Community Health Needs Assessment for Blount County, Alabama FY2017-2019
Completed June 30, 2016
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Mission Vision and Values

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

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

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

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

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

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

  Integrity – Inspiring trust through personal leadership

  Wisdom – Integrating excellence and stewardship

  Creativity – Courageous innovation

  Dedication – Affirming the hope and joy of our ministry

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

St. Vincent’s Health System (STVHS) and its member hospitals conducted the previous Community Health Needs Assessment (CHNA) in fiscal year 2013. This current CHNA for fiscal years 2017-2019 (beginning July 1, 2016) will continue efforts to address health needs of Blount County and prioritize needs of the communities St. Vincent’s Blount serves. The assessments of unmet health needs will provide a basis for addressing the health needs of the county served and serve as a reference for the facility’s implementation strategy, ensuring it is aligned with the community needs and the ministry goals of St. Vincent’s Health System. The mission, vision, and values of St. Vincent’s Health System are the key factors influencing the approach and commitment to addressing community health needs through community benefit activity.

St. Vincent’s Health System facilitated the CHNA for its hospital in Blount County, with system leadership from Mission Integration and Corporate Development providing coordination and oversight. Additionally, representation from system Senior Leadership, Finance, Wellness and the facility President’s from each of the hospital facilities were involved in the process and in developing the subsequent implementation strategies.

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

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

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

The process included a review of secondary health data, interviews of community representatives and leaders, a survey of community members and a community meeting to review findings and discern unmet health needs. The collaborating team received input from public health experts including the local health departments.

A summary of information and community input considered in determining the needs included:

Health Data Summary
**Health Outcome Ranking**

- Of Alabama’s 67 counties, Blount County is ranked 8th in health outcomes according to the 2016 Robert Wood Johnson County Health Rankings. This is up from 2013’s 10th place ranking.

**Demographic/Socioeconomic**

- The population in Blount County is racially and ethnically diverse
- The Hispanic population in Blount County represents approximately 8.7% of the total population, which is higher than the State population percentage of 4.1%
- 85% of students in Blount County receive their high school diploma within four years, which is higher than both the state and national on-time graduation rate
- 18.81% of individuals in Blount County are living in households with income below the Federal Poverty Level (FPL), which is less than the state but higher than the national rate

**Access to health care**

- Primary Care Provider levels are lower than the state and national average and approximately 12.75% of the adult population does not have an identified PCP
- 11.9% of adults and children in Blount County do not have health insurance
- 20.6% of insured population receives Medicaid, which is slightly less than the state percentage of 21.46%

**Health status**

- Top two leading causes of death in the area were heart disease and cancer
- The rate of death due to chronic lower respiratory disease/lung disease was higher than both the state and national rate
- Combined accidental injuries, motor vehicle accidents, and suicide represent 21% of premature deaths

**Risk factor behaviors**

- Current percentage of smokers is 22.4%, which is higher than both the state and national percentage
- 32.4% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese)

**Child health**

- 28.3% of mothers in Blount County did not obtain adequate prenatal care during their pregnancy; this is higher than the state average of 23.8%
- The teen birth rate is higher than both the state and national rate

**Infectious diseases**
• The rate of sexually transmitted infectious diseases in Blount County is lower than both the state and national rates
• HIV prevalence in Blount County is lower than the state and the U.S.

**Natural Environment**

• Air quality exceeds the national emission standard of 75 parts per billion

**Social Environment**

• The violent crime rate is lower than the state and national rates
• The number of households with no motor vehicle is less than the state and national rates
• Food desert areas are present; 6.71% of the low income population in the defined area has low food access

**Interviews of Community Leaders and Representatives**

• Three interviews were conducted
• Result highlights:
  o Access to primary/specialty care; mental health services
  o Health and wellness education - diabetes; cardiovascular health; tobacco/drug use
  o Obesity and chronic disease
  o Senior care services

**Focus Groups**

• 2 focus groups held
• Result highlights:
  o Local access to healthcare professionals, including specialty physicians
  o Access to community recreational areas
  o Evening/weekend immunization clinics
  o Education about health and wellness topics

**Paper Survey**

• 65 surveys were completed by community residents at various events
• Unmet need result highlights:
  o Access to proper healthcare and mental health
  o Diabetes
  o Heart Disease
  o Cancer
**Identified Community Health Needs**

The results of data review, community interviews and survey were reviewed by a collaborative team at STVHS. The collaborative team then provided collective input into the needs of the community. The unmet health needs identified for Blount County by this CHNA are:

- Access to affordable and sustainable health care, including mental health care
- Diabetes awareness and education
- Cancer awareness and education

The CHNA will be made available to the public and will be used to guide in the development of implementation strategies. The completed CHNA and implementation Strategies will be approved by the STVHS Board of Directors and leadership for each of the four St. Vincent’s Health System hospitals.
Introduction

Health System Information

St Vincent’s Health System is comprised of four acute-care facilities located in Jefferson, St. Clair, and Blount counties; along with an Outpatient and Ambulatory Surgery Center located in Shelby County. St. Vincent’s Health System is a member of Ascension Health, a Catholic organization that is the largest not for profit health system in the United States. At the foundation of Ascension Health and St. Vincent’s Health System is a commitment to care for the poor and vulnerable in all of the communities they serve.

St. Vincent’s Blount, formerly known as Medical Center Blount, opened in January 1999, replacing the previous Blount Memorial Hospital facility. Due to its rural location, St. Vincent’s Blount is designated as a Critical Access Hospital, which consists of 25 acute care beds and includes ten swing beds. St. Vincent’s Blount provides 24/7 emergency care as well as a wide range of outpatient services.

Providing a high level of sophisticated technology and design, St. Vincent’s Blount offers specialized services that include an advanced emergency and trauma services, pediatric services, nephrology, cardiovascular services, and women’s health programs. The Outpatient Center at St. Vincent’s Blount has specialists in Cardiology, Dermatology, Gastroenterology, General Surgery, Gynecology, Nephrology, Neurology, Neurosurgery, Ophthalmology, Orthopedics, Otolaryngology, and Urology. The physicians and staff at St. Vincent’s Blount are dedicated to meeting the growing health needs of individuals and families in Blount County.

Collaboration

Commitment to Community Outreach

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

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

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

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

Dispensary of Hope - Physicians donate pharmaceutical samples which are then distributed to uninsured patients in need of medication assistance.
Hispanic Outreach – Assistance and outreach with preventive health and access to health care for Spanish speaking community members through cooperation with local faith communities.

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

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

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

Sponsored Organizations

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


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

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

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

Supported Organizations

Endorsed by the Health System and the Community Benefit Committee as meeting criteria; volunteer opportunities; limited publicity.

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

Alzheimer’s Research and Care Society – Dedicated to raising funds and awareness for Alzheimer’s research.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Pathways** – Shelter for women and children.

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

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

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

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

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

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

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

Objective

The objective for the CHNA and Implementation Strategies are:

1.) Provide an unbiased comprehensive assessment of Blount County’s health needs and assets, which include: input from the community and public health experts with special attention to the poor, vulnerable, underserved, low income and minority groups. **Result:** A CHNA for Blount County, Alabama.

