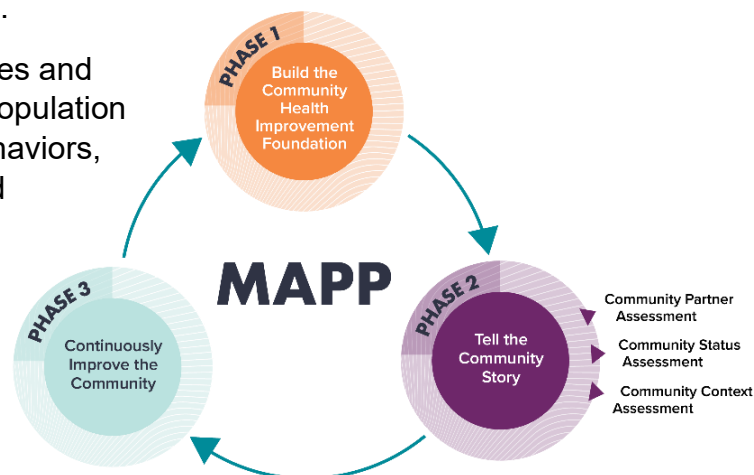


Community Status Assessment Executive Summary

The Community Status Assessment is one of three assessments conducted as part of a community health strategic planning process called Mobilizing for Action through Planning and Partnerships (MAPP).

The Community Status Assessment identifies and monitors quantitative indicators related to population demographics, health outcomes, health behaviors, quality of life, and the social, economic, and environmental determinants of health that influence individual and community health. The Community Status Assessment addresses the following questions:

- *How healthy are our residents?*
- *What does the health status of the community look like?*



The Community Status Assessment conducted by the Jefferson County Department of Health during 2025-2026 identified and evaluated 75 indicators across 10 categories of community health data from a variety of national, state, and local primary and secondary sources. Where sufficient data were available, trends were analyzed to assess changes in community health status over time.

This executive summary highlights a subset of these indicators; findings for all assessed indicators will be presented 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 2017, and the endpoint year is 2024. 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 of Jefferson County residents by sex, race, ethnicity, and age, comparing the 2024 population with the 2017 population. These data illustrate population changes and demographic trends from 2000 to 2024.

Table 1.

Jefferson County Demographic Profile					
Indicator	Unit	2000	2017	2024	Relative Percent Change 2017 - 2024
Total Population	Count	662,033	659,197	664,744	0.84%
Male	Percent of Population	47.2	47.2	47.4	0.42%
Female	Percent of Population	52.8	52.8	52.6	-0.38%
White	Percent of Population	58.6	51.7	47.8*	-7.54%
Black	Percent of Population	39.6	43.0	41.7*	-3.02%
All Other Races	Percent of Population	1.8	3.8	4.9*	28.95%
Hispanic	Percent of Population	1.6	3.9	5.9*	51.28%
Non-Hispanic	Percent of Population	98.4	96.1	94.1*	-2.08%
Age ≤ 19 Years	Percent of Population	27.5	25.4	25.5	0.39%
Age 20 to 64 Years	Percent of Population	58.9	59.3	57.0*	-3.88%
Age > 65 Years	Percent of Population	13.6	15.3	17.5*	14.38%

Source: U.S. Census Bureau, ACS 5-Year Estimates, 2024

Ten Leading Causes of Death in Jefferson County

Table 2 presents the ten leading causes of death in Jefferson County for the years 2003, 2017, and 2024.

Table 2.

Jefferson County's Ten Leading Causes of Death		
Reference Data (2003)	Index Data (2017)	Endpoint Data (2024)
1. Heart Disease	1. Heart Disease	1. Heart Disease
2. Cancer	2. Cancer	2. Cancer
3. Cerebrovascular Disease	3. Cerebrovascular Disease	3. Unintentional Injuries
4. Unintentional Injuries	4. Unintentional Injuries	4. Cerebrovascular Disease
5. Chronic Lower Respiratory Disease	5. Chronic Lower Respiratory Disease	5. Chronic Lower Respiratory Disease
6. Diabetes	6. Alzheimer's Disease	6. Alzheimer's Disease
7. Kidney Disease	7. Pneumonia and Influenza	7. Homicide
8. Pneumonia and Influenza	8. Septicemia	8. Malnutrition
9. Alzheimer's Disease	9. Diabetes	9. Septicemia
10. Homicide	10. Homicide	10. Diabetes

Source: Alabama Department of Public Health, 113 Causes of Death by County of Residence, Race and Sex, 2024

Jefferson County Mortality Profile

Mortality is an important indicator of community health and is defined as the frequency of deaths within a specific population during a given period (County Health Rankings & Roadmaps, 2025). Table 3 presents the age-adjusted death (mortality) rates for selected causes of death in Jefferson County.

Table 3.

