



Children's
of Alabama

Community Health Needs Assessment and 2020 – 2022 Implementation Plan
Children's of Alabama
December 20, 2019

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Executive Summary

Children's of Alabama's Historical and Significant Community Role

Children's of Alabama (Children's) has provided specialized medical care for ill and injured children across the state of Alabama and throughout the southeastern United States since 1911. Children's is consistently ranked among the best children's hospital programs in the nation by US News & World report. It is estimated in 2019 that Children's provided care for nearly 15,000 inpatients and more than 675,000 outpatient visits to patients from every county in Alabama and from more than forty states and numerous foreign countries. With more than 3 million square feet, it is the third largest pediatric medical facility in the nation. Children's of Alabama offers inpatient and outpatient services across its Russell campus on Birmingham's historic Southside community with additional outpatient services provided by Children's South off Interstate 459 and Children's on 3rd conveniently located off Interstate 65. Primary care is provided at more than a dozen medical offices in communities across central and north Alabama. Children's of Alabama is the only medical center in Alabama dedicated solely to the care and treatment of children. It is a private, not-for-profit medical center that serves as the primary site of the University of Alabama at Birmingham's (UAB) pediatric medicine, surgery, research, and residency programs.

As a primary source of pediatric healthcare, Children's (in affiliation with the UAB Departments of Pediatrics and Surgery) serves children from all 67 Alabama counties and from throughout the southeastern region. In addition to traditional pediatric healthcare, Children's boasts numerous programs designed to educate school health nurses, parents, patients, and the community-at-large on a wide scope of conditions, illnesses, safety tips and unintentional injuries. Since its inception more than fifty years ago, the Regional Poison Control Center has provided telephone medical intervention as well as medical and public education on product safety to hundreds of thousands of Alabamians.

Children's of Alabama modifies and broadens its pediatric healthcare services as medicine advances and the regional demographics change. Over the last two decades, primary care practices were incorporated into the system structure, as well as locating some subspecialty practices outside of Birmingham. The Children's payor mix changes with the economy, and currently reflects approximately 60 percent Medicaid population.

Community Health Needs Assessment

In 2019, to better support the health of children in its community and to comply with federal regulations, Children's engaged the Public Affairs Research Institute of Alabama (PARCA) to assist in conducting a community health needs assessment (CHNA) to identify health concerns for children across the state. The primary geographic focus of the assessment was on Children's local (or primary) service area of Bibb, Blount, Chilton, Jefferson, Shelby, St. Clair, and Walker

counties. The assessment included a secondary focus on health needs that span the state of Alabama.

The CHNA provides guidance to Children's in establishing and implementing community health programs for the period of three years – in this case 2020 – 2022. This requires a sense of the most serious health issues facing children in Alabama.

The Public Affairs Research Council of Alabama's analysis considers national and state-level population health metrics and statewide community input. Data collection included:

- Online surveys of 553 stakeholders,
- Four focus groups of teachers, parents, and community members, encompassing 46 people,
- Interviews with five public health stakeholders, and
- Analysis of 15 health metrics at the state and national level.

Findings

Data from all sources were combined to generate the following findings:

- Nutrition and exercise is the most frequent issue identified by all survey respondents and by respondents in both the Primary and Secondary Service Areas.
- Mental health tied nutrition and exercise as the most frequent issue identified in the Secondary Service Area.
- Mental health was the most prominent issue discussed in both focus groups and interviews.
- Parenting education ranks highly in survey, focus group, and interview data.
- Alabama compares most favorably to the United States in the percent of children with regular exercise.
- Alabama compares least favorably in infant mortality and all birth metrics.

Implementation Strategy

The implementation strategy is intended to be a snapshot of the numerous community programs, outreach strategies and organizational partnerships that Children's will employ in each of the three years to address the four priority pediatric health issues. While Children's has only included a limited number of internal and external partners in this implementation strategy language, many hospital divisions and external entities will be organized to address and meet the needs of the community. Specific funding decisions related to community benefit efforts may be impacted by Children's financial condition and the financial stability of Medicaid. The newly implemented Medicaid Alabama Coordinated Health Network (ACHN) entities can directly assist in linking

parents and beneficiaries with services and resources necessary to fill the gaps. A beneficiary does not have to be a Children's patient to receive ACHN assistance and coordination.

As a result of the aforementioned findings, Children's will focus on the following four priority pediatric health issues beginning in 2020:

- Nutrition and Exercise
- Mental and Behavioral Health
- Parenting Education
- Child Safety

For the remaining three pediatric health issues, Children's will continue to work through and with community partners and organizations to support these issues based on the breadth and depth of the issues and existing community efforts. Children's of Alabama can best address these issues through continued and strengthened collaboration with community organizations focused on the entire scope through targeted community efforts. These areas may receive limited direct action planning and/or resource allocation for the 2020-2022.

Beginning in 2020, the three pediatric health issues to be monitored are:

- Access to Healthcare
- Preventative Healthcare
- Environmental Health

Community Benefit Plan Elements for 2020-2022

❖ Nutrition and Exercise

- Children's of Alabama is an active participant in several regional and statewide coalitions aimed at improving pediatric nutrition and exercise while working to end child hunger. Partnerships include the End Child Hunger in Alabama (ECHA) task force founded in 2012 to address Alabama childhood food insecurity problem and the Bold Goals of Central Alabama's Health Lifestyles Goal Group comprised of more than 200 organizations and companies throughout Central Alabama. These organizations have local collaboratives and strategies to address childhood food insecurity. Primary care physicians and the Medicaid ACHNs include food insecurity screens as an assessment tool. Identifying and collaborating the delivery of resources to meet the need is the greater goal.
- Children's pediatricians are facilitators of the Girlology and Guyology® programs aimed at outfitting young girls and boys with age-appropriate health and body

classes to navigate their journeys through adolescence. More than a dozen health and fitness topics ranging from the dangers of energy drinks to the challenges of gluten-free diets are available to parents. Children's will continue to offer and expand the Girlology and Guyology programs to parents and youth throughout the primary service area.

- Children's will continue to support the missions of like-minded non-profit organizations focused on nutrition, exercise and fitness including Girls on the Run Birmingham, the YWCA, and the YMCA. Efforts will continue to increase coordination and collaboration of messaging, educational resources, public events, and other resources as appropriate.

❖ **Mental and Behavioral Health**

- Navigating the mental health care system is challenging for families and providers. The recently established Psychiatric Intake Response Center (PIRC), located in the Emergency Department at Children's, is a confidential psychiatric response center designed to assist anyone seeking the appropriate level of mental health care for a child. These services are provided via telephone or in person by licensed mental health clinicians trained to assess a child or teen's mental, emotional, and behavioral needs and recommend the best treatment options. Children's of Alabama will continue to provide resource and programmatic support for the PIRC.

PIRC goals include:

- Provide ongoing behavioral health consultation to Birmingham City Schools' administration by addressing the mental health challenges of its youth population.
 - Collection of real-time data, which includes PIRC caller demographic profiles and mental health concerns and needs.
 - Assistance to callers by the PIRC staff in finding appropriate mental health resources in Central Alabama and throughout the state.
 - Access to licensed mental health professionals seven days a week, 15 hours per day.
 - Increase the percentage of follow-up phone calls to make sure mental health resources provided were appropriate.
- Children's of Alabama will continue to be an active participant in the Health Action Partnership of Jefferson County's Mental Health Roundtable as well as other collaborative efforts focused on mental and behavioral health.

- Primary care physicians do not receive specialized training in mental or behavioral health and are therefore uncomfortable including this within their scope of primary care practice. With limited child and adolescent psychiatry/psychology professionals, and mental health counselors, there is a gap in care. HRSA granted funding to 19 states, including Alabama, for the establishment of a pediatric telemental health program whereby pediatric subspecialists/therapists mentor and consult with primary care physicians. The training is designed to enable a primary care physician to become more confident and competent in managing mental and behavior health of their patient population. Children's is a partner with the Alabama Department of Mental Health to deliver this program to 70 percent of the rural pediatric practices in Alabama over a five-year grant period.
- In recognition of the increasing demand for child and adolescent mental and behavioral health services, as well as the demand on already limited inpatient psychiatric services, Children's is establishing a day treatment program.