2.) Use the CHNA to prioritize the St. Vincent’s Blount (SVBL) community outreach activities, which is aligned with our ministry and community’s needs. **Result:** Implementation strategies for SVBL that are guided by the Blount County CHNA.

3.) Fulfill IRS regulations related to 501(c)(3) not for profit hospital status for federal income taxes.

Methodology

The CHNA process for St. Vincent’s Blount was a collaborative project with representation from all areas of the Health System which included Senior Leadership, Corporate Development, Mission Integration, Finance, and leadership from each of the facilities. The process included a review of publically available secondary health data for the following health indicator topics recommended by the Catholic Health Association: demographics and socioeconomic status, access to health care, health status, risk factor behaviors, child health, infectious diseases, natural environment, and social environment. Input was also received by conducting interviews with individuals who represented broad interests of the community and local/state health leaders; a paper survey distributed and collected at community events; and focus groups were conducted within the community, with special attention to the vulnerable populations in the area served.

- **Interviews**
  - Interviews were conducted with a city mayor within Blount County, the Blount County School System Health Coordinator, the Executive Director of the Blount-Oneonta Chamber of Commerce, the President of the Blount County Healthcare Authority.

- **Paper Survey** – simple paper pencil survey (attachment included in appendix) distributed at various events and locations, including:
  - Clergy Wellness 5K event
  - Various health fairs through STVHS Wellness Services
  - Access to Care patients
  - Jeremiah’s Hope students

- **Focus Groups**
  - Spanish Language Focus Group – Corpus Christi Catholic Church in Oneonta
Community Served

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

In order to define the geographic region, the assessment team looked at inpatient and outpatient case volumes and emergency department visits for fiscal year 2015 (July 1, 2014 – June 30, 2015) to determine patient origin for St. Vincent’s Blount. Case volumes were summarized utilizing the hospital’s patient financial system and case counts were aggregated by county and by zip code. Patient origin was mapped using MapPoint software to provide visual representation of patient origin. This method reveals that the largest number of patients who sought care at St. Vincent’s Blount originated from Blount County. County level analysis indicates that 74% of patients originated from Blount County in FY15. In addition, county level analysis of emergency room volumes at St. Vincent’s Blount indicates that 71% of all cases originated from Blount County in FY15.

Figure 1: St. Vincent’s Blount Patient Origin – Inpatient and Outpatient Cases – FY 2015
Figure 2: St. Vincent’s Blount – Emergency Department Cases – FY2015

Percent of Cases by Zip Code

- Top 40%
- 40-60%
- 60-70%
- 70-80%
- 80-90%
Health Needs - Data Analysis and Key Findings

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

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

Demographics and Socioeconomic Background

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

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

A. Community Overview

Blount County is one of sixty-seven counties within the state of Alabama, located in the Northeastern Alabama region. The largest city in Blount County is Oneonta, which is also the county seat.

A total of 57,719 people live in the 644.78 square mile area encompassing Blount County, according to the U.S. Census Bureau 2014 Population Estimate. The population density for Blount County, estimated at 89 persons per square mile, is greater than the national average population density of 88 persons per square mile and but less than the state average population density of 95 persons per square mile.

As reported, the per capita income for Blount County is $20,729, which includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income for this county is lower than the state ($23,680) and national ($28,154) per capita income.

The population in Blount County is expected to grow modestly by 2.6% from 2010 to 2020, with the highest growth rate in the elderly population.
• **Population Density**

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Population, 2014 Estimate</th>
<th>Total Land Area (Square Miles)</th>
<th>Population Density (Per Square Mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,719</td>
<td>644.78</td>
<td>89.39</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,799,277</td>
<td>50,631.95</td>
<td>94.79</td>
</tr>
<tr>
<td>United States</td>
<td>311,536,591</td>
<td>3,530,997.6</td>
<td>88.23</td>
</tr>
</tbody>
</table>


![Population, Density (Persons per Sq Mile) by Tract, ACS 2009-13](image)


• **Population Growth**

According to the U.S. Census Bureau Decennial Census, between 2000 and 2010 the population in the report area grew by a change of 12.35%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,322</td>
<td>12.34%</td>
<td>57,719</td>
<td>0.7%</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,779,736</td>
<td>7.48%</td>
<td>4,849,377</td>
<td>1.4%</td>
</tr>
<tr>
<td>United States</td>
<td>307,745,539</td>
<td>9.74%</td>
<td>318,857,056</td>
<td>3.3%</td>
</tr>
</tbody>
</table>
• **Hispanic Population**

The estimated population that is of Hispanic, Latino, or Spanish origin in the report area is 5,021. This represents 8.7% of the total population in Blount County, which is higher than the state 4.1% rate. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person’s parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

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</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,719</td>
<td>52,698</td>
<td>91.3%</td>
<td>5,021</td>
<td>8.7%</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,849,377</td>
<td>4,650,553</td>
<td>95.9%</td>
<td>198,824</td>
<td>4.1%</td>
</tr>
<tr>
<td>United States</td>
<td>318,857,056</td>
<td>263,375,929</td>
<td>82.6%</td>
<td>55,481,127</td>
<td>17.4%</td>
</tr>
</tbody>
</table>


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

Within the report area 85.09% of students are receiving their high school diploma within four years. This indicator is relevant because research suggests education is one the strongest predictors of health (Freudenberg, Ruglis, 2007).

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Student Cohort</th>
<th>Estimated Number of Diplomas Issued</th>
<th>Cohort Graduation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>738</td>
<td>628</td>
<td>85.09</td>
</tr>
<tr>
<td>Alabama</td>
<td>59,054</td>
<td>45,413</td>
<td>76.9</td>
</tr>
<tr>
<td>United States</td>
<td>3,351,452</td>
<td>2,754,352</td>
<td>82.2</td>
</tr>
</tbody>
</table>

On-Time Graduation, Rate by School District (Secondary), EDFacts 2011-12

- Population with No High School Diploma

Within the report area there are 8,937 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 23.01% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg Ruglis, 2007).

