Community Health Needs Assessment for Chilton County, Alabama FY2017-2019
Completed June 30, 2016
# Table of Contents

Mission Vision and Values............................................................................................................................................... 3  
Executive Summary ..................................................................................................................................................... 4  
Introduction............................................................................................................................................................... 7  
  Background .............................................................................................................................................................. 7  
  Health System Information ......................................................................................................................................... 7  
  Commitment to Community Outreach ................................................................................................................... 8  
Purpose/Objective ....................................................................................................................................................... 11  
Methodology .............................................................................................................................................................. 11  
Community Served .................................................................................................................................................... 12  
Data Analysis and Key Findings ................................................................................................................................ 13  
  Demographics and Socioeconomic Background .................................................................................................... 13  
  Access to Health Care ............................................................................................................................................... 20  
  Health Status ........................................................................................................................................................... 26  
  Risk Factor Behaviors .............................................................................................................................................. 35  
  Child Health .......................................................................................................................................................... 39  
  Infectious Diseases .................................................................................................................................................. 41  
  Natural Environment ............................................................................................................................................... 42  
  Social Environment ................................................................................................................................................ 43  
  Community Survey ................................................................................................................................................ 49  
  Community Representative/Leader Interviews ...................................................................................................... 49  
Health Assets ............................................................................................................................................................... 50  
Conclusions ................................................................................................................................................................. 50  
  Identified Needs and Prioritized Needs .................................................................................................................. 50  
Appendix ...................................................................................................................................................................... 51  
References ................................................................................................................................................................. 57
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 Community Health Needs Assessment (CHNA) for the new St. Vincent’s Chilton hospital currently under construction in Chilton County. This current CHNA for fiscal years 2017-2019 (beginning July 1, 2016) will address health needs of the community and prioritize needs of the areas St. Vincent’s Chilton serves. The assessments of unmet health needs will provide a basis for addressing the health needs of the community served and serve as a reference for this 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 the hospital in Chilton 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 Chilton County. The primary rationale for selecting this geography included: area served by collaborating entities; areas of populations that included the underserved, low-income and minority groups; potential for collaboration/partnering with other organizations; and availability of health information for the area selected. The process included a review of secondary health data, a survey of community members, and interviews of community health leaders, with special attention to the vulnerable populations in the service area.

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

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

The process included a review of secondary health data, interviews of community representatives and leaders, and a survey of community members to discern unmet health needs.

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

Health Data Summary

Health Outcome Ranking

- Of Alabama’s 67 counties, Chilton County is ranked 30th in health outcomes according to the 2016 Robert Wood Johnson County Health Rankings. This is up from 34th in the state in the 2013 rankings.
Demographic/Socioeconomic

- 18.78% of the population in Chilton County live in poverty, which is slightly less than the state average but higher than the national average
- The Hispanic population represents 7.69% of the total population in Chilton County which is higher than the state rate, but less than the national rate of 16.62%
- 22.47% of persons aged 25 and older are without a high school diploma, which is higher than both the state and national percentage

Access to health care

- Primary Care Provider levels are less than the state and national average and approximately 15% of the adult population does not have an identified PCP
- 15.74% of adults and children in Chilton County do not have health insurance, which is higher than both the state and national rate.

Health status

- Top two leading causes of death in the area are Heart Disease and Cancer.
- Combined unintentional injury, motor vehicle accidents, and suicide represent 18% of premature deaths

Risk factor behaviors

- Current percentage of smokers is 20.1% which is less than the state and national percentage
- 37.3% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese)

Child health

- The infant mortality rate is higher than the State and National rates
- Less mothers who live in Chilton County are receiving adequate prenatal care
- The teen birth rate of 58.3 is higher than the state and national rate

Infectious diseases

- The rate of sexually transmitted infectious diseases in Chilton County is lower than both the state and national rates
- HIV prevalence in Chilton County is lower than the state and the U.S.

