

COMPREHENSIVE REGIONAL COMMUNITY HEALTH ASSESSMENT REPORT



May 1, 2013

**Coastal Alabama
Counties:
Baldwin and Mobile**

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Table of Contents

CHAPTER 1: INTRODUCTION

- 5 Background
- 5 Overview of Year 1 Assessment Activities
- 7 Comprehensive Regional Community Health Assessment Methodology

CHAPTER 2: COMPREHENSIVE REGIONAL COMMUNITY HEALTH ASSESSMENT YEAR 1

- 11 Who Lives in Your County?
- 14 What Can Influence the Health of Your County?
- 42 What is the Current Health Status of Your County?

CHAPTER 3: SUMMARY & ONGOING ASSESSMENT SUPPORT YEARS 2-5

- 53 Summary
- 53 Ongoing Community Assessment Support
- 54 LPHI CHA/CHIP Technical Assistance Offerings

APPENDICES

- 55 Appendix A: Sources
- 59 Appendix B: Data Factor List & Supplemental Data

CHAPTER 1

INTRODUCTION

Comprehensive Regional Community Health Assessment Report: Coastal Alabama Counties

Background

The Gulf Region Health Outreach Program (GRHOP) is a series of four integrated, five-year projects designed to expand capacity for and access to high quality, sustainable, community-based healthcare services, including primary care, behavioral health and mental health care, and environmental medicine in Gulf Coast communities in Louisiana, Mississippi, Alabama and the Florida Panhandle. GRHOP was developed jointly by BP and counsel representing certain plaintiffs in the Deepwater Horizon litigation in the U.S. District Court for the Eastern District of Louisiana in New Orleans. The program is supervised by the Court and is funded with \$105 million from the BP Deepwater Horizon Medical Benefits Class Action Settlement Agreement. The target beneficiaries of GRHOP are residents, especially the uninsured and medically underserved, of 17 coastal counties and parishes in Alabama (Mobile, Baldwin), Florida (Escambia, Santa Rosa, Walton, Okaloosa, Bay), Louisiana (Orleans, Jefferson, St. Bernard, Plaquemines, Lafourche, Terrebonne, Cameron) and Mississippi (Hancock, Harrison, Jackson).

The four projects below that comprise GRHOP are described in detail in Exhibits 13-16 of the medical benefits settlement documents¹:

1. Primary Care Capacity Project
2. Mental and Behavioral Health Capacity Project
3. Environmental Health Capacity and Literacy Project
4. Community Health Workers Training Project

The Louisiana Public Health Institute (LPHI) administers the Primary Care Capacity Project (PCCP). The purpose of the PCCP is to expand access to integrated high quality, sustainable, community-based primary care with linkages to specialty mental and behavioral health, and environmental and occupational health services in coastal Alabama, the Florida Panhandle, Louisiana, and Mississippi. To achieve this purpose, the PCCP will establish a regional health partnership across coastal counties in these four states that aims to improve the capacity and infrastructure for delivering quality health care to the residents of this region. The five-year investment will result in greater prospect for sustainable community health centers with expanded capacity and a regional health information infrastructure to support them into the future.

Overview of Year 1 Assessment Activities

One objective of PCCP is to conduct a comprehensive regional community health assessment. The Settlement states that:

LPHI will coordinate with state public health and community-based organizations across all four states to conduct a comprehensive community health assessment during the first program year. Working closely with these groups, LPHI will bring together residents, local community leaders and health professionals and the coordinators of the Outreach Program (GRHOP) projects to understand the health needs and existing capacities of communities across the region.

This assessment is essential to targeting the highest need communities and informing subsequent funding of healthcare organizations and community-based organizations in the region. The specific goals of the [Community Health Assessment] include identifying:

¹ Documents can be accessed online at <http://www.deepwaterhorizonsettlements.com/Medical/SettlementAgreement.aspx>

- Community health assets, needs, and challenges across the region;
- Current capacity and gaps of the region's health care delivery system; and
- Key community health issues and concerns of residents regarding health and well-being.

To meet these goals LPHI initiated and engaged in three major assessment activities during Year 1:

1) a series of primary care clinic capacity assessments; 2) a rapid community health needs assessment process in the coastal counties of Mississippi, Alabama, and Florida only; and 3) a comprehensive regional community health assessment for each of the four states in the GRHOP footprint.

Primary Care Clinic Capacity Assessment

The Primary Care Clinic Capacity Assessments were conducted to gather information regarding health delivery system characteristics of clinics, such as number and location of primary care and behavioral health clinics, type of health care professionals at each location, inventory of available health services, hours of operation, linkages to other social services, and information technology capacity of Federally Qualified Health Centers (FQHCs) and FQHC Look-alike clinics in the 17 coastal counties/parishes. The assessment tool used was informed by Patient Centered Medical Home and clinic transformation tools currently being used in a primary care practice learning collaborative in the Greater New Orleans area as part of the Crescent City Beacon Community, as well as feedback from other GRHOP partners after several rounds of review.

To date, clinic assessments were completed with all FQHC and FQHC Look-alike sites in Mississippi, Alabama, and Florida. Clinic assessments were completed with two clinic operators in Louisiana; however the remaining Louisiana clinic assessments will be completed during Year 2. Data collected was validated by clinic staff and will be summarized in the form of a clinic profile to send to clinic staff in Year 2.

Important to note: Due to the terms of the confidentiality agreement entered into with clinics, no clinic data was included in this report.

Rapid Community Health Needs Assessment

In total, three Rapid Community Health Needs Assessments were conducted during Year 1: one completed for the three coastal counties of Mississippi, one for the two coastal counties in Alabama, and one for the five coastal counties in Florida. The purpose of the Rapid Community Health Needs Assessment was to work with state partner organizations to further define and verify community health needs and gaps in health care services in order to inform specific funding priorities in those communities related to building primary care capacity. The two major components of the rapid assessment process were: 1) a review of existing data sources related to a *subset* of health and quality of life factors and 2) a facilitated key informant Community Prioritization Meeting per state to gather information from community members to validate, inform and prioritize findings from the data review. The findings from the Rapid Community Health Needs Assessments conducted in Mississippi, Alabama, and Florida provided insight into the health priorities of the coastal counties of those states and subsequently informed decisions on Year 1 funding and technical assistance provided to eligible clinics in those regions. Because two regions in Louisiana – New Orleans East in Orleans Parish and the area of Jean Lafitte in Jefferson Parish – were pre-determined to receive Year 1 funding in the Settlement, a Rapid Community Health Needs Assessment was not conducted in Louisiana.

The Coastal Alabama Rapid Community Health Needs Assessment Report² can be found online:

<http://lphi.org/CMSuploads/Coastal-Alabama-Rapid-Assessment-Report-42366.pdf>.

² Suggested citation for this report: Louisiana Public Health Institute PCCP Assessment. (2013). *Coastal Alabama Rapid Assessment Report* (Report # AL-1a). New Orleans, LA: LPHI.

Comprehensive Regional Community Health Assessment

The Comprehensive Regional Community Health Assessment is an extension of the Rapid Community Health Needs Assessments because it incorporates both the information derived from the initial data review and community stakeholders in Mississippi, Alabama, and Florida alongside a *comprehensive* review of existing data sources related to population and demographic trends, existing health outcomes and disparities data, community health care needs, environmental and occupational health issues, etc. Based on the priorities identified during the three Community Prioritization Meetings, additional health and quality of life factors were included in the Comprehensive Regional Community Health Assessment reports, such as data related to veteran and military communities and data related to health disparities by ethnicity when available. Because two Louisiana communities were predetermined in the settlement to receive Year 1 funding, the Comprehensive Regional Community Health Assessment for the seven GRHOP parishes does not include data from key informants and only includes the review of existing data. However additional assessment components for Louisiana will be conducted during Year 2.

Comprehensive Regional Community Health Assessment Methodology

This report presents data and findings from the comprehensive quantitative data analysis and the qualitative data collection from key informants at the regional and community levels to supplement and validate the quantitative analysis. The following sections outline in detail the rationale and methodology behind the Comprehensive Regional Community Health Assessment.

Community Health Assessment Best Practices

Community health assessments (CHAs) involve a process of collecting, analyzing and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health. It involves the systematic collection and analysis of data in order to provide health departments and the communities they serve with a sound basis for decision-making.³

A CHA should be part of ongoing broader community health improvement at a population level involving multi-sector stakeholders that can work collectively to improve community health. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a community health improvement plan (CHIP).⁴ CHAs and CHIPs provide an opportunity to establish a baseline for setting community health objectives and measuring change over time as well as cataloguing community assets and barriers to improving health. Additionally, CHAs, CHIPs along with an agency strategic plan are the three prerequisites for voluntary accreditation of state and local health departments by the Public Health Accreditation Board.

Nationally recognized frameworks for comprehensive CHAs include but are not limited to the National Association of County and City Health Officials' *Mobilizing for Action through Planning and Partnership* model (MAPP)⁵, the Catholic Health Association's assessment and community benefit planning⁶, and the Association for Community Health Improvement's CHA Toolkit⁷. All frameworks include collecting and analyzing data and convening community stakeholders to identify priorities, resources, and develop

³ Public Health Accreditation Board. Viewed April 25, 2013 at

<http://archive.constantcontact.com/fs030/1102084465533/archive/1103695445388.html#LETTER.BLOCK21>

⁴ Durch J.S., Bailey L.A., & Stoto M.A. (1997). *Improving Health in the Community: A Role for Performance Monitoring*. Washington, DC: National Academy Press available on <http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm>

⁵ NACCHO, *Mobilizing for Action through Planning and Partnerships*. Viewed April 25, 2013 at <http://www.naccho.org/topics/infrastructure/mapp/>.

⁶ Catholic Health Association of the United States, *Assessing and Addressing Community Health Needs*. Viewed April 25, 2013 at http://www.chausa.org/Pages/Our_Work/Community_Benefit/Assessing_and_Addresssing_Community_Health_Needs/.

⁷ Association for Community Health Improvement, *ACHI Community Health Assessment Toolkit*. Viewed April 25, 2013 at <http://www.assesstoolkit.org/>.

action plans. The PCCP adapted best practices from these national frameworks to conduct comprehensive regional CHAs for the 17 named GRHOP parishes and counties.

Quantitative Data Analysis: Community Health Status

The comprehensive review of existing data sources in this report included an analysis of state, county and sub-county level data (where available) to characterize demographic, health and quality of life factors. For the existing data review, the PCCP assessment team gathered and analyzed data for each of the 17 parishes and counties and for each state as a whole in order to obtain a baseline assessment of demographics, health status, health care access and barriers to care in each of the parishes/counties and relative to the state.

Factors for which data were gathered and analyzed were chosen based on best practices of the Catholic Health Association and MAPP processes for selecting measurements that summarize the state of health and quality of life in a community. These factors then went through several rounds of review by GRHOP partners and community stakeholders to arrive at the final list of factors. See **Appendix A** for a list of the data sources that were included in Chapter 2 of this report. See **Appendix B** for the complete list of factors, as well as a supplemental data table for those data points not included in Chapter 2.

The existing data review for the Alabama counties also included collaboration with the Alabama Department of Public Health (ADPH), Mobile County Public Health Department, and the Centers for Disease Control and Prevention's (CDC) Office of Public Health Preparedness and Response to collect data not available through existing sources for Mobile and Baldwin counties' coastal areas through the Community Assessment for Public Health Emergency Response (CASPER). The data that were gathered and analyzed through the CASPER are also included in this report.

It should be noted that the Comprehensive Regional Community Health Assessment adds findings beyond what was included in the Rapid Community Health Needs Assessment from several data factors and sources including CDC's Gulf States Population Survey and Oxfam America's Social Vulnerability Index Project. Added data factors includes indicators disaggregated by race and ethnicity when available, oil spill exposure and impact, mental health care coverage, veteran status, as well as a host of other data factors related to health risk behaviors and social environment.

Qualitative Data Collection and Analysis: Community Prioritization Meeting

Community priority setting meetings were held with key informants representing eligible counties in Alabama to collect information from community members to validate and prioritize findings from the Rapid Community Health Needs Assessment data review. The Alabama Community Prioritization Meeting (also called Key Informant Meeting) was held in Baldwin County, Alabama on December 17th, 2012. Key informants were comprised of representatives from state, regional and local community organizations and nonprofits, as well as local leaders from the health and education sectors. During the meetings, key informants were split into breakout groups by county for a facilitated discussion on community health needs and barriers to care. The top ten community health needs and barriers to care were identified by each group. The last part of the meeting was a community prioritization process and a description of next steps. Using electronic audience response system polling, key informants prioritized community needs by voting first for their top five needs, and then from the top five, they voted for their top three needs. Key informants then voted on their top five barriers to care. The priority community health needs and barriers identified by key informants are included throughout this report.

Organization of Findings

The following Comprehensive Regional Community Health Assessment findings are organized according to three basic principles:

- Who lives in your county?
- What influences health in your county?
- What is the health status of your county?

Quantitative data is primarily presented in pie charts, bar graphs, tables, and maps. Qualitative data derived from the Community Prioritization Meeting is highlighted in outlined text boxes throughout the report.

CHAPTER 2

COMPREHENSIVE REGIONAL COMMUNITY HEALTH ASSESSMENT YEAR 1

Who Lives in your County?

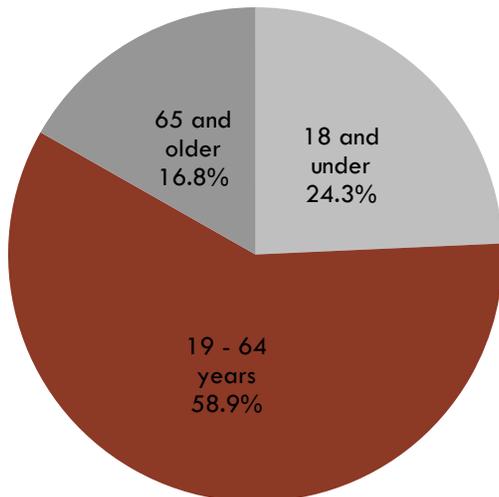
Baldwin County is home to 182,265 residents.

% of Residents by Race	
White Residents	85.7%
Black Residents	9.4%
Asian Residents	0.7%
American Indian & Alaskan Native	0.7%
2 or more races	1.5%
Other	2.0%
% of Residents by Ethnicity	
Hispanic Residents	4.4%

Military Community

In **Baldwin County**, **13.6%** of residents are **veterans**. Among the county's veteran population, **6.7%** of veterans in the civilian labor force are unemployed; **2.7%** were living in **poverty** in the past year; and **27.5%** are currently **disabled**.

Additionally, approximately **0.1%** of **Baldwin County** residents are currently employed in the **Armed Forces**



Age of Population

Overall, **Baldwin County's** population is relatively young. More than half of the residents are **adults of working age**.

Almost a quarter of all residents are children and adolescents.

Household Income

The median household income in **Baldwin County** is **\$50,900**.

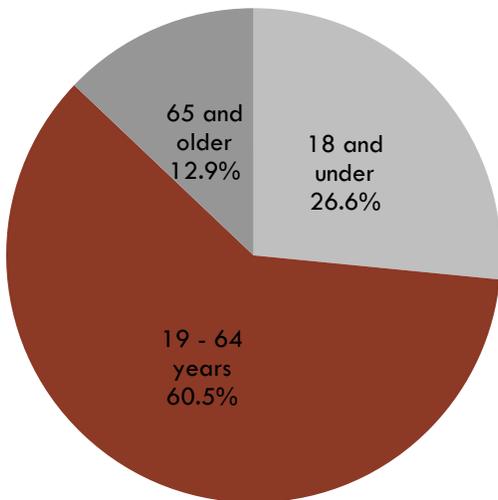
Mobile County is home to 412, 992 residents.

% of Residents by Race	
White Residents	60.2%
Black Residents	34.6%
Asian Residents	1.8%
American Indian & Alaskan Native	0.9%
2 or more races	1.5%
Other	0.9%
% of Residents by Ethnicity	
Hispanic Residents	2.4%

Military Community

In **Mobile County**, **11.2%** of residents are **veterans**. Among the county’s veteran population, **9.6%** of veterans in the civilian labor force are unemployed; **9.1%** were living in **poverty** in the past year; and **29.5%** are currently **disabled**.

Additionally, approximately **0.4%** of **Mobile County** residents are currently employed in the **Armed Forces**



Age of Population

Overall, **Mobile County's** population is relatively young. More than half of the residents are **adults of working age**.

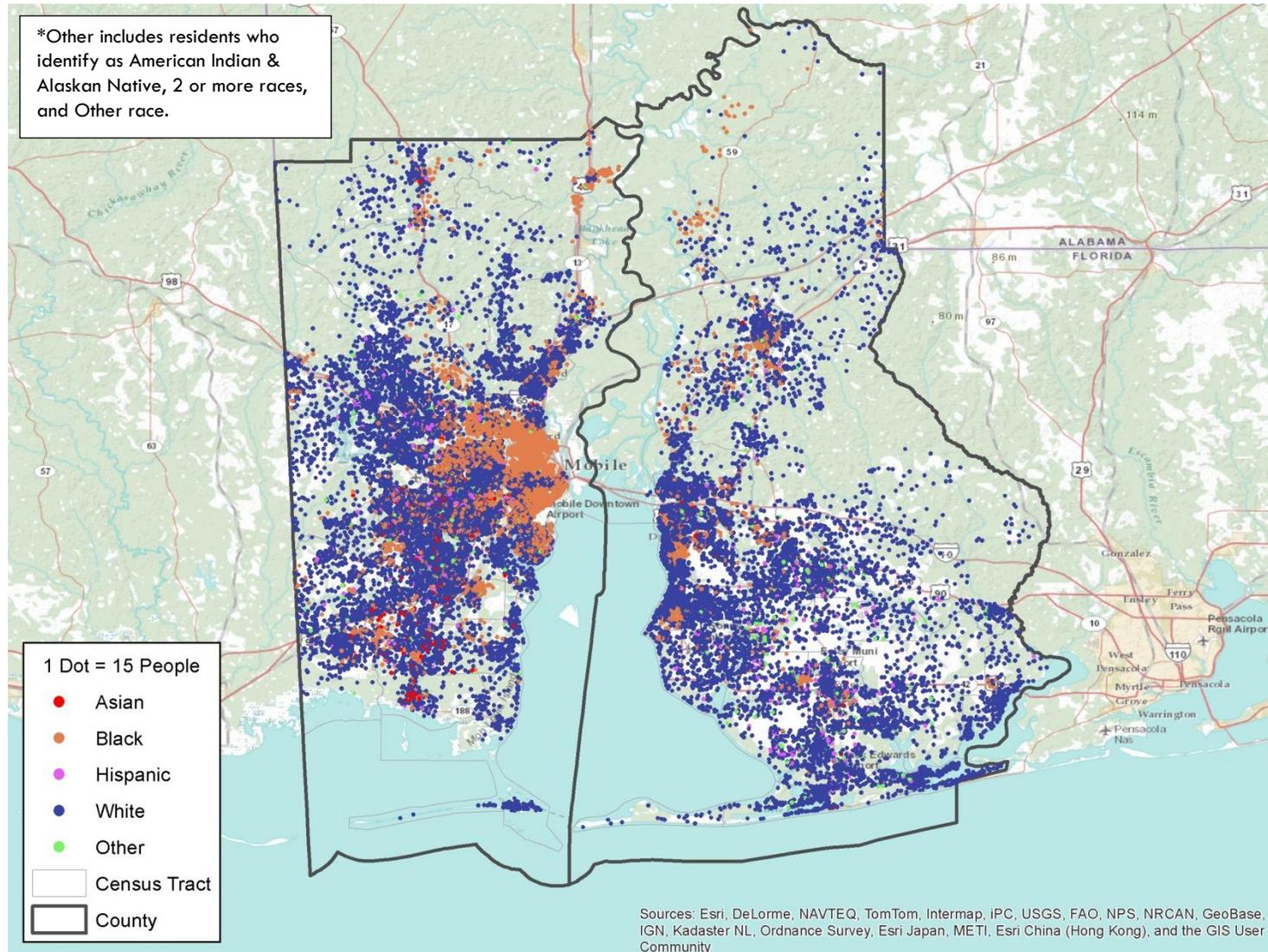
Over a quarter of all residents are children and adolescents.

Household Income

The median household income in **Mobile County** is **\$42,372**.

Population Density

Where residents live in a county can play a contributing role in the type of health care and related services available to communities. The following map shows the distribution of White, Black, Hispanic, Asian and Other race residents in coastal Alabama by census block.



What can Influence the Health of your County?

SOCIOECONOMIC FACTORS

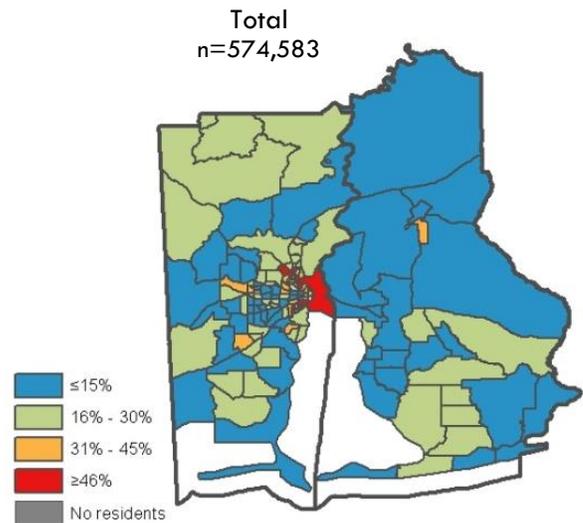
Socioeconomic factors such as low socioeconomic status, unemployment, and level of education impact a variety of health behaviors, lifestyle choices, and access to health care and health information among individuals.

Low Socioeconomic Status

Low SES reflects individuals below the poverty threshold based on income and family size.

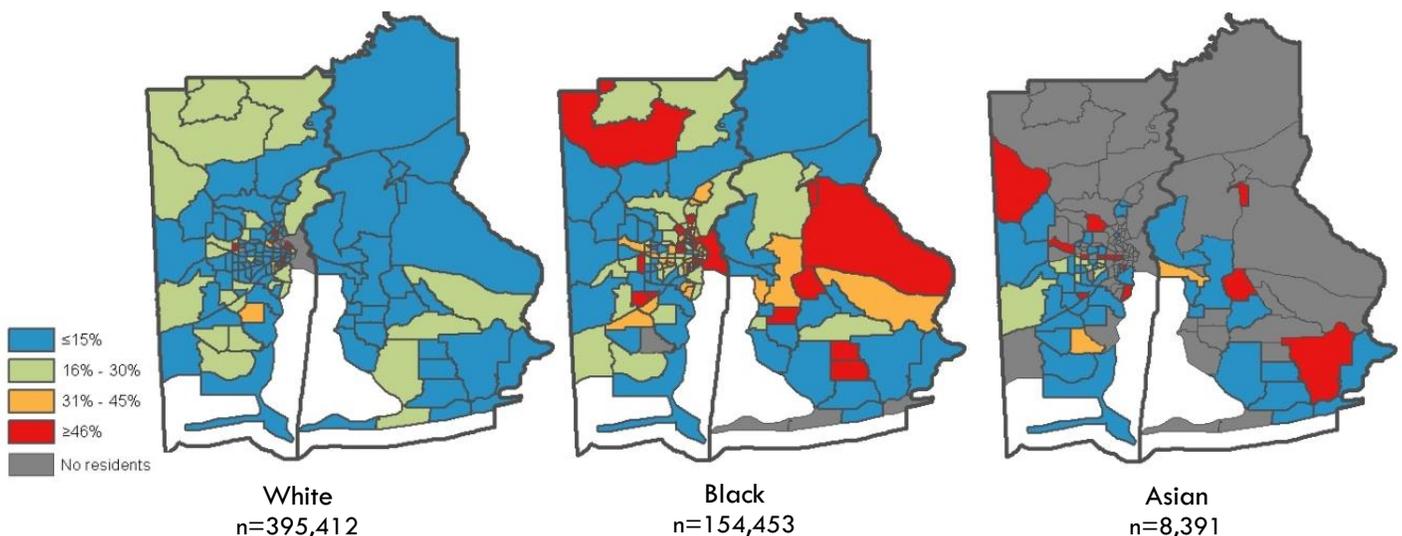
In **Baldwin County**, **13%** of **all** residents in the county are considered low SES.

