

# 2025 Community Health Needs Assessment

UAB St. Vincent's Chilton  
Chilton County, Alabama



**UAB** MEDICINE.



The goals of this report are to offer a meaningful understanding of Chilton County's most significant health needs and inform planning efforts to address those needs. Special attention has been given to more vulnerable individuals and communities, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus various initiatives and programs at hospitals, health systems, and in the community, to better serve the health and wellness needs of the community.

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The 2025 Community Health Needs Assessment (CHNA) and Implementation Strategy (IS) report was reviewed and approved by the UAB St. Vincent's Health System Authority Board effective August 19, 2025, and it applies to the three-year cycle that spans October 2025 to September 2028. This report, as well as the previous report, can be found on our public website.

**We value the community's voice and welcome feedback on this report. Please visit <https://www.uabmedicine.org/about-uab-medicine/contact-us/> to submit your comments.**

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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 Chilton County, Ala., and the surrounding area(s). UAB St. Vincent's Chilton 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 toward making this a better, healthier place for all people.

We also would like to thank you for your interest in this report and your commitment to improving the health of the Chilton County area.



## 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 Chilton County. Findings from this report can be used to identify, develop, and focus various initiatives and programs at hospitals, health systems, and in the community, to better serve the health and wellness needs of the community. The mission of UAB Medicine is a key factor influencing the approach and commitment to addressing community health needs through community benefit activities.

### 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

Although UAB St. Vincent's Chilton serves Chilton County, Ala., and surrounding areas, UAB St. Vincent's Chilton defined its community served as Chilton County for the 2025 CHNA. Chilton County was selected because it is our primary service area, as well as our partners' primary service area. Additionally, community health data are readily available at the county level.

### 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/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 that are more vulnerable, and to unmet health needs or gaps in services. The assessment process 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 County and the surrounding area(s), including Chilton County (125). One-on-one Key Informant Surveys were completed with community leaders, and input was obtained from community partner organizations. Secondary data were compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and health care access and utilization trends in the community. Data were gathered from reputable and reliable sources.



## Community Needs

UAB St. Vincent's Chilton analyzed secondary data and gathered community input through online surveys and key informant interviews to identify the needs in Chilton County, Alabama and surrounding area(s). In collaboration with community partners, UAB St. Vincent's Chilton used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. The significant needs are as follows:

- Access to health care
- Health care affordability
- Mental health
- Diabetes
- Heart disease

The process used to determine the health needs on which UAB Medicine and individual UAB Medicine facilities (including UAB St. Vincent's Chilton) would focus, then included a prioritization meeting of the 2025 UAB Medicine Community Health Needs Assessment (CHNA) Leadership Team. The data were presented to the leadership team and recommendations based on the top identified needs from the community were brought forward for consideration. The prioritized needs were determined through a majority vote after discussion of the options. The CHNA Leadership Team considered the following criteria in choosing the top three prioritized health needs: scope of the problem (people impacted/severity); health disparities (income/race and ethnicity); feasibility of facilities in addressing the need (capacity); community members and strategic partner feedback (health department, strategic partners) and alignment with UAB Medicine strategies. Based on the process described above, the following top three prioritized needs were identified for Chilton County (and surrounding areas):

- Access to health care
- Mental health
- 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 (Birmingham, Blount, Chilton, East and St. Clair), UAB Callahan Eye, UAB Medical West, and multiple other facilities, clinics, and affiliates in central Alabama and beyond.

*For more information, please visit [uabmedicine.org](http://uabmedicine.org).*

## UAB St. Vincent's Chilton

Opened in 2016, UAB St. Vincent's Chilton is a state-of-the-art, full-service, regional community facility, providing general acute care and outpatient services. These include a 24-hour emergency department, diagnostic imaging, inpatient and outpatient surgical services, critical care, wellness services, lab, gastroenterology, pulmonary services, sleep disorder center, swing-bed, and physical therapy services. UAB St. Vincent's Chilton is also the recent recipient of the 5-Star CMS award for patient experience.

*For more information, please visit the [UAB St. Vincent's Chilton website](#).*

## About the Community Health Needs Assessment

A community health needs assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

### Purpose of the CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan, and act upon 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 St. Vincent’s Chilton’s commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

### 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(c)(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 the [UAB St. Vincent’s CHNA page](#), and paper versions can be requested from UAB St. Vincent’s Chilton administration.

