

Community Health Status Assessment Executive Summary

The Community Health Status Assessment is one of four assessments completed as part of a community health strategic planning process for Jefferson County called *Community Matters 20/20: Assessment, Visioning and Planning for a Healthy Jefferson County*.

The Community Health Status Assessment identifies and monitors, over time, quantitative data related to demographics, health status, quality of life and risk factors, as well as social and economic indicators of individual and community health. The Community Health Status Assessment addresses the following questions:

- *How healthy is the community?*
- *What does the health status of the community look like?*



The Community Health Status Assessment identified 165 potential indicators of community health in eleven categoriesⁱ. The assessment captured data for a total of 144 indicators from a variety of national, state and local data sources, both primary and secondaryⁱⁱ. Where adequate data were available, trends were evaluated to determine changes in community health status.

An eight member Community Health Status Assessment subcommitteeⁱⁱⁱ identified the potential indicators and data sources, abstracted data, evaluated the data for trends and prioritized opportunities for health improvement. This summary presents a subset of the indicators. All assessed indicators will be available in the final report.

Jefferson County Demographic Profile

Table 1 presents the demographic profile by sex, race, ethnicity and age of the 2012 Jefferson County population compared to the 2000 population. These data depict the population changes and trends from 2000 through 2012.

Table 1.

Demographic Profile				
Indicator	Unit	Index data (2000)	Endpoint data (2012)	Relative Percent Change
Total Population	----	662,033	660,009	-0.3%
Male	% of population	47.2	47.3	0.2%
Female	% of population	52.8	52.7	-0.2%
White	% of population	58.6	54.3	-7.3%
Black	% of population	39.6	42.6	7.6%
All Other	% of population	1.8	3.1	72.2%
Hispanic	% of population	1.6	3.8	137.5%
Non-Hispanic	% of population	98.4	96.2	-2.2%
Age 0 to 19 years	% of population	27.5	26.0	-5.2%
Age 20 to 64 years	% of population	58.9	60.4	2.5%
Age over 65 years	% of population	13.6	13.6	-0.2%

Jefferson County Natality Profile

Natality is defined as the birth rate of a population. Table 2 presents Jefferson County data related to maternal and child health outcomes such as birth rates, adequacy of prenatal care and infant mortality rates.

Table 2.

Natality Profile					
Indicator	Unit	Index data (year)	Endpoint data (year)	Relative Percent Change	Movement
Women of Child Bearing Age (15-44)	% of female population	42.6 (2000)	40.3 (2008)	-5.4%	Not Applicable
Pregnancy Rate	per 1,000 women ages 15-44	97.2 (2000)	87.7 (2008)	-9.8%	Not Applicable
	per 1,000 women ages 10-19	47.8 (2000)	41.0 (2008)	-14.2%	Desirable
Fertility Rate (live births)	per 1,000 women ages 15-44	64.1 (2000)	59.4 (2008)	-7.4%	Not Applicable
	per 1,000 women ages 10-19	30.6 (2000)	26.4 (2008)	-13.7%	Desirable
Infant Mortality (0-364 days for birth cohort^{iv})	per 1,000 live births	12.1 (2000)	9.6 (2012)	-20.7%	Desirable
White		6.8 (2000)	4.3 (2012)	-36.8%	Desirable
Black		18.4 (2000)	15.5 (2012)	-15.8%	Desirable
Neonatal Mortality (0- 27 days for birth cohort)	per 1,000 live births	8.5 (2000)	6.7 (2012)	-21.2%	Desirable
White		4.6 (2000)	3.1 (2012)	-32.6%	Desirable
Black		13.0 (2000)	10.7 (2012)	-17.7%	Desirable
Post-neonatal Mortality (0- 27 days for birth cohort)	per 1,000 live births	3.7 (2000)	2.9 (2012)	-21.6%	Desirable
White		2.2 (2000)	1.1 (2012)	-50.0%	Desirable
Black		5.4 (2000)	4.9 (2012)	-9.3%	Desirable

