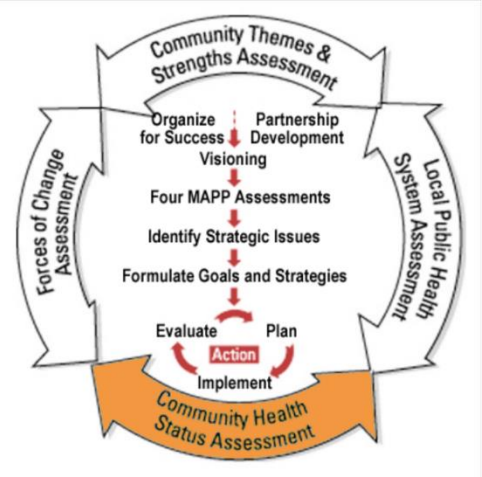
# Community Health Status Assessment Executive Summary

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: 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 168 indicators of community health in eleven categories[i]. The assessment captures data for a total of 146 indicators from a variety of national, state and local data sources, both primary and secondary[ii]. Where adequate data were available, trends were evaluated to determine changes in community health status.

This summary presents a subset of the indicators. All assessed indicators will be available in the final report.

In considering this summary, please note that in most cases the reference year is 2000, the index year used for comparison is 2012 and the endpoint year is 2017. When there is a variance in the years used for the reference, index or endpoint years, the year of the data used will be provided in parentheses under the value. An asterisk (*) following the endpoint data value indicates that the change between the index data and endpoint data is statistically significant. Due to low sub-population numbers, rates generated based on Latino ethnicity and races other than black and white display significant variability making the data difficult to interpret; thus, these data are excluded.

## Jefferson County Demographic Profile

Table 1 presents the demographic profile by sex, race, ethnicity and age of the 2017 Jefferson County population compared to the 2012 population. These data depict the population changes and trends from 2000 through 2017.

**Table 1.**

| Demographic Profile | | | | | |
|---|---|---|---|---|---|
| **Indicator** | **Unit** | **2000** | **2012** | **2017** | **Relative Percent Change 2012 - 2017** |
| **Total Population** | **----** | **662,033** | **660,009** | **659,197** | -0.12% |
| **Male** | **Percent of Population** | **47.2** | **47.3** | **47.3** | 0.00% |
| **Female** | **Percent of Population** | **52.8** | **52.7** | **52.7** | 0.00% |
| **White** | **Percent of Population** | **58.6** | **54.3** | **53.2*** | -2.03% |
| **Black** | **Percent of Population** | **39.6** | **42.6** | **43.4** | 1.88% |
| **All Other** | **Percent of Population** | **1.8** | **3.1** | **3.3** | 6.45% |
| **Hispanic** | **Percent of Population** | **1.6** | **3.8** | **3.9** | 2.63% |
| **Non-Hispanic** | **Percent of Population** | **98.4** | **96.2** | **96.1** | -0.10% |
| **Age ≤ 19 Years** | **Percent of Population** | **27.5** | **26.0** | **25.4** | -2.31% |
| **Age 20 to 64 Years** | **Percent of Population** | **58.9** | **60.4** | **59.2** | -1.99% |
| **Age > 65 Years** | **Percent of Population** | **13.6** | **13.6** | **15.4*** | 13.24% |

## Jefferson County Natality Profile

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

**Table 2.**

| Natality Profile | | | | | | |
|---|---|---|---|---|---|---|
| **Indicator** | **Unit** | **Reference Data (2000)** | **Index Data (2012)** | **Endpoint Data (2017)** | **Relative Percent Change 2012-2017** | **Movement** |
| **Women of Child Bearing Age** (15 - 44 years) | Percent of Female Population Ages 15 - 44 | **42.6%** | **39.4 %** | **39.1%** | -0.76% | **Not Applicable** |
| **Pregnancy Rate** (ages 15 - 44 years) | Per 1,000 Women Ages 15 - 44 | **97.2** | **95.5** | **90.5*** (2016) | -5.24% | **Not Applicable** |
| **Pregnancy Rate** (ages 10 - 19 years) | Per 1,000 Women Ages 10 – 19 | **47.8** | **31.8** | **20.3*** (2016) | -36.16% | **Desirable** |
| **Fertility Rate** (live births among women ages 15 – 44 years) | Per 1,000 Women Ages 15 - 44 | **64.1** | **66.0** | **63.8** (2016) | -3.29% | **Not Applicable** |
| **Fertility Rate (**live births among women ages 10 - 19 years) | Per 1,000 Women Ages 10 - 19 | **30.6** | **20.9** | **13.1*** (2016) | -37.32% | **Not Applicable** |
| **Infant Mortality Rate** (death occurring at < 365 days of life for birth cohort) | Per 1,000 Live Births | **12.1** | **9.6** | **10.5** | 9.38% | **Undesirable** |
| **White** | | **6.8** | **4.3** | **6.3** | 46.51% | **Undesirable** |
| **Black** | | **18.4** | **15.5** | **14.8** | -4.52% | **Desirable** |
| **Neonatal Mortality Rate** (death occurring at < 28 days after birth) | Per 1,000 Live Births | **8.5** | **6.7** | **6.8** | 1.49% | **Undesirable** |
| **White** | | **4.6** | **3.1** | **3.4** | 9.68% | **Undesirable** |
| **Black** | | **13.0** | **10.7** | **10.3** | -3.74% | **Desirable** |
| **Post-neonatal Mortality Rate (**death occurring between 28-364 days after birth) | Per 1,000 Live Births | **3.7** | **2.9** | **3.7** | 27.59% | **Undesirable** |
| **White** | | **2.2** | **1.1** | **2.9** | 163.64% | **Undesirable** |
| **Black** | | **5.4** | **4.9** | **4.5** | -8.16% | **Desirable** |