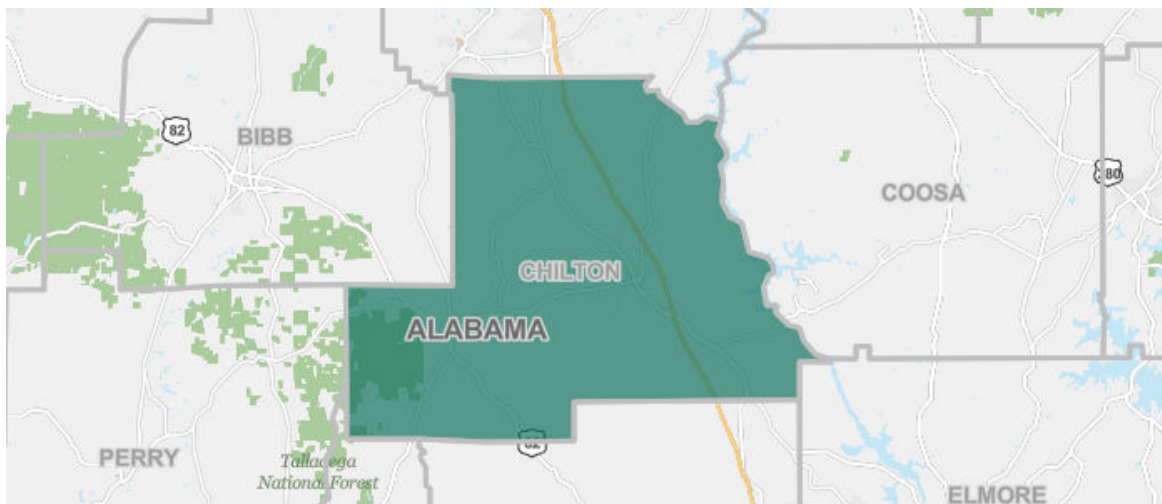


## Community Served and Demographics

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

### Community Served

For the purpose of the 2025 CHNA, UAB St. Vincent's Chilton has defined its community served as Chilton County, Alabama. Although UAB St. Vincent's Chilton serves Chilton County, Alabama and surrounding areas, the "community served" was defined as such because (a) Most of our service area is in each county; (b) Most of our assessment partners define their service area at the county level; and (c) Most community health data are available at the county level.



**Map of Community Served**

In order to define the geographic region, the assessment team looked at inpatient and outpatient care volumes to determine the areas of patient origin for UAB St. Vincent's Chilton. This method reveals that approximately 76% of all patients (discharges) originate from Chilton County.

Demographic Data

Chilton County, Alabama has a population of 47,262 and is the 29th largest county in the state of Alabama with 697.2 square miles. Below are demographic data highlights for Chilton County, Alabama:

- 17.6% of the residents of Chilton County are 65 or older, compared to 18.2% in Alabama.
- 77.9% of residents are non-Hispanic; 10.1% are Hispanic or Latino (any race).
- 86.7% of residents are white; 0.5% are Asian; 10.3% are Black or African American.
- The total population increase from 2020 to 2024 was 5.0%.
- The median household income is above the state average at \$61,873 (\$59,700 for Alabama).
- The percentage of people of all ages in poverty is lower than for the state (12.80% for Chilton County; 16.2% for Alabama).
- The uninsured rate for Chilton County is slightly lower than for the state (15.3% for Chilton County; 16.2% for Alabama).

