Jackson Hospital Community Health Needs Assessment

Fiscal Year 2019

COMMENTS:

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JACKSON HOSPITAL

Table of Contents

Jackson Hospital

Jackson Hospital at a Glance

Jackson Hospital (JH), located in Montgomery, Alabama, is a not-for-profit organization committed to improving the health of all members of its community by providing superior, patient-centered, and cost-effective care in a safe, compassionate environment. With 344 licensed beds, Jackson Hospital provides comprehensive healthcare services including cardiac, cancer, neurosciences, orthopedics, women's and children's care, and 24-hour emergency services. It ranks among the largest hospitals in Alabama and is widely recognized for providing excellence in care.

Vison

The vision of Jackson Hospital is to be Central Alabama's first choice for healthcare.

Values

- Compassion: We care for our patients with empathy and kindness, regardless of their ability to pay.

- Diversity: We embrace the differences in our patients, staff, and community.

- Education: We improve the health of our region through the continuing education of our patients, staff, and community.

- Innovation: We continually improve the care we provide through evidence-based medicine and technological advancements.

- Integrity: We are forthright, honest, ethical, and respectful.

- Quality: We strive to achieve excellence in everything we do while providing outstanding customer service.

- Safety: We maintain a safe environment for our patients, visitors, and staff.

- Teamwork: We work together to achieve common goals.

Methodology

On April 6, 2018, Jackson Hospital contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix A: Carnahan Group Qualifications for more information about CarnahanGroup.

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

A CHNA is a report based on epidemiological, qualitative, and comparative methods that assess the health issues in a hospital organization's community and that community's access to services related to those issues. Based on the findings of the CHNA, an implementation strategy for JH that addresses the community health needs will be developed and adopted no later than December, 2019.

Secondary Data Collection and Analysis Methodology
A variety of data sources were utilized to gather demographic and health indicators for the community served by JH. Commonly used data sources include Esri, the U.S. Census Bureau, and the Centers for Disease Control and Prevention (CDC). Montgomery, Autauga, and Elmore counties define the community served by JH. Demographic and health indicators are presented for these three counties.

For select indicators, county level data are compared to state and national benchmarks. Additionally, Healthy People 2020 (HP 2020) Goals are presented where applicable. The HP 2020 Goals, launched in December 2010, are science-based, ten-year national objectives for improving the health of all Americans.

Requirements

As required by the Treasury Department ("Treasury") and the Internal Revenue Service (IRS), this CHNA includes the following:

- A description of the community served;

- A description of the process and methods used to conduct the CHNA, including:

    - A description of the sources and dates of the data and the other information used in the assessment; and,

    - The analytical methods applied to identify community health needs.

- The identification of all organizations with which JH collaborated, if applicable, including their qualifications;

- A description of how JH took into account input from persons who represented the broad interests of the community served by JH, including those with special knowledge of or expertise in public health, written comments regarding the hospital's previous CHNA, and any individual providing input who was a leader or representative of the community served by JH; and,

- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs.

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CHNA Strategy

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

- Input from persons who represented the broad interests of the community served by JH, which included those with special knowledge of or expertise in public health;

- Identifying federal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by JH, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by JH; and,

- Consultation or input from other persons located in and/or serving JH's community, such as:

  - Healthcare community advocates;

  - Nonprofit organizations;

  - Local government officials;

  - Community-based organizations, including organizations focused on one or more health issues;

  - Healthcare providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs.

- The sources used for JH's CHNA are provided in the References and Appendix B: Community Leader Interviewees. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medically underserved populations, medical professionals, hospital administration and other hospital staff members.

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Actions Taken Since 2016 CHNA

Jackson Hospital's previous Implementation Strategy outlined a plan for addressing the following priorities identified in the 2016 CHNA: chronic conditions, diabetes, obesity, and maternal and child health. The list below describes the goals and action items completed by Jackson Hospital.

Chronic Conditions

- Jackson Hospital hosts annual heart screenings open to all members of the community that provide cholesterol, BMI, glucose, blood pressure, and EKG testing. The heart screening event attracts approximately 75-100 attendees at each event and identifies 5-10 potential heart problems at each event.

- Jackson Hospital sponsors the Making Strides Against Breast Cancer walk every year and encourages team participation for employees. The Making Strides Against Breast Cancer walk averages over 1,000 participants every year and raises thousands of dollars for cancer research and support for cancer patients.

- Jackson Hospital attends the Montgomery Kidney Walk annually and promotes both the walk and awareness of kidney disease throughout the hospital and via social media channels. Jackson Hospital contributed to the $170,000+ raised for the Alabama Kidney Foundation.

Diabetes

- Jackson Hospital has increased both awareness and participation in the diabetes support groups held at the hospital. The current roster sits at 51 members. The support group is advertised in the hospital's quarterly magazine and on the hospital website. The diabetes educator also takes flyers to Primary Care Physician offices in the area for patients.

- The Wound Center at Jackson Hospital is now home to three HBOT machines, with the third machine added in 2018. The Wound Center has seen a 27% increase in patients for HBOT therapy.

Actions Taken Since 2016 CHNA

Obesity

- Jackson Hospital continues to support the American' Heart Association's "Be Well Initiative" in Montgomery County.
- The hospital partners with local schools to promote healthy lunch and healthy vending options for school-aged children.

Maternal and Child Health

- The Jackson Hospital Family Birth Center team has worked to increase participation in their monthly classes by getting involved with mom and baby expos in the community. The Family Birth Center team provides information to expecting mothers about both breastfeeding and childbirth and encourages in-class participation from nurses and lactation specialists.
- Through the Jackson Hospital website and information given by the Family Birth Center, information about SIDS is distributed to both expecting parents and new parents leaving the hospital.

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Community Overview

For the purposes of the CHNA report, JH chose Montgomery, Autauga, and Elmore counties as its service area. Because this community was chosen purely by geography, it includes medically underserved, low income, and minority populations.
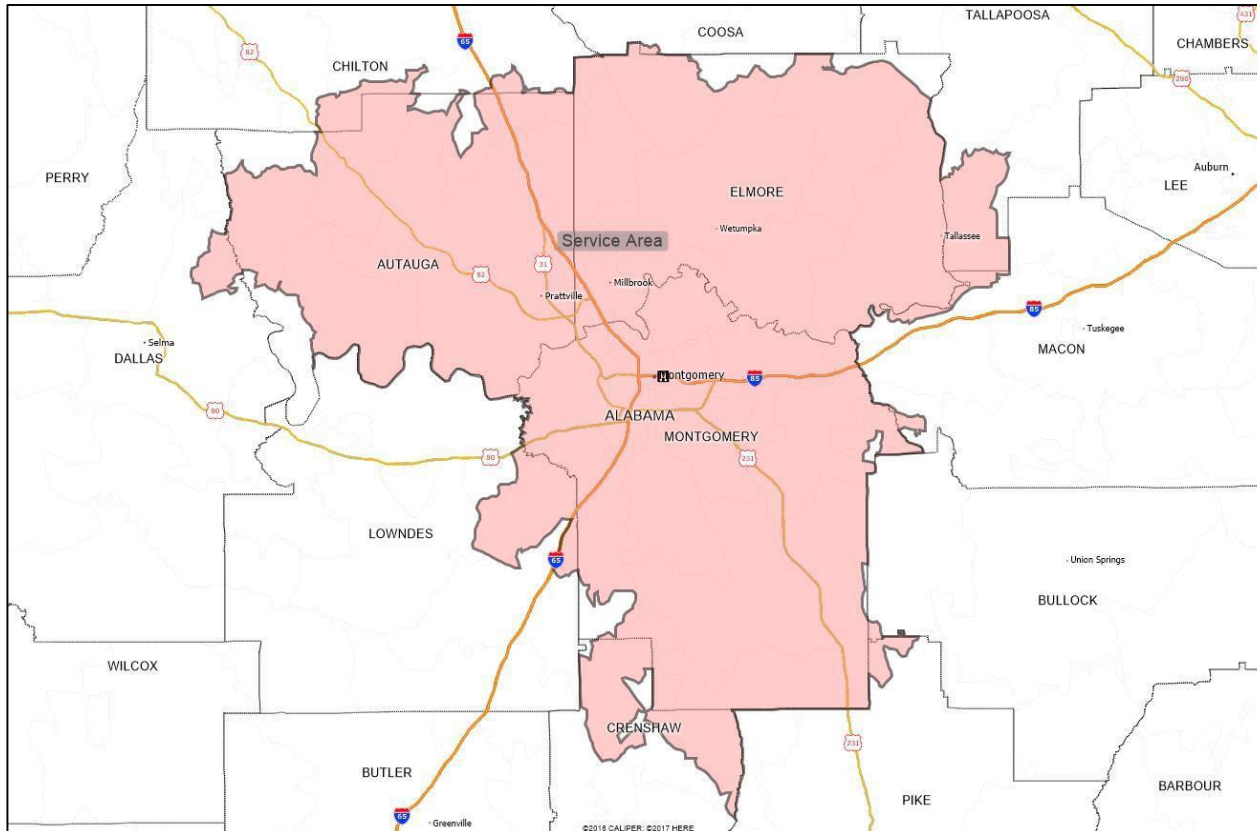
Community Overview

Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care, dental health, or mental health.

Shortages may be geographic-, population-, or facility-based:

- **Geographic Area** - A shortage of providers for the entire population within a defined geographic area.

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

The following counties are characterized as Health Professional Shortage Areas (HPSA) within the service area:

County	Primary Care Designation	Dental Health Designation	Mental Health Designation	Rural Status
Autauga	Geographic and Low Income Populations (Partial)	Low Income Population	Low Income Population	Non-Rural
Montgomery	Low Income Population (Partial)	Low Income Population	Low Income Population	Non-Rural
Elmore	High Needs Geographic and Low Income Population (Partial)	Low Income Population	Low Income Population	Partially Rural

Source: HRSA

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Community Overview

Medically Underserved Areas – By Census Tract
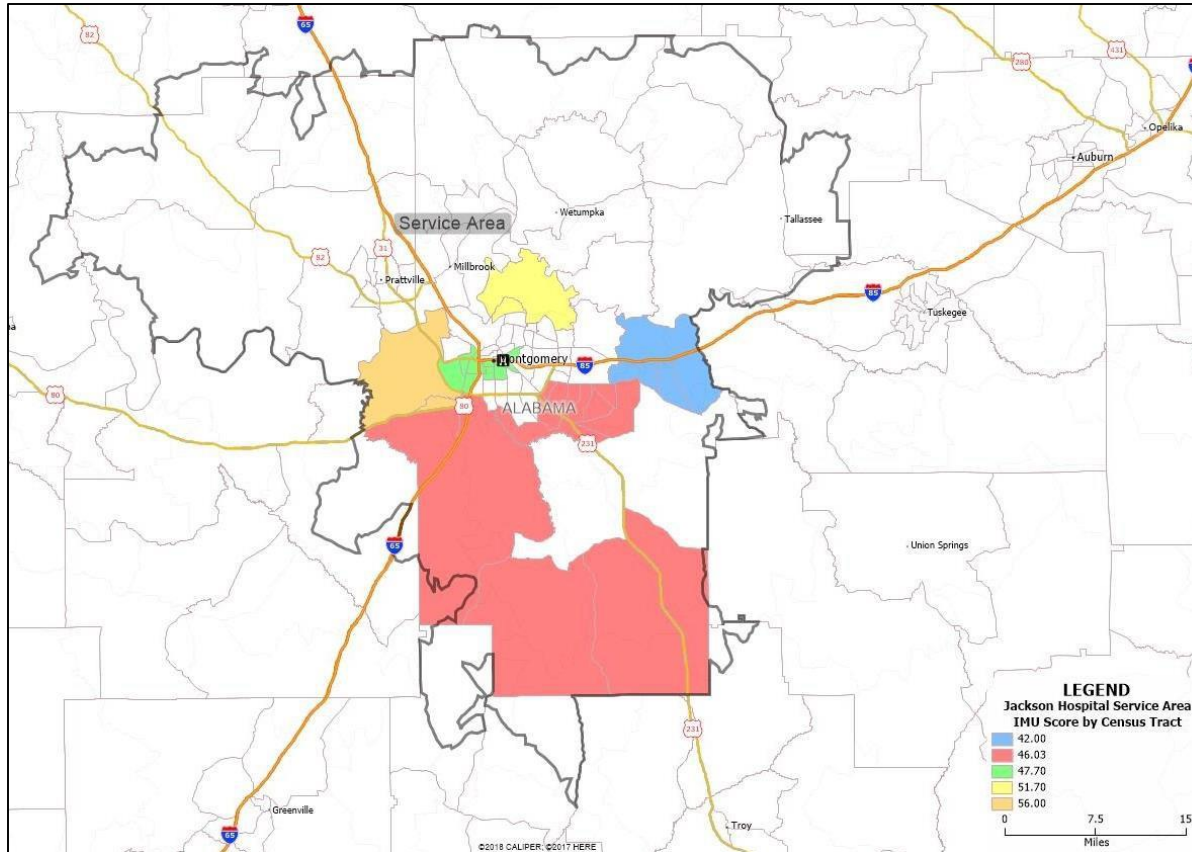
Source: HRSA, Maptitude 2018

Community Overview

Medically Underserved Areas – By County

Service Area

LEGEND
Jackson Hospital Service Area
IMU Score by County
48.1
52.9
0   5   10
Miles

