



Children's
of Alabama®

2022 Community Health Needs Assessment

December 2022



**Public Affairs
Research Council
of Alabama**

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Executive Summary

Children's of Alabama (Children's) engaged the Public Affairs Research Council of Alabama (PARCA) to conduct research in support of its 2022 Community Health Needs Assessment (CHNA). The CHNA provides guidance to Children's in establishing and implementing community health programs for the next three years. This requires a sense of the most serious health issues facing children in Alabama. PARCA's analysis considered national and state-level population health metrics and statewide input.

Data instruments and procedures included:

- Online survey of 510 stakeholders
- 4 focus groups of teachers, parents, and community members
- Interviews with 9 professionals
- Telephone survey with 752 Alabama residents
- Analysis of 15 health metrics at the state and national level

Data from all sources were combined to summarize major findings:

- According to primary data, mental health was a pressing concern for all age bands, but most critical for teenagers 14-18.
- Access to healthcare was important for all age bands but most important for children from birth to age 5.
- Secondary data confirmed the urgency of healthcare access issues for children birth to age 5, as Alabama remains at the bottom of the national rankings for low birth weight and infant mortality.
- Parent education about available services and resources and how to navigate them seems to be emerging as a missing piece between secondary data indicating children in Alabama are well-insured and primary data indicating parents perceive their access to healthcare is limited.
- Access to healthcare for older children (6-13 and 14-18) often included references to access to mental health services.
- Child and adolescent safety was a top concern for all age groups, although the specific type of safety concerns shifted with older children and teens to concerns about substance abuse and mental health.
- Although secondary data indicators have yet to trend at an alarming rate in areas such as mental health, suicide, and substance abuse, slightly negative shifts in some metrics collected before the pandemic indicate potential for serious concern given the salience of these issues in the primary data.

Introduction

Children’s of Alabama engaged the Public Affairs Research Council of Alabama (PARCA) to conduct primary research and secondary data analysis in support of its 2022 Community Health Needs Assessment. PARCA conducted this work in accordance with the CHNA regulations provided by the IRS and *The Patient Protection and Affordable Care Act 2010*, the CHNA’s enabling legislation. The project design was developed in conjunction with Children’s of Alabama’s staff, based on the design and findings of the 2013, 2016, and 2019 CHNAs, and executed by PARCA staff.

State Characteristics

Understanding demographic data for the U.S., Alabama, and the primary and secondary regions for Children’s is critical to understanding and interpreting CHNA data. Demographic data from the U.S. Census Bureau is displayed in the following tables. Table 1 displays the total population under 18 for the Children’s Primary and Secondary Service Area.

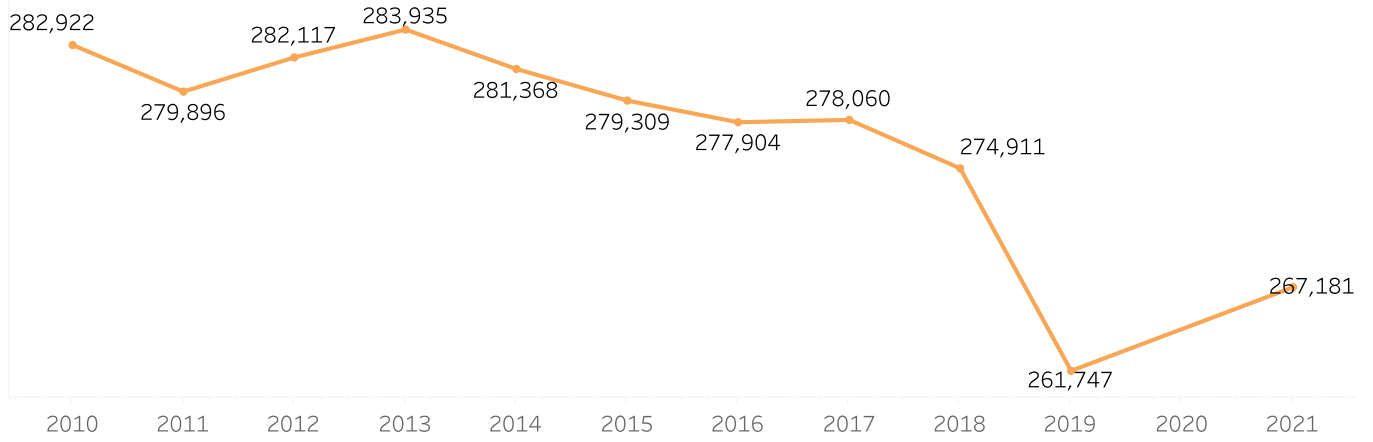
Table 1. 2021 Population and Percent Change Since 2010

Area	Total Population 2021	Total Population 2010	Percent Change
Primary Service Area	1,114,262	1,128,978	-1.3%
Secondary Service Area	3,925,615	3,656,320	7.4%

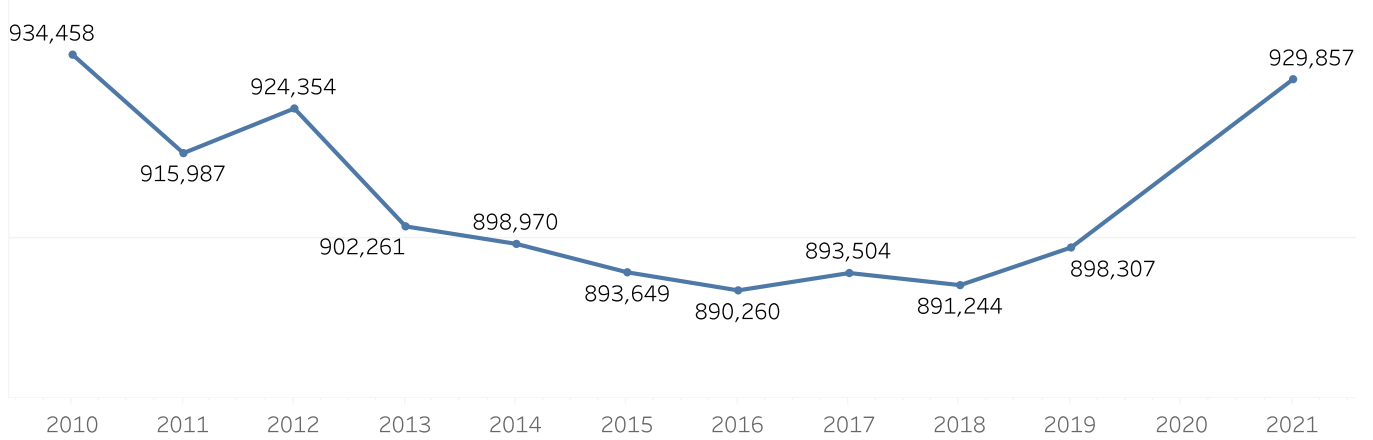
As can be seen in the table, the Secondary Service Area is outpacing the Primary Service Area by a large margin. The pattern shifts somewhat as population trends for those under the age of 18 are examined.

Figure 1. Under 18 Population Trends, 2010-2021

Primary Service Area



Secondary Service Area

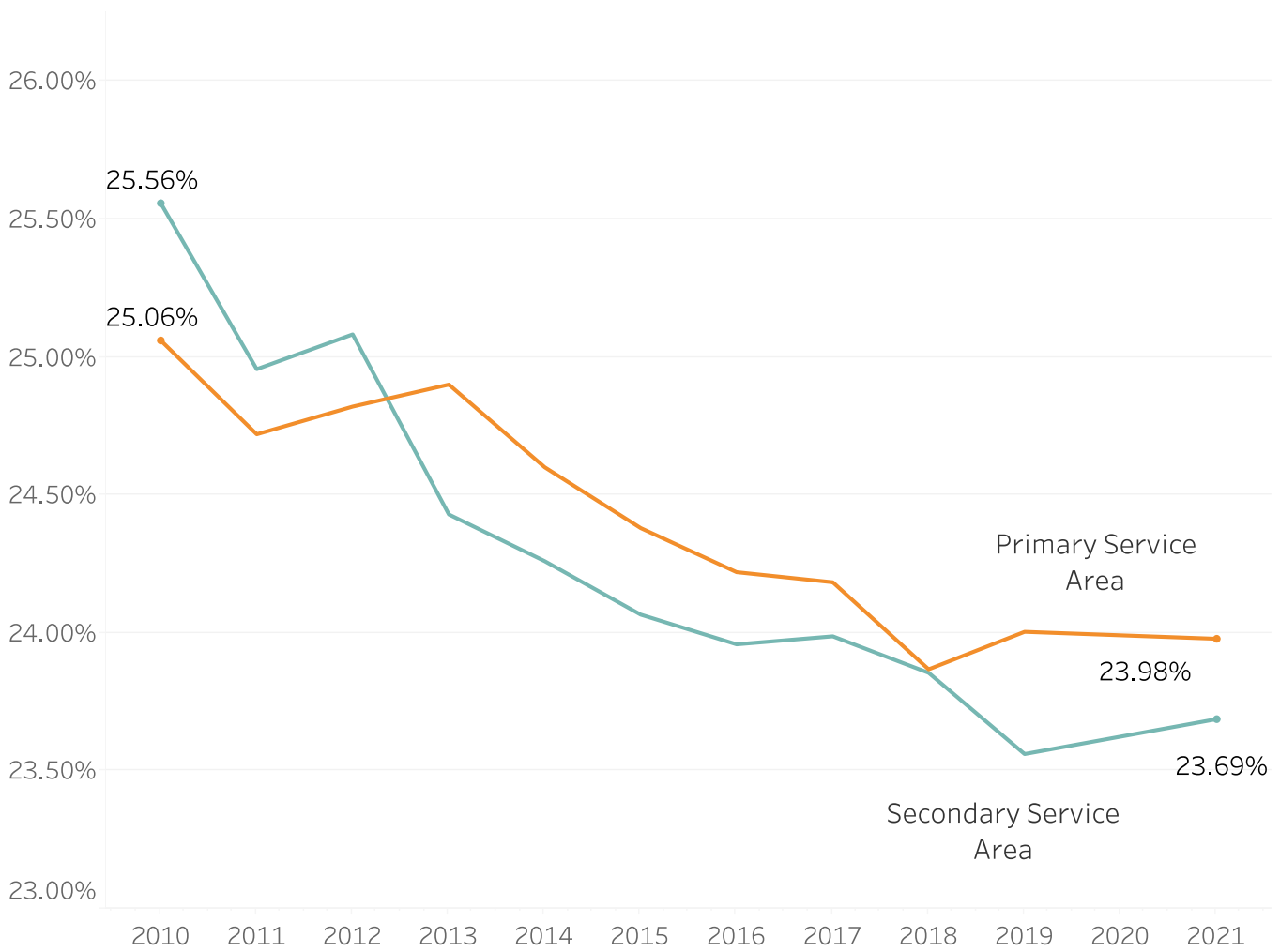


From 2010 to 2021, Alabama’s overall pediatric population diminished by 1.7%. However, over the past few years (2019-21), the under-18 population in the primary and secondary service areas has experienced growth. Jefferson County’s pediatric population has grown at a pace (2.3%) that falls behind the state’s (3.2%). Meanwhile, Baldwin County and Madison County have continued to surge with increases of 7.3% and 5.1% respectively.

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

Figure 2. Under-18 Percentage of Total Population, 2010-2021

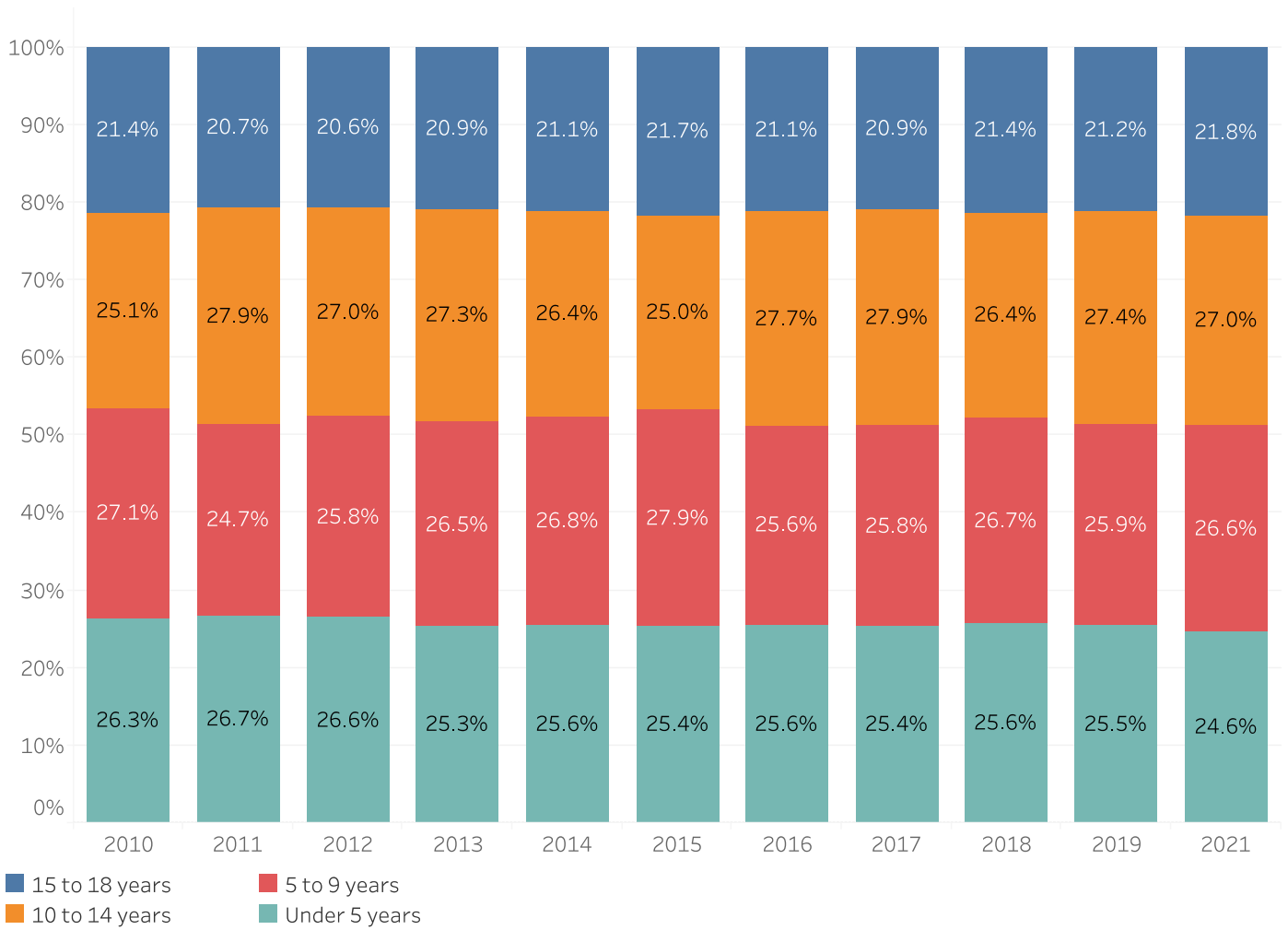
Under-18 Percentage of Total Population



Despite recent growth in the number of children under 18, children in the primary and secondary service areas make up a lower portion of Alabama’s total population today than they did 10 years ago. Notably, the rest of Alabama increased slightly since 2019 while the primary service area has continued to decrease.