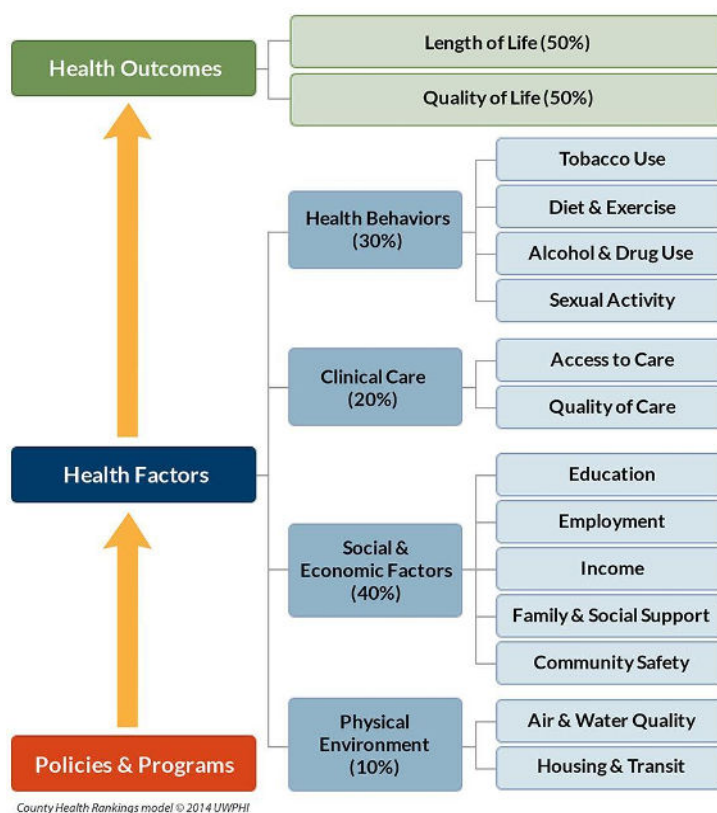
Demographic Highlights		
Indicator	Chilton	Description
Population		
% living in rural communities	90.00%	
% age 18 or older	82%	
% below age 18	24%	
% age 65 and older	17.6%	
% Hispanic	10.1%	
% Asian	0.5%	
% non-Hispanic Black	10.3%	
% non-Hispanic white	77.9%	
Social and Community Context		
Median household income	\$61,873	Income where half of households in a county earn more and half of households earn less
Percentage of children in poverty	22%	Percentage of people under age 18 in poverty
Percentage of uninsured	15%	Percentage of population under age 65 without health insurance
Percentage of educational attainment	89%	Percentage of adults age 25 and over with a high school diploma or equivalent
Percentage of unemployment	2.3%	Percentage of population ages 16 and older unemployed but seeking work

To view Community Demographic Data in its entirety, see Appendix B (page 29).

## Process and Methods Used

UAB St. Vincent's Chilton is committed to using national best practices in conducting the CHNA. Health needs and assets for Chilton County were determined using a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs.

UAB St. Vincent's Chilton'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.



## Collaborators

UAB St. Vincent's Chilton completed its 2025 CHNA in collaboration with all UAB Medicine facilities which provides a unified approach to health care within Jefferson County and surrounding area(s). UAB Medicine 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, therefore providing an opportunity to improve health care delivery in Alabama. UAB Medicine entities share resources to better serve the community, while preserving the historic mission of the organization. The following organizations are a part of UAB Medicine:

- UAB St. Vincent's Birmingham
- UAB St. Vincent's East
- UAB St. Vincent's One Nineteen
- UAB St. Vincent's St. Clair
- UAB St. Vincent's Blount
- UAB St. Vincent's Chilton
- UAB St. Vincent's Trussville
- UAB St. Vincent's Medical Group Practices
- Primary Care and Urgent Care Network
- UAB St. Vincent's Medical Group
- UAB Hospital
- UAB Gardendale Freestanding Emergency Department (FED) and Clinics
- UAB Callahan Eye Hospital, Clinics, and Ophthalmology Services Foundation
- Medical West Hospital and FED

## Data Collection Methodology

In collaboration with various community partners and members of the UAB-Medicine, data were collected and analyzed for Jefferson County and surrounding area(s), including Chilton County, Alabama. The CHNA process for UAB St. Vincent's Chilton was a collaborative effort with representation from all areas of the Health System which included Senior Leadership, Advocacy, Mission Integration, Strategy, Finance, Population Health, leadership from each hospital facility, and representatives from UAB Medicine. The process included a review of primary data and publicly available secondary data: demographics and socioeconomic status, access to health care, health status risk factor behaviors, child health, infection diseases, natural environment, and social environment. Input was also received by 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, and medical staff members.

## Summary of Community Input



Recognizing its vital importance in understanding the health needs and assets of the community, the UAB-Medicine consulted with a range of public health and social service providers that represent the broad interest of Jefferson County and surrounding area(s), including Chilton 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 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 provide additional perspectives on how to select and address top health issues facing Chilton County.

A summary of the process and results is outlined on the following page(s).