❖ **Parent Education**

- Society oftentimes gives little recognition to parenting because there is no formal training to being a parent and navigating the trajectory of a child's growth and future. Parenting is an equally rewarding, challenging and important job that requires continuous learning. Children's recognizes the important role that it plays in parenting education and will continue to support coordination and collaboration of resources as appropriate.
- Children's continues to support the mission and vision of community partners investing in parenting education including Alaquest Collaborative for Education, Girlology (previously mentioned), and Childcare Resources. Of note, Children's is a supportive financial and programmatic partner of Alaquest. The organization is comprised of educators, concerned citizens, healthcare and business professionals working together to create, implement and advocate for programming that fosters social and emotional growth and understanding in parents and young people.
- Children's produces a monthly video related to a safety, advocacy, parent education and/or health promotion topic. Partners in Kids Health is a resource for parents and guardians aimed at providing free, content-rich material to aid in their education.
- Children's will collaborate with the statewide Alabama Partnership on Children organization to market and refer parents to the well-established parenting education programs created under their leadership. Many of the programs are targeted at first time parents.

❖ **Child and Adolescent Safety**

- Child and adolescent safety has remained a priority for Children's since the first Community Health Needs Assessment in 2013. Since that time, Children's has increased its presence and leadership in transportation-related safety messaging and training, substance abuse education, school nurse training, and unintended injury education.
- Children's through its Alabama Safe Kids initiative, will provide safe driver educational programs, outreach and advocacy for teen passengers/drivers, caregivers and community leaders. Children's will seek opportunities to increase partnerships with organizations including the Lutzie 43 Foundation, State Farm Insurance, the Alabama Department of Transportation and other philanthropic partners. These programs will occur in various venues and locations across the state of Alabama.
- Children's will provide educational programs, outreach and advocacy for all ages, that emphasize transportation-related education for birth to 18 years of age. This includes child restraints, seat belts, pedestrian safety, heatstroke (hot car deaths), ATV safety and safety related all other forms of human-powered and motor vehicles.
- Children's will continue to implement or initiate evaluation methods to determine if the programs we are utilizing are providing quality education. Children's will use the results to change or improve programming. These evaluation results will also be utilized to show potential grantors what their funding can provide for the community.
- Children's annually hosts its School Nurse Workshop series aimed at providing information and hands-on practice through lectures and skills labs. Children's will continue to hold school nurse workshops in Birmingham and key locations around the state to provide training to these frontline caregivers.
- Children's will continue to maintain the state's school nurse website for education, safety, and medical training. www.myschoolnurse.net is a resource available to all school nurses statewide.
- The Regional Poison Control Center (RPCC) is housed at Children's and is a primary source of data surrounding substance abuse, and education about treatment and prevention. The RPCC director serves on the Governor's Opioid Council which is working on strategies to educate and facilitate prevention and intervention.

Issue Monitoring

There are three areas (Access to Healthcare, Preventative Health, and Environmental Health) identified through the CHNA effort which are beyond the Children’s scope of direct services. Therefore, these areas will not receive direction action planning or resource allocation for the 2020 - 2022 implementation period.

Defining the Children’s of Alabama Community: Demographics

Children’s of Alabama has identified its primary community as children (ages 0-19) in the seven county Birmingham-Hoover Metropolitan Statistical Area (MSA) that includes Bibb, Blount, Chilton, Jefferson, Shelby, St. Clair and Walker counties.

While this seven-county MSA represents Children’s of Alabama’s geographic footprint and is home to a majority of its patients, the hospital has a broader reach throughout the state. Because it is the only medical center in Alabama dedicated solely to pediatric care, and because almost half of its patients come from outside of the seven-county MSA, Children’s identified its secondary community as all children in Alabama.



Understanding demographic data for the U.S., Alabama, and Children’s Primary and Secondary Service Areas is critical to understanding and interpreting CHNA data. Demographic data from the U.S. Census Bureau is displayed in the following tables.

Table 1 displays the total population for the U.S., Alabama, and Children’s Primary and Secondary Service Area.

	Total Population	Percent Change
U.S.	327,167,434	5.77%
Primary Service Area	1,151,801	2.05%
Secondary Service Area	3,736,070	2.17%
Alabama	4,887,871	2.14%

Table 1. 2018 Population and Percent Change Since 2010

The U.S. is growing at more than twice the rate of Alabama. The state’s 8-year growth rate of 2.1% is 8th out of 10 southeast states and 35th in the U.S.¹

Growth in Alabama is lagging, but the population is aging. Figure 1 displays the percent of the population under 18 between 2010 and 2018 for the U.S., Alabama, and Children’s Primary and Secondary Service Area.²

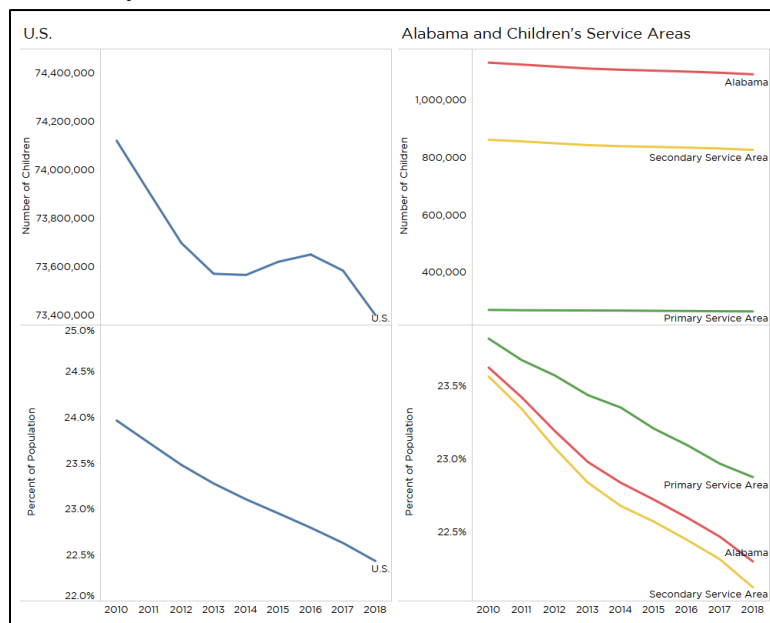


Figure 1. Under 18 Population Trends, 2010–2018

¹ “At 199, Alabama Still Growing, But Slowly.” Public Affairs Research Council of Alabama. <http://parcalabama.org/at-199-alabama-still-growing-but-slowly/>.

² Children aged 15 to 19 is an estimate. The Census age band is 15 to 19. PARCA assumed an even distribution across that band and reported ages 15 to 18 as 80% of the Census provided data.

Children as a percent of the total population is also presented in Figure 2 for a larger view.

