

Ascension St. Vincent's Birmingham

**2022 Community Health Needs Assessment
Jefferson County, Alabama**



Ascension



The goal of this report is to offer a meaningful understanding of the most significant health needs across Jefferson County and surrounding area(s), as well as to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

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The 2022 Community Health Needs Assessment (tax year 2021) report was approved by the Ascension St. Vincent's Board of Directors on April 26, 2022, and applies to the following three-year cycle: July, 2022 to June, 2025. This report, as well as the previous report, can be found at our public website.

We value the community's voice and welcome feedback on this report. Please visit our public website (<https://healthcare.ascension.org/chna>) to submit your comments.

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Acknowledgements / Executive Statement

The 2022 Community Health Needs Assessment (CHNA) represents a true collaborative effort in order to gain a meaningful understanding of the most pressing health needs across Jefferson County and surrounding area(s). Ascension St. Vincent's Birmingham is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

We would also like to thank you for reading this report, and your interest and commitment to improving the health of Jefferson County, Alabama and surrounding area(s).

Executive Summary

The goal of the 2022 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Jefferson County, Alabama. Findings from this report will be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community. The mission, vision, and values of Ascension are the key factors influencing the approach and commitment to addressing community health needs through community benefit activity.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

Community Served

Although Ascension St. Vincent's Birmingham serves Jefferson County, Alabama and surrounding areas, Ascension St. Vincent's Birmingham has defined its community served as Jefferson County for the 2022 CHNA. Jefferson County was selected as Ascension St. Vincent's Birmingham's community served, because it is our primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.

Data Analysis Methodology

The 2022 CHNA was conducted from October, 2021 to February, 2022. The assessment process incorporated data from both primary and secondary sources. Primary data sources included information provided by groups/individuals, e.g. community residents, health care consumers, health care professionals, community stakeholders and multi-sector representatives. Special attention was given to the needs of individuals and communities who are more vulnerable, and to unmet health needs or gaps in services. The assessment process included a review of secondary health data, interviews of community representatives and leaders and a survey of community members. Approximately 7,000 surveys were completed by residents of Jefferson County, one-on-one Key Informant Surveys were completed with community leaders and input obtained from community partner organizations. Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

Community Needs

Ascension St. Vincent's Birmingham, analyzed secondary data and gathered community input through online surveys, key informant interviews and community partner focus groups to identify the needs in Jefferson County, Alabama and surrounding area(s). In collaboration with community partners, Ascension St. Vincent's Birmingham used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. The significant needs are as follows:

- Access to Healthcare
- Mental Health
- Cancer
- Diabetes
- Heart Disease

The process used to determine the health needs on which the UAB-Ascension St. Vincent's Alliance (and individual Alliance facilities including Ascension St. Vincent's Birmingham) would focus, then included a prioritization meeting of the 2022 Alliance Community Health Needs Assessment (CHNA) Leadership Team. The data was presented to the leadership team and recommendations based on the top identified needs from the community were brought forward for consideration. The prioritized needs were determined through a majority vote after discussion of the options. The CHNA Leadership Team considered the following criteria in choosing the top three prioritized health needs: scope of the problem (people impacted/severity); health disparities (income/race and ethnicity); feasibility of facilities in addressing the need (capacity); community members and strategic partner feedback (health department, strategic partners) and alignment (with Ascension and the Alliance strategies). See details about the UAB-Ascension St. Vincent's Alliance on page 14.

Based on the process described above, the following top three prioritized needs were identified for Jefferson County (and surrounding areas):

- Access to HealthCare
- Mental Health
- Chronic Disease Prevention/Management
 - Cancer
 - Diabetes
 - Heart Disease

About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates more than 2,600 sites of care – including 145 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management and contracting through Ascension's own group purchasing organization.

Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to 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.

For more information about Ascension, visit <https://www.ascension.org/>.

Ascension St. Vincent's, Ascension St. Vincent's Birmingham

Ascension St. Vincent's, a part of Ascension, includes a regional network of healthcare services and facilities, together dedicated to improving the health and well-being of those we serve, with special attention to those who are poor and vulnerable. Ascension St. Vincent's operates five hospital campuses, a Health & Wellness Facility, outpatient surgery and diagnostic centers, primary care network, home health and hospice, home medical equipment services, behavioral health, wellness services; corporate health services and specialized care. The system employs approximately 4,700 associates and has more than 1,100 physicians serving on medical staff(s).

As a Ministry of the Catholic Church, Ascension St. Vincent's Birmingham is a non-profit hospital governed by a local board of trustees represented by community leaders, medical staff, and sister sponsorship's, and has been providing medical care to Jefferson County and surrounding areas. Ascension St. Vincent's Birmingham 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. Ascension St. Vincent's Birmingham is a 409 bed inpatient facility



Ascension St. Vincent's Birmingham

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, Cardiology, Oncology, Neurology and Surgical Services. Serving Alabama since 1898, Ascension St. Vincent's Birmingham is continuing the long and valued tradition of addressing the health of the people in our community, following in the footsteps of our founders, the Daughters of Charity.

For more information about Ascension St. Vincent's Birmingham, visit [Ascension St. Vincent's Birmingham Website](#).

About the Community Health Needs Assessment

A Community Health Needs Assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

Purpose of the CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet community health needs.”¹ The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension St. Vincent's Birmingham's commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3), and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at <https://healthcare.ascension.org/CHNA> and paper versions can be requested at Ascension St. Vincent's Birmingham, Administration.

¹ Catholic Health Association of the United States (<https://www.chausa.org>)

Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

Community Served

For the purpose of the 2022 CHNA, Ascension St. Vincent's Birmingham has defined its community served as Jefferson County, Alabama. Although Ascension St. Vincent's Birmingham serves Jefferson County, Alabama and surrounding areas, the "community served" was defined as such because (a) most of our service area is in Jefferson county; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level.



Image Jefferson County: Map of Community Served

In order to define the geographic region, the assessment team looked at inpatient and outpatient care volumes for fiscal year 2021 (July 1, 2020 to June 30, 2021) to determine the areas of patient origin for Ascension St. Vincent's Birmingham. This method reveals that 59% of all patients (discharges) originate from Jefferson County.

Demographic Data

Located in Central Alabama, Jefferson County has a population of 674,460 people and is the fifth most populous county in the state and covers a 1,111.1 mile area, according to the U.S. Census Bureau American Community Survey 2016-2020, 5-year estimates.

Below are demographic data highlights for Jefferson County, Alabama:

- 15.8% of the residents of Jefferson County are 65 or older, compared to 16.9% in Alabama.
- 96.1% of residents are non-Hispanic; 3.9% are Hispanic or Latino (any race).
- 53.10% of residents are White; 1.80% are Asian; 43.50% are Black or African American
- The total population increase from 2000 to 2010 was -0.54%.
- The median household income is above the state median income (\$55,088 for Jefferson County; \$52,035 for Alabama).
- The percent of all ages of people in poverty was significantly lower than the state (2.9% for Jefferson County; 3% for Alabama).
- The uninsured rate for Jefferson County is lower than the state (11% for Jefferson County; 12% for Alabama).

Description of the Community

Demographic Highlights		
Indicator	Jefferson	Description
Population		
% Living in rural communities	9.80%	
% below 18 years of age	22.8%	
% 65 and older	16.30%	
% Hispanic	4.10%	
% Asian	1.80%	
% Non-Hispanic Black	43.50%	
% Non-Hispanic White	53.10%	
Social and Community Context		
English Proficiency	99%	Proportion of community members that speak English well.
Median Household Income	\$55,088	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	23%	Percentage of people under age 18 in poverty.
Percent of Uninsured	11%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	90.5%	Percentage of adults ages 25 and over with a high school diploma or equivalent.