Jefferson County Mortality Profile						
Cause of Death	Unit	Reference Data (2000)	Index Data (2017)	Endpoint Data (2024)	Relative Percent Change 2017-2024	Movement
All-Cause Mortality	Age-adjusted Rate / 100,000 Population	1,023.2	949.9	908.7*	-4.34%	Desirable
Male		1,272.0	1,171.0	1,127.8	-3.69%	Desirable
Female		849.8	774.6	729.9*	-5.77%	Desirable
White		937.8	921.2	887.7*	-3.64%	Desirable
Black		1,207.3	1,013.0	1,029.7	1.65%	Undesirable
Heart Disease	Age-adjusted Rate / 100,000 Population	259.8	195.6	187.2	-4.29%	Desirable
White		52.0	188.5	183.1	-2.87%	Desirable
Black		278.9	201.5	211.1	4.76%	Undesirable
All Cancer	Age-adjusted Rate / 100,000 Population	214.6	169.1	146.2*	-13.54%	Desirable
White		256.8	161.4	145.3*	-9.98%	Desirable
Black		195.9	188.9	162.2*	-14.13%	Desirable
Lung Cancer	Age-adjusted Rate/ 100,000 Population	59.4	43.7	25.6*	-41.42%	Desirable
White		74.3	44.4	26.1*	-41.22%	Desirable
Black		41.3	43.9	27.0*	-38.50%	Desirable
Pancreatic Cancer	Age-adjusted Rate/ 100,000 Population	10.4	12.6	14.7	16.67%	Undesirable
White		8.7	11.7	14.0	19.66%	Undesirable
Black		13.9	14.6	17.1	17.12%	Undesirable
Blood Cancers	Age-adjusted Rate/ 100,000 Population	21.0	14.9	13.7	-8.05%	Desirable
White		21.5	16.1	16.0	-0.62%	Desirable
Black		19.6	13.0	11.5	-11.54%	Desirable

Source: CDC WONDER Multiple Cause of Death Files; U.S. Census Bureau Population Estimates Program, 2017-2024.

Table 3 (continued).

Cause of Death	Unit	Reference Data (2000)	Index Data (2017)	Endpoint Data (2024)	Relative Percent Change 2017-2024	Movement
Breast Cancer	Age-adjusted Rate/ 100,000 Females	16.7	24.9	22.9	-8.03%	Desirable
White		15.2	26.0	20.9	-19.62%	Desirable
Black		18.9	21.6	26.5	22.69%	Undesirable
Unintentional Injuries	Age-adjusted Rate / 100,000 Population	41.2	60.9	79.5*	30.54%	Undesirable
White		44.4	76.7	82.8	7.95%	Undesirable
Black		37.1	47.0	90.1*	91.70%	Undesirable
Drug-related	(Number of Deaths)	68	269	329*	22.31%	Undesirable
Motor Vehicle Accidents	Age-adjusted Rate / 100,000 Population	14.2	15.0	17.7	18.00%	Undesirable
White		13.6	15.1	15.7	3.97%	Undesirable
Black		14.4	16.1	23.6*	46.58%	Undesirable
Cerebrovascular Disease	Age-adjusted Rate / 100,000 Population	79.9	60.0	53.7	-10.50%	Desirable
White		72.2	56.4	48.8	-13.48%	Desirable
Black		98.3	63.7	65.6	3.00%	Undesirable
Chronic Lower Respiratory Disease	Age-adjusted Rate / 100,000 Population	50.1	42.9	34.0*	-20.75%	Desirable
White		69.0	51.1	40.6*	-20.55%	Desirable
Black		26.0	28.2	25.7	-8.87%	Desirable
Alzheimer's Disease	Age-adjusted Rate / 100,000 Population	22.5	42.3	24.7*	-41.61%	Desirable
White		24.2	43.4	29.8*	-31.34%	Desirable
Black		19.0	42.0	18.7*	-55.48%	Desirable
Homicide	Age-adjusted Rate / 100,000 Population	17.9	26.0	30.5*	17.31%	Undesirable
White		4.9	5.1	7.3	43.14%	Undesirable
Black		36.9	52.4	63.7*	21.66%	Undesirable
Malnutrition	Age-adjusted Rate / 100,000 Population	2.2	7.1	21.3*	200.00%	Undesirable
White		1.9	6.6	25.5*	286.36%	Undesirable
Black		3.2	8.6	15.7*	82.56%	Undesirable
Septicemia	Age-adjusted Rate / 100,000 Population	19.6	21.6	18.9	-12.50%	Desirable
White		15.4	16.6	16.6	0.00%	Static
Black		27.2	31.2	25.0*	-19.87%	Desirable
Diabetes	Age-adjusted Rate / 100,000 Population	35.2	20.9	18.7	-10.53%	Desirable
White		26.0	15.5	12.2*	-21.29%	Desirable
Black		58.6	30.0	29.8	-0.67%	Desirable

Source: CDC WONDER Multiple Cause of Death Files; U.S. Census Bureau Population Estimates Program, 2017-2024.

Jefferson County Natality Profile

Table 4 presents maternal and infant health indicators for Jefferson County, including measures of natality, prenatal care, birth outcomes, and infant mortality.

Table 4.