Figure 3. Distribution of Children in Primary Service Area by Age

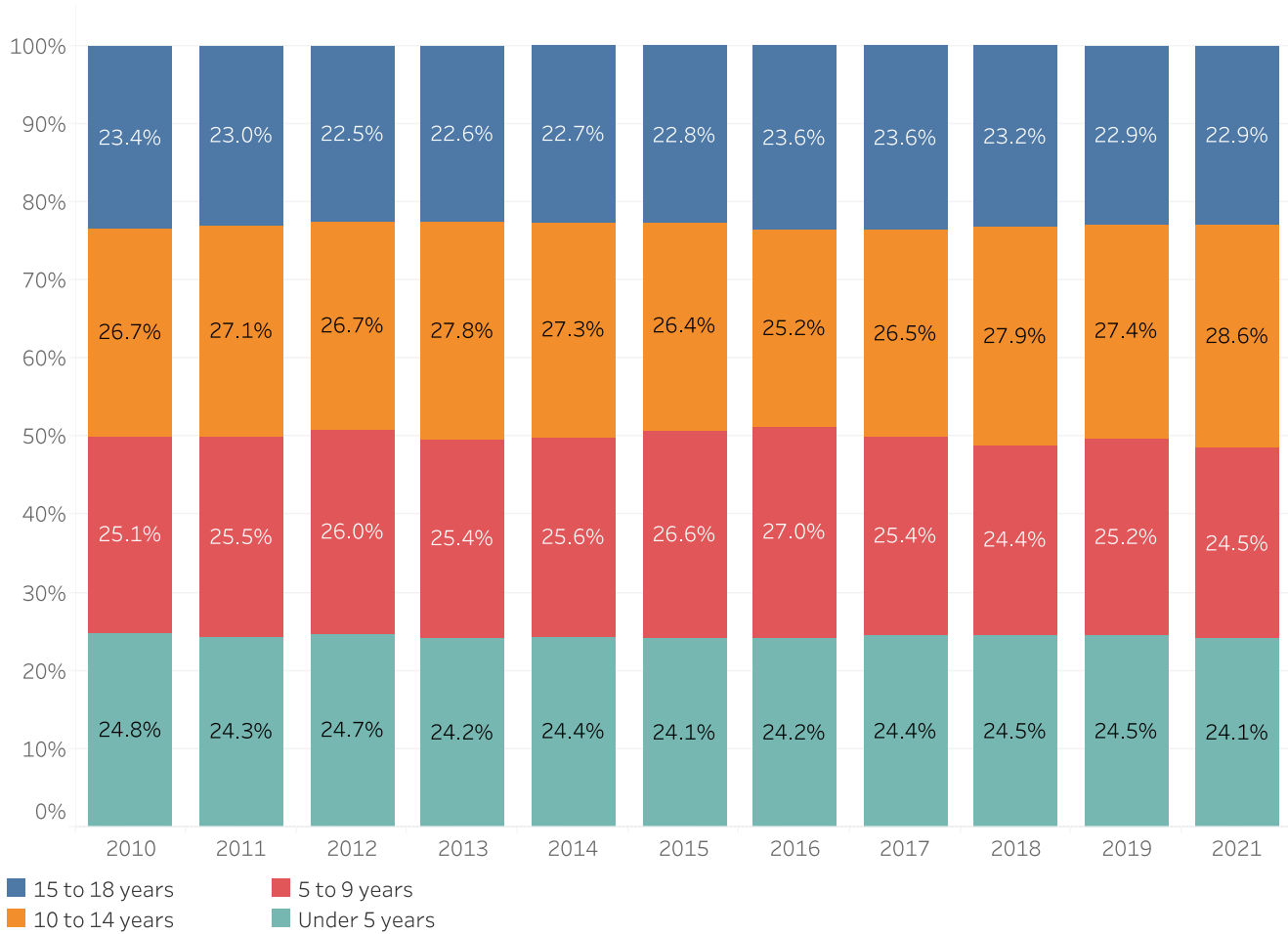
Distribution of Children in Primary Area



Despite fluctuations in the number of children in the population, the portions of each group remain consistent at this level.

Figure 4. Distribution of Children in Secondary Service Area by Age

Distribution of Children in Secondary Area



The secondary service area also has a consistent distribution of children in their county. Notably, the secondary service area has higher proportions of younger children and lower proportions of older teenagers than the primary service area.

Instruments, Sample, and Data Collection Procedures

Primary data consisted of an online stakeholder survey, a telephone survey of Alabama residents, a series of focus groups with community members and parents, and structured interviews with a sample of state stakeholders. In addition to the primary data, PARCA conducted a review of published secondary data on 15 healthcare indicators for children and families. Data procedures and sample demographics for all instruments employed are described in the following sections.

Stakeholder Survey

PARCA conducted an online survey of stakeholders across Alabama. The full survey is provided in Appendix B. The survey was developed jointly between PARCA and Children’s staff using Qualtrics. Skip-logic was employed to focus respondents on age bands they felt most confident discussing and to reduce the length of the survey. The survey link was sent by email and open from April 28, 2022 through August 12, 2022.

The survey was distributed to 30 organizations with the request that the survey be forwarded to the organizations’ membership lists. See the complete list of organizations that received the survey in Appendix A. These organizations and distribution lists were selected because of their professional and geographic diversity, and because of their experience with children of many backgrounds and in a variety of settings. The organizations and distribution lists were not random. However, the choice to participate in the survey was at the discretion of each individual who received an invitation. The survey methodology compares very favorably with survey methodologies implemented by Children’s peers. The survey generated 510 unique responses, compared to 553 in 2019 and 481 in 2016.

Survey Demographics

PARCA examined the demographic data provided by respondents on the stakeholder survey. The charts represent gender, race/ethnicity, and age range of respondents. Demographic patterns were very similar in 2022 to past survey administrations (2016 and 2019).

Figure 5. Gender Makeup of Survey Respondents

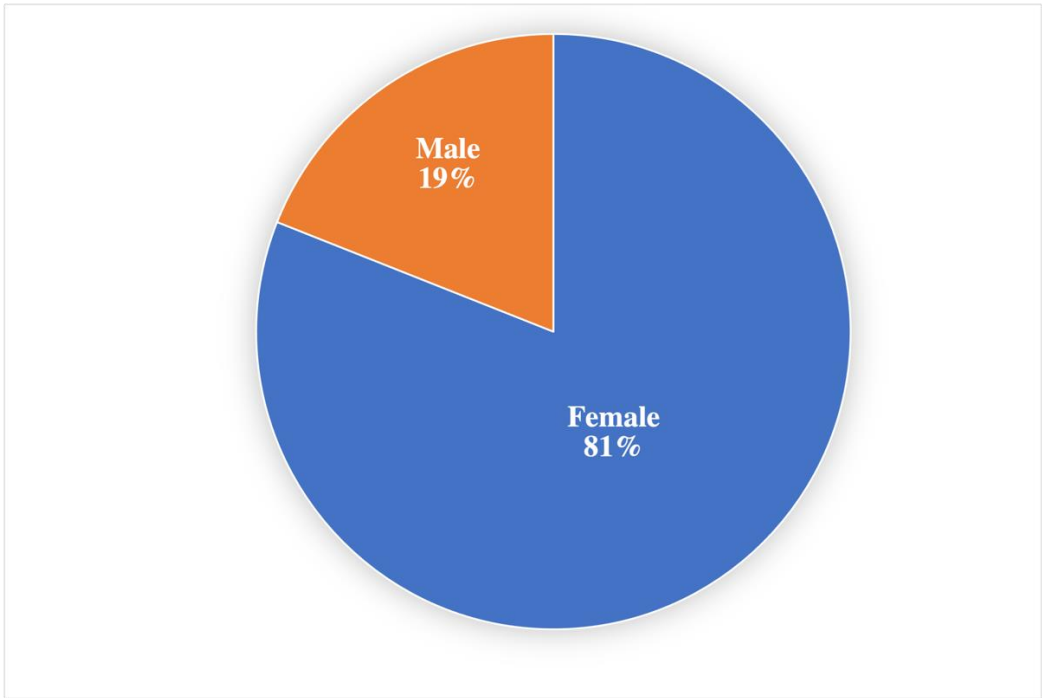


Figure 6. Racial/Ethnic Makeup of Survey Respondents

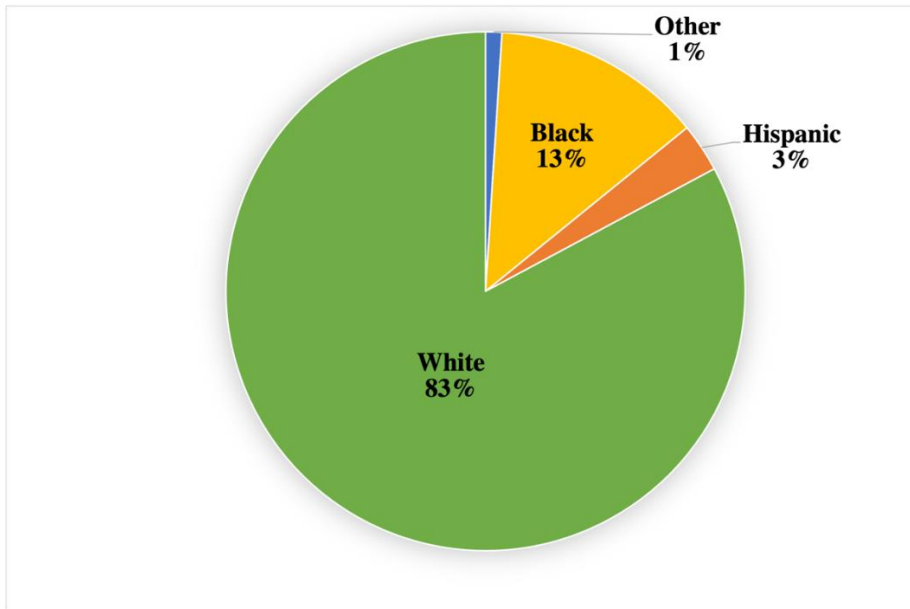
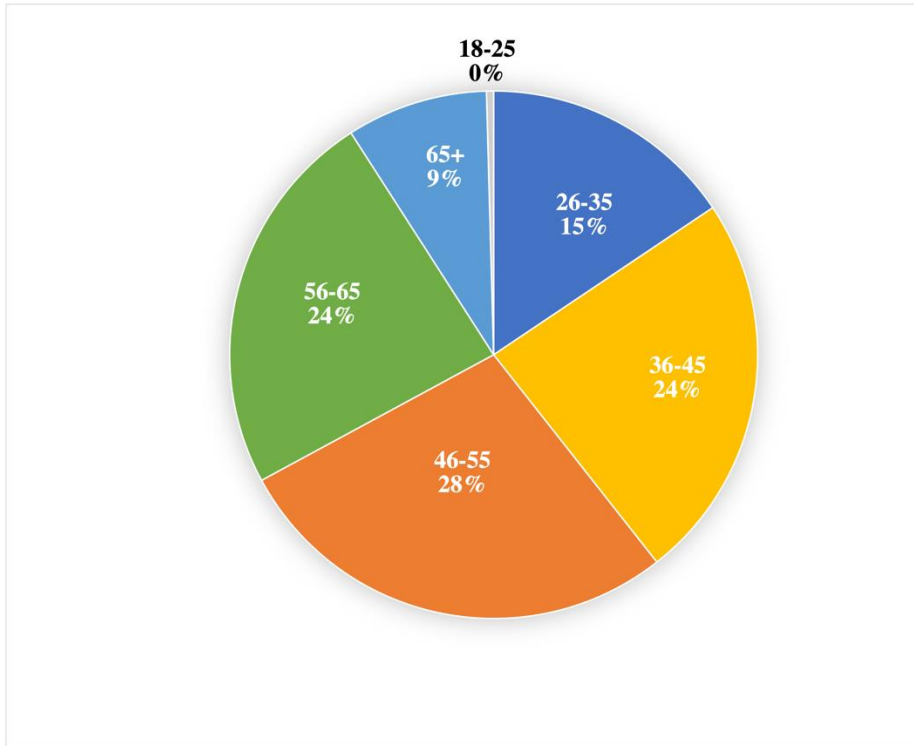


Figure 7. Age Makeup of Survey Respondents

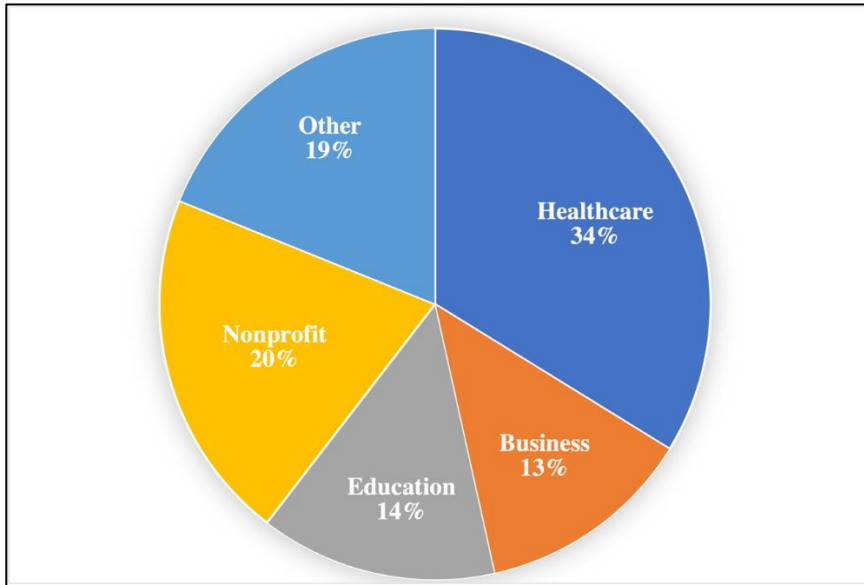


As can be seen from the charts, the majority of respondents to the stakeholder survey identified as female, white, and between the ages of 36 and 65. It is important to remember that these numbers are skewed compared to the population of the state of Alabama. Women were over-represented in the survey. Non-whites were underrepresented in the survey. And younger residents were slightly under-represented. Measures were taken by PARCA to triangulate stakeholder survey data to ensure equitable representation of disaggregated groups by using additional measures, such as the telephone survey, interviews, focus groups, and examination of trends in secondary data.

Professional Sectors

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

Figure 8. Respondents by Sector (N=503)



Respondents selecting either educator or healthcare provider were asked to elaborate on that role. See Figures 9 and 10 for the breakdown by professional sector.

Figure 9. Educators by Profession

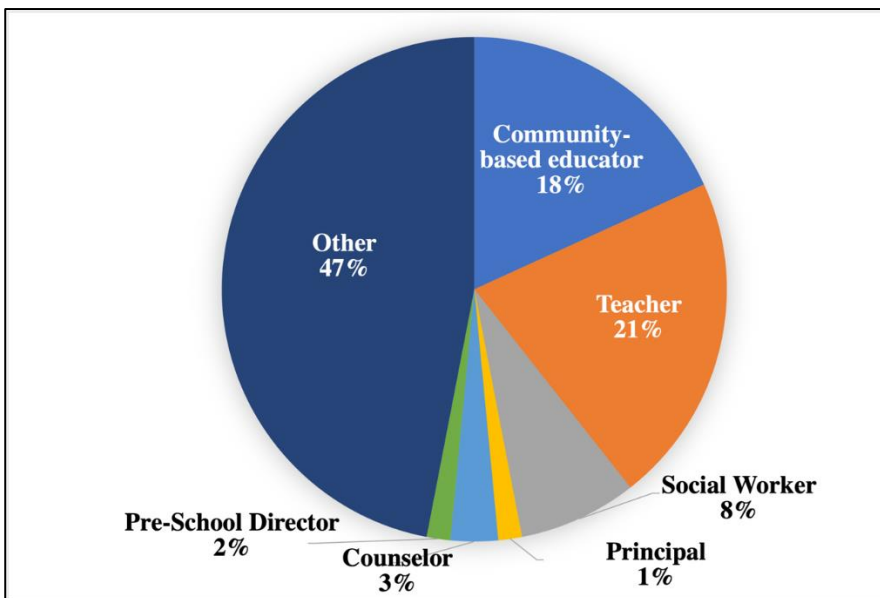
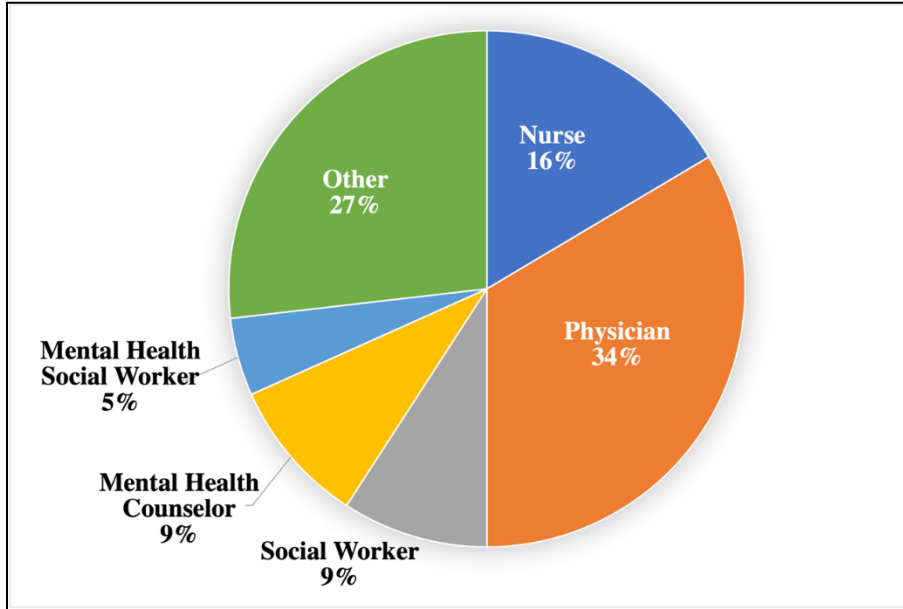


Figure 10. Healthcare Providers by Profession



Geographical Reach and Service Area Representation

Multiple steps were taken to identify the primary and secondary service areas. For example, an item on the survey asked about counties served. If one of the seven primary service area counties was indicated, the respondent was included in the primary service area. Some respondents indicated “none” or “entire state” or did not respond at all. Those who indicated “entire state” were included in the primary service area. Those that could not be determined were included in the secondary service area. About one-third (30.8%) of the 503 total respondents were included in the primary service area; 348 of the 503 (69.2%) were included in the secondary service area.

