Our Mission:
To improve the health and well-being of society, particularly the citizens of Alabama, by providing innovative health services of exceptional value that are patient- and family-centered, a superior environment for the education of health professionals, and support for research that advances medical science.

Our Vision:
UAB Medicine will enhance its role as a preeminent and well-integrated clinical enterprise, recognized as a leader in the advancement of medical science and the delivery of health-related services that are patient- and family-centered. With the UAB School of Medicine, the UAB Health System will create highly innovative, well-coordinated interdisciplinary services and partnering relationships that serve as a model for health education and service delivery.

Our Values:
- **Always care** - Listen with empathy, be compassionate and support those in need.
- **Own it** - Be accountable, take action and make it happen.
- **Work together** - Think win-win, build consensus and play your role on the team.
- **Do right** - Follow through, work with principles and do no harm.

Our Culture:
Our employees embrace these values and together they represent the goal of providing excellence in all we do.
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Executive Summary

The Patient Protection and Affordable Care Act (ACA), signed into law on March 23, 2010, created new requirements for not-for-profit hospitals including a requirement for a Community Health Needs Assessment (CHNA) to be completed every three years. This report was prepared by the Alabama Quality Assurance Foundation (AQAF) in conjunction with The University of Alabama at Birmingham Health System to meet the CHNA requirement for fiscal year 2012-2013. AQAF is the Quality Improvement Organization (QIO) for the state of Alabama and has over three decades of experience in identifying and addressing community health needs.

To prepare this CHNA report, data was gathered from multiple sources in an effort to construct a current and accurate snapshot of the health issues in Jefferson County, Alabama. Data was obtained from multiple public databases and opinions were solicited from public health experts and community leaders within the community served by UAB Hospital. This information was summarized for final consideration by a CHNA team consisting of hospital leadership and system personnel. This team prioritized the community health needs as follows:

1. Access
2. Obesity
3. Diabetes

An implementation strategy that will address each of these issues is currently in development. The strategy will seek to leverage valuable partnerships that currently exist, identify novel opportunities for synergy and maximize legacy programs while deploying specific interventions within the community. The outcomes and results of these interventions will be followed and reexamined in preparation for the next CHNA scheduled for completion no later than Summer 2016.
Methodology

The needs assessment process was initiated by assembling an internal team responsible for shepherding the entire project. The internal team was comprised of representatives from hospital management, outreach services, strategic planning, and AQAF. This team met initially to review the requirements of the CHNA as established by the ACA and further defined by IRS Notice 2011-52, and to establish the roles and responsibilities for the team members. These decisions were memorialized in a project plan and incorporated into a project dashboard. A secure, web-based portal was established to provide reliable communication among the team members and ready access to the project plan and dashboard. With the infrastructure created and the purpose and scope of the project identified, the team set about its primary task of gathering data.

The first step in the data gathering process was to obtain several de-identified data sets from the hospital. The initial task was to obtain zip code specific discharges for up to three years. These data sets were then analyzed to compile zip code maps defining the hospital’s service area. Additional data sets were requested from the hospital including admission data stratified by age, race, ethnicity, payer mix, and discharge diagnoses. With the service area of the hospital determined, a best fit county was selected for data collection from secondary (public) sources and for the purposes of comparison. Secondary sources utilized for this report include:

- Behavioral Risk Factor Surveillance Survey
- Youth Risk Factor Behavior Surveillance Survey
- Alabama Department of Public Health, Center for Health Statistics
- Alabama Department of Public Health, Immunization Division
- Alabama Department of Public Health, Cancer Registry
- U.S. Census Bureau
- U.S. Bureau of Labor Statistics
- County Health Rankings and Roadmaps
- Community Health Status Indicators

The second step was to gather information from various representatives of the community. The elements of this step required answers to the following questions:

- Who would provide input?
- What questions would be asked?
- What format would be utilized?

The CHNA team met to establish a list of key informants that included individuals with public health expertise, state and local officials, and community leaders. The CHNA team also developed a consistent list of health issues that would be used to query the key informants. These issues were established with
a private ballot after an open discussion. The ballot contained 42 high-priority health issues identified as Healthy People 2020 Health Indicators. The participants were instructed to select up to 20 of the issues that they felt were of significance in their community. A frequency calculation was used to establish the topic areas of concern for the community. These topic areas were then used to develop a survey that was distributed to the key informant via Survey Monkey. The topic areas were also used to create a survey that was used for face to face interviews held with public health experts. The results of these surveys and interviews were then compiled.

Distillation of the data into a prioritized list was the final step of the CHNA. The CHNA Oversight Committee met to complete this final task, and AQAF staff presented the data collected. Following the presentation, open discussion was allowed and the most significant health care priorities for the community were identified by consensus of the committee members. The information presented to the CHNA Oversight Committee and the final prioritized list of health care needs are summarized in this report.
Community Description

Geographic Area Defined

AB Hospital’s community is defined by the 150 zip codes derived from 75% of the hospital’s inpatient discharges from October 2011 through June 2012. The zip codes encompass 36 counties all in the state of Alabama. Fifty percent of these zip codes are concentrated in two counties, Jefferson (45.21%) and Shelby (4.79%) followed by Walker (2.12%) and St. Clair (2.10%). For the purpose of this study, the UAB Hospitals community is defined as Jefferson County, Alabama. The zip codes are listed in descending order from highest concentration of discharges to lowest concentration of discharges. The zip codes are as follows:

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Jefferson County, Alabama has a total area of 1,122.3 square miles of which 1,111 square miles is land and 11.2 square miles is water (Graph 2). Jefferson is the most populous county in the state. Birmingham is the county seat and also the state’s largest city. There are 35 municipalities located within the county. The county is governed by five commissioners elected from specific county districts. Birmingham is also the location for The University of Alabama at Birmingham academic and medical centers, including UAB Hospital. The county
is 89% urban, and 11% rural areas. The neighboring counties are Bibb, Blount, St. Clair, Shelby, Tuscaloosa, and Walker. Due to its location in the north central part of the state and the foothills of the Appalachian Mountains, the county is characterized by rolling hills and valleys.

