Alabama Project LAUNCH
Health Disparities Impact Statement
2018

Access to Services

"Since 2000, the total number of persons living in Alabama has grown by 9.4 percent. Children make up 25.1 percent of the state's total population, but the percentage of children compared to the rest of the state's population is down from 28.2 percent in 2000. Conversely, persons over age 65 are growing faster than any other age group. That means that Alabama is trending toward a future with an aging society and a smaller pool of workers to fill the jobs of those retiring-putting at risk some of the industries our state's economy relies on. Looking deeper into the state's demographic makeup, children of color continue to grow more rapidly that white children in the state. The number of Hispanic children across Alabama is rising faster than any other child demographic group. Since 2000, the Hispanic child population has increased by more than 200 percent, including a 2.2 percent increase from 2015. Over the same time period, the number of White children has declined the most with a decrease of 2.6 percent since 2000." (Voices for Alabama's Children, Alabama Kids Count Data Book, 2017)

Alabama Demographics of Low-Income Children

In Alabama, there are 581,274 families with 1,089,787 young children (under the age of 6 years). Fifty percent (544,994) of young children in Alabama live in low-income families. Research suggests that, on average families need an income of about twice the federal poverty threshold to meet their most basic needs. Children living in families with incomes below this level--48,072 for a family of four with two children in 2015 are referred to as low income. Children living in group quarters and children living with only unrelated adults are excluded from these data. Families and children are defined as low-income if the family income is less than twice the federal poverty threshold. Families and children are defined as poor if the family income is below the federal poverty threshold. The federal poverty threshold for a family of four with two children was $24,036 in 2015, $24,008 in 2014 and $23,624 in 2013. (National Center for Children in Poverty, Updated 2017).

Young Poor Children: In Alabama 47 percent (256,588) of children in low-income families have at least one parent who is employed full-time, year-round, compared to 91 percent (494,760) of children in above low-income status families. Twenty-nine percent (159,282) of children in low income families have at least one parent that is employed either part-time or part-year, compared to 7 percent (38,145) of children in above low-income families. Twenty-four percent (129,124) of children in low income families do not have an employed parent compared to 2 percent (11,888) of children in above low-income families. (National Center for Children in Poverty, Updated 2017).

In Tuscaloosa County, the total child population (under age 20) in 2016 is 53,647 (26.0 %). Of this number, 12,408 (23.1 %) are children under the age of 5 and 11,905 (22.2 %) are ages 5 to 9 years old. The percentage of people living in poverty in Tuscaloosa County from 2011-15 is 19.1 percent. There are 25.5 percent of children living in poverty in Tuscaloosa. Of this total, 25.4 percent of the children in poverty are ages 5-11 and 28.4 percent are under the age of 5 years old. In Tuscaloosa County, 54.9

percent of the child population (under age 20) are 35.8 percent African American , 0.2 percent American Indian/Alaska Native , 1.5 Asian/Pacific Islander, 5.6 percent Hispanic, and 2.1 percent are classified as More than One Race. (VOICES for Alabama's Children, 2017 Alabama Kids Count Data Book)

Parental Education: In Alabama, 88 percent (103,748) of children whose parents do not have a high school degree live in low-income families, 73 percent (177,062) of children whose parents have a high school degree, but no college education live in low-income families, and 36 percent (264,184) of children whose parents have some college or more live in low-income families (National Center for Children in Poverty, Updated 2017).

In Tuscaloosa, 59.4 percent of employed mothers have young children and 15.1 percent (376) of births were to females with less than 12 years of education. The unemployment rate in Tuscaloosa for 2016 was 5.8 percent, and the state of Alabama rate of unemployment was 6.0 percent in 2016 (Voices for Alabama's Children, Alabama Kids Count Data Book, 2017).

Parental Marital Status: In Alabama, 60 percent (324,688) of children in low-income families live with a single parent, 18 percent (95,383) of children in above low-income families live with a single parent (National Center for Children in Poverty, Updated 2017).

Statistics for Alabama:

Alabama has one of the highest percentages of Lesbian, Gay, Bisexual, and Transgender (LGBT) population of people raising children of any state in the nation. Nearly 70 percent of 18-25-year-old LGBT young people in Alabama intend to have children someday. Despite LGBT people embracing the state they call home, a survey revealed some very harsh realities. Twenty-four percent have experienced employment discrimination; 38 percent have experienced harassment at work; and 41 percent of LGBT households earning less than $45,000 experienced harassment at work. School is also a place where LGBT students face problems. A study found that half have experienced harassment at school and 46 percent of respondents said harassment is common at the high school level (Human Rights Campaign's (HRC) Project One America Press Release; July 30, 2014).

