



Children's
of Alabama

**Community Health Needs Assessment
Children's of Alabama
December 31, 2013**

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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 and throughout the southeastern United States since 1911. Children's is ranked among the best children's hospital programs in the nation by US News & World Report. In 2012, Children's provided care for nearly 14,000 inpatients and more than 650,000 outpatient visits to patients from every county in Alabama and from 41 other states and four foreign countries. With more than 2 million square feet, it is the third largest pediatric medical facility in the nation. Children's offers inpatient and outpatient services across its Russell Campus on Birmingham's historic Southside with additional outpatient services provided at Children's South and Children's on 3rd. 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 (UAB) pediatric medicine, surgery, research and residency programs. In 2012, Children's moved much of its inpatient service into a new state of the art 760,000 square foot building, The Benjamin Russell Hospital for Children.

As a primary source of pediatric healthcare, Children's of Alabama (in affiliation with the University of Alabama in Birmingham Departments of Pediatrics and Surgery) serves children from all 67 Alabama counties and the region. In addition to traditional pediatric healthcare, Children's of Alabama boasts numerous programs designed to educate school health nurses, parents, and patients on a wide scope of conditions and illnesses, and safety. 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.

Children's modifies and broadens its pediatric healthcare services as medicine advances and the regional demographics change. Over the last two decades, Children's incorporated primary care practices and remote subspecialty clinics into the system structure to meet changing needs. An example of meeting the changing demand is the addition of an International Adoption Clinic to prepare parents and families for the adoption of a child with medical issues. The payor mix reflects the changing Alabama economy, with approximately 56% of all patients enrolled in Medicaid. In 2012 Children's provided \$30.8 million in community benefit and financial assistance expense to advance pediatric care, treatment, training, and research for the Alabama community and beyond.

Community Health Needs Assessment

In 2011, to better support the health of children in its community and to comply with new federal regulations, Children's of Alabama engaged Dixon Hughes Goodman, LLP to assist in identifying Children's primary area, primary population (children ages 0-19), and conducting a community health needs assessment to identify health concerns for children. The community health needs assessment focuses on Children's primary geographical service area (Bibb, Blount, Chilton, Jefferson, St. Clair,

Shelby, and Walker counties). The assessment included a secondary focus on health needs that span the state of Alabama.

Children's of Alabama assessed community health needs and concerns by:

- Inviting school nurses, physicians, and community leaders to participate in an online survey addressing children's health needs;
- Conducting interviews with community leaders, public health officials, and other key stakeholders to determine their biggest concerns for the health of children in their communities;
- Reviewing existing public health data on key children's health issues; and
- Identifying existing programs and resources in the community that are working to address issues in child health.

Key Findings

Children's established a list of 16 indicators of child health based on The Annie E. Casey Foundation's 2012 National Kids Count Data Book, and Child Health USA—the U.S. Health Resources and Services Administration's annual report on the health status of America's children. Using those indicators, Children's compared the rankings of the counties in its primary service area (when available), and the state as a whole to national statistics.

Of the 16 indicators, there were 11 instances where Alabama ranked below the national average.

- Obesity
- Asthma
- Preventable Child Deaths
- Teen Deaths by Accident, Suicide or Homicide
- Children with Special Health Care Needs
- Mental Health
- Infant Mortality
- Preterm Births
- Low and Very Low Birth Weight Babies
- Teen Pregnancy

These findings were consistent with and supported by the responses from the survey and interviews with key stakeholders.

Implementation

Based on the findings of the assessment, in 2014 Children's of Alabama will develop plans to:

- Focus its current community programming in the child safety and asthma arenas;
- Continue and strengthen its community partnerships around obesity, mental health, and children with special health care needs—areas of need that are strongly supported through community-based collaborations; and
- Monitor community efforts to address infant mortality, pre-term births, low and very low birth weight babies, and teen pregnancy as these are beyond Children's scope of service and may not be included in direct actions.