Community Surveys

A survey was conducted by UAB Medicine 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 the surrounding area(s), including Chilton County. Approximately 8,000 individuals participated in the survey, conducted between October 2024 and February 2025, which includes approximately 125 surveys from Chilton County. The data gathered and analyzed provide valuable insight into the issues of importance to the community. The survey contained eighteen (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"><li>• Access to health care is viewed as the top issue, along with health care affordability.</li><li>• Increasing accessibility to services, especially primary and specialty care providers, was identified as the key to addressing access issues.</li><li>• Mental health, including substance abuse/alcohol and drug addiction, was uniformly identified in responses.</li><li>• Community partnerships and health literacy resources are key to educating community members on living healthier lifestyles.</li><li>• Importance of identification and implementation of processes to address health equity, health disparities, and social determinants of health</li></ul>	
Key Stakeholder	Common Themes
<ul style="list-style-type: none"><li>• Health care</li><li>• Safety officers</li><li>• Education</li><li>• Volunteers</li><li>• Churches</li><li>• Consumers</li></ul>	<ul style="list-style-type: none"><li>• Access to primary and specialty care</li><li>• Existing deficit of mental health services and providers</li><li>• Continued focus on strengthening relationships with community partners/resources</li><li>• Community education regarding mental health awareness</li><li>• Healthy lifestyle education</li></ul>



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 interviews were conducted to gather feedback from key stakeholders on the health needs and assets of Jefferson County and surrounding area(s), including Chilton County. The community leaders, representing different organizations and agencies, participated in the one-on-one interviews between November 2024 and February 2025. Sectors represented by participants included health experts at the state and community levels and local civic leaders.

Key Informant Interviews	
Key Summary Points	
<ul style="list-style-type: none"><li>Health care access is recognized as a major area of concern for the community.</li><li>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.</li><li>Availability of healthy lifestyle resources is viewed as critical to avoiding major health complications, including chronic diseases such as cardiovascular issues and diabetes.</li><li>Health education programs should begin with younger generations to create a healthier lifestyle.</li></ul>	
Populations/Sectors Represented	Common Themes
<ul style="list-style-type: none"><li>Health care</li><li>Education</li><li>Civic leaders</li><li>Community organizations</li></ul>	<ul style="list-style-type: none"><li>Affordability and accessibility of services by primary and specialty care physicians (including hours of operation, cost, and transportation)</li><li>Mental health education</li><li>Community partnerships</li><li>Community health fairs and screenings</li></ul>



## Summary of Secondary Data

Secondary data are data that has already 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 is outlined below.

To view secondary data and sources in their entirety, see Appendix D (*page 33*).

## 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
Health care 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						

## **Data Limitations and Information Gaps**

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Chilton County and the surrounding area(s). This constraint limits the ability to fully assess all the community's needs. For this assessment, three types of limitations were identified:

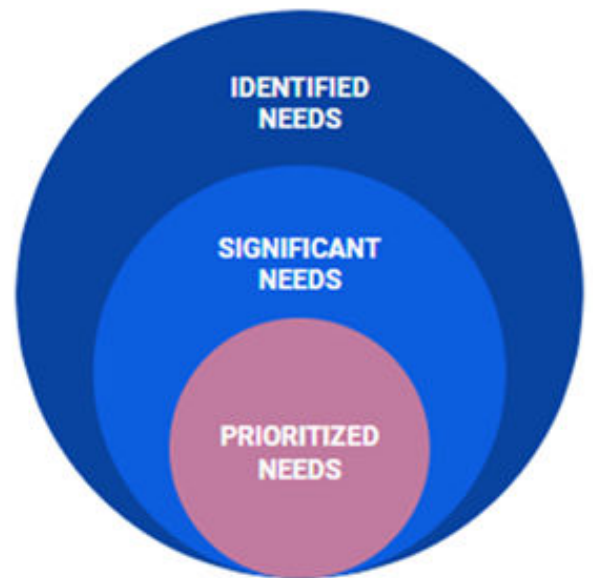
1. Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
2. Secondary data are limited in a number of ways, including timeliness, reach, and descriptive ability with groups as identified above.
3. An acute community concern may significantly impact a facility's ability to conduct portions of the CHNA assessment. An acute community concern is defined as an event or situation that may be severe and sudden in onset or newly affects a community. These events may impact the ability to collect community input, may not be captured in secondary data, and/or can be present in the middle of the three-year CHNA cycle. For example, COVID-19 was identified as an acute community concern in the 2022 CHNA.

Despite the data limitations, UAB St. Vincent's Chilton is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

## Community Needs

UAB St. Vincent's Chilton, in conjunction with UAB Medicine, analyzed secondary data of over 25 indicators and gathered community input through community surveys, key informant interviews and community partner focus groups to identify the needs in Chilton County and the surrounding area(s). A phased prioritization approach to identify the needs. The first step was to determine the broader set of **identified needs**. 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. The image above illustrates the relationship between the needs categories.