Child's Race/Ethnicity: In Alabama, percent (238,131) are white 70 percent (227,144) are black, 74 percent (53,508) are Hispanic , 30 percent (4,111) are Asian children and 46 percent (2,014) are American Indian.

Child's age: Fifty-five percent (191,374) of children, under age 6, live in low-income families, and 48 percent (353,620) of children ages 6 or older, live in low-income families.

Parental Nativity: Sixty-four percent (51,617) of Alabama's children of immigrant parents live in low-income families, and 49 percent (493,377) of children of native-born parents live in low-income families. (National Center for Children in Poverty, Updated May 2017).

Data Snapshot: School Discipline in Alabama K-12 (U.S. Department of Education Office for Civil Rights, March 21, 2014)

Table 1-A. Out-of-school suspensions of male students by race/ethnicity, disability, and state: 2011-12

State	American Indian/ Alaska Native	Asian	Native Hawaiian/ Other Pacific Islander	Black/African American	Hispanic/ Latino of any race	Two or more races	White
UNITED STATES	**13%**	**3%**	**7%**	**20%**	**9%**	**11%**	**6%**
Alabama	11%	4%	7%	22%	7%	13%	8%

Table 1-B. Out-of-school suspensions of female students by race/ethnicity, disability, and state: 2011-12

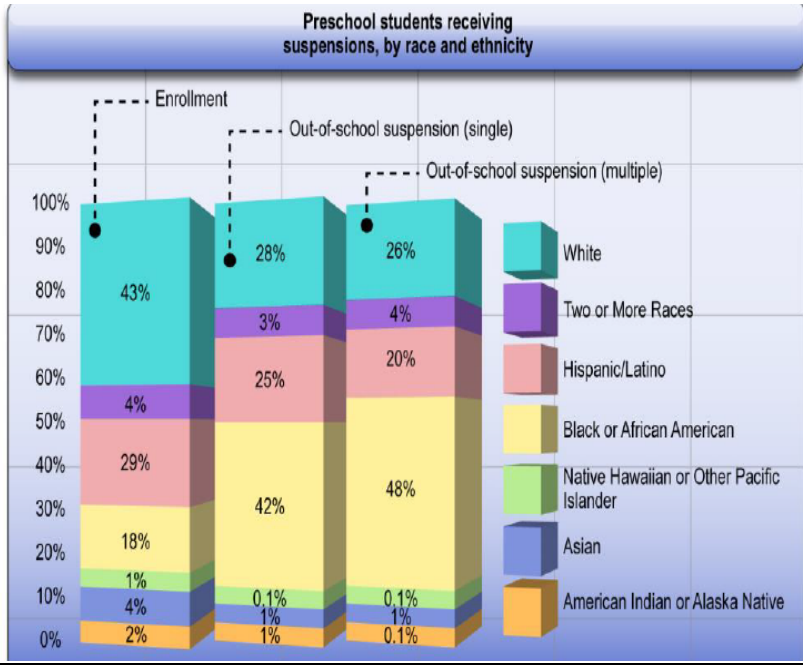
State	American Indian/ Alaska Native	Asian	Native Hawaiian/ Other Pacific Islander	Black / African American	Hispanic/ Latino of any race	Two or more races	White
UNITED STATES	**7%**	**1%**	**3%**	**12%**	**4%**	**5%**	**2%**
Alabama	5%	2%	4%	13%	3%	5%	3%

Table 2. Out-of-school suspensions, by disability (IDEA) status and state: 2011-12

State	What percent of students without disabilities (non-IDEA) were suspended out-of-school?	What percent of students with disabilities (IDEA) were suspended out-of-school?
UNITED STATES	***6%***	***13%***
Alabama	9%	14%

Preschool discipline

The inclusion for the first time in the CRDC of preschool data confirms that discipline begins in the earliest years of schooling. Of the school districts with children participating in preschool programs, 6% reported suspending out of school at least one preschool child. Racial disparities in out-of-school suspensions also start early; black children represent 18% of preschool enrollment, but 42% of the preschool children suspended once, and 48% of the preschool children suspended more than once.