The Board of Trustees adopted the implementation plan on November 14, 2013.

REPORT TO THE COMMUNITY ON THE COMMUNITY HEALTH NEEDS ASSESSMENT

Community Health Needs Assessment Purpose

Beginning in 2011, new federal IRS regulations require all nonprofit hospitals to conduct a community health needs assessment every three years. As a requirement, community stakeholders, public health experts and officials, and community advocates shall be asked for guidance to identify significant community health needs. The community's overall health is a shared responsibility by many community and governmental entities. The desired outcome is to stimulate more collaboration and coordination of community programs by stakeholders to address the community's significant needs and create healthier communities.

For more than a century, Children's of Alabama (Children's) has focused on treatment and initiatives educating and improving the health of children in the metropolitan community and throughout Alabama. The new regulations present Children's an opportunity to formally evaluate, assess, and implement existing or new programs through alignment of Children's expertise and resources with the identified needs.



Defining the Children's of Alabama Community

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. Children ages 0-19, comprise one quarter of the MSA population.

While the 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 46.8% of its patients come from outside of the seven county MSA, Children's identified its secondary community as all children in Alabama.

Community Demographics

According to the [2012 Alabama KIDS COUNT Data Book \(Appendix A\)](#), the seven county MSA average median household income is \$44,307 with approximately 17% of persons living below the poverty level. More than one half of mothers with young children are employed, and more than one quarter of the children live in single parent families. The MSA's average racial diversity is 73.5% White, 16.3% African American, 7.2% Hispanic, and 3% other races (Native American, mixed races, etc.). Jefferson County is more evenly divided racially, with a 42.9% White and 47.9% African American population.



Percentage of Patients from Seven County MSA

County	Inpatient Cases		Outpatient Visits	
	Cases	%	Visits	%
Bibb	116	0.85	1,900	0.29
Blount	223	1.64	4,607	0.69
Chilton	254	1.87	3,656	0.55
Jefferson	4,963	36.5	400,673	60.19
St. Clair	405	298	23,019	3.46
Shelby	966	2711	139,864	21.01
Walker	306	2.25	5,532	0.83
TOTAL Patients from MSA	7,233	53.2%	579,251	87.02%
Total system cases/visits	13,596	100%	665,675	100%

Source: Children's of Alabama, 2012 patient data

Methods Used to Conduct the Community Health Needs Assessment

Beginning in 2011 to comply with new IRS regulations Children's of Alabama engaged Dixon Hughes Goodman, LLP to conduct a community health needs assessment. The main assessment focused on Children's primary service area as previously defined. The secondary service area for assessment focus was the remaining portion of the state. Children's assessment tools included an online survey, face-to-face interviews, analysis of existing public pediatric health data, and inventory of existing community programs and resources.

Online Community Survey

Children's of Alabama invited school nurses, pediatricians, family practice physicians, and community advocates to participate in an online survey to identify health needs for children in Alabama. Participants were asked open-ended questions about what they see as the greatest health needs for children ages 0-5, 6-13 and 14-18. After identifying one issue on which to focus, each respondent was asked to identify resources available in their community to address that specific need, if they have reasonable access to those resources, and if there are inadequate resources, what could be done to better support children with that particular health issue. Specific questions from the survey can be found in **Appendix B**. The survey was completed by 246 people in October 2012. Of the survey respondents, more than half identified themselves as school nurses while more than a third did not identify themselves at all.

Interviews

In addition to the online survey tool, face-to-face and telephone interviews were conducted in October and November 2012 with Alabama's public health leaders and community advocates (**Appendix C**). They were chosen for their knowledge of medically and socially underserved areas, public health, and pediatric health challenges. Interviewees were asked what they perceive as the greatest health needs for children in their specific communities and in the state in general.