In **Mobile County**, **19%** of **all** residents in the county are considered low SES.



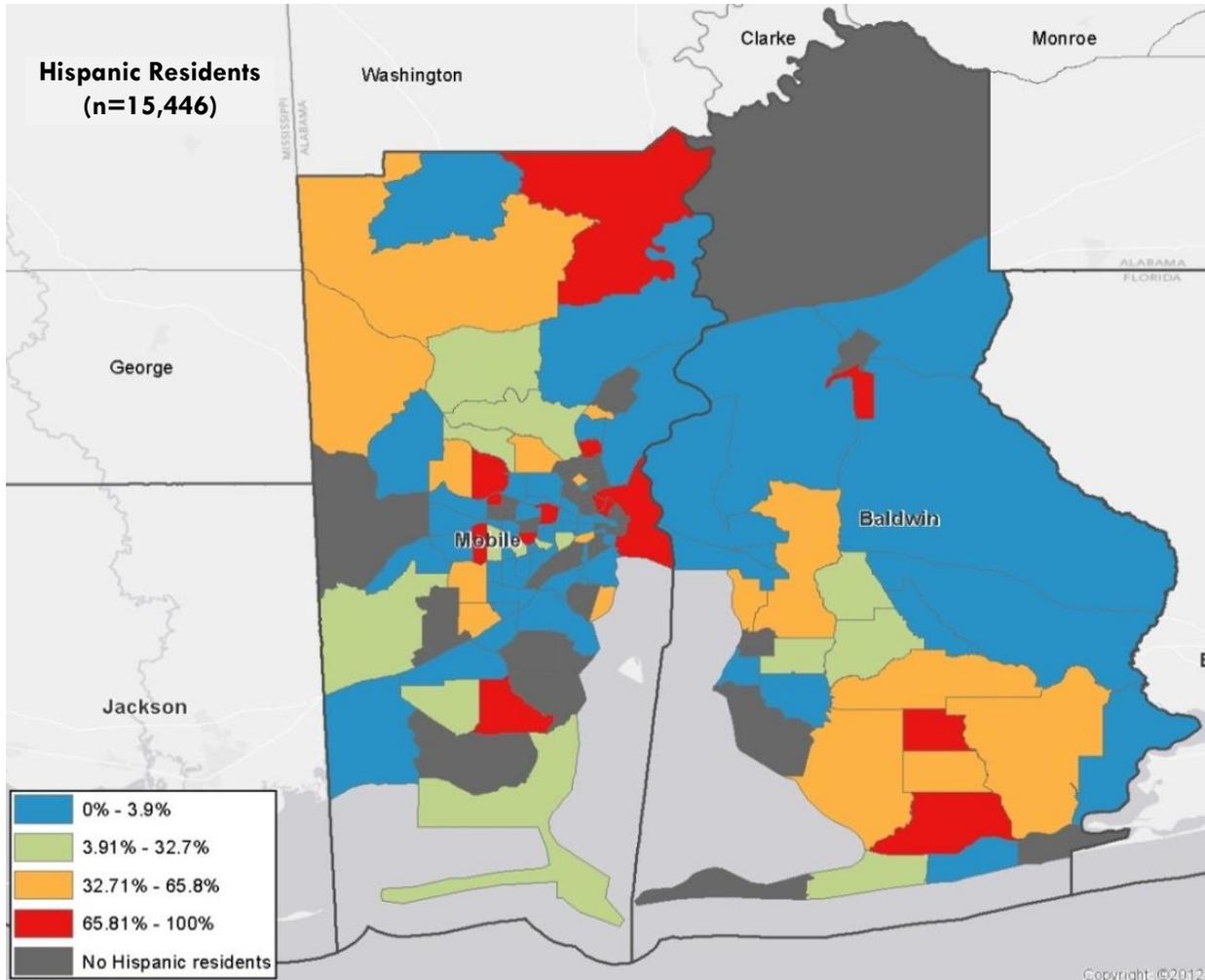
Low SES by Race

Geographically, the distribution of low SES residents varies considerably by race. In both Mobile and Baldwin County, there are certain census tracts where over 45% of Black and Asian residents are considered low SES.



Low SES by Ethnicity

Geographically, the distribution of low SES residents also varies considerably by ethnicity. In both Mobile and Baldwin County, there are certain census tracts where over 65% of Hispanic residents are considered low SES.

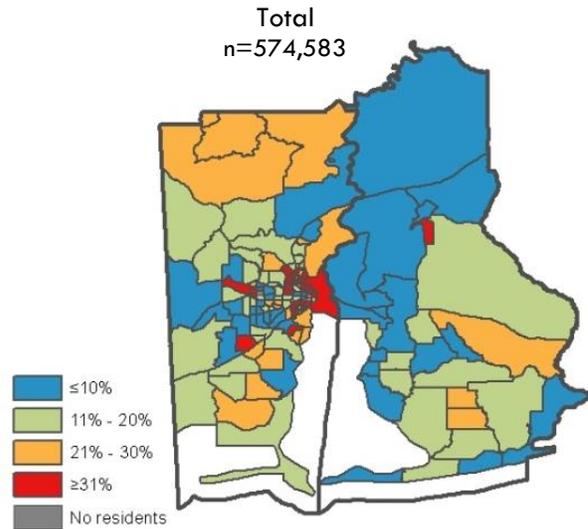


Low SES by Age

Low SES reflects individuals below the poverty threshold based on income and family size.

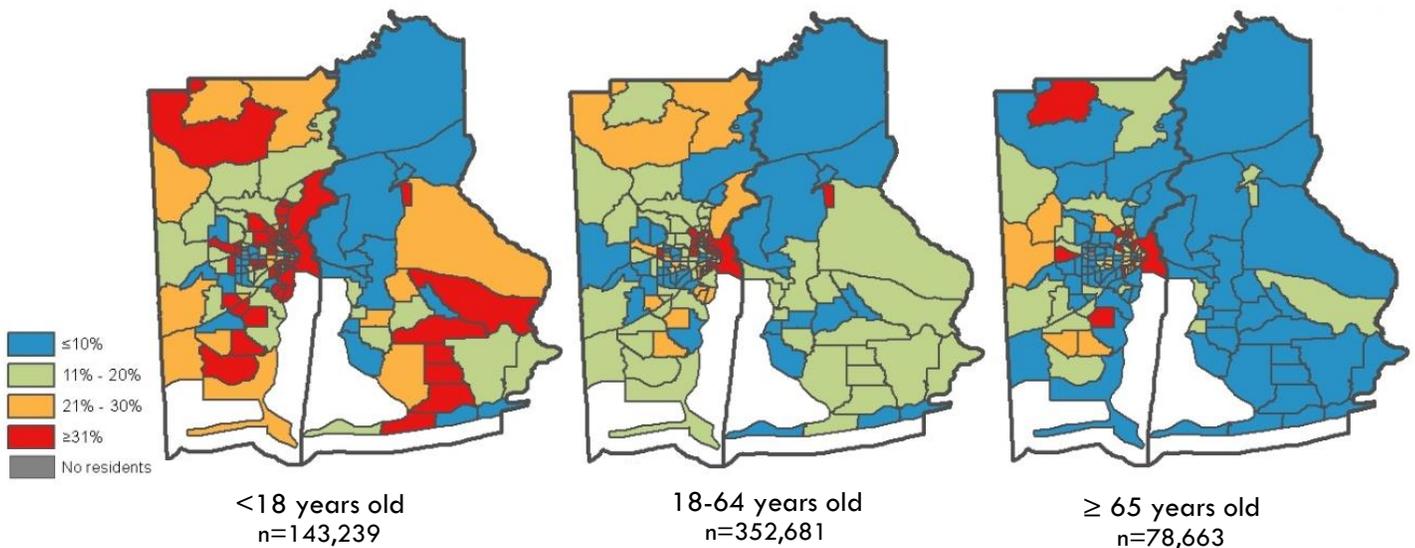
In **Baldwin County**, **20%** of *children and adolescents* in the county are considered low SES compared to 11% of adult residents.

In **Mobile County**, **30%** of *children and adolescents* in the county are considered low SES compared to 16% of adult residents.



Geographically, the distribution of low SES residents in the two counties varies considerably by age. In certain census tracts in both Mobile and Baldwin County, over 30% of residents 18 years and younger are considered low SES.

Additionally, in **Mobile County** there are several census tracts where over 30% of residents 65 years and older are considered low SES.

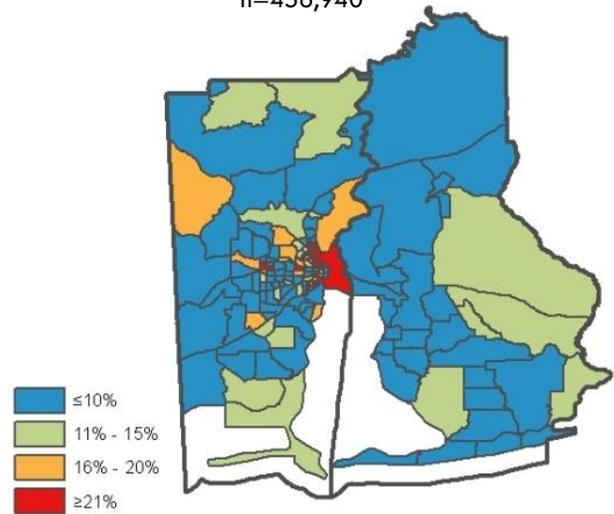


Total Population ≥ 16 & in labor force
n=456,940

Unemployment

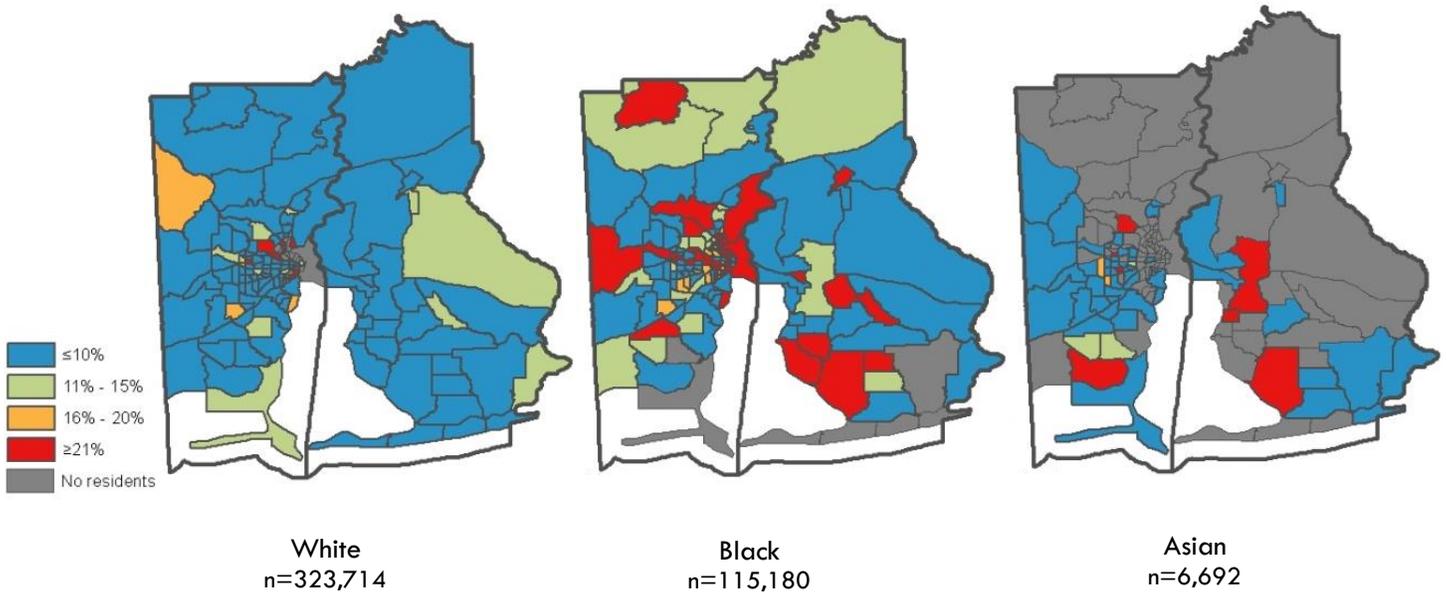
Almost **9%** of **Baldwin County** residents 16 years and older in the labor force are **unemployed**.

11% of **Mobile County** residents 16 years and older in the labor force are **unemployed**.



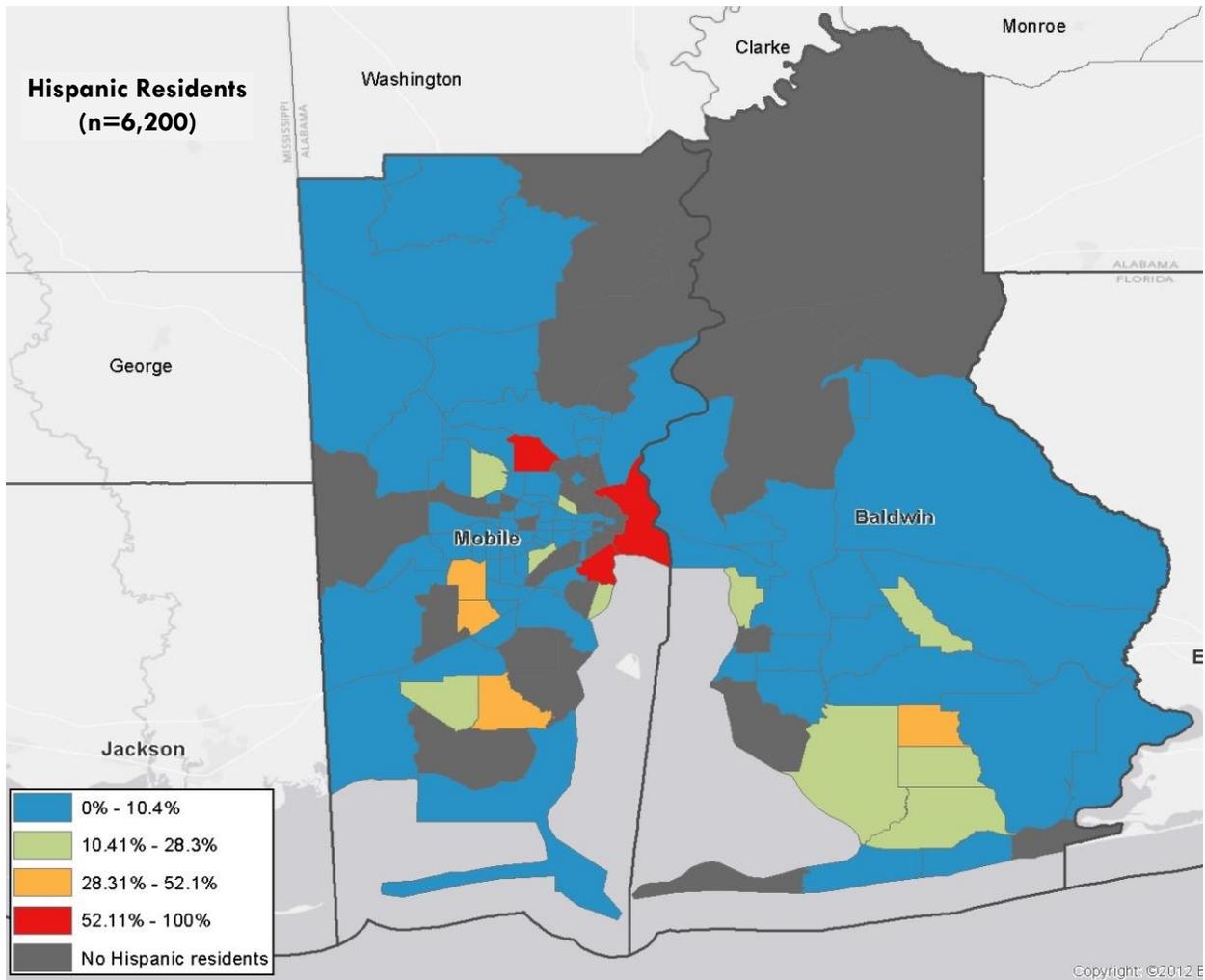
Unemployment by Race (among residents 16 years and older in the labor force)

Geographically, the distribution of unemployed residents in the two counties also varies considerably by race, with over 20% of Black and Asian residents unemployed in certain census tracts in both Mobile and Baldwin County.



Unemployment by Ethnicity (among residents 16 years and older in the labor force)

Geographically, the distribution of unemployed residents also varies by ethnicity. Overall, less than 10.5% of Hispanic residents in both Mobile and Baldwin County are unemployed; however, there are certain census tracts in both counties where a larger proportion of Hispanic residents are unemployed. In certain areas of Mobile County, more than 50% of Hispanic residents are currently unemployed.

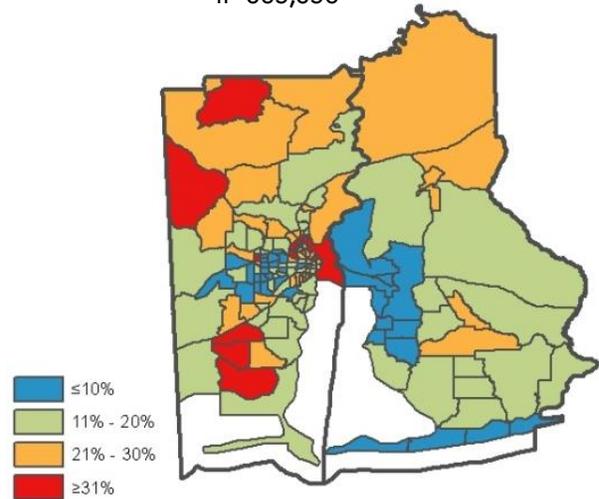


Total Population ≥ 25 years old
n=385,356

Education

10% of **Baldwin County** residents 25 years and older do not have a high school diploma.

16% of **Mobile County** residents 25 years and older do not have a high school diploma.

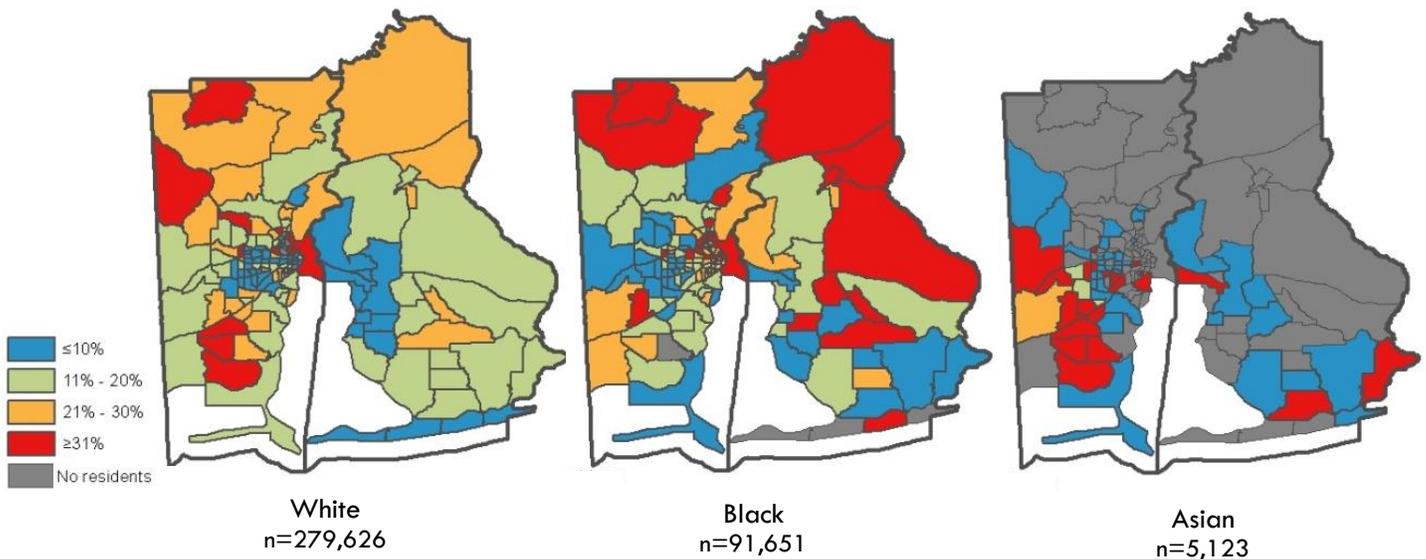


Education by Race

(among residents 25 years and older)

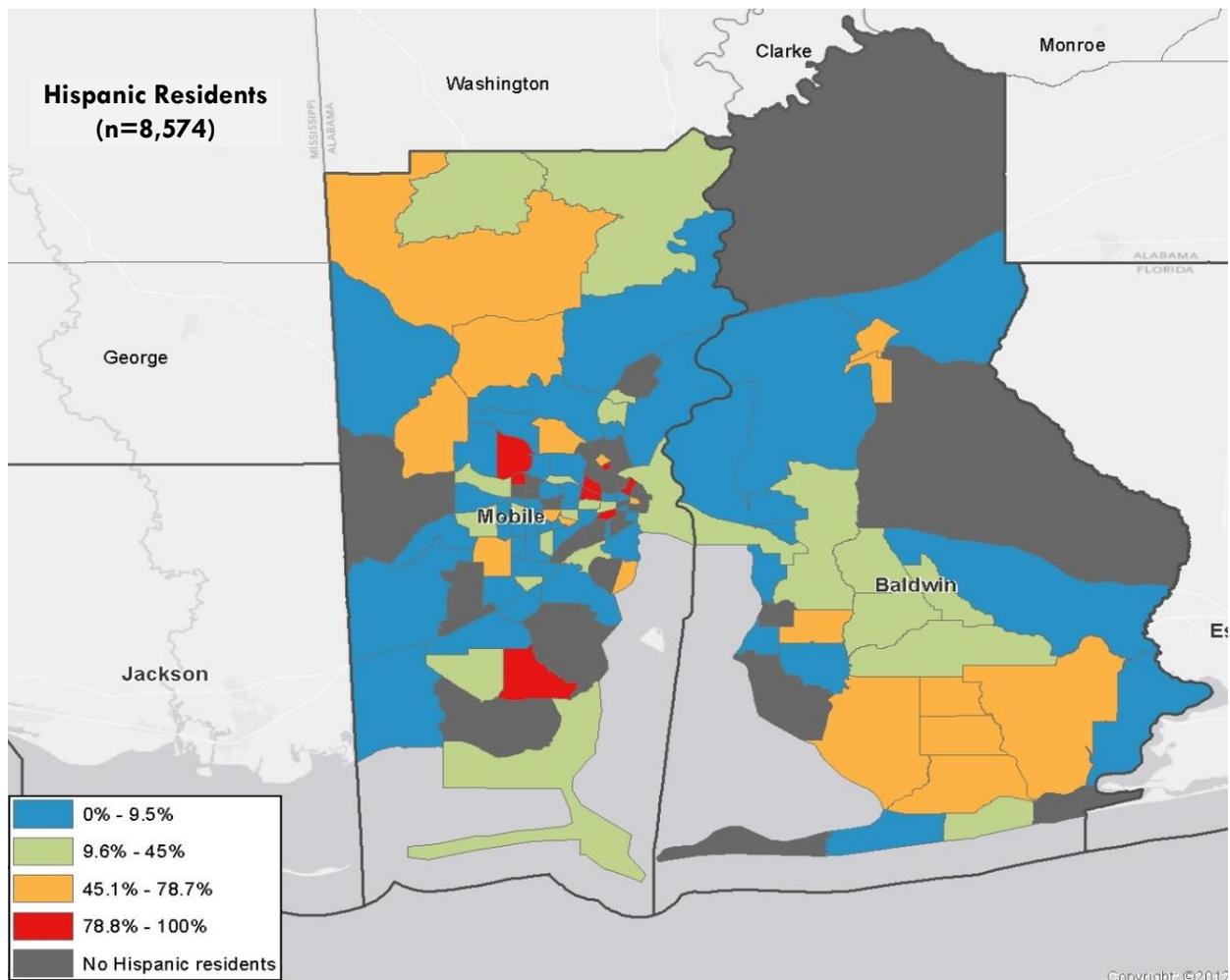
Geographically, the distribution of residents without a high school diploma in the two counties varies considerably by race, particularly within Baldwin County.

