

2025

Community Health Needs Assessment

Jefferson County, Alabama





UAB Medicine includes:

- UAB Hospital
- UAB Callahan Eye
- UAB Medical West
- UAB St. Vincent's Birmingham
- UAB St. Vincent's East

The goal of this report is to offer a meaningful understanding of the most significant health needs across Jefferson County and its surrounding areas, as well as to inform planning efforts to address those needs. Special attention has been given to (1) the needs of individuals and communities who are more vulnerable, (2) unmet health needs or gaps in services, and (3) input gathered from the community. Findings from this report will be used to identify, develop, and focus our hospitals, health system, community initiatives, and programming, to better serve the health and wellness needs of the community.

UAB MEDICINE



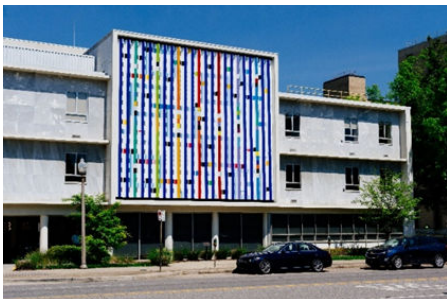
UAB Hospital
1802 6th Ave. S.
Birmingham, AL 35233
[Website](#)
205-934-3411



UAB St. Vincent's Birmingham
810 St. Vincent's Dr.
Birmingham, AL 35205
[Website](#)
205-939-7000



UAB Medical West Hospital
5000 Medical West Way
Bessemer, AL 35022
[Website](#)
205-481-7000



UAB Callahan Eye
1720 University Blvd.
Birmingham, AL 35233
[Website](#)
205-325-8100



UAB St. Vincent's East
50 Medical Park Dr.
Birmingham, AL 35235
[Website](#)
205-838-3000

The 2025 Community Health Needs Assessment report was approved by the UAB Health System Authority Board on August 18, 2025, and it applies to the three-year cycle from October 2025 to September 2028. This report, as well as previous reports, can be found on our public website.

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Acknowledgements/Executive Statement

The 2025 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Jefferson County and surrounding areas. UAB Medicine is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to make Jefferson County, Ala. a better – and healthier – place for all people.

We would also like to thank you for reading this report, and for your commitment to improving the health of Jefferson County and surrounding areas.



Executive Summary

The goal of the 2025 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Jefferson County. Findings from this report will be used to identify, develop, and focus our health system initiatives and programming to better serve the health and wellness needs of the community. The mission, vision, and values of UAB Medicine are the key factors influencing the approach and commitment to addressing community health needs through community benefit activity.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

Community Served

UAB Medicine serves Jefferson County and surrounding areas.

Data Analysis Methodology

The 2025 CHNA was conducted from November 2024 to February 2025. The assessment process incorporated data from both primary and secondary sources. Primary data sources included information provided by groups and individuals (e.g., community residents, health care consumers, health care professionals, community stakeholders, and multi-sector representatives). Special attention was given to the needs of individuals and communities who are more vulnerable, and to unmet health needs or gaps in our services. The assessment process also included a review of secondary health data, interviews with community representatives and leaders, and a survey of community members.

Approximately **8,000** surveys were completed by residents of Jefferson and surrounding counties, and one-on-one key informant surveys were completed with community leaders. Input also was obtained from community partner organizations. Secondary data were compiled and reviewed to understand the health status of the community. Reputable and reliable sources provide data regarding chronic disease, social and economic factors, and health care access and utilization trends in the community.

Community Needs

UAB Medicine analyzed secondary data and gathered community input through online surveys and key informant interviews to identify the needs in Jefferson County. In collaboration with community partners, UAB Medicine utilized a phased prioritization approach to determine how to address the most crucial needs for community stakeholders. The significant needs identified are as follows:

- Access to health care (including issues such as affordability, transportation, medications)
- Mental health
- Diabetes
- Heart disease

The process used to determine the health needs where UAB Medicine would focus included a prioritization meeting of the 2025 Community Health Needs Assessment (CHNA) Leadership Team. The team includes representatives of UAB Medicine entities including UAB Hospital, UAB St. Vincent's Birmingham, UAB St. Vincent's East, UAB Medical West, and UAB Callahan Eye. The data were presented to the leadership team, and recommendations based on the top identified needs from the community were brought forward for consideration. What would become the prioritized needs were determined through a majority vote after discussion of the community's needs. The CHNA Leadership Team considered the following criteria in choosing the top prioritized health needs: (1) scope of the problem (people impacted/severity); (2) health disparities (income/race and ethnicity); (3) feasibility of facilities in addressing the need (capacity); (4) community members and strategic partner feedback (health department, strategic partners) and (5) alignment with UAB Medicine strategies.

Based on the process described above, the following top three prioritized needs were identified for Jefferson County and its surrounding areas:

1. Access to health care
2. Mental health
3. Chronic disease prevention/management
 - Diabetes
 - Heart disease



About UAB Medicine

Located in Birmingham, UAB Medicine is one of the top five academic medical centers in the United States and Alabama's largest single-site employer, with over 23,000 employees and 1,200-plus physicians. It provides health care services for more than 1.6 million patients annually and is also committed to educating medical professionals and advancing medical science through research. The health system is comprised of UAB Hospital, UAB St. Vincent's, UAB Callahan Eye, affiliated hospital UAB Medical West, and multiple other facilities, clinics, and affiliates in central Alabama and beyond.

For more information, please visit uabmedicine.org.

About UAB Callahan Eye

For nearly 60 years, UAB Callahan Eye Hospital has focused on delivering innovative eye care and pioneering breakthroughs in preserving and restoring eyesight. It has been recognized internationally and nationally for outstanding patient care, treatment of eye trauma, and crucial research in eye disease. It operates multiple satellite clinics across central Alabama, as well as a 24/7 eye emergency department at its main facility on the UAB medical campus in downtown Birmingham.

For more information, please visit uabcallahaneye.org.

About UAB St. Vincent's

In fall 2024, UAB Medicine purchased all Ascension St. Vincent's sites of care in central Alabama, which employ about 5,200 staff members and include its Birmingham, Blount, Chilton, East, and St. Clair hospitals. The acquisition also included its One Nineteen health and wellness facility, the Trussville Freestanding Emergency Department, and several imaging centers and satellite clinics. Two of its hospitals are in Jefferson County: UAB St. Vincent's Birmingham and UAB St. Vincent's East.

UAB St. Vincent's Birmingham features 409 beds with all private rooms and provides a wide range of personalized care services, including an emergency department. It has a long history of recognition, having been named "Best Hospital to Have a Baby", "Best Birthing Suites", "Favorite Hospital", and among the "Most Wired" hospitals. UAB St. Vincent's East features 362 beds and also provides the full range of health care services, including an emergency department.

For more information, please visit uabstvincents.org.

About UAB Medical West

An affiliate of UAB Medicine, UAB Medical West is located in Bessemer, Ala., and has proudly served the communities of western Jefferson County since 1964. It opened a state-of-the-art, 200-bed hospital in August 2024, and it also operates 12 health centers located throughout its market. With over 1,300 employees and 300-plus physicians, UAB Medical West offers a wide range of diagnostic, surgical, medical, and emergency services. In 2015, UAB Medical West opened the state's first Freestanding Emergency Department (FED), located just off Interstate 459 at Exit 10 in Hoover.

For more information, please visit medicalwesthospital.org.



About the Community Health Needs Assessment

A Community Health Needs Assessment, or CHNA, is essential for community-building and health improvement efforts. A CHNA helps an organization direct resources where they are most needed in the community. CHNAs can be powerful tools that have the potential to be catalysts for significant community change.

