2022
Community Health Needs Assessment

UAB MEDICINE

The goals of this report are to offer a meaningful understanding of the most significant health needs across Jefferson County and its surrounding areas, as well as to inform planning efforts to address those needs. Special attention has been given to (1) the needs of individuals and communities who are more vulnerable, (2) unmet health needs or gaps in services, and (3) input gathered from the community. Findings from this report can be used to identify, develop, and focus our hospital, health system, and community initiatives and programming in order to better serve the health and wellness needs of the community.

UAB Hospital
1802 6th Avenue South
Birmingham, Alabama 35223
UAB Medicine Website
205-934-3411

The 2022 Community Health Needs Assessment report was approved by the UAB Medicine Enterprise Board on August 18th, 2022 and applies to the following three-year cycle: October, 2022 to September, 2025. This report, as well as previous reports, can be found at our public website.

Table of Contents

UAB MEDICINE

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 areas. UAB Medicine 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 Jefferson County, Alabama a better - healthier - place for all people.

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

UAB MEDICINE

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 our hospital, health system, and community initiatives and programming in order to better serve the health and wellness needs of the community. The mission, vision, and values of UAB Medicine 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

UAB Medicine serves Jefferson County, Alabama, and its surrounding areas. However, for the 2022 CHNA, Jefferson County was selected because it is both UAB Medicine's, and our partners', primary service area, and because it has the most readily available community health data.

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 and 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 our services. The assessment process also included a review of secondary health data, interviews with community representatives and leaders, and a survey of community members. Approximately 7,000 surveys were completed by residents of Jefferson County, and one-on-one Key Informant Surveys were completed with community leaders. Input was also obtained from community partner organizations. Secondary data was compiled and reviewed to understand the health status of the community. Reputable and reliable sources provided data regarding chronic disease, social and economic factors, and health care access and utilization trends in the community.

Community Needs

UAB Medicine analyzed secondary data and gathered community input through online surveys and key informant interviews in order to identify the needs in Jefferson County, Alabama. In collaboration with community partners, UAB Medicine used a phased prioritization approach to determine how to address the most crucial needs for community stakeholders. The significant needs identified are as follows:

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

The process used to determine the health needs where UAB Medicine would focus included a prioritization meeting of the 2022 Community Health Needs Assessment (CHNA) Leadership Team. The team includes representatives of UAB Medicine as well as Ascension St. Vincent's, Medical West, and UAB Callahan Eye. UAB Medicine, along with these partners, are collectively known as "The Alliance." The data was presented to the leadership team where recommendations based on the top identified needs from the community were brought forward for consideration. What would become the prioritized needs were determined through a majority vote after discussion of the community's needs. The CHNA Leadership Team considered the following criteria in choosing the top prioritized health needs: (1) scope of the problem (people impacted/severity); (2) health disparities (income/race and ethnicity); (3) feasibility of facilities in addressing the need (capacity); (4) community members and strategic partner feedback (health department, strategic partners) and (5) alignment (with the Alliance strategies).

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

1. Access to Health care
2. Mental Health
3. Chronic Disease Prevention/Management
   - Cancer
   - Diabetes
   - Heart Disease

About UAB Medicine

Located in Birmingham, UAB Medicine is one of the top academic medical centers in the United States and Alabama's largest single-site employer. In addition to providing health care services for more than 1.6 million patients annually, we are committed to educating medical professionals and advancing medical science through research.

UAB Health System

UAB Health System is an academic medical center located in Birmingham, Alabama. It is one of the top five largest academic medical centers in the country with over 11,000 employees and 900 physicians. The health system is comprised of UAB Hospital, the Kirklin Clinic of UAB Hospital, the Kirklin Clinic at Acton Road, UAB Callahan Eye Hospital & Clinics, UAB Hospital - Highlands, Spain Rehabilitation Center, Hazelrig-Salter Radiation Center, UAB Women's & Infants Center, Medical West (Affiliate), and Baptist Health Montgomery (Affiliate). UAB hospital encompasses more than 90 city blocks and is the centerpiece of the UAB Health System. It is located in the medical district of the Birmingham, Alabama and is a level 1 trauma center.