**Table 2 (continued).**

| Indicator | Unit | Reference Data (2000) | Index Data (2012) | Endpoint Data (2017) | Relative Percent Change 2012-2017 | Movement |
|---|---|---|---|---|---|---|
| **Adequate Prenatal Care** | Percent of Live Births with Appropriate Care Based on Month of Entry into Prenatal Care | **76.2%** | **81.5%** | **71.4%*** | -12.39% | **Undesirable** |
| **White** | | **80.1%** | **85.0%** | **74.8%*** | -12.00% | **Undesirable** |
| **Black** | | **71.8%** | **77.8%** | **67.6%*** | -13.11% | **Undesirable** |
| **Very Low Birthweight (< 1,500 grams)** | Percent of Live Births | **2.3%** | **2.1%** | **2.3%** | 9.52% | **Undesirable** |
| **White** | | **1.2%** | **1.0%** | **1.0%** | 0.00% | **Static** |
| **Black** | | **3.6%** | **3.4%** | **3.8%** | 11.76% | **Undesirable** |
| **Maternal Smoking During Pregnancy** | Percent of Live Births | **8.1%** | **5.4%** | **5.6%** | 3.70% | **Undesirable** |
| **White** | | **10.9%** | **7.0%** | **7.0%** | 0.00% | **Static** |
| **Black** | | **5.2%** | **3.9%** | **4.5%** | 15.38% | **Undesirable** |
| **Maternal Age ≥ 18 Years Smoking During Pregnancy** | Percent of Live Births | **8.3%** | **5.4%** | **5.6%** | 3.70% | **Undesirable** |
| **White** | | **10.7%** | **6.9%** | **7.0%** | 1.45% | **Undesirable** |
| **Black** | | **5.6%** | **4.0%** | **4.6%** | 15.00% | **Undesirable** |
| **Maternal age < 18 Years Smoking During Pregnancy** | Percent of Live Births | **5.6%** | **4.2%** | **2.4%** | -42.86% | **Desirable** |
| **White** | | **17.3%** | **12.5%** | **8.6%** | -31.20% | **Desirable** |
| **Black** | | **1.4%** | **0.6%** | **0.0%** | -100.00% | **Desirable** |
| **Cesarean Section Deliveries** | Percent of Live Births | **23.3%** | **32.4%** | **32.6%** | 0.62% | **Undesirable** |
| **White** | | **24.0%** | **34.2%** | **32.5%** | -4.97% | **Desirable** |
| **Black** | | **23.2%** | **31.9%** | **33.3%** | 4.39% | **Undesirable** |
| **Maternal Age ≥ 19 Years** | | **23.9%** | **33.3%** | **32.8%** | -1.50% | **Desirable** |
| **Maternal Age ≤ 18 Years** | | **14.8%** | **13.1%** | **18.7%** | 42.75% | **Undesirable** |

## Jefferson County Mortality Profile

Mortality is the frequency of deaths within a specific population. Table 3 presents the age-adjusted death rates for select causes of death in Jefferson County.