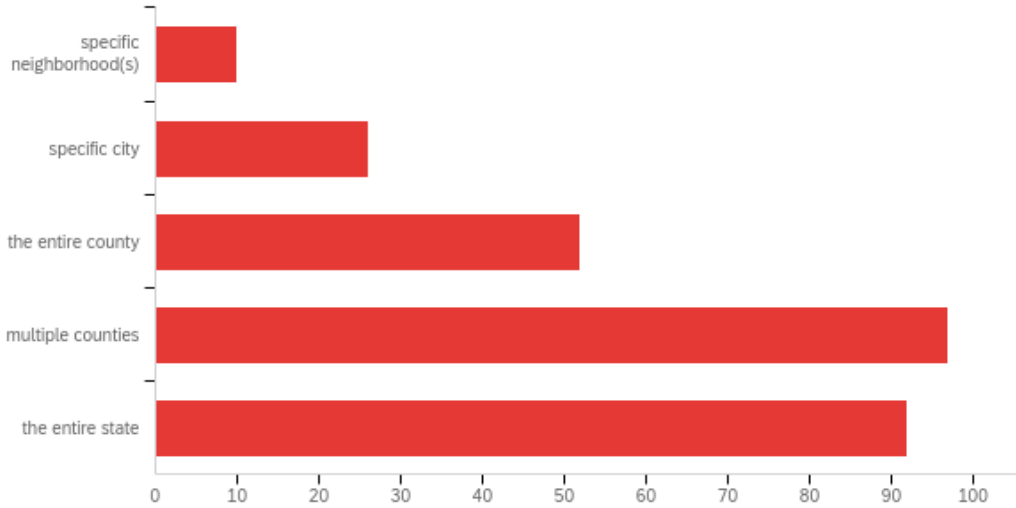
As for representation across the state, almost all counties in Alabama were represented by at least one respondent. A total 66 of the 67 counties that are served by respondents were included in the analysis. Franklin County is the only county not included. Jefferson County logged the most respondents (n=89), followed by Shelby County (n=49), St. Clair County (n=28), and Walker County (n=25).

There was also variance in the reach of respondents. When asked about the area served by respondents’ organizations, some reported they served the entire state while others



served areas as small as a neighborhood. Most were in-between. The range is represented in the chart below.

Figure 11. Area Representation of Respondents



The majority of respondents represented an entire county or multiple counties (54%). About 10 represented a city in the state. A small portion of respondents represented a single neighborhood. And about one-third of respondents (33%) represented the entire state.

Interviews and Focus Groups

PARCA collected qualitative data through focus groups and interviews. Data both corroborated and elaborated on themes that emerged from survey data. A total of 4 focus groups and 9 structured interviews were conducted between August and November of 2022. Focus groups and interviews lasted, on average, one hour each.

Table 2. Focus Groups

Group	Area	N	Age	Black/White Percentage	Male Female Percentage
Youth leaders, counselors, parents, and residents	Birmingham-area Neighborhood Associations	12	Mixed	50% / 50%	25% / 75%

Community organizers and residents	Birmingham-area Neighborhood Associations	8	Mixed	25% / 75%	25% / 75%
Parents	Birmingham YWCA	14	Mixed	93% / 7%	7% / 93%
Parents	Childcare Resources	7	20s--40s	86% / 14%	100% / 0%

Interviews were conducted with the following stakeholders:

- Director, Government and Economic Development Institute, Auburn University
- The Alabama State Health Officer
- CEO, Kid One Transport
- CEO and Medical Director, Christ Health Center
- Executive Director, Wellstone of North Alabama
- The Alabama State Mental Health Commissioner
- Superintendent, Jasper City Schools
- Deputy Commissioner of Children and Family Services
- Managing Director, End Child Hunger in Alabama

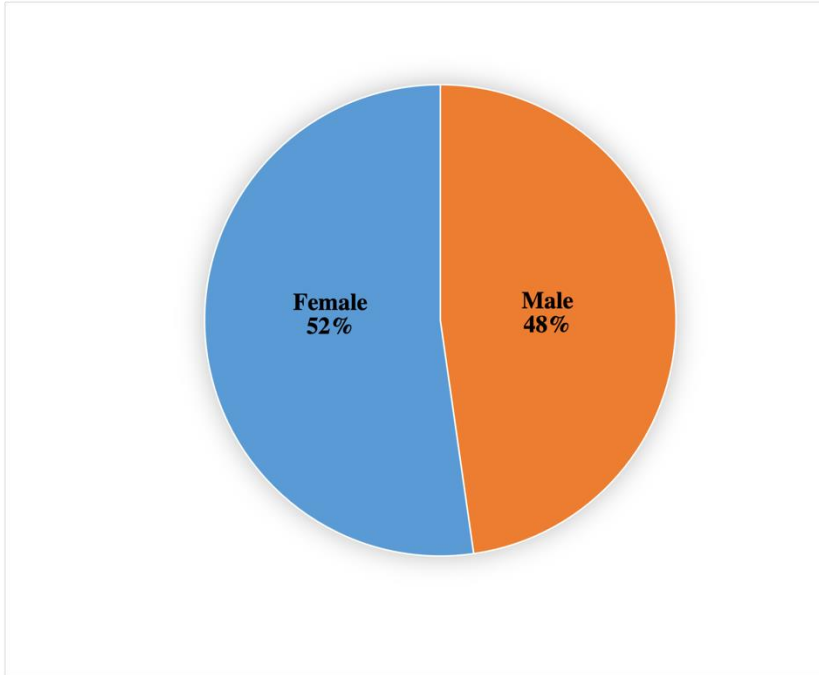
Telephone Survey Demographics

A telephone survey of randomly selected residents in Alabama was conducted by Cherry Communications. There were 752 survey respondents.

Gender

The telephone survey was relatively evenly split among males and females. About 48% of the sample was male and 52% was female.

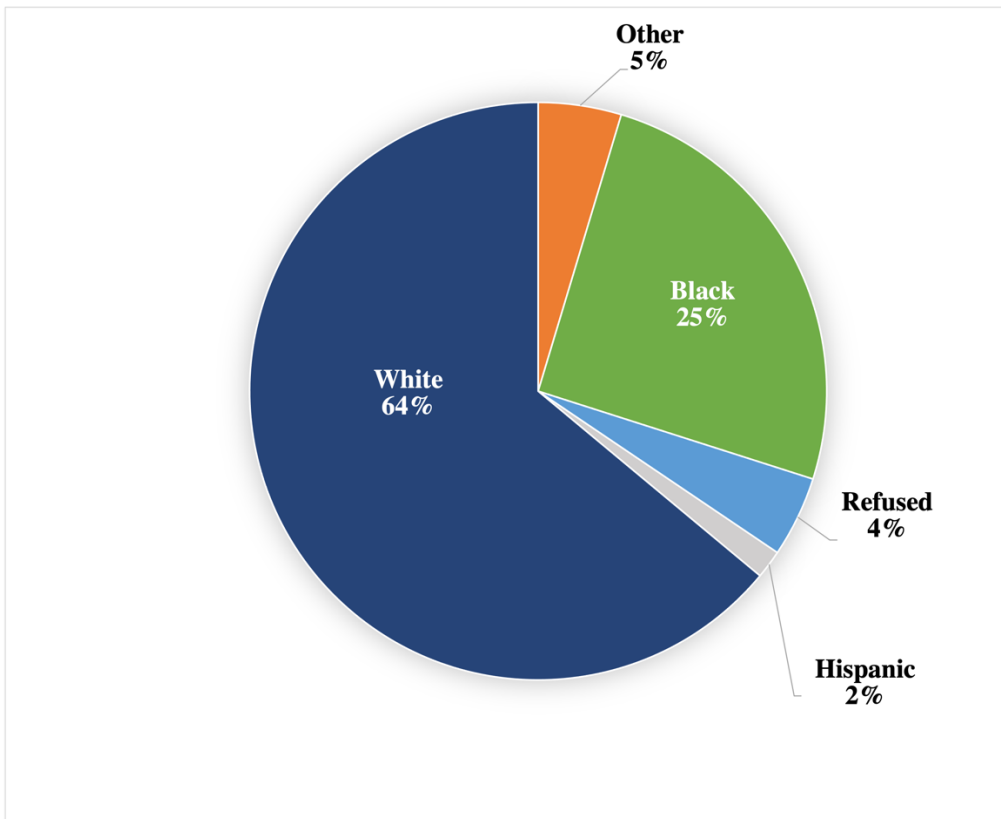
Figure 12. Gender Makeup of Respondents



Race/Ethnicity

The racial/ethnic makeup of the survey respondents was similar enough to the state population patterns to not be of concern. About 64% of the survey respondents were White, 26% were Black, and a little under 2% identified as Hispanic. A little under 5% identified as “other.” The remaining portion declined to answer.

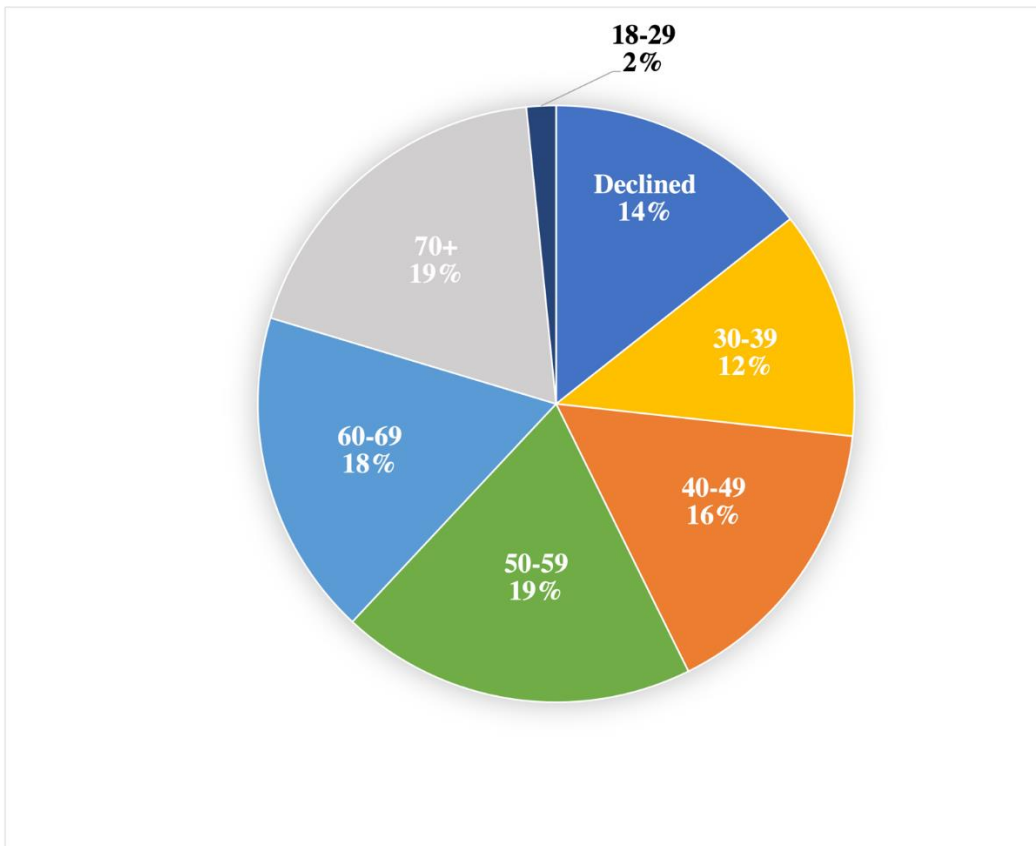
Figure 13. Racial/Ethnic Makeup of Survey Respondents



Age

There was a decent spread across age groups. Each age band was represented in the survey; however, it is important to note that over half of the respondents (56%) were over the age of 50. This could potentially skew results. Those 18 to 29 (14%) and 30 to 39 (12%) represented the smallest portions of the sample.

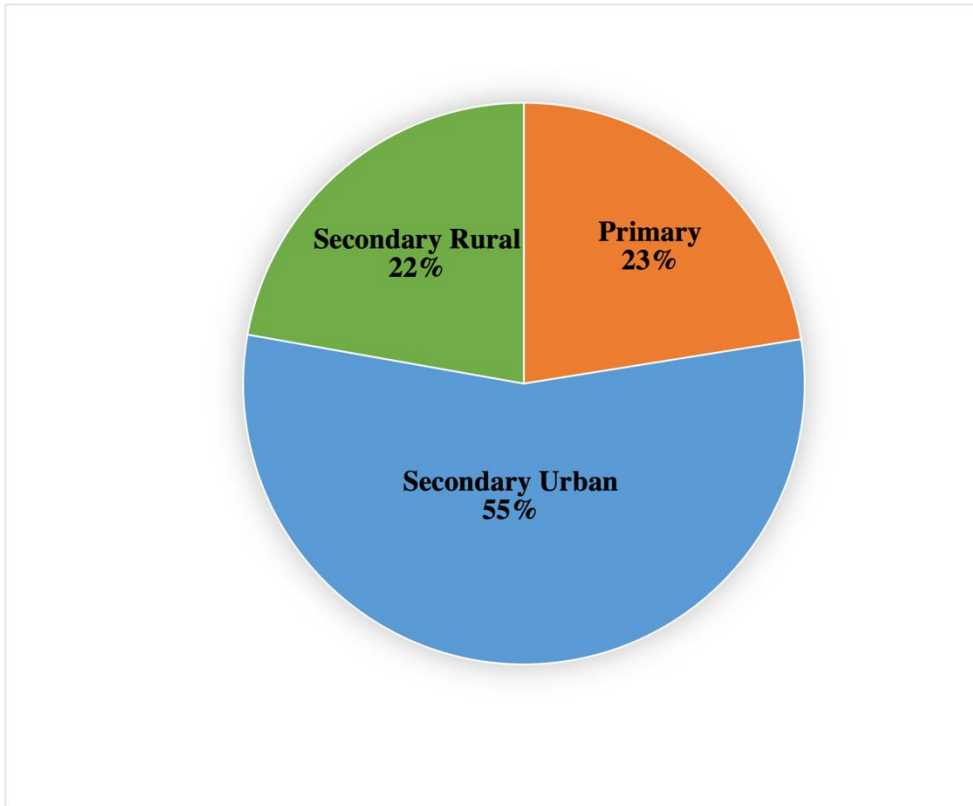
Figure 14. Age Makeup of Survey Respondents



Geography

The majority of respondents (55%) were classified as secondary urban. Secondary rural and primary each made up about 22.5% of the sample.

Figure 15. Geographic Representation of Survey Respondents



Data Analysis and Results

Survey data were analyzed primarily using descriptive statistics. Responses, including demographics, were examined for consistency with past survey administrations (2016 and 2019). Interviews and focus groups were analyzed through a process of thematic/content analysis. Secondary data sets were analyzed for trends over time.