In certain census tracts of **Baldwin County**, over 30% of Black residents 25 years and older lack a high school education.



Education by Ethnicity (among residents 25 years and older)

Geographically, the distribution of residents with less than a high school education also varies by ethnicity. In certain census tracts of Mobile and Baldwin County, over 45% of Hispanic residents 25 years and older lack a high school education.



SOCIAL VULNERABILITY

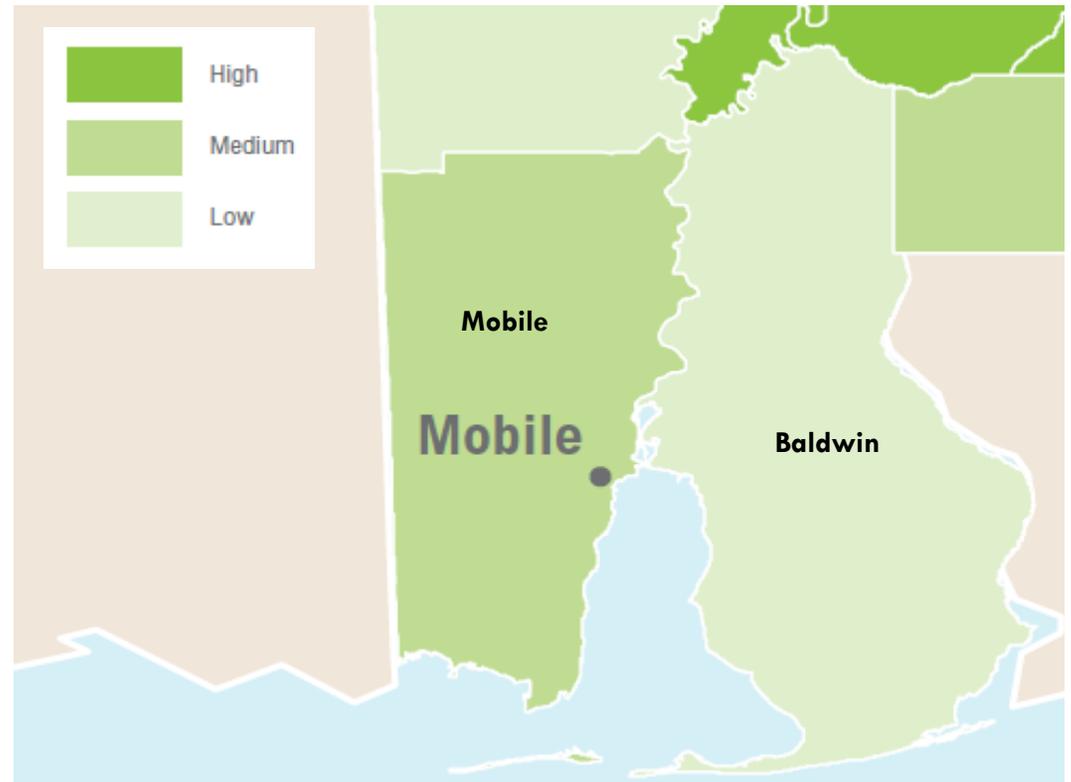
Oxfam America's Social Vulnerability Index (SoVI) project is the first of its kind to examine the underlying social and demographic characteristics in a county and the possible impact of environmental hazards on the most vulnerable. Oxfam America's SoVI project seeks to demonstrate the potential impact of climate change on the most vulnerable communities, where those who are most socially vulnerable may experience more difficulty coping with and bouncing back from an environmental hazard like a flood.

Social Vulnerability Index

The Social Vulnerability Index itself is constructed of 32 variables that take into consideration the wealth, age, race, gender, ethnicity, rural farm populations, special needs population, and employment status of the community.⁸

Based on the factors above, residents throughout **Mobile County** are considered **“Medium”** in their social vulnerability level based on the Social Vulnerability Index.

On the other hand, residents throughout **Baldwin County** are considered **“Low”** in their social vulnerability level based on the same index.



⁸ For more information visit http://adapt.oxfamamerica.org/resources/Exposed_Report.pdf

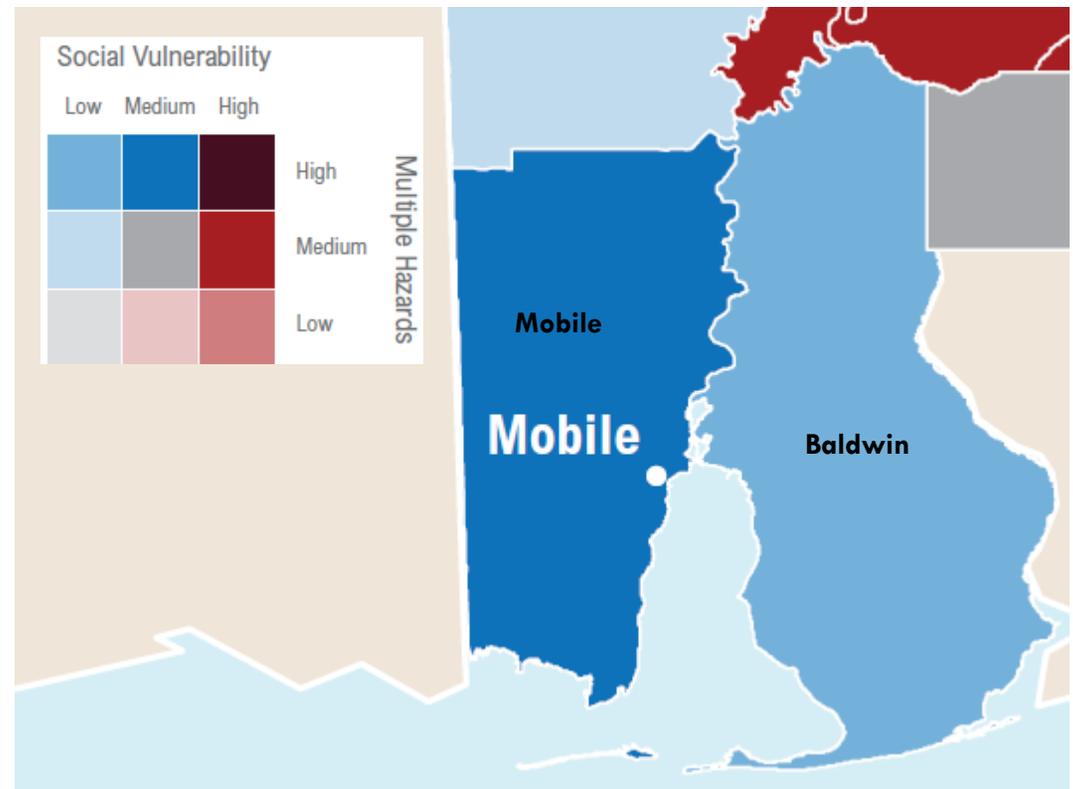
Social Vulnerability and Multiple Environmental Hazards

The climate change related environmental hazards examined by the SoVI project were drought, flooding, hurricane force winds, and sea level rise – all of which strongly impact the health of the environment in the Gulf Coast region. The map below shows both the level of social vulnerability within a county and the impact of all four environmental hazards on the area. For example, some counties may have a “Low” level of social vulnerability but are at “High” risk for multiple environmental hazards. On the map this county would appear as a medium shade of blue.

Data to calculate the risk of environmental hazards are derived from national data sources like the Federal Emergency Management Agency, particularly for events such as drought, hurricane force winds, and floods occurring in the county. Sea level rises were predicted using future climate change projections.

Based on the Social Vulnerability Index and the county’s risk for multiple environmental hazards on the county, residents throughout **Mobile County** are considered “Medium” in social vulnerability but at “**High**” risk for environmental hazards.

Residents throughout **Baldwin County** are considered “Low” in social vulnerability but are also at “**High**” risk for environmental hazards



NATURAL ENVIRONMENT

Natural factors, such as trends in air quality, fish advisories, and the likelihood of flooding, all affect the health of a community. The very young, ill, and elderly may be at increased risk of poor health outcomes as a result of these factors.

Fish Consumption Advisories

Fish consumption advisories are recommendations issued by state and federal agencies to limit or avoid eating certain species of fish due to chemical contamination. An advisory may be issued for the general public or it may be issued specifically for sensitive populations, such as pregnant women, nursing mothers, and children. Advisories vary in the extent of water body that they cover.

In 2012, there were 13 fish consumption advisories in **Baldwin County**. The following areas were under advisory for mercury contamination.

**Entire Baldwin County
coastline**
Blackwater River
Cowpen Creek
Fish River

Magnolia River
Perdido River
Styx River
Middle River
Bay Minette Creek

Bon Secour River Creek
Mifflin Lake
Polecat Creek
Tensaw Creek

In 2012, there were 7 fish consumption advisories in **Mobile County**. The following areas were under advisory for mercury contamination.

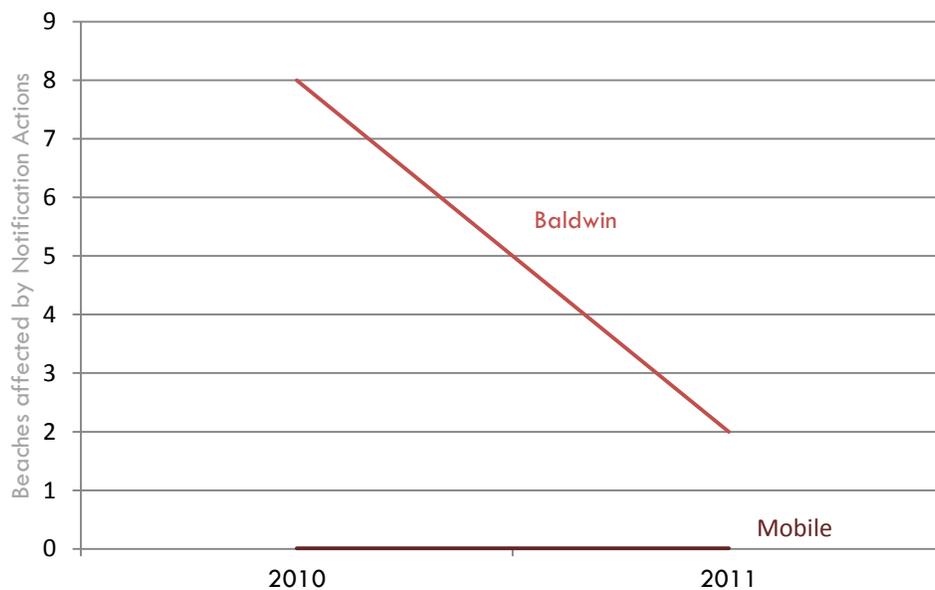
Fowl River
Mobile River
Cold Creek Swamp
Big Creek Reservoir

Entire Mobile County coastline
Chicksaw Creek
Escatawpa River

*Key Informants identified **mercury in seafood**, specifically in Mobile County Reservoir and Big Creek Lake as an environmental health priority*

Beach Water Quality

Beach water monitoring is conducted to detect bacteria that indicate the possible presence of disease-causing microbes. When results show levels of concern, the state or local government issues a beach advisory notice until further sampling shows that the water quality meets EPA standards.



There are a total of 21 monitored beaches in **Baldwin County**. From 2010 to 2011, the number of monitored beaches affected by notification actions decreased from 8 to 2.

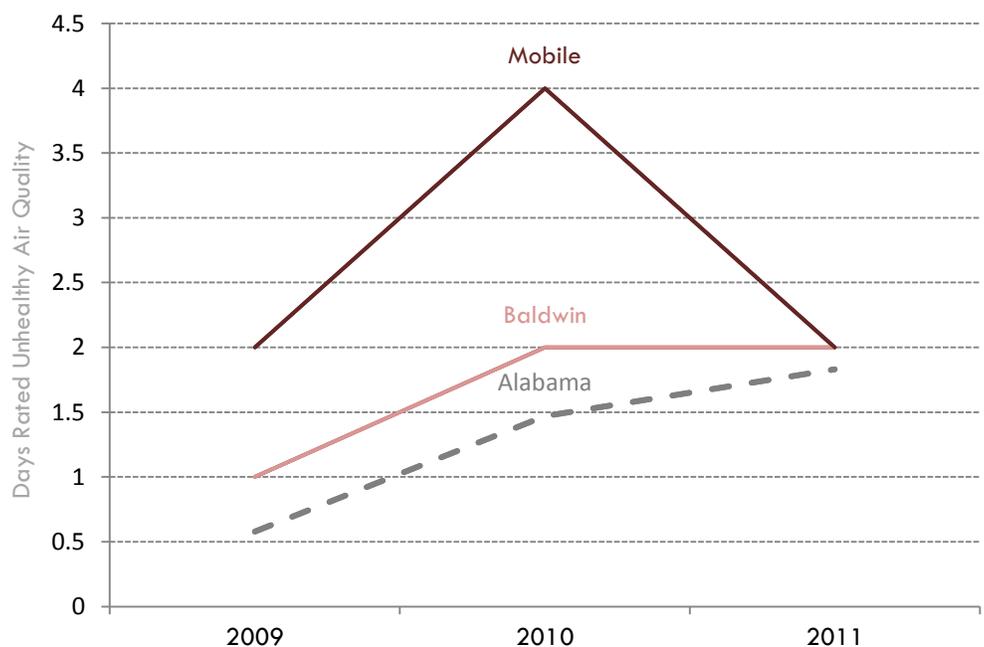
From 2010 to 2011, 0 of the 4 monitored beaches in **Mobile County** were affected by notification actions.

Safe water was identified environmental health priority by Key Informants.

Unhealthy Air Quality

Between 2009 and 2011, the number of days that air quality was rated unhealthy, very unhealthy, hazardous, and unhealthy for sensitive groups like the elderly, children, and those with lung disease was higher in both Mobile and Baldwin Counties compared to the state average.

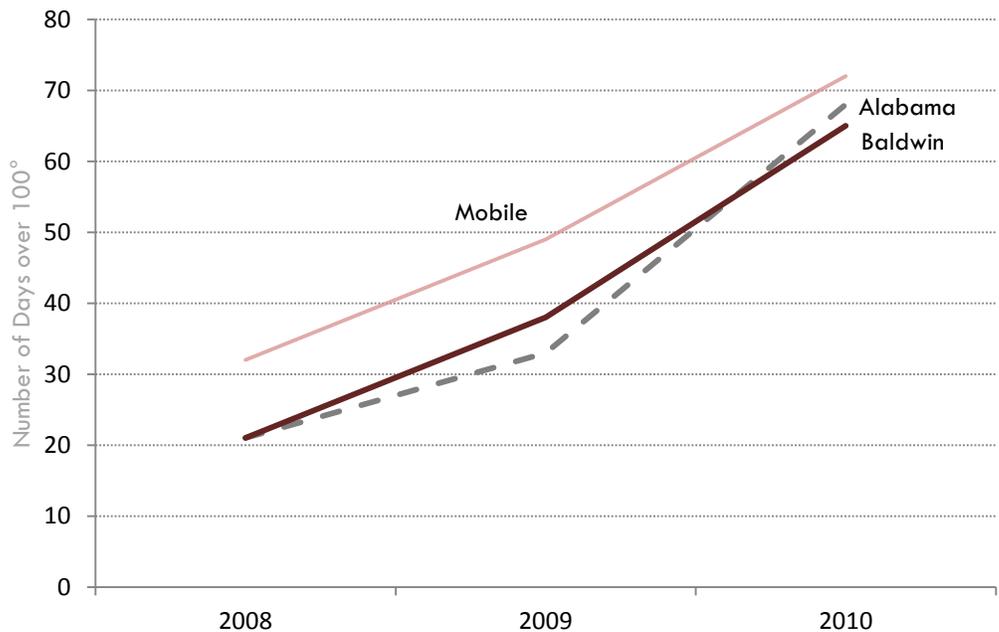
Air quality was an identified environmental health priority by Key Informants.



Excessive Heat Days

Between 2008 and 2010 there was a steady increase in the number of days from May through September with a heat index of more 100° across the two counties.

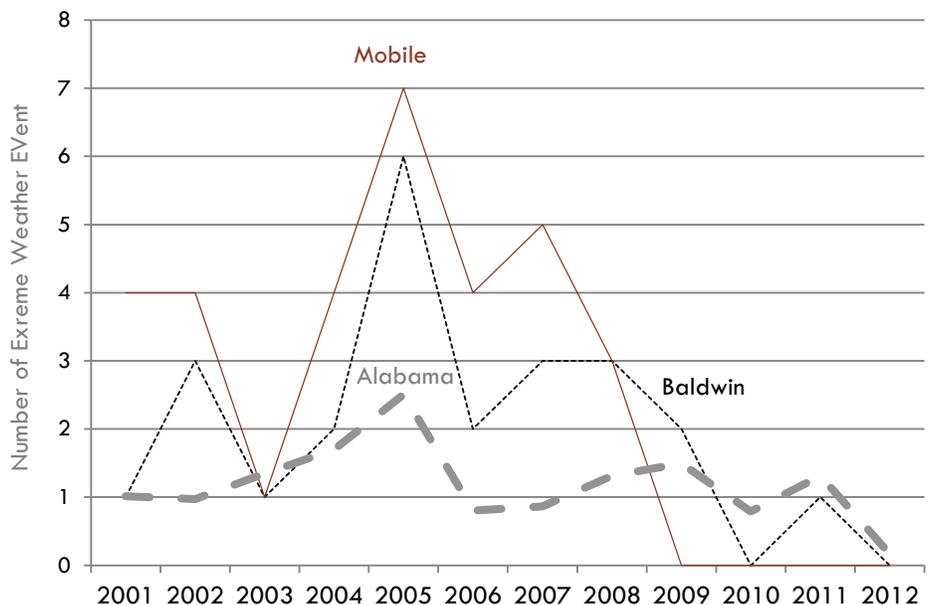
Extreme heat and sun exposure were identified environmental health priorities by Key Informants.



Extreme Weather Events

Climate scientists predict many changes in climate over the next 50 years. These changes will have many impacts – direct and indirect – on human health. Populations that are highly exposed, sensitive, and least prepared or able to respond to climate changes are the most vulnerable.

Over the past decade, the incidence of extreme weather events in both counties was generally higher than the state average.



From 2001 to 2012, **Baldwin County** experienced a

fluctuating level of extreme weather events that resulted in a minimum of \$50,000 in property damage. In 2010 and 2011, the number of this type of extreme weather event declined below the state average.

From 2001 to 2012, **Mobile County** also experienced a fluctuating level of extreme weather events that resulted in a minimum of \$50,000 in property damage. Between 2009 and 2011 the number of this type of extreme weather event declined to zero.

Disasters and flooding were identified environmental health priority by Key Informants, particularly in Baldwin County.

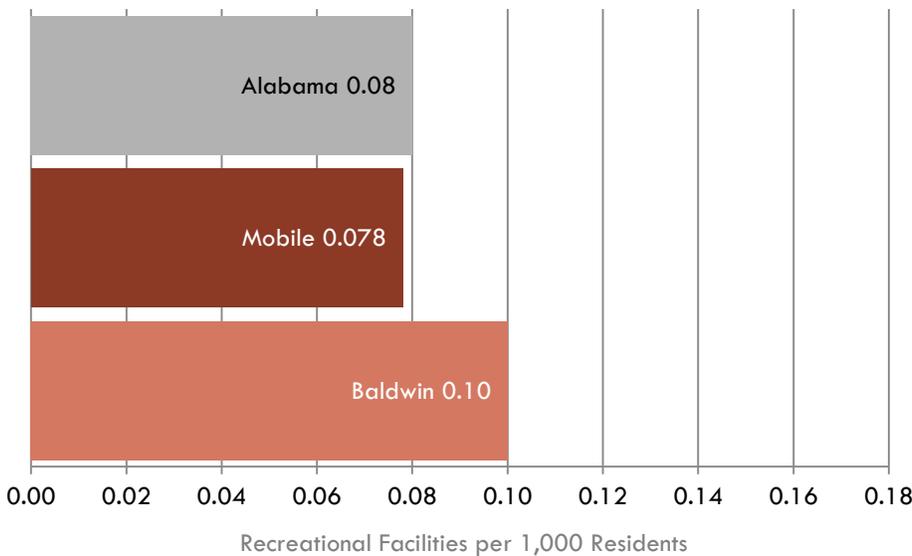
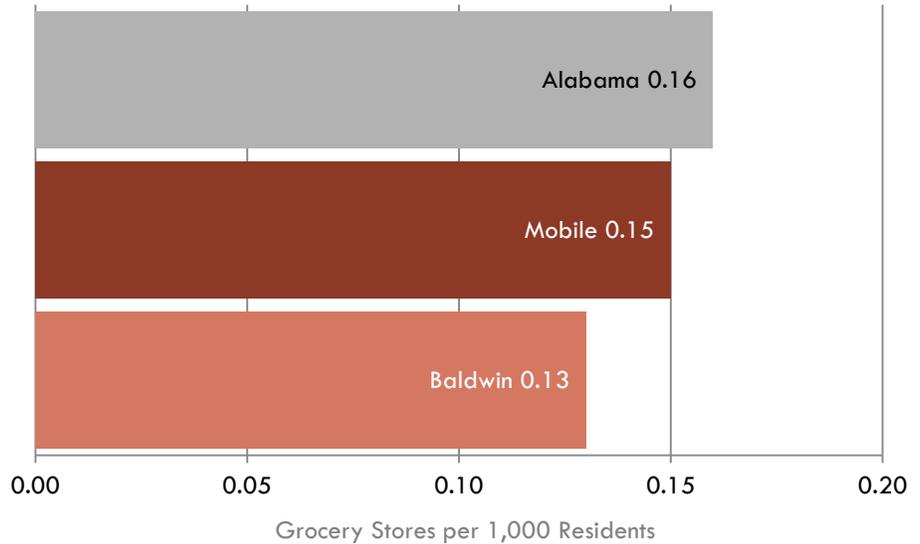
SOCIAL ENVIRONMENT

Health is determined in part by the social and economic opportunities available in a community. For example, proximity to grocery stores and recreational facilities are often related to improved health outcomes. Homicide, a leading cause of premature death among young Black males, and violent crime however are often related to a general lack of social and economic opportunities.

Grocery Stores

In **Mobile County**, there are about the same number of grocery stores per capita as the state of Alabama.

In **Baldwin County**, there are slightly fewer grocery stores per capita compared to the state.



Recreational Facilities

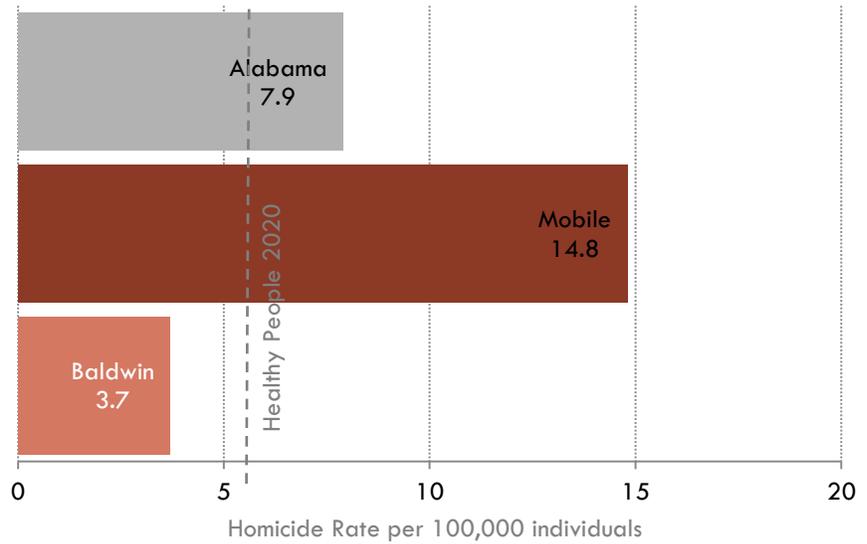
In **Mobile County**, there is a similar amount of recreational facilities per capita as the state of Alabama.