As one of U.S. News & World Report's best hospitals, UAB is a national leader in patient care, research, and training, providing the most up-to-date treatments and innovations in health care. The hospital is recognized as a Center for Nursing Excellence and is the only adult-care hospital in the state of Alabama that has earned Magnet Status, a designation awarded by the American Nurses Association. UAB Hospital is a major center for clinical research and the home of some of the top medical programs in America. The hospital's faculty and staff are committed to providing world-class care for patients throughout Alabama and the world. UAB has partnered with its community and state, spurring phenomenal progress over a half century. Its growth as a world-renowned research university and medical center has driven the social, cultural, and economics of Birmingham. UAB Hospital is committed to providing a continuum of health services of the highest quality. The resources of the hospital and expertise of the staff set a national standard for health care delivery. A vision for a healthier and more prosperous city, county, and state remains foremost for UAB.

For more information about the UAB Medicine, visit https://www.uabmedicine.org.

UAB MEDICINE

About the Community Health Needs Assessment

A Community Health Needs Assessment, or CHNA, is essential for community building and health improvement efforts A CHNA helps an organization direct resource where they are most needed in the community. 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. 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 the UAB Medicine's mission to providing quality health care and compassionate service to every patient, every time, regardless of their individual differences or circumstances.

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(r)(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://www.uabmedicine.org/legal/community-health-needs-assessment

![UAB MEDICINE]

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

Jefferson County, Alabama has a total area of 1,122.3 square miles of which, 1,111 square miles are land, and 11.2 square miles are water. Birmingham and its supporting cities make up the county seat and the largest centralized population. There are 34 municipalities located within the county. The county is governed by five commissioners elected from specific county districts. The county is 89% urban and 11% rural areas. The neighboring counties are Bibb, Blount, St. Clair, Shelby, Tuscaloosa, and Walker. The county is characterized by rolling hills and valleys.

In order to define the geographic region, the assessment team looked at inpatient and outpatient care volumes for fiscal year 2021 (October 1, 2020 to September 30, 2021) to determine the areas of patient origin for the UAB Medicine. This method reveals that 50% of all patients (discharges) originate from Jefferson County.

Illustration 1. Jefferson County: Map of Community Served

UAB MEDICINE

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. According to the U.S. Census Bureau American Community Survey 2016-2020, 5-year estimates and covers a 1,111 mile area.

Demographic data highlights for Jefferson County, Alabama includes the following:

- 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; compared to $52,035 for Alabama)
- The percent of all ages of people in poverty was lower than the state (2.9% for Jefferson County compared to 3% for Alabama)
- The uninsured rate for the Jefferson County is lower than the state (11% for Jefferson County compared to 12% for Alabama

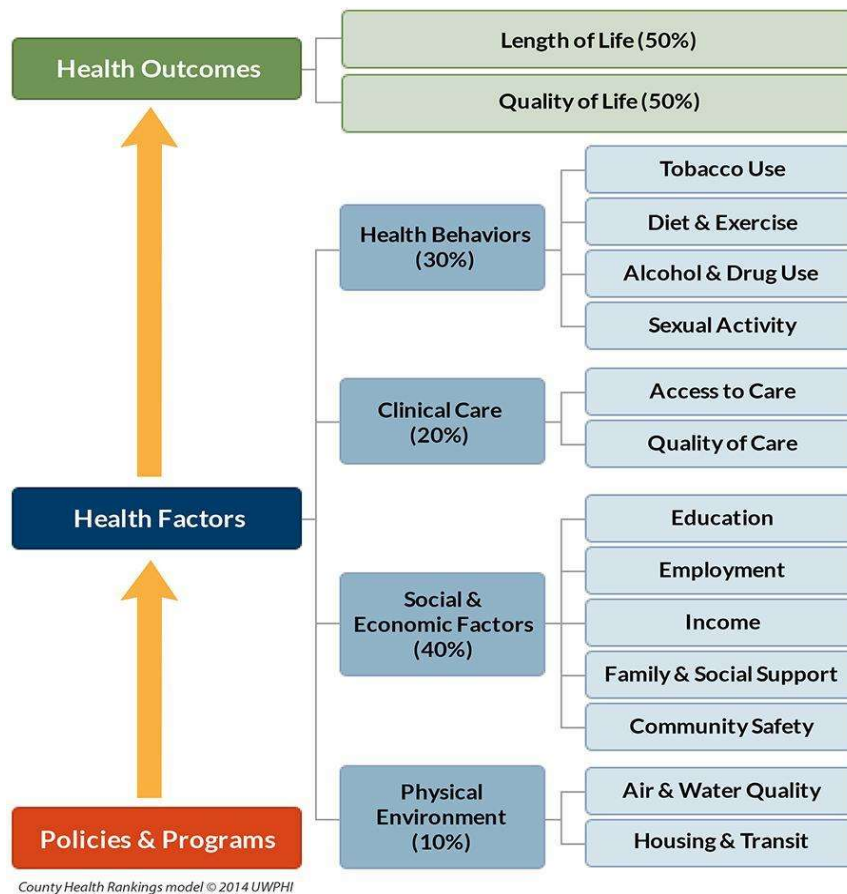| Demographic Highlights		
Indicator	**Jefferson**	**Description**
Population		
% Living in rural communities	9.8%	
% below 18 years of age	22.8%	
% 65 and older	16.3%	
% Hispanic	4.1%	
% Asian	1.8%	
% Non-Hispanic Black	43.5%	
% Non-Hispanic White	53.1%	
Social and Community Context		
English Proficiency	99.0%	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	23.0%	Percentage of people under age 18 in poverty.
Percent of Uninsured	11.0%	Percentage of population under age 65 without health insurance.
Social and Community Context		
Percent of Educational Attainment	90.5%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	2.9%	Percentage of population ages 16 and older who Are unemployed but seeking work.