Jefferson County Natality Profile						
Indicator	Unit	Reference Data (2000)	Index Data (2017)	Endpoint Data (2024)	Relative Percent Change 2017-2024	Movement
Women of Child-Bearing Age (15 - 44 years)	Percent of Female Population Ages 15 – 44 Years	42.6%	38.9%	39.7%	2.06%	Not Applicable
Pregnancy Rate (ages 15 - 44 years)	Per 1,000 Female Population Ages 15 – 44 Years	97.2	90.9	72.4*	-20.35%	Not Applicable
Pregnancy Rate (ages 10 - 19 years)	Per 1,000 Female Population Ages 10 – 19 Years	47.8	19.6	11.3* (2023)	-42.35%	Desirable
Fertility Rate (live births among women ages 15 – 44 years)	Per 1,000 Female Population Ages 15 – 44 Years	64.1	64.3	56.7	-11.82%	Not Applicable
Fertility Rate (live births among women ages 10 - 19 years)	Per 1,000 Female Population Ages 10 – 19 Years	30.6	12.7	8.0	-37.01%	Not Applicable
Infant Mortality Rate (death occurring at < 365 days of life for birth cohort)	Per 1,000 Live Births	12.1	10.5	7.2*	-31.43%	Desirable
White		6.8	6.3	3.3*	-47.62%	Desirable
Black and Other		18.4	14.9	12.6	-15.44%	Desirable
Neonatal Mortality Rate (death occurring at < 28 days after birth)	Per 1,000 Live Births	8.5	6.8	3.9*	-42.65%	Desirable
White		4.6	3.4	5.2* (2023)	52.94%	Undesirable
Black and Other		13.0	10.4	9.6 (2023)	-7.69%	Desirable
Post-neonatal Mortality Rate (death occurring between 28-364 days after birth)	Per 1,000 Live Births	3.7	3.7	3.3	-10.81%	Desirable
White		2.2	2.9	1.1* (2023)	-62.07%	Desirable
Black and Other		5.4	4.5	5.5 (2023)	22.22%	Undesirable

Table 4 (continued).

Indicator	Unit	Reference Data (2000)	Index Data (2017)	Endpoint Data (2024)	Relative Percent Change 2017-2024	Movement
Adequate Prenatal Care	Percent of Live Births with Appropriate Care Based on Month of Entry into Prenatal Care	76.2%	70.4%	77.6%	9.80%	Desirable
White		80.1%	73.6%	80.7%	9.65%	Desirable
Black		71.8%	66.6%	72.9%	9.46%	Desirable
Very Low Birthweight (<1,500 grams)	Percent of Live Births	2.3%	2.1%	1.7%	-19.05%	Desirable
White		1.2%	1.0%	1.0%	0.00%	Static
Black		3.6%	3.8%	2.8%*	-26.32%	Desirable
Maternal Smoking During Pregnancy	Percent of Live Births	8.1%	5.6%	1.8%*	-67.86%	Desirable
White		10.9%	6.9%	2.1%*	-69.57%	Desirable
Black		5.2%	4.4%	1.5%*	-65.91%	Desirable
Maternal Smoking During Pregnancy (Age 18 Years and Older)	Percent of Live Births	8.3%	5.5%	1.8%*	-67.27%	Desirable
White		10.7%	6.9%	2.1%*	-69.57%	Desirable
Black		5.6%	4.5%	1.5%*	-66.67%	Desirable
Maternal Smoking During Pregnancy (Under Age 18 Years)	Percent of Live Births	5.6%	2.4%	0.0%	-100.00%	Desirable
White		17.3%	8.1%	0.0%	-100.00%	Desirable
Black		1.4%	0.0%	0.0%	-100.00%	Static
Cesarean Section Deliveries	Percent of Live Births	23.3%	32.6%	34.1%	4.60%	Undesirable
White		24.0%	32.4%	32.0%	-1.23%	Desirable
Black		23.2%	33.1%	37.4%	12.99%	Undesirable
Maternal Age ≥ 19 Years		23.9%	31.3%	33.2%	6.07%	Undesirable
Maternal Age ≤ 18 Years		14.8%	18.5%	22.7%	22.70%	Undesirable

Source: Alabama Department of Public Health, Alabama Center for Health Statistics, 2023 and 2024

Jefferson County Quality of Life and Disability Status Profiles

Table 5 presents selected indicators and data related to the quality of life and disability status of Jefferson County residents.

Table 5.

Jefferson County Quality of Life and Disability Status Profiles						
Indicator	Unit	Reference Data (2000)	Index Data (2017)	Endpoint Data (2024)	Relative Percent Change 2017-2024	Movement
Life Expectancy	Years at Birth	71.3	74.4	73.8* (2023)	-0.81% (2023)	Undesirable
Male		70.7	71.1	71.3 (2023)	0.28% (2023)	Desirable
Female		72.0	78.0	78.3 (2023)	0.38% (2023)	Desirable
White		76.0	75.8	74.9* (2023)	-1.19% (2023)	Undesirable
Black		70.5	73.0	69.6* (2023)	-4.76% (2023)	Undesirable
Persons with Any Disability	Percent of Population	14.6%	17.3%	15.3%	-11.56%	Not Applicable
	Percent of Population ≥ 65 Years of Age	41.7%	45.2%	37.7%	-16.59%	Not Applicable
Unhealthy Mental Health Days	Percent of Adults Reporting Mentally Unhealthy Days in the Past 30 Days	3.5% (2003)	4.7%	5.5% (2023)	17.02% (2017-2023)	Undesirable
Unhealthy Physical Days	Percent of Adults Reporting Physically Unhealthy Days in the Past 30 Days	4.0% (2003)	4.4%	3.7% (2023)	-15.91% (2017-2023)	Desirable
Self-Reported Fair/Poor Health	Percent of Adult Population	16.6% (2002)	19.8%	20.3% (2023)	2.53% (2017-2023)	Undesirable

Sources: County Health Rankings & Roadmaps (2025); U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimates, Table S1810: Disability Characteristics (2024)

Jefferson County Education and Limited English Proficiency Profile

Table 6 presents selected indicators and data on educational attainment, educational outcomes, and limited English proficiency among Jefferson County residents.