Alabama Minority Health Disparities Report

Examining health care disparities is an integral part of improving health care quality. Race and ethnicity account for many of the disparities in the public's health. Alabama's minorities often have poorer access to care than Whites. The minority populations include: African Americans, American Indians, Asian Americans, Hispanics/Latinos and Native Hawaiians/Pacific Islanders. In 2010, the Alabama Department of Public Health Office of Minority Health prepared a health disparities report card. The report identified a number of health disparities amongst racial minorities in Alabama and offered recommendations to address these disparities. There were six Chronic Health Diseases/Conditions identified in this report: Cancer, Cardiovascular Disease, Diabetes, HIV/AIDS, Infant Mortality, and Mental Health.

Access to Health Care Poses a Challenge in Rural Alabama:

- There are 60 primary care health professional shortage areas in Alabama.
- The potential number of patients for each rural Alabama primary care physician in 2006 was approximately 2,160 compared to only 1,250 for those practicing in urban counties.
- Eight rural Alabama counties do not have hospitals.
- Thirty-five of 55 rural Alabama counties do not provide labor and delivery services.
- The average time from call to arrival at the scene of an emergency for rural county emergency medical services is over 27 percent greater than the response in urban counties.
- The motor vehicle accident mortality rate in 2005-2007 for rural Alabama residents was nearly 46 percent higher than that for urban county residents and was more than double the rate for the nation.
- Hospitals in rural Alabama counties had 25.1 general hospital beds per 10,000 residents' in 2009 compared to 45.0 general beds per 10,000 residents in urban counties.
- The potential number of patients for each rural Alabama dentist in 2007 was approximately 3,845 compared to 1,774 for those practicing in urban counties.
  (Alabama Department of Public Health/Alabama Health Disparities Status Report, 2010)

Infant Mortality:

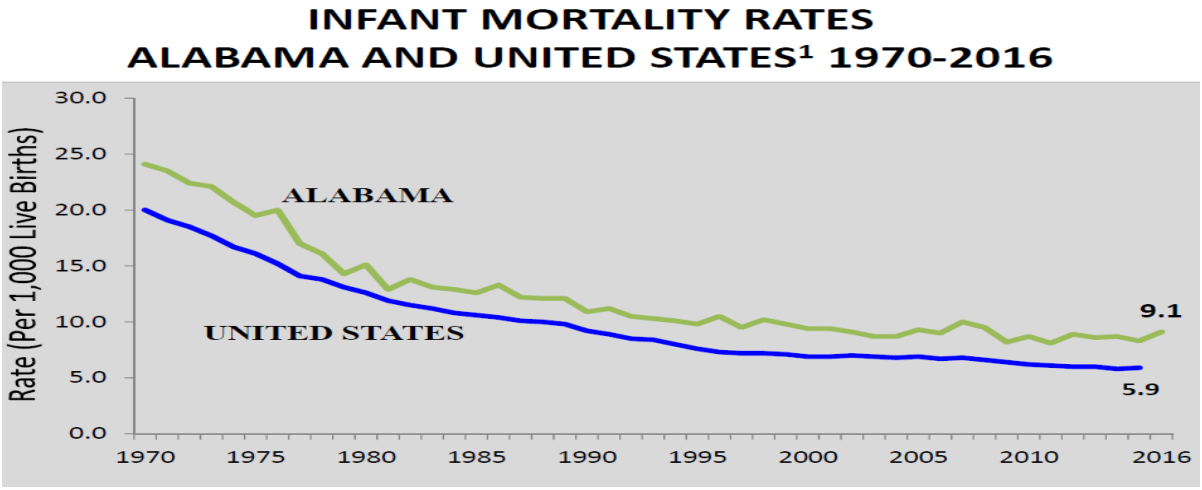
The Alabama Department of Public Health Center for Health Statistics data shows that the state's average infant mortality rates in Alabama of 9.1 infant deaths per 1,000 live births in 2016 are the highest since 2008. In 2016, there were 59,090 live births in Alabama. The infant mortality rate represented 537 infants who did not reach 1 year of age. This was an increase of 43 infant deaths from 2015. The state's opioid epidemic was included as a factor in the increased mortality rates in Alabama. Babies that are born to addicted mothers are often underweight and premature. Some are substance-dependent themselves. While withdrawal symptoms can be difficult for adult opioid users, they can be lethal for infants. ADPH is currently looking at the mortality rates in comparison to areas of the state with high opioid usage.
(Alabama Department of Public Health/Center for Health Statistics, 2016)

According to the National Survey on Drug Use and Health, from 2007 to 2012 an estimated 21,000 pregnant women (ages 15 to 44) annually misused opioids during the month prior to being surveyed.