To view Community Demographic Data in its entirety, see Appendix B *(page 29)*.

Process and Methods Used

UAB Medicine 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.

UAB Medicine'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.

Health Outcomes
- Length of Life (50%)
- Quality of Life (50%)

Health Factors

Health Behaviors (30%)
- Tobacco Use
- Diet & Exercise
- Alcohol & Drug Use
- Sexual Activity

Clinical Care (20%)
- Access to Care
- Quality of Care

Social & Economic Factors (40%)
- Education
- Employment
- Income
- Family & Social Support
- Community Safety

Physical Environment (10%)
- Air & Water Quality
- Housing & Transit

Policies & Programs

County Health Rankings model © 2014 UWPHI

Collaborators

UAB Medicine completed its 2022 CHNA in collaboration with Ascension St. Vincent's Health System (known as "The Alliance"). This method allows for a unified approach to health care within Jefferson County and its surrounding areas. The UAB-Ascension St. Vincent's Alliance ("The Alliance") was announced in January 2020 and 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, thereby providing an opportunity to improve health care delivery in Alabama. As The 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 Alliance:

UAB Health System:
- UAB Hospital Division of UAB
- HSF Clinical Programs
- UAB Callahan Eye
- Medical West

Ascension St. Vincent's Health System:
- 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 St. Vincent's Medical Group

Data Collection Methodology

In collaboration with various community partners and members of the Alliance, data was collected and analyzed for Jefferson County. The CHNA process for UAB Medicine was a collaborative effort with representation from all areas of UAB Health System including leadership from each hospital facility and representatives within the Alliance. The process included a review of primary data and publicly available secondary data for the following topics: demographics and socioeconomic status, access to health care, 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 their vital importance in understanding the health needs and assets of the community, the Alliance consulted with a range of public health and social service providers that represent the broad interests 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 pages.

UAB MEDICINE

Community Surveys

A survey was conducted by the 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 its surrounding areas. 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 Survey
Key Summary Points
- Overall Access to Health care 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 Health care 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
- Health care - Education - Volunteers - Churches - Consumers	- Opportunity to continue growth of primary care services - Existing deficit of mental health services and providers - Strengthen relationships with community partners/resources

UAB MEDICINE

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**
Access to Proper Health care	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 Health care	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 44)

Key Informant Interviews

A series of twenty-six, one-on-one, community leader interviews were conducted by the Alliance to gather feedback from key stakeholders on the health needs and assets of Jefferson County and surrounding area(s). The community leaders participated in the interviews between October 2021 and February 2022. Sectors represented by participants included health experts at the state and community levels as well as local civic leaders.