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>38,846</td>
<td>8,937</td>
<td>23.01%</td>
</tr>
<tr>
<td>Alabama</td>
<td>3,193,338</td>
<td>539,200</td>
<td>16.89%</td>
</tr>
<tr>
<td>United States</td>
<td>206,587,856</td>
<td>28,887,720</td>
<td>13.98%</td>
</tr>
</tbody>
</table>

B. Poverty

- Per Capita Income

The per capita income for the report area is $20,729. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Total Income ($)</th>
<th>Per Capita Income ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,623</td>
<td>$1,194,503,680</td>
<td>$20,729</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,799,277</td>
<td>$113,647,042,560</td>
<td>$23,680</td>
</tr>
<tr>
<td>United States</td>
<td>311,536,608</td>
<td>$8,771,308,355,584</td>
<td>$28,154</td>
</tr>
</tbody>
</table>

- **Poverty - Population Below 100% FPL**

Poverty is considered a key driver of health status. Within the report area 15.81% or 9,023 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Population in Poverty</th>
<th>Percent Population in Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,067</td>
<td>9,023</td>
<td>15.81%</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,682,976</td>
<td>870,631</td>
<td>18.59%</td>
</tr>
<tr>
<td>United States</td>
<td>303,692,064</td>
<td>46,663,432</td>
<td>15.37%</td>
</tr>
</tbody>
</table>

Children Eligible for Free/Reduced Price Lunch

Within the report area 5,051 public school students or 53.84% are eligible for Free/Reduced Price lunch out of 9,382 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Students</th>
<th>Number Free/Reduced Price Lunch Eligible</th>
<th>Percent Free/Reduced Price Lunch Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>9,382</td>
<td>5,051</td>
<td>53.84%</td>
</tr>
<tr>
<td>Alabama</td>
<td>743,018</td>
<td>434,095</td>
<td>58.42%</td>
</tr>
<tr>
<td>United States</td>
<td>50,195,195</td>
<td>26,012,902</td>
<td>52.35%</td>
</tr>
</tbody>
</table>

Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2013-14

- Over 80.0%
- 60.1 - 80.0%
- 40.1 - 60.0%
- 20.1 - 40.0%
- Under 20.1%
- Not Reported

C. Unemployment Rate

Total unemployment in the report area for the current month was 1,290, or 5.2% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Labor Force</th>
<th>Number Employed</th>
<th>Number Unemployed</th>
<th>Unemployment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>24,791</td>
<td>23,501</td>
<td>1,290</td>
<td>5.2</td>
</tr>
<tr>
<td>Alabama</td>
<td>2,148,025</td>
<td>2,019,314</td>
<td>128,711</td>
<td>6</td>
</tr>
<tr>
<td>United States</td>
<td>158,069,245</td>
<td>149,214,110</td>
<td>8,855,135</td>
<td>5.6</td>
</tr>
</tbody>
</table>

Data Source: US Department of Labor, Bureau of Labor Statistics. 2015 - October. Source geography: County
Access to Health Care

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

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

A. Health Shortage Areas

- Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Area Population</th>
<th>Population Living in a HPSA</th>
<th>Percentage of Population Living in a HPSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,322</td>
<td>57,322</td>
<td>100%</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,779,736</td>
<td>3,382,197</td>
<td>70.76%</td>
</tr>
<tr>
<td>United States</td>
<td>308,745,538</td>
<td>105,203,742</td>
<td>34.07%</td>
</tr>
</tbody>
</table>

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Health Resources and Services Administration. March 2015. Source geography: HPSA
Facilities Designated as Health Professional Shortage Areas

This indicator reports the number and location of health care facilities designated as "Health Professional Shortage Areas" (HPSAs), defined as having shortages of primary medical care, dental or mental health providers. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Primary Care Facilities</th>
<th>Mental Health Care Facilities</th>
<th>Dental Health Care Facilities</th>
<th>Total HPSA Facility Designations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Alabama</td>
<td>22</td>
<td>29</td>
<td>18</td>
<td>69</td>
</tr>
<tr>
<td>United States</td>
<td>3,427</td>
<td>3,060</td>
<td>2,915</td>
<td>8,810</td>
</tr>
</tbody>
</table>

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Health Resources and Services Administration. March 2015. Source geography: Address
B. Primary Care

- Primary Care Physicians per 100,000 population

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population, 2012</th>
<th>Primary Care Physicians, 2012</th>
<th>Primary Care Physicians, Rate per 100,000 Pop.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,826</td>
<td>17</td>
<td>29.4</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,822,023</td>
<td>3,026</td>
<td>62.8</td>
</tr>
<tr>
<td>United States</td>
<td>313,914,040</td>
<td>233,862</td>
<td>74.5</td>
</tr>
</tbody>
</table>

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2012. Source geography: County
Access to Primary Care Physicians, Rate per 100,000 Pop. by County, AHRF 2012

- **Lack of a Consistent Source of Primary Care**

This indicator reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Survey Population (Adults Age 18)</th>
<th>Total Adults Without Any Regular Doctor</th>
<th>Percent Adults Without Any Regular Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>48,171</td>
<td>6,144</td>
<td>12.75%</td>
</tr>
<tr>
<td>Alabama</td>
<td>3,648,277</td>
<td>723,268</td>
<td>19.82%</td>
</tr>
<tr>
<td>United States</td>
<td>236,884,668</td>
<td>52,290,932</td>
<td>22.07%</td>
</tr>
</tbody>
</table>

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County
No Consistent Source of Primary Care, Percent of Adults Age 18 by County, BRFSS 2011-12

| Over 25.0% | 19.1 - 25.0% | 13.1 - 19.0% | Under 13.1% | No Data or Data Suppressed

C. Hospitals and Number of beds

St. Vincent’s Blount is the only hospital in Blount County. Due to its rural location, St. Vincent’s Blount is designated as a Critical Access Hospital, maintaining 25 acute care beds, which include ten swing beds for long-term care services. St. Vincent’s Blount provides 24/7 emergency care as well as a wide range of outpatient services.

D. Percent Uninsured (adults, children)

The lack of health insurance is considered a key driver of health status.

This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population (For Whom Insurance Status is Determined)</th>
<th>Total Uninsured Population</th>
<th>Percent Uninsured Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,167</td>
<td>6,823</td>
<td>11.94%</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,716,915</td>
<td>655,394</td>
<td>13.89%</td>
</tr>
<tr>
<td>United States</td>
<td>306,448,480</td>
<td>45,569,668</td>
<td>14.87%</td>
</tr>
</tbody>
</table>

**E. Population Receiving Medicaid**

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population (For Whom Insurance Status is Determined)</th>
<th>Population with Any Health Insurance</th>
<th>Population Receiving Medicaid</th>
<th>Percent of Insured Population Receiving Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,167</td>
<td>50,344</td>
<td>10,381</td>
<td>20.62%</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,716,915</td>
<td>4,061,521</td>
<td>871,607</td>
<td>21.46%</td>
</tr>
<tr>
<td>United States</td>
<td>306,448,480</td>
<td>260,878,816</td>
<td>52,714,280</td>
<td>20.21%</td>
</tr>
</tbody>
</table>


In the map below, the insured population receiving Medicaid is color-coded by tract, with categories ranging from over 25% to under 15.1%. A legend indicates the color codes for each percentage range.

**Health Status**

**A. Leading Causes of Death**

According to the Alabama Department of Public Health 2013 county health profile for Blount County, the top two leading causes of death were Heart Disease and Cancer. This was the same regardless of gender or race. However, there is variation with accidents being the third leading cause of death among men, and Chronic...
Lower Respiratory Disease (CLRD) was the third cause of death among women. CLRD was the third leading cause of death among both white and black/other population groups.