Natural Environment

- Air quality in Chilton County meets the emission standard of 75 parts per billion

Social Environment
• Violent crime rate is less than State and U.S.
• The number of households with no motor vehicle is less than the State and U.S.
• Food desert areas are present
  o Higher population within Chilton County with limited grocery store access than State and U.S.
  o 4.31% of the low income population in the defined area has low food access

**Interviews of Community Leaders and Representatives**

• 6 interviews were conducted
• Result highlights:
  o Access to primary/specialty care
  o Health and wellness education - cardiovascular health; oncology/cancer care; diabetes; tobacco/drug use
  o Obesity and chronic disease
  o Transportation

**Paper Survey**

• 9 surveys were completed by community residents at various events.
• Unmet need result highlights:
  o Heart Disease
  o Cancer
  o Healthy Eating/Good Nutrition
  o Access

**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 Chilton County by this CHNA are:

• Access to affordable and sustainable health care, including mental health care
• Diabetes awareness and education
• Oncology treatments, screenings 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 St. Vincent’s Health System hospitals.
Introduction

Background

A Community Heath Needs Assessment (CHNA) is conducted to provide an overview of the state of health of a community and social factors contributing and influencing health. The CHNA may then be used as a guide for community health improvement strategies. Periodic updating of assessments note changes in health status and factors over time and help ensure current improvement efforts are based on current needs of the community.

With the passing of the Affordable Care Act (ACA) in 2010, additional requirements for non-profit hospitals were required. One of the requirements is for non-profit hospitals to conduct community health needs assessments. The assessments, performed at least every three years, should include input from the community and influence the hospital’s implementation strategy for community benefit.

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. In October 2016, St. Vincent’s Health System will add St. Vincent’s Chilton to its portfolio of hospitals. 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 Chilton—Chilton Medical Center was constructed in 1951 by the Chilton County Healthcare Authority (HCA). After closing the hospital in early 2013, the Chilton County Healthcare Authority and St. Vincent’s Health System formed a strategic partnership in order to return hospital-based healthcare to the residents of Chilton County. The HCA and STVHS are currently in the process of constructing a new hospital facility with approximately 77,000 gross square feet to include 30 inpatient beds and associated outpatient and support space. The new hospital will be a full-service, general acute care facility and will include a fully staffed emergency department. In addition, the new hospital will offer advanced imaging and diagnostic services, surgical services, and GI services.

STVHS’ mission provides a strong foundation and guidance for its work as a healing ministry of Jesus Christ, including its commitment to community service and to provide access to quality healthcare for all. The STVHS mission, vision and values are the key factors influencing their approach and commitment to addressing community health needs through their community benefit activity. Before it was mandated, STVHS often prepared a CHNA to guide their community engagement strategy. Prior assessments provided focus and direction for community health and benefit programs and for the programmatic actions to be based on the needs of the communities, as well as demonstrate commitment to the STVHS mission, vision and values. This updated assessment of unmet health needs will provide a basis for addressing the health needs of Chilton County and a reference of the implementation strategies, ensuring it is aligned with the needs of the community.
Commitment to Community Outreach

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

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

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

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

**Dispensary of Hope** - Physicians donate pharmaceutical samples which are then distributed to uninsured patients in need of medication assistance.

**Hispanic Outreach** – Assistance and outreach with preventive health and access to health care for Spanish speaking community members through cooperation with local faith communities.

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

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

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

**Sponsored Organizations**

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

**American Cancer Society** – Sponsors Relay for Life Activities to promote cancer education and treatment.

**American Diabetes Association** – Sponsors Tour de Cure and Step Out Walk to promote diabetes education and treatment.

**American Heart Association** – Sponsors Heart Walk, Go Red, to promote heart disease education and treatment.

**Komen Race for the Cure** – Raises awareness and education on breast cancer.
**Leukemia and Lymphoma Society** – Helps patients with blood cancers live longer, healthier lives. Sponsors Light the Night event.

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

**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

The objective for the CHNA and Implementation Strategy are:

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

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

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

Methodology

The CHNA process for St. Vincent’s Chilton was 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; and a paper survey was distributed and collected at community events.