Indicator	Unit	Index data (2000)	Endpoint data (2012)	Relative Percent Change	Movement
Adequate Prenatal Care	% of live births with appropriate care based on month of entry into care	76.2	81.5	7.0%	Desirable
White		80.1	85.0	6.1%	Desirable
Black		71.8	77.8	8.4%	Desirable
Adults		77.0	81.9	6.4%	Desirable
Teens		62.8	66.0	5.1%	Desirable
Very Low Birthweight < 1,500 grams	% of live births	2.3	2.1	-8.7%	Desirable
White		1.2	1.0	-16.7%	Desirable
Black		3.6	3.4	-5.6%	Desirable
Smoked During Pregnancy	% of live births	8.1	5.4	-33.3%	Desirable
White		10.9	7.0	-35.8%	Desirable
Black		5.2	3.9	-25.0%	Desirable
Age 18 and older		8.3	5.9	-28.9%	Desirable
White		10.7	6.4	-40.2%	Desirable
Black		5.6	4.0	-28.6%	Desirable
Age less than 18		5.6	4.2	-25.0%	Desirable
White		17.3	12.5	-27.7%	Desirable
Black		1.4	0.6	-57.1%	Desirable
Cesarean Section Deliveries	% of live births	23.3	32.4	39.1%	Undesirable
White		24.0	34.2	42.5%	Undesirable
Black		23.2	31.9	37.5%	Undesirable
Age 18 and older		23.9	33.3	39.3%	Undesirable
Age less than 18		14.8	13.1	-11.5%	Desirable

Jefferson County Mortality Profile

Mortality is defined as the frequency of deaths within a specific population. Table 3 presents the age adjusted death rates of selected diseases in Jefferson County, including the ten leading causes of death.

Table 3.

Mortality Profile					
Indicator	Unit	Index data (2000)	Endpoint data (2012)	Relative Percent Change	Movement
All Cause	Age Adjusted Rate ^v / 100,000	1,017.7	911.7	-10.4%	Desirable
Male		1,264.6	1,114.1	-11.9%	Desirable
Female		845.3	759.6	-10.1%	Desirable
Black		1,202.2	1,003.2	-16.6%	Desirable
White		936.2	865.4	-7.6%	Desirable
Black Male		1,559.6	1,314.0	-15.7%	Desirable
White Male		1,145.6	1,019.2	-11.0%	Desirable
Black Female		972.0	793.2	-18.4%	Desirable
White Female		786.6	745.4	-5.2%	Desirable
Childhood Mortality	Rate per 100,000 population 1-14 years of age	22.1	19.8	-10.4%	Desirable
Black		24.6	27.3	10.7%	Undesirable
White		21.1	12.3	-41.6%	Desirable
Heart Disease	Age Adjusted Rate / 100,000	258.4	189.9	-26.5%	Desirable
Black		230.6	218.5	-5.2%	Desirable
White		250.9	189.9	-24.3%	Desirable
All Cancer	Age Adjusted Rate / 100,000	213.6	175.3	-17.9%	Desirable
Black		239.8	199.0	-17.0%	Desirable
White		203.5	166.3	-18.3%	Desirable

Indicator	Unit	Index data (2000)	Endpoint data (2012)	Relative Percent Change	Movement
Liver Cancer	Age Adjusted Rate / 100,000	4.6	7.0	52.2%	Undesirable
Black		3.6	8.2	127.8%	Undesirable
White		5.1	6.5	27.5%	Undesirable
Lung Cancer	Age Adjusted Rate/ 100,000	55.9	32.1	-42.6%	Desirable
Black		51.1	48.9	-4.3%	Desirable
White		58.2	22.2	-61.9%	Desirable
Breast Cancer	Age Adjusted Rate/ 100,000	17.1	14.7	-14.1%	Desirable
Black		19.7	20.1	2.0%	Undesirable
White		16.0	12.3	-23.3%	Desirable
Colorectal Cancer	Age Adjusted Rate/ 100,000	24.6	23.0	-6.4%	Desirable
Black		27.7	27.9	0.7%	Static
White		23.4	20.8	-11.1%	Desirable
Prostate Cancer	Age Adjusted Rate/ 100,000 males	49.8	24.1	-51.6%	Desirable
Black		78.5	52.7	-32.9%	Desirable
White		39.1	14.2	-63.6%	Desirable
Cerebrovascular Disease	Age Adjusted Rate / 100,000	79.9	54.7	-31.5%	Desirable
Black		98.3	63.0	-35.9%	Desirable
White		72.2	50.1	-30.6%	Desirable
Chronic Obstructive Pulmonary Disease	Age Adjusted Rate / 100,000	46.4	40.9	-11.9%	Desirable
Black		32.4	22.0	-32.1%	Desirable
White		52.3	49.7	-5.0%	Desirable