The survey also found that each year between 2002 and 2007, an estimated 2.1 million children under 18 lived with a parent who was dependent on or abused illicit drugs. Infants with mothers who used drugs or alcohol during pregnancy are more likely to have a range of physical, behavioral, and cognitive problems. Neonatal abstinence syndrome (NAS) is a post-birth withdrawal syndrome caused primarily by prenatal exposure to opioids; it is characterized by tremors, excessive crying, poor feeding, and rapid breathing. The incidence of NAS increased by 300 percent between 1999 and 2013, from 1.5 per 1,000 births to 6.0 per 1,000 (www.childtrends.org/child-trends-5/5-things-know-opioid-epidemic-effect-children).

Disparities by race continue to persist when looking at pregnancy outcomes. Traditionally in Alabama, infant mortality for black infants is twice that of white infants. In 2016, that rate increased to nearly three times with the black infant mortality rate being 15.1 deaths per 1,000 live births compared to 6.2 deaths per 1,000 live births for white infants. The white infant mortality increased from a record low rate of 5.2 in 2015 to 6.5 in 2016.

- Alabama's Black infant mortality decreased from a rate of 14.1 (per 1,000 live births) in 2008 to 13.3 per 1,000 live births in 2009 and decreased to 12.6 in 2013. The latest rate shows an increase to 15.1 in 2016.
- White infant mortality decreased from a rate of 7.6 (per 1,000 live births) in 2008 to 6.1 in 2009, 5.2 in 2015 and had a slight increase to 6.5 in 2016.
- Approximately 75 percent of births in 2016 were to women who had adequate prenatal care; 2.1 percent of births were to mothers with no prenatal care.
- In 2009 the infant mortality rate due to prematurity/low birth weight was 55.2 deaths per 100,000 live births
- The percent of preterm births increased in 2016 from 11.7 percent to 12.0 percent.
- From 2007 to 2016 the percent of births to teenagers (age 10-19) in Alabama declined from 13.7 percent in 2007 to 7.7 percent in 2016.



(Alabama Department of Public Health/Center for Health Statistics, 2016)

Factors Contributing to Alabama's High Rate of Infant Deaths

- Low birth weight babies
- Preterm infants
- SIDS, SUID and unsafe sleep environments
- Substance abuse including smoking and neonatal abstinence syndrome
- Maternal chronic health conditions existing before and during pregnancy
- Short birth intervals
- Mistimed or unintended pregnancies

Strategies to reduce infant mortality in Alabama:

- Increase the use of progesterone to women with a history of prior preterm birth.
- Reduce tobacco use among women of childbearing age.
- Encourage women to wait at least 18 months between giving birth and becoming pregnant again.
- Expand the Well Woman Preventive visit to provide pre-conception and inter-conception care.
- Continue safe sleep education efforts.
- Continue collaborative efforts to address the opioid epidemic.
- Expand the Fetal and Infant Mortality Review activities at the community level.

Low birth weight infants in Alabama accounted for 68 percent of the 2013 infant deaths; however survivability of these small infants has greatly improved in the past decade. In 2013, 16.4 percent of the births in Alabama were premature. A comparison of the national percentage of 11.6 percent in 2012 provides a picture of the problem. An additional concern is the significant racial disparity in premature and low birth weight births among the black population. Black mothers are 43.3 percent more likely to have a premature birth than white mothers. The 2013 percent of prematurity for black infants was 14.9 compared to 10.4 for whites, and the 2016 report indicates that even with overall reduction in infant mortality in 2015, the disparity between black infant mortality increased to nearly three times the rate of white infant mortality.