- **Mortality - Premature Death**

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population, 2008-2010 Average</th>
<th>Total Premature Deaths, 2008-2010 Average</th>
<th>Total Years of Potential Life Lost, 2008-2010 Average</th>
<th>Years of Potential Life Lost, Rate per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,677</td>
<td>275</td>
<td>4,906</td>
<td>8,505</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,802,740</td>
<td>23,574</td>
<td>462,514</td>
<td>9,630</td>
</tr>
<tr>
<td>United States</td>
<td>311,616,188</td>
<td>1,074,667</td>
<td>21,327,690</td>
<td>6,851</td>
</tr>
</tbody>
</table>


- **Mortality - Heart Disease**

Within the report area the rate of death due to coronary heart disease per 100,000 population is 216. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because heart disease is a leading cause of death in the United States.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Average Annual Deaths, 2007-2011</th>
<th>Crude Death Rate (Per 100,000 Pop.)</th>
<th>Age-Adjusted Death Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,608</td>
<td>137</td>
<td>237.82</td>
<td>216</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,799,232</td>
<td>12,111</td>
<td>252.35</td>
<td>231.1</td>
</tr>
<tr>
<td>United States</td>
<td>311,430,373</td>
<td>600,899</td>
<td>192.95</td>
<td>175</td>
</tr>
</tbody>
</table>

• **Mortality – Ischemic Heart Disease**

Within the report area the rate of death due to coronary heart disease per 100,000 population is 112.3. This rate is greater than the Healthy People 2020 target of less than or equal to 103.4. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because heart disease is a leading cause of death in the United States.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Average Annual Deaths, 2007-2011</th>
<th>Crude Death Rate (Per 100,000 Pop.)</th>
<th>Age-Adjusted Death Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,608</td>
<td>72</td>
<td>125</td>
<td>112.3</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,799,232</td>
<td>5,468</td>
<td>113.9</td>
<td>103.5</td>
</tr>
<tr>
<td>United States</td>
<td>311,430,373</td>
<td>376,572</td>
<td>120.9</td>
<td>109.5</td>
</tr>
<tr>
<td><strong>HP 2020 Target</strong></td>
<td></td>
<td></td>
<td></td>
<td>&lt;= 103.4</td>
</tr>
</tbody>
</table>


• **Mortality – Cancer**

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

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Average Annual Deaths, 2007-2011</th>
<th>Crude Death Rate (Per 100,000 Pop.)</th>
<th>Age-Adjusted Death Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,608</td>
<td>120</td>
<td>208</td>
<td>176.6</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,799,232</td>
<td>10,264</td>
<td>213.9</td>
<td>188.5</td>
</tr>
<tr>
<td>United States</td>
<td>311,430,373</td>
<td>577,313</td>
<td>185.4</td>
<td>168.9</td>
</tr>
<tr>
<td><strong>HP 2020 Target</strong></td>
<td></td>
<td></td>
<td></td>
<td>&lt;= 160.6</td>
</tr>
</tbody>
</table>

• **Mortality – Lung Disease**

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

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Average Annual Deaths, 2007-2011</th>
<th>Crude Death Rate (Per 100,000 Pop.)</th>
<th>Age-Adjusted Death Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,608</td>
<td>46</td>
<td>80.54</td>
<td>70.8</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,799,232</td>
<td>2,921</td>
<td>60.87</td>
<td>55</td>
</tr>
<tr>
<td>United States</td>
<td>311,430,373</td>
<td>142,214</td>
<td>45.66</td>
<td>42.2</td>
</tr>
</tbody>
</table>


• **Mortality - Stroke**

Within the report area there are an estimated 46.3 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than the Healthy People 2020 target of less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because stroke is a leading cause of death in the United States.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Average Annual Deaths, 2007-2011</th>
<th>Crude Death Rate (Per 100,000 Pop.)</th>
<th>Age-Adjusted Death Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,608</td>
<td>29</td>
<td>50</td>
<td>46.3</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,799,232</td>
<td>2,619</td>
<td>54.6</td>
<td>50.4</td>
</tr>
<tr>
<td>United States</td>
<td>311,430,373</td>
<td>128,955</td>
<td>41.4</td>
<td>37.9</td>
</tr>
<tr>
<td><strong>HP 2020 Target</strong></td>
<td></td>
<td></td>
<td></td>
<td>&lt;= 33.8</td>
</tr>
</tbody>
</table>

• **Mortality - Unintentional Injury**

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because accidents are a leading cause of death in the U.S.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Average Annual Deaths, 2007-2011</th>
<th>Crude Death Rate (Per 100,000 Pop.)</th>
<th>Age-Adjusted Death Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,608</td>
<td>36</td>
<td>63.19</td>
<td>63.6</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,799,232</td>
<td>2,404</td>
<td>50.09</td>
<td>49.4</td>
</tr>
<tr>
<td>United States</td>
<td>311,430,373</td>
<td>124,733</td>
<td>40.05</td>
<td>38.6</td>
</tr>
</tbody>
</table>

**HP 2020 Target** <= 36.0


• **Mortality - Motor Vehicle Accident**

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Average Annual Deaths, 2007-2011</th>
<th>Crude Death Rate (Per 100,000 Pop.)</th>
<th>Age-Adjusted Death Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,608</td>
<td>12</td>
<td>20.1</td>
<td>20.9</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,799,232</td>
<td>883</td>
<td>18.4</td>
<td>18.2</td>
</tr>
<tr>
<td>United States</td>
<td>311,430,373</td>
<td>34,139</td>
<td>11</td>
<td>10.8</td>
</tr>
</tbody>
</table>

• **Mortality - Suicide**

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Average Annual Deaths, 2007-2011</th>
<th>Crude Death Rate (Per 100,000 Pop.)</th>
<th>Age-Adjusted Death Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,608</td>
<td>11</td>
<td>18.4</td>
<td>17.9</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,799,232</td>
<td>690</td>
<td>14.4</td>
<td>14</td>
</tr>
<tr>
<td>United States</td>
<td>311,430,373</td>
<td>39,308</td>
<td>12.6</td>
<td>12.3</td>
</tr>
</tbody>
</table>

**HP 2020 Target** <= 10.2


• **Cancer Incidence - Breast**

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age. This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Female Population</th>
<th>Average New Cases per Year</th>
<th>Annual Incidence Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>28,783</td>
<td>31</td>
<td>87</td>
</tr>
<tr>
<td>Alabama</td>
<td>2,444,466</td>
<td>3,378</td>
<td>118.4</td>
</tr>
<tr>
<td>United States</td>
<td>155,863,552</td>
<td>216,052</td>
<td>122.7</td>
</tr>
</tbody>
</table>

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11. Source geography: County
• **Cancer Incidence – Prostate**

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups. This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Male Population</th>
<th>Average New Cases per Year</th>
<th>Annual Incidence Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>28,357</td>
<td>28</td>
<td>89.9</td>
</tr>
<tr>
<td>Alabama</td>
<td>2,302,958</td>
<td>3,791</td>
<td>153.7</td>
</tr>
<tr>
<td>United States</td>
<td>150,740,224</td>
<td>220,000</td>
<td>142.3</td>
</tr>
</tbody>
</table>

