

# FY 2020 - 2022 Community Health Needs Assessment

**St. Vincent's Birmingham**  
**St. Vincent's East**



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## Mission Vision and Values

Our Mission, Vision and Values provide a strong foundation and guidance for the work we do in transforming healthcare in the United States. It serves as a framework that expresses our priorities in responding to the care of those most in need.

**Mission** – Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

**Vision** – We envision a strong, vibrant Catholic health ministry in the United States which will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for our communities that responds to the needs of individuals throughout the life cycle. We will expand the role of laity, in both leadership and sponsorship, to ensure a Catholic health ministry of the future.

**Values** – We share a common vision and are called to act upon the following ideas and beliefs

***Service of the Poor*** – Generosity of spirit, especially for persons most in need

***Reverence*** – Respect and compassion for the dignity and diversity of life

***Integrity*** – Inspiring trust through personal leadership

***Wisdom*** – Integrating excellence and stewardship

***Creativity*** – Courageous innovation

***Dedication*** – Affirming the hope and joy of our ministry

**Guiding Principles** – Healthcare that Works, Healthcare that is Safe, Healthcare that Leaves No One Behind.

## Executive Summary

Ascension Alabama and its member hospitals conducted the previous Community Health Needs Assessment (CHNA) in fiscal year 2016. This current CHNA for fiscal years 2020-2022 (beginning July 1, 2019) will continue efforts to address health needs of Jefferson County and prioritize needs of the community served by St. Vincent's Health System. The assessment of unmet health needs will provide a basis for addressing the health needs of the county served and serve as a reference for the facility's implementation strategy, ensuring it is aligned with the community needs and the ministry goals of Ascension Alabama. The mission, vision, and values of Ascension Alabama are the key factors influencing the approach and commitment to addressing community health needs through community benefit activity.

St. Vincent's Birmingham and St. Vincent's East facilitated the CHNA for its hospitals in Jefferson County, with system leadership from Advocacy, Mission Integration, and Strategy providing coordination and oversight. Additionally, representation from system Senior Leadership, Finance, Wellness and the facility presidents from each of the hospital facilities were involved in the process and in developing the subsequent implementation strategies.

The community served for purposes of this CHNA is defined as Jefferson County. The primary rationale for selecting this geography included: area served by collaborating entities; areas of populations that included the underserved, low-income and minority groups; potential for collaboration/partnering with other organizations; and availability of health information for the area selected. The process included a review of secondary health data, interviews of community health leaders, a survey of community members and several focus groups with representatives from communities served, with special attention to the vulnerable populations in the service area.

The objectives of the CHNA and subsequent facility specific implementation strategies are:

- 1.) To provide an unbiased comprehensive assessment of Jefferson County's health needs;
- 2.) Use the CHNA to prioritize St. Vincent's Health System's Community Benefit Program strategy; and
- 3.) Fulfill Internal Revenue Service regulations related to 501 (c)(3) non-profit hospital status for federal income taxes.

The process included a review of secondary health data, interviews of community representatives and leaders, a survey of community members and a community focus group meeting. A summary of information and community input considered in determining the needs included:

## **Summary of Health Indicators for Jefferson County**

### *Health Outcome Ranking*

- Of Alabama's 67 counties, Jefferson County is ranked 21<sup>st</sup> in health outcomes according to the 2018 Robert Wood Johnson County Health Rankings. This is up from 28<sup>th</sup> in the state from the 2016 rankings.

### *Demographic/Socioeconomic*

- Population growth has increased at a slower rate than the state over the last several years
- 17.58% of the population in Jefferson county live in poverty, which is only slightly lower than the state but higher than the national average
- 86.7% of students are receiving their high school diploma within four years, which is lower than the state and national percentage

### *Access to Healthcare*

- There are 8 acute care hospitals within Jefferson County
- Primary care provider levels are higher than the state and the national average
- The ratio of population to mental health providers is higher than state but lower than national levels
- 10.25% of adults and children within Jefferson County do not have health insurance

### *Health Status*

- Top two leading causes of death in Jefferson County are Heart Disease and Cancer, with cancer the leading cause of death for women and heart disease the leading cause of death for men
- Heart disease and Asthma prevalence is lower in Jefferson county than in the state; however, the mortality rate for stroke is much higher than the state and nation
- Mortality rate for drug poisoning is higher than both the state and nation, which is an indicator of poor mental health
- The average reported poor mental health days per month were 4.3 days
- 13% of the population experience frequent mental distress

### *Risk Factor Behaviors*

- Current percentage of smokers is 21.6% which is lower than the state and national percentage
- 32.9% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese)

### *Child Health*

- Infant mortality is higher than the state and national rate

- There is a higher percentage of mothers in Jefferson County who are receiving less than adequate prenatal care when compared to the state
- Teen pregnancy and birth rates are increasing

#### *Infectious Diseases*

- STI incidence rates are lower than state and national averages
- HIV prevalence in Jefferson County is higher than both the state and U.S.

#### *Natural Environment*

- Air quality impacts health and is a regional issue

#### *Social Environment*

- Violent crime rate is higher than state and U.S.
- The number of households with no motor vehicle is higher than the state
- 19% of the population experience food insecurity; 22% of children experience food insecurity – these are higher levels than the state and nation

#### *Focus Group Sessions*

- Collaborated with Jefferson County Department of Health and community health leaders for six focus group sessions as part of a community health strategic planning process for Jefferson County
- Result highlights:
  - Transportation
  - Mental Health
  - Drug/Opioid Crisis
  - Access to Services
  - Environmental Concerns

#### *Health Action Partnership of Jefferson County – 2018 Health Equity Report*

- Highlights:
  - Study found significant variation in racial residential concentration, disability status, poverty, life expectancy, infant mortality, and healthy food access between census tracts
  - In Jefferson County, 125,000 individuals of whom 33,870 are children lacked food security in 2016
  - Jefferson County's 2015 infant mortality rate was 10.5 deaths per 1,000 live births, almost double the national rate of 5.9 deaths per 1,000 live births, and substantially higher than the Alabama rate of 8.3 deaths per 1,000 live births

- In 2017, there were 67 deaths due to suicide. There were also 216 drug related deaths, of which 173 were opioid-related; 80.8% of drug associated deaths in Jefferson County involved opioid use
- In the most recent BRFSS survey data, Jefferson County adults reported fewer days of poor mental and physical health, diabetes diagnoses and current smoking than Alabama adults. However, the percentage of Jefferson County adults with obesity exceeds that of Alabama and the United States. Similarly, Jefferson County residents report lower rates of physical activity than do residents of Alabama and the United States overall.

### ***Paper Survey***

- 213 surveys were completed by residents of Jefferson County
- The top 5 health issues for Jefferson County included:
  - Access to proper healthcare
  - Cancer
  - Heart Disease
  - Diabetes
  - Alcohol/Drug addiction

### **Identified Community Health Needs**

Prioritization of the community health issues was a multi-step process that included:

- Review and discussion of all of the top health concerns and associated indicator data
- Identification and discussion of consequences of not addressing the issue
- Consideration of key criteria for impacting change.

Through the process described above, the top priority health needs identified for Jefferson County by this CHNA are:

- **Access to care**
- **Mental Health**
- **Healthy Living**

The CHNA report will be made available to the public through the hospital website and will be used to guide in the development of implementation strategies. The completed CHNA and Implementation Strategies will be approved by the Board of Directors and Health System leadership.

# Introduction

## Background

A Community Health Needs Assessment (CHNA) is conducted to provide an overview of the state of health of a community and social factors contributing to and influencing health. The CHNA may then be used as a guide for community health improvement strategies. Periodic updating of assessments note changes in health status and factors over time and help ensure current improvement efforts are based on current needs of the community.

With the passing of the Affordable Care Act (ACA) in 2010, new requirements for non-profit hospitals were introduced. One of the requirements is for non-profit hospitals to conduct community health needs assessments. The assessments, performed at least every three years, should include input from the community and influence the hospital's implementation strategy for community health improvement.

## Health System Information

Ascension Alabama is comprised of St. Vincent's Health System with five acute-care facilities located in Jefferson, St. Clair, Blount, and Chilton counties, as well as an outpatient multispecialty clinic and Ambulatory Surgery Center in Shelby County; and Providence Hospital located in Mobile county. Ascension Alabama is a member of Ascension Health, a Catholic organization that is the largest not for profit health system in the United States. At the foundation of Ascension Health is a commitment to care for the poor and vulnerable in all of the communities they serve.

**St. Vincent's Birmingham**, formerly St. Vincent's Hospital, was founded in 1898 by the Daughters of Charity as a ministry dedicated to spiritually centered, holistic care designed to sustain and improve the health of the community as well as its citizens. St. Vincent's Birmingham is a 409-bed inpatient facility and is one of nine acute care hospitals located in Jefferson County. The hospital provides a wide spectrum of care offering the latest medical technology. From a state-of-the-art cancer center to an on-site fitness and wellness center, St. Vincent's Birmingham specializes in medical services including Cardiology, Women's and Children's Services, Orthopedics and Sports Medicine, Oncology, Neurology, and Surgical Services.

**St. Vincent's East** is a 362-bed acute care hospital serving Birmingham and the surrounding communities. Founded in 1946 as East End Memorial Hospital, St. Vincent's East (formerly Medical Center East), relocated to its present site in 1985 continuing a tradition of growth in facilities, medical technology, and uncompromising care in health and medical services. St. Vincent's East offers premier programs in primary care, orthopedics, cardiovascular services, cancer treatment, and emergency services, as well as comprehensive programs in behavioral health, diabetes, endoscopy, same-day surgery, digestive disorders, sleep disorders, and surgical weight loss.



## **Purpose/Objective**

The objective for the CHNA and Implementation Strategy are:

- 1.) Provide an unbiased comprehensive assessment of Jefferson county's health needs and assets, which include: input from the community and public health experts with special attention to the poor, vulnerable, underserved, low income and minority groups.
- 2.) Use the CHNA to prioritize the St. Vincent's Birmingham and St. Vincent's East (SVC) community outreach activities, which is aligned with our ministry and community's needs, resulting in implementation strategies for SVC that are guided by the Jefferson County CHNA.
- 3.) Fulfill IRS regulations related to 501(c)(3) not for profit hospital status for federal income taxes.

## **Collaboration**

St. Vincent's Health System is a collaborative partner of the Health Action Partnership (HAP) of Jefferson County. In 2018, the HAP released a Community Health Equity Report for Jefferson County. The 2018 report provides a snapshot of the many factors that influence health and health disparities in Jefferson county. The report focuses on community characteristics such as education, poverty, neighborhood segregation, and healthy food access. Some of the findings from this report are included in the data analysis for this CHNA.

In addition, St. Vincent's Health System, along with other community member and health organizations, played a collaborative role in the community health strategic planning process for Jefferson County Department of Public Health. The Forces of Change Assessment (FOCA) was completed as a part of this strategic planning process. The FOCA identified trends, factors and events occurring or that are expected to occur over the next five years impacting health and quality of life for residents of Jefferson County. To conduct the FOCA, a sub-committee of local stakeholders from the local public health system was assembled. Sub-committee members include representatives from UAB School of Public Health; Recovery Resource Center; Regional Planning Commission of Greater Birmingham; St. Vincent's Foundation; City of Birmingham; and Jefferson County Department of Health.

