

# Executive Summary: Community Context Assessment (CCA)

## Overview of the Community Context Assessment

The Community Context Assessment (CCA) is one of three core assessments of the Mobilizing for Action through Planning and Partnerships (MAPP) framework developed by the National Association of County and City Health Officials. The CCA is designed to ground community health improvement efforts in a deep understanding of local realities. Its purpose is to explore the social, economic, historical, and environmental conditions that shape community health, while also illuminating barriers and the assets that can support collective action.

Participant recruitment followed a purposive sampling strategy to ensure representation across key demographic groups with additional outreach to populations experiencing health inequities. Recruitment methods included partner referrals and community organization outreach. Seven focus groups were held that consisted of 4–16 participants and two community conversations with up to 35 participants were held in July and August 2025. Focus groups and Community Conversations were facilitated by a trained moderator using a semi-structured discussion guide. The guide included open-ended questions and prompts to explore perceptions of community strengths and assets, the built environment and forces of change. All discussions were audio-recorded with participant consent and supplemented by detailed notes. Recordings were transcribed and analyzed using qualitative data analysis tools including Co-Pilot and Metopio.

Communities across Jefferson County, Alabama describe a shared vision for health and well-being—one rooted in safety, connection, dignity, and equitable access to essential resources. Yet, the lived experiences of residents reveal deep disparities shaped by geography, income, language access, transportation, and long-standing structural inequities. The following narrative synthesizes themes gathered from focus groups and community conversations with diverse stakeholders, including families, youth-serving organizations, immigrant communities, seniors, disability service providers, and healthcare partners.

## Overview of Community Strengths

Despite significant challenges, the community demonstrates strong internal resilience. Faith-based organizations, nonprofits, neighborhood groups, and local health centers serve as trusted anchors. Parks, libraries, and community centers offer meaningful engagement opportunities where they exist. Many communities benefit from food distribution programs, school partnerships, and youth development initiatives. Grassroots problem-solving and volunteerism remain powerful assets, especially in times of crisis.

These strengths underscore a community eager to participate in its own healing and growth—yet consistently under-resourced and fragmented in its support systems.

## Key Barriers to Health and Well-Being

### 1. Transportation Barriers

Transportation emerged as one of the most pervasive obstacles. Residents report limited public transit routes, inconsistent service schedules, and long travel distances to jobs, healthcare, and essential services. In rural communities, transportation gaps are even more pronounced, leaving seniors, people with disabilities, and low-income families unable to access reliably care, programs, or employment. Caregivers frequently miss work simply to take loved ones to appointments.

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#### *Transportation Is One of the Most Consistent Barriers*

*Notes from almost every stakeholder group mention:*

- *Limited/broken public transit*
- *High cost of rideshare*
- *Rural isolation*
- *Caregivers forced to take off work because of transportation needs*

*Insight: Public transit is a universal barrier affecting healthcare, employment, childcare, and food access.*

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### 2. Fragmented Healthcare Access

Residents described healthcare as difficult to navigate, often expensive, and not culturally or linguistically accessible. Residents experienced long waitlists for mental health services, developmental evaluations, behavioral health treatment, early intervention supports, and specialty care create delays that worsen health outcomes. Many individuals—especially immigrants, those without insurance, and families with low income—experience fear, stigma, or confusion about how to access services. Provider shortages, clinic closures, and rushed appointments further erode trust and quality of care.

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#### *Healthcare Accessibility Is Fragmented and Often Inequitable*

*Participants described:*

- *Lack of bilingual staff*
- *Long waitlists for evaluations, mental health, or specialty care*
- *Pressure, disrespect, or rushed care experiences*
- *Limited insurance coverage and high out of pocket costs*
- *Decline or closure of women's health services and rural hospitals*

*Insight: The system feels complex, inaccessible, and unequally distributed.*

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### **3. Language, Digital, and Information Gaps**

Language barriers and limited interpreter availability create major obstacles in schools, clinics, and social service agencies. Many resources are communicated exclusively through digital platforms, exacerbating inequities among older adults, low-income residents, and those with limited technology access. Even when services exist, residents often remain unaware due to inconsistent communication, complex eligibility rules, and the absence of a centralized, updated resource hub.