Illustration 1. UAB Hospital Birmingham Service Area
Demographics

Population

Located in central Alabama, Jefferson County is a mix of urban, suburban, and rural environments. It is the largest county in the state in both land mass and population. There are 67 communities within the county, 35 of which are incorporated municipalities. According to the U.S. Census Bureau, the most recent population estimate for Jefferson County is 658,931 (Graph 1). The dominant language is English, with 5.8% speaking another language in the home.

Race/Ethnicity

The population of Jefferson County is 54.7% white, 42.3% black, and 1.9% other (Graph 6). The U.S. Census Bureau considers Hispanic/Latino heritage as an ethnicity and not a race. Of Jefferson County residents responding to the most recent census, 4% consider themselves to be of Hispanic/Latino origin (Graph 7). Persons of Hispanic/Latino origin may be of any race, and are included in the applicable race categories above. The Hispanic/Latino population of Jefferson County is equal to the state average of 4%.
Education

Of Jefferson county’s 660,009 residents, 23.5% (155,102) are under 18 years old (Graph 4) and are served by a 12 school system. There are 11 smaller city systems run by the Birmingham Board of Education, while the remaining system is run by the Jefferson County Board of Education. This county system is Alabama’s second largest school district with 52 schools, 2,564 teachers, and 35,843 students. The system offers a multitude of academic, career technical, and extracurricular opportunities for students. The Birmingham City School System serves students in the City of Birmingham with 49 schools, 21 elementary schools, 11 middle schools, nine K-8 schools, seven high schools and one alternative school. Three new schools opened for the 2012-2013 school year, including the new Huffman High School. There are 116 private schools offering Pre-K-8 and 39 offering grades 9-12. Of the county’s residents, 86.7% graduate from High School (Graph 8) and 13% of the residents are deemed to lack basic literacy skills.

Jefferson County offers many post-secondary opportunities. The University of Alabama at Birmingham, Birmingham Southern College, and Samford University provide the area with major colleges of medicine, dentistry, optometry, pharmacy, law, engineering, and nursing. Birmingham has been the location of the University of Alabama School of Medicine since 1947. The UAB School of Optometry was established in 1969 and became the first optometric program designed specifically to be a part of a university-based academic health sciences complex. After more than forty years, the UAB School of Optometry is considered by many experts to be the best in the country. Birmingham is also home to three of the state's five law schools. Headquarters of the Southeastern Conference, one of the major U.S. collegiate athletic conferences, is located in Birmingham. Of the county’s residents, 29% hold a Bachelor’s degree or higher (Graph 8).

Employment

Jefferson County is an economic catalyst for the state. Not only does it have many companies and organizations with large employment, it’s a regional hub for medical care. UAB has an extensive health care complex and is the largest employer in the state. UAB provides one of every 33 jobs in the state with an annual economic impact of more than 5 billion dollars.
The per capita income of a Jefferson County resident is $26,962 and the median family income is $45,750. The percentage of residents living below the poverty level is 16.2% (Graph 10 and Graph 11). Unemployment rates for the county are 6.2% which is slightly less than the state’s rate of 6.5%. Jefferson County had a 3.4% wage growth from 2011-2012.

UAB is the largest healthcare provider, while Blue Cross Blue Shield of Alabama is the major health insurance carrier in the state with corporate headquarters in Birmingham. In addition to Regions, the other major financial institutions in the area are BBVA/Compass and Wells Fargo. Honda Manufacturing and Mercedes-Benz, each with 4,000 employees, are located in adjacent counties which are within driving distance of Birmingham. U.S. Steel and American Cast Iron and Pipe are the major manufacturing employers.

The Birmingham Business Alliance lists the top ten largest employers in Jefferson County as follows:

**TOP TEN EMPLOYERS**

1. University of Alabama at Birmingham (21,550)
2. Regions Financial Cooperation (6,000)
4. Baptist Health Systems (4,000)
5. Children’s Health System (3,652)
6. Blue Cross Blue Shield of Alabama (3,000)
7. BBVA Compass (2,804)
8. Brookwood Medical Center (2,650)
9. American Cast Iron and Pipe (2,400)
10. US Steel (2,400)
Roads and Transportation

The roadway system in Jefferson County provides residents and companies transportation access to all major cities in the southeast and throughout the United States. The 4 major interstates located throughout the county are I-20, I-22, I-59, and I-65.

Public transportation is limited in Jefferson County. The Birmingham Jefferson County Transit Authority operates the only public transportation system for the county. Bus service runs regularly, along fixed routes, from the transportation center to multiple points in Birmingham, Bessemer, Fairfield, Homewood, Mountain Brook, Hoover, and Vestavia Hills. The downtown natural gas trolley service is available for three routes through the City Center. Greyhound provides intercity bus transportation to cities across the United States.

The Birmingham Shuttlesworth International Airport offers 100 daily flights to 25 cities throughout the U.S. Terminal modernization is in progress with Phase 1 completed in spring of 2013. Replacing the 40 year old terminal and its concourses is expected to cost $201 million with a completion date in 2014.