Key Informant Interviews
Key Summary Points
- Health care Access is recognized as a major area of concern for the community.   - Access was defined as geographic location, ease of access to health care services, affordability of health care 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
- Health care - Education - Civic leaders	- Affordability and accessibility of services (hours of operations and staffing) - Healthy lifestyle resources should be made widely available. - Opportunity for community engagement/involvement.
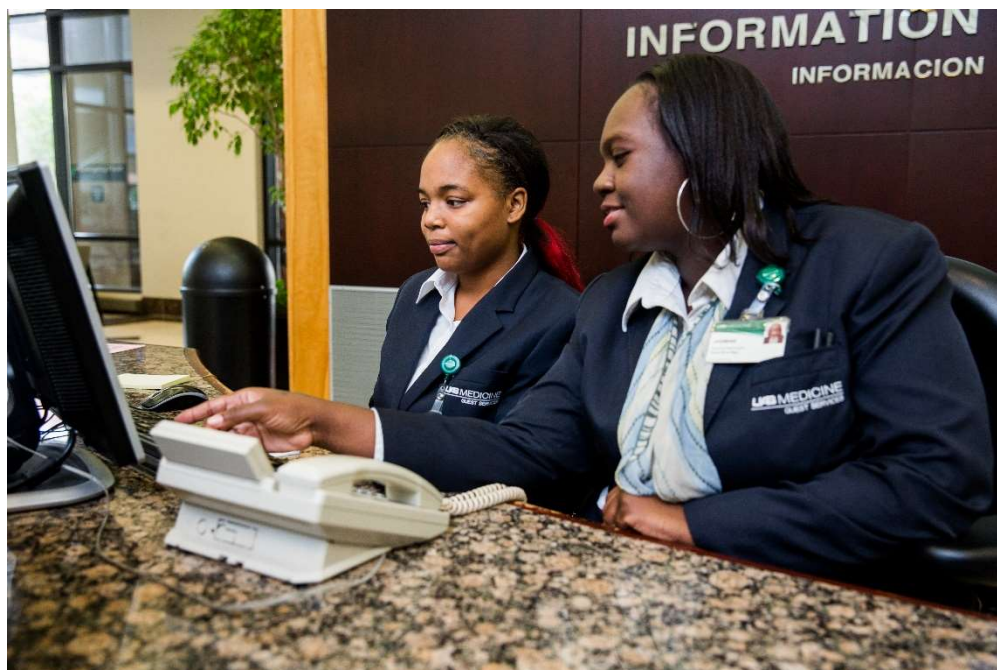
Summary of Secondary Data

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 Health care
- Disparities

A summary of the secondary data collected and analyzed through this assessment can be viewed in Appendix D (page 34).

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.[1]

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 conditions[2]

---

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

[2] Ibid

UAB MEDICINE

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)

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 Needs

The UAB Medicine, in conjunction with the 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 areas.

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 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.
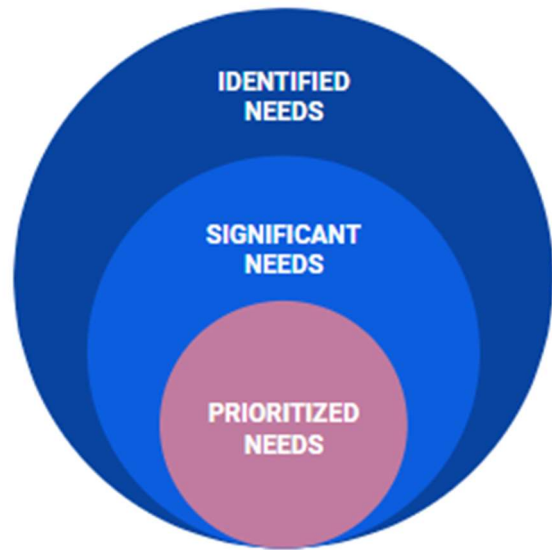
Identified Needs

UAB Medicine 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 Alliance utilized a prioritization process to determine which of the identified needs were most significant. The UAB Medicine 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 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 Alliance and UAB Medicine
- Impact of the problem on populations who are vulnerable
- Existing resources within the community to address the problem

Prioritized Needs

UAB Medicine has defined "prioritized needs" as the significant needs which have been prioritized by the hospital to address through the three-year CHNA implementation strategy. UAB Medicine in collaboration with the Alliance will address all of the prioritized needs as outlined below for its 2022 CHNA implementation strategy:

- **Access to Health care** - 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 health care 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, UAB Medicine/the Alliance can help the community achieve a healthier lifestyle through consistent community engagement and resource allocation.

UAB MEDICINE

Access to Health Care

Why is it Important?	Data Highlights

Why is it Important?

Access to affordable, quality health care is important to physical, social and mental health. Access to Health Care includes the timely use of personal health services to achieve the best outcomes through three distinct steps: entering the health care system; accessing a location where needed health care services are provided; and finding a health care provider whom the patient trusts and can communicate with. Deterrents to access to health care services can include variables such as timeliness of care, cost, and transportation availability, location of services, insurance, or lack thereof and provider availability.

Data Highlights

Primary care physicians in Jefferson County, AL County, State and National Trends

Jefferson County is getting better for this measure.

Notes:
The data in this table reflect the average population served by a single primary care physician.

- 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 health care 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.