Source: HRSA, Maptitude
2018

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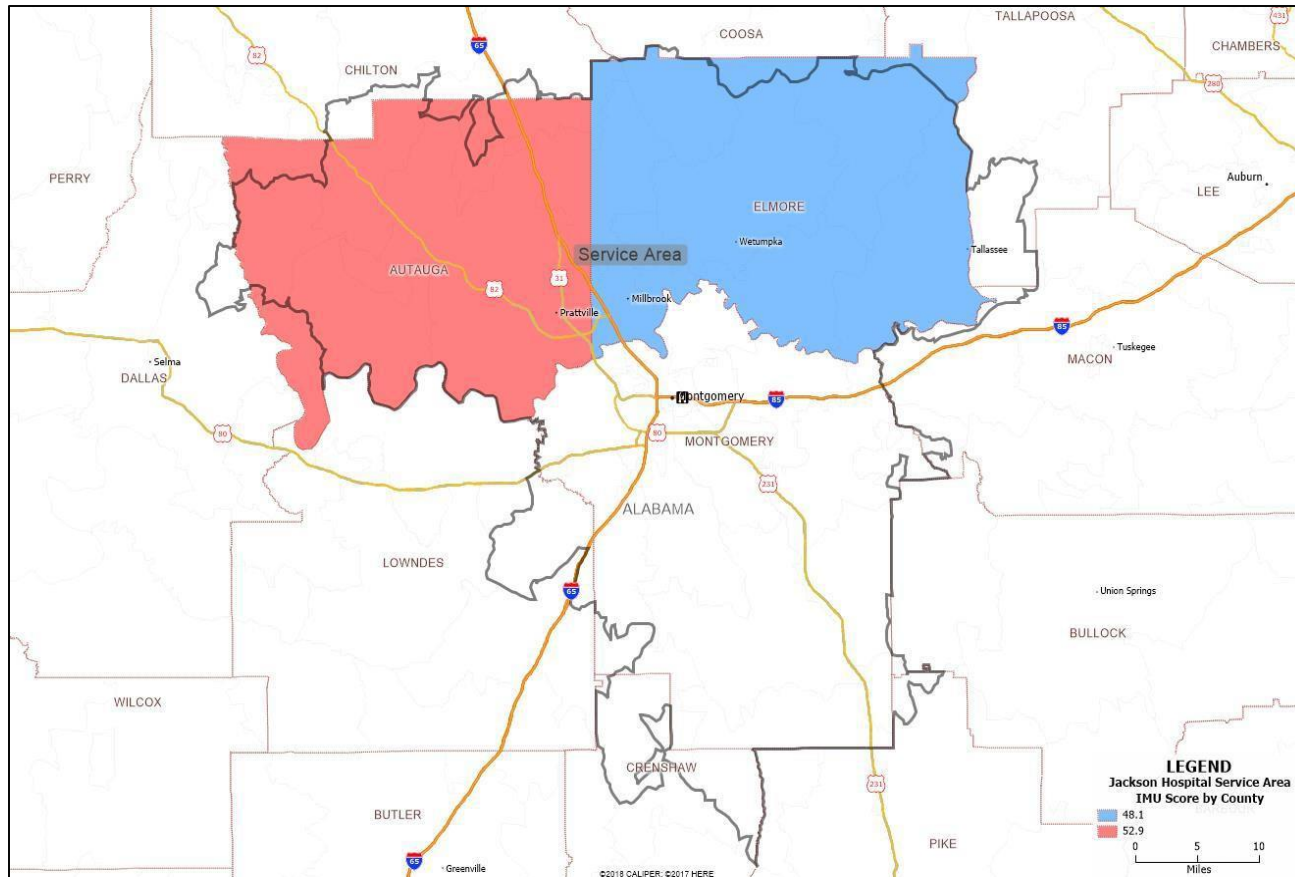
Health Profile

Demographics - Population Density by ZIP Code in JH's Community, 2019

LEGEND
Jackson Hospital Service Area
Population Density by ZIP Code

- 15 to 1,499
- 1,500 to 4,999
- 5,000 to 8,999
- 9,000 to 11,999
- 12,000 to 18,999
- 19,000 to 23,999
- 24,000 to 39,999
- 40,000 to 49,999
- 50,000 to 52,000
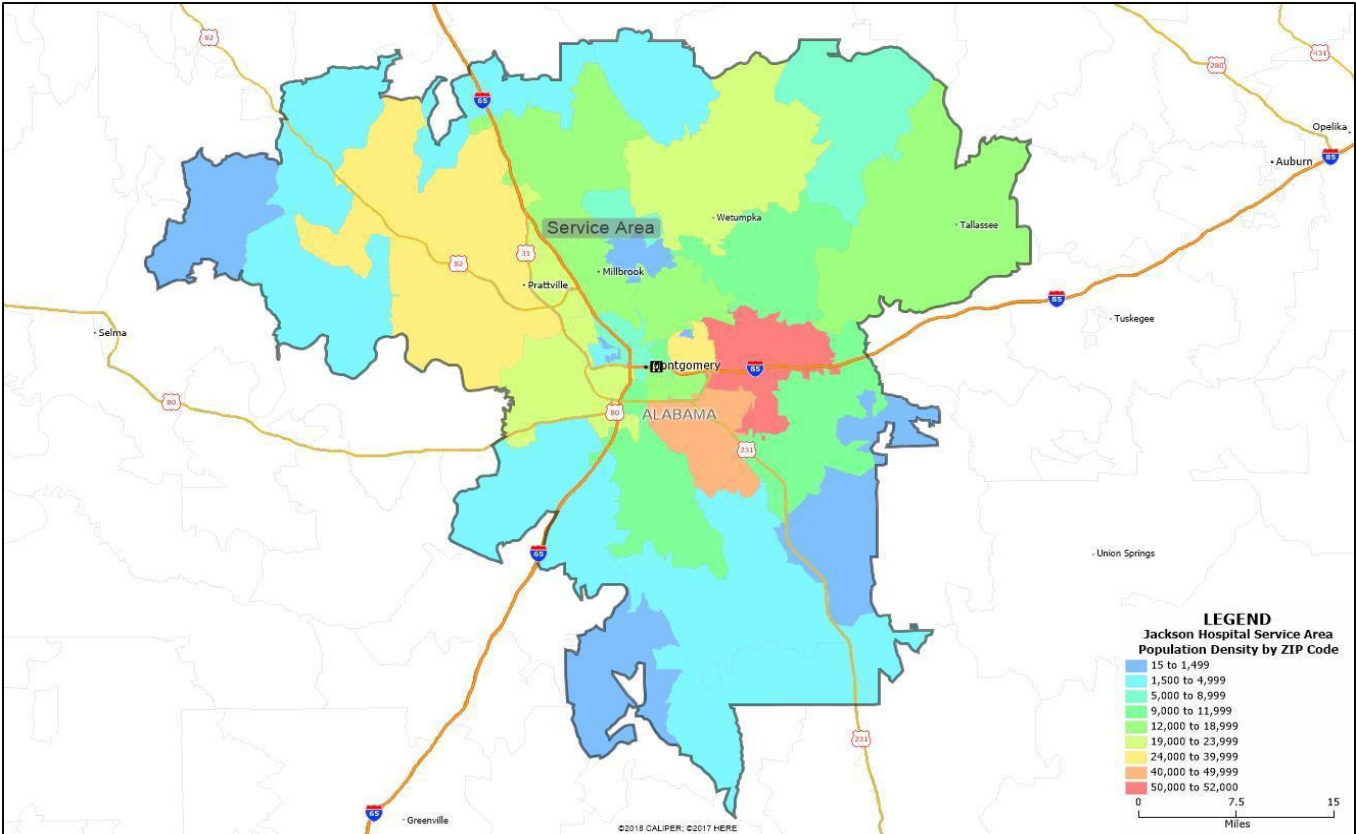
Source: Esri 2018; Maptitude
2018

Population Change by ZIP Code

The overall projected population growth for the service area is 1.6% over the next five years. Significant growth is expected for ZIP Codes 36020, 36024, 36064, 36066, 36080, 36093, and 36113.

Total Service Area Population Change by ZIP Code, 2018-2023

ZIP Code	Community	Current Population	Projected 5-year Population	Percent Change
36003	Autaugaville	1,734	1,770	2.1%
36006	Billingsley	1,566	1,574	0.5%
36008	Booth	16	16	0.0%
36013	Cecil	679	698	2.8%
36020	Coosada	1,214	1,274	4.9%
36022	Deatsville	14,259	14,557	2.1%
36024	Eclectic	5,738	5,984	4.3%
36025	Elmore	6,397	6,577	2.8%
36036	Grady	1,943	1,939	-0.2%
36043	Hope Hull	3,888	3,800	-2.3%
36046	Lapine	1,315	1,312	-0.2%
36051	Marbury	2,826	2,897	2.5%
36052	Mathews	797	793	-0.5%
36054	Millbrook	14,770	15,410	4.3%
36064	Pike Road	9,789	10,784	10.2%
36065	Pine Level	15	14	-6.7%
36066	Prattville	20,796	21,738	4.5%
36067	Prattville	27,645	28,384	2.7%
36069	Ramer	1,980	1,978	-0.1%

Source: Esri 2018

ZIP Code	Community	Current Population	Projected 5-year Population	Percent Change
36078	Tallassee	13,947	14,242	2.1%
36080	Titus	2,306	2,384	3.4%
36092	Wetumpka	20,826	21,386	2.7%
36093	Wetumpka	10,096	10,530	4.3%
36104	Montgomery	7,941	8,002	0.8%
36105	Montgomery	11,663	11,412	-2.2%
36106	Montgomery	16,126	16,094	-0.2%
36107	Montgomery	10,272	10,333	0.6%
36108	Montgomery	19,759	19,383	-1.9%
36109	Montgomery	24,308	24,108	-0.8%
36110	Montgomery	12,773	12,682	-0.7%
36111	Montgomery	12,504	12,525	0.2%
36112	Montgomery	1,726	1,752	1.5%
36113	Montgomery	752	775	3.1%
36114	Montgomery	304	301	-1.0%
36115	Montgomery	299	296	-1.0%
36116	Montgomery	45,476	45,978	1.1%
36117	Montgomery	51,461	52,469	2.0%
36749	Jones	1,159	1,152	-0.6%
Total		381,065	387,303	1.6%

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Population Change by Age and Gender

The populations of residents aged 5 through 9, 20 through 29, and 45 through 59 are expected to decline while the population of individuals aged 30 through 44 is projected to grow over the next five years. Population growth is expected for adults over the age of 60, although the most significant growth rates are anticipated for those ages 70 through 84.

**Total Service Area Population Change by Age and Gender, 2018-2023**

Age Group	2018 Male	2018 Female	2018 Total	2023 Male	2023 Female	2023 Total	Percent Change Male	Percent Change Female	Percent Change Total
Age 00 through 04	12,053	11,503	23,556	12,112	11,493	23,605	0.5%	-0.1%	0.2%
Age 05 through 09	12,500	11,867	24,367	12,374	11,693	24,067	-1.0%	-1.5%	-1.2%
Age 10 through 14	12,496	11,979	24,475	12,745	12,024	24,769	2.0%	0.4%	1.2%
Age 15 through 19	12,517	11,840	24,357	12,890	11,934	24,824	3.0%	0.8%	1.9%
Age 20 through 24	13,135	12,862	25,997	12,193	11,845	24,038	-7.2%	-7.9%	-7.5%
Age 25 through 29	14,003	14,239	28,242	12,655	12,858	25,513	-9.6%	-9.7%	-9.7%
Age 30 through 34	13,325	14,013	27,338	14,150	14,576	28,726	6.2%	4.0%	5.1%
Age 35 through 39	12,459	13,332	25,791	13,395	14,190	27,585	7.5%	6.4%	7.0%
Age 40 through 44	11,520	12,361	23,881	12,407	13,031	25,438	7.7%	5.4%	6.5%
Age 45 through 49	11,705	12,891	24,596	11,145	12,177	23,322	-4.8%	-5.5%	-5.2%
Age 50 through 54	11,683	12,788	24,471	11,502	12,470	23,972	-1.5%	-2.5%	-2.0%
Age 55 through 59	11,739	13,307	25,046	10,980	12,210	23,190	-6.5%	-8.2%	-7.4%
Age 60 through 64	10,625	12,342	22,967	11,193	12,807	24,000	5.3%	3.8%	4.5%
Age 65 through 69	9,067	10,754	19,821	9,787	11,640	21,427	7.9%	8.2%	8.1%
Age 70 through 74	6,468	7,928	14,396	7,676	9,592	17,268	18.7%	21.0%	19.9%
Age 75 through 79	4,273	5,437	9,710	5,410	6,735	12,145	26.6%	23.9%	25.1%
Age 80 through 84	2,465	3,628	6,093	2,988	4,233	7,221	21.2%	16.7%	18.5%
Age 85 and over	1,957	4,004	5,961	2,130	4,063	6,193	8.8%	1.5%	3.9%
Total	183,990	197,075	381,065	187,732	199,571	387,303	2.0%	1.3%	1.6%

Source: Esri 2018

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Current Population by Race/Ethnicity

Individuals with white or black/African American race/ethnicity constitute the majority of the service area population (49.1% and 43.4%, respectively). Hispanic individuals represent 3.3% while Asian/Pacific Islanders represent 2.3% of the total service area population.