The Birmingham region has rail transportation for both passenger and freight cargo. There are daily Amtrak stops connecting to most major cities in the U.S. Metropolitan Birmingham has three rail hubs: Norfolk Southern, CSX, and BNSF.

The State of Alabama contains an extensive waterway system. Port Birmingham located in the western part of the county on the Warrior River, is the largest inland commodities center on the Tennessee-Tombigbee Waterway. Served by seven barge lines, it offers access to inland as well as international ports.
Weather/Air Quality

Jefferson County has a humid subtropical climate, characterized by hot summers, mild winters, and abundant rainfall. The spring and fall months are pleasant but variable as cold fronts frequently bring strong to severe thunderstorms and tornadoes to the region. The fall season features less rainfall and fewer storms, as well as lower humidity than the spring, but it is also a secondary severe weather season. In April 2011, the state was hit by an EF4 tornado that resulted in 20 fatalities in Jefferson County and 44 fatalities in the neighboring county of Tuscaloosa. In the late summer and fall months, the area experiences the results of occasional tropical storms and hurricanes due to its proximity to the central Gulf Coast. For the first time in 30 years, Jefferson County has received “acceptable” designation for its ambient air quality from the Environmental Protection Agency.
Health Care

Jefferson County residents are well served by an abundance of inpatient hospitals in the area.

- Brookwood Medical Center
- Children’s of Alabama
- HealthSouth Lakeshore Rehabilitation Hospital
- Hill Crest Behavioral Health Services
- Princeton Baptist Medical Center
- St. Vincent’s Health System
  - St. Vincent’s Birmingham
  - St. Vincent’s East
- The UAB Health System
  - UAB Hospital
  - Spain Rehabilitation Center
  - UAB Hospital - Highlands
  - Women & Infants Center
  - UAB Callahan Eye Hospital
  - Medical West (Affiliate)
- Trinity Medical Center
- Veterans Affairs Medical Center

A small area of west-central Jefferson County is currently designated as a Medically Underserved Area/Population (MUA/P) according to criteria developed by the Department of Health and Human Services (see Illustration 2 below). This designation is based on an index of four variables: the ratio of primary care physicians per 1,000 populations, the infant mortality rate, population living below the poverty line, population over the age of 65. Jefferson County is considered a Health Professional Shortage Area (HRSA) for low-income residents in areas of primary care, dental care, and mental health care. Low income residents of Jefferson County are able to utilize the county’s charity healthcare system, Cooper Green Mercy Hospital. Due to financial concerns, the inpatient services were discontinued in late 2012, but the facility continues to provide chronic and urgent care to those in need of free or subsidized healthcare.
UAB Medicine is an academic medical center located in Birmingham, Alabama. It is one of the top five largest academic medical centers in the country with over 15,000 employees and 1,100 physicians. The health system is comprised of UAB Hospital, The Kirklin Clinic, The Kirklin Clinic at Acton Road, UAB Callahan Eye Hospital, UAB Hospital - Highlands, UAB Medical West (affiliate), Baptist Health Montgomery (affiliate), Spain Rehabilitation Center, Hazelrig-Salter Radiation Oncology Center, and UAB Women & Infant’s Center. UAB encompasses more than 90 city blocks.

UAB Hospital is the centerpiece of the UAB Health System. It is located in the medical district of the city on the UAB campus at 1802 6th Avenue South Birmingham, Alabama 35233. As one of U.S. News & World Reports best hospitals, UAB is a national leader in patient care, research, and training, as well as the most up-to-date treatments and innovations in health care. The hospital is recognized as a Center for Nursing Excellence and is the only adult-care hospital in the state of Alabama that has earned Magnet status, a designation awarded by the American Nurses Association. UAB Hospital is a major center for clinical research and home to some of the top medical programs in the country. The hospitals faculty and staff are committed to providing world-class care for patients throughout Alabama and the world. UAB Hospital “Knowledge that will change your world”.

UAB has partnered with its community and state, spurring phenomenal progress over a half century. Its growth as a world renowned research university and medical center has driven the social, cultural, and economics of Birmingham. UAB Hospital is committed to providing a continuum of health services of the highest quality. The resources of the hospital and expertise of the staff set a national standard for health care delivery. A vision for a healthier and more prosperous city, county and state remain foremost for UAB.
UAB HOSPITAL

As the centerpiece of the UAB Health System, the hospital provides a complete range of primary and specialty services, as well as the most up to date treatments and innovations in health care.

UAB INPATIENT SERVICES

1,046 inpatient beds
47,000 discharges yearly

Intensive Care Units (ICU)
- Bone Marrow Transplant (BMT) 16 beds
- Cardiac (CCU) 21 beds
- Cardiovascular (CICU) 20 beds
- Heart Transplant (HTICU) 20 beds
- Medical (MICU) 25 beds
- Neurological (NICU) 26 beds
- Trauma Burn (TBICU) 28 beds
- Surgical (SICU) 20 beds

Surgery
- 19,179 inpatient surgeries/year
- 12,665 outpatient surgeries/year

Comprehensive Transplant Institute with 400+ Transplants
Yearly
- Heart
- Liver
- Lung
- Kidney
- Pancreas

Center for Psychiatric Medicine
Chaplaincy/Pastoral Care Services
Clinical Lab and Pathology

Emergency Room
- 80,000 visits/year
- 38,000 Square Feet/45 Individual Patient Rooms
- Critical Care Transport (Worldwide)
- Level 1 Trauma Center
- Two 40 slice CT Scanners