- Interviews
  - Interviews were conducted with city mayors within Chilton County, county commissioner, city council members and a member of the Chilton County Healthcare Authority Board.

- 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
**Community Served**

The community served for purposes of this CHNA is Chilton County. In defining the CHNA, St. Vincent’s Health System chose to select a geographic county/region to focus the assessment. This geographic region is considered to fairly represent the immediate community served by St. Vincent’s Chilton. This includes the underserved in these locations such as uninsured, underinsured, unemployed, individuals accessing public assistance, and barriers to assistance such as language and immigration status. The new hospital in Chilton County will primarily serve patients from central, southern, eastern, and western Chilton County, which encompasses the following zip codes: 35046, 35045, 35085, 36750, 36091, and 35171. These zip codes are the areas of Chilton County where Chilton Medical Center previously received the majority of its patients.
Data Analysis and Key Findings

Demographics and Socioeconomic Background

Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

A. Community Overview

Chilton County is one of sixty-seven counties within the state of Alabama, located in between Birmingham and Montgomery. The largest city in Chilton County is Clanton, which is also the county seat.

A total of 43,931 people live in the 692.85 square mile area encompassing Chilton County, according to the U.S. Census Bureau 2014 Population Estimate. The population density for Chilton County, estimated at 63 persons per square mile, is less than the national average population density of 88 persons per square mile and less than the state average population density of 95 persons per square mile.

The per capita income for Chilton County is $21,718, 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 Chilton County is expected to grow modestly by 2.6% from 2010 to 2020, with the highest growth rate in the elderly population.

- Population Density

A total of 43,931 people live in the 692.85 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2010-14 5-year estimates. The population density for this area, estimated at 63.40 persons per square mile, is less than the national average population density of 89.88 persons per square mile.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>Total Land Area (Square Miles)</th>
<th>Population Density (Per Square Mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chilton County, AL</td>
<td>43,931</td>
<td>692.85</td>
<td>63.40</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 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 10.23%. 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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</thead>
<tbody>
<tr>
<td>Chilton County, AL</td>
<td>43,643</td>
<td>10.23%</td>
<td>43,931</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>9.75%</td>
<td>318,857,056</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

• **Hispanic Population**

The estimated population that is of Hispanic, Latino, or Spanish origin in the report area is 3,366. This represents 7.69% of the total report area population, which is less than the national 16.62% 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>
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</tr>
</thead>
<tbody>
<tr>
<td>Chilton County, AL</td>
<td>43,931</td>
<td>40,415</td>
<td>92.31%</td>
<td>3,366</td>
<td>7.69%</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 85.1% 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>Chilton County, AL</td>
<td>556</td>
<td>473</td>
<td>85.1</td>
</tr>
<tr>
<td>Alabama</td>
<td>53,566</td>
<td>46,424</td>
<td>86.7</td>
</tr>
<tr>
<td>United States</td>
<td>3,127,886</td>
<td>2,635,290</td>
<td>84.3</td>
</tr>
</tbody>
</table>

On-Time Graduation, Rate by School District (Secondary), EDFacts 2013-14

- Over 94.0%
- 85.1 - 94.0%
- 75.1 - 85.0%
- Under 75.1%
- No Data or Data Suppressed

Population with No High School Diploma

Within the report area there are 6,605 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 22.47% 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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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chilton County, AL</td>
<td>29,393</td>
<td>6,605</td>
<td>22.47%</td>
</tr>
<tr>
<td>Alabama</td>
<td>3,217,902</td>
<td>524,368</td>
<td>16.3%</td>
</tr>
<tr>
<td>United States</td>
<td>209,056,128</td>
<td>28,587,748</td>
<td>13.67%</td>
</tr>
</tbody>
</table>

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

Population with No High School Diploma (Age 25), Percent by Tract, ACS 2010-14

- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed
- Report Area
### B. Poverty