**Table 3.**

| Mortality Profile | | | | | | |
|---|---|---|---|---|---|---|
| **Cause of Death** | **Unit** | **Reference Data (2000)** | **Index Data (2012)** | **Endpoint Data (2017)** | **Relative Percent Change 2012-2017** | **Movement** |
| **All-Cause Mortality** | Rate / 100,000 Population | **1,017.7** | **911.7** | **964.7*** | 5.81% | **Undesirable** |
| **Male** | | **1,264.6** | **1,114.1** | **1,216.1*** | 9.16% | **Undesirable** |
| **Female** | | **845.3** | **759.6** | **766.9** | 0.96% | **Undesirable** |
| **White** | | **936.2** | **865.4** | **946.2*** | 9.34% | **Undesirable** |
| **Black** | | **1,202.0** | **1,003.2** | **998.2** | -0.50% | **Desirable** |
| **White Male** | | **1,145.6** | **1,019.2** | **1,168.1** | 14.61% | **Undesirable** |
| **Black Male** | | **1,559.6** | **1,314.0** | **1,310.4** | -0.27% | **Desirable** |
| **White Female** | | **786.6** | **745.4** | **759.3** | 1.86% | **Undesirable** |
| **Black Female** | | **972.0** | **793.2** | **773.3** | -2.51% | **Desirable** |
| **Homicide** | Rate / 100,000 Population | **17.9** | **14.8** | **26.5*** | 79.05% | **Undesirable** |
| **White** | | **4.9** | **1.9** | **5.7** | 200.00% | **Undesirable** |
| **Black** | | **36.9** | **31.8** | **52.1*** | 63.84% | **Undesirable** |
| **Suicide** | Rate / 100,000 Population | **12.2** | **13.0** | **16.2** | 24.62% | **Undesirable** |
| **White** | | **16.6** | **19.2** | **24.1** | 25.52% | **Undesirable** |
| **Black** | | **5.3** | **5.1** | **7.3** | 43.14% | **Undesirable** |
| **Childhood Mortality** | Rate / 100,000 Population Ages 1-14 Years | **22.1** | **19.8** | **35.8** | 80.81% | **Undesirable** |
| **White** | | **21.1** | **12.3** | **34.4** | 179.43% | **Undesirable** |
| **Black** | | **24.6** | **27.3** | **40.9** | 49.89% | **Undesirable** |
| **Heart Disease** | Rate / 100,000 Population | **258.4** | **200.7** | **194.6** | -3.03% | **Desirable** |
| **White** | | **250.9** | **189.9** | **187.5** | -1.28% | **Desirable** |
| **Black** | | **230.6** | **218.5** | **198.6** | -9.09% | **Desirable** |

**Table 3 (continued).**

| Cause of Death | Unit | Reference Data (2000) | Index Data (2012) | Endpoint Data (2017) | Relative Percent Change Since 2012 | Movement |
|---|---|---|---|---|---|---|
| **All Cancer** | Age-adjusted Rate / 100,000 Population | **213.6** | **175.3** | **169.0** | -3.57% | **Desirable** |
| **White** | | **203.5** | **166.3** | **160.3** | -3.63% | **Desirable** |
| **Black** | | **239.8** | **199.0** | **187.8** | -5.64% | **Desirable** |
| **Liver Cancer** | Age-adjusted Rate / 100,000 Population | **4.6** | **7.0** | **6.3** | -10.00% | **Desirable** |
| **White** | | **5.1** | **6.5** | **4.0** | -38.46% | **Desirable** |
| **Black** | | **3.6** | **8.2** | **10.3** | 25.61% | **Undesirable** |
| **Lung Cancer** | Age-adjusted Rate/ 100,000 Population | **55.9** | **32.1** | **30.6** | -4.52% | **Desirable** |
| **White** | | **58.2** | **22.2** | **22.0** | -0.81% | **Desirable** |
| **Black** | | **51.1** | **48.9** | **44.1** | -9.77% | **Desirable** |
| **Breast Cancer** | Age-adjusted Rate/ 100,000 Females | **28.4** | **26.0** | **24.9** | -3.97% | **Desirable** |
| **White** | | **26.9** | **22.6** | **25.5** | 12.84% | **Undesirable** |
| **Black** | | **31.4** | **33.3** | **24.5** | -26.49% | **Desirable** |
| **Colorectal Cancer** | Age-adjusted Rate/ 100,000 Population | **24.6** | **23.0** | **19.1** | -17.06% | **Desirable** |
| **White** | | **23.4** | **20.8** | **16.7** | -19.58% | **Desirable** |
| **Black** | | **27.7** | **27.9** | **23.6** | -15.32% | **Desirable** |
| **Prostate Cancer** | Age-adjusted Rate/ 100,000 Males | **49.8** | **24.1** | **22.0** | -8.61% | **Desirable** |
| **White** | | **39.1** | **14.2** | **14.3** | 0.74% | **Undesirable** |
| **Black** | | **78.5** | **52.7** | **37.8** | -28.28% | **Desirable** |
| **Cerebrovascular Disease** | Age-adjusted Rate / 100,000 Population | **79.9** | **54.7** | **59.5** | 8.78% | **Undesirable** |
| **White** | | **72.2** | **50.1** | **56.2** | 12.18% | **Undesirable** |
| **Black** | | **98.3** | **63.0** | **62.3** | -1.11% | **Desirable** |
| **Chronic Obstructive Pulmonary Disease** | Age-adjusted Rate / 100,000 Population | **46.4** | **40.9** | **43.7** | 6.85% | **Undesirable** |
| **White** | | **52.3** | **49.7** | **51.4** | 3.42% | **Undesirable** |
| **Black** | | **32.4** | **22.0** | **28.7** | 30.45% | **Undesirable** |