Local Assets & Resources

- Community Health Clinics
- Local Health Systems
- Medicaid Expansion

Community Challenges & Perceptions

- Transportation
- Lack of or limitations in insurance coverage
- Undocumented status
- Medicaid/Insurance Coverage Gaps
- Prescription costs

Individuals Who Are More Vulnerable

- Significant disparities exist through all levels of access to care, including insurance, having an ongoing source of care and access to primary care.

Data Source: Underinsured and/or uninsured individuals.

Mental Health

Why is it Important?	Data Highlights
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.	• 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.

Local Assets & Resources

- Mental Health Roundtable of Jefferson County and surrounding area(s)
- UAB Employee Assistance and Counseling Center
- Crisis Line
- NAMI

Community Challenges & Perceptions

- 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

Individuals Who Are More Vulnerable

- 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.

Data Source: County Health Rankings & Roadmaps 2021

UAB MEDICINE

Chronic Disease Prevention/Management

Why is it Important?

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 such as diabetes and heart disease.

Local Assets & Resources

- Local health systems
- American Diabetes Association
- American Heart Association
- American Cancer Society
- United Way of Central Alabama
- FORGE Breast Cancer Survivorship Center

Data Highlights

- According to Health care.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:
  - 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 - age 35 and above total cardiovascular disease death rate per 100,000

Community Challenges & Perceptions

- Impact of the pandemic on routine health screenings
- Insurance - limitations
- Cost of services
- Transportation

Individuals Who Are More Vulnerable

- Underinsured and/or uninsured individuals
- Individuals with low income, living at or below the poverty level. Unemployment, poverty, and stress can contribute to the failure to maintain a chronic disease.

Data Source: *Health care.gov Definition;* County Health Rankings & Roadmaps 2021

Conclusion

The purpose of the CHNA process is to develop and document key information on the health and wellbeing of the communities served by the UAB Medicine and The Alliance. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of UAB Medicine 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.

UAB Medicine hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Jefferson County and surrounding area(s). The hospital values the community's voice and welcomes feedback on this report. Please visit this public website (https://www.uabmedicine.org/locations/uab-hospital) to submit your comments.

Approval by the UAB Medicine Enterprise Board

To ensure that the UAB Medicine's efforts meet the needs of the community and have a lasting and meaningful impact, the 2022 CHNA was presented to the UAB Medicine Enterprise Board for approval and adoption on August 18th, 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.

Appendices

Appendix A: Definitions and Terms

Appendix B: Community Demographic Data and Sources

Appendix C: Community Input Data and Sources

Appendix D: Secondary Data and Sources

Appendix E: Health Care Facilities and Community Resources

Appendix F: Evaluation of Impact from Previous CHNA Implementation Strategy

Appendix G: Community Survey Tools (English/Spanish)

UAB MEDICINE

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 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.

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

UAB MEDICINE

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: CHNA Assessing and Addressing Community Need, 2015 Edition II

UAB MEDICINE

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

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 and Age

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			

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%

UAB MEDICINE

Age	Jefferson County	Alabama	U.S.
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.

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			

UAB MEDICINE

Appendix C: Community Input Data and Sources

Community Input Data and Sources		
Organization Name	**Phone/Email/Contact**	**Website**
UAB Hospital	205-934-3411	UAB Hospital Website
UAB Callahan Eye Hospital	205-325-8620	UAB Callahan Eye Hospital Website
Medical West	205- 481-7000	Medical West Hospital Website
Ascension St. Vincent's	205-939-7000	Ascension St. Vincent's Website
Central Alabama Fire Chiefs Association	205-229-8367	Deputy Chief Brandon Broadhead; President
Firehouse Ministries	205-252-9571	Firehouse Ministries Homeless Shelter
Jefferson County Department of Health	See website	Jefferson County Department of Health
Jefferson County Health care 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
Case Managers Society of Alabama, Birmingham Chapter	205-807-0254	CMSA Website
Jefferson State Community Colleges	205-853-1200	Jefferson State Community College(s)

UAB MEDICINE

Organization Name	Phone/Email/Contact	Website
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](#)
Birmingham Civil Rights Institute	866-328-9696	[Birmingham Civil Rights Institute](#)
Cahaba Valley Health care	205-918-2108	[Cahaba Valley Health care](#)
Piqua Shawnee Indian Tribe	N/A	[Piqua Shawnee Tribe](#)
Birmingham City Police	205-254-1700	[Police Department - Birmingham](#)
Jefferson County Commission	N/A	[Jefferson County – Government](#)
Alabama Institute for the Deaf and Blind	See website	[Alabama Institute for the Deaf and Blind](#)

UAB MEDICINE

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.