- **Per Capita Income**

  The per capita income for the report area is $21,718. 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>Chilton County, AL</td>
<td>43,781</td>
<td>$950,855,424</td>
<td>$21,718</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,817,678</td>
<td>$115,315,613,696</td>
<td>$23,935</td>
</tr>
<tr>
<td>United States</td>
<td>314,107,072</td>
<td>$8,969,237,037,056</td>
<td>$28,554</td>
</tr>
</tbody>
</table>

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

#### Per Capita Income by Tract, ACS 2010-14

- Over 30,000
- 25,001 - 30,000
- 20,001 - 25,000
- Under 20,001
- No Data or Data Suppressed
- Report Area

### Poverty - Population Below 100% FPL

Poverty is considered a *key driver* of health status. Within the report area 18.78% or 8,128 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.
### Report Area

<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>Chilton County, AL</td>
<td>43,290</td>
<td>8,128</td>
<td>18.78%</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,699,510</td>
<td>889,710</td>
<td>18.93%</td>
</tr>
<tr>
<td>United States</td>
<td>306,226,400</td>
<td>47,755,608</td>
<td>15.59%</td>
</tr>
</tbody>
</table>

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

#### Population Below the Poverty Level, Percent by Tract, ACS 2010-14

- **Over 20.0%**
- **15.1 - 20.0%**
- **10.1 - 15.0%**
- **Under 10.1%**
- **No Data or Data Suppressed**
- **Report Area**

#### Children Eligible for Free/Reduced Price Lunch

Within the report area 5,066 public school students or 66.05% are eligible for Free/Reduced Price lunch out of 7,670 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>Chilton County, AL</td>
<td>7,670</td>
<td>5,066</td>
<td>66.05%</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>

*Percent Students Eligible for Free or Reduced Price Lunch*

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

<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>Chilton County, AL</td>
<td>18,971</td>
<td>18,006</td>
<td>965</td>
<td>5.1</td>
</tr>
<tr>
<td>Alabama</td>
<td>2,122,742</td>
<td>2,005,276</td>
<td>117,466</td>
<td>5.5</td>
</tr>
<tr>
<td>United States</td>
<td>156,985,221</td>
<td>148,497,233</td>
<td>8,487,988</td>
<td>5.4</td>
</tr>
</tbody>
</table>

Unemployment Rate

- Chilton County, AL (5.1)
- Alabama (5.5)
- United States (5.4)

B. Unemployment Rate

- Unemployment Rate

Total unemployment in the report area for the current month was 965, or 5.1% 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.

Data Source: US Department of Labor, Bureau of Labor Statistics. 2015 - December. 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>Chilton County, AL</td>
<td>43,643</td>
<td>43,643</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,
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>Chilton County, AL</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>Chilton County, AL</td>
<td>43,819</td>
<td>8</td>
<td>18.3</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>

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>Chilton County, AL</td>
<td>39,128</td>
<td>6,069</td>
<td>15.51%</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
C. **Hospitals and Number of beds per 1,000 population**

St. Vincent’s Chilton is the only hospital in Chilton County and is currently licensed for 40 beds. Using the 2014 population estimate of 43,931, there are 0.91 licensed beds per 1,000 persons. This is less than the 2014 rate for Alabama of 3.1 and the United States of 2.5.*

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>Chilton County, AL</td>
<td>43,456</td>
<td>6,840</td>
<td>15.74%</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,735,953</td>
<td>640,276</td>
<td>13.52%</td>
</tr>
<tr>
<td>United States</td>
<td>309,082,272</td>
<td>43,878,140</td>
<td>14.2%</td>
</tr>
</tbody>
</table>

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

- **Insurance - 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>Chilton County, AL</td>
<td>43,456</td>
<td>36,616</td>
<td>8,361</td>
<td>22.83%</td>
</tr>
<tr>
<td>Alabama</td>
<td>4,735,953</td>
<td>4,095,677</td>
<td>890,880</td>
<td>21.75%</td>
</tr>
<tr>
<td>United States</td>
<td>309,082,272</td>
<td>265,204,128</td>
<td>55,035,660</td>
<td>20.75%</td>
</tr>
</tbody>
</table>