Table 6.

Jefferson County Education and Limited English Proficiency Profile						
Indicator	Unit	Reference Data (2000)	Index Data (2017)	Endpoint Data (2024)	Relative Percent Change 2017-2024	Movement
Persons ≥ 25 Years of Age with Less than a High School Education	Percent of Population ≥ 25 Years of Age	18.1%	10.1%	7.8%*	-22.77%	Desirable
Adults Ages 25 - 44 Years with a Bachelor's Degree or Higher Education Level	Percent of Population Ages 25 - 44 Years	31.0% (2005)	40.0%	44.4%*	11.00%	Desirable
Public High School Drop-Out Rate	Percent of High School Students	0.6% (2014-2015)	4.6% (2017-2018)	3.0%* (2024-2025)	-34.78%	Desirable
Preschool Enrollment	Percent of Population Ages 3-4 Years	6.8%	7.3%	6.0%	-17.81%	Undesirable
Limited English Proficiency Households	Percent of Households	1.7%	1.2%	1.2%	0.00%	Not Applicable
Limited English Proficiency Among Spanish - Speaking Households	Percent of Households	37.7%	25.4%	19.9%	-21.65%	Not Applicable
Limited English Proficiency Among Asian and Pacific Island Language-Speaking Households	Percent of Households	32.6%	22.0%	9.6%	-56.36%	Not Applicable

Sources: Alabama State Department of Education (ALSDE); U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimates, Tables S1401, S1501, and S1602 (2024)

Jefferson County Economic Stability Profile

Table 7 presents selected indicators and data related to economic conditions and socioeconomic conditions among Jefferson County residents.

Table 7.

Jefferson County Economic Stability Profile						
Indicator	Unit	Reference Data (2000)	Index Data (2017)	Endpoint Data (2024)	Relative Percent Change 2017-2024	Movement
Unemployment	Percent of Population Ages 16 - 65 Years	3.9%	6.6%	3.8%*	-42.42%	Desirable
White		2.4%	3.9%	2.6%*	-33.33%	Desirable
Black		6.2%	10.0%	5.5%*	-45.00%	Desirable
Total Population Living at < 100% of Federal Poverty Level	Percent of Population	12.8%	16.8%	13.8%*	-17.86%	Desirable
Children < 18 Years of Age	Percent of Population	25.3%	23.5%	18.5%*	-21.28%	Desirable
Adults Ages 18 - 64 Years	Percent of Population	13.2% (2005)	16.0%	12.1%*	-24.38%	Desirable
Adults ≥ 65 Years of Age	Percent of Population	12.5% (2007)	10.2%	13.4%*	31.37%	Undesirable
Total Population Living at < 200% of Federal Poverty Level	Percent of Population	34.9%	34.7%	30.2%	-12.97%	Desirable
Median Income	Dollars					
Household	Dollars	\$42,013	\$50,709	\$69,346*	36.75%	Desirable
Family	Dollars	\$51,350	\$64,758	\$91,767*	41.71%	Desirable
Food Insecurity	Percent of Households	17.9% (2009)	17.8%	16.4%	-7.87%	Desirable
Children < 18 Years of Age	Percent of Population	20.4% (2010)	20.8%	23.7%	13.94%	Undesirable

Table 7. (continued)

Indicator	Unit	Reference Data (2000)	Index Data (2017)	Endpoint Data (2024)	Relative Percent Change 2017-2024	Movement
Income Inequality – Gini Coefficient Index	Percent of Household Income Inequality	49.4% (2006)	50.5%	48.9%	-3.17%	Desirable
Economic Segregation – Area Deprivation Index	Socioeconomic Disadvantage Ranking of 1 to 100	58.93 (2015)	61.21 (2019)	62.49	2.12%	Undesirable
Residential Segregation Among Black and White Residents	Index Ranging from 0 to 100	67 (2014-2018)	68 (2017-2021)	64 (2020-2024)	-5.88%	Desirable

Sources: U.S. Census Bureau ACS Tables S2301, S1703, B19083, and S1501; Feeding America; HDPulse Residential Segregation (Black/White); Neighborhood Atlas Area Deprivation Index (ADI), 2024.

Jefferson County Housing, Transportation, and Built Environment Profile

Table 8 presents selected indicators related to housing, transportation, food access, environmental conditions, and other neighborhood and built environment factors that influence the health and well-being of Jefferson County residents.

Table 8.

Jefferson County Housing, Transportation, and Built Environment Profile						
Indicator	Unit	Reference Data (2000)	Index Data (2017)	Endpoint Data (2024)	Relative Percent Change 2017-2024	Movement
Housing Cost Burden (30% or more of income spent on housing)	Rate/ 100,000 Population	37.0 (2011)	29.5	31.4	6.44%	Undesirable
Broadband Access	Rate / 100,000 Population	70.9 (2015)	81.3	94.0*	15.62%	Desirable
Access to a Park	Rate / 100,000 Population	29.9 (2010)	21.5 (2015)	41.8* (2020)	94.42%	Desirable
Particulate Matter (PM_{2.5}) Concentration	Annual Average Concentration (µg/m ³)	13.3 (2008)	10.8	10.2 (2020)	-5.56%	Desirable
Food Environment Index	Index Score (0-10)	6.0 (2012)	6.3	6.8 (2023)	7.94%	Desirable
Work Commuting Patterns						
Mean Travel Time to Work	Minutes	23.6 (2005)	24.1	24.5	1.66%	Undesirable
Work From Home Without Commuting	Percent of Workforce ≥ 16 Years of Age	2.6% (2006)	3.7%	10.0%*	170.27%	Desirable
Drive Alone to Work	Percent of Workforce ≥ 16 Years of Age	83.3% (2006)	82.9%	78.5%*	-5.31%	Desirable
Carpool to Work	Percent of Workforce ≥ 16 Years of Age	11.0% (2006)	9.4%	7.6%*	-19.15%	Undesirable