**Table 3 (continued).**

| Cause of Death | Unit | Reference Data (2000) | Index Data (2012) | Endpoint Data (2017) | Relative Percent Change 2012-2017 | Movement |
|---|---|---|---|---|---|---|
| **Unintentional Injuries** | Age-adjusted Rate / 100,000 Population | **38.6** | **39.0** | **57.2*** | 46.67% | **Undesirable** |
| **White** | | **40.4** | **45.3** | **69.8*** | 54.08% | **Undesirable** |
| **Black** | | **39.5** | **32.4** | **44.3** | 39.73% | **Undesirable** |
| **Drug-related** | (Number of Deaths) | **68** | **137** | **269** | 49.07% | **Undesirable** |
| **Motor Vehicle Accidents** | Age-adjusted Rate / 100,000 Population | **13.4** | **15.5** | **15.4** | -0.65% | **Desirable** |
| **White** | | **13.9** | **14.8** | **15.4** | -0.68% | **Desirable** |
| **Black** | | **16.1** | **16.4** | **16.5** | 0.61% | **Undesirable** |
| **Diabetes** | Age-adjusted Rate / 100,000 Population | **35.1** | **23.8** | **20.8** | -12.61% | **Desirable** |
| **White** | | **25.8** | **15.6** | **15.4** | -1.28% | **Desirable** |
| **Black** | | **58.6** | **40.5** | **29.6** | -26.91% | **Desirable** |
| **Septicemia** | Age-adjusted Rate / 100,000 Population | **18.7** | **20.8** | **21.5** | 3.37% | **Undesirable** |
| **White** | | **12.4** | **18.3** | **16.5** | -9.84% | **Desirable** |
| **Black** | | **33.6** | **26.0** | **30.8** | 18.46% | **Undesirable** |
| **Alzheimer's Disease** | Age-adjusted Rate / 100,000 Population | **21.4** | **19.6** | **41.7*** | 112.76% | **Undesirable** |
| **White** | | **22.6** | **21.3** | **43.3*** | 103.29% | **Undesirable** |
| **Black** | | **19.0** | **16.3** | **40.0*** | 145.40% | **Undesirable** |
| **Kidney Disease** | Age-adjusted Rate / 100,000 Population | **22.1** | **17.9** | **17.0** | -5.03% | **Desirable** |
| **White** | | **15.2** | **12.5** | **11.0** | -12.00% | **Desirable** |
| **Black** | | **38.7** | **28.4** | **28.3** | -0.35% | **Desirable** |
| **Pneumonia and Influenza** | Age-adjusted Rate / 100,000 Population | **27.1** | **17.2** | **22.2** | 29.07% | **Undesirable** |
| **White** | | **29.9** | **16.9** | **23.7** | 40.24% | **Undesirable** |
| **Black** | | **21.4** | **17.1** | **20.1** | 17.54% | **Undesirable** |

## Jefferson County Quality of Life and Social Determinants of Health Profiles

Table 4 presents selected indicators and data related to quality of life and social determinants of health of Jefferson County residents.