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

**Insured, Medicaid / Means-Tested Coverage, Percent by Tract, ACS 2010-14**

- Over 25.0%
- 20.1 - 25.0%
- 15.1 - 20.0%
- Under 15.1%
- No Data or Data Suppressed
- Report Area
Health Status

A. Leading Causes of Death

According to the Alabama Department of Public Health 2013 county health profile for Chilton 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 Chronic Lower Respiratory Disease (CLRD) being the third leading cause of death among men, and Stroke was the third cause of death among women. CLRD was the third leading cause of death among white and stroke for 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>Chilton County, AL</td>
<td>43,895</td>
<td>247</td>
<td>4,535</td>
<td>10,330</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 279.2. 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.
### Mortality - Ischaemic Heart Disease

Within the report area the rate of death due to coronary heart disease per 100,000 population is 145.4. 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>Chilton County, AL</td>
<td>43,758</td>
<td>68</td>
<td>155.4</td>
<td>145.4</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.
**Mortality - Stroke**

Within the report area there are an estimated 52.8 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than 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.
### 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>Chilton County, AL</td>
<td>43,758</td>
<td>26</td>
<td>59.42</td>
<td>59</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

Unintentional Injury (Accident) Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)

- Chilton County, AL (59)
- Alabama (49.4)
- United States (38.6)

### 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>Chilton County, AL</td>
<td>43,758</td>
<td>10</td>
<td>22.9</td>
<td>23.2</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. 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>Chilton County, AL</td>
<td>43,758</td>
<td>8</td>
<td>18.7</td>
<td>18.6</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**

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Sample Population (Female)</th>
<th>New Cases (Annual Average)</th>
<th>Cancer Incidence Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chilton County, AL</td>
<td>2,640</td>
<td>31</td>
<td>117.4</td>
</tr>
<tr>
<td>Alabama</td>
<td>289,456</td>
<td>3,459</td>
<td>119.5</td>
</tr>
<tr>
<td>United States</td>
<td>17,902,845</td>
<td>220,205</td>
<td>123</td>
</tr>
</tbody>
</table>


### 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 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>Sample Population (Female)</th>
<th>New Cases (Annual Average)</th>
<th>Cancer Incidence Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chilton County, AL</td>
<td>2,640</td>
<td>31</td>
<td>117.4</td>
</tr>
<tr>
<td>Alabama</td>
<td>289,456</td>
<td>3,459</td>
<td>119.5</td>
</tr>
<tr>
<td>United States</td>
<td>17,902,845</td>
<td>220,205</td>
<td>123</td>
</tr>
</tbody>
</table>

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. 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>Sample Population (Male)</th>
<th>New Cases (Annual Average)</th>
<th>Cancer Incidence Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chilton County, AL</td>
<td>2,346</td>
<td>26</td>
<td>110.8</td>
</tr>
<tr>
<td>Alabama</td>
<td>253,730</td>
<td>3,707</td>
<td>146.1</td>
</tr>
<tr>
<td>United States</td>
<td>15,967,881</td>
<td>210,297</td>
<td>131.7</td>
</tr>
</tbody>
</table>

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. 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 colon 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>Sample Population</th>
<th>New Cases (Annual Average)</th>
<th>Cancer Incidence Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chilton County, AL</td>
<td>4,892</td>
<td>16</td>
<td>32.7</td>
</tr>
<tr>
<td>Alabama</td>
<td>537,527</td>
<td>2,435</td>
<td>45.3</td>
</tr>
<tr>
<td>United States</td>
<td>33,516,229</td>
<td>140,433</td>
<td>41.9</td>
</tr>
<tr>
<td>HP 2020 Target</td>
<td></td>
<td></td>
<td>&lt;= 38.7</td>
</tr>
</tbody>
</table>

