Brookwood Baptist Health™

BROOKWOOD BAPTIST MEDICAL CENTER
2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Adopted on December 12, 2022

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www.brookwoodbaptistmedicalcenter.com

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PUBLIC COMMENT

Comments and feedback about this report are welcomed. Please contact:

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I. INTRODUCTION

A. Health System and Hospital Overview

Brookwood Baptist Health is a large, integrated system of care providing high-quality, accessible healthcare for the citizens of Central Alabama. BBH also represents Alabama's largest and most experienced network of primary and specialty care physicians dedicated to the health of Central Alabama residents.

Brookwood Baptist Health has over 1,700 licensed beds, includes 58 primary and specialty care clinics, approximately 2,600 affiliated physicians, and over 4,300 employees overall. Through innovative and compassionate patient care, our collective effort will strengthen our mission to empower our communities to live happier, healthier lives.

Mission:
To extend the healing ministry of Christ through holistic, people-centered health care

Values:

- **Integrity** - Devoted to Honor God through our words and actions; honoring God in all we do.
- **Service** - Devoted to ministering to every life with respect, compassion, and dignity.
- **Quality** - Devoted to defining the highest standard of care and service in central Alabama.
- **Transparency** - Devoted to being open and honest in communications and actions with integrity at the center of all we do.
- **Innovation** - Devoted to exploring simple solutions to existing and future challenges, having courageous creativity.

A 595-bed acute care facility, Brookwood Baptist Medical Center (BBMC) provides the following services: Brain & Neuro, Cancer Care, Diagnostics, Digestive Disorders, Ear, Nose & Throat, Emergency, Gynecological Surgery, Heart Care, infertility issues, Interventional Radiology, Maternity, Orthopedics, Pain Management, Psychiatry (the largest inpatient provider in the State), Pulmonary and Respiratory, Rehabilitation Services, Robotic Surgery, Sleep Center, Surgical Services, Urology, Weight Loss Surgery, Women's Health, Workforce Wellness, and Wound Care.

B. CHNA Process and Methodology

CHNA Background

On August 3, 2022, Brookwood Baptist Health contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) in 2022 as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix B: Carnahan Group Qualifications for more information about Carnahan Group.

A CHNA is a report based on epidemiological, qualitative, and comparative methods that assess the healthcare and public health issues in a hospital organization's community and that community's access to services related to those issues. Based on the findings of the 2022 CHNA, an implementation strategy that addresses the community health needs of each hospital facility will be developed and adopted no later than May 15, 2023.

501(r)(3) CHNA Regulations

The Patient Protection and Affordable Care Act, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements of the Internal Revenue Code 501(r). The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).
As required by the Treasury Department ("Treasury") and the Internal Revenue Service (IRS), this CHNA includes the following:

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
    - A description of the sources and dates of the data and the other information used in the assessment; and,
    - The analytical methods applied to identify community health needs.
- The identification of all organizations with which BBMC collaborated, if applicable, including their qualifications;
- A description of how BBMC took into account input from persons who represented the broad interests of the community served by BBMC, including those with special knowledge of or expertise in public health, written comments regarding the hospital's previous CHNA, and any individual

providing input who was a leader or representative of the community served by BBMC; and,
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs.

Primary Data Collection Strategy

This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources:

- Input from persons who represented the broad interests of the community served by BBMC, which included those with special knowledge of or expertise in public health;
- Identifying federal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by BBMC, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by BBMC; and,
- Consultation or input from other persons located in and/or serving BBMC's community, such as:
    - Healthcare community advocates
    - Nonprofit organizations
    - Local government officials
    - Community-based organizations, including organizations focused on one or more health issues
    - Healthcare providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs
- The primary data sources utilized for BBMC's CHNA are provided in Appendix C. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration, and other hospital staff members.

Secondary Data Collection Strategy

A variety of data sources were utilized to gather demographic and health indicators for the community served by BBMC. Commonly used data sources include Esri, the U.S. Census Bureau, and the Centers for Disease Control and Prevention (CDC). Demographic and health indicators are presented for these areas. Initial secondary

data collection was completed utilizing the most recent periods of data available as of September 1, 2022.

For select indicators, county-level data are compared to state and national benchmarks. Additionally, Healthy People 2030 (HP 2030) Goals are presented where applicable. The HP 2030 Goals are measurable, ten-year public health objectives to help individuals, organizations, and communities across the United States improve health and well-being.

C. Community Definition

The majority of patients served by the BBH facilities are included within the defined communities below. Further, demographic data were analyzed to ensure medically underserved, low-income, or minority populations in the areas were not excluded from the defined communities.

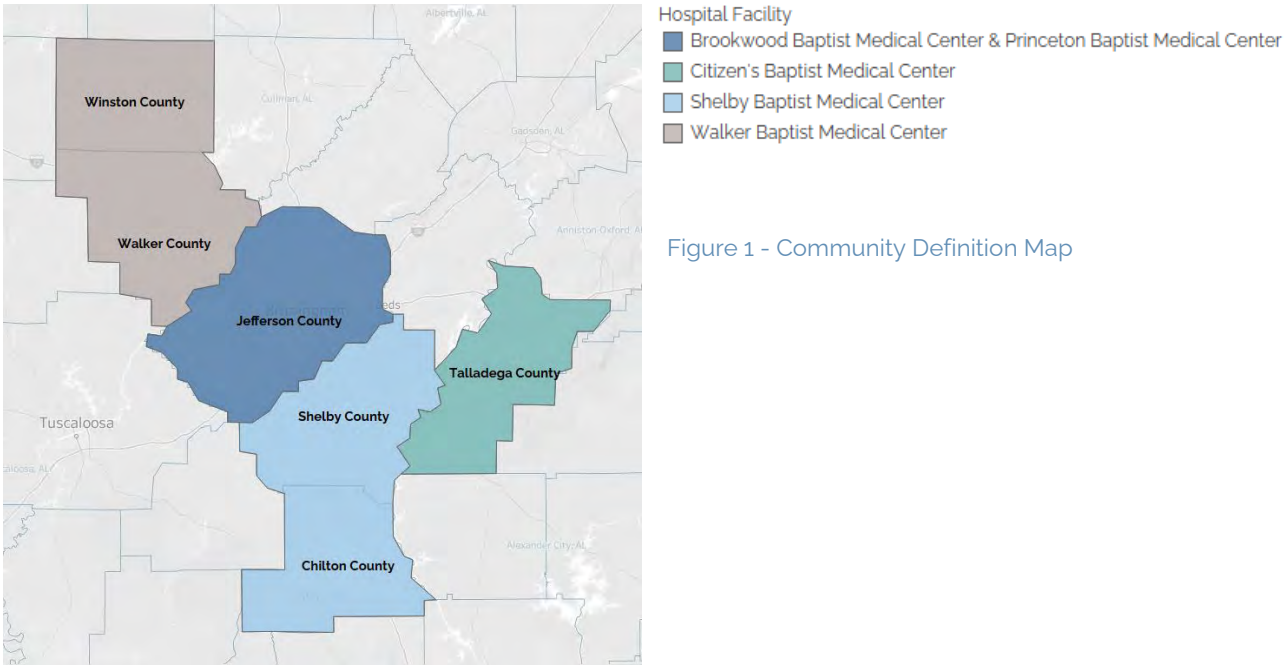

Figure 1 - Community Definition Map

II. EXECUTIVE SUMMARY

A. Prioritized Community Health Needs

The overarching goals in conducting this Community Health Needs Assessment are to identify significant health needs of the community, prioritize those health needs, and identify potential resources available to address those health needs. A health need is defined as a factor related to the improvement or maintenance of health status.

An exhaustive list of health needs was established based on an analysis of primary and secondary data. This list of needs was entered into a decision matrix to establish priorities. Ranked factors considered during this process include benchmarked secondary data, categorized coded primary data, information related to the burden, scope, severity, or urgency of the health need, the feasibility and effectiveness of intervening, the presence of health disparities, the hospital's and health system's strategic priorities, and local County Health Improvement Plans (CHIP) and the Alabama State Health Improvement Plan (SHIP).

As the CHNA is meant to identify the community's most significant needs, only the top priority health needs have been highlighted. The prioritized significant community health needs identified during BBMC's 2022 CHNA are listed below.

1. Access to Care
2. Nutrition & Access to Healthy Foods
3. Behavioral Health
4. Transportation
5. Financial Barriers

B. Community Health Needs Summaries

Access to Care

A lack of health insurance coverage or living far away from healthcare providers can impact one's ability to receive needed services and treatments, leading to negative health outcomes. According to Healthy People 2030, "racial/ethnic minorities, people with less education, and people with low incomes are more likely to be uninsured." One of the goals of Healthy People 2030 is to increase health insurance coverage.

Access to preventative screenings and healthcare can reduce mortality and morbidity. Further, ensuring folks have a primary care provider, take part in healthy behaviors, and live in safe, health-promoting environments can reduce preventable hospital stays and emergency visits. Two additional Healthy People 2030 goals include "help people get recommended preventive health care services," and "prevent hospital visits and improve emergency department and hospital care."

Community leaders and public health experts identified concerns related to access to care for low-income individuals and those with fewer resources, like homeless populations. Getting the right care at the right time was a concern for many interviewees, as well as ensuring access to preventative and specialty healthcare services. Staffing issues were also discussed. Several community leaders shared that health insurance coverage and a lack of Medicaid expansion within the state were significant barriers related to access to care. One community leader described the gap between public insurance coverage earning thresholds and employer-sponsored insurance plans. Many working individuals across the community do not have access to health insurance for this reason. Lastly, some interviewees discussed rural health challenges related to oral health, pharmacy, and other specific services.

A variety of access to care topics were explored within the secondary data analysis. The uninsured population in Jefferson County exceeded the national benchmark. Hispanic and Black/African American individuals were more likely to be uninsured than white individuals. Certain census tracts within Jefferson County were designated as Medically Underserved Areas/Populations.

Access to care was a priority identified within the 2020 Alabama State Health Assessment. It was also mentioned in 4 other assessments within Jefferson County.

Nutrition and Access to Healthy Foods

An unhealthy diet increases the risk of obesity, heart disease, diabetes, and other chronic diseases. Obesity is further linked to an increased risk of stroke and some cancers. Per Healthy People 2030, "some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food." Two relevant Healthy People 2030 goals include "improving health by promoting healthy eating and making nutritious foods available," and "reducing overweight and obesity by helping people eat healthy and get physical activity."

Input gathered from public health experts and community leaders identified concerns related to food insecurity and a lack of healthy eating habits. Many interviewees described the relationship between poor nutrition and obesity and other chronic diseases. Some shared how individuals living in food deserts and rural communities face additional barriers to accessing healthy foods.

A variety of topics within the secondary data analysis related to nutrition, healthy eating, and obesity. A greater percentage of residents in Jefferson County experienced limited access to healthy foods (12.6%) than those in Alabama (8.8%). The community also exceeded the national benchmark in many nutrition-related metrics.

Nutrition and physical activity were priorities identified within the 2020 Alabama State Health Assessment. It was also mentioned in two other assessments within Jefferson County and assessments within Chilton, Shelby, and Walker counties.

Behavioral Health

About half of all Americans will be diagnosed with a mental health condition during their lives. According to Healthy People 2030, "estimates suggest that only half of all people with mental disorders get the treatment they need." Mental health conditions can impact one's ability to take part in preventative care or health-promoting behaviors. Co-occurring physical health conditions might also make it more difficult for an individual to seek treatment for their mental health condition. Related Healthy People 2030 goals include "improve mental health" and "reduce misuse of drugs and alcohol."

Input gathered from public health experts and community leaders identified concerns related to the impact of social isolation on mental health, access to behavioral health services, children's mental health and emotional development, and substance use. Multiple community leaders shared how the community needed additional evidence-

based peer support programs for individuals with substance use. Overdoses were a significant concern within multiple communities, as was persisting stigma and cultural norms surrounding seeking help for behavioral health issues.

A variety of behavioral health topics were explored within the secondary data analysis. Individuals within Jefferson County were more likely to die of drug poisoning when compared to the state benchmark for Alabama. Further, individuals residing in Jefferson County were more likely to report binge or heavy drinking than the Alabama statewide average (14.8%).

Behavioral health was a priority identified within the 2020 Alabama State Health Assessment. It was also mentioned in 4 other assessments within Jefferson County.

Transportation

According to Healthy People 2030, less use of motor vehicles can improve health. Public transit options produce less pollution and walking or biking promotes physical activity. One of the related Healthy People 2030 goals is to "promote safe and active transportation."

Community leaders and public health experts identified concerns related to a lack of transportation leading to poor access to care. Many interviewees identified gaps in public transportation offerings and mentioned that many services providing medical transportation involved lengthy wait times or were complex to navigate. Some were especially concerned with the barriers faced by hourly workers and caregivers, who cannot afford to spend extra time waiting for transportation to and from medical appointments. Transportation was frequently cited as a barrier when community leaders were asked what prevented individuals from staying healthy.

The secondary data analysis included data points related to transportation. The Birmingham metropolitan area had areas ranked as most walkable by the U.S. Environmental Protection Agency, while many of the surrounding suburban and rural areas were classified as below average or least walkable.

Transportation was a priority identified within one other assessment within Jefferson County.

Financial Barriers

Those facing financial insecurity or financial barriers may not be able to afford nutritious foods, healthcare services, and safe housing. According to Healthy People 2030, "people with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries, or conditions like arthritis may be especially limited in their ability to work. In addition, many people with steady work still don't earn enough to afford the things they need to stay healthy." One of the related Healthy People 2030 goals is to "help people earn steady incomes that allow them to meet their health needs."

Input gathered from public health experts and community leaders identified concerns related to low-income individuals and those living below the poverty line. Economic stability was related to the ability to afford healthcare services and medications. The working poor, or ALICE (asset-limited, income-confined, employed) population may also face barriers to affording basic needs and healthcare. Some community leaders described how living wages would impact overall community health. Lastly, interviewees described how economic inequality and the racial wealth gap were impacting health disparities within the community.

A variety of datapoints within the secondary data analysis related to economic security, employment, and financial indicators. The 2021 unemployment rate in Jefferson County was higher than the state average. Poverty rates for Black/African American and Hispanic populations greatly exceeded poverty rates for white populations.

The social determinants of health (SDOH) were identified as a priority identified within the 2020 Alabama State Health Assessment and within one assessment within Jefferson County.