In **Baldwin County**, there are slightly more recreational facilities per capita compared to the state.

Homicide Rate

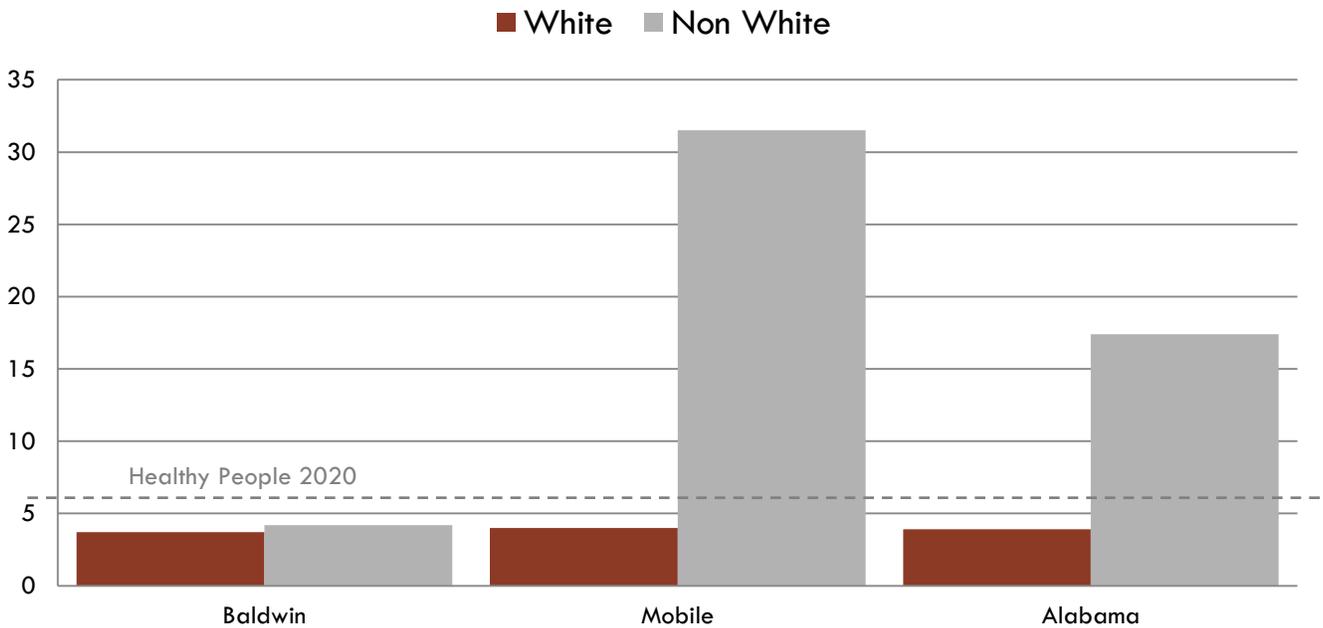
In **Mobile County**, the overall homicide rate is higher than the overall rate for the state of Alabama.

In **Baldwin County**, the homicide rate is two times lower than the homicide rate for the state. Baldwin County's homicide rate is also below the Healthy People 2020 target.



Homicide Rate (per 100,000) by Race

In **Mobile County** the **homicide rate** among Non-Whites⁹ is more than 7 times higher than the rate among Whites and substantially higher than the Healthy People 2020 target.

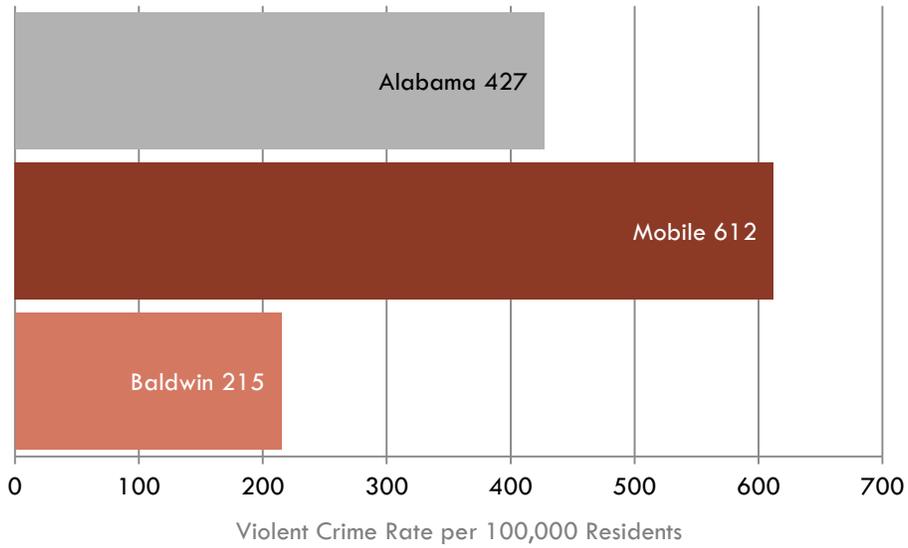


⁹ "Non-Whites" includes residents who identify as Black, Asian and Other.

Violent Crime Rate

Violent crime includes homicide, forcible rape, robbery, and aggravated assault.

The rate of violent crime in **Mobile County** is substantially **higher** than the state, while the rate of violent crime in **Baldwin County** is half that of the state.



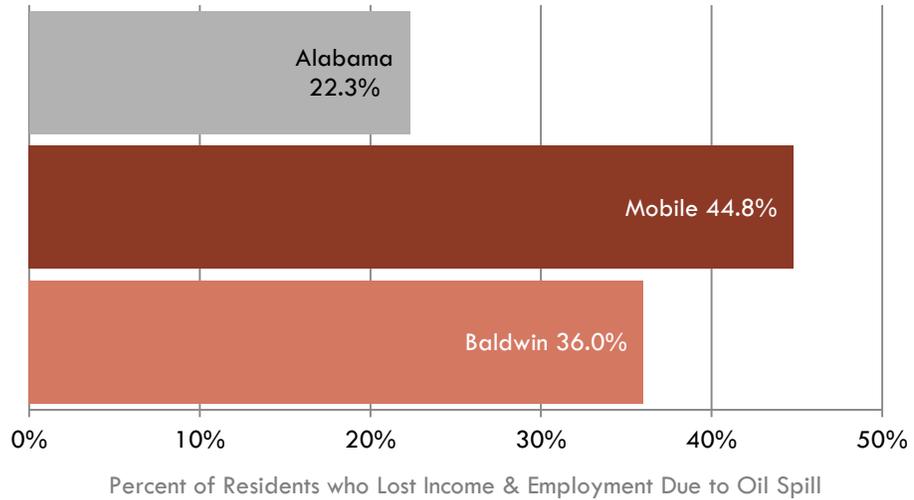
OCCUPATIONAL SAFETY AND HEALTH

Loss of income and employment due to the oil spill can impact both the health and access to health care services among those most affected. Additionally, people in high-risk occupations may be more likely to require health care for work-related injuries.

Lost Income & Employment Due to Oil Spill

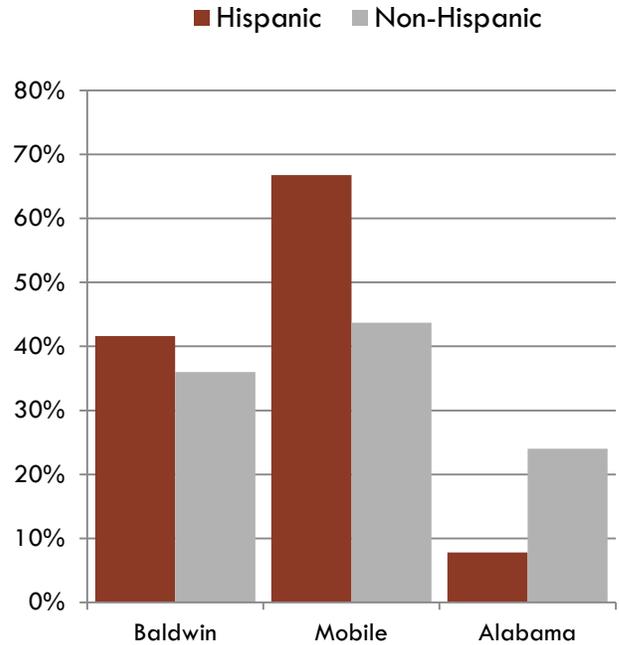
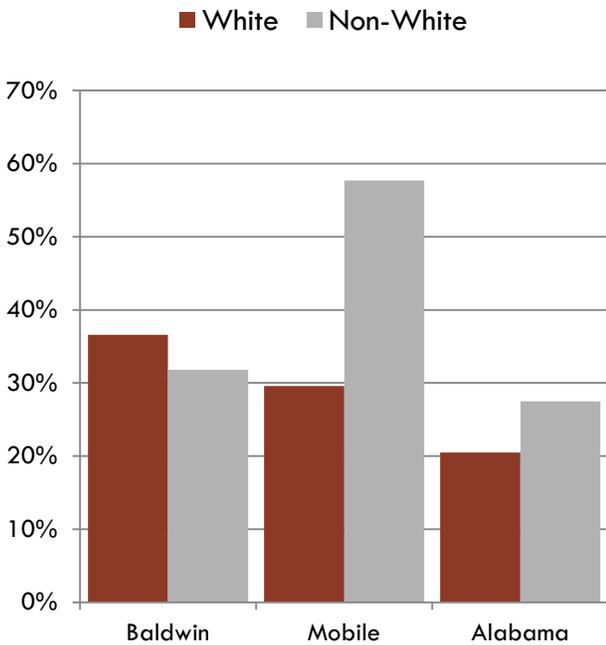
The Gulf State Population Survey conducted in 2010 and 2011 asked residents in the Gulf Coast region whether they had lost income due to the oil spill, as well as whether someone in their household had lost a job as a result of the Deepwater Horizon disaster.

A higher percentage of residents in both counties experienced a loss of income and employment compared to the state. Almost **45%** of residents in **Mobile County** were economically impacted by the oil spill disaster.



Lost Income and Employment Due to Oil Spill by Race and Ethnicity

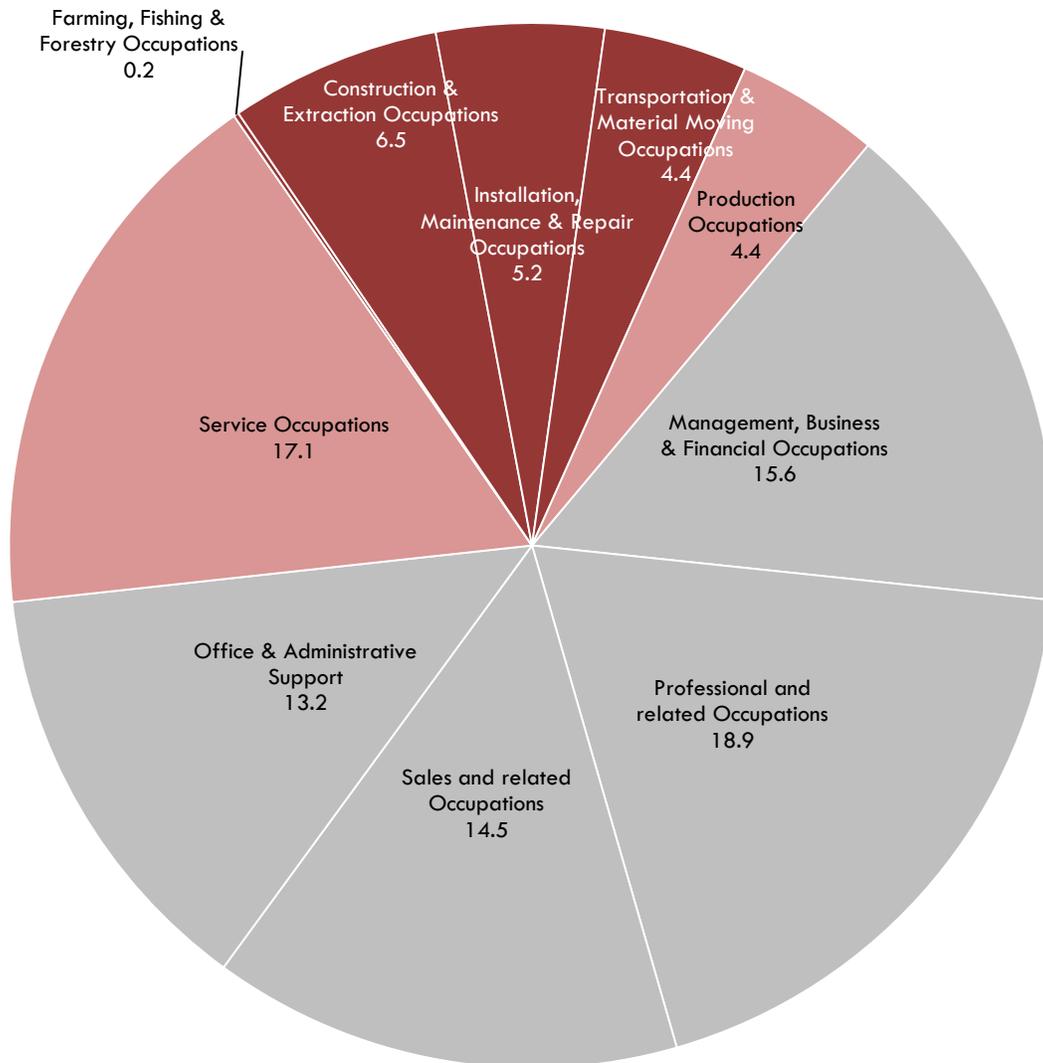
Non-White and Hispanic residents in **Mobile County** were economically impacted by the spill at a higher rate compared to White and Non-Hispanic residents.



Occupations at Risk for Injury

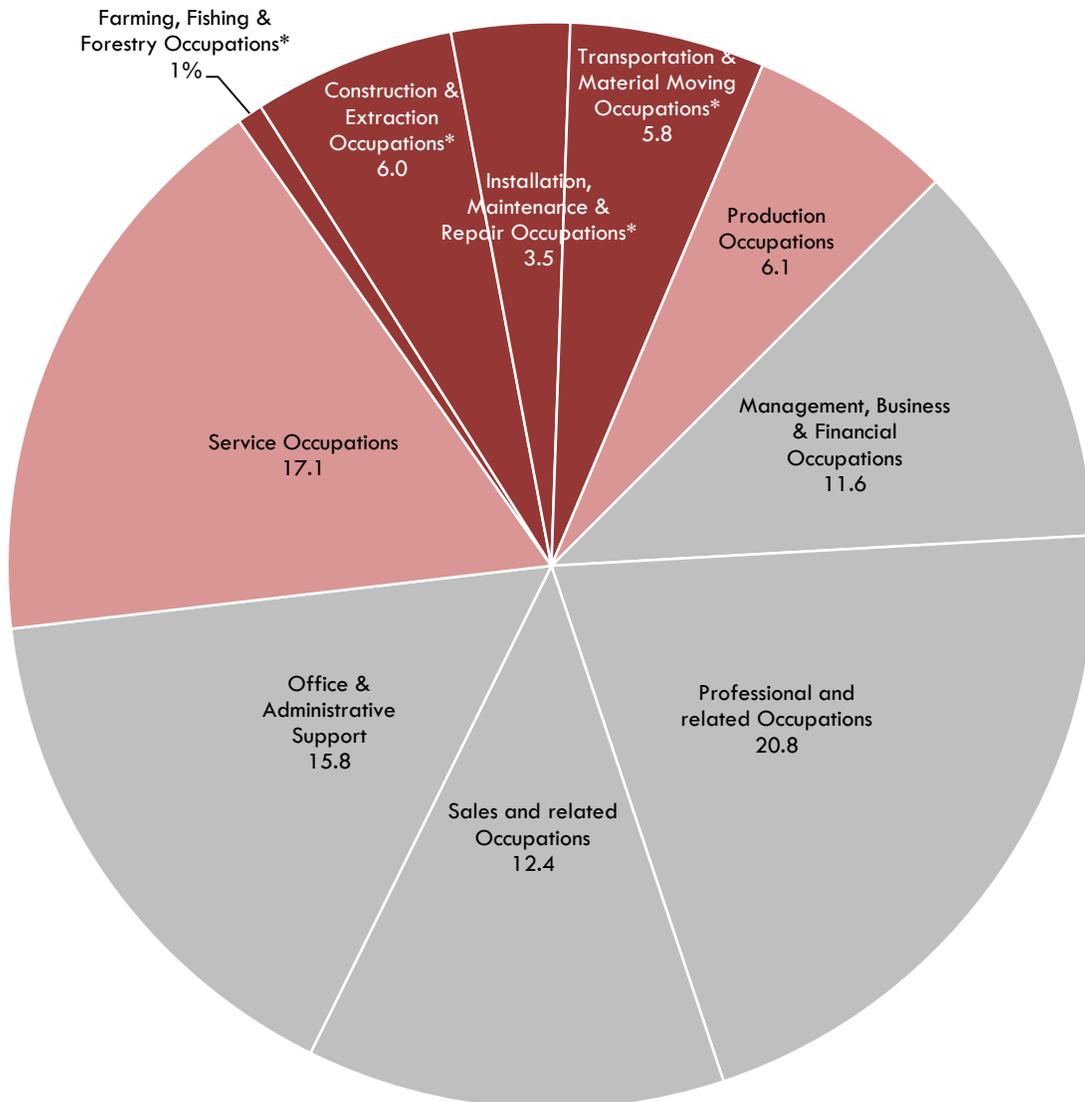
38% of Baldwin County residents employed in the civilian labor force work in occupations with a high risk for injury (shown in pink and dark red below).

16% of Baldwin County employed residents work in occupations with a high risk for **fatal injury*** (shown in dark red below).



39% of **Mobile County** residents in the civilian labor force work in occupations with a high risk for **injury** (shown in pink and dark red below).

16% of **Mobile County** employed residents work in occupations with a high risk for **fatal injury*** (shown in dark red below).



Key Informants identified several **workplace exposures** in their communities, particularly those related to second-hand smoke exposure, exposure to mold, and exposure to hazardous materials used in the agriculture and fishing sectors.

A lack of **occupational health providers** and **onsite wellness programs** were identified as health care gaps by Key Informants.

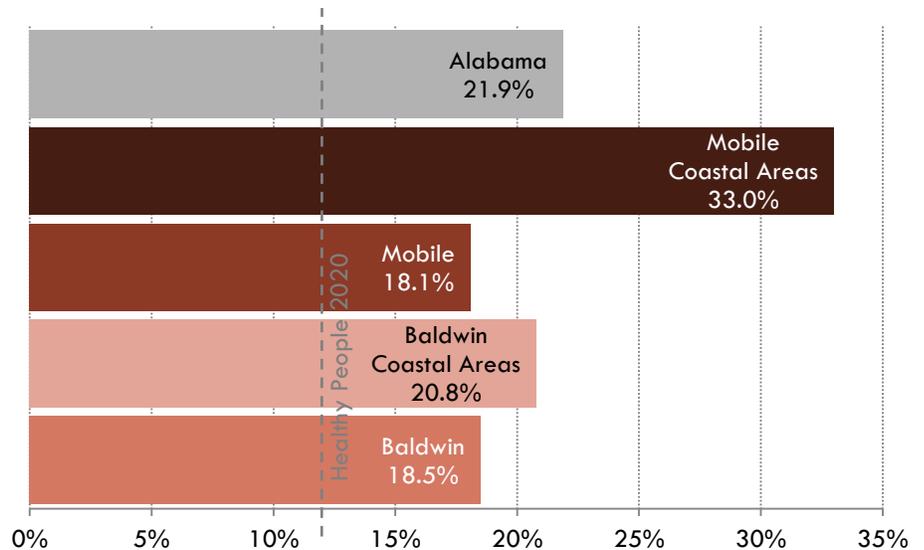
RISK BEHAVIORS

Risk behaviors such as smoking cigarettes, drinking alcohol, prescription drug use, and physical inactivity contribute to chronic illnesses and the leading causes of death among adults in the United States of America.

Smoking Prevalence

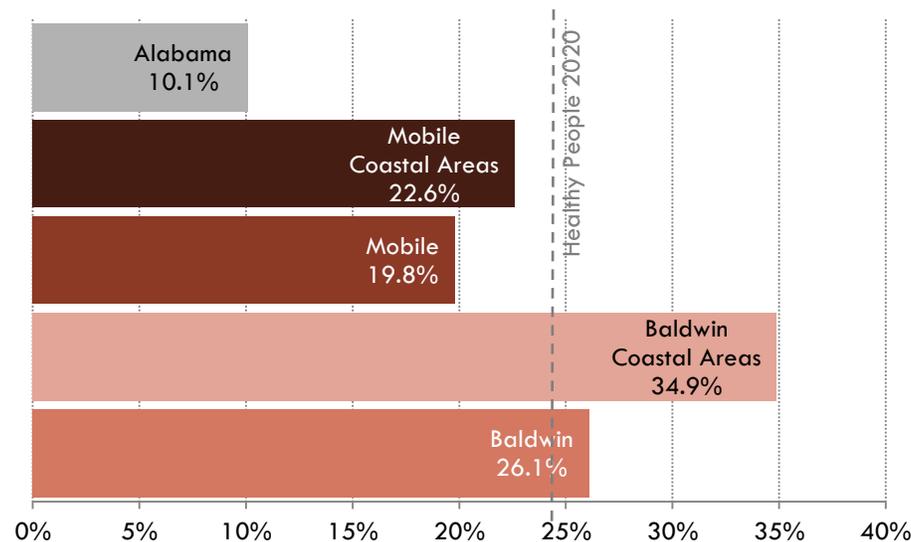
The percentage of residents in both counties who smoke is lower than the state average but higher than the Healthy People 2020 target.

However, the rate of current smokers is higher in the **coastal regions** of both Mobile and Baldwin County compared to the overall county.



Binge Drinking

Binge drinking is defined as 4 or more alcoholic drinks in one sitting for females and 5 or more drinks in one sitting for males.



The prevalence of binge drinking in both counties is higher than the state average, and the rate of binge drinking in **Mobile County** exceeds the Healthy People 2020 target.

The rate of binge drinking is higher in the **coastal regions** of both Mobile and Baldwin County compared to the overall county rate.

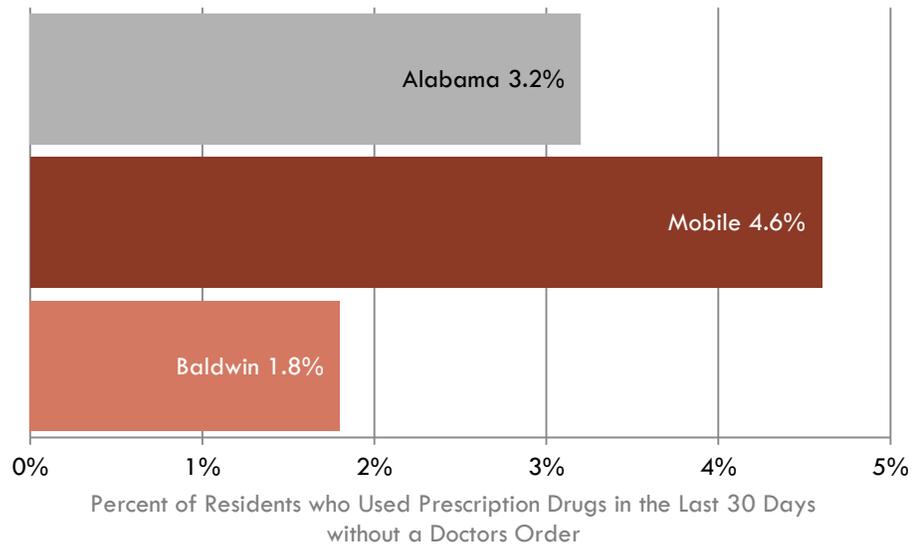
Drug abuse and alcohol abuse were identified as priority *health outcomes* by Key Informants. **Southern coastal Baldwin County** was identified as high priority area to address binge drinking as a health issue.