### Identified Needs

UAB Medicine has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Chilton County and the surrounding area(s). 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, in order 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, specifically UAB St. Vincent’s Chilton
- Impact of the problem on populations who 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 it is 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"> <li>1. Entering the health care system</li> <li>2. Accessing a location where needed health care services are provided</li> <li>3. Finding a health care provider whom the patient trusts and can communicate with</li> </ol> <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>Chilton 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"> <li>The ratio of primary care physicians in Chilton County is 4530:1, meaning there is one primary care physician per 4530 people. This number is far worse than the Top U.S. 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.</li> <li>The uninsured rate in Chilton County is 13%, which is above the state of Alabama rate of 12% and Top U.S. Performers at 10%.</li> <li>The rate of preventable hospital stays per 100,000 people was 2,652 in Chilton County, compared to 3,280 for Alabama and 2,681 for Top U.S. Performers.</li> </ul>
Local Assets & Resources	
<ul style="list-style-type: none"> <li>Community health clinics</li> <li>Local health systems</li> <li>Medicaid expansion</li> </ul>	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> <li>Transportation</li> <li>Lack of or limitations in insurance coverage</li> <li>Cost of health care</li> <li>Undocumented status</li> <li>Medicaid/insurance coverage gaps</li> <li>Prescription costs</li> </ul>	<ul style="list-style-type: none"> <li>Significant disparities exist through all levels of access to care.</li> <li>Disparities include but are not limited to: <ul style="list-style-type: none"> <li>Lack of insurance</li> <li>Health care affordability</li> <li>Having an ongoing source of care</li> <li>Access to primary and specialty care</li> </ul> </li> </ul>

Data source: [County Health Rankings & Roadmaps, Chilton County AL](#)

Mental Health	
Why it is 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"> <li>The ratio of mental health providers in Chilton County is 1190:1, meaning there is one mental health provider per 1190 people. This is far worse than the Top U.S. Performers ratio of 320:1 and Alabama's state ratio of 740:1.</li> <li>The average number of mentally unhealthy days reported in the past 30 days by Chilton County residents was 6.0, compared to 5.9 for Alabama and 4.8 for Top U.S. Performers.</li> <li>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.</li> </ul>
Local Assets & Resources	
<ul style="list-style-type: none"> <li>Mental Health Roundtable of Jefferson County and the surrounding area(s)</li> <li>UAB Employee Assistance and Counseling Center</li> <li>Crisis Line/988</li> <li>NAMI (National Alliance of Mental Illness)</li> <li>Mental Health First Aid</li> </ul>	
Community Challenges & Perceptions	Individuals Who are More Vulnerable
<ul style="list-style-type: none"> <li>Stigma around mental health</li> <li>Lack of accessible mental health services</li> <li>Lack of mental health providers</li> <li>Cost of mental health services</li> <li>Insurance barriers</li> <li>Virtual care limitations</li> </ul>	<ul style="list-style-type: none"> <li>Underinsured and/or uninsured individuals</li> <li>Individuals with low income, living at or below the poverty level.</li> <li>Unemployment, poverty, and stress can contribute to poor mental health.</li> </ul>

Data source: [County Health Rankings & Roadmaps Chilton County AL](#)

Chronic Disease Prevention/Management	
Why it is 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"> <li>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.”</li> <li>Percentage of adults in Chilton County with the following chronic diseases are as follows: <ul style="list-style-type: none"> <li>Diabetes – age 20 and above diagnosed, 12% in Chilton County, 10% in the U.S. compared to 13% average in the state of Alabama</li> <li>Heart disease – age 35-65, total cardiovascular disease death rate of 138.5 per 100,000 (2019) State of Alabama</li> </ul> </li> </ul>
Local Assets & Resources	
<ul style="list-style-type: none"> <li>Local health systems</li> <li>American Diabetes Association</li> <li>American Heart Association</li> <li>United Way of Central Alabama</li> </ul>	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> <li>Impact of the pandemic on routine health screenings</li> <li>Insurance limitations</li> <li>Cost of services</li> <li>Transportation</li> </ul>	<ul style="list-style-type: none"> <li>Underinsured and/or uninsured individuals</li> <li>Individuals with low income living at or below the poverty level</li> <li>Unemployment, poverty, and stress can contribute to the failure to manage a chronic disease.</li> </ul>

Data sources: [County Health Rankings & Roadmaps, Chilton County AL](#), [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 Chilton County and surrounding areas. The Health System values the community's voice and welcomes feedback on this report. Please visit [uabmedicine.org/about-uab-medicine/contact-us](https://uabmedicine.org/about-uab-medicine/contact-us) to submit your comments.