## **Methodology**

The CHNA process for St. Vincent's Birmingham and St. Vincent's East was a collaborative project with representation from all areas of the Health System which included Senior Leadership, Advocacy, Mission Integration, Strategy, Finance, Case Management, and leadership from each hospital facility. The process included a review of publicly available secondary health data for the following health indicator topics recommended by the Catholic Health Association: demographics and socioeconomic status, access to health care, health status, risk factor behaviors, child health, infectious diseases, natural environment, and social environment. Input was also received by a paper survey distributed and collected through St. Vincent's Access to Care program participants; and through conducting community focus groups with individuals who

represented broad interests of the community and local/state health leaders, with special attention to the vulnerable populations in the area served.

The six focus group sessions were conducted at various locations within Jefferson County using a formal brainstorming methodology and SWOT analysis. Focus group participants represented the diversity of Jefferson County's population and included community members, representatives of the clergy, mental health and health care professionals, educators, and representatives from governmental, non-profit and other agencies serving Jefferson County residents. The results that were identified during the group sessions were categorized by participants as strengths, weaknesses, opportunities for improvement or threats. Participant responses were coded for content and categorized into themes using qualitative analysis to assist in the identification and prioritization of potential strategic issues for Jefferson County.

## **Health Status Indicators**

Quantitative data was obtained from county, state, and national sources to develop a social, economic, and health assessment of Jefferson County. The indicators included public health surveillance data, such as deaths and births. Data sources included, but were not limited to:

- Alabama Department of Public Health
- Jefferson County Health Department
- County Health Rankings Model, University of Wisconsin Population Health Institute (Robert Wood Johnson Foundation)
- United States Census Bureau
- United States Bureau of Labor Statistics

Health indicators for Jefferson County were compared to those for the state and nation. In addition, local data was compared to previous years' data from Mobile County, highlighting improvements and statistical trends.

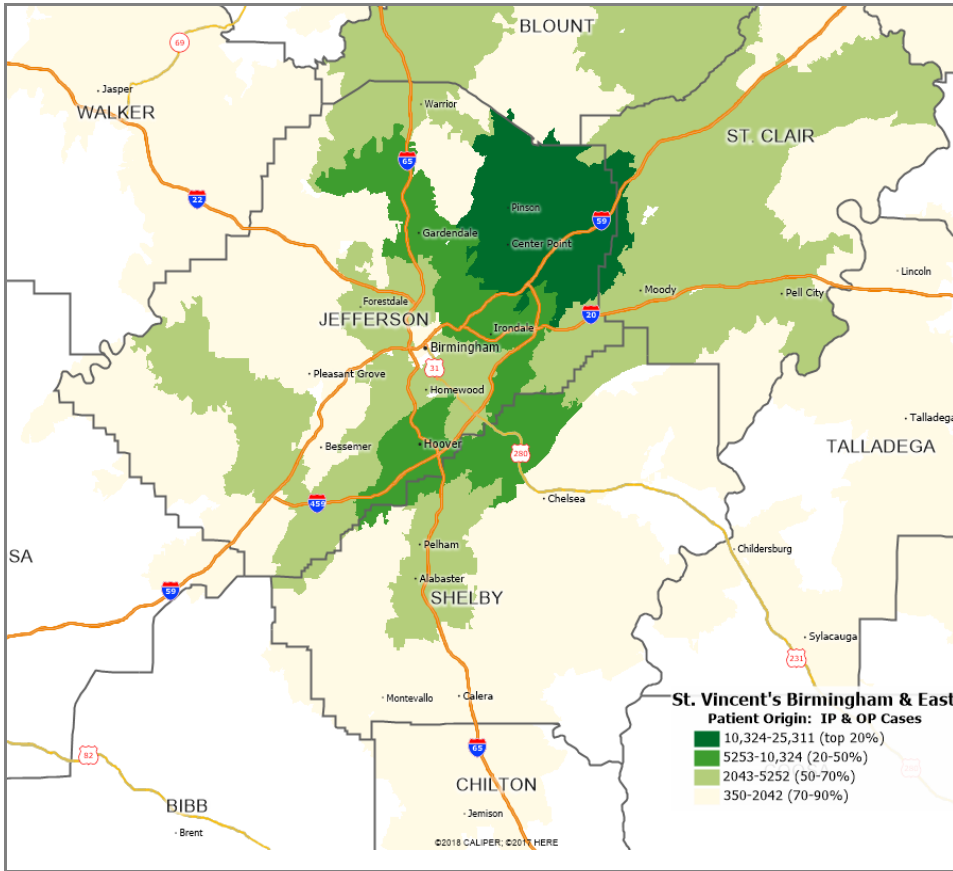
## **Community Served**

The community served for purposes of this CHNA is Jefferson County. In defining the CHNA, St. Vincent's Health System chose to select a geographic county/region to focus the assessment. This geographic region is considered to fairly represent the immediate community served by St. Vincent's Birmingham and St. Vincent's East. This includes the underserved in these locations such as uninsured, underinsured, unemployed, individuals accessing public assistance, and barriers to assistance such as language and immigration status.

In order to define the geographic region, the assessment team looked at inpatient and outpatient case volumes for fiscal year 2018 (July 1, 2017 – June 30, 2018) to determine the areas patient origin for St. Vincent's Birmingham and St. Vincent's East. Case volumes were aggregated by county and by zip code. This method reveals that the largest number of patients who sought care at St. Vincent's Birmingham and St.

Vincent's East originated in Jefferson County. County level analysis indicates that 66% of all patients (inpatient and outpatient) originated from Jefferson County in FY18.

### St. Vincent's Birmingham and St. Vincent's East Patient Origin – Inpatient and Outpatient Cases – FY 2018



## Health Needs - Data Analysis and Key Findings

Quantitative data was obtained from county, state, and national sources to develop a social, economic, and health assessment of Jefferson County. The indicators included public health surveillance data, such as deaths and births. Data sources included, but were not limited to:

- Alabama Department of Public Health
- Jefferson County Health Department
- County Health Rankings Model, University of Wisconsin Population Health Institute (Robert Wood Johnson Foundation)
- United States Census Bureau
- United States Bureau of Labor Statistics

Health indicators for Jefferson County were compared to those for the state and nation. In addition, local data was compared to previous years' data from Jefferson County, highlighting improvements and statistical trends.

### **Demographics and Socioeconomic Status**

Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

#### ***A. Community Overview***

Jefferson County is one of sixty-seven counties within the state of Alabama, located in the Central Alabama region. A total of 659,460 people live in the 1,111.17 square mile area, according to the U.S. Census Bureau American Community Survey 2012-2016, 5-year estimates. The population density for Jefferson County, estimated at 593.48 persons per square mile, is greater than the national average population density of 90 persons per square mile and the state average population density of 95.59 persons per square mile.

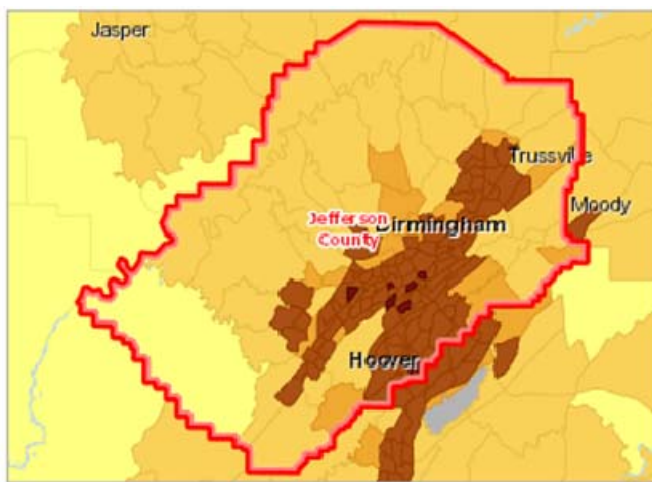
Jefferson County has greater racial diversity than the state or the nation. Five year (2012-2016) population estimates describe the county as 52.4% White, 42.5% Black, 1.5% Asian, 1.5% Multiracial, and 2% Other. The county also includes 3.7% of the population who identify as Hispanic or Latino. The median age of the county is 38.7 years, which is older than the state (38.6) and nation (37.7). Though Jefferson County has a higher level of educational attainment (only 11% of the population did not attain a high school diploma or equivalent), the poverty rate at each educational attainment level is higher than the state and the US. County poverty rates are notably higher among Hispanic or Latino, Black, and Multiracial populations and persons living with a disability.

The population in Jefferson County was estimated to grow at a rate of 1.0% from 2010 - 2017, which is slower population growth compared to the state and nation. As seen in the figures below, population characteristics, income, and educational attainment differ by location within the county.

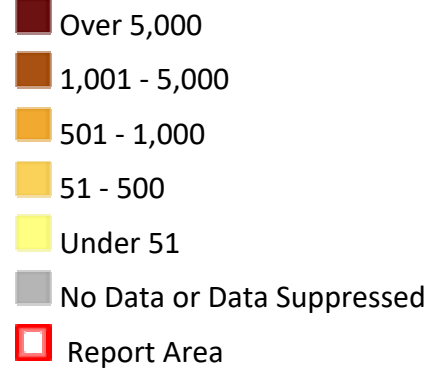
- **Population Density**

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
<b>Jefferson County</b>	<b>659,460</b>	<b>1,111.17</b>	<b>593.48</b>
<b>Alabama</b>	4,841,164	50,646.44	95.59
<b>United States</b>	318,558,162	3,532,068.58	90.19

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



**Population, Density (Persons per Sq Mile) by Tract, ACS 2012-16**



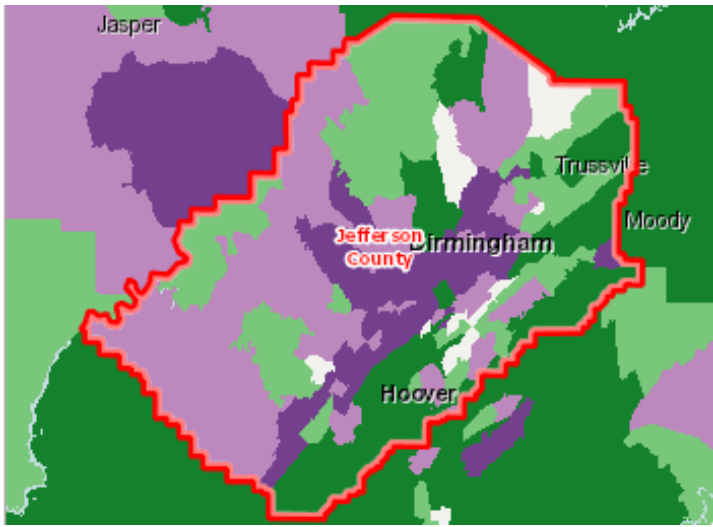
Source: Community Commons (2018) Community Health Needs Assessment. Retrieved from: <http://www.chna.org>

- **Population Growth**

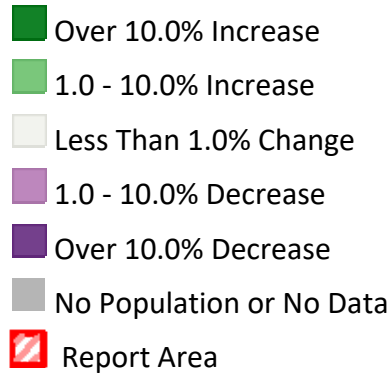
Report Area	Total Population, 2010 Census	Total Estimated Population, 2017	Percent Population Change, 2010 - 2017
<b>Jefferson County</b>	43,643	44,067	<b>1.0%</b>
<b>Alabama</b>	4,780,135	4,874,747	2.0%
<b>United States</b>	308,758,105	325,719,178	5.5%

Data Source: US Census Bureau, American Community Survey 2012-16 Estimates: Jefferson County, AL. Revised February 2019.