Health Facility Transportation

Patient Resources
- Blood Donation Center
- CarePages - Free, Private Patient/Family Web-Sites
- Dietary Services-Hotel Style Room Service
- Deaf-Talk Video System
- Escort Services
- Guest Services *55
- Language Interpreters
- Patient Advocate
- Patient Resource Library The Kirklin Clinic
- TIGR System-Educational Video on Demand
UAB OUTPATIENT SERVICES
Over 1.3 Million Patient Visits per year to UAB outpatient facilities

The Kirklin Clinic, a multidisciplinary medical home serving 2,000 patients daily with 700 physicians and 35 specialties including:
- Cardiology
- Dermatology
- Ear, Nose & Throat
- Gastroenterology
- Hematology
- Neurology
- Pulmonology
- Psychiatry
- Rheumatology
- Surgery
- Internal Medicine
- Urology
- Nephrology
- Traveler’s Health
- The Kirklin Clinic at Acton Road
  - Comprehensive Cancer Center
  - Heart & Vascular Clinic

1917 HIV Clinic
Hematology/Oncology West Clinic
Russell Clinic
Student Health Services
- Counseling
- Prevention
- Treatment

UAB Medicine Clinics
- Hoover
- Hueytown
- Huntsville
- Inverness
- Moody
- Montgomery
- Selma
- Tuscaloosa

UAB HAZELRIG-SALTER RADIATION ONCOLOGY CENTER

This 50,000 square foot radiation center is one of the most technologically advanced radiation centers in the country with 5,000 patients per year.

- External Radiation Therapies
  - 3 Dimensional Radiation Therapy (3D-CRT)
  - External Beam Radiation Therapy
    - Image Guided Radiotherapy (IGRT-Rapid Arc)
    - Intensive Modulated Radiation Therapy (IMRT)
      - Superficial
    - Total Body Irradiation (TBI)
    - Total Skin Irradiation (TSI)
  - Stereotactic Radiosurgery
    - Gamma Knife (SRS)

- Stereotactic Body Radiation Therapy

- Internal Radiation Therapy
  - Brachytherapy
    - High Dose Rate (HDR)
    - Low Dose Rate (LDR)
    - Pterygium
  - Radioisotope Therapy
    - New Research Medicine
      - Synthetic Chlorotoxin
    - Radiolimmunotherapy
    - Therapeutic Isotopes
UAB HOSPITAL - HIGHLANDS

A general acute care facility located at 1201 11th Avenue South, Birmingham Alabama 35205. The hospital covers a full range of general, medical and surgical specialties.

INPATIENT SERVICES
- 219 Inpatient Beds
- 20 Operating Rooms
- Acute Care for the Elderly Unit
- Emergency Room

OUTPATIENT SERVICES
- The Workplace: Work related injury treatment
  o Pre-placement/Post offer physicals
  o Drug Screens
  o Impairment Ratings
  o Occupational Therapy
  o Physical Therapy
  o Physicals
  o Physiatry Evaluations
  o Walk-In Injuries
- Pain Center
- Sleep Center

• Clinics
  o UAB Vein Clinic
  o UAB Orthopaedics Specialties
  o Retina Specialists of Alabama
  o UAB Pain Treatment Clinic
  o Gamma Knife Treatment Center
  o UAB Sleep-Wake Disorders Center at UAB Highlands
  o UAB Division of Gastroenterology
  o Alabama Eye and Cataract Center
  o UAB GI and Endocrine Surgery
  o UAB Division of Urology
  o Carraway Internal Medicine Associates
  o Neurology Pain Clinic
  o UAB Infectious Disease
  o UAB Rheumatology Clinic
  o The Travelers’ Health Clinic - Suite 502
UAB SPAIN REHABILITATION CENTER

Spain Rehabilitation Center is one of the Southeast’s foremost providers of comprehensive rehabilitation care located at 1717 Sixth Avenue South Birmingham, Alabama 35233. Immediate access is provided via a crosswalk to UAB Hospital.

INPATIENT SERVICES
• 47 Private Inpatient Rooms
• Aquatic Therapy Pool
• Therapy Gyms
  o 2 fully-equipped
  o 1 specialized brain injury
• Crosswalk Access to UAB Hospital

OUTPATIENT THERAPY
• Audiology
• Balance and Vestibular Training
• Cardiac - Pulmonary Rehabilitation Program
• Constraint Induced Aphasia Therapy
• Driver Rehabilitation Services
• Electromyography Clinic
• Locomotor Training
• Neuropsychology/Clinical Psychology
• Occupational Therapy
• Orthotics and Prosthetics
• Physical Therapy
• Physician Clinic Outpatient
  o Amputee Clinic
  o Brain Injury Clinic
  o Orthopedic Clinic
  o Women’s Health Clinic (for women with disabilities)
  o Wound Care Clinic
• Spasticity Clinic
• Speech Therapy
• Spinal Cord Clinic
• Taub Therapy
  o Stroke
  o Traumatic Brain Injury
• Urology Clinic
• Wheelchair Seating and Positioning Clinic
UAB WOMEN & INFANTS CENTER

State of the art facility dedicated to caring for healthy and high-risk pregnant women, healthy and high-risk newborns and a variety of gynecological problems, including gynecological cancers.