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11. Source geography: County

• **Cancer Incidence - Colon and Rectum**

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups. This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Average New Cases per Year</th>
<th>Annual Incidence Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,140</td>
<td>25</td>
<td>39.6</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,747,424</td>
<td>2,441</td>
<td>46.2</td>
</tr>
<tr>
<td>United States</td>
<td>306,603,776</td>
<td>142,173</td>
<td>43.3</td>
</tr>
</tbody>
</table>

**HP 2020 Target**

- Blount County (39.6)
- Alabama (46.2)
- United States (43.3)

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11. Source geography: County
• **Cancer Incidence - Lung**

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age. This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Average New Cases per Year</th>
<th>Annual Incidence Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,140</td>
<td>47</td>
<td>68.2</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,747,424</td>
<td>4,002</td>
<td>74.3</td>
</tr>
<tr>
<td>United States</td>
<td>306,603,776</td>
<td>212,768</td>
<td>64.9</td>
</tr>
</tbody>
</table>

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11. Source geography: County

• **Depression (Medicare Population)**

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

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Medicare Beneficiaries</th>
<th>Beneficiaries with Depression</th>
<th>Percent with Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>5,066</td>
<td>832</td>
<td>16.4%</td>
</tr>
<tr>
<td>Alabama</td>
<td>673,624</td>
<td>89,448</td>
<td>13.3%</td>
</tr>
<tr>
<td>United States</td>
<td>34,126,305</td>
<td>5,271,176</td>
<td>15.4%</td>
</tr>
</tbody>
</table>

Data Source: Centers for Medicare and Medicaid Services. 2012. Source geography: County
• **Diabetes (Adult)**

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. While Blount County is in the 75th percentile in diabetes mortality rate, there are presently no endocrinologists or certified diabetes educators within the county.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population Age 20</th>
<th>Population with Diagnosed Diabetes</th>
<th>Population with Diagnosed Diabetes, Crude Rate</th>
<th>Population with Diagnosed Diabetes, Age-Adjusted Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>42,529</td>
<td>5,869</td>
<td>13.8</td>
<td>12.2%</td>
</tr>
<tr>
<td>Alabama</td>
<td>3,570,170</td>
<td>474,143</td>
<td>13.28</td>
<td>12.12%</td>
</tr>
<tr>
<td>United States</td>
<td>234,058,710</td>
<td>23,059,940</td>
<td>9.85</td>
<td>9.11%</td>
</tr>
</tbody>
</table>

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

• **Heart Disease (Adult)**

1,597, or 3.3% of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Survey Population (Adults Age 18)</th>
<th>Total Adults with Heart Disease</th>
<th>Percent Adults with Heart Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>48,382</td>
<td>1,597</td>
<td>3.3%</td>
</tr>
<tr>
<td>Alabama</td>
<td>3,629,058</td>
<td>201,204</td>
<td>5.5%</td>
</tr>
<tr>
<td>United States</td>
<td>236,406,904</td>
<td>10,407,185</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County
• **Heart Disease (Medicare Population)**

This indicator reports the percentage of the Medicare fee-for-service population with ischemic heart disease.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Medicare Beneficiaries</th>
<th>Beneficiaries with Heart Disease</th>
<th>Percent with Heart Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>5,066</td>
<td>1,528</td>
<td>30.16%</td>
</tr>
<tr>
<td>Alabama</td>
<td>673,624</td>
<td>198,276</td>
<td>29.43%</td>
</tr>
<tr>
<td>United States</td>
<td>34,126,305</td>
<td>9,744,058</td>
<td>28.55%</td>
</tr>
</tbody>
</table>

Data Source: Centers for Medicare and Medicaid Services. 2012. Source geography: County

• **Asthma Prevalence**

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

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Survey Population (Adults Age 18)</th>
<th>Total Adults with Asthma</th>
<th>Percent Adults with Asthma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>47,676</td>
<td>4,883</td>
<td>10.2%</td>
</tr>
<tr>
<td>Alabama</td>
<td>3,636,012</td>
<td>460,674</td>
<td>12.7%</td>
</tr>
<tr>
<td>United States</td>
<td>237,197,465</td>
<td>31,697,608</td>
<td>13.4%</td>
</tr>
</tbody>
</table>

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

B. **Rates of Preventable Hospitalizations**

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions through better access to primary care resources.
### Report Area

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Medicare Part A Enrollees</th>
<th>Ambulatory Care Sensitive Condition Hospital Discharges</th>
<th>Ambulatory Care Sensitive Condition Discharge Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>4,991</td>
<td>423</td>
<td>84.8</td>
</tr>
<tr>
<td>Alabama</td>
<td>517,526</td>
<td>37,015</td>
<td>71.5</td>
</tr>
<tr>
<td>United States</td>
<td>58,209,898</td>
<td>3,448,111</td>
<td>59.2</td>
</tr>
</tbody>
</table>

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County

### Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)

- Blount County (84.8)
- Alabama (71.5)
- United States (59.2)

### Risk Factor Behaviors

#### A. Tobacco and Alcohol Use

- **Tobacco Usage - Current Smokers**

  In the report area an estimated 9,176, or 21.3% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population Age 18</th>
<th>Total Adults Regularly Smoking Cigarettes</th>
<th>Percent Population Smoking Cigarettes (Crude)</th>
<th>Percent Population Smoking Cigarettes (Age-Adjusted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>43,080</td>
<td>9,176</td>
<td>21.3%</td>
<td>22.4%</td>
</tr>
<tr>
<td>Alabama</td>
<td>3,615,219</td>
<td>791,733</td>
<td>21.9%</td>
<td>22.3%</td>
</tr>
<tr>
<td>United States</td>
<td>232,556,016</td>
<td>41,491,223</td>
<td>17.8%</td>
<td>18.1%</td>
</tr>
</tbody>
</table>


- **Alcohol Consumption**

  This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may
illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population Age 18</th>
<th>Estimated Adults Drinking Excessively</th>
<th>Estimated Adults Drinking Excessively (Crude Percentage)</th>
<th>Estimated Adults Drinking Excessively (Age-Adjusted Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>43,080</td>
<td>2,369</td>
<td>5.5%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Alabama</td>
<td>3,615,219</td>
<td>441,057</td>
<td>12.2%</td>
<td>12.9%</td>
</tr>
<tr>
<td>United States</td>
<td>232,556,016</td>
<td>38,248,349</td>
<td>16.4%</td>
<td>16.9%</td>
</tr>
</tbody>
</table>


Excessive Drinking, Percent of Adults Age 18 by County, BRFSS 2006-12

B. Obesity Rates

- Overweight

42.2% of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.
### Overweight (BMI 25.0-29.9), Adults Age 18, Percent by County, BRFSS 2011-12