Purpose of the CHNA

A CHNA is a systematic process involving the community to identify and analyze community health needs and assets to prioritize, plan, and act on unmet community health needs. The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with UAB Medicine's mission to provide quality health care and compassionate service to every patient, every time – regardless of their individual differences or circumstances.



IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(r)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3) and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at:

[Community Health Needs Assessment – UAB Medicine](#)

[Community Health Needs Assessment - UAB St. Vincent's](#)

Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

Community Served

Jefferson County encompasses over 1,122 square miles, of which 1,111 square miles are land and 11.2 square miles are water. Birmingham and its supporting cities make up the county seat and the largest centralized population. There are 35 municipalities in the county. The county is governed by five commissioners elected from specific county districts. The county is 87.9% urban and 12.1% rural. The neighboring counties are Bibb, Blount, St. Clair, Shelby, Tuscaloosa, and Walker. The county is characterized by rolling hills and valleys.

In order to define the geographic region, the assessment team looked at inpatient and outpatient care volumes for fiscal year 2024 (October 1, 2023 to September 30, 2024) to determine the areas of patient origin for UAB Medicine. This method reveals that 46% of all patients (discharges) originate from Jefferson County (43% for UAB Medicine, 78% for UAB Medical West, and 44% for UAB St. Vincent's).



Illustration 1. Jefferson County: Map of Community Served

Demographic Data

Located in central Alabama, Jefferson County has a population of 674,721 and is the fifth most populous county in the state, according to the United States Census 2023 ACS 1-year estimates.

Demographic data highlights for Jefferson County include the following:

- The total population increase from 2000 to 2010 was -0.54%.
- The median household income is above the state median income (\$64,623 for Jefferson County; compared to \$62,212 for Alabama).
- The percentage of all ages of people in poverty was higher than the state average (15.9% for Jefferson County compared to 15.6% for Alabama).
- The uninsured rate for Jefferson County is higher than the state rate (9.4% for Jefferson County compared to 8.5% for Alabama).

| Demographic Highlights | | |
|-----------------------------------|-----------|--|
| Indicator | Jefferson | Description |
| Population | | |
| % living in rural communities | 12.1% | |
| % below age 18 | 22.8% | |
| % age 65 and older | 17.2% | |
| % Hispanic | 5.2% | |
| % Asian | 1.9% | |
| % Non-Hispanic Black | 41.7% | |
| % Non-Hispanic white | 48.8% | |
| Social and Community Context | | |
| English proficiency | 92.3% | Proportion of community members who speak English well |
| Median household income | \$64,623 | Income level where half of households in a county earn more and half of households earn less |
| Percent of children in poverty | 22.10% | Percentage of people under age 18 in poverty |
| Percent of uninsured | 9.4% | The percentage of the population under age 65 without health insurance |
| Percent of educational attainment | 91.6% | Percentage of adults ages 25 and over with a high school diploma or equivalent |
| Percent of unemployment | 4.8% | Percentage of population age 16 and older who are unemployed but seeking work |

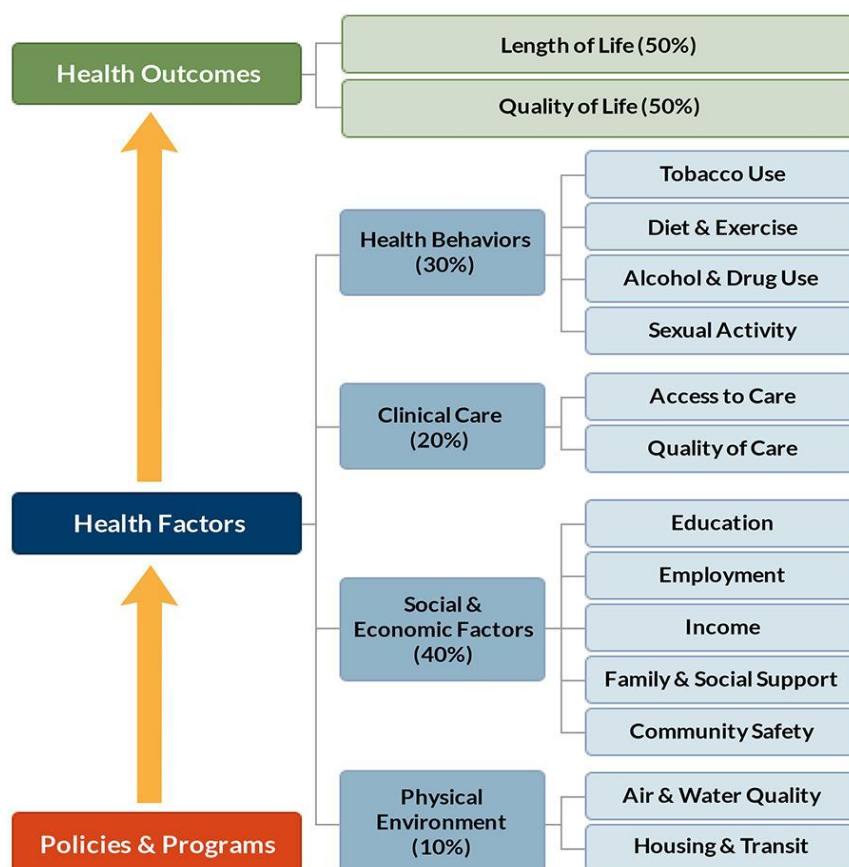
To view Community Demographic Data in their entirety, see Appendix B (page 28)



Process and Methods Used

UAB Medicine is committed to using national best practices in conducting the CHNA. Health needs and assets for Jefferson County were determined using a combination of data collection and analysis for secondary and primary data and community input on the identified and significant needs.

UAB Medicine's approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement.



County Health Rankings model © 2014 UWPHI

Collaborators

UAB Medicine completed its 2025 CHNA in collaboration with UAB St. Vincent's, (previously known as Ascension St. Vincent's Health System). This method allows for a unified approach to health care within Jefferson County and surrounding areas. St. Vincent's came together with UAB Medicine on November 1, 2024. The joining of these two health systems utilizes innovative strategies to address health disparities, mental and behavioral health, and diabetes, with an emphasis on expanded access for poor, vulnerable, and rural populations, thereby providing an opportunity to improve health care delivery in Alabama. UAB Medicine and its entities share resources to better serve the community, while

preserving the historic missions of the organizations. The following organizations are included as part of UAB Medicine:

- UAB Hospital
- Cooper Green Mercy Health Services
- UAB Callahan Eye
- UAB Medical West
- UAB St. Vincent's Birmingham
- UAB St. Vincent's East
- UAB St. Vincent's Blount
- UAB St. Vincent's Chilton
- UAB St. Vincent's St. Clair

Data Collection Methodology

In collaboration with various community partners, data were collected and analyzed for Jefferson County. The CHNA process for UAB Medicine was a collaborative effort, with representation from all areas of UAB Medicine including leadership from each hospital facility.

The process included a review of primary data and publicly available secondary data for the following topics: demographics and socioeconomic status, access to health care, health status risk factor behaviors, child health, infectious diseases, natural environment, and social environment. Input

was also received through an online (and paper) survey distributed via social media and email to members of the community. Specific groups surveyed included: Greater Birmingham Project Access, Local Federally Qualified Health Centers (FQHC(s), Central Alabama Fire Chiefs, FORGE Breast Cancer Survivor Center, the Jefferson County Department of Health, local community colleges, local churches, medical staff members, the UAB St. Vincent's Foundation, and the Firehouse Shelter.

Summary of Community Input



Recognizing their vital importance in understanding the health needs and assets of the community, UAB Medicine consulted with a range of public health and social service providers that represent the broad interests of Jefferson County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and research, 2) individuals who are medically underserved, are low-income, or are considered among the minority populations served by the hospital, and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including key stakeholder/informant interviews, key community partner focus groups, and community surveys. These methods provided additional perspectives on how to select and address top health issues facing Jefferson County.