INPATIENT FACILITIES
- 4,000 deliveries/year
- Maternal Fetal physician 24 hrs/day
- Private rooms including:
  - Labor, ante partum, postpartum, and gynecology
- Breast Feeding Lactation Support
- Single room neonatal ICU care
  - 55 bassinets Regional Neonatal ICU (RNICU)
  - 52 bassinets Continuing Care Nursery (CCN)

OUTPATIENT CLINIC FACILITIES
- Maternal Fetal Medicine Clinic (High Risk OB)
  - Prenatal Genetics Clinic
  - Fetal Diagnosis and Care
  - First Trimester Screening
  - Multiples Clinic
- Gynecologic Oncology
- Obstetrics and Gynecology
  - Urogynecology and Pelvic Reconstruction Surgery
  - Reproductive Endocrinology and Infertility
- Tot-shots
Patient data includes nine months of FY 2012 for UAB Hospital and is detailed below and includes primary/admitting diagnosis, payor source, inpatient demographics, and discharge disposition.

### Discharge Diagnosis FY2012

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<thead>
<tr>
<th>Diagnosis</th>
<th>Cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia, organism NOS</td>
<td>533</td>
<td>1.5%</td>
</tr>
<tr>
<td>Puncture of vessel</td>
<td>498</td>
<td>1.2%</td>
</tr>
<tr>
<td>Coronary atherosclerosis of native coronary artery</td>
<td>356</td>
<td>1.1%</td>
</tr>
<tr>
<td>Cerebral artery occlusion</td>
<td>320</td>
<td>1.1%</td>
</tr>
<tr>
<td>Acute kidney failure NOS</td>
<td>284</td>
<td>1.0%</td>
</tr>
<tr>
<td>Other current conditions classifiable elsewhere of mother, delivered</td>
<td>284</td>
<td>1.0%</td>
</tr>
<tr>
<td>Other post-op infection</td>
<td>249</td>
<td>0.8%</td>
</tr>
<tr>
<td>Heart failure</td>
<td>249</td>
<td>0.8%</td>
</tr>
<tr>
<td>Other disorders of urethra and urinary tract</td>
<td>249</td>
<td>0.7%</td>
</tr>
<tr>
<td>Previous cesarean delivery, delivered</td>
<td>249</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>Top 10 Total</strong></td>
<td>3271</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

### Inpatient Payor Source FY2012

<table>
<thead>
<tr>
<th>Payor Source</th>
<th>Cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>11463</td>
<td>32.24%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>7924</td>
<td>22.29%</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>7110</td>
<td>20.00%</td>
</tr>
<tr>
<td>VIVA Medicare</td>
<td>2034</td>
<td>5.72%</td>
</tr>
<tr>
<td>Self Pay</td>
<td>1814</td>
<td>5.10%</td>
</tr>
<tr>
<td>Indigent</td>
<td>1186</td>
<td>3.34%</td>
</tr>
<tr>
<td>Commercial</td>
<td>1143</td>
<td>3.21%</td>
</tr>
<tr>
<td>Government</td>
<td>658</td>
<td>1.85%</td>
</tr>
<tr>
<td>VIVA UAB</td>
<td>584</td>
<td>1.64%</td>
</tr>
<tr>
<td>VIVA Health</td>
<td>582</td>
<td>1.64%</td>
</tr>
<tr>
<td>Lien</td>
<td>302</td>
<td>0.85%</td>
</tr>
<tr>
<td>United</td>
<td>290</td>
<td>0.82%</td>
</tr>
<tr>
<td>Worker’s Comp</td>
<td>254</td>
<td>0.71%</td>
</tr>
<tr>
<td>Other</td>
<td>210</td>
<td>0.59%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>35,554</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Outpatient FY2012

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Screening Mammogram</td>
<td>7013</td>
<td>8.11%</td>
</tr>
<tr>
<td>Calculus of Kidney</td>
<td>2034</td>
<td>2.35%</td>
</tr>
<tr>
<td>Obstructive sleep apnea</td>
<td>1812</td>
<td>2.10%</td>
</tr>
<tr>
<td>Cong. Heart Failure</td>
<td>1553</td>
<td>1.80%</td>
</tr>
<tr>
<td>Care Other Rehab</td>
<td>1434</td>
<td>1.66%</td>
</tr>
<tr>
<td>Colon Screening</td>
<td>1403</td>
<td>1.62%</td>
</tr>
<tr>
<td>Lumb/lumbosac disc degen.</td>
<td>1338</td>
<td>1.55%</td>
</tr>
<tr>
<td>Senile nuclear cataract</td>
<td>1035</td>
<td>1.20%</td>
</tr>
<tr>
<td>Oth curr cond -antepartum</td>
<td>945</td>
<td>1.09%</td>
</tr>
<tr>
<td>Coronary anthro. - native</td>
<td>902</td>
<td>1.04%</td>
</tr>
<tr>
<td><strong>Top 10 Total</strong></td>
<td>19,469</td>
<td>22.51%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>86,475</td>
<td>100%</td>
</tr>
</tbody>
</table>
### Inpatient Discharge Disposition FY2012