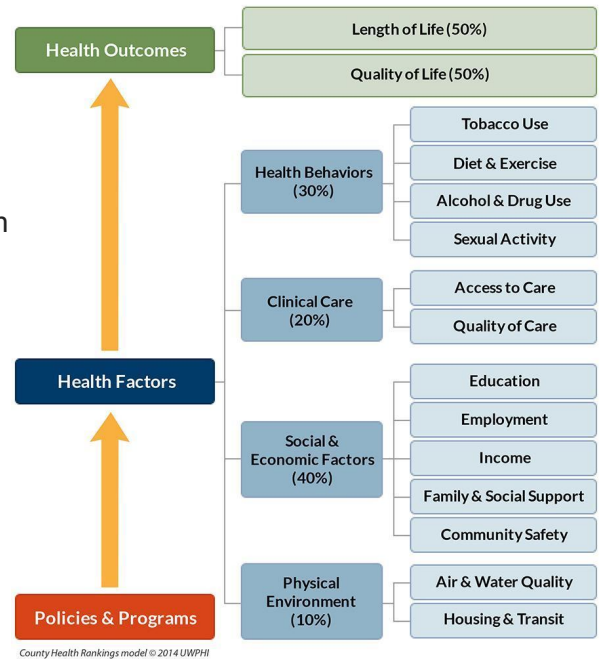
Percent of Unemployment	2.90%	Percentage of population ages 16 and older unemployed but seeking work.
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To view Community Demographic Data in its entirety, see Appendix B (page 35).

Process and Methods Used

Ascension St. Vincent's Birmingham is committed to using national best practices in conducting the CHNA. Health needs and assets for Jefferson County were determined using a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs.

Ascension St. Vincent's Birmingham's approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement.



Collaborators

Ascension St. Vincent's Birmingham completed its 2022 CHNA in collaboration with Ascension St. Vincent's and UABHS (known as the "UAB-Ascension St. Vincent's Alliance") which provides a unified approach to healthcare within Jefferson County and surrounding area(s). The UAB-Ascension St. Vincent's Alliance, announced in January, 2020, utilizes innovative strategies to address health disparities, mental and behavioral health, and diabetes, with an emphasis on expanded access for poor, vulnerable and rural populations, therefore providing an opportunity to improve health care delivery in Alabama. As the UAB-Ascension St. Vincent's Alliance, the entities share resources to better serve the community, while preserving the historic missions of the organizations. The following organizations are included in the UAB-Ascension St. Vincent's Alliance:

- Ascension St. Vincent's Birmingham
- Ascension St. Vincent's East
- Ascension St. Vincent's One Nineteen
- Ascension St. Vincent's St. Clair
- Ascension St. Vincent's Chilton
- Ascension St. Vincent's Blount
- Ascension St. Vincent's Trussville
- Ascension Medical Group Practices
- Primary Care and Urgent Care Network
- St. Vincent's Medical Group
- UAB Hospital
- University of Alabama Health Services Foundation
- UAB Gardendale Freestanding Emergency Department (FED) and Clinics
- Callahan Eye Hospital, Clinics, and Ophthalmology Services Foundation
- Medical West Hospital and FED

Data Collection Methodology

In collaboration with various community partners and members of the UAB-Ascension St. Vincent's Alliance, data was collected and analyzed for Jefferson County. The CHNA process for Ascension St. Vincent's Birmingham was a collaborative effort with representation from all areas of the Health System which included Senior Leadership, Advocacy, Mission Integration, Strategy, Finance, Population Health, leadership from each hospital facility and representatives from the UAB-Ascension St. Vincent's Alliance. The process included a review of primary data and publicly available secondary data for the following topics recommended by the Catholic Health Association: demographics and socioeconomic status, access to healthcare, health status risk factor behaviors, child health, infection diseases, natural environment, and social environment. Input was also received by an online (and paper) survey distributed via social media and email to members of the community. Specific groups surveyed included: Greater Birmingham Project Access, Local Federally Qualified Health Centers (FQHC(s)), the

Catholic Diocese of Birmingham, Central Alabama Fire Chiefs, FORGE Breast Cancer Survivor Center, the Jefferson County Department of Health, local community colleges, local churches, medical staff members, the St. Vincent's Foundation, and the Firehouse Shelter.

Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, the UAB-Ascension St. Vincent's Alliance consulted with a range of public health and social service providers that represent the broad interest of Jefferson County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.



Multiple methods were used to gather community input, including key stakeholder/informant interviews, key community partner focus groups, and community surveys. These methods provided additional perspectives on how to select and address top health issues facing Jefferson County.

A summary of the process and results is outlined on the following page(s).

Key Community Partners - Focus Groups

A series of five focus group presentations were conducted by Ascension St. Vincent's Community Benefit Staff to gather feedback from key community partners on the health needs and assets of Jefferson County and Central Alabama. Approximately 150 individuals participated in the focus groups, held between October, 2021 and December, 2021.

Key Community Partners - Focus Groups	
Key Discussion Points/Questions	
<ul style="list-style-type: none"> • What do you see as the top health issues in North Central Alabama? • What would improve the quality of life for those within your community(s) the most? • What do you see as the most important problem(s) facing the community in healthcare services area(s)? • If you could choose one thing to improve the health of your community, what would it be? 	
Populations/Sectors Represented	Common Themes
<ul style="list-style-type: none"> • Healthcare Roundtable (includes representatives from the local Department of Public Health) • Mental Health Roundtable • Central Alabama Fire Chiefs • Safety Officers of Central Alabama 	<ul style="list-style-type: none"> • Healthcare Access for the uninsured and under-insured. • Mental Health (services, availability) • Opportunities for Collaboration (local Department of Public Health, Central Alabama Fire Chiefs, Mental Health Roundtable, HealthCare Roundtable). • Access to specialty services in rural areas.

Community Forums

Historically community forums have been held as part of the CHNA process. Due to the pandemic, the decision was made not to hold public forums as a way to protect the community. The UAB-Ascension St. Vincent's Alliance obtained the necessary information through alternative strategies such as the community surveys, key informant interviews and key community partner focus groups.

Community Surveys

A survey was conducted by the UAB-Ascension St. Vincent's Alliance to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes and behaviors, social determinants of health, and clinical care for Jefferson County and surrounding area(s). Almost 7,000 individuals participated in the survey, held between October 2021 and February 2022. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The survey contained sixteen (16) questions and was distributed in English and Spanish to community members through text, email, and social media platforms.

Community Surveys	
Key Summary Points	
<ul style="list-style-type: none"> • Overall Access to Healthcare is viewed as the top issue and most important factor to improving life. • Increasing accessibility of services, consistent with the top health issues, was identified as the primary method to solving the issues. • Chronic diseases/complications were uniformly identified in the top of responses behind Access to Healthcare and Mental Health. • Collaboration with community partners and the educational resources that can be provided through them are inherently linked. • Several of the issues listed can be linked back to health disparities and addressing social determinants of health. 	
Key Stakeholders	Common Themes
<ul style="list-style-type: none"> • Healthcare • Education • Medical • Volunteers • Churches • Mental Health 	<ul style="list-style-type: none"> • Opportunity to continue growth of primary care services. • Existing deficit of mental health services and providers. • Strengthen relationships with community partners/resources.

The majority of the survey questions were demographic in nature. Results of two survey questions related to quality of life and health issues are summarized below:

Survey Question: What would improve the quality of life in your community the most?		
Category	Total Responses	Percentage
Healthcare Access	1,387	21%
Mental Health Services	1,060	16%
Educational Opportunities	648	10%
Connections to Resources	622	9%
Community Safety	564	8%

Survey Question: What do you see as the top health issues in North Central Alabama?		
Category	Total Responses	Percentage
Access to Proper Healthcare	3,810	19%
Mental Health	2,900	14%
Cancer	2,153	11%
Diabetes	1,913	9%
Heart Disease	1,823	9%

Survey Tool - See Appendix "G" Page "52"

Key Informant Interviews

A series of twenty-six (26) one-on-one interviews were conducted by the UAB-Ascension St. Vincent's Alliance to gather feedback from key stakeholders on the health needs and assets of Jefferson County and surrounding area(s). The twenty-six community leaders, representing different organizations and agencies, participated in the one-on-one interviews, held between October 2021 and February 2022. Sectors represented by participants included health experts at the state and community levels and local civic leaders.