UAB MEDICINE

Health Outcomes

Health outcomes reflect the current physical and mental well-being of residents within a community.

Indicators	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.

UAB MEDICINE

Indicators	Jefferson County	Alabama	Top US Counties	Description
Health care 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 Health care				
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

These factors affect our ability to make healthy decisions, afford medical care, afford housing and food, and manage stress and more.

Indicators	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.

UAB MEDICINE

Indicators	Jefferson County	Alabama	Top US Counties	Description
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

UAB MEDICINE

Physical Environment

The physical environment is where people live, learn, work, and play, and it impacts our air, water, housing, and transportation to work or school. Poor physical environment can affect our communities to live long, healthy lives.

Indicators	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.
Indicators	**Jefferson County**	**Alabama**	**Top US Counties**	**Description**
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	Jefferson County	Alabama	Top US Counties	Description
Health care 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.

UAB MEDICINE

Indicators	Jefferson County	Alabama	Top US Counties	Description
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.
Indicators	**Jefferson County**	**Alabama**	**Top US Counties**	**Description**
Preventative Health care				
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

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/m2.
Physical Inactivity	29%	29%	19%	Percentage of adults age 20 and over reporting no leisure-time physical activity.

UAB MEDICINE

Indicators Trend	Jefferson County	Alabama	Top US Counties	Description
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

UAB MEDICINE

Appendix E: Health Care Facilities and Community Health Resources

As part of the CHNA process, UAB Medicine has cataloged resources available in Jefferson County and surrounding areas that address the significant needs identified in this CHNA. Resources may include local and regional services and programs. National resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

- Alabama Legal Help
- American Cancer Society
- American Diabetes Association
- American Heart Association
- Alethia House
- Bessemer Rescue Mission
- Brother Bryan Mission
- Cahaba Valley Health Care
- Catholic Center of Concern
- Churches
- Clastran Specialized Public Transportation
- Community Kitchens of Birmingham
- Children's Aid Society
- Firehouse Shelter
- First Light Women & Children's Shelter
- Food Banks (25+)
- FORGE Breast Cancer Survivorship Center
- Federally Qualified Health Centers (FQHC)
- Greater Birmingham Ministries
- Greater Birmingham Project Access

- Habitat for Humanity
- Hope House
- Jefferson County Chamber of Commerce
- Jefferson County Court & Family Services
- Jefferson County Department of Health
- Jefferson County Department of Rehabilitation Services
- Jefferson County Department of Veteran's Affairs
- Jefferson County Sheriff's Department
- Jefferson County Senior Citizens Center
- Jessie's Place
- Jimmy Hale Mission
- National Association on Mental Illness
- Magic City Harvest
- Parks & Recreation
- Salvation Army
- The Foundry Rescue Mission & Recovery Center
- The Lighthouse Recovery Mission
- The Nest Homeless Ministry

UAB MEDICINE

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

UAB Medicine's previous CHNA implementation strategy was completed in 2019, and addressed the following priority health needs: Diabetes Education, Hypertension/ Stroke Prevention, and Good Nutrition/ Obesity Prevention.

The information below describes the actions taken during the 2020-2022 CHNA to address each priority need and indicators of improvement.

PRIORITY NEED	Diabetes Education	
ACTIONS TAKEN	**STATUS OF ACTIONS**	**RESULTS**
Provide inter-professional clinics and resources to manage and educate diabetic patients	Ongoing	Continue to provide ongoing associate support and time through partner clinics
Provide education and awareness to increase healthy living	Ongoing	Continue providing education and awareness regarding health living

PRIORITY NEED	Hypertension/ Stroke Prevention	
ACTIONS TAKEN	**STATUS OF ACTIONS**	**RESULTS**
Provide inter-professional clinics and resources to manage and educate heart failure patients	Ongoing	Continue to provide ongoing associate support and time through partner clinics
Develop state-wide stroke network in collaboration with community hospitals and resources	Ongoing	Continue collaboration with community partners to develop network

PRIORITY NEED	Good Nutrition/ Obesity Prevention	
ACTIONS TAKEN	**STATUS OF ACTIONS**	**RESULTS**
Develop comprehensive, multi-sectored strategy to make Alabama a model of healthy living through Live Health Smart	Ongoing	Continue implementing Live Health Smart Alabama's strategy to promote good nutrition and healthy lifestyle in targeted communities

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

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:

☐ Access to proper healthcare   ☐ Alcohol/Drug Addiction   ☐ Cancer

☐ Physical Activity/Exercise   ☐ Communicable diseases (TB, STDs, etc)   ☐ Oral/Dental Health