Table 8. continued

Indicator	Unit	Reference Data (2000)	Index Data (2017)	Endpoint Data (2024)	Relative Percent Change (2017-2024)	Movement
Active Transportation to Work (Walking, Biking, or Public Transit)	Percent of Workforce $\geq$ 16 Years of Age	2.7% (2006)	3.0%	2.6%*	-13.33%	Undesirable

Sources: U.S. Census Bureau ACS Tables S2503, S2801, and S0801 (2024); Environmental Protection Agency AirData; County Health Rankings & Roadmaps; USDA Food Environment Atlas; Feeding America, Map the Meal Gap.

Jefferson County Healthcare Access and Quality Profile

Table 9 presents selected indicators and data related to characteristics of healthcare access and utilization by Jefferson County residents.

Table 9.

Jefferson County Healthcare Access and Quality Profiles						
Indicator	Unit	Reference Data (2000)	Index Data (2017)	Endpoint Data (2024)	Relative Percent Change 2017-2024	Movement
Population per Mental Health Provider	Population per Provider	1,957 (2008)	690	370	-46.38%	Desirable
Population per Primary Care Physician	Population per Provider	1,029 (2010)	930	890 (2022)	-4.30%	Desirable
Population per Dentist	Population per Provider	1,538 (2007)	1,130	1,060 (2022)	-6.20%	Desirable
Population Without Health Insurance	Percent of Population Ages 0-64 Years	14.1% (2010)	9.2%	9.6%	4.35%	Undesirable
Pap Smear Completion Rate	Percent of Females Age ≥ 18 Years Reporting a Pap Smear in the Last 3 Years	87.0% (2004)	89.2% (2016)	93.6%	4.93%	Desirable
Mammography Completion Rate	Percent of Females Ages 40 - 74 Years Reporting a Mammogram in the Last 2 Years	83.5% (2006)	79.5% (2016)	81.0%	1.89%	Desirable
Prostate Cancer Screening Completion	Percent of Males Age ≥ 50 Years Reporting a Prostate Cancer Screening within the Last 2 Years	63.2% (2002)	48.7% (2016)	55.1% (2020)	13.14%	Desirable

Table 9. (continued)

Colorectal Cancer Screening Completion	Percent of Population Ages 45 - 75 Reporting a Colonoscopy/ Sigmoidoscopy within the Past 10 Years	60.0% (2002)	69.3% (2018)	67.2% (2022)	-3.03%	Undesirable
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Sources: County Health Rankings & Roadmaps; Alabama Department of Public Health; and CDC PLACES, 2025 Release.

Jefferson County Communicable Diseases Profile

Table 10 presents the prevalence of selected communicable diseases among Jefferson County residents.

Table 10.

Jefferson County Communicable Diseases Profile						
Disease	Unit	Reference Data (2000)	Index Data (2017)	Endpoint Data (2024)	Relative Percent Change 2017-2024	Movement
Sexually Transmitted Infection Incidence	Rate/ 100,000 Population	1003.0	1412.6	1315.6* (2023)	-6.87%	Desirable
Chlamydia	Rate / 100,000 Population	543.7	914.3	852.9* (2023)	-6.72%	Desirable
Gonorrhea	Rate / 100,000 Population	455.7	442.7	355.9* (2023)	-19.61%	Desirable
Syphilis (Primary and Secondary)	Rate / 100,000 Population	3.6	14.7	44.2* (2023)	200.7%	Undesirable
New Human Immunodeficiency Virus (HIV) Diagnoses	Rate / 100,000 Population	33.5 (2010)	25.4	22.2 (2024)	-12.6%	Desirable
Tuberculosis (TB)	Rate / 100,000 Population	10.7	2.7	1.7 (2023)	-37.04%	Desirable

Source: CDC AtlasPlus, 2025 Release

Factors Influencing Health in Jefferson County

Table 11 presents selected behavioral and chronic disease risk factors that influence the health and well-being of Jefferson County residents.

Table 11.