Key Informant Interviews	
Key Summary Points <ul style="list-style-type: none"> Healthcare Access is recognized as a major area of concern for the community. Access was defined as geographic location, ease of access to healthcare services, affordability of healthcare services and the availability of primary care providers. Availability of healthy lifestyle resources is viewed as critical to the avoidance of major health complications. Health education programs should begin with younger generations to create a healthy lifestyle. 	
Populations/Sectors Represented	Common Themes
<ul style="list-style-type: none"> Healthcare Education Civic leaders 	<ul style="list-style-type: none"> Affordability and accessibility of services. Healthy lifestyle resources should be made widely available. Opportunity for community engagement/involvement.
Meaningful Quotes from Key Informants	
<ul style="list-style-type: none"> "We need to improve the primary care arm of our system." "When we think of accessibility, we should look at the hours of operation as well as the number of staff in the clinic." "Health systems should continue to collaborate with community partners to push for greater health equity." 	

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Secondary data was compiled from various sources that are reputable and reliable.

Health indicators in the following categories were reviewed:

- Health Outcomes
- Social and Economic Factors that impact health
- Health Behaviors
- Access to Healthcare
- Disparities

A summary of the secondary data collected and analyzed through this assessment is outlined below.

To view secondary data and sources in its entirety, see Appendix D (*page 40*).

Summary of COVID-19 Impact on Jefferson County, Alabama

The COVID-19 pandemic has had an impact on communities world-wide. In the United States, urban communities took the hardest hit for both COVID cases and death. Profound disparities emerged as the pandemic grew. Older Americans have the highest risk of death from COVID than any other age group with 81% of deaths from COVID to people over 65 years of age. There are significant disparities by race and ethnicity as well. Americans of color have higher risk of exposure, infection and death compared to non-Hispanic White Americans.²

Significant COVID-19 disparities include:

- Hispanic Persons at 2.3 times the risk of death
- Non-Hispanic Black persons at 1.9 times the risk of death
- American Indian or Alaska Native at 2.4 times the risk of death

Some reasons for these differences include:

- Multigenerational families
- Living in crowded housing with close physical contact
- Working in environments in which social distancing is not possible
- Inadequate access to health care
- Higher rates of underlying conditions³

²Centers for Disease Control and Prevention (<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities>)

³ Ibid

COVID-19 Impact on Jefferson County and Alabama (as of March 20, 2022)			
Indicator	Jefferson	Alabama	Description
Total Cases	184,208	1,291,567	
Confirmed Cases per 100,000	27,700	26,341	
Total Deaths	2,301	19,093	
Deaths per 100,000	343	389	
Case Fatality Percentage	1.25%	1.48%	Percent of total confirmed cases of individuals who died of COVID-19

Source: CDC COVID Data Tracker

https://covid.cdc.gov/covid-data-tracker/#trends_totalandratedeathstotalrate

Alabama Department of Public Health

[Alabama's COVID-19 Dashboard Hub \(arcgis.com\)](https://arcgis.com)

As a part of our CHNA survey process, we asked the community about the impact that the COVID-19 pandemic has had on their household. The question, ***“Which of the following have been the biggest challenges for your household as a result of the COVID-19 pandemic? Select all that apply,”*** was asked. Below are the five most frequently recorded responses for this question.

Biggest Household Challenges Due to the COVID-19 Pandemic		
Category	Total	Percentage
Not knowing when the pandemic will end	3,448	23%
Feeling nervous, anxious, on edge	2,229	15%
Feeling alone/isolated, unable to socialize	2,036	14%
Shortage of sanitation/cleaning supplies	970	7%
Not being able to exercise	902	6%

Community Input on Previous CHNA and Implementation Strategy

Ascension St. Vincent's Birmingham's previous CHNA and implementation strategy were made available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>.

No comments were received for the previous CHNA and implementation strategy.

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Jefferson County and surrounding area(s). This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in a number of ways, including timeliness, reach and descriptive ability with groups as identified above.
- An acute community concern may significantly impact a Ministry's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or situation which may be severe and sudden in onset or newly affects a community. These events may impact the ability to collect community input, may not be captured in secondary data, and/or can present in the middle of the three-year CHNA cycle. For the 2022 CHNA, COVID-19 was identified as an acute community concern.

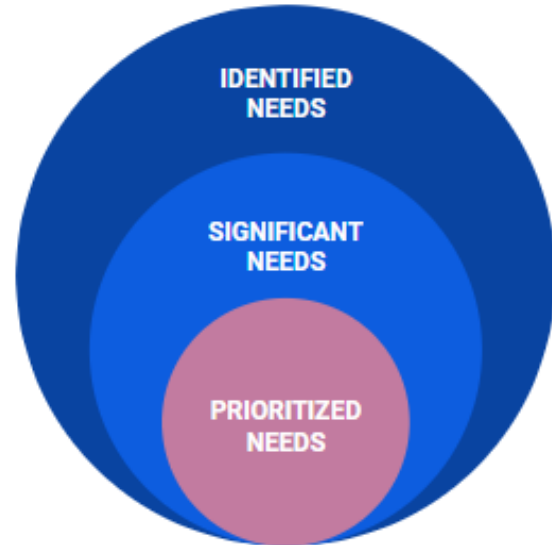
Despite the data limitations, Ascension St. Vincent's Birmingham (the UAB-Ascension St. Vincent's Alliance) is confident the overarching themes and health needs are represented in the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital(s) as well as participants from the community.

Community Needs

Ascension St. Vincent's Birmingham, in conjunction with the UAB-Ascension St. Vincent's Alliance, analyzed secondary data for over 25 indicators and gathered community input through community surveys, key informant interviews and community partner focus groups to identify the needs in Jefferson County and surrounding area(s).

A phased prioritization approach was used to identify the needs. The first step was to determine the broader set of **identified needs**. Next, identified needs were then narrowed to a set of **significant needs** which were determined to be most crucial for community stakeholders to address.

Following the completion of the CHNA assessment, the UAB-Ascension St. Vincent's Alliance will select all, or a subset, of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. Image to the right illustrates the relationship between the needs categories.



Identified Needs

Ascension has defined "identified needs" as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of community members in Jefferson County and surrounding areas. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues in order to better develop measures and evidence-based interventions that respond to the determined condition.

Significant Needs

In collaboration with various community partners, the UAB-Ascension St. Vincent's Alliance utilized a prioritization process to determine which of the identified needs were most significant. Ascension has defined "significant needs," as the identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods. In determining the significant needs for the 2022 CHNA, the UAB-Ascension St. Vincent's Alliance utilized the review of standards and benchmarks, organizational needs and priorities and review of primary data obtained through community and public health feedback.

- Community response/importance of the problem to the community

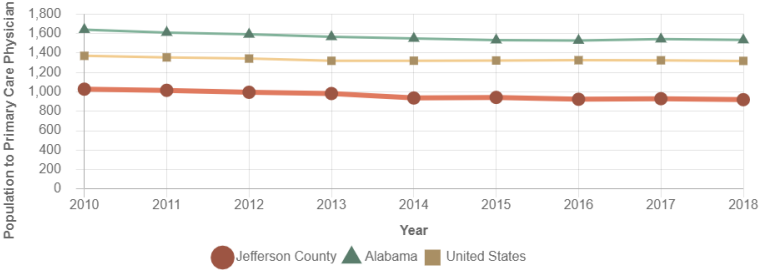
- Severity - risk of morbidity and mortality
- Alignment of the problem with the strengths and priorities of the UAB- Ascension St. Vincent's Alliance and Ascension St. Vincent's Birmingham
- Impact of the problem on populations who are vulnerable
- Existing resources within the community to address the problem

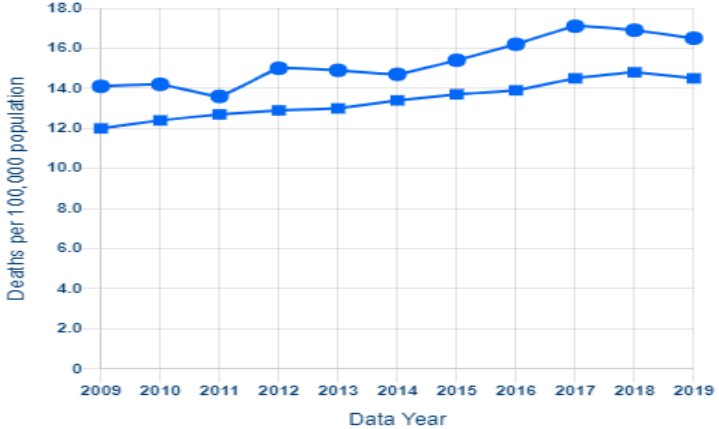
Through the prioritization process for the 2022 CHNA, the significant needs are as follows:

- Access to HealthCare
- Mental Health
- Chronic Disease Prevention/Management
 - Cancer
 - Diabetes
 - Heart Disease

To view health care facilities and community resources available to address the significant needs, please see Appendix E (page 47).

