

FY 2020 - 2022 Community Health Needs Assessment

St. Vincent's Chilton



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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 Chilton County and prioritize needs of the community served by St. Vincent's Chilton hospital. 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.

Ascension Alabama and St. Vincent's Chilton facilitated the CHNA for its hospital in Chilton 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 President's 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 was defined as Chilton 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 Chilton 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:

Health Data Summary

Health Outcome Ranking

- Of Alabama's 67 counties, Chilton County is ranked 38th in health outcomes according to the 2018 Robert Wood Johnson County Health Rankings. This has declined from 30th 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
- 19.38% of the population in Chilton county live in poverty, which is higher than the state and national percentage
- 83.9% of students are receiving their high school diploma within four years, which is less than the state and national percentage

Access to health care

- There is 1 acute care hospital within Chilton County
- Primary care provider levels are lower than the state and the national average
- The ratio of population to mental health providers is lower than state and national levels
- 14.8% of adults and children within Chilton County do not have health insurance

Health status

- Top two leading causes of death in Chilton County are Heart Disease and Cancer; incidence rates do not differ by race or gender
- Heart Disease (Adult and Medicare population) and Asthma prevalence is higher in Chilton county than in the state
- Mortality rates for suicide are higher than both the state and nation; while mortality rates for drug poisoning are lower than the state and national levels
- The average reported poor mental health days per month were 4.6 days
- 14% of the population experience frequent mental distress

Risk factor behaviors

- Current percentage of smokers is 19.8% which is lower than the state and national percentage
- 35.3% 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 rates

- There is a higher percentage of mothers in Chilton County who are receiving less than adequate prenatal care when compared to the state
- Teen pregnancy rates in Chilton county are higher than the state and national average

Infectious diseases

- Chlamydia has highest incidence rate compared to other sexually transmitted diseases
- STI incidence rates are higher than state and national averages
- HIV prevalence in Chilton County is lower than both the State and U.S.

Natural Environment

- Air quality impacts health and is a regional issue

Social Environment

- Violent crime rate is lower than state and U.S.
- The number of households with no motor vehicle is lower than the state and nation
- 14.09% of the population experienced food insecurity; 26% of children experienced food insecurity

Interviews of Community Leaders and Representatives

- Three interviews conducted
- Result highlights:
 - Focus on wellness/preventive care services, screenings
 - Increased promotion of healthy eating and exercise
 - Veteran services – access to healthcare
 - Need primary care physicians to support the hospital
 - Access to specialty care services/physicians
 - Employer wellness programs (smoking cessation, wellness screenings, healthy lifestyle)
 - Mental health services

Focus Groups

- Focus group held on February 6, 2019
- Result highlights:
 - Access to primary care and specialty care in the community
 - Senior services – care for the aging population; veteran services
 - Wellness and prevention services – diabetes, obesity, high blood pressure, smoking cessation, school education programs/health fair, employer wellness programs
 - Mental health needs – drug/alcohol addiction

Paper Survey

- 45 surveys were completed by residents of Chilton County
- The top 5 health issues for Chilton County included:
 - Access to proper healthcare
 - Cancer
 - Diabetes
 - Heart Disease
 - 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 St. Clair 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 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, additional requirements for non-profit hospitals were required. 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 System Information

Ascension Alabama is comprised of St. Vincent's Health System with five acute-care facilities located in Jefferson, Chilton, 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 Chilton, formerly Chilton Medical Center, was constructed in 1951 by the Chilton County Healthcare Authority (HCA). After closing the hospital in early 2013, the Chilton County Healthcare Authority and St. Vincent's Health System formed a strategic partnership in order to return hospital-based healthcare to the residents of Chilton County. The HCA and STVHS opened a new hospital facility in October 2016, with approximately 77,000 gross square feet to include 30 inpatient beds and associated outpatient and support space. St. Vincent's Chilton is a full-service, general acute care facility with a fully staffed emergency department, advanced imaging and diagnostic capabilities, surgical services, and GI services.

Purpose/Objective

The objective for the CHNA and Implementation Strategy are:

- 1.) Provide an unbiased comprehensive assessment of Chilton 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 Chilton (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 Chilton County CHNA.
- 3.) Fulfill IRS regulations related to 501(c)(3) not for profit hospital status for federal income taxes.

Methodology

The CHNA process for St. Vincent's Chilton was 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.

- Interviews were conducted with Chilton County Chamber of Commerce Director, two members of the Chilton County Healthcare Authority board;
- A paper survey was distributed and collected through St. Vincent's Access to Care program participants; 45 surveys were completed by residents of Chilton County;
- A focus group session was held on February 6, 2019 and participants included community members, health care professionals, educators, and representatives from governmental, non-profit and other agencies serving Chilton County residents. The focus group was conducted to obtain more detailed information about resident perceptions of quality of life, including the assets, strengths, and weaknesses of Chilton County.

Health Status Indicators

Quantitative data was obtained from county, state, and national sources to develop a social, economic, and health assessment of Chilton 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
- County Health Rankings Model, University of Wisconsin Population Health Institute (Robert Wood Johnson Foundation)