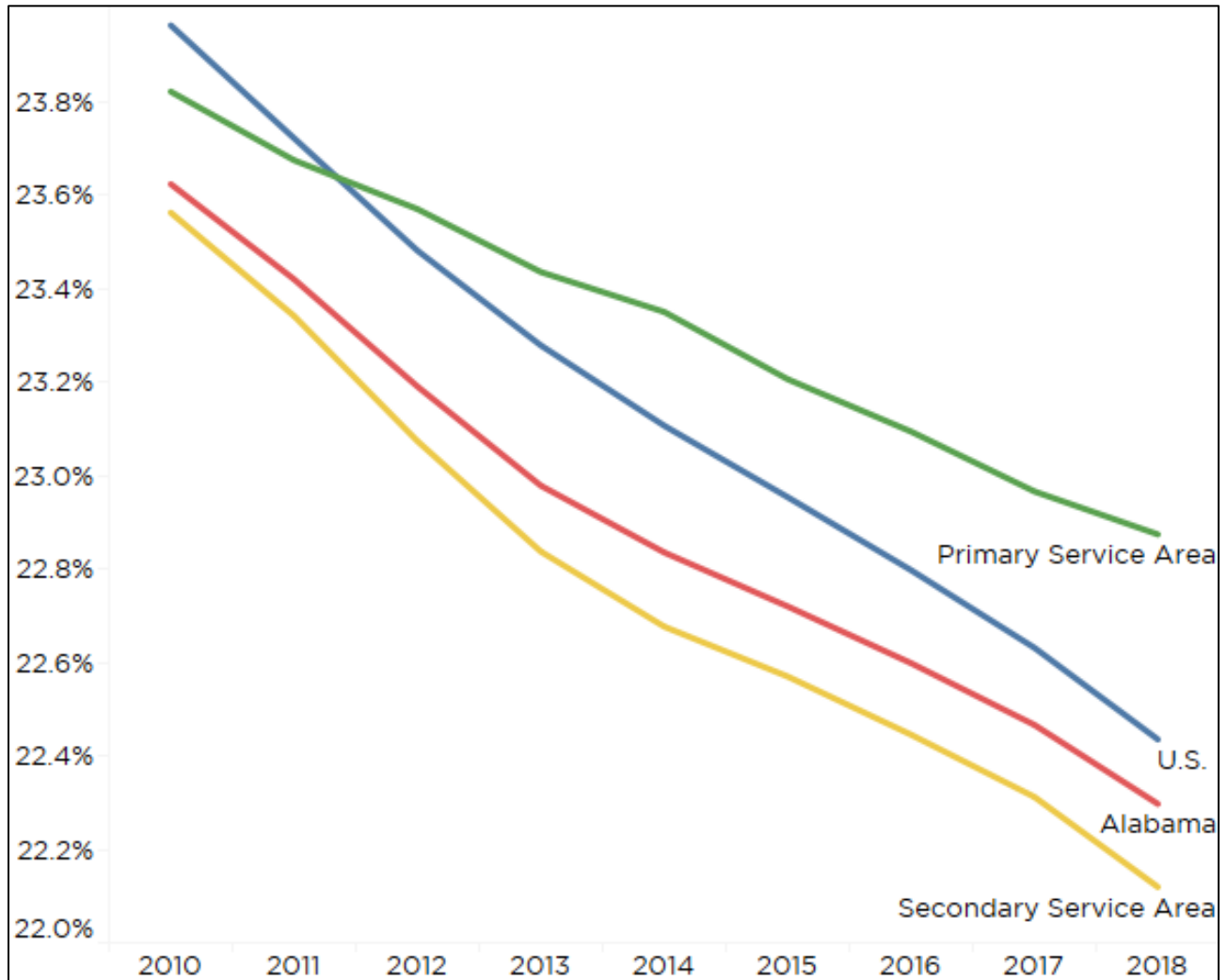


Figure 2. Percent of the Population under 18, U.S., Alabama, Service Areas, 2010–2018

Children as a share of the population have dropped across all four geographies. Note that while Alabama trails the nation, the Primary Service Area, currently at 22.9%, has seen a slower decline and currently outpaces the state by almost a full percentage point.

While both the absolute number of children and percentage of children as a share of the population have declined, Figure 3 shows the distribution of children in Alabama by age band to be stable.

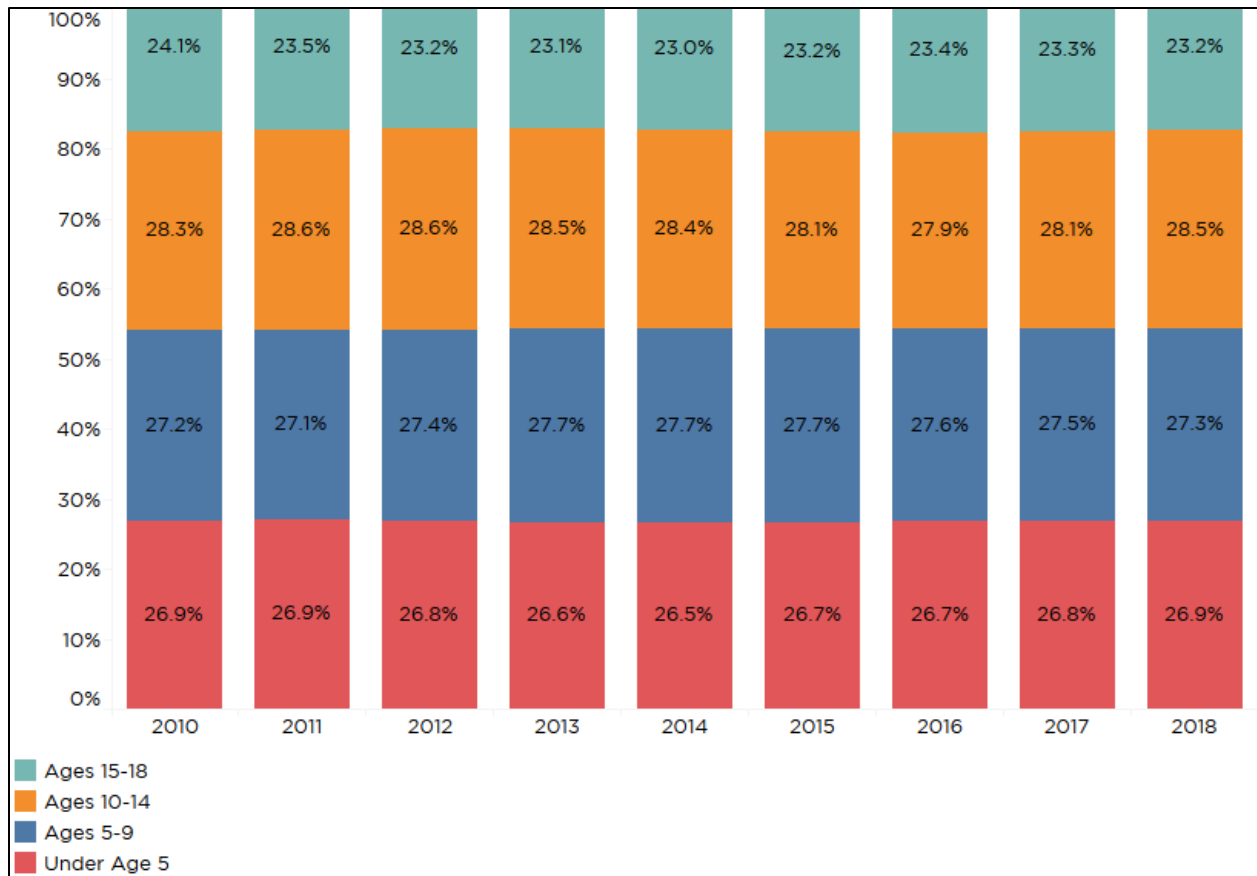


Figure 3. Distribution of Children in Alabama by Age Band, 2010–2018

Methods Used to Conduct the Community Health Needs Assessment (CHNA)

Continuing with the effort begun in 2011 to better support the health of children in its community and to comply with new federal regulations, Children’s engaged PARCA to assist in conducting the 2019 CHNA. The main assessment focused on Children’s Primary Service Area as previously defined. The Secondary Service Area for assessment focused on the remaining portion of the state. Children’s assessment tools included an online survey, telephone interviews, focus groups, analysis of existing public pediatric health data, and inventorying existing community programs and resources.

Primary Data Collection

Primary data consists of stakeholder survey, focus groups and interviews.

Quantitative Data

The Public Affairs Research Council of Alabama conducted an online survey of stakeholders across Alabama. The full survey is provided in later appendixes. The survey was developed jointly

between PARCA and Children’s of Alabama. The survey was created and administered through www.createsurvey.com and open from June 3, 2019 through September 6, 2019.

The survey was distributed to 29 organizations with the request that the survey be forwarded to the organizations’ membership lists. The complete listing of organizations that received the survey is included in later appendices. These organizations and distribution lists were selected because of their professional and geographic diversity, and their knowledge and exposure to children of many backgrounds and in a variety of settings. The organizations and distribution lists were not random. However, the choice to participate in the survey was at the discretion of each individual who received an invitation. Thus, the actual participants in the survey are reasonably random. The survey was not designed to, nor did it, create a sample of the state’s population. Nonetheless, the survey methodology compares very favorably with survey methodologies implemented by Children’s peers.