Retrieved from: <https://www.factfinder.census.gov>



**Population Change, Percent by Tract, US Census 2000 - 2010**



Source: Community Commons (2018) Community Health Needs Assessment. Retrieved from: <http://www.chna.org>

• **Total Population by Race Alone**

Report Area	White	Black	Asian	Native American/ Alaska Native	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Races
<b>Jefferson County</b>	343,449 (52.1%)	280,804 (42.6%)	10,187 (1.5%)	1,550 (0.24%)	184 (0.03%)	12,921 (1.96%)	10,365 (1.57%)
<b>Alabama</b>	3,325,037 (68.7%)	1,282,053 (26.5%)	60,744 (1.3%)	23,919 (0.5%)	2,008 (0.04%)	61,991 (1.3%)	85,412 (1.8%)
<b>United States</b>	233,657,078 (73.4%)	40,241,818 (12.6%)	16,614,625 (5.2%)	2,597,817 (0.8%)	560,021 (0.8%)	15,133,856 (0.2%)	9,752,947 (3.1%)

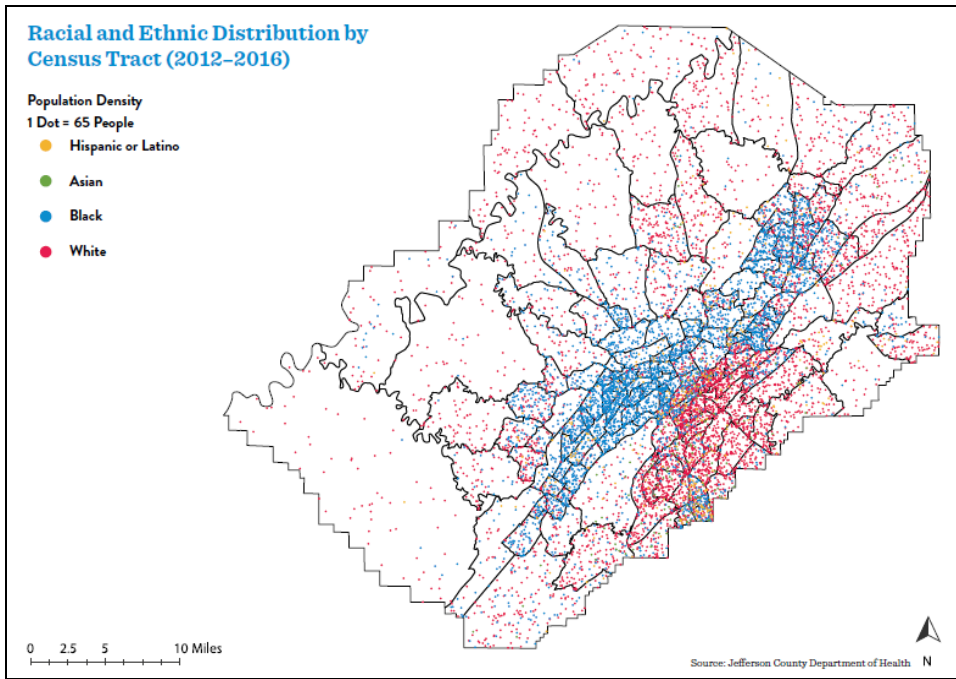
Data Source: US Census Bureau, American Community Survey 2012-16 Estimates: Jefferson County, AL. Revised February 2019.  
Retrieved from: <https://www.factfinder.census.gov>

• **Hispanic Population**

The estimated population that is of Hispanic, Latino, or Spanish origin in the report area is 24,692. This represents 3.7% of the total report area population, which is less than the national 17.3% rate. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person’s parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Report Area	Total Estimated Population, 2016	Hispanic or Latino Population	Percent Population Hispanic or Latino	Non-Hispanic Population	Percent Population Non-Hispanic or Latino
<b>Jefferson County</b>	659,460	24,692	3.74%	634,768	96.26%
<b>Alabama</b>	4,841,164	193,503	4.0%	4,647,661	96.0%
<b>United States</b>	318,558,162	55,199,107	17.33%	263,359,055	82.67%

Data Source: US Census Bureau, American Community Survey 2012-16 Estimates: Jefferson County, AL. Revised February 2019.  
Retrieved from: <https://www.factfinder.census.gov>

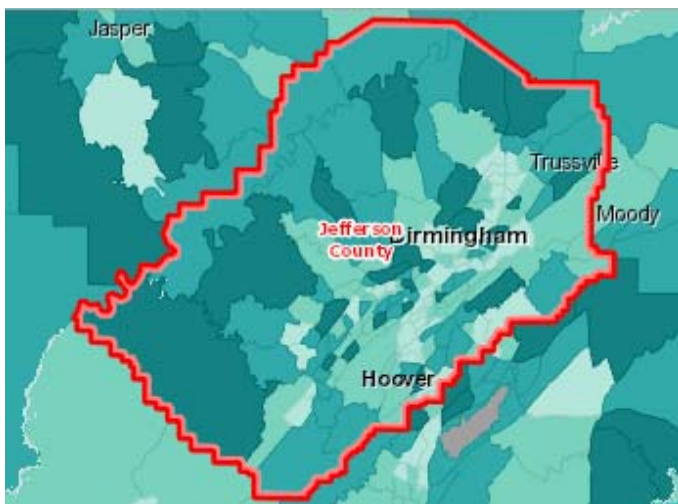


Source: Health Action Partnership of Jefferson County, Health Equity Report, 2018

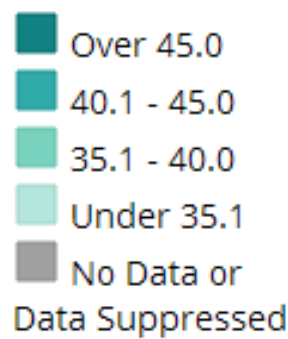
- **Median Age**

Report Area	Total Estimated Population, 2016	Median Age
<b>Jefferson County</b>	659,460	<b>37.6</b>
<b>Alabama</b>	4,841,164	38.6
<b>United States</b>	318,558,162	37.7

Data Source: US Census Bureau, American Community Survey 2012-16 Estimates: Jefferson County, AL. Revised February 2019.  
Retrieved from: <https://www.factfinder.census.gov>



**Median Age by Tract, ACS 2012-16**



Source: Community Commons (2018) Community Health Needs Assessment. Retrieved from: <http://www.chna.org>

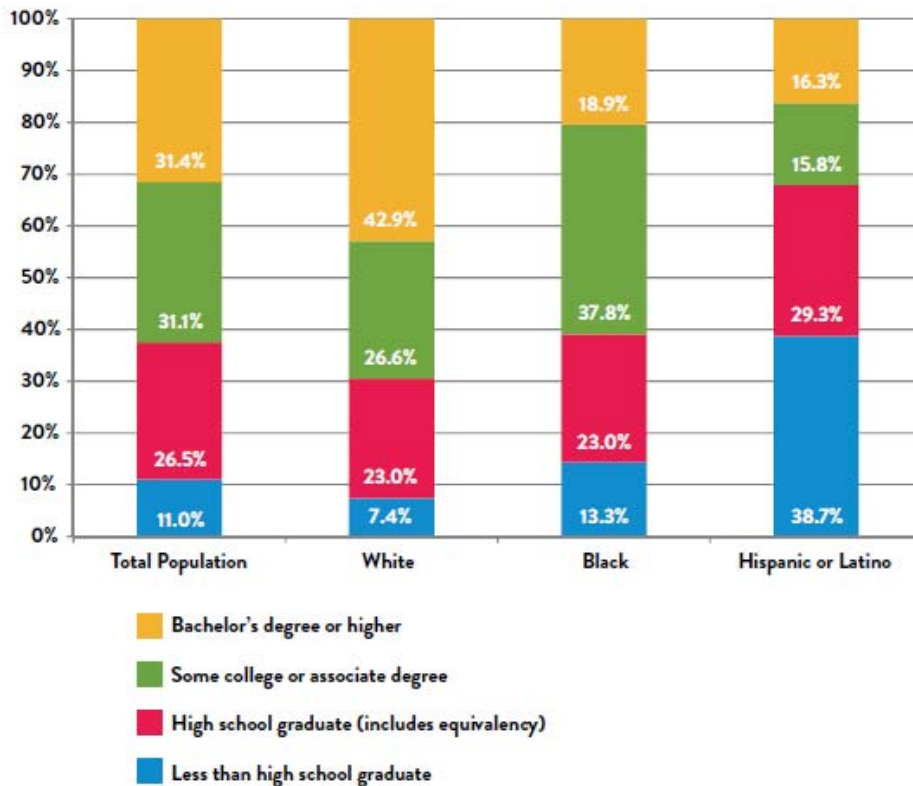
- **High School Graduation Rate (EdFacts)**

The level of education attained is an important indicator of earning ability and is closely linked with poverty level. In general, people with less education are more likely to live in poverty. In Jefferson County, 11% of the population did not graduate with a high school diploma. When educational attainment is compared across racial and ethnic groups, the Hispanic population is the largest percentage of the population having not attained a high school diploma.

Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
<b>Jefferson County</b>	7,583	6,724	<b>89%</b>
<b>Alabama</b>	55,629	48,380	87
<b>United States</b>	3,135,216	2,700,120	86.1

Data Source: US Department of Education, ED Facts. Accessed via DATA.GOV. Additional data analysis by CARES. 2015-16. Source geography: School District

### Education Attainment by Race/Ethnicity (2012–2016)



Source: Health Action Partnership of Jefferson County, Health Equity Report, 2018; U.S. Census Bureau, American Community Survey, 2012-2016

### B. Poverty

The median household income in 2016 was \$49,321 and the average household income was \$71,971. Both the median and average household income amounts are lower compared to both the state and the nation.



Poverty is considered a key driver of health status. Within the report area 17.6% or 113,368 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. Poverty is more pronounced in some geographic areas of Jefferson County.

When reviewing poverty by age, it is noted that 25.63% of the population 18 and under are living in poverty, which is lower than the state (27%) but higher than the nation (21%). Similar to the general population, poverty is experienced differently based on location within the county. 18.1% of households receive Supplemental Nutrition Assistance Program (SNAP) benefits, which is higher than the state (15.6%) and the national percentage of 13%. 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, this information can be used to identify gaps in eligibility and enrollment.

The county unemployment rate in 2016 was 3.6%. This rate is similar to state and national unemployment levels.