III. SECONDARY DATA

A. Shortage Areas

Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care, dental health, or mental health. Shortages may be geographic-, population-, or facility-based:

- Geographic Area: a shortage of providers for the entire population within a defined geographic area.
- Population Groups: a shortage of providers for a specific population group(s) within a defined geographic area (e.g., low-income, migrant farmworkers, and other groups)

The following areas are characterized as Health Professional Shortage Areas (HPSAs) within the community:

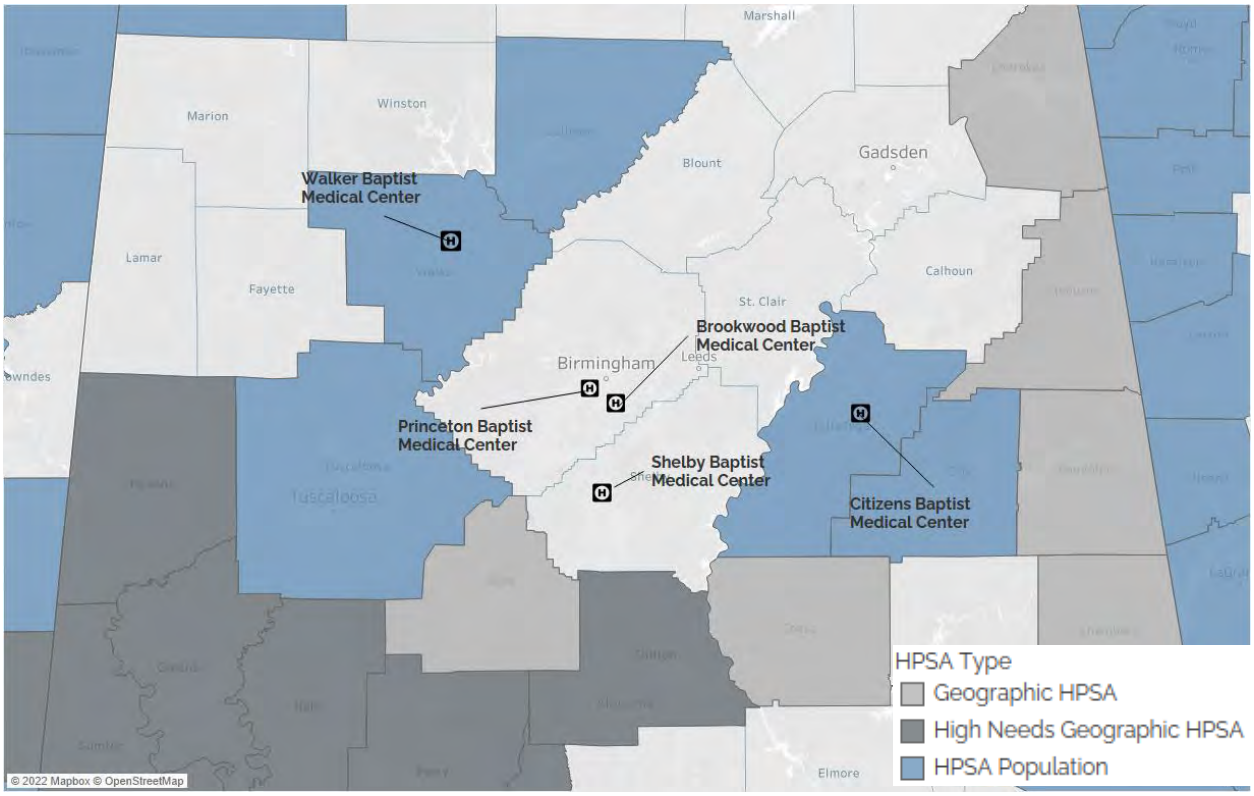

Figure 2 – Health Professional Shortage Areas, Source: Health Resources and Services Administration 2022

Medically Underserved Areas

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services. MUAs have a shortage of primary care health services for residents within a geographic area, while MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care health services. Designations are based on the Index of Medical Underservice (IMU).

The IMU is calculated based on four criteria:

- the population to provider ratio
- the percent of the population below the federal poverty level
- the percent of the population over age 65
- the infant mortality rate

IMU can range from 0 to 100, where zero represents the completely underserved. Areas or populations with IMUs of 62.0 or less qualify for designation as an MUA/P. The following table describes the MUA within the community:

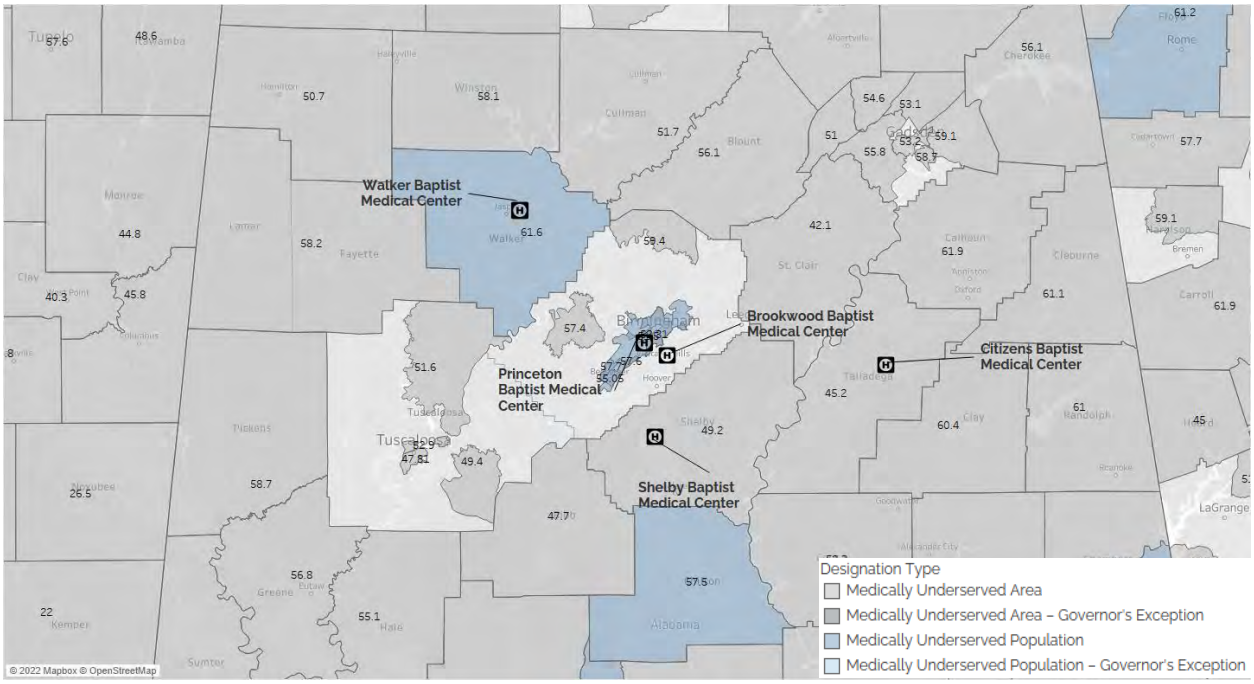

Figure 3 - Medically Underserved Areas, Source: Health Resources and Services Administration 2022

Provider Supply

County Health Rankings publishes ratios of population per provider. A higher ratio indicates a lower provider supply. In 2019, the ratio of population to primary care providers was 1,519:1 in Alabama. Chilton, Talladega, Walker, and Winston counties had worse primary care supply than the state benchmark. The 2021 ratio of population to mental health providers was worse than the state benchmark in all counties except for Jefferson County. The ratio of population to dentists was better (more supply) than the state benchmark within Jefferson and Shelby Counties in 2020.

	Primary Care Physician Ratio	Mental Health Provider Ratio	Dentist Ratio
Chilton County, Alabama	4,443	1,644	3,415
Jefferson County, Alabama	891	475	1,103
Shelby County, Alabama	1,196	1,059	1,925
Talladega County, Alabama	3,199	4,210	3,199
Walker County, Alabama	2,443	929	2,037
Winston County, Alabama	2,954	5,877	5,877
State Benchmark for Alabama	1,519	846	2,026
National Benchmark	1,310	350	1,400

Figure 4 - Ratio of Population to Provider, Source: County Health Rankings 2022, American Medical Association 2019, National Provider Identification File 2020-2021, and Centers for Medicare and Medicaid Services 2021, the level of shading indicates how much greater the county measure was than the state benchmark value

B. Population Demographics

Population Growth

Esri projects the population within the health system's defined community will remain flat over the next five years, although population growth is anticipated within Shelby (3.3%) and Chilton (0.4%) Counties.

County	2022 Population	2027 Population	5 Year Percentage Change
Walker	65,388	64,589	-1.2%
Talladega	77,279	76,395	-1.1%
Winston	24,639	24,471	-0.7%
Jefferson	716,697	712,152	-0.6%
Chilton	40,099	40,267	0.4%
Shelby	222,314	229,636	3.3%
Grand Total	1,146,416	1,147,510	0.1%

Figure 5 - Population Change by ZIP Code, Source: Esri 2022

Population by Age & Sex

Age Group	Sex					
	Female			Male		
	2022 Population	2027 Population	5 Year Percentage Change	2022 Population	2027 Population	5 Year Percentage Change
Age 0-4	20,186	19,696	-2.4%	20,685	20,337	-1.7%
Age 5-9	21,073	20,235	-4.0%	22,016	21,054	-4.4%
Age 10-14	21,637	21,082	-2.6%	22,755	22,289	-2.0%
Age 15-19	21,846	21,848	0.0%	21,857	22,441	2.7%
Age 20-24	22,242	21,649	-2.7%	21,783	20,867	-4.2%
Age 25-29	24,554	22,048	-10.2%	24,778	21,936	-11.5%
Age 30-34	25,055	23,139	-7.6%	24,273	23,549	-3.0%
Age 35-39	25,212	24,350	-3.4%	23,550	23,769	0.9%
Age 40-44	23,469	24,551	4.6%	21,848	22,896	4.8%
Age 45-49	21,833	23,274	6.6%	20,461	21,702	6.1%
Age 50-54	22,037	21,362	-3.1%	20,097	19,914	-0.9%
Age 55-59	24,698	21,685	-12.2%	21,865	19,592	-10.4%
Age 60-64	25,477	22,777	-10.6%	21,981	20,111	-8.5%
Age 65-69	22,934	23,276	1.5%	19,235	19,611	2.0%
Age 70-74	18,450	20,796	12.7%	14,816	16,583	11.9%
Age 75-79	13,129	16,189	23.3%	9,765	12,174	24.7%
Age 80-84	9,147	10,972	20.0%	5,940	7,496	26.2%
Age 85+	10,606	11,085	4.5%	5,407	5,817	7.6%
Grand Total	373,585	370,014	-1.0%	343,112	342,138	-0.3%

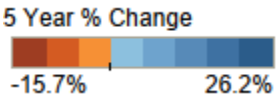

Figure 6 - Population Change by Age Group, Source: Esri 2022

Median Age

The median ages within Chilton, Shelby, Talladega, Walker, and Winston counties exceeded the benchmarks of 39.2 years within Alabama and 38.2 years in the United States from 2016 to 2020.

Figure 7 - Median Age by County, Source: U.S. Census Bureau ACS 2016-2020

Population Race/Ethnicity

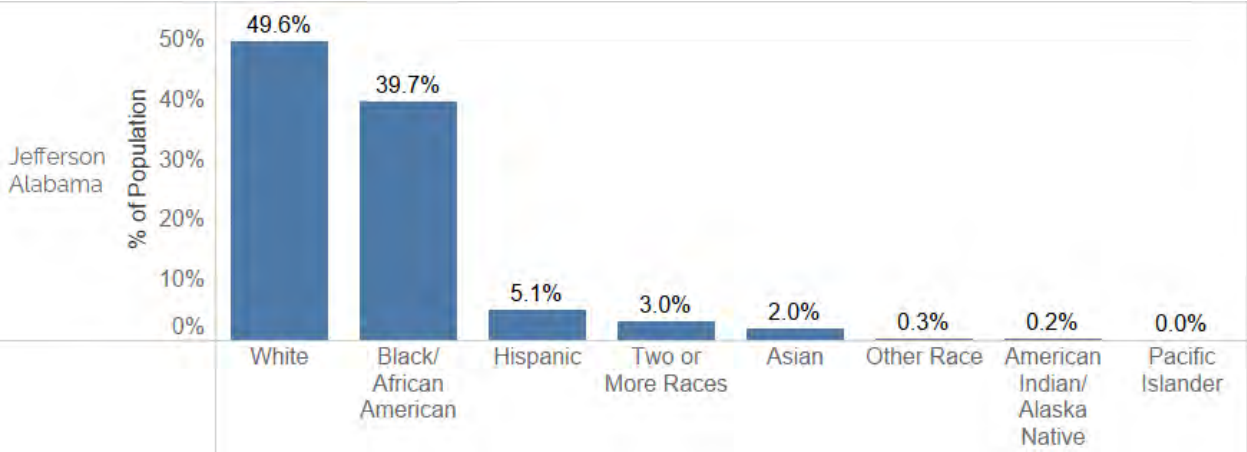

Figure 8 - Population by Race/Ethnicity and County, Source: Esri 2022

Population Growth by Race/Ethnicity

Within Jefferson County, substantial population growth is expected for individuals of two or more races, Asian, and Pacific Islander populations over the next five years.

Race and Ethnicity	2022 Population	2027 Population	5 Year Percentage Change
Two or More Races	21,778	24,359	11.9%
Other Race	2,182	2,390	9.5%
Pacific Islander	314	339	8.0%
Asian	14,131	15,184	7.5%
Hispanic	36,435	37,299	2.4%
Black/African American	284,740	284,564	-0.1%
White	355,836	346,761	-2.6%
American Indian/Alaska Native	1,310	1,250	-4.6%
Grand Total	**716,726**	**712,146**	**-0.6%**

Figure 9 - Population Change by Race/Ethnicity, Source: Esri 2022

Language and Foreign-Born Population

From 2016 to 2020, a greater portion of foreign-born individuals resided in Shelby, Chilton, and Jefferson Counties than in the state of Alabama. These counties also had a greater percentage of residents speaking a language other than English at home during the same time frame.

	Foreign born Population	Language Other than English
Chilton County, Alabama	4.4%	7.9%
Jefferson County, Alabama	3.8%	5.8%
Shelby County, Alabama	5.0%	7.5%
Talladega County, Alabama	2.0%	3.5%
Walker County, Alabama	1.3%	2.3%
Winston County, Alabama	1.3%	2.0%
State Benchmark for Alabama	3.4%	5.3%
National Benchmark	13.5%	21.5%

Figure 10 – Language and Foreign-Born Population, Source: U.S. Census Bureau ACS 2016-2020

Computer and Internet Access

A lesser percentage of households within Chilton, Talladega, Walker, and Winston counties had access to a computer or broadband internet than the state and national averages.

	Households with a computer	Households with a broadband Internet subscription
Chilton County, Alabama	84.1%	74.6%
Jefferson County, Alabama	89.7%	83.0%
Shelby County, Alabama	95.2%	90.8%
Talladega County, Alabama	85.8%	78.8%
Walker County, Alabama	85.8%	76.4%
Winston County, Alabama	82.4%	71.4%
State Benchmark for Alabama	87.9%	79.9%
National Benchmark	91.9%	85.2%

Figure 11 - Computer and Internet Access, Source: U.S. Census Bureau ACS 2016-2020, shading indicates the county measure was greater than or worse than the state benchmark value

Veteran Population

The veteran populations within the defined community counties represented slightly lower portions of the total population than the Alabama benchmark of 8.6%, although most counties had larger veteran populations than the national average.

Chilton County, Alabama	Jefferson County, Alabama	Shelby County, Alabama	Talladega County, Alabama	Walker County, Alabama	Winston County, Alabama	State Benchmark for Alabama	National Benchmark
7.0%	7.1%	7.6%	8.0%	7.6%	7.2%	8.6%	7.1%

Figure 12 - Veteran Population, Source: U.S. Census Bureau ACS 2016-2020

C. Socioeconomic Status

According to Healthy People 2030, nearly one in ten individuals live in poverty in the United States. Those with steady employment are less likely to live in poverty and are more likely to be healthy. Economic stability represents a key domain within the HP2030 Social Determinants of Health (SDOH) framework.

Unemployment Rate

The 2021 annual unemployment average for Jefferson, Talladega, and Walker counties was greater than the Alabama state benchmark, although all counties within defined communities had lower unemployment rates than the national average.

	Jefferson	Chilton	Shelby	Talladega	Walker	Winston	Alabama	United States
Unemployment Rate	3.6%	2.9%	2.1%	4.1%	3.6%	2.8%	3.4%	5.3%

Figure 13 - Unemployment by County, Source: U.S. Bureau of Labor Statistics 2022, shading indicates the county measure was greater than or worse than the state benchmark value

Median Household Income, Poverty, and Income Inequality

According to the 2016-2020 Census Bureau estimates, the median household income in Talladega, Walker, and Winston counties was lower than the state benchmark of $52,035. Shelby County exceeded the national median household income.

Poverty thresholds are determined by family size, the number of children, and the age of the head of the household. A family's income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. As of January 12, 2022, the 2022 federal poverty threshold for a family of four was $27,750. Individuals within Chilton, Talladega, Walker, and Winston counties were more likely to live in poverty when compared to the Alabama benchmark. Childhood poverty rates within Talladega County were nearly 25%, exceeding the state (22.7%) and the national (17.5%) benchmarks.

The ratio of household income at the 80th percentile to that at the 20th percentile, a measure of income inequality was 5.3 within Jefferson County, exceeding the state (5.2) and national (4.9) ratios.