Total Service Area Population by Race/Ethnicity, 2018

Other 0.4%
Hispanic 3.3%
Two or More Races 1.5%
Asian/Pacific Islander 2.3%
White 49.1%
Black/African American 43.4%

Source: Esri 2018
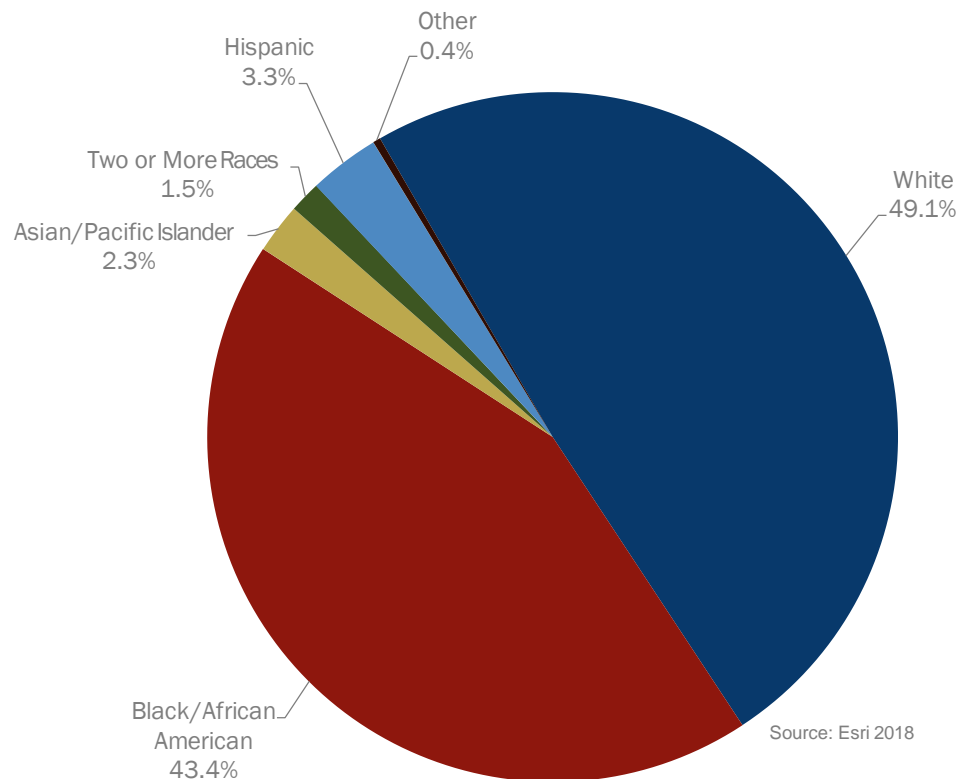
Population Change by Race/Ethnicity

Substantial population growth is expected for Asian/Pacific Islanders (32.6%) and individuals of two or more races (18.9%). Moderate growth in the black/African American and Hispanic populations is also anticipated.

Total Service Area Population Change by Race/Ethnicity, 2018-2023

Race/Ethnicity	2018	2023	Percent Change
White	186,998	180,936	-3.2%
Black/African American	165,506	173,162	4.6%
Asian/Pacific Islander	8,923	11,830	32.6%
Two or More Races	5,640	6,705	18.9%
Hispanic	12,644	13,314	5.3%
Other	1,354	1,356	0.1%

Source: Esri 2018

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Socioeconomic Characteristics

According to HP2020, socioeconomic status (SES) is most often based on a person's income, education level, occupation, social status in the community, and geographic location. Studies have found that SES, more than race or ethnicity, predicts the likelihood of an individual's or group's access to education, health insurance, health care services, and safe and healthy living or working conditions.

According to the U.S. Bureau of Labor Statistics, the 2017 annual unemployment average for Montgomery County of 4.3% was similar to Alabama's (4.4%), while unemployment in Autauga and Elmore counties was lower than the state rate. The U.S. Census American Community Survey (ACS) publishes median household income and poverty estimates. According to 2013–2017 estimates, the median household income in Montgomery County ($46,545) is similar to Alabama's ($46,472), while both Autauga and Elmore counties had higher median household incomes during the same time period.

Poverty thresholds are determined by family size, number of children, and age of the head of the household. A family's income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. As of January 11, 2019, the federal poverty threshold for a family of four was annual income of $25,750. The 2013-2017 ACS estimates indicate that Autauga and Elmore County residents were less likely to live in poverty compared to Alabama residents (16.9%), while Montgomery County residents were more likely to live in poverty (21.3%). Similarly, children in Montgomery County were more likely to be living below the poverty level (32.1%) compared to all children in Alabama (26.0%).

Socioeconomic Characteristics

	County	Autauga County	Elmore County	Montgomery Alabama
Unemployment Rate[1]	3.9%	3.6%	4.3%	**4.4%**
Median Household Income[2]	$55,317	$54,981	$46,545	**$46,472**
Individuals Below Poverty Level[2]	13.4%	12.0%	21.3%	**16.9%**
Children Below Poverty Level[2]	20.1%	20.4%	32.1%	**26.0%**

[1] Source: Bureau of Labor Statistics, 2017 annual average
[2] Source: U.S. Census - ACS, 2013-2017 estimates

Educational Attainment

The U.S. Census ACS publishes estimates of the highest level of education completed for residents aged 25 years and older. The ACS 2013--2017 estimates indicate that fewer service area residents had lower than a 9th grade education level compared to the Alabama rate (4.7%). Those residing in Montgomery County were more likely to have completed a Bachelor's, graduate, or professional degree than the Alabama averages. Compared to the state average (9.1%), adults over age 25 in Autauga County were more likely to have completed a graduate or professional degree (10.5%), while those in Elmore County were less likely (8.4%).

Highest Level of Education Completed by Persons 25 Years and Older, 2013-2017

	Autauga County	Elmore County	Montgomery County	Alabama
Less than 9th grade	3.0%	4.1%	4.4%	**4.7%**
9th to 12th grade, no diploma	9.3%	9.5%	9.9%	**10.0%**
High school degree or equivalent	33.6%	34.1%	25.6%	**30.9%**
Some college, no degree	21.5%	20.2%	21.3%	**21.7%**
Associate's degree	7.6%	9.2%	6.6%	**8.2%**
Bachelor's degree	14.5%	14.4%	19.4%	**15.4%**
Graduate or professional degree	10.5%	8.4%	12.9%	**9.1%**

Source: U.S. Census, ACS 2013-2017 estimates

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Crime Rates

The Alabama Law Enforcement Agency reports on trends in violent crime in the "Crime in Alabama" publication. In 2016, the homicide rates in both Montgomery and Elmore counties were higher than the Alabama rate (8.1 per 100,000 population). Instances of rape were more common in Autauga and Elmore counties than the Alabama average (38.5 per 100,000 population) and less common in Montgomery County (29.3 per 100,000 population). The robbery rate in Montgomery county was over 2 times higher than the state average (93.7 per 100,000 population) while Autauga and Elmore counties had lower rates than the overall state. All service area counties had lower rates of assault than the Alabama rate (377.6 per 100,000 population).

Violent Crime Rates, 2016

	Autauga County	Elmore County	Montgomery County	Alabama
Homicide	5.3	9.8	13.8	**8.1**
Rape	51.5	41.8	29.3	**38.5**
Robbery	60.4	33.2	202.4	**93.7**
Assault	161.7	167.1	346.1	**377.6**

Source = Alabama Law Enforcement Agency, Crime in Alabama 2016

Rates are per 100,000 population

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Health Outcomes & Risk Factors

Mortality Indicators

According to the Centers for Disease Control and Prevention, mortality rates in Autauga and Montgomery counties were lower than the state rate from 2013 to 2017, while the mortality rate in Elmore County exceeded the state rate.

The Institute for Health Metrics and Evaluation publishes life expectancy data by county and gender. In 2014, males in Montgomery County had a similar life expectancy compared to males in the entire state of Alabama (72.9 years), while the life expectancy for males in Autauga and Elmore counties was slightly higher. Females in Montgomery County had a slightly higher life expectancy than females throughout Alabama in 2014, while those in Autauga and Elmore had slightly lower life expectancies than the state average.

|	Autauga County	Elmore County	Montgomery County	Alabama
Age-adjusted mortality from all causes[1]	897.9	930.5	883.2	**919.3**
Male life expectancy, 2014[2]	73.2	73.6	72.8	**72.9**
Female life expectancy, 2014[2]	78.1	78.2	78.7	**78.3**

[1] Source: CDC Wonder, Multiple Cause of Death 2013-2017

[2] Source: Institute for Health Metrics and Evaluation

Mortality rates are per 100,000 population

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Life Expectancy

Life Expectancy by Census Tract for JH's Community, 2010-2015
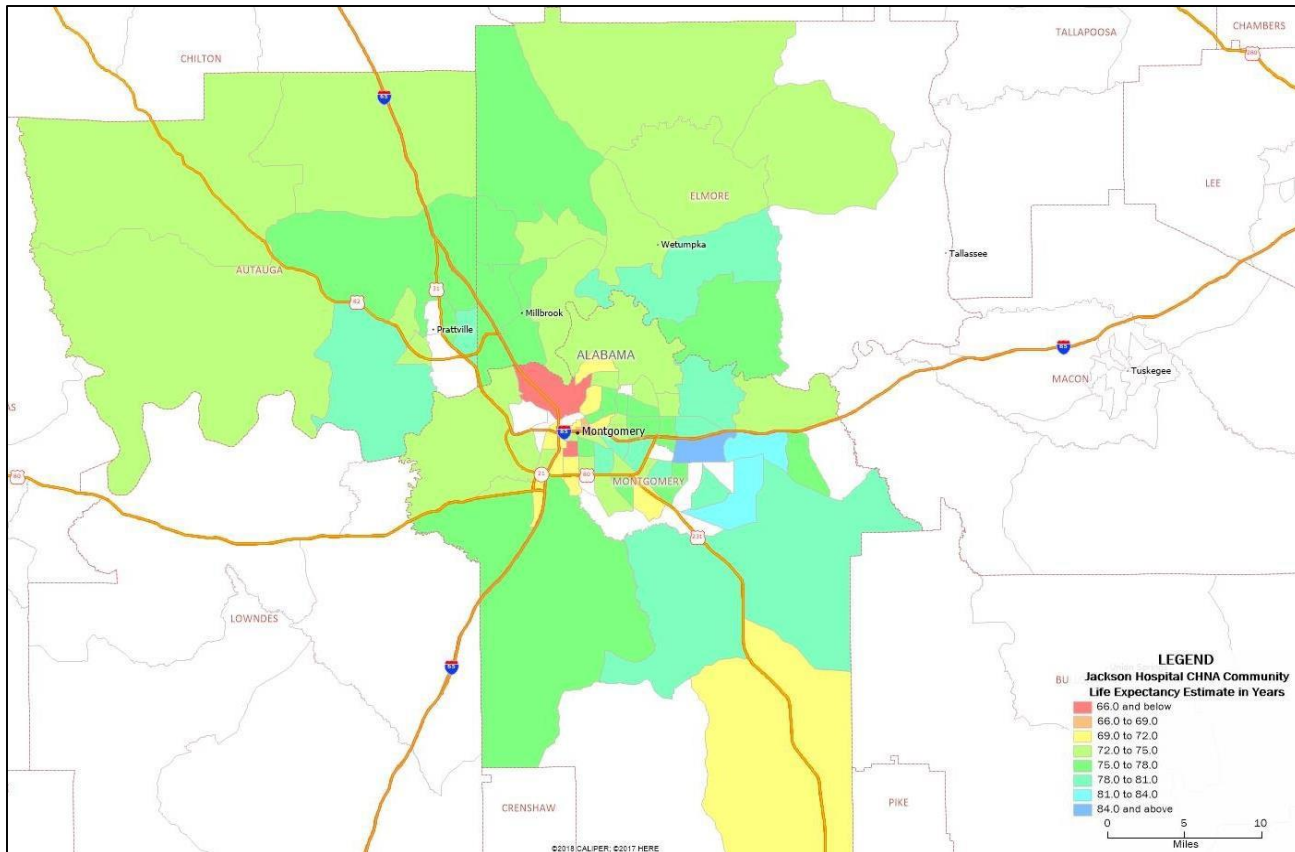
Source: CDC National Center for Health Statistics 2010-2015,
Maptitude 2018

Leading Causes of Death

According to the Centers for Disease Control and Prevention, heart disease and cancer were the first and second leading causes of death across the service area from 2013-2017. Montgomery County had higher mortality rates for stroke, Alzheimer's disease, diabetes, septicemia, hypertension, assault (homicide) than the state mortality rates for those causes of death. In Autauga County, mortality rates for cancer, chronic lower respiratory disease, stroke, diabetes, suicide, chronic liver disease and cirrhosis, hypertension, and Parkinson's disease were higher than the statewide mortality rates. Elmore County had higher mortality rates than the state rate for the following causes of death: heart disease, cancer, chronic lower respiratory disease, stroke, Alzheimer's disease, septicemia, suicide, and hypertension.

	Autauga County	Elmore County	Montgomery County	Alabama
Heart disease	212.8	237.8	180.8	**225.5**
Cancer	177.5	176.5	173.6	**175.8**
Chronic lower respiratory disease	61.1	71.5	46.3	**55.8**
Stroke	52.1	51.1	54.1	**50.1**
(Unintentional injury) Accident	49.8	48.7	36.4	**51.3**
Alzheimer's disease	35.7	50.6	47.4	**39.0**
Diabetes	25.3	21.0	38.6	**21.7**
Influenza and pneumonia	17.0	14.3	11.9	**19.0**
Kidney disease	15.4	15.7	17.9	**17.9**
Septicemia	17.0	19.8	18.9	**17.8**
Suicide	18.4	19.0	11.1	**15.2**
Chronic liver disease and cirrhosis	13.1	9.5	10.0	**12.1**
Hypertension[1]	12.5	10.9	23.6	**9.7**
Assault (homicide)	^	8.0	20.5	**10.4**
Parkinson's disease	8.9	7.3	8.5	**8.7**

Source: CDC Wonder, Multiple Cause of Death 2013-2017

Age-Adjusted Death Rates are per 100,000 population

[1] Hypertension includes essential primary hypertension and hypertensive renal disease with renal failure

^ Not included in Leading Causes of Death for this County

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Heart Disease Mortality

According to the Centers for Disease Control and Prevention, service area counties had heart disease death rates similar to and lower than the Alabama rate (225.4 per 100,000 population) from 2014-2016 for all races/ethnicities.