**Table 4.**

| Quality of Life / Social Determinants of Health Profiles | | | | | | |
|---|---|---|---|---|---|---|
| **Indicator** | **Unit** | **Reference Data (2000)** | **Index Data (2012)** | **Endpoint Data (2017)** | **Relative Percent Change 2012-2017** | **Movement** |
| **Life Expectancy** | Years at Birth | **71.3** | **75.4** | **74.4*** | -1.33% | **Undesirable** |
| **Male** | | **70.7** | **72.2** | **70.6*** | -2.22% | **Undesirable** |
| **Female** | | **72.0** | **78.5** | **78.1** | -0.51% | **Undesirable** |
| **White** | | **76.0** | **76.9** | **75.7*** | -1.56% | **Undesirable** |
| **Black** | | **70.5** | **73.2** | **72.7** | -0.68% | **Undesirable** |
| **White Male** | | **73.1** | **74.5** | **72.7*** | -2.42% | **Undesirable** |
| **Black Male** | | **66.3** | **68.5** | **67.6** | -1.31% | **Undesirable** |
| **White Female** | | **78.7** | **79.1** | **78.7** | -0.51% | **Undesirable** |
| **Black Female** | | **74.3** | **77.4** | **77.5** | 0.13% | **Desirable** |
| **Persons with Any Disability** | Percent of Population | **14.6%** | **14.0%** | **17.3%*** | 23.57% | **Not Applicable** |
| | Percent of Population ≥ 65 Years of Age | **41.7%** | **38.4%** | **45.2%*** | 17.71% | **Not Applicable** |
| **Persons ≥ 25 Years of Age with Less than High School Education** | Percent of Population ≥ 25 Years of Age | **14.1%** | **11.7%** | **10.0%*** | -14.53% | **Desirable** |
| **Adults Ages 25 - 44 Years with Bachelor's Degree or Higher Education Level** | Percent of Adults Ages 25 - 44 Years | **31.0%** | **37.2%** | **38.1%*** | 2.42% | **Desirable** |

**Table 4 (continued).**

| Indicator | Unit | Index Data (2000) | Endpoint Data (2012) | Endpoint Data (2017) | Relative Percent Change 2012-2017 | Movement |
|---|---|---|---|---|---|---|
| **Unemployment** | Percent of Population Ages 16 - 65 Years | **7.8%** (2005) | **9.3%** | **6.6%*** | -29.03% | **Desirable** |
| **White** | | **4.1%** (2005) | **5.4%** | **3.9%** | -27.78% | **Desirable** |
| **Black** | | **13.4%** (2005) | **14.2%** | **10.0%*** | -29.58% | **Desirable** |
| **Total Population Living at < 100% of Federal Poverty Level** | Percent of Population | **12.8%** | **18.6%** | **16.7%** | -10.22% | **Desirable** |
| **Children < 18 Years of Age** | Percent of Population | **25.3%** | **28.0%** | **23.5%** | -16.07% | **Desirable** |
| **Adults Ages 18 - 64 Years** | Percent of Population | **13.2%** (2005) | **16.7%** | **16.0%** | -4.19% | **Desirable** |
| **Adults ≥ 65 Years of Age** | Percent of Population | **N/A** | **10.9%** | **10.2%** | -6.42% | **Desirable** |
| **Total Population Living at < 200% of Federal Poverty Level** | Percent of Population | **34.9%** | **35.8%** | **34.7%*** | -3.07% | **Desirable** |
| | | | | | | |
| **Median Income** | Dollars | | | | | |
| **Household** | | **$42,013** | **$43,959** | **$50,709*** | 15.36% | **Desirable** |
| **Family** | | **$51,350** | **$58,415** | **$64,758** | 10.86% | **Desirable** |
| **Trails and Bike Lanes in Jefferson County** | Miles | | | | | |
| **On-Street Bike Infrastructure** | | **4.4** (2012) | **7.4** (2014) | **18.9** | **155.00%** | **Desirable** |
| **Multi-Use Trails** | | **12.3** (2012) | **13.4** (2014) | **92.1** | **587.00%** | **Desirable** |

## Jefferson County Healthcare Access and Utilization Profile

Table 5 presents selected indicators and data related to characteristics of health care access and utilization among Jefferson County and its residents.

**Table 5.**

| Healthcare Access And Utilization Profiles | | | | | | |
|---|---|---|---|---|---|---|
| **Indicator** | **Unit** | **Index Data (2000)** | **Endpoint Data (2012)** | **Endpoint Data (2017)** | **Relative Percent Change 2012-2017** | **Movement** |
| **Population per Mental Health Provider** | Population per Provider | **1,957** (2011) | **1,024** (2013) | **640*** (2018) | -37.50% | **Desirable** |
| **Population per Primary Care Physician** | Population per Provider | **264** (2013) | **250** (2014) | **163*** (2018) | -34.80% | **Desirable** |
| **Pap Smear Completion Rate** | Percent of Females Age ≥ 18 Years Reporting a Pap Smear in the Last 3 Years | **87.0%** (2004) | **80.6%** | **89.2%*** (2016) | 9.60% | **Desirable** |
| **Mammography Completion Rate** | Percent of Females Age ≥ 50 Years Reporting a Mammogram | **83.5%** (2006) | **84.1%** | **79.5%** (2016) | -5.47% | **Undesirable** |
| **Prostate Cancer Screening Completion Rate** | Percent of Males Age ≥ 50 Years Reporting a Prostate Cancer Screening within the last 2 Years | **63.2%** (2002) | **55.9%** | **48.7%** (2016) | -12.88% | **Undesirable** |
| **Colonoscopy/ Sigmoidoscopy** | Percent of Individuals Reporting Colonoscopy/ Sigmoidoscopy | **56.7%** (2002) | **72.5%** | **78.3%*** (2016) | 8.00% | **Desirable** |

## Jefferson County Healthcare Communicable Diseases Profile

Table 6 presents the prevalence of select communicable diseases within Jefferson County.