	Median household income past 12 months (2020 dollars)	Percent below poverty level	Percent below poverty level under 18 years	Income Inequality Ratio
Chilton County, Alabama	$52,141	17.0%	19.7%	4.4
Jefferson County, Alabama	$55,088	15.7%	22.1%	5.3
Shelby County, Alabama	$78,889	6.9%	7.8%	3.9
Talladega County, Alabama	$43,969	17.8%	24.9%	5.1
Walker County, Alabama	$45,833	16.9%	22.8%	4.8
Winston County, Alabama	$40,991	17.4%	23.7%	4.8
State Benchmark for Alabama	$52,035	16.0%	22.7%	5.2
National Benchmark	$64,994	12.8%	17.5%	4.9

Figure 14 - Socioeconomic Indicators U.S. Census Bureau ACS 2016-2020, County Health Rankings, income inequality represented as a ratio of household income at the 80th percentile to that of the 20th percentile, shading indicates the county measure was greater than or worse than the state benchmark value

Median Household Income by Census Tract

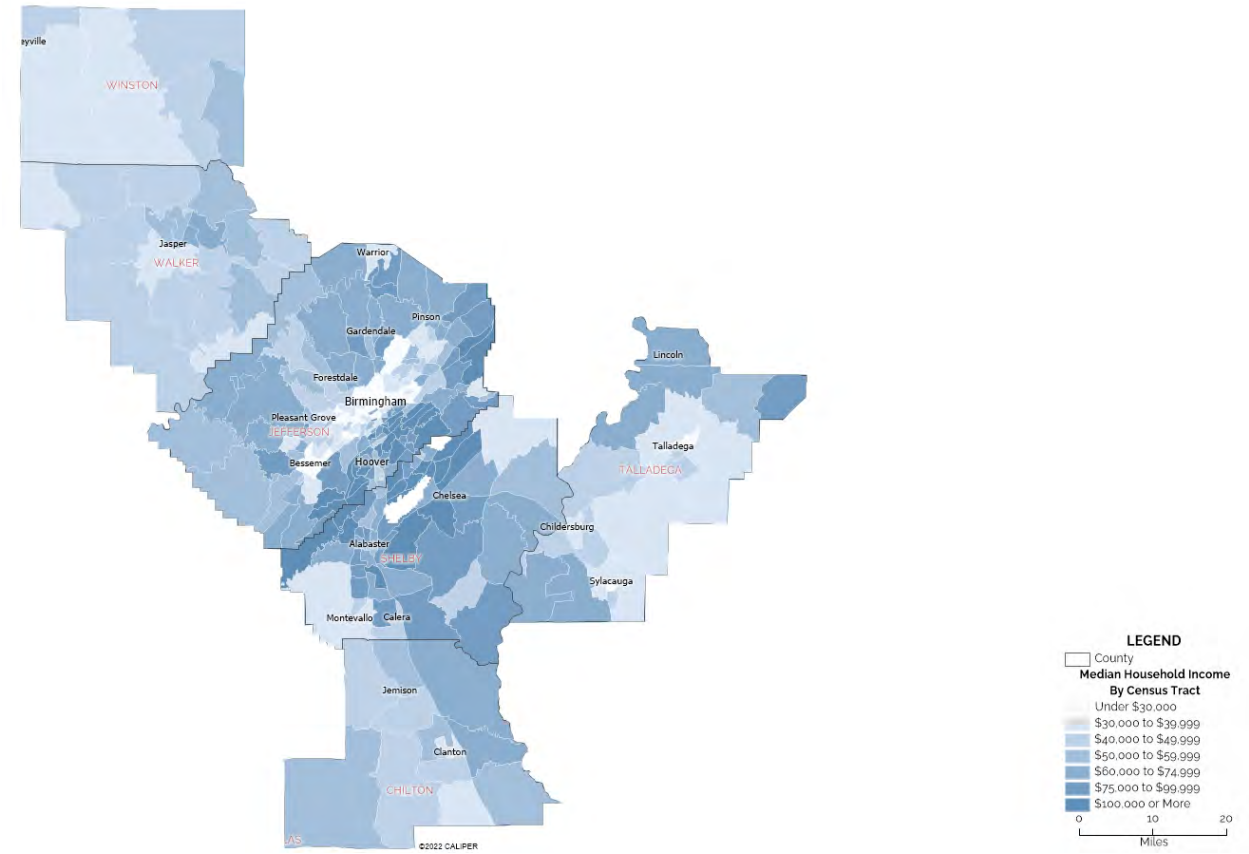

Figure 15 - Median Household Income by Census Tract, Source: U.S. Census Bureau ACS 2016-2020, Caliper Maptitude 2022

Poverty by Race/Ethnicity

Across the defined communities, poverty rates varied significantly by race/ethnicity. In many counties, the poverty rates for Black/African American and Hispanic populations greatly exceeded the poverty rates for white populations.

	American Indian and Alaska Native alone	Asian alone	Black or African American alone	Hispanic or Latino origin (of any race)	Native Hawaiian and Other Pacific Islander alone	Some other race alone	Two or more races	White alone
Chilton County, Alabama	28.0%	0.0%	21.1%	28.7%		27.6%	15.4%	16.1%
Jefferson County, Alabama	33.0%	10.1%	22.9%	27.2%	22.5%	28.0%	22.2%	9.0%
Shelby County, Alabama	0.3%	8.7%	8.2%	15.1%	0.0%	26.4%	6.5%	6.0%
Talladega County, Alabama	44.9%	8.0%	24.8%	46.8%	0.0%	32.0%	21.2%	14.1%
Walker County, Alabama	0.0%	0.0%	27.4%	39.5%		51.4%	35.1%	15.4%
Winston County, Alabama	0.0%	0.0%	27.8%	18.0%	0.0%	38.7%	37.9%	16.9%
State Benchmark for Alabama	18.6%	13.3%	25.6%	29.2%	15.6%	32.7%	21.2%	11.7%
National Benchmark	24.1%	10.6%	22.1%	18.3%	16.8%	19.7%	15.1%	10.6%

Figure 16 - Poverty Levels by Race/Ethnicity, Source: U.S. Census Bureau ACS 2016-2020

D. Access to Care

Uninsured Population

The uninsured populations within Chilton, Walker, and Winston counties exceeded the state benchmark of 9.5%. Shelby County was the only county within the defined communities that had a lower uninsured rate than the national benchmark.

Chilton County, Alabama	Jefferson County, Alabama	Shelby County, Alabama	Talladega County, Alabama	Walker County, Alabama	Winston County, Alabama	State Benchmark for Alabama	National Benchmark
11.7%	9.0%	6.1%	9.2%	11.4%	12.0%	9.5%	8.7%

Figure 17 - Uninsured Population by County, Source: U.S. Census Bureau ACS 2016-2020

Health Insurance Coverage by Race/Ethnicity

Health insurance coverage varied significantly by race and ethnicity across the defined communities according to County Health Rankings. Hispanic and Black/African American individuals were more likely to be uninsured than white individuals in all counties considered, which is consistent with the Alabama state averages.

	American Indian and Alaska Native alone	Asian alone	Black or African American alone	Hispanic or Latino (of any race)	Native Hawaiian and Other Pacific Islander alon..	Some other race alone	Two or more races	White alone
Chilton County, Alabama	10.5%	19.5%	10.7%	30.5%		46.7%	15.9%	10.2%
Jefferson County, Alabama	31.6%	9.8%	10.6%	33.7%	25.7%	42.4%	11.3%	6.3%
Shelby County, Alabama	17.8%	12.8%	7.6%	27.4%	0.0%	40.3%	5.5%	4.5%
Talladega County, Alabama	1.1%	16.5%	11.4%	26.3%	11.3%	19.0%	8.1%	7.9%
Walker County, Alabama	51.6%	5.5%	13.0%	41.5%		55.4%	6.3%	10.8%
Winston County, Alabama	0.0%	11.2%	29.7%	21.2%		23.4%	29.0%	11.5%
State Benchmark for Alabama	14.7%	10.8%	10.9%	26.7%	12.3%	33.7%	12.2%	8.2%
National Benchmark	19.0%	6.4%	9.9%	17.7%	10.8%	19.8%	10.7%	7.6%

Figure 18 - Health Insurance Coverage, Source: County Health Rankings 2022

Uninsured Population by Census Tract

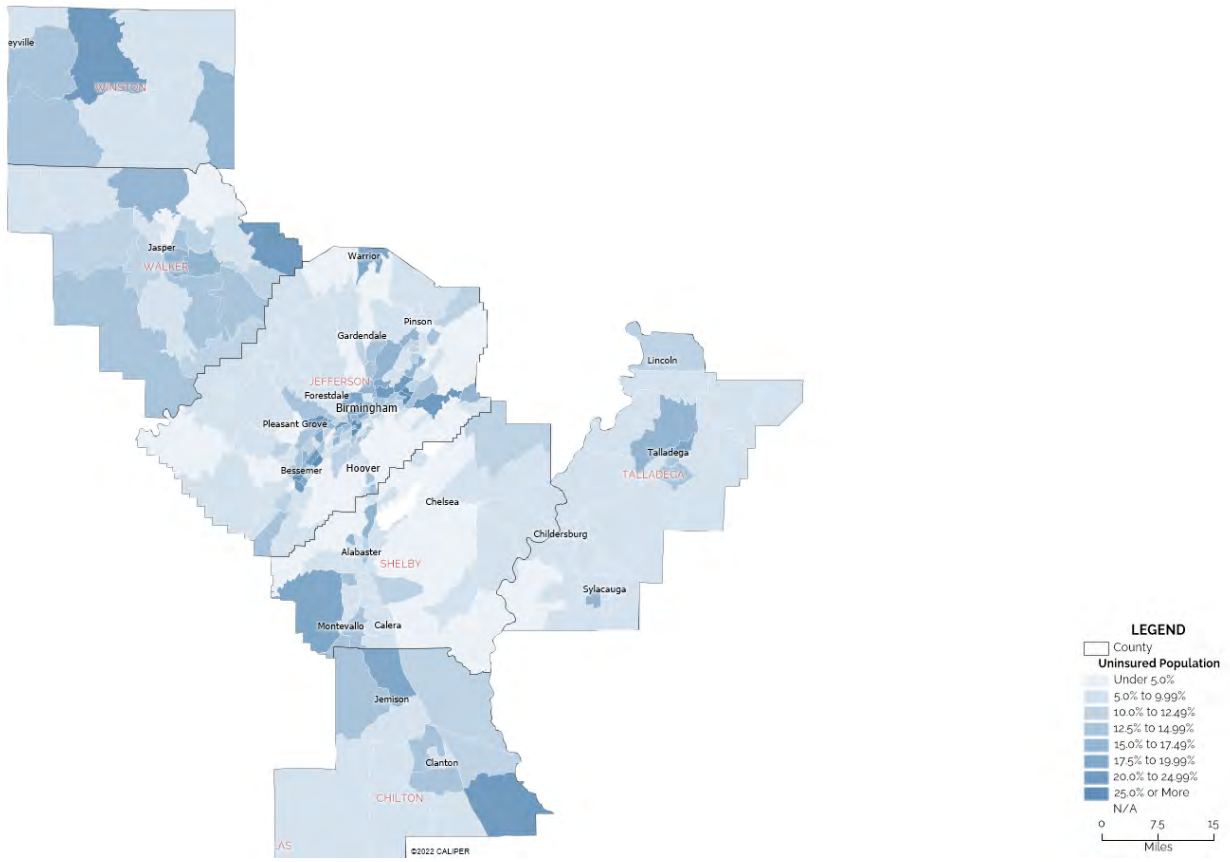

Figure 19 - Uninsured Population by Census Tract, Source: U.S. Census Bureau ACS 2016-2020, Caliper Maptitude 2022

E. Housing

Home Ownership, Housing Costs, and Segregation

The U.S. Census Bureau's 2016-2020 American Community Survey (ACS) estimates indicated that Jefferson County had a lower rate of homeownership than the state and national benchmarks. Median monthly housing costs were highest within Shelby County and Jefferson County, both exceeding the state average.

County Health Rankings publishes estimates of severe housing cost burden and segregation utilizing ACS data. Jefferson and Talladega counties had a greater proportion of residents experiencing severe housing cost burden, and Chilton and Jefferson counties had greater percentages of residents experiencing severe housing problems when compared to the state of Alabama. From 2016-2020, the residential segregation index for Black/White households in Jefferson and Winston counties exceeded the state and national benchmarks. The residential segregation index for non-white and white individuals was greater within Jefferson County than in Alabama at large during the same time frame.

	% Homeowners	Median Monthly Housing Costs	% Severe Housing Cost Burden	% Severe Housing Problems	Residential Segregation Index (Black/white)	Residential Segregation Index (non-white/white)
Chilton County, Alabama	75.1%	$626	10.4%	14.6%	35	37
Jefferson County, Alabama	63.2%	$949	14.6%	16.0%	65	60
Shelby County, Alabama	80.4%	$1,124	9.0%	10.1%	32	26
Talladega County, Alabama	71.5%	$647	12.1%	12.8%	35	33
Walker County, Alabama	77.9%	$560	10.2%	11.5%	46	30
Winston County, Alabama	80.3%	$495	9.1%	9.5%	84	33
State Benchmark for Alabama	69.2%	$788	11.9%	13.7%	57	51
National Benchmark	64.0%	$1,120	14.0%	17.0%	63	46

Figure 20 - Home Ownership and Housing Characteristics, Source: U.S. Census Bureau ACS 2016-2020, County Health Rankings 2022, shading indicates the measure was greater than or worse than the state benchmark value

F. Education

Populations with a High School or Bachelor's Degree or Higher

According to the U.S. Census Bureau 2016-2020 American Community Survey estimates, Chilton, Talladega, Walker, and Winston counties fell behind the Alabama state benchmark for the portion of residents with a high school degree or higher. Jefferson and Shelby Counties exceeded the state benchmark for the portion of residents with a Bachelor's degree or higher.

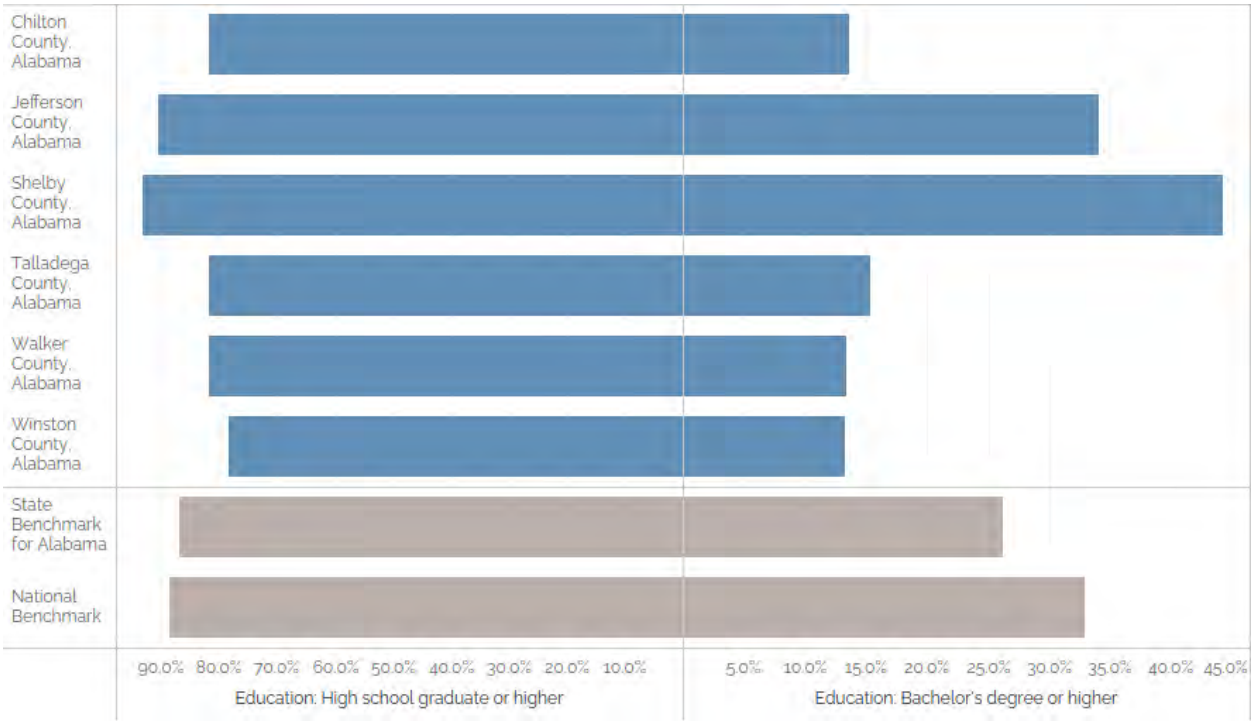

Figure 21 - High School Graduates and Bachelor's Degree or Higher, Source: U.S. Census Bureau ACS 2016-2020

Highest Level of Education Completed

The U.S. Census Bureau's 2016-2020 American Community Survey estimates indicate that Jefferson County residents were more likely to have a bachelor's degree (20.9%) or graduate/professional degree (13.1%) than the Alabama averages (16.3% and 9.9% respectively). The blue bars in the chart below represent Jefferson County residents and the gray bars represent the state benchmark for each education level.