## Approval by the UAB St. Vincent's Health System Authority Board

To ensure that UAB Medicine's efforts meet the needs of the community and have a lasting and meaningful impact, the 2025 CHNA and Implementation Strategy report was reviewed and approved by the UAB St. Vincent's Health System Authority Board effective August 19, 2025. Although an authorized body of the hospital must adopt the CHNA and Implementation Strategy report 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 onset or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) to environmental events (e.g., 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. Source: Ascension Acute Community Concern Assessment Framework

### 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 focus groups

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services, and members of minority or disadvantaged populations.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

### Community forums

Meetings that provide opportunities for community members to share their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

### Community served

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

### Consultants

Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors

### Demographics

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

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

### Identified need

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

## **Key stakeholder interviews**

A method of obtaining input from community leaders and public health experts one on one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure 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. Could also be referred to as stakeholder interviews

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

## **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: <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

## **Prioritized need**

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

## **Significant need**

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 for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

## 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 largely drawn from the County Health Rankings and Roadmaps website.

### Population

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

Population	Chilton County	Alabama	U.S.
Total	47,597	5,108,468	342,000,000
Male	49.1%	48.6%	49.75%
Female	50.9%	51.4%	50.25%

Data source: United States Census ACS, 2016-2020

### Population by Race or Ethnicity

Why it is important: 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	Chilton County	Alabama	U.S.
Asian	0.4%	1.5%	5.8%
Black/African American	1.8%	25.8%	12.4%
Hispanic/Latino	10.5%	5.3%	19%
Native American	0.6%	0.7%	.88%
White	85.4%	64.1%	63.4%

Data source: [U.S. Census Bureau QuickFacts: Chilton County, Alabama](#)

## Population by Age

The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, health care, and childcare. A population with more youths will have greater education needs and childcare needs, while an older population may have greater health care needs.

Age	Chilton County	Alabama	U.S.
Median age	39.5	39.6	39.2
Age 0-15	19.70%	22.2%	22.3%
Age 18-64	62.92%	63.5%	61.2%
Age 65+	16.89%	18.2%	17.7%

Data source: United States Census ACS, July 1, 2024 [U.S. Census Bureau QuickFacts: Chilton County, Alabama](#)

## 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 have an impact on mental and physical health.

ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Chilton County	Alabama	U.S.
Median household income	\$60,600	\$59,700	\$74,800
Per-capita income	\$30,656	\$34,835	\$43,289
People with incomes below the federal poverty guideline	14.2%	16.2%	11.5%

Data source: United States Census ACS, July 1, 2024 [U.S. Census Bureau QuickFacts: Chilton County, Alabama](#); [Blount, Alabama | County Health Rankings & Roadmaps](#)

## 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 (e.g., pay, safe work environment), and social support, help create opportunities for healthier choices.

Income	Chilton County	Alabama	U.S.
High school grad or higher	98%	91%	86%
Some college	52%	62%	68%

Data source [countyhealthrankings.org/health-data/alabama/chilton?year=2025#community-conditions](https://countyhealthrankings.org/health-data/alabama/chilton?year=2025#community-conditions)

## 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	Chilton County	Alabama	U.S.
Uninsured	15%	12%	10%
Medicaid-eligible	23%	26.4%	*

Data source: United States Census ACS, Alabama Medicaid FY22 Annual Report, [U.S. Census Bureau QuickFacts: Chilton County, Alabama](#)

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



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](https://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 annually and shares them with the public. 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

**Why they are important:** Explains why we monitor and track these measures in a community and how they relate to health. The descriptions for “why they are important” are largely drawn from the CHRR website.

**County vs. state:** Describes how the county’s most recent data for the health issue compares to the state average

**Trends:** CHRR provides a calculation for some measures to explain if a measure is worsening or improving.

- 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.

**United States (U.S.):** Describes how the county’s most recent data for the health issue compare to the U.S.

**Description:** Explains what the indicator measures, how it is measured, and who is included in the measure

**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.

Health Outcomes

Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of members within a community.