Prescription Drug Use

The Gulf State Population Survey also asked Gulf Coast residents if they had increased their prescription drug use without a doctor's order in the past 30 days

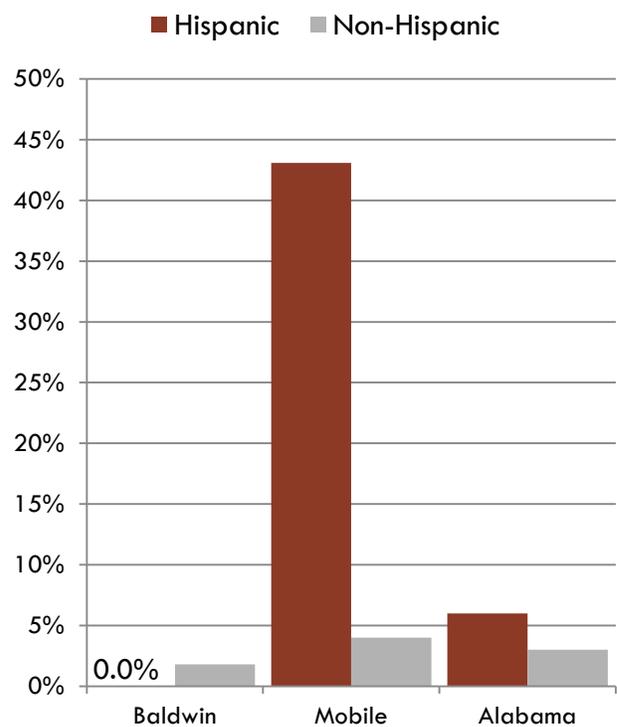
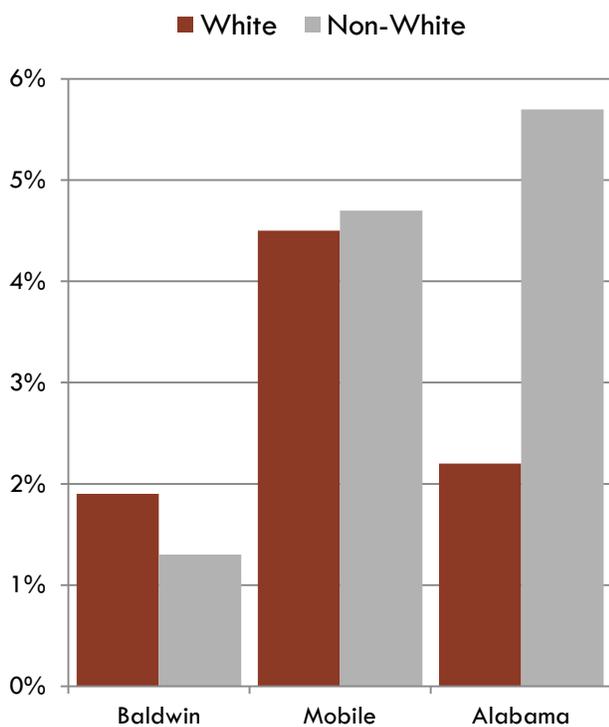
Compared to the state, a higher percentage of residents in **Mobile County** increased prescription drug use without a doctor's order

In **Baldwin County** a lower percentage of residents increased unauthorized prescription drug use.



Prescription Drug Use by Race and Ethnicity

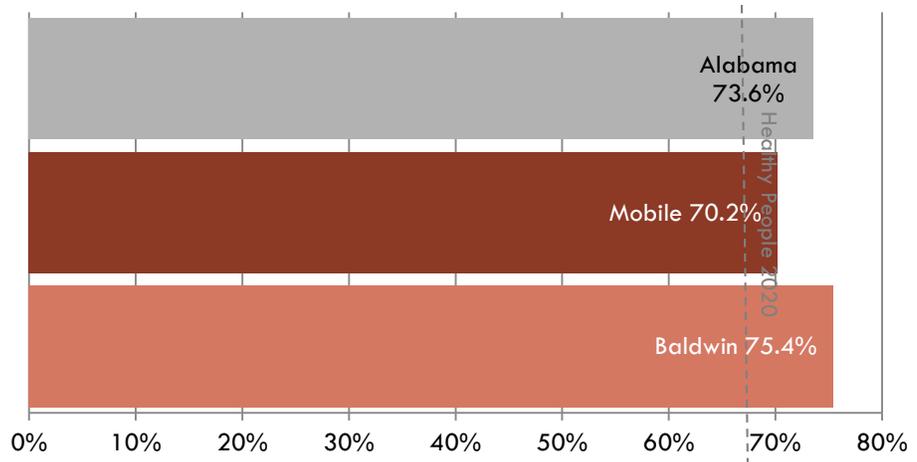
Over 40% of Hispanic residents in **Mobile County** increased their prescription drug use compared to less than 5% among Non-Hispanic residents. In **Baldwin County**, a slightly higher percentage of White residents increased prescription drug use compared to Non-White residents.



Physical Activity

Compared to the state, a slightly higher percentage of **Baldwin County** residents participate in non-work related physical activity.

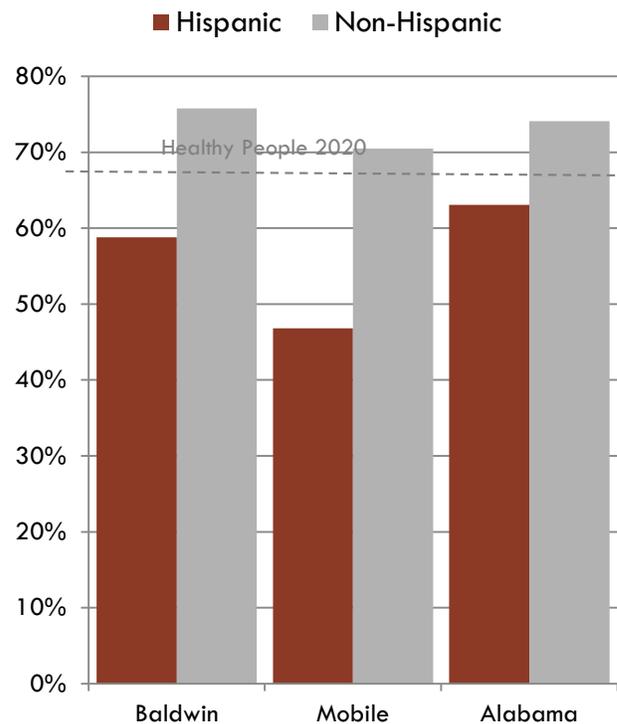
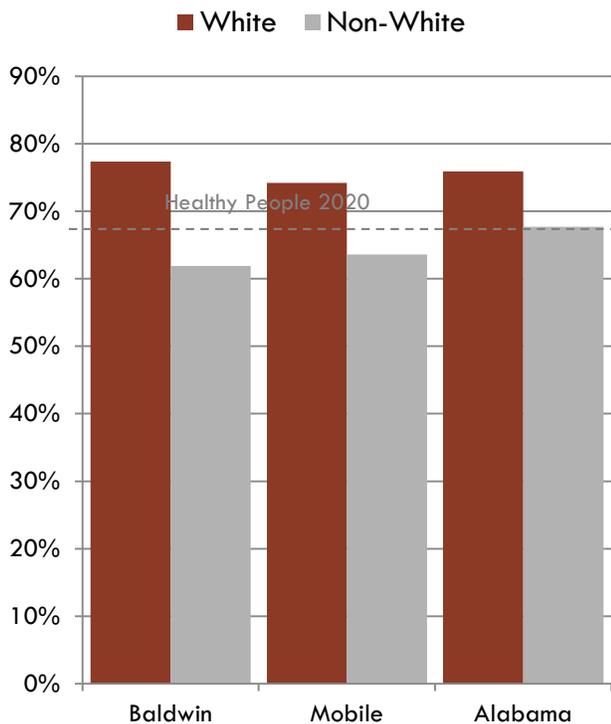
A slightly lower percentage of residents in **Mobile County** participate in non-work related physical activity compared to the state.



Percent of Residents who were Participated in Non-Work Related Physical Activities in the Past 30 Days

Physical Activity by Race and Ethnicity

Like the state, a higher percentage of White residents in both counties participate in non-work related physical activity compared to Non-White residents. Similarly, in both counties a larger proportion of Non-Hispanic residents engage in physical activity compared to Hispanic residents.



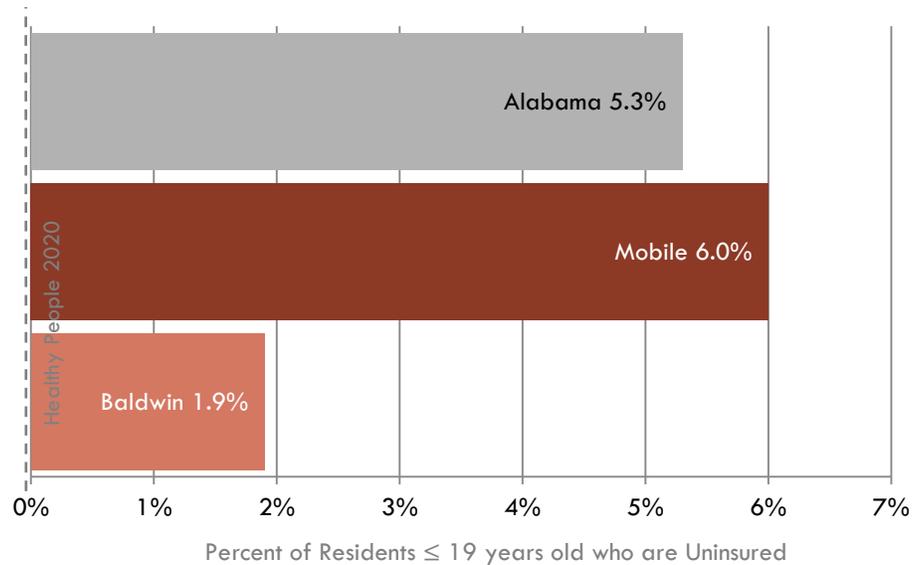
ACCESS TO HEALTH CARE

Availability of health care is an important factor in a community's health. Components include health insurance coverage, number of health care professionals in the area, and proximity to health care resources.

Uninsured Children

Compared to the state, a slightly **higher** percentage of children in **Mobile County** are uninsured.

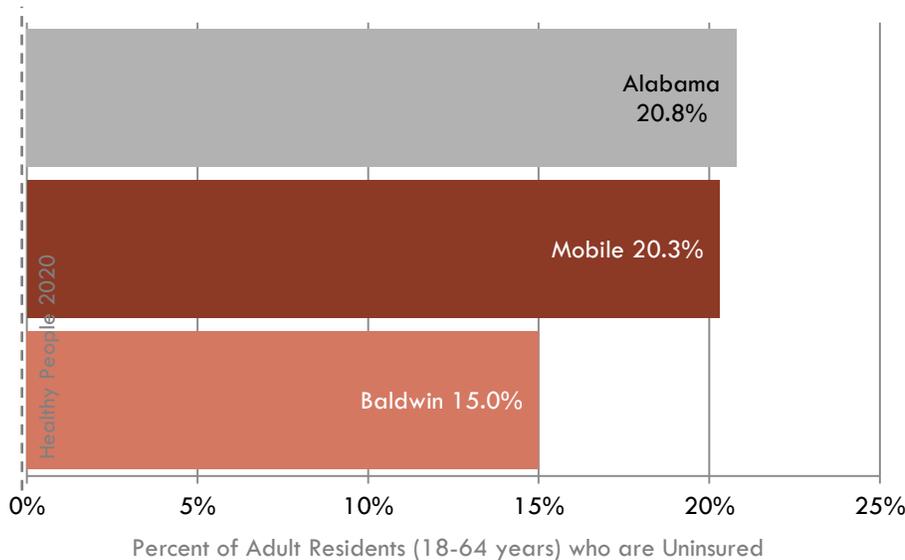
The percentage of uninsured children in **Baldwin County** is substantially **lower** than the state percentage.



Access to healthcare among youth was identified as a top priority. A lack of mental and behavioral health providers and pediatricians that accept Medicaid were identified as key access to care issues, particularly in Foley, AL.

Uninsured Adults

Baldwin County has a lower rate of uninsured residents compared to the state of Alabama, while **Mobile County** has a similar rate.

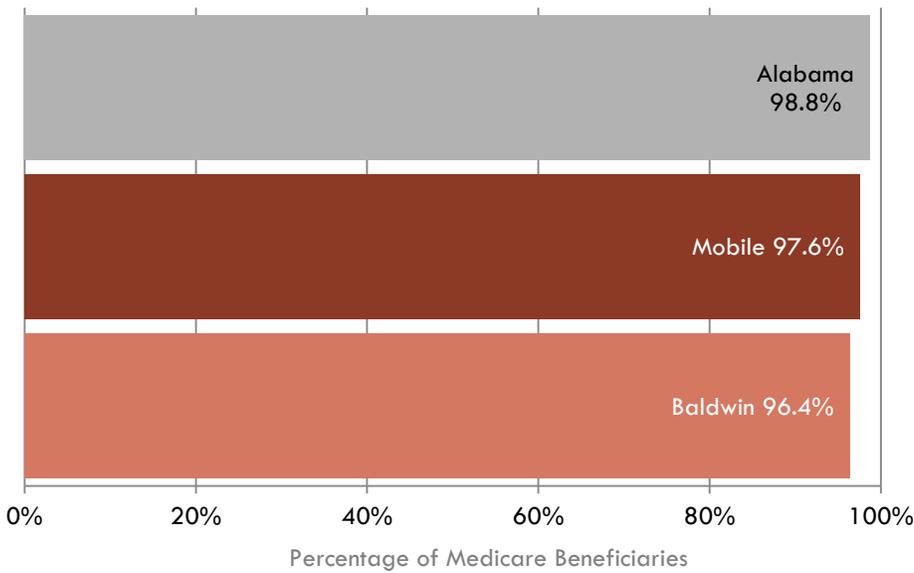
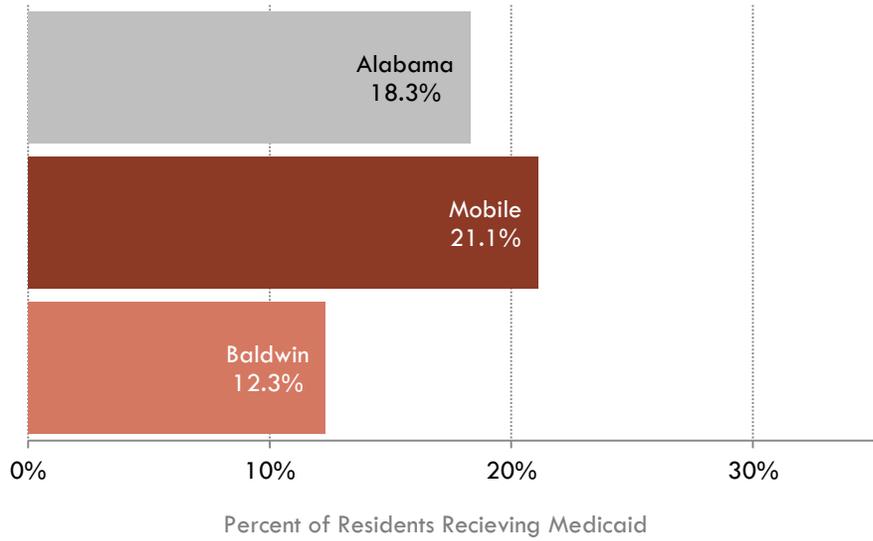


Lack of insurance or underinsurance was identified as a top barrier to care. Key informants identified that small businesses in the counties were not offering health care to employees.

Medicaid Recipients

Baldwin County has a lower percentage of residents receiving Medicaid compared to the entire state.

Mobile County has a slightly higher percentage of residents receiving Medicaid compared to the state.



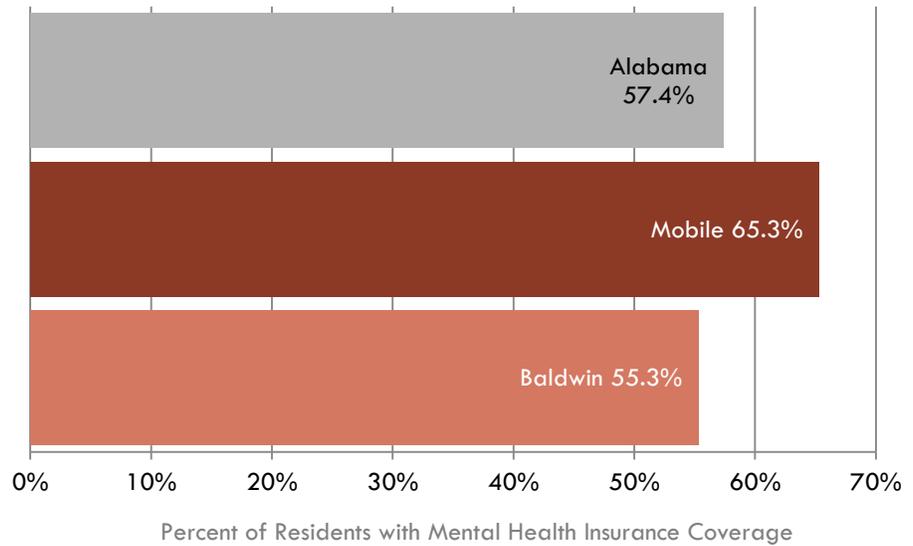
Medicare Beneficiaries

Over 95% of residents 65 year olds and up in **Baldwin** and **Mobile County** are currently receiving Medicare benefits.

Mental Health Coverage

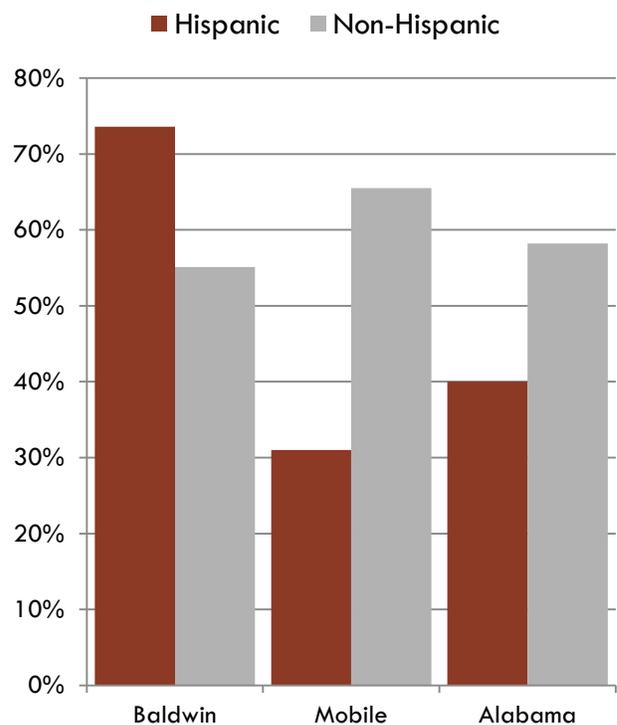
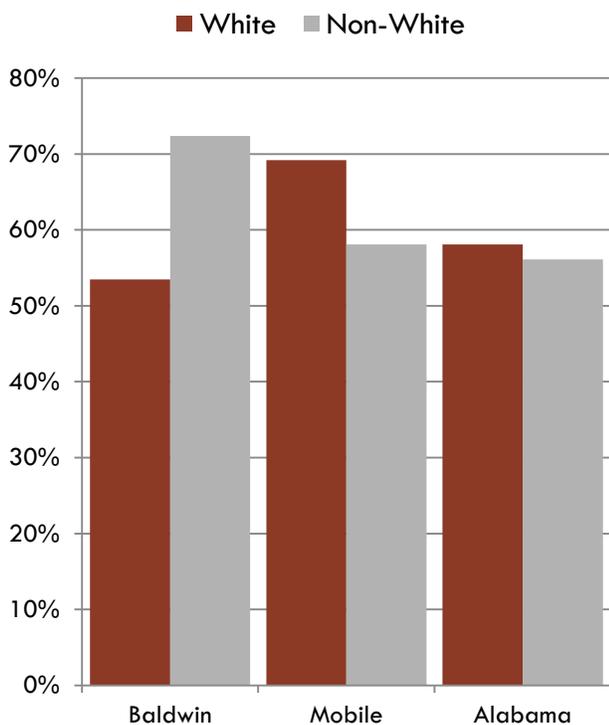
The Gulf State Population Survey asks Gulf Coast residents whether or not their health care plan includes mental health coverage.

A higher percentage of residents in **Mobile County** have mental health coverage compared to the state; while, a slightly lower percentage of **Baldwin County** residents have mental health coverage compared to the state.



Mental Health Coverage by Race and Ethnicity

In **Baldwin County**, a higher percentage of Non-White and Hispanic residents have mental health coverage compared to White and Non-Hispanic residents, respectively. In **Mobile County**, a higher proportion of White and Non-Hispanic residents have mental health coverage compared to Non-White and Hispanic residents, respectively.



Health Care Providers and Facilities

Mobile		Baldwin
5.8	Primary Care Physicians per 100,000 population	7.5
25	Federally Qualified Health Center Sites Federally Qualified Health Centers (FQHC) are “safety net” providers such as community health centers, public housing centers, and programs serving migrants and the homeless. The main purpose of the FQHC Program is to enhance the provision of primary care services in underserved urban and rural communities.	4
12	Hospitals/Emergency Rooms	6
162	Licensed Mental & Behavioral Health Care Providers (includes adult and child psychologists, psychiatrists, and Licensed Clinical Social Workers)	86

State funding cuts to mental and behavioral health care was identified as a barrier to care by Key Informants.

Health Professional Shortage Areas (HPSA)

For many living in inner city or rural areas, obtaining health care is difficult because health care providers are often in short supply. The federal government relies on HPSA designations of geographic areas, population groups, or health care facilities to identify areas facing these types of critical shortages. There are three categories of HPSAs: primary medical care, dental care, and mental health care.