The survey generated 553 unique responses, compared to 481 in 2016. Respondents were:

- 80% female
- 82% white, 13% African American, 4% Other, and 1% Hispanic
- 89% parents and 32% grandparents
- 50% between the ages of 36 and 55

Respondents were asked to identify their primary role as an educator, healthcare provider, businessperson, non-profit service provider, or “other.” Responses are provided in Figure 4.

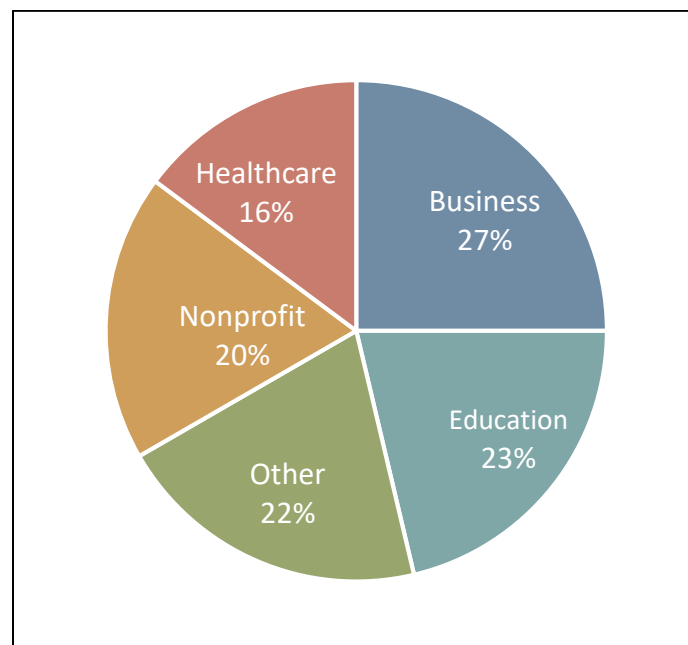
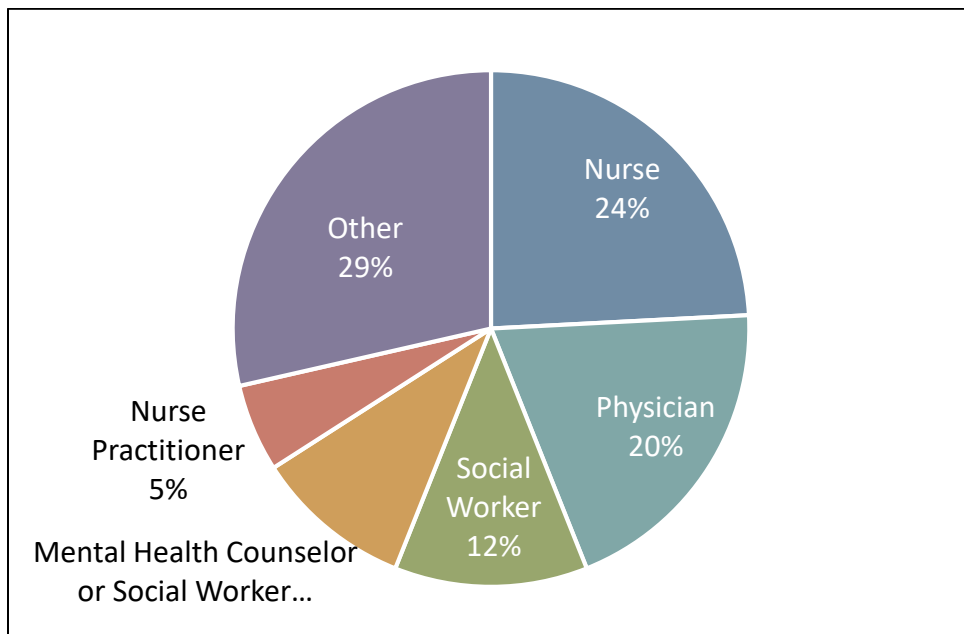
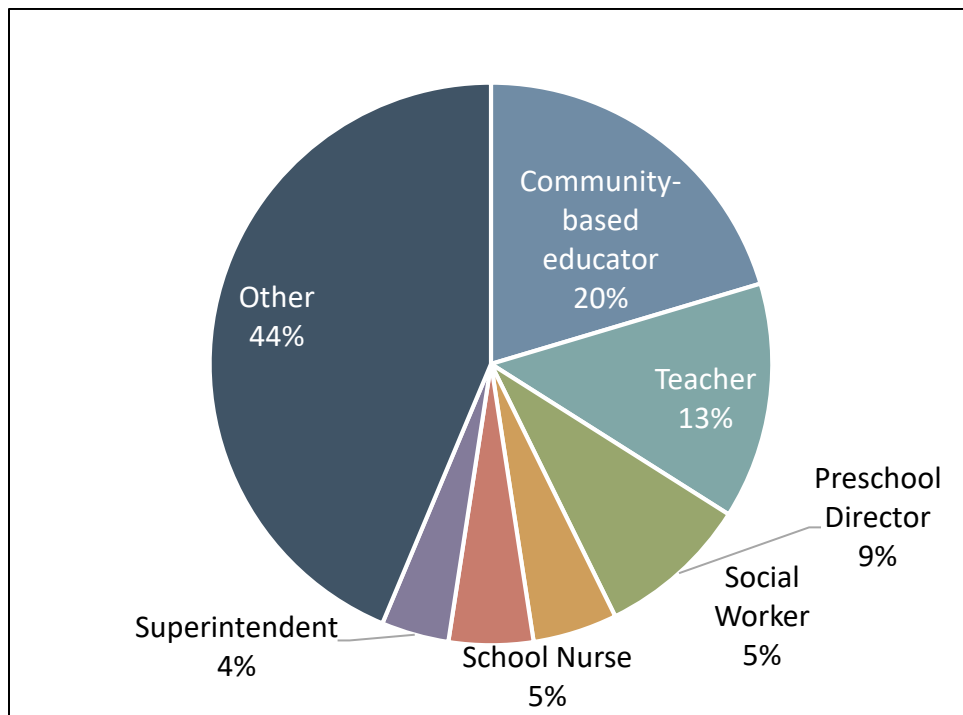


Figure 4: Primary Role of Respondent

Respondents selecting either educator or healthcare provider were asked to provide more detail. See figures 5 and 6.



Geographic distribution is also important in the CHNA. All respondents were asked to indicate their zip code. This data was used to assign counties to each record. Of 553 respondents, at least 22.4% live in the Primary Service Area. The balance, 429 or 78%, live in the Secondary Service Area or did not provide data. See Figure 7.

Table 2. Focus Groups

Group	Area	Number	Age	Black/White Percentage	Male Female Percentage
Social service leaders / providers	Primary Service Area	10	Mixed	50% / 50%	50% / 50%
Community group of parents, teachers, youth leaders, counselors, residents	Birmingham	12	Mixed	100% / 0%	30% / 70%
Teach for America teachers	Primary Service Area	11	Twenties	60% / 40%	30% / 70%
Parents	Birmingham City Schools	7	20s–40s	100% / 0%	30% / 70%
Alabama School Nurses Association	Statewide	7	Mixed	33% / 77%	0% / %100

Interviews were conducted with:

- The president of the Alabama School Nurses Association
- A high school teacher from Birmingham City Schools
- A Birmingham-based community organizer
- Walker County health officer
- Senior director of the Alabama Department of Early Childhood Education
- Alabama Medicaid Agency medical director

Data Analysis

Quantitative and qualitative data are presented by age band. Each age band is depicted with a chart presenting the most frequently identified health issues deaggregated by respondents living in the Primary and Secondary Service Areas. These charts are as follows:

Children Ages Birth to 5

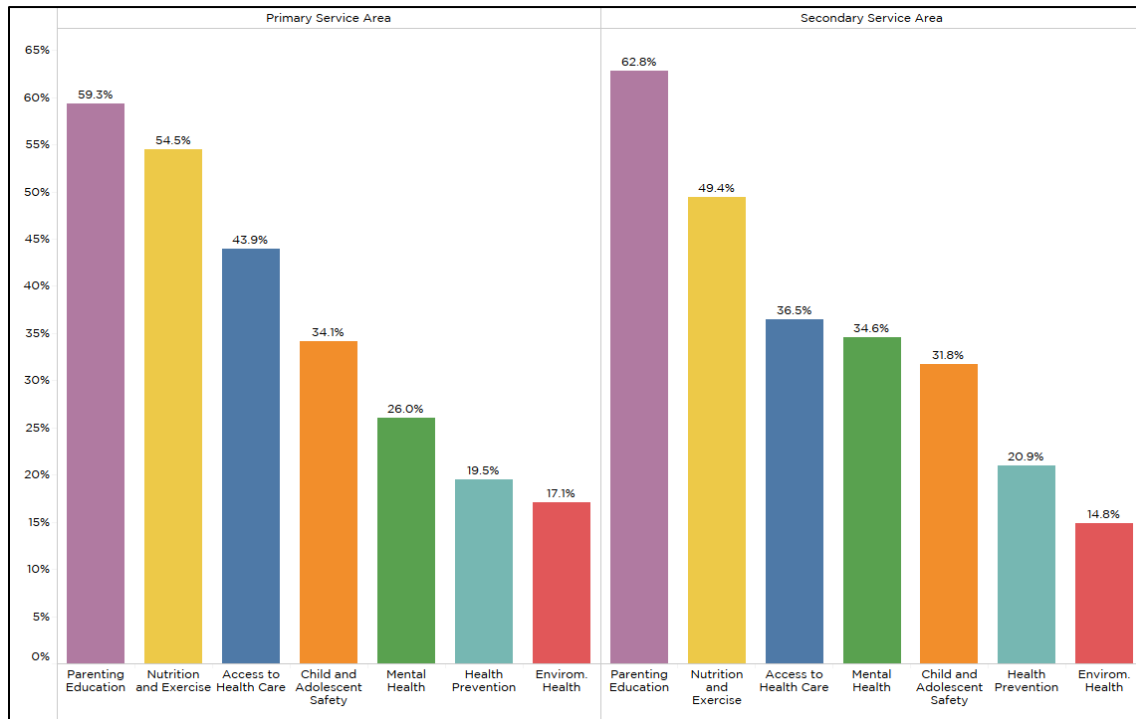


Figure 9. Major Health Issues for Children Ages Birth to 5

Children Ages 6 to 13

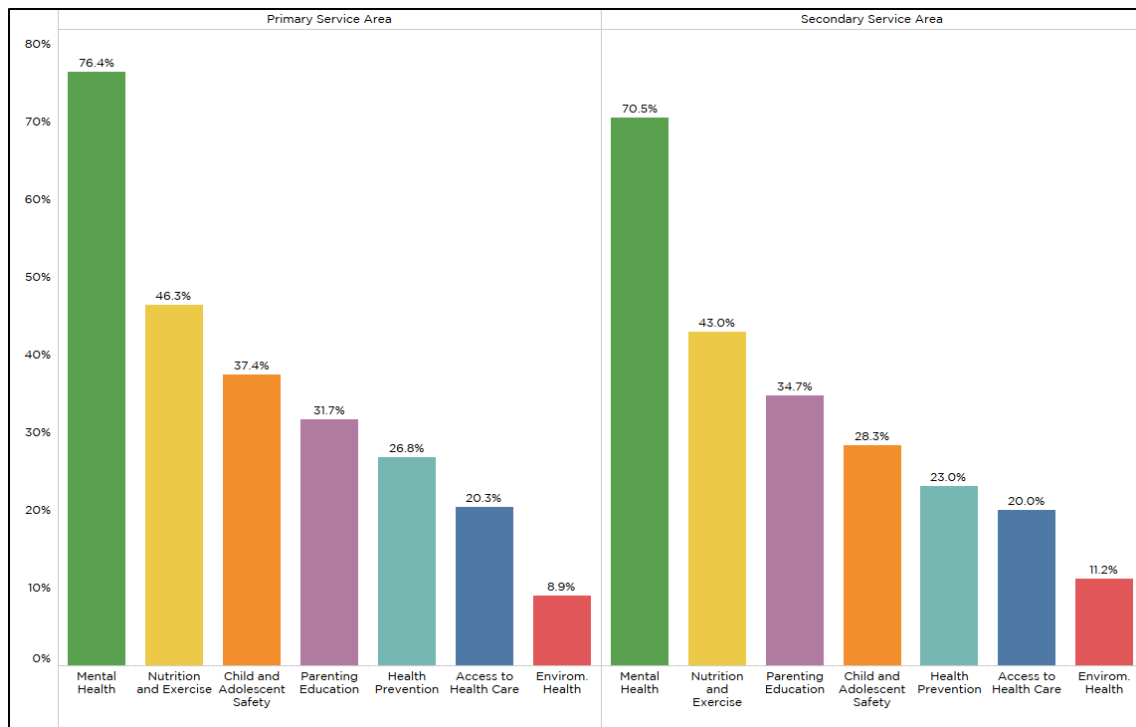


Figure 10. Major Health Issues for Children Ages 6 to 13

Children Ages 14 to 18

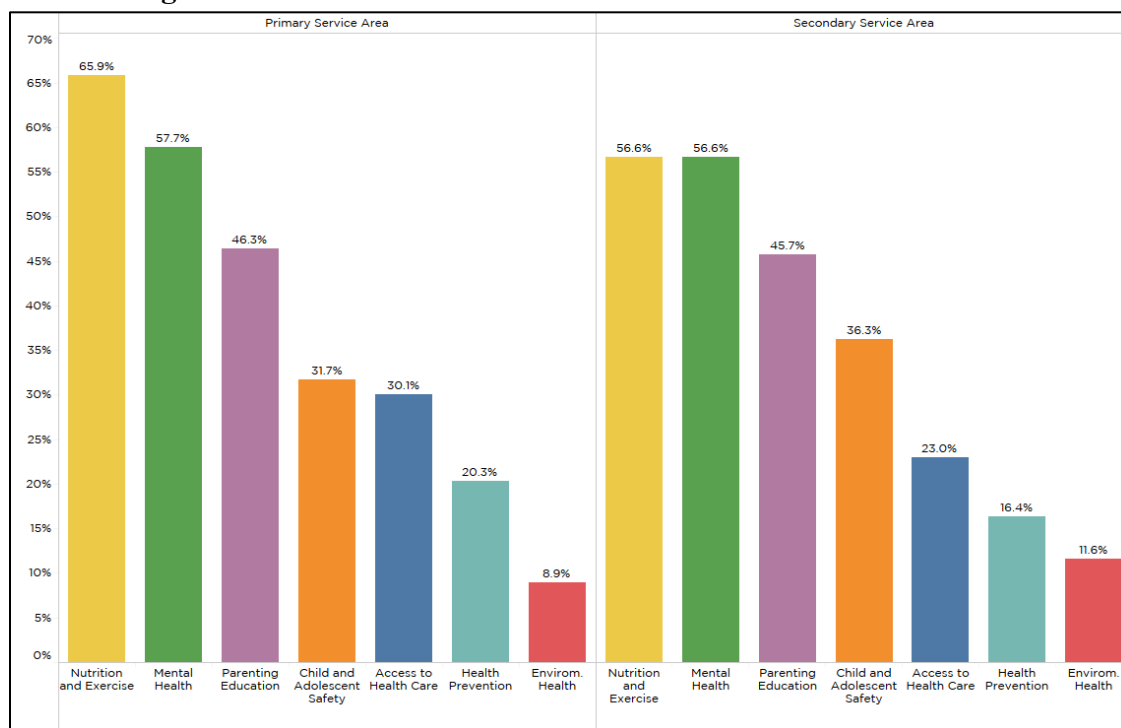


Figure 11. Major Health Issues for Children Ages 13 to 18

Secondary Data

The Internal Revenue Service (IRS) requires stakeholder input, but it must be read in the context of local, state, and national data. The Public Affairs Research Council of Alabama collected secondary data on fifteen metrics examined in both the 2013 and 2016 CHNAs. These metrics broadly correlated with the health topics in the survey. All data are from federal agencies. Sources were selected based on reliability, continued data collection and reporting, ease of use, and aggregation of multiple data points. Table 3 displays the major health topics, correlated health indicators, and the data source for each indicator.