The percent of births to teen mothers was the lowest ever recorded at 8.0 percent of all live births. This number has been consistently trending down since 2007 in Alabama. The percent of births less than 37 weeks gestation has remained steady over the last five years with the 2014 and 2015 rates being at 11.7 percent of all live births. Births to mothers with an interval between births of less than two years rose to 24.8 percent.
(Alabama Department of Public Health Center for Health Statics, Infant Mortality 2016)

Mental Health and Minorities:

- Poverty level affects mental health status. African Americans living below the poverty level, as compared to those over twice the poverty level are 3 times more likely to report psychological distress.
- African Americans are 10% more likely to report having serious psychological distress than Non-Hispanic whites.
- The death rate from suicide for African American men was more than four times greater than for African American women in 2014.
- However, the suicide rate for African Americans is 70% lower than that of the non-Hispanic white population.
- A report from the US Surgeon General found that from 1980-1995, the suicide rate among African Americans ages 10 to 14 increased 233% as compared to 120% of non-Hispanic whites

MENTAL HEALTH STATUS

Serious psychological distress among adults 18 years of age and over, percent, 2013-2014

Non-Hispanic Black	Non-Hispanic White	Non-Hispanic Black/ Non-Hispanic White Ratio
3.4	3.2	1.1

Source: CDC, 2016. Health United States, 2015. Table 46.
http://www.cdc.gov/nchs/data/hus/hus15.pdf [PDF | 13.03MB]

Human Immunodeficiency Virus (HIV) is a virus that weakens the body's defense (immune) system until it can no longer fight off illnesses such as pneumonia, tuberculosis, cancerous tumors, and others. Acquired Immunodeficiency Syndrome (AIDS) occurs when the immune system is seriously damaged by HIV. A combined total of HIV/AIDS reported cases in Alabama are 16,186.

- **Females represented 30 percent of diagnosed HIV/AIDS cases. The highest proportion of new cases diagnosed were among females ages 25-34 years (31 percent), and ages 35-44 years (23 percent).**
- **Heterosexual contact (88 percent) and injection drug use (9 percent) represented the risk exposure for most of the females diagnosed with HIV/AIDS in 2008.**

In Alabama:

- African American males represent 26 percent of the state's population; however, 63.8 percent (10,548) of all reported HIV/AIDS cases in Alabama are from this group.
- African American females represent 19.2 percent (3,183) of all HIV/AIDS reported.

- HIV/AIDS cases in African American males are reported in these risk factor categories:
    - Men Who have Sex with Men-MSM (36.3 percent)
    - Injecting Drug Use-IDU (12.7 percent)
    - Heterosexual (34.2 percent)
    - MSM/IDU (4.9 percent)
    - Maternal Transmission (1.0 percent), Transfusion (0.1 percent) Hemophilia (0.2 percent), and Undetermined (16.73) (Alabama Department of Public Health/ Alabama Health Disparities Report, 2010).

Adverse Childhood Experiences (ACEs)

A growing body of research has made it increasingly apparent that adverse childhood experiences (ACEs) are a critical public health issue. ACEs are potentially traumatic experiences and events, ranging from abuse and neglect to living with an adult with a mental illness. They can have negative, lasting effects on health and well-being in childhood or later in life. There is growing interest in understanding the prevalence of these experiences across different communities in the United States, and how to prevent and respond to them. A report from Child Trends, which explores the prevalence of ACEs nationally revealed the following:

- Economic hardship and divorce or separation of a parent or guardian are the most common ACEs reported nationally, and in nearly all states.
- Just under half (45 percent) of children in the United States have experienced at least one ACE, which is similar to the rate of exposure found in a 2011/2012 survey.
- Almost one in nine children nationally has experienced three or more ACEs, placing them in a category of especially high risk.
- Children of different races and ethnicities do not experience ACEs equally. Nationally, 61 percent of black non-Hispanic children and 51 percent of Hispanic children have experienced at least one ACE, compared with 40 percent of white non-Hispanic children and only 23 percent of Asian non-Hispanic children. In every region, the prevalence of ACEs is lowest among Asian non-Hispanic children and, in most regions, is highest among black non-Hispanic children

The Child Trends report also shows the prevalence of one or more ACEs according to parent's report on their child, both nationally and by state. Nationally, 55 percent of children had experienced no ACEs, 24 percent experienced one ACE, 11 percent experienced two ACEs and 10 percent experienced three to eight ACEs. In Alabama, 52 percent had experienced no ACEs, 21 percent experienced one ACE, 16 percent (which is higher than the national average), experienced two ACEs and 11 percent experienced three to eight ACEs (https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity).