A summary of the process and results is outlined on the following pages.

Community Surveys

A survey was conducted to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes and behaviors, social determinants of health, and clinical care for Jefferson County and its surrounding areas. Approximately 8,000 individuals participated in the survey, conducted between October 2024 and February 2025. The data gathered and analyzed provide valuable insight into the issues of importance to the community. The survey contained 18 questions and was distributed in English and Spanish to community members through text, email, and social media platforms.

| Community Survey | |
|--|--|
| Key Summary Points | |
| <ul style="list-style-type: none"> • Access to health care is viewed as the top issue, along with health care affordability. • Increasing accessibility to services, especially primary and specialty care providers, was identified as the key to addressing access issues. • Mental health, including substance abuse/alcohol and drug addiction were uniformly identified in responses. • Community partnerships and health literacy resources are key to educating community members on living healthier lifestyles. • Importance of identification and implementation of processes to address health equity, health disparities, and social determinants of health | |
| Key Stakeholder | Common Themes |
| <ul style="list-style-type: none"> • Health care • Safety officers • Education • Volunteers • Churches • Consumers | <ul style="list-style-type: none"> • Access to primary and specialty care • Existing deficit of mental health services and providers • Continued focus on strengthening relationships with community partners/resources • Community education regarding mental health awareness • Healthy lifestyle education |

Most of the survey questions were demographic in nature. The results of two survey questions related to quality of life and health issues are summarized below:

| Survey question: What would improve the quality of life for those in your community the most? | | |
|---|-----------------|------------|
| Category | Total Responses | Percentage |
| Access to proper health care | 2,202 | 28.4 |
| Mental health services | 1,098 | 14.1 |
| Connection to resources/community agencies | 699 | 9 |
| Community safety | 670 | 8.6 |
| Employment opportunities | 602 | 7.8 |

Survey question: What three health issues do you think are the most important in your community?

| Category | Total Responses | Percentage |
|------------------------------|-----------------|------------|
| Affordable health care | 5,059 | 62.8 |
| Access to proper health care | 4,307 | 53.5 |
| Mental health | 2,508 | 31.2 |
| Heart disease | 1,883 | 23.3 |
| Diabetes | 1,626 | 20.2 |

Survey Tool - See Appendix G (page 40)

Key Informant Interviews

A series of 37 one-on-one community leader interviews were conducted to gather feedback from key stakeholders on the health needs and assets of Jefferson County and surrounding areas. The community leaders participated in the interviews between November 2024 and February 2025. Sectors represented by participants included health experts at the state and community levels, local civic leaders, and key community partners.

Key Informant Interviews

Key Summary Points

- Health care access is recognized as a major area of concern for the community.
- Access was defined as geographic location, ease of access to health care services, affordability of health care services and the availability of primary care and specialty providers.
- Availability of healthy lifestyle resources is viewed as critical to avoiding major health complications, including chronic diseases such as cardiovascular issues and diabetes.
- Health education programs should begin with younger generations to create a healthier lifestyle.

Populations/Sectors Represented

- Health care
- Education
- Civic leaders
- Community organizations

Common Themes

- Affordability and accessibility of services by primary and specialty care physicians (including hours of operation, cost, and transportation)
- Mental health education
- Community partnerships
- Community health fairs and screenings



Summary of Secondary Data

Secondary data are data that already have been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Secondary data were compiled from various sources that are reputable and reliable.

- Health indicators in the following categories were reviewed:
- Health outcomes
- Social and economic factors that impact health
- Health behaviors
- Access to health care
- Disparities

A summary of the secondary data collected and analyzed through this assessment can be viewed in Appendix D (page 31).

Health Equity, Social Determinants of Health



UAB Heersink School of Medicine health equity research definition: Ensuring the opportunity for every individual to achieve their highest level of health. This involves acknowledging historical challenges and addressing contemporary barriers within communities and populations relative to their needs, care preferences, and cultural values and beliefs, to reduce and eliminate health disparities.

As part of the data collection process, the following questions were included in the community survey tool:

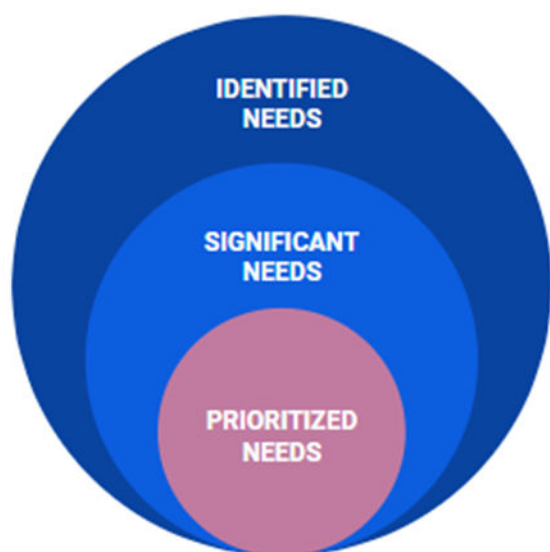
What would improve the quality of life for those within your community the most? (Select only your top need.)

| Top Five Answers | Percentage |
|--|------------|
| Health care access | 28.4% |
| Mental health services | 14.1% |
| Connection to resources/community agencies | 9.0% |
| Community safety | 8.6% |
| Employment opportunities | 7.8% |
| 8,228 responses | |

What would improve the quality of life for those within your community the most? (Select only your top need.)

| Top Five Answers | Blount | Chilton | Jefferson | Shelby | St. Clair | Walker |
|--|-----------------------|-----------------------|-----------|--------|-----------------------|--------|
| Healthcare Access | 1 | 1 | 1 | 1 | 1 | 1 |
| Mental Health Services | 2 | 4 | 2 | 2 | 2 | 2 |
| Connection to resources/community agencies | 5 | 2 | 3 | 3 | 3 | 4 |
| Community safety | Public transportation | Public transportation | 4 | 4 | Public transportation | 5 |
| Employment opportunities | 3 | 3 | 5 | 5 | 4 | 3 |
| 8,228 responses | | | | | | |

Community Needs



UAB Medicine analyzed secondary data for over 25 indicators and gathered community input through community surveys, key informant interviews, and community partner focus groups to identify the needs in Jefferson County and surrounding areas.

A phased prioritization approach was used to identify the needs. The first step was to determine the broader set of **identified needs**. Next, identified needs were then narrowed to a set of **significant needs** that were determined to be most crucial for community stakeholders to address. Following the completion of the CHNA assessment, UAB Medicine will select all, or a subset, of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. This graphic illustrates the relationship between the needs categories.

Identified Needs

UAB Medicine has defined "identified needs" as the health outcomes or related conditions (i.e. social determinants of health) that impact the health status of community members in Jefferson County and surrounding areas. The

identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues, to better develop measures and evidence-based interventions that respond to the determined condition.

Significant Needs

In collaboration with various community partners, UAB Medicine utilized a prioritization process to determine which of the identified needs were most significant. UAB Medicine has defined “significant needs” as the identified needs that have been deemed most significant to address based on established criteria and/or prioritization methods. In determining the significant needs for the 2025 CHNA, UAB Medicine utilized the review of standards and benchmarks, organizational needs and priorities, and review of primary data obtained through community and public health feedback.