**Table 6.**

| Communicable Disease Prevalence Profile | | | | | | |
|---|---|---|---|---|---|---|
| **Disease** | **Unit** | **Reference Data (2000)** | **Index Data (2012)** | **Endpoint Data (2017)** | **Relative Percent Change 2012-2017** | **Movement** |
| **Chlamydia** | Rate / 100,000 Population | **543.7** | **837.6** | **914.5*** | 9.18% | **Undesirable** |
| **Gonorrhea** | Rate / 100,000 Population | **455.7** | **333.9** | **442.7*** | 32.58% | **Undesirable** |
| **Syphilis** (primary and secondary) | Rate / 100,000 Population | **3.6** | **9.4** | **14.7*** | 56.38% | **Undesirable** |
| **Tuberculosis** (TB) | Rate / 100,000 Population | **11** | **4.4** | **2.7** | -38.64% | **Desirable** |
| **Human Immunodeficiency Virus** (HIV) | Rate / 100,000 Population | **29.5** (2010) | **24.1** (2014) | **21.2*** (2016) | -12.03 | **Desirable** |

## Ten Leading Causes of Death in Jefferson County

Table 7 presents the ten causes of death within Jefferson County for the years 2003, 2012 and 2017.

**Table 7.**

| Ten Leading Causes of Death in Jefferson County | | |
|---|---|---|
| **Reference Data (2003)** | **Index Data (2012)** | **Endpoint Data (2017)** |
| **1. Heart Disease** | **1. Heart Disease** | **1. Heart Disease** |
| **2. Cancer** | **2. Cancer** | **2. Cancer** |
| **3. Cerebrovascular Disease** | **3. Cerebrovascular Disease** | **3. Cerebrovascular Disease** |
| **4. Unintentional Injuries** | **4. Chronic Lower Respiratory Disease** | **4. Unintentional Injuries** |
| **5. Chronic Lower Respiratory Disease** | **5. Unintentional Injuries** | **5. Chronic Lower Respiratory Disease** |
| **6. Diabetes** | **6. Kidney Disease** | **6. Alzheimer's Disease** |
| **7. Kidney Disease** | **7. Diabetes** | **7. Pneumonia and Influenza** |
| **8. Pneumonia and Influenza** | **8. Septicemia** | **8. Septicemia** |
| **9. Alzheimer's Disease** | **9. Alzheimer's Disease** | **9. Diabetes** |
| **10. Homicide** | **10. Pneumonia and Influenza** | **10. Homicide** |

## Factors Influencing Health in Jefferson County

Table 8 presents three significant factors influencing health in Jefferson County.

**Table 8.**

| Factors Influencing Health | | | | | | |
|---|---|---|---|---|---|---|
| **Indicator** | **Unit** | **Reference Data (2000)** | **Index Data (2012)** | **Endpoint Data (2017)** | **Relative Percent Change Since 2012** | **Movement** |
| **Current Tobacco Use** | Percent of Adult Population | **25.7%** (2002) | **20.0%** | **16.7%** | -16.50% | **Desirable** |
| **Obesity** | Percent of Adult Population | **24.4%** (2002) | **34.8%** | **37.0%** | 6.00% | **Undesirable** |
| **Binge Drinking** | Percent of Adult Population | **12.6%** (2006) | **12.2%** | **13.0%** | 3.33% | **Undesirable** |

## Analysis of Results: Desirable Findings

- The pregnancy rate for women between the ages of 10 through 19 years of age decreased from 31.8 to 20.3 pregnancies per 1,000 women in this age category; the decrease was statistically significant.

- Infant mortality in the black sub-population declined from 15.5 to 14.8 deaths per 1,000 live births between 2012 and 2017.
    - Declines in both neonatal and post-neonatal infant mortality rates were observed in the black sub-population, but the reductions were not statistically significant.
        - A non-statistically significant reduction in the rate of maternal smoking during pregnancy among women under age 19 years was observed between 2012 and 2017 in the overall, black and white sub-populations.