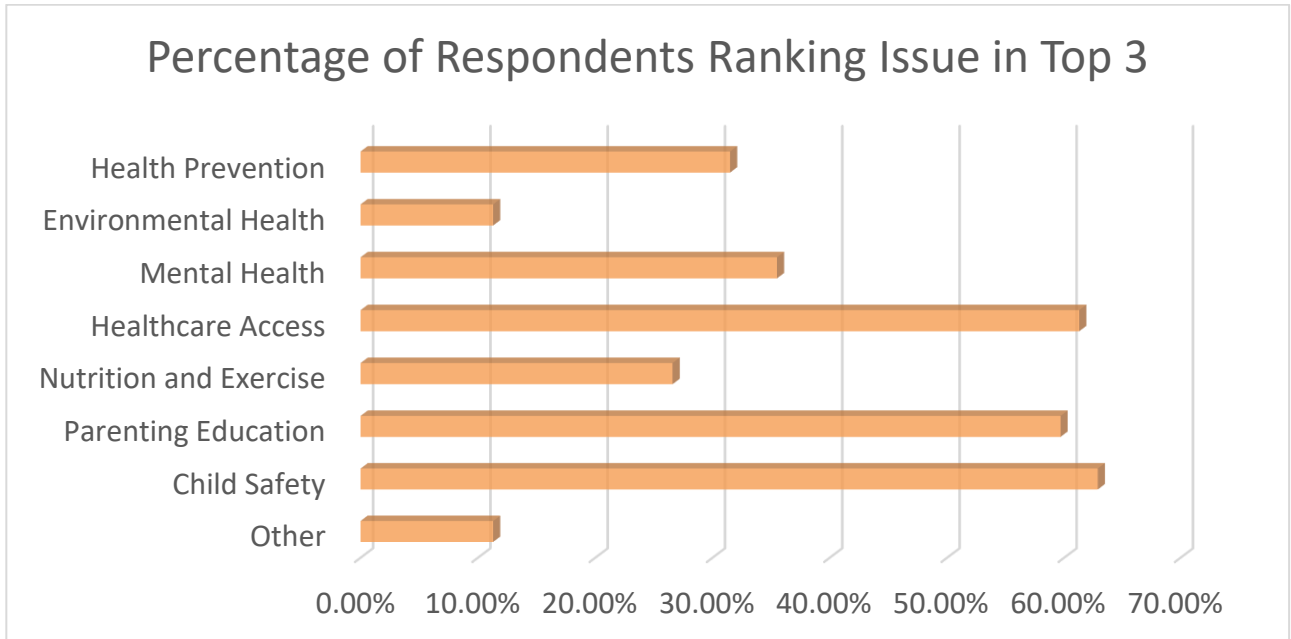
Stakeholder Survey Results

Results of the stakeholder survey were analyzed by age band (birth to age 5, ages 6-13, and ages 14-18). Because respondents could choose to answer questions in any or all of the three age bands, based on their area of expertise, sample sizes varied by group. Items were parallel across age bands although not exactly the same. Wording sometimes varied based on relevance. For example, the rate of reported substance abuse in children age birth to 5 was not considered meaningful; therefore, the item was modified in this age group to address substance abuse issues of parents and caregivers of children birth to age 5.

Children Birth to Age 5 (n=124)

Respondents were asked to rank a set of 8 health issues from most important (1) to least important (8). Below is the percentage of respondents who selected each of the issues in their top 3.

Figure 16. Percentage of Respondents Ranking Issues in Top 3



There were very few differences in the three most frequently cited issues between the primary and secondary service area respondents. Both cited child safety, healthcare access, and parenting education most frequently. Some differences began to emerge toward the bottom of the rankings, as can be seen below:

Table 3. Health Issue Response Patterns by Service Area

Primary Service Area		Secondary Service Area	
Child Safety	63.0%	Child Safety	62.9%
Healthcare Access	61.1%	Healthcare Access	61.4%
Parenting Education	59.3%	Parenting Education	60.0%
Health Prevention	42.6%	Mental Health	38.6%
Mental Health	31.5%	Nutrition and Exercise	35.7%
Other	16.7%	Health Prevention	22.9%
Nutrition and Exercise	14.8%	Environmental Health	11.4%
Environmental Health	11.1%	Other	7.1%

As can be seen from the table, mental health and nutrition and exercise were more important for respondents in the secondary service area than for respondents in the primary service area. There was a substantial portion (16.7%) of primary service area respondents who indicated “other” for this item. Although respondents were asked to elaborate in the box provided, they did not elaborate on this item.

Access to Healthcare

Access to Healthcare was identified as the #1 issue overall, but was 2nd, slightly behind child safety, in terms of frequency with which it was cited as a top 3 health issue for birth to 5-year-olds. There were no notable differences between response patterns for primary and secondary service area respondents. Responses to a follow-up item on access to healthcare elaborates on this issue.

Table 4. Issues Related to Healthcare Access

For families of children birth through 5, how often do you see the following issues related to healthcare access?

Question	rarely/ never	n	sometimes	n	often	n	very often	n	Total
Lack of access to mental/behavioral health	8.80%	11	23.20%	29	30.40%	38	37.60%	47	125
Lack of access to dental care	20.16%	25	44.35%	55	26.61%	33	8.87%	11	124
Don’t qualify or can’t afford health insurance	25.00%	31	44.35%	55	18.55%	23	12.10%	15	124
Unavailable primary care after 6 p.m. or on weekends	13.60%	17	24.80%	31	32.00%	40	29.60%	37	125
Struggles with high deductibles or co-pays	12.10%	15	37.10%	46	25.00%	31	25.81%	32	124
Other	36.36%	4	9.09%	1	9.09%	1	45.45%	5	11

Two-thirds of respondents (68%) indicated that a lack of access to mental and behavioral healthcare for this age band was an issue they saw often or very often. This was followed by “unavailable primary care after 6 pm or on weekends” (61.6%) and “struggles with high deductibles or co-pays” (50.8%). Problems with access were underscored in the comments made by respondents in open-ended items:

- *“For working parents or parents who are caregivers for the older generation as well as the younger, there are not enough business hours when they can run errands to access services, especially if they are working.”*
- *“yes lack of access - no appointments available, no transportation, no insurance, lack of child care, lack of knowledge of what is available, attitudes of those that assist parents/caregivers.”*

Child Safety

Nearly two-thirds (63%) of respondents identified Child Safety as one of the top 3 health issues facing children 0 to 5 years old. A little over 20% of respondents chose this as their #1 concern. A follow-up item looked at specific child safety issues and asked respondents to select their three most pressing concerns.

Table 5. Issues Related to Child Safety

Response Options	N Selected
Alcohol / drug / tobacco use of parents or caregivers	77
Behavior related to bicycles, motorcycles, or ATVs	11
Child care / ‘Safe Sitters’	63
Child passenger seat safety	47
Fire safety	4
Firearm safety	41
Home safety	54
Pedestrian safety	4
Playground safety	9
Safe sleeping practices	58
Other	3

As can be seen from the table, alcohol/drug/tobacco use of parents or caregivers was identified most often as the top concern. It was listed as one of the 3 most important issues by 62.1% of respondents (77 of 124). Child care/ ‘Safe Sitters’ was mentioned as a top 3 issues by 50.8% of respondents followed by safe sleeping practices (46.7%). Home safety, child passenger seat safety, and firearm safety were all mentioned in the top 3 by over 30% of respondents. When broken down by primary and secondary service area, we see slight

differences in response patterns but nothing notable.

Table 6. Child Safety Response Patterns by Service Area

Primary Service Area (n=55)		Secondary Service Area (n=69)	
Alcohol / drug / tobacco use of parents or caregivers	56.4%	Alcohol / drug / tobacco use of parents or caregivers	66.7%
Childcare / ‘Safe Sitters’	52.7%	Childcare / ‘Safe Sitters’	49.3%
Home safety	52.7%	Safe sleeping practices	49.3%
Safe sleeping practices	43.6%	Child passenger seat safety	40.6%
Firearm safety	38.2%	Home safety	36.2%
Child passenger seat safety	34.5%	Firearm safety	29.0%
Behavior related to bicycles, motorcycles, or ATVs	7.3%	Behavior related to bicycles, motorcycles, or ATVs	10.1%
Playground safety	7.3%	Playground safety	7.2%
Pedestrian safety	3.6%	Fire safety	2.9%
Fire safety	3.6%	Pedestrian safety	2.9%
Other	0.0%	Other	4.3%

Parent Education

Parent education was a critical issue for respondents in the birth to age 5 band. This held true whether respondents were from the primary or secondary service area. Nearly 60% of respondents indicated it was a top 3 issue. About 25% chose it as their #1 concern for this age group. It was also mentioned in qualitative items related to other healthcare concerns for this age group. For example, when asked what should be done to remove barriers to healthcare access for children birth to 5, respondents referred frequently to parent education:

“Education is the key - without knowledge of the resources available then access is irrelevant.”

“Better care and access, increase education in underserved communities.”

Parent education was also cited as an important issue in focus groups and interviews. It was especially dominant in parent focus groups. Much time was spent among participants discussing ways to inform parents of available resources, raise awareness, and increase parent knowledge and understanding, particularly with regard to mental and behavioral health. Social and psychological services were seen as critical needs in both urban and rural communities.

Nutrition and Exercise

Although not a top 3 issue in 2022 for this age group, nutrition and exercise have been top concerns for respondents in past years, especially in the 2019 stakeholder survey administration. It also represented the one health area that yielded meaningfully different response patterns between the primary and secondary service areas. About 36% of respondents in the secondary service area identified it as a top 3 issue, which was significantly more prominent than the 15% of respondents in the primary service area who placed it in the top 3.

Several issues related to nutrition and exercise were noted as being very urgent or urgent concerns, as can be seen in the table below.

Table 7. Issues Related to Nutrition and Exercise

Based on your work with children birth through 5, how urgent is each of the following health issues?

Item	important, but not urgent		somewhat urgent		urgent		very urgent		Total
Lack of access to nutritious foods	10.57%	13	32.52%	40	34.15%	42	22.76%	28	123
Diabetes	37.40%	46	36.59%	45	18.70%	23	7.32%	9	123
Issues with infant nutrition	11.48%	14	30.33%	37	35.25%	43	22.95%	28	122
Lack of exercise	17.21%	21	36.89%	45	29.51%	36	16.39%	20	122
Lack of summer feeding programs	18.03%	22	30.33%	37	34.43%	42	17.21%	21	122
Obesity	14.75%	18	33.61%	41	26.23%	32	25.41%	31	122
Other	30.00%	3	0.00%	0	40.00%	4	30.00%	3	10

The urgency of specific health issues for this population was very salient. Of the 6 listed health issues, 4 were cited as urgent or very urgent by more than 50% of respondents. Only diabetes and lack of exercise were cited as urgent or very urgent by fewer than 50% of respondents. Lack of access to nutritious foods, issues with infant nutrition, and lack of summer feeding programs were the most urgent concerns. Obesity was also considered to be an urgent issue by the majority of respondents. The importance of good nutrition was confirmed in many of the interviews, especially for this youngest age band, and was incorporated into discussions about healthcare access and parent education.

Mental Health

Though mental health did not register as high for children age birth through 5 as it did for school-age children, adolescents, and teenagers, about one-third of respondents cited mental health as a top 3 issue for this age group. Somewhat alarming were responses to a follow-up items asking how often respondents encountered a set of mental and behavioral health issues in children age birth to 5. Close to half of respondents (48.3%) indicated they saw stress and/or trauma in children in this age group often or very often. This was followed by ADD/ADHD seen often or very often by 43% of respondents, and panic or anxiety seen often or very often by 34.17% of respondents.

Resources and Barriers

Respondents were asked 3 open-ended questions at the close of each survey section:

- What resources are available in your community to address health issues?
- What are the barriers to accessing these resources?
- What should be done to remove barriers?

When asked about available resources for children age birth to 5 years, respondents mentioned pediatric and primary care clinics, nonprofit health center, hospitals, and Children’s of Alabama. It is important to note that many respondents listed “none” for this item or indicated a lack of knowledge of available resources:

- *“I am not sure of any other than the local doctor offices.”*
- *“I’m not aware of any.”*

Of the 76 respondents who answered the item about barriers to accessing resources for children age birth to 5, 50% (n=38) mentioned transportation as a barrier. Many also cited cost, location, parent work schedules, and other schedule conflicts with available operating hours.

- *“For working parents or parents who are caregivers for the older generation as well as the younger, there are not enough business hours when they can run errands to access services, especially if they are working.”*
- *“yes lack of access - no appointments available, no transportation, no insurance, lack of child care, lack of knowledge of what is available, attitudes of those that assist parents/caregivers.”*

When asked what should be done to remove barriers to healthcare resources for this age group, respondents most frequently mentioned parent education, funding, Medicaid expansion, and increased awareness and promotion of services.

- *“campaigns in awareness of how important these services are for children to prevent child abuse*

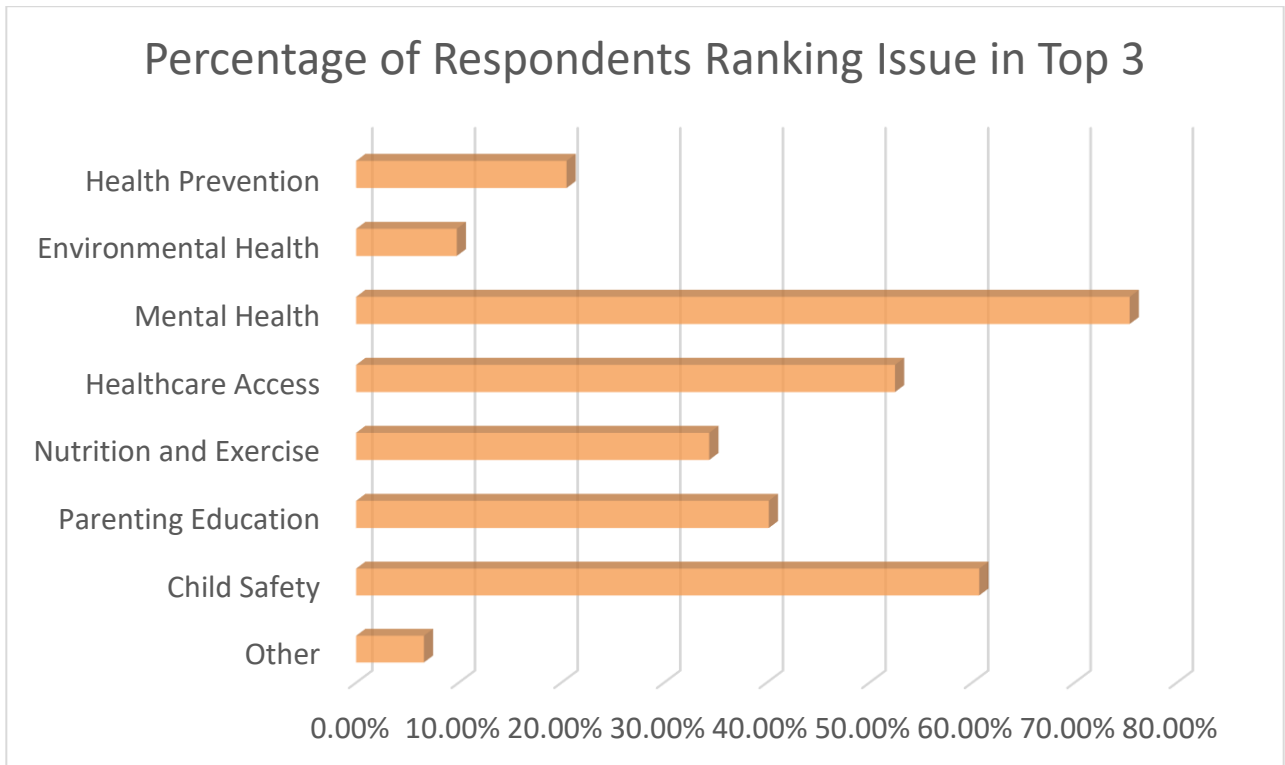
(parenting classes) and to be present for their children emotionally.”

- *“Education is the key - without knowledge of the resources available then access is irrelevant.”*
- *“Better care and access, increase education in underserved communities.”*
- *“medical uber type program BEGIN MEDICAID EXTENSION NOW!!! Be sure parents know about it once it takes effect.”*

Children Ages 6 to 13 (n=122)

In the 6-13 age band, respondents were asked to rank order 8 healthcare issues in order of importance. The percentage of respondents who ranked each issue in the top 3 appears in the chart below.

Figure 17. Percentage of Respondents Ranking Issues in Top 3



As can be seen in the chart, mental health of children ages 6-13 moved into the top 3 concerns for 75% of respondents. This was followed by child safety (60.7%) and healthcare access (52.5%). Parenting education remained a concern for about 40% of the respondent population, but it fell significantly compared to how it ranked for the birth to age 5 group. Nutrition and exercise appeared to be more of a

concern for this age band than for younger children. There were some notable differences between respondents in the Primary Service Area as compared to the Secondary Service Area.

Table 8. Health Issue Response Patterns by Service Area

Primary Service Area		Secondary Service Area	
Mental Health	78.5%	Mental Health	71.9%
Child Safety	61.5%	Healthcare Access	61.4%
Healthcare Access	44.6%	Child Safety	59.6%
Parenting Education	43.1%	Parenting Education	36.8%
Nutrition and Exercise	35.4%	Nutrition and Exercise	33.3%
Health Prevention	23.1%	Health Prevention	17.5%
Environmental Health	9.2%	Environmental Health	10.5%
Other	4.6%	Other	8.8%

Healthcare access appeared to be significantly more important to those in the secondary service area than those in the primary service area. Parenting education was slightly more important to those in the primary service area, although the issue came in 4th for both groups in terms of frequency of selection. Survey results for ages 6-13 in Birmingham aligned very strongly with the concerns expressed during all focus groups and interviews. Mental health, access to care, child safety, and nutrition and exercise were discussed as priorities for children.