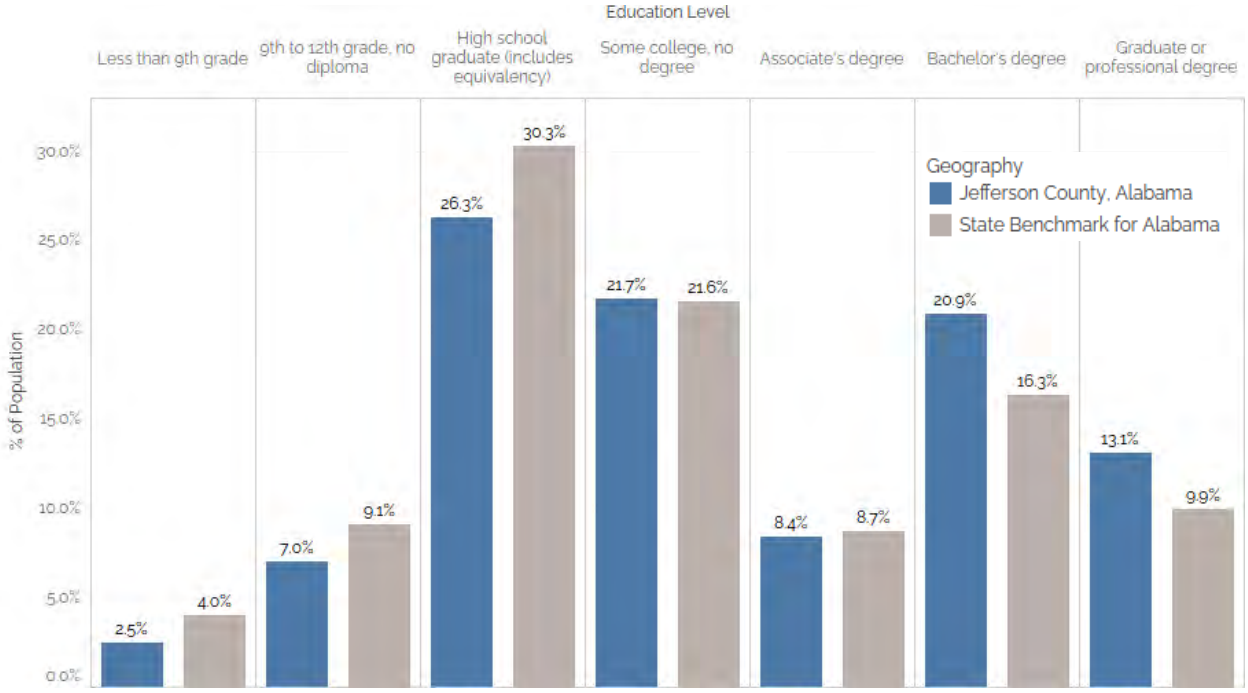

Figure 22 - Highest Level of Education Completed by Persons 25 Years and Older, Source: U.S. Census Bureau ACS 2016-2020

Adults Over Age 25 with a College Degree by Census Tract

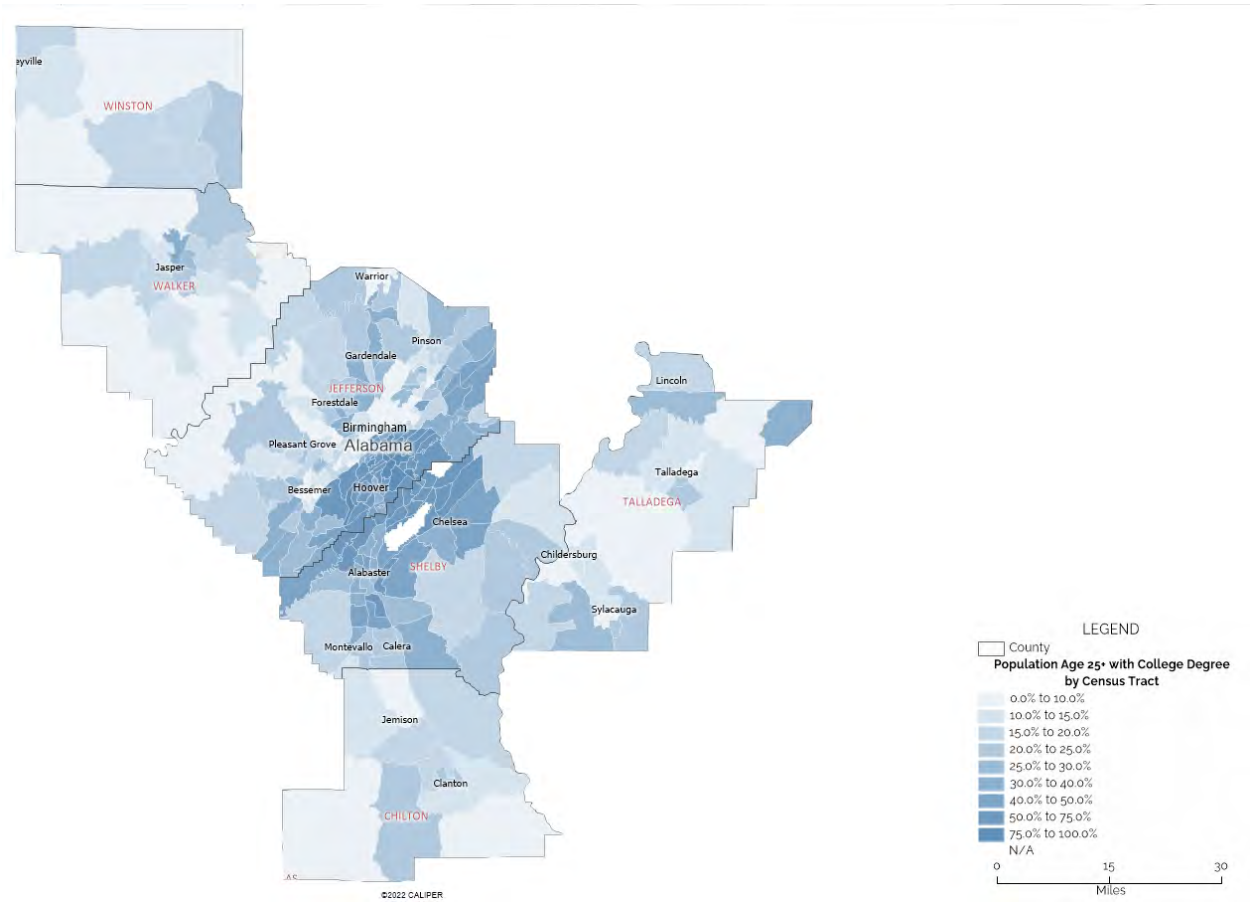

Figure 23 - Adults Age 25 and Over with a College Degree by Census Tract, Source: U.S. Census Bureau ACS 2016-2020, Caliper Maptitude 2022

Math and Reading Scores, School Segregation, and Funding

County Health Rankings provides average reading and math scores, as well as measures of school segregation and school funding adequacy. In 2018, Chilton, Jefferson, Talladega, and Winston counties fell below the Alabama state benchmark for student reading scores. Jefferson and Talladega counties also fell below the benchmark for student math scores.

From 2020 to 2021 Jefferson County had a worse (higher) school segregation index than the state average. The index measures the extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. In 2019, all counties except for Shelby County had deficits in school funding adequacy, approximated by the estimated spend per student to achieve average test scores.

	Reading Scores - Average Grade Performance	Math Scores - Average Grade Performance	School Segregation Index	School Funding Adequacy Surplus or (Deficit)
Chilton County, Alabama	2.8	2.7	0.07	($2,372)
Jefferson County, Alabama	2.8	2.6	0.36	($4,679)
Shelby County, Alabama	3.2	2.9	0.07	$1,894
Talladega County, Alabama	2.7	2.6	0.12	($5,408)
Walker County, Alabama	2.9	2.7	0.10	($1,620)
Winston County, Alabama	2.8	2.7	0.12	($1,305)
State Benchmark for Alabama	2.9	2.7	0.29	($4,296)
National Benchmark	3.1	3.0	0.25	$741

Figure 24 - Average Grade Performance for Reading and Math, School Segregation Index, and School Funding Adequacy, Source: County Health Rankings 2022, Stanford Education Data Archive, National Center for Education Statistics, School Finance Indicators Database, shading indicates the measure was greater than or worse than the state benchmark value

G. Transportation

Walkability Index by Census Block Group

The Birmingham metropolitan area had areas ranked as most walkable by the U.S. Environmental Protection Agency, while many of the surrounding suburban and rural areas were classified as below average or least walkable.

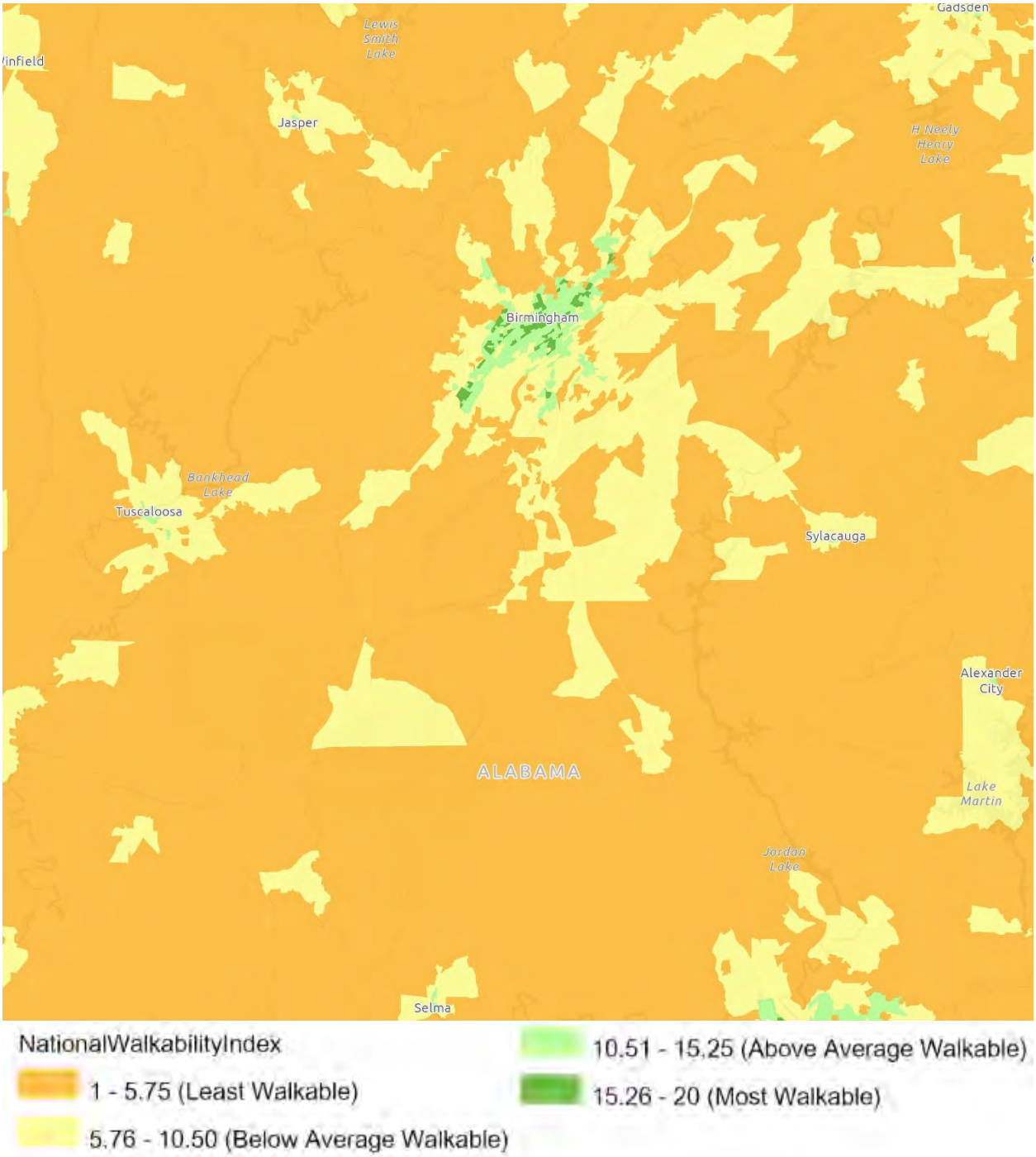

Figure 25 - National Walkability Index, Source: U.S. Environmental Protection Agency 2022

Commuting

Individuals in Jefferson County were less likely to have a long commute in which they drove alone when compared to the Alabama benchmark.