- **Median Family Income**

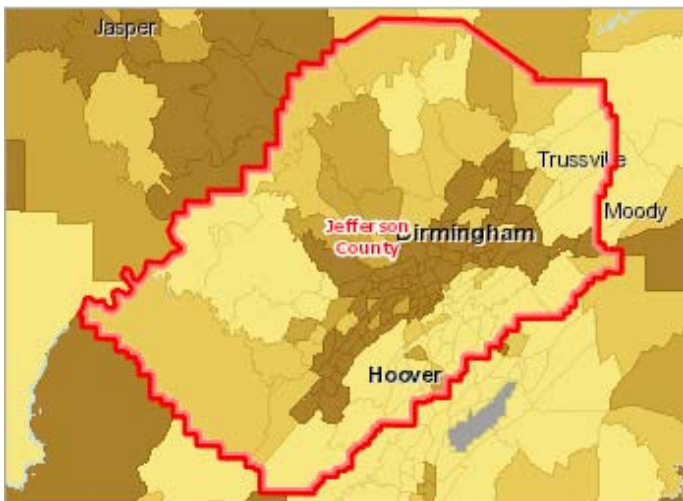
Report Area	Total Family Households	Average Family Income	Median Family Income
<b>Jefferson County</b>	261,390	\$71,979	<b>\$49,321</b>
<b>Alabama</b>	1,232,880	\$74,189	\$56,828
<b>United States</b>	77,608,829	\$90,960	\$67,871

Data Source: US Census Bureau, American Community Survey 2012-16 Estimates: Jefferson County, AL. Revised February 2019.  
Retrieved from: <https://www.factfinder.census.gov>

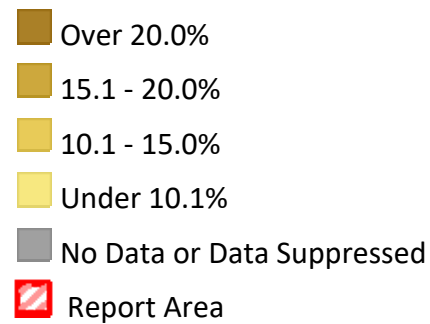
- **Population Below 100% Federal Poverty Level (FPL)**

Report Area	Total Estimated Population, 2016	Population in Poverty	Percent Population in Poverty
<b>Jefferson County</b>	644,957	113,368	<b>17.58%</b>
<b>Alabama</b>	4,841,164	868,666	18.4%
<b>United States</b>	318,558,162	46,932,225	15.1%

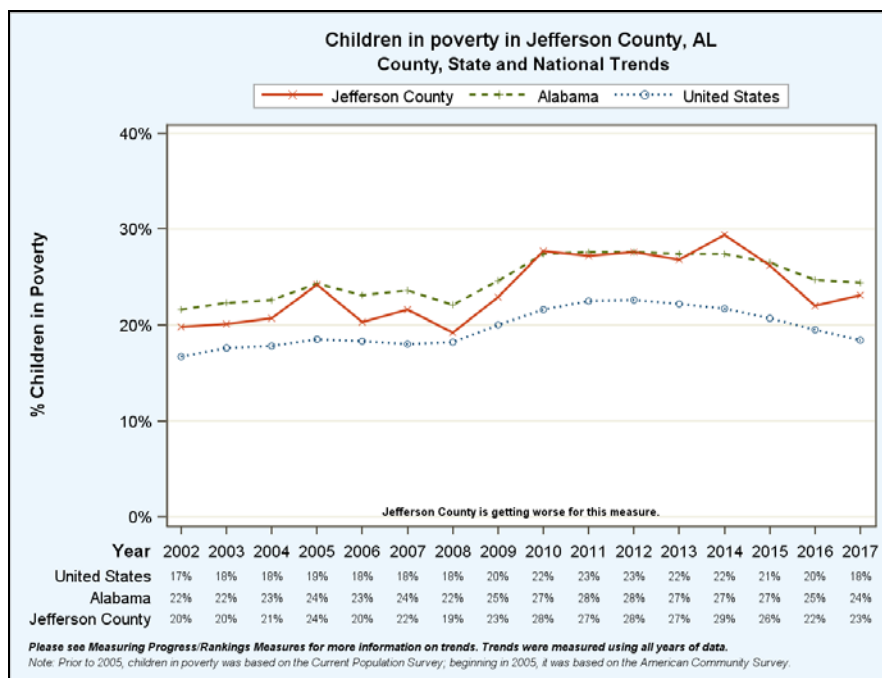
Data Source: US Census Bureau, American Community Survey 2012-16 Estimates: Jefferson County, AL. Revised February 2019.  
Retrieved from: <https://www.factfinder.census.gov>



**Population Below the Poverty Level, Percent by Tract, ACS 2012-16**



- Children in Poverty, Percent, Jefferson County, AL, US 2002 to 2017**



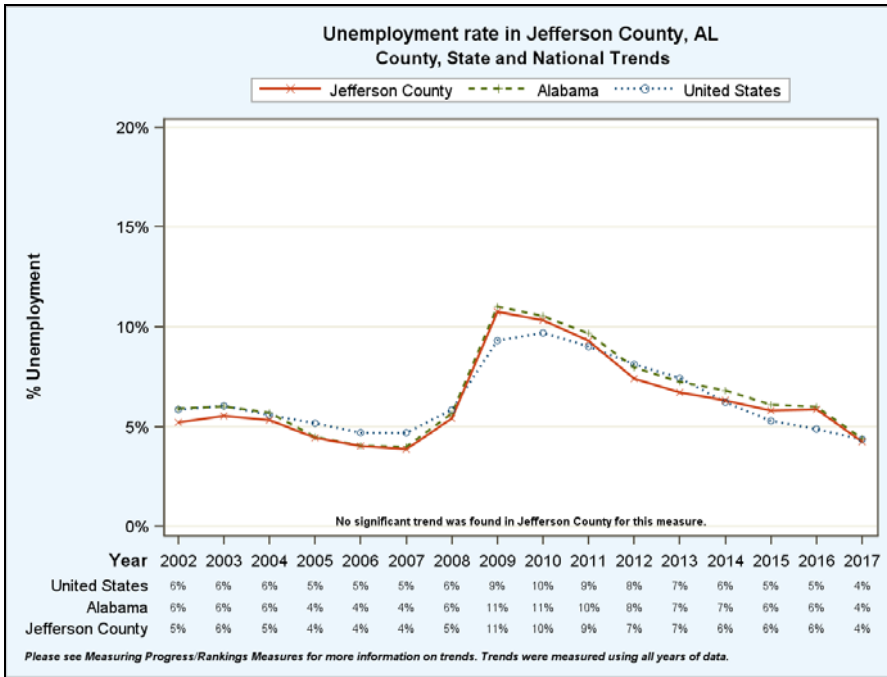
Source: University of Wisconsin Population Health Institute. County Health Rankings 2016. Data Source: US Census Bureau, Small Area Income and Poverty Estimates, American Community Survey. Retrieved on January 24, 2019 from: <http://www.countyhealthrankings.org/>

- Population Receiving SNAP Benefits (ACS)**

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
<b>Jefferson County</b>	660,327	119,328	<b>18.1%</b>
<b>Alabama</b>	1,851,061	288,494	15.59%
<b>United States</b>	117,716,237	15,360,951	13.05%

Data Source: US Census Bureau, American Community Survey 2012-16 Estimates: Jefferson County, AL. Revised February 2019. Retrieved from: <https://www.factfinder.census.gov>

- **Unemployment Rate, Jefferson County, AL, 2002-2017**



Source: University of Wisconsin Population Health Institute. County Health Rankings 2016. Data Source: US Census Bureau, Small Area Income and Poverty Estimates, American Community Survey. Retrieved on January 24, 2019 from: <http://www.countyhealthrankings.org/>

## **Access to Health Care**

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

Jefferson County has 9 general acute care hospitals, including a children’s and veteran’s hospital, with a total of 4,353 licensed beds. Using the 2016 population estimate of 659,460, there are 6.6 licensed beds per 1,000 persons. This is higher than the 2014 rate for Alabama of 3.1 and the United States of 2.5.

The ratio of primary care medical doctors to population is 130.15 physicians per 100,000 for Jefferson County is more favorable than the ratio for the state (73.5) and the national (87.8) benchmark.

### **A. Provider Availability**

- **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.

Report Area	Total Population	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
<b>Jefferson County</b>	660,793	860	<b>130.15</b>
<b>Alabama</b>	4,841,164	3,563	73.5
<b>United States</b>	318,558,162	279,871	87.8

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

- **Access to Mental Health Providers**

This indicator reports the ratio of mental health providers, including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care, to the size of the population. According to County Health Rankings, on average in Jefferson County, residents reported an average of 4.3 poor mental health days per month, which is higher than the U.S. average of 3.1 and slightly less than the state average of 4.6. It is also noted that 13% of adults in Jefferson County experienced frequent mental distress each month, which is slightly less than the state average of 15%. The mental health provider rate (per 100,000 population) for Jefferson county, is higher than the state but lower than the US.

Report Area	Total Population	Number of Mental Health Providers	Ratio of mental Health Providers to Population (1 Provider per X Persons)	Mental Health Provider Rate (per 100,000 population)
<b>Jefferson County</b>	659,197	1,026	642.5	<b>155.6</b>
<b>Alabama</b>	4,841,164	4,044	1179.3	84.7
<b>United States</b>	318,558,162	643,219	493	202.8

Note: This indicator is compared with the state average.

Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2018. Source geography: County

## **B. Insurance Coverage**

The State Health Facts from the Kaiser Family Foundation summarized the type of health insurance coverage of the total population by state as of 2017. In Alabama 46% of the population had employer-provided health insurance; while Medicaid and Medicare together account for 35%. However, 10% in Alabama remained without health insurance. Enroll America noted a 2% increase in the percent of the Jefferson County population that had health insurance from 2016 to 2017.

The lack of health insurance is considered a key driver of health status. 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. The uninsured population within Jefferson County remains less than the state and national percentage rate.

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
<b>Jefferson County</b>	652,283	66,884	<b>10.25%</b>
<b>Alabama</b>	4,761,291	552,918	11.61%
<b>United States</b>	313,576,137	36,700,246	11.7%

Data Source: US Census Bureau, American Community Survey 2012-16 Estimates: Jefferson County, AL. Revised February 2019.

Retrieved from: <https://www.factfinder.census.gov>

## **Health Status**

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

### **A. Leading Causes of Death**

According to the Alabama Department of Public Health 2016 county health profile for Jefferson County, the top two leading causes of death were Heart Disease and Cancer, respectively, with Lung cancer having the highest incidence rate. The pattern of heart disease and cancer as the leading cause of death is true for subpopulations, whether stratified by gender or race. Chronic Lower Respiratory Disease, which includes COPD and Asthma, is the third leading cause of death among men and women, as well as among white and black population groups.

- **Mortality - Heart Disease**

Within Jefferson County the rate of death due to coronary heart disease per 100,000 population is 77. This rate is less than the Healthy People 2020 target of less than or equal to 103.4. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
<b>Jefferson County</b>	660,034	592	89.7	<b>77</b>
<b>Alabama</b>	4,845,480	5,194	107.19	92.65
<b>United States</b>	318,689,254	367,306	115.3	99.6

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.

Source geography: County

- **Mortality - Cancer**

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because cancer is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2012 – 2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
<b>Jefferson County</b>	660,034	1,382	209.3	<b>180.3</b>
<b>Alabama</b>	4,845,480	10,333	213.24	178.81
<b>United States</b>	318,689,254	590,634	185.3	160.9
<b>HP 2020 Target</b>				<b>&lt;= 160.6</b>

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.

Source geography: County

- **Mortality - Lung Disease**

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because lung disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2012 – 2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
<b>Jefferson County</b>	660,034	304	46	<b>39.7</b>
<b>Alabama</b>	4,845,480	3,143	64.86	55.24
<b>United States</b>	318,689,254	149,886	47	41.3

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.

Source geography: County

- **Mortality - Suicide**

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because suicide is an indicator of poor mental health.

Report Area	Total Population	Average Annual Deaths, 2012 – 2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
<b>Jefferson County</b>	660,034	86	13	<b>12.6</b>
<b>Alabama</b>	4,845,480	740	15.26	14.83
<b>United States</b>	318,689,254	42,747	13.4	13
<b>HP 2020 Target</b>				<b>&lt;= 10.2</b>

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.

Source geography: County

- **Mortality – Drug Poisoning**

This indicator reports the rate of death due to drug overdose per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because suicide is an indicator of poor mental health.