Table 3. Secondary Indicators by Survey Topic

Topic	Indicator	Definition	Source
Access to Healthcare	Health Insurance	Percentage of children under age 19 without health insurance	Small Area Health Insurance Estimates (SAHIE)
	Children with special needs	Percentage of children 5 to 15 reporting a disability	Disability Status Report
Mental and Behavioral Health	Emotional, behavioral, or developmental conditions	Children ages 3 to 17 taking medication for ADD/ADHD, autism/ASD, or difficulties with emotions, concentration, or behavior	National Survey of Children’s Health

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Nutrition and Exercise	Children without regular exercise	Percentage of children and teens ages 6 to 17 who engaged in less than 5 days of vigorous physical activity in the past week.	National Survey of Children’s Health
	Children overweight or obese	Percentage of children in 9 th –12 th grades with a BMI \geq 95 th percentile on the 2000 CDC growth chart	Youth Risk Behavior Surveillance System (YRBSS)
Preventive Healthcare	Immunizations	Percentage of children 16 to 35 months with combined 6-vaccine series coverage	National Immunization Survey
	Infant mortality	Number of all infant deaths within 1 year per 1,000 live births	CDC WONDER Mortality Data
	Preterm births	Percentage of babies born with a gestational age of less than 37 completed weeks	National Center for Health Statistics
	Low birth weight babies	Percentage of live births < 2,500 grams	National Center for Health Statistics
	Very low birth weight babies	Percentage pf live births < 1,500 grams	National Center for Health Statistics
	Teen births	Number of births per 1,000 females ages 15 to 19	National Center for Health Statistics
Safety	Abuse	Percentage of children who the state determined at least one maltreatment was substantiated or indicated	Child Maltreatment Report, 2017
	Morbidity, All Causes	Number of deaths among children ages 1 to 14 per 100,000	CDC WONDER Mortality Data
	Morbidity, Accident, suicide, or homicide	Deaths from accidents, homicides, and suicides among teens between ages 15 to 18 per 100,000 teens in this age group.	National Center for Injury Prevention and Control
	Substance Abuse	Children ages 12 to 17 who reported dependence on or abuse of illicit drugs or alcohol in the past year	Substance Abuse and Mental Health Services Administration

Table 4 provides data on these key measures of children’s health for the period of 2010 to 2017, where available.

Table 2. Key Children's Health Metrics 2010–2017, Alabama

	2010	2011	2012	2013	2014	2015	2016	2017
Insurance: Children under age 19 without health insurance	6.3%	5.6%	4.3%	4.7%	4.0%	3.1%	2.7%	3.0%
Special Needs: Children 5-15 reporting a disability.	6.8%	6.5%	6.2%	6.3%	6.1%	6.2%	6.5%	5.7%
Mental Health: Children aged 3-17 taking medication for ADD/ADHD, autism/ASD, or difficulties with em..							14.4%	11.5%
Exercise: Children aged 6-17 with less than 5 days of vigorous exercise in the past week.			39%					40%
Obesity: 9-12th graders with a BMI >= 95th percentile		17.1%		17.2%			16.2%	
Immunizations: Combined 6-vaccine Series among children 19-35 months	62.6%	71.0%	72.5%	77.5%	79.6%	73.0%	78.5%	74.5%
Infant mortality per 1,000	8.7	8.2	8.6	8.8	8.9	8.5	9.2	7.5
Births, Pre-Term: Babies born with a gestational age of less than 37 completed weeks	15.6%	14.9%	14.6%	15.1%	15.0%	15.0%	15.0%	15.0%
Births, Low birth weight: live births < 2,500 grams	10.3%	9.9%	10.0%	10.0%	10.1%	10.4%	10.3%	10.2%
Births, Very low birth weight: live births < 1,500 grams	2.0%	1.9%	1.9%	2.1%	1.9%	2.0%	2.0%	1.9%
Births, Teen: Total births to teens per 1,000	44	41	39	34	32	30	28	27
Abuse: Children victims of abuse or maltreatment per 1,000	8.3	7.6	8.6	7.9	7.9	7.7	9.2	9.9
Morbidity, All Causes: Per 100,000 children age 1-14	25	26	24	23	23	22	20	25
Morbidity, Accident, homicide, or suicide: Per 100,000 teens age 15-18	50.0	47.2	46.7	40.0	39.7	46.7	53.9	43.1
Substance Abuse: Children age 12 to 17 who reported dependence on or abuse of illicit drugs or alcohol in t..	7.0%	6.0%	6.0%	6.0%	5.2%		3.9%	4.0%

Alabama has seen progress in 12 of the 15 measures over the eight-year period from 2010 to 2017. The number of children who are victims of abuse has worsened, and childhood morbidity is unchanged.

While the long-term trends are positive, year over year numbers are less encouraging. Five of the 12 measures with available data have worsened, including the number of children without insurance and the number of children receiving immunization, as well as increased incidences of child abuse, morbidity, and substance abuse. The number of pre-term births is unchanged.

Table 5 depicts Alabama’s progress or regress on the 15 measures between 2010 and 2017, and 2016 to 2017. Progress is marked with a green box, regress is marked with a red box, and measures with no change are yellow. Three measures do not have the necessary data for comparison. These are marked with ND for No Data.

Table 5. Alabama’s Progress or Regress on 15 Key Measures of Children’s Health

	2010 to 2017	2016 to 2017
Uninsured		
Special Needs		
Mental Health	ND	
Exercise		ND
Obesity		ND
Immunizations		
Infant Mortality		
Births, Pre-Term		
Births, Low Weight		
Births, Very Low Weight		
Birth, Teen		
Abuse		
Morbidity, All Causes		
Morbidity, Accident, Homicide, Suicide		
Substance Abuse		

Alabama’s data must be understood in a national context. Table 6 displays the state’s rank among the 50 states in the same fifteen metrics. Using the same metrics and data sources referenced in Table 3, all 50 states were ranked 1 to 50, with lower numbers indicating better performance. If present in the data, Washington, D.C., and Puerto Rico were excluded from the rankings. Data was not available for every metric for every state in every year. Caution should be used in drawing robust conclusions from this table alone. For example, while Alabama ranks 29th in obesity in 2016, only 40 data were available for only 40 states.

Across these 15 metrics, Alabama’s average national ranking has improved from 38 to 33. Note that for the rate of uninsured children, six states are ranked higher and Alabama is tied with Louisiana at seven.

Table 6. Alabama’s Rank Among the 50 States on 15 Key Measures of Children’s Health

	2010	2011	2012	2013	2014	2015	2016	2017
Abuse	23	19	24	20	21	21	27	29
Birth, Teen	42	41	41	41	41	41	41	41
Births, Low Weight	48	48	47	48	48	48	47	48
Births, Pre-Term	49	48	48	48	48	48	48	48
Births, Very Low Weight	48	48	48	49	49	49	49	49
Exercise			6					4
Immunizations	14	24	25	10	7	36	9	20
Infant Mortality	49	48	48	48	50	48	50	46
Mental Health							50	42
Morbidity, Accident, Homicide, Suicide	41	45	42	39	37	42	46	34
Morbidity, All Causes	43	44	43	40	40	41	36	44
Obesity		40		43			29	
Special Needs	45	44	38	40	35	38	40	31
Substance Abuse					29		5	17
Uninsured	17	12	8	9	6	8	6	7

Conclusion

Children’s of Alabama was founded in 1911 as Holy Innocents Hospital. For 108 years we have provided world-class medical care focused on ensuring children are treated by a physician specially-trained to meet their need, at the time of most importance, and in a place that can serve their mental, spiritual, and physical needs. We are also a hospital that recognizes the role that communities near and far play in the health of children, from environmental and physical aspects to mental, behavioral, and nutritional needs.