- United States Census Bureau
- United States Bureau of Labor Statistics

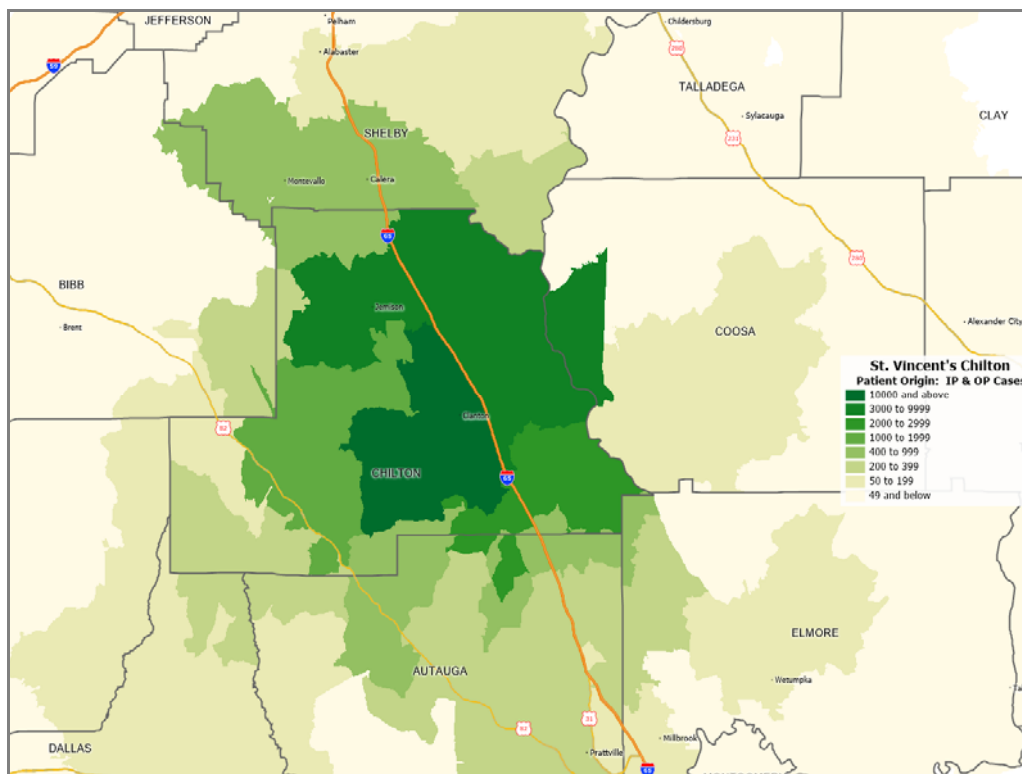
Health indicators for Chilton County were compared to those for the state and nation. In addition, local data was compared to previous years' data from Chilton County, highlighting improvements and statistical trends.

Community Served

The community served for purposes of this CHNA is Chilton 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 Chilton. 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 and emergency department visits for fiscal year 2018 (July 1, 2017 – June 30, 2018) to determine the areas patient origin for St. Vincent's Chilton. 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 Chilton originated in Chilton County. County level analysis indicates that 80.4% of all patients (inpatient and outpatient) originated from Chilton County in FY18.

Figure 1: St. Vincent's Chilton Patient Origin – Inpatient and Outpatient Cases – FY 2018



Health Needs - Data Analysis and Key Findings

In order to understand the health needs of Chilton County, the team reviewed publicly available secondary data for the following health indicator topics, recommended by the Catholic Health Association (CHA): demographics and socioeconomic status, access to health care, health status, risk factor behaviors, child health, infectious diseases, natural environment and social environment.

Input was received from individuals and groups who represented broad interests of the community and/or have special knowledge or expertise in public health through community surveys and interviews with community representatives.

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

Chilton County is one of sixty-seven counties within the state of Alabama, located in the Central Alabama region. A total of 43,931 people live in the 692.85 square mile area, according to the U.S. Census Bureau American Community Survey 2012-2016, 5-year estimates. The population density for Chilton County, estimated at 63 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.

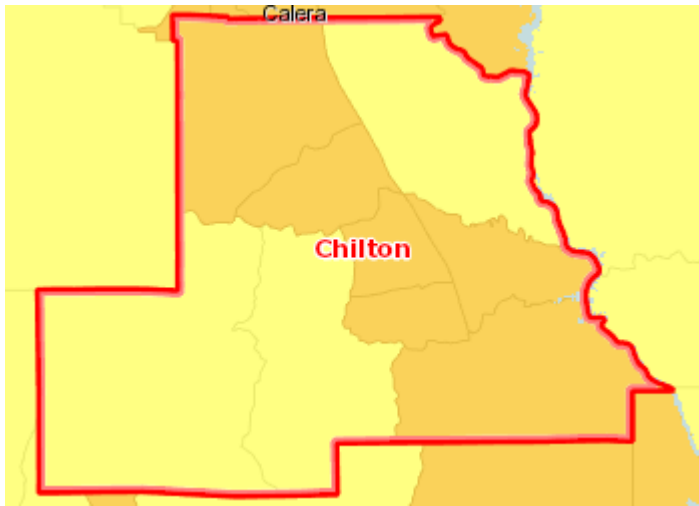
Chilton County is less racially diverse than both the state and nation, with 83.32% of the population noted as White Alone. The median age of the county is 38.7 years, which is older than the state (38.6) and nation (37.7). When considering education attainment levels in Chilton County, 83.9% of students graduate from high school within four years which is lower than the state level of 87% and national level of 86%.

The population in Chilton County is 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.

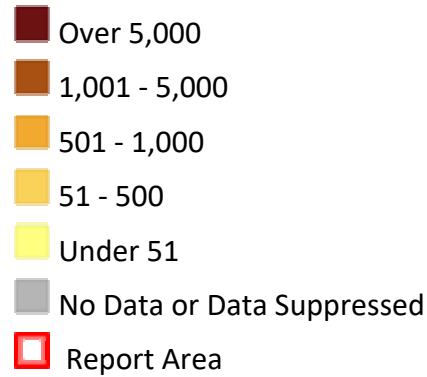
- **Population Density**

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Chilton County	43,817	692.85	63.24
Alabama	4,841,164	50,646.44	95.59
United States	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