Report Area	Total Population	Average Annual Deaths, 2012 – 2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
<b>Jefferson County</b>	660,034	141	21.4	<b>22</b>
<b>Alabama</b>	4,845,480	675	13.93	14.35
<b>United States</b>	318,689,254	49,715	15.6	15.6
<b>HP 2020 Target</b>				<b>&lt;= 10.2</b>

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.  
Source geography: County

- **Depression (Medicare Population)**

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

Report Area	Total Medicare Beneficiaries	Beneficiaries with Depression	Percent with Depression
<b>Jefferson County</b>	51,208	9,772	<b>19.1%</b>
<b>Alabama</b>	686,830	108,148	15.7%
<b>United States</b>	34,118,227	5,695,629	16.7%

Note: This indicator is compared with the state average.  
Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County

- **Heart Disease (Adult)**

22,306, or 4.6% of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

Report Area	Survey Population (Adults Age 18 )	Total Adults with Heart Disease	Percent Adults with Heart Disease
<b>Jefferson County</b>	484,131	22,306	<b>4.6%</b>
<b>Alabama</b>	3,629,058	201,204	5.5%
<b>United States</b>	236,406,904	10,407,185	4.4%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

- **Asthma Prevalence**

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.

Report Area	Survey Population (Adults Age 18 )	Total Adults with Asthma	Percent Adults with Asthma
<b>Jefferson County</b>	484,189	53,331	<b>11%</b>
<b>Alabama</b>	3,636,012	460,674	12.7%
<b>United States</b>	237,197,465	31,697,608	13.4%

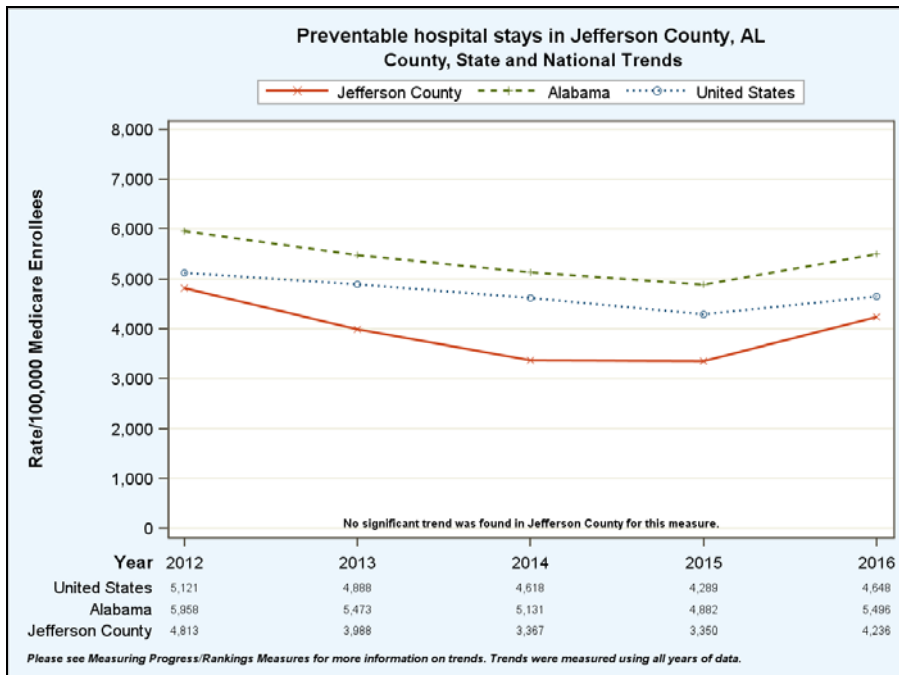
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

### B. Rates of preventable hospitalizations

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
<b>Jefferson County</b>	37,669	1,653	<b>43.9</b>
<b>Alabama</b>	534,296	32,662	61.1
<b>United States</b>	29,649,023	1,479,545	49.9

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



Data Source: University of Wisconsin Population Health Institute. County Health Rankings 2016. Data Source: US Census Bureau, Small Area Income and Poverty Estimates, American Community Survey. Retrieved on January 24, 2019 from: <http://www.countyhealthrankings.org/>



## Risk Factor Behaviors

### A. Tobacco and Alcohol Use

- Tobacco Usage – Adult Smokers**

Each year approximately 480,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs. According to the CDC, adult smoking is the percentage of the adult population who both report that they currently smoke every day or most days and have smoked at least 100 cigarettes in their lifetime. In Jefferson County an estimated 91,365, or 18% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Report Area	Total Population Age 18 +	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Age-Adjusted)
<b>Jefferson County</b>	507,581	91,365	<b>18%</b>
<b>Alabama</b>	3,777,928	831,144	22%
<b>United States</b>	232,556,016	32,557,842	14%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings, 2018. Source geography: County

- Alcohol Consumption**

Excessive drinking is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. Approximately 80,000 deaths are attributed annually to excessive drinking, and it is the third leading lifestyle-related cause of death in the United States. Excessive Drinking measures the percentage of a county's adult population that reports binge or heavy drinking in the past 30 days.

Report Area	Total Population Age 18	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
<b>Jefferson County</b>	507,581	81,212	<b>16%</b>
<b>Alabama</b>	3,777,928	528,909	14%
<b>United States</b>	232,556,016	44,185,643	19%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings, 2016. Source geography: County; America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2019.

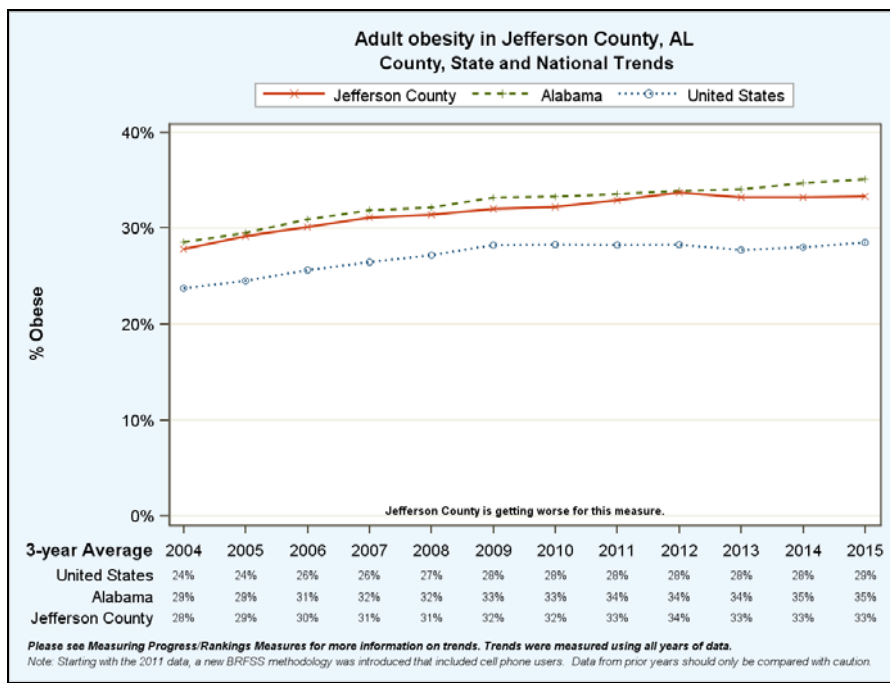
## B. Obesity Rates

- **Obesity**

33% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in Jefferson County. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
<b>Jefferson County</b>	490,729	163,413	<b>32.9%</b>
<b>Alabama</b>	3,567,164	1,198,253	34%
<b>United States</b>	231,417,834	63,336,403	27.5%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County



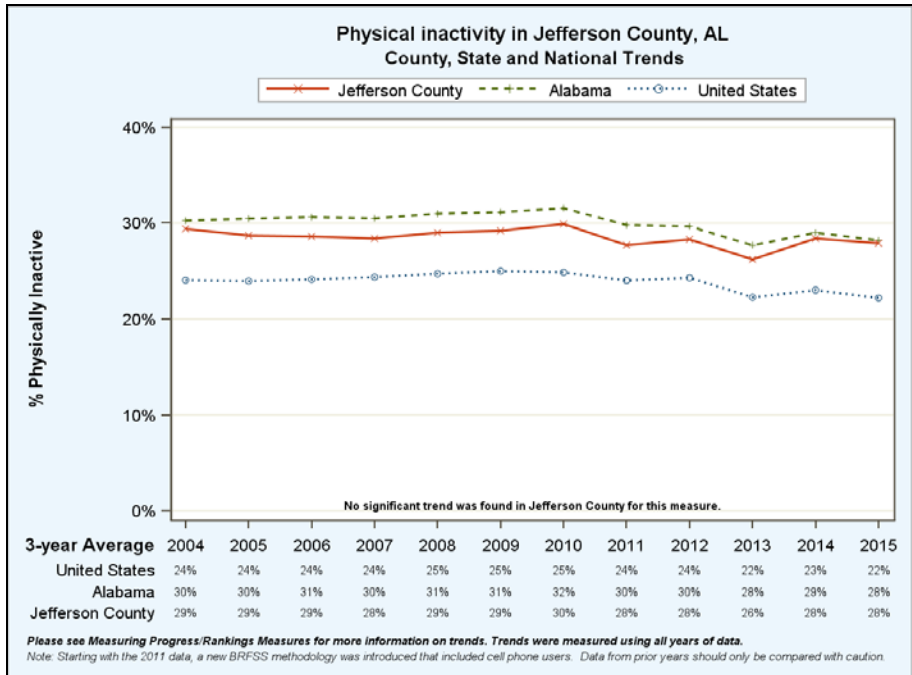
Data Source: University of Wisconsin Population Health Institute. County Health Rankings 2016. Data Source: US Census Bureau, Small Area Income and Poverty Estimates, American Community Survey. Retrieved on January 24, 2019 from: <http://www.countyhealthrankings.org/>

- **Physical Inactivity**

Within the Jefferson County, 136,911 or 28% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". 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 obesity and poor cardiovascular health.

Report Area	Total Population Age 20	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
<b>Jefferson County</b>	490,720	136,911	<b>28%</b>
<b>Alabama</b>	3,565,626	1,045,394	29%
<b>United States</b>	231,341,061	53,415,737	23%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.  
Source geography: County



Data Source: University of Wisconsin Population Health Institute. County Health Rankings 2015. Data Source: US Census Bureau, Small Area Income and Poverty Estimates, American Community Survey. Retrieved on January 24, 2019 from: <http://www.countyhealthrankings.org/>

## **Child Health**

### ***A. Infant Mortality Rate***

According to the Centers for Disease Control and Prevention, infant mortality is “the death of an infant before his or her first birthday”. The infant mortality rate is the number of infant deaths for every 1,000 live births. The infant mortality indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. Jefferson County’s 2015 infant mortality rate per 1,000 births (10.3) is higher than the state’s (7.4) and the nation’s (5.8).

Report Area	Total Live Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Jefferson County	8,650	89	<b>10.3</b>
Alabama	58,936	435	7.4
United States	3,978,497	22,335	5.8
<a href="#">HP 2020 Target</a>			<= 6.0

Data Source: University of Wisconsin Population Health Institute. County Health Rankings 2018; Centers for Disease Control and Prevention, National Center for Health Statistics, Infant Mortality Rates by State.