Baldwin

Primary Medical Care HPSAs

Atmore: **2 full-time providers** needed to remove HPSA designation for the area

Low income South Baldwin: **8 full-time providers** needed to remove HPSA designation for the low-income population

Dental Care HPSA

Low income Mobile/ Baldwin: **36 full time providers** needed to remove HPSA designation for the low-income population

Mental Health Care HPSAs

Low income South Baldwin Service Area: **1 full time provider** needed to remove HPSA designation for the low-income population

Mobile

Primary Medical Care HPSA

Low income Mobile County: **11 full-time providers** needed to remove HPSA designation for the low-income population

Dental Care HPSA

Low income Mobile/ Baldwin: **37 full time providers** needed to remove HPSA designation for the low-income population

Mental Health Care HPSA

Low income Mobile/ Washington & Mental Health Catchment area 16: **7 full time providers** needed to remove HPSA designation for the low-income population

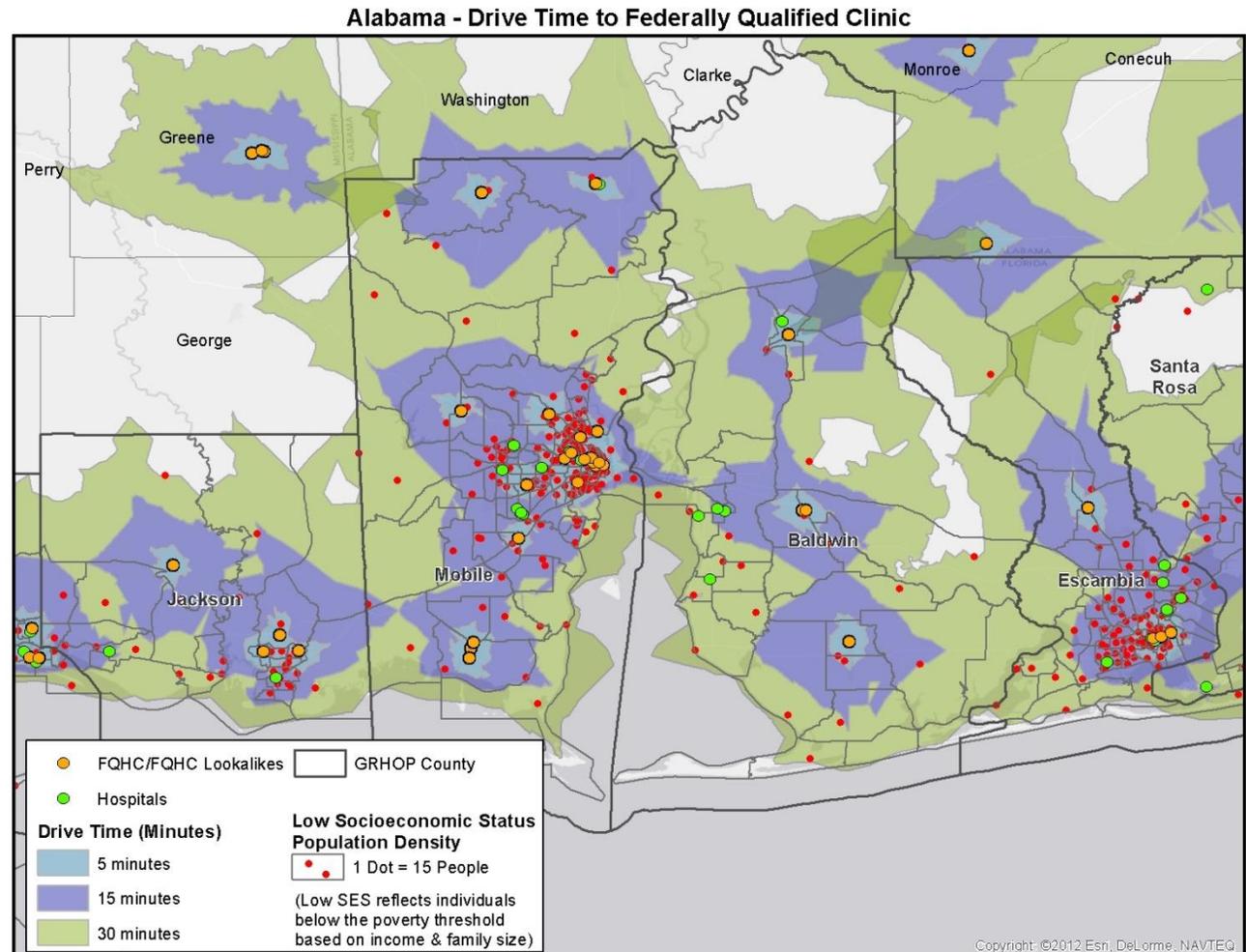
A shortage of **Primary Health Care providers** was identified as a top priority, particularly in Baldwin.

A shortage of **mental and behavioral health care providers** was identified as a top priority related to access to care.

Proximity to Care

Federally Qualified Health Centers (FQHC) are certified by the Center for Medicare and Medicaid Services (CMS) and provide primary care services to all age groups and typically serve a large number of low-income patients. FQHCs provide services on a sliding fee scale based on income and family size.

Low SES residents in the most heavily populated areas of Mobile County are generally within a 15-minute drive to a FQHC. The majority of residents in Baldwin County and those in the outlying areas of Mobile County may require a 30-minute drive or more for a primary care visit at a FQHC.



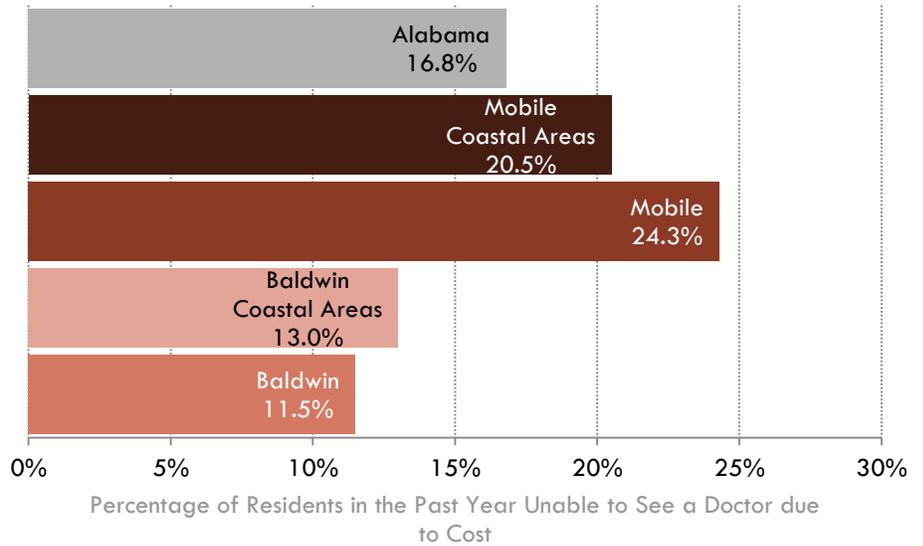
HEALTH CARE SEEKING BEHAVIOR

People who have difficulty obtaining medical care due to lack of health insurance or low income are less likely to receive appropriate preventive care. The 2012 Community Assessment for Public Health Emergency Response (CASPER) collected information on health seeking behavior among residents in Baldwin County and Mobile County, as well as residents living in just the coastal areas of each county.

Unable to See Doctor Due to Cost

A **higher** percentage of residents in **Mobile County** and the **coastal Mobile County** were unable to see the doctor in the past year due to cost compared to the state average.

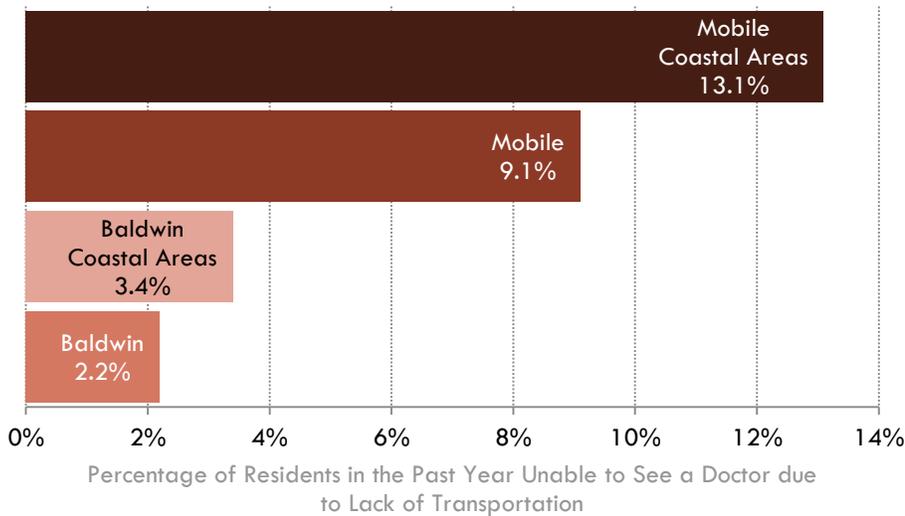
Compared to the state, a **lower** percentage of **Baldwin County** and **Baldwin Coastal Area** residents were unable to see a doctor in the past year due to cost.



Affordability of care was identified as a major barrier to care in Baldwin and Mobile Counties.

Unable to See Doctor Due to Lack of Transportation

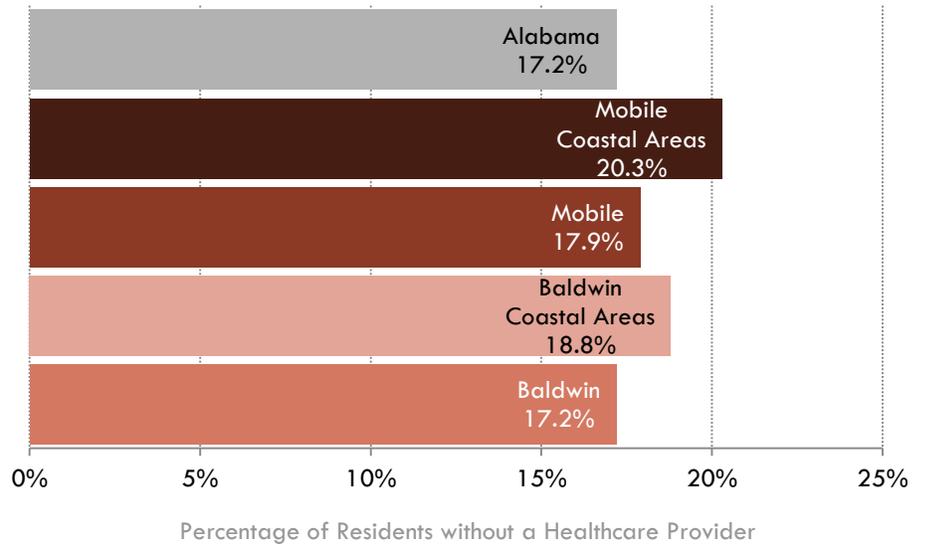
Compared to the county rate, a **higher** percentage of residents in the **coastal areas** of both counties were unable to see a doctor in the past year due to a lack of transportation.



Transportation was identified as a major barrier to care in Baldwin and Mobile Counties, specifically in rural South Mobile.

Adults without Healthcare Provider

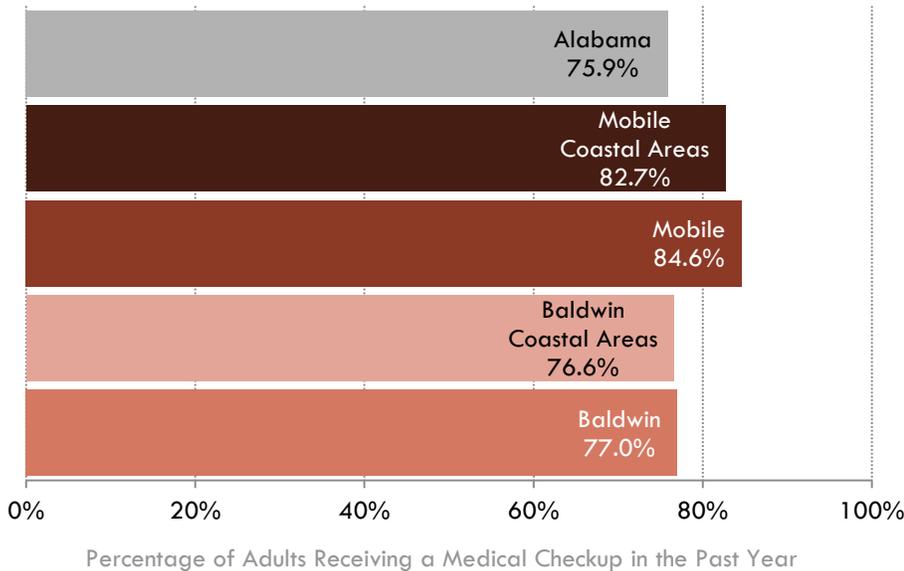
A **slightly higher** percentage of adults in the **coastal areas** of both counties do not have a health care provider compared to the entire county and the state average.



Adults Receiving Medical Checkup in Past Year

A **higher** percentage of residents in **Mobile County** received a medical checkup in the past year compared to the state average.

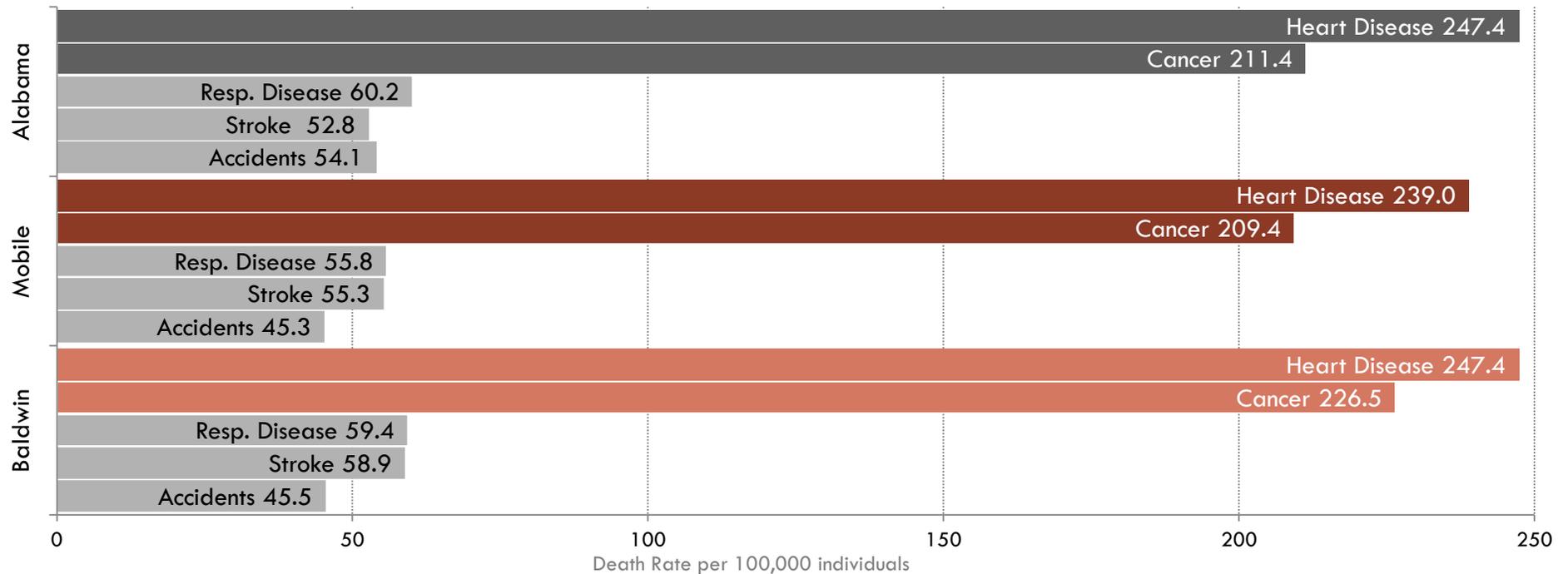
Compared to the state, a **slightly higher** percentage of **Baldwin County** residents received a medical checkup in the past year.



What is the Current Health Status of your County?

LEADING CAUSES OF DEATH

Overall, the leading cause of death in Mobile and Baldwin County is heart disease, followed closely by cancer.



Heart Disease and Respiratory Disease were identified as priority health outcomes by Key Informants.

CHRONIC HEALTH CONDITIONS

Chronic health conditions generally persist for 3 months or longer. Common chronic health conditions in the United States include obesity and diabetes. Health behaviors such as poor diet or lack of physical activity can contribute to the leading chronic diseases.

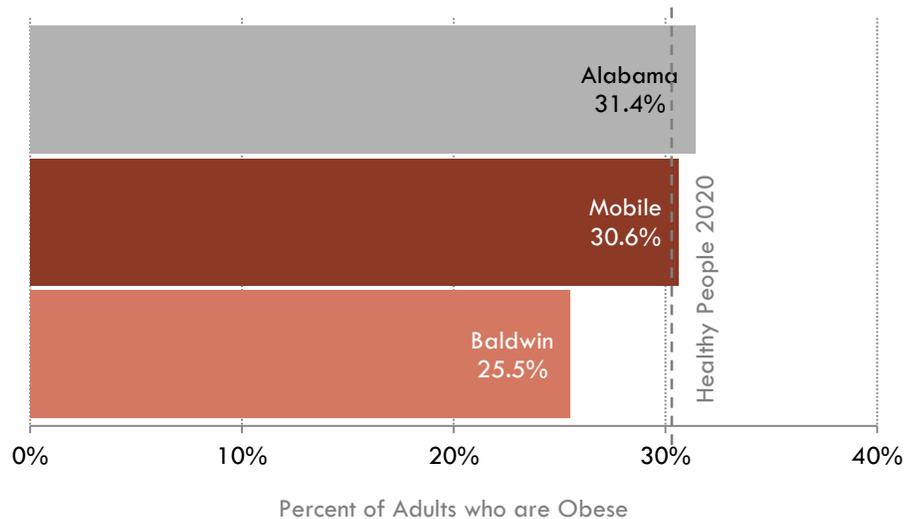
Obesity Prevalence

A person is considered obese if they have a Body Mass Index (BMI) of 30 or greater.

In both counties the prevalence of obesity is less than the state average.

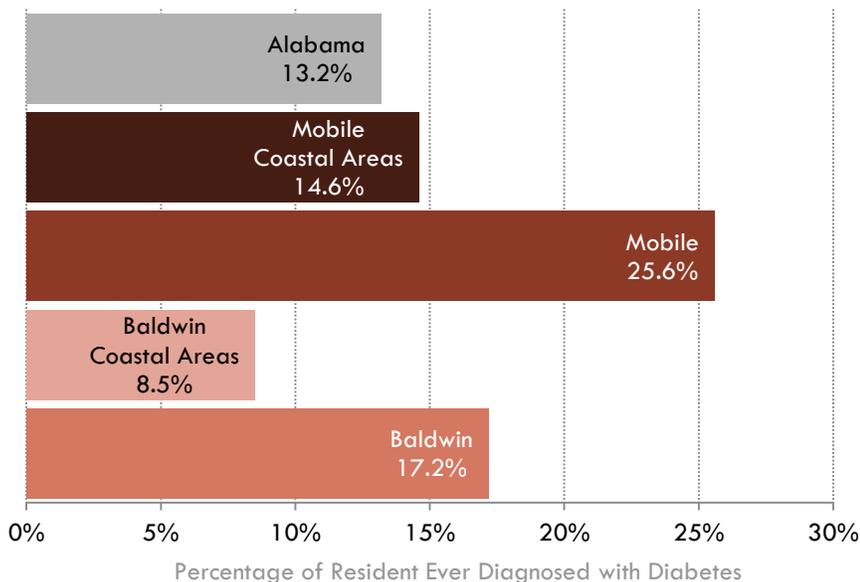
In **Mobile County** more than **30%** of residents are considered obese.

In **Baldwin County**, **1 in 4** adult residents are considered obese.



Diabetes

In the 2012 CASPER, adult residents are asked, “Has a doctor ever told you that you have diabetes?”



A **higher** percentage of residents in **Mobile County** was ever diagnosed with diabetes compared to the state, while a **similar** percentage of residents in the **coastal Mobile County** was ever diagnosed with diabetes compared to the state and the entire county.

In **Baldwin County** a slightly higher percentage of residents was ever diagnosed with diabetes; while a lower percentage of **coastal Baldwin County** residents was ever diagnosed with diabetes compared to state and the entire county.

Obesity, hypertension, and diabetes were identified as a priority *health outcome* by Key Informants, particularly among low income and uninsured individuals.

Child obesity in Foley, AL was a concern also brought forward by Key Informants.

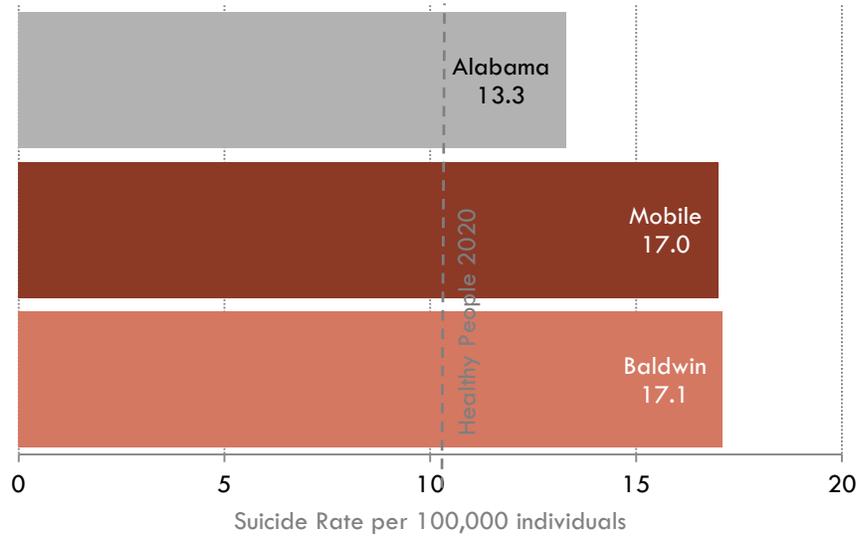
MENTAL WELL-BEING

Depression and anxiety are among the most commonly occurring mental health conditions in the United States of America – both often co-occur with physical health conditions.

Suicide Rate

The rate of suicide in both **Mobile County** and **Baldwin County** is **higher** than the state rate and the Healthy People 2020 target.

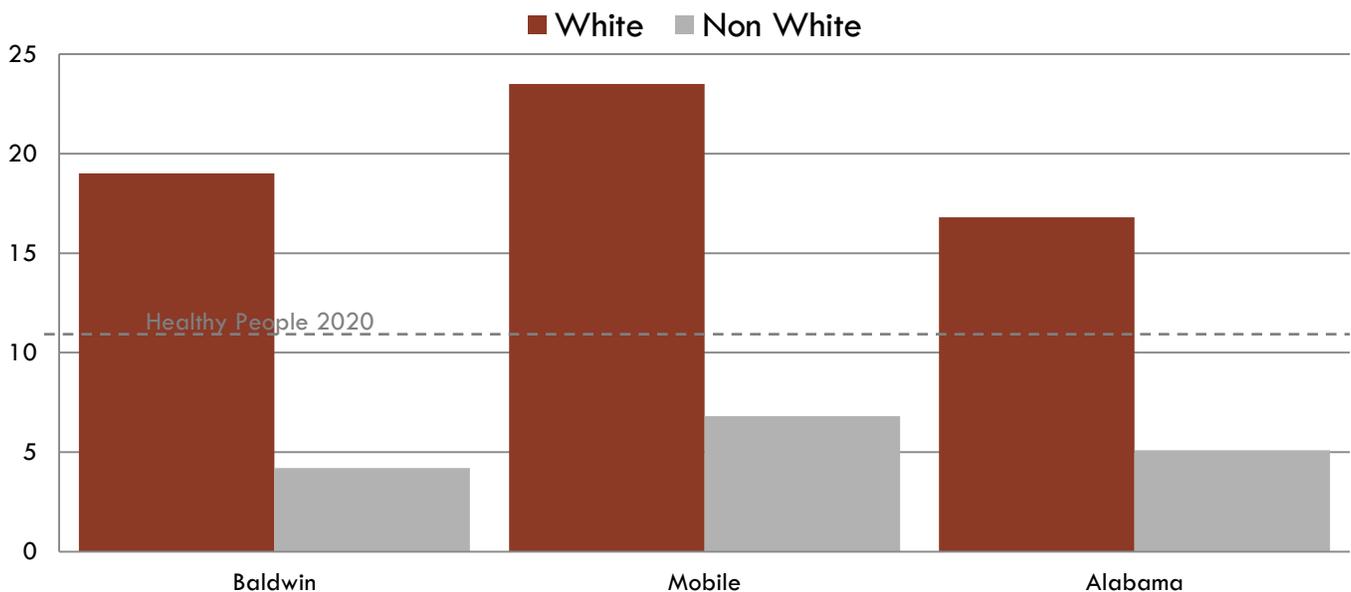
*A lack of **suicide prevention** was identified as a health care gap by Key Informants, specifically in **Baldwin County**.*



***Suicide** was identified as a priority health outcome by Key Informants. Low income families employed in **tourism** were identified as a vulnerable population in Baldwin County.*

Suicide Rate (per 100,000 individuals) by Race

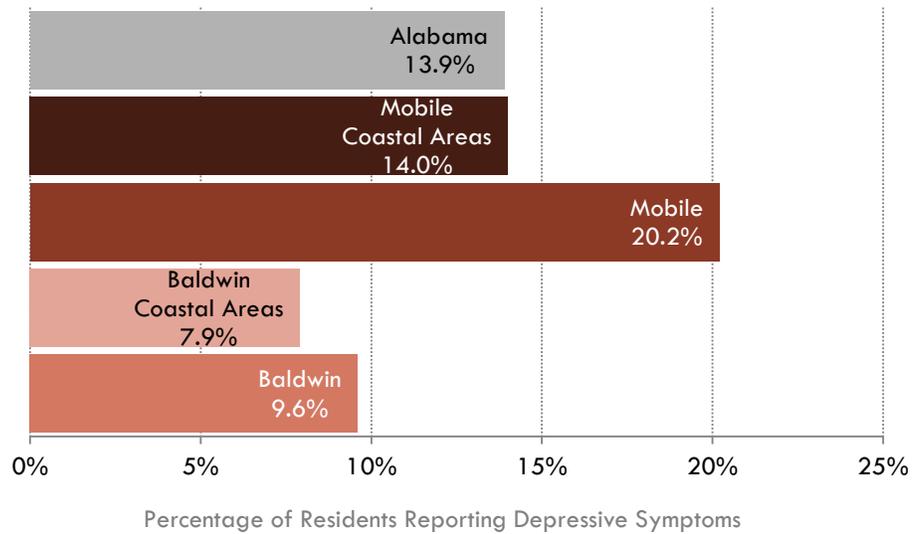
The rate of suicide among White residents in **Mobile County** and **Baldwin County** is **higher** than the rate of suicide among Non-White residents and higher than the Healthy People 2020 target.