Indicator	Unit	Index data (2000)	Endpoint data (2012)	Relative Percent Change	Movement
Unintentional Injuries	Age Adjusted Rate / 100,000	38.6	39.0	1.0%	Inconclusive
Black		35.7	32.0	-10.4%	Desirable
White		40.4	45.3	12.1%	Undesirable
Motor Vehicle Accident Mortality	Age Adjusted Rate / 100,000	13.4	15.5	15.7%	Undesirable
Black		16.1	16.4	1.9%	Static
White		13.9	14.8	6.5%	Undesirable
Diabetes	Age Adjusted Rate / 100,000	35.1	23.8	-32.2%	Desirable
Black		58.6	40.5	-30.9%	Desirable
White		25.8	15.6	-39.5%	Desirable
Septicemia	Age Adjusted Rate / 100,000	18.7	20.8	11.2%	Undesirable
Black	dropped in 2001 then level to 2012	33.6	26.0	-22.6%	Static
White		12.4	18.3	47.6%	Undesirable
Alzheimer's Disease	Age Adjusted Rate / 100,000	24.8	14.5	-41.5%	Desirable
Black		19.0	16.3	-14.2%	Desirable
White		23.9	21.3	-10.9%	Desirable
Kidney Disease	Age Adjusted Rate / 100,000	22.1	17.9	-19.0%	Desirable
Black		38.7	28.4	-26.6%	Desirable
White		15.2	12.5	-17.8%	Desirable
Pneumonia and Influenza	Age Adjusted Rate / 100,000	27.1	17.2	-36.5%	Desirable
Black		21.4	17.1	-20.1%	Desirable
White		29.9	16.9	-43.5%	Desirable

Jefferson County Quality of Life and Socioeconomic Profile

Table 4 presents data and selected indicators related to the quality of life and socioeconomic characteristics of Jefferson County and its residents.

Table 4.

Quality of Life/ Socioeconomic Profile					
Indicators	Unit	Index data (year)	Endpoint data (year)	Relative Percent Change	Movement
Life Expectancy	(years at birth)	71.3 (2000)	72.2 (2012)	1.3%	Desirable
Male		70.7 (2000)	72.2 (2012)	2.1%	Desirable
Female		72.0 (2000)	72.3 (2012)	0.4%	Static
Black		70.5 (2000)	73.2 (2012)	3.7%	Desirable
White		76.0 (2000)	76.9 (2012)	1.1%	Desirable
Black Male		66.3 (2000)	68.5 (2012)	3.3%	Desirable
White Male		73.1 (2000)	74.5 (2012)	1.9%	Desirable
Black Female		74.3 (2000)	77.4 (2012)	4.2%	Desirable
White Female		78.7 (2000)	79.7 (2012)	0.5%	Desirable
Persons with any Disability	% of total population	14.6 (2008)	14.0 (2012)	-4.1%	Desirable
	% of population 65 years of age and older	41.7 (2008)	38.4 (2012)	-5.5%	Desirable
Persons ≥ 25 Years with Less than High School Education	% of specified age population	14.1 (2005)	11.5 (2012)	-18.4%	Desirable