Secondary Data Sources and Analysis

An analysis of publicly available data to identify health needs for children in its primary community and throughout Alabama was provided by Dixon Hughes Goodman, LLP (**Appendix D**). Children's used the secondary data sources—primarily Child Health USA 2012 and 2012 National KIDS COUNT Data Book—to identify key indicators of child health. Child Health USA is an established annual publication of health status and service needs of America's children published by the Health Resources and Services Administration/U.S. Department of Health and Human Services. KIDS COUNT, a nationally established and recognized data project of the Annie E. Casey Foundation, annually tracks and reports on the well-being of children in the United States.

Children's compiled a list of the health status indicators that are used by Child Health USA as determinants of child health and compared them to those indicators used by the 2012 National KIDS COUNT Data Book. There is overlap in 16 indicators:

Indicator

- Infant mortality
- Preterm births
- Low birth weight babies
- Very Low birth weight babies
- Children and teens overweight or obese (ages 10-17)
- Percent of children with asthma problems (under age 18)
- Child deaths (rate per 100,000) (ages 1-14)
- Total teen births (rate per 1,000) (ages 15-19)
- Children with special health care needs (under age 18)
- Teen deaths by accident, homicide, and suicide (ages 15-19)
- Children who have one or more emotional, behavioral, or developmental conditions (ages 2-17)
- 2-year-olds who were immunized
- Children who are confirmed by child protective services as victims of maltreatment (under age 18)
- Children 18 and below without health insurance
- Children and teens not exercising regularly (ages 6-17)
- Teens ages 12-17 who abused alcohol or drugs in the past year

Children's used the indicators as its basis for determining child well being and then utilized other secondary data sources to find state, and when available, county level data in order to compare its community's rankings in these measures to the national averages.

Community Health Needs Assessment Results

The responses from the surveys and interviews were validated by the secondary data. Those areas of child health for which Alabama ranks below the national average were seen as issues to our survey respondents and interviewees.

Community Input

Identified Pediatric Health Needs	% of responses
Asthma	25%
Obesity /Nutrition	18%
Mental Health Issues including ADD/ADHD	14%
Alcohol Drug Abuse	8%
Pregnancy	6%
Diabetes	6%
Dental	5%
Allergies	5%
Immunizations	4%
Insurance	2%
Parent Health Education	2%
Sex Education	2%
Lack of Health Care	2%
Exercise	2%

Secondary Data

Of the 16 indicators of child health Children's identified, there were five areas where Alabama is average or above average relative to the United States:

Indicator	US	AL Rank	Alabama	Source
2-year-olds who were immunized (percent)	71%	26	71%	2012 National KIDS COUNT Data Book and Child Health USA 2012
Children who are confirmed by child protective services as victims of maltreatment (rate per 1,000) (under age 18)	9.2	21	8	2012 National KIDS COUNT Data Book and Child Health USA 2012
Children 18 and below without health insurance (percent)	10%	21	8%	2012 National KIDS COUNT Data Book and Child Health USA 2012
Children and teens not exercising regularly (percent) (ages 6-17)	52%	3	46%	2012 National KIDS COUNT Data Book and (National Survey of Children's Health/CDC)
Teens ages 12-17 who abused alcohol or drugs in the past year (percent)	8%	1	7%	2012 National KIDS COUNT Data Book & SAMHSA

There were 11 areas where Alabama ranked below the national average:

Indicator	US	AL Rank	Alabama	Source
Infant mortality (rate per 1,000 live births)	6.15	49	8.7	2012 National KIDS COUNT Data Book and Child Health USA 2012
Preterm births (percent of live births)	11.99%	49	16%	2012 National KIDS COUNT Data Book and Child Health USA 2012, Health Indicators Warehouse
Low birth weight babies (percent of live births)	8.15%	48	10.30%	2012 National KIDS COUNT Data Book and Child Health USA 2012
Very Low birth weight babies (percent of live births)	1.45%	48	2.00%	2012 National KIDS COUNT Data Book and Child Health USA 2012, Health Indicators Warehouse
Children and teens overweight or obese (percent) (ages 10-17)	32%	46	36%	2012 National KIDS COUNT Data Book and Child Health USA 2012
Percent of children with asthma problems (percent) (under age 18)	9%	46	12%	2012 National KIDS COUNT Data Book and CDC
Child deaths (rate per 100,000) (ages 1-14)	17	44	25.1	2012 National KIDS COUNT Data Book and CDC
Total teen births (rate per 1,000) (ages 15-19)	34.2	42	44	2012 National KIDS COUNT Data Book and Child Health USA 2012
Children with special health care needs (percent) (under age 18)	15%	41	17%	2012 National KIDS COUNT Data Book and Child Health USA 2012
Teen deaths by accident, homicide, and suicide (rate per 100,000) (ages 15-19)	36	40	54.4	2012 National KIDS COUNT Data Book and Child Health USA 2012
Children who have one or more emotional, behavioral, or developmental conditions (percent) (ages 2-17)	15%	36	18%	2012 National KIDS COUNT Data Book and (National Survey of Children's Health/CDC)

Based on percentages, the top five issues that survey respondents identified as major health issues for children in their communities were also identified as health needs based on the secondary data. After thorough analysis of the community input and secondary data, Children's identified the following issues to address in the Community Benefit Implementation Plan.

Within Children's Scope of Service	Outside Children's Scope of Service
Obesity	Infant Mortality
Asthma	Pre-term Births
Preventable Child Deaths	Low Birth Weight Babies
Children with Special Health Care Needs	Very Low Birth Weight Babies
Mental Health	Teen Pregnancy

In general, pediatric population focused data is limited in quality and scope. When available, Children's used county level secondary data to focus on the different needs within its primary community. Reliable county level data was difficult to find for all seven counties in the Children's primary community therefore Children's relied heavily on state-level data especially when making comparisons to national data.

Information and Resource Gap

An inventory of current community and internal programs addressing the identified issues within the Children's scope of service was conducted over several months. Resource gaps include a lack of market data beyond the [2012 Alabama Kids Count Data Book](#), and few if any needs assessments with a pediatric health component. Children's utilized known community resources and those identified through survey responses. After analysis and evaluation of resources committed to the identified issues, two areas were isolated as areas for Children's to make the greatest impact. The two specific issue areas are Asthma and Child Safety.

Children's is currently involved and will remain involved in the multiple community/state coalitions addressing obesity, mental health, and children with special health care needs (**Appendix E**). The remaining five areas (infant mortality, pre-term births, low and very low birth weight babies, and teen pregnancy) are outside the scope of Children's direct services and may not be part of any direct action plan. Children's will monitor the community activity in these areas.

Prioritization and Implementation Planning

After reviewing the identified needs, analyzing the existing resources within the community to address those needs and prioritizing opportunities to have the most impact on child health with limited resources, Children's developed a multi-phase implementation plan to address the major community health needs recognized through the needs assessment process. Collaboration with community organizations currently addressing many of the identified needs combined with Children's pediatric programming and expertise are key to implementation. The plan also includes continuation of further identification of child health needs through strategic partnerships with community organizations conducting needs assessments.

Implementation Plan

At its meeting on November 14, 2013, the Children's of Alabama Board of Trustees adopted the following implementation plan to address the following community health needs for the three years beginning in 2014:

1. Children's will assume a lead role in addressing or continue playing a key role in addressing:
 - Asthma
 - Child safety
2. Children's plans to work through and with its community partners to support community organizations and others who are currently addressing the following significant health needs for children:
 - Mental health
 - Obesity
 - Children with special health care needs
3. The following four health needs were identified and are beyond the scope of COA's direct services. Therefore, these four areas may not receive direct action planning or resource allocation during the 2014-2016 implementation period.
 - Infant mortality
 - Preterm births
 - Low and very low birth weight babies
 - Teen pregnancy