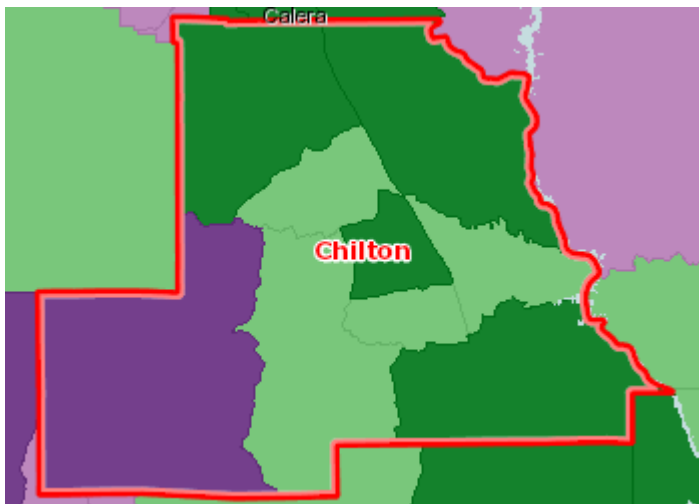


Source: Community Commons (2018) Community Health Needs Assessment. Retrieved from: <http://www.chna.org>

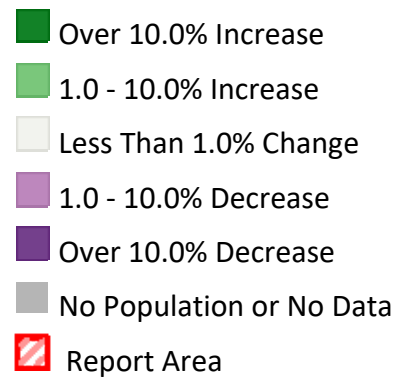
• **Population Growth**

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

Data Source: US Census Bureau, American Community Survey 2012-16 Estimates: Chilton 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
Chilton County	36,497 (83.32%)	4,184 (9.55%)	187 (0.43%)	254 (0.58%)	0	1,917 (4.38%)	766 (1.75%)
Alabama	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%)
United States	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: Chilton County, AL. Revised February 2019.

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

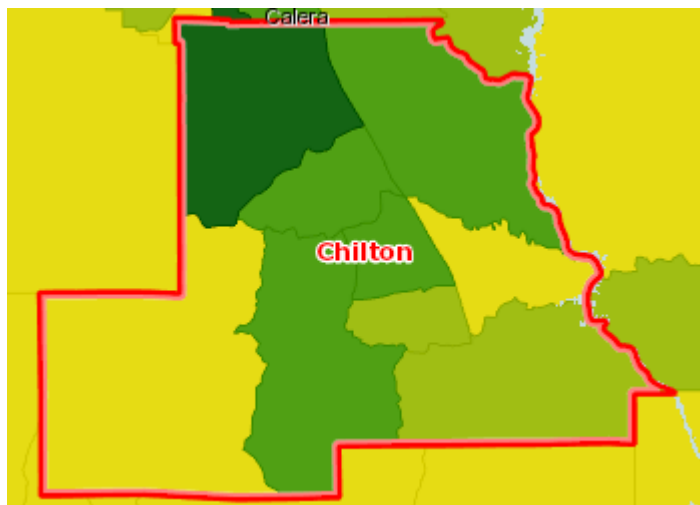
- **Hispanic Population**

The estimated population that is of Hispanic, Latino, or Spanish origin in the report area is 3,341. This represents 7.62% of the total report area population, which is less than the national 17.13% 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
Chilton County	43,817	40,476	92.38%	3,341	7.62%
Alabama	4,841,164	193,503	4.0%	4,647,661	96.0%
United States	318,558,162	55,199,107	17.33%	263,359,055	82.67%

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

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



Population, Hispanic or Latino, Percent by Tract, ACS 2012-16

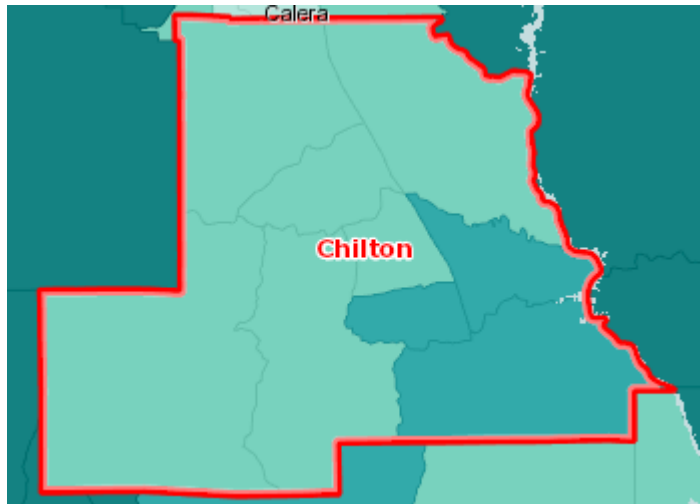


Source: Community Commons (2018) Community Health Needs Assessment. Retrieved from: <http://www.chna.org>

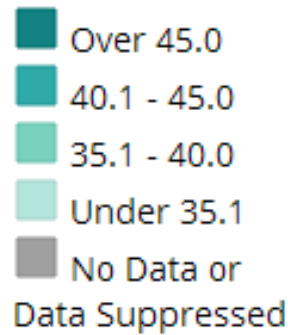
- **Median Age**

Report Area	Total Estimated Population, 2016	Median Age
Chilton County	86,576	38.7
Alabama	4,841,164	38.6
United States	318,558,162	37.7