☐ Reproductive and Sexual Health   ☐ Healthy Eating/Good Nutrition   ☐ Mental Health

☐ Diabetes (blood sugar problems)   ☐ Hypertension (High Blood Pressure)   ☐ Heart Disease

☐ Injury/Accidents (falls, car accidents)   ☐ Tobacco/ Smoking/ Secondhand Smoke   ☐ Other:_____

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

☐ Educational opportunities   ☐ Substance abuse support   ☐ After school programs

☐ Housing   ☐ Employment opportunities   ☐ Public transportation

☐ Community Safety   ☐ Community activities   ☐ Trails and paths

☐ Health care access   ☐ Mental health services   ☐ Other:_____

☐ Connections to resources / community agencies

☐ 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?

☐ 1 day to 6 days   ☐ 7 days to 14 days   ☐ Greater than 15 days

☐ N/A (zero days)   ☐ Other: _____

UAB MEDICINE

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+

UAB MEDICINE

Overview of the Implementation Strategy

Purpose

This implementation strategy (IS) is the hospital's response to the health needs prioritized from its current Community Health Needs Assessment (CHNA). It describes the actions the hospital will take to address prioritized needs, allocate resources, and mobilize hospital programs and community partners to work together. This approach aligns with UAB Medicine'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 and IS 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(r)(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 current implementation strategy can be found at https://www.uabmedicine.org/legal/community-health-needs-assessment.

Needs That Will Be Addressed

Following the completion of the current CHNA, UAB Medicine in collaboration with Ascension St. Vincent's has selected the prioritized needs outlined below for its 2022 implementation strategy:

- **Access to Health care** - 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 health care 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, UAB Medicine/ The Alliance can help the community achieve a healthier lifestyle through consistent community engagement and resource allocation.

UAB Medicine understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. For the purposes of this implementation strategy, UAB Medicine has chosen to focus its efforts on the priorities listed above.

Needs That Will Not Be Addressed

While UAB Medicine has focused on the top three health needs for the purpose of the CHNA, this does not mean that we are not addressing other needs mentioned in interviews, surveys, and data collection. At this time, all major health needs are being addressed in some way- but priority is given to the top three health needs identified. Also, this report does not encompass a complete inventory of everything UAB Medicine does to support health within the community.

UAB MEDICINE

Acute Community Concern Acknowledgement

A CHNA and Implementation Strategies (IS) offer a construct for identifying and addressing needs within the community(s) it serves. However, unforeseen events or situations, which may be severe and sudden, may affect a community. This is referred to as an acute community concern and could describe anything from a health crisis (e.g., COVID-19), water poisoning, environmental events (e.g., hurricane, flood) or other event that suddenly impacts a community. In which case, if adjustments to an IS are necessary, the hospital will develop documentation, in the form of a SBAR (Situation-Background-Assessment-Response) evaluation summary, to notify key internal and external stakeholders of those possible adjustments.

UAB MEDICINE

Action Plans

The IS below is based on prioritized needs from the hospital's most recent CHNA. These strategies and action plans represent where the hospital will focus its community efforts over the next three years. While these remain a priority, the hospital will continue to offer additional programs and services to meet the needs of the community, with special attention to those who are poor and vulnerable.

Strategy #1	
Hospital(s) Name(s)	
UAB Medicine	
Prioritized Health Need #1	
Access to Health care	
Strategy	
Increase opportunities for access and connection to primary care services.	
Objective	
By 2025 UAB Medicine will promote connection to primary care services.	
Target Population	
• Target Population: Adults 18 years of age and older • Medically Underserved Population: Underinsured and uninsured	
Collaborators	
• Alliance hospitals: UAB hospital, Medical West, and Ascension St. Vincent's • Collaborators: Local municipalities, businesses, and community centers, Alabama Department of Public Health, FQHCs	
Resources	
UAB Medicine is committed to providing both financial and in-kind resources, including associate time and efforts.	

ACTION STEPS	ROLE/OWNER
Provide education on the importance of primary care services	UAB Medicine Live HealthSmart Alabama The Alliance
Increase access to specialty, diagnostic, and inpatient care for medically underserved populations through local community partnerships	UAB Medicine The Alliance Greater Birmingham Project Access

ANTICIPATED IMPACT	
The anticipated impact of these actions is to increase access and awareness of the importance of primary care services.	

UAB MEDICINE

Strategy #2

Hospital(s) Name(s)
UAB Medicine

Prioritized Health Need #1
Access to Health care

Strategy
Increase community awareness of resources to improve navigation through the health care continuum.