APPENDIX A—MSA DEMOGRAPHICS
**2012 Alabama KIDS COUNT DATA for
Children's of Alabama CHNA MSA**

	Bibb	Blount	Chilton	Jefferson	St. Clair	Shelby	Walker	Median
Median Household Income	\$35,472	\$42,906	\$38,553	\$41,740	\$48,296	\$67,135	\$36,044	\$44,307
Percent all persons below poverty level	17.8%	16.5%	20.4%	18.6%	13.0%	9.8%	23.2%	17.0%
Percent employed mothers with young children	54.4%	56.3%	46.9%	63.5%	65.8%	61.3%	52.9%	57.3%
Children in Single-Parent Families	29.8%	20.4%	27.3%	38.6%	22.2%	17.2%	28.9%	26.3%
Total County Population	22,766	57,677	43,895	658,931	84,398	197,936	66,661	
County Child Population	5,510	15,416	11,915	172,044	21,657	54,626	16,355	
Children as Percentage of Population	24.2%	26.7%	27.1%	26.1%	25.7%	27.6%	24.5%	25.9%
Under Age 5 (%)	23.2%	23.3%	25.1%	25.9%	25.5%	23.7%	23.5%	
Ages 5-9 (%)	25.0%	24.6%	25.1%	24.3%	25.2%	25.6%	24.5%	
Ages 10-14 (%)	26.5%	27.0%	25.8%	24.6%	25.7%	26.8%	26.9%	
Ages 15-19 (%)	25.3%	25.1%	24.0%	25.1%	23.7%	24.0%	25.1%	
Diversity of Children (%)								
White	74.2%	80.7%	73.4%	42.9%	83.1%	74.2%	86.0%	73.5%
African American	21.6%	2.6%	12.1%	47.9%	9.7%	12.7%	7.8%	16.3%
Hispanic	2.2%	14.3%	12.2%	5.8%	3.8%	8.7%	3.3%	7.2%
Other	2.0%	2.4%	2.4%	3.5%	3.4%	4.4%	2.9%	3.0%

APPENDIX B—SURVEY INFORMATION

Community Health Needs Assessment Survey

1. For young children (ages 0-5), what do you see as the 2 or 3 major health issues for kids in your community?

- 1.
- 2.
- 3.

2. For children/pre-teens (ages 6-13), what do you see as the 2 or 3 major health issues in your community?

- 1.
- 2.
- 3.

3. For teens (ages 14-18), what do you see as the 2 or 3 major health issues in your community?

- 1.
- 2.
- 3.

For the major health issues identified in each section answer following specific questions:

- A. What resources are available in your community to address this health issue?
- B. Do those you serve have reasonable access to these resources?
- C. Identify programs and/or resources that could help address the need.

For Physicians:

Practice Name:

Physician Name(s):

Specialty:

Are there any barriers to accessing your services?

Are there any barriers to accessing community resources?

Are there any barriers to care coordination?

For School Nurses:

What school or schools do you serve?

In what school system is your school?

Are there any barriers to accessing your services?

Are there any barriers to accessing community resources?

Are there any barriers to care coordination?

For Community Advocates:

What is the name of your organization?

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

Are there any barriers to accessing your services?

Are there any barriers to accessing community resources?

Are there any barriers to care coordination?

APPENDIX C—COMMUNITY INPUT

The following people with special knowledge/expertise in public health with respect to children were interviewed in October and November 2012.

- Alabama Department of Mental Health
 - Steve Lafreniere, Director, Children's Services
- Alabama State Department of Education
 - Nancy Ray, Educational Specialist, Curriculum and Instruction
- Alabama Primary HealthCare Association
 - Mary Finch, CEO
- Alabama Department of Public Health—
 - Bureau of Health Promotion and Chronic Disease
 - Jim McVay, Director
 - Bureau of Family Health Services
 - Dr. Grace Thomas, Director
 - Dianne Sims
 - Cindy Ashley
 - Dawn Ellis
 - Janice Smiley
 - Chris Haag
- Alabama Department of Rehabilitation Services—Children's Rehabilitation Service
 - Melinda Davis, Assistant Commissioner
 - Susan Colburn
 - Lolita McClain
- American Academy of Pediatrics, Alabama Chapter
 - Linda Lee, Executive Director
- Alabama Department of Children's Affairs
 - Susan McKim, Interim Commissioner
 - Jan Hume, Assistant Director

The following people who represent medically underserved, low income, minority and chronic disease populations were interviewed in October and November 2012.