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



Median Age by Tract, ACS 2012-16



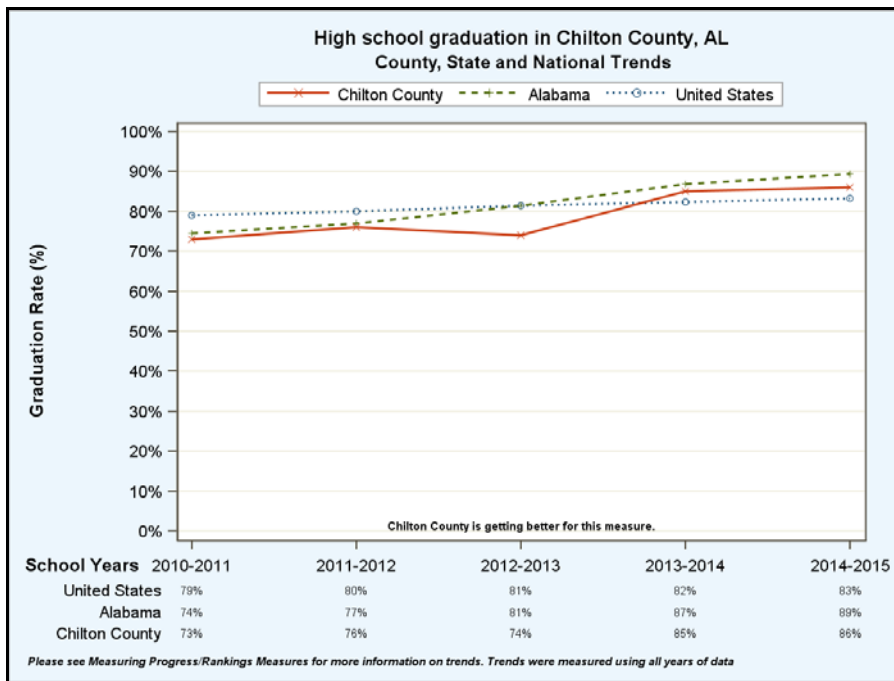
Source: Community Commons (2018) Community Health Needs Assessment. Retrieved from: <http://www.chna.org>

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

Within the report area 83.9% of students are receiving their high school diploma within four years, which is less than the state and national percentage. Data represents the 2015-16 school year.

Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Chilton County	572	480	83.9
Alabama	55,629	48,380	87
United States	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



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. Poverty

The median household income in 2016 was \$51,996 and the average household income was \$64,017. Both the median and average household income amounts are lower compared to the state and nation.

Poverty is considered a key driver of health status. Within the report area 20.27% or 8,779 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 Chilton County.

When reviewing poverty by age, it is noted that 26% of the population 18 and under are living in poverty, which is higher than the state and nation (25%, 20%). Similar to the general population, poverty is experienced differently based on location within the county, with some census tracts experiencing poverty over 20%. 18% 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 6%. This rate is similar to state and national unemployment levels.

- **Median Family Income**

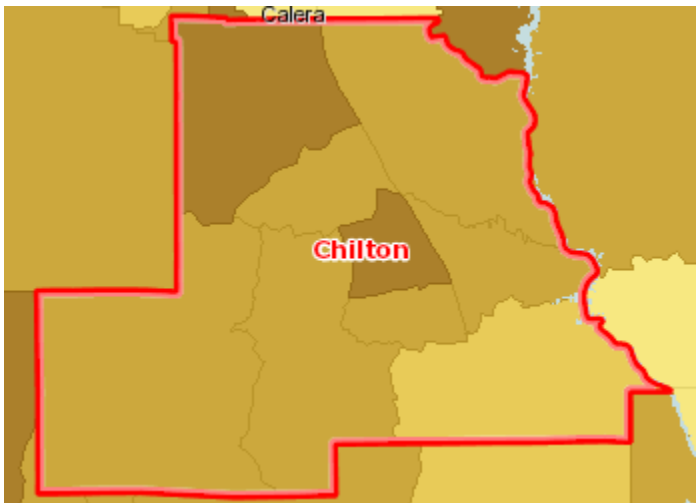
Report Area	Total Family Households	Average Family Income	Median Family Income
Chilton County	11,631	\$64,017	\$51,996
Alabama	1,232,880	\$74,189	\$56,828
United States	77,608,829	\$90,960	\$67,871

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

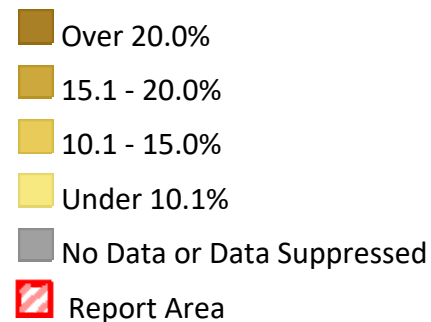
- **Population Below 100% Federal Poverty Level (FPL)**

Report Area	Total Estimated Population, 2016	Population in Poverty	Percent Population in Poverty
Chilton County	43,301	8,779	20.27%
Alabama	4,841,164	868,666	18.4%
United States	318,558,162	46,932,225	15.1%

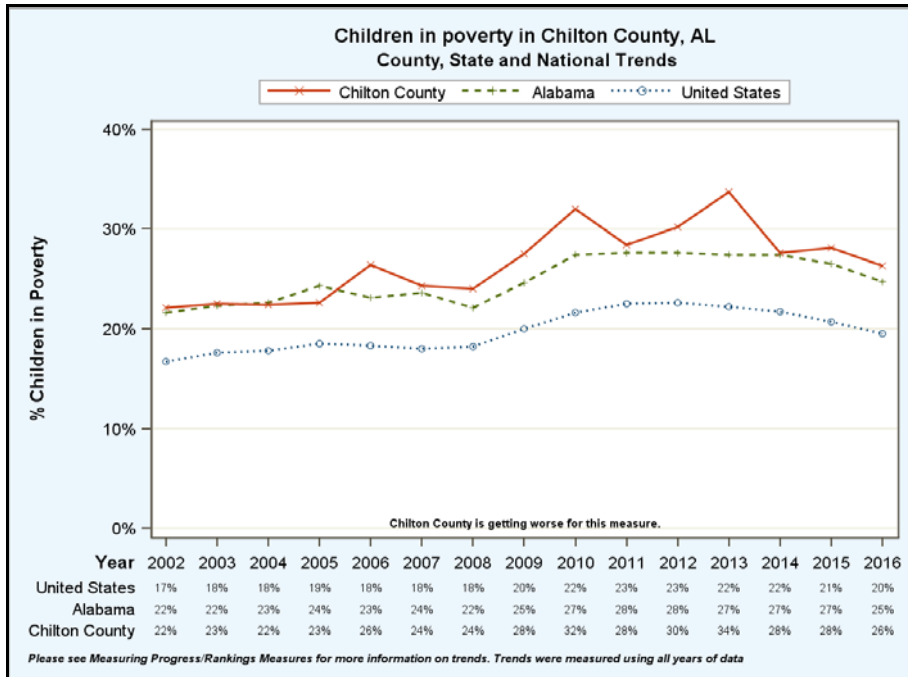
Data Source: US Census Bureau, American Community Survey 2012-16 Estimates: Chilton County, AL. Revised February 2019.
Retrieved from: <https://www.factfinder.census.gov>