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME, SELF-CARE</td>
<td>27087</td>
<td>76.19%</td>
</tr>
<tr>
<td>HOME HEALTH SERVICE</td>
<td>2981</td>
<td>8.38%</td>
</tr>
<tr>
<td>SKILLED NURSING FACILITY</td>
<td>1657</td>
<td>4.66%</td>
</tr>
<tr>
<td>EXPIRED</td>
<td>1168</td>
<td>3.29%</td>
</tr>
<tr>
<td>INPATIENT REHAB FACILITY</td>
<td>1032</td>
<td>2.90%</td>
</tr>
<tr>
<td>HOSPICE, HOME</td>
<td>363</td>
<td>1.02%</td>
</tr>
<tr>
<td>SHORT-TERM HOSPITAL</td>
<td>351</td>
<td>0.99%</td>
</tr>
<tr>
<td>PSYCHIATRIC FACILITY</td>
<td>333</td>
<td>0.94%</td>
</tr>
<tr>
<td>AGAINST MEDICAL ADVICE</td>
<td>169</td>
<td>0.48%</td>
</tr>
<tr>
<td>TO LONG TERM CARE</td>
<td>146</td>
<td>0.41%</td>
</tr>
<tr>
<td>CANCER/CHILDRENS FACILITY</td>
<td>96</td>
<td>0.27%</td>
</tr>
<tr>
<td>COURT/LAW ENFORCEMENT</td>
<td>78</td>
<td>0.22%</td>
</tr>
<tr>
<td>ADMITTED</td>
<td>24</td>
<td>0.07%</td>
</tr>
<tr>
<td>FED. HEALTH CARE FACILITY</td>
<td>23</td>
<td>0.06%</td>
</tr>
<tr>
<td>HOSPICE FACILITY</td>
<td>23</td>
<td>0.06%</td>
</tr>
<tr>
<td>INTERMEDIATE-CARE FACILITY</td>
<td>13</td>
<td>0.04%</td>
</tr>
<tr>
<td>MEDICARE SWING BED</td>
<td>8</td>
<td>0.02%</td>
</tr>
<tr>
<td>OTHER UNIDENTIFIED</td>
<td>1</td>
<td>0.00%</td>
</tr>
<tr>
<td>STILL INHOUSE</td>
<td>1</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>35,554</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Inpatient Age Distribution FY 2012

<table>
<thead>
<tr>
<th>Age Range</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18</td>
<td>2.54%</td>
</tr>
<tr>
<td>18-24</td>
<td>8.92%</td>
</tr>
<tr>
<td>25-34</td>
<td>13.83%</td>
</tr>
<tr>
<td>35-44</td>
<td>11.98%</td>
</tr>
<tr>
<td>45-54</td>
<td>16.95%</td>
</tr>
<tr>
<td>55-64</td>
<td>19.53%</td>
</tr>
<tr>
<td>65-69</td>
<td>8.19%</td>
</tr>
<tr>
<td>70 Years &amp; Older</td>
<td>18.05%</td>
</tr>
</tbody>
</table>

### Race Distribution FY 2012

<table>
<thead>
<tr>
<th>Race</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Unknown</th>
<th>Other</th>
<th>Asian</th>
<th>Oriental</th>
<th>AM Indian</th>
<th>Spanish</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>59.88%</td>
<td>35.92%</td>
<td>2.46%</td>
<td>0.59%</td>
<td>0.48%</td>
<td>0.37%</td>
<td>0.18%</td>
<td>0.13%</td>
<td>0.06%</td>
</tr>
</tbody>
</table>
Community Resource List

Alabama Legal Help
Alabama Cancer Society
Alabama Diabetic Association
Alabama Heart Association
Aletheia House
Bessemer Rescue Mission
Brother Bryan Mission
Cahaba Valley Health Care
Catholic Center of Concern
Churches (702)
ClasTran Specialized Public Transportation
Community Kitchens of Birmingham
Children’s Aid Society
Firehouse Shelter
First Light Women & Children’s Shelter
Food Banks (25+)
Greater Birmingham Ministry
Habitat for Humanity
Hope House
Jefferson County Chamber of Commerce
Jefferson County Court and Family Services
Jefferson County Department of Disabilities
Jefferson County Department of Health
  • Health Center
    o Bessemer
    o Central
    o Eastern
    o Morris
    o West End
    o Western
  • Specialty Clinics
    o International Travel
    o Sexually Transmitted Diseases
    o Tuberculosis
    o Tot Shots
  • Community Health (CH)
    o CH Nurses
    o Nutrition Education
    o Tobacco Prevention
Jefferson County Department of Veterans Affairs
  • Birmingham Center
  • Clay Center
  • St. Benedict’s Center
Jefferson County Sheriff Department
Jefferson County Senior Citizens Center
Jessie’s Place
Jimmy Hale Mission
Magic City Harvest
Parks and Recreation
  • Public Parks (95+)
  • Walking Trails (12+)
  • Bike Trails (10+)
Salvation Army
The Foundry Rescue Mission and Recovery Center
The Lighthouse Recovery Mission
The Nest Homeless Ministry
COMPARISON COMMUNITY

Comparison Community – Fulton County, Georgia

In an effort to measure how UAB Hospital’s community of Jefferson County compared to a peer county, the Department of Health & Human Service’s 2009 Community Health Status Indicators (CHSI) report was utilized. CHSI uses population size, poverty level, age distribution, population density and other demographic data to establish comparison communities across the United States. Of the 39 counties considered to be peer counties to Jefferson County, Fulton County, Georgia was selected for this CHNA based on its similar location in the southeastern section of the United States.

