RAPID COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Gulf Region Health Outreach Program: Primary Care Capacity Project

Alabama: Baldwin and Mobile County
FOREWORD

If you were a participant in the GRHOP Primary Care Capacity Project’s Rapid Community Assessment process as a Key informant, we would like to express our appreciation for your contribution to the process (see Appendix for list of meeting participants). Whether you have been a participant in informing this report or are otherwise a resident of or stakeholder in the health and resiliency of coastal communities, we encourage you to take an active role in supporting your community’s ongoing health improvement strategies. One goal of Gulf Region Health Outreach Program (GRHOP) is to support the capacity of each coastal parish/county of Louisiana, Mississippi, Alabama (Baldwin and Mobile Counties) and the Panhandle Counties of Florida to conduct community health assessments, as a way to inform what community health improvement activities may best support community need. Such assessments can inform governmental agencies, public health, health care providers, non-profit organizations and the general community. As we described in the Key Informant Orientation for participants in the Rapid Community Assessment process, as an initial step, the rapid assessment served at least four functions:

- Engage with initial community sectors in a process to grow into comprehensive assessments in 2013 and beyond
- Provide additional opportunity to bring immediate attention to community health issues of coastal communities
- Inform all GRHOP partners of major health aspects of coastal communities and establish framework for the upcoming comprehensive health assessment
- Inform PCCP funding for primary care in Year 1 GRHOP.

In this report, you will find statistical data, mapped information and description of perceived priority health issues identified through collaboration with Alabama Department of Public Health, Mobile County Public Health Department, and CDC’s Office of Public Health and the Rapid Community Assessment processes for the Alabama coastal counties of Baldwin and Mobile.

Note that as an initial step to address gaps in the data that the PCCP shared in your state meeting we have also added maps illustrating census tracts where low-income Hispanic residents in Baldwin and Mobile Counties reside. In PCCP’s continued work, we will seek and pursue additional opportunities to add to the data for your communities and thereby, the understanding of unique needs and assets for improving health in the coastal counties of the panhandle.

How Key Informant Information will be used:

The information gathered from the Rapid Community Assessment process will be aligned with the results of our clinic assessments, national high performing clinic standards/guidelines and requests of the coastal county primary care community clinic operators. These four sources of data will inform the process as we complete our rapid funding cycle for access to primary care.
Next Steps

Now that we have completed the Rapid Assessment, we will transition to Phase 2 of GRHOP PCCP which includes building upon the rapid assessment to develop the Comprehensive Assessment (CA). For the CA, there will be additional data added to the rapid assessment and additional mapping of community information. LPHI will conduct its comprehensive assessment activities in coordination with and in direct support of the local public health agencies and their partners for which community health assessment and health improvement planning is an enduring community role. We encourage you to continue to join in the GRHOP process to help us understand and add, where we can, the additional information that will make the comprehensive assessment helpful to you and your community. Also, by staying involved with the process, you can continue to share your ideas about community health issues and how solutions can be created and resources found to implement them. Invited participants to the December Rapid Assessment Key Informant meeting will be receiving information about the next steps of the process.

Again, we appreciate your participation in this process to help improve the health and resiliency of your community.

For more information, please contact Tiffany Netters, PCCP Program Manager at tnetters@lphi.org.

Sincerely,

Eric T. Baumgartner, MD, MPH
Louisiana Public Health Institute
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INTRODUCTION

The Gulf Region Health Outreach Program (the “Outreach Program”) is a series of four integrated, five-year projects designed to strengthen healthcare and community resiliency in Gulf Coast communities in Louisiana, Mississippi, Alabama and the Florida Panhandle. The Outreach Program was developed jointly by BP and counsel representing certain plaintiffs in the Deepwater Horizon litigation in the U.S. District Court in New Orleans. The program will be supervised by the court, and is funded with $105 million from the BP Deepwater Horizon Medical Settlement. The target beneficiaries of the Outreach Program 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 ultimate goal of the Outreach Program is to ensure that residents of the Gulf region are fully informed about their own health and have access, now and in the future, to skilled frontline healthcare providers supported by networks of specialists knowledgeable in addressing the physical, behavioral and mental health needs. Importantly, the Outreach Program will be embedded in and complement, rather than detract from or replace, the existing efforts being undertaken by the community. Also, the Outreach Program will engage local communities in the targeted areas and build capacity tailored to their special needs.