Jefferson County Factors Influencing Health						
Indicator	Unit	Reference Data (2000)	Index Data (2017)	Endpoint Data (2024)	Relative Percent Change Since 2017	Movement
Smoking and Tobacco Use	Percent of Adult Population	25.5%	17.6%	14.1%* (2023)	-19.89%	Desirable
Obesity	Percent of Adult Population	24.4% (2002)	37.0%	38.7%	4.60%	Undesirable
Binge Drinking	Percent of Adult Population	12.6% (2006)	13.0%	19.9%*	53.08%	Undesirable
Heart Disease Prevalence	Percent of Adult Population	6.8% (2018)	6.8% (2018)	5.7%* (2023)	-16.18%	Desirable
Diabetes Prevalence	Percent of Adult Population ≥ 20 Years of Age	7.4% (2004)	11.4%	13.5%*	18.42%	Undesirable

Source: CDC PLACES (2025 Release); Alabama Department of Public Health BRFSS; and U.S. Diabetes Surveillance System

Analysis of Results: Desirable Findings

Mortality

- For Jefferson County, the all-cause, age-adjusted mortality rate decreased from 949.9 deaths per 100,000 population in 2017 to 908.7 deaths per 100,000 population in 2024, reflecting an overall improvement in mortality outcomes.
 - All-cause mortality rates decreased between 2017 and 2024 among males, females, and White residents; however, the age-adjusted mortality rate among Black residents increased slightly.
 - The mortality rate for heart disease, the leading cause of death for Jefferson County residents in 2017 and 2024, decreased from 195.6 deaths per 100,000 population in 2017 to a rate of 187.2 deaths per 100,000 population in 2024.
 - The mortality rate for all cancers combined, the second leading cause of death for Jefferson County residents in 2017 and 2024, decreased from 169.1 to 146.2 deaths per 100,000 population between 2017 and 2024.
- The age-adjusted lung cancer mortality rate declined significantly from 43.7 deaths per 100,000 population in 2017 to 25.6 per 100,000 population in 2024. Statistically significant declines in lung cancer mortality were observed among both White and Black residents.
- The age-adjusted mortality rate for blood cancers decreased between 2017 and 2024. Declining mortality from blood cancers among Black residents contributed to the overall reduction, while mortality rates among White residents for blood cancers remained relatively stable.
- The age-adjusted breast cancer mortality rates remained relatively stable between 2017 and 2024, ranging from 24.9 to 22.9 deaths per 100,000 females. While breast cancer mortality rates declined among White females, higher mortality rates for this cancer were observed among Black females in 2024.
- The overall age-adjusted cerebrovascular disease mortality rate decreased by 10.5% in Jefferson County between 2017 and 2024. Mortality rates from cerebrovascular disease declined among White residents but increased slightly among Black residents, with Black residents continuing to experience higher cerebrovascular disease mortality rates than White residents in 2024.
- The overall age-adjusted chronic lower respiratory disease mortality rate demonstrated a statistically significant decline in Jefferson County between 2017 and 2024. White residents continued to experience higher mortality rates from chronic lower respiratory disease than Black residents in 2024. The reduction in mortality rates from chronic lower

respiratory disease among the White population between 2017 and 2024 was statistically significant.

- The age-adjusted Alzheimer's disease mortality rate decreased by 41.6%, from 42.3 to 24.7 deaths per 100,000 population from 2017 to 2024, reaching statistical significance. Mortality rates from Alzheimer's disease declined between 2017 and 2024 among both White and Black residents, with both decreases reaching statistical significance.
- The age-adjusted septicemia mortality rate decreased by 12.5%, from 21.6 to 18.9 deaths per 100,000 population between 2017 and 2024. Although mortality rates from septicemia among Black residents remained higher than for White residents in 2024, the decline in septicemia mortality rates for Black residents between 2017 and 2024 was statistically significant.
- Diabetes, the tenth leading cause of death in 2024, decreased by 10.5% from 20.9 per 100,000 population in 2017, and the decrease in diabetes mortality in the White population between 2017 and 2024 was statistically significant.

Nativity

- Between 2017 and 2024, several maternal and infant health indicators improved in Jefferson County:
 - The pregnancy rate among females aged 10–19 years declined significantly from 19.6 to 11.3 pregnancies per 1,000 females, and maternal smoking during pregnancy among females decreased statistically significantly overall and among Black and White residents.
 - The percentage of live births resulting in very low birthweight infants (<1,500 grams) decreased from 2.1% to 1.7% from 2017 to 2024.
 - The percentage of live births receiving adequate prenatal care increased by 9.8% between 2017 and 2024. Both the Black and White populations experienced improvement in receipt of adequate prenatal care between 2017 and 2024.
- The overall infant mortality rate in Jefferson County decreased significantly from 10.5 to 7.2 deaths per 1,000 live births. Declines in infant mortality were observed between 2017 and 2024 among both White and Black infants, and the decrease reached statistical significance in 2024 for White infants.
 - Similarly, a statistically significant reduction in neonatal (first 28 days of life) mortality was noted overall and in White infants from 2017 to 2024.

Quality of Life

- The average number of physically unhealthy days self-reported by adults in the previous 30 days decreased from 4.4 to 3.7 days, a 15.9% reduction, between 2017 and 2024.

Educational Attainment and Outcomes

- Between 2017 and 2024, the percentage of adults aged 25 and older with less than a high school education significantly decreased, while the percentage of adults aged 25-44 with a bachelor's degree or higher also revealed a statistically significant increase.
 - The high school dropout rate declined from 4.6% during the 2017–2018 school year to 3.0% in the 2024-2025 school year. This decrease reached statistical significance.

Economic Stability

- The overall unemployment rate among Jefferson County residents aged 16-65 demonstrated a statistically significant decline from 6.6% in 2017 to 3.8% in 2024.
 - Statistically significant declines in the overall unemployment rate were observed among both Black and White residents between 2017 and 2024.
- The overall percentage of Jefferson County residents living at less than 100% of the Federal Poverty Level declined significantly between 2017 and 2024, from 16.8% to 13.8%.
 - Statistically significant declines in residents living at less than 100% of the Federal Poverty Level were observed among children and adults under the age of 65.
- Both median household income and median family income increased significantly in Jefferson County between 2017 and 2024. Median household income increased by 36.8%, while median family income increased by 41.7%.
- Overall food insecurity declined by 7.9% between 2017 and 2024, reflecting improved access to food resources.