While we are complying with federal regulations in the completion of this Community Health Needs Assessment, our interest in receiving feedback and direction from the public-at-large regarding child health needs is strong. Our mission is to provide the finest pediatric health services to all children when in the hospital, and to provide education, support, and outreach to them when in their home communities. We will continue to promote child wellbeing, injury prevention and holistic outreach for decades to come.

Appendix A. Organizations That Received the Survey

Educator Stakeholders

Alabama Association of School Nurses
Alabama Education Association
Alabama Mental Health Counselors Association
Alabama School Counselor Association
Council for Leaders in Alabama Schools
Teach for America, Alabama

Healthcare Stakeholders

Alabama Academy of Family Physicians
American Academy of Pediatrics, Alabama Chapter
Christ Health Center
Hope Health Center
National Association of Pediatric Nurse Practitioners, Alabama Chapter

Community Stakeholders

Alabama Big Brothers Big Sisters chapters
Alabama Children's Policy Council
Alabama Network of Family Resource Centers
Association of Alabama Camps
Child Care Resources
Cooperative Extension Service
Ephesus Seventh Day Adventist Church
Jefferson County Department of Health Listserv
Junior League of Birmingham
More Than Conquerors Church
New Rising Star Missionary Baptist Church
Public Affairs Research Council of Alabama
Samford University Congregational Health
Samford University faculty and staff
16th Street Baptist Church
UAB–One Great Community
United Way of Central Alabama–Bold Goals Health Coalition
United Ways of Alabama
United Way of Central Alabama Bold Goals Health

Appendix B: Survey Instrument

Children's of Alabama is working with the Public Affairs Research Council of Alabama (PARCA) to conduct a survey of community needs. This survey is part of Children's 2019 Community Health Needs Assessment as required by federal law. The Community Health Needs Assessment is designed to identify the needs of children in Alabama and to help Children's develop strategies to address these needs. We respect the privacy of those who assist us by completing this survey. All data will be collected by PARCA and reported in the aggregate to Children's. No personally identifiable information will be revealed. If you have problems or questions about the survey, contact Joe Adams, PARCA's Research Coordinator at jadams@parcalabama.org.

1. Are you a healthcare provider (mental health provider, nurse, pharmacist, physician, therapist, etc.)?

- Yes (skip to Q. 3)
- No (skip to Q. 2)

2. Are you an education professional?

- Yes (skip to Q. 4)
- No (skip to Q. 5)

3. Which of the following best describes your professional healthcare role?

- CNA
- Mental health counselor
- Mental health social worker
- Nurse- LPN
- Nurse Practitioner
- Nurse- RN
- Occupational therapist
- Pharmacist
- Physical therapist
- Physician - general practitioner
- Physician - other
- Physician - pediatrics
- Physician- internal medicine
- Physician- psychiatry
- Psychologist
- School nurse
- Social worker
- Speech pathologist
- Other

4. Which of the following best describes your professional education role?

- Aide
- Community-based education provider
- Counselor
- Pre-School director
- Principal
- School nurse
- Social worker
- Superintendent
- Teacher
- Other

5. Please select which of the follow best describes your primary role.

- Business person
- Clergy
- Community member
- Government personnel
- Nonprofit service provider
- Other

These next questions concern children birth through 5 years old.

6. What do you see as the two or three major health issues facing children birth through 5 years old in your community?

- Access to Health Care
- Child and Adolescent Safety
- Environmental Health
- Health Prevention
- Mental Health
- Nutrition and Exercise
- Parenting Education
- Other (skip to Q. 7)
- No response

7. Please explain in the box below.

8. Thinking of your responses to health issues for children birth through 5, which of the following mental health issues do you see?

- ADD/ADHD
- Alcohol / Drug Addition or Abuse
- Anger Management
- Autism

- Bullying Prevention
- Depression
- Panic, Anxiety, Stress and/or Trauma
- Sleep Disorders
- Other _____

9. Thinking of your responses to health issues for children birth through 5, which of the following issues related to access to health care do you see?

- Dental Care
- Don't qualify or can't afford health insurance (Commercial, Medicaid, All Kids, TRICARE)
- Primary care unavailable after 6 p.m. or on weekends
- Struggles with high deductibles or co-pays
- Other _____

10. Thinking of your responses to health issues for children birth through 5, which of the issues related to nutrition and exercise do you see?

- Access to Nutritious Foods
- Diabetes
- Infant Nutrition
- Lack of Exercise
- Lack of Summer Feeding Programs
- Obesity
- Other _____

11. Thinking of your responses to health issues for children birth through 5, which of the issues related to environmental health do you see?

- Allergens and Irritants (such as: cigarette smoke, poor housing, etc.)
- Asthma
- Water
- Other _____

12. Thinking of your responses to health issues for children birth through 5, which of the issues related to child and adolescent safety do you see?

- Alcohol / Substance Abuse
- Bicycle, Motorcycle or ATVs
- Child Care / 'Safe Sitters'
- Child Passenger Seats
- Fire
- Home
- Pedestrian Safety

- Playgrounds
- Safe Sleep
- Sports
- Teen Driving
- Teen Trauma
- Other _____

13. Thinking of your responses to health issues for children birth through 5, which of the issues related to preventative health do you see?

- Access to Primary Care
- Asthma
- Diabetes
- Immunizations
- Prescription Drugs
- Other _____

14. What resources are available in your community to address health issues for children birth through 5?

15. Are there barriers for children birth through 5 for accessing community resources? (If so, please explain below.)

16. What are the major gaps in healthcare for children birth through 5?

These next questions concern children ages 6-13 years old.

17. What do you see as the two to three major health issues facing children ages 6-13 in your community?

- Access to Health Care
- Child and Adolescent Safety
- Environmental Health
- Health Prevention
- Mental Health
- Nutrition and Exercise
- Parenting Education
- Other (skip to Q. 18)
- No response

18. Please explain in the box below.

19. Thinking of your responses to health issues for children ages 6-13, which of the following mental health issues do you see?

- ADD/ADHD

- Alcohol / Drug Addition or Abuse
- Anger Management
- Autism
- Bullying Prevention
- Depression
- Panic, Anxiety, Stress and/or Trauma
- Sleep Disorders
- Other _____

20. Thinking of your responses to health issues for children ages 6-13, which of the following issues related to access to health care do you see?

- Dental care
- Don't qualify or can't afford health insurance (Commercial, Medicaid, All Kids, TRICARE)
- Primary care unavailable after 6 p.m. or on weekends
- Struggles with high deductibles or co-pays
- Other _____

21. Thinking of your responses to health issues for children ages 6-13, which of the following issues do you see related to parent health education?

22. Thinking of your responses to health issues for children ages 6-13, which of the issues related to nutrition and exercise do you see?

- Access to Nutritious Foods
- Diabetes
- Infant Nutrition
- Lack of Exercise
- Lack of Summer Feeding Programs
- Obesity
- Other _____

23. Thinking of your responses to health issues for children ages 6-13, which of the issues related to environmental health do you see?

- Allergens and Irritants (such as: cigarette smoke, poor housing, etc.)
- Asthma
- Water
- Other _____

24. Thinking of your responses to health issues for children ages 6-13, which of the issues related to preventative health do you see?

- Access to Primary Care
- Asthma

- Diabetes
- Immunizations
- Prescription Drugs
- Sex Education
- Teen Pregnancy
- Other _____

25. Thinking of your responses to health issues for children ages 6-13, which of the issues related to child and adolescent safety do you see?

- Alcohol / Substance Abuse
- Bicycle, Motorcycle or ATVs
- Child Care / 'Safe Sitters'
- Child Passenger Seats
- Fire
- Home
- Pedestrian Safety
- Playgrounds
- Safe Sleep
- Sports
- Teen Trauma
- Other _____

26. What resources are available in your community to address child health issues for children ages 6-13?

27. Are there barriers for children ages 6-13 for accessing community resources? (If so, please explain below.)

28. What are the major gaps in healthcare for children ages 6-13?

These next questions concern teens ages 14-18 years old.