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#### ***Information, Digital Access, and Language Gaps Deepen Inequities***

*Communities struggle with:*

- *Technology literacy*
- *Digital only applications or communication*
- *Language barriers and lack of interpreters*
- *Outdated or inconsistent resource information*

*Insight: Information inequity is as significant as income inequity.*

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### **4. Economic Instability and Cost of Living**

Families across all groups report rising housing costs, utility bills, childcare expenses, and medical costs. Affordable childcare is scarce, with long waitlists and strict eligibility requirements that often exclude vulnerable families most in need. Low wages for educators, caregivers, and service workers contribute to workforce shortages that ripple across the health and social support landscape. Food insecurity persists due to high grocery prices, lack of local grocery stores, and transportation barriers to existing resources.

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#### ***Economic Stress Touches Every Dimension of Health***

*Themes include:*

- *Rising housing costs + gentrification*
- *Underfunded childcare + long waitlists*
- *Low wages for teachers, caregivers, direct service workers*
- *Utility and grocery cost spikes*
- *Predatory financial practices*

*Insight: Families are stretched thin; economic strain fuels nearly every barrier.*

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## 5. Built Environment Disparities

Neighborhood conditions vary dramatically. Some communities have safe parks, sidewalks, recreation centers, and grocery stores; others face abandoned lots, unsafe streets, inadequate lighting, pollution concerns, and the absence of green spaces. These environmental inequities limit physical activity, community connection, and access to healthy food. Families in high-crime areas report chronic stress, fear of outdoor play, and reduced quality of life.

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### *Built Environment Inequities Shape Daily Life*

*People described:*

- *Some areas with excellent parks, sidewalks, and centers*
- *Other areas with unsafe parks, no grocery stores, and no childcare*
- *Displacement from redevelopment*
- *Environmental hazards in certain neighborhoods*

*Insight: Geography predicts opportunity and health far more than it should.*

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## 6. Social and Safety Challenges

Gun violence, drug activity, and community instability were named frequently as threats to both physical and emotional health. Youth in under-resourced neighborhoods experience limited structured activities, mentorship, or safe outlets, increasing vulnerability to violence, exploitation, and trauma. Social isolation—especially among seniors, caregivers, people with disabilities, and immigrant communities—further compounds stress and mental health concerns.

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### *Forces of Change Increasing Community Stress*

*Recurring forces include:*

- *Cuts to social services and mental health funding*
- *Rising healthcare and housing costs*
- *Policy changes affecting immigrants*
- *Declining childcare workforce*
- *Technology shifts reducing human interaction*
- *Climate related disasters*
- *Increased gun/drug related safety concerns*

*Insight: Structural and policy shifts are intensifying vulnerability across populations.*

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## Emerging Needs and Opportunities for Action

Communities consistently identified a set of urgent, interconnected priority needs. Families emphasized the importance of **centralized resource navigation**, calling for a real-time, multilingual hub to help them understand services, referrals, eligibility, and waitlists. They also highlighted the need for **expanded transportation solutions**, including affordable, reliable, and inclusive options—especially door-to-door support for seniors, people with disabilities, and households without vehicles. Access to **high-quality, culturally responsive healthcare** emerged as another critical priority, with strong support for mobile health units, bilingual services, and trauma-informed mental health care. Residents stressed the necessity of **strengthening childcare and early childhood systems** through investments in subsidies, workforce compensation, specialized supports, and accessible, high-quality programs. Communities also expressed a desire for **safe, inclusive public spaces**, such as well-maintained parks, recreation centers, and sensory-friendly environments that foster connection and joy. To support long-term stability, families called for **workforce development and financial literacy programs** that build job readiness and pathways to economic independence. Finally, across all sectors, residents underscored the need for **policy advocacy and better systems coordination**, urging the removal of barriers in housing, immigration, mental health, education, and disability services, along with simpler, more unified application processes to reduce strain on families and service providers.

## Conclusion

The community is rich in strengths, resilience, and collaborative spirit, yet continues to face entrenched inequities that limit health, safety, and opportunity. Transportation challenges, inequitable access to healthcare, communication barriers, high living costs, and neighborhood disparities shape daily experiences for families across the region. Addressing these needs requires coordinated, cross-sector action that centers the voices of those most affected.

With strategic investment, inclusive planning, and improved communication infrastructure, the community has the capacity not only to meet its residents' needs, but to become a model for equity-driven, community-led change.