Indicators	Unit	Index data (year)	Endpoint data (year)	Relative Percent Change	Movement
Adults 25-44 Years with Bachelor's Degree or Higher	% of specified age population	31.0 (2005)	37.2 (2012)	20.0%	Desirable
Unemployment	% of working age population 16 to 65 years	7.8 (2005)	9.3 (2012)	19.2%	Undesirable
Total Population < 100% of Poverty Level	% of population	12.8 (2000)	18.6 (2012)	45.3%	Undesirable
Children < 18 years of age	% of specified age population	25.3 (2005)	28.0 (2012)	10.7%	Undesirable
Adults > 64 years of age	% of specified age population	63.6 (2005)	77.9 (2012)	22.5%	Undesirable
Total Population < 200% of Poverty Level	% of population	34.9 (2003)	35.8 (2012)	2.6%	Undesirable
Median Income					
Household		\$42,013 (2005)	\$43,959 (2012)	4.6%	Desirable
Family		\$51,350 (2005)	\$58,415 (2012)	13.8%	Desirable
Trails in Jefferson County	miles				
On Street Bike Infrastructure		4.4 (2012)	7.4 (2014)	68.3%	Desirable
Multi-Use Trails		12.3 (2012)	13.4 (2014)	9.0%	Desirable
Population per Mental Health Provider	number of people for every provider	1,957 (2008)	1,024 (2013)	-47.7%	Desirable
Pap Smear	% females over 18 years reporting a Pap Smear in the last 3 years	87.0 (2004)	80.6 (2012)	-7.4%	Undesirable
Current Tobacco Use	% of adult population	25.7 (2002)	20.0 (2012)	-22.2%	Desirable
Obesity	% of adult population	24.4 (2002)	34.8 (2012)	42.6%	Undesirable

Desirable Findings:

- Life expectancy has increased from 71.3 years to 72.2 years.
 - The increase in life expectancy was observed across race and gender, but had a greater increase among blacks and males.
 - This trend shows a closing gap between whites and blacks in life expectancy.
- The percent of pregnant women receiving adequate prenatal care is a strength.
 - In 2012, 81.5% of women received adequate prenatal care as measured by the Adequacy of Prenatal Care Utilization Index which takes into account when a woman enters prenatal care and the number and time of prenatal visits she received.
 - Jefferson County exceeds the national Healthy People 2020 goal of 77.6% of all pregnant women receiving adequate prenatal care.
- Homicide rates have decreased by 17% since 2000.
 - A decreasing trend was observed among both the white and black populations as well as among males and females.
- The ratio of population per mental health provider improved from 1,957 people for every mental health provider in 2007-08 to 1,024 people per mental health provider in 2012-13.
- Tobacco use decreased from 25.7% of the adult population reporting tobacco use in 2002 to 20% reporting tobacco use in 2012.
 - The national Healthy People 2020 goal is 12% of the population reporting tobacco use, which indicates a need for continued decrease in tobacco use.
 - The associated mortalities of lung cancer and emphysema have decreased; however, Chronic Obstructive Pulmonary Disease mortality has remained static since 2000.
- The number of outdoor recreation areas is increasing.
 - In 2012, there were 4.38 miles of on-street bike infrastructure and 12.28 miles of multi-use trails. Currently, the number of on-street bike infrastructure miles has increased to 7.37 miles and 13.38 miles of multi-use trails.
- Both indoor and outdoor air quality improved over time.
 - The percent of residents covered by a tobacco-free public ordinance increased to 76.3% in 2013.
 - The first comprehensive smoke-free public ordinance in Jefferson County passed in 2011 and protected 2.1% of the population. In 2013, 39.1% of the population was protected by comprehensive smoke-free policies.
 - Outdoor air quality improved. The number of noncompliance days for Ozone and 2.5 micron Particulate Matter air pollutants decreased. Both the 2.5 micron Particulate Matter annual and 24-hour national Environmental Protection Agency compliance standards have decreased. Even with the more stringent standards, air quality improved with zero days of non-compliance with the 24-hour 2.5 Particulate Matter standard in 2009, 2010 and 2012.

- Infant mortality rates decreased from 12.1 deaths per 1,000 live births in 2000 to 9.6 deaths per 1,000 live births in 2012.
 - This decreasing trend is seen in both neonatal and post neonatal mortality and for both the black and white populations.
- While heart disease, cancer and stroke remain the three leading causes of death, mortality rates for these three diseases are decreasing across all gender and race groups.