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 with the intention of improving 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.

Rapid Community Health Assessment

Among the objectives of the PCCP is to conduct a comprehensive regional assessment of community health needs to inform priority-setting, policy-making, assets cataloguing, health strategy development and baseline for setting community health objectives and measuring change over time. The first phase of the assessment process is a rapid community health assessment to get a baseline of community health status, health care needs and assets and barriers to care.

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1 The four projects include the Primary Care Capacity Project, the Mental and Behavioral Health Capacity Project, the Environmental Health Capacity and Literacy Project, and the Community Health Workers Training Project.
This rapid assessment consisted of two components:

1) A review of existing data
2) A facilitated key informant prioritization meeting

The existing data review included a review of state, county and sub-county level data to characterize demographic, health and quality of life factors. Additionally, the existing data review for Alabama coastal counties included collaboration with the Alabama Department of Public Health, Mobile County Public Health Department, and CDC’s Office of Public Health to collect data not readily available in existing sources. Community prioritization meetings were held with key informants representing eligible counties in Alabama, Mississippi and Florida to collect information from community members to validate and prioritize findings from the data review. This report presents findings for Baldwin and Mobile Counties in Alabama.

Methods

For the existing data review, the PCCP assessment team gathered and analyzed data for each of Mobile and Baldwin counties and for the state of Alabama as a whole in order to get a baseline assessment of demographics, health status, health care access and barriers to care in each of the counties and relative to the state. Factors for which data were gathered and analyzed were chosen based on best practices put forth by the Catholic Health Association\(^2\) and National Association of County and City Health Officials’ Mobilizing for Action through Planning and Partnerships (MAPP)\(^3\) 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 Baldwin and Mobile Counties to arrive at the final list of factors.

The existing data review also included collaboration with the Alabama Department of Public Health, Mobile County Public Health Department, and CDC’s Office of Public Health 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.

The Alabama Community Prioritization Meeting (also called Key Informant Meeting) was held December 17, 2012 in Spanish Fort, Alabama. Key informants were comprised of representatives from state, regional and local community organizations and nonprofits, as well

\(^2\) The Catholic Health Association of the United States (CHA) is recognized leader in benefit planning and reporting to serve community health need initiative. Through collaboration with hospital systems and others, CHA developed the premier uniform standards for community health needs assessment planning and reporting that are currently used by the Internal Revenue Service to develop the Form 990, Schedule H for Hospitals.


\(^3\) Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. Citation: National Association of County and City Health Officials, MAPP Framework. Viewed December 5, 2012, http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm.
as local leaders from the health and education sectors. During the meeting, key informants were split into four breakout groups, two per 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 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.

**How this report is organized**

In this report, first, we present data gathered from existing national and state data sources and CASPER and then analyzed by the PCCP assessment team. These data were also presented to attendees at the Key Informant meeting. The next section of the report presents findings from the Key Informant meetings. The data reported reflect health status, access to health care and barriers to care identified and prioritized by meeting attendees. Next, we share promising practices for addressing the top three priorities. Finally, next steps in conducting the comprehensive health assessment process are outlined.
SUMMARY OF FINDINGS

COASTAL ALABAMA COUNTY HEALTH OVERVIEW

The following is a summary of major findings from the review of existing national, state and local data sources. Data were gathered and analyzed to identify and assess factors related to the health status, assets and needs of residents in Coastal Alabama. The assessment process also included collaboration with the Alabama Department of Public Health, Mobile County Public Health Department, and CDC’s Office of Public Health to collect data not available through existing sources for Mobile and Baldwin counties’ coastal areas through the CASPER survey of community residents. CASPER data are also included in this overview.

The findings are organized according to priority factors that influence the health status of residents: socioeconomic factors, access to health care, mental well-being, and health risk behaviors. A list of data sources is available at the end of the report. Note: A full version of the Coastal Alabama County Health Overview report is available and was distributed prior to the Key Informant Meeting on December 17th, 2012.

SOCIOECONOMIC FACTORS

Socioeconomic factors such as low socioeconomic status impact a variety of health behaviors, lifestyle choices, and access to health care and health information among individuals, particularly among ethnic and racial minority groups.

Low Socioeconomic Status

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 in Mobile County and Baldwin County where over 65% of Hispanic residents are considered low SES.
Availability of health care is an important factor in a community’s health. Components include number of health care professionals in the area and proximity to health care resources.