	% Long Commute - Drives Alone
Chilton County, Alabama	48.9%
Jefferson County, Alabama	34.6%
Shelby County, Alabama	50.0%
Talladega County, Alabama	36.0%
Walker County, Alabama	41.2%
Winston County, Alabama	47.7%
State Benchmark for Alabama	35.2%
National Benchmark	37.0%

Figure 26 - Transportation Indicators, Source: U.S. Census Bureau ACS 2016-2020, shading indicates the county measure was greater than or worse than the state benchmark value

Mean Travel Time to Work

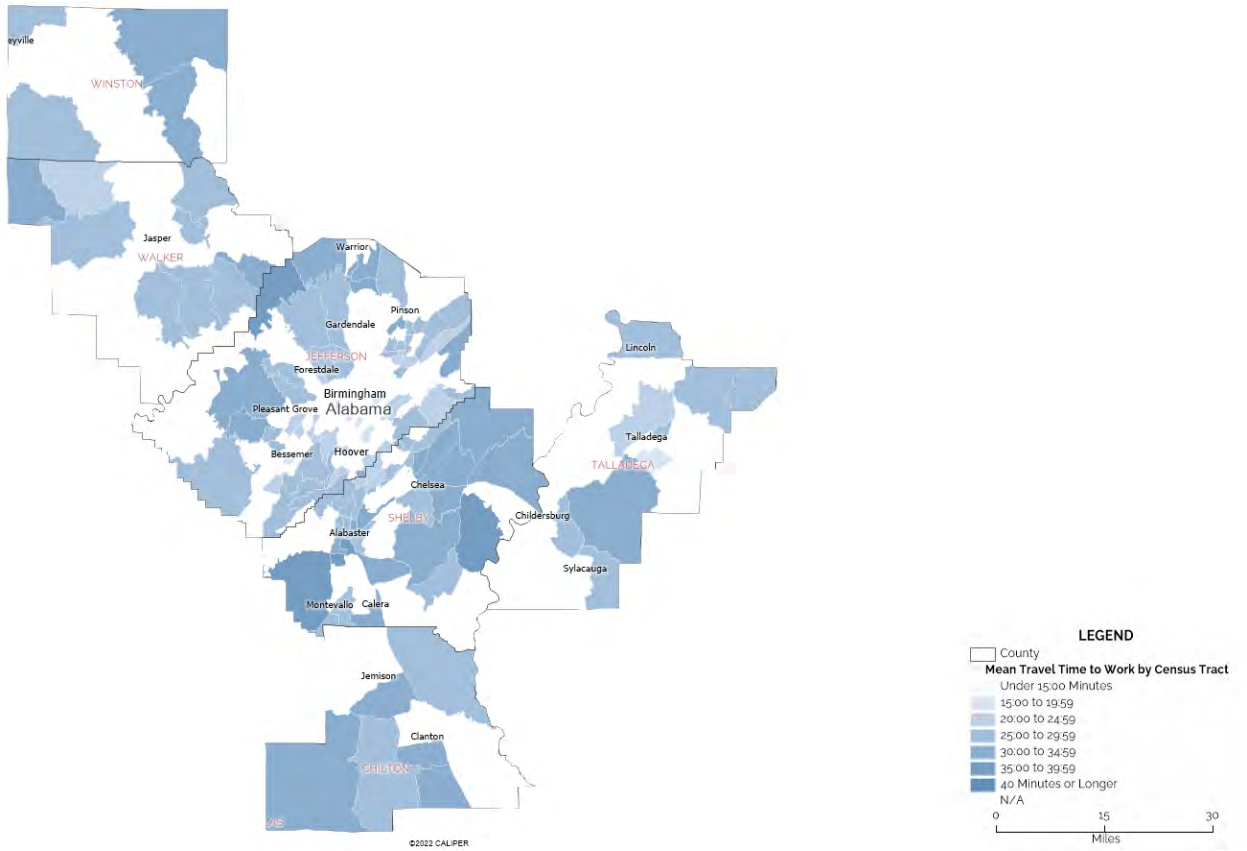

Figure 27 - Mean Travel Time to Work in Minutes, Source: U.S. Census Bureau ACS 2016-2020, Caliper Maptitude 2022

H. Crime and Violence

According to the Alabama Law Enforcement Agency, in 2019, the rates of violent crime were generally lower within Shelby, Chilton, and Walker counties than in Alabama. Jefferson County exceeded the state benchmarks for assault, homicide, rape, and robbery during the same time frame. Talladega County had higher rates of assault, homicide, and rape when compared to the state average.

Violent Crime Rates

	Jefferson	Chilton	Shelby	Talladega	Walker	Winston	Alabama	United States
Assault	665.5	288.1	266.4	436.4	259.8	220.1	381.0	250.2
Homicide	19.0	4.5	1.8	7.5	3.1	12.7	7.3	5.0
Rape	42.7	56.3	18.8	46.3	55.1	42.3	42.2	42.6
Robbery	171.0	2.3	10.6	56.3	40.9	4.2	80.4	81.6

Figure 28 - Violent Crime Rates per 100,000 Population, Source: FBI Crime in the United States 2019, Crime in Alabama 2019. shading indicates the county measure was greater than or worse than the state benchmark value

Firearm Fatalities

According to County Health Rankings and the National Center for Health Statistics, firearm fatalities were more frequent in Jefferson, Talladega, Walker, and Winston counties than in Alabama at large from 2016 to 2020.

	Firearm Fatalities Rate
Chilton County, Alabama	14.93
Jefferson County, Alabama	31.11
Shelby County, Alabama	12.88
Talladega County, Alabama	27.25
Walker County, Alabama	23.79
Winston County, Alabama	22.82
State Benchmark for Alabama	22.29
National Benchmark	12.00

Figure 29 – Firearm Fatality Rates per 100,000 Population, Source: County Health Rankings 2022, National Center for Health Statistics - Mortality Files 2016-2020, shading indicates the county measure was greater than or worse than the state benchmark value

I. Disability

According to the U.S. Census Bureau's 2015-2019 American Community Survey estimates, a greater portion of the populations within Chilton, Talladega, Walker, and Winston counties had a disability than in Alabama at large.

Chilton County, Alabama	Jefferson County, Alabama	Shelby County, Alabama	Talladega County, Alabama	Walker County, Alabama	Winston County, Alabama	State Benchmark for Alabama	National Benchmark
20.3%	**15.4%**	**12.0%**	**20.9%**	**24.5%**	**22.6%**	**16.2%**	**12.7%**

Figure 30- Disability Prevalence Rates, Source: U.S. Census Bureau ACS 2016-2020, shading indicates the county measure was greater than or worse than the state benchmark value

J. Mortality

County Health Rankings analyzes data from the Centers for Disease Control and Prevention and National Center for Health Statistics related to premature death and life expectancy. The premature death rate indicator for Shelby County was better than the Alabama benchmark, and Shelby County residents had a greater life expectancy than the state average (74.8 years). Resident life expectancy was lower in Chilton, Jefferson, Talladega, and Walker counties than the state benchmark.

Life Expectancy and Premature Death

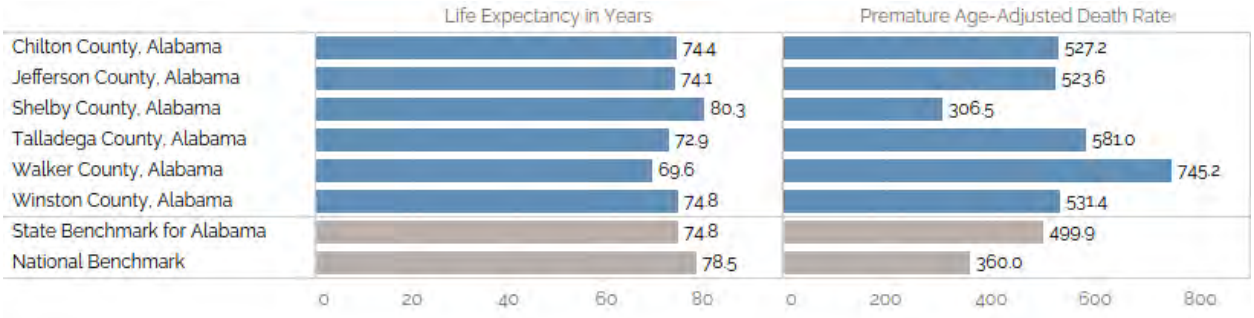

Figure 31 – Life Expectancy and Premature Death, Source: County Health Rankings 2022, National Center for Health Statistics 2018-2020

Years of Potential Life Lost by Race/Ethnicity

According to the National Center for Health Statistics and County Health Rankings, Black individuals across Alabama had more premature death than the state average for all races/ethnicities (in years of potential life lost) from 2018 to 2020. This trend was also observed in Chilton, Jefferson, Talladega, and Walker counties.

Race/Ethnicity	Chilton County, Alabama	Jefferson County, Alabama	Shelby County, Alabama	Talladega County, Alabama	Walker County, Alabama	Winston County, Alabama	State Benchmark for Alabama
All Race/Ethnicities	10,342	11,420	6,125	12,311	15,734	10,680	10,350
Asian		3,342					3,411
Black	11,094	14,310	7,565	12,936	15,500		13,245
Hispanic		7,235	4,146				5,244
white	10,603	9,275	6,141	12,325	16,074		9,563

Figure 32 - Years of Potential Life Lost (YPLL) by Race/Ethnicity, Source: County Health Rankings, highlights indicate measures that exceed the state benchmark for all races/ethnicities

Leading Causes of Death

According to the CDC, heart disease, cancer, and unintentional injuries were the top three causes of death within the community from 2016 to 2020. Jefferson County's death rates for the following conditions exceeded the respective state benchmarks: cancer, stroke (cerebrovascular diseases), accidents (unintentional injuries), influenza and pneumonia, septicemia, kidney disease, and assault (homicide).

	Jefferson	Alabama	United States
Diseases of heart	193.9	225.5	164.8
Malignant neoplasms	167.4	167.3	149.4
Chronic lower respiratory diseases	42.3	56.0	39.1
Cerebrovascular diseases	62.0	51.8	37.6
Accident (unintentional injuries)	67.5	55.2	50.4
Alzheimer's disease	40.3	46.2	30.8
COVID-19	18.9	21.5	17.7
Diabetes mellitus	19.5	20.5	22.1
Influenza and pneumonia	19.8	18.6	13.6
Septicemia	21.5	17.0	10.1
Nephritis, nephrotic syndrome, and nephrosis	17.7	16.9	12.9
Chronic liver disease and cirrhosis	11.2	13.6	11.5
Intentional self-harm (suicide)	13.8	16.2	13.8
Essential hypertension and hypertensive renal disease	8.6	10.0	9.1
Assault (homicide)	25.4	12.8	6.4

Figure 33 - Age-Adjusted Death Rates per 100,000 Population, Source: CDC Wonder, Multiple Case of Death 2016-2020, shading indicates the county measure was greater than or worse than the state benchmark value

K. Heart Disease

Heart Disease Mortality by Race/Ethnicity

According to the Centers for Disease Control and Prevention, the age-adjusted mortality rate for all heart disease per 100,000 population was greater than the state benchmark in Chilton, Talladega, and Walker counties. Black individuals in Jefferson, Chilton, Talladega, Walker, and Winston counties had higher heart disease mortality rates than the state benchmark for all races/ethnicities. In all counties except Walker, the Black heart disease mortality rate was greater than the white death rate.

	Jefferson	Chilton	Shelby	Talladega	Walker	Winston	Alabama	United States
All Heart Disease, All Races/Ethnicities	275.9	312.8	216.5	341.7	479.2	294.1	296.5	217.9
All Heart Disease, Black (Non-Hispanic)	324.0	361.3	294.6	385.7	364.1	420.4	351.8	296.3
All Heart Disease, White (Non-Hispanic)	248.0	315.5	216.7	334.9	492.4	300.9	287.3	219.3
All Heart Disease, Hispanic	83.1	55.7	72.7	66.0	86.7	*	81.4	162.7

Figure 34 - Age-Adjusted All Heart Disease Death Rate per 100,000 Population, Source: CDC, 2016-2018, * indicates insufficient data, shading indicates the county measure was greater than or worse than the state benchmark value for all race/ethnicities

Heart Disease Mortality by Gender

According to the Centers for Disease Control and Prevention, the age-adjusted mortality rate for heart attack per 100,000 males was greater than the state benchmark for all genders in Jefferson, Chilton, Talladega, Walker, and Winston counties. The death rate for females within Walker County also exceeded the state benchmark for all genders. The heart disease death rates for females were generally lower than the corresponding male death rates.

	Jefferson	Chilton	Shelby	Talladega	Walker	Winston	Alabama	United States
All Heart Disease, All Genders	275.9	312.8	216.5	341.7	479.2	294.1	296.5	217.9
All Heart Disease, Male	336.0	353.6	263.9	407.1	536.4	329.4	361.9	265.0
All Heart Disease, Female	230.3	272.6	182.2	281.7	409.6	269.2	243.4	178.5

Figure 35 - Age-Adjusted Heart Attack Mortality per 100,000 Adults, Source: CDC, 2016-2018 *indicates insufficient data, shading indicates the county measure was greater than or worse than the state benchmark value for all genders

L. Cancer

Breast Cancer Screening Rates

County Health Rankings reports on mammography screening rates by race/ethnicity for Medicare enrollees aged 65 to 74. Within Chilton, Talladega, and Winston counties,
the breast cancer screening rates for all women were lower than the state benchmarks. Across the state of Alabama and in Jefferson and Walker counties, the breast cancer screening rate for Black women was worse than the state benchmark for all women.

Race/Ethnicity	Chilton County, Alabama	Jefferson County, Alabama	Shelby County, Alabama	Talladega County, Alabama	Walker County, Alabama	Winston County, Alabama	State Benchmark for Alabama
All Race/Ethnicities	41%	45%	46%	39%	45%	39%	42%
Asian		40%	48%				35%
Black	48%	41%	49%	45%	42%		41%
Hispanic		31%	45%				32%
white	41%	47%	45%	38%	45%		42%

Figure 36 – Breast Cancer Screening Rates 2019, Source: County Health Rankings, Mapping Medicare Disparities, shading indicates the county measure was greater than or worse than the state benchmark value for all races/ethnicities

Cancer Incidence by Race and Ethnicity for All Cancer Sites

The National Cancer Institute reported higher incidence rates for all cancer sites within Jefferson, Talladega, and Walker counties from 2015-2019. The incidence rates for Black individuals within Jefferson and Walker counties, as well as Hispanic individuals residing in Chilton County, were higher than the state benchmark for all races/ethnicities.

	Jefferson	Chilton	Shelby	Talladega	Walker	Winston	Alabama	United States
All Race/Ethnicities	456.3	414.7	421.8	467.0	521.7	412.1	451.7	449.4
White (Non-Hispanic)	450.2	416.5	422.7	481.7	521.7	420.7	452.9	466.6
Black (Non-Hispanic)	458.2	408.2	425.6	427.0	580.2	*	447.1	453.8
Hispanic (Any Race)	292.2	453.1	301.5	*	*		231.2	352.6

Figure 37 - Age-Adjusted Cancer Incidence Rates for All Cancer Sites, Source: National Cancer Institute 2015-2019, Rates per 100,000 population, shading indicates the county measure was greater than or worse than the state benchmark value for all race/ethnicities

Cancer Mortality by Race and Ethnicity for All Cancer Sites

The National Cancer Institute's mortality data indicates that Jefferson, Talladega, and Walker counties had higher cancer death rates than the state average from 2016 to 2020. Within Jefferson, Chilton, Talladega, and Walker counties the Black cancer death rates were greater than the state benchmark for all races/ethnicities.

	Jefferson	Chilton	Shelby	Talladega	Walker	Winston	Alabama	United States
All Race/Ethnicities	167.4	165.6	126.7	187.6	205.4	157.8	**166.9**	**149.4**
White (Non-Hispanic)	161.5	166.0	128.9	190.4	203.9	160.2	**166.9**	**154.4**
Black (Non-Hispanic)	180.9	210.9	133.4	193.4	264.2	*	**180.3**	**174.7**
Hispanic (Any Race)	73.9	*	57.9	*	*	*	**60.8**	**108.2**

Figure 38 - Age-Adjusted Cancer Mortality Rates for All Cancer Sites, Source: National Cancer Institute 2016-2020, Rates per 100,000 population, shading indicates the county measure was greater than or worse than the state benchmark value for all race/ethnicities

M.COVID-19

COVID-19 Cases, Deaths, Fatality Rate, and Vaccination Rate

Johns Hopkins University reports on COVID-19 case rates, death rates, and vaccination rates. As of November 16, 2022, the COVID-19 fatality rates within Chilton, Talladega, Walker, and Winston counties exceeded the state benchmark fatality rate of 1.34%. At that time, approximately 64.4% of Alabama residents had received at least one dose of a COVID-19 vaccine; Chilton, Shelby, Talladega, Walker, and Winston counties' vaccination rates fell below the state benchmark.

	Jefferson	Chilton	Shelby	Talladega	Walker	Winston	Alabama
Confirmed Cases	221,687	12,466	72,400	26,944	22,511	8,875	**1,540,329**
Deaths	2,480	241	473	390	474	138	**20,608**
Fatality Rate	1.12%	1.72%	0.65%	1.45%	2.11%	1.55%	**1.34%**
Vaccination Rate (at least one dose)	74.3%	45.2%	46.1%	45.4%	54.6%	26.9%	**64.4%**

Figure 39 – COVID-19 Outcomes, Source: Johns Hopkins University COVID-19 Status Report November 16, 2022, shading indicates the county measure was greater than or worse than the state benchmark value for all races/ethnicities

N. Diabetes

Diabetes Prevalence

According to the Centers for Disease Control and Prevention, Chilton, Jefferson, and Talladega counties had a greater age-adjusted percentage of adults over age 20 who had been diagnosed with diabetes than the state benchmark in 2019.