Mental Health

Mental Health was identified as the #1 issue for children ages 6-13, regardless of primary or secondary service area. When asked how often they see specific mental and behavioral health issues in that age group, over 2/3 of respondents cited attention deficit disorder, stress and trauma, and depression as presenting often or very often. Below are the responses by frequency.

Table 9. Issues Related to Mental Health

How often do you see the following mental and behavioral health issues in children ages 6-13?

ADD/ADHD	76.6%
Stress and/or Trauma	70.2%
Depression	66.4%
Panic and Anxiety	63.9%
Anger Management Problems	63.7%
Bullying	56.1%
Autism	33.1%
Sleep Disorders	29.8%

Corroborating survey findings, focus group and interview respondents consistently cited mental health as the number one health concern among children in the Primary and Secondary Service Areas. Stress, trauma, depression, and anxiety were described as issues of most concern. Respondents stated that students living in homes and neighborhoods with high poverty were most vulnerable to mental health issues like trauma and abuse and oftentimes were referred for disciplinary action at school rather than for mental health services.

Healthcare Access

Access to healthcare was a top concern for respondents when asked to consider pressing health issues for children ages 6-13. Some areas related to access appear to be more urgent than others. When respondents were asked how often they see a set of healthcare access issues in the 6-13 age band, lack of mental/behavioral health access was reported as an issue seen often or very often by over three-fourths of respondents (76.2%). Unavailable primary care after 6 pm or on weekends (54.1%) and struggles with high deductibles (51.3%) and co-pays also were mentioned as seen often or very often by over half of respondents.

There were differences based on whether respondents were from the primary or secondary service area. Lack of access to mental health care was seen often or very often by about 10% more respondents in the primary service area than secondary. High deductibles and copays and lack of access during evening and weekend hours was more of an issue for respondents in the secondary service area.

Although preventive healthcare was not cited as frequently as other health issues, answer patterns were relevant to both access to care and mental health concerns for this age group. When asked about the most important areas in preventive healthcare for children ages 6-13, access to mental health services was selected by close to 75% of respondents, followed by access to primary care services selected by a little less than 40% of respondents. Behavioral assessment, violence, and education programs related to bullying also stood out as important to respondents.

Safety

Child safety was selected as a top concern for children in the 6-13 age range. When asked what issues related to child safety were most important, 60% of respondents selected alcohol/drug/tobacco use of parents or caregivers as a top 3 concern. Firearm safety was second most frequently cited (50% of respondents selected it in their top 3), and childcare/safe sitters were noted as important by a little over 40% of respondents. Alcohol/drug/tobacco use of children in this age range was selected as a top concern by about one-third of the respondents. Some who selected the “other” category wrote in issues such as self-harm, suicide, and internet safety, echoing respondents’ concern for mental health issues in this age group.

Nutrition and Exercise

Although nutrition/exercise was not nearly as frequently cited in the top 3 issues for this age group as mental health, access to care, and safety, because it did come up in interviews and focus groups and because it was such a standout issue in past survey administrations (particularly 2019), it was decided it should be examined. When asked how urgent a set of nutrition and exercise related issues were for children ages 6-13, respondents indicated lack of exercise (65.8%) and obesity (62.5%) were urgent or very urgent health issues. Lack of access to nutritious foods was the only other item that was above 50%. There was one notable difference between the way respondents in the primary service area and secondary service area answered this item. A little over 60% of respondents in the primary service area identified lack of access to nutritious foods as an urgent or very urgent issue; whereas only 48% of respondents in the secondary service area considered this issue to be urgent or very urgent. Otherwise, response patterns were similar for the two service areas.

Expanding on the themes that ran through the survey responses, after mental health, access to care, safety and violence, focus group and interview respondents were most likely to discuss the lack of healthy nutrition and exercise for this age group. Respondents said these issues are steeped in a lack of parent and family knowledge and understanding about the relationship between food and health. Many parents noted the connection between mental health issues like depression and anxiety with nutrition, exercise, and sleep. They described it as a “vicious cycle” in which a lack of proper sleep might exacerbate anxiety, and that the heightened anxiety would prevent sleep or a lack of proper nutrition and exercise might worsen symptoms of depression, which might lead to less inclination to exercise and more inclination to consume unhealthy foods. Focus group participants were adamant about the need for more and better parent education about these health topics and the mind-body connection.

Resources and Barriers

Respondents were asked 3 open-ended questions at the close of each survey section:

- *What resources are available in your community to address health issues?*
- *What are the barriers to accessing these resources?*
- *What should be done to remove barriers?*

Similar to answer patterns for the birth to age 5 group, respondents for this age group frequently responded with “very few” or “none.” Some mentioned Children’s of Alabama, health departments and primary care clinics. One respondent stood out among answers:

- *“More than I can list. Our health department does a good job of offering a variety of programs*

along with other entities, the main struggle we see is related to access (transportation, hours of operation, etc.)”

The barriers the respondent above mentioned were underscored by the comments in the next question that asked about barriers to access. Most frequently mentioned were transportation, work schedules, parental awareness, and limited resources, particularly for mental and behavioral health services.

- *“Many of the same I listed in the birth to 5. But we really need to give the schools more resources to address health needs. But please know that when schools administer routine vaccines (not talking about flu vaccines-that program is great!), many kids don’t end up going to their primary care doctors for a full health assessment for years at a time which puts them at risk of missing out on the important screenings of overall health.”*

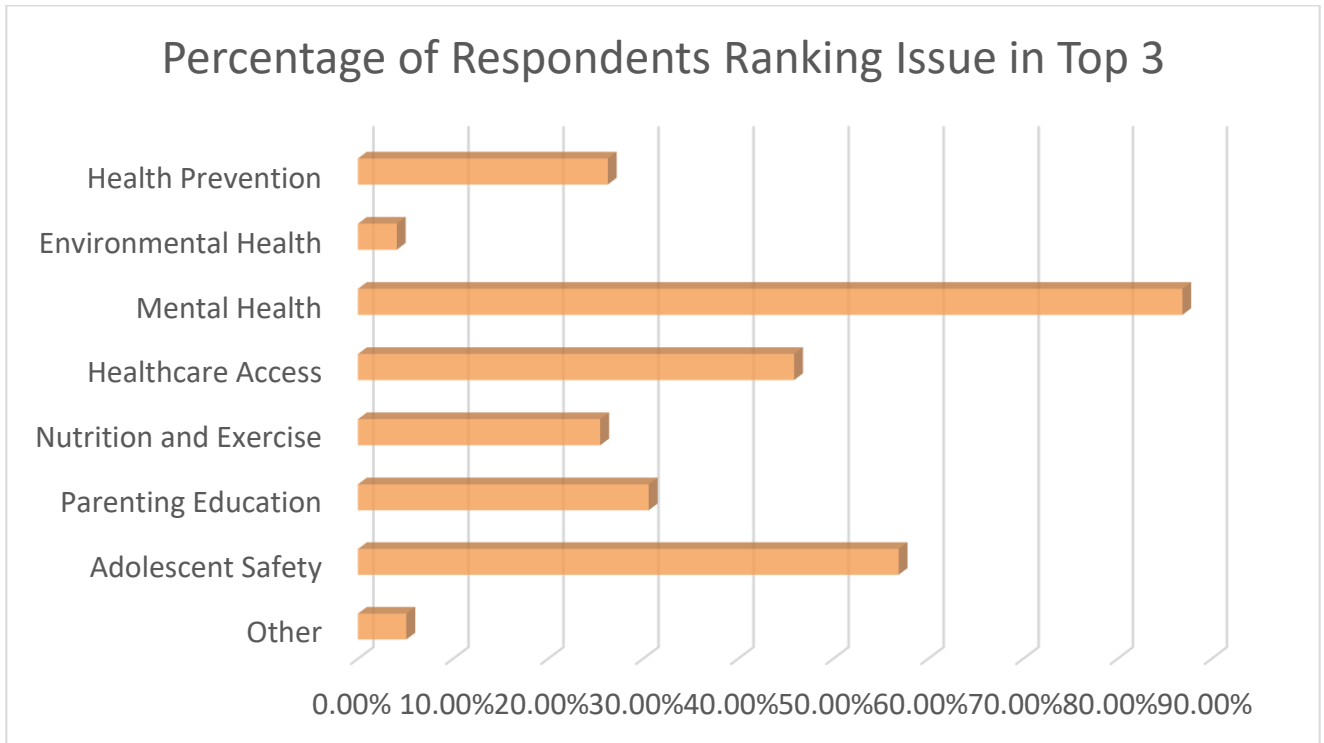
Respondents made several suggestions for how to overcome barriers for children ages 6-13. Some of those are illustrated below.

- *“More healthcare providers, mental health services need to be available in schools, more therapists, more resources.”*
- *“expand medicaid, more screenings (health/mental health/behavioral/developmental) through public schools and a pipeline to follow/assist those children who are flagged so that they can get the care they need.”*
- *“Community based transportation for children, programs that take kids over the age of 12 for child care. More grant funded daycares that are affordable. More psychologists in the area to provide assessments for children as they are over-worked and hard to find, especially those who are medicaid providers. It is hard to find medicaid providers in the area. Kids will have insurance, but there are not any providers who are accepting clients (tricare included). Maybe insurance funded daycare or after school care programs?”*

Children Ages 14 to 18 (n=99)

When asked to rank 8 major health issues facing children 14 through 18 years old, respondents placed mental health in the top 3 significantly more frequently than any other issue. The response patterns for this item are dramatically different from the response patterns in 2019, when nutrition and exercise was the top issue for this age group.

Figure 18. Percentage of Respondents Ranking Issues in Top 3



Mental Health was a top issue for over 80% of the respondents. This was true regardless of service area.

Table 10. Health Issue Response Patterns by Service Area

Primary Service Area		Secondary Service Area	
Mental Health	89.3%	Mental Health	83.7%
Adolescent Safety	64.3%	Healthcare Access	51.2%
Healthcare Access	41.1%	Adolescent Safety	46.5%
Health Prevention	33.9%	Parenting Education	39.5%
Parenting Education	23.2%	Nutrition and Exercise	30.2%
Nutrition and Exercise	21.4%	Teen Pregnancy	25.6%
Teen Pregnancy	16.1%	Health Prevention	16.3%
Other	7.1%	Environmental Health	4.7%
Environmental Health	3.6%	Other	2.3%

There were, however, some differences by service area in the way other health issues were ranked. Health prevention was significantly more prominent as a concern for respondents in the primary service area than for respondents in the secondary service area. Parenting education was a more prominent concern for respondents in the secondary service area compared to those in the primary service area. Nutrition and exercise was also a more important area of concern for those in the secondary service area.

Healthcare access and adolescent safety remained critical concerns for both service areas for 14-18 year-olds, similar to younger age groups.

Mental Health

Mental health was ranked as the most important healthcare issue for children ages 14-18 by more than 50% of the respondents, substantially more than in the two other age bands. When asked how often they encountered a set of specific mental health issues in this age group, respondents noted some issues significantly more often than others.

Table 11. Issues Related to Mental Health

How often do you see the following mental and behavioral health issues in teens ages 14-18?

Item	rarely or never		sometimes		often		very often		Total
ADD/ADHD	0.98%	1	27.45%	28	35.29%	36	36.27%	37	102
Anger Management	6.86%	7	25.49%	26	31.37%	32	36.27%	37	102
Autism	15.84%	16	53.47%	54	20.79%	21	9.90%	10	101
Bullying	5.94%	6	32.67%	33	26.73%	27	34.65%	35	101
Depression	1.96%	2	13.73%	14	33.33%	34	50.98%	52	102
Panic and/or Anxiety	1.98%	2	18.81%	19	26.73%	27	52.48%	53	101
Stress and/or Trauma	5.88%	6	9.80%	10	32.35%	33	51.96%	53	102
Sleep Disorders	17.82%	18	33.66%	34	31.68%	32	16.83%	17	101
Other	12.50%	1	0.00%	0	25.00%	2	62.50%	5	8

Almost 85% of respondents saw stress and trauma and depression in 14-18 year-olds often or very often, followed by panic and/or anxiety, seen often or very often by 79% of respondents. ADD/ADHD, anger management, and bullying were the next most often reported mental health issues. Sleep disorders, while the second to last most frequently seen, was still encountered often or very often by almost half of respondents (48.5%).

Healthcare Access

Access to healthcare was still an important issue for this age band. However, many of the issues related to healthcare access overlapped with mental health. Access to mental and behavioral health services was seen often or very often by 80% of respondents. More than half (54%) selected “very often” for this item. Access to mental health services was also identified by 84% of respondents as one of the three most important preventive care issues. Sex education was second, with education/programs related to alcohol, drug and tobacco use and violence (homicide and suicide) being identified by more than 30% of respondents.

These themes were underscored in interviews and focus groups. As with younger children, trauma was cited frequently for high school students. Participants mostly associated trauma with bullying and violence. There was also substantial concern in focus groups and interviews about teen depression and suicide. Stakeholders participating in interviews indicated concerns about the relationship between substance abuse and depression, indicating they believed the numbers for both would rise as a result of the pandemic. Vaping and opioids were significant substance use concerns of parents.

Participants in focus groups said there is a major gap in adolescent healthcare for those seeking help to stop substance abuse. According to respondents, there are no support groups for parents, support groups for kids, or local guidance on how teens can quit.

There is also a lack of providers in the private sector who can help families through these situations. Many counselors are not taking new patients and several are so backlogged that timely intervention is not possible. Respondents said there are a few resources in the Birmingham area but they are limited and hard to find.

Teachers who participated in focus groups as well as parents believed more and better psychological services are needed to be offered in schools. There was unanimous agreement among participants that there was a lack of capacity in schools to address the mental health needs of high school students. They cited a need for psychologists, counselors, and social workers in addition to student education focused on understanding mental health issues, removing the stigma of mental health support, and knowing where to go for help.

Focus group respondents also spoke about sex education, pregnancy, drugs and alcohol, violence, and depression/suicide. The impact of parents’ and teens’ lack of knowledge/understanding of health issues, particularly mental health issues, as well as health and mental health self-efficacy, was a concern for focus group participants. Parents and teachers in focus groups also mentioned a lack of understanding of and exposure to sex education as a problem. However, the biggest concerns of parents in focus groups were

violence, substance abuse and a lack of awareness about drugs and alcohol, firearm safety, and unhealthy relationships.

Safety

Examining response patterns on the survey, safety remained a top concern children ages 14-18. Adolescent Safety was the second most frequently cited healthcare issue and was equally important for those in the primary and secondary service area.

Table 12. Issues Related to Child Safety

What are the three most important issues related to child safety for children ages 14-18?

Item	N
Alcohol/ drug / tobacco use of teens	89
Bicycles, motorcycles, or ATVs	11
Child care / ‘Safe Sitters’	2
Fire safety	2
Firearm safety	43
Home safety	20
Pedestrian safety	1
Recreational sites (ball fields, etc.)	12
Safe sleeping practices	2
Sports	4
Teen driving	46
Teen trauma	62
Other	8

Similar to themes that emerged in interviews and focus groups, alcohol/drug/tobacco use of teens was identified at a very high rate. Close to 90% of respondents indicated this was a top 3 safety issue for children ages 14-18. Teen trauma, teen driving, and firearm safety were also selected as one of the 3 most important issues by more than 40% of stakeholders, with trauma being selected by more than 60% of respondents.

Nutrition and Exercise

It is important to note that although nutrition and exercise is no longer one of the most pressing issues for teens according to respondents, there remain issues related to nutrition and exercise that respondents identified as being urgent or very urgent. For example, obesity was seen as an urgent or very urgent issue by 67.3 of the respondents, and lack of exercise was seen as urgent or very urgent by 61.4% of respondents. As with younger children, over 50% of respondents identified the lack of access to nutritious foods as an urgent/very urgent concern.

Resources and Barriers

Respondents were asked 3 open-ended questions at the close of each survey section:

- *What resources are available in your community to address health issues?*
- *What are the barriers to accessing these resources?*
- *What should be done to remove barriers?*

The responses to these questions were very similar in the 14-18 year-old group as for the two younger groups. Respondents seemed generally unaware of what services were available in their area. Barriers centered around transportation challenges, parent education, and mental health. Mental health concerns were more prominent in this group than in the younger age bands.