**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. Listed below are the number of providers needed in each category to remove the HPSA designation for particular communities in Baldwin and Mobile Counties.

**Baldwin County**

**Primary Medical Care HPSA**

- 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 HPSA**

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

**Mobile County**

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

**Mental Health Care HPSA**

- Low income Mobile/ Washington - Mental health Catchment area4: 16: 7 full time providers needed to remove HPSA designation for the low-income population

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4 A catchment area refers to a geographical area of a county, or portions of multiple counties, designated as a geographic HPSA.
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 5 to 15-minute drive to an FQHC. A large proportion of low SES 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 an FQHC.
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.

**Symptoms of Depression**

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

In Baldwin County and its coastal areas rates of depressive symptoms are lower than the state.

**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.
**RISK BEHAVIORS**

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

**Obesity Prevalence**

More than 30% of residents in **Mobile County** are considered obese.

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

**Diabetes**

In **Mobile County**, a slightly smaller percentage of adult residents self-reported that a doctor had ever diagnosed them with diabetes compared to the state.

In **Region 9 of Alabama** – which includes **Baldwin County** – the rate was similar to the state.
SUMMARY OF FINDINGS

KEY INFORMANT MEETING
The following is a summary of major findings from the facilitated discussion on community health needs and barriers to care. Community health data, in italicized font, are also included from the Alabama Center for Health Statistics and the 2012 CASPER to provide even further support to the findings. The findings are organized according to the following priority areas: health status/outcomes, access to care/health care capacity, barriers, integration, pharmacy, outreach/prevention, infrastructure, continuity of care, occupational health, and environmental health. These areas were informed by National Association of County and City Health Officials’ and Catholic Health Associations’ Community Health Needs models, and they were determined by collaborative decision making with the GRHOP partners. Note: There were no findings from key informants related to pharmacy or continuity of care.

HEALTH STATUS/OUTCOMES
Key informants identified the following ten health status/outcomes priorities:

- **Hypertension/diabetes**
  - Hypertension/diabetes was identified as a top priority health issue.
  - High rates of diabetes were identified in Mobile.
  - Low-income and uninsured individuals were identified as being greatly affected by these conditions in Baldwin and Mobile Counties.

- **Chronic mental health**
  - Chronic mental health was identified as a top priority health issue.

- **Depression/anxiety**
  - Depression and anxiety were identified as top priority health issues.
  - South coastal Baldwin County was identified as a high priority area.

- **Heart disease/COPD**
  - Heart disease and chronic obstructive pulmonary disease (COPD) were identified as priority health issues.
  - *Heart Disease was the leading cause of death in both counties* (Alabama Center for Health Statistics, 2010).

* Signifies that the item was voted a top three priority by the key informant group
^ Signifies that the item was voted a top five priority by the key informant group
**ACCESS TO CARE/HEALTH CARE CAPACITY**

Key informants identified the following issues around access to care and health care capacity:

- **Shortage of primary health providers**: A shortage of primary health providers was identified as a top priority health issue, particularly in Baldwin County.

**Obesity**
- Adult and childhood obesity were identified as priority health issues.
- Childhood obesity in Foley, AL (coastal Baldwin County) was identified as a health issue.

**Suicide**
- Suicide was identified as a priority health issue.
- Low-income families and families employed in the tourism industry in non-coastal Baldwin County were identified as vulnerable populations.

**Teenage pregnancy**
- Teenage pregnancy was identified as a priority health issue.

**Cancer**
- Cancer was identified as a priority health issue.
- *Cancer was the second leading cause of death in both counties (Alabama Center for Health Statistics, 2010)*.

**Drug/Alcohol abuse**
- Drug and alcohol abuse were identified as priority health issues.
- Binge drinking was identified as a health issue in south coastal Baldwin County.
- *The prevalence of smoking and drinking among residents in the coastal areas of both counties was higher than the countywide rates (CASPER, 2012)*.