Chilton County, Alabama	Jefferson County, Alabama	Shelby County, Alabama	Talladega County, Alabama	Walker County, Alabama	Winston County, Alabama	State Benchmark for Alabama	National Benchmark
12.3%	12.6%	9.0%	13.2%	11.5%	12.0%	12.2%	9.0%

Figure 40 - Diabetes Prevalence, Source: County Health Rankings 2022, Behavioral Risk Factor Surveillance System 2019, shading indicates the county measure was greater than or worse than the state benchmark value

O. Weight Status, Nutrition, and Physical Activity

Nutrition and Food Insecurity

According to Feeding America's 2019 Map the Meal Gap study, the food insecurity rates in Chilton, Talladega, Walker, and Winston counties were greater than the state benchmark rate. A greater percentage of residents in Jefferson County experienced limited access to healthy foods (12.6%) than those in Alabama (8.8%). A greater proportion of children in Chilton and Talladega counties were enrolled in free or reduced lunch programs when compared to the state benchmark (55.5%).

County Health Rankings utilizes data points from the U.S. Department of Agriculture's Food Environment Atlas which includes information on food insecurity, food deserts, and access to healthy foods. The food environment index is scored from 1 (worst) to 10 (best); the indices in Chilton, Jefferson, Talladega, Walker, and Winston counties were better than the state benchmark of 5.3 but worse than the national benchmark of 7.8.

	% Food Insecure	% Limited Access to Healthy Foods	% Children Enrolled in Free or Reduced Lunch	Food Environment Index
Chilton County, Alabama	17.2%	4.4%	64.6%	7.0
Jefferson County, Alabama	14.4%	12.6%	54.1%	6.8
Shelby County, Alabama	10.6%	5.8%	31.7%	8.2
Talladega County, Alabama	16.8%	7.8%	68.2%	6.8
Walker County, Alabama	18.6%	3.7%	54.2%	6.8
Winston County, Alabama	18.7%	1.7%	53.9%	7.0
State Benchmark for Alabama	16.1%	8.8%	55.0%	5.3
National Benchmark	11.0%	6.0%	52.0%	7.8

Figure 41 - Food Environment and Food Insecurity, Source: County Health Rankings 2022, U.S. Department of Agriculture, shading indicates the county measure was greater than or worse than the state benchmark value

Obesity

The adult obesity rates in Chilton, Talladega, and Winston counties exceeded the state benchmark of 36.3% in 2019, per County Health Rankings data.

Chilton County, Alabama	39.2%
Jefferson County, Alabama	34.2%
Shelby County, Alabama	30.2%
Talladega County, Alabama	37.1%
Walker County, Alabama	35.3%
Winston County, Alabama	38.3%
State Benchmark for Alabama	36.3%
National Benchmark	32.0%

Figure 42 – Adult Obesity, Source: County Health Rankings 2022, Behavioral Risk Factor Surveillance System, shading indicates the county measure was greater than or worse than the state benchmark value

Physical Activity

According to County Health Rankings, the percentage of adults age 18 and over reporting no leisure-time physical activity exceeded the state benchmark of 30.8% in Chilton, Talladega, Walker, and Winston counties in 2019. The portion of residents with access to exercise opportunities was lower within Chilton, Talladega, and Walker counties than the state benchmark.

	% Physically Inactive	% With Access to Exercise Opportunities
Chilton County, Alabama	35.3%	40.2%
Jefferson County, Alabama	30.4%	72.9%
Shelby County, Alabama	23.6%	79.2%
Talladega County, Alabama	36.0%	42.0%
Walker County, Alabama	36.2%	34.8%
Winston County, Alabama	37.7%	75.8%
State Benchmark for Alabama	30.8%	56.6%
National Benchmark	26.0%	80.0%

Figure 43 - Adult Weight Status and Activity, Source: County Health Rankings 2022, Behavioral Risk Factor Surveillance System, ESRI, YMCA & US Census Tigerline Files, shading indicates the county measure was greater than or worse than the state benchmark value

P. Sexually Transmitted Infections

Sexually Transmitted Infections

According to the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, individuals in Jefferson (898.6 per 100,000) and Talladega (678.9 per 100,000) counties had higher rates of newly diagnosed chlamydia than the state benchmark rate (636.9 per 100,000 population). Jefferson County residents were also more likely to have been diagnosed with HIV infection than the state benchmark (675.0 per 100,000 and 336.4 per 100,000 population respectively).

	Chlamydia Rate	HIV Prevalence Rate
Chilton County, Alabama	337.6	135.5
Jefferson County, Alabama	898.6	675.0
Shelby County, Alabama	275.1	180.7
Talladega County, Alabama	678.9	257.7
Walker County, Alabama	283.4	146.1
Winston County, Alabama	275.1	49.3
State Benchmark for Alabama	636.9	336.4
National Benchmark	551.0	378.0

Figure 44 - Rates of Sexually Transmitted Infections per 100,000 Population, Source: County Health Rankings 2022, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, shading indicates the county measure was greater than or worse than the state benchmark value

Q. Maternal and Infant Health

Fertility Rate

According to the U.S. Census Bureau, the birth rate in Jefferson and Talladega counties exceeded the state average from 2016 to 2020. Chilton and Winston counties had far lower birth rates than the state and national benchmarks.

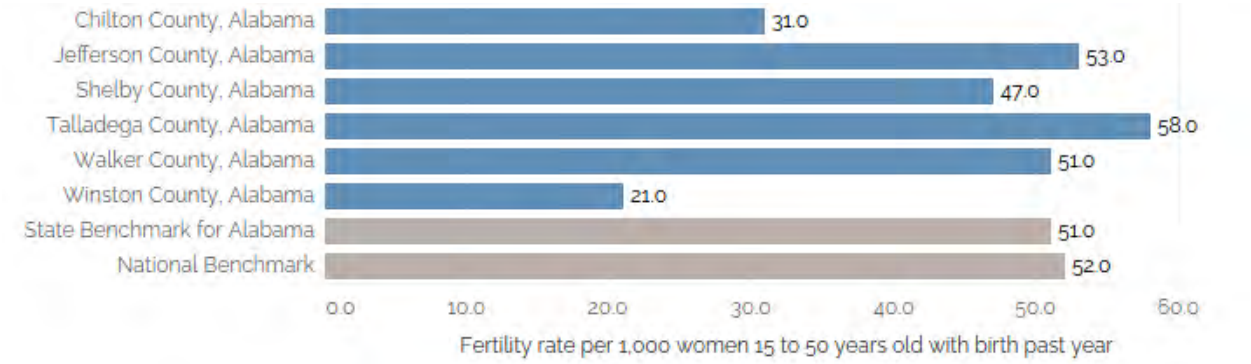

Figure 45 – Fertility Rate, Source: U.S. Census Bureau ACS 2016-2020, measured as the rate of women with a birth in the past year per 1,000 women aged 15 to 50 years old

Teen Birth Rate by Race/Ethnicity

County Health Rankings provides teen birth rates by race and ethnicity, measured as the number of births per 1,000 female population ages 15-19. Chilton, Talladega, Walker, and Winston counties had higher teen birth rates than the state benchmark from 2014 to 2020. Across the state and in most defined community counties, the Hispanic teen birth rate was greater than the Black and white teen birth rates. Within Walker County, the Hispanic teen birth rate was nearly 4.5 times the state benchmark of 27.6 per 1,000 females.

Race/Ethnicity	Chilton County, Alabama	Jefferson County, Alabama	Shelby County, Alabama	Talladega County, Alabama	Walker County, Alabama	Winston County, Alabama	State Benchmark for Alabama
All Race/Ethnicities	42.8	25.0	11.8	29.1	42.2	40.6	27.6
Black	33.5	34.7	11.3	26.5	29.6		33.9
Hispanic	58.1	62.1	37.7	23.9	123.4		52.3
white	42.7	12.0	9.8	31.8	41.3		22.9

Figure 46 - Teen Birth Rate by Race/Ethnicity, Source: County Health Rankings 2022, National Center for Health Statistics 2014-2020, shading indicates a rate greater than the state benchmark value for all races/ethnicities

Low Birthweight by Race/Ethnicity

County Health Rankings provides the percentage of live births with low birthweight (< 2,500 grams) by race and ethnicity. Jefferson County had a higher portion of low birthweight births when compared to the state benchmark from 2014 to 2020. Black births in Alabama were more likely to have low birthweight when compared to the benchmark for all races and ethnicities, and when compared to white births.

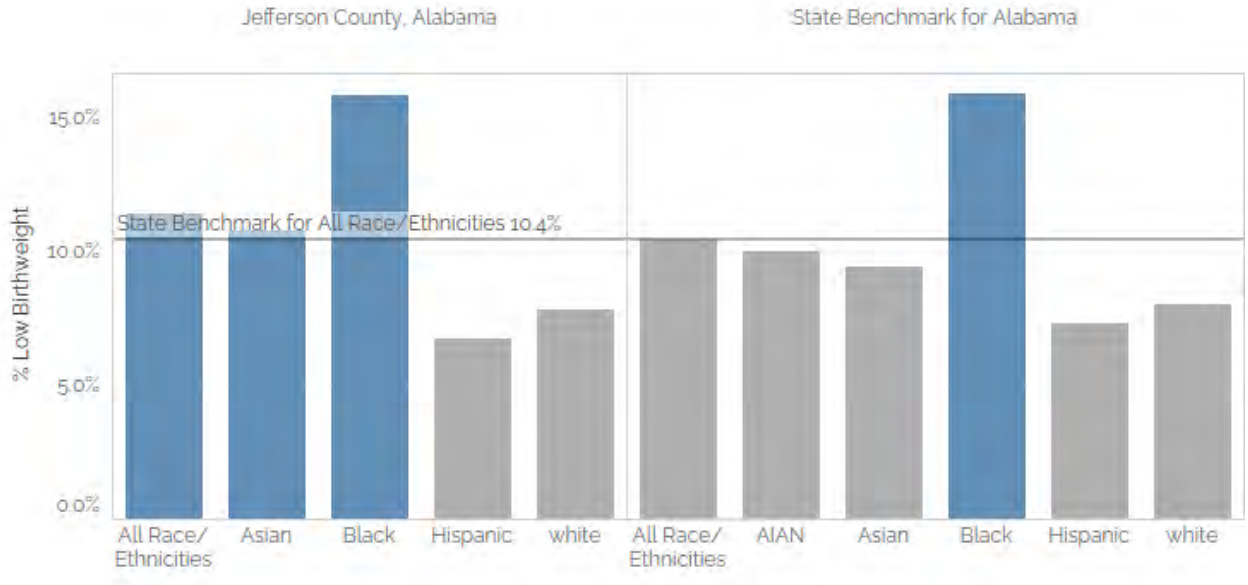

Figure 47 – Low Birthweight by Race/Ethnicity, Source: County Health Rankings 2022, National Center for Health Statistics 2014-2020, the blue bar indicates a rate exceeds the state benchmark for all races/ethnicities

Infant Mortality by Race/Ethnicity

County Health Rankings publishes infant mortality rates per 1,000 live births utilizing National Center for Health Statistics data from 2014 through 2020. During this period, the total infant mortality rate for all races and ethnicities was greater than the state benchmark within Jefferson, Talladega, and Walker counties. Black infants were more likely to die within one year of birth than Hispanic and white infants across the state and within counties with available data.

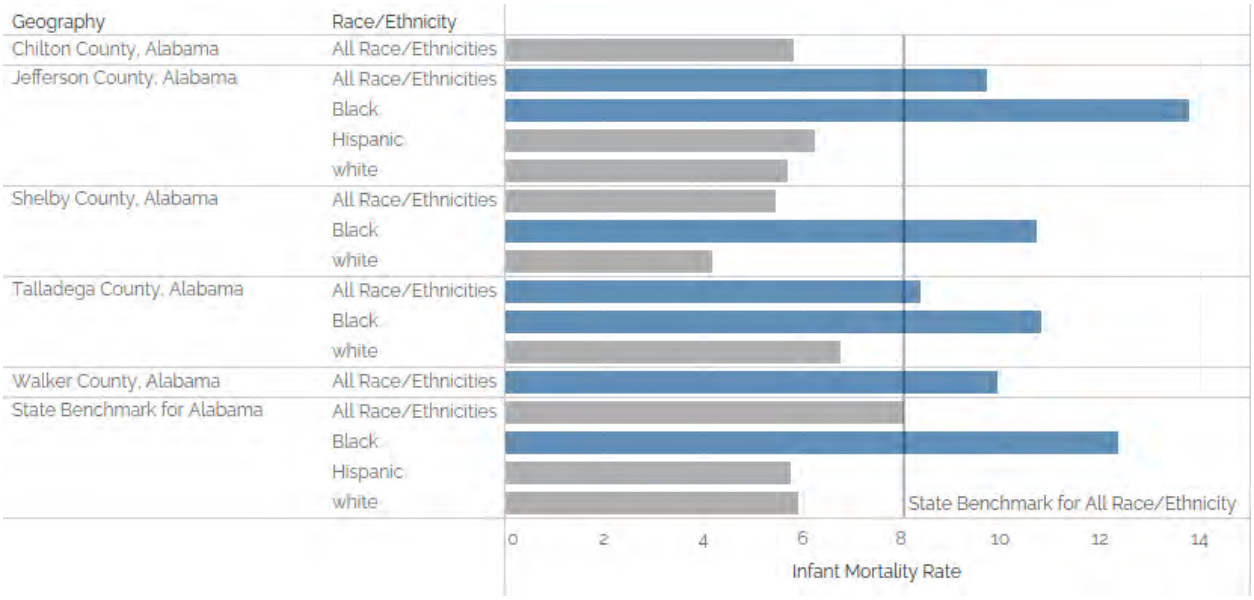

Figure 48 - Infant Mortality by Race/Ethnicity, Source: County Health Rankings, National Center for Health Statistics, 2014-2020, please note data for Winston County, AL has been suppressed, a blue bar indicates a rate exceeds the state benchmark for all race/ethnicities

R. Child and Adolescent Health

Child Health Outcomes and Risk Factors

County Health Rankings reports on a variety of risk factors and health outcomes for children. Children in Jefferson and Talladega counties were more likely to live in single-parent households when compared to children across Alabama from 2016 to 2020. Similarly, teens aged 16 to 19 living in Jefferson and Talladega counties were more likely disconnected, meaning they were neither working nor in school during the same time frame. All counties with available data had lower juvenile arrest rates than the national benchmark in 2019.

	% Children in Single-Parent Households	% Disconnected Youth	Juvenile Arrest Rate
Chilton County, Alabama	25.8%		
Jefferson County, Alabama	36.3%	8.2%	11.77
Shelby County, Alabama	16.4%	3.2%	10.08
Talladega County, Alabama	36.2%	12.3%	11.25
Walker County, Alabama	29.2%	5.6%	12.06
Winston County, Alabama	28.6%		8.64
State Benchmark for Alabama	31.1%	8.0%	
National Benchmark	25.0%	7.0%	19.00

Figure 49 – Child Health Factors, Source: County Health Rankings 2022, U.S. Census Bureau ACS Five Year Estimates 2016-2020, Easy Access to State and County Juvenile Court Case Counts 2019, shading indicates a rate exceeds the state benchmark for all race/ethnicities

Child Mortality Rate by Race/Ethnicity

According to County Health Rankings, the overall child mortality rates within Jefferson County exceeded the state benchmark. Black children within Jefferson County and across the state had higher death rates than white and Hispanic children.