### B. Low Birth Weight Rates

This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Jefferson County	8,650	951	<b>11%</b>
Alabama	58,936	6,052	10.3%
United States	3,978,497	322,251	8.1%
<a href="#">HP 2020 Target</a>			<= 7.8%

Data Source: Data Source: University of Wisconsin Population Health Institute. County Health Rankings 2018; Source geography: County; Alabama Department of Public Health Vital Statistics Summary; County Health Profile, 2016

### C. Proportion of women who received less than adequate prenatal care

This indicator reports the percentage of women who did not obtain adequate prenatal care during their pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. 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. In Jefferson County, the total number of mothers who received less than adequate prenatal care was 26.2%, which is higher than the state rate of 24.9%. (<http://adph.org/healthstats/index.asp?id=1507>)

Live Births with Adequate and Less than Adequate Prenatal Care  
Percent of Births with Less Than Adequate Prenatal Care, According to the Adequacy of Prenatal Care Utilization Index  
By Race of Mother, County of Residence, Alabama, 2017

	Race of Mother															
	Total Population				White				Black				Other			
	Total Births	Less than Adequate Prenatal Care	% Less than Adequate Prenatal Care	% Less than Adequate Prenatal Care	Total Births	Less than Adequate Prenatal Care	% Less than Adequate Prenatal Care	% Less than Adequate Prenatal Care	Total Births	Less than Adequate Prenatal Care	% Less than Adequate Prenatal Care	% Less than Adequate Prenatal Care	Total Births	Less than Adequate Prenatal Care	% Less than Adequate Prenatal Care	% Less than Adequate Prenatal Care
Jefferson	8,704	6,124	2,283	26.2%	4,441	3,285	1,030	23.2%	3,924	2,612	1,148	29.3%	339	227	105	31.0%
Alabama	58,936	42,392	14,693	24.9%	38,450	28,634	8,748	22.8%	18,042	12,260	5,241	29.0%	2,444	1,498	704	28.8%

Data Source: <http://dph1.adph.state.al.us/csc/vs/Query/Nativity/NativityQrySLT.htm>

#### D. Teen pregnancy/birth rate

This indicator reports the rate of total births to women age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Population)
Jefferson County	20,828	529	<b>32</b>
Alabama	159,678	4,478	28
United States	10,354,742	194,377	18.8

Data Source: Alabama Department of Public Health Vital Statistics Summary; County Health Profile, 2016; Centers for Disease Control, U.S. Teen Pregnancy, 2017.

### Infectious Diseases

#### A. Sexually transmitted infectious incidence rates

- **Chlamydia Incidence**

This indicator reports incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Report Area	Total Population	Total Chlamydia Infections	Chlamydia Infection Rate (Per 100,000 Pop.)
Jefferson County	660,367	225	<b>34.1</b>
Alabama	4,834,113	28,937	598.60
United States	316,128,839	1,441,789	456.08

Data Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County

- **Gonorrhea Incidence**

This indicator reports incidence rate of Gonorrhea cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Report Area	Total Population	Total Gonorrhea Infections	Gonorrhea Infection Rate (Per 100,000 Pop.)
Jefferson County	660,367	61	<b>9.2</b>
Alabama	4,834,113	7,677	158.8
United States	316,128,839	350,052	110.73

Data Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County

## B. HIV Incidence Rate

- **HIV Prevalence**

This indicator reports prevalence rate of HIV per 100,000 population. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

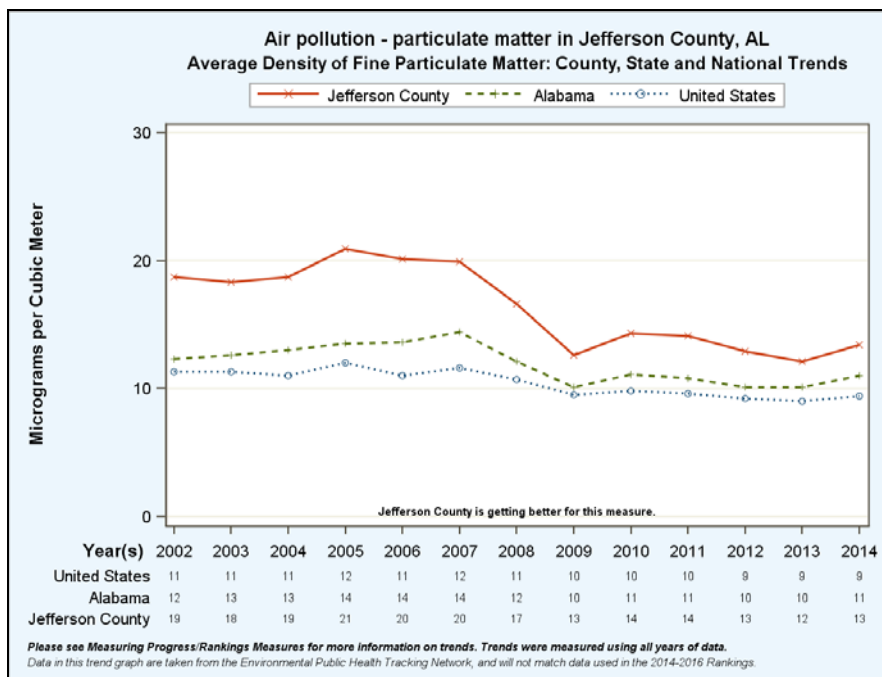
Report Area	Total Population (age 13 +)	Population with HIV / AIDS	Population with HIV / AIDS, Rate (Per 100,000 Pop.)
<b>Jefferson County</b>	549,682	3,383	<b>615.4</b>
<b>Alabama</b>	4,043,744	12,025	297.37
<b>United States</b>	263,765,822	931,526	353.16

Data Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2013. Source geography: County

## Natural Environment

- **Air Quality**

According to the University of Wisconsin County Health Rankings, “The relationship between elevated air pollution – particularly fine particulate matter and ozone – and compromised health has been well documented. The negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects.” For the air quality measure noted by the County Health Rankings, Jefferson County has higher average density of the particulate matter than the state and nation.



Data Source: University of Wisconsin Population Health Institute. County Health Rankings 2012. Data Source: US Census Bureau, Small Area

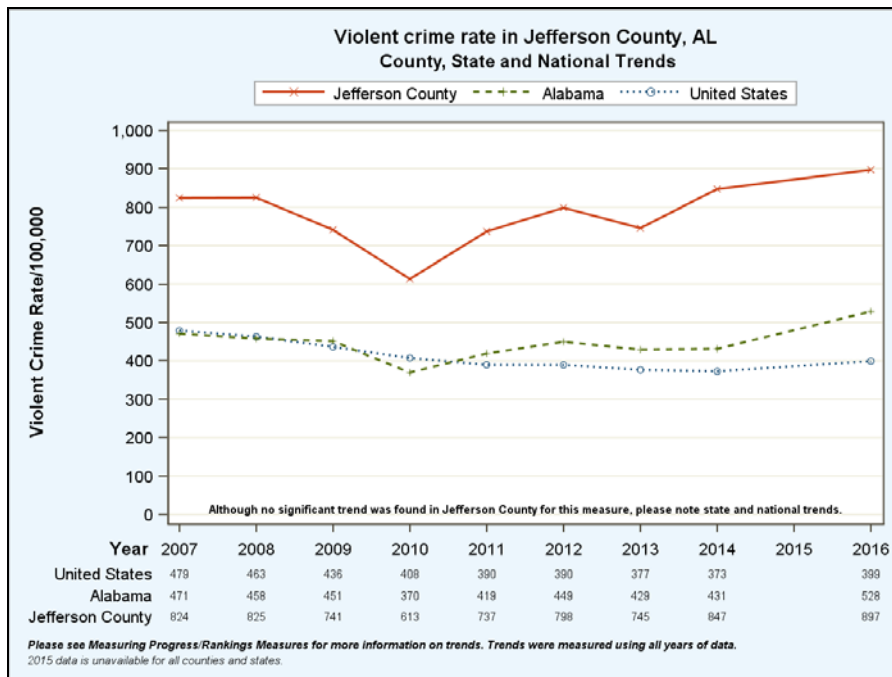
## Social Environment

### A. Violent Crime Rate

This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

Report Area	Total Population	Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)
<b>Jefferson County</b>	642,371	5,119	<b>796.8</b>
<b>Alabama</b>	4,715,536	20,604	436.9
<b>United States</b>	311,082,592	1,181,036	379.7

Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-14. Source geography: County



Data Source: University of Wisconsin Population Health Institute. County Health Rankings 2016. Data Source: US Census Bureau, Small Area Income and Poverty Estimates, American Community Survey. Retrieved on January 24, 2019 from: <http://www.countyhealthrankings.org/>

### B. Housing Affordability Rate

This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. In Jefferson County, 30.98% of households are cost burdened, which is higher than the state but lower than the national percentage.

Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Percentage of Cost Burdened Households (Over 30% of Income)
<b>Jefferson County</b>	261,390	80,966	<b>31%</b>
<b>Alabama</b>	1,851,061	504,976	27.28%
<b>United States</b>	117,716,237	38,719,430	32.89%

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

### C. Transportation

- Households with No Motor Vehicle**

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates. There are 7.8% of households in Jefferson County without a motor vehicle, which is higher than the state (6.45%) and less than the nation (8.97%).

Report Area	Total Occupied Households	Households with No Motor Vehicle	Percentage of Households with No Motor Vehicle
<b>Jefferson County</b>	261,390	20,345	<b>7.78%</b>
<b>Alabama</b>	1,851,061	119,374	6.45%
<b>United States</b>	117,716,237	10,562,847	8.97%

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

### D. Access to Healthy Foods

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for a healthy, active lifestyle. When reviewing the Feeding America website, it is noted that 17.8% of individuals experienced food insecurity in 2017.

Report Area	Total Population	Estimated Number of Food Insecure Individuals	Food Insecurity Rate
<b>Jefferson County</b>	658,466	117,600	<b>17.8%</b>
<b>Alabama</b>	4,849,377	795,760	16.3%
<b>United States</b>	318,857,056	40,044,000	12.5%

Data Source: Feeding America; Map the Meal Gap Report, 2017. [www.feedingamerica.org](http://www.feedingamerica.org). Source geography: County

- Food Insecure Children**

The food insecure metric for children indicates the estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year. The Child Food Insecurity rate in Jefferson County was 22%, which is slightly lower than the state rate of 22.5% but higher than the national percentage of 17.5%.



Report Area	Population Under 18	Food Insecure Children, Total	Child Food Insecurity Rate
<b>Jefferson County</b>	152,179	31,610	<b>22.2%</b>
<b>Alabama</b>	1,102,682	243,880	22.5%
<b>United States</b>	73,601,279	12,540,000	17.5%

Data Source: Feeding America; Food Insecure Children, 2016. 2012-16. Source geography: Tract

- **Food Insecure Population Ineligible for Assistance**

Assistance eligibility is determined based on household income of the food insecure households relative to the maximum income-to-poverty ratio for assistance programs (SNAP, WIC, school meals, CSFP and TEFAP). The estimated percentage of total population that experienced food insecurity at some point during the report year but was ineligible for State or Federal nutrition assistance was 34% in Jefferson County, which is higher than the state percentage of 32% and the national rate of 29%.

Report Area	Food Insecure Population, Total	Percentage of Food Insecure Population Ineligible for Assistance	Food Insecure Children, Total	Percentage of Food Insecure Children Ineligible for Assistance
<b>Jefferson County</b>	117,600	<b>34%</b>	31,610	<b>33%</b>
<b>Alabama</b>	795,760	32%	243,880	28%
<b>United States</b>	40,044,000	29%	12,540,000	21%

Data Source: Feeding America; Food Insecure Population by County, 2017. Source geography: Tract

## Community Survey

A paper survey is offered to all patients who utilize the Access to Care program offered through St. Vincent's Health System, which provides primary care to over 500 uninsured adults at nine St. Vincent's Family Care clinics and Christ Health Center (FQHC). The survey questions are designed to understand the community members' perception of unmet health needs in the markets where we serve. A total of 213 surveys were collected from residents of Jefferson County.