Indicators	Chilton	Alabama	U.S.	Description
Length of Life				
Premature death	11000	11400	8000	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy	73.5	73.7	77.6	How long the average person is expected to live
Infant mortality	NA	8	6	Number of all infant deaths (within one year) per 1,000 live births

Physical Health				
Poor or fair health	21%	18%	14%	Percentage of adults reporting fair or poor health
Poor physical health days	4.4	3.9	3.3	Average number of physically unhealthy days reported in the past 30 days (age-adjusted)
Frequent physical distress	14%	12%	10%	Percentage of adults with 14 or more days of poor physical health per month
Low birth weight	9%	10%	8%	Percentage of babies born too small (less than 2,500 grams)
Falls 65+ (by state)	N/A	N/A	N/A	Older adult falls reported by state
Fall fatalities 65+ (by state)	N/A	N/A	N/A	Number of injury deaths due to falls among those age 65 and over per 100,000 population
Mental Health				
Poor mental health days	5.9	5.9	4.8	Average number of mentally unhealthy days reported in the past 30 days
Frequent mental distress	20%	20%	15%	Percentage of adults reporting 14 or more days of poor mental health per month
Suicide	16	16	14	Number of deaths due to suicide per 100,000
Morbidity				
Diabetes prevalence	12%	13%	10%	Percentage of adults age 20 and over with diagnosed diabetes
Cancer deaths (by state)	N/A	10,600	611,720	Average annual cancer death rate
Communicable Disease				
HIV prevalence	169	340	382	Number of people age 13 and over with a diagnosis of HIV per 100,000
Sexually transmitted infections	331.3	625.2	495.5	Number of newly diagnosed chlamydia cases per 100,000

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

## Social and Economic Factors

These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress, and more.

Indicator	Chilton	Alabama	U.S.	Description
<b>Economic Stability</b>				
Median household income	\$61,800	\$59,700	\$74,800	The income where half of households in a county earn more and half of households earn less
Unemployment	2.3%	2.6%	3.7%	Percentage of population age 16 and older unemployed but seeking work
Poverty	14.5%	16.2%	11.5%	Percentage of population living below the federal poverty line
Childhood poverty	22%	22%	16%	Percentage of people under age 18 in poverty
<b>Educational Attainment</b>				
High school completion	89%	91%	86%	Percentage of adults age 25 and over with a high school diploma or equivalent
Some college	46%	62%	68%	Percentage of adults age 25-44 with some post-secondary education
<b>Social/Community</b>				
Children in single-parent homes	19%	31%	25%	Percentage of children who live in a household headed by a single parent
Social associations	15.5	11.7	9.1	Number of membership associations per 10,000 population
Disconnected youth	10%	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
<b>Access to Healthy Foods</b>				
Food environment index	7.1	5.4	7.7	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best)
Food insecurity	15%	15%	10%	Percentage of the population who lack adequate access to food
Limited access to healthy foods	4%	9%	6%	Percentage of the population who are low-income and do not live close to a grocery store

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

## Physical Environment

The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing, and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicator	Chilton	Alabama	U.S.	Description
<b>Physical Environment</b>				
Severe housing cost burden	9%	12%	14%	Percentage of households that spend 50% or more of their household income on housing
Severe housing problems	13%	13%	17%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities
Air pollution: particulate matter	9.9	9.3	7.4	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Home ownership	75%	70%	65%	Percentage of occupied housing units that are owned

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

## Clinical Care

Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and healthier lives.

Indicator	Chilton	Alabama	U.S.	Description
<b>Health Care Access</b>				
Uninsured	15%	12%	10%	Percentage of population under age 65 without health insurance
Uninsured adults	18%	15%	12%	Percentage of adults under age 65 without health insurance
Uninsured children	5%	4%	5%	Percentage of children under age 19 without health insurance
Primary care physicians	4530:1	1570:1	1330:1	Ratio of the population to primary care physicians
Mental health care providers	1270:1	740:1	320:1	Ratio of the population to mental health care providers
<b>Hospital Utilization</b>				
Preventable hospital stays	3581	3280	2681	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
<b>Preventive Health Care</b>				
Flu vaccinations	37%	39%	46%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination
Mammography screenings	33%	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.

Indicator	Chilton	Alabama	U.S.	Description
<b>Healthy Lifestyle</b>				
Adult obesity	42%	41%	34%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Physical inactivity	34%	30%	23%	Percentage of adults age 20 and over reporting no leisure-time physical activity
Access to exercise opportunities	31%	61%	84%	Percentage of population with adequate access to locations for physical activity
Insufficient sleep	41%	39%	33%	Percentage of adults who report fewer than seven hours of sleep on average
Motor vehicle crash deaths	26	21	12	Number of motor vehicle crash deaths per 100,000 population
Teen births	39	25	17	Number of births per 1,000 female population age 15-19
<b>Substance Misuse</b>				
Adult smoking	22%	18%	15%	Percentage of adults who are current smokers
Excessive drinking	15%	14%	18%	Percentage of adults reporting binge or heavy alcohol drinking
Alcohol-impaired driving deaths	23%	25%	26%	Alcohol-impaired driving deaths
Overdose deaths: any opioids, by state	20	22	27	Rate of opioid-related deaths by state per 100,000 persons

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

## Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, UAB Medicine has cataloged resources available in Jefferson County and surrounding areas, including Chilton County, 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/UAB St. Vincent's Chilton's previous CHNA implementation strategy was completed in 2024 and addressed the following priority health needs: Access to health care, mental health, and chronic disease prevention/management.