Housing, Transportation, and Built Environment

- Broadband internet access increased significantly in Jefferson County rising from 81.3% of households in 2017 to 94.0% in 2024, indicating improved digital connectivity across the county.
- Park access improved in Jefferson County between 2010 and 2020 with the percentage of residents living within a half mile of a park increasing from 29.9% to 41.8%.
- The annual average particulate matter (PM_{2.5}) concentrations decreased from 10.8 µg/m³ in 2016 to 10.2 µg/m³ in 2020, indicating a modest, statistically insignificant improvement in air quality.
- The Food Environment Index, a measure of access to healthy foods and food security, improved from 6.3 in 2017 to 6.8 in 2023, a 7.9% increase, indicating improved access to healthy foods and food security.

Healthcare Access and Quality

- The number of residents per mental health provider in Jefferson County decreased from 690 residents per provider in 2017 to 370 in 2024, indicating improved access to mental health care.
- Jefferson County experienced improvement in primary care access as the population-to-primary care provider ratio decreased from 930 residents per provider in 2017 to 890 in 2022.
- Access to dental care in Jefferson County improved between 2017 and 2022, as the population-to-dentist ratio decreased from 1,130 residents per dentist to 1,060 residents per dentist.
- Cervical cancer screening improved, with the percentage of women aged 18 and older reporting receiving a Pap smear within the previous three years increasing from 89.2% in 2016 to 93.6% in 2024.
- Mammography screening rates among females ages 40 to 74 years and prostate cancer screening rates among males aged 50 years and older increased; however, neither increase was statistically significant.

Communicable Diseases

- The overall sexually transmitted infection (STI) rate declined from 1,412.6 to 1,315.6 cases per 100,000 population between 2017 and 2023, a statistically significant

reduction. Chlamydia and gonorrhea incidence rates also decreased significantly between 2017 and 2023.

- While newly diagnosed HIV cases declined by 12.6% between 2017 and 2024, the reduction in cases was not statistically significant.
- Tuberculosis incidence also declined from 2.7 in 2017 to 1.7 cases per 100,000 population in 2023, reflecting continued progress in disease prevention and control efforts.

Factors Influencing Health

- Self-reported smoking and tobacco use among adults decreased significantly from 17.6% in 2017 to 14.1% in 2023.
- Heart disease prevalence decreased from 6.8% in 2018 to 5.7% in 2023, reflecting a favorable trend in cardiovascular health among Jefferson County residents.

Analysis of Results: Undesirable Findings

Life Expectancy

- Life expectancy in Jefferson County experienced a statistically significant decrease from an average of 74.4 years in 2017 to 73.8 years in 2023.
 - Life expectancy declined among both White and Black residents between 2017 and 2023. Among White residents, life expectancy decreased by 0.9 years, from 75.8 to 74.9 years. Among Black residents, life expectancy decreased by 3.4 years, from 73.0 to 69.6 years. Both decreases in life expectancy reached statistical significance.

Mortality

- The overall age-adjusted mortality rates for unintentional injuries, motor vehicle accidents, homicide, and malnutrition increased between 2017 and 2024. Increases were observed in the overall population and among both White and Black residents.
 - The age-adjusted unintentional injury mortality rate demonstrated a statistically significant increase from 60.9 to 79.5 deaths per 100,000 population between 2017 and 2024, driven in part by an increase in drug-related deaths. Mortality rates from unintentional injuries remained higher among males than females, while mortality increases among Black residents outpaced those among White residents.
 - Motor vehicle accident mortality rates increased by 18.0% overall between 2017 and 2024. Although increases were observed among both White and Black residents, the increase was statistically significant among Black residents.
 - The age-adjusted homicide mortality rate increased statistically significantly from 26.0 to 30.5 homicides per 100,000 population between 2017 and 2024. Although the homicide mortality rate remained relatively low among White residents, the statistically significant increase in the homicide rate among Black residents appreciably contributed to the overall increase in homicide mortality in 2024.
 - The age-adjusted malnutrition mortality rate increased from 7.1 deaths per 100,000 population in 2017 to 21.3 in 2024, a 200.0% relative increase. Rates of death from malnutrition among White residents nearly quadrupled, while rates among Black residents also increased substantially during this same period; these increases were statistically significant.

- The age-adjusted mortality rate for pancreatic cancer increased from 12.6 to 14.7 deaths per 100,000 population between 2017 and 2024.

Natality

- The rate of cesarean deliveries increased by 4.6% from 2017 to 2024, although the change was not statistically significant. Cesarean deliveries accounted for 34.1% of all live births in Jefferson County in 2024.

Quality of Life

- Jefferson County residents reported an increase in the average number of poor mental health days during the past 30 days, rising from 4.7 days in 2017 to 5.5 days in 2023.
- Self-reported fair or poor health during the past 30 days among adults in Jefferson County increased slightly from 19.8% in 2017 to 20.3% in 2023.