- *“Parental/family education, attitudes, support, transportation”*
- *“Yes. From what we hear, parent(s)/guardians don't seem to take mental health as seriously as physical health. Due to this, 14-18 are struggling on their own.”*

When asked what could be done to remove barriers, response patterns were similar to younger age bands with an enhanced focus on mental health.

- *“We need more mental health practitioners in our area. We also need more evening and weekend appointment options.”*

Telephone Survey Results

A total of 752 residents responded to the telephone survey. Similar to the stakeholder survey, the telephone survey items focused on healthcare issues facing children ages birth to 5, 6-13, and 14-18, although the item format was slightly different in that respondents were asked to select only one issue—the one they deemed most important—and there were no follow-up items. With a few exceptions, results from the telephone survey were very similar to results from the stakeholder survey. Items and their response patterns appear below.

Table 13. Top Issues for Children Birth to 5
Of the following health issues, which do you feel is most important to address for children from birth to five years old?

	N	%
Access to Quality, Affordable Healthcare	306	40.69
Child Safety	76	10.11
Environmental Health	17	2.26
Prevention of Health Issues	34	4.52
Mental Health - Either Child or Parent or Guardian	74	9.84
Nutrition and Exercise	86	11.44
Parent or Guardian Education	91	12.10
Other	28	3.72
Unsure/Declined	40	5.32
	752	100.00

Access to healthcare was by far the most important issue for this age band, selected as the number one issue by 40% of respondents. Child safety, nutrition and exercise, parent education, and mental health were each cited as top concerns by around 10% of respondents. There were some interesting differences based on race for this item. Child safety was more important for non-White respondents than for White respondents. Nutrition and exercise was more of a concern for White respondents than non-White respondents for Non-White respondents. There were no differences in response patterns based on whether respondents identified as parents, grandparents, caregivers, or none of those.

Table 14. Top Issues for Children Ages 6-13
Of the following health issues, which do you feel is most important to address for children ages six to thirteen?

	N	%
Access to Quality, Affordable Healthcare	243	32.31
Child Safety	62	8.24
Environmental Health	16	2.13
Prevention of Health Issues	41	5.45
Mental Health - Either Child or Parent or Guardian	135	17.95
Nutrition and Exercise	136	18.09
Parent or Guardian Education	76	10.11
Other	15	1.99
Unsure/Declined	28	3.72
	752	100.00

Access to quality, affordable healthcare was still the “most important” issue for children in this age band.

Close to one-third of respondents selected it (32.31%), but it is important to note that it was selected less frequently for children ages 6-13 than it was for children ages birth to 5. Nutrition and exercise was the second most frequently selected issue, but mental health made a large jump from the birth to 5 group to the 6-13 group. Mental health nearly doubled in frequency to 18%.

Nutrition and exercise was notably more important for White respondents than for non-White. In fact, nutrition and exercise was the second most frequently cited issue for White respondents and mental health was the third. It was opposite for non-White respondents—mental health was the second most frequently selected and nutrition and exercise was a distant third. These top three issues were stable across geographic areas and parents vs. non-parents. Secondary rural respondents identified child safety as the top concern for this age group at a higher rate (11.38%) than primary (9.47%) or secondary urban (6.49%) respondents.

Table 15. Top Issues for Children Ages 14-18

Of the following health issues, which do you feel is most important to address for children ages fourteen to eighteen?	N	%
Access to Quality, Affordable Healthcare	158	21.01
Adolescent Safety	51	6.78
Environmental Health	11	1.46
Prevention of Health Issues	30	3.99
Mental and Behavioral Health	281	37.37
Nutrition and Exercise	53	7.05
Parent or Guardian Education	54	7.18
Teen Pregnancy	76	10.11
Other	11	1.46
Unsure/Declined	27	3.59
	752	100.00

Nearly 40% of the respondents believed that mental and behavioral health was the most important issue for children ages 14-18. Access to healthcare fell to a distant second at 21%, and teen pregnancy was third, with about 10% of the respondents identifying it as the most important issue. Some variation in response patterns occurred based on race.

Mental and behavioral health was the most important issue for all groups, but for non-White respondents, teen pregnancy was a much more important concern with 18.14% identifying it as the most important issue to address. Adolescent safety was also very important to non-White respondents; 9.28% chose it as the most important issue. There were no differences based on geographical location for the first and second most frequently selected issue. However, 13.61% of primary respondents identified teen

pregnancy as the most important issue as compared to 8.41% of secondary urban respondents and 10.78 of secondary rural respondents.

Secondary Data Results

The IRS requires stakeholder input, but it must be read in the context of local, state, and national data. PARCA collected secondary data on fifteen metrics⁵ examined in the 2013, 2016 and 2019 CHNAs. These metrics are broadly correlated with the health topics in the survey. All data are from federal agencies or analysis of data from federal agencies. Sources were selected based on reliability, continued data collection and reporting, ease of use, and aggregation of multiple data points. Table 16 displays the major health topics, correlated health indicators, and the data source for each indicator.

Table 16. Secondary Indicators by Survey Topic.

Topic	Indicator	Definition	Source
Access to Healthcare	Health Insurance	Percentage of children under age 19 without health insurance	Small Area Health Insurance Estimates (SAHIE)
	Children with special needs	Percentage of children 5-15 reporting a disability	Disability Status Report
Mental and Behavioral Health	Emotional, behavioral, or developmental conditions	Children aged 3-17 taking medication for ADD/ADHD, autism/ASD, or difficulties with emotions, concentration, or behavior	National Survey of Children’s Health
Nutrition and Exercise	Children without regular exercise	Percentage of children and teens age 6 to 17 who engaged in less than 5 days of vigorous physical activity in the past week.	National Survey of Children’s Health
	Children overweight or obese	Percentage of children in 9-12th grades with a BMI \geq 95th percentile on the 2000 CDC growth chart	Youth Risk Behavior Surveillance System (YRBSS)
Preventative Healthcare	Immunizations	Percentage of children 16-35 months with Combined 6-vaccine Series coverage	National Immunization Survey
	Infant mortality	Number of all infant deaths within 1 year per 1,000 live births	CDC WONDER Mortality Data
	Preterm births	Percentage of babies born with a gestational age of less than 37 completed weeks	National Center for Health Statistics
	Low birth weight babies	Percentage of live births $<$ 2,500 grams	National Center for Health Statistics

	Very low birth weight babies	Percentage of live births < 1,500 grams	National Center for Health Statistics
	Teen births	Number of births per 1,000 females ages 15-19	National Center for Health Statistics
Safety	Abuse	Percentage of children whom the state determined at least one maltreatment was substantiated or indicated.	Child Maltreatment Report, 2017
	Morbidity, All Causes	Number of deaths among children 1 - 14 per 100,000	CDC WONDER Mortality Data
	Morbidity, Accident, suicide, or homicide	Deaths from accidents, homicides, and suicides to teens between age 15 and 18 per 100,000 teens in this age group.	National Center for Injury Prevention and Control
	Substance Abuse	Children age 12 to 17 who reported dependence on or abuse of illicit drugs or alcohol in the past year	Substance Abuse and Mental Health Services Administration

* Asthma data is not reported due to lack of viable state-level data.

Table 17 provides data on these key measures of children’s health for the period 2010 to 2020, as available.

Table 17. Key Children's Health Metrics 2010—2020, Alabama

	‘10	‘11	‘12	‘13	‘14	‘15	‘16	‘17	‘18	‘19	‘20
Insurance: Children under age 19 without health insurance*	6.4	5.7	4.4	5.0	3.8	2.8	2.6	3.0	3.5	3.4	
Special Needs: Children 5-15 reporting a disability	6.8	6.5	6.2	6.3	6.1	6.2	6.5	5.7	5.7	5.4	
Mental Health: Children aged 3-17 taking medication for ADD/ADHD, autism/ASD*							14.4	14.5	8.5	9.8	
Exercise: Children aged 6-17 with less than 5 days of vigorous exercise in the past week							41.2	39.3	47.9	43.8	
Obesity: 9-12 th graders with a BMI >= 95 th percentile*		17.0		17.1		16.1				17.2	
Immunizations: Combined 6-vaccine Series among children 19-35 months	62.6	71.0	72.5	77.5	79.6	73.0	78.5	74.5			
Infant Mortality per 1,000*	8.7	8.2	8.9	8.6	8.7	8.3	9.1	7.4	7.0	7.7	7.0
Births, Pre-Term: Babies born with a gestational age of less than 37 completed weeks	15.6	14.9	14.6	15.1	15.0	15.0	15.0	15.0	15.0	16.0	15.0

Births, Low weight: live births < 2,500 grams	10.3	9.9	10.0	10.0	10.1	10.4	10.3	10.2	10.7	10.5	10.8
Births, Very low weight: live births < 1,500 grams	2.0	1.9	1.9	2.1	1.9	2.0	2.0	1.9	1.9	1.9	2.0
Birth, Teen: Total births to teens per 1,000	44	41	39	34	32	30	28	27	25	26	25
Abuse: Children victims of abuse or maltreatment per 1,000	8.3	7.6	8.6	7.9	7.9	7.7	9.2	9.9	11.1	10.7	10.7
Morbidity, All Causes: Per 100,000 children age 1-14	25	26	24	23	23	22	20.1	24.6	23	28.1	22.9
Morbidity, Accident, homicide, suicide: Per 100,000 teens age 15-18	50.0	47.2	46.7	40.0	39.7	46.7	53.9	43.1	47.8	52.9	50.3
Substance Abuse: Children aged 12 to 17 who reported dependence on or abuse of illicit drugs or alcohol	7.0	6.0	6.0	6.0	5.2		3.9	3.9	3.6	3.2	

* Data provided from 2010-2017 has been updated based on the data source

Alabama has seen progress in 8 of the 15 measures over the 10-year period 2010 to 2020. While long-term trends are positive for about half of the indicators, some metrics have shown static or negative change. To understand Alabama’s data in a national context. Table 15 displays the state’s rank among the fifty states in the same fifteen metrics. Using the same metrics and data sources referenced in Table 13, all 50 states were ranked 1 to 50, with lower numbers indicating better performance. If present in the data, Washington, D.C., and Puerto Rico were excluded from the rankings. Data points were not available for every metric for every state in every year. Caution should be used in drawing robust conclusions from this table alone. For example, while Alabama ranked 29th in obesity in 2016, data were available for only 40 states, and no subsequent data were available to establish trends in rankings.

Table 18. Alabama's Rank Among the 50 States on 15 Key Measures of Children’s Health

	‘10	‘11	‘12	‘13	‘14	‘15	‘16	‘17	‘18	‘19	‘20
Uninsured	23	18	11	14	12	7	9	11	16	9	*
Special Needs	45	44	38	40	35	38	40	31	32	22	*
Mental Health	*	*	*	*	*	*	50	42	*	*	*
Exercise	*	*	6	*	*	*	*	*	2	22	12
Obesity	*	40	*	43	*	*	29	*	*	*	*
Immunizations	14	24	25	10	7	36	9	20	*	*	*
Infant Mortality	49	48	48	48	50	48	50	46	*	*	*
Births, Pre-Term	49	48	48	48	48	48	48	48	48	48	48
Births, Low weight	48	48	47	48	48	48	47	48	*	*	*
Births, Very low weight	48	48	48	49	49	49	49	49	*	*	*
Birth, Teen	42	41	41	41	41	41	41	41	41	46	46
Abuse	23	19	24	20	21	21	27	29	32	30	32
Morbidity, All Causes	43	44	43	40	40	41	36	44	43	46	43
Morbidity, Accident,	41	45	42	39	37	42	46	34	*	*	*

homicide, suicide											
Substance Abuse	*	*	*	*	29	*	5	17	13	1	*

*Data not available, not reported, or deemed unreliable

Across these fifteen metrics, Alabama’s average national ranking has improved on some metrics and regressed on others. Rankings have improved for Alabama in the categories of insurance coverage for children, exercise, obesity, accidents, homicides and suicides, and substance abuse. Rankings have regressed or remained stable on metrics related to teen births, birth weights, and infant mortality.

Alignment between Primary and Secondary Data

Because the secondary metrics are not aligned chronologically with the primary measures, and because of the dramatic, and yet to be fully assessed, impact of the COVID 19 pandemic on myriad health-related outcomes for children and families, PARCA advises not making comparisons between the two data sets at this time. **It is more important at this juncture to be aware of the strong focus on mental health, access to care, and child and adolescent safety that emerged from response patterns in primary data sources, both quantitative and qualitative, and use that data to mitigate potential negative shifts on the horizon in related secondary data metrics.**

Still, it is important to note areas of significant discrepancy between primary and secondary data. For example, nutrition and exercise was frequently identified as an issue by survey respondents and by respondents and among focus group and interview respondents. However, the state performs reasonably well in this metric compared to the United States overall. Alabama is number 12 among the 50 states in the percentage of children with less than 5 days of vigorous exercise. In 2016, Alabama ranked 29th in childhood obesity, only four spots away from the national average.

Similarly, Alabama compares least favorably to other states in infant mortality and all birth metrics. Although mentioned tangentially in stakeholder interviews, this was not a topic of concern raised by respondents to the telephone or online stakeholder survey. These discrepancies could be explained by a sampling bias or age of the data. They can also be explained through perspective bias and influence. However, they are worth noting.

More useful application of the bridge between primary and secondary data is in predicting and ameliorating emerging trends. PARCA selected the most frequently cited issues across all the grade bands and developed summary tables based on the salient data related to each issue:

Table 19. Mental Health Issue Response Patterns

	Birth to 5	6-13	14-18
Percent of respondents listing Mental Health as one of the top 3 issues	35.5	75.4	86.9
Ranking of Mental Health out of 8 issues	4	1	1
Most urgent mental health issue of respondents who chose mental health in top 3 (percent rating often/very often)	Stress/Trauma 61.9%	ADD/ADHD 81.5%	Stress/Trauma 88.4% Depression 88.4%
2nd most urgent mental health issue of respondents who chose mental health in top 3 (percent rating often/very often)	ADD/ADHD 54.8% Autism 54.8%	Stress/Trauma 78.9%	Panic/Anxiety 85.9%

Table 20. Healthcare Access Issue Response Patterns

	Birth to 5	6-13	14-18
Percent of respondents listing Healthcare Access as one of the top 3 issues	61.3	52.5	45.9
Ranking of Healthcare Access out of 8 issues	2	3	3
Most urgent access issue of respondents who chose access in top 3 (percent rating often/very often)	Lack of access to Mental/Behavioral 73.0%	Lack of access to Mental/Behavioral 80.6%	Lack of access to Mental/Behavioral 84.1%
2nd most urgent access issue of respondents who chose access in top 3	Unavailable primary care after 6	Struggles with high deductibles	Struggles with high deductibles

(percent rating often/very often)	pm or on weekends 66.2%	or co-pays 61.3%	or co-pays 59.5%
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Table 21. Child/Adolescent Safety Issue Response Patterns

	Birth to 5	6-13	14-18
Percent of respondents listing Child and Adolescent Safety as one of the top 3 issues	62.9	60.7	56.6
Ranking of Child & Adolescent Safety out of 8 issues	1	2	2
#1 Issue of respondents who chose child & safety as a top 3 issue	Alcohol/drug /tobacco use of parents 56.0%	Alcohol/drug /tobacco use of parents 58.1%	Alcohol/drug/to bacco use of teens 83.9%
#2 Issue of respondents who chose child & safety as a top 3 issue	Childcare/ sitters 52.0%	Firearm Safety 54.1%	Firearm Safety 55.4%

Pediatric mental health is not comprehensively understood at the state or national level. However, because mental health not only topped many respondents’ rankings of issues, it also permeated other frequently cited healthcare issues, like access to healthcare, child and adolescent safety, and even preventive care, it will be critical to monitor secondary data relevant to mental health as it is released. The table below highlights indicators of potential concern in secondary data for future years.