The community respondents identified the following as the top five health issues that are a problem for Jefferson county:

- 1) Access to proper healthcare
- 2) Cancer
- 3) Heart Disease
- 4) Diabetes
- 5) Alcohol/Drug Addiction

## Community Interviews and Focus Groups Results

The Jefferson County Department of Public Health, in collaboration with St. Vincent's Health System and other community health organizations in the county, completed a Community Health Status Assessment in 2018 as part of a community health strategic planning process for Jefferson County. The Community Health Status Assessment identifies and monitors, over time, quantitative data related to demographics, health status, quality of life and risk factors, as well as social and economic indicators of individual and community health.

The Forces of Change Assessment (FOCA) is one of four assessments completed as a part of the Jefferson County community health strategic planning process. The FOCA identified trends, factors and events occurring or that are expected to occur over the next five years impacting health and quality of life for residents of Jefferson County. To conduct the FOCA, a sub-committee of local stakeholders from the local public health system was assembled. Sub-committee members include representatives from UAB School of Public Health; Recovery Resource Center; Regional Planning Commission of Greater Birmingham; St. Vincent's Foundation; City of Birmingham; and Jefferson County Department of Health.

Six FOCA sessions were conducted at various locations within Jefferson County using a formal brainstorming methodology and SWOT analysis. FOCA participants represented the diversity of Jefferson County's population and included community members, representatives of the clergy, mental health and health care professionals, educators, and representatives from governmental, non-profit and other agencies serving Jefferson County residents. The dates and locations for the six focus group sessions were:

- October 17, 2018 – St. Vincent's Foundation, Forge Office
- October 26, 2018 – St. Vincent's Birmingham, Bruno Conference Center

- November 1, 2018 – Birmingham Central Public Library
- November 2, 2018 – Greater Shiloh Missionary Baptist Church
- November 7, 2018 – Western Health Center
- December 7, 2018 – Children’s Aid Society

Community health needs identified during the assessment sessions were categorized by participants as strengths, weaknesses, opportunities for improvement or threats. The top five reoccurring health needs identified through the focus group sessions included:

- 1) Transportation
- 2) Mental Health
- 3) Drug/Opioid Crisis
- 4) Access to Services
- 5) Environmental Concerns

## Conclusions

### Identified Needs and Prioritized Needs

The Ascension Alabama community benefit and CHNA leadership team reviewed the results of the county demographics and secondary health data results, community surveys, and focus group results, and determined the following areas of overlap:

- Access to care (specialists, preventative, women’s health, and elderly care)
- Obesity/physical activity
- Diabetes
- Cancer
- Drug and alcohol consumption
- Mental health
- Suicide/drug-overdose
- Education
- Preventive Health

The leadership team considered the needs from highest priority to lowest priority based on the following criteria:

- 1) Alignment with health system high priority strategies
- 2) Availability of resources to address the issue
- 3) Alignment with community or state initiatives
- 4) Need among vulnerable populations
- 5) Availability of evidence-based solution and measurable outcomes

The top three unmet health needs identified for Jefferson County, AL, by this Community Health Needs Assessment are:

1. Access to Healthcare
2. Mental Health and Substance Abuse
3. Healthy Living

#### Limitations of the CHNA

The objective of the CHNA was to provide a comprehensive assessment of the health needs of Jefferson County. The assessment took into account many aspects affecting health, including the social determinants of health, however not all health process and outcome measures available through secondary health data were reviewed due to the broad focus of the assessment. In some cases, comparable benchmarking was not available due to timeframe and measurement definition differences between data sources.

Interview limitations – Interview questions were not administered in prior years to see change over time and some interview questions were open-ended. Responses were grouped by topic for summarization.

The assessment was designed to provide a prioritized list of health needs, but not to provide an in-depth understanding of barriers to health for each identified need nor specific interventions to address the identified health needs.

## Health Assets

Community health assets are the resources of the community that can be used to improve the community life. It can be a person, a physical structure or place. It can be a community service, a business – everyone in the community are potential health assets. While there are health needs in Jefferson County, the county is also rich with many assets. Alabama 2-1-1 is a service for community members to find and access resources within their community, which is accessible by calling 2-1-1 or at [www.211connectsalabama.org](http://www.211connectsalabama.org).

Available community resources to address the identified health needs include:

**Alabama Office of Women's Health** – Advocates for women's health issues in state of Alabama.

**Alzheimer's Research and Care Society** - Dedicated to raising funds and awareness for Alzheimer's research.

**A. G. Gaston Boys and Girls Club** –To inspire and enable young people in the Birmingham metro area to realize their full potential as productive, responsible and caring adults.

**American Lung Association** – Promoting lung health and preventing lung disease.

**ARC of St. Clair Co** – Advocates for individuals with intellectual and developmental disabilities.

**Cahaba Valley Healthcare** – Provides access to dental and vision care for underserved families in Jefferson and Shelby Counties

**Camp Bluebird** - Camp for adult cancer patients.

**Christ Health Center** – Provides primary care services to community.

**Down Syndrome Alabama** – Dedicated to awareness, acceptance and advocacy for individuals with Down Syndrome of all ages.

**The Exceptional Foundation** – Meets the social and recreational needs of mentally challenged individuals in the greater Birmingham area.

**Gardendale Miracle League** –Serves athletes with special needs.

**Girl Scouts of North Central AL** – Provides a positive, nurturing environment for girls to learn and grow.

**KidOne Transport** – Provides transportation for women, children to needed medical care.

**La Casita** – Provides social services, immigration assistance and other resources to Spanish speaking community.

**Ladies of Charity** –Focused on serving the needs of the poor and vulnerable with humility, in the spirit of St. Vincent de Paul.

**Magic City Harvest** – Dedicated to food recovery and addressing issues of food security. Host Empty Bowls event.

**Mitchell's Place** – Social and therapeutic services for individuals affected by Autism Spectrum Disorders and other developmental disabilities.

**MS Society of Alabama** – Mission is to mobilize people and resources to drive research for a cure and to address the challenges of those affected by multiple sclerosis.

**M-Power Ministries** – Provides opportunities for people to break the cycle of poverty through faith based education and health services.

**Nat'l Alliance on Mental Illness** – Provides support, education and advocacy for persons with mental illnesses, their families and others whose lives are affected.

**Oasis Counseling for Women and Children** –Assists women and children by providing affordable mental health counseling and educational programs.

**Pathways** – Shelter for women and children

**Red Cross Blood Drives** - Assists with promoting blood and platelet donation.

**Royal Family Kids Camp** – Provides summer camp week for foster care children.

**Sickle Cell Foundation** – Attempt to reduce morbidity and mortality associated with sickle cell disease through education and advocacy

**Tot Shots** - Offers free walk-in immunizations to children in Birmingham area.

**United Cerebral Palsy** – Provides programs and services for adults and children with disabilities living in Birmingham and surrounding 10 counties

**United Cerebral Palsy** – Provides programs and services for adults and children with disabilities living in Birmingham and surrounding 10 counties.

**WellHouse** – Rescue and recovery of women being sexually exploited.

**YWCA**- Strives to promote a caring community through child care, domestic violence services and affordable housing.

## **Commitment to Community Outreach**

Congruent with STVHS' annual strategic Priorities and the prior CHNA, certain organizations, projects and events have been designated to receive monetary or personnel resource support from STVHS. These are areas in which St. Vincent's Health System encourages associate volunteerism in keeping with the Vision, Mission, and Values of our organization and from which the System receives no direct financial benefit.

Organizations that are included in the STVHS Community Outreach program, of which STVHS maintains direct accountability and organizational authority with employed personnel include:

**Access to Care Program** – Temporary primary care assistance for individuals who find themselves temporarily without health insurance. Patients are seen at one of the St. Vincent's Family Care Centers or East Family Practice Resident Clinic.

**Jeremiah's Hope Academy** - Health care career training school subsidized by St. Vincent's Birmingham. Training for Patient Care Assistant, Phlebotomist, Medical Administrative Assistant, Sterile Processing Technician, Billing and Coding Specialist, Mental Health Technician, and Electronic Health Records Specialist.

**Dispensary of Hope** - Physicians donate pharmaceutical samples which are then distributed to uninsured patients in need of medication assistance.

**Hispanic Outreach** – Assistance and outreach with preventive health and access to health care for Spanish speaking community members through cooperation with local faith communities.

**Wellness Services Outreach Events** – Health fairs and other health services in the community for groups who would otherwise not have access to these services, including disaster relief.

**Cristo Rey** – Provides college preparatory education to qualified students in a Christian environment.

**Community School Athlete Safety Outreach**– Covers cost of sports trainers at local middle and high schools to assist with prevention and treatment of sports injuries.

### **Sponsored Organizations**

These are system-wide projects encouraging full participation by all associates, including financial support and/or solicitation; leadership; broad publicity. The list is reviewed annually and additions/deletions may be made based on progress and/or changes in CHNA priorities.

**American Cancer Society** – Sponsors Relay for Life Activities to promote cancer education and treatment.

**American Diabetes Association** – Sponsors Tour de Cure and Step Out Walk to promote diabetes education and treatment.

**American Heart Association** –Sponsors Heart Walk, Go Red, to promote heart disease education and treatment.

**Komen Race for the Cure** –Raises awareness and education on breast cancer.

**Leukemia and Lymphoma Society** – Helps patients with blood cancers live longer, healthier lives. Sponsors Light the Night event.

**March of Dimes** –Helps mothers have full-term pregnancies and researches problems that threaten health of babies.

## Update from Previous CHNA (FY2017-2019)

The previous CHNA determined three priorities for St. Vincent's Birmingham and St. Vincent's East within Jefferson County:

- 1) Access to Healthcare and Mental Healthcare
- 2) Cancer Awareness/Prevention/Education
- 3) Cardiovascular Disease Awareness/Prevention/Education

Appendix B includes a detailed evaluation of impact for each of these identified priorities.



# Appendix

Appendix A – Community Health Survey

Appendix B – Evaluation of Impact, FY17-FY19 CHNA Priorities

## Appendix A – Community Health Survey

### Community Health Survey

St. Vincent’s Health System, a member of Ascension Health, is committed to working together to create a healthier community for all. We hope you will take the time to complete and return this anonymous survey. Your input will help us create a healthy North Central Alabama.

#### Health Issues

1. Circle the 3 health issues below that you think are the **most important** to address in North Central Alabama:

Access to proper healthcare

Alcohol/Drug addiction

Cancer

Communicable diseases (TB, STDs, etc)

Diabetes (“sugar problems”)

Healthy eating/good nutrition

Heart Disease

Hypertension (High Blood Pressure)

Injury/Accidents (falls, car accidents) Mental health

Oral/Dental health

Physical activity/ exercise

Reproductive and Sexual Health

Tobacco/Smoking/Secondhand Smoke

Unemployment

Violence and Safety

Other: \_\_\_\_\_

2. Thinking about your own **physical health**: for how many days during the past 30 days was your physical health not good?  
\_\_\_\_\_

3. Now thinking about your **mental health** (stress, depression, and problems with emotions) for how many days during the past 30 days was your mental health not good?  
\_\_\_\_\_

What is the **one** thing you feel that St. Vincent’s Health System could do to improve the health of the community:

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## Demographics

Please tell us a little about yourself. This information will help us to see how different people feel about local health issues. (**Note: This information is anonymous.**)

1. a. Female      b. Male  
c. b. 2-3  
d. 4-6  
e. 7+
  2. How old are you?
    - a. 18-28
    - b. 29-39
    - c. 40-50
    - d. 51-61
    - e. 62-72
    - f. 73+
  3. Which group best represents you? (*Circle all that apply*)
    - a. Caucasian/White
    - b. Asian/Asian American
    - c. Native Hawaiian and other Pacific Islander
    - d. African American/Black
    - e. American Indian or Alaskan Native
    - f. Hispanic or Latino
    - g. Other: \_\_\_\_\_
  4. What is the highest grade of school you completed?
    - a. Middle school
    - b. High school
    - c. Technical college/two year college
    - d. 4 year college
    - e. Graduate studies
  5. How many adults live in your household?
    - a. 1
    - b. 2-3
    - c. 4-6
    - d. 7+
  6. How many children 18 and under live in your household?
    - a. 0
    - b. 1
  7. What is your current employment status? (*Circle all that apply*)
    - a. Employed full-time
    - b. Employed part-time2
    - c. Self-employed
    - d. Out of work less than 1 year
    - e. Out of work 1+ years
    - f. Homemaker or stay home parent
    - g. Student
    - h. Retired
    - i. Unable to Work
    - j. Other
  8. Your annual household income from all sources is
    - a. Less than \$10,000
    - b. Between \$10,001- \$25,000
    - c. Between \$25,001-\$50,000
    - d. Between \$50,001 - \$75,000
    - e. More than \$75,001
- YOUR ZIP CODE: \_\_\_\_\_
- COUNTY OF RESIDENCE:  
Blount            Jefferson            St. Clair  
Shelby            Chilton
- OTHER: \_\_\_\_\_
- Thank you for your participation!***  
If you have any questions, please contact:
- Jessica Estrada  
205-939-7233  
[chnafeedback@stvhs.com](mailto:chnafeedback@stvhs.com)

## Encuesta sobre la salud de la comunidad

St. Vincent's Health System, miembro de Ascension Health, está comprometido con trabajar juntos para que toda la comunidad goce de una mejor salud. Esperamos que se tome un momento para completar y devolver esta encuesta anónima. Sus comentarios nos ayudarán a lograr que los habitantes de la región central y norte de Alabama gocen de buena salud.