Descriptions (including data highlights, community challenges & perceptions, and local assets & resources) of the significant needs are on the following pages.

Access to Healthcare																																									
Why is it Important?	Data Highlights																																								
<p>Access to affordable, quality healthcare is important to physical, social and mental health. Access to Care includes the timely use of personal health services to achieve the best outcomes through three distinct steps: gaining entry into the healthcare system; accessing a location where needed healthcare services are provided; and finding a healthcare provider whom the patient trusts and can communicate with. Deterrents to access to healthcare services can include variables such as timeliness of care, cost, transportation availability, location of services, insurance or lack thereof and provider availability.</p>	<div style="text-align: center;"> <p>Primary care physicians in Jefferson County, AL County, State and National Trends</p> <p>Jefferson County is getting better for this measure.</p>  <table border="1" style="margin-top: 10px;"> <caption>Population to Primary Care Physician Ratio (2010-2018)</caption> <thead> <tr> <th>Year</th> <th>Jefferson County</th> <th>Alabama</th> <th>United States</th> </tr> </thead> <tbody> <tr><td>2010</td><td>1,000</td><td>1,530</td><td>1,030</td></tr> <tr><td>2011</td><td>980</td><td>1,530</td><td>1,030</td></tr> <tr><td>2012</td><td>960</td><td>1,530</td><td>1,030</td></tr> <tr><td>2013</td><td>940</td><td>1,530</td><td>1,030</td></tr> <tr><td>2014</td><td>920</td><td>1,530</td><td>1,030</td></tr> <tr><td>2015</td><td>900</td><td>1,530</td><td>1,030</td></tr> <tr><td>2016</td><td>880</td><td>1,530</td><td>1,030</td></tr> <tr><td>2017</td><td>860</td><td>1,530</td><td>1,030</td></tr> <tr><td>2018</td><td>840</td><td>1,530</td><td>1,030</td></tr> </tbody> </table> <p><small>Notes: The data in this table reflect the average population served by a single primary care physician.</small></p> </div> <ul style="list-style-type: none"> The ratio of primary care physicians in Jefferson County is 920:1, meaning there is one primary care physician per 920 people. While this number is better than the Top US Performers' ratio of 1030:1 and Alabama's ratio of 1530:1, there remains much room for improvement in this key indicator of healthcare access. The uninsured rate in Jefferson County is 11% which is below the state of Alabama rate of 12% and well above Top U.S. Performers at 6%. The rate of preventable hospital stays per 100,000 people was 4,558 in Jefferson County, as compared to 5,466 for Alabama and 2,565 for Top U.S. Performers. 	Year	Jefferson County	Alabama	United States	2010	1,000	1,530	1,030	2011	980	1,530	1,030	2012	960	1,530	1,030	2013	940	1,530	1,030	2014	920	1,530	1,030	2015	900	1,530	1,030	2016	880	1,530	1,030	2017	860	1,530	1,030	2018	840	1,530	1,030
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<p>Data Source: County Health Rankings & Roadmaps 2021</p>																																									

Mental Health																																					
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<p>Mental health disorders are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Mental health issues are associated with increased rates of smoking, physical inactivity, obesity and substance abuse. As a result, these physical health problems can lead to chronic disease, injury, disability and death (including overdose or suicide). During the COVID-19 pandemic, depression, anxiety and suicidal ideation have increased and access to mental health providers and treatment has been limited.</p>	<ul style="list-style-type: none"> • The ratio of mental health providers in Jefferson County is 520:1, meaning there is one mental health provider per 520 people. This is far worse than the Top U.S. Performers' ratio of 290:1, but better than Alabama's state ratio of 920:1. • The average number of mentally unhealthy days reported in the past thirty days by Jefferson County residents was 4.1, compared to 4.9 for Alabama and 3.8 for Top U.S. Performers. • The suicide rate for the state of Alabama is 16.5 deaths due to suicide per 100,000 population, which is higher than the U.S. at 14.5 deaths per 100,000. <div style="text-align: center;">  <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <caption>Deaths per 100,000 population (2009-2019)</caption> <thead> <tr> <th>Year</th> <th>Alabama (Circles)</th> <th>U.S. (Squares)</th> </tr> </thead> <tbody> <tr><td>2009</td><td>14.0</td><td>12.0</td></tr> <tr><td>2010</td><td>14.2</td><td>12.5</td></tr> <tr><td>2011</td><td>13.5</td><td>12.8</td></tr> <tr><td>2012</td><td>15.0</td><td>13.0</td></tr> <tr><td>2013</td><td>14.8</td><td>13.2</td></tr> <tr><td>2014</td><td>14.5</td><td>13.5</td></tr> <tr><td>2015</td><td>15.5</td><td>13.8</td></tr> <tr><td>2016</td><td>16.5</td><td>14.0</td></tr> <tr><td>2017</td><td>17.5</td><td>14.5</td></tr> <tr><td>2018</td><td>17.0</td><td>14.8</td></tr> <tr><td>2019</td><td>16.5</td><td>14.5</td></tr> </tbody> </table> </div>	Year	Alabama (Circles)	U.S. (Squares)	2009	14.0	12.0	2010	14.2	12.5	2011	13.5	12.8	2012	15.0	13.0	2013	14.8	13.2	2014	14.5	13.5	2015	15.5	13.8	2016	16.5	14.0	2017	17.5	14.5	2018	17.0	14.8	2019	16.5	14.5
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Community Challenges & Perceptions	Individuals Who Are More Vulnerable																																				
<ul style="list-style-type: none"> • Stigma around mental health • Lack of accessible mental health services • Lack of mental health providers • Cost of mental health services • Insurance barriers • Virtual care limitations 	<ul style="list-style-type: none"> • Underinsured and/or uninsured individuals. • Individuals with low income, living at or below the poverty level. Unemployment, poverty and stress can contribute to poor mental health. • Senior population with limited resources and family support. 																																				
Data Source: County Health Rankings & Roadmaps 2021																																					

Chronic Disease Prevention/Management	
Why is it Important?	Data Highlights
<p>Addressing cancer, diabetes and cardiac health, through the lens of chronic disease prevention and management, addresses the positive impact of maintaining a healthy lifestyle. Promoting health through maintenance of healthy body weight, consumption of healthy foods and consistent exercise reduces the occurrence of chronic diseases diabetes and heart disease.</p>	<ul style="list-style-type: none"> ● According to Healthcare.gov, “Chronic Disease Management is an integrated care approach to managing illness which includes screenings, check-ups, monitoring and coordinating treatment, and patient education. It can improve your quality of life while reducing your health care costs if you have a chronic disease by preventing or minimizing the effects of a disease.” ● Percentage of adults in Jefferson County with the following chronic diseases are as follows: <ul style="list-style-type: none"> ○ Cancer - Age-adjusted incidence rate is 451 cases per 100,000 ○ Diabetes - age 20 and above diagnosed, 13% compared to 15% average in the state of Alabama. ○ Heart Disease - 522: age 35 and above total cardiovascular disease death rate per 100,000
<p>Local Assets & Resources</p> <ul style="list-style-type: none"> ● Local health systems ● 211 ● Diabetes Association ● American Heart Association ● United Way of Central Alabama ● Local Cancer Centers ● FORGE Breast Cancer Survivorship Center 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> ● Impact of the pandemic on routine health screenings ● Insurance - limitations ● Cost of services ● Transportation 	<ul style="list-style-type: none"> ● Underinsured and/or uninsured individuals. ● Individuals with low income, living at or below the poverty level.
<p>Data Source: Healthcare.gov Definition; County Health Rankings & Roadmaps 2021; Alabama State Cancer Profile (Cancer.gov); DHDSP Interactive Atlas County Report (cdc.gov)</p>	