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. 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 groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). 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>Sample Population</th>
<th>New Cases (Annual Average)</th>
<th>Cancer Incidence Rate (Per 100,000 Pop.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chilton County, AL</td>
<td>5,128</td>
<td>42</td>
<td>81.9</td>
</tr>
<tr>
<td>Alabama</td>
<td>550,000</td>
<td>4,037</td>
<td>73.4</td>
</tr>
<tr>
<td>United States</td>
<td>33,565,463</td>
<td>213,812</td>
<td>63.7</td>
</tr>
</tbody>
</table>

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12. 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>Chilton County, AL</td>
<td>4,192</td>
<td>633</td>
<td>15.1%</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 Chilton 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>Chilton County, AL</td>
<td>32,076</td>
<td>4,234</td>
<td>13.2</td>
<td>12%</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)**

4,501, or 11.5% of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

<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>Chilton County, AL</td>
<td>39,129</td>
<td>4,501</td>
<td>11.5%</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 ischaemic heart disease.
### Report Area

<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>Chilton County, AL</td>
<td>4,192</td>
<td>1,454</td>
<td>34.69%</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>Chilton County, AL</td>
<td>39,129</td>
<td>6,674</td>
<td>17.1%</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

#### Rates of Preventable Hospitalizations

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

<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>Chilton County, AL</td>
<td>3,270</td>
<td>204</td>
<td>62.6</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

### Risk Factor Behaviors

#### A. Tobacco and Alcohol Use

- **Tobacco Usage - Current Smokers**

In the report area an estimated 6,544, or 20.1% 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>Chilton County, AL</td>
<td>32,556</td>
<td>6,544</td>
<td>20.1%</td>
<td>19.8%</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>Chilton County, AL</td>
<td>32,556</td>
<td>3,028</td>
<td>9.3%</td>
<td>9.3%</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>


B. Obesity Rates

• Overweight

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

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Survey Population (Adults Age 18)</th>
<th>Total Adults Overweight</th>
<th>Percent Adults Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chilton County, AL</td>
<td>37,044</td>
<td>8,673</td>
<td>23.4%</td>
</tr>
<tr>
<td>Alabama</td>
<td>3,511,380</td>
<td>1,219,008</td>
<td>34.7%</td>
</tr>
</tbody>
</table>
37.3% 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.

<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>Chilton County, AL</td>
<td>32,073</td>
<td>11,899</td>
<td>37.3%</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>Chilton County, AL</td>
<td>5,901</td>
<td>3,676</td>
<td>62.3%</td>
<td>63.6%</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>

**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>Chilton County, AL</td>
<td>2,910</td>
<td>33</td>
<td>11.2</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>
<tr>
<td><strong>HP 2020 Target</strong></td>
<td></td>
<td></td>
<td>&lt;= 6.0</td>
</tr>
</tbody>
</table>

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>Chilton County, AL</td>
<td>4,011</td>
<td>393</td>
<td>9.8%</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>
<tr>
<td><strong>HP 2020 Target</strong></td>
<td></td>
<td></td>
<td>&lt;= 7.8%</td>
</tr>
</tbody>
</table>

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 PRENATAL CARE  
PERCENT OF BIRTHS WITH LESS THAN ADEQUATE CARE, ACCORDING TO THE ADEQUACY OF PRENATAL CARE UTILIZATION (KOTELCHUCK) INDEX  
BY RACE OF MOTHER, COUNTY OF RESIDENCE, ALABAMA, 2013

<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>
<th>White</th>
<th>Total Births</th>
<th>Adequate Care</th>
<th>Less Than Adequate Care</th>
<th>% Less Than Adequate Care</th>
<th>Black and Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chilton County</td>
<td>567</td>
<td>398</td>
<td>169</td>
<td>29.8</td>
<td>491</td>
<td>355</td>
<td>136</td>
<td>27.7</td>
<td></td>
<td>76</td>
</tr>
<tr>
<td>Alabama</td>
<td>57,571</td>
<td>43,874</td>
<td>13,697</td>
<td>23.8</td>
<td>38,225</td>
<td>29,775</td>
<td>8,450</td>
<td>22.1</td>
<td></td>
<td>19,346</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>Chilton County, AL</td>
<td>1,421</td>
<td>83</td>
<td>58.3</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>Chilton County, AL</td>
<td>43,895</td>
<td>155</td>
<td>353.1</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.
### Natural Environment