Table 22. Areas of Potential Emerging Concerns in Secondary Data

Indicator	Year	AL Data Point	US Data Point
Maltreatment Substantiated	2020	10.7%	8.4%
Deaths 1-14 per 100,000	2019	28	16
Deaths by Accident, Homicide, Suicide 15-18 per 100,000	2017	43.1	33.8
12-17 Report Past Drug/Alcohol Use/Dependence	2017	4%	4%

Appendix A. Organizations receiving the online survey

1. United Way of Central Alabama
2. Jefferson County Children's Policy Council
3. ED Birmingham
4. Big Brothers Big Sisters of Birmingham
5. Child Care Resources
6. Voices for Alabama's Children
7. Women's Foundation of Alabama
8. Kid One Transport
9. Ascension
10. Community Food Bank of Central Alabama
11. Hunger Policy Institute at Auburn University
12. Samford University
13. River Region United Way
14. Camp McDowell
15. Reach Out and Read Alabama
16. The Literacy Council
17. Food Bank Association of Alabama
18. The Exceptional Foundation
19. Community Foundation of Greater Birmingham
20. United Way of West Alabama
21. Alabama Arise
22. West Alabama Community Foundation
23. Community Foundation of Northeast Alabama
24. ARMS
25. Jefferson County Department of Health
26. Alabama Association of Nonprofits
27. Jones Valley Teaching Farm
28. Junior League of Birmingham
29. Alabama Partnership for Children
30. Bold Goals

Appendix B: Stakeholder Survey

Start of Block: Opening Questions

Children's of Alabama is working with the Public Affairs Research Council of Alabama (PARCA) to conduct a survey of community needs. This survey is part of a 2022 Community Health Needs Assessment required by federal law. The Community Health Needs Assessment is designed to identify the needs of children in Alabama and to help Children's develop strategies to address these needs. We respect the privacy of those who assist us by completing this survey. All data will be collected by PARCA and reported in the aggregate to Children's. No personally identifiable information will be revealed. If you have problems or questions about the survey, contact Ryan Hankins, PARCA's Executive Director at ryan@parcalabama.org.

Q1 Are you a healthcare provider (mental health provider, nurse, pharmacist, physician, therapist, etc.)?

Yes (1)

No (2)

Skip To: Q4 If Are you a healthcare provider (mental health provider, nurse, pharmacist, physician, therapist, e... = Yes

Q2 Are you an education professional?

Yes (1)

No (2)

Skip To: Q5 If Are you an education professional? = Yes

Q3 Please select which of the follow best describes your primary role.

- Business person (1)
- Clergy (2)
- Community member (3)
- Government official (4)
- Nonprofit service provider (5)
- Other (6) _____

Display This Question:

If Are you a healthcare provider (mental health provider, nurse, pharmacist, physician, therapist, e... = Yes

Q4 Which of the following best describes your professional healthcare role?

- CNA (1)
- Mental health counselor (2)
- Mental health social worker (3)
- Nurse- LPN (4)
- Nurse Practitioner (5)
- Nurse- RN (6)
- Occupational therapist (7)
- Pharmacist (8)
- Physical therapist (9)
- Physician - general practitioner (10)
- Physician - other (11)
- Physician - pediatrics (12)
- Physician- internal medicine (13)
- Physician- psychiatry (14)
- Psychologist (15)
- School nurse (16)
- Social worker (17)
- Speech pathologist (18)
- Other (19) _____

Display This Question:

If Are you an education professional? = Yes

Q5 Which of the following best describes your professional education role?

- Aide (1)
- Community-based education provider (2)
- Counselor (3)
- Pre-School director (4)
- Principal (5)
- School nurse (6)
- Social worker (7)
- Superintendent (8)
- Teacher (9)
- Other (10) _____

End of Block: Opening Questions

Start of Block: Birth to 5

Q6 The first set of questions concerns children birth through 5 years old. Do you work closely enough with children in this age group to provide feedback on their healthcare needs?

- Yes, please take me to the birth to 5 section (1)
- No, please skip to the next section (2)

*Skip To: End of Block If The first set of questions concerns children birth through 5 years old. Do you work closely enoug...
= No, please skip to the next section*

Q7 We've identified 8 major health issues facing children birth through 5 years old in your community. Please take a moment to rank them from most urgent (1) to least urgent (8). Order the list by dragging and dropping each item.

- _____ Healthcare Access (1)
 - _____ Child Safety (2)
 - _____ Environmental Health (3)
 - _____ Health Prevention (4)
 - _____ Mental Health (5)
 - _____ Nutrition and Exercise (6)
 - _____ Parenting Education (7)
 - _____ Other (8)
-

Q8 How often do you see the following mental and behavioral health issues in children from birth to

5?

	rarely or never (1)	sometimes (2)	often (3)	very often (4)
ADD/ADHD (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Management (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic and/or Anxiety (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress and/or Trauma (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep Disorders (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9 For families of children birth through 5, how often do you see the following issues related to healthcare access?

	rarely or never (1)	sometimes (2)	often (3)	very often (4)
Lack of access to mental/behavioral health (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to dental care (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't qualify or can't afford health insurance (Commercial, Medicaid, All Kids, TRICARE) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unavailable primary care after 6 p.m. or on weekends (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Struggles with high deductibles or co-pays (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10 Based on your work with children birth through 5, how urgent is each of the following health issues?

	important, but not urgent (1)	somewhat urgent (2)	urgent (3)	very urgent (4)
Lack of access to nutritious foods (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues with infant nutrition (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of exercise (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of summer feeding programs (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11 How often do you see health effects (like asthma, allergies, toxicity, etc.) in children birth to 5 related to the following environmental risks?

	rarely/never (1)	sometimes (2)	often (3)	very often (4)
Chemical pollution (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air pollution (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor water quality (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy metals in soil (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disease-causing microbes (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lead-based paint (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mold (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12 What are the **three most important issues** related to child safety for children birth through 5?

- Alcohol / drug / tobacco use of parents or caregivers (1)
 - Behavior related to bicycles, motorcycles, or ATVs (2)
 - Child care / 'Safe Sitters' (3)
 - Child passenger seat safety (4)
 - Fire safety (5)
 - Firearm safety (6)
 - Home safety (7)
 - Pedestrian safety (8)
 - Playground safety (9)
 - Safe sleeping practices (10)
 - Other (11) _____
-

Q13 What are the **three most important areas** in preventive healthcare for children from birth to age 5?

- Access to primary care (1)
 - Behavioral assessments (2)
 - Dental preventive services (3)
 - Developmental screenings (4)
 - Hearing screening (5)
 - Immunizations (6)
 - Parent Education (7)
 - Prescription Drugs (8)
 - Vision screening (9)
 - Other (10) _____
-

Q14 What resources are available in your community to address health issues for children birth through 5?

Q15 Are there barriers for parents/caregivers of children birth through 5 for accessing community resources? (If so, please explain below.)

Q16 What should be done to remove barriers to healthcare resources for children birth through 5?

End of Block: Birth to 5

Start of Block: 6-13 year olds

Q17 These next questions concern children ages 6-13 years old. Do you work closely enough with children in this age group to provide feedback on their healthcare needs?

- Yes, please take me to the 6-13 section (1)
- No, please skip to the next section (2)

Skip To: End of Block If These next questions concern children ages 6-13 years old. Do you work closely enough with childr... = No, please skip to the next section

Q18 We've identified 8 major health issues facing children 6-13 years old in your community. Please take a moment to rank them from most urgent (1) to least urgent (8). Order the list by dragging and dropping each item.

- _____ Healthcare Access (1)
 - _____ Child Safety (2)
 - _____ Environmental Health (3)
 - _____ Health Prevention (4)
 - _____ Mental Health (5)
 - _____ Nutrition and Exercise (6)
 - _____ Parenting Education (7)
 - _____ Other (8)
-

Q19 How often do you see the following mental and behavioral health issues in children ages 6-13?

	rarely or never (1)	sometimes (2)	often (3)	very often (4)
ADD/ADHD (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Management (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic and/or Anxiety (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress and/or Trauma (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep Disorders (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q20 For families of children ages 6-13, how often do you see the following issues related to access to health care?

	rarely or never (1)	sometimes (2)	often (3)	very often (4)
Lack of access to mental/behavioral health (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to dental care (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't qualify or can't afford health insurance (Commercial, Medicaid, All Kids, TRICARE) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unavailable primary care after 6 p.m. or on weekends (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Struggles with high deductibles or co-pays (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q21 Based on your work with children ages 6-13, how urgent is each of the following health issues?

	important, but not urgent (1)	somewhat urgent (2)	urgent (3)	very urgent (4)
Lack of access to nutritious foods (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues with infant nutrition (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of exercise (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of summer feeding programs (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q22 How often do you see health effects (like asthma, allergies, toxicity, etc.) in children ages 6-13 related to the following environmental risks?

	rarely/never (1)	sometimes (2)	often (3)	very often (4)
Chemical pollution (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air pollution (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor water quality (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy metals in soil (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disease-causing microbes (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lead-based paint (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mold (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q23 Thinking of your responses to health issues for children ages 6-13, which of the issues related to nutrition and exercise do you see?

- Access to Nutritious Foods (1)
- Diabetes (2)
- Lack of Exercise (3)
- Lack of Summer Feeding Programs (4)
- Obesity (5)
- Other (6) _____



Q24 What are the **three most important issues** related to child safety for children ages 6-13?

- Alcohol / drug / tobacco use of parents or caregivers (1)
- Alcohol / drug / tobacco use of children (2)
- Behavior related to bicycles, motorcycles, or ATVs (3)
- Child care / 'Safe Sitters' (4)
- Child passenger seat safety (5)
- Fire safety (6)
- Firearm safety (7)
- Home safety (8)
- Pedestrian safety (9)
- Playground safety (10)
- Safe sleeping practices (11)
- Other (12) _____
- Click to write Choice 13 (13)



Q25 What are the **three most important areas** in preventive healthcare for children ages 6-13?

- Access to primary care (1)
- Access to mental health services (2)
- Behavioral assessments (3)
- Body image (4)
- Dental preventive services (5)
- Education/programs related to bullying (6)
- Education/programs related to alcohol, drug and tobacco use (7)
- Education/programs related to sexual risk behaviors (8)
- Nutrition (9)
- Obesity (10)
- Screenings (hearing, vision, etc.) (11)
- Violence (to include homicide and suicide) (12)
- Other (13) _____

Q26 What resources are available in your community to address health issues for children ages 6-13?

Q27 Are there barriers for children ages 6-13 for accessing community resources? (If so, please explain below.)

Q28 What should be done to remove barriers to healthcare resources for children 6-13?

End of Block: 6-13 year olds

Start of Block: 14-18 year olds

Q29 These next questions concerns teens ages 14-18 years old. Do you work closely enough with children in this age group to provide feedback on their healthcare needs?

- Yes, take me to the 14-18 section (1)
- No, skip to the service area/demographic items at the end of the survey (2)

Skip To: End of Block If These next questions concerns teens ages 14-18 years old. Do you work closely enough with childre... = No, skip to the service area/demographic items at the end of the survey

Q30 We've identified 8 major health issues facing teens 14-18 years old in your community. Please take a moment to rank them from most urgent (1) to least urgent (8). Order the list by dragging and dropping each item.

- _____ Healthcare Access (1)
- _____ Adolescent Safety (2)
- _____ Environmental Health (3)
- _____ Health Prevention (4)
- _____ Mental Health (5)
- _____ Nutrition and Exercise (6)
- _____ Teen pregnancy (7)
- _____ Parenting Education (8)
- _____ Other (9)

Q31 How often do you see the following mental and behavioral health issues in teens ages 14-18?

	rarely or never (1)	sometimes (2)	often (3)	very often (4)
ADD/ADHD (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Management (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic and/or Anxiety (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress and/or Trauma (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep Disorders (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q32 For families of teens ages 14-18, how often do you see the following issues related to access to health care?

	rarely or never (1)	sometimes (2)	often (3)	very often (4)
Lack of access to mental/behavioral health (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to dental care (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't qualify or can't afford health insurance (Commercial, Medicaid, All Kids, TRICARE) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unavailable primary care after 6 p.m. or on weekends (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Struggles with high deductibles or co-pays (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q33 Based on your work with children ages 14-18, how urgent is each of the following health issues?

	important, but not urgent (1)	somewhat urgent (2)	urgent (3)	very urgent (4)
Lack of access to nutritious foods (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues with infant nutrition (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of exercise (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of summer feeding programs (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q34 Thinking of your responses to health issues for teens ages 14-18, which of the issues related to nutrition and exercise do you see?

- Access to Nutritious Foods (1)
- Diabetes (2)
- Lack of Exercise (3)
- Lack of Summer Feeding Programs (4)
- Obesity (5)
- Other (6) _____

Q35 How often do you see health effects (like asthma, allergies, toxicity, etc.) in teens ages 14-18 related to the following environmental risks?

	rarely/never (1)	sometimes (2)	often (3)	very often (4)
Chemical pollution (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air pollution (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor water quality (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy metals in soil (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disease-causing microbes (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lead-based paint (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mold (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q36 What are the **three most important issues** related to child safety for children ages 14-18?

- Alcohol/ drug / tobacco use of teens (1)
- Bicycles, motorcycles, or ATVs (2)
- Child care / 'Safe Sitters' (3)
- Fire safety (4)
- Firearm safety (5)
- Home safety (6)
- Pedestrian safety (7)
- Recreational sites (ball fields, etc.) (8)
- Safe sleeping practices (9)
- Sports (10)
- Teen driving (11)
- Teen trauma (12)
- Other (13) _____



Q37 What are the **three most important areas** in preventive healthcare for teens ages 14-18?

- Access to primary care (1)
- Access to mental health services (2)
- Behavioral assessments (3)
- Body image (4)
- Dental preventive services (5)
- Education/programs related to bullying (6)
- Education/programs related to alcohol, drug and tobacco use (7)
- Nutrition (8)
- Obesity (9)
- Screenings (hearing, vision, etc.) (10)
- Sex education (11)
- Violence (to include homicide and suicide) (12)
- Other (13) _____

Q38 What resources are available in your community to address health issues for teens ages 14-18?

Q39 Are there barriers for teens ages 14-18 for accessing community resources? (If so, please explain below.)

Q40 What should be done to remove barriers to healthcare resources for children 14-18?

End of Block: 14-18 year olds

Start of Block: Service Area

Q41 These questions concern where you serve.

Q42 Does your organization or employer serve a specific city or neighborhood, the entire county, several counties, or the entire state?

- specific neighborhood(s) (1)
- specific city (2)
- the entire county (3)
- multiple counties (4)
- the entire state (5)

Q43 Please describe your service area below:

Display This Question:

If Does your organization or employer serve a specific city or neighborhood, the entire county, serve = the entire state

Q44 In which county or counties do you serve?

Autauga (1)

Baldwin (2)

Barbour (3)

Bibb (4)

Blount (5)

Bullock (6)

Butler (7)

Calhoun (8)

Chambers (9)

Cherokee (10)

Chilton (11)

Choctaw (12)

Clarke (13)

Clay (14)

Cleburne (15)

Coffee (16)

Colbert (17)

Conecuh (18)

Coosa (19)

Covington (20)

Crenshaw (21)

Cullman (22)

- Dale (23)
- Dallas (24)
- DeKalb (25)
- Elmore (26)
- Escambia (27)
- Etowah (28)
- Fayette (29)
- Franklin (30)
- Geneva (31)
- Greene (32)
- Hale (33)
- Henry (34)
- Houston (35)
- Jackson (36)
- Jefferson (37)
- Lamar (38)
- Lauderdale (39)
- Lawrence (40)
- Lee (41)
- Limestone (42)
- Lowndes (43)
- Macon (44)

- Madison (45)
- Marengo (46)
- Marion (47)
- Marshall (48)
- Mobile (49)
- Monroe (50)
- Montgomery (51)
- Morgan (52)
- Perry (53)
- Pickens (54)
- Pike (55)
- Randolph (56)
- Russell (57)
- Shelby (58)
- St. Clair (59)
- Sumter (60)
- Talladega (61)
- Tallapoosa (62)
- Tuscaloosa (63)
- Walker (64)
- Washington (65)
- Wilcox (66)

Q45 Please list List zip code(s) you serve, if known. If you do not serve a specific location, put "none".

Q46 What age children do you serve?

Q47 What services do you offer that aim to address child health?

Q48 What is the five-digit zip code of your primary place of employment?

End of Block: Service Area

Start of Block: Demographics

Q49 These final questions concern your background. All information is anonymous and will not identify you in any way.

Q50 Are you a parent?

- Yes (1)
 - No (2)
-

Display This Question:

If Are you a parent? = Yes

Q51 What are the ages of your children:

- 0-5 (1)
 - 6-13 (2)
 - 14-18 (3)
 - 19+ (4)
-

Display This Question:

If Are you a parent? = Yes

Q52 Are you a grandparent?

- Yes (1)
 - No (2)
-

Q53 What is the five-digit zip code of your home?

Q54 What is your age range?

- 18-25 (1)
- 26-35 (2)
- 36-45 (3)
- 46-55 (4)
- 56-65 (5)
- 65+ (6)

Q55 What is your gender?

- Female (4)
 - Male (5)
 - Other (6)
-

Q56 What is your race or ethnicity?

- American Indian or Alaskan Native (1)
- Asian (2)
- Black or African American (3)
- Hispanic or Latino (4)
- Native Hawaiian or Pacific Islander (5)
- White (6)

End of Block: Demographics

Appendix C: Telephone Survey

QUESTION 1:

First are you a resident of Alabama 18 years of age or older?