Prioritized Needs

Following the completion of the CHNA, Ascension St. Vincent's Birmingham in collaboration with the UAB-Ascension St. Vincent's Alliance will address all of the prioritized needs as outlined below for its 2022 CHNA implementation strategy. Ascension has defined "prioritized needs" as the significant needs which have been prioritized by the hospital to address through the three-year CHNA implementation strategy:

- Access to Healthcare - This need was selected because of the overwhelming identification of the issue by community members as well as key leadership personnel.
- Mental Health - This need was selected because the COVID-19 pandemic has highlighted the need and expansion of mental health services available for both the members of the community as well as the healthcare workforce.
- Chronic Disease Prevention/Management - This need was selected because the management of cancer, diabetes, and heart disease are top priorities for both the community as well as the providers. By focusing on the management of chronic diseases, the UAB-Ascension St. Vincent's Alliance can help the community achieve a healthier lifestyle through consistent community engagement and resource allocation.

Summary of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address the significant needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Highlights from the Ascension St. Vincent's Birmingham's previous implementation strategy include:

- Access to Healthcare:
 - Connection of all Ascension St. Vincent's inpatient(s) with a Primary Care Provider prior to discharge.
 - Dispensary of Hope medication assistance program.
 - Greater Birmingham Project Access
- Mental Health and Substance Abuse:
 - Ascension St. Vincent's Behavioral Health Services (Outpatient Bridge Clinic)
- Healthy Living:
 - Hands Only CPR Training
 - Lung Cancer Screenings
 - First 1000 Days of Life Program - Maternal Support

A full evaluation of our efforts to address the significant health needs identified in the previous CHNA can be found in Appendix F (*page 49*).

Approval by Ascension St. Vincent's Board of Directors

To ensure the Ascension St. Vincent's Birmingham's efforts meet the needs of the community and have a lasting and meaningful impact, the 2022 CHNA was presented to the Ascension St. Vincent's Board of Directors for approval and adoption on April 26, 2022. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified, and supports the strategy that has been developed to address prioritized needs.

Conclusion

The purpose of the CHNA process is to develop and document key information on the health and wellbeing of the communities served by Ascension St. Vincent's Birmingham and the Alliance. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension St. Vincent's Birmingham to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2022 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension St. Vincent's Birmingham hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Jefferson County and surrounding area(s). As a Catholic health ministry, Ascension St. Vincent's Birmingham is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities it serves. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Ascension St. Vincent's Birmingham is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit this public website (<https://healthcare.ascension.org/chna>) to submit your comments.

Appendices

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Appendix G: Community Survey Tools (English/Spanish)

Appendix A: Definitions and Terms

Acute Community Concern

An event or situation which may be severe and sudden in onset, or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g. hurricane, flood) or other event that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern. Source: Ascension Acute Community Concern Assessment Framework

Collaborators

Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

Community Focus Groups

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations. Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Forums

Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Served

A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served by the hospital facility; Target populations served, such as children, women, or the aged; and Principal functions, such as a focus on a particular specialty area or targeted disease.

Consultants

Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors.

Demographics

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Identified Need

Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served

Key Stakeholder Interviews

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with a special knowledge or expertise in public health may include representatives from your state or local health department, faculty from

schools of public health, and providers with a background in public health. See Section V for a list of potential interviewees. Could also be referred to as Stakeholder Interviews.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Medically Underserved Populations

Medically Underserved Populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Source:

<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-section-501r3>

Prioritized Need

Significant needs which have been selected by the hospital to address through the CHNA implementation strategy

Significant Need

Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods

Surveys

Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Appendix B: Community Demographic Data and Sources

The tables below provide a description of the community's demographics. The description of the importance of the data is largely drawn from the County Health Rankings and Roadmaps website as well as U.S. Census ACS.

Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Jefferson County	Alabama	U.S.
Total	674,721	5,024,279	331,449,281
Male	47.3%	48.3%	49.2%
Female	52.7%	51.7%	50.8%

Data source: United States Census ACS, 2016-2020

Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or Ethnicity	Jefferson County	Alabama	U.S.
Asian	1.8%	1.5%	5.9%
Black / African American	43.5%	26.8%	13.4%
Hispanic / Latino	4.1%	4.6%	18.5%
Native American	0.3%	0.7%	1.3%
White	53.1%	69.1%	76.3%

Data source: United States Census ACS, 2016-2020

Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare and child care. A population with more youths will have greater education needs and child care needs, while an older population may have greater healthcare needs.

Age	Jefferson County	Alabama	U.S.
Median Age	37.9	39.2	38.2
Age 0-17	22.8%	22.2%	22.3%
Age 18-64	60.1%	63.5%	61.2%
Age 65+	16.3%	17.3%	16.5%

Data source: United States Census ACS, 2016-2020

Income

Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Jefferson County	Alabama	U.S.
Median Household Income	\$55,088	\$52,035	\$64,994
Per Capita Income	\$33,343	\$28,934	\$35,384
People with incomes below the federal poverty guideline	14.4%	14.9%	11.4%

Data source: United States Census ACS, 2016-2020

Education

There is a strong relationship between health, lifespan and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support, help create opportunities for healthier choices.

Income	Jefferson County	Alabama	U.S.
High School grad or higher	90%	86%	88%
Bachelor's degree or higher	69%	61%	66%

Data source: United States Census ACS, 2016-2020

Insured/Uninsured

Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	Jefferson County	Alabama	U.S.
Uninsured	10.7%	11.7%	10.2%
Medicaid Eligible	24%	24.5%	17.8%

Data source: United States Census ACS, 2016-2020, Alabama Medicaid 2019 Annual Report

Appendix C: Community Input Data and Sources

Community Input Data and Sources		
Organization Name	Phone/Email/Contact	Website
Ascension St. Vincent's Birmingham	205-939-7000	Ascension St. Vincent's Birmingham Website
UAB Medicine	205-934-3411	UAB Medicine Website
Ascension Medical Group - Medical Staff	See website for specific clinic phone numbers	Ascension Medical Group Website
Central Alabama Fire Chiefs Association	205-229-8367	Deputy Chief Brandon Broadhead; President
Firehouse Ministries	205-252-9571	Firehouse Ministries Homeless Shelter
Catholic Diocese of Birmingham	205-838-8322	Catholic Diocese of Birmingham
Jefferson County Department of Health	See website	Jefferson County Department of Health
Jefferson County HealthCare Roundtable	Coordinated by: Ascension St. Vincent's Community Outreach	Ascension St. Vincent's Birmingham Website
Jefferson County Mental Health Roundtable	Coordinated by: Ascension St. Vincent's Behavioral Health	Ascension St. Vincent's East
Central Alabama Safety Directors; Employer Solutions Ascension St. Vincent's	205-807-4977	Ascension St. Vincent's Birmingham Website
Case Managers Society of Alabama, Birmingham Chapter	205-807-0254	CMSA Website
Jefferson State Community Colleges (Clanton/St. Clair)	205-853-1200	Jefferson State Community College(s)
Christ Health Center (FQHC)	205-838-6000	Christ Health Center Website
Alabama Hospital Association	334-272-8781	Alabama Hospital Association
Alabama Academy of Ophthalmology	334-954-2500	Alabama Academy of Ophthalmology

Birmingham Board of Education	205-231-4600	Board of Education
The University of Alabama at Birmingham	205-934-4011	The University of Alabama at Birmingham UAB
Birmingham Civil Rights Institute	866-328-9696	Birmingham Civil Rights Institute
Cahaba Valley Healthcare	205-918-2108	Cahaba Valley Healthcare
Piqua Shawnee Indian Tribe		Piqua Shawnee Tribe
Birmingham City Police	205-254-1700	Police Department - Birmingham
Jefferson County Commission		Jefferson County – Government
Alabama Institute for the Deaf and Blind	See website	Alabama Institute for the Deaf and Blind

Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled and made available on the County Health Rankings and Roadmaps (CHRR) website (<https://www.countyhealthrankings.org/>). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data every year and shares with the public in March. The data below is from the 2021 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis. NOTE: Data in the charts does not reflect the effects that the COVID-19 pandemic has had on communities.