**Oral health**
- Oral health was identified as a priority health issue.

* Signifies that the item was voted a top three priority by the key informant group

^ Signifies that the item was voted a top five priority by the key informant group
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| **Transportation**                    | • Transportation was identified as a major barrier to care in Baldwin and Mobile Counties, specifically rural South Mobile.  
  • *13% of residents in coastal Mobile did not seek care due to lack of transportation* (CASPER, 2012).                                    |
| **Shortage of behavioral/mental health providers** | • Lack of psychiatrists, social services and providers, and counselors for mental and behavioral health was identified as a priority issue.                                                           |
| **Access to health care for youth**   | • Health care access for youth was identified as a priority health need, specifically in Baldwin County and for low-income youth.  
  • Key informants identified an insufficient number of pediatricians accepting Medicaid.  
  • A lack of school nurses, mental health services, psychiatrists and counselors in schools was identified.  
  • A lack of pediatric services was identified at the FQHC (federally qualified health center) in Foley, AL.                         |
| **Lack of insurance/underinsured**    | • Lack of insurance or underinsurance was identified as a top barrier to care.  
  • Key informants identified that small businesses were not offering health care to employees.                                         |
| **Affordability of health care**       | • Affordability of health care was identified as a major barrier to care.  
  • Key informants identified state funding cuts, specifically for mental and behavioral health, as a barrier to care.                  |
| **Stigma**                            | • Stigma associated with accessing mental health services was identified as a major barrier to care.                                                                                                     |
| **Health literacy**                   | • Lack of health literacy was identified as a barrier to care.                                                                                                                                              |

Key informants identified the following barriers to care as key priority areas to be addressed:

* Signifies that the item was voted a top three priority by the key informant group

^ Signifies that the item was voted a top five priority by the key informant group
INTEGRATION

Recommendation: Based on the data gathered by the key informants related to issues of access to care, health care capacity, and a shortage of providers, it is strongly recommended that mental health and behavioral health services be integrated into FQHCs.

OUTREACH/PREVENTION

Key informants identified the following issues around health outreach and prevention:

**Prevention**

- An overall lack of funding for prevention was identified as a barrier to care.
- A lack of suicide prevention programs, specifically in Baldwin County, was identified as a health care gap.

INFRASTRUCTURE

Key informants identified that there are no FQHCs in south Baldwin or on the eastern shore of Baldwin County.

OCCUPATIONAL HEALTH

Key informants identified the following occupational health issues:

**Data**

- An overall lack of occupational health and safety data was identified.

**Workplace safety**

- A lack of occupational health providers and worksite wellness programs were identified as a health care gap.
- *No Association of Occupational and Environmental (AOEC) clinics in Baldwin or Mobile Counties (AOEC, 2012).*

**Workplace exposure**

- Several workplace exposure issues were identified, including a need for smoke-free work facilities and mold and mold remediation in workplace.
- Exposure to hazardous materials (toxic, asbestos, chemicals) was identified, with focus on the agriculture and fishing sectors in coastal Baldwin County and chemical rows in north and south Mobile.

Recommendation: Based on the data gathered by the key informants, it is strongly recommended that occupational health services be integrated into FQHCs.
Key informants identified the following environmental health issues:

**Data**
- An overall lack of environmental health data was identified.

**Safe water**
- Safe water was identified as an environmental health priority.
- The need for water safety alerts, specifically in Mobile Bay, was identified.
- Key informants identified vibrio in shellfish and water, specifically in Mobile County; mercury in seafood and water, specifically in Mobile County Reservoir and Big Creek Lake; and sewage leaks, specifically in coastal Baldwin County.

**Air quality**
- Air quality was identified as an environmental health priority.
- Secondhand and third-hand smoke, specifically in unincorporated areas of Baldwin County, was identified as a health issue.

**Heat**
- Extreme heat and sun exposure were identified as environmental health priorities.

**Safe spaces**
- Lack of access to bicycle lanes, exercise paths and sidewalks were identified as an environmental health priority, specifically in Mobile County.
- Lead exposure was identified as an environmental health priority.

**Disasters**
- Disasters were identified as an environmental health priority.
- Flooding was identified as an environmental health priority, specifically in Baldwin County.

**Recommendation:** Based on the data gathered by the key informants, it is strongly recommended that environmental health services be integrated into FQHCs.
CONCLUSION

Overall, the Rapid Community Health Needs 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 is an access to care priority as evidenced by both existing HPSA data and reports from key informants.

The goal of the Rapid Community Health Needs Assessment conducted for the Primary Care Capacity Project by LPHI was to provide insight to where there is available evidence or a shared sense among Key Informants of what particular health priorities may already be apparent in communities in Mobile and Baldwin counties. Findings from the CASPER and PCCP’s Rapid Assessment revealed complementary health priorities across counties as well as needs and priorities unique to specific geographic locations or sub-populations in each county.