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



- Children in Poverty, Percent, Chilton County, AL, US 2002 to 2016



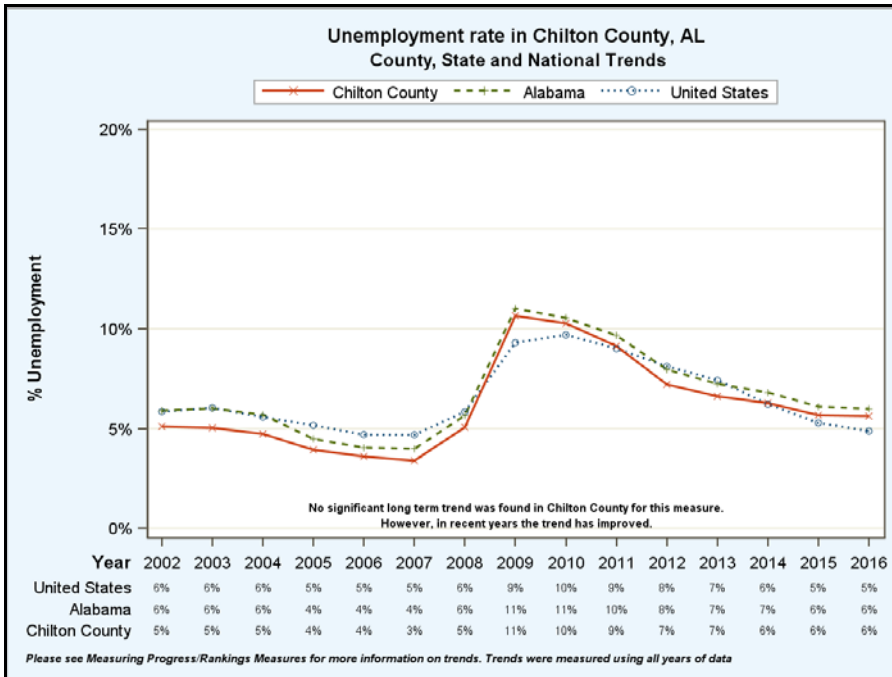
Source: University of Wisconsin Population Health Institute. County Health Rankings 2016. Data Source: US Census Bureau, Small Area Income and Poverty Estimates, American Community Survey. Retrieved on January 24, 2019 from: <http://www.countyhealthrankings.org/>

- Population Receiving SNAP Benefits (ACS)

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Chilton County	16,619	3,053	18.37%
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 Estimates: Chilton County, AL. Revised February 2019. Retrieved from: <https://www.factfinder.census.gov>

- **Unemployment Rate, Chilton County, AL, 2002-2016**



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.

Chilton County has 1 hospital, with a total of 30 staffed medical-surgical beds. The ratio of primary care medical doctors to population is 18.21 physicians per 100,000 for Chilton County is less 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.
Chilton County	43,931	8	18.21
Alabama	4,841,164	3,563	73.5
United States	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 Chilton County, residents reported an average of 4.6 poor mental health days per month, which is higher than the U.S. average of 3.1 and the same as the state average of 4.6. It is also noted that 14% of adults in Chilton 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 Chilton county, as well as Alabama, is much 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)
Chilton County	43,927	20	2,196.4	45.5
Alabama	4,841,164	4,044	1179.3	84.7
United States	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 Chilton County population that had health insurance from 2015 to 2016.

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 Chilton 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
Chilton County	43,491	6,875	15.81%
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 Estimates: Chilton 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 Chilton 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 the report area the rate of death due to coronary heart disease per 100,000 population is 281.5. 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, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Chilton County	43,917	139	315.6	281.5
Alabama	4,845,480	12,556	259.14	225.91
United States	318,689,254	618,853	194.2	168.2

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, 2010 - 2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Chilton County	43,917	95	217.2	181.7
Alabama	4,845,480	10,333	213.24	178.81
United States	318,689,254	590,634	185.3	160.9
HP 2020 Target				<= 160.6

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, 2010 - 2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Chilton County	43,917	41	93.8	80.2
Alabama	4,845,480	3,143	64.86	55.24
United States	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, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Chilton County	43,917	7	16.4	16
Alabama	4,845,480	740	15.26	14.83
United States	318,689,254	42,747	13.4	13
HP 2020 Target				<= 10.2

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. Rates are resummarized for report areas from

county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Chilton County	43,917	5	12.3	12.9
Alabama	4,845,480	675	13.93	14.35
United States	318,689,254	49,715	15.6	15.6
HP 2020 Target				<= 10.2

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
Chilton County	4,173	773	18.5%
Alabama	686,830	108,148	15.7%
United States	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)**

4,501 or 11.5% 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
Chilton County	39,129	4,501	11.5%
Alabama	3,629,058	201,204	5.5%
United States	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
Chilton County	39,129	6,674	17.1%
Alabama	3,636,012	460,674	12.7%
United States	237,197,465	31,697,608	13.4%