Undesirable Findings:

- Poverty and unemployment are social determinants of health which are increasing.
 - In 2012, 18.6% of the total population was at or below 100% of the Federal Poverty Level for income. Poverty is increasing in across all age groups. The US percentage of people with income less than the Federal Poverty Level was 15.9% in 2012, placing Jefferson County above the national average.
 - Unemployment continues to increase, with 9.3% of the working age population unemployed.
- While the percent of adults over the age of 25 with a high school education has increased, high school graduation rates for public school systems have dropped to 79.8% for on-time graduation. Graduation rates vary widely across school systems. Education is an important social determinant of health and low high school graduation rates is an issue that threatens the health of residents.
- Obesity rates continue to increase.
 - In 2012, 34.8% of the population reported being obese. This represents a 42.6% increase from the 2002 rate of 24.4% self-reporting as obese.
- Hypertension is related to overweight and obesity, and is a risk factor for kidney disease, heart disease, diabetes and stroke. Self-reported hypertension rates have increased to 37.9% of the adult population.
- Access to health care is inadequate.
 - Among women, Pap smear screening rates dropped from 87% in 2000 to 80.6% of women over age 18 reporting receipt of a Pap smear within the last 3 years.
 - The total percent of the population living below 200% of the Federal Poverty level served by either the Jefferson County Department of Health or a Federally Qualified Health Center has decreased to 19.2%. It is undetermined whether these individuals are receiving care through other clinics and private providers or are not receiving care at all.
- While overall infant mortality rates have improved from 12.1 deaths per 1,000 live births in 2000 to 9.6 deaths per 1,000 live births in 2012, the infant mortality rate continues to be significantly higher than the national rate of 6.14 per 1,000 live births in 2010.
 - The Healthy People 2020 target is 6.6 infant deaths per 1,000 live births.

- Caesarean Section deliveries increased to 32.4% of all deliveries in 2012.
 - This increasing trend is occurring among women in both the white and black populations.

- Diabetes mortality and prevalence among the black population and males continues to be an issue.
 - While the mortality rate has been decreasing since 2000, data analysis beginning in 1990 shows that the diabetes 2012 mortality rate among males has risen 17.5%, with black males having the largest rate increase of 19.3%. Diabetes prevalence has increased from 6.5% of the adult population reporting diabetes in 2004 to 12.3% reporting diabetes in 2012.

- Septicemia is one of the ten leading causes of death. Septicemia mortality rates increased 11.2% from 2000 to 2012.



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ⁱ Categories of data indicators were Demographic Characteristics, Socioeconomic Characteristics, Health Resource Availability, Quality of Life, Behavioral Risk Factors, Environmental Health Indicators, Social and Mental Health, Maternal and Child Health, Death, Illness and Injury, Communicable Diseases, Sentinel Events.

ⁱⁱ Sources include, but are not limited to the US Census Bureau, the Alabama Department of Public Health, the Jefferson County Department of Health, the Centers for Disease Control and Prevention, the Behavioral Risk Factor Surveillance Survey, Jefferson County Public School Systems, the Alabama Primary Health Care Association, the Freshwater Land Trust, County Health Rankings, the Alabama Quality Assurance Foundation, St. Vincent’s Health System, the Jefferson County Medical Society, the Jefferson County Dental Society, etc. For full data source listing, see the complete Community Health Status Assessment Report.

ⁱⁱⁱ Subcommittee members included Richard Sinsky, Jefferson County Department of Health; Elisabeth Welty, Jefferson County Department of Health; Brian Massey, St. Vincent Health System of Alabama; Bart Prevallet, Alabama Quality Assurance Foundation; Rodney Holmes, Jefferson County Department of Health; Dale Quinney, Alabama Department of Public Health; Lee Pearce, Alabama Quality Assurance Foundation; Bryn Manzella, Jefferson County Department of Health.

^{iv} The birth cohort mortality represents the mortality experience of the group of infants born within that particular year and is a more accurate measure of infant mortality. The other method of calculating infant mortality rates uses the total number of infant deaths for a particular year divided by the total number of live births during that same year, regardless of the year in which the infant was born.

^v Age Adjusted Mortality rates are adjusted to a standard population age distribution in order to be able to provide an accurate comparison between communities of differing age structures.