The rapid assessment also provided data to inform decisions on funding and support to FQHCs to increase access to care. Top barriers to care identified in the Key Informant meetings were lack of insurance and underinsurance. These findings are consistent with findings from the existing data review that show that between 15% and 17% of residents in the two counties are uninsured (ACS, 2009-2011), and a significant percentage of the populations in each county are considered low-income5, 13% in Baldwin and 19% in Mobile. Notably, the percentage of low-income residents increases to over 30% for Black, Asian, and Hispanic residents in both counties indicating that racial/ethnic minorities in the counties may be more likely to experience barriers to care due to lack of insurance and affordability of care. Transportation and proximity to primary care facilities were other barriers to care that emerged from both the existing data review and key informant meeting; this being a particular issue for low-income residents. In parts of Baldwin and Mobile Counties, low-income residents were as much as a 30-minute drive or more to the nearest FQHC. Additionally, 13% of residents in coastal Mobile County reported not seeing a primary care provider due to lack of transportation.

Next steps for the Comprehensive Community Health Assessment include:

1. Gather and analyze data at the sub-county level in order to uncover community-specific priorities;
2. Add data on health indicators for Hispanic populations in both counties;
3. Add data on sexually transmitted infections;
4. Conduct additional meetings with community stakeholders to inform building FQHC capacity; community engagement; and gathering, analyzing, and reporting community data;
5. Collaborate with County Health Departments and their partners to achieve steps 1 through 4;
6. Provide support to the County Health Departments and their partners for community health assessment activities to gather, analyze, and disseminate other relevant data.

5 Low-income is defined here as residents who are 150% below the Federal Poverty Line based on income and family size

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PROMISING PRACTICES

The promising practices detailed below are a few examples of community interventions that can help reduce and/or affect the health and health care needs and barriers to care prioritized by Key Informants using the Audience Response System during the meeting held in late 2012. These promising practices are outlined into two categories: Health Systems and Community Health Approaches. The Health Systems and Community Health Approaches identified are those that create opportunities to strategically and collectively deal with numerous issues (i.e. health and health care needs and barriers to care) in systems and/or communities, resulting in comprehensive outcomes.

Frieden’s (2010) Health Impact Pyramid is a framework to guide planning and decision-making processes regarding the uses of best practices to address prioritized health and health care needs and barriers to care.

The pyramid describes the impact of different types of public health interventions and provides a framework to improve health (Frieden, 2010). The base of the 5-tier pyramid represents “interventions [that] address socioeconomic determinants of health. In ascending order are interventions that change the context to make individuals’ default decisions healthy, clinical interventions that require limited contact but confer long-term protection, ongoing direct clinical care, and [lastly] health education and counseling” (Frieden, 2010).

Health Systems

- Patient Center Medical Home (PCMH) - The Patient-Centered Medical Home (PCMH) is a model of primary health care that puts the patient at the center of health care and is designed to strengthen the physician-patient relationship by moving from episodic care (reactive) to coordinated care and an ongoing relationship with a physician-led “care team” (proactive).
• Primary Care Development Corporation – http://www.pcdc.org/resources/patient-centered-medical-home/pcdc-pcmh/ncqa-2011-medical-home.html

• The PCMH Model also supports best practices for chronic disease management and address access to care priorities, priorities identified by Key Informants in the Alabama meeting.
  • The Chronic Disease Self-Management Program (CDSMP) empowers people to take an active role in managing their chronic illnesses through lifestyle choices and changes, adherence to prescribed medical treatments, and education/information about illnesses. CDSMP is also a key resource for providers in meeting the requirements to become a medical home (http://medhomeinfo.org/pdf/CDSMP%20PCMH%202-pager%20Final.pdf).