- **Blount County (42.2%)**
- **Alabama (34.7%)**
- **United States (35.8%)**

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

#### Obesity

32.4% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

### Overweight (BMI > 30.0), Adults Age 20 and Older

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population Age 20</th>
<th>Adults with BMI &gt; 30.0 (Obese)</th>
<th>Percent Adults with BMI &gt; 30.0 (Obese)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>42,559</td>
<td>13,789</td>
<td>32.4%</td>
</tr>
<tr>
<td>Alabama</td>
<td>3,567,164</td>
<td>1,198,253</td>
<td>33.5%</td>
</tr>
<tr>
<td>United States</td>
<td>231,417,834</td>
<td>63,336,403</td>
<td>27.1%</td>
</tr>
</tbody>
</table>

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

- Pneumonia Vaccination

This indicator reports the percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population Age 65</th>
<th>Estimated Population with Annual Pneumonia Vaccination</th>
<th>Crude Percentage</th>
<th>Age-Adjusted Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>8,251</td>
<td>5,083</td>
<td>61.6%</td>
<td>64%</td>
</tr>
<tr>
<td>Alabama</td>
<td>647,334</td>
<td>425,298</td>
<td>65.7%</td>
<td>66.4%</td>
</tr>
<tr>
<td>United States</td>
<td>39,608,820</td>
<td>26,680,462</td>
<td>67.4%</td>
<td>67.5%</td>
</tr>
</tbody>
</table>


Annual Pneumonia Vaccination, Percent of Adults Age 65 by County, BRFSS 2006-12

- Over 72.0%
- 68.1 - 72.0%
- 64.1 - 68.0%
- Under 64.1%
- No Data or Data Suppressed
- Report Area
Child Health

A. Infant Mortality Rate

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Births</th>
<th>Total Infant Deaths</th>
<th>Infant Mortality Rate (Per 1,000 Births)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>3,580</td>
<td>23</td>
<td>6.5</td>
</tr>
<tr>
<td>Alabama</td>
<td>311,820</td>
<td>2,838</td>
<td>9.1</td>
</tr>
<tr>
<td>United States</td>
<td>20,913,535</td>
<td>136,369</td>
<td>6.5</td>
</tr>
</tbody>
</table>

**HP 2020 Target** <= 6.0

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2006-10. Source geography: County

B. Low Birth Weight Rates

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

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Live Births</th>
<th>Low Weight Births (Under 2500g)</th>
<th>Low Weight Births, Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>4,879</td>
<td>376</td>
<td>7.7%</td>
</tr>
<tr>
<td>Alabama</td>
<td>434,574</td>
<td>44,761</td>
<td>10.3%</td>
</tr>
<tr>
<td>United States</td>
<td>29,300,495</td>
<td>2,402,641</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

**HP 2020 Target** <= 7.8%

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

This indicator reports the percentage of women who did not obtain adequate prenatal care during their pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

http://adph.org/healthstats/index.asp?id=1507

### LIVE BIRTHS WITH ADEQUATE AND LESS THAN ADEQUATE PREGNATAL CARE

<table>
<thead>
<tr>
<th>Race of Mother</th>
<th>Total Births</th>
<th>Adequate Care</th>
<th>Less Than Adequate Care</th>
<th>% Less Than Adequate Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>County</strong></td>
<td><strong>Total</strong></td>
<td><strong>Adequate</strong></td>
<td><strong>Less Than Adequate</strong></td>
<td><strong>% Less Than Adequate</strong></td>
</tr>
<tr>
<td>Blount</td>
<td>607</td>
<td>435</td>
<td>172</td>
<td>28.3</td>
</tr>
<tr>
<td>Alabama</td>
<td>57,571</td>
<td>43,874</td>
<td>13,697</td>
<td>23.8</td>
</tr>
</tbody>
</table>

D. *Teen Births/birth rate*

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

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Female Population Age 15 - 19</th>
<th>Births to Mothers Age 15 - 19</th>
<th>Teen Birth Rate (Per 1,000 Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>1,894</td>
<td>89</td>
<td>47.2</td>
</tr>
<tr>
<td>Alabama</td>
<td>168,320</td>
<td>7,861</td>
<td>46.7</td>
</tr>
<tr>
<td>United States</td>
<td>10,736,677</td>
<td>392,962</td>
<td>36.6</td>
</tr>
</tbody>
</table>

Infectious Diseases

A. Sexually transmitted infectious incidence rates

- Chlamydia Incidence

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

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Total Chlamydia Infections</th>
<th>Chlamydia Infection Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,677</td>
<td>93</td>
<td>161.2</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,802,740</td>
<td>30,621</td>
<td>637.6</td>
</tr>
<tr>
<td>United States</td>
<td>311,577,841</td>
<td>1,422,976</td>
<td>456.7</td>
</tr>
</tbody>
</table>


- Gonorrhea Incidence

This indicator reports incidence rate of Gonorrhea cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.
<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Total Gonorrhea Infections</th>
<th>Gonorrhea Infection Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,677</td>
<td>8</td>
<td>13.9</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,802,740</td>
<td>9,270</td>
<td>193.01</td>
</tr>
<tr>
<td>United States</td>
<td>311,466,046</td>
<td>334,826</td>
<td>107.5</td>
</tr>
</tbody>
</table>


B. HIV Incidence Rate

- HIV Prevalence

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

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Population with HIV / AIDS</th>
<th>Population with HIV / AIDS, Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>47,420</td>
<td>44</td>
<td>92.8</td>
</tr>
<tr>
<td>Alabama</td>
<td>3,980,044</td>
<td>11,539</td>
<td>289.9</td>
</tr>
<tr>
<td>United States</td>
<td>509,288,471</td>
<td>1,733,459</td>
<td>340.4</td>
</tr>
</tbody>
</table>


Natural Environment

A. Air Quality

Within the report area, 0.38, or 0.11% of days exceeded the emission standard of 75 parts per billion (ppb). This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.
Social Environment

A. Violent Crime Rate

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

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Violent Crimes</th>
<th>Violent Crime Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,610</td>
<td>92</td>
<td>160.3</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,730,538</td>
<td>19,535</td>
<td>413</td>
</tr>
<tr>
<td>United States</td>
<td>306,859,354</td>
<td>1,213,859</td>
<td>395.5</td>
</tr>
</tbody>
</table>

Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12. Source geography: County
B. Housing Affordability Rate

This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Households</th>
<th>Cost Burdened Households (Housing Costs Exceed 30% of Income)</th>
<th>Percentage of Cost Burdened Households (Over 30% of Income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County, AL</td>
<td>20,934</td>
<td>4,996</td>
<td>23.87%</td>
</tr>
<tr>
<td>Alabama</td>
<td>1,842,174</td>
<td>542,551</td>
<td>29.45%</td>
</tr>
<tr>
<td>United States</td>
<td>116,211,096</td>
<td>40,509,856</td>
<td>34.86%</td>
</tr>
</tbody>
</table>

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

C. Transportation

- Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.
### Households with No Motor Vehicle, Percent by Tract, ACS 2009-13

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Occupied Households</th>
<th>Households with No Motor Vehicle</th>
<th>Percentage of Households with No Motor Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>21,108</td>
<td>756</td>
<td>3.58%</td>
</tr>
<tr>
<td>Alabama</td>
<td>1,838,683</td>
<td>118,518</td>
<td>6.45%</td>
</tr>
<tr>
<td>United States</td>
<td>115,610,216</td>
<td>10,483,077</td>
<td>9.07%</td>
</tr>
</tbody>
</table>