- 1=Yes [CONTINUE]
- 2=No [THANK & TERMINATE]
- 3=Don't Know/Refused [THANK & TERMINATE]

QUESTION 2:

Of the following health issues, which do you feel is Most important to address for children from birth to five years old? [READ CHOICES]

- 1=Access to Quality, Affordable Healthcare
- 2=Child Safety
- 3=Environmental Health
- 4=Prevention of Health Issues
- 5=Mental Health - Either Child or Parent or Guardian
- 6=Nutrition and Exercise
- 7=Parent or Guardian Education
- 8=Other (Record Here--> _____)
- 9=Unsure/Refused

QUESTION 3:

Of the following health issues, which do you feel is Most important to address for children ages six to thirteen years old? [READ CHOICES]

- 1=Access to Quality, Affordable Healthcare
- 2=Child Safety
- 3=Environmental Health
- 4=Prevention of Health Issues
- 5=Mental Health - Either Child or Parent or Guardian
- 6=Nutrition and Exercise
- 7=Parent or Guardian Education
- 8=Other (Record Here--> _____)
- 9=Unsure/Refused

QUESTION 4:

Of the following health issues, which do you feel is Most important to address for children ages fourteen to eighteen? [READ CHOICES]

- 1=Access to Quality, Affordable Healthcare
- 2=Adolescent Safety
- 3=Environmental Health
- 4=Prevention of Health Issues
- 5=Mental and Behavioral Health
- 6=Nutrition and Exercise
- 7=Parent or Guardian Education
- 8=Teen Pregnancy
- 9=Other (Record Here--> _____)
- 10=Unsure/Refused

QUESTION 5:

How difficult is it for you to access quality healthcare for your child in your community? [READ CHOICES]

- 1=Very Difficult
- 2=Somewhat Difficult
- 3=Neutral
- 4=Somewhat Easy
- 5=Very Easy
- 6=No Children
- 7=Unsure/Refused

QUESTION 6:

And a few questions for demographic purposes:

Are you the parent, guardian or grandparent of one or more children 18 or under in the State of Alabama?

[IF YES, ASK:] Are you a parent, guardian or grandparent?

- 1=Yes - Parent
- 2=Yes - Guardian
- 3=Yes - Grandparent
- 4=No
- 5=Unsure/Refused

QUESTION 7:

What is your age?

1=18 to 29

2=30 to 39

3=40 to 49

4=50 to 59

5=60 to 69

6=70 and Over

7=Refused

QUESTION 8:

Finally, what do you consider your race or ethnic heritage?

1=White/Caucasian

2=Black/African American

3=Hispanic

4=Other

5=Unsure/Refused

QUESTION 9:

[Gender: By Observation Only]

1=Male

2=Female

That concludes our survey, thank you for your time.

QUESTION 10:

Phone Type: [FROM FILE]

1=Landline

2=Cell

QUESTION 11:

Geo: [FROM FILE]

1=Primary

2=Secondary Urban

3=Secondary Rural

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2023-2025 Community Health Needs Assessment 2020-2022 Evaluation and 2023-2025 Implementation Strategy

Introduction

For more than a century, The Children's Hospital of Alabama (Children's) has provided medical care for ill or injured children through inpatient and outpatient services. Children's anticipates more than 670,000 outpatient visits and 15,000 inpatient visits by children from every Alabama county, more than 40 states and several foreign countries. More than 60 percent of the patient population are Medicaid beneficiaries.

In 2022, Children's engaged The Public Affairs Research Council of Alabama (PARCA) to conduct the community health needs assessment (CHNA) as required by the IRS for tax-exempt hospitals for upcoming years 2023-2025. PARCA previously conducted the CHNA for the period of 2017-2019 and 2020-2022 and has unique insight into the state of Alabama and the challenges and opportunities faced by the pediatric population. The CHNA is designed to enable Children's to evaluate the significant pediatric health needs in Alabama, and particularly the Children's primary service area comprised of Bibb, Blount, Chilton, Jefferson, Shelby, St. Clair, and Walker counties. The CHNA is the foundational basis for a three-year (calendar) community benefit implementation strategy designed to better coordinate and further develop Children's general community-based efforts in support of child health improvement.

2020-2022 Implementation Evaluation

In 2019, Children's engaged PARCA to conduct its third CHNA. Keeping with the methodology of the 2016 CHNA, the instruments used were an online survey, focus groups, one-on-one interviews with key stakeholders, and secondary data research.

The four areas of focus for the 2020-2022 timeframe were, in non-ranked order, nutrition and exercise, mental and behavioral health, parenting education, and child safety. The three health needs that were monitored but not acted on were access to healthcare, preventative healthcare, and environmental health.

Key plan elements for the 2020-2022 implementation plan, and outcomes for key measures, are included below. It is important to note that the COVID-19 pandemic greatly altered outcomes and measurements for the year 2020 as many in-person outreach opportunities were limited. However, some programming was conducted virtually during this time, resulting, in some cases, in higher participation numbers.

Key measurements for the four (4) areas of focus included:

- *Nutrition and exercise:*
 - Children’s attended 12 meetings of the End Child Hunger Alliance convened by Auburn University during the three-year period. These quarterly meetings addressed childhood food insecurity through a statewide network of community partners. Children’s of Alabama used the ECHA partnership to distribute information to patient families on the prevalence of food banks and pantries throughout the state.
 - Forty-nine families from three counties (Jefferson, Shelby, Tuscaloosa) participated in Girlology and Guyology® courses in 2021 and 2022. Virtual and in-person classes were held at COA teaching adolescent-aged boys and girls about age-appropriate health and body topics. More than a dozen health and fitness topics ranging from the dangers of energy drinks to the challenges of dieting were available to youth and parents.
 - Children’s continued to financially support health and fitness programs statewide including Girls on the Run Birmingham, the Conecuh County Parks and Recreation Board, the YWCA, and the YMCA.
- *Mental and behavioral health:*
 - Children’s focused heavily on the continued success of the Psychiatric Intake Response Center (PIRC) between 2020 and 2022. Approximately 6,900 calls were received to the PIRC line between January 1, 2020 and December 31, 2022 from 65 of 67 counties (Crenshaw and Lowndes excluded). PIRC-identified mental health providers were present in all 67 counties. The PIRC consulted on more than 7,500 psychiatric cases in the Emergency Department during this time. The Center also provided ongoing behavioral health consultation and presentations to area school systems including Birmingham City Schools, Homewood City Schools, and Mountain Brook City Schools. The PIRC increased its operating hours in 2021 to 15 hours a day, seven days a week and continued working to increase its percentage of follow-up calls to initial callers, reaching on average 21 percent in 2022.
 - Approximately 2,500 clients from 25 counties were seen by Children’s of Alabama’s Amelia Center for grief counseling during the three-year period. Individual and family counseling is available at no set fee to parents or grandparents anticipating or grieving the loss of a child or grandchild. Group counseling is also available as are ongoing groups including parents peer support, a mothers group, a fathers group, and an infant loss group. Children’s of Alabama and the United Way of Central Alabama (UWCA) subsidize all funding for the Amelia Center.
 - More than 160 physicians and allied health professionals participate in the HRSA-funded PATHS (Pediatric Access to Telemental Health Services) initiative from forty (40) counties statewide. PATHS brings behavioral health case consultation and treatment service to primary care practices who are enrolled in the program –

via telemental health services – provided by COA. Providers include licensed behavioral health professionals and an infant/early childhood mental health consultant. The PATHS team consists of child/adolescent psychiatrist, psychiatric nurse practitioners, child/adolescent psychologists, licensed clinical social workers, and licensed professional counselors.

- Approximately 6,600 adults and parents and 24,000 school-aged children in 4 counties (Jefferson, Lawrence, Pickens and Shelby counties) were reached by Children’s CHIPS Center (Children’s Hospital Intervention and Prevention Services) educational sessions and trainings. CHIPS promotes health and healing for those affected by suspected child abuse and neglect. Staff conducts school and community training annually on Erin’s Law, a measure passed by 38 states including Alabama which requires all public schools in each state to implement a prevention-oriented child sexual abuse program.
- *Parent education*
 - Children’s of Alabama supported many community causes and organizations focused on parent education during the 2020-2022 period. Children’s continued its support of organizations statewide including, but not limited to, Childcare Resources, Alaquest, the YWCA, the YMCA, Alabama Partnership for Children, the Exceptional Foundation, and the Bell Center. Children’s invested in families through the Girlology and Guyology programs and named in 2019-2020 the Alabama Partnership for Children as the Dearth Advocacy Award recipient.
- *Child Safety*
 - Child and adolescent safety has remained a priority for Children’s since the first CHNA in 2013. In 2021 Children’s rebranded its patient health and safety programming to the Children’s Health Education and Safety Center. This Center encompasses Safe Kids, ThinkFirst, and Alabama LifeStart. These three programs focus on general safety, brain and head trauma and sudden cardiac arrest. More than 6,600 school-aged children and 1,300 parents and adults were reached by the Center during this period. Sixty-six of 67 counties (Barbour excluded) had representation of students and/or school nurses during this three-year period.
 - Approximately 130 public and private schools were designated as ‘heart safe’ by Alabama LifeStart between 2020 and 2022 representing 17 counties. More than 7,000 students participated in ThinkFirst presentations on the dangers of head injuries and brain traumas representing 8 counties. More than 600 car seats and booster seats were provided in 2021 and 2022 to qualified parents or guardians from within Central Alabama. Approximately 4,000 high school students in 2021-2022 participated in the Center’s URKEYS2DRV teen driving summits representing 7 counties, and more than 2 million impressions with statewide media were seen on TV or in print or heard on the radio regarding teen driving safety.
 - The Alabama Poison Information Center (APIC) at Children’s of Alabama received on average 48,000 calls annually from 2020-2022 from all 67 counties. The APIC

at Children's of Alabama has been serving the state since 1958, offering free and confidential poison information and treatment recommendations to the public and health care providers 24 hours a day. Center staff include nurse and pharmacist specialists in poison information (certified by national examination and sponsored by the American Association of Poison Control Centers). The management team includes a doctoral credentialed clinical toxicologist and medical directors credentialed in emergency medicine, pediatrics, and toxicology. Advanced level consultation is available from this team beyond the initial level of contact to our center staff. Such consultation is provided on a 24/7 basis.

2023-2025 Implementation

Health Priorities

Data from all sources were combined to summarize the following findings. In accordance with IRS regulations Children's has identified the following three (3) needs to focus on while choosing to monitor the remaining needs listed later in this implementation plan.

- **Child and adolescent safety** (1) was the first aggregate concern for all age groups. The type of concerns is clearly different among the age trends, with ages 13-18 more focused on substance use and mental health.
- **Healthcare access** (2) was the second aggregate concern for all age groups. This issue was important for all age bands but most important for children from birth to age 5, and in older children (6-13 and 14-18) included lack of access to mental health services particularly in evenings and on weekends.
- **Parent education** (3) was the third most-cited area of focus and was especially dominant in focus groups. Resource awareness and parent knowledge and understanding of mental/behavioral health services were critical needs in urban and rural communities and in the primary and secondary service areas.

Therefore, beginning in 2023, the three top ranking health needs to focus on are:

- **Child and Adolescent Safety**
- **Healthcare Access**
- **Parent Education**

The mental/behavioral health issue was prominent among all age bands and woven within all categories. Children's will address mental and behavioral health as components under each of the top three needs.

For the identified needs including **nutrition and exercise**, **preventative healthcare** and **environmental health**, Children's will continue to work with community partners and organizations to support these needs based on the breadth and depth of the needs and existing community efforts. Children's can best address these needs through continued collaboration with community organizations. These areas of focus may receive limited direct planning and/or resource allocation for 2023-2025.

Implementation Strategy

- **Child and Adolescent Safety**

Child and adolescent safety remains a priority for Children’s. Since 2019, Children’s created the Center for Health Education and Safety, celebrated milestones with the Alabama Poison Information Center (APIC) and increased its presence in transportation related safety messaging, school nurse training, and unintended injury education. Children’s will continue addressing child and adolescent safety in the following ways:

- Children’s will continue collaborating with local, state and national providers including the Alabama Department of Transportation, the Lutzie 43 Foundation, State Farm Insurance and Mothers Against Drunk Driving (MADD) on initiatives that emphasize transportation-related education for birth to 18 years of age. This includes child restraints, seat belts, pedestrian safety, hot car deaths, ATV safety and all other forms of human-powered and motor vehicles.
- Children’s will continue relationships with national safety organizations including Safe Kids, Injury Free Coalition for Kids and the Safe States Alliance to better inform its safety efforts using national best practices and programs. We will seek input on evaluation methodologies from these national organizations to determine if the programs we are utilizing provide quality education and outcomes. Children’s will use the results to change or improve programming.
- Children’s annually hosts its School Nurse Workshop series aimed at providing information and skills competencies through lectures and labs. During and post-COVID 19, these sessions are virtually presented, allowing Children’s to reach far more school nurses statewide than ever before. The virtual workshops can reach more 1,000 school nurses statewide per event. Competency trainings are going to be delivered at the annual mega-conference. Additional monthly training opportunities are delivered virtually to school nurses. In addition, a Behavioral Health Workshop for school counselors, school nurses, and other key personnel will be delivered.
- Alabama Lifestart is a chapter of the nationally-recognized cardiac emergency response organization Project Adam. Alabama Lifestart will continue working with public and private schools to designate them as “HeartSafe.” This designation is awarded when a school reaches proficiency of a 14-point checklist pertaining to its AED placement, usage, and training. The number of HeartSafe programs in Alabama has grown from 2019 by more than 100 schools to more than 190.
- The Alabama Poison Information Center (APIC) at Children’s and is a primary source of data surrounding everything from substance abuse to snakebites. The APIC serves the state as a resource for all ages, and will continue its leadership on substance abuse and treatment.

- **Healthcare Access**

Healthcare access was cited as a top three (3) issue for all age bands and across all forms of data instruments. There was no notable difference between response patterns for primary and secondary service area respondents. Children’s will continue addressing healthcare access challenges in the following ways:

- Children’s of Alabama currently contracts with the Alabama Department of Mental Health for a 5-year federal HRSA PMCHA grant to expand mental/behavioral health access to pediatricians and primary care physicians. Since 2018, the Pediatric Access to Telemental Health Services (PATHS) grant, has expanded capacity for primary care providers in Alabama’s rural communities in 47 of the 67 counties. The initiative is designed to enable primary care physicians to diagnose, treat, and manage mild to moderate behavioral health conditions in children and adolescents within the community practice. The PATHS program includes ECHO education for physicians, training for community education professionals, mental health coordinators and others. Children’s will continue to work with ADMH to expand mental/behavioral health training and management to children and adolescents through innovative vehicles.
- Children’s will continue providing resource and programmatic support for the Psychiatric Intake Response Center (PIRC) established in 2018. This community resource is designed to assist anyone seeking the appropriate level of mental health care for a child. These services are provided statewide free-of-charge via telephone or in person by licensed mental health clinicians. Goals for the PIRC for 2023 and beyond include, but are not limited to, increase the percentage of follow-up calls to make sure resources provided were appropriately utilized, and increase awareness of the resource statewide.
- Children’s will share findings and data obtained from the Community Health Needs Assessment process with statewide interest groups including, but not limited to, insurers, the Alabama Chapter of the American Academy of Pediatrics, the Alabama Dental Association, the Alabama Chapter of Family Practitioners, and the Alabama Primary Care Association to better inform decision-making.

- **Parent Education**

Parent education was a dominant response and trend across all age bands and across all forms of data instruments. Children’s will continue address parent education in the following ways:

- Children’s continues to offer community programming including safe sitter classes, baby showers, sex education, car seat installation and training, safe sleep education, content-rich monthly videos, and social media outreach (Partners in Kids Health).
- Children’s continues to collaborate with local and state organizations including the Alabama Partnership on Children, Alaquest, Childcare Resources and other entities

to provide parents with programming that will address best practice parenting and caregiver strategies.

- Many parent education initiatives are cross-covered in the other three (3) priority health needs including, but not limited to, the work of APIC, the Health Education and Safety Center, PIRC, and PATHS. Working together, these initiatives address many parenting concerns.

Issue Monitoring

For the other identified needs including **nutrition and exercise, preventative healthcare and environmental health**, Children’s of Alabama will continue to work through and with community partners and organizations to support these needs based on the breadth and depth of the needs and existing community efforts. Children’s can best address these needs through continued and strengthened collaboration with community organizations. These areas of focus may receive limited direct action in planning and/or resource allocation for 2023-2025.