All heart disease mortality rates were higher for males than for females in all counties in the service area as well as the overall Alabama rates. In Elmore County, the female heart disease death rate was higher than the state rate (181.9 per 100,000 population).

Elmore county had the highest heart disease mortality rate for individuals with white (non-Hispanic) race/ethnicity (234.8 per 100,000 population) of the areas analyzed, which exceeded the mortality rates for individuals of other races/ethnicities. In Alabama and Autauga and Montgomery counties, the mortality rate for individuals with black (non-Hispanic) race/ethnicity was higher than the rates for those of other races/ethnicities.

All Heart Disease Death Rates per 100,000 Population by Race and Gender, 2014-2016

	Autauga County	Elmore County	Montgomery County	Alabama
All Heart Disease, All Races/Ethnicities	204.5	225.1	179.7	**225.4**
All Heart Disease, White (Non-Hispanic)	202.7	234.8	175.7	**225.7**
All Heart Disease, Black (Non-Hispanic)	235.2	182.6	185.0	**239.9**
All Heart Disease, Hispanic	*	65.6	62.1	**70.3**
All Heart Disease, Asian & Pacific Islander	*	*	29.9	**45.7**
All Heart Disease, Male	243.9	275.0	232.4	**281.4**
All Heart Disease, Female	171.7	183.1	144.3	**181.9**

Source: Centers for Disease Control and Prevention

* Insufficient Data

Heart Attack Mortality

According to the Centers for Disease Control and Prevention, Autauga County had the highest heart attack mortality rate for all ages and all race/ethnicities (64.4 per 100,000 population) in the service area, which was nearly double the Alabama mortality rate for 2014-2016 (33.1 per 100,000 population).

In all service area counties and across the state of Alabama, those of black (non-Hispanic) race/ethnicity were more likely to die of a heart attack than those of other races/ethnicities. Similarly, males in the service area and across the state were more likely than females to die of a heart attack.

Heart Attack Death Rates per 100,000 Population by Race and Gender, 2014-2016

	Autauga County	Elmore County	Montgomery County	Alabama
Heart Attack, All Races/Ethnicities	64.4	25.6	25.5	**33.1**
Heart Attack, White (Non-Hispanic)	60.1	26.2	25.4	**33.8**
Heart Attack, Black (Non-Hispanic)	93.6	28.4	25.6	**34.5**
Heart Attack, Hispanic	*	8.1	6.3	**11.0**
Heart Attack, Male	80.0	34.2	36.3	**44.6**
Heart Attack, Female	48.7	18.5	17.7	**23.8**

Source: Centers for Disease Control and Prevention

* Insufficient Data

Hypertension Mortality

According to the Centers for Disease Control and Prevention, service area counties had higher overall hypertension mortality rates for all races/ethnicities when compared to the Alabama state rate (91.8 per 100,000 population) from 2014- 2016. Montgomery County had the highest hypertension mortality rate for all races/ethnicities within the service area (152.4 per 100,000 population).

Across the service area and the state, males were more likely than females to die of hypertension. From 2014-2016, the highest male mortality rate for hypertension was observed in Montgomery County (172.9 per 100,000 population).

Individuals of black (non-Hispanic) race/ethnicity had worse hypertension mortality rates than those of other races/ethnicities, especially in Montgomery County where the mortality rate for black (non-Hispanic) race/ethnicity was 221.9 per 100,000 population.

Hypertension Death Rates per 100,000 Population by Race and Gender, 2014-2016

	Autauga County	Elmore County	Montgomery County	Alabama
Hypertension, All Races/Ethnicities	123.5	100.5	152.4	**91.8**
Hypertension, White (Non-Hispanic)	112.9	87.7	100.8	**79.8**
Hypertension, Black (Non-Hispanic)	198.5	182.1	221.9	**143.1**
Hypertension, Hispanic	*	72.6	33.9	**30.3**
Hypertension, Asian & Pacific Islander	*	*	30.7	**34.5**
Hypertension, Male	133.2	107.1	172.9	**107.1**
Hypertension, Female	112.9	94.5	134.7	**78.5**

Source: Centers for Disease Control and Prevention

* Insufficient Data

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Stroke Mortality

According to the Centers for Disease Control and Prevention, stroke death rates for service area counties were higher than the Alabama death rate (50.7 per 100,000 population) for all races/ethnicities from 2014-2016. Autauga County had the highest stroke mortality rate for individuals of white (non-Hispanic) race/ethnicity, while Montgomery County had the highest stroke mortality rate for individuals of black (non-Hispanic) race/ethnicity.

Inside the service area and across the state of Alabama, males were more likely than females to die of a stroke. Individuals with black (non-Hispanic) race/ethnicity had higher stroke mortality rates than those with other races/ethnicities in all three service area counties.

Stroke Death Rates per 100,000 Population by Race and Gender, 2014-2016

	Autauga County	Elmore County	Montgomery County	Alabama
All Stroke, All Races/Ethnicities	56.1	53.0	54.8	**50.7**
All Stroke, White (Non-Hispanic)	50.3	48.4	47.5	**47.8**
All Stroke, Black (Non-Hispanic)	58.4	67.6	74.6	**63.6**
All Stroke, Hispanic	*	0.9	0.0	**17.5**
All Stroke, Asian & Pacific Islander	*	*	18.5	**26.3**
All Stroke, Male	56.0	55.0	62.9	**39.7**
All Stroke, Female	52.0	49.9	50.3	**25.5**

Source: Centers for Disease Control and Prevention
* Insufficient Data

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Cancer Incidence

The National Cancer Institute reports cancer incidence rates on a national, state, and county level. Data from 2011-2015 is featured in the table below.

- Prostate cancer incidence rates were lower than the Alabama incidence rate (123.4 per 100,000 males) for both Autauga and Elmore counties at 112.7 and 114.3 per 100,000 males, respectively.

- The breast cancer incidence rate in Alabama was lower than the national rate. Females in Autauga County were more likely to be diagnosed with breast cancer than those in the other service area counties or the state overall.

- Within Autauga and Elmore counties the incidence rate for lung cancer was higher than the Alabama state and national incidence rates. However, Montgomery County had a lower lung cancer incidence rate than the state and national rates.

- The incidence rate for colorectal cancer was higher in Autauga County (50.0 per 100,000) than the other service area counties, as well as the Alabama state and national incidence rates.

- Cervical cancer incidence rates were higher in all service area counties compared to the state and national rates.

- Within all service area counties, the incidence rate for stomach cancer was higher than the state and national rates, which were both at 6.6 per 100,000 population.

Select Cancer Incidence Rates, 2011 – 2015

	Autauga County	Elmore County	Montgomery County	Alabama	United States
Prostate[1]	112.7	114.3	138.0	**123.4**	**109.0**
Breast (female)[2]	148.7	115.3	119.5	**120.9**	**124.7**
Lung and bronchus[3]	76.5	72.2	56.2	**67.7**	**60.2**
Colon and rectum[3]	50.0	38.6	42.1	**43.5**	**39.2**
Cervix[2]	11.5	11.2	9.4	**9.0**	**7.5**
Stomach[3]	8.6	6.9	7.6	**6.6**	**6.6**

Source: National Cancer Institute - State Cancer Profiles
[1]Rates are per 100,000 males
[2]Rates are per 100,000 females
[3]Rates are per 100,000 population

Cancer Mortality

The National Cancer Institute reports cancer mortality rates on a state and county level. Data from 2011-2015 is featured in the table below.

- Lung and bronchus cancer death rates in Autauga and Elmore counties were higher than the state mortality rate (53.4 per 100,000 population). All three service area counties had higher lung and bronchus cancer death rates than the United States rate.

- All counties in the service area had higher prostate cancer death rates than the state and national rates.

- Both Montgomery and Elmore counties had lower breast cancer death rates than Alabama and U.S.

- The colorectal cancer death rate for Elmore County (14.3 per 100,000 population) was lower than the Alabama and U.S. rates (16.4 and 14.5 per 100,000 population, respectively).

- Montgomery County had a higher stomach cancer death rate (5.1 per 100,000 population) than Alabama and the U.S.

- The cervical cancer death rate in Montgomery County was the same as the state rate (3.5 per 100,000 females), but higher than the national rate of 2.3 per 100,000 females.

Select Cancer Mortality Rates, 2011 – 2015

	Autauga County	Elmore County	Montgomery County	Alabama	United States
Lung and bronchus[1]	60.7	60.6	45.4	53.4	43.4
Prostate[2]	27.7	24.5	25.4	22.7	19.5
Breast[3]	22.6	19.7	20.2	21.8	20.9
Colon and rectum[1]	14.7	14.3	19.2	16.4	14.5
Stomach[1]	*	*	5.1	3.4	3.2
Cervical[3]	*	*	3.5	3.5	2.3

Source: National Cancer Institute - State Cancer Profiles
[1]Rates are per 100,000 population [2]Rates are per 100,000 males [3]Rates are per 100,000 females
* Indicates rate is unstable

Diabetes

According to the Centers for Disease Control and Prevention, the diabetes prevalence rates for adults over the age of 20 within Montgomery and Elmore counties were higher than the Alabama state rate in 2014 (12.5% and 12.3% versus 12.0%, respectively). The prevalence rate for diabetes in Autauga County was slightly lower at 11.4%.

Age-Adjusted Diabetes Prevalence Rate in Adults Ages 20 and Over, 2014

	Autauga County	Elmore County	Montgomery County	Alabama*
Adults with diagnosed diabetes	11.4%	12.3%	12.5%	**12.0%**

Source: Centers for Disease Control and Prevention, Division of Diabetes Translation

* State Level Data Age 18 and Older, 2015

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Weight Status

The Alabama Department of Public Health collects data on obesity rates for public health areas throughout the state. All three service area counties are located within a public health area with an obesity rate of 34.4% in 2016.

In 2017, the number of Alabama residents with an overweight or obese weight status was 70.2% according to the Robert Wood Johnson Foundation. The obesity rate for the state of Alabama was 36.3%.

The US Census Bureau collects data on access to grocery stores and recreation and fitness facilities. In 2016, all service area counties had a lower ratio of grocery stores to population than the state average for Alabama (15.84 per 100,000 population), with Autauga County at around one-third of the national level. Elmore County had a lower number of recreation and fitness facilities per population than the Alabama rate (5.04 versus 7.89 per 100,000 population, respectively), while Autauga and Montgomery counties had a greater number of facilities per population.

Within Autauga County, the percentage of adults who reported no leisure time physical activity in 2015 was higher than the rate for the state of Alabama (30.3% versus 27.3%, respectively).

Weight Status Indicators – 2015-2016

	Autauga County	Elmore County	Montgomery County	Alabama
Number of grocery stores [1]	5.50	10.09	14.82	**15.84**
Number of recreation and fitness facilities [1]	10.99	5.04	8.72	**7.89**
Adults who report no leisure time physical activity [2]	30.3%	27.2%	25.5%	**27.3%**

[1] Establishments per 100,000 population, US Census Bureau, 2016

[2] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2015

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Communicable and Infectious Diseases

Tuberculosis, 2018

According to the Alabama Department of Public Health, there were no tuberculosis cases in Autauga or Elmore counties in 2018. The rate of occurrence of tuberculosis was 2.2 per 100,000 in Montgomery County and 1.9 per 100,000 population for the state of Alabama.

Other Reported Conditions, 2018

The Alabama Department of Public Health, Division of Infectious Diseases & Outbreaks reports on the number of cases reported for communicable, zoonotic, and environmentally-related human diseases. Reported totals for the year 2018 are featured below.

Condition	Reported Cases in Alabama
Campylobacteriosis	783
Giardiasis	217
Influenza-associated mortality (adult)	257
Salmonellosis	1,197
Shigellosis	320
Spotted Fever Rickettsiosis	673
E. coli, shiga toxin-producing	129

Source: Alabama Department of Public Health, Division of Infectious Diseases & Outbreaks, 2019

Sexually Transmitted Infections

Reported rates of sexually transmitted infections (STIs) are available by county from the Alabama Department of Public Health, Division of STD Prevention and Control.

The Montgomery County incidence rates of chlamydia, gonorrhea, and syphilis were 2-3 times higher than the Alabama state rates in 2015. Both Autauga and Elmore counties had incidence rates lower than the state rates for all of these reportable STIs.

Reported Sexually Transmitted Infections, 2015

	Autauga County	Elmore County	Montgomery County	Alabama
Chlamydia	298.1	360.9	994.2	**468.3**
Gonorrhea	63.2	93.3	266.6	**125.6**
Syphilis	7.2	4.9	30.9	**10.9**

Source: Alabama Department of Public Health, Division of STD Prevention and Control, 2015

Rates are per 100,000 population

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Maternal and Child Health

The Alabama Department of Public Health's Vital Statistics Report and Center for Health Statistics provide annual data on maternal and child health indicators. In 2016, the birth rate in Montgomery County was higher than Alabama's (12.2 per 1,000 population). The teen birth rate in Montgomery County was also significantly higher than Alabama's (19.4 per 1,000 women aged 10–19 years and 14.7 per 1,000 women aged 10-19 years, respectively).

Both Montgomery and Elmore counties had higher rates of infant mortality than the state rate (9.1 per 1,000 live births). It is important to note that the Alabama infant mortality rate was higher than the United States rate in 2016 (5.9 per 1,000 live births).

The percentage of low birthweight babies born in Montgomery County (12.6%) was higher than the rate in Alabama in 2016 (10.3%). All three service area counties had a greater number of pregnant women with inadequate prenatal care than the Alabama rate of 18.2% in 2016, with Montgomery County being the highest rate in the service area at 25.0%. Autauga and Montgomery counties had higher rates of preterm births than the Alabama rate in 2015 (11.7%).