---

**D. Access to Healthy Foods**

- **Grocery Store Access**

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Number of Establishments</th>
<th>Establishments, Rate per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,322</td>
<td>7</td>
<td>12.21</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,779,736</td>
<td>783</td>
<td>16.4</td>
</tr>
<tr>
<td>United States</td>
<td>312,732,537</td>
<td>66,286</td>
<td>21.2</td>
</tr>
</tbody>
</table>
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County

**Grocery Stores and Supermarkets, Rate (Per 100,000 Pop.) by County, CBP 2013**

- Over 35.0
- 25.1 - 35.0
- 15.1 - 25.0
- Under 15.1
- No Grocery Stores

**Low Income Population with Low Food Access**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,322</td>
<td>1,557</td>
<td>2.72%</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,779,736</td>
<td>409,867</td>
<td>8.58%</td>
</tr>
<tr>
<td>United States</td>
<td>308,745,538</td>
<td>19,347,047</td>
<td>6.27%</td>
</tr>
</tbody>
</table>


**Population with Limited Food Access, Low Income, Percent by Tract, FARA 2010**

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access

Report Area
### Modified Retail Food Environment Index

This indicator reports the percentage of population living in census tracts with no or low access to healthy retail food stores. Figures are based on the CDC Modified Retail Food Environment Index. For this indicator, low food access tracts are considered those with index scores of 10.0 or less.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,311</td>
<td>0%</td>
<td>0%</td>
<td>25.97%</td>
<td>53.48%</td>
<td>20.56%</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,779,736</td>
<td>0.4%</td>
<td>23.33%</td>
<td>26.64%</td>
<td>45.49%</td>
<td>4.14%</td>
</tr>
<tr>
<td>United States</td>
<td>312,474,470</td>
<td>0.99%</td>
<td>18.63%</td>
<td>30.89%</td>
<td>43.28%</td>
<td>5.02%</td>
</tr>
</tbody>
</table>

Data Source: Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. 2011. Source geography: Tract

#### Population with Low Food Access

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Blount County</td>
<td>57,322</td>
<td>3,849</td>
<td>6.71%</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,779,736</td>
<td>1,232,503</td>
<td>25.79%</td>
</tr>
<tr>
<td>United States</td>
<td>308,745,538</td>
<td>72,905,540</td>
<td>23.61%</td>
</tr>
</tbody>
</table>

Community Survey

A paper/pencil survey of the community was conducted at various STVHS community events. The survey questions were designed to understand the community members’ perception of unmet health needs. 65 surveys were collected from residents of Blount County and an analysis of the survey results is included in the table below.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Top Health Issues</th>
<th>Survey Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diabetes</td>
<td>22</td>
</tr>
<tr>
<td>2</td>
<td>Heart Disease</td>
<td>21</td>
</tr>
<tr>
<td>3</td>
<td>Access to proper healthcare</td>
<td>19</td>
</tr>
<tr>
<td>4</td>
<td>Alcohol/Drug Addiction</td>
<td>19</td>
</tr>
<tr>
<td>5</td>
<td>Cancer</td>
<td>19</td>
</tr>
<tr>
<td>6</td>
<td>Mental Health</td>
<td>16</td>
</tr>
<tr>
<td>7</td>
<td>Hypertension</td>
<td>14</td>
</tr>
<tr>
<td>8</td>
<td>Physical activity/exercise</td>
<td>12</td>
</tr>
<tr>
<td>9</td>
<td>Health eating/good nutrition</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Tobacco/Smoking</td>
<td>7</td>
</tr>
<tr>
<td>11</td>
<td>Violence and Safety</td>
<td>7</td>
</tr>
<tr>
<td>12</td>
<td>Oral/Dental Health</td>
<td>6</td>
</tr>
<tr>
<td>13</td>
<td>Unemployment</td>
<td>5</td>
</tr>
<tr>
<td>14</td>
<td>Injury/Accidents</td>
<td>5</td>
</tr>
<tr>
<td>15</td>
<td>Reproductive and Sexual Health</td>
<td>3</td>
</tr>
<tr>
<td>16</td>
<td>N/A</td>
<td>2</td>
</tr>
<tr>
<td>17</td>
<td>Communicable diseases</td>
<td>1</td>
</tr>
</tbody>
</table>

Community Representative/Leader Interviews

Community representatives and leaders, who represented broad interests of the community, were identified by the St. Vincent’s Health System leadership group. Interviews were conducted using a set of guiding questions. There were 3 interviews conducted and highlights of the interviews were:

- Access to primary/specialty care; mental health services
- Health and wellness education - diabetes; cardiovascular health; tobacco/drug use
- Obesity and chronic disease
- Senior care services

Focus Group Results

There were two focus groups held in September of 2015 for Blount County. One was a Spanish language focus group held at Corpus Christi Catholic Church in Oneonta and the other was held at St. Vincent’s Blount and opened to the greater community.
The Corpus Christi focus group was attended by 16 individuals ranging from 18-65 years old. There were 3 males and 13 females in attendance. Members of the group ranged in community residency from 6 to 28 years with an average of the group being 15 years.

The focus group held at St. Vincent’s Blount was attended by 4 individuals ranging in ages from 36-70 years old. There were 3 female participants and 1 male participant. Residence in the community ranged from 10 – 57 years with the average being 30 years.

The most significant health needs identified the focus groups were:

1) Local access to healthcare professionals (primary care providers, specialty physicians and mental health providers)
2) Education about health and wellness topics (such as nutrition and “normal” ranges for blood pressure, cholesterol, etc., community CPR, breast health)
3) Specialty physicians to address following needs: Endocrinology, Cardiology, Wound Care, Neurology, Obstetrics, Psychiatry, Pulmonology and Pediatrics.
4) Evening and weekend immunization clinics
5) Access to community recreational areas (public parks, etc.)
Health Assets

Community health assets are the resources of the community that can be used to improve the community life. It can be a person, a physical structure or place. It can be a community service, a business – everyone in the community are potential health assets. While there are significant health needs in Blount County, the county is also rich with many assets. Alabama 2-1-1 is a service for community members to find and access resources within their community, which is accessible by calling 2-1-1 or at www.211connectsalabama.org. Most recently, STVHS along with other area healthcare providers has advertised 2-1-1 as the central resource to call for ACA Open Enrollment inquiries.