29. What do you see as the two to three major health issues facing teens ages 14-18 in your community?

- Access to Health Care
- Child and Adolescent Safety
- Environmental Health
- Health Prevention
- Mental Health
- Nutrition and Exercise
- Parenting Education
- Other (skip to Q. 30)
- No response

30. Please explain in the box below.

31. Thinking of your responses to health issues for children ages 14-18, which of the following mental health issues do you see?

- ADD/ADHD
- Alcohol / Drug Addiction or Abuse
- Anger Management
- Autism
- Bullying Prevention
- Depression
- Panic, Anxiety, Stress and/or Trauma
- Sleep Disorders
- Other _____

32. Thinking of your responses to health issues for children ages 14-18, which of the following issues related to access to health care do you see?

- Don't qualify or can't afford health insurance (Commercial, Medicaid, All Kids, TRICARE)
- Primary care unavailable after 6 p.m. or on weekends
- Struggles with high deductibles or co-pays
- Other

33. Thinking of your responses to health issues for children ages 14-18, which of the issues related to nutrition and exercise do you see?

- Access to Nutritious Foods
- Diabetes
- Infant Nutrition
- Lack of Exercise
- Lack of Summer Feeding Programs
- Obesity
- Other _____

34. Thinking of your responses to health issues for children ages 14-18, which of the issues related to environmental health do you see?

- Allergens and Irritants (such as: cigarette smoke, poor housing, etc.)
- Asthma
- Water
- Other _____

35. Thinking of your responses to health issues for children ages 14-18, which of the issues related to preventative health do you see?

- Access to Primary Care
- Asthma
- Diabetes
- Immunizations
- Prescription Drugs
- Sex Education
- Teen Pregnancy
- Other _____

36. Thinking of your responses to health issues for children ages 14-18, which of the issues related to child and adolescent safety do you see?

- Alcohol / Substance Abuse
- Bicycle, Motorcycle or ATVs
- Child Care / 'Safe Sitters'
- Child Passenger Seats
- Fire
- Home
- Pedestrian Safety
- Playgrounds
- Safe Sleep
- Sports
- Teen Driving
- Teen Trauma
- Other _____

37. What resources are available in your community to address child health issues for teens ages 14-18?

38. Are there barriers for teens ages 14-18 for accessing community resources? (If so, please explain below.)

39. What are the major healthcare gaps for teens ages 14-18?

40. Are there any issues that are not included above? If so, please explain: (

These next questions concern where you serve.

41. Does your organization or employer serve a specific city or neighborhood, the entire county, several counties, or the entire state?

42. Please describe your service area below:

43. What area(s) do you serve? List Zip code(s) if known, if not please list the county or counties served. If you do not serve a specific location, put "none."

44. What age children do you serve? Please check all that apply.

45. What services do you offer that aim to address child health?

46. What is the five-digit zip code of your primary place of employment?

These final questions concern your background. All information is anonymous and will not identify you in any way.

47. Are you a:

- Parent
- Grandparent

48. What is the five-digit zip code of your home?

49. What is your age range?

50. What is your gender?

51. What is your ethnicity?

52. What are the ages of your children? 0-5, 6-13, 14-18, 19

Appendix C: Existing Community Resources

General Child Health

Program	Organization
1st Look Program	Medicaid
FocusFirst	IMPACT Alabama
Health and Wellness Outreach Program	Girls, Inc.
Girlogy/Guyology	Children’s of Alabama
Kids-on-the-Block	Children's of Alabama
Myschoolnurse.net	Children's of Alabama
Oral Health Education	ADPH
Reach out and Read	American Academy of Pediatrics- Alabama Chapter
School Nurse Workshops	Children’s of Alabama
School-Based Fluoride Mouth Rinse Program	ADPH
Smile Alabama! Dental Outreach Initiative	Medicaid
Student Athlete Physicals	Children's of Alabama
Tot Shots	JCDH
Vaccines for Children	ADPH
HEALS Clinic	
Kid One	
KidCheck Plus	Sight Savers America
Leadership Education in Adolescent Health (LEAH)	UAB/ AL MCH Training Network

Nutrition and Exercise

Program	Organization
Druid City Garden Project	
E.A.T. South	The Hampstead Institute
Girls on the Run Birmingham	
Healthy Kids Healthy Communities Walking School Buses	United Way of Central Alabama
JCCEO Head Start	JCCEO
Seed to Plate	Jones Valley Teaching Farm
Leadership Education Excellence in Pediatric Nutrition	UAB/ AL MCH Training Network
Southeastern Diabetes Education Services	
The Pediatric Healthy Life Center	
Wee Can Fight Obesity	Alabama Sports Festival Foundation
Weekenders Backpack Program	Community Food Bank of Central Alabama

Child Safety

Program	Organization
Alabama Child Death Review System (ACDRS)	ADPH
Alabama Network of Children's Advocacy Centers, Inc.	
Alabama Partnership for Children	
Alabama Safe Kids	Children's of Alabama
Asthma Education	Children's of Alabama

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BodyTrek	Children's of Alabama
CPR / First Aid Classes	Children's of Alabama
Cribs For Kids	Children's Trust Fund
Cullman Caring for Kids	
Exchange Club Family Skills Center	Exchange Club
Gateway, Inc. (Various Programs)	
Grace House Ministries	
Growing Kings	
Healthy Child Care Alabama (HCCA)	ADPH
Parents Against Violence	
Regional Poison Control Center	Children's of Alabama
Prevent Child Abuse Alabama	Children's Trust Fund
SafeSitter	Children's of Alabama
Teen Driving Summits	Children's of Alabama
Teen Trauma Prevention Program	Children's of Alabama
Telephone Triage	

Children with Special Health Care Needs

Program	Organization
MCH Leadership Education in Neurodevelopmental Disabilities (LEND)	UAB/ AL MCH Training Network
Adaptive Aquatics	
Alabama Council for Developmental Disabilities	
Alabama Interagency Autism Coordinating Council	
Alabama Parent Training & Info Network for Children with Disabilities	Alabama Parent Education Center
Arts n' Autism	
Autism Society of Alabama	
Children's Rehabilitation Services	Alabama Department of Rehabilitation Services
EPSDT	Medicaid
Family Voices of Alabama	
Glenwood, Autism & Behavioral Health Center	
HANDS Program	Alabama Autism Assistance Program (AAAP)
Hearing and Speech Screenings	Children's of Alabama
Mitchell's Place	
Scoliosis Screenings	Children's of Alabama
Special Equestrians	
Success By Six/ Help Me Grow Alabama	United Way of Central Alabama
The Arc of Jefferson County	
The Arc of Shelby County	
The Arc of Walker County	
The Bell Center for Early Intervention Programs	
The Red Barn	Spirit of Hope Youth Ranch
UAB Summer Treatment Program	Civitan-Sparks Clinic

Mental Health

Program	Organization
Power Up	Girl Scouts of North-Central AL
Stop Bullying in Alabama	Alabama Department of Education
Amelia Center	Children's of Alabama
Children's Services	JBS Mental Health Authority
CHIPS Clinic	Children's of Alabama
HANDS Program	Alabama Autism Assistance Program (AAAP)
Kid's Help Line	The Crisis Center
Oasis	
Teen Link	The Crisis Center

Coalitions

- Bibb County Children’s Policy Council
- Blount County Children’s Policy Council
- Chilton County Children’s Policy Council
- Jefferson County Children’s Policy Council
- Shelby County Children’s Policy Council
- St. Clair County Children’s Policy Council
- Walker County Children’s Policy Council
- Children’s Policy Councils (Statewide)
- Bold Goals for Central Alabama
- Bold Goals for Walker County
- Jefferson County Health Action Partnership
- End Child Hunger in Alabama (Statewide)
- Alabama Health Literacy Coalition (Statewide)