Illustration 2. Jefferson County, Alabama and comparison Fulton County, GA
## Comparison Demographics

<table>
<thead>
<tr>
<th></th>
<th>Jefferson County, Alabama</th>
<th>Fulton County, GA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population</strong> <em>(Graph 1)</em></td>
<td>660,009</td>
<td>977,773</td>
</tr>
<tr>
<td><strong>Density (per square mile)</strong> <em>(Graph 2 and Graph 3)</em></td>
<td>593</td>
<td>1,748</td>
</tr>
<tr>
<td><strong>Poverty Level (% below)</strong></td>
<td>16.2%</td>
<td>15.9%</td>
</tr>
</tbody>
</table>
| **Age Distribution** *(Graph 4 and Graph 5)* | Under 18 (23.5%)  
19 to 64 (54.2%)  
65 and older (13.3%) | Under 18 (23.7%)  
19 to 64 (67.1%)  
65 and older (9.2%) |
| **Race**                      | White 54.7%               | White 47.5%       |
|                               | Black 42.3%               | Black 44.5%       |
|                               | Other 1.9%                | Other 8%          |
| **Hispanic or Latino Origin** | 4% (4.0% state average)  | 8.1%              |
| **High School Graduates**     | 86.7%                     | 90.1%             |
| **Bachelor's Degree or Higher** | 29.0%                    | 48.1%             |
| **Median Household Income**   | $45,750                   | $57,582           |
DATA AGGREGATION

Data from primary and secondary sources were analyzed. Secondary source data sets were aggregated at the smallest unit available - the county. Secondary data reports and other resources were carefully reviewed for this CHNA in order to provide points of comparison for the information and opinions gathered through the primary information collection process. Information from primary sources was obtained via electronic surveys, face-to-face surveys, and phone and in-person interviews.

Behavioral Risk Factors

The Behavioral Risk Factor Surveillance System (BRFSS) is the world’s largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States. Currently, data is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. The BRFSS surveys collect information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.

Table 1. Health Risk Factors – Cardiovascular Disease identified with BRFSS data
Table 2. Health Risk Factors – Chronic Conditions identified with BRFSS data

Table 3. Health Risk Factors – Cancer identified with BRFSS data
Table 4. Health Risk Factors – Mental Health identified with BRFSS data

Table 5. Health Risk Factors – Behavioral issues identified with BRFSS data
Table 6. Health Risk Factors – Obesity identified with BRFSS data

Table 7. Health Care Access identified with BRFSS data
County Health Rankings

Secondary data available on Jefferson County and all counties in the nation are available at countyhealthranking.org. This annually updated site establishes a benchmark using health outcomes and health factors. The county health rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) project. MATCH is the collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings identify the multiple health factors that determine a county’s health status. Each county receives a summary rank of health outcomes and health factors. The four types of health factors include: health behaviors, clinical care, social and economic factors, and the physical environment.

Table 8. County Health Rankings March 2013

<table>
<thead>
<tr>
<th>County Health Rankings</th>
<th>Jefferson County</th>
<th>Fulton County</th>
<th>Alabama</th>
<th>National Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mortality</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>10,485</td>
<td>7,874</td>
<td>9,609</td>
<td>5,317</td>
</tr>
<tr>
<td><strong>Health Behaviors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>21%</td>
<td>13%</td>
<td>23%</td>
<td>13%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>32%</td>
<td>24%</td>
<td>33%</td>
<td>25%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>29%</td>
<td>19%</td>
<td>31%</td>
<td>21%</td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>15%</td>
<td>17%</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>Motor vehicle crash death rate</td>
<td>18</td>
<td>12</td>
<td>0.23</td>
<td>0.1</td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>800</td>
<td>669</td>
<td>562</td>
<td>92</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>11.60%</td>
<td>10.80%</td>
<td>10.40%</td>
<td>6.00%</td>
</tr>
<tr>
<td>Teen birth rate</td>
<td>4.9</td>
<td>4.6</td>
<td>4.9</td>
<td>21</td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>16%</td>
<td>23%</td>
<td>17%</td>
<td>11%</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>1,029:1</td>
<td>922:1</td>
<td>1,641:1</td>
<td>1,067:1</td>
</tr>
<tr>
<td>Dentists</td>
<td>1,466:1</td>
<td>1,617:1</td>
<td>2,488:1</td>
<td>1,516:1</td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>56</td>
<td>51</td>
<td>80</td>
<td>47</td>
</tr>
<tr>
<td>Diabetic screening</td>
<td>85%</td>
<td>85%</td>
<td>84%</td>
<td>90%</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>69%</td>
<td>66%</td>
<td>65%</td>
<td>73%</td>
</tr>
<tr>
<td><strong>Social &amp; Economic Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation</td>
<td>73%</td>
<td>64%</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>8.70%</td>
<td>10.50%</td>
<td>9.00%</td>
<td>5.00%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>27%</td>
<td>27%</td>
<td>28%</td>
<td>14%</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>42%</td>
<td>41%</td>
<td>37%</td>
<td>20%</td>
</tr>
<tr>
<td>Violent crime rate</td>
<td>727</td>
<td>879</td>
<td>427</td>
<td>66</td>
</tr>
<tr>
<td><strong>Physical Environment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily fine particulate matter</td>
<td>13.3</td>
<td>12.9</td>
<td>12.9</td>
<td>8.8</td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>10</td>
<td>14</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td>11%</td>
<td>6%</td>
<td>8%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Community Health Status Indicators

Community Health Status Indicators (CHSI) provide data on over 200 key health indicators for each of the 3,141 U.S. counties. The data is provided to assist community leaders and public health professionals as they identify, compare, and address the most pressing issues for their community.