Select Maternal and Child Health Indicators, 2015, 2016

	Autauga County	Elmore County	Montgomery County	Alabama
Birth rate (per 1,000 population), 2016[1]	12.0	11.0	13.9	**12.2**
Teen birth rate (per 1,000 women aged 10–19 years), 2016[1]	12.0	12.0	19.4	**14.7**
Infant mortality rate (per 1,000 live births), 2016[1]	9.0	11.1	11.2	**9.1**
Low birthweight, 2016[1]	8.6%	8.9%	12.6%	**10.3%**
Inadequate Prenatal Care, 2016*	24.5%	19.8%	25.0%	**18.2%**
Preterm births, 2015[2]	12.3%	11.0%	14.0%	**11.7%**

[1]Source: Alabama Department of Public Health, Alabama Vital Statistics 2016

[2]Source: Alabama Department of Public Health, Center for Health Statistics

* Refers to the percentage of births for which the Adequacy of Prenatal Care Utilization Index was known

Access to Care

According to the US Census Bureau American Community Survey, Autauga and Elmore counties had higher levels of health insurance coverage than the Alabama state rate (89.3%) from 2013-2017, while Montgomery County was slightly below the state level at 88.9%. However, the proportion of children with no health insurance coverage was lower than the state rate (3.5%) for all service area counties during that time period.

A greater portion of the population in Elmore County was privately insured (74.2%) than in Autauga and Montgomery counties (71.8% and 64.5%, respectively). Montgomery County had the greatest proportion of residents who were covered by public health insurance programs from 2013-2017 (38.0%) in the service area, which exceeded the state rate (36.1%).

Health Insurance Coverage, 2013-2017

	Autauga County	Elmore County	Montgomery County	Alabama
Private insurance coverage	71.8%	74.2%	64.5%	**66.9%**
Public insurance coverage	32.8%	33.1%	38.0%	**36.1%**
No health insurance coverage	8.8%	7.7%	11.1%	**10.7%**
No health insurance coverage (children)	3.2%	2.5%	2.8%	**3.5%**

Source: US Census, ACS 2013-2017

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Health Behaviors

County Health Rankings provides a snapshot of reported health behaviors from the Centers for Disease Control and Prevention.

A lower percentage of residents in all service area counties reported poor or fair health than the Alabama average (21.4%) in 2016. Autauga County had the lowest percentage of adults who reported poor or fair health within the service area (18.4%).

Adults in Montgomery County were more likely to report smoking (19.6%) than those in Autauga or Elmore counties in 2016. All service area counties had lower rates of adult smoking than the state of Alabama (21.5%).

Individuals in Autauga and Elmore counties reported a higher rate of physical inactivity than the state of Alabama (29.0%) in 2014, at 30.9% and 29.6%, respectively. The rate of physical inactivity was 26.2% for Montgomery County.

In 2016, all three counties within the service area had higher rates of excessive drinking than the state rate (14.2%), with the highest service area rate in Autauga County at 16.9%.

	Autauga County	Elmore County	Montgomery County	Alabama
Poor or fair health [1]	18.4%	19.0%	21.3%	**21.4%**
Adult smokers [1]	19.1%	18.7%	19.6%	**21.5%**
Physical inactivity [2]	30.9%	29.6%	26.2%	**29.0%**
Excessive drinking [1]	16.9%	16.6%	15.9%	**14.2%**

[1] Source: Behavioral Risk Factor Surveillance System, 2016

[2] Source: Centers for Disease Control and Prevention, 2014

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Community Input

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

Community Leader Interviews

Interview Methodology

Seventeen interviews were conducted from March 4 through May 1, 2019. Interviews required approximately 30 minutes to complete. Interviewers followed the same process for each interview, which included documenting the interviewee's expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for discussion:

- Interviewee's name

- Interviewee's title

- Interviewee's organization

- Overview information about the interviewee's organization

- What are the top strengths of the community?

- What are the top health concerns of the community?

- What do you think is the single most important thing that could be done to improve the health in your community?

- What are the barriers to obtaining health services in your community?

- What health resources are available in your community?

- What health resources does your community currently need more of?

- What sub-populations are medically underserved in your community?

- Is there anything else we should know about your community that we have not already discussed?

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Community Leader Interview Summary

Twenty community leaders discussed a variety of health-related topics. During interviews there were several reoccurring themes including mental health, obesity, diabetes, hypertension, and access to care. In conjunction with these topics, the interviewees noted various strengths and challenges of the community and discussed available resources.

Over half of the community leaders noted that mental health was a high priority need. Most interviewees felt mental health is a major issue within the community served by JH due to a lack of access to mental health services, providers, and treatment facilities. Several community leaders noted that the homeless and veteran populations are unable to seek out mental health resources easily. A lack of education surrounding mental health within the community and a lack of capacity to handle mental health crises was also noted. The Montgomery Area Mental Health Authority was mentioned as a potential partner to aid in efforts to provide mental health education and to destigmatize mental illness within the community.

In discussing health-related concerns, the majority of interviewees also noted that obesity, diabetes, and hypertension were key health problems within the service area. In terms of obesity, focus was placed on at-risk children and families who cannot access healthy food options for a number of reasons including, but not limited to, food deserts and the high cost of healthy food. This conversation led to discussions about diabetes and hypertension. A lack of meaningful health education was reiterated by leaders when discussing chronic diseases and risk factors. Examples of existing resources mentioned included the local Boys & Girls Club chapter, the American Heart Association, local food banks like Feeding America's Montgomery site, and the River Region United Way.

Community Leader Interview Summary

Community leaders also reported access to care as an issue that the hospital can help address. Numerous interviewees reported a lack of health literacy and knowledge about the healthcare system make it difficult for community members to seek care. Coupled with transportation concerns, these barriers make access to care a multifaceted issue that will require cross-sector collaboration to address. Potential partners to aid in combatting the community's inability to access care are Health Services, Inc. and The Wellness Coalition, according to community leaders.

While mental health, obesity, hypertension, diabetes, and access to care were the primary issues discussed during interviews, other topics were mentioned by specific community leaders. The social determinants of health, provider shortages, insufficient amount of inpatient beds, high cost of medications, and lack of preventative care were also noted by interviewees.

Strengths of the community surrounding Jackson Hospital were also mentioned by community leaders. Throughout discussions, leaders touted a number of existing resources available to combat the health problems mentioned. The potential for youth engagement, the surrounding military institutions, and the diversity of the population were celebrated by the community leaders interviewed.

Health Survey

A total of 81 online health surveys were completed by community members within the service area. The full health survey questionnaire is available in Appendix C.

Community Health Survey Methodology

The online survey instrument asked respondents to rate their own health and the overall health of community members, in addition to questions related to accessing preventative and sick care. Respondents were also asked to prioritize five health problems and five social problems in the community from lists of options. Lastly, optional demographic questions were also included at the end of the survey.

Health Survey Summary

Community Health Survey Distribution
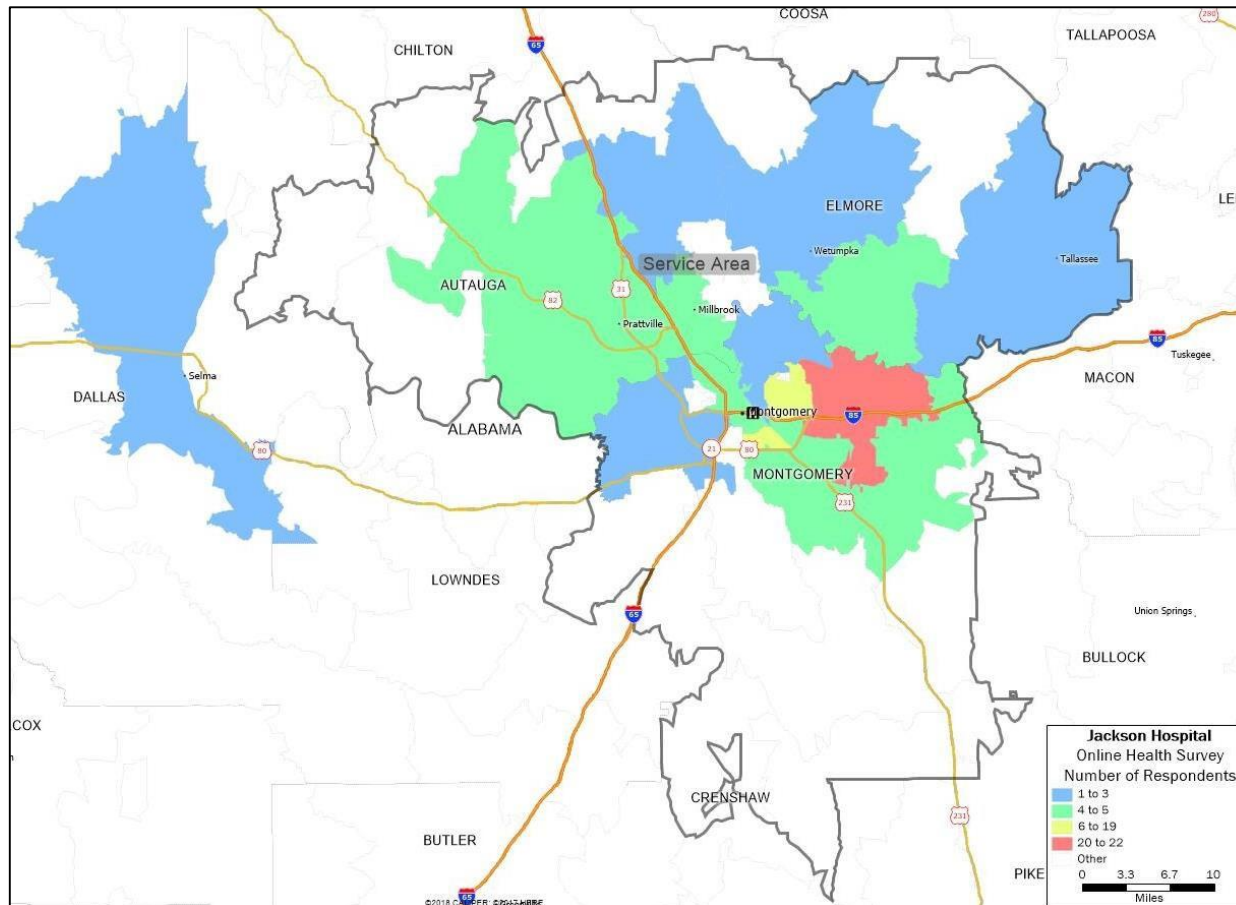
ZIP Code	Number of Respondents
36117	22
36109	7
36111	6
36064	5
36106	5
36093	4
36066	4
36054	4
36116	4
36067	4
36104	4
36107	2
36078	2
36092	1
33167	1
35109	1
36701	1
36108	1
38301	1
36022	1
36110	1
Total	81

Source: Carnahan Group; Maptitude 2018

Health Survey Summary

Community Health Survey Respondent Demographics

The largest group of respondents were aged 45 to 64 years. A significant portion of respondents were Female (64.6%) and White race/ethnicity (80.5%). When asked, "Do you have a smartphone?", 93.8% of respondentsindicated yes.

Age	Percentage of Respondents		Gender	Percentage of Respondents
18-44 years	21.8%		Female	64.6%
45-64 years	46.2%		Male	35.4%
65+ years	32.1%		n=78 respondents	
n=78 respondents				

Race/Ethnicity

Hispanic 1.3%
Black/African American 18.2%
White 80.5%
n=77 respondents
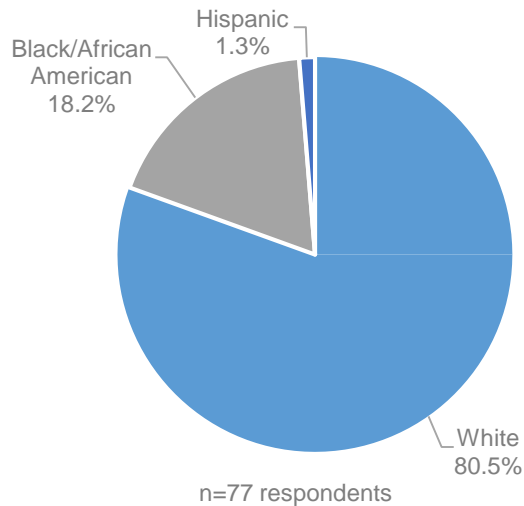
Health Survey Summary

Community Health Survey Respondent Demographics

The majority of respondents were employed full-time, although nearly a third were retired. Of respondents, 76.3% indicated they had private insurance coverage, while 31.3% of respondents had Medicare coverage. The most common annual household income bracket indicated by respondents was $50,000 to $74,999.

Employment Status	Percentage of Respondents
Full-Time Employment	64.1%
Part-Time Employment	7.7%
Full-Time Student	2.6%
Retired	28.2%
Unemployed	1.3%

n=78 respondents

Health Insurance	Percentage of Respondents
Medicare	31.3%
Medicaid	5.0%
Private Insurance	76.3%
Other	5.0%
None	1.3%

n=80 respondents

Household Income Previous Year	Percentage of Respondents
$200,000 and above	15.6%
$150,000 to $199,999	7.8%
$100,000 to $149,999	19.5%
$75,000 to $99,999	14.3%
$50,000 to $74,999	14.3%
$35,000 to $49,999	11.7%
$25,000 to $34,999	7.8%
$15,000 to $24,999	3.9%
Under $15,000	2.6%
I dont know	2.6%

n=77 respondents

Health Survey Summary

Community Health Survey Results – Serious Health Problems

When asked to select three serious health problems, n=78 respondents selected the followingoptions*:

	Serious Health Problem	Percentage of Respondents
1	Obesity	67.9%
2	Heart disease and stroke	51.3%
3	Diabetes	46.2%
4	Cancer	43.6%
5	Mental or behavioral health	39.7%
6	High blood pressure	38.5%
7	Substance abuse/addiction	23.1%
8	Violence	17.9%
9	Alzheimer's Disease	6.4%
10	Breathing problems	6.4%
11	Sexually transmitted diseases	6.4%
12	Tooth problems	6.4%
13	Child abuse or neglect	3.8%
14	Suicide	2.6%
15	Injuries	1.3%

Note that some respondents indicated fewer or greater than three selections.