Objective
By 2025 UAB Medicine will educate community through the use of lay navigators and local partnerships.

Target Population
- Target Population: Adults 18 years of age and older
- Medically Underserved Population: Underinsured and uninsured

Collaborators
- Alliance hospitals: UAB Hospital, Medical West, and Ascension St. Vincent's
- Collaborators: Local municipalities, businesses, and community centers, Alabama Department of Public Health, FQHCs, lay navigator programs

Resources
UAB Medicine is committed to providing both financial and in-kind resources, including associate time and efforts.

ACTION STEPS	ROLE/OWNER
Utilize lay navigators to address preventative screenings, resource assistance, and care plan support	UAB Medicine The Alliance
Partner with local EMS to assist targeted populations with medication education and resource support	UAB Medicine Community partners
Utilize community health workers to support access to health care resources including education, advocacy efforts, and access to medical homes	UAB Medicine The Alliance

ANTICIPATED IMPACT
The anticipated impact of these actions is to increase community education and awareness of health care service navigation.

UAB MEDICINE

Strategy #3

Hospital(s) Name(s)
UAB Medicine

Prioritized Health Need
Mental Health

Strategy
Increase community awareness and support by providing education and services to address mental health.

Objective
By 2025, UAB Medicine will develop and implement a work plan to provide community education, support and management of mental health.

Target Population
• Target Population: Adults 18 years of age and older • Medically Underserved Population: Underinsured and uninsured

Collaborators
• Alliance hospitals: UAB Hospital, Ascension St. Vincent's and Medical West • Collaborators: Local municipalities, businesses, and community centers, Alabama Department of Public Health, FQHCs

Resources
UAB Medicine is committed to providing both financial and in-kind resources, including associate time and efforts.

ACTION STEPS	ROLE/OWNER
Expand mental health services within hospital access points (ED and/or clinics)	UAB Medicine The Alliance
Provide mental health education and resources for the community	UAB Medicine The Alliance Community partners

ANTICIPATED IMPACT
The anticipated impact of these actions is to increase awareness and resources available to address mental health.

UAB MEDICINE

Strategy #4
Hospital(s) Name(s) UAB Medicine
Prioritized Health Need Chronic Disease Prevention and Management
Strategy Increase community awareness and education of chronic disease prevention (cardiovascular, diabetes, and cancer care) and management through health screenings and healthy living.
Objective By 2025, UAB Medicine will increase community awareness of chronic disease prevention and management through education, health screenings, and healthy lifestyle choices.
Target Population • Target Population: Adults 18 years of age and older with health factors/behaviors that put them at risk for chronic disease such as cardiac, cancer, and diabetes • Medically Underserved Population: Underinsured and uninsured
Collaborators • Alliance hospitals: UAB Hospital, Ascension St. Vincent's, Medical West • Collaborators: Local municipalities, businesses, and community centers, Alabama Department of Public Health, FQHCs
Resources UAB Medicine is committed to providing both financial and in-kind resources, including associate time, faculty and staff, and employee volunteerism.

ACTION STEPS	ROLE/OWNER
Collaborate with community partners to provide nutritious and healthy foods to underserved communities	UAB Medicine Live HealthSmart Alabama Community partners
Work in partnership with local community leaders to address built environment and promote physical activity for healthy living	UAB Medicine The Alliance Live HealthSmart Alabama Community partners
Provide community clinics specifically to address heart failure and diabetes for the underinsured/uninsured population	UAB Medicine The Alliance Community partners
Raise community awareness of diabetes, cardiac care, and cancer through screenings and education	UAB Medicine The Alliance Community partners
ANTICIPATED IMPACT	
The anticipated impact of these actions is to increase awareness and education on the importance of early identification and intervention for chronic diseases.	

Evaluation

UAB Medicine will develop a comprehensive measurement and evaluation process for the implementation strategy. UAB Medicine will monitor and evaluate the action plans outlined in this plan for the purpose of reporting and documenting the impact these action plans have on the community.

Approval and Adoption by UAB Medicine Enterprise Board

To ensure the UAB Medicine's efforts meet the needs of the community and have a lasting and meaningful impact, the 2022 implementation strategy was presented and adopted UAB Medicine Enterprise Board on August 18th, 2022. Although an authorized body of the hospital must adopt the IS to be compliant with the provisions in the Affordable Care Act, adoption of the IS also demonstrates that the board is aware of the implementation plan, endorses the priorities identified, and supports the action plans that have been developed to address prioritized need.