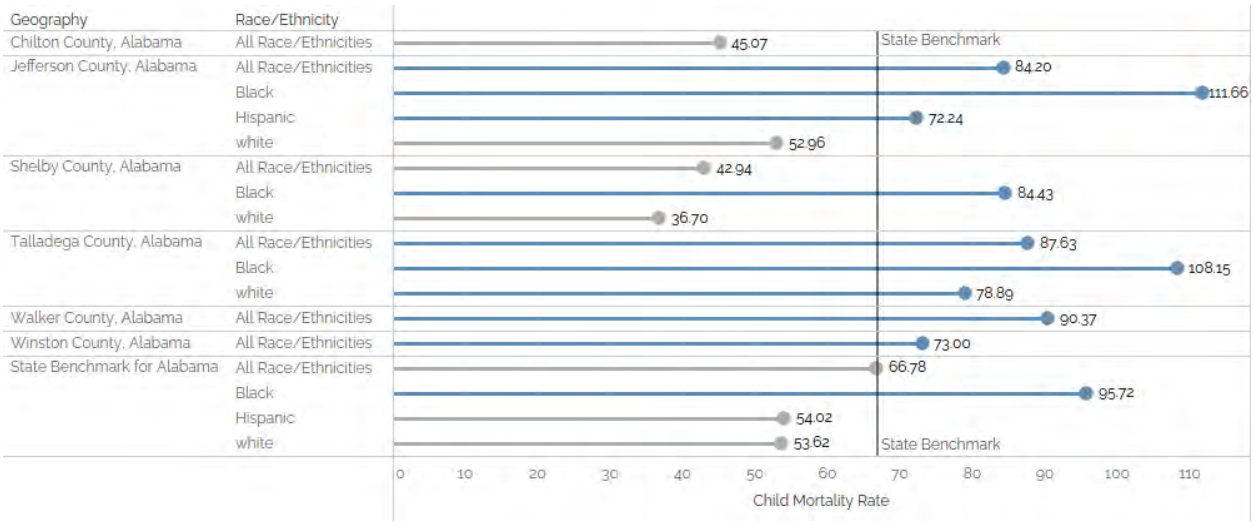

Figure 50 – Child Mortality Rates by Race/Ethnicity, Source: County Health Rankings 2022, National Center for Health Statistics 2017 to 2020, rates per 100,000 population under age 18, a blue bar indicates the county measure was greater than or worse than the state benchmark value

S. Behavioral Health

Mental Health Morbidity

According to County Health Rankings, Chilton, Talladega, Walker, and Winston County residents were more likely to experience frequent mental distress than the state average of 18.3%. Individuals residing in those counties also reported more mentally unhealthy days per month on average.

	% Frequent Mental Distress	Average Number of Mentally Unhealthy Days
Chilton County, Alabama	19.0%	5.9
Jefferson County, Alabama	16.2%	5.2
Shelby County, Alabama	14.6%	4.8
Talladega County, Alabama	19.6%	5.9
Walker County, Alabama	20.4%	6.1
Winston County, Alabama	20.7%	6.2
State Benchmark for Alabama	18.3%	5.6
National Benchmark	14.0%	4.5

Figure 51 - Mental Health Indicators, Source: County Health Rankings 2022, Behavioral Risk Factor Surveillance System 2019, shading indicates the county measure was greater than or worse than the state benchmark value

Suicide Death Rates

County Health Rankings reported a greater age-adjusted suicide rate per 100,000 population within Walker and Winston counties than in Alabama at large from 2016 to 2020.

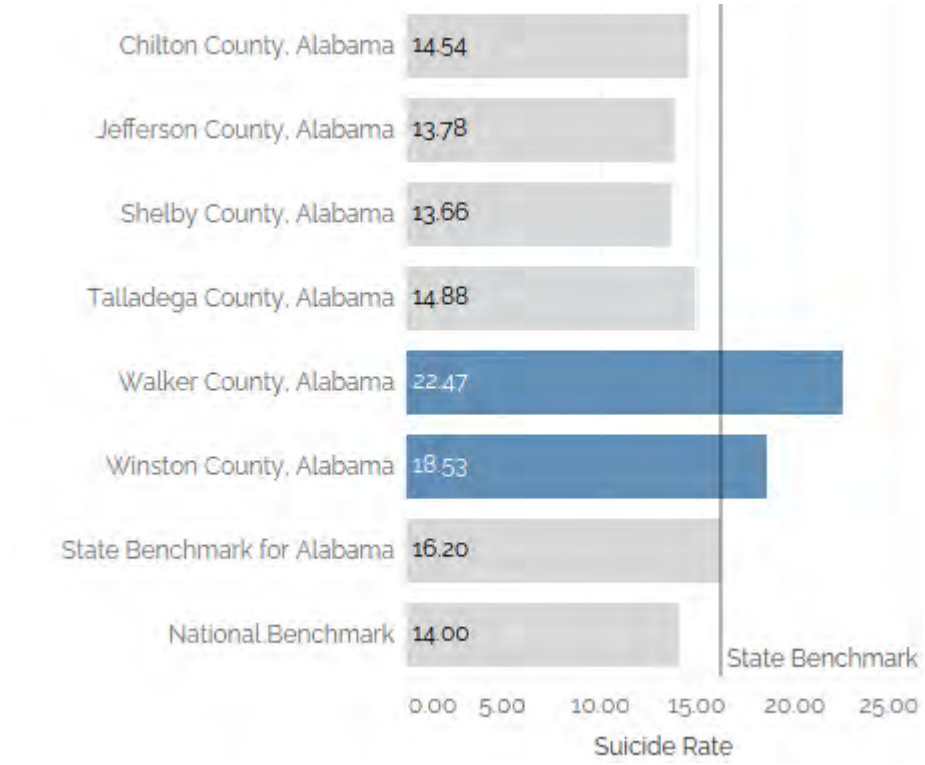

Figure 52 – Age-Adjusted Suicide Death Rate per 100,000 Population, Source: County Health Rankings 2022, National Center for Health Statistics 2016-2020, a blue bar indicates the county measure was greater than or worse than the state benchmark value

Overdose Death Rate

Individuals within Chilton, Jefferson, Shelby, Walker, and Winston counties were more likely to die of drug poisoning when compared to the state benchmark for Alabama.

Chilton County, Alabama	Jefferson County, Alabama	Shelby County, Alabama	Talladega County, Alabama	Walker County, Alabama	Winston County, Alabama	State Benchmark for Alabama	National Benchmark
18.05	32.74	17.71	11.26	27.31	18.36	17.48	23.00

Figure 53 – Overdose (Drug Poisoning) Death Rate per 100,000 Population, Source: County Health Rankings 2022, National Center for Health Statistics 2018-2020, shading indicates the county measure was greater than or worse than the state benchmark value

Alcohol

According to County Health Rankings, individuals residing in Chilton, Jefferson, Shelby, Walker, and Winston counties were more likely to report binge or heavy drinking than the Alabama statewide average (14.8%). However, counties within the defined communities did not exceed the state benchmark for driving deaths with alcohol involvement.

	% Excessive Drinking	% Driving Deaths with Alcohol Involvement
Chilton County, Alabama	16.0%	22.4%
Jefferson County, Alabama	16.6%	13.7%
Shelby County, Alabama	15.6%	22.0%
Talladega County, Alabama	13.6%	24.4%
Walker County, Alabama	14.9%	22.1%
Winston County, Alabama	15.6%	19.4%
State Benchmark for Alabama	14.8%	25.9%
National Benchmark	20.0%	27.0%

Figure 54 – Alcohol Use and Driving Deaths with Alcohol Involvement, Source: County Health Rankings 2022, Behavioral Risk Factor Surveillance System 2019, Fatality Analysis Reporting System 2016-2020, shading indicates the county measure was greater than or worse than the state benchmark value

Tobacco Use and Smoking

Adults within Chilton (23.9%), Talladega (25.0%), Walker (25.9%), and Winston (26.3%) counties were more likely to be smokers when compared to the state average according to 2019 Behavioral Risk Factor Surveillance System data reported by County Health Rankings.

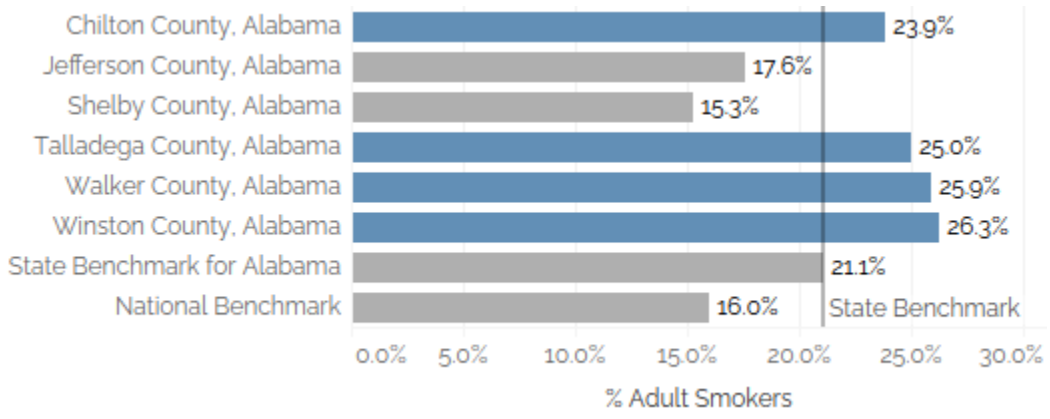

Figure 55 – Adult Smoking, Source: County Health Rankings 2022, Behavioral Risk Factor Surveillance System 2019, a blue bar indicates the county measure was greater than or worse than the state benchmark value

T. Injury

Injury and Motor Vehicle Death Rates

According to data from the National Center for Health Statistics, the injury death rate in Chilton, Jefferson, Talladega, Walker, and Winston counties was higher than the state average of 86.9 per 100,000 population from 2016 to 2020. Similarly, from 2014 to 2020, the motor vehicle mortality rates in Chilton, Talladega, Walker, and Winston counties exceeded the Alabama benchmark rate.

	Injury Death Rate (Total)	Motor Vehicle Mortality Rate
Chilton County, Alabama	88.2	25.3
Jefferson County, Alabama	107.9	16.3
Shelby County, Alabama	59.5	11.5
Talladega County, Alabama	100.8	30.2
Walker County, Alabama	114.9	29.3
Winston County, Alabama	97.2	30.7
State Benchmark for Alabama	86.9	20.2
National Benchmark	76.0	12.0

Figure 56 – Injury Death Rate and Motor Vehicle Death Rate, Source: County Health Rankings 2022, National Center for Health Statistics 2014-2020, shading indicates the county measure was greater than or worse than the state benchmark value

Injury Death Rates by Race/Ethnicity

County Health Rankings reports injury death rates by race and ethnicity utilizing data from the National Center for Health Statistics. From 2016 to 2020, the Black injury death rate in Jefferson County exceeded the state benchmark and the death rates for other races and ethnicities. Within Chilton, Shelby, Talladega, and Walker counties, the white injury death rate was greater than the respective Black and Hispanic death rates.

Race/Ethnicity	Chilton County, Alabama	Jefferson County, Alabama	Shelby County, Alabama	Talladega County, Alabama	Walker County, Alabama	Winston County, Alabama	State Benchmark for Alabama
All Race/Ethnicities	88.24	107.87	59.50	100.76	114.90	97.19	86.91
Asian		22.63					28.17
Black	82.86	114.28	42.16	81.92	81.48		85.85
Hispanic	57.37	68.42	36.84				42.61
white	92.33	108.80	65.29	114.88	119.56		92.05

Figure 57 – Injury Deaths by Race/Ethnicity, Source: County Health Rankings 2022, rates per 100,000 population, shading indicates the county measure was greater than or worse than the state benchmark value

U. Health Behaviors

Flu Vaccination and Insufficient Sleep

According to Mapping Medicare Disparities Tool data from 2019, Medicare enrollees in Talladega and Winston counties were less likely to obtain flu vaccinations than the Alabama average (42.0%). In 2018, individuals in Jefferson, Talladega, and Walker counties were more likely to self-report fewer than 7 hours of sleep on average than the state benchmark (39.6%).

	% Flu Vaccinated	% Insufficient Sleep
Chilton County, Alabama	42.0%	38.7%
Jefferson County, Alabama	46.0%	39.7%
Shelby County, Alabama	47.0%	32.6%
Talladega County, Alabama	38.0%	41.7%
Walker County, Alabama	42.0%	40.7%
Winston County, Alabama	39.0%	38.8%
State Benchmark for Alabama	42.0%	39.6%
National Benchmark	48.0%	35.0%

Figure 58 – Health Behaviors – Flu Vaccination and Sleep, Source: County Health Rankings 2022, Mapping Medicare Disparities 2019, Behavioral Risk Factor Surveillance System 2018, shading indicates the county measure was greater than or worse than the state benchmark value

V. Preventable Hospitalizations and Morbidity

Preventable Hospitalizations

County Health Rankings reports on hospitalizations associated with ambulatory care-sensitive conditions based on 2019 data from the Mapping Medicare Disparities Tool. Medicare enrollees over age 65 within Talladega, Walker, and Winston counties were more likely to be hospitalized for preventable conditions than those in Alabama at large. The hospitalization rates for Black enrollees exceeded the state benchmark for all races and ethnicities across Alabama and within Chilton, Jefferson, Talladega, and Walker counties.

Race/Ethnicity	Chilton County, Alabama	Jefferson County, Alabama	Shelby County, Alabama	Talladega County, Alabama	Walker County, Alabama	Winston County, Alabama	State Benchmark for Alabama
All Race/Ethnicities	4,755	4,303	3,863	5,218	6,015	11,433	4,875
Asian		1,263					2,704
Black	8,449	5,727	3,843	6,661	8,507		6,198
Hispanic		4,539	2,553				4,263
white	4,268	3,755	3,766	4,978	5,967		4,597

Figure 59 - Preventable Hospitalizations by Race/Ethnicity Under Age 65 for Ambulatory Care Sensitive Conditions, Source: County Health Rankings 2022, Mapping Medicare Disparities Tool 2019, rates are shown per 100,000 population under age 65, shading indicates the county measure was greater than or worse than the state benchmark value

Morbidity Indicators

County Health Rankings reports on morbidity data points from the Behavioral Risk Factor Surveillance System. In 2019, the percentage of individuals who reported poor or fair health was greater (worse) than the state benchmark within Chilton, Talladega, Walker, and Winston counties. Individuals within those counties were also more likely to report 14 or more poor physical health days per month (physical distress) and a higher number of physically unhealthy days per month.

	% Fair or Poor Health	% Frequent Physical Distress	Average Number of Physically Unhealthy Days
Chilton County, Alabama	25.1%	16.6%	5.2
Jefferson County, Alabama	19.1%	13.0%	4.4
Shelby County, Alabama	15.6%	11.4%	3.7
Talladega County, Alabama	25.5%	16.4%	5.2
Walker County, Alabama	24.2%	17.0%	5.3
Winston County, Alabama	25.6%	17.6%	5.5
State Benchmark for Alabama	21.4%	15.3%	4.8
National Benchmark	17.0%	12.0%	3.9

Figure 60 - Morbidity Indicators, Source: County Health Rankings 2022, Behavioral Risk Factor Surveillance System 2019, shading indicates the county measure was greater than or worse than the state benchmark value

W. Environmental Health

Air Pollution and Traffic Volume

According to County Health Rankings, Chilton, Jefferson, Shelby, Talladega, and Walker counties had greater levels of air pollution as measured by particulate matter than the Alabama average in 2018. Traffic volume, measured in terms of the average volume per meter of a major roadway, exceeded the state and national benchmarks within Jefferson County in 2019.

	Particulate Matter Average Daily PM2.5	Traffic Volume
Chilton County, Alabama	9.5	41.8
Jefferson County, Alabama	10.2	508.4
Shelby County, Alabama	10.2	148.0
Talladega County, Alabama	9.7	71.4
Walker County, Alabama	9.5	39.4
Winston County, Alabama	8.8	18.3
State Benchmark for Alabama	9.0	219.9
National Benchmark	7.5	395.0

Figure 61 - Environmental Health Indicators, Source: County Health Rankings 2022, Environmental Public Health Tracking Network 2018, EJSCREEN: Environmental Justice Screening and Mapping Tool 2019, shading indicates the county measure was greater than or worse than the state benchmark value

X. County and State Health Improvement Plans

Summary of Needs Identified in Other Regional Assessments

Carnahan Group reviewed recently completed Community Health Needs Assessments, County Health Assessments, and special reports by public health agencies within BBH's defined communities. The table below lists the need categories identified by other assessments, with the number of reports mentioning each topic displayed.