- All-cause mortality rates for the overall black sub-population, and for both black males and females, demonstrated slight declines between 2012 and 2017, but these rate reductions did not reach statistical significance.
    - The mortality rates from heart disease, all cancers combined, diabetes and kidney disease declined in the overall population and in both the black and white sub-populations between 2012 and 2017, but did not achieve statistical significance.
        - The mortality rate for heart disease, the leading cause of death for Jefferson County residents in 2012 and 2017, declined from an overall age-adjusted population rate of 200.7 deaths per 100,000 population in 2012 to a rate of 194.6 deaths per 100,000 in 2017.
        - The mortality rate for cancer (all types combined), the second leading cause of death for Jefferson County residents in 2012 and 2017, decreased from a 175.3 to 169.0 age-adjusted deaths per 100,000 population between 2012 and 2017.
            - Deaths from lung cancer, a disease associated with smoking, decreased from an age-adjusted rate of 32.1 deaths per 100,000 population in 2012 to 30.6 deaths per 100,000 population in 2017.
            - Deaths from colorectal cancer decreased from an age-adjusted rate of 23.0 deaths per 100,000 population in 2012 to 19.1 deaths per 100,000 population in 2017, and rate declines were observed in the black and white sub-populations.

- Mean life expectancy in Jefferson County increased in the black female sub-population by 0.1 years, a statistically insignificant change, between 2012 and 2017.

- A social determinant of health, the overall unemployment rate for the county's population between the ages of 16 and 65 years declined from 9.3% to 6.6% percent between 2012 and 2017, and the decrease is statistically significant.
    - Lower unemployment rates were observed for both the black and white sub-populations, but achieved statistical significance in the black sub-population.

- As a social determinant of health, the percentage of population age 25 years or older with less than a high school education demonstrated a statistically significant decrease between 2012 and 2017, and the percentage of adults 25 - 44 years of age with a bachelor's degree or higher education increased between 2012 and 2017, and the increase was statistically significant.

- The overall poverty rate, a social determinant of health, declined without reaching statistical significance in Jefferson County between 2012 and 2017 at the 100% Federal Poverty Level. The 100% Federal Poverty Rates declined between 2012 and 2017, but were insignificant for children and adults.

  - The percentage of population living at less than 200% of the Federal Poverty Level also decreased between 2012 and 20017 and was statistically significant.
- Both the medial household and family incomes for Jefferson County increased between 2012 and 2017. The increase in household income of $6,750 was statistically significant.

- The total miles of bike lanes and multi-use trails in Jefferson County increased between 2012 and 2017 from 16.7 total miles to 111 total miles.

- The ratio of population per mental health provider for Jefferson County demonstrated a statistically significant increase from one provider per 1,024 population in 2012 - 2013 to one provider per 640 population in 2017 - 2018.

- Between 2014 and 2018, Jefferson County's ratio of primary care providers to population declined from 250 population per provider to 163 population per provider and represents a statistically significant change.

- The percentage of women age 18 years of age and older self-reporting the receipt of a Pap smear during the previous three years rose from 80.6% in 2012 to 89.2% in 2016. This increase is statistically significant.

- The self-reported rate of individuals receiving a colonoscopy or sigmoidoscopy increased from 72.5% in 2012 to 78.3% in 2018, a statistically significant improvement.

- The disease prevalence rate for Human Immunodeficiency Virus (HIV) experienced a statistically significant reduction between 2012 and 2017.

- Self-reported tobacco use decreased from 20% of the adult population in 2012 to 16.7% in 2017; the decline did not reach statistical significance.

## Analysis of Results: Undesirable Findings

- The overall Infant mortality rate for Jefferson County increased from 9.6 deaths per 1,000 live births in 2012 to 10.5 deaths per 1,000 live births in 2017; this increase is not statistically significant.
  - While the disparity in the infant mortality rates between the black and white sub-populations narrowed from 11.2 deaths per 1,000 live births in 2012 to 8.5 deaths per 1,000 live births in 2017, this rate reduction was driven by a reduction in the black infant mortality rate and an increased rate of white infant mortality. The changes in the race-based infant mortality rates between 2012 and 2017 were not statistically significant.

  - The percentage of very low birthweight infants (<1,500 grams) and the overall percentage of pregnant women smoking during pregnancy demonstrated non-statistically significant increases between 2012 and 2017.
- The percentage of live births with adequate maternal prenatal care, based on month of pregnancy when care was initiated, demonstrated a statistically significant decline overall. Both the black and white sub-populations experienced a decreased percentage of live births with adequate prenatal care.

- The 2017 rate of births by cesarean delivery demonstrated a non-statistically significant increase from 2012. Cesarean deliveries comprised 32.6% of all births in Jefferson County during 2017.