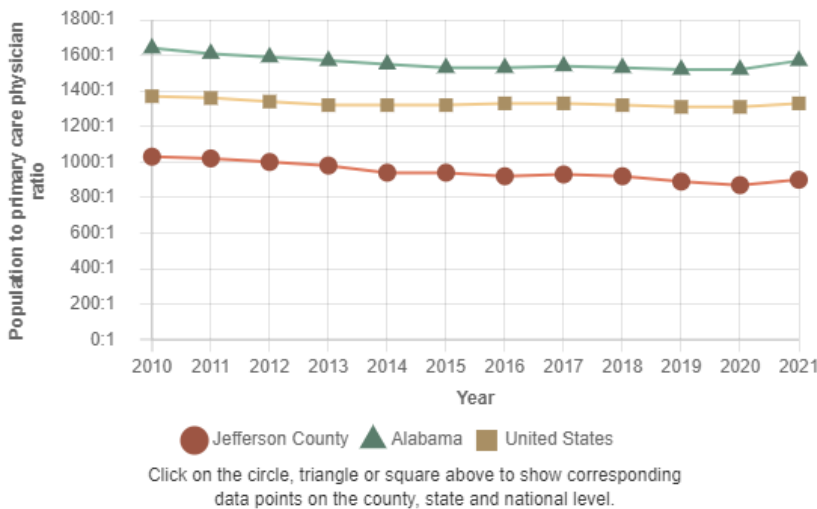
- Community response/importance of the problem to the community
- Severity — risk of morbidity and mortality
- Alignment of the problem with the strengths and priorities of UAB Medicine
- Impact of the problem on populations that are vulnerable
- Existing resources within the community to address the problem



Prioritized Needs

UAB Medicine has defined “prioritized needs” as the significant needs that have been prioritized by the hospital to address through the three-year CHNA implementation strategy. UAB Medicine will address all the prioritized needs as outlined below for its 2025 CHNA implementation strategy:

- **Access to health care:** This need was selected because of the overwhelming identification of the issue by community members as well as key leadership personnel.
- **Mental health:** This need was selected because of the need for and expansion of mental health services available for both community members and the health care workforce.
- **Chronic disease prevention/management:** This need was selected because the management of diabetes and heart disease are top priorities for the community and providers. By focusing on the management of chronic diseases, UAB Medicine can help the community achieve a healthier lifestyle through consistent community engagement, education, and resource allocation.

| Access to Health Care | |
|---|--|
| Why is it Important? | Data Highlights |
| <p>Access to affordable, quality health care is important to physical, social, and mental health. Access to health care includes the timely use of personal health services to achieve the best outcomes through three distinct steps:</p> <ol style="list-style-type: none"> 1. Entering the health care system 2. Accessing a location where needed health care services are provided 3. Finding a health care provider whom the patient trusts and can communicate with <p>Deterrents to access to health care services can include variables such as timeliness of care, cost, transportation availability, location of services, insurance or lack thereof, language barriers, and provider availability.</p> |  <p>Population to primary care physician ratio</p> <p>Year</p> <p>● Jefferson County ▲ Alabama ■ United States</p> <p>Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.</p> <ul style="list-style-type: none"> • The ratio of primary care physicians in Jefferson County is 900:1, meaning there is one primary care physician per 900 people. While this number is better than the Top US Performers' ratio of 1330:1 and Alabama's ratio of 1570:1, there remains much room for improvement in this key indicator of health care access. • The uninsured rate in Jefferson County is 10%, which is below the state of Alabama rate of 12% and equivalent to Top U.S. Performers at 10%. • The rate of preventable hospital stays per 100,000 people was 2,957 in Jefferson County, compared to 3,280 for Alabama and 2,681 for Top U.S. Performers. |
| Local Assets & Resources | |
| <ul style="list-style-type: none"> • Community Health Clinics • Local Health Systems • Medicaid Expansion | |
| Community Challenges & Perceptions | Individuals Who Are More Vulnerable |
| <ul style="list-style-type: none"> • Transportation • Lack of or limitations in insurance coverage • Cost of health care • Undocumented status • Medicaid/insurance coverage gaps • Prescription costs | <ul style="list-style-type: none"> • Significant disparities exist through all levels of access to care. • Disparities include but are not limited to: <ul style="list-style-type: none"> ○ Lack of insurance ○ Health care affordability ○ Having an ongoing source of care ○ Access to primary and specialty care |

Data Source: [Jefferson, Alabama | County Health Rankings & Roadmaps](#)

| Mental Health | |
|--|---|
| Why is it Important | Data Highlights |
| <p>Mental health disorders are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Mental health issues are associated with increased rates of smoking, physical inactivity, obesity, and substance abuse. As a result, these physical health problems can lead to chronic disease, injury, disability, and death (including overdose or suicide). Access to mental health providers and treatment is limited.</p> | <ul style="list-style-type: none"> The ratio of mental health providers in Jefferson County is 410:1, meaning there is one mental health provider per 410 people. This is far worse than the Top U.S. Performers ratio of 320:1 but better than Alabama's state ratio of 740:1. The average number of mentally unhealthy days reported in the past 30 days by Jefferson County residents was 5.8, compared to 5.9 for Alabama and 4.8 for Top U.S. Performers. The suicide rate for the state of Alabama is 16 deaths due to suicide per 100,000 population, which is higher than the U.S. at 14 deaths per 100,000. |
| Local Assets & Resources | |
| <ul style="list-style-type: none"> Mental Health Roundtable of Jefferson County and surrounding area(s) UAB Employee Assistance and Counseling Center Crisis Line/988 NAMI (National Alliance of Mental Illness) Mental Health First Aid | |
| Community Challenges & Perceptions | Individuals Who are More Vulnerable |
| <ul style="list-style-type: none"> Stigma around mental health Lack of accessible mental health services Lack of mental health providers Cost of mental health services Insurance barriers Virtual care limitations | <ul style="list-style-type: none"> Underinsured and/or uninsured individuals Individuals with low income, living at or below the poverty level. Unemployment, poverty, and stress can contribute to poor mental health. |

Data Source: [Jefferson, Alabama | County Health Rankings & Roadmaps](#)

| Chronic Disease Prevention/Management | |
|--|---|
| Why is it Important? | Data Highlights |
| Addressing diabetes and cardiac health through the lens of chronic disease prevention and management addresses the positive impact of maintaining a healthy lifestyle. Promoting health through maintenance of healthy body weight, consumption of healthy foods, and consistent exercise reduces the occurrence of chronic diseases such as diabetes and heart disease. | <ul style="list-style-type: none"> According to Healthcare.gov, “Chronic disease management is an integrated care approach to managing illness which includes screenings, checkups, monitoring and coordinating treatment, and patient education. It can improve your quality of life while reducing your health care costs if you have a chronic disease by preventing or minimizing the effects of a disease.” Percentage of adults in Jefferson County with the following chronic diseases are as follows: <ul style="list-style-type: none"> Diabetes – age 20 and above diagnosed, 10% in the U.S. compared to 13% average in the state of Alabama Heart disease – age 35-65, total cardiovascular disease death rate of 138.5 per 100,000 (2019) |
| Local Assets & Resources | |
| <ul style="list-style-type: none"> Local health systems American Diabetes Association American Heart Association United Way of Central Alabama | |
| Community Challenges & Perceptions | Individuals Who Are More Vulnerable |
| <ul style="list-style-type: none"> Impact of the pandemic on routine health screenings Insurance limitations Cost of services Transportation | <ul style="list-style-type: none"> Underinsured and/or uninsured individuals Individuals with low income living at or below the poverty level Unemployment, poverty, and stress can contribute to the failure to manage a chronic disease. |

Data sources: [Jefferson, Alabama | County Health Rankings & Roadmaps](#); [Local Trends in Heart Disease and Stroke Mortality Dashboard](#) | [Heart Disease and Stroke Maps](#) | [CDC](#)

Conclusion

The purpose of the CHNA process is to develop and document key information on the health and well-being of the communities served by UAB Medicine. This report will be used by internal stakeholders, nonprofit organizations, government agencies, and other community partners of UAB Medicine to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2025 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

UAB Medicine hopes that this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Jefferson County and surrounding areas. The health system values the community's voice and welcomes feedback on this report. Please visit <https://www.uabmedicine.org/about-uab-medicine/contact-us/> to submit your comments.