	Alabama	Chilton	Jefferson	Shelby	Walker
Mental and behavioral health	1	2	5	1	1
Nutrition and physical activity	1	1	2	1	1
Child safety	1	1	1	1	1
Chronic disease prevention/management	3	1	3		
Parenting education		1	1	1	1
Access to healthcare	1	1	4		
Social determinants of health (SDOH)	1		1		
Built environment, transportation, safety			1		
Environmental health	1				
Geriatrics	1				
Pregnancy outcomes	1				
Sexually Transmitted Infections	1				
Tobacco usage and vaping	1				
Violence	1				

Figure 62 - Areas Prioritized within Other Needs Assessments

Alabama 2020 State Health Improvement Plan

Alabama's most recent State Health Assessment included the priority areas below:

1. Mental health and substance abuse
2. Access to care
3. Pregnancy outcomes
4. Nutrition and physical activity
5. Social determinants of health (SDOH)
6. Sexually Transmitted Infections
7. Geriatrics
8. Cardiovascular diseases
9. Child abuse/neglect
10. Environmental health
11. Violence
12. Cancer
13. Diabetes
14. Tobacco usage and vaping

IV. PRIMARY DATA

A. Community Leader Interviews

The community leader interview data is qualitative and should be interpreted as reflecting the values and perceptions of those interviewed. This portion of the CHNA process is designed to gather input from persons who represent the broad interest of the community served by BBMC, as well as individuals providing input who have special knowledge or expertise in public health. It is intended to provide depth and richness to the quantitative data collected.

Interview Methodology

A total of 34 phone interviews were conducted from September 15 through November 11, 2022, with stakeholders across the health system's multiple defined communities. Primary data collected during 15 interviews with stakeholders representing the community served by BBMC were analyzed to develop the priorities included within this CHNA report.

Interviews required approximately 30 minutes to complete. Interviewers followed the same process and question guide for each phone interview. The complete list of interview questions and responses can be found in Appendix D.

Community Leader Interview Summary

When asked to discuss significant, overarching health concerns, interviewees most frequently mentioned issues related to behavioral health and access to care. Nearly 60% of community leaders reported behavioral health was a significant health issue in the community. One leader mentioned their concerns about the rising number of depression cases and high opioid use. They went on to speak about the social isolation experienced by community members due to the COVID-19 pandemic. Another interviewee mentioned the fentanyl crisis, noting that deaths by overdose were on the rise in Jefferson County. Yet another community leader spoke about the connection between higher rates of stress and anxiety due to the COVID-19 pandemic.

Access to care was mentioned by approximately 50% of community leaders as a significant community health concern. One leader mentioned people experiencing low socioeconomic status had access to fewer health resources if they had access at all. Another interviewee reported a lack of access to care for those experiencing homelessness, especially a lack of access to care for preventable diseases.

When asked about which barriers made it hard for community members to remain healthy, community leaders focused on themes related to nutrition and access to healthy foods, transportation, and health insurance. One mentioned concern related to food deserts within low-income neighborhoods. They reported that grocery stores with fresh fruits and vegetables were not within walking distance of these areas. Multiple leaders discussed poor nutrition among community members, especially among those who experienced low socioeconomic statuses. Yet another reported the effects of inflation on food prices and how it was becoming harder to afford a healthy lifestyle.

Roughly 50% of those interviewed stated there was a lack of transportation options within their community. A community leader noted the lack of consistent public transportation. One leader connected access to healthy foods and a lack of transportation options. They mentioned that those without steady transportation were not able to easily access food distribution sites, especially those living in rural communities. Another noted the challenges surrounding carrying a week's worth of groceries to and from public transit.

In discussing barriers, more than 45% of community leaders mentioned issues related to health insurance. A handful of leaders commented on access issues for the uninsured and underinsured people. Another leader discussed the high copays, high out-of-pocket expenses, and high prescription drug prices those with insurance face.

When considering the resources most needed within the defined community, those interviewed mentioned more transportation options, more resources for healthy aging, more staffing at healthcare facilities, healthier built environments and neighborhoods, more access to healthy foods in food deserts, and promoting the social and emotional health of young people.

V. PRIORITIZATION

A. Methodology

Community Need Prioritization Methodology

Qualitative data collected during community leader interviews was coded and inserted into a prioritization matrix designed to inform the development of a list of significant community health needs. Responses to the interview questions related to concerns and barriers were central to the development of a primary data ranking for each topical area.

A variety of county-level secondary data points were systematically compared to the state benchmark value for Alabama. Information from the most recent State Health Improvement Plan (CHIP) and other local needs assessment reports were also included in the secondary data analysis. This led to a final secondary data ranking of a health need category as either high, medium, or low.

The table on the following page visualizes the primary and secondary rankings for each need area mentioned by multiple community leaders. The combined analysis of the primary and secondary datasets led to a condensed list of priority needs. Themes rose to the top of the decision matrix if they were flagged across multiple secondary data sets, had a high number of community leader mentions or survey responses, appeared in other needs assessment reports, or had dramatically worse indicators when compared to the state benchmark. Similar topics were merged and condensed as appropriate.

Quadrant Chart for Prioritization

Figure 63 - Prioritization Matrix for BBMC

B. Prioritized Community Health Needs

The following areas were selected as the top prioritized health needs for the defined community for Brookwood Baptist Medical Center:

1. Access to Care
2. Nutrition & Access to Healthy Foods
3. Behavioral Health
4. Transportation
5. Financial Barriers

VI. COMMUNITY RESOURCES

A. Regional Community Resources Related to Priorities

The following resources reflect a selection of the healthcare, public health, and social services resources available within the region that includes BBH's defined communities.

Access to Care Resources

- Alabama Agencies on Aging
- American Cancer Society
- Alabama Cancer Care's Get'em There Care Transportation Program
- Alabama Care Network Mid-State
- Alabama Medicaid Agency's Non-Emergency Transportation Program
- Alabama Office of Primary Care & Rural Health
- Alabama Primary Health Care Association
- Alabama Regional Medical Services
- Alabama Rural Health Association
- All Kids
- Alliance for a Healthier Generation
- Cahaba Medical Care
- Capstone Rural Health Center
- Children's Health Insurance Program (CHIP)
- Christ Health Center
- Clanton Family Health Center
- Community Foundation of Greater Birmingham
- Community of Hope Health Clinic
- Cooper-Green Mercy Health Services
- Coosa Valley Regional Cancer Center
- Diocese of Birmingham's Catholic Centers of Concern
- Greater Birmingham Ministries
- Jefferson County Collaborative for Health Equity
- Jefferson County Health Action Partnership
- Jefferson County Health Department
- Kid One
- La Casita - Guadalupian Multicultural Services
- M-Power Ministries
- Positive Maturity
- Project Access
- Ribbons of Hope Foundation
- Rural Relief Fund
- Samaritan House
- Samford University's College of Health Sciences
- Shelby County Health Department
- Shelby County Community Health Foundation

- Talladega County Health Department
- UAB Russell Medical Cancer Center
- UAB O'Neal Comprehensive Cancer Center
- United Ways of Alabama
- Walker County Health Action Partnership
- Walker County Health Department
- Whatley Health Service

Nutrition & Access to Healthy Foods Resources

- Alabama Farmers Market Authority
- Boys & Girls Clubs
- Community Food Bank of Central Alabama
- Lakeshore Foundation
- Lincoln Food Pantry
- Middle Alabama Area Agency
- Public Education Employees Health Insurance Plan
- Quality of Life Health Services
- Scale Back Alabama
- Shelby Emergency Assistance
- Supplemental Nutrition Assistance Program
- Sylacauga Alliance for Family Enhancement (SAFE)
- The Balm in Gilead
- Walker County Community Action Agency
- WIC Programs
- YMCA

Behavioral Health Resources

- Beacon Treatment Center
- Bold Goals Coalition
- Bradford Health Services
- Capstone Rural Health Center
- Celebrate Recovery
- Chilton-Shelby Mental Health Center
- Compact 2020
- Eastside Mental Health Center
- Health Connect America
- HYCHE Center
- JBS Mental Health Authority
- Mental Health Board of Chilton & Shelby Counties
- NAMI Birmingham
- NAMI Shelby
- Northwest Alabama Mental Health
- OASIS Counseling for Women & Children
- Parents of Addicted Loved Ones (PAL)

- Recovery Organization of Support Specialists (ROSS)
- Shelby County Drug Task Force
- Stepping Up
- The Crisis Center
- Tri-County Treatment Center
- UAB Center for Psychiatric Medicine
- Walker County Outpatient Mental Health Services
- Walker Recovery Center
- Wings Across Alabama

Transportation Resources

- Areawide Community Transportation System
- Birmingham Jefferson County Transit Authority
- Chilton County Transit
- ClasTran
- MAX Transit
- Medical Transport of Alabama
- Northwest Alabama Council of Local Governments Public Transit Program
- Walker County Transportation System

Financial Resources

- Alabama Department of Human Resources - Family Assistance Program
- Alabama Weatherization Assistance Program
- Area Agencies on Aging
- Community Action Agencies (CAA)
- Family Connection
- Low-Income High Energy Assistance Program
- Salvation Army
- Shelby Baptist Association Ministry Center
- Shelby Emergency Assistance
- Shelby County's Community Services Department
- Supplemental Nutrition Assistance Program
- United Service Administrative Company Lifeline Support

VII. IMPACT EVALUATION

A. Actions Taken Since Previous CHNA

Brookwood Baptist Medical Center's 2020 Implementation Strategy outlined a plan for addressing the following priorities identified in the 2019 CHNA: access to care and affordability, nutrition and weight status, substance abuse, and mental health.

The table below describes the strategies completed by the hospital. Significant barriers to community outreach and health promotion programming were experienced by Brookwood Baptist Medical Center during the COVID-19 pandemic, which significantly affected the facility's planned strategies and objectives laid out within the 2020 Implementation Strategy.

Community Health Need		Strategy	Impact Rating	Notes
Access to care & affordability	1	Improve medication adherence	**High**	*The Baptist Health Foundation continues to provide free or reduced cost medications to eligible community members and educates providers on cost-lowering treatment alternatives*
Nutrition & weight status	7	Educate the public about weight status as a risk factor for chronic disease	**High**	*Community health education events are provided regularly by BBMC including online learning opportunities.*
Other - Maternal and Child Health	25	Improve maternal mortality and infant mortality rates	**High**	*BBMC provided curbside lactation consultant sessions throughout the COVID-19 pandemic. Some lactation consultant services are made available to the public at reduced cost.* *BBH's Lactation Support Groups continue throughout the broader community.* *BBMC provides a 24/7 breastfeeding support hotline to the broader community.*
	26	Improve breastfeeding rates	**High**	

Figure 64 - Impact Evaluation for Previous Implementation Strategy

B. Comments Received on Previous CHNA

Brookwood Baptist Health solicited comments within the 2019 CHNA reports for all facilities: Brookwood Baptist Medical Center, Princeton Baptist Medical Center, Shelby Baptist Medical Center, Walker Baptist Medical Center, and Citizen's Baptist Medical Center. No written comments were received regarding the 2019 CHNAs or Implementation Strategies.

VIII. APPENDICES

A. APPENDIX – References

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B. APPENDIX - Carnahan Group Qualifications

Carnahan Group, Inc. is an ingenious healthcare services firm that employs revolutionary innovation and impeccable advisory services to tackle strategic, valuation, and compliance challenges. With nearly two decades of experience, Carnahan Group has partnered with large healthcare systems, academic medical centers, and community hospitals to successfully navigate through an array of complex issues.

The Strategic Services Department at Carnahan Group possesses extensive public health, geographic information system (GIS), and data visualization expertise and utilizes the latest technologies to deliver a range of exceptional services including community health needs assessments (CHNA), implementation strategies, and community benefit consulting. Strategic analysts at Carnahan Group also conduct combined CHNA and physician workforce assessments, and develop analyses to inform primary care plans, Certificate of Need applications, internal business plans, and fairness opinions.

As experts in community benefit reporting, Carnahan Group's consultants take great care in documenting the adherence to the Treasury and IRS requirements in addition to state-specific requirements for the CHNA and Implementation Strategy. Moreover, the community benefit team continuously refines its methodology to stay ahead of the curve and adapt to emerging community health needs like COVID-19.

For more information about Carnahan Group and to schedule a discovery call, please visit carnahangroup.com or call 813.289.2588.

C. APPENDIX - Organizations Providing Input

The following individuals and organizations provided feedback during community leader interviews:

Organization	Title(s) of Community Leader	Type of Organization	Related Facilities
Alabama Department of Public Health	Director, Office of Primary Care and Rural Health	Public Health	All BBH Facilities
Community Food Bank Of Central Alabama	Interim Executive Director	Nonprofit and community-based organizations	All BBH Facilities
RPS	Deputy Director of Operations	First Responders	All BBH Facilities
Alabama State District 46	State Representative	Local or State Government	BBMC and PBMC
Community Foundation of Greater Birmingham	Director of Initiatives	Nonprofit and community-based organizations	BBMC and PBMC
Homewood Chamber of Commerce	Executive Director	Other	BBMC and PBMC
Homewood City Schools	Director of Communications	Education	BBMC and PBMC
Housing Authority of the Birmingham District	Vice President of Community Engagement	Nonprofit and community-based organizations	BBMC and PBMC
JBS Mental Health	Director	Health care providers and community health centers	BBMC and PBMC
Jefferson County Department of Health	Health Officer	Public Health	BBMC and PBMC
One Roof Coalition	Director of Operations	Nonprofit and community-based organizations	BBMC and PBMC
Samford University	Director of Office for Faith and Health	Education	BBMC and PBMC
UAB O'Neal Comprehensive Cancer Center	Instructor and Director	Health care providers and community health centers	BBMC and PBMC
Vestavia Hills Chamber of Commerce	President/CEO	Other	BBMC and PBMC
Alabama Department of Public Health	Nurse Supervisor, Chilton and Walker Counties	Public Health	CBMC
Talladega City Schools	Student Services	Education	CBMC
Alabama Department of Public Health	Northeastern Region Social Work Director	Public Health	CBMC and SBMC
Alabaster Fire Department	Fire Officer	First Responders	SBMC
Central Alabama Wellness	Prevention Coordinator	Health care providers and community health centers	SBMC
City of Alabaster	City Council	Local or State Government	SBMC
Jefferson State Community College	President	Education	SBMC
Pelham Police Departmant	Officer	First Responders	SBMC
Shelby County	County Manager	Local or State Government	SBMC
University of Montevallo	Provost	Education	SBMC
Alabama Department of Public Health	Nurse Supervisor, Talladega County	Public Health	SBMC and WBMC
United Way of Central Alabama	Vice President of Allocations & Grants	Nonprofit and community-based organizations	SBMC, WBMC, BBMC and PBMC
Alabama Department of Public Health	West Central District Healthcare Coalition Coordinator	Public Health	WBMC
Alabama Department of Public Health	Northern District Administrator	Public Health	WBMC
Bevill State Community College	College Wide Nursing Director	Education	WBMC
Capstone Rural Health	Director	Health care providers and community health centers	WBMC
Jasper City Schools	Lead Nurse	Health care providers and community health centers	WBMC
Jasper First United Methodist Church	Senior Pastor	Nonprofit and community-based organizations	WBMC
Walker Area Community Foundation	Executive Director	Nonprofit and community-based organizations	WBMC
Walker County Chamber of Commerce	President	Other	WBMC

Figure 65 - Organizations Providing Input via Community Leader Interviews

D. APPENDIX - Interview Question Guide

Community Leader Interview Question Guide

The following community-focused questions were used as the basis for discussion:

1. What are some strengths of your community related to health and well-being?
2. What significant health concerns or issues are impacting your community?
3. What barriers make it hard for community members to remain healthy?
4. Which health disparities are most prevalent in your community?
5. Which resources do you feel are most needed within your community?
6. What could be done to improve the health of your community?
7. Which opportunities for partnership or collaboration should Brookwood Baptist Health explore?
8. Are there any other health issues, concerns, or emerging needs we have not touched upon?