#### A. Air Quality

Within the report area, 0, or 0% 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>Chilton County, AL</td>
<td>43,856</td>
<td>179</td>
<td>407.4</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>Chilton County, AL</td>
<td>16,281</td>
<td>4,181</td>
<td>25.68%</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.
<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>Chilton County, AL</td>
<td>16,281</td>
<td>837</td>
<td>5.14%</td>
</tr>
<tr>
<td>Alabama</td>
<td>1,842,174</td>
<td>119,315</td>
<td>6.48%</td>
</tr>
<tr>
<td>United States</td>
<td>116,211,088</td>
<td>10,594,153</td>
<td>9.12%</td>
</tr>
</tbody>
</table>

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

**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>Chilton County, AL</td>
<td>43,643</td>
<td>7</td>
<td>16.04</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
- Report Area

- Low Income Population with Low Food Access

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chilton County, AL</td>
<td>43,643</td>
<td>1,881</td>
<td>4.31%</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>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chilton County, AL</td>
<td>43,643</td>
<td>0%</td>
<td>6.65%</td>
<td>20.11%</td>
<td>57.04%</td>
<td>16.2%</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 Modified Retail Food Environmental Index Score by Tract, DNPAO 2011

• **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>Chilton County, AL</td>
<td>43,643</td>
<td>4,694</td>
<td>10.76%</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. 9 surveys were collected from residents within Chilton 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 Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Alcohol/Drug Addiction</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Diabetes</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Cancer</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Access to proper healthcare</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Heart Disease</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Hypertension</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Injury/Accidents</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 6 interviews conducted and highlights of the interviews were:

- Access to primary/specialty care
- Health and wellness education - cardiovascular health; oncology/cancer care; diabetes; tobacco/drug use
- Obesity and chronic disease
- Transportation
Health Assets

Community health assets are the resources of the community that can be used to improve the community life. It can be a person, a physical structure or place. It can be a community service, a business – everyone in the community are potential health assets. While there are health needs in Chilton County, the county 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 Chilton 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 Chilton 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.
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+

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

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

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

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

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

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

YOUR ZIP CODE: ______________

COUNTY OF RESIDENCE:
Blount  Jefferson
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:

- Acceso a atención de salud adecuada
- Cáncer
- Diabetes (“problemas con el azúcar”)
- Enfermedades cardíacas
- Lesiones/accidentes (caídas, accidentes automovilísticos)
- Salud bucal/dental
- Salud sexual y reproductiva
- Desempleo
- Otro: ____________________________

Adicción al alcohol/a las drogas
Enfermedades transmisibles (TB, ETS, etc.)
Alimentación saludable/buena nutrición
Hipertensión (presión arterial alta)
Salud mental
Actividad física/ejercicio
Tabaco/tabaquismo/humo de segunda mano
Violencia y seguridad

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

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

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

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

9. a. Femenino   b. Masculino

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

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

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

13. ¿Cuántos adultos viven en su hogar?
   a. 1
   b. 2 o 3
   c. Entre 4 y 6
   d. 7 o más

14. ¿Cuántos niños de 18 años de edad o menos viven en su hogar?
   a. 0
   b. 1
   c. b. 2-3
   d. Entre 4 y 6
   e. 7 o más

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

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

SU CÓDIGO POSTAL: ______________

CONDADO DE RESIDENCIA:
Blount    Jefferson
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


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


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US Department of Health Human Services, Health Resources and Services Administration, Health Resources and Services Administration. March 2015. Source geography: HPSA


US Department of Labor, Bureau of Labor Statistics. 2015 - October. Source geography: County