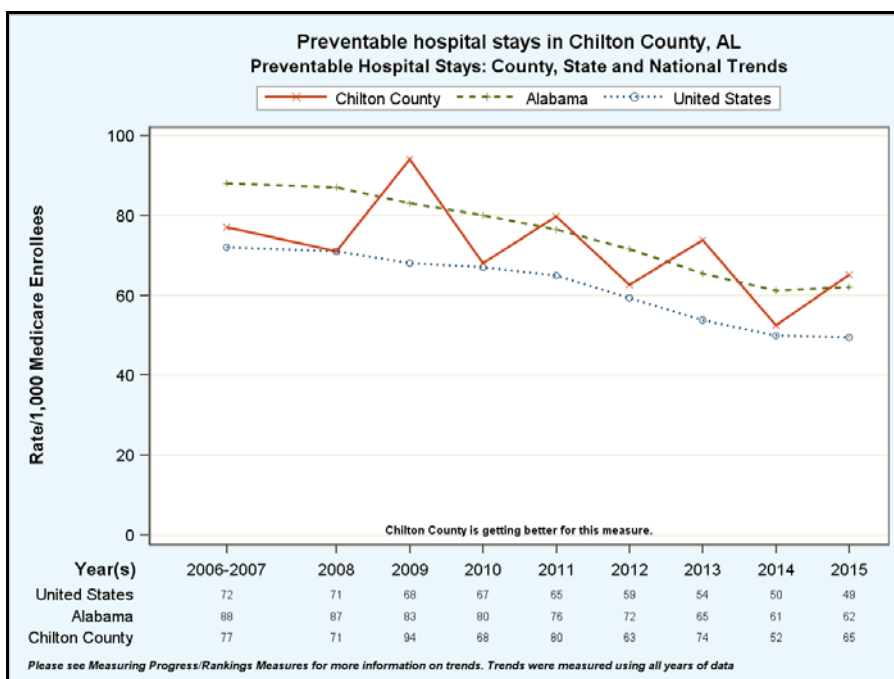
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.
 Additional data analysis by CARES. 2011-12. Source geography: County

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
Chilton County	3,373	176	52.4
Alabama	534,296	32,662	61.1
United States	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



Risk Factor Behaviors

A. Tobacco and Alcohol Use

- **Tobacco Usage - Current 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 Chilton County an estimated 6,706, or 20% 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)
Chilton County	33,534	6,706	20%
Alabama	3,777,928	831,144	22%
United States	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, 2016. 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)
Chilton County	33,534	5,030	15%
Alabama	3,777,928	528,909	14%
United States	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

- **Overweight**

23.4% of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 18 +	Total Adults Overweight	Percent Adults Overweight
Chilton County	33,534	8,673	23.4%
Alabama	3,511,380	1,219,008	34.7%
United States	224,991,207	80,499,532	35.8%

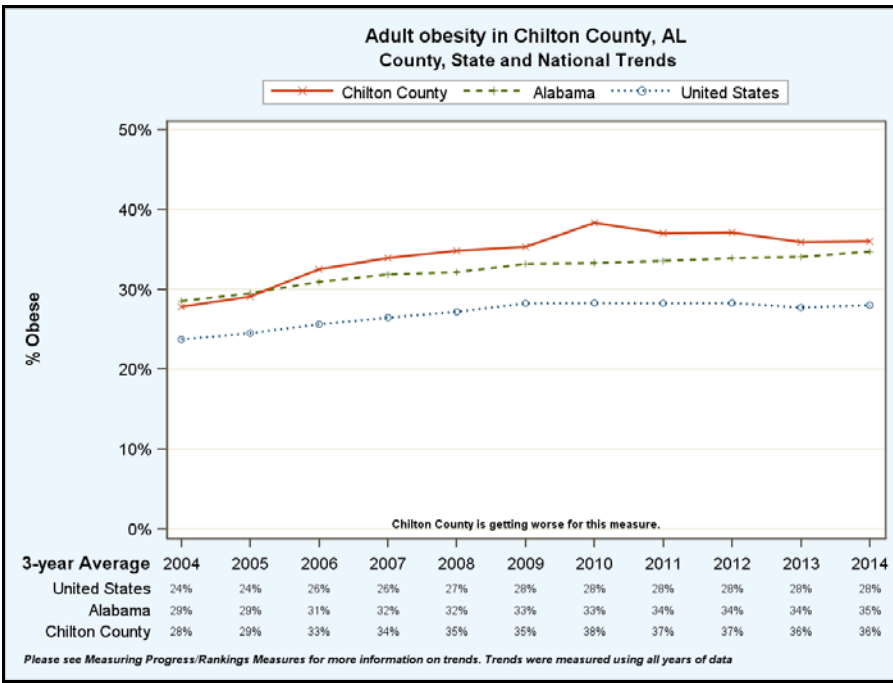
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

- **Obesity**

35% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 18 +	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Chilton County	33,534	11,580	35%
Alabama	3,567,164	1,198,253	35%
United States	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. 2015. Source geography: County



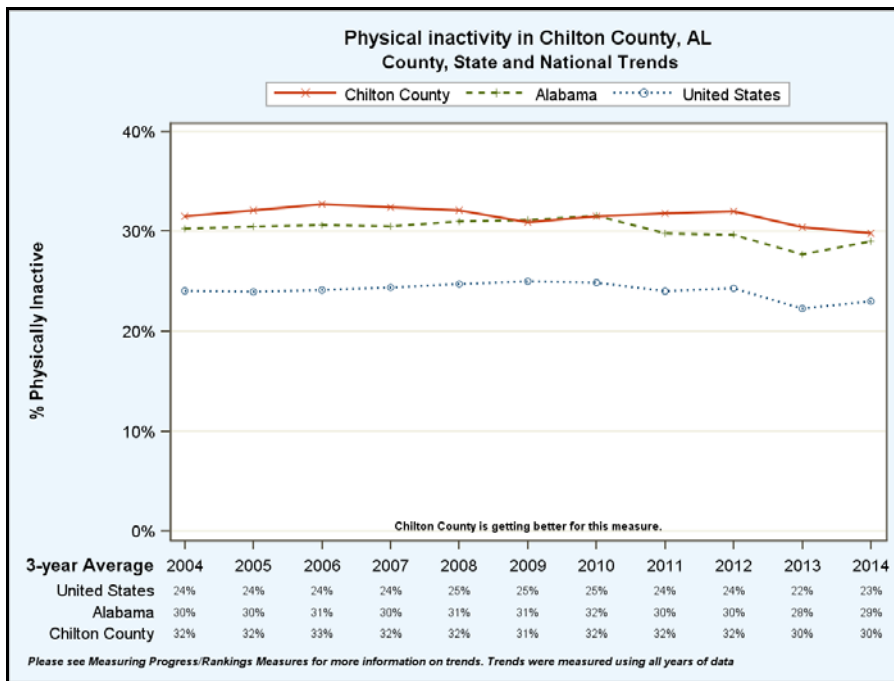
Data Source: University of Wisconsin Population Health Institute. County Health Rankings 2016. Data Source: US Census Bureau, Small Area Income and Poverty Estimates, American Community Survey. Retrieved on January 24, 2019 from: <http://www.countyhealthrankings.org/>