Symptoms of Depression

Residents in **Mobile County** report a higher rate of depressive symptoms compared to the state, while the coastal area of the county reports similar rate as the state.

In **Baldwin County**, depressive symptom rates are lower than the state.



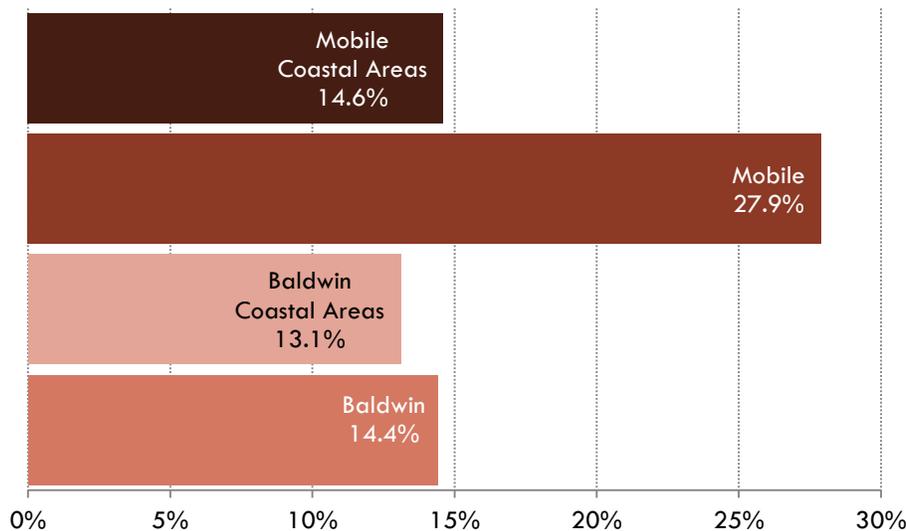
Depression, anxiety, and chronic mental health were identified as priority health outcomes by Key Informants. **Southern coastal Baldwin County** was identified as high priority area for these conditions.

Stigma associated with accessing mental health services was identified as a major barrier to health care by Key Informants.

Symptoms of Anxiety

In **Mobile County**, residents in the coastal areas report **less** anxiety symptoms compared to the overall county.

In **Baldwin County**, residents of the coastal areas report similar anxiety symptoms compared to the overall county.



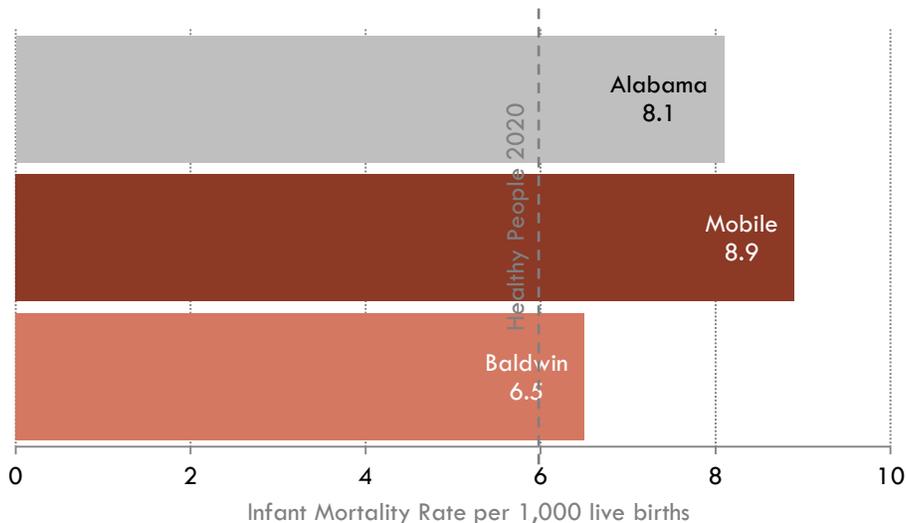
MATERNAL & CHILD HEALTH

A focus on child health provides the opportunity to identify health risks and prevent future health problems in infant, child, and related vulnerable populations. For example, infant mortality has proven to be a predictor of the state of health of a given area, population or nation due to the number of contributing factors involved.

Infant Mortality Rate

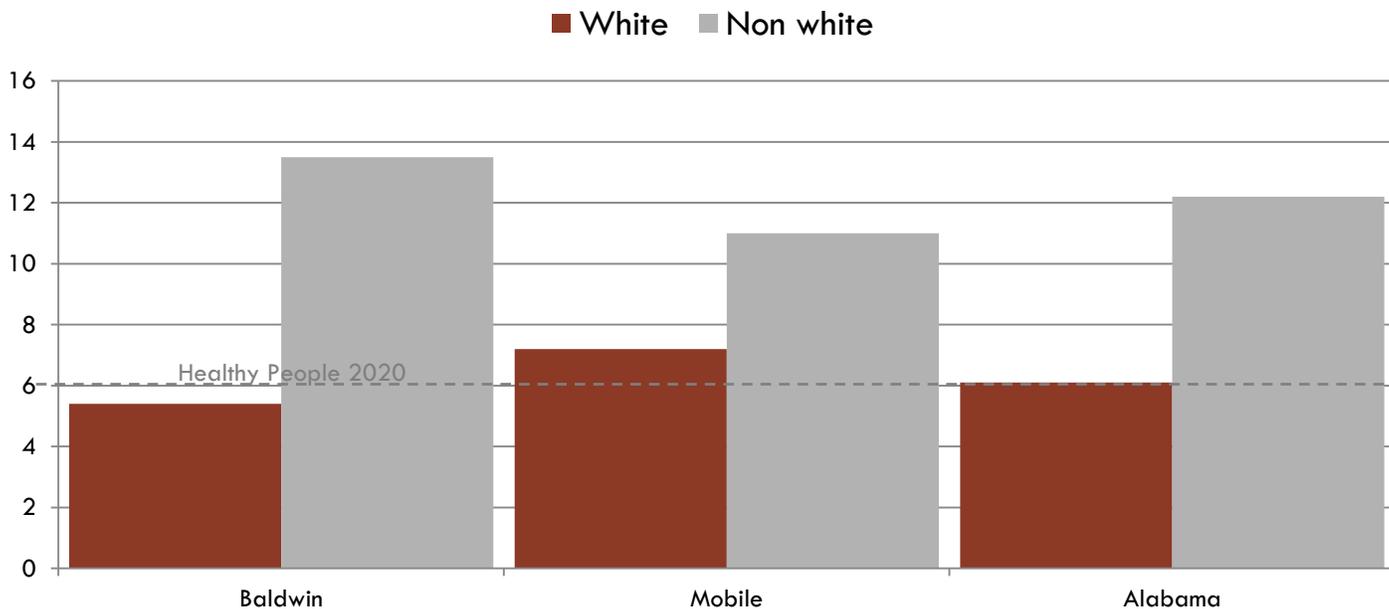
The infant mortality rate in **Mobile County** is **higher** than the state rate and higher than the Healthy People 2020 target.

The infant mortality rate in **Baldwin County** is **lower** than the state rate and higher than the Healthy People 2020 target.



Infant Mortality Rate (per 1,000 live births) by Race

The likelihood of a baby dying before its first birthday is **higher** among Non-White mothers in **Baldwin County** compared to White mothers and exceeds the Healthy People 2020 target. Infant mortality is **higher** among Non-White than White mothers in **Mobile County**; however, infant mortality among both groups of women in Mobile County exceeds the Healthy People 2020 target.

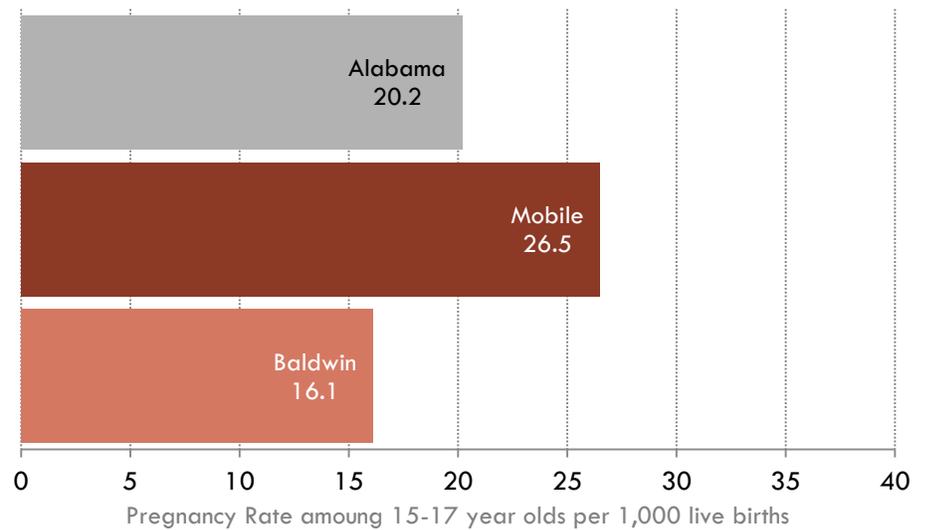


Teen Birth Rate

Teen pregnancies are often at higher risk for pregnancy-induced hypertension and poor birth outcomes such as premature birth and low birth weight.

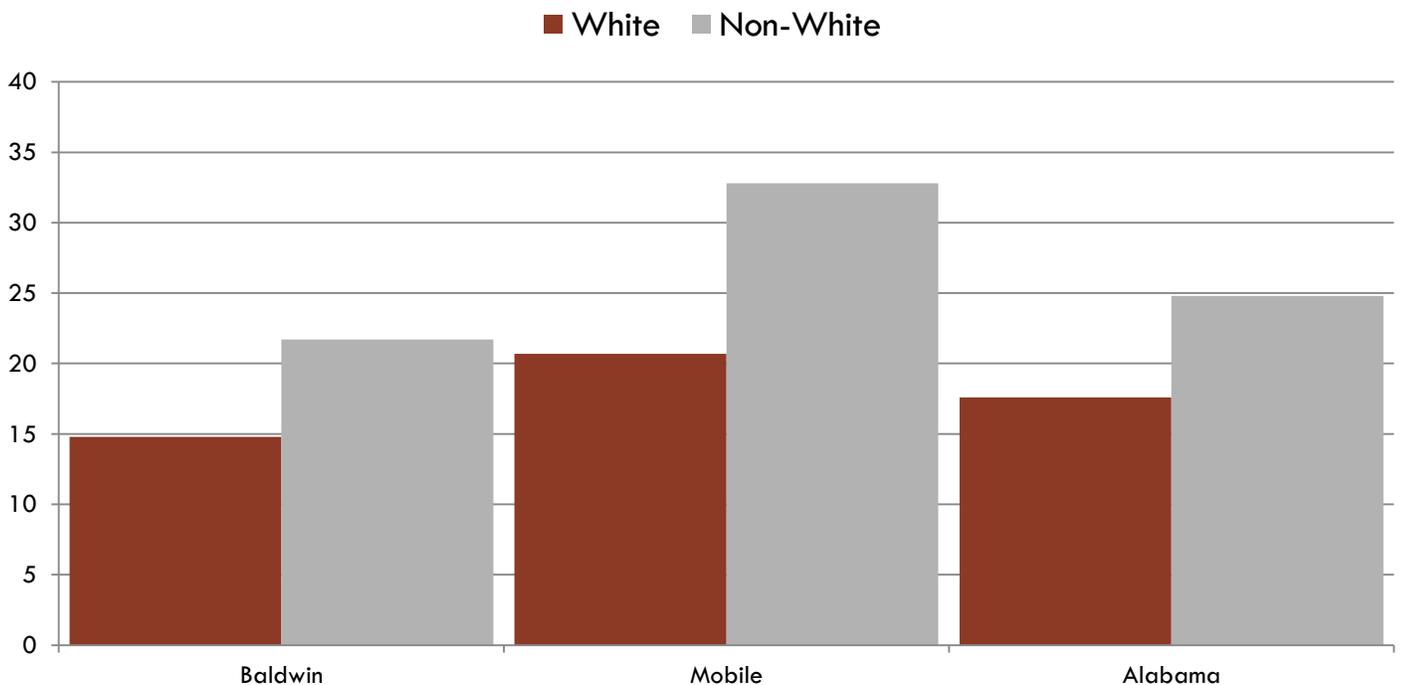
Mobile County's overall teen birth rate is **higher** than Alabama's overall rate.

Baldwin County's overall teen birth rate is **slightly lower** than Alabama's overall rate.



Teen Birth Rate (per 1,000 15-19 year olds) by Race

The teen birth rate is **higher** among Non-White mothers in both **Baldwin County** and **Mobile County** compared to White mothers.

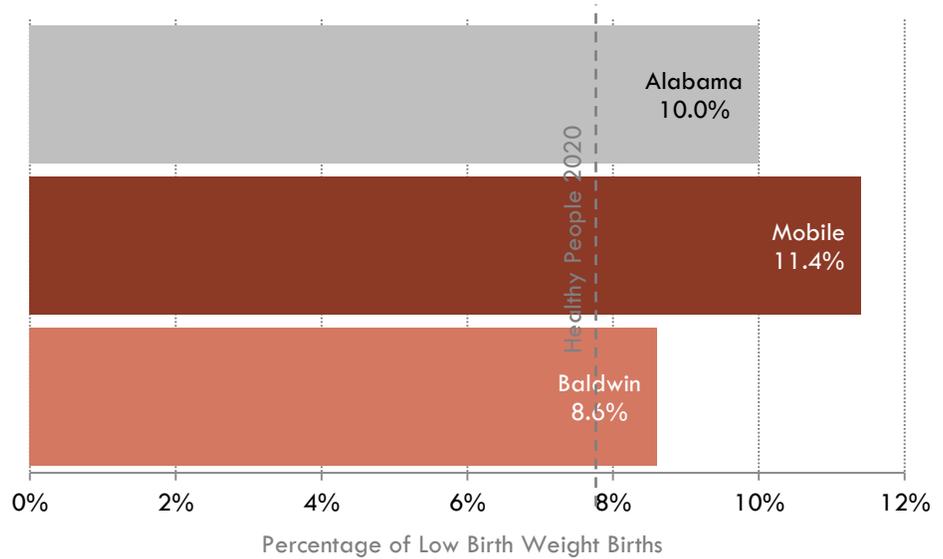


Low Birth Weight

Low birth weight ($\leq 2,500$ grams) is a major determinant of mortality, morbidity and disability in infancy and childhood and also has a long-term impact on health outcomes in adult life.

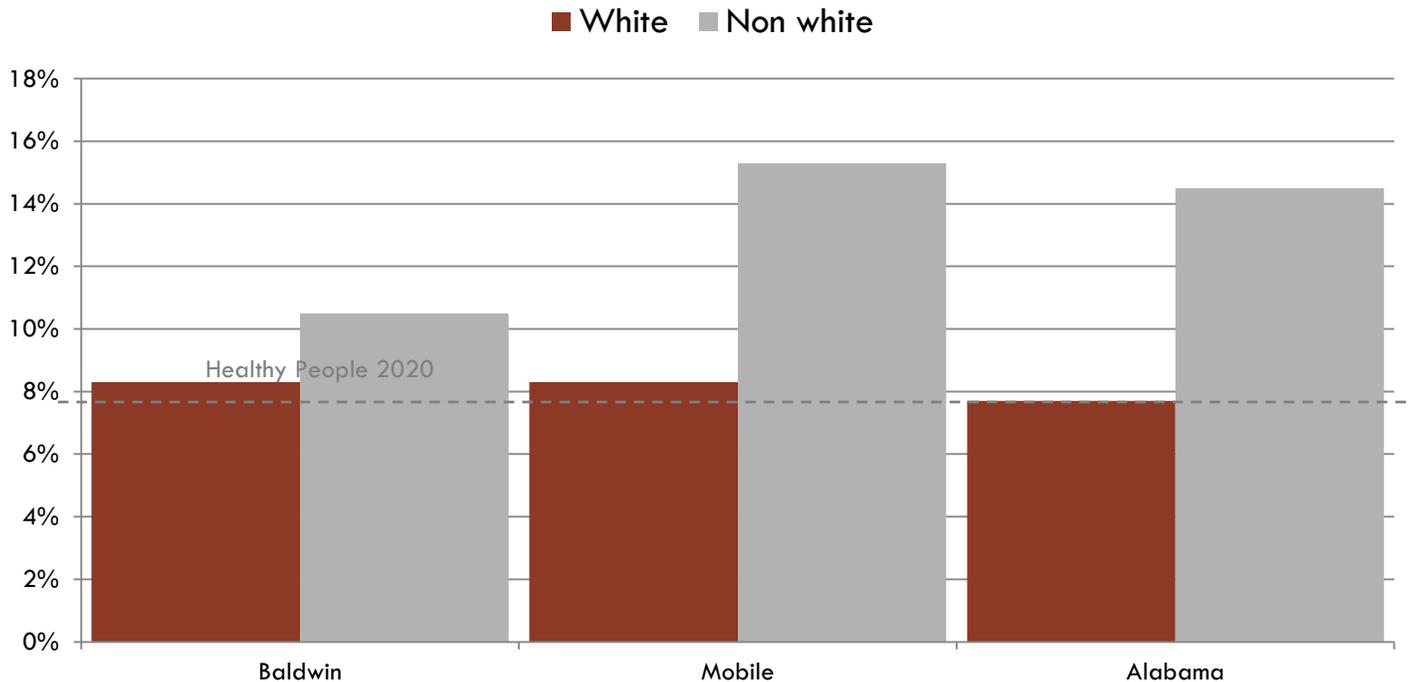
The percentage of babies born at low birth weight in **Mobile County** is **higher** than both the state average and the Healthy People 2020 target.

The percentage of babies born at low birth weight in **Baldwin County** is **lower** than the state average but higher than the Healthy People 2020 target.



Low Birth Weight by Race

The percentage of babies born at low birth weight in **Baldwin County** is slightly higher among Non-White mothers compared to White mothers. In **Mobile County**, the percentage of low birth weight births among Non-White mothers is almost **two times higher** than that of White mothers.



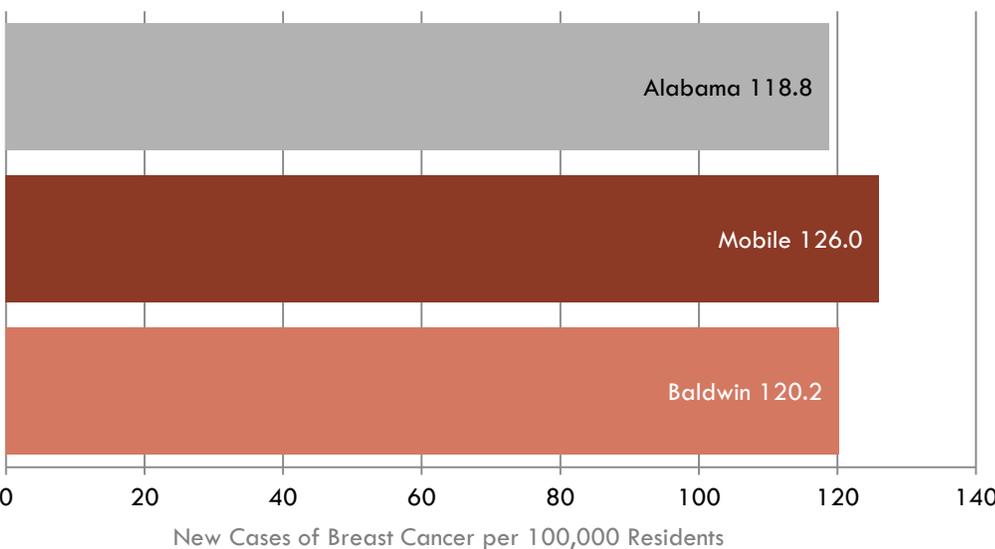
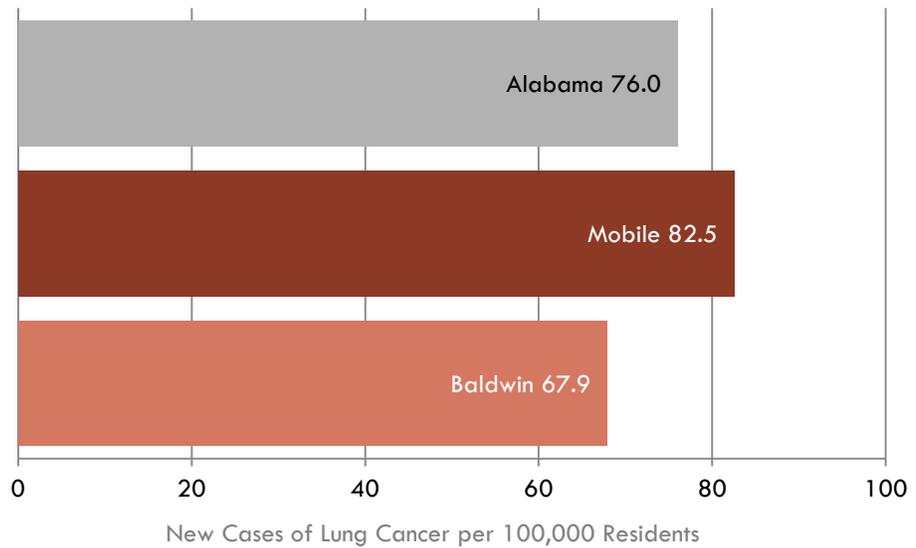
CANCER

The risk of developing cancer such as lung cancer and breast cancer can be reduced by taking actions to maintain a healthy diet, reduce tobacco and alcohol intake and receive regular medical care, including preventative screenings such as mammograms. Although there are services through the CDC that provide free or low cost screenings, more work is needed to increase the availability and accessibility of cancer screenings, information and referral services.

Lung Cancer

In **Mobile County**, a **higher** number of new cases of lung cancer were diagnosed compared to the state.

In **Baldwin County**, a **lower** number of new cases of lung cancer were diagnosed in 2011 compared to the state.



Breast Cancer

In **Mobile County**, a **slightly higher** number of new cases of breast cancer were diagnosed compared to the state.

In **Baldwin County**, a **similar** number of new cases of breast cancer were diagnosed in 2011 compared to the state.