Educational Attainment and Outcomes

- Preschool enrollment among children aged three and older decreased from 7.3% in 2017 to 6.0% in 2024, indicating that a smaller proportion of young children participated in preschool during the assessment period.

Economic Stability

- The percentage of adults aged 65 years and older living below 100% of the Federal Poverty Level increased from 10.2% in 2017 to 13.4% in 2024, a statistically significant increase that indicates a larger proportion of older adults lived in poverty during the assessment period.
- Food insecurity among children under 18 years of age increased from 20.8% in 2017 to 23.7% in 2024, indicating that a larger proportion of children lived in households with limited or uncertain access to adequate food despite improvements in overall food insecurity during the same period.
- The Area Deprivation Index (ADI), a measure of neighborhood need based on income, education, employment, and housing conditions, increased from 61.21 in 2017 to 62.49 in 2024, indicating a slight increase in socioeconomic disadvantage.

Housing, Transportation, and Built Environment

- The housing cost burden rate increased from 29.5% to 31.4%, indicating increased housing affordability challenges.

- Several work commuting indicators showed less favorable trends between 2017 and 2024. Mean travel time to work increased, while carpooling and active transportation for commuting declined during the assessment period.
 - The mean travel time to work increased from 24.1 minutes in 2017 to 24.5 minutes in 2024, indicating that Jefferson County residents spent slightly more time commuting to work.
 - The percentage of workers who carpoolled to work decreased from 9.4% in 2017 to 7.6% in 2024, a statistically significant decline in the use of shared transportation for commuting.
 - The percentage of workers who used active transportation for commuting, including walking, bicycling, or public transit, decreased from 3.0% in 2017 to 2.6% in 2024, a statistically significant decline in the use of alternative transportation options for work travel.

Healthcare Access and Quality

- The percentage of uninsured residents increased slightly from 9.2% to 9.6% between 2017 and 2024; however, the change was not statistically significant.
- The percentage of males aged 45 to 75 years who reported receiving a colorectal cancer screening within the previous 10 years decreased from 69.3% in 2018 to 67.2% in 2022, indicating reduced utilization of recommended preventive screening services.

Communicable Diseases

- The rate of primary and secondary syphilis increased statistically significantly from 14.7 cases per 100,000 population in 2017 to 44.2 in 2023.

Factors Influencing Health

- Obesity prevalence increased from 37.0% to 38.7% between 2017 and 2024, although the change was not statistically significant.
- The prevalence of binge drinking among adults, defined as consuming five or more drinks on one occasion for men and four or more drinks on one occasion for women, increased from 13.0% in 2017 to 19.9% in 2024, and the increase was statistically significant.
- The prevalence of diagnosed diabetes among adults aged 20 years and older increased from 11.4% in 2017 to 13.5% in 2024, an 18.4% increase, which is statistically significant and indicates the growing burden of this disease in Jefferson County.

Implications for Health

Jefferson County experienced improvement across multiple important health outcomes and community conditions between 2017 and 2024. Overall maternal and infant health indicators improved, including adequacy of prenatal care, adolescent pregnancy, maternal smoking during pregnancy, infant mortality, and neonatal mortality. Educational attainment increased, poverty and unemployment declined, household and family incomes rose, broadband internet access expanded, and access to primary care and behavioral health services improved. Community conditions also improved through greater access to healthy foods, expanded park access, and reductions in smoking and tobacco use. Age-adjusted mortality rates decreased for all-cause mortality and several major causes of death, including heart disease, all cancers combined, lung cancer, colorectal cancer, cerebrovascular disease, chronic lower respiratory disease, Alzheimer's disease, septicemia, and diabetes. Improvements were also observed in communicable disease prevention, with declines in overall sexually transmitted infection rates, chlamydia, gonorrhea, tuberculosis, and new HIV diagnoses.

Despite these improvements, significant health challenges and emerging health concerns remain. Life expectancy declined between 2017 and 2023. Age-adjusted mortality rates increased for several leading causes of death, including pancreatic cancer, unintentional injuries, motor vehicle accidents, homicide, and malnutrition. Several health risk factors also worsened, including obesity, binge drinking, days of poor mental well-being, diabetes prevalence, and primary and secondary syphilis rates. Housing cost burden increased, neighborhood deprivation worsened slightly, and the percentage of uninsured residents rose, indicating continuing challenges related to economic stability and access to care.

Important differences in health outcomes among population groups remained evident across several indicators. Black infants continued to experience higher rates of mortality and adverse birth outcomes than White infants, and larger declines in life expectancy were observed among Black residents. Although many indicators improved, increases in injury-related mortality, malnutrition mortality, chronic disease risk factors, behavioral health concerns, and adverse birth outcomes highlight the need for sustained public health efforts to improve health outcomes across all populations and communities in Jefferson County.

¹ Categories of data indicators were Demographic Characteristics, Mortality, Maternal and Child Health, Quality of Life, Education Access and Quality, Economic Stability Characteristics, Neighborhood and Built Environment, Healthcare Access and Quality, Health Status, Communicable Diseases and Injury, Health Behaviors, and Behavioral Risk Factors.

¹ Sources of data include, but are not limited to, the U.S. 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, Alabama State Department of Education, Environmental Protection Agency, National Environmental Public Health Tracking Network, Feeding America, U.S. Diabetes Surveillance System, County Health Rankings & Roadmaps, University of Wisconsin School of Medicine and Public Health, etc. For the full data source listing, see the complete report.