- **Physical Inactivity**

Within Chilton county, 10,395 or 31% of adults aged 18 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 18 +	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Chilton County	33,534	10,395	31%
Alabama	3,565,626	1,045,394	28.6%
United States	231,341,061	53,415,737	22.6%

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 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/>

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. Chilton County’s 2015 infant mortality rate per 1,000 (7.0) is slightly lower 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)
Chilton County	521	27	7
Alabama	58,936	435	7.4
United States	3,978,497	22,335	5.8
HP 2020 Target			<= 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
Chilton County	521	39	9%
Alabama	58,936	6,052	10.3%
United States	3,978,497	322,251	8.1%
HP 2020 Target			<= 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 Chilton County, the total number of mothers who received less than adequate prenatal care was 24%, which is lower 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
Chilton	566	411	136	24.0%	502	370	118	23.5%	46	27	14	30.4%	18	14	4	22.2%
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/Natality/NatalityQrySLT.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)
Chilton County	1,291	55	43
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.)
Chilton County	43,951	177	402.72
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.)
Chilton County	43,951	44	100.11
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.

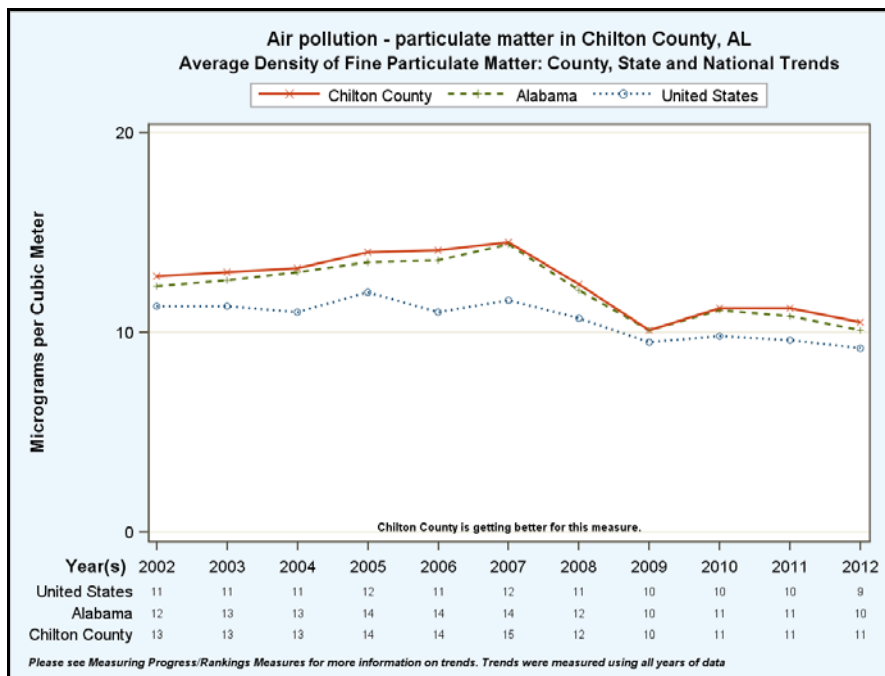
Report Area	Total Population (age 13 +)	Population with HIV / AIDS	Population with HIV / AIDS, Rate (Per 100,000 Pop.)
Chilton County	36,214	34	93.89
Alabama	4,043,744	12,025	297.37
United States	263,765,822	931,526	353.16

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, Chilton 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 Income and Poverty Estimates, American Community Survey. Retrieved on January 24, 2019 from: <http://www.countyhealthrankings.org/>

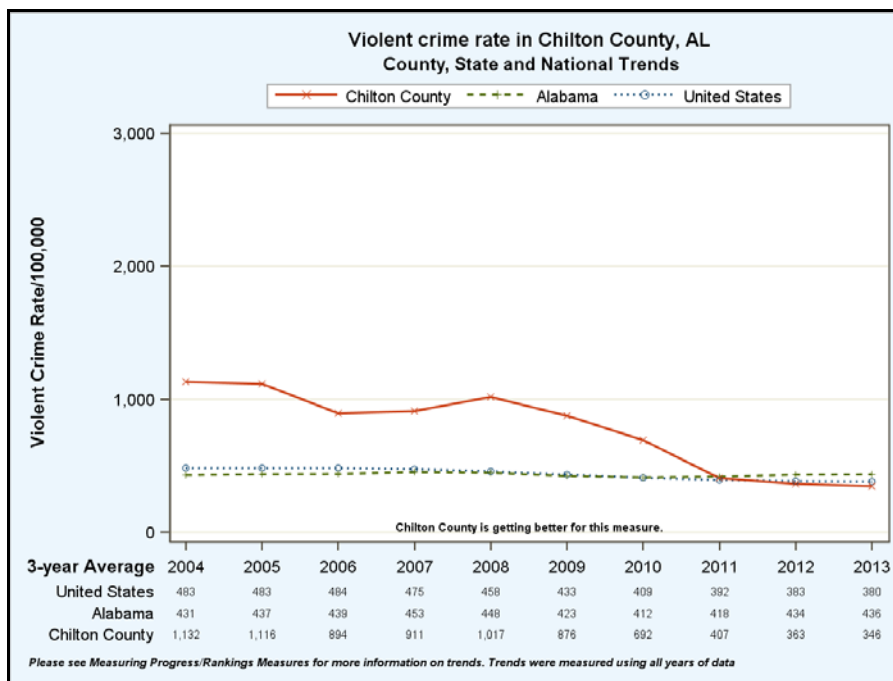
Social Environment

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.)
Chilton County	43,951	152	346.6
Alabama	4,715,536	20,604	436.9
United States	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

Chilton County, 27.07% of households are cost burdened, which is slightly less than both the state and national percentage.

Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	Percentage of Cost Burdened Households (Over 30% of Income)
Chilton County	16,619	4,498	27.07%
Alabama	1,851,061	504,976	27.28%
United States	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 5.64% of households in Chilton County without a motor vehicle, which is less than the state (6.45%) and nation (8.97%).

Report Area	Total Occupied Households	Households with No Motor Vehicle	Percentage of Households with No Motor Vehicle
Chilton County	16,619	937	5.64%
Alabama	1,851,061	119,374	6.45%
United States	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 14.09% of individuals in Chilton County experienced food insecurity in 2014.

Report Area	Total Population	Estimated Number of Food Insecure Individuals	Food Insecurity Rate
Chilton County	43,781	6,170	14.09%
Alabama	4,849,377	911,440	18.8%
United States	318,857,056	47,539,790	14.91%

Data Source: Feeding America; Map the Meal Gap Report, 2014. 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 Chilton County was 26.62%, which is higher than the state rate of 26.49% and the national percentage of 23.49%.

Report Area	Population Under 18	Food Insecure Children, Total	Child Food Insecurity Rate
Chilton County	10,781	2,870	26.62%
Alabama	1,109,891	294,060	26.49%
United States	73,580,326	17,284,530	23.49%

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 14.01% in Chilton County, which is lower than the state percentage of 24% and the same as the national rate of 31%.

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
Chilton County	6,290	18%	2,870	14.01%
Alabama	908,770	28%	294,060	24%
United States	48,770,990	29%	17,284,530	31%

Data Source: Feeding America; Food Insecure Population by County, 2016. 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 45 surveys were collected from residents of Chilton County.

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

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

Community Representative/Leader Interviews

Community representatives and leaders, who represented broad interests of the community, were identified by the St. Vincent's Health System leadership group. Interviews were conducted using a set of guiding questions. There were three interviews conducted and highlights of the interviews were:

- Focus on wellness/preventive care services, screenings
- Increased promotion of healthy eating and exercise
- Veteran services – access to healthcare
- Need primary care physicians to support the hospital
- Access to specialty care services/physicians
- Employer wellness programs (smoking cessation, wellness screenings, healthy lifestyle)
- Mental health services

Focus Group Results

One focus group was held at St. Vincent's Chilton in February, 2019 and was open to the community. Participants included community members, health care professionals, educators, and representatives from governmental, non-profit and other agencies serving Chilton County residents. Questions were asked from the established protocol and the focus groups were facilitated by Wellness Educators from the STVHS Wellness Department.

Focus group participants said that the most important health issues facing Chilton county include:

- Access to primary care and specialty care in the community
- Senior services – care for the aging population; veteran services
- Wellness and prevention services – diabetes, obesity, high blood pressure, smoking cessation, school education programs/health fair, employer wellness programs
- Mental health needs – drug/alcohol addiction

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 Chilton 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 Chilton 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 Chilton County, the county and surrounding area 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.

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

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

in the greater Birmingham area.

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

based education and health services.

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 Chilton within Chilton 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 C – Focus Group/Community Stakeholder Questions

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:

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

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

Community Health Needs Assessment Implementation Update-

St. Vincent's Chilton Hospital

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

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

GOAL 1: Increase proportion of persons with diabetes whose condition has been diagnosed

St. Vincent's Wellness services provides community and corporate glucose screenings. In FY17, St. Vincent's provided 483 free glucose screenings to the community, especially areas where access to healthcare is a barrier. Of individuals screened, all are provided counseling and abnormal results are referred to Dial-A-Nurse for follow-up. In FY18, St. Vincent's Wellness department provided free glucose screenings to the community - 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 provide continued care and treatment.

GOAL 2: Increase proportion of adults diagnosed with diabetes who receive formal diabetes education

In FY18, St. Vincent's health system provided 4,688 diabetes education patient encounters. This is up approximately 12% from the previous year where FY17 recorded 4,185 encounters.

Appendix C – Focus Group / Community Stakeholder Questions

FOCUS GROUP PROTOCOL

Part I. Session Details – Sign-In/Greet Participants

Part II. Overview of Focus Group - Verbal Explanation of why we are here today

St. Vincent's Health System is conducting a Community Health Needs Assessment to better understand community health needs. Tax-exempt hospitals conduct these assessments to also comply with federal regulations. Leaders from St. Vincent's Health System will review the information and thoughts you share during this session and work to develop programs and services to help meet those needs.

Our goal today is to gather your opinions and understanding of the health needs of << COUNTY>> and the surrounding area.

Part III. Focus Group Questions

MANDATORY QUESTIONS:

1. What do you believe are the most significant health related needs in your community?
2. Which group of people in this community is most affected by these health issues?
3. Which group of people in this community has the most difficulty accessing needed health services?
4. If you could create various health program(s) to address these top 3-5 community health needs, what would it/they be?

OPTIONAL QUESTIONS:

1. What are some of the best things about living in your community?
2. If you could improve your community, what area(s) would you focus upon?
3. Why do you believe these health needs exist?
4. Which health care services are most difficult to access?
5. What do you believe are the main barriers to accessing these services? What gets in the way of seeking care? Receiving care?
6. Let's take another look at the community health needs that have been identified during our discussion. Let's attempt to list them in order of importance.

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