Table 9. Infant Mortality and Low Birth Weight
Table 10. Deaths per 100,000 Population

Deaths per 100,000 Population

- **Coronary Heart Disease**
  - Jefferson County: 126300
  - Fulton County: 1252
  - National: 154

- **Stroke**
  - Jefferson County: 60300
  - Fulton County: 47
  - National: 508

- **Lung Cancer**
  - Jefferson County: 64
  - Fulton County: 46.4
  - National: 52.6

- **Unintentional Injury**
  - Jefferson County: 28300
  - Fulton County: 27.6
  - National: 391

- **Breast Cancer**
  - Jefferson County: 31900
  - Fulton County: 29.3
  - National: 24.1

- **Colon Cancer**
  - Jefferson County: 19000
  - Fulton County: 16.4
  - National: 17.5

- **Motor Vehicle Injuries**
  - Jefferson County: 19000
  - Fulton County: 11.5
  - National: 14.6

- **Suicide**
  - Jefferson County: 11600
  - Fulton County: 8.4
  - National: 10.9

- **Homicide**
  - Jefferson County: 21000
  - Fulton County: 13.6
  - National: 6.1

Note: The values represent the number of deaths per 100,000 population for each category.
Surveys/Interviews

To formulate a comprehensive list of the greatest health needs within the UAB Birmingham Hospital community, survey and interview questions were developed as previously described. Using the guidance provided in IRS Notice 2011-52 on Community Health Needs Assessments for tax-exempt hospitals, the CHNA team identified key informants. The list of key informants included health experts at the state and community levels and local civic leaders. These key informants were queried using a variety of techniques including electronic survey, and telephone and in-person interviews. Below is a list of the survey questions and the weighted responses:

<table>
<thead>
<tr>
<th>Survey/Interview Question</th>
<th>Health Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Which are Most Pressing Health Concerns in Your Community?</strong></td>
<td>- Access</td>
</tr>
<tr>
<td>(Survey Completed by UAB Faculty)</td>
<td>- Social Determinants</td>
</tr>
<tr>
<td></td>
<td>- Obesity/Nutrition</td>
</tr>
<tr>
<td></td>
<td>- Depression/Other MH</td>
</tr>
<tr>
<td><strong>Problems &amp; Concerns in Your Community</strong></td>
<td>- Obesity</td>
</tr>
<tr>
<td>(Interviews with Key Informants)</td>
<td>- Diabetes</td>
</tr>
<tr>
<td></td>
<td>- Lack of Exercise</td>
</tr>
<tr>
<td></td>
<td>- Access</td>
</tr>
<tr>
<td></td>
<td>- Economy</td>
</tr>
<tr>
<td></td>
<td>- Unemployment</td>
</tr>
<tr>
<td><strong>Most Pressing Problems &amp; Concerns In Your Community</strong></td>
<td>- Affordable Ins. &amp; Meds</td>
</tr>
<tr>
<td>(Interviews with Key Informants)</td>
<td>- Healthier Food Choices</td>
</tr>
<tr>
<td></td>
<td>- Diabetes</td>
</tr>
<tr>
<td></td>
<td>- Obesity</td>
</tr>
<tr>
<td><strong>Most Common Cause of Death in Your Community?</strong></td>
<td>- Heart Disease &amp; Stroke</td>
</tr>
<tr>
<td>(Survey Completed by UAB Faculty)</td>
<td>- Cancer</td>
</tr>
<tr>
<td></td>
<td>- Diabetes</td>
</tr>
<tr>
<td></td>
<td>- Tobacco Use</td>
</tr>
<tr>
<td><strong>Main Reason People Don't Seek Healthcare in Your Community?</strong></td>
<td>- Lack of Insurance</td>
</tr>
<tr>
<td>(Combined Responses from Survey and Key Informants Interviews)</td>
<td>- Cost</td>
</tr>
<tr>
<td></td>
<td>- Not enough PCPs</td>
</tr>
<tr>
<td></td>
<td>- Knowledge/Information</td>
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<td>- Transportation</td>
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<tr>
<td><strong>What is the Hospital's Role in Addressing Needs?</strong></td>
<td>- Education</td>
</tr>
<tr>
<td>(Interviews with Key Informants)</td>
<td>- Provide Care</td>
</tr>
<tr>
<td></td>
<td>- Collaboration</td>
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<td></td>
<td>- Transportation</td>
</tr>
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<td></td>
<td>- Screening</td>
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RESULTS

Summary of Findings

The CHNA Coalition Committee, consisting of representatives from system leadership, hospital management, and AQAF, reviewed the findings from the surveys, interviews, and community comparison in order to determine the identified health care needs.

The results demonstrated the committee members’ healthcare priorities. The issues considered to be of greatest need in the community were as follows:

1. Access
2. Obesity
3. Diabetes

Identifying the needs of the community allows UAB Hospital the opportunity and knowledge to better align existing programs and to design future efforts to best meet the needs of their community. UAB Hospital is part of a health system committed to providing a continuum of health services of the highest quality.
Graph 1. U.S. Census – 2012 Population Estimate

Graph 2. U.S. Census – Land Area
Graph 3. U.S. Census – Persons per Square Mile

Graph 4. U.S. Census – Persons under 18 years
Graph 5. U.S. Census – Persons 65 years and over

Graph 6. U.S. Census – Race
Graph 7. U.S. Census – Ethnicity

Graph 8. U.S. Census – High School Graduate or Higher
Graph 9. U.S. Census – Bachelor’s degree or higher

Graph 10. U.S. Census – Median household income
Graph 11. U.S. Census – Persons below poverty level

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Jefferson County</td>
<td>16.2%</td>
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<tr>
<td>Fulton County</td>
<td>15.9%</td>
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<tr>
<td>Alabama</td>
<td>17.6%</td>
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<tr>
<td>National</td>
<td>14.3%</td>
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