### **Problemas de salud**

4. De los problemas de salud a continuación, encierre en un círculo los 3 que considere que son los **más importantes** que se deben abordar en la región central y norte de Alabama:

Acceso a atención de salud adecuada

Cáncer

Diabetes (“problemas con el azúcar”)

Enfermedades cardíacas

Lesiones/accidentes (caídas, accidentes automovilísticos)

Salud bucal/dental

Salud sexual y reproductiva

Desempleo

Otro: \_\_\_\_\_

Adicción al alcohol/a las drogas

Enfermedades transmisibles (TB, ETS, etc.)

Alimentación saludable/buena nutrición

Hipertensión (presión arterial alta)

Salud mental

Actividad física/ejercicio

Tabaco/tabaquismo/humo de segunda mano

Violencia y seguridad

5. Considerando su propia **salud física**, en los últimos 30 días, ¿durante cuántos días su salud física no fue buena?

\_\_\_\_\_

6. Si piensa ahora en su **salud mental** (estrés, depresión y problemas emocionales), en los últimos 30 días, ¿durante cuántos días su salud mental no fue buena?

\_\_\_\_\_

Indique **una** cosa que considere que St. Vincent's Health System podría hacer para mejorar la salud de la comunidad:

\_\_\_\_\_  
\_\_\_\_\_

### **Datos demográficos**

Por favor, cuéntenos un poco de usted. Esta información nos ayudará a ver qué opiniones tienen las distintas personas en cuanto a los problemas locales de salud. (**Nota: esta información es anónima**).

9. a. Femenino      b. Masculino

10. ¿Cuántos años tiene?

- a. Entre 18 y 28
- b. Entre 29 y 39
- c. Entre 40 y 50
- d. Entre 51 y 61
- e. Entre 62 y 72
- f. 73 o más

11. ¿Cuál de los siguientes grupos lo representa mejor? (*Encierre en un círculo todas las opciones que correspondan*).

- h. Caucásico/blanco
- i. Asiático/asiático americano
- j. Nativo de Hawái u otras islas del Pacífico
- k. Afroamericano/negro
- l. Nativo americano o de Alaska
- m. Hispano o latino
- n. Otro: \_\_\_\_\_

12. ¿Cuál es el nivel más alto que completó en la escuela?

- o. Escuela media
- p. Escuela secundaria
- q. Estudios superiores técnicos/de 2 años
- r. Estudios superiores de 4 años
- s. Estudios universitarios

13. ¿Cuántos adultos viven en su hogar?

- a. 1
- b. 2 o 3
- c. Entre 4 y 6
- d. 7 o más

14. ¿Cuántos niños de 18 años de edad o menos viven en su hogar?

- a. 0
- b. 1
- c. b. 2-3
- d. Entre 4 y 6
- e. 7 o más

15. ¿Cuál es su condición de empleo actual? (*Encierre en un círculo todas las opciones que correspondan*).

- k. Empleado a tiempo completo
- l. Empleado a tiempo parcial

m. Autónomo

- n. Sin trabajo desde hace menos de 1 año
- o. Sin trabajo desde hace 1 año o más
- p. Ama de casa o padre/madre que queda al cuidado de los hijos
- q. Estudiante
- r. Jubilado
- s. Incapacitado para trabajar
- t. Otro

16. Los ingresos familiares anuales provenientes de todas las fuentes son los siguientes:

- f. Menos de \$10,000
- g. Entre \$10,001 y \$25,000
- h. Entre \$25,001 y \$50,000
- i. Entre \$50,001 y \$75,000
- j. Más de \$75,001

SU CÓDIGO POSTAL: \_\_\_\_\_

CONDADO DE RESIDENCIA:

Blount            Jefferson            St. Clair  
Shelby            Chilton

OTRO: \_\_\_\_\_

***¡Gracias por su participación!***

Si tiene alguna pregunta, comuníquese con:

Jessica Estrada

205-939-7233

[chnafeedback@stvhs.com](mailto:chnafeedback@stvhs.com)

## Appendix B – Evaluation of Impact, FY17-19 CHNA Priorities

Community Health Needs Assessment Implementation Update- St. Vincent's Birmingham/East Hospitals

The identified community health needs for the defined service area of St. Vincent's Birmingham and St. Vincent's East for FY17 – FY19:

1. Access to Healthcare and Mental Healthcare
2. Cancer Awareness/Prevention/Education
3. Cardiovascular Disease Awareness/Prevention/Education

### Prioritized Need: Improved Access to Healthcare including Mental Healthcare

#### GOAL 1: Increase proportion of persons with health insurance coverage

St. Vincent's Health system has a long history of working with individuals who are uninsured to be able to provide healthcare and mental healthcare services. The Access to Care program is a primary care provider program for individuals living less than 200% income over the federal poverty level WHO HAVE NO OTHER ACCESS TO HEALTH COVERAGE. In partnership with Enroll Alabama, St. Vincent's encouraged individuals to sign up for healthcare exchanges and publicized benefits of the Affordable Care Act. To address this need in FY18, STVHS heavily advocated for Medicaid expansion in the state of Alabama at the legislative level. Efforts were made to assist individuals in the community with connecting to coverage through the open enrollment period of healthcare exchange in collaboration with Enroll Alabama.

#### GOAL 2: Increase proportion of persons reporting medical home (primary care provider)

STVHS hosted community health screenings including documentation on primary care provider and follow up includes referral and assistance with locating appropriate services for the patient who is unattached. A document was developed and is being distributed to the community on the levels of care and importance of a primary care home. During a medical mission event with Project Homeless Connect, patients were given PCP appointments to follow up with a local free clinic. Follow up is being provided both inpatient and outpatient to assist individuals with connecting to a primary care provider. Transportation services have been established with Lyft to assist patients in getting to follow up and primary care appointments. Project Access, a community collaborative for specialty care, works with individuals who are in need of a primary care provider but also have specialty care needs. Patient navigators have been actively connecting patients without a PCP to possible primary care. Unattached patients at STVHS Urgent Care are being followed up by STVHS Dial-A-Nurse to ensure they are given appropriate options for a medical home.

#### GOAL 3: Increase proportion of adults with mental health disorders who receive treatment

The addition of the Outpatient Bridge clinic at St. Vincent's East provides the entire region a quick linkage to individuals in need of urgent mental health services as they wait to be connected with a more permanent provider. In FY18, the Bridge Clinic provided services to 172 unique patients who did not have a mental healthcare provider. A mental healthcare provider roundtable of community organizations/agencies meets regularly to identify gaps in service and provide updates and information on services available in the community. A mental health provider resource is available to youth through the establishment of the referral center at Children's Hospital. Similar resource for adults is being coordinated through the state's 2-1-1 service at United Way. A SPOE (single point of entry) for mental health is being evaluated at the local and state level. A physician CME class was provided on depression and suicide to recognize signs and symptoms in patients as well as practitioners. A CME on opioid abuse was held in FY18 as well. Two CME offerings covered issues around workplace violence and mental health. a pharmacy conference was held including sessions related to mental health and medication.

#### GOAL 4: Increase depression screening for adults by primary care providers

All Ascension Medical Group (AMG) physician practices have implemented the PHQ-9 depression/anxiety screening for new and annual patient visits. Individuals with a qualifying score are referred for services. Other affiliated practices are providing PHQ-9 screenings as well. In CY17 and 18, this resulted in 1290 new screenings and education regarding depression and anxiety.

### **Prioritized Need: Improve education/awareness/prevention of cancer**

**GOAL 1:** Increase proportion of adults who were counseled by their providers about cancer screenings based on current guidelines

Plans are currently underway to provide more physician education regarding cancer screening guidelines. Clinical prompts are part of the Electronic Health Record. CME topics for education of physicians specific to cancer are upcoming in FY19.

**GOAL 2:** Increase proportion of adults who receive breast, lung, prostate, colorectal and skin cancer screening

St. Vincent's clinic patients had a baseline colorectal cancer screening rate of 36.5% and this was increased in FY17 to 47.4%. Specifically, for Medicaid patients, the baseline began at 43% and increased to 49.7% in FY17. In 2018, St. Vincent's provided free colorectal cancer screenings to the uninsured community. Of those, 39 colonoscopies were performed.

**GOAL 3:** Increase mental and physical health-related quality of life indicators of cancer survivors

St. Vincent's participation and close partnership with Forge provides support and services to individuals who have experienced breast cancer. A 24-HOUR support line has been established to provide counseling and referrals, support groups and activities that promote healthy living have engaged survivors. Patient advocates/navigators assist patients with supportive services. A resource library is available to individuals in need of additional information. A clinician advisory committee provides clinical feedback to survivor network.

Between January 1, 2017 and December 31, 2017 Forge Staff case managed 87 unique clients through providing regular follow-up, distress assessment and resource referrals. In addition, Forge provided support to over 1056 breast cancer survivors and co-survivors in the community through community outreach, education and presentations.

### **Prioritized Need: Improve education/awareness/prevention of cardiovascular disease**

**GOAL 1:** Increase the proportion of adults with elevated LDL cholesterol who have been advised by a health care provider regarding cholesterol-lowering management, including lifestyle changes and, if indicated, medication

In FY18, St. Vincent's Wellness department continued to provide free LDL level screenings to the community as well as to corporate clientele - especially focused on areas where healthcare access is a barrier. These individuals were provided counseling and abnormal results were called by a nurse from Dial-A-Nurse to discuss the results and assistance with locating a provider who could deliver continued care and treatment.

**GOAL 2:** Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high

St. Vincent's Wellness department provided 1168 free blood pressure screenings in the community, focused on areas in which healthcare access is a barrier for care. All individuals screened for blood pressure were provided counseling and abnormal results were called by a nurse from Dial-A-Nurse to discuss the results and assistance with locating a provider who could provide continued care and treatment.

**GOAL 3:** Increase the proportion of adults aged 20 years and older who are aware of the symptoms of and how to respond to a heart attack

In FY18, St. Vincent's Wellness trained 1866 community members on bystander CPR hands only method.



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