- Alabama Department of Mental Health
 - Steve Lafreniere, Director, Children's Services
- Alabama Primary HealthCare Association
 - Mary Finch, CEO
- Alabama Department of Public Health—
 - Bureau of Health Promotion and Chronic Disease
 - Jim McVay, Director
 - Bureau of Family Health Services
 - Dr. Grace Thomas, Director
 - Dianne Sims
 - Cindy Ashley
 - Dawn Ellis
 - Janice Smiley
 - Chris Haag

- Alabama Department of Rehabilitation Services—Children’s Rehabilitation Service
 - Melinda Davis, Assistant Commissioner
 - Susan Colburn
 - Lolita McClain
- YWCA of Central Alabama
 - Suzanne Durham, Executive Director
- United Way of Central Alabama
 - Ellyn Grady, Senior Vice President, Resource Development
- Jefferson County School System
 - Karen Orton, School Nurse Coordinator
- Child Care Resources
 - Joan Wright, Executive Director
- Center for Ethics and Social Responsibility, The University of Alabama
 - Stephen Black, Director

In October 2012, school nurses, family physicians, pediatricians and child advocates were surveyed using an online survey tool. There were 246 survey responses.

APPENDIX D—SECONDARY RESOURCES

2013 Claritas Demographics
Advisory Board
Alabama Department of Public Health
Alabama KIDS COUNT Data Book (2012)
Analytics Inpatient Market Estimator
Centers for Disease Control and Prevention
Child Health USA 2012
County Health Rankings
Health indicators Warehouse
Healthy People 2020 TRUVEN Health Analytics (formerly Thomson Reuters)
InfoGroup
National Kids Count Data Book (2012)
Nielsen Claritas
SAHIE
Unites States Bureau of Labor Statistics
United States Census Bureau
USDA Economic Research Service 2009

APPENDIX E—EXISTING COMMUNITY RESOURCES
General Child Health

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

Asthma

Program	Organization
ACES Asthma Education	Alabama Cooperative Extension Service
AL Society of Allergy and Immunology	
Alabama Asthma Coalition	ADPH
Alabama Chapter Quality Network (CQN) asthma learning collaborative	American Academy of Pediatrics
Alabama School Integrated Pest Management Program (Alabama School IPM)	Auburn University
Asthma Camp	Children's of Alabama
Camp WheezeAway	YMCA Camp Chandler
No Idling Campaign	Alabama Asthma Program (ADPH)
Pediatric Pulmonary Centers	UAB/ AL MCH Training Network
USA BreatheMobile	University of South 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
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	
Poison Control	Children's of Alabama
Prevent Child Abuse Alabama	Children's Trust Fund
SafeSitter	Children's of Alabama
Telephone Triage	Children's of Alabama

Children with Special Health Care Needs

Program	Organization
MCH Leadership Education in Neurodevelopmental Disabilities (LEND)	UAB/ AL MCH Training Network
ABCD Developmental Screening Project	American Academy of Pediatrics AL Chapter
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

Obesity

Program	Organization
Camp SHINE	Children's of Alabama
Druid City Garden Project	
E.A.T. South	The Hampstead Institute
Girls on the Run Birmingham	
Healthier Weigh	Children's of Alabama
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

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)
 Jefferson County Health Action Partnership
 End Child Hunger in Alabama (Statewide)
 Alabama Health Literacy Coalition (Statewide)
 Voices for Alabama's Children