



2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Jackson Hospital | Montgomery, AL

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Montgomery, AL 36106

2022 Community Health Needs Assessment
As required by Internal Revenue Code § 501(r)(3)

Date Approved by Authorized Governing Body:
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Comments and feedback about this report are welcomed. Please contact:

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Jackson Hospital 2022 CHNA - FINAL

Jackson Hospital

2022 Community Health Needs Assessment

I. INTRODUCTION

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.

VISION

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.*

A. CHNA Process and Methodology

CHNA Background

On September 20, 2021, Jackson Hospital (JH) contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) in 2022 as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix D: Carnahan Group Qualifications for more information about Carnahan Group.

A CHNA is a report based on epidemiological, qualitative, and comparative methods that assess the healthcare and public health issues in a hospital organization's community and that community's access to services related to those issues. Based on the findings of the 2022 CHNA, an implementation strategy for JH that addresses the community health needs will be developed and adopted no later than June 13, 2023.

501(r)(3) CHNA Regulations

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

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

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
 - A description of the sources and dates of the data and the other information used in the assessment; and,
 - The analytical methods applied to identify community health needs.
- The identification of all organizations with which 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.

Primary Data Collection Strategy

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

- Input from persons who represented the broad interests of the community served by 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 primary data sources utilized for JH's CHNA are provided in Appendix E and Appendix F. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration, and other hospital staff members as well engaging with community members through an online health survey.

Secondary Data Collection Strategy

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). Demographic and health indicators are presented for the defined community. Initial secondary data collection was completed utilizing the most recent periods of data available as of November 4, 2021.

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

B.Community Definition



For this CHNA, Jackson Hospital chose to define the community as Autauga County, Butler County, Elmore County, and Montgomery County, AL.

Because this community was chosen purely by geography, it includes medically underserved, low income, and minority populations.

Figure 1 – Defined Community Map, Source: JH, Carnahan Group

II. EXECUTIVE SUMMARY

A. Prioritized Community Health Needs

The overarching goals in conducting this Community Health Needs Assessment are to identify significant health needs of the community, to prioritize those health needs, and to identify potential resources available to address those health needs. The health needs of a community include requisites for improvement or maintenance of health status both in the community at large and parts of the community, such as specific neighborhoods or populations experiencing health disparities.

Priorities may include, for example, the need to:

- Address financial and other barriers to accessing care,
- Prevent illness,
- Ensure adequate nutrition, or
- Address social, behavioral, and environmental factors that influence health in the community.

An exhaustive list of health needs was established based on an analysis of primary and secondary data. This list of needs was entered into a decision matrix to establish priorities. Ranked factors considered during this process included benchmarked secondary data, categorized coded primary data, the feasibility and effectiveness of intervening, the presence of health disparities, the hospital's strategic priorities, and local County Health Department annual reports and the Alabama State Health Assessment (SHA).

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

1. Diabetes
2. Cardiovascular disease
3. Obesity
4. Health education
5. Financial barriers
6. Access to care
7. Smoking cessation

Diabetes

According to the National Institute of Diabetes and Digestive and Kidney Diseases, diabetes is defined as a disease that occurs when a person's blood glucose is too high. Too much glucose in the body can, over time, lead to further health complications, such as kidney disease, dental issues, heart disease, and stroke. Per the Centers for Disease Control and Prevention's National Diabetes Statistics Report, in 2019, 28.7 million people, including 28.5 million adults, were diagnosed with diabetes. During the same timeframe, approximately 8.5 million people aged 18 years or older went undiagnosed. Healthy People 2030 (HP 2030) has a goal to "reduce the burden of diabetes and improve quality of life for all people who have, or are at risk for, diabetes."

The portion of adults diagnosed with diabetes was higher than the national average across the defined community, while only Montgomery County exceeded the state benchmark (14.2% vs 12.7%, respectively). Diabetes was also a leading cause of death from 2016-2020. Autauga, Butler, Elmore, and Montgomery counties all had worse diabetes mortality rates than the state of Alabama.

Of the 29 community leader interviews conducted, 90% of community leaders reported that diabetes was a concerning chronic disease within their community. Additionally, diabetes was mentioned as a health disparity present in predominantly African American/Black communities, by nearly 14% of interviewees. Diabetes was also selected as a serious health problem by nearly 10% of survey respondents.

Cardiovascular Disease

Cardiovascular disease is a general term for conditions affecting the heart or blood vessels. Numerous conditions and phenomena fall under this broader category including, heart attack, stroke, and heart failure, per the American Heart Association. A goal of HP 2030 is to "improve cardiovascular health and reduce deaths from heart disease and stroke."

Heart disease was the number one leading cause of death across the United States from 2015 through 2019, with 164.8 deaths per 100,000 population, according to the CDC. Alabama's state benchmark exceeded the US death rate for the same timeframe (225.5 per 100,000 population). All counties within Jackson Hospital's defined community exceeded the national benchmark for heart disease mortality. However, only Elmore County had a worse death rate than the state of Alabama.

Many community leaders mentioned cardiovascular disease as a health disparity disproportionately impacting the African American/Black community. Additionally, 26 of the 29 interviewees noted cardiovascular disease was one of the most concerning chronic diseases present within the community. Lastly, heart disease and/or stroke as

well as high blood pressure were reported as serious health problems by those responding to the online community health survey (10.77% and 9.09% of responses, respectively).

Obesity

Obesity is a common, serious, and costly disease. Approximately two in five adults in the United States were considered obese from 2015 – 2016. Obesity is linked with other serious health problems, including type 2 diabetes and cardiovascular disease. The estimated annual medical cost of obesity in the United States was nearly \$173 billion in 2019 dollars. Moreover, medical costs for adults with obesity were \$1,861 higher than medical costs for people with a healthy weight. Healthy People 2030's goal regarding weight status is to "reduce overweight and obesity by helping people eat healthy and get physical activity."

Alabama had a higher adult obesity rate in 2017 than the national benchmark (36.1% vs 30.0%, respectively). Jackson Hospital's defined community also exceeded the national obesity benchmark. Both Butler County (46.8%) and Montgomery County (37.1%) exceeded the state benchmark for obesity.

Similar to other chronic diseases, obesity can be linked to a lack of access to healthy foods and a lack of physical activity opportunities. The rates of limited access to healthy foods in Jackson Hospital's defined community exceeded the United States benchmark. At the state level, a higher percentage of Alabama residents experienced limited access to healthy foods compared to the US benchmark (7.89% vs 2.0%, respectively). Twelve percent of Autauga County residents and 14.6% of Montgomery residents experienced limited access to healthy foods, which surpassed the state rate.

The food insecurity rate in Butler County was higher than the state benchmark (16.5% vs 16.1%, respectively) in 2019. All other counties within JH's defined community had higher percentages of residents experiencing food insecurity when compared to the United States benchmark. In 2017, 30.6% of Autauga County residents and 40.3% of Butler County residents were physically inactive; these rates exceeded the 29.3% state benchmark.

Two community leader interviewees considered obesity a health disparity disproportionately impacting African American/Black residents within the defined community. Obesity was deemed a chronic disease issue in the community by nearly 66% of community leaders interviewed. When asked to consider a multitude of potential health concerns that could be deemed serious health problems within their community, obesity was selected by nearly 11% of online health survey respondents.

Health Education

Effective health communication and education are critical in ensuring the health and well-being of people. According to the American Medical Association and the National Institutes of Health, the readability of patient education materials should not exceed a 6th-grade reading level. Healthy People 2030's goal in this area is to improve health communication "so that people can easily understand and act on health information."

Thirty-one percent of community leaders interviewed believed health education was one of the disparities most prevalent in their community. When asked to elaborate, one leader mentioned a lack of communication between health providers and residents. Multiple leaders mentioned a lack of education on chronic disease, healthy lifestyle, and healthy diet, and another leader perceived a general lack of knowledge of available resources and a lack of understanding of how to navigate the healthcare system.

Nearly 31% of survey participants who responded to the question of where they went for information about health and wellness reported they receive their information from doctors, nurses, and/or pharmacists in their community. Approximately 21% of respondents utilized the internet to gather health and wellness information and 3.81% of respondents use social media as a way to get information about health and wellness.

In terms of what health resources were most needed within their community, three community leaders believed more health education resources were necessary, with one interviewee saying more access to free health education was crucial.

Financial Barriers

Due to the increasing amount of people who are unable to afford healthy foods, health care, or housing, HP 2030 developed the goal of "helping people earn steady incomes that allow them to their health needs."

In 2020, both Butler and Montgomery County residents experienced higher unemployment rates (8.8% and 7.8%, respectively) than the state benchmark (5.9%). Rates of poverty exceeded the state benchmark of 16.7% in Butler County (22.5%) and Montgomery County (19.4%) from 2015-2019. Further, the percentage of children living below the poverty level was higher in Butler County (34.5%) and Montgomery County (30.6%) when compared to Alabama's benchmark (23.9%) during the same timeframe. In both Butler and Montgomery Counties, the median household income was lower than the state benchmark (\$40,688, \$50,124, and \$50,536, respectively).

Nearly 21% of community leaders interviewed reported that economic security contributed significantly to health disparities within the community. One community leader mentioned that because of financial barriers, residents are not able to access

preventative health care. When asked what barriers make it hard to see a doctor when sick, approximately 14% of online survey participants reported it was too expensive.

Access to Care

Interventions to increase access to healthcare professionals, both in person and remotely, can help more people get the access they need. Healthy People 2030's healthcare access and quality goal is to "increase access to comprehensive, high-quality healthcare services."

Access to care in America is closely linked to whether a person has health insurance that is accepted by providers near them. The percentage of residents with private insurance within Jackson Hospital's defined community ranged from 64.1% to 73.7% from 2015 – 2019. Public insurance rates for the same timeframe ranged from 33.9% to 44.0%. The percentage of individuals residing in Montgomery County who did not have health insurance coverage exceeded the state rate (10.0% vs 9.5%).

Access to care was a concern among community leaders interviewed. Approximately 31% of those interviewed reported access to care as a health disparity, especially among low-income populations, rural communities, those without broadband internet, and numerous parts of the city of Montgomery including western, downtown, and eastern areas.

Nearly 60% of those interviewed reported the need for more health resources addressing access to care issues. An increase in affordable healthcare options, more access to urgent care facilities in disadvantaged communities, an increase in the number of primary and specialty care providers, more free clinics in neighborhoods or hubs, and an increase in access points for rural communities were suggested as types of resources needed to combat the lack of access to care within the community.

Roughly 9% of online survey participants indicated good healthcare was an important part of a healthy community and nearly 10% of survey respondents considered a lack of health insurance as a serious social problem within their community. Moreover, 5% of participants reported doctors being too far away and 14% indicated it was too expensive to see a provider when they were sick.

Smoking Cessation

In a 2014 report from the US Department of Health and Human Services discussing the health consequences of smoking, it was reported that more than 16 million adults in the United States have a disease caused by smoking. Healthy People 2030's goal around

tobacco use is to “reduce illness, disability, and death related to tobacco use and secondhand smoke.”

According to County Health Rankings, there were 19.8% of adult smokers residing in Autauga County, 22.8% in Butler County, 19.3% in Elmore County, and 19.9% in Montgomery County in 2018. Alabama’s smoking rate was 20.0%, meaning only Butler County had a higher percentage of adults who smoked. All counties within Jackson Hospital’s defined community exceeded the US benchmark rate of 17.0%.

Vaping was considered a serious health concern by a handful of community leaders, especially within the teen and young adult populations. The health issues associated with smoking and tobacco use were also mentioned by roughly 14% of interviewees when asked to discuss chronic disease within the community.

Online survey participants were asked a myriad of questions relating to smoking and tobacco use. Of the 217 people who answered whether their doctor or nurse asked if they’d smoked, 184 chose yes, 25 chose no, and 8 did not know. Nearly 47% of respondents said their doctor provided them with helpful information and resources about tobacco, while 26% said their doctor did not provide them with these resources, and 27% reported they did not know. Exposure to tobacco smoking was reported by survey participants in numerous places including at casinos, parks, restaurants, work, and near and within their homes.

III. SECONDARY DATA

A. Shortage Areas

Health Professional Shortage Areas

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

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

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

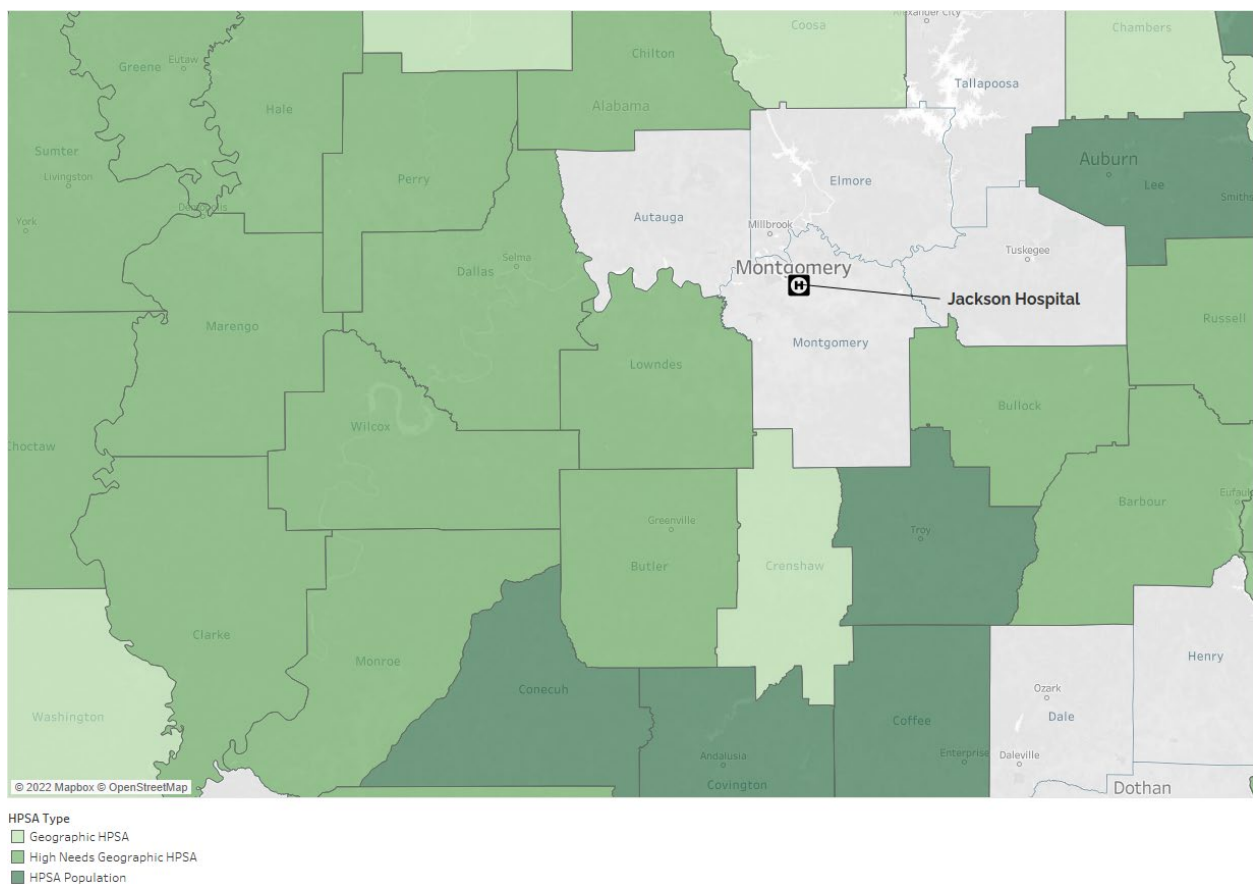


Figure 2 – Health Professional Shortage Area, Source: Health Resources and Services Administration

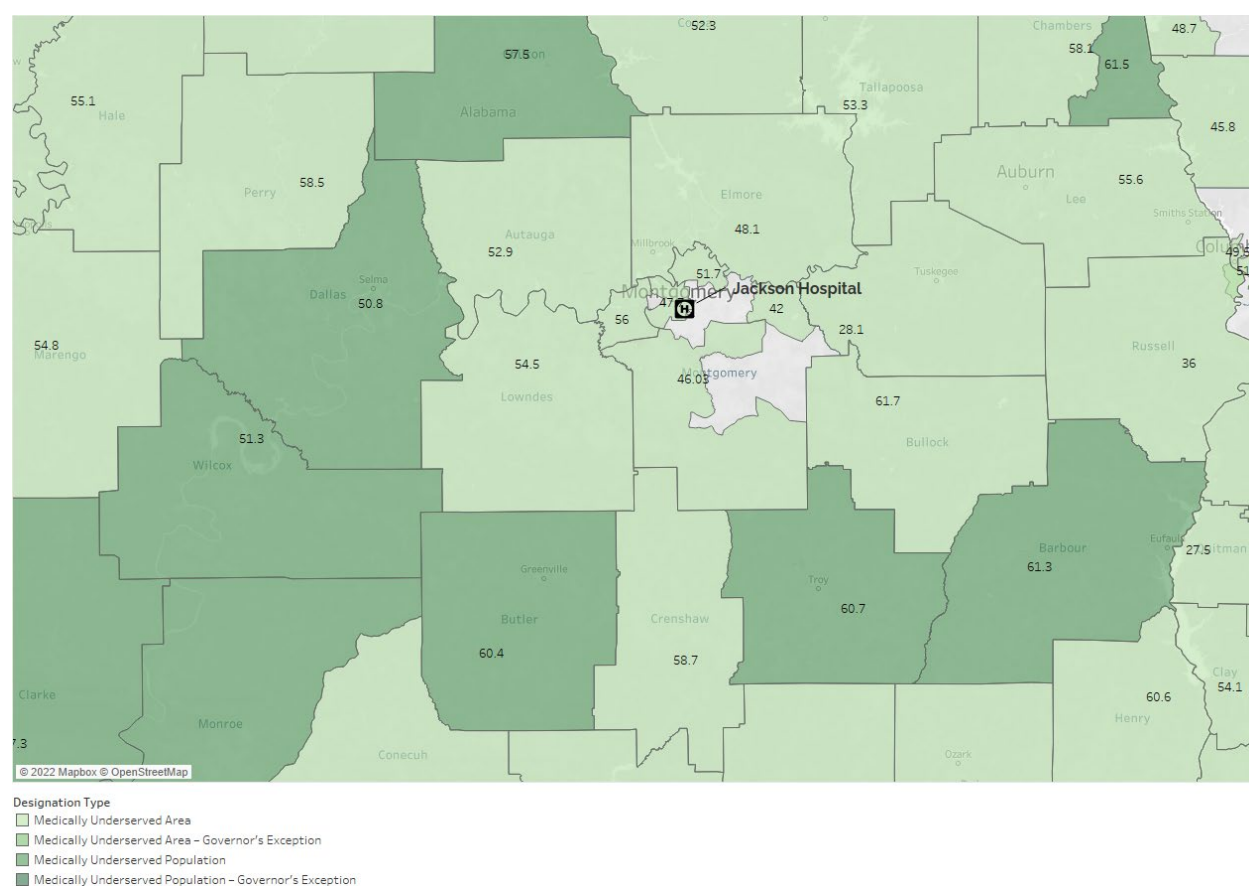
Medically Underserved Areas

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

The IMU score is calculated based on four criteria:

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

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



According to County Health Rankings, the 2019 ratio of population to primary care physicians was 2,230:1 in Autauga County, 3,890:1 in Butler County, 4,270:1 in Elmore County, and 970:1 in Montgomery County, AL compared to Alabama's overall ratio of 1,520:1.