How To Read These Charts

Why they are important: Explains why we monitor and track these measures in a community and how it relates to health. The descriptions of 'why they are important' are largely drawn from the CHRR website as well.

County vs. State: Describes how the county's most recent data for the health issue compares to state.

Trending: CHRR provides a calculation for some measures to explain if a measure is worsening or improving.

- Red: The measure is worsening in this county.
- Green: The measure is improving in this county.
- Empty: There is no data trend to share or the measure has remained the same.

Top US Counties: The best 10 percent of counties in the country. It is important to compare not just with Jefferson County and surrounding area(s) but important to know how the best counties are doing and how our county compares.

Description: Explains what the indicator measures, how it is measured, and who is included in the measure.

n/a: Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

Indicators	Trend	Jefferson County	Alabama	Top US Counties	Description
Length of Life					
Premature Death		11,100	9,800	5,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy		74.6	75.5	81.1	How long the average person should live.
Infant Mortality		10	8	N/A	Number of all infant deaths (within 1 year) per 1,000 live births.
Physical Health					
Poor or Fair Health		20%	21%	14%	Percent of adults reporting fair or poor health.
Poor Physical Health Days		4.1	4.4	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress		13%	14%	10%	Percent of adults 14 or more days of poor physical health per month.
Low Birth Weight		11%	10%	6%	Percent of babies born too small (less than 2,500 grams).
Fall Fatalities 65+		N/A	N/A	N/A	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population.
Mental Health					
Poor Mental Health Days		4.7	4.9	3.8	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress		15%	16%	12%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide		14	16	11	Number of deaths due to suicide per 100,000.
Morbidity					
Diabetes prevalence		13%	15%	8%	Percent of adults aged 20 and above with diagnosed diabetes.
Cancer Incidence		N/A	N/A	N/A	Number of new cancer diagnoses per 100,000.

Communicable Disease					
HIV Prevalence		666	583.4	161.2	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections		776.9	583.4	161.2	Number of newly diagnosed chlamydia cases per 100,000.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

Healthcare Access					
Uninsured		11%	12%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		14%	15%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		3%	3%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		920:1	1,530:1	3%	Ratio of population to primary care physicians.
Other Primary Care Providers		640:1	1,070:1	1,030:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		520:1	920:1	270:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays		4,558	5,466	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations		47%	43%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		42%	40%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

Indicators	Trend	Jefferson County	Alabama	Top US Counties	Description
Economic Stability					
Median Household Income		\$54,100	\$51,800	\$72,900	Income where half of households in a county earn more and half of households earn less.
Unemployment		2.90%	3%	2.60%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty		16.20%	15.50%	N/A	Percentage of population living below the Federal Poverty Line.
Childhood Poverty		23%	22%	10%	Percentage of people under age 18 in poverty.
Educational Attainment					
High School Completion		90%	86%	94%	Percentage of ninth grade cohort that graduates in four years.
Some College		69%	61%	73%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in single-parent homes		38%	32%	14%	Percentage of children that live in a household headed by a single parent.
Social Associations		14.5	12.3	18.2	Number of membership associations per 10,000 population.
Disconnected Youth		8%	8%	N/A	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Juvenile Arrests		12	N/A	N/A	Rate of delinquency cases per 1,000 juveniles.
Violent Crime		873	480	63	Number of reported violent crime offenses per 100,000 population.
Access to Healthy Foods					
Food Environment Index		6.6	5.5	8.7	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity		16%	17%	9%	Percent of the population who lack adequate access to food.

Limited Access to Healthy Foods		12%	8%	2%	Percent of the population who are low-income and do not live close to a grocery store.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

Physical Environment

Why it is important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicators	Trend	Jefferson County	Alabama	Top US Counties	Description
Physical Environment					
Severe housing cost burden		15%	12%	N/A	Percentage of households that spend 50% or more of their household income on housing.
Severe Housing Problems		16%	14%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
Air Pollution - Particulate Matter		10.8	9.2	5.2	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		63%	69%	81%	Percentage of occupied housing units that are owned.
Year Structure Built		N/A	N/A	N/A	Percentage of housing units built prior to 1950.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicators	Trend	Jefferson County	Alabama	Top US Counties	Description
Healthcare Access					
Uninsured		11%	12%	6%	Percentage of population under age 65 without health insurance.
Uninsured Adults		14%	15%	7%	Percentage of adults under age 65 without health insurance.

Uninsured children		3%	3%	3%	Percentage of children under age 19 without health insurance.
Primary Care Physicians		920:1	1,530:1	3%	Ratio of population to primary care physicians.
Other Primary Care Providers		640:1	1,070:1	1,030:1	Ratio of the population to primary care providers other than physicians.
Mental Health Providers		520:1	920:1	270:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable Hospital Stays		4,558	5,466	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations		47%	43%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		42%	40%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicators	Trend	Jefferson County	Alabama	Top US Counties	Description
Healthy Life					
Adult Obesity		18%	20%	16%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m ² .
Physical Inactivity		29%	29%	19%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities		79%	61%	91%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		40%	440%	32%	Percentage of adults who report fewer than 7 hours of sleep on average.

Motor Vehicle Crash Deaths		16	20	9	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult Smoking		18%	20%	16%	Percentage of adults who are current smokers.
Excessive Drinking		17%	15%	15%	Percentage of adults reporting binge or heavy drinking.
Alcohol-Impaired Driving Deaths		15%	27%	11%	Percent of Alcohol-impaired driving deaths.
Opioid Hospital Visits		N/A	N/A	N/A	Rate of opioid-related hospital visits per 100,000 population.
Sexual Health					
Teen Births		27	29	12	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		776.9	583.4	161.2	Number of newly diagnosed chlamydia cases per 100,000 population.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

Appendix E: Health Care Facilities and Community Health Resources

As part of the CHNA process, Ascension St. Vincent's Birmingham has cataloged resources available in Jefferson County and surrounding areas that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem. The resources listed under each significant need heading is not intended to be exhaustive.

Access to Care

Organization Name	Phone	Website
Ascension St. Vincent's Birmingham	205-939-7000	Ascension St. Vincent's Birmingham Website
UAB Medicine	205-934-3411	UAB Medicine Website
Ascension Medical Group - Clinics	See website for specific clinic phone numbers	Ascension Medical Group Website
UAB Medicine - Clinics	See website for specific clinic phone numbers	UAB Clinic Website
Ascension St. Vincent's East	205-838-3000	Ascension St. Vincent's East Website
Greater Birmingham Project Access	205-838-3421	Greater Birmingham Project Access Website
Christ Health Center	205-838-6000	Christ Health Center Website
Ascension Neighborhood Resource	See website	Ascension Neighborhood Resource Website

Mental Health

Organization Name	Phone	Website
Ascension St. Vincent's East	205-838-3000	Ascension St. Vincent's East Website
UAB Medicine	205-934-3411	UAB Medicine Website
Ascension St. Vincent's Behavioral Health Services	205-838-3000	Ascension St. Vincent's East Website
National Association on Mental Illness (NAMI)	334-396-4797	NAMI Alabama

Alabama Department of Mental Health (ADMH)	800-367-0955	ADMH Website
JBS Mental Health Authority (Jefferson, Blount and St. Clair Counties)	205-595-4555	JBS Mental Health Website
Oasis	205-933-0338	Oasis Counseling Website
Grayson and Associates	205-871-6926	Grayson and Associates Website

Chronic Disease Prevention/Management

Organization Name	Phone	Website
Ascension St. Vincent's Birmingham; Bruno Cancer Center	205-939-7000	Ascension St. Vincent's Birmingham Website
Ascension St. Vincent's East; Cancer Center	205-838-3000	Ascension St. Vincent's East Website
UAB Medicine - Cancer Center(s)	205-801-9034	O'Neal Comprehensive Cancer Center Website
American Heart Association; Birmingham	205-510-1500	American Heart Association Birmingham
American Diabetes Association; Birmingham	205-870-5172	American Diabetes Association Birmingham
American Cancer Society - Alabama; Birmingham Chapter	205-879-2242	American Cancer Society Alabama
FORGE Breast Cancer Survivorship Center	800-811-8925	FORGE Website

Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

Ascension St. Vincent's Birmingham's previous CHNA implementation strategy was completed in 2019, and addressed the following priority health needs: Access to HealthCare, Mental Health and Healthy Living.