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 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](http://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 Implementation Strategy (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 paid to those who are poor and vulnerable.

Strategy No. 1	
<b>Hospital(s) Name(s)</b> UAB Medicine	
<b>Prioritized Health Need No. 1</b> Access to health care	
<b>Strategy</b> Increase opportunities for access and connection to primary care services	
<b>Objective</b> By 2028, UAB Medicine will promote connection to primary care services.	
<b>Target Population</b> <ul style="list-style-type: none"> <li>Adults age 18 and older</li> <li>Medically underserved population: underinsured/uninsured</li> </ul>	
<b>Collaborators</b> <ul style="list-style-type: none"> <li>All UAB Medicine: UAB Hospital, UAB Medical West, UAB St. Vincent's, UAB Callahan Eye</li> <li>Collaborators: local municipalities, businesses, and community centers; Alabama Department of Public Health; and FQHCs</li> </ul>	
<b>Resources</b> 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	
<b>Hospital(s) Name(s)</b> UAB Medicine	
<b>Prioritized Health Need No. 1</b> Access to health care	
<b>Strategy</b> Increase community awareness of resources to improve navigation through the health care continuum	
<b>Objective</b> By 2028, UAB Medicine will educate the community through lay navigators and local partnerships.	
<b>Target Population</b> <ul style="list-style-type: none"> <li>Adults age 18 and older</li> <li>Medically underserved population: underinsured/uninsured</li> </ul>	
<b>Collaborators</b> <ul style="list-style-type: none"> <li>UAB Medicine: UAB Hospital, UAB Medical West, and UAB St. Vincent's</li> <li>Collaborators: local municipalities, businesses, and community centers; Alabama Department of Public Health; FQHCs; and lay navigator programs</li> </ul>	
<b>Resources</b> 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	
<b>Hospital(s) Name(s)</b> UAB Medicine	
<b>Prioritized Health Need</b> Mental health	
<b>Strategy</b> Increase community awareness and support by providing education and services to address mental health.	
<b>Objective</b> By 2028, UAB Medicine will develop and implement a work plan to provide community education, support, and management of mental health.	
<b>Target Population</b> <ul style="list-style-type: none"> <li>Adults age 18 and older</li> <li>Medically underserved population: underinsured/uninsured</li> </ul>	
<b>Collaborators</b> <ul style="list-style-type: none"> <li>UAB Medicine: UAB Hospital, UAB St. Vincent's, UAB Medical West, and UAB Callahan Eye</li> <li>Collaborators: local municipalities, businesses, and community centers; Alabama Department of Public Health; and FQHCs</li> </ul>	
<b>Resources</b> 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 issues.	

Strategy No. 4	
<b>Hospital(s) Name(s)</b> UAB Medicine	
<b>Prioritized Health Need</b> Chronic disease prevention and management	
<b>Strategy</b> Increase community awareness and education of chronic disease prevention (cardiovascular issues and diabetes) and management through health screenings and healthy living	
<b>Objective</b> By 2028, UAB Medicine will increase community awareness of chronic disease prevention and management through education, health screenings, and healthy lifestyle choices.	
<b>Target Population</b> <ul style="list-style-type: none"> <li>Adults age 18 and older with health factors/behaviors that put them at risk for chronic disease, such as cardiovascular issues, cancer, and diabetes</li> <li>Medically underserved population: underinsured/uninsured</li> </ul>	
<b>Collaborators</b> <ul style="list-style-type: none"> <li>UAB Medicine: UAB Hospital, UAB St. Vincent's, UAB Medical West, and UAB Callahan Eye</li> <li>Collaborators: local municipalities, businesses, and community centers; Alabama Department of Public Health; and FQHCs</li> </ul>	
<b>Resources</b> 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 St. Vincent's 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 CHNA and IS report was reviewed and approved by the UAB St. Vincent's Health System Authority Board effective August 19, 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.