• Behavioral Health Integration (BHI) – Behavioral Health Integration is a comprehensive approach to promoting the health of individuals, families and communities based on communication and coordination of evidence-based primary care and mental health services. It emphasizes integration as an example of quality health care delivery design that facilitates communication and coordination based on consumer and family preferences and sound economics. Integrated care occurs when mental health specialty and general medical care providers work together to address both the physical and mental health needs of their patients.
  • AHRQ: The Academy, Integrating Behavioral Health and Primary Care – http://integrationacademy.ahrq.gov/
  • SAMHSA-HRSA Center for Integrated Health Solutions – http://www.integration.samhsa.gov/

• Integrated care is a promising practice for addressing access to care priorities identified by Key Informants related to limited access to mental health providers, services, and resources.
  • The SAMHSA-HRSA Center for Integrated Health Solutions provides numerous models and evidence-based approaches for integrating behavioral health into primary care as well as Webinars on implementing effecting integration models and practices (http://www.integration.samhsa.gov/integrated-care-models/behavioral-health-in-primary-care)
Community Health

- Health in All Policies (HiAP) – Health in All Policies (HiAP) is an innovative, systems change approach to the processes through which policies are created and implemented.
  - National Association of County and City Health Officials (NACCHO); Health in All Policies – [http://www.naccho.org/topics/environmental/HiAP/index.cfm](http://www.naccho.org/topics/environmental/HiAP/index.cfm)

- Community Health Workers (CHW) - Community Health Workers (CHW) is a community health approach that takes members of a community that are chosen by community members or organizations to provide basic health and medical care to their community.

- HiAP and CHW support best practices for hypertension and diabetes priorities identified by Key Informants in the Alabama meeting.
  - Project DIRECT (Diabetes Interventions Reaching and Educating Communities Together); this project focuses on the African American community in Southeast Raleigh. Project DIRECT offers a comprehensive approach to prevention and works to reduce the risk factors for diabetes (by promoting increased physical activity and improved dietary practices) and to increase overall awareness of diabetes and its risk factors and complications. Project DIRECT also works to increase the number of people at high risk who are screened for diabetes and to increase the number of people with diagnosed diabetes who receive regular diabetes care ([http://www.healthynola.org/promise_show.php?id=525](http://www.healthynola.org/promise_show.php?id=525)).
  - Hypertension Treatment in Barbershops; this program uses barbershops as a site for community health promotion programming targeting hypertension in African American men in low-income communities. The program offers free blood pressure screening and education at African American-owned barbershops. Participants with high blood pressure are provided with individualized blood pressure report cards and referred to community physicians. Men who return to the barbershop with a report card signed by their health care provider receive an incentive. Barbers involved in the program serve as peer-educators, sharing stories depicting successful risk reduction strategies adopted by customers or other members of the target community ([http://www.healthynola.org/promise_show.php?id=3345](http://www.healthynola.org/promise_show.php?id=3345)).
## SOURCES

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<td>Symptoms of Anxiety</td>
<td>CASPER: Baldwin &amp; Mobile Counties</td>
<td>2012</td>
</tr>
<tr>
<td>Risk Behaviors</td>
<td>Obesity Prevalence</td>
<td>USDA Food Atlas</td>
<td>2009 (Baldwin)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Behavioral Risk Factor Surveillance System</td>
<td>2010 (Mobile, state)</td>
</tr>
<tr>
<td></td>
<td>Diagnosed Diabetes</td>
<td>BRFSS</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>Smoking Prevalence*</td>
<td>CASPER: Baldwin &amp; Mobile Counties</td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td>Binge Drinking*</td>
<td>CASPER: Baldwin &amp; Mobile Counties</td>
<td>2012</td>
</tr>
<tr>
<td>Causes of Death</td>
<td>Leading Causes of Death*</td>
<td>Alabama Center for Health Statistics</td>
<td>2010</td>
</tr>
</tbody>
</table>

Sources that are * indicate that information was presented along-side the findings from the key informants and not in the Coastal Alabama County Health Overview.
APPENDIX

The Alabama Community Prioritization Meeting was held December 17, 2012 in Spanish Fort, AL. There were 33 attendees. 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. The following organizations were represented at the meeting:

Alliance Institute
Catholic Charities of Alabama
University of South Alabama
Center for Strategic Health Innovations
Boat People SOS
Coastal Resiliency Coalition
Alabama Department of Public Health
Drug Education Council
Tulane Global Environmental Health Sciences
Franklin Primary Health Center
Alabama Free Clinic
Bayou La Batre- Mostellar Medical Center

Lifelines Family Counseling Center
AltaPointe Health Systems
Mobile County Health Department
Baldwin County Mental Health
Mobile County Public School System
Baldwin County Public School System
Ozanam Charitable Pharmacy
Bay Area Women Coalition
Project Rebound
Bayou Clinic
Providence Outreach