The information below describes the actions taken during the 2020-2022 CHNA to address each priority need and indicators of improvement. NOTE: At the time of this publication, April, 2022, the third year of the cycle has not been completed. This table includes results up to that time.

PRIORITY NEED	Access to HealthCare	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Connection to Primary Care Provider (PCP)	All inpatients connected to PCP prior to discharge.	<ul style="list-style-type: none"> • All inpatients are asked if they have a PCP on admission. All who report "no PCP" are connected to a PCP, who is accepting patients, prior to discharge. <ul style="list-style-type: none"> o 100% of patients connected to PCP prior to discharge.
Dispensary of Hope	Medication Assistance Program	<ul style="list-style-type: none"> • 1,433 prescriptions provided for 265 community members (2021, Jan-Mar, 2022).
Access to Care/Greater Birmingham Project Access	Clinic for the under-insured, uninsured. Ascension St. Vincent's Access to Care Program joined with the Department of Public Health Project Access Program in June, 2021 to form Greater Birmingham Project Access.	<ul style="list-style-type: none"> • With the combination of St. Vincent's Access to Care and Project Access, enrollment increased by 50%; from 300+ to 600+ community residents.

PRIORITY NEED	Mental Health & Substance Abuse	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Increase the proportion of adults with mental health disorders who receive treatment.	Community collaborative efforts around access to mental health and substance abuse programs/services.	<ul style="list-style-type: none"> • Coordination of community Mental Health Roundtable. • Mental Health Outpatient Clinic serves as a bridge for patients awaiting connection to permanent mental health provider(s). • Mental Health First Aid training for the community at large was put on hold due to the pandemic. Alternative education provided via social media regarding mental health. • Ascension Medical Group tracking PHQ-9 scores and referring for mental health evaluation as appropriate.
Reduce drug-induced deaths	Community-wide training on-hold due to inability to gather during the pandemic.	<ul style="list-style-type: none"> • Collaborative efforts, with community mental health and substance abuse providers, underway to provide alternative methods for mental health and substance abuse education.

PRIORITY NEED	Healthy Living	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Increase the proportion of individuals who are aware of the symptoms of and how to respond to a heart attack.	Community education around signs and symptoms of a heart attack.	<ul style="list-style-type: none"> • Process Measures: <ul style="list-style-type: none"> ◦ Training in American Heart Association Hands only CPR provided via social media. • Outcome Measures: Over 4,000 individuals saw the social media post with 390 individuals viewing the link to "hands only CPR."
Reduce the lung cancer death rate.	Ensure the community has access to screening and treatment.	<ul style="list-style-type: none"> • Total Lung Cancer Screenings, Bruno Cancer Center: <ul style="list-style-type: none"> ◦ 2018 - 314, 2019 - 405 ◦ 2020 - 533, 2021 - 317
Decrease infant mortality and increase maternal support.	Development of first 1,000 days of life program	<ul style="list-style-type: none"> • First 1,000 days of life program developed. The program includes a nurse navigator who assists parents throughout the pregnancy, birth and newborn. Educational opportunities include: Pregnancy Education, Birth Design, Infant and Child Safety, Birth & Newborn, CPR, Infant Feeding, and Safe Sleep.

		<ul style="list-style-type: none"> ○ Educational Program Participation - over 2100; October 2020 - October 2021.
Increase proportion of individuals with full-time employment in Jefferson County.	Provide workforce training and employment assistance in collaboration with Jefferson State Community College.	<ul style="list-style-type: none"> ● Over 90 graduates have completed healthcare certification in six area(s) of focus in FY19-21.

Appendix G: 2022 CHNA Survey Tools (English/Spanish)

See survey tools in English/Spanish on the following page(s).

Community Health Survey

Ascension St. Vincent's and UAB Medicine are conducting a Community Health Needs Assessment. This brief and completely anonymous assessment will gauge your perception on the strengths and weaknesses you see in our community related to health and wellness. The information you provide will be used by Ascension St. Vincent's and UAB Medicine to develop a plan that will help address the community health needs.

Ascension St. Vincent's and UAB Medicine are committed to working together to create a healthier North Central Alabama.

By checking this box you certify that you are 18 years of age and have read this form, and are freely and voluntarily willing to participate in this survey.

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Access to proper healthcare | <input type="checkbox"/> Alcohol/Drug Addiction | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Physical Activity/Exercise | <input type="checkbox"/> Communicable diseases (TB, STDs, etc) | <input type="checkbox"/> Oral/Dental Health |
| <input type="checkbox"/> Reproductive and Sexual Health | <input type="checkbox"/> Healthy Eating/Good Nutrition | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Diabetes (blood sugar problems) | <input type="checkbox"/> Hypertension (High Blood Pressure) | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Injury/Accidents (falls, car accidents) | <input type="checkbox"/> Tobacco/ Smoking/ Secondhand Smoke | <input type="checkbox"/> Other: _____ |

2. What would improve the quality of life for those within your community? Please select only one answer.

- | | | |
|--|---|--|
| <input type="checkbox"/> Educational opportunities | <input type="checkbox"/> Substance abuse support | <input type="checkbox"/> After school programs |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Employment opportunities | <input type="checkbox"/> Public transportation |
| <input type="checkbox"/> Community Safety | <input type="checkbox"/> Community activities | <input type="checkbox"/> Trails and paths |
| <input type="checkbox"/> Health care access | <input type="checkbox"/> Mental health services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Connections to resources / community agencies | | |
| <input type="checkbox"/> Access to local parks and community classes | | |

3. Thinking about your own physical health: How many days during the past 30 days was your physical health NOT good?

- | | | |
|--|--|---|
| <input type="checkbox"/> 1 day to 6 days | <input type="checkbox"/> 7 days to 14 days | <input type="checkbox"/> Greater than 15 days |
| <input type="checkbox"/> N/A (zero days) | <input type="checkbox"/> Other: _____ | |



4. Now thinking about your mental health (stress, depression, and problems with emotions) How many days during the past 30 days was your mental health NOT good?

- 1 day to 6 days
- 7 days to 14 days
- Greater than 15 days
- N/A (zero days)
- Other: _____

5. Which of the following have been the biggest challenges for your household as a result of the COVID-19 pandemic? Select all that apply.

- Household members not getting along
- Long term COVID
- A shortage of food
- Financial burden related to COVID
- Access to basic medical care
- Lack of housing options
- Feeling nervous, anxious, or on edge
- A shortage of healthy food
- Loss of Employment
- Access to emergency medical services
- Access to prescription medications
- Not being able to exercise
- Not knowing when the pandemic will end/not feeling in control
- A shortage of sanitation and cleaning supplies (e.g.,toilet paper, disinfectants, etc.)
- Lack of technology to communicate with people outside of my household (e.g. internet, broadband, cell phone)
- Household member(s) have COVID-19 or COVID-like symptoms (fever, shortness of breath, dry cough, neurological changes)
- Options for childcare services/lack of childcare support
- Feeling alone/isolated, not being able to socialize with other people

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. What is your gender?