Conclusions

Identified Needs and Prioritized Needs

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

1. Access to sustainable and affordable health care, including mental health care
2. Diabetes awareness and education
3. Cancer awareness and education

Limitations of the CHNA

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

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

The assessment was designed to provide a prioritized list of health needs, but not to provide an in-depth understanding of barriers to health for each identified need nor specific interventions to address the identified health needs.
Update from Previous CHNA (FY2013-2015)

The previous CHNA determined 5 priorities for St. Vincent’s Blount:

1) Prevention of Obesity & Good Nutrition Education
2) Diabetes Education
3) Cardiac Health Education
4) Increased Transportation Options for Health Care Appointments
5) Free or Subsidized Health Care for the Uninsured and/or Poor
Appendix

Appendix A – Community Health Survey
Appendix B – Community Health Survey (Spanish)
Appendix C – Focus Group Questions
Appendix A – Community Health Survey

**Community Health Survey**

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

**Health Issues**

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

   - Access to proper healthcare
   - Alcohol/Drug addiction
   - Cancer
   - Communicable diseases (TB, STDs, etc)
   - Diabetes (“sugar problems”)  
     - Healthy eating/good nutrition
   - Heart Disease
   - Hypertension (High Blood Pressure)
   - Injury/Accidents (falls, car accidents)
   - Mental health
   - Oral/Dental health
   - Physical activity/exercise
   - Reproductive and Sexual Health
   - Tobacco/Smoking/Secondhand Smoke
   - Unemployment
   - Violence and Safety
   - Other: ________________________________

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

   ______

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

   ______

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

________________________________________________________________________________________________
**Demographics**

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

1. a. Female b. Male
c. b. 2-3
d. 4-6
e. 7+

2. How old are you?
a. 18-28
b. 29-39
c. 40-50
d. 51-61
e. 62-72
f. 73+

7. What is your current employment status?
*(Circle all that apply)*
a. Employed full-time
b. Employed part-time

c. Self-employed
d. Out of work less than 1 year
e. Out of work 1+ years
f. Homemaker or stay home parent
g. Student
h. Retired
i. Unable to Work
j. Other

3. Which group best represents you? *(Circle all that apply)*
a. Caucasian/White
b. Asian/Asian American
c. Native Hawaiian and other Pacific Islander
d. African American/Black
e. American Indian or Alaskan Native
f. Hispanic or Latino
g. Other: _______________________

4. What is the highest grade of school you completed?
a. Middle school
b. High school
c. Technical college/two year college
d. 4 year college
e. Graduate studies

8. Your annual household income from all sources is
a. Less than $10,000
b. Between $10,001-$25,000
c. Between $25,001-$50,000
d. Between $50,001-$75,000
e. More than $75,001

5. How many adults live in your household?
a. 1
b. 2-3
c. 4-6
d. 7+

6. How many children 18 and under live in your household?
a. 0
b. 1

YOUR ZIP CODE: __________

COUNTY OF RESIDENCE:
Blount    Jefferson
Shelby    St. Clair

OTHER: __________

Thank you for your participation!
If you have any questions, please contact:

Jessica Estrada
205-939-7233
chnafeedback@stvhs.com
Encuesta sobre la salud de la comunidad

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

Problemas de salud

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

<table>
<thead>
<tr>
<th>Acceso a atención de salud adecuada</th>
<th>Adicción al alcohol/a las drogas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cáncer</td>
<td>Enfermedades transmisibles (TB, ETS, etc.)</td>
</tr>
<tr>
<td>Diabetes (“problemas con el azúcar”)</td>
<td>Alimentación saludable/buena nutrición</td>
</tr>
<tr>
<td>Enfermedades cardíacas</td>
<td>Hipertensión (presión arterial alta)</td>
</tr>
<tr>
<td>Lesiones/accidentes (caídas, accidentes automovilísticos)</td>
<td>Salud mental</td>
</tr>
<tr>
<td>Salud bucal/dental</td>
<td>Actividad física/ejercicio</td>
</tr>
<tr>
<td>Salud sexual y reproductiva</td>
<td>Tabaco/tabaquismo/humo de segunda mano</td>
</tr>
<tr>
<td>Desempleo</td>
<td>Violencia y seguridad</td>
</tr>
<tr>
<td>Otro: ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

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

_____

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

_____

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

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

9. a. Femenino       b. Masculino

d. Entre 4 y 6

e. 7 o más

10. ¿Cuántos años tiene?
   a. Entre 18 y 28
   b. Entre 29 y 39
   c. Entre 40 y 50
   d. Entre 51 y 61
   e. Entre 62 y 72
   f. 73 o más

15. ¿Cuál es su condición de empleo actual?  
(Encierre en un círculo todas las opciones que correspondan).
   k. Empleado a tiempo completo
   l. Empleado a tiempo parcial
   m. Autónomo
   n. Sin trabajo desde hace menos de 1 año
   o. Sin trabajo desde hace 1 año o más
   p. Ama de casa o padre/madre que queda al cuidado de los hijos
   q. Estudiante
   r. Jubilado
   s. Incapacitado para trabajar
   t. Otro

11. ¿Cuál de los siguientes grupos lo representa mejor? (Encierre en un círculo todas las opciones que correspondan).
   h. Caucásico/blanco
   i. Asiático/asiático americano
   j. Nativo de Hawái u otras islas del Pacífico
   k. Afroamericano/negro
   l. Nativo americano o de Alaska
   m. Hispano o latino
   n. Otro: ______________________

12. ¿Cuál es el nivel más alto que completó en la escuela?
   o. Escuela media
   p. Escuela secundaria
   q. Estudios superiores técnicos/de 2 años
   r. Estudios superiores de 4 años
   s. Estudios universitarios

16. Los ingresos familiares anuales provenientes de todas las fuentes son los siguientes:
   f. Menos de $10,000
   g. Entre $10,001 y $25,000
   h. Entre $25,001 y $50,000
   i. Entre $50,001 y $75,000
   j. Más de $75,001

SU CÓDIGO POSTAL: ______________

CONDADO DE RESIDENCIA:
Blount    Jefferson
Shelby    St. Clair

OTRO: ______________

¡Gracias por su participación!
Si tiene alguna pregunta, comuníquese con:

Jessica Estrada
205-939-7233
chnafeedback@stvhs.com
Appendix C – Focus Group / Community Stakeholder Questions

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

Part II. Overview of Focus Group - Verbal Explanation of why we are here today
St. Vincent’s Health System is conducting a Community Health Needs Assessment to better understand community health needs. Tax-exempt hospitals conduct these assessments to also comply with federal regulations. Leaders from St. Vincent’s Health System will review the information and thoughts you share during this session and work to develop programs and services to help meet those needs.

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

Part III. Focus Group Questions

MANDATORY QUESTIONS:
1. What do you believe are the most significant health related needs in your community?

2. Which group of people in this community is most affected by these health issues?

3. Which group of people in this community has the most difficulty accessing needed health services?

4. If you could create various health program(s) to address these top 3-5 community health needs, what would it/they be?

OPTIONAL QUESTIONS:
1. What are some of the best things about living in your community?

2. If you could improve your community, what area(s) would you focus upon?

3. Why do you believe these health needs exist?

4. Which health care services are most difficult to access?

5. What do you believe are the main barriers to accessing these services? What gets in the way of seeking care? Receiving care?

6. Let’s take another look at the community health needs that have been identified during our discussion. Let’s attempt to list them in order of importance.
References


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


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

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US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County


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