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Health Survey Summary

Community Health Survey Results – Serious Social Problems

When asked to select three serious social problems, n=77 respondents selected the following options*:

Rank	Serious Social Problems	Percentage of Respondents
1	Poverty	61.0%
2	Crime	51.9%
3	Education	39.0%
4	Racism and discrimination	27.3%
5	Health insurance	24.7%
6	Public transportation	19.5%
7	Not enough activities for youth	19.5%
8	Homelessness	16.9%
9	Not enough healthy food	15.6%
10	Not enough free or affordable health screenings	14.3%
11	Housing	11.7%
12	Employment	9.1%
13	Childcare	6.5%

Note that some respondents indicated fewer or greater than three selections.

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Health Survey Summary

Community Health Survey Results

When asked, "Have you had any of the following health services in the past year?", the most frequent responses were a blood pressure check, blood work, dental care, and blood sugar checks.

The majority of respondents indicated that they would rate their health as "good" (47.5%) or "very good" (35.0%). However, only 33.8% of respondents indicated that they would rate the overall health of community members as "good" in general, while 58.8% selected "fair" (n=80).

8.   % of respondents have missed 1-5 days of work or other activities (ex. church, school) over the past 3 months because they were sick or not feeling well (n=80).

When asked, "When you are sick or need health care, are you able to visit the doctor?", 75.0% of respondents indicated that they were always able to visit the doctor, 20.0% indicated that they were sometimes able to visit the doctor, and 5.0% indicated "rarely" (n=80).

When asked, "Is there anything that makes it hard for you to see a doctor when you are sick?", respondents indicated the following barriers: "I don't think I need to see a doctor" (n=13), "I cannot get time off work" (n=10), and "It is hard for me to find a doctor that I like" (n=8). Open responses received included the following themes:
- Wait times
- Doctor's availability
- Difficulty scheduling an appointment
- Difficulty describing symptoms to a doctor
- Transportation

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Community Health Priorities

The overarching goal in conducting this Community Health Needs Assessment is to identify significant health needs of the community, prioritize those health needs, and identify potential measures and resources available to address the health needs. For the purpose of identifying health needs for JH, a health priority is defined as a medical condition or factor that is central to the state of health of the residents in the community. An exhaustive list of health needs was compiled based on the health profile and interviews. A modified version of Fowler and Dannenberg's Revised Decision Matrix was developed to capture priorities from the primary and secondary data. This matrix tool is used in health program planning intervention strategies, and uses a ranking system of "high," "medium," and "low" to distinguish the strongest options based on effectiveness, efficiency, and sustainability. As the CHNA is meant to identify the community's most significant health needs, only the health needs falling under the "high" and "medium" categories are highlighted.

JH executives and consultants reviewed the primary and secondary data compiled and selected the priority health needs based on capacity to meet the needs identified. The eight health priorities identified through the CHNA are:

1. Chronic Diseases

2. Mental Health

3. Weight Status

4. Social Determinants of Health

5. Access to Care

6. Health Disparities

7. Substance Abuse

8. Maternal and Child Health

Chronic Diseases

Priority Definition

One of the HP2020 goals is to "improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; prevention of repeat cardiovascular events; and reduction in deaths from cardiovascular disease."

Key topics within this priority include:

- Cancer
- Diabetes
- Heart disease
- Stroke
- Smoking
- Modifiable risk factors

Qualitative Findings

Community Leader Concerns:
- Many community leaders cited heart disease and hypertension as health concerns within the community
- Risk factors like smoking and obesity
- Diabetes was mentioned by a large number of leaders

Quantitative Findings

Across the three county service area, heart disease was the leading cause of death from 2013-2017. During the same time period, cancer was the second leading cause of death.

51.3% of health survey respondents (n=78) rated heart disease and stroke as a serious health problem. Health survey respondents also frequently selected diabetes (46.2%), cancer (43.6%), and high blood pressure (38.5%) as serious health problems in the community.

The leading modifiable risk factors for heart disease and stroke are: high blood pressure, high cholesterol, cigarette smoking, diabetes, unhealthy diet and physical activity, and overweight/obese status (HP2020). Smoking rates ranged from 18.7% to 19.6% in service area counties in 2016.

Autauga County had a significantly higher heart attack death rate than the state rate from 2014-2016. All three service area counties had higher stroke death rates than the Alabama rate during the same time frame. Montgomery County had higher mortality rates for prostate, colorectal, and stomach cancer than Alabama from 2011-2015, while Elmore and Autauga had higher lung cancer mortality rates.

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Mental Health

Priority Definition

One of the HP2020 goals is to "improve mental health through prevention and by ensuring access to appropriate, quality mental health services."

Key topics within this priority include:

- Screening for mental/behavioral health conditions
- Increasing access to mental health providers
- Availability of inpatient psychiatric beds

Qualitative Findings

Community Leader Concerns

- The majority of community leaders interviewed mentioned mental health as a health concern
- Specific topics discussed included the prevalence of mental health issues amongst those incarcerated, individuals experiencing housing insecurity, and the veteran sub-population
- Leaders described local provider shortages and the need for a mental health crisis center
- Some mentioned the need for community-wide education on mental health issues, stress, and conflict resolution
- Peer support, therapy, and counseling services were cited as needs
- The need for crisis intervention training was also discussed

Quantitative Findings

From 2013-2017 the suicide death rates in Autauga and Elmore counties were higher than the state average (15.2 per 100,000 population).

39.7% of health survey respondents (n=78) indicated mental/behavior health is a serious health problem in the community. Compared to the national average, individuals in service area counties were more likely to self-report poor mental health days in the previous 30 days (BRFSS via County Health Rankings).

In any given year, an estimated 18.1% (43.6 million) of U.S. adults aged 18 years or older suffered from any mental illness and 4.2% (9.8 million) suffered from a seriously debilitating mental illness. Neuropsychiatric disorders are the leading cause of disability in the United States, accounting for 18.7% of all years of life lost to disability and premature mortality (HP2020).

9,075:1 and 6,167:1 - ratio of population to mental health providers in Elmore and Autauga Counties in 2016

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Weight Status

Priority Definition

The HP2020 goals include to "promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights" and to "improve health, fitness, and quality of life through daily physical activity."

Key topics within this priority include:

- Food insecurity and hunger
- Access to healthy food physical activity opportunities
- Knowledge, understanding, and skills
- Environmental risk factors

Qualitative Findings

Community Leader Concerns

- There is a need for nutrition resources to be embedded within the community
- Food insecurity and food deserts were recurring themes discussed by community leaders
- Leaders described the need for outreach and education to be conducted throughout the community
- Noted the importance of social supports to promote successful behavior change
- Interviewees discussed the need for physical activity opportunities for older adults
- In discussions of obesity, community leaders were especially concerned with childhood obesity

Quantitative Findings

Of n=78 health survey respondents, 67.9% identified obesity as a serious health problem, making it the most frequently identified topic.

34.4% of individuals within the community were obese in 2016

The USDA's Food Environment Index for Montgomery County was 5.4 in 2015-2016, worse than the state and national benchmarks. Within service area counties, access to exercise opportunities ranged from 52.1% to 77.3% which was lower than the national average of 84.0%.

Elmore County had fewer recreation and fitness facilities than the Alabama average (7.89 per 100,000 population) in 2016. According to the CDC, 30.3% of adults in Autauga County reported no leisure time physical activity in 2015.

"Among adults and older adults, physical activity can lower the risk of coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer, falls, and depression. Among children and adolescents, physical activity can improve bone health, reduce symptoms of depression, improve cognitive skills, and improve the ability to concentrate and pay attention. For people who are inactive, even small increases in physical activity are associated with health benefits." (HP2020)

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Social Determinants of Health

Priority Definition

According to the CDC, the social determinants of health (SDOH) are defined as "conditions in the places where people live, learn, work, and play." The World Health Organization expands upon that definition, stating that the SDOH are "shaped by the distribution of money, power, and resources."

Key topics within this priority include:

- Crime / violence
- Poverty
- Housing
- Education
- Employment
- Health literacy
- Transportation

Qualitative Findings

Community Leader Concerns
- Leaders expressed concern regarding poverty, education, housing, transportation, and crime/violence throughout the community
- There is a perceived need for additional case management or social work services for children in poverty

Quantitative Findings

Health survey respondents indicated that poverty, crime, education, racism and discrimination, and transportation were top social concerns for the community.

61.0% of health survey respondents (n=77) indicated that poverty was a serious concern. Low health literacy is more prevalent amongst the following populations: older adults, minority populations, individuals with low socioeconomic status, and medically underserved people (HRSA).

According to County Healthy Rankings, 17.0% of Montgomery County residents faced a severe housing cost burden from 2013-2017 which is higher than the state benchmark of 12.9%. During the same time frame, the income ratio between the 80th percentile and 20th percentile of household incomes in Montgomery County was 5.5, which is higher than the state average of 4.9.

The homicide rates within Montgomery and Autauga counties were higher than the Alabama rate (8.1 per 100,000 population) in 2016.

From 2013-2017 an estimated 21.3% of adults and 32.1% of children residing in Montgomery County were living below the federal poverty level.

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Access to Care

Priority Definition

The Institute of Medicine previously defined access to care as "the timely use of personal health services to achieve the best health outcomes."

Key topics within this priority include:

- Health insurance
- Access to primary care
- Medication costs
- Inpatient bed shortages

Qualitative Findings

Community Leader Concerns

- Many leaders cited access to care as a health concern within their communities
- Health care services for low-income populations and those who are unable to qualify for Medicaid were also mentioned as concerns
- Leaders asserted that provider shortages and low reimbursement rates may be causing access issues
- Some community members stressed the importance of locating services in places that are easy to reach
- Leaders want all populations within the community to have access to the right level of care at the right time

Quantitative Findings

Of 78 respondents, 73.1% indicated that "good healthcare" is an important part of a healthy, thriving community.

Health survey respondents mentioned that long wait times, difficulty getting in to see a physician, difficulty describing symptoms to a doctor, and transportation were all barriers that impact community members' access to care.

11.1% of Montgomery County was uninsured from 2013-2017

Individuals in Autauga and Elmore counties had higher rates of private health insurance coverage than those in Montgomery County and Alabama during the same time period.

38.0% receiving public assistance

According to County Health Rankings, the physician-to-population ratio for primary care providers was higher (fewer providers per population) in Autauga and Elmore counties than the Alabama average of one physician for every 1,529 residents.

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Health Disparities

Priority Definition

One of the Healthy People 2020 goals is "to achieve health equity, eliminate disparities, and improve the health of all groups." A health disparity is defined as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

Key topics within this priority include:

- Disparate chronic disease incidence rates
- Disparate risk factor prevalence rates
- Disparate health outcomes and mortality

Qualitative Findings
Community Leader Concerns

- Leaders mentioned disparate levels of diabetes and high blood pressure within communities of color
- Large differences between low-income individuals and those in higher income brackets (income inequality)

Quantitative Findings

Within the community's counties, the difference between the lowest estimated life expectancy by census tract and the highest was 20.6 years

Within Autauga and Montgomery counties, the death rates for all heart disease were higher for black (non-Hispanic) individuals than for white (non-Hispanic) individuals.
The hypertension death rate for black (non-Hispanic) individuals in Montgomery county was 221.9 per 100,000 population, which was more than double the white (non- Hispanic) death rate of 100.8 during the same time frame (2014-2016).
Across the United States, the prevalence of obesity is highest amongst middle-aged people, women with non-Hispanic black race/ethnicity, and Mexican-American women. "African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans, Native Hawaiians, and other Pacific Islanders are at particularly high risk for the development of type 2 diabetes." (HP2020)
The infant mortality rate for mothers who are of black or "other" race was more than double the rate for white mothers in Autauga and Montgomery counties in 2016. Autauga's rate for black mothers and those of other races (22.5 deaths per 1,000 live births) was greater than the Alabama rate (14.2).

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Substance Abuse

Priority Definition

One of the HP2020 goals is to "reduce substance abuse to protect the health, safety, and quality of life for all, especially children." Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes.

Key topics within this priority include:

- Tobacco use including e-cigarettes
- Alcohol consumption
- Illicit drug use
- Opioid misuse
- Co-occurring mental health issues and substance use disorders

Qualitative Findings

Community Leader Concerns

- Leaders were concerned with the linkages between substance abuse and violence or crime
- During interviews, the need for additional inpatient treatment centers was discussed

Quantitative Findings

Across Alabama, the age-adjusted drug overdose death rate was 18.0 per 100,000 in 2017

23.1% of health survey respondents (n=78) indicated substance abuse is a serious health problem in the community

According to SAMHSA, an estimated 164.8 million people aged 12 or older in the United States (60.2 percent) were past month substance users (i.e., tobacco, alcohol, or illicit drugs) in 2018. Nearly 1 in 5 people aged 12 or older (19.4 percent) used an illicit drug in the past year. Opioid abuse claims more lives within the United States than motor vehicle crashes (SAMHSA). In 2017, the Opioid prescribing rate was 109.4 prescriptions per 100 population in Elmore County, 106.6 in Autauga County, and 81.2 in Montgomery County. All service area rates were higher than the national average of 58.7 prescriptions per 100 population (CDC).

