖ Complete annual compliance audit successfully with no material findings noted.
- ❖ Maintain financial performance measures at acceptable levels.
- ❖ Review payor mix and ensure providers are credentialed with all accepting insurance carriers.

PERFORMANCE MEASURES

Achieving high performance in pursuing its mission, vision, and values is a major priority for Capstone Rural Health Center (CRHC). Performance measures will be selected from among the many measures used by the U.S. Department of Health and Human Services (HRSA) to review clinical, quality, and financial performance as points of focus for tracking and evaluating the status and progress in addressing the Strategic Plan goals.