- For Jefferson County, the all-cause, age-adjusted mortality rate increased from 911.7 deaths per 100,000 population in 2012 to 964.7 deaths per 100,000 population in 2017. The increase in the overall all-cause mortality rate reached statistical significance.
    - All-cause mortality rates increased between 2012 and 2017 among the male sub-population, for the white sub-population, regardless of sex, and for black males.
        - The increase in the all-cause mortality rate was statistically significant for the overall sub-population of males and the white sub-population.
    - The overall mortality rates from cerebrovascular disease, chronic obstructive pulmonary disease, septicemia and pneumonia and influenza demonstrated non-statistically significant increases between 2012 and 2017.
    - A statistically significant increase in the homicide rate was observed between 2012, with a rate of 14.8 homicides per 100,000 population, and 2017, with 26.5 homicides per 100,000 population.
    - The increased homicide rate between 2012 and 2017 was statistically significant for the black sub-population.
    - The overall suicide rate for Jefferson County residents increased from 13.0 to 16.2 per 100,000 population between 2012 and 2017, but the increase is not statistically significant. The suicide rate increased in the black and white sub-populations.
    - The 2017 mortality rate from unintentional injuries increased statistically significantly from an age-adjusted rate of 39.0 per 100,000 population in 2012 to a rate of 57.2 per 100,000 population in 2017. This increase has been influenced by the higher number of overdose related deaths which nearly doubled between 2012 and 2017.
    - The rate of mortality from unintentional injuries increased statistically significantly for the white sub-population between 2012 and 2017.

  - Alzheimer's disease mortality rates for the overall population and for the black and white sub-populations of Jefferson County demonstrated statistically significant increases between 2012 and 2017. Alzheimer's disease, the sixth leading cause of death in 2017, was the ninth leading cause of death in Jefferson County during 2012.

- Life expectancy decreased for the residents of Jefferson County from an average of 75.4 years in 2012 to 74.4 years in 2017, a statistically significant reduction.
  - Reductions in life expectancy between 2012 and 2017 among the male sub-population at 1.6 years, the white sub-population with a loss of 1.2 years, and the white male sub-population at a loss of 1.8 years, reached statistical significance for each group.

- Non-statistically significant decreased rates of mammography and prostate cancer screening completion for females and males, respectively, over the age of 50 years were observed. These declines may be the result of changes in screening guidelines at the national level.

- Prevalence rates for the sexually transmitted diseases chlamydia, gonorrhea and primary and secondary syphilis demonstrated statistically significant increases between 2012 and 2017.

- The rate of adult obesity increased from 34.8% to 37.0% between 2012 and 2017, but was not statistically insignificant.

- The rate of binge drinking among the adult population increased from 12.2% in 2012 to 13.0% in 2017; this increase was not statistically significant.

## Implications for Health Equity

This summary demonstrates continued health disparities within Jefferson County based on race and sex for many of the indicators included in this report. Overall infant mortality and neonatal mortality were statistically significantly higher among black infants than in white infants. The percentage of live births with adequate prenatal care was statistically significantly lower, and the percentage of very low birth weight infants was statistically higher among black mothers. The percentage of maternal smoking during pregnancy, however, was statistically higher in white mothers.

The all-cause mortality rate for black males was statistically significantly higher than for white males. Deaths from homicide and suicide, while higher in both the black and white sub-populations in 2017 as compared to 2012, were statistically significantly higher in the black sub-population.

Although mortality rates from heart disease, diabetes and kidney disease declined for the black and white sub-populations between 2012 and 2017; the mortality rates for the black sub-population were statistically significantly higher than for the white sub-population. Statistically significant race-based mortality disparities were also observed for prostate cancer, chronic obstructive pulmonary disease, septicemia and Alzheimer's disease, with the black sub-population experiencing a higher death rate from prostate cancer and septicemia. Mortality rates from chronic obstructive pulmonary disease and Alzheimer's disease were statistically significantly higher for the white sub-population.

Despite the continuation of health disparities between the black and white sub-populations, the gap between rates of prevalence or mortality by race were diminished between 2012 and 2017 for overall infant, neonatal and post-neonatal mortality, maternal smoking during pregnancy and cesarean deliveries. Decreases in the gap between mortality between the black and white sub-populations were also observed from all-cause mortality, childhood mortality, and deaths from heart disease, all cancers combined, lung, breast, colorectal and prostate cancers, cerebrovascular disease, chronic obstructive pulmonary disease, motor vehicle accidents, diabetes, Alzheimer's and kidney disease.

[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 and Sentinel Events.

[ii] Sources of data 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, the American Communities Survey, School Systems in Jefferson County, 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 report.