- Male
- Female
- Prefer not to say

2. What is your age group?

- 18-28
- 29-39
- 40-50
- 51-61
- 62-72
- 73+



3. Language Spoken at Home

- English Spanish English and Spanish
- Other: _____

4. Which group best represents you? (Select all that apply)

- Caucasian/White American Indian or Alaskan Native African American/Black
- Asian/ Asian American Native Hawaiian and other Pacific Islander Hispanic or Latino
- Other: _____

5. What is the highest grade of school you completed?

- Middle school High school Technical college/two year college
- 4 year college Graduate studies

6. How many adults live in your household?

- 1 2-3 4-6 7+

7. How many children.18 and under live in your household?

- 0 1 2-3 4-6 7+

8. What is your current employment status?(Select all that apply)

- Employed full-time Employed part-time2 Self-employed
- Out of work less than 1 year Out of work 1 + years Homemaker or stay home parent
- Student Retired Unable to Work
- Other: _____

9. Your annual household income from all sources is

- Less than \$10,000 Between \$10,001- \$25,000 Between \$25,001-\$50,000
- Between \$50,001 - \$75,000 More than \$75,001

10. What is your postal zip code? _____

11. What is your county of residence? Blount Jefferson St. Clair Chilton Shelby Other: _____

Thank you for your participation! Do you have anything else you would like to tell us?

CHNA Survey will close December 31, 2021

Should you have any questions or additional comment, please contact Ms. Rhonda Buzbee

Email: rhonda.buzbee@ascension.org

Office: 205-212-6747



Encuesta de salud comunitaria

Ascension St. Vincent's y UAB Medicine están llevando a cabo una Evaluación de las necesidades de salud de la comunidad. Esta evaluación breve y completamente anónima evaluará su percepción sobre las fortalezas y debilidades que ve en nuestra comunidad y que están relacionadas con la salud y el bienestar. La información que proporcione será utilizada por Ascension St. Vincent's y UAB Medicine para desarrollar un plan que ayudará a abordar las necesidades de salud de la comunidad.

Ascension St. Vincent's y UAB Medicine están comprometidos a trabajar juntos para que la región del central del norte de Alabama sea más saludable.

Al marcar esta casilla, usted certifica que usted tiene 18 años de edad, ha leído este formulario y está dispuesto a participar libre y voluntariamente en esta encuesta.

1. Seleccione de los 3 problemas de salud que se indican a continuación los que considere que son los más importantes para que se tomen en cuenta en la región central del norte de Alabama:

- | | | |
|--|---|---|
| <input type="checkbox"/> Acceso a una atención médica adecuada | <input type="checkbox"/> Adicción al alcohol/drogas | <input type="checkbox"/> Cáncer |
| <input type="checkbox"/> Actividad física/ejercicio | <input type="checkbox"/> Enfermedades transmisibles (TB, ETS, etc.) | <input type="checkbox"/> Salud bucal/dental |
| <input type="checkbox"/> Salud sexual y reproductiva | <input type="checkbox"/> Alimentación saludable/buena nutrición | <input type="checkbox"/> Salud mental |
| <input type="checkbox"/> Tabaco/fumar/humo de segunda mano | <input type="checkbox"/> Hipertensión (presión arterial alta) | <input type="checkbox"/> Otros: _____ |
| <input type="checkbox"/> Lesiones/accidentes (caídas, accidentes automovilísticos) | | |
| <input type="checkbox"/> Enfermedad del corazón | <input type="checkbox"/> Diabetes (problemas de azúcar en sangre) | |

2. ¿Qué mejoraría la calidad de vida de las personas de su comunidad? Seleccione solo una respuesta.

- | | | |
|--|--|---|
| <input type="checkbox"/> Oportunidades educativas | <input type="checkbox"/> Apoyo por abuso de sustancias | <input type="checkbox"/> Alojamiento |
| <input type="checkbox"/> Programas extracurriculares | <input type="checkbox"/> Oportunidades de empleo | <input type="checkbox"/> Transporte público |
| <input type="checkbox"/> Seguridad de la comunidad | <input type="checkbox"/> Actividades de la comunidad | <input type="checkbox"/> Senderos y caminos |
| <input type="checkbox"/> Acceso a la atención médica | <input type="checkbox"/> Servicios de salud mental | <input type="checkbox"/> Otros: _____ |
| <input type="checkbox"/> Conexiones con Recursos / agencias comunitarias | | |
| <input type="checkbox"/> Acceso a parques locales y clases comunitarias | | |

3. Pensando en su propia salud física: ¿Cuántos días durante los últimos 30 días NO fue buena su salud física?

- | | | |
|--|--|---|
| <input type="checkbox"/> de 1 día a 6 días | <input type="checkbox"/> de 7 días a 14 días | <input type="checkbox"/> Más de 15 días |
| <input type="checkbox"/> N/A (cero días) | <input type="checkbox"/> Otros: _____ | |

4. Ahora, pensando en su salud mental (estrés, depresión y problemas emocionales) ¿Cuántos días durante los últimos 30 días NO fue buena su salud mental?

- de 1 día a 6 días
 de 7 días a 14 días
 Más de 15 días
 N/A (cero días)
 Otros: _____

5. ¿Cuáles de las siguientes opciones han representado los mayores desafíos para su familia como consecuencia de la pandemia de la COVID-19? Seleccione todas las opciones que correspondan.

- Los miembros del hogar no se llevan bien
- Carga financiera relacionada con la COVID-19
- Sentirse nervioso, ansioso, o tenso
- Acceso a servicios médicos de emergencia
- No saber cuándo la pandemia terminará/sin sentirse en control
- Escasez de suministros de saneamiento y limpieza (p. ej. papel higiénico, desinfectantes, etc.)
- Falta de tecnología para comunicarse con otras personas fuera de mi hogar (p. ej. internet, banda ancha, celular)
- Miembros de la familia tuvieron COVID-19 o síntomas parecidos (fiebre, dificultad para respirar, tos seca, cambios neurológicos)
- Opciones de servicios de atención infantil/falta de apoyo para la atención infantil
- Sentirse solo/aislado, sin poder socializar con otras personas
- Escasez de alimentos
- Falta de opciones de vivienda
- Pérdida de empleo
- No poder hacer ejercicio
- COVID-19 a largo plazo
- Acceso a atención médica básica
- Escasez de alimentos saludables
- Acceso a medicamentos recetados

8. ¿Cuál es su situación laboral actual? (Seleccione todas opciones que correspondan).

- | | | |
|--|---|---|
| <input type="checkbox"/> Empleado de tiempo completo | <input type="checkbox"/> Empleado de medio tiempo | <input type="checkbox"/> Trabajador independiente |
| <input type="checkbox"/> Sin trabajo menos de 1 año | <input type="checkbox"/> Sin trabajo por más de 1 año | <input type="checkbox"/> Imposibilitado para trabajar |
| <input type="checkbox"/> Estudiante | <input type="checkbox"/> Retirado | <input type="checkbox"/> Otros: _____ |
| <input type="checkbox"/> Encargado del hogar o, padre o madre que se queda en casa | | |

9. ¿Cuánto dinero combinado en total antes de impuestos ganaron todos los miembros de su hogar durante el año 2020?

- | | | |
|--|---|--|
| <input type="checkbox"/> Menos de \$10,000 | <input type="checkbox"/> Entre \$10,001- \$25,000 | <input type="checkbox"/> Entre \$25,001-\$50,000 |
| <input type="checkbox"/> Entre \$50,001 - \$75,000 | <input type="checkbox"/> Más de \$75,001 | |

10. Ingrese los 5 dígitos del código postal de donde vive _____

11. ¿Cuál es su condado de residencia?

- | | | |
|----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Blount | <input type="checkbox"/> Jefferson | <input type="checkbox"/> St. Clair |
| <input type="checkbox"/> Chilton | <input type="checkbox"/> Shelby | <input type="checkbox"/> Otros: _____ |

¡Gracias por su participación! ¿Tiene algo más que le gustaría contarnos?

CHNA Survey cerrará el 31 de diciembre de 2021

Si tiene alguna pregunta o comentario adicional, comuníquese con la Sra. Rhonda Buzbee

Correo electrónico: rhonda.buzbee@ascension.org

Office: 205-212-6747