Language Differences:
Limited English Proficiency (LEP) individuals are those who are unable to communicate effectively in English because their primary language is not English, and they have not developed fluency in speaking, reading, writing, or understanding the English language (Alabama Health Disparities Status Report, 2010). The 2016 United States Census Bureau Report states that 5.2 percent of Alabama's population 5 years and over do not speak English at all (2011-2015) (Alabama Department of Public Health/Alabama Health Disparities Status Report, 2010).

Alabama Efforts to Address Health Disparities:

Alabama Office of Minority Health:
The Office of Minority Health was established within the Alabama Department of Public Health by the State Officer in May 1991. The Office of Minority Health facilitates local and state level partnerships to address health disparities in Alabama. Its mission is to:

- Improve the health status of minority populations.
- Improve access to quality health care services for minorities and underserved populations.
- Promote minority presence and participation in health planning and policy information.
- Enhance and promote public awareness of health care needs of minority populations.

Minority Health Advisory Commission:
In partnership with the Office of Minority Health, the Commission's goals are to:

- Assist community-based organizations identify community resources and potential funding sources.
- Promote communication and interaction statewide to learn about health problems and to improve service access.
- Engage the communities by holding public meetings, community forums and participating in activities.
- Serve as a liaison to community organizations, other states, national organizations and the federal government.

For more information please visit the Alabama Department of Public Health Office of Minority Health website at www.adph.org/minorityhealth (Alabama Department of Public Health, Office of Minority Health, updated: April 17, 2017).

Alabama Department of Public Health (ADPH):
ADPH has several initiatives to address health disparities across the state. These initiatives include: (1) ensuring that residents receive the health care they need, particularly low-income, uninsured/underinsured adults; (2) prevent and control chronic diseases, particularly those prevalent in the African American community; (3) improve reproductive health care and birth outcomes for women; (4) prevent and control infectious disease throughout the state; (5) ensure that the physical environments are safe and support health within communities; and (6) ensure that social and health care environments are safe and support health.

Alabama Data Collection and Reporting Systems:

Additional data used to report health disparities among women and children include the Alabama Department of Public Health's ***Pregnancy Risk Assessment Monitoring System (PRAMS).*** Alabama is one of the 47 states currently using PRAMS. This is a surveillance system of new mothers and is supported by the Centers for Disease Control and Prevention (CDC). The purpose of PRAMS is to find out why some babies are born healthy and others are not. The collected information includes responses to numerous questions about mother's experiences with the health care system during pregnancy and delivery, as well as postpartum care for both the mother and infant. Data is also collected on maternal behaviors and experience which have influenced the outcome of the pregnancy and health of the infant.

When Mother Intended to Become Pregnant, Alabama PRAMS 2014

Pregnancies that are unwanted or mistimed are an important health care issue. The health of the infant is directly affected by the mother's attitude, behaviors and experiences during the pregnancy. In 2014, 52.9 percent of Alabama mothers reported their pregnancies as *unintended, 29.8 percent of Alabama women* said they wanted to be pregnant *later*, and 7.4 percent said they did not want to be pregnant then or at any time in the future. The percent of women who were not sure was 15.6 percent. On the other hand, 47.2 percent of Alabama mothers reported either wanting to be pregnant *then* (37.7 percent) or even sooner (9.5 percent). The Healthy People 2020 Objective is to increase the proportion of pregnancies that are intended to 56.0 percent.

Unintended Births by Mother's Race, Alabama PRAMS 2005-2014

For the past ten years, the percentage of unintended births has been considerably higher among black and other race women than among white women. From 2013-2014, the percentage of unintended births to black and other women decreased by 0.3 percent, and the percentage of unintended births decreased by 3.7 percent from 2013-2014 among white women. The percent change in both populations is not statistically significant.

Prenatal Care Received as Early as Mother Wanted, Alabama PRAMS 2014

Early and adequate prenatal care is critical in detecting problems that arise during pregnancy and in treating them before they become serious or life-threatening. In 2014, 17 percent of Alabama mothers reported they did not get prenatal care as early as they wanted. Barriers which hindered them included: not able to get an early appointment, no money to pay for the prenatal care visits, no Medicaid coverage yet, trying to keep their pregnancy a secret and no transportation available for doctor visits.

Sources of Stress 12 Months Before Pregnancy, Alabama PRAMS 2014

Stressful events experienced during pregnancy