B. Population Demographics

Population Growth

The projected population growth for the community is 1.5% over the next five years. Note that the only county without anticipated growth over the next five years is Butler County (-2.9% projected decline).

State	County	2021 Population	2026 Population	5 Year Percentage Change
Alabama	Elmore	91,371	94,649	3.6%
	Autauga	56,256	57,969	3.0%
	Montgomery	235,405	237,042	0.7%
	Butler	19,783	19,206	-2.9%
Grand Total		402,815	408,866	1.5%

Figure 4 - Population Change by County, 2021 – 2026, Source: Esri 2021

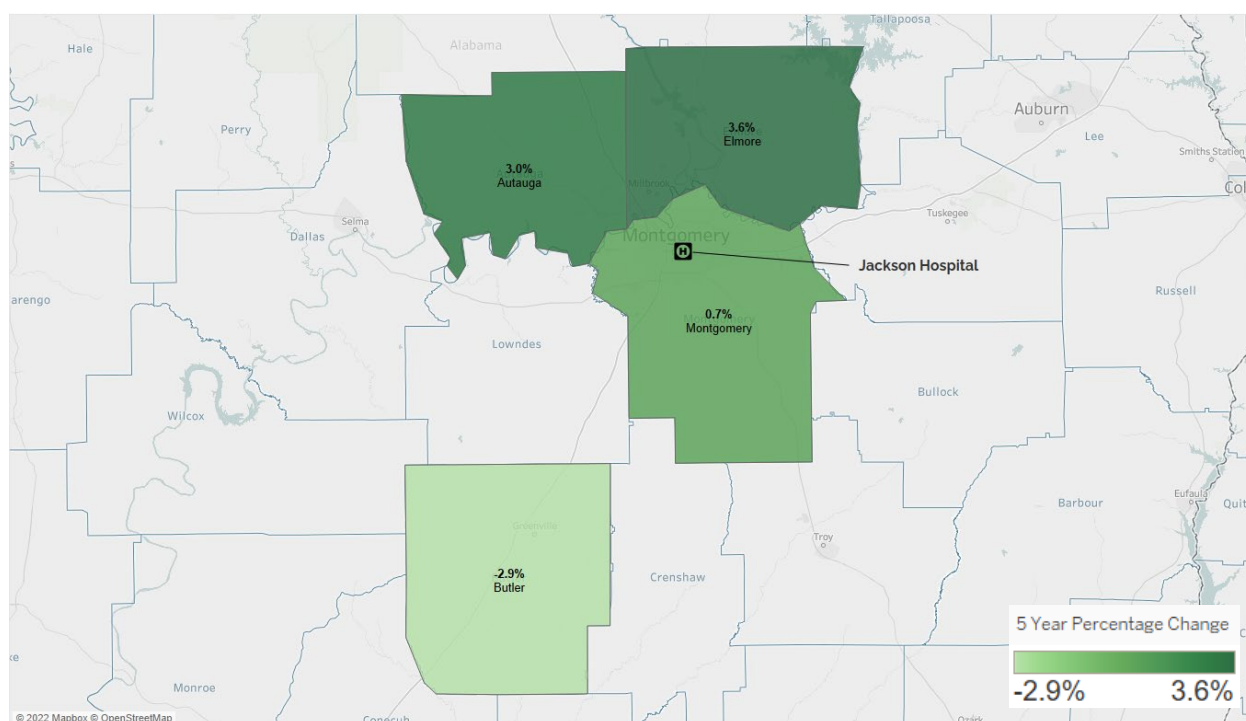


Figure 5 - Population Change by County 2021 – 2026, Source: Esri 2021

Population by Age Group

The populations of residents aged 20-29 and 50-59 are expected to decrease over the next five years. Significant population growth is expected for adults aged 65 and older.

Age Group	Sex					
	Female		5 Year Percentage Change	Male		5 Year Percentage Change
	2021 Population	2026 Population		2021 Population	2026 Population	
Age 0-4	11,746	11,815	0.6%	12,268	12,406	1.1%
Age 5-9	12,319	12,175	-1.2%	13,034	12,820	-1.6%
Age 10-14	12,401	12,579	1.4%	13,105	13,362	2.0%
Age 15-19	12,251	12,326	0.6%	12,898	13,427	4.1%
Age 20-24	12,533	12,175	-2.9%	12,973	12,367	-4.7%
Age 25-29	14,426	12,891	-10.6%	14,544	12,833	-11.8%
Age 30-34	15,068	14,550	-3.4%	14,323	14,405	0.6%
Age 35-39	14,276	15,267	6.9%	13,153	14,352	9.1%
Age 40-44	13,131	13,918	6.0%	12,130	12,954	6.8%
Age 45-49	13,229	13,136	-0.7%	11,891	12,015	1.0%
Age 50-54	12,648	12,699	0.4%	11,571	11,586	0.1%
Age 55-59	13,726	12,410	-9.6%	12,190	11,200	-8.1%
Age 60-64	13,609	13,235	-2.7%	11,917	11,623	-2.5%
Age 65-69	12,005	12,781	6.5%	9,960	10,926	9.7%
Age 70-74	9,806	10,905	11.2%	8,088	8,634	6.8%
Age 75-79	6,538	8,402	28.5%	5,243	6,715	28.1%
Age 80-84	4,241	5,114	20.6%	2,911	3,634	24.8%
Age 85+	4,405	4,700	6.7%	2,258	2,529	12.0%
Grand Total	208,358	211,078	1.3%	194,457	197,788	1.7%

Figure 6 - Population Age Groups, Source: U.S. Census Bureau ACS 2015-2019

Median Age

From 2015 to 2019 the median age in Autauga, Butler, and Elmore counties exceeded the national benchmark.

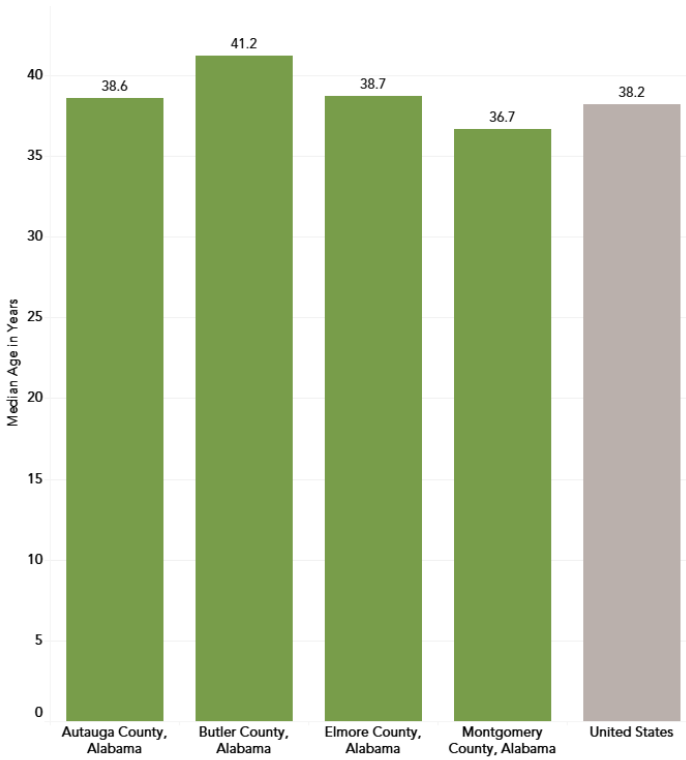


Figure 7 – Median Age by County, Source: U.S. Census Bureau ACS 2015-2019

Population Race/Ethnicity

The majority of Jackson Hospital's defined community identified as white in 2021. However, the white population will see a -3.0% decrease from 2021 to 2026, while the Asian, Pacific Islander, and multiple-race populations will experience significant increases during the same timeframe.

Race and Ethnicity	2021 Population	2026 Population	5 Year Percentage Change
Asian	9,955	12,713	27.7%
Two or More Races	6,215	7,218	16.1%
Pacific Islander	218	244	11.9%
Hispanic	14,034	15,148	7.9%
Black/African American	178,241	185,078	3.8%
American Indian/Alaska Native	1,173	1,200	2.3%
Other Race	299	296	-1.0%
White	192,680	186,969	-3.0%
Grand Total	402,815	408,866	1.5%

Figure 8 – Population by Race/Ethnicity, Source: Esri 2021

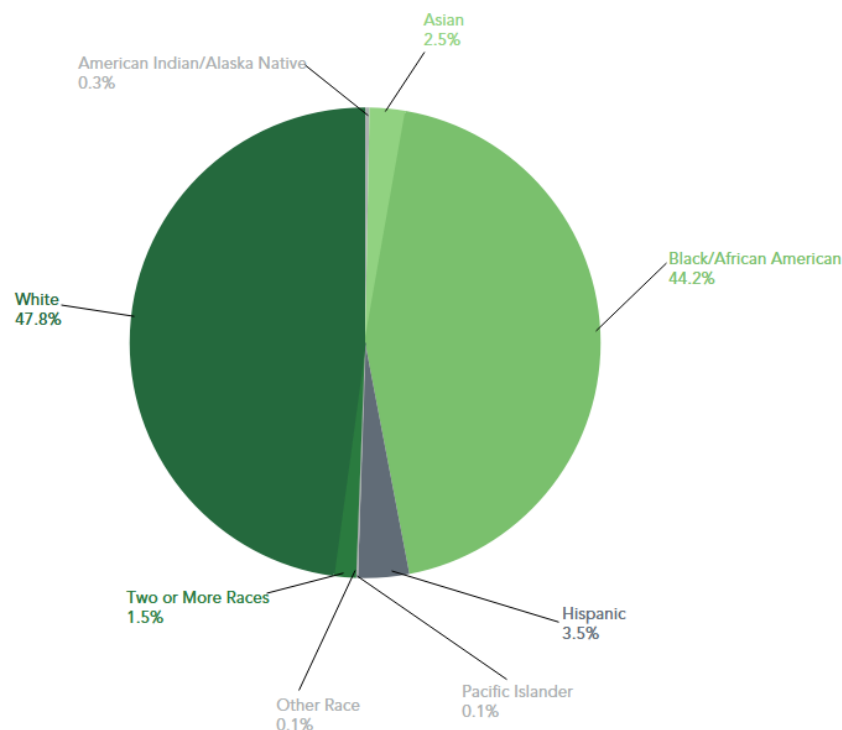


Figure 9 - Population Change by Race/Ethnicity for 2021, Source: Esri 2021

Language and Foreign-Born Population

From 2015-2019, a smaller portion of foreign-born individuals resided in Autauga (2.3%), Butler (0.8%), and Elmore (2.1%) counties compared to Alabama (3.5%) and the United States (13.6%). During the same timeframe, a larger portion of foreign-born individuals resided in Montgomery County (4.7%) compared to the state benchmark. Montgomery County had more households where a language other than English was spoken compared to Alabama (6.2% vs 5.3%, respectively).

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Foreign-born population	2.3%	0.8%	2.1%	4.7%	3.5%	13.6%
Language other than English spoken at home	4.3%	1.3%	3.5%	6.2%	5.3%	21.6%

Figure 10 – Language and Foreign-Born Population, Source: U.S. Census Bureau ACS 2015-2019

Computer and Internet Access

A greater percentage of households within Butler County had no access to a computer or broadband internet when compared to the state benchmarks.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Households with a computer	89.2%	73.3%	88.3%	87.6%	85.5%	90.3%
Households with broadband internet subscription	80.6%	64.6%	81.5%	79.5%	76.4%	82.7%

Figure 11 - Computer and Internet Access, Source: U.S. Census Bureau ACS 2015-2019, shading indicates the county measure was more significant than or worse than the state benchmark value

Veteran Population

According to the U.S. Census Bureau's 2015-2019 American Community Survey estimates, 12.6% of Autauga County, 10.6% of Butler County, and 9.7% of Montgomery County residents were veterans compared to 8.8% of Alabama residents.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Veteran Status	12.6%	6.6%	10.6%	9.7%	8.8%	7.3%

Figure 123 – Veteran Status, Source: U.S. Census Bureau ACS 2015-2019

C. Socioeconomic Status

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

The 2020 annual unemployment average for Butler County and Montgomery County, AL (8.8%, and 7.8%, respectively) was higher than Alabama's average (5.9%). Only Autauga County and Elmore County, AL had a lower rate of unemployment (4.9% each) than the state of Alabama.

The U.S. Census Bureau publishes median household income and poverty estimates. According to the 2015-2019 American Community Survey estimates, the median household income in Autauga County was \$58,731, in Butler County was \$40,688, in Elmore County was \$60,891, and in Montgomery County was \$50,124. Both Butler County and Montgomery County had worse median household incomes than Alabama as a whole (\$50,536).

Poverty thresholds are determined by family size, the number of children, and the age of the head of the household. A family's income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. As of October 19, 2021, the 2021 federal poverty threshold for a family of four was \$26,500. The Census Bureau estimates indicate that in Autauga County and Elmore County, residents were less likely to live in poverty (15.2% and 11.5%, respectively) compared to AL residents (16.7%). Children in Autauga County and Elmore County, AL were less likely below the poverty level (23.2% and 15.2%, respectively) compared to all children in AL (23.9%).

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Unemployment Rate ¹	4.9%	8.8%	4.9%	7.8%	5.9%	8.1%
Median Household Income ²	\$58,731	\$40,688	\$60,891	\$50,124	\$50,536	\$62,843
Individuals Below Poverty Level ²	15.2%	22.5%	11.5%	19.4%	16.7%	13.4%
Children Below Poverty Level ²	23.2%	34.5%	15.2%	30.6%	23.9%	18.5%

Figure 13 - Socioeconomic Indicators, Source: 1) Bureau of Labor Statistics 2020, 2) U.S. Census Bureau ACS 2015-2019, shading indicates the county measure was more significant than or worse than the state benchmark value

Median Household Income

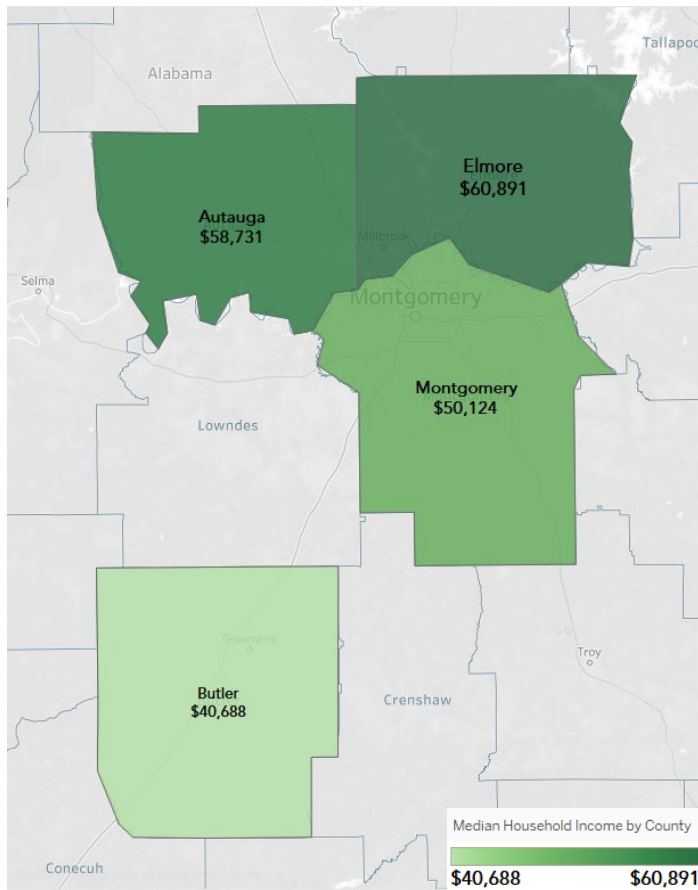


Figure 14 - Map of Median Household Income by County with Defined Community, Source: U.S. Census Bureau ACS 2015-2019

Population Below Federal Poverty Level

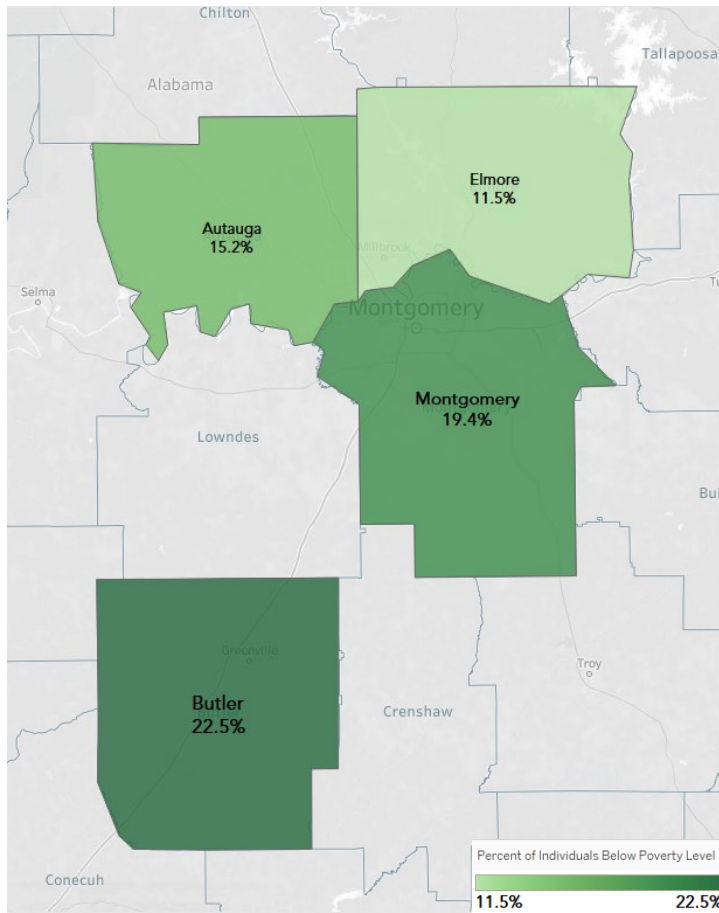


Figure 15 – Population Under Federal Poverty Level by County within Defined Community, Source: U.S. Census Bureau ACS 2015-2019

D. Access to Care

Health Insurance Coverage

According to the U.S. Census Bureau's 2015-2019 American Community Survey estimates, residents of Autauga County, Butler County, and Elmore County were more likely to have health insurance coverage (7.1%, 8.7%, and 7.4% uninsured) when compared to Alabama residents (9.5% uninsured).

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Private insurance coverage	71.2%	64.1%	73.7%	65.0%	67.5%	67.9%
Public insurance coverage	35.3%	44.0%	33.9%	39.1%	36.9%	35.1%
No health insurance coverage	7.1%	8.7%	7.4%	10.0%	9.5%	8.8%
No health insurance coverage (under 19 years)	1.7%	2.3%	3.1%	2.8%	3.2%	5.1%

Figure 16 - Health Insurance Coverage, Source: U.S. Census Bureau ACS 2015-2019, shading indicates the county measure was more significant than or worse than the state benchmark value

Uninsured Population

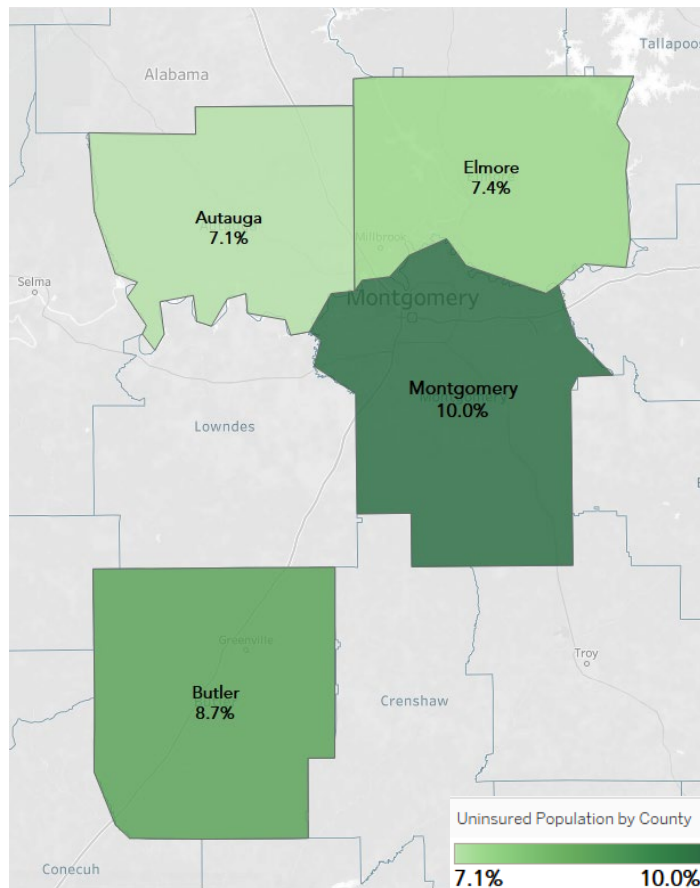


Figure 17 - Uninsured Population by County within Defined Community, Source: U.S. Census Bureau ACS 2015-2019
Jackson Hospital 2022 CHNA - FINAL

Public Insurance/Medicaid Coverage

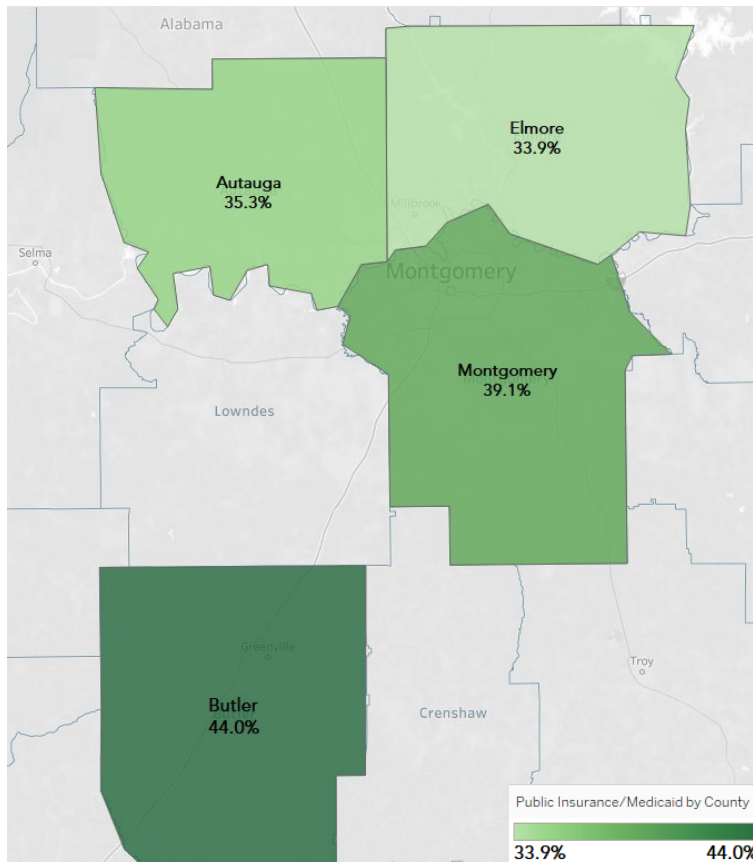


Figure 18 - Medicaid Population by County within the Defined Community, Source: U.S. Bureau ACS 2015-2019

E. Housing

The U.S. Census Bureau's 2015-2019 American Community Survey estimates indicated that Autauga County, Butler County, and Elmore County had higher rates of homeownership than the state. Montgomery County was the only county in the defined community to have a lower rate of homeownership when compared to Alabama.

County Health Rankings publishes estimates of severe housing cost burden and segregation utilizing Census Bureau data. Overall, Autauga County, Butler County, and Elmore County, AL had lower proportions of individuals with severe housing cost burden or a severe housing problem when compared to the state benchmarks. Considering residential segregation rates for Black/White or Non-White/White, no county in the defined community had worse outcomes when compared to the state benchmark from 2015-2019.

Home Ownership, Housing, and Residential Segregation

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Homeownership	73.3%	70.0%	73.3%	58.4%	68.8%	64.0%
Severe housing cost burden	12.0%	10.5%	9.4%	16.2%	12.1%	16.0%
Severe housing problems	13.6%	11.8%	11.2%	17.9%	13.9%	18.0%
Residential segregation - Black/White	24.8	34.6	27.4	51.4	56.6	67.0
Residential segregation - Non-White/White	24.2	34.3	26.9	48.0	50.9	48.0

Figure 19 - Home Ownership and Housing Characteristics, Source: U.S. Census Bureau ACS 2015-2019, County Health Rankings 2021, residential segregation shown as a segregation index, shading indicates the county measure was more significant than or worse than the state benchmark value

F. Education

The U.S. Census Bureau's 2015-2019 American Community Survey estimates indicate that Butler County and Elmore County had worse outcomes in terms of the percentage of residents whose education level was less than ninth grade (4.6% and 4.5%, respectively) when compared to the state (4.3%). Except for Montgomery County, the defined community had higher levels of individuals who received a high school diploma or equivalent compared to the state benchmark.

Highest Level of Education Completed

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Less than 9th grade	2.5%	4.6%	4.5%	4.0%	4.3%	5.1%
9th to 12th grade, no diploma	9.0%	10.3%	8.9%	9.3%	9.5%	6.9%
High school degree or equivalent	33.6%	45.2%	32.5%	25.0%	30.8%	27.0%
Some college, no degree	20.0%	16.4%	19.6%	21.4%	21.4%	20.4%
Associate's degree	8.4%	7.4%	9.4%	7.0%	8.5%	8.5%
Bachelor's degree	16.1%	9.7%	16.3%	19.6%	15.9%	19.8%
Graduate or professional degree	10.5%	6.4%	8.8%	13.8%	9.5%	12.4%

Figure 20 - Highest Level of Education Completed by Persons 25 Years and Older, Source: U.S. Census Bureau ACS 2015-2019, shading indicates the county measure was more significant than or worse than the state benchmark value

G. Transportation

According to the U.S. Census Bureau's 2015-2019 American Community Survey estimates, individuals in Butler County and Montgomery County, AL had worse access to vehicles (7.5% and 8.1%, respectively) than the state benchmark (6.1%). Autauga County, Butler County, and Montgomery County, AL residents had a lower mean commute time (24.4 minutes, 23.7 minutes, and 20.7 minutes, respectively) than the Alabama average (24.9 minutes).

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Housing units with no vehicles available	4.4%	7.5%	4.5%	8.1%	6.1%	8.6%
Mean travel time to work (minutes)	24.4	23.7	26.8	20.7	24.9	26.9

Figure 21 - Transportation Indicators, Source: U.S. Census Bureau ACS 2015-2019, shading indicates the county measure was more significant than or worse than the state benchmark value

H. Crime and Violence

According to the Alabama Department of Law Enforcement, 2019 rates of violent crime were generally lower within Autauga County, Butler County, and Elmore County than the Alabama benchmarks. However, reported rates of homicide, robbery, and assault were greater in Montgomery County than across the state.

Violent Crime Rates

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Homicide	4.0	-	3.0	39.0	7.3	5.0
Rape	20.0	2.0	44.0	35.0	42.2	42.6
Robbery	18.0	14.0	31.0	339.0	80.4	81.6
Assault	79.0	67.0	141.0	849.0	381.0	250.2

Figure 22 - Violent Crime Rates per 100,000 Population, Source: Alabama Dept. of Law Enforcement, Crime in Alabama 2021 Annual Report, and FBI Crime in the United States 2019, shading indicates the county measure was more significant than or worse than the state benchmark value

I. Disability

According to the U.S. Census Bureau's 2015-2019 American Community Survey estimates, a greater portion of the Autauga County, Butler County, and Elmore County, AL populations had a disability than those across the state of Alabama. Autauga County and Elmore County's percentage of the population living with a disability or difficulty exceeded the state benchmarks in six out of the seven categories examined.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Population with a disability	19.0%	16.5%	17.1%	16.0%	16.3%	12.6%
Population with a hearing difficulty	4.7%	3.9%	4.9%	3.3%	4.3%	3.6%
Population with a vision difficulty	2.4%	3.8%	3.4%	2.8%	3.1%	2.3%
Population with a cognitive difficulty	8.6%	5.9%	7.0%	6.9%	6.5%	5.1%
Population with an ambulatory difficulty	10.8%	10.7%	10.4%	9.7%	9.8%	6.9%
Population with a self-care difficulty	4.2%	3.7%	2.7%	3.4%	3.4%	2.6%
Population with an independent living difficulty	9.2%	7.1%	8.0%	7.2%	7.6%	5.8%

Figure 23- Disability Prevalence Rates, Source: U.S. Census Bureau ACS 2015-2019, shading indicates the county measure was more significant than or worse than the state benchmark value

J. Mortality

County Health Rankings analyzes data from the Centers for Disease Control and Prevention and the National Center for Health Statistics related to premature death. The overall adjusted mortality from all causes was better than the state benchmark (943.2) in both Autauga and Montgomery Counties (877.6 and 893.3, respectively). Unlike the data points for Autauga and Montgomery counties, both Butler County and Elmore County had worse age-adjusted mortality from all causes when compared to Alabama.

Life expectancy was higher than the state benchmark (75.5) in all counties in the defined community except for Butler County (74.2). White life expectancy was higher than the state average in all but Butler County, AL. Black life expectancy was lower in Elmore County compared to the state of Alabama's rate. In three of the four counties, the Black life expectancy was lower than the white life expectancy.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama
Age-adjusted mortality from all causes ¹	877.6	981.9	950.7	893.3	943.2
Life expectancy ²	77.2	74.2	76.3	76.5	75.5
White life expectancy ²	77.5	73.8	76.7	78.4	75.9
Black life expectancy ²	74.9	74.0	73.0	74.8	73.6

Figure 24 - Mortality Indicators, Sources: 1) CDC Wonder, Multiple Causes of Death 2016-2020, 2) National Center for Health Statistics 2015-2019 & County Health Rankings 2021, in years of potential life lost before age 75 per 100,000 population, shading indicates the county measure was more significant than or worse than the state benchmark value

Life Expectancy

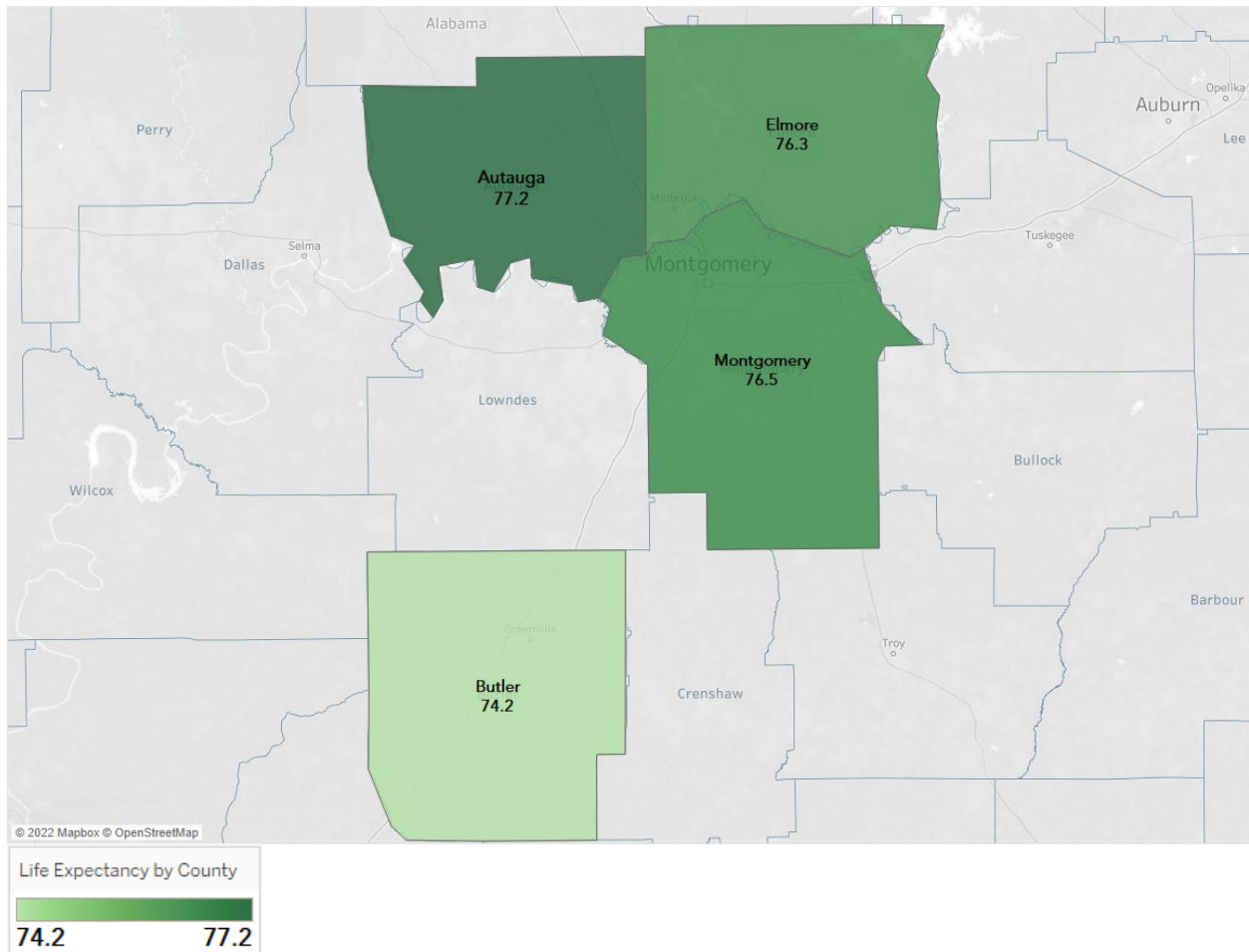


Figure 25 - Life Expectancy by County within the Defined Community, Source: CDC, National Vital Statistics System 2018

Leading Causes of Death

The Centers for Disease Control and Prevention publish age-adjusted death rates for leading causes of death. The defined community's age-adjusted death rates per 100,000 population from 2015 through 2019 are displayed in the table below. Note that the cerebrovascular disease and hypertension mortality rates were worse than the state benchmark in all counties. In every other cause of death category, at least one county in the community exceeded the state benchmark rate.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Heart disease	206.9	210.0	243.7	172.2	225.5	164.8
Malignant neoplasms	150.8	158.8	171.9	163.0	167.3	149.4
Chronic lower respiratory disease	57.9	59.1	65.4	42.6	56.0	39.1
Cerebrovascular diseases	58.0	66.8	54.5	57.5	51.8	37.6
Accidents (unintentional injuries)	40.7	71.2	42.3	37.3	55.2	50.4
Alzheimer's disease	45.5	47.3	59.4	48.3	46.2	30.8
Diabetes mellitus	34.9	44.5	23.3	41.6	20.5	22.1
Influenza and pneumonia	12.4	*	13.5	15.1	18.6	13.6
Septicemia	17.8	13.8	15.2	17.3	17.0	10.1
Kidney disease	14.8	16.1	14.8	17.5	16.9	12.9
Intentional self-harm (suicide)	17.7	*	20.3	11.1	16.2	13.8
Chronic liver disease and cirrhosis	12.9	*	12.1	10.3	13.6	11.5
Hypertension ¹	10.9	32.9	13.8	25.1	10.0	9.1
Assault (homicide)	7.1	22.7	10.1	22.4	12.8	6.4
COVID-19	17.1	35.4	20.0	26.3	21.5	17.7
Parkinson disease	10.3	*	11.3	9.9	9.8	8.8

Figure 26 - Age-Adjusted Death Rates per 100,000 Population, Source: CDC Wonder, Multiple Cause of Death 2015-2019, asterisk indicates suppressed or insufficient data, shading indicates the county measure was more significant than or worse than the state benchmark value

K. Cancer

Cancer Incidence Rates

The National Cancer Institute reports incidence rates at the national, state, and county levels. In comparison to the state benchmark, Autauga County had worse incidence rates for lung and bronchus cancer, prostate cancer, colon and rectum cancer, brain cancer, and stomach cancer from 2014 to 2018. Butler County had higher incidence rates than the state for breast cancer and colon and rectum cancer. Elmore County had worse incidence rates than Alabama for all sites except colon and rectum and ovarian cancers. Montgomery County had worse incidence rates than the state of Alabama for prostate, breast, pancreatic, stomach, and cervical cancers.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Lung and bronchus ¹	64.7	55.5	69.6	54.1	63.7	57.3
Prostate ²	144.8	116.4	133.5	148.2	121.9	106.2
Breast ³	119.5	151.8	123.4	123.8	121.4	126.8
Colon and rectum ¹	51.2	45.6	41.8	42.2	42.8	38.0
Pancreas ¹	9.9	12.9	14.3	14.3	13.1	13.1
Ovarian ³	*	*	10.6	9.9	10.9	10.7
Brain ¹	8.3	*	7.3	4.8	6.3	6.5
Stomach ¹	9.0	*	8.4	7.8	6.8	6.5
Cervical ³	*	*	9.9	10.0	9.4	7.7

Figure 27 - Age-Adjusted Cancer Incidence Rates, Source: National Cancer Institute 2014-18, Rates per 100,000 1) Population, 2) Males, 3) Females, asterisk indicates suppressed or insufficient data, shading indicates the county measure was more significant than or worse than the state benchmark value

Cancer Incidence by Race and Ethnicity for All Cancer Sites

The National Cancer Institute also reports cancer incidence rates by race and ethnicity on a national, state, and county level. From 2014 to 2018, the Black populations within Autauga and Elmore Counties had worse cancer incidence rates than the white populations in those counties. Within Montgomery County, Asian and Pacific Islander, and Hispanic populations of any race had lower cancer incidence rates than the white population.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
All Races (includes Hispanic)	494.2	430.0	505.3	451.4	450.8	448.6
White (includes Hispanic)	485.3	428.9	499.3	452.5	445.6	451.0
Black (includes Hispanic)	515.5	420.6	525.2	447.0	445.6	444.9
American Indian / Alaskan Native (includes Hispanic)	*	*	*	*	120.2	285.8
Asian / Pacific Islander (includes Hispanic)	*	*	*	257.4	276.2	291.1
Hispanic (any race)	*	*	285.9	244.5	231.6	345.0

Figure 28 - Age-Adjusted All Cancer Site Incidence Rates by Race and Ethnicity, Source: National Cancer Institute 2014-18, rates per 100,000 population, asterisk indicates suppressed or insufficient data, shading indicates the county measure was more significant than or worse than the state benchmark value

Cancer Mortality Rates

Autauga County and Montgomery County's lung and bronchus cancer death rates exceeded Alabama's benchmark from 2014 through 2018. Montgomery County's prostate cancer death rate was also worse than the state rate. Butler County and Montgomery County's breast cancer death rates were higher than the state benchmark. Colorectal cancer mortality rates exceeded Alabama's benchmark in Butler County, Elmore County, and Montgomery County. Elmore County and Montgomery County had more significant pancreatic cancer death rates than the state. In comparing ovarian and cervical cancer mortality rates, Montgomery County's death rate was higher than Alabama's. Stomach cancer death rates were higher in Elmore County and Montgomery County when compared to the state benchmark.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Lung and bronchus ¹	47.2	37.0	47.9	36.5	46.4	36.7
Prostate ²	16.6	*	16.9	27.2	20.6	18.9
Breast ³	18.6	21.8	17.8	28.0	21.4	19.9
Colon and rectum ¹	14.4	18.7	16.2	15.9	15.2	13.4
Pancreas ¹	7.3	*	16.0	12.8	11.8	11.1
Ovarian ³	*	*	*	8.1	6.8	6.5
Brain ¹	4.7	*	4.6	3.3	5.0	4.4
Stomach ¹	*	*	3.7	4.7	3.1	2.9
Cervical ³	*	*	*	3.7	3.2	2.2

Figure 29 - Age-Adjusted Cancer Incidence Rates, Source: National Cancer Institute 2014-18, Rates per 100,000 1) Population, 2) Males, 3) Females, asterisk indicates suppressed or insufficient data, shading indicates the county measure was more significant than or worse than the state benchmark value

Cancer Mortality by Race and Ethnicity for All Cancer Sites

The National Cancer Institute reports cancer mortality by race and ethnicity on a national, state, and county level. The mortality rates for all cancer sites for Black populations within community counties were higher than the respective mortality rates for white populations. Within Montgomery County, the Asian/Pacific Islander population had a lower cancer mortality rate than the white and total populations.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
All Races (includes Hispanic)	161.4	159.8	174.3	168.6	170.0	152.4
White (includes Hispanic)	160.3	148.2	170.0	157.9	167.6	153.4
Black (includes Hispanic)	172.2	181.5	216.5	183.8	185.1	173.6
American Indian / Alaskan Native (includes Hispanic)	*	*	*	*	58.3	101.2
Asian / Pacific Islander (includes Hispanic)	*	*	*	70.5	75.9	95.6
Hispanic (any race)	*	*	*	*	63.5	109.7

Figure 30 - Age-Adjusted All Cancer Site Mortality Rates by Race and Ethnicity, Source: National Cancer Institute 2014-18, rates per 100,000 population, asterisk indicates suppressed or insufficient data, shading indicates the county measure was more significant than or worse than the state benchmark value

L. Heart Disease

Heart Disease Mortality

According to the Centers for Disease Control and Prevention, the age-adjusted mortality rate for all heart disease for all races and ethnicities per 100,000 population was lower in Autauga County, Butler County, and Montgomery County, AL than in Alabama from 2017 through 2019. When broken out by race and gender, the heart disease death rates for white non-Hispanic and male populations were higher in Butler County and Elmore County compared to the state benchmark. Across the community, male heart disease mortality rates were higher than female mortality rates. Within Elmore and Montgomery Counties, the Black mortality rates for all heart disease were higher than the white mortality rates.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
All Heart Disease, All Races/Ethnicities	198.0	212.2	247.1	170.0	222.5	163.8
All Heart Disease, Black (Non-Hispanic)	190.9	208.8	289.8	181.0	243.0	209.3
All Heart Disease, White (Non-Hispanic)	202.3	227.8	242.4	164.3	221.3	168.2
All Heart Disease, Hispanic	*	*	53.3	43.8	58.0	113.5
All Heart Disease, Male	253.0	305.4	313.3	214.8	282.1	207.7
All Heart Disease, Female	156.4	160.5	195.8	136.7	175.1	128.1

Figure 31 - Age-Adjusted All Heart Disease Death Rate per 100,000 Population, Source: CDC, 2017-2019, asterisk indicates suppressed or insufficient data, shading indicates the county measure was more significant than or worse than the state benchmark value

Heart Attack Mortality

According to the Centers for Disease Control and Prevention, from 2017 through 2019, the age-adjusted mortality rate for heart attack for all races and ethnicities per 100,000 population was lower within Elmore County and Montgomery County than in Alabama. Heart attack death rates were higher for male and female residents in Autauga County and Butler County. Across the community, male heart attack mortality rates were higher than female mortality rates.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Heart Attack, All Races/Ethnicities	74.6	27.7	23.7	20.2	26.4	26.9
Heart Attack, Black (Non-Hispanic)	*	27.3	*	19.2	27.7	31.0
Heart Attack, White (Non-Hispanic)	79.9	32.4	21.2	20.5	26.9	28.0
Heart Attack, Hispanic	*	*	*	*	8.7	21.0
Heart Attack, Male	104.6	38.2	35.9	30.4	36.2	36.2
Heart Attack, Female	48.7	21.7	15.2	12.7	18.3	19.2

Figure 32 - Age-Adjusted Heart Attack Mortality per 100,000 Adults, Source: CDC, 2017-2019, asterisk indicates suppressed or insufficient data, shading indicates the county measure was more significant than or worse than the state benchmark value

Hypertension Mortality

According to the Centers for Disease Control and Prevention, from 2017 through 2019, age-adjusted mortality rates for hypertension for all races and ethnicities per 100,000 population were higher in Butler County and Montgomery County than in Alabama. Hypertension death rates for Black non-Hispanic residents of the entire defined community were higher than the state benchmark. Males and females' hypertension mortality rates exceeded Alabama's rate in all counties except Autauga County. Across the community, male hypertension mortality rates were higher than female mortality rates and Black hypertension mortality rates were higher than white mortality rates.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Hypertension, All Races/Ethnicities	76.9	157.0	98.2	139.5	98.4	124.0
Hypertension, Black (Non-Hispanic)	144.4	191.2	178.0	186.2	141.0	189.3
Hypertension, White (Non-Hispanic)	73.3	139.8	86.2	100.9	88.8	119.9
Hypertension, Hispanic	*	*	12.2	14.4	19.1	105.6
Hypertension, Male	99.5	196.6	120.0	166.6	117.8	144.4
Hypertension, Female	62.5	125.4	82.5	117.1	82.1	105.8

Figure 33 - Age-Adjusted Hypertension Mortality per 100,000 Adults, Source: CDC, 2017-2019, asterisk indicates suppressed or insufficient data, shading indicates the county measure was more significant than or worse than the state benchmark value

Stroke Mortality

According to the Centers for Disease Control and Prevention, age-adjusted stroke mortality rates per 100,000 population were often higher than the state benchmark from 2017 through 2019. Across the community, male stroke mortality rates were higher than female mortality rates. In all counties and at the state level, the Black stroke mortality rate was higher than the white mortality rate.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
All Stroke, All Races/Ethnicities	55.0	60.6	52.8	54.8	51.0	37.3
All Stroke, Black (Non-Hispanic)	64.1	81.4	65.4	64.4	66.4	52.7
All Stroke, White (Non-Hispanic)	50.3	51.8	47.7	49.6	47.6	36.0
All Stroke, Hispanic	*	*	6.0	7.1	13.9	32.4
All Stroke, Male	59.2	73.5	55.0	58.3	52.9	37.8
All Stroke, Female	51.2	49.5	50.3	51.2	48.6	36.2

Figure 34 - Age-Adjusted Stroke Mortality per 100,000 adults, Source: CDC, 2017-2019, asterisk indicates suppressed or insufficient data, shading indicates the county measure was more significant than or worse than the state benchmark value

M. Diabetes

According to the Centers for Disease Control & Prevention's Division of Diabetes Translation, in 2018, the percentage of adults diagnosed with diabetes who resided in Montgomery County exceeded the state rate (14.2% versus 12.7%).

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Adults with diagnosed diabetes	9.5%	10.9%	12.1%	14.2%	12.7%	9.1%

Figure 35 - Diabetes Indicators, Source: Centers for Disease Control and Prevention, Division of Diabetes Translation, 2018, shading indicates the county measure was more significant than or worse than the state benchmark value

N. Weight Status, Nutrition, and Physical Activity

Weight Status and Physical Activity

County Health Rankings provides adult obesity rates. In 2017, when compared to Alabama's 36.1% benchmark, both Butler County (46.8%) and Montgomery County (37.1%) had rates were worse than the state.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Adult obesity	33.0%	46.8%	34.8%	37.1%	36.1%	30.0%

Figure 36 - Adult Weight Status, Source: County Health Rankings, 2017, shading indicates the county measure was more significant than or worse than the state benchmark value

According to County Health Rankings, residents of Autauga County and Butler County had higher rates of physical inactivity when compared to the state's benchmark in 2017. Additionally, residents of Butler County and Elmore County had less access to exercise opportunities in 2019.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Physical inactivity ¹	30.6%	40.3%	24.5%	29.1%	29.3%	23.0%
Access to exercise opportunities ²	69.1%	48.6%	51.7%	73.8%	61.1%	84.0%

Figure 37 - Physical Activity, Source: 1) County Health Rankings, 2017, 2) County Health Rankings, 2010 Census Boundaries & 2019 Data, shading indicates the county measure was more significant than or worse than the state benchmark value

Nutrition and Food Insecurity

The U.S. Department of Agriculture publishes the Food Environment Atlas which includes information on food insecurity, food deserts, and access to healthy foods, and County Health Rankings utilizes the data points within measures. The food environment index is scored from 1 (worst) to 10 (best). Autauga County, Butler County, Elmore County, and Montgomery County's indicators were better than the state value. However, a greater percentage of Autauga County and Montgomery County residents experienced limited access to healthy foods (12.0% and 14.6%, respectively) than those in Alabama (7.9%).

According to Feeding America's 2019 Map the Meal Gap study, the food insecurity rate in Butler County was slightly higher than Alabama's food insecurity rate. The average meal cost was higher than the state's average in all defined community counties except for Autauga County.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Food environment index ¹	6.7	6.8	7.4	6.0	5.5	7.8
Limited access to healthy foods ¹	12.0%	2.9%	6.9%	14.6%	7.9%	2.0%
Food insecurity ²	15.7%	16.5%	13.9%	15.0%	16.1%	10.9%
Average meal cost ²	\$3.00	\$3.17	\$3.40	\$3.24	\$3.01	\$3.13

Figure 38 - Food Environment and Food Insecurity, Source: 1) County Health Rankings, 2015 & 2018 2) Feeding America: Map the Meal Gap, 2019, shading indicates the county measure was more significant than or worse than the state benchmark value

O. Communicable Diseases

Sexually Transmitted Infections

According to the Centers for Disease Control and Prevention, Butler County and Montgomery County residents experienced higher rates of chlamydia and gonorrhea than in Alabama. Residents of Montgomery County also experienced higher rates of primary and secondary syphilis compared to the state benchmark. Lower rates of chlamydia, gonorrhea, and primary and secondary syphilis were seen in Autauga County and Elmore County than in the state of Alabama.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Chlamydia	578.1	1,064.4	561.5	1,134.3	636.9	551.0
Gonorrhea	229.1	344.5	278.3	541.3	295.6	187.8
Primary and Secondary Syphilis	5.4	5.1	4.9	33.1	12.6	11.9

Figure 39 - Reported Case Rate for Sexually Transmitted Infections per 100,000 Population, Source: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2019, shading indicates the county measure was more significant than or worse than the state benchmark value

HIV Prevalence and Diagnosis Rates

The HIV prevalence rates within Butler County and Montgomery County were higher than the state benchmark rate. New diagnosed HIV case rates in 2018 exceeded Alabama's rate in Elmore County and Montgomery County.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
HIV prevalence	222.1	396.2	272.2	790.5	336.4	378.0
Newly diagnosed HIV case rate	15.0	*	17.6	42.1	15.5	13.2

Figure 40 - Reported Prevalence and Infection Rates for HIV per 100,000 Population age 13 and older, Source: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention 2018

P. Maternal and Child Health

Births & Infant Mortality

The Alabama Department of Public Health's Center for Health Statistics showed that the crude birth rate in 2018 per 1,000 female population aged 15-44 did not exceed the state of Alabama's rate in any of the defined community counties.

Teen birth rates per 1,000 female population aged 15-19 were higher in Butler and Montgomery counties from 2013 through 2019 when compared to the state benchmark.

Furthermore, infant mortality rates per 1,000 live births were higher in Elmore County and Montgomery County (11.6 and 10.1, respectively) than at the state level (7.7). Additionally, in 2019, low birthweight percentages for females aged 15-44 were higher in Butler County (12.9%) and Montgomery County (13.5%) than Alabama's 10.7% rate.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama
Crude birth rate (per 1,000 population, females aged 15-44)	10.9	10.6	11.3	13.9	11.8
Teen birth rate (per 1,000 population, females aged 15-19) ³	24.0	37.0	26.0	36.0	29.0
Infant mortality rate (per 1,000 live births) ²	4.5	4.5	11.6	10.1	7.7
Low birthweight (females aged 15-44) ¹	8.6%	12.9%	8.0%	13.5%	10.7%

Figure 41 – Birth & Mortality Data, Source: 1) Alabama Department of Public Health Center for Health Statics 2018, 2) Alabama Department of Public Health Center for Health Statistics 2019, 3) National Center for Health Statistics 2013-2019, shading indicates the county measure is greater than the state benchmark value

Q. Behavioral Health

Mental and Behavioral Health Services and Access to Care

In 2020, Autauga County, Butler County, and Elmore County had worse ratios of population to mental health providers when compared to the state benchmark. Butler County residents experienced more poor mental health days in a month in 2018 (5.7) versus the state (4.9). Although Autauga County, Butler County, and Montgomery County residents experienced the same rate of poor mental health days in 2018 as the state of Alabama, all rates were higher than the national average.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Mental health provider ratio, 2020	3,492:1	1,768:1	4,512:1	622:1	923:1	380:1
Poor mental health days, 2018	4.9	5.7	4.9	4.9	4.9	4.1

Figure 42 - Mental and Behavioral Health Services, Source: County Health Rankings 2018 & 2020, shading indicates the county measure was more significant than or worse than the state benchmark value

Suicide Death Rates

According to the Centers for Disease Control & Prevention, from 2015 through 2019, Autauga County and Elmore County experienced higher suicide rates than the state rate.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Intentional self-harm (suicide)	18.5	*	19.4	11.5	16.0	13.8

Figure 43 - Suicide Death Rates, Source: CDC Wonder 2015-2019, rates per 100,000 population, asterisk indicates suppressed or insufficient data, shading indicates county measure is worse than the state benchmark value

Opioid Prescribing

The Centers for Disease Control and Prevention provides estimates of the number of opioid prescriptions dispensed per person, per year. Within Autauga County and Montgomery County, the 2020 dispensing rate (98.3 per 100 population and 86.3 per 100 population, respectively) exceeded both the state and national benchmarks.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Opioid dispensing rate	98.3	35.1	26.8	86.3	80.4	43.3

Figure 44 - Opioid Prescribing Rate per 100 Population, Source: CDC National Center for Injury Prevention and Control 2020, shading indicates the county measure was more significant than or worse than the state benchmark value

Alcohol & Tobacco Use

County Health Rankings reports on adult smoking and excessive drinking through examination of Behavioral Risk Factor Surveillance System (BRFSS) data. In 2019, Elmore County was the only county within Jackson Hospital's defined community to exceed Alabama's benchmark for adult smokers. No counties had worse outcomes in adult excessive drinking when compared to the state rate.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Adult smokers	19.8%	22.8%	19.3%	19.9%	20.0%	17.0%
Excessive drinking	14.5%	12.6%	14.7%	12.6%	14.9%	19.0%

Figure 45 - Alcohol Use, Source: County Health Rankings 2019, shading indicates county measure is worse than the state benchmark value

R. Preventable Hospitalizations and Morbidity

County Health Rankings reports on data points from the Behavioral Risk Factor Surveillance System. In 2019, the number of preventable hospital stays was higher in every defined community county when compared to the state. Butler County and Elmore County's percentages of residents experiencing poor or fair health exceeded Alabama's benchmark (27.9%, 23.3%, and 21.4%, respectively). All defined community residents, except those residing in Elmore County, reported more poor physical health days in a month than Alabama as a whole.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama	United States
Preventable hospital stays*	6,650	8,070	5,677	5,509	5,466	4,236
Poor or fair health	19.8%	27.9%	19.4%	23.3%	21.4%	17.0%
Poor physical health days	4.5	5.4	4.2	4.7	4.4	3.7

Figure 46 - Morbidity Indicators, Source: County Health Rankings 2019, *Preventable Hospital Stays are for ambulatory-care sensitive conditions per 100,000 Medicare enrollees, shading indicates the county measure was more significant than or worse than the state benchmark value

S. COVID-19

According to the Centers for Disease Control and Prevention COVID Data Tracker, as of September 22, 2022, Autauga County, AL reported a cumulative total of 56 cases from January 21, 2020, to September 22, 2022. During the same timeframe, Butler County had 19 COVID-19 cases, Elmore County had 89, and Montgomery County had 236 COVID-19 cases. Death rates remained less than 10 for each defined community county. The percentage of people fully vaccinated ranged from 40.3% in Butler County to 57.0% in Autauga County.

	Autauga County	Butler County	Elmore County	Montgomery County	Alabama
Total number of cases	56	19	89	236	5,712
Total number of deaths	<10	<10	<10	<10	<10
People fully vaccinated	57.0%	40.3%	47.5%	53.8%	52.3%

Figure 47 - COVID Cases, Deaths, and Vaccinations, Source: CDC COVID Data Tracker, as of September 22, 2022 reflecting the cumulative COVID-19 data points from January 21, 2020 through September 22, 2022.

IV. PRIMARY DATA

A. Community Leader Interviews

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

Interview Methodology

Twenty-nine interviews were conducted from March 8 through May 23, 2022. Interviews required approximately 30 minutes to complete. Interviewers followed the same process for each interview. The complete list of interview questions and responses can be found in Appendix F.

Community Leader Interview Summary

When asked about the most prevalent health issues or concerns within the defined community, approximately 34% of interviewees reported a lack of access to healthy foods, while 31% of community leaders noted a lack of access to care, and 28% of interviewees shared that a lack of health education was a major issue.

In discussing access to healthy foods, some community leaders described the high volume of food deserts in the defined community. One leader mentioned how poverty levels were impacting access to healthy foods, and another interviewee reported that the recent inflation of food prices was worsening the issue.

When community leaders described access to care issues, they often explained the link between income and access to healthcare services. With COVID-19 accelerating the use of telehealth, one leader mentioned the lack of broadband internet for rural communities as having a significant impact on access to care.

Health education discussions included a lack of education on chronic disease and health behaviors, a lack of knowledge related to navigating the healthcare system, and mistrust or distrust of healthcare professionals.

Community leaders were also asked which chronic disease issues impact their community most. Many participants cited cardiovascular disease, diabetes, and obesity as top concerns. Nearly 90% of community leaders mentioned cardiovascular disease and

diabetes, and almost 66% of leaders noted that obesity as a chronic disease was present in the defined community.

Lastly, the most needed health resources within the defined community were those that improve access to care, behavioral health services and supports, and those that improve access to healthy foods. Four community leaders stated that more health resources needed to be targeted to rural communities specifically. Additionally, more urgent care facilities should be placed directly within low-income communities, and more free clinics are desired within neighborhoods or “health hub” locations. Some leaders described the need for additional specialty providers to serve the community. Behavioral health resources needed were more access points and more outreach, especially in underserved communities. Lastly, community leaders mentioned a need to increase nutrition services, nutritional educational classes, and access to fresh fruits and vegetables.

B. Online Community Health Survey

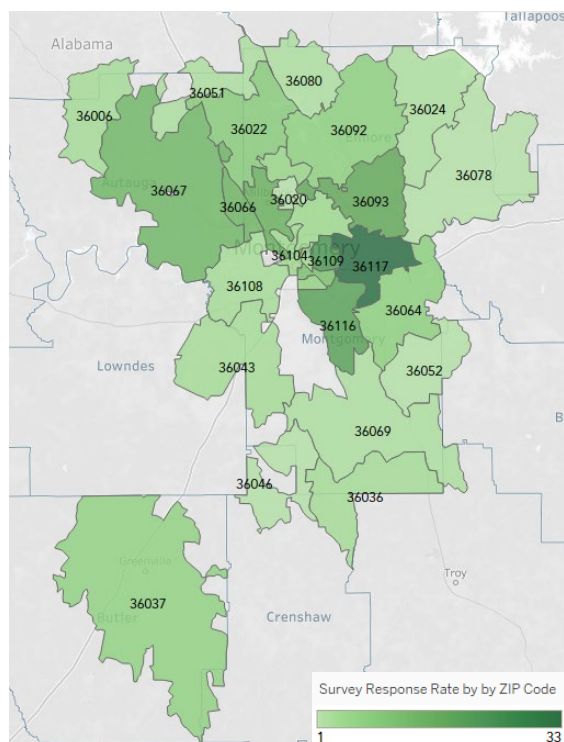
A total of 233 survey responses were collected from March 1, 2022, to June 6, 2022. When filtered by ZIP-Code, 219 responses from Autauga, Butler, Elmore, and Montgomery counties were considered within the analysis. The full survey questionnaire is available in Appendix G.

Survey Methodology

The community health survey was provided in both English and Spanish and hosted online via Microsoft Forms. The survey was marketed to many partner organizations, local nonprofits, government agencies, and social service organizations who were asked to share the survey broadly within their local communities. Additionally, Jackson Hospital developed and sent a flyer invitation requesting the participation of team members who lived within the defined community. Survey questions, developed in partnership with The Wellness Coalition, asked about respondent demographics, individual health, access to care, and broad community health and well-being topics.

Survey Respondent Demographics

Survey Reach



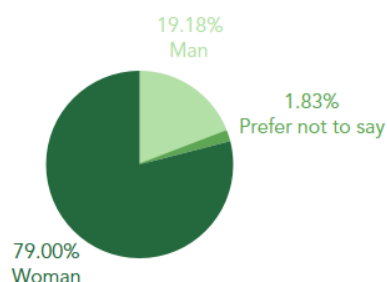
The number of survey respondents by ZIP Code within Jackson Hospital's defined community is provided in the map on the left.

Figure 48 - Survey Responses by ZIP Code for the defined community

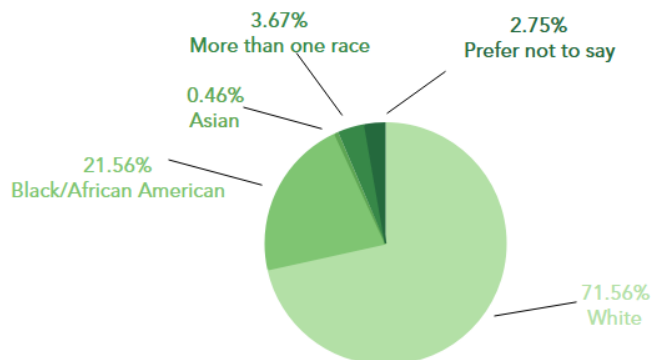
Gender, Race, and Hispanic Origin

Of the 219 respondents, 79% identified as female, 19.18% identified as male, and 1.83% preferred not to disclose their gender. Nearly 72% of those surveyed described themselves as white, approximately 22% described themselves as Black/African American, about 4% described themselves as more than one race, almost 0.5% described themselves as Asian, and roughly 3% of survey respondents preferred not to answer. Approximately 5.5% of survey respondents were of Hispanic, Latino/a, or Spanish origin.

What is your gender?



Which race best describes you?



Are you of Hispanic, Latino/a, or Spanish origin?

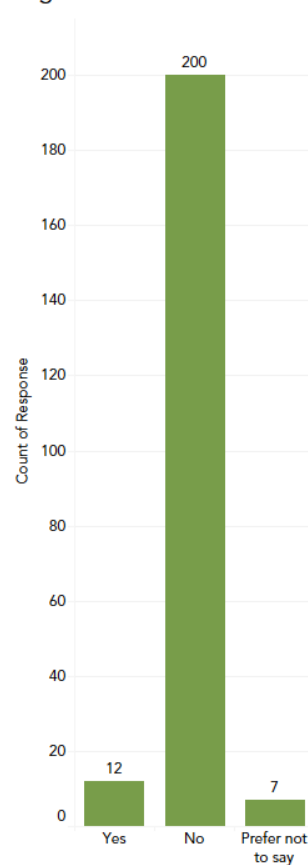


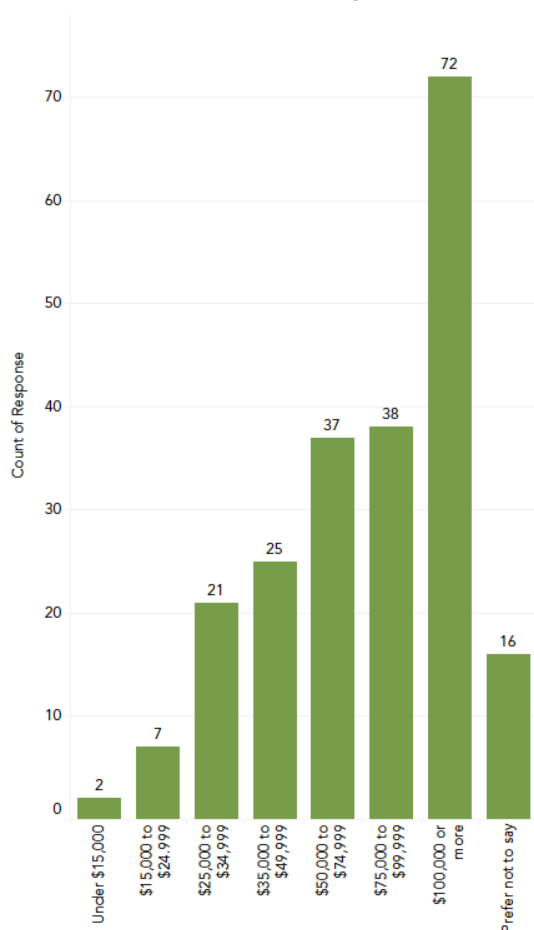
Figure 49 - Gender, Race, and Hispanic Origin of Survey Respondents, n=219

Employment Status, Income, and Education Levels

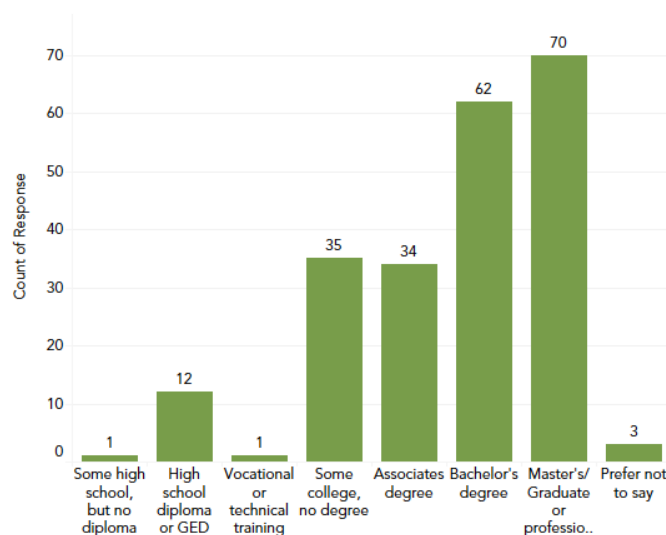
There was a wide range of responses for yearly income and education level. Approximately 50% of respondents stated their combined income level last year was \$50,000 or more while 25% percent of respondents stated their income was \$49,999 or less and 7% of participants preferred not to divulge their income level.

Roughly 76% of respondents had received an associate's degree or higher. The majority of respondents were employed full-time (83%), and only 4% were employed part-time. Nearly 10% of respondents were retired, a little over 1% were students, almost 1% were homemakers, 0.5% were disabled and not able to work, and close to 1% preferred not to report their employment status.

Combined Total Income - Yearly



Education Level



Employment Status

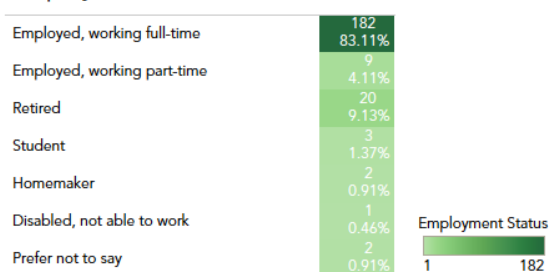


Figure 50 - Yearly Income, Education Level, and Employment Status of Survey Respondents, n=218 (income and education) and n=219 (employment)

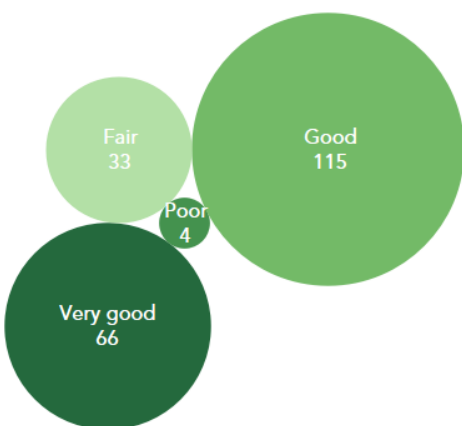
Participants' Health

When asked to rate their health, nearly 53% of respondents stated they were in good health. Roughly 30% reported being in very good health, whereas approximately 17% noted they were in fair or poor health.

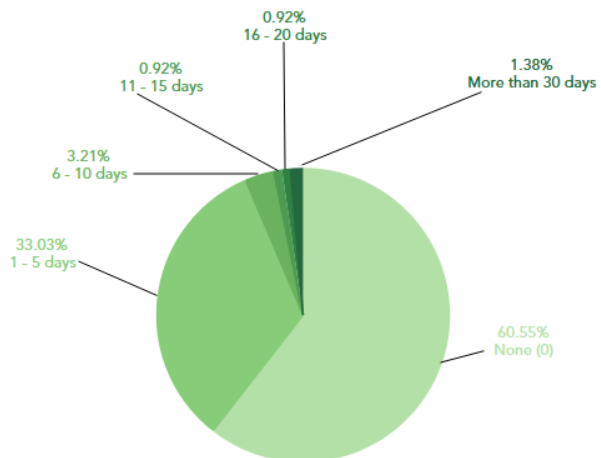
Approximately 33% percent of participants reported missing one to five days of work or other activities in the past 90 days because they were sick, whereas nearly 61% reported missing zero days. Three percent of respondents stated they'd missed 11 days or more of work or other activities during the same timeframe.

When sick, approximately 76% of participants reported they were able to see a provider. Almost 4% of respondents stated they rarely or never saw a provider when they were sick.

Rate Your Health



Days Missed Due to Sickness



Sick, Able to see a Provider?

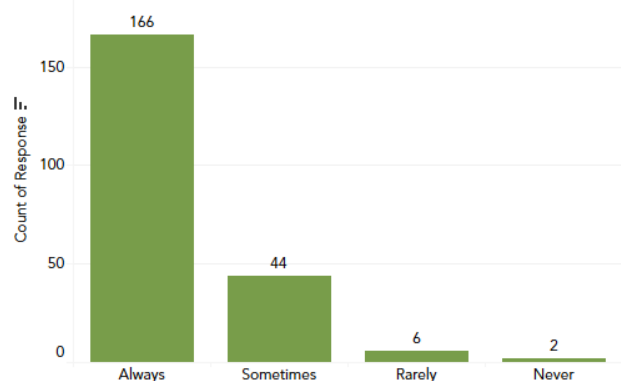


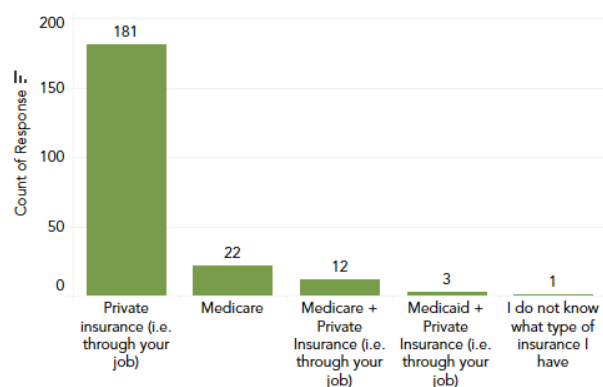
Figure 51 - Health Rating, Provider Accessibility when Sick, and Days Missed due to Sickness, n=218

Health Insurance, Last Check Up, Primary Care Provider Access

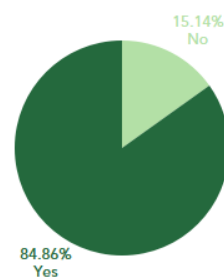
When asked which type of health insurance a survey participant had, 181 respondents stated they solely had private insurance (82.6%), 22 had Medicare only (10%), 12 had Medicare and private insurance (5.5%), 3 had both Medicaid and private insurance (1.4%), and one person did not know what type of insurance they had (0.5%). When asked if they had a primary care provider, nearly 85% said they did (185 respondents) and roughly 15% said they did not (33 respondents).

Nearly 78% of respondents had a checkup in the past year, 16.14% said they had a check-up within the last two to five years, and 4.61% said it had been more than five years. The greatest portion of respondents, over 25%, noted a major barrier to seeing a doctor when sick was that they could not get time off from work. The second top response was thinking that they did not need to see a doctor (22.22%).

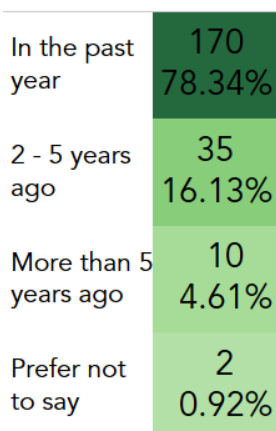
Health Insurance



Do You Have a Primary Care Provider?



Last Check Up



Barriers Making it Hard to See a Doctor When Sick

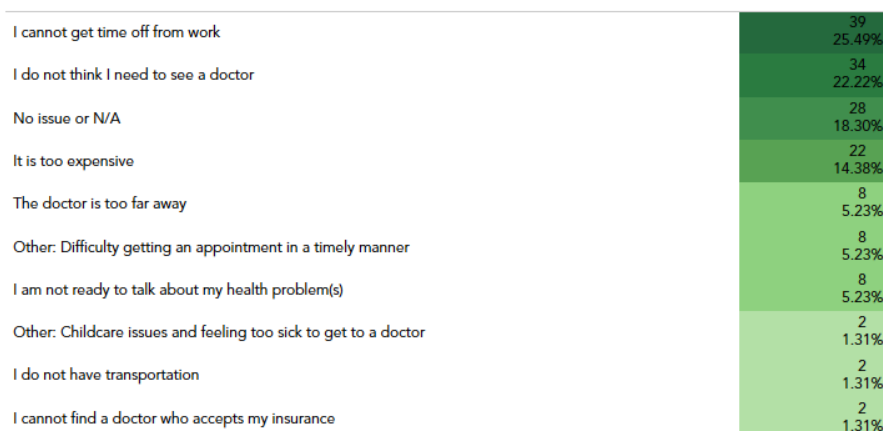


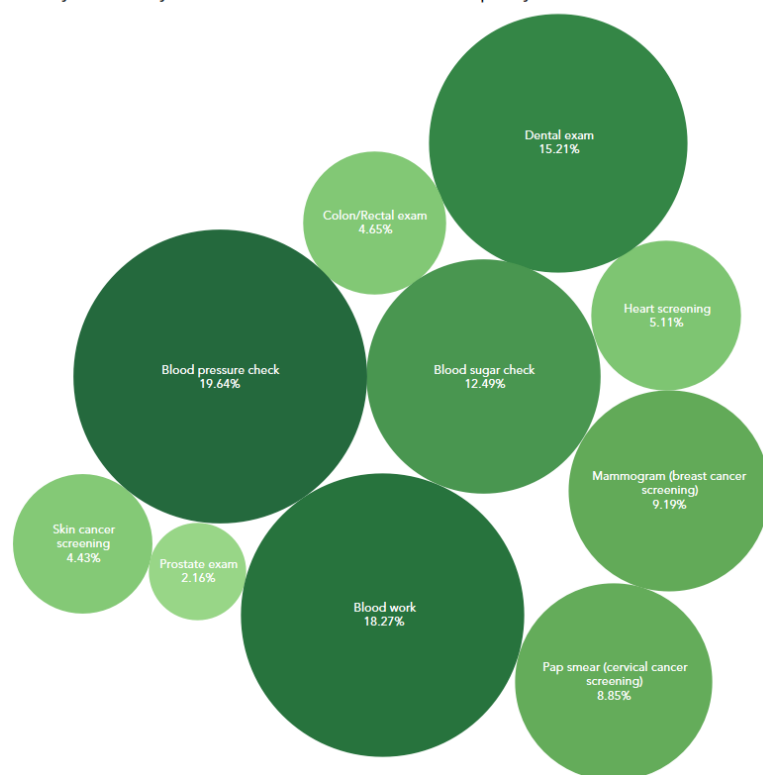
Figure 52 - Health Insurance, Last Check Up, and Primary Care Provider Access, n=219 (health insurance, n= XXX (primary care provider), n= 217 (last check up), and n= 153 (see a doctor when sick)

Health Services Utilized and Seeking Health & Wellness Information

Participants were asked how many of the services listed they had in the past year. Nearly 20% had their blood pressure checked, around 18% had blood work, and 15% had a dental exam in the past year. Furthermore, 12.5% reported a blood sugar check, 9.2% reported breast cancer screening, and 8.9% reported a pap smear.

When asked where they went for information about health and wellness nearly 31% of respondents indicated doctors, nurses, and or pharmacists. The second most common answer choice was using the internet to gather this type of information (21.19%). Over 12% of respondents utilized their place of work to get information about health and wellness.

Have you had any of the follow health services in the past year?



Where do you go for information about health & wellness?

Doctors, nurses, and/or pharmacists in my community	30.79%
Websites (internet)	21.19%
Your place of work	12.25%
Family and friends	9.77%
Hospitals in my community	8.94%
Social media (Facebook, Instagram, Tik Tok, Twitter, Snapchat)	3.81%
Books	2.81%
Newspapers or magazines	2.65%
Health fairs	2.48%
County health department	2.15%
Television or radio	1.82%
School	0.66%
Church	0.66%

Figure 53 - Health Services in the Past Year, n=207, larger circles indicate higher response rates

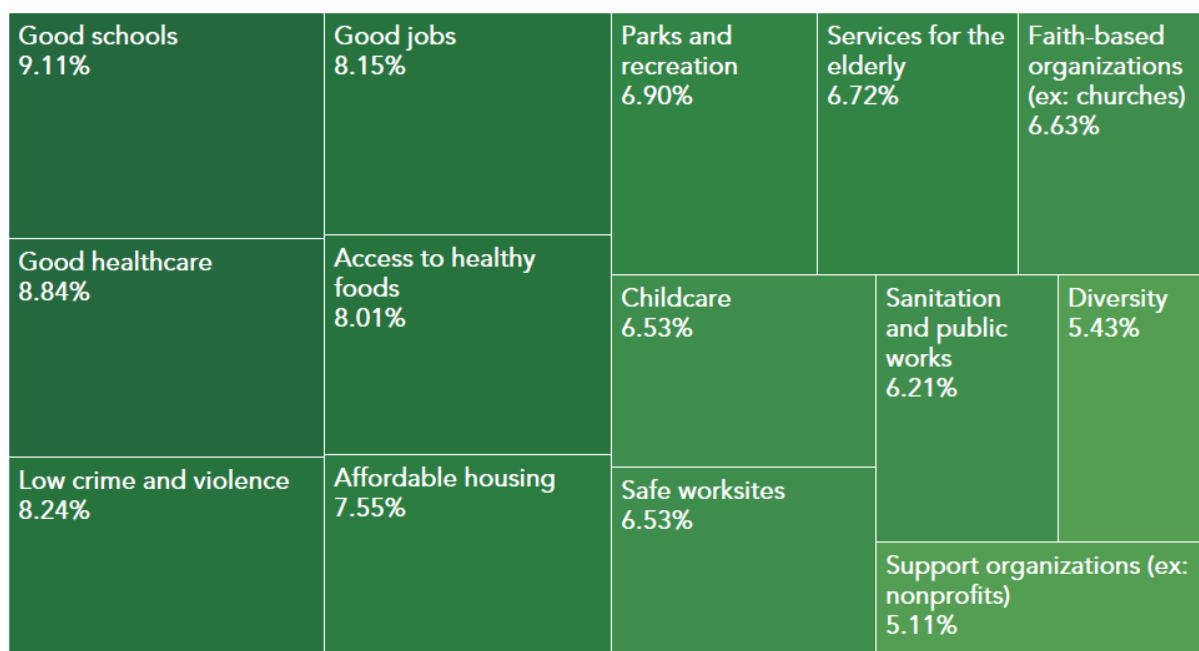
Figure 54 - Where Participants Go for Information about Health & Wellness, n=216

Community Health

When asked to indicate important parts of a healthy, thriving community, over 9% of respondents selected good schools. Other top responses included good healthcare, low crime and violence, good jobs, and access to healthy foods. Within figure 55, larger and darker squares indicate a higher response rate.

When asked to rate the overall health of their community, 96 people selected “fair”, only 10 respondents chose “very good”, 54 respondents viewed their community’s health as “good”, and 48 respondents believed their community’s overall health was “poor”.

Important Parts of Healthy Community



Community Health Rating

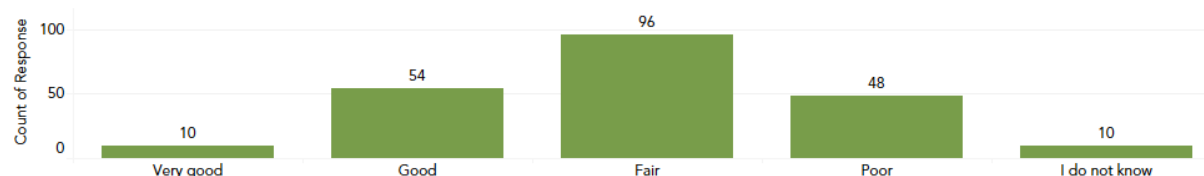


Figure 55 - Community Health, n=214 (important parts) and n=218 (community health rating)

Serious Health & Social Problems

Respondents were asked to indicate which serious health problems were present within their community. Nearly 11% selected high blood pressure, 10.7% chose obesity nearly 10% chose diabetes, and 9% selected heart disease and/or stroke.

Additionally, the survey asked respondents to choose which serious social problems applied to their community. Nearly 16% selected poverty (low income), 12% selected crime, and nearly 10% selected homelessness as a serious social problem.

Which of the following do you consider serious health problems in your community?

High blood pressure	10.77%
Obesity	10.71%
Diabetes	9.99%
Heart disease and/or Stroke	9.09%
Mental health issues (ex: depression, anxiety)	8.49%
Substance abuse/addiction	8.01%
Cancer	6.46%
Breathing problems (ex: asthma, COPD)	5.56%
Domestic violence	4.31%
Infectious diseases (ex: flu, hepatitis, COVID-19)	3.83%
Sexually transmitted diseases (ex: gonorrhea, HI..)	3.65%
Teeth issues	3.47%
Suicide	2.99%
Alzheimer's Disease	2.99%
Child abuse or neglect	2.87%
Prenatal and infant health (ex: babies born underweig..)	2.75%
Motor vehicle injuries	1.91%
Unintentional Injuries	1.79%
Other: Unsure or Null	0.24%
Other: Lack of COVID-19 Vaccinations	0.06%
Homicide	0.06%

Which of the following do you consider serious social problems in your community?

Poverty (low income)	15.92%
Crime	12.43%
Homelessness	9.71%
No health insurance	9.16%
Racism and/or discrimination	8.40%
Not enough healthy food	8.40%
Not enough childcare options	7.74%
Not enough activities for the youth	7.74%
Lack of public transportation	6.87%
Not enough free or affordable health screenings (ex: tests for cancer or infectious diseases)	6.76%
Not enough jobs in the area	4.25%
Overcrowded housing	1.74%
Other: Unsure or Null	0.44%
Other: Lack of education equity	0.22%
Other: Environmental and governmental issues	0.22%

Figure 56 - Serious Health & Social Problems, n= 212 (serious health problems), n=207 (serious social problems)

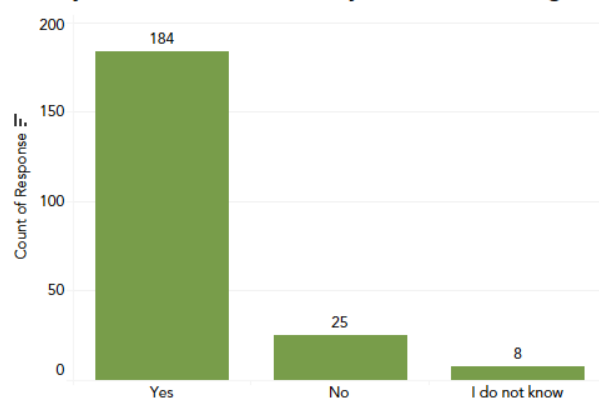
Tobacco

When asked if their doctor or nurse asks them about smoking, 184 of 217 respondents answered “yes”, and 25 answered “no”. When asked if their doctor provides helpful information and resources about tobacco, 100 of the 216 respondents selected “yes”, and 57 participants selected “no”.

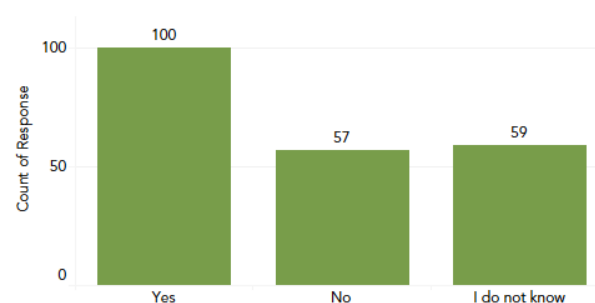
52% of respondents were not exposed to tobacco smoking, approximately 12% of respondents noted exposure at casinos, 10% reported exposure at parks, and 9% were exposed at restaurants.

When asked if they would favor smoke-free policies for multi-unit housing facilities in their county, the majority of respondents (72%) indicated their support. Approximately 16% of the 217 respondents needed more information before deciding, nearly 7% preferred not to disclose their viewpoint, and roughly 6% did not support these policies.

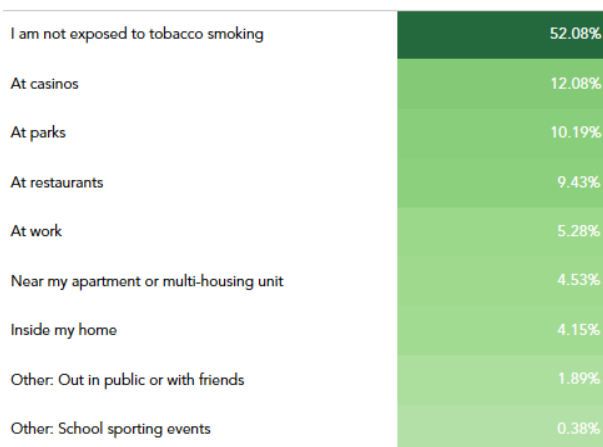
Does your doctor or nurse ask you about smoking?



Does your doctor provide helpful information and resources about tobacco?



Where are you exposed to tobacco smoking?



Do you favor or oppose smoke-free policies for multi-unit housing facilities in your county?

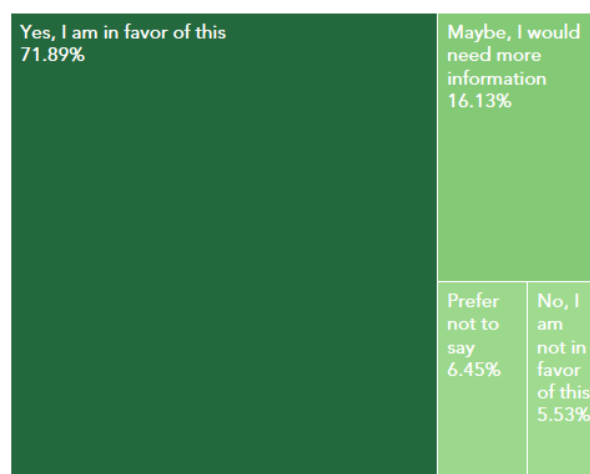


Figure 57 - Tobacco Related Questions and Response Rates, n=217 (asked about smoking), n=216 (info about smoking), n=214 (exposure), n=217 (smoke-free policies)

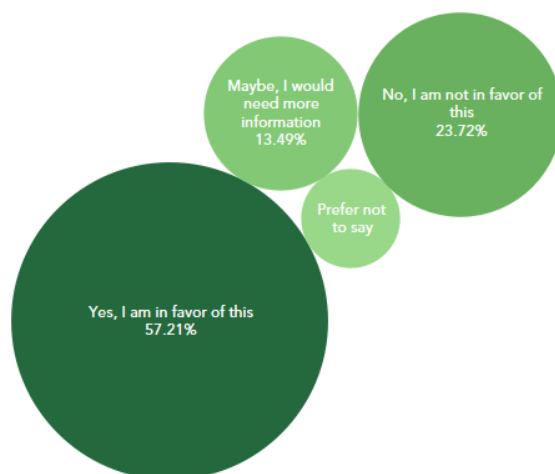
Opinions on Smoke Free Policies, Breastfeeding, and Medicaid Expansion

When asked if they would favor or oppose smoke-free policies at worksites in their county, 57% of respondents were in favor, nearly 24% opposed, and almost 13.5% would need more information before deciding.

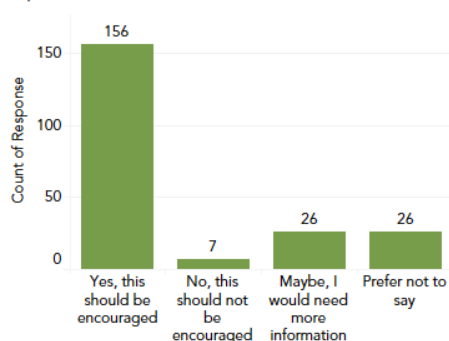
When asked whether doctors and nurses should encourage new mothers to breastfeed their babies, 156 respondents were in support, 7 believed this should not be encouraged, and 26 participants needed more information to develop their opinion.

Lastly, when asked if Alabama should expand the Medicaid program to provide health insurance to residents without any coverage, nearly 55% of respondents favored Medicaid expansion. Roughly 26% of respondents needed more information before deciding, and 15% did not think Medicaid should be expanded.

Worksite Smoke Free Policy Opinion



Encouragement of Breastfeeding Opinion



Medicaid Expansion Opinion

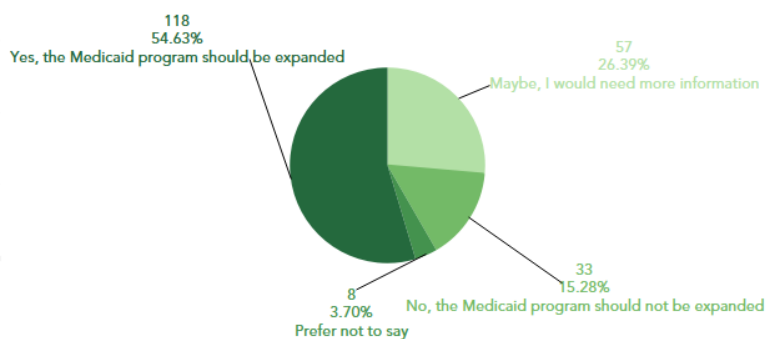


Figure 58 - Opinions on Various Health Policy Topics, n=215 (smoke-free policy and breastfeeding encouragement), n=216 (Medicaid expansion)

V. COMMUNITY RESOURCES

A. Community Resources Related to CHNA Priorities

The following resources reflect a selection of the healthcare, public health, and social services resources available within the defined community. Please note that diabetes, cardiovascular disease, and obesity were combined into chronic disease for this section.

Chronic Disease Resources

- *Alabama Obesity Task Force*
- *Alabama Public Health Departments*
- *Alliance for a Healthier Generation*
- *American Diabetes Association*
- *American Heart Association*
- *CDC's National Diabetes Prevention Program*
- *Jackson Hospital's Bariatric Support Group*
- *Jackson Hospital's Diabetes Education Classes*
- *Jackson Hospital's Health Risk Assessments*
- *Montgomery Area Council on Aging*
- *Scale Back Alabama*

Health Education Resources

- *Alabama's Office of Women's Health*
- *Autauga County Public Schools*
- *Boys & Girls Clubs of America*
- *Butler County Public Schools*
- *Elmore County Public Schools*
- *Family Guidance Center of Alabama*
- *Gift of Life*
- *Health Literacy Partnership of Alabama*
- *Healthy People 2030*
- *Jackson Hospital's Nutrition for Healthy Living*
- *Montgomery County Public Schools*
- *YMCA*

Smoking Resources

- *Alabama Tobacco Quitline*
- *Alabama's Tobacco Control Program*
- *American Academy of Family Physicians' "Tar Wars" Program*
- *American Lung Association*
- *Centers for Disease Control Resources*
- *Jackson Hospital's Smoking Cessation Open Group*

Financial Resources

- *Alabama Department of Human Resources Family Assistance Program*
- *Alabama Weatherization Assistance Program*
- *Catholic Social Services of Montgomery*
- *Low-Income High Energy Assistance Program*
- *Salvation Army*
- *Supplemental Nutrition Assistance Program*
- *United Service Administrative Company Lifeline Support*

Access to Care Resources

- *Agencies on Aging*
- *Children's Health Insurance Program (CHIP)*
- *Federally Qualified Health Centers*
- *Health Services, Inc.*
- *Medical Outreach Ministries*
- *Montgomery Community Action Agency*
- *River Region United Way*
- *South Central Alabama 211*
- *The Wellness Coalition*

VI. IMPACT EVALUATION

A. Actions Taken Since Previous CHNA

Jackson Hospital's previous Implementation Strategy outlined a plan for addressing the following priorities identified in the 2019 CHNA:

- Chronic Disease (Cancer)
- Chronic Disease (Diabetes)
- Weight Status
- Access to Care

The listings below describe the strategies completed by JH and modifications made to the action plans for each health priority area.

Previous Priority 1: Chronic Disease (Cancer)

- **Target Population:**
 - Adults over the age of 45
- **2019 Action Plan/Strategy:**
 - Increase knowledge of cancer prevention, modifiable risk factors, and screening guidelines to improve screening rates and reduce cancer mortality
- **Goals:**
 1. Promote the quarterly cancer awareness events
 2. Share educational materials related to cancer prevention and risk factors
 3. Provide cancer screenings and education about screening guidelines
- **Outcomes over the past three years:**
 - Jackson Hospital normally participates in at least 1 community event each year promoting breast cancer screening, but those events have been canceled due to COVID since 2020. We have continued to share educational posts on our social media channels promoting early detection, regular screenings, ways to prevent cancer, and risk factors.

Previous Priority 2: Chronic Disease (Diabetes)

- **Target Population:**
 - Individuals with pre-diabetes or diabetes
- **2019 Action Plan/Strategy:**
 - Educate pre-diabetic or persons at risk of Type 2 diabetes to reduce the prevalence of diabetes and the rate of complications for diabetic patients
- **Goals:**
 1. Provide year-long diabetes education classes that include behavior-change components

- **Outcomes over the past three years:**
 - The Jackson Clinic hosts regular diabetes education classes to Endocrinology patients. These classes follow recommendations from the American Diabetes Association and include one-on-one counseling, as well as group support and instruction on topics such as diet, meal planning, use of insulin injections and pumps, blood sugar monitoring, and physical activity. The diabetes education classes are expanding to the Jackson Wellness Center in 2022 to accommodate more patients.

Previous Priority 3: Weight Status (Children)

- **Target Population:**
 - School-aged children
- **2019 Action Plan/Strategy:**
 - Educate children on nutrition, proper water consumption, and exercise to reduce childhood obesity
- **Goals:**
 1. Provide evidence-based education programs for school-aged children in the community in places where they learn and play
 2. Support local community-based organizations focused on nutrition and physical activity for children
- **Outcomes over the past three years:**
 - Jackson Hospital partners with multiple organizations throughout the community to provide educational resources on physical activity, including E.D. Nixon Community Center, local schools, the YMCA, and the Alliance for a Healthier Generation. These partnerships help provide resources to our community to combat childhood obesity.

Previous Priority 4: Weight Status (Adults)

- **Target Population:**
 - Adults
- **2019 Action Plan/Strategy:**
 - Support individuals to modify behavioral risk factors to reduce obesity rates and obesity-related complications
- **Goals:**
 1. Share information on health screenings and screening events (both free and paid) throughout the community
 2. Provide supportive services and educational programs to increase physical activity levels
 3. Provide nutrition education
- **Outcomes over the past three years:**
 - Jackson Hospital participates in many events that provide health screenings, such as blood pressure, blood sugar, and BMI, for free. Jackson

Hospital uses our extensive social media following, as well as on-campus materials, to share information on these events. The Jackson Wellness Center has been instrumental in providing physical activity programs, including an open gym with cardio and weight areas, group classes, personal training, health and wellness coaching, and other educational programs to aid in physical health and wellness. These educational programs include weight management, nutrition, and smoking cessation.

Previous Priority 5: Access to Care (Whole Community)

- **Target Population:**
 - Whole community
- **2019 Action Plan/Strategy:**
 - Improve local access to specialty and sub-specialty care to reduce long wait times and travel to receive care
- **Goals:**
 1. Add additional providers through recruitment initiatives
 2. Increase the number of specialty providers who accept Medicaid patients
 3. Encourage employed providers to participate in charitable care, volunteering, and other community service initiatives
- **Outcomes over the past three years:**
 - The Jackson Clinics has added 21+ new providers since 2019 in Family Medicine, Internal Medicine, Otolaryngology, OB/GYN, ENT, Cardiology, Pediatrics, Vascular Surgery, Infectious Disease, Wound Care, Endocrinology, and General Surgery. Our providers will volunteer their time by making appearances at events and offering insight to the general public on specific health concerns or offering special clinics such as high school sports physicals.

Previous Priority 6: Access to Care (Specific Areas)

- **Target Population:**
 - Specific geographical areas within the defined community
- **2019 Action Plan/Strategy:**
 - Expand the footprint of the Jackson Clinic to reduce transportation barriers and encourage preventative care
- **Goals:**
 1. Increase the number of satellite locations of the Jackson Clinic
 2. Encourage clinical providers to offer extended hours of operation
 3. Increase the number of services offered at various clinic locations
- **Outcomes over the past three years:**
 - The Jackson Clinic has grown across the River Region since 2019, adding several new physical locations and expanding services at several existing locations. Upon the new physical locations, we acquired a Family Medicine

clinic in Prattville and added 3 new providers and opened a new Urgent Care clinic in Prattville with 3 providers. Our Endocrinology clinic expanded with 5 new providers and we opened a satellite office in Wetumpka for select specialty care clinics.

B. Comments Received on Previous CHNA

JH solicited comments within the 2019 CHNA Report. No written comments were received regarding JH's 2019 CHNA or Implementation Strategy.

VII. APPENDICES

C. Appendix - References

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D. Appendix - Carnahan Group Qualifications

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

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

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

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

E.Appendix - Organizations Providing Input

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

Organization	Title	Organization Type or Population Represented
Alabama Department of Public Health	CMO	Public Health, Clinical Provider
Alabama Partnership for Children	Director	Community Based Organization
Autauga County Schools	Healthcare Provider	Clinical Provider
Autauga County Schools	Superintendent	Education
Butler County Schools	Coordinator	Education
Child Protect Children's Advocacy Center	Director	Community Based Organization
Family Sunshine Center	Director	Community Based Organization
Gift of Life	Director & Supervisors	Community Based Organization
Health Services Inc	Director	Community Based Organization
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	Hospital Board
Jackson Hospital Foundation	Member	Hospital Foundation
Jackson Hospital Foundation	Member	Hospital Foundation
Jackson Hospital Foundation	Member	Hospital Foundation
Montgomery Area Chamber of Commerce	President	Community Member
Montgomery City Council	President	Local Government
Montgomery City Council	Councilor	Local Government
Montgomery County Commission	Commissioner	Local Government
Montgomery County Commission	Commissioner	Local Government
River Region Trails	Partner	Community Based Organization
River Region Trails	Director	Community Based Organization
River Regions United Way	CEO	Community Based Organization
South Central Alabama Mental Health Center	Director	Community Based Organization
The Wellness Coalition	Director	Community Based Organization
Wetumpka Area Chamber of Commerce	Director	Community Member
YMCA of Greater Montgomery	President & CEO	Community Based Organization

Figure 59 - Organizations Providing Input via Community Leader Interviews and Supplemental Interviews

F. Appendix - Interview Question Guide and Data

Community Leader Interview Question Guide

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

1. What are some strengths of your community?
2. What significant health concerns or issues are impacting your community?
3. What barriers make it hard for community members to remain healthy?
4. Which health disparities are most prevalent in your community? [health
5. Which chronic disease issues are present within the community?
6. Which health resources do you feel are most needed within your community?
7. Thinking about how to improve your community's health, what health-related program(s) would you expand or create?
8. What are Jackson Hospital's greatest opportunities for growth?
9. Are there any other health-related topics, programs, or needs we have not touched upon?

Overarching Health Concerns

The overarching health concerns bar graph below is representative of the combined number of community leader interview mentions from questions 4, 5, and 6 in the above list. Only health concerns with two or more mentions were considered in the chart below.

Diabetes, cardiovascular disease, and access to care were the most mentioned health needs stated by the community leaders interviewed.

Overarching Health Concerns Mentioned by Community Leaders

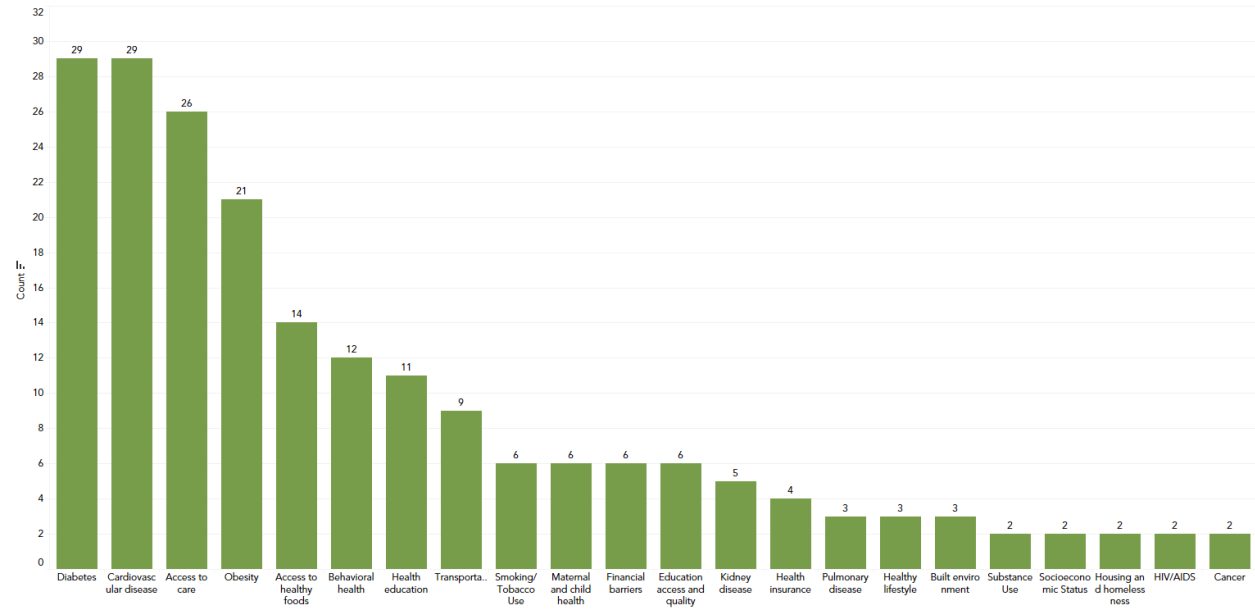


Figure 60 - Overarching Health Concerns Mentioned by Community Leaders

G. Appendix - Survey Instrument

2022 Community Health Survey - Jackson Hospital

Please complete this anonymous survey if you are over age 18 and reside in either Autauga, Butler, Elmore, or Montgomery counties. Please note questions 1 and 3 are required.

This should take approximately 10 minutes to complete.

The purpose of the survey is to gather your feedback on issues related to health and wellbeing. Jackson Hospital will use the results of this survey to improve the health of the region.

We appreciate your participation!

* Required

Demographics

Questions about you

1. Are you 18 years of age or older? *

☐ Yes

☐ No

2. How old are you?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65 and older
- ☐ Prefer not to say

3. What is your home ZIP Code? *

Number must be between 35000 ~ 37000

4. What is your gender?

- ☐ Man
- ☐ Woman
- ☐ Non-binary
- ☐ Prefer not to say

☐

Other

5. Which race best describes you? (Please choose only one)

- ☐ More than one race
- ☐ Black/African American
- ☐ White
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ Prefer not to say

6. Are you of Hispanic, Latino/a, or Spanish origin?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

7. Which of the following best describes your employment status? (Please choose one)

- ☐ Employed, working full-time
- ☐ Employed, working part-time
- ☐ Not employed, looking for work
- ☐ Not employed, not looking for work
- ☐ Retired
- ☐ Student
- ☐ Homemaker
- ☐ Disabled, not able to work
- ☐ Prefer not to say
- ☐
Other

8. What is the highest grade or level of school that you have completed?

- ☐ Less than high school
- ☐ Some high school, but no diploma
- ☐ High school diploma or GED
- ☐ Vocational or technical training
- ☐ Some college, no degree
- ☐ Associates degree
- ☐ Bachelor's degree
- ☐ Master's/Graduate or professional degree or higher
- ☐ Prefer not to say

9. What was your total combined household income last year? (Please choose only one)

- ☐ 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 or more
- ☐ Prefer not say

Healthcare

Questions about your health and your access to healthcare services

10. How would you rate your health in general (most days)?

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ I do not know

11. 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 (0)
- ☐ 1 - 5 days
- ☐ 6 - 10 days
- ☐ 11 - 15 days
- ☐ 16 - 20 days
- ☐ More than 30 days

12. Which type of health insurance do you have?

Please select all that apply.

- ☐ Medicare
- ☐ Medicaid
- ☐ Private insurance (i.e. through your job)
- ☐ I do not have health insurance
- ☐ I do not know what type of insurance I have

13. Do you have a primary care provider?

- ☐ Yes
- ☐ No
- ☐ I do not know

14. When you are sick or need health care, are you able to visit a doctor or other provider?

- ☐ Always
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

15. Is there anything that makes it hard for you to see a doctor when you are sick?

Please select all that apply.

- ☐ It is too expensive
- ☐ I do not have health insurance
- ☐ I do not have transportation
- ☐ I cannot find a doctor who accepts my insurance
- ☐ I cannot get time off from work
- ☐ The doctor is too far away
- ☐ My cultural or religious beliefs
- ☐ I am not ready to talk about my health problem(s)
- ☐ I do not think I need to see a doctor
- ☐

Other

16. When was your last checkup or wellness visit with a doctor or other medical provider?

- ☐ In the past year
- ☐ 2 - 5 years ago
- ☐ More than 5 years ago
- ☐ I have never had a wellness visit or physical exam with a doctor
- ☐ Prefer not to say

17. Does your doctor or nurse ask you about smoking?

- ☐ Yes
- ☐ No
- ☐ I do not know

18. Does your doctor provide helpful information and resources about tobacco?

- ☐ Yes
- ☐ No
- ☐ I do not know

19. Have you had any of the following health services in the past year?

Please select all that apply.

- ☐ Heart screening
- ☐ Blood pressure check
- ☐ Blood sugar check
- ☐ Blood work
- ☐ Skin cancer screening
- ☐ Mammogram (breast cancer screening)
- ☐ Pap smear (cervical cancer screening)
- ☐ Colon/Rectal exam
- ☐ Prostate exam
- ☐ Dental exam

20. Where do you go for information about health and wellness?

Please select all that apply.

- ☐ Doctors, nurses, and/or pharmacists in my community
- ☐ Family and friends
- ☐ Newspapers or magazines
- ☐ Television or radio
- ☐ Books
- ☐ Social media (Facebook, Instagram, Tik Tok, Twitter, Snapchat)
- ☐ Websites (internet)
- ☐ Hospitals in my community
- ☐ Church
- ☐ School
- ☐ Health fairs
- ☐ County health department
- ☐ Your place of work
- ☐

Other

Community Health and Wellbeing

Questions about the community you live in

21. How would you rate the overall health of your community?

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ I do not know

22. Which of the following do you consider serious health problems in your community?
Please select all that apply.

- ☐ Heart disease and/or Stroke
 - ☐ High blood pressure
 - ☐ Cancer
 - ☐ Obesity
 - ☐ Diabetes
 - ☐ Alzheimer's Disease
 - ☐ Mental health issues (ex: depression, anxiety)
 - ☐ Substance abuse/addiction
 - ☐ Suicide
 - ☐ Breathing problems (ex: asthma, COPD)
 - ☐ Infectious diseases (ex: flu, hepatitis, COVID-19)
 - ☐ Unintentional Injuries
 - ☐ Motor vehicle injuries
 - ☐ Sexually transmitted diseases (ex: gonorrhea, HIV)
 - ☐ Prenatal and infant health (ex: babies born underweight, lack of prenatal care)
 - ☐ Child abuse or neglect
 - ☐ Domestic violence
 - ☐ Teeth issues
 - ☐
- Other

23. Which of the following do you consider serious social problems in your community?
Please select all that apply.

- ☐ Poverty (low income)
 - ☐ Not enough jobs in the area
 - ☐ Overcrowded housing
 - ☐ Homelessness
 - ☐ Not enough healthy food
 - ☐ Not enough childcare options
 - ☐ Racism and/or discrimination
 - ☐ Lack of public transportation
 - ☐ No health insurance
 - ☐ Crime
 - ☐ Not enough free or affordable health screenings (ex: tests for cancer or infectious diseases)
 - ☐ Not enough activities for the youth
 - ☐
- Other

24. Which of the following do you consider important parts of a healthy, thriving community?

Please select all that apply.

- ☐ Affordable housing
- ☐ Access to healthy foods
- ☐ Good schools
- ☐ Good healthcare
- ☐ Good jobs
- ☐ Safe worksites
- ☐ Diversity
- ☐ Parks and recreation
- ☐ Sanitation and public works
- ☐ Low crime and violence
- ☐ Childcare
- ☐ Faith-based organizations (ex: churches)
- ☐ Services for the elderly
- ☐ Support organizations (ex: nonprofits)
- ☐

Other

25. Do you favor or oppose smoke-free policies for multi-unit housing facilities in your county?

- ☐ Yes, I am in favor of this
- ☐ No, I am not in favor of this
- ☐ Maybe, I would need more information
- ☐ Prefer not to say

26. Some worksites in Central Alabama allow their workers to smoke while on the job. Would you favor or oppose a smoke-free policy for all worksites in your county?

- ☐ Yes, I am in favor of this
- ☐ No, I am not in favor of this
- ☐ Maybe, I would need more information
- ☐ Prefer not to say

27. Where are you exposed to tobacco smoking?
Please select all that apply.

- ☐ Inside my home
- ☐ Near my apartment or multi-housing unit
- ☐ At work
- ☐ At casinos
- ☐ At restaurants
- ☐ At parks
- ☐ I am not exposed to tobacco smoking

☐

Other

28. In your opinion, should doctors and nurses encourage new mothers to breastfeed their babies?

- ☐ Yes, this should be encouraged
- ☐ No, this should not be encouraged
- ☐ Maybe, I would need more information
- ☐ Prefer not to say

29. In your opinion, should the State of Alabama expand the Medicaid program to provide health insurance to residents without any coverage?

- ☐ Yes, the Medicaid program should be expanded
- ☐ No, the Medicaid program should not be expanded
- ☐ Maybe, I would need more information
- ☐ Prefer not to say



2022 IMPLEMENTATION STRATEGY

Jackson Hospital | Montgomery, AL

Adopted April 24, 2023

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

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Jackson Hospital 2022 CHNA - FINAL

INTRODUCTION

A. Jackson Hospital Overview

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.

B. Background and Community Definition



On September 20, 2021 Jackson Hospital (JH) contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) and develop an accompanying Implementation Strategy Report (ISR) to address the identified needs.

For their CHNA and ISR, Jackson Hospital chose to define the community as Autauga County, Butler County, Elmore County, and Montgomery County, AL. Because this community was chosen purely by geography, it includes medically underserved, low-income, and minority populations.

C. Implementation Strategy Process and Methodology

Implementation Strategy Methodology

A collaborative approach between leaders at Jackson Hospital and Carnahan Group was foundational to the development of this implementation strategy. The initiatives developed were gathered via Carnahan Group's working public health knowledge, initiatives that have been successful at healthcare-focused entities at the local, state, and national levels, initiatives addressing objectives from Healthy People 2030, initiatives planned by Jackson Hospital over the next three years, and input from community leader interviews from Jackson Hospital's Community Health Needs Assessment.

Summary of Community Health Needs Addressed

The prioritized significant community health needs identified during JH's 2022 CHNA are listed below.

1. Diabetes
2. Cardiovascular Disease
3. Obesity
4. Health Education
5. Financial Barriers
6. Access to Care
7. Smoking Cessation

IMPLEMENTATION STRATEGY

Health Need	Long Term Goals	Strategies & Activities	Partnerships (Existing and Potential)
Diabetes	1. Reduce diabetes incidence rates.	i. Screen for prediabetes at community events. ii. Refer patients to the Medicare Diabetes Prevention Program.	➤ Wellness Coalition
	2. Reduce morbidity associated with existing diabetes cases.	i. Host evidence-based diabetes education classes. ii. Provide space for support groups and one-on-one counseling related to diet, meal planning, blood sugar monitoring, and physical activity.	
Cardiovascular Disease	1. Improve early detection of cardiovascular disease risk factors to promote early diagnosis.	i. Utilize Jackson Hospital's <i>Health Risk Assessment for Cardiac Health</i> tool to identify at-risk persons and refer them to further diagnostic care. ii. Participate in public events including the Heart Health & Wellness event to screen residents for cardiovascular disease risk factors like high blood pressure.	➤ American Heart Association ➤ American Association of Cardiovascular and Pulmonary Rehab
Obesity	1. Increase physical activity levels.	i. Start a chapter for Walk with a Doc. ii. Advocate for evidence-based physical activity and nutrition programs for adults.	➤ E.D. Nixon Community Center ➤ Local schools ➤ YMCAs ➤ Alliance for a Healthier Generation ➤ River Region Trails

Health Need	Long Term Goals	Strategies & Activities	Partnerships (Existing and Potential)
Health Education	1. Increase awareness, knowledge, and skills related to healthy living.	i. Host educational sessions in partnership with local faith-based health ministries on a variety of topics such as vascular, hypertension, and diabetes. ii. Partner with or sponsor community-based organizations to provide nutrition education, increase access to fresh, healthy foods, or facilitate community gardens.	➤ Faith-based organizations ➤ Montgomery Area Council on Aging ➤ Eat South
	2. Increase health literacy in rural communities.	i. Host health literacy booths at local health events in rural areas of the community such as Greenville and Lowndesboro.	
Financial Barriers	1. Improve access for underserved/uncovered patients and increase health insurance eligibility for the patient population.	i. Increase access to 340b program through community pharmacies. ii. Increase access to eligibility counselors to enroll more individuals in health plans and Medicaid. iii. Continue to advocate for the expansion of Medicaid in Alabama.	

Health Need	Long Term Goals	Strategies & Activities	Partnerships (Existing and Potential)
Access to Care	1. Improve local access to primary specialty and sub-specialty care to reduce long wait times and travel to receive care.	i. Advocate for the adoption of local-, state, and federal policies that aim to increase access to care, including the expansion of Medicaid. ii. Increase the number of providers (both primary and specialty) serving the community via recruitment initiatives, the expansion of clinical locations, and the growth of the Family Practice GME program. iii. Encourage employed providers to participate in charitable care, volunteering, and other community service initiatives.	➤ Alabama Hospital Association ➤ American Public Health Association ➤ Cover Alabama
	2. Improve health disparities.	i. Partner to provide continuing medical education opportunities related to social determinants of health, cultural competency, and other relevant topics.	➤ Family Guidance Center ➤ Stratus Interpretation Services
	3. Increase the portion of individuals who receive needed social services and support.	i. Advocate for and promote 211 and other local resource directories.	➤ United Way ➤ Get Healthy, Montgomery
	4. Increase the portion of children who receive recommended health screenings.	i. Participate in events such as the Back2School Bash to offer access to free pediatric screenings and evidence-based education.	➤ Local Chamber of Commerce ➤ Local governments ➤ Local health ministries ➤ YMCAs

Health Need	Long Term Goals	Strategies & Activities	Partnerships (Existing and Potential)
Smoking Cessation	1. Increase the portion of smokers who attempt to quit.	i. Place educational materials on smoking cessation throughout Jackson Hospital's facilities and promote the educational materials via social media campaigns. ii. Provide space and resources for smoking cessation classes.	