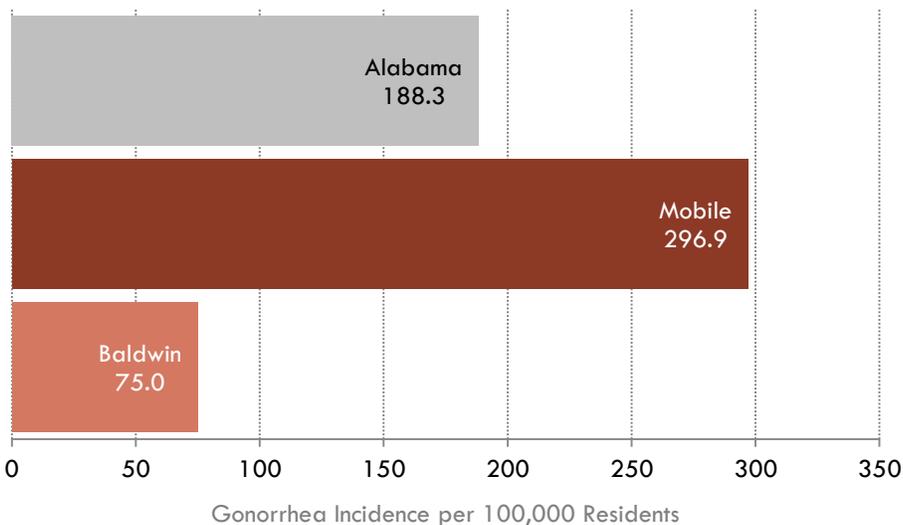
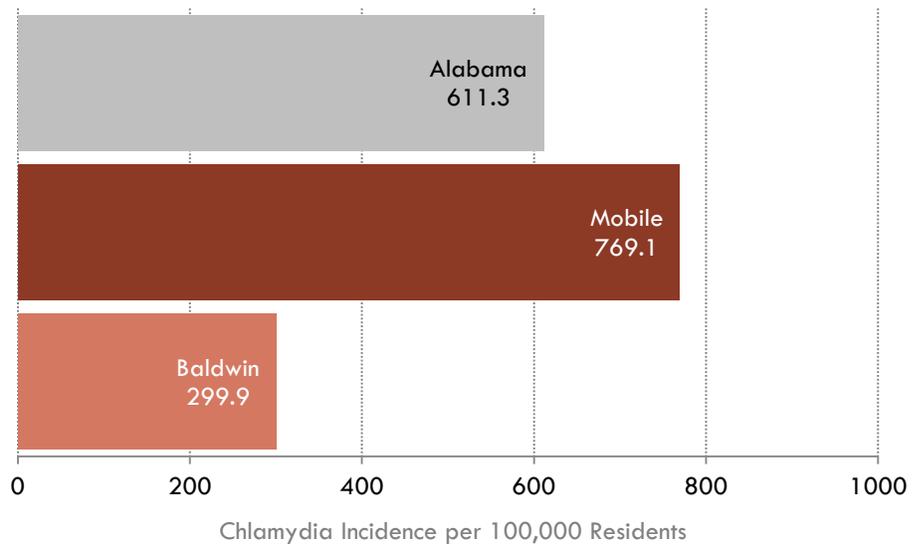
INFECTIOUS DISEASE

Infectious disease has a significant impact on the overall health of a community. The number of people living with HIV in the United States is higher than ever and remains a significant cause of death for some populations.

Chlamydia

In **Mobile County**, the incidence of chlamydia was **higher** than the state incidence.

In **Baldwin County**, the incidence of chlamydia was **lower** compared to the state incidence.



Gonorrhea

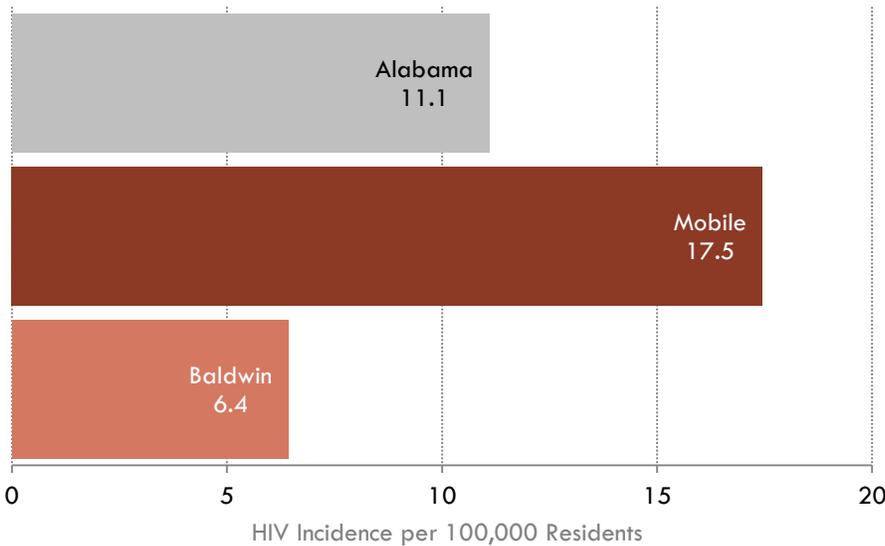
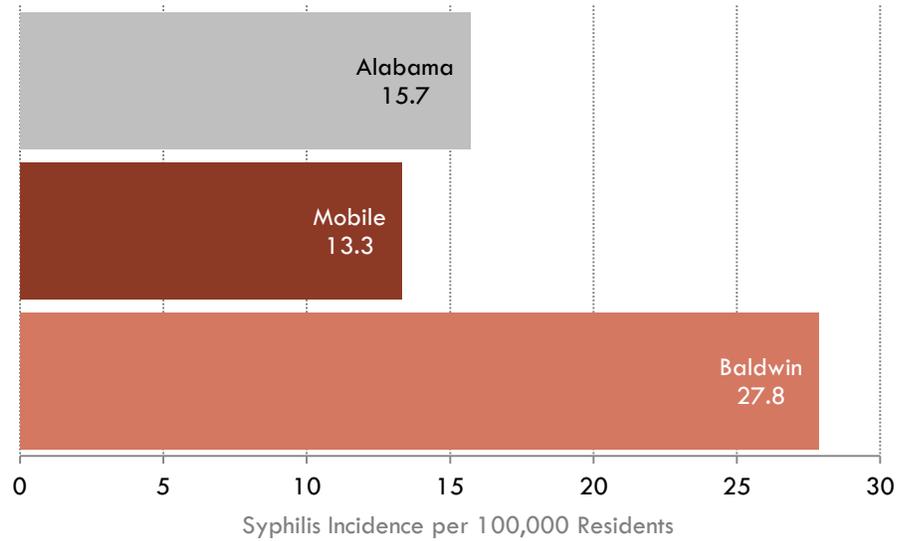
In **Mobile County**, the incidence of gonorrhea was **higher** than the state incidence.

In **Baldwin County**, the incidence of gonorrhea was **lower** compared to the state incidence.

Syphilis

In **Mobile County**, the incidence of syphilis rate was **lower** compared to the state incidence.

In **Baldwin County**, the incidence of syphilis was **substantially higher** compared to the state incidence.



HIV Incidence

The incidence of HIV in **Mobile County** is **higher** compared to the state.

The incidence of HIV in **Baldwin County** is **lower** than the state incidence.

CHAPTER 3

SUMMARY AND ONGOING ASSESSMENT SUPPORT YEARS 2-5

Summary

Overall, the comprehensive assessment for the coastal counties in Alabama revealed several common health and health care needs. Data gathered from the CASPER, existing national and state sources, and from key informants all suggest that mental health and chronic illness, such as diabetes and hypertension are health priorities in these communities. Also, primary care and mental health care provider shortages are an access to care priority as evidenced by both existing HPSA data and reports from key informants.

PCCP's objective of conducting regional community health assessments was achieved by reviewing existing data at the state, county, and sub-county level, where available, and gathering information from key informants regarding health and health care needs. Additionally, per the Settlement PCCP also completed the clinic assessments of all FQHC and FQHC Look-alikes in the two counties. The comprehensive assessment for Alabama coastal counties also included collaboration with the ADPH to collect additional data in the two coastal counties through the CASPER assessment. These data were shared and validated in a community prioritization focus group meeting with key informants from Mobile and Baldwin counties. The meeting also informed the inclusion of additional data into the comprehensive assessment. Importantly, this work was not meant to take the place of CHA activities in Alabama, rather its aim was to inform funding to coastal county FQHCs and add value to local CHA and CHIP efforts.

Ongoing Community Assessment Support

In Years 2-5 of the GRHOP, PCCP's approach to community assessment is to provide ongoing technical assistance (TA) and other support services to local and state partners in conducting CHAs and planning and implementing CHIPs as part of the state or parish/county's public health accreditation process¹⁰. PCCP will support state and parish/county existing and ongoing CHA and CHIP processes to further collective impact, community benefit, engagement, and resiliency in those communities while also building their capacity for community health assessment and improvement.

PCCP program, assessment, and community health teams have met with partners in all four states to provide consultation and share a list of possible TA and support services that LPHI can provide to support their ongoing or planned CHAs and CHIPs (see p. 54). In Alabama, the PCCP teams met with ADPH about further support to state efforts to the extent that it directly relates to such work in the coastal counties. In this meeting, PCCP teams shared CHA TA and support service offerings, and ADPH discussed plans for their statewide CHA. ADPH will follow up with the PCCP teams about areas where PCCP can support their statewide CHA efforts and any specific plans for the two coastal counties.

If you would like further information regarding the methodology and data sources used in this assessment or have questions related to plans for ongoing community assessment support in Years 2-5, please contact Dr. Samantha Francois at sfrancois@lphi.org or 504-301-9800.

¹⁰ Public health department accreditation is defined as the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards. Citation: Public Health Accreditation Board, *What is Accreditation?* Viewed April 27, 2013 at <http://www.phaboard.org/accreditation-overview/what-is-accreditation/>.

LPHI CHA/CHIP Technical Assistance Offerings

Through PCCP, LPHI can offer technical assistance and support services to some degree, at no cost, to state and county health officials and their partners, including public health institutes and key stakeholders, to advance community health assessment and improvement processes. This TA and support could include:

- **Identifying, acquiring, and analyzing additional data sources needed to address identified health needs within the county**
 - Examples:*
 - Food security
 - Transportation
- **Identifying, acquiring and analyzing data sources on environmental and occupational health**
 - Examples:*
 - Air quality, water quality
 - Industry & occupation-specific hazards
 - Exposure to lead and other contaminants
- **Designing to collect data that may not currently be available**
 - Examples:*
 - Survey design
 - Qualitative methods (e.g., focus groups, key informant interviews)
- **Advanced data analysis techniques including:**
 - Sub-county hospital discharge data analysis
 - Examples:*
 - Admission rates by zip code
 - Prevention quality indicators by zip code
 - Multivariate analysis
- **Translating and disseminating data including:**
 - GIS data mapping to visualize community health status and assets
 - Examples:*
 - Census tract and block level mapping
 - Drive time mapping
 - Multi-factor mapping (e.g. race and poverty by census block):
 - Data dashboard development
- **Assistance with development of evaluation plans including:**
 - Evaluation design
 - Data acquisition and/or collection
 - Analysis
 - Reporting and dissemination strategies
- **Community health planning and implementation**
 - Identifying community health priorities and gaps in health resources
 - Identifying and adapting model public health best practices
 - Creating sustainable community action plans
 - Aligning community health improvement plans with the U.S. Department of Health and Human Services Healthy People 2020 goals and objectives
- **Community capacity/coalition building to promote collective impact**
 - Coaching community coalitions
 - Partnership development and advocacy training
 - Health leadership training
 - Creating shared community health agendas
 - Community mobilization
 - Linking communities to resources

APPENDIX A

Sources – Comprehensive Regional Community Health Assessment

Domain	Measure	Source	Year
Who lives in your county?			
	Race	US Census	2010
	Ethnicity		
	Age	American Community Survey	2011
	Income		
	Veteran Status		
	Military		
What influences health in your county?			
Socioeconomic Factors	Low SES	American Community Survey	2011
	Unemployment		
	Education Status		
Social Vulnerability	Social Vulnerability Index	Oxfam America	2009
	Social Vulnerability by Environmental Hazard		
Natural Environment	Fish Consumption Advisories	Alabama Department of Public Health	2012
	Unhealthy Air Quality	Environmental Protection Agency	2009-2011
	Extreme Heat Days	CDC North American Land Data Assimilation System	2008-2010
	Beach Water Quality	Environmental Protection Agency	2010-2011
	Extreme Weather Events	Spatial Hazard Events and Losses Database	2001-2011
Social Environment	Grocery Stores	USDA Food Environment Atlas	2009
	Recreational Facilities		
	Homicide Rate	Alabama Center for Health Statistics	2011
	Violent Crime Rate	FBI Uniform Crime Reports via County Health Rankings	2008-2010

Domain	Measure	Source	Year	
Occupational Safety and Health	Lost Income and Employment due to Oil Spill	Gulf State Population Survey	2010-2011	
	Occupation	American Community Survey	2011	
	Risk for Injury	Bureau of Labor Statistics Census of Fatal Occupational Injuries Survey of Occupational Injuries and Illnesses	2008-2010 2010	
Risk Behaviors	Smoking Prevalence	CASPER: Baldwin & Mobile Counties	2012	
	Binge Drinking	Behavioral Risk Factor Surveillance System	2010 (state)	
	Prescription Drug Use Physical Activity	Gulf State Population Survey	2010-2011	
Access to Health Care	Uninsured Children	Small Area Health Insurance Estimates	2010	
	Uninsured Adults	American Community Survey	2011	
	Medicaid Recipients			
	Medicare Beneficiaries			
	Mental Health Coverage	Gulf State Population Survey	2010-2011	
	Health Care Providers and Facilities		Health Resource and Services Administration (HRSA)	2012
			Alabama Hospital Association	2012
			ESRI Infogroup Point Data	2012
		HRSA Area Resource File	2010	
	Alabama Social Worker Licensee Roster	2012		
Health Professional Shortage Areas	Health Resource and Services Administration	2013		
Proximity to Care		HRSA	2012	
		American Community Survey	2006-2010	

Domain	Measure	Source	Year
Health Care Seeking Behavior	Unable to See Doctor When Needed Due to Cost	CASPER: Baldwin & Mobile Counties	2012
	Adults with Health Care Provider	Behavioral Risk Factor Surveillance System	2010 (state)
	Adults Receiving Medical Checkup in Past Year		
What is the current health status of your county?			
Causes of Death	Leading Causes of Death	Alabama Center for Health Statistics	2011
Chronic Health Conditions	Obesity Prevalence	USDA Food Atlas	2009 (Baldwin)
		Behavioral Risk Factor Surveillance System	2010 (Mobile, state)
	Diabetes	CASPER: Baldwin & Mobile Counties	2012
		Behavioral Risk Factor Surveillance System	2010 (state)
Mental Well-Being	Suicide Rate	Alabama Center for Health Statistics	2011
	Depression	CASPER: Baldwin & Mobile Counties	2012
		Behavioral Risk Factor Surveillance System	2010 (state)
	Anxiety	CASPER: Baldwin & Mobile Counties	2012
Maternal & Child Health	Infant Mortality Rate	Alabama Center for Health Statistics	2011
	Teen Birth Rate		
	Low Birth Weight		
Cancer	Lung Cancer	National Cancer Institute	2005-2009
	Breast Cancer		
Infectious Disease	Chlamydia Rate	Alabama Center for Health Statistics	2011
	Gonorrhea Rate		

Domain	Measure	Source	Year
Infectious Disease	Syphilis Rate	Alabama Center for Health Statistics	2011
	Incidence of HIV		

APPENDIX B

Data Factor List and Supplemental Data

Factors for which data were gathered and analyzed were chosen based on best practices put forth by the Catholic Health Association and MAPP processes for selecting measurements that summarize the state of health and quality of life in a community. These factors then went through several rounds of review by GRHOP partners and stakeholders in each county to arrive at the final list of factors. Below is a complete list of indicators selected in the secondary data review.

Domain	Sub-Domain	Level of analysis
Demographics and socioeconomic status	Basic demographic information (age, sex, race, ethnicity, income, marital status, education)	Census tract
	Poverty by age and racial/ethnic subgroups	Census tract
	Unemployment rate	Census tract
	% Employed population by occupation & industry	County
Access to health care	Health care staffing shortages: -Primary care HPSA -Dental care HPSA -Mental health HPSA	County
	Primary care physicians (MDs and DOs) per population	County
	# Hospitals and # beds per 10,000 population	County
	% uninsured adults (age 18-64) and children (≤ 19)	County
	% Medicaid recipients	County
	% Medicare beneficiaries, elderly (age 65+)	County
	% has personal doctor or someone they consider health care provider	County
	% unable to see a doctor when needed in past 12 months due to cost	County
	Length of time since last routine check-up	County

Health status	Leading causes of death (age-adjusted rates to year 2000 standard)	County
	Rate of “preventable” hospitalization stays	County
Risk factor behaviors	% of adults that report they are currently smoking	County
	% of adults that report binge drinking	County
	Screening utilization rates: -Diabetes -Mammography -Prostate cancer -Colorectal cancer	County
	%adults aged 20 and over reporting no leisure time physical activity	County
Child health	Infant mortality rate	County
	Low birth weight rate	County
	Teen pregnancy rate	County
	Proportion of women receiving no prenatal care in first trimester	County
	% children felt nervous or afraid in the past 30 days	County
	% children had problems sleeping in the past 30 days	County
	% children had problems getting along with other children in the past 30 days	County
Infectious disease	STI incidence rates: -Chlamydia -Gonorrhea -Syphilis	County
	HIV rate	County
	Tuberculosis incidence rate	County

Natural environment	Air quality: -Annual average of PM 10 -Annual average of PM 2.5 -# of days PM 2.5 in AQI unhealthy range -#of days Ozone in AQI unhealthy range -# of days rated unhealthy for sensitive groups	County
	Fish Advisories: -# Consumption advisories due to chemical contaminant(s)	Location of water body
	Days with extreme heat	County
	Water quality: - Recreational	Location of water body
	Floodplain distribution	Location of floodplain
	% population who had direct contact with oil	County
Occupational & Environmental Health	Work-related Hospitalizations	County
	Rate of Fatal Occupational Injuries	County
	Rate of Non-Fatal Occupational Injuries	County
	% of workers employed in industries at high risk of occupational morbidity	County
	Relative risk of Fatal Occupational Injury	County
Chronic Health Conditions	% Obese adult residents	County
	% residents ever diagnosed with diabetes	County
	% residents ever told they have asthma	County
	% residents ever told they have coronary heart disease	County

Social environment	Total crime index	County
	Homicide rate	County
	% Renters Spending 30% or More of Household Income on Rent	County
	Recreational facilities per 1,000 population	County
	% Households without a Car and > 1 Mile from a Grocery Store	County
	Fast food restaurants per 1,000 population	County
	% students free-lunch eligible	County
	% WIC participants	County
	Grocery stores per 1,000 residents	County
	Liquor stores per 1,000 residents	County
Mental and Behavioral health	% Currently depressed - Patient Health Questionnaire 8 (PHQ-8)	County
	% Anxiety Disorder - Generalized Anxiety Disorder 7	County
	Suicide rate	County
	Average # Poor Mental Health Days	County
	% Ever Received Counseling for emotional health issues	County
	Average # times counseling received	County
	% Ever prescribed medication for emotional health issues	County
	% residents prescribed medication for emotional health issues in the past year	County
Resources/assets	# FQHCs or lookalikes	County
	# Mental health service providers (public, private)	County
	Occupational Safety & Health Professionals: -# board-certified occupational physicians	County

Resources/assets (cont.)	-# of members of ACOEM	County
	-# board-certified occupational health nurses	
	-# members of AAOHN	
	-# board certified industrial hygienist	
	-# members of AIHA	
	-# board certified safety health professionals	
	-# members of ASSE	
	-# members of AOEC	

For those factors which were not presented in the report, the following table lists the available data for these factors for each coastal Alabama county. Also listed is the data source and year.

	Sub-Domain	Source	Year	Baldwin	Mobile
Demographics and socioeconomic status	Marital Status (of those 15 and older):				
	% Married	Census	2010	55.1%	43.8%
	Sex:				
	% Male	Census	2010	48.9%	48.0%
	Education (for those 25 years and older):				
	% College or graduate degree	ACS	2011	28.3%	20.2%
	% Citizens of USA	ACS	2011	97.8%	98.4%
	Language spoken at home:				
	% English only	ACS	2011	94.0%	95.3%
	% Spanish or Creole only			3.7%	2.1%
Access to Care	# beds per 10,000 population	ARF	2008	25.2	47.0
Health Status	Cancer				
	Breast cancer annual death rate (age adjusted rates per 100,000)	National Cancer Institute's State Cancer Profiles	2005-2009	19.3	26.4

	Sub-Domain	Source	Year	Baldwin	Mobile
Risk Behaviors	Screening utilization rates:				
	% screened for diabetes in last 3 years	CASPER	2012	56.9%	58.3%
	% of women who received a mammogram			72.2%	77.5%
	% men who received a PSA test (39+)			79.3%	80.0%
	% adults who received sigmoidoscopy or colonoscopy (49+)			68.8%	65.3%
Infectious Disease	Tuberculosis (incidence rate per 100,000)	Alabama Center for Health Statistics	2011	1.6	5.1
Child Health	% women receiving no prenatal care in the first trimester	Alabama Center for Health Statistics	2011	13.6%	15.3%
	In the past 30 days:				
	Child felt nervous or afraid	CASPER	2012	1.3%	2.2%
	Child had problems sleeping			5.1%	16.0%
	Child had problems getting along with other children			5.6%	7.6%
Chronic Health	% Ever told have coronary heart disease	Gulf State Population Survey	2010-2011	8.9%	7.8%
	% Ever told have asthma	Gulf State Population Survey	2010-2011	14.7%	14.8%

	Sub-Domain	Source	Year	Baldwin	Mobile
Natural environment	Air quality-				
	Annual average of PM 2.5 (3 year average)	EPA	2009-2011	9.7	9.8
	#of days Ozone in AQI unhealthy range (3 year average)	EPA	2009-2011	1.7	2.7
	% population who had direct contact with oil during the oil spill	Gulf State Population Survey	2010-2011	22.9%	15.4%
Occup. Health	Relative Risk of Fatal Injury	CFOI/ACS	2008-2010	1.08	1.11
Social environment	% Renters Spending 30% or More of Household Income on Rent	ACS	2011	49.9%	59.5%
	% Households without a Car and > 1 Mile from a Grocery Store	USDA Food Environment Atlas	2006	3.1%	3.1%
	Fast food restaurants per 1,000 population	USDA Food Environment Atlas	2009	0.62	0.61
	% students free-lunch eligible	USDA Food Environment Atlas	2009	33.2%	60.1%
	Liquor Store Density per 1,000 population	US Census County Business Patterns	2010	1.04	0.82

	Sub-Domain	Source	Year	Baldwin	Mobile
Mental and Behavioral Health	Ever received counseling for emotional health issue	Gulf State Population Survey	2010-2011	22.7%	23.5%
	Among those currently depressed			27.0%	38.7%
	Among those reporting anxiety symptoms			26.9%	31.3%
	Average # time counseling received last year	Gulf State Population Survey	2010-2011	10	17
	Ever prescribed medication for emotional health issues	Gulf State Population Survey	2010-2011	77.3%	71.1%
	% Prescribed medication in the past year			20.1%	13.1%
	Average # Poor Mental Health Days in last 30 days	BRFSS	2010	-	4.4
Resources/assets	Occupational Safety & Health Professionals:				
	# board-certified occupational physicians	AOEC	2012	0	2
	# of members of ACOEM	ACOEM	2012	1	3
	# board-certified occupational health nurses	ABOHN	2012	Public directory not available	Public directory not available
	# members of AAOHN	AAOHN	2012	Public directory not available	Public directory not available
	# board certified Industrial Hygienists	NBCHIS	2012	3	0
	# members of AIHA	AIHA	2012	1	1
	# board certified safety health professionals	BCSP	2012	22	30
	# members of ASSE	ASSE	2012	Public directory not available	Public directory not available
	# members of AOEC	AOEC	2012	no AOEC clinics	no AOEC clinics