Within Alabama, 14.2% of adults self-reported excessive drinking in 2016 and all three service area counties had higher rates of excessive drinking during the same time frame.

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Maternal & Child Health

Priority Definition

One of the HP2020 goals is to "improve the health and well-being of women, infants, children, and families."

Key topics within this priority include:

- Health disparities in birth outcomes data
- Maternal mortality
- Prenatal and postnatal care for mothers and babies
- Teen pregnancy
- Safe sleep
- Developmental screening
- Child poverty
- Injury prevention

Qualitative Findings
Community Leader Concerns

- Discussions included the need for case management and social work services for low income children and families
- Need for arts and enrichment activities for children within the community
- Leaders perceived low-income children to be medically underserved or facing limited access to care

Quantitative Findings

The infant mortality rates in Montgomery and Elmore counties exceeded the state benchmark in 2016.

"Factors influencing pregnancy and childbirth include: preconception health status, age, access to preconception, prenatal and inter-conception health care, and poverty. Factors influencing the health of infants and children include sociodemographic and behavioral risk factors like education level, household income, breastfeeding practices, and the physical and mental health of parents/caregivers." (HP2020)

14.0% - Preterm birth rate in Montgomery County in 2015, which was higher than the Alabama rate of 11.7%.

Children in Alabama were more likely to have adverse childhood experiences than the US averages according to the 2016-2017 National Survey of Children's Health. According to CDC Wonder, from 2014-2017 the child mortality rate in Montgomery County (94.7 deaths per 100,000 children under age 18) was higher than the Alabama rate (71.8).

32.1% - Child poverty rate in Montgomery County

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Resources

Hospital-based, community-based, and government-sponsored resources related to each of the health priorities are featured throughout the following pages.

Resources – Chronic Disease

The community contains a number of programs and services designed to prevent chronic disease and provide high-quality care. The list below includes local resources related to this health priority:

- **Jackson Hospital** has three cardiac catheterization labs that are capable of completing diagnostic interventional cardiac and peripheral procedures without surgery.
- An inpatient diabetes educator offers clinical information and advice to make living with diabetes easier for patients of Jackson Hospital.
- The hospital has been awarded the gold seal of approval for heart attack care from The Joint Commission as part of the national standards for quality and safety in heart attack care.
- Jackson Hospital's Wound & Hyperbaric Medicine Center provides the latest in wound care treatment with physical therapy, exercise, nutrition, and diabetic counseling.
- The hospital offers Diabetes Support Groups to help patients self-manage their condition.
- The **American Heart Association** has a local branch within Montgomery County that promotes awareness of screening protocols and risk factors for heart disease at a number of local events.
- The **Autauga County Health Department** provides a Bio-Monitoring Case Management program for Medicaid recipients.
- **McGough Oncology Center at Jackson Hospital** takes a multidisciplinary approach to cancer treatment and focuses on the needs of the patients and their families.
- **Montgomery Cancer Center** also provides clinical cancer care to local residents.
- The **American Cancer Society** has Relay For Life teams throughout the hospital's service area. The event raises funds for cancer research and patient care programs.
- The **Cancer Wellness Foundation of Central Alabama** provides support services like transportation and medication assistance.
- **Alabama's Office of Women's Health** and **Alabama Public Health** offer free screenings for prostate, breast, and cervical cancer on a rotational basis at the county health departments.
- **The Wellness Coalition** holds regular diabetes education classes throughout the area, including the "CYL2" program, Change Your Lifestyle Change Your Life.
- **The Elmore County Extension Office** sponsors a Diabetes Cooking School initiative that informs participants on how to prepare meals and snacks to control or prevent diabetes.

Resources – Mental Health

The community contains a number of programs and services designed to minimize risk factors and promote protective factors related to mental and behavioral health, screen for mental and behavioral health conditions, and provide interventions or services. The list below includes local resources related to this health priority:

- **The Montgomery Area Mental Health Authority** provides a continuum of mental health services including those designated as Community Mental Health Center services by the Alabama Department of Mental Health. Some individuals may qualify for sliding fee scale services according to income level.
- **Health Services, Inc.** offers psychiatric care including counseling services to patients, comprehensive psychiatric evaluations, and medication management.
- **NAMI Alabama** provides support, education, and advocacy for persons with mental illnesses, their families, and others whose lives are affected by these disorders. The statewide office is located in Montgomery and regular awareness, education, and training events are hosted throughout the area.
- **The Family Guidance Center** provides individual, couple, family, and group counseling services in addition to an array of coordinated programs including parenting, early childhood, and employment services.
- A number of local schools provide the **"Leader In Me"** program to students. Leader In Me is an evidence-based school program that empowers students with leadership skills that helps them thrive and develop holistically. Social-emotional learning is a major focus of the programming.
- **Crossbridge Behavioral Health** is a 60-bed inpatient psychiatric facility located in Montgomery that serves adults aged 19 and older.
- **Children's of Alabama** operates a **PIRC (Psychiatric Intake Response Center)** in Birmingham designed to assist patients, their loved ones and/or caregivers, and community providers in finding the appropriate level of mental health care. These services are provided via telephone 7 days a week from 8:00AM to 11:00PM via 205-638-PIRC (7472).

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Resources – Weight Status

The community contains a number of programs and services designed to provide nutrition education, encourage community members to make healthy choices, lower obesity rates, and improve access to healthy foods. The list below includes local resources related to this health priority:

- Jackson Hospital participates in the **Alabama Healthy Vending Program** through the Alabama Department of Public Health.
- **Scale Back Alabama** is a sponsored nutrition and physical activity contest.
- **Central Alabama Regional Planning and Development Commission (CARPDC)** is a commission that provides technical assistance to local governments in the areas of planning and development while promoting local food systems that directly build healthy communities in the Montgomery MSA.
- **The Alliance for a Healthier Generation's** Healthy Schools Program helps local schools to adopt evidence-based policies and practices that empower the whole community to move more, eat better, and develop healthy habits. A number of out-of-school time program locations also exist within the greater Montgomery area.
- The Alabama Department of Human Resources provides food assistance through a statewide nutrition education program called **SNAP-Ed**. The program includes a Body Quest campaign to teach children about nutrition and physical activity.
- **The Alabama Obesity Task Force in Montgomery** created a strategic plan addressing obesity education and behavior change.
- **Elmore County Public Schools** have adopted the **MyPlate** program in 14 local schools and provide an at-risk supper program and summer feeding program to eligible students.
- **The Montgomery Area Council on Aging** provides "Meals on Wheels" meal delivery service to local seniors in addition to recreational activities and nutrition programming provided at the Archibald Center and East Location.
- Multiple local food banks and food pantries provide assistance to individuals experiencing food insecurity.

Resources –
Social Determinants of Health

The community contains a number of programs and services designed to provide assistance or services to low-income community members, increase health literacy levels, and provide opportunities for education or employment. The list below includes local resources related to this health priority:

- The **River Region United Way** provides funding to a number of local non-profit organizations that provide financial assistance, resources, or referrals to low-income individuals and families.
- **Goodwill Industries of Central Alabama** provides training, vocational rehabilitation, and employment opportunities for people with disabilities or other vocational problems that create barriers to competitive employment.
- **Legal Services Alabama** provides free civil legal aid and assistance and is dedicated to collaborative problem solving to address the social determinants.
- The **Salvation Army** provides emergency food, clothing, and shelter in addition to an array of support programs.
- **Catholic Social Services of Montgomery** provides emergency assistance to individuals and families in crisis who need help with food, clothing, medication, and utilities.
- **Hands On River Region** and **Mid-Alabama Coalition for the Homeless** provide a continuum of care for individuals experiencing housing insecurity.
- The **Montgomery Housing Authority** connects public housing residents and Housing Choice Voucher participants with resources for job readiness, education, financial stability, healthy living, and homeownership.
- The **Health Literacy Partnership of Alabama** works with the Alabama Health Action Coalition to create patient-centered educational opportunities and foster partnerships that advance health literacy levels across the state.
- The **Montgomery Community Action Agency** provides a variety of programs to low-income citizens across the River Region. Education programs include prenatal courses, Early Head Start, and Head Start. The agency also provides energy assistance including the Low-Income Home Energy Assistance Program (LIHEAP), emergency financial assistance, a family gardening project, and an employment training program.

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Resources – Access to Care

The community contains a number of programs and services designed to assist lower-income, uninsured, and underinsured populations in accessing healthcare. A variety of organizations seek to increase the number of individuals with health insurance, and ensure adequate access to primary care and specialty care providers. The list below includes local resources related to this health priority:

- **Jackson Hospital** offers help with paying medical bills for emergent, medically necessary hospital care to eligible patients who apply to the Financial Assistance Program.
- The **River Region United Way** partners with Hands On River Region to provide a 2-1-1 service throughout the area, which provides callers with information about and referrals to human services for everyday needs and in times of crisis.
- **Health Services, Inc.** (HSI) offers access to primary care for those who are uninsured or underinsured with a number of facilities throughout the community. HSI also provides School-Based Health Center services through the Mobile Health Unit in addition to serving a number of local shelters and counseling centers with mobile care.
- **Medical Outreach Ministries** provides free primary care to individuals unable to qualify for public health insurance programs.
- Local **Agencies on Aging** provide medication assistance to adults over the age of 55 through the Alabama SenioRx Prescription Assistance Program.
- **Montgomery Public Schools'** Coordinated School Health Services Department oversees nursing care for public school students in the area. Services include screenings and assessments, care planning, direct clinical services, staff training, medication monitoring, and referrals.
- **The Wellness Coalition** provides navigation services, wellness classes, tobacco cessation, and breastfeeding support. The Coalition also assists individuals and families with applications for health insurance on the federally-facilitated marketplace, Medicaid applications, or other eligible programs.

Resources – Health Disparities

The state of Alabama contains a number of resources that aim to document, understand, and reduce health disparities. The list below includes local and statewide resources related to this health priority:

- Diversity is one of Jackson Hospital's core values. The hospital seeks to embrace differences in patients, staff, and the community. Similarly, the Montgomery Area Chamber of Commerce has established diversity and inclusion as an initiative.
- **Medical Advocacy and Outreach** hosts an annual Breaking Barriers Summit. The 2019 Summit theme was "Health Equity and Social Justice in the Deep South" showcasing the organization's dedication to promoting health equity in the region.
- The **Alabama Office of Minority Health** facilitates local and statewide partnerships to address health disparities and improve the health of racial and ethnic minority populations.
- The **Alabama Public Health Training Network** provides a number of On-Demand provider education modules including a variety of topics related to health disparities.
- **The University of Alabama at Birmingham Minority Health & Health Disparities Research Center** strives to generate and disseminate research knowledge from biomedical, behavioral, and social sciences in order to reduce the health disparities experienced by vulnerable populations and disadvantaged communities locally, regionally, and nationally.
- **Alabama State University's College of Health Sciences** is dedicated to preparing healthcare professionals to eliminate health disparities and provide care to underserved communities.

Resources – Substance Abuse

The community contains a number of programs and services designed to screen individuals for substance abuse concerns, treat addiction, and provide supportive services. The list below includes local resources related to this health priority:

- **The Alabama Department of Mental Health** contracts with community-based entities across the state to provide outpatient and residential treatment services on a sliding fee scale. Programs include Medication-Assisted Treatment for opioid addiction and services for pregnant women or women with dependent children. The department was recently awarded a State Opioid Response Grant from the federal Substance Abuse and Mental Health Services Administration.
- **The Council on Substance Abuse** is a state affiliate organization of the National Council on Alcoholism and Drug Dependency. The council provides an opioid addiction helpline at 1-877-HELP-4AL.
- The **Chemical Addictions Program (CAP)** provides residential and outpatient chemical dependency treatment for adults and outpatient treatment for adolescents.
- **Montgomery Metro Treatment Center** provides outpatient opioid addiction treatment and offers free and low-cost treatment to patients who qualify.

Resources –
Maternal and Child Health

The community contains a number of resources that promote the health of women of childbearing age, mothers, and families with children. The list below includes local resources related to this health priority:

- **Jackson Hospital's Family Birth Center** provides classes on childbirth, parenting, and breastfeeding to the local community.
- The hospital promotes safe sleep messaging and an online safe sleep tool with the goal of reducing Sudden Infant Death Syndrome (SIDS) mortality rates within the community.
- State funds from the federal **Title V Maternal and Child Health Block Grant** are used to provide well-woman care and developmental screenings throughout the region via local and regional health departments.
- The **Autaugaville Family Health Center** and **Eclectic Family Health Center** are Federally Qualified Health Centers that provide family planning health services, pregnancy services, and women's health services to the residents of Autauga and Elmore Counties.
- **The Gift of Life Foundation** is a Healthy Start program funded by the U.S Department of Health Resources and Services Administration (HRSA) in Montgomery County that partners women who are pregnant for the first time with Registered Nurses who will help them with finding resources and home visitation. Programs include Nurse Family Partnership, Parents as Teachers, Fathers in Action, and Mobile Family Coaching.
- **Help Me Grow Alabama** connects families to health and developmental resources so children (birth to age eight) can start school healthy and ready to succeed. Help Me Grow conducts provider education and link families with developmental screening resources.
- **Boys and Girls Clubs of the River Region** provides after-school programs in health, life-skills, citizenship, leadership development, educational and career exploration, sports, fitness and recreation, and the arts for children and youth, ages 6 to 18.
- The **Montgomery Community Action Agency** provides a variety of programs to low-income citizens across the River Region. Education programs include prenatal courses, Early Head Start, and Traditional Head Start.
- **The Wellness Coalition** provides breastfeeding support and other services that promote increased access to care.
- **The Alabama Chapter of the American Academy of Pediatrics** offers education and practice support for local providers.
- **Text4Baby** is a free mobile information service that provides pregnant women and new moms with information to help them through their pregnancy and the baby's first year. The ADPH Bureau of Family Health Services promotes the service.

JACKSON HOSPITAL

Jackson Hospital Implementation Strategy

Implementation Strategy

Implementation Strategy Process for Jackson Hospital

Following the development of the most recent Community Health Needs Assessment (CHNA) report, Jackson Hospital collaborated with Carnahan Group to develop strategies and goals to address priorities identified in the CHNA. The Implementation Strategy document will allow for ongoing assessment of relevant community health outcomes.

Current Health Priorities for Jackson Hospital

1. Chronic Diseases
2. Mental Health
3. Weight Status
4. Social Determinants of Health
5. Access to Care
6. Health Disparities
7. Substance Abuse
8. Maternal and Child Health

Implementation Strategy

Jackson Hospital has chosen not to address the following identified health priorities during the upcoming CHNA cycle:

Priority: **Mental Health**

Rationale: Jackson Hospital lacks the expertise or competency to effectively address this need.

Priority: **Social Determinants**

Rationale: Many other facilities or organizations in the community are addressing this need.

Priority: **Health Disparities**

Rationale: Many other facilities or organizations in the community are addressing this need.

Priority: **Substance Abuse**

Rationale: Jackson Hospital lacks the expertise or competency to effectively address this need.

Priority: **Maternal and Child Health**

Rational: Many other facilities or organizations in the community are addressing this need.

Implementation Strategy: Chronic Diseases

Community Health Need	Target Population	Action Plan	Goals	Partners	Action Plan Rationale
Chronic Diseases (Cancer)	Adults over the age of 45	Increase knowledge of cancer prevention, modifiable risk factors, and screening guidelines in order to improve screening rates and reduce cancer mortality	Promote the quarterly cancer awareness events Share educational materials related to cancer prevention and risk factors Provide cancer screenings and education about screening guidelines	American Cancer Society, Cancer Wellness Foundation of Central Alabama, Alabama Dept. of Public Health	Cancer was the second leading cause of death in Autauga, Elmore, and Montgomery counties from 2013-2017 (CDC Wonder). Certain cancer incidence rates within the community exceeded both the state and national benchmarks from 2011 to 2015 according to the National Cancer Institute. Cancer was identified by 43.6% of health survey respondents as a serious health problem in their community.
Chronic Diseases (Diabetes)	Individuals with pre-diabetes or diabetes	Educate pre-diabetic or persons at risk of Type 2 diabetes in order to reduce the prevalence of diabetes and the rate of complications for diabetic patients.	Provide year-long diabetes education classes that include behavior-change components	Wellness Coalition	The diabetes prevalence rate in Montgomery and Elmore counties exceeded the state benchmark rate in 2014. Diabetes was one of the most frequently selected serious health problem by health survey respondents. Diabetes is one of the leading modifiable risk factors for heart disease and stroke (HP2020).

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Implementation Strategy: Weight Status

Community Health Need	Target Population	Action Plan	Goals	Partners	Action Plan Rationale
Weight Status	School-aged children	Educate children on nutrition, proper water consumption, and exercise in order to reduce childhood obesity	Provide evidence-based education programs for school-aged children in the community in places where they learn and play Support local community-based organizations focused on nutrition and physical activity for children	E.D. Nixon Community Center, local schools, YMCA, Alliance for a Healthier Generation	The community's public health area had an obesity rate of 34.4% in 2016 according to the Alabama Department of Public Health. Obesity was the most frequently selected serious health problem by health survey respondents. In discussions of weight status as a risk factor, community leaders were especially concerned with childhood obesity.
Weight Status	Adults	Support individuals to modify behavioral risk factors in order to reduce obesity rates and obesity-related complications	Share information on health screenings and screening events (both free and paid) throughout the community Provide supportive services and educational programs to increase physical activity levels Provide nutrition education	Viva Health, Inc., Alabama Obesity Task Force	The community's public health area had an obesity rate of 34.4% in 2016 according to the Alabama Department of Public Health. Rates of physical inactivity ranged from 25.5% to 30.3% in 2015 according to the National Center for Chronic Disease Prevention and Health Promotion. Obesity was the most frequently selected serious health problem by health survey respondents. Physical activity can lower the risk of coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer, falls, and depression (HP2020).

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Implementation Strategy: Access to Care

Community Health Need	Target Population	Action Plan	Goals	Partners	Action Plan Rationale
Access to Care	Whole Community	Improve local access to specialty and sub-specialty care to reduce long wait times and travel to receive care	Add additional providers through recruitment initiatives Increase the number of specialty providers who accept Medicaid patients Encourage employed providers to participate in charitable care, volunteering and other community service initiatives	Local provider groups, employed physicians, Health Services, Inc., Medical Outreach Ministries	Rates of public health insurance coverage ranged from 32.8% for Autauga County to 38.0% of residents in Montgomery County according to the ACS Five Year Estimates for 2013-2017.
Access to Care	Specific geographical areas within the defined community	Expand the footprint of the Jackson Clinic to reduce transportation barriers and encourage preventative care	Increase the number of satellite locations of the Jackson Clinic Encourage clinical providers to offer extended hours of operation Increase the number of services offered at various clinic locations	Alabama Dept. Of Public Health	Health survey respondents mentioned that long wait times, difficulty getting in to see a physician, difficulty describing symptoms to a doctor, and transportation were all barriers that impact community members' access to care. Some community leaders stressed the importance of locating healthcare services in places that are easy to reach.

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Appendix A

Carnahan Group Qualifications

Carnahan Group is an independent healthcare technology and consulting firm that focuses on providing innovative and cost-effective compliance solutions to healthcare systems and organizations throughout the nation. Since 2002, Carnahan Group has been trusted by healthcare organizations throughout the nation as an industry leader in providing Fair Market Valuations, Medical Staff Demand Analyses, Community Health Needs Assessments, and Strategic Planning. Our executive team has risen through the ranks of some of the world's largest healthcare systems and has firsthand knowledge of working within a hospital system undergoing federal scrutiny and under OIG Corporate Integrity Agreements. We have not spent our lives as consultants and are therefore acutely aware of the sensitivity surrounding the timeliness, the objectivity, and the correctness of strategic reports. Carnahan Group is dedicated to providing unsurpassed customer service and quality to our clients.

Appendix B

Community Leader Interview Organizations

Organization	Title	Organization Type or Population Represented
Jackson Hospital	CEO	Hospital administration
Jackson Hospital	COO	Hospital administration
Jackson Hospital Board	Member	Hospital board
Jackson Hospital Board	Member	Hospital board
Jackson Hospital Board	Member, Physician	Clinical provider
Jackson Hospital Foundation	Vice President	Non-profit organization
Jackson Hospital Foundation	Member	Non-profit organization
Montgomery County Commission	Commissioner	Local government
Montgomery County Commission	Commissioner	Local government
Montgomery City Council	Councilor	Local government
Montgomery City Council	Councilor	Local government
Health Services, Inc.	CEO	Underserved, low-income, minority or chronic disease population
Alabama Department of Public Health	CMO	Public health, clinical provider
YMCA of Greater Montgomery	President and CEO	Non-profit organization
Montgomery Chamber of Commerce	President	Local government
River Region United Way	President and CEO	Non-profit organization

Appendix C

Community Health Survey

1. Are you 18 years of age or older? ☐ Yes   ☐ No
2. Which type of health insurance do you have?
   - ☐ Medicare
   - ☐ Medicaid
   - ☐ Private insurance (ex. through your job)
   - ☐ I do not have health insurance
   - ☐ I don't know
3. Do you have a smart phone?
   - ☐ Yes   ☐ No
4. How would you rate your health in general (most days)?
   - ☐ Very good   ☐ Good   ☐ Fair   ☐ Poor   ☐ I don't know
5. Thinking about your community, how would you rate the overall health of community members?
   - ☐ Very good   ☐ Good   ☐ Fair   ☐ Poor   ☐ I don't know
6. Over the last 3 months (90 days), how many days have you missed work or other activities (ex. church, school) because you were sick or not feeling well?
   - ☐ None
   - ☐ 1-5 days
   - ☐ 6-10 days
   - ☐ 11-15 days
   - ☐ 16-20 days
   - ☐ More than 30 days
7. When you are sick or need health care, are you able to visit the doctor?
   - ☐ Always   ☐ Sometimes   ☐ Rarely   ☐ Never
8. Is there anything that makes it hard for you to see a doctor when you are sick? (*Choose all that apply*)
   - ☐ It is too expensive
   - ☐ I don't think I need to see a doctor
   - ☐ I don't have health insurance
   - ☐ I am not ready to talk about my health problem(s)
   - ☐ I do not have transportation
   - ☐ The doctor is too far away
   - ☐ My culture or religious beliefs
   - ☐ I can't find a doctor who accepts my insurance
   - ☐ I can't get time off from work
   - ☐ Other _____
9. When was your last physical exam (checkup, well visit) with a doctor?
   - ☐ In the past year
   - ☐ Less than 2 years ago
   - ☐ Between 2-5 years ago
   - ☐ More than 5 years ago
   - ☐ I have never had a checkup or physical exam visit with my doctor

JACKSON HOSPITAL

Appendix C

Community Health Survey

10. Have you had any of the following health services in the past year?
    (*Choose all that apply*)
    - ☐ Heart screening
    - ☐ Dental appointment
    - ☐ Blood work
    - ☐ Skin cancer screening
    - ☐ Blood sugar check
    - ☐ Blood pressure check
    - ☐ Mammogram (breast cancer screening – for females)
    - ☐ Pap smear (cervical cancer screening – for females)
    - ☐ Colon/rectal exam
    - ☐ Prostate exam (for males)

11. Which of the following do you consider serious health problems in your community?
    (*Choose all that apply*)
    - ☐ Alzheimer's Disease
    - ☐ Cancer
    - ☐ Tooth problems (dental health)
    - ☐ Obesity
    - ☐ Heart disease and stroke
    - ☐ Suicide
    - ☐ Diabetes
    - ☐ Injuries
    - ☐ Infectious diseases (ex. flu virus, hepatitis, tuberculosis)
    - ☐ Mental health issues (ex. depression)
    - ☐ Motor vehicle injuries
    - ☐ High blood pressure
    - ☐ Prenatal and infant health (ex. babies born underweight)
    - ☐ Breathing problems (ex. asthma, COPD)
    - ☐ Sexually transmitted diseases
    - ☐ Violence
    - ☐ Child abuse or neglect
    - ☐ Substance abuse/addiction
    - ☐ Other _____

12. Which of the following do you consider serious social problems in your community?
    (*Choose all that apply*)
    - ☐ Poverty (low income)
    - ☐ Not enough jobs in the area
    - ☐ Overcrowded housing
    - ☐ Homelessness
    - ☐ Not enough education (ex. high school dropouts)
    - ☐ Racism and discrimination
    - ☐ No health insurance
    - ☐ Not enough interesting activities for youth
    - ☐ Crime
    - ☐ Not enough healthy food
    - ☐ Not enough childcare options
    - ☐ Public transportation
    - ☐ Not enough free or affordable health screenings (ex. tests for cancer or infectious diseases)
    - ☐ Other _____

13. Which of the following do you consider important parts of healthy, thriving community?
    (*Choose all that apply*)
    - ☐ Safe worksites
    - ☐ Affordable housing
    - ☐ Good schools
    - ☐ Access to healthy foods
    - ☐ Diversity
    - ☐ Parks and recreation
    - ☐ Sanitation and public works
    - ☐ Good jobs
    - ☐ Low crime and violence
    - ☐ Good healthcare
    - ☐ Childcare
    - ☐ Faith-based organizations (ex. churches)
    - ☐ Services for the elderly
    - ☐ Support organizations (ex. nonprofits)
    - ☐ Other _____

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Appendix C

Community Health Survey

1. **Your Home ZIP Code** _____
2. **Age:**
   - ☐ Under 18   ☐ 18-44   ☐ 45-64   ☐ 65+
3. **Gender:**
   - ☐ Male   ☐ Female
4. **Race/Ethnicity (*Choose all that apply*)**
   - ☐ White
   - ☐ Black/African American
   - ☐ Hispanic
   - ☐ Asian/Pacific Islander
   - ☐ American Indian & Alaska Native
   - ☐ Other
5. **Household income last year:**
   - ☐ Under $15,000
   - ☐ $15,000 to $24,999
   - ☐ $25,000 to $34,999
   - ☐ $35,000 to $49,999
   - ☐ $50,000 to $74,999
   - ☐ $75,000 to $99,999
   - ☐ $100,000 to $149,999
   - ☐ $150,000 to $199,999
   - ☐ $200,000 and above
   - ☐ I don't know
6. **Which of the following best describes your employment status?**
   - ☐ Employed full-time
   - ☐ Employed part-time
   - ☐ Full-time student
   - ☐ Retired
   - ☐ Unemployed
   - ☐ Homemaker
   - ☐ Other _____
7. **Where do you go for information about health and wellness? *Check all that apply***
   - ☐ Doctors, nurses, and pharmacists in my community
   - ☐ Family and friends
   - ☐ Newspapers or magazines
   - ☐ Television or radio
   - ☐ Books
   - ☐ Social media (Facebook, Twitter, Instagram)
   - ☐ Internet (websites)
   - ☐ Hospital
   - ☐ Church
   - ☐ School or college
   - ☐ Health fairs
   - ☐ The health department
   - ☐ Your place of work
   - ☐ Other _____

Company Overview

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Thank you for the opportunity to serve Jackson Hospital.

We are committed to being your innovative strategic partner.