Approval by the UAB Health System Authority Board

To ensure that the UAB Medicine's efforts meet the needs of the community and have a lasting and meaningful impact, the 2025 CHNA was presented to the UAB Health System Authority Board for approval and adoption on August 18, 2025. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified, and supports the strategy developed to address prioritized needs.

Appendices

- Appendix A: Definitions and Terms
- Appendix B: Community Demographic Data and Sources
- Appendix C: Community Input Data and Sources
- Appendix D: Secondary Data and Sources
- Appendix E: Health Care Facilities and Community Resources
- Appendix F: Evaluation of Impact from Previous CHNA Implementation Strategy
- Appendix G: Community Survey Tools (English/Spanish)

Appendix A: Definitions and Terms

Acute community concern

An event or situation that may be severe and sudden in onset or newly affects a community. This could describe anything from a health crisis (i.e. COVID-19, water poisoning) or environmental events (i.e. hurricane, flood) or other events that suddenly impact a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern.

Collaborators

Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

Community served

A hospital facility may consider all relevant facts and circumstances in defining the community it serves. This includes the geographic area served by the hospital facility; the target populations served, such as children, women, or the elderly; and principal functions, such as a focus on a particular specialty area or targeted disease.

Demographics

Population characteristics of the community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

Identified need

Health outcomes or related conditions (i.e. social determinants of health) impacting the health status of the community served

Key stakeholder interviews

A method of obtaining one-on-one input from community leaders and public health experts. Interviews can be conducted in person or over the telephone. With structured interviews, questions are prepared and standardized prior to the interview, to ensure that consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with a special knowledge or expertise in public health may include representatives from your state or local health department, faculty from schools of public health, and providers with a background in public health. See Section V for a list of potential interviewees. These could also be referred to as stakeholder interviews.

Medically underserved populations

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Source: irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-section-501r3

Prioritized needs

Significant needs that have been selected by the hospital to address through the CHNA implementation strategy

Significant needs

Identified needs that have been deemed most significant to address based on established criteria and/or prioritization methods

Surveys

Used to collect information from community members, stakeholders, providers, and public health experts to understand community perception of needs. Surveys can be administered in person, over the telephone, or online. Surveys can consist of both forced-choice and open-ended questions.

Source: CHNA Assessing and Addressing Community Need, 2015 Edition

Appendix B: Community Demographic Data and Sources

The tables below provide a description of the community's demographics. The description of the importance of the data is drawn from the County Health Rankings and Roadmaps as well as the U.S. Census American Community Survey (ACS).

Population

The composition of a population, including related trends, is important for understanding the community context and informing community planning.

| Population | Jefferson County | Alabama | U.S. |
|------------|------------------|-----------|-------------|
| Total | 674,721 | 5,024,279 | 332,387,540 |
| Male | 47.5% | 48.6% | 49.5% |
| Female | 52.5% | 51.4% | 50.5% |

Data source: United States Census 2023 ACS 1-year estimates

Population by Race or Ethnicity and Age

The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

| Race or Ethnicity | Jefferson County | Alabama | U.S. |
|------------------------|------------------|---------|-------|
| Asian | 1.9% | 1.5% | 5.8% |
| Black/African American | 41.7% | 25.8% | 12.4% |
| Hispanic/Latino | 5.2% | 5.3% | 19.0% |
| Native American | 0.3% | 0.7% | 0.88% |
| White | 48.8% | 64.1% | 63.4% |

Data source: United States Census 2023 ACS 1-year estimates

| Age | Jefferson County | Alabama | U.S. |
|------------|------------------|---------|-------|
| Median age | 37.9 | 39.6 | 39.2 |
| Age 0-17 | 22.8% | 22.2% | 22.3% |
| Age 18-64 | 60.1% | 63.5% | 61.2% |
| Age 65+ | 17.2% | 18.2% | 17.7% |

Data source: United States Census 2023 ACS 1-year estimates

Income

Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods, and quality schools. Chronic stress related to not having enough money can impact mental and physical health.

| Income | Jefferson County | Alabama | U.S. |
|---|------------------|----------|----------|
| Median household income | \$64,623 | \$62,212 | \$77,719 |
| Per capita income | \$39,826 | \$34,835 | \$43,289 |
| People with incomes below the federal poverty guideline | 15.9% | 15.6% | 12.5% |

Data source: United States Census 2023 ACS 1-year estimates

Education

There is a strong relationship between health, lifespan, and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (i.e. pay, safe work environment), and social support help create opportunities for healthier choices.

| Income | Jefferson County | Alabama | U.S. |
|--------------------------------|------------------|---------|-------|
| High school graduate or higher | 91% | 88.1% | 89.4% |
| Bachelor's degree or higher | 35.9% | 27.8% | 35% |

Data source: United States Census 2023 ACS 1-year estimates

Insured/Uninsured

Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

| Income | Jefferson County | Alabama | U.S. |
|-------------------|------------------|---------|------|
| Uninsured | 9.6% | 8.5% | 7.9% |
| Medicaid-eligible | 26.0% | 26.4% | * |

Data Source: United States Census 2023 ACS 1-year estimates, Alabama Annual Medicaid Report FY22, *Data Unavailable

Appendix C: Community Input Data and Sources

| Community Input Data and Sources | | |
|--|---|--|
| Organization Name | Phone/Email/Contact | Website |
| UAB Hospital/UAB Medicine | 205-934-3411 | website |
| UAB Callahan Eye Hospital | 205-325-8620 | website |
| UAB Medical West | 205- 481-7000 | website |
| UAB St. Vincent's | 205-939-7000 | website |
| Central Alabama Fire Chiefs Association | 205-229-8367 | <u>Deputy Chief Brandon Broadhead, president</u> |
| Firehouse Ministries Homeless Shelter | 205-252-9571 | website |
| Jefferson County Department of Health | See website | website |
| Jefferson County Health Care Roundtable | Coordinated by UAB St. Vincent's Community Outreach | website |
| Jefferson County Mental Health Roundtable | Coordinated by UAB St. Vincent's Behavioral Health | website |
| Case Managers Society of Alabama, Birmingham Chapter | 205-807-0254 | N/A |
| Jefferson State Community College | 205-853-1200 | website |
| Organization Name | Phone/Email/Contact | Website |
| Christ Health Center (FQHC) | 205-838-6000 | website |
| Alabama Hospital Association | 334-272-8781 | website |
| Eyesight Foundation of Alabama | 205-325-8620 | website |
| Birmingham Board of Education | 205-231-4600 | website |
| YWCA of Central Alabama | 205-322-9922 | website |
| Birmingham Police Department | 205-254-1700 | website |
| Jefferson County Commission | N/A | website |
| Jessie's Place/Jimmie Hale Mission | 205-323-5878 | website |

Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled, and made available on the County Health Rankings and Roadmaps (CHRR) website (countyhealthrankings.org/). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine, and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data every year and shares them with the public in March. The data below are from the 2024 publication. It is important to understand that reliable data are generally 2-3 years behind due to the importance of careful analysis.

| How To Read These Charts |
|---|
| <p>Why they are important: Explains why we monitor and track these measures in a community and how they relate to health. The descriptions of “why they are important” are drawn from the CHRR website.</p> <p>County vs. state: Describes how the county’s most recent data for the health issue compares to state.</p> <p>Trending: CHRR provides a calculation for some measures, to explain if a measure is worsening or improving.</p> <ul style="list-style-type: none"> • Red: The measure is worsening in this county. • Green: The measure is improving in this county. • Empty: There is no data trend to share, or the measure has remained the same. <p>Top U.S. counties: The best 10% of counties in the country. It is important to compare not just Jefferson County and surrounding areas but also to know how the best counties are doing and how our county compares.</p> <p>Description: Explains what the indicator measures, how it is measured, and who is included in the measure</p> <p>N/A: Not available or not applicable. There might not be data available for the community on every measure. Some measures will not be comparable.</p> |

Health Outcomes

Health outcomes reflect the current physical and mental well-being of residents within a community.

| Indicators | Jefferson County | Alabama | U.S. | Description |
|-----------------------|------------------|---------|-------|--|
| Length of Life | | | | |
| Premature death | 12,600 | 11,400 | 8,000 | Years of potential life lost before age 75 per 100,000 population (age-adjusted) |
| Life expectancy | 72.9 | 73.7 | 77.6 | How long the average person should live |
| Infant mortality | 9 | 8 | 6 | Number of all infant deaths (within 1 year) per 1,000 live births |

| Indicators | Jefferson County | Alabama | U.S. | Description |
|---------------------------------|------------------|---------|---------|---|
| Physical Health | | | | |
| Poor or fair health | 19% | 18% | 14% | Percentage of adults reporting fair or poor health |
| Poor physical health days | 3.9 | 3.9 | 3.3 | Average number of physically unhealthy days reported in past 30 days (age-adjusted) |
| Frequent physical distress | 12% | 12% | 10% | Percentage of adults reporting 14 or more days of poor physical health per month |
| Low birth weight | 11% | 10% | 8% | Percentage of babies born too small (less than 2,500 grams) |
| Fall fatalities 65+ | N/A | N/A | N/A | The number of injury deaths due to falls among those age 65 years and up per 100,000 population |
| Mental Health | | | | |
| Poor mental health days | 5.8 | 5.9 | 4.8 | Average number of mentally unhealthy days reported in the past 30 days |
| Frequent mental distress | 18% | 20% | 15% | Percentage of adults reporting 14 or more days of poor mental health per month |
| Suicide | 14 | 16 | 14 | The number of deaths due to suicide per 100,000 |
| Morbidity | | | | |
| Diabetes prevalence | 13% | 13% | 10% | Percentage of adults age 20 and up with diagnosed diabetes |
| Cancer deaths (by state) | N/A | 10,600 | 611,720 | Average cancer deaths by state (ACS 2024) |
| Communicable Disease | | | | |
| HIV prevalence | 679 | 340 | 382 | Number of people age 13 and up with a diagnosis of HIV per 100,000 |
| Sexually transmitted infections | 873 | 625.2 | 495.5 | Number of newly diagnosed chlamydia cases per 100,000 |

| Indicators | Jefferson County | Alabama | Top US Counties | Description |
|---------------------------------|------------------|---------|-----------------|--|
| Health Care Access | | | | |
| Uninsured | 11% | 12% | 6% | Percentage of the population under age 65 without health insurance |
| Uninsured adults | 14% | 15% | 7% | Percentage of adults under age 65 without health insurance |
| Uninsured children | 3% | 3% | 3% | Percentage of children under age 19 without health insurance |
| Primary care physicians | 920:1 | 1,530:1 | 3% | Ratio of population to primary care physicians |
| Other primary care providers | 640:1 | 1,070:1 | 1,030:1 | Ratio of the population to primary care providers other than physicians |
| Mental health providers | 520:1 | 920:1 | 270:1 | Ratio of the population to mental health providers |
| Hospital Utilization | | | | |
| Preventable hospital stays | 4,558 | 5,466 | 2,565 | Rate of hospital stays for ambulatory care-sensitive conditions per 100,000 Medicare enrollees |
| Preventative Health Care | | | | |
| Flu vaccinations | 47% | 43% | 55% | Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination |
| Mammography screenings | 42% | 40% | 51% | Percentage of female Medicare enrollees age 65-74 who received an annual mammography screening |

Source: [Alabama | County Health Rankings & Roadmaps](#)

Social and Economic Factors

These factors affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress, and more.

| Indicators | Jefferson County | Alabama | Top US Counties | Description |
|---------------------------------|------------------|----------|-----------------|--|
| Economic Stability | | | | |
| Median household income | \$62,000 | \$59,700 | \$74,800 | Income level at which half of households in a county earn more and half earn less |
| Unemployment | 2.60% | 2.6% | 3.7% | Percentage of the population age 16 and older who are unemployed but seeking work |
| Poverty | 16.40% | 16..2% | 11.5% | Percentage of the population living below the Federal Poverty Line |
| Childhood poverty | 21% | 22% | 16% | Percentage of people under age 18 in poverty |
| Educational Attainment | | | | |
| High school completion | 91% | 88% | 89% | Percentage of ninth-grade cohort that graduates in four years |
| Some college | 69% | 52% | 68% | Percentage of adults age 25-44 with some post-secondary education |
| Social/Community | | | | |
| Children in single-parent homes | 26% | 31% | 25% | Percentage of children who live in a household headed by a single parent |
| Social associations | 13.9 | 11.7 | 9.1 | Number of membership associations per 10,000 population |
| Disconnected youth | 7% | 8% | 7% | Percentage of teens and young adults age 16-19 who are neither working nor in school |
| Violent crime | N/A | 409.1 | 380.7 | Number of reported violent crime offenses per 100,000 population |
| Access to Health Foods | | | | |
| Food environment index | 6.9 | 5.4 | 7.7 | Index of factors that contribute to a healthy food environment (0=worst, 10=best) |
| Food insecurity | 13% | 15% | 10% | Percentage of the population lacking adequate access to food |
| Limited access to healthy foods | 13% | 9% | 6% | Percentage of the population who are low-income and do not live near a grocery store |

Source: countyhealthrankings.org/explore-health-rankings

Clinical Care

Why it is important: Access to affordable, high-quality care can lead to detecting issues sooner and prevent disease. This can help individuals live longer, healthier lives.

| Indicators | Jefferson County | Alabama | Top US Counties | Description |
|---------------------------------|------------------|---------|-----------------|--|
| Health Care Access | | | | |
| Uninsured | 10% | 12% | 10% | Percentage of the population under age 65 without health insurance |
| Uninsured adults | 13% | 15% | 12% | Percentage of adults under age 65 without health insurance |
| Uninsured children | 4% | 4% | 5% | Percentage of children under age 19 without health insurance |
| Primary care physicians | 900:1 | 1,570:1 | 1330:1 | Ratio of population to primary care physicians |
| Mental health providers | 410:1 | 740:1 | 320:1 | Ratio of the population to mental health providers |
| Hospital Utilization | | | | |
| Preventable hospital stays | 2,957 | 3,280 | 2,681 | Rate of hospital stays for ambulatory care-sensitive conditions per 100,000 Medicare enrollees |
| Preventative Health Care | | | | |
| Flu vaccinations | 44% | 39% | 46% | Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination |
| Mammography screenings | 45% | 41% | 43% | Percentage of female Medicare enrollees age 65-74 who received an annual mammography screening |

Source : [Alabama | County Health Rankings & Roadmaps](#)

Health Behaviors

Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes, or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

| Indicators Trend | Jefferson County | Alabama | Top US Counties | Description |
|--|------------------|---------|-----------------|--|
| Healthy Life | | | | |
| Adult obesity | 39% | 41% | 34% | Percentage of the adult population age 20 and older who report a body mass index (BMI) greater than or equal to 30 kg/m2 |
| Physical inactivity | 30% | 30% | 23% | Percentage of the adult population age 20 and over who report no leisure-time physical activity |
| Access to exercise opportunities | 80% | 61% | 84% | Percentage of population with adequate access to locations for physical activity |
| Insufficient sleep | 38% | 39% | 33% | Percentage of adults who report fewer than seven hours of sleep on average |
| Motor vehicle crash deaths | 17 | 21 | 12 | Number of motor vehicle crash deaths per 100,000 population |
| Teen births | 22 | 25 | 17 | Number of births per 1,000 female population age 15-19 |
| Substance Use Misuse | | | | |
| Adult smoking | 16% | 18% | 15% | Percentage of adults who are current smokers |
| Excessive drinking | 15% | 14% | 18% | Percentage of adults reporting binge or heavy drinking |
| Alcohol-impaired driving deaths | 13% | 25% | 26% | Percentage of alcohol-impaired driving deaths |
| Overdose deaths (any opioids) by state | 41 | 22 | 27 | Rate of opioid-related deaths by state per 100,000 people |

Source : [Alabama | County Health Rankings & Roadmaps](#)

Appendix E: Health Care Facilities and Community Health Resources

As part of the CHNA process, UAB Medicine has cataloged resources available in Jefferson County and surrounding areas that address the significant needs identified in this CHNA. Resources may include local and regional services and programs. National resources also can provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

- Alabama Legal Help
- American Cancer Society
- American Diabetes Association
- American Heart Association
- Alethia House
- Bessemer Rescue Mission
- Brother Bryan Mission
- Cahaba Valley Health Care
- Catholic Center of Concern
- Churches
- ClasTran Specialized Public Transportation
- Crisis Center of Birmingham
- Community Kitchens of Birmingham
- Children's Aid Society
- Firehouse Shelter
- First Light Shelter
- Food banks (25+)
- FORGE Breast Cancer Survivor Center
- Federally Qualified Health Centers (FQHC)
- Greater Birmingham Ministries
- Greater Birmingham Project Access
- Habitat for Humanity
- Hope House
- Jefferson County Chamber of Commerce
- Jefferson County Court & Family Services
- Jefferson County Department of Health
- Jefferson County Department of Rehabilitation Services
- Jefferson County Department of Veteran's Affairs
- Jefferson County Sheriff's Office
- Jefferson County Senior Citizens Center
- Jessie's Place
- Jimmy Hale Mission
- National Association on Mental Illness
- Magic City Harvest
- Parks & Recreation
- The Foundry Rescue Mission & Recovery Center
- The Lighthouse Recovery Mission
- The Nest Homeless Ministry
- The Salvation Army

Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

UAB Medicine's previous CHNA implementation strategy was completed in 2024 and addressed the following priority health needs: diabetes education, hypertension/stroke prevention, and good nutrition/obesity prevention.

The information below describes the actions taken during the 2021-2024 CHNA to address each priority need and indicators of improvement.

| PRIORITY NEED | Access to Health Care | |
|---|-----------------------|---|
| ACTIONS TAKEN | STATUS OF ACTIONS | RESULTS |
| Provide education and resources on the importance of primary care | Ongoing | Continue providing education and connection/access to primary care services |

| PRIORITY NEED | Mental Health | |
|--|-------------------|--|
| ACTIONS TAKEN | STATUS OF ACTIONS | RESULTS |
| Provide education and resources on the importance of mental health | Ongoing | Continue providing education and connection/access to mental health services |

| PRIORITY NEED | Chronic Disease Prevention & Management | |
|---|---|---|
| ACTIONS TAKEN | STATUS OF ACTIONS | RESULTS |
| Provide inter-professional clinics and resources to manage and educate patients with diabetes | Ongoing | Continue providing associate support and time through partner clinics |
| Provide education and awareness to increase healthy living | Ongoing | Continue providing education and awareness regarding healthy living and implementing Live HealthSmart Alabama's strategy to promote good nutrition and healthy lifestyles in targeted communities |

Appendix G: 2025 CHNA Survey Tools (English/Spanish)

UAB Medicine and UAB St. Vincent's are conducting a Community Health Needs Assessment. This brief and completely anonymous assessment will gauge your perception on the strengths and weaknesses you see in our community related to health and wellness. The information you provide will be used by St. Vincent's and UAB Medicine to develop a plan that will help address the community health needs.

UAB Medicine and UAB St. Vincent's are committed to working together to create a healthier community for all. Your input will help us create a healthier North Central Alabama. **It will take about five (5) minutes to complete the survey.** The first part of the survey will focus on collecting your opinion about health issues. The second part will collect some demographic information that will help optimize community health efforts.

Check the yes box you certify that you are 18 years of age and have read this form, and are freely and voluntarily willing to participate in this survey.

- ☐ Yes
☐ No

Your Opinion on Health Issues

Select the 3 health issues below that you think are the most important to address in your community:

- ☐ Access to Proper Healthcare
☐ Affordable Healthcare
☐ Cancer
☐ Diabetes (blood sugar problems)
☐ Heart Disease
☐ Injury/Accidents (falls, car accidents)
☐ Alcohol/Drug Addiction/Substance Abuse
☐ Communicable diseases (TB, STDs, etc)
☐ Healthy Eating/Good Nutrition
☐ Hypertension (High Blood Pressure)
☐ Mental Health
☐ Physical Activity/Exercise
☐ Oral/Dental Health
☐ Reproductive and Sexual Health
☐ Tobacco/Smoking/Secondhand Smoke
☐ Cultural/language barriers
☐ Maternal Health - OB
☐ Other:

What are the biggest barriers preventing you and/or others in your community from accessing healthcare? (Select all that apply)

- ☐ Lack of transportation
- ☐ Lack of insurance
- ☐ Inability to afford care
- ☐ Language barriers
- ☐ Cultural or religious barriers
- ☐ Difficulty accessing specialists/services
- ☐ Discrimination or bias in healthcare (when I speak, are my concerns being heard)
- ☐ Lack of accessible facilities for those with disabilities
- ☐ Fear of legal status or immigration concerns
- ☐ N/A
- ☐ Other:

What would improve the quality of life for those within your community the most? (Select only your top need)

- ☐ Educational Opportunities
- ☐ Housing
- ☐ Community Safety
- ☐ Healthcare Access
- ☐ Substance Abuse Support
- ☐ Mental Health Services
- ☐ Employment Opportunities
- ☐ Community Activities
- ☐ After School Programs
- ☐ Connections to Resources/Community Agencies
- ☐ Access to Local Parks and Community Classes
- ☐ Trails and Paths Other
- ☐ Other:

Overview of the Implementation Strategy

Purpose

This implementation strategy (IS) is the hospital's response to the health needs prioritized from its current CHNA. It describes the actions the hospital will take to address prioritized needs, allocate resources, and mobilize hospital programs and community partners to work together. This approach aligns with UAB Medicine's commitment to offer programs designed to address the health needs of a community, with special attention to populations who are underserved and vulnerable.

IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA and IS satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(r)(3) hospitals under the Affordable Care Act are described in Code Section 501(r)(3) and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the current implementation strategy can be found at uabmedicine.org/legal/community-health-needs-assessment.

Needs That Will Be Addressed

Following completion of the current CHNA, UAB Medicine selected the prioritized needs outlined below for its 2025 implementation strategy:

- **Access to health care:** This need was selected because of the overwhelming identification of the issue by community members as well as key leadership personnel.
- **Mental health:** This need was selected because of the overwhelming response from the community and key leadership regarding the need for and expansion of mental health services available for community members and the health care workforce.
- **Chronic disease prevention/management:** This need was selected because managing diabetes and cardiovascular disease are top priorities for the community and providers. By focusing on managing chronic diseases, UAB Medicine can help the community achieve a healthier lifestyle through consistent community engagement and resource allocation.

UAB Medicine understands the importance of the community's health needs and is committed to playing an active role in improving the health of the people in the areas it serves. For this implementation strategy, UAB Medicine has chosen to focus on the priorities listed above.

Needs That Will Not Be Addressed

While UAB Medicine has focused on the top three health needs for the purpose of the CHNA, this does not mean that we are not addressing other needs identified in interviews, surveys, and data collection. At this time, all major health needs are being addressed in some way, but priority is given to the top three. Also, this report does not describe everything that UAB Medicine does to support health within the community.

Acute Community Concern Acknowledgement

Together, a CHNA and an IS offers a construct for identifying and addressing needs within the communities served. However, unforeseen events or situations may be severe and sudden and therefore also may affect a community. These are referred to as acute community concerns and could describe such things as a health crisis (i.e. COVID-19), water poisoning, environmental events (i.e. hurricane, flood), or other events that suddenly impact a community. In such cases, if adjustments to an IS are necessary, the hospital will develop documentation – in the form of a Situation-Background-Assessment-Recommendation (SBAR) evaluation summary – to notify key internal and external stakeholders of those adjustments.

2025 Implementation Strategies (IS)

The IS below is based on prioritized needs from the hospital's most recent CHNA. These strategies and action plans represent where the hospital(s) will focus community efforts over the next three years. While these remain a priority, the hospital will continue to offer additional programs and services to meet the needs of the community, with special attention to those who are poor and vulnerable.

| Strategy No. 1 | |
|--|---|
| Hospital(s) Name(s) UAB Medicine | |
| Prioritized Health Need No. 1 Access to health care | |
| Strategy Increase opportunities for access and connection to primary care services | |
| Objective By 2028, UAB Medicine will promote connection to primary care services. | |
| Target Population <ul style="list-style-type: none"> Adults age 18 and older Medically underserved population: underinsured/uninsured | |
| Collaborators <ul style="list-style-type: none"> All UAB Medicine: UAB Hospital, UAB Medical West, UAB St. Vincent's, UAB Callahan Eye Collaborators: local municipalities, businesses, and community centers; Alabama Department of Public Health; and FQHCs | |
| Resources UAB Medicine is committed to providing both financial and in-kind resources, including associate time and efforts. | |
| ACTION STEPS | ROLE/OWNER |
| Provide education on the importance of primary care services | UAB Medicine Live HealthSmart Alabama |
| Increase access to specialty, diagnostic, and inpatient care for medically underserved populations through local community partnerships | UAB Medicine Greater Birmingham Project Access |
| ANTICIPATED IMPACT | |
| The anticipated impact of these actions is to increase access and awareness of the importance of primary care services. | |

| Strategy No. 2 | |
|--|------------------------------------|
| Hospital(s) Name(s) UAB Medicine | |
| Prioritized Health Need No. 1 Access to health care | |
| Strategy Increase community awareness of resources to improve navigation through the health care continuum | |
| Objective By 2028, UAB Medicine will educate the community through lay navigators and local partnerships. | |
| Target Population <ul style="list-style-type: none"> Adults age 18 and older Medically underserved population: underinsured/uninsured | |
| Collaborators <ul style="list-style-type: none"> UAB Medicine: UAB Hospital, UAB Medical West, and UAB St. Vincent's Collaborators: local municipalities, businesses, and community centers; Alabama Department of Public Health; FQHCs; and lay navigator programs | |
| Resources UAB Medicine is committed to providing both financial and in-kind resources, including associate time and efforts. | |
| ACTION STEPS | ROLE/OWNER |
| Utilize lay navigators to address preventive screenings, resource assistance, and care plan support | UAB Medicine |
| Partner with local EMS to assist target populations with medication education and resource support | UAB Medicine Community partners |
| Utilize community health workers to support access to health care resources including education, advocacy efforts, and access to medical homes | UAB Medicine |
| ANTICIPATED IMPACT | |
| The anticipated impact of these actions is to increase community education and awareness of health care service navigation. | |

| Strategy No. 3 | |
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| Hospital(s) Name(s) UAB Medicine | |
| Prioritized Health Need Mental health | |
| Strategy Increase community awareness and support by providing education and services to address mental health. | |
| Objective By 2028, UAB Medicine will develop and implement a work plan to provide community education, support, and management of mental health. | |
| Target Population <ul style="list-style-type: none"> Adults age 18 and older Medically underserved population: underinsured/uninsured | |
| Collaborators <ul style="list-style-type: none"> UAB Medicine: UAB Hospital, UAB St. Vincent's, UAB Medical West, and UAB Callahan Eye Collaborators: local municipalities, businesses, and community centers; Alabama Department of Public Health; and FQHCs | |
| Resources UAB Medicine is committed to providing both financial and in-kind resources, including associate time and efforts. | |
| ACTION STEPS | ROLE/OWNER |
| Expand mental health services within hospital access points (Emergency Department and/or clinics) | UAB Medicine |
| Provide mental health education and resources for the community | UAB Medicine Community partners |
| ANTICIPATED IMPACT | |
| The anticipated impact of these actions is to increase awareness and resources available to address mental health. | |

| Strategy No. 4 | |
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| Hospital(s) Name(s) UAB Medicine | |
| Prioritized Health Need Chronic disease prevention and management | |
| Strategy Increase community awareness and education of chronic disease prevention (cardiovascular issues and diabetes) and management through health screenings and healthy living | |
| Objective By 2028, UAB Medicine will increase community awareness of chronic disease prevention and management through education, health screenings, and healthy lifestyle choices. | |
| Target Population <ul style="list-style-type: none"> Adults age 18 and older with health factors/behaviors that put them at risk for chronic disease, such as cardiovascular issues, cancer, and diabetes Medically underserved population: underinsured/uninsured | |
| Collaborators <ul style="list-style-type: none"> UAB Medicine: UAB Hospital, UAB St. Vincent's, UAB Medical West, and UAB Callahan Eye Collaborators: local municipalities, businesses, and community centers; Alabama Department of Public Health; and FQHCs | |
| Resources UAB Medicine is committed to providing both financial and in-kind resources, including associate time, faculty and staff, and employee volunteerism. | |
| ACTION STEPS | ROLE/OWNER |
| Collaborate with community partners to provide nutritious and healthy foods to underserved communities | UAB Medicine Live HealthSmart Alabama Community partners |
| Work in partnership with local community leaders to address built environment and promote physical activity for healthy living | UAB Medicine Live HealthSmart Alabama Community partners |
| Provide community clinics specifically to address heart failure and diabetes for the underinsured/uninsured population | UAB Medicine Community partners |
| Raise community awareness of diabetes and cardiovascular care through screenings and education | UAB Medicine Community partners |
| ANTICIPATED IMPACT | |
| These actions' anticipated impact is to increase awareness and education on the importance of early identification and intervention for chronic diseases. | |

Evaluation

UAB Medicine will develop a comprehensive measurement and evaluation process for the implementation strategy. UAB Medicine will monitor and evaluate the action plans outlined in this plan, to report on and document the impact these action plans have on the community.

Approval and Adoption by UAB Health System Authority Board

To help ensure that UAB Medicine's efforts meet the needs of the community and have a lasting and meaningful impact, the 2025 IS was presented to and adopted by the UAB Health System Authority Board on August 18, 2025. Although an authorized body of the hospital must adopt the IS to be compliant with the provisions in the Affordable Care Act, adoption of the IS also demonstrates that the board is aware of the implementation plan, endorses the priorities identified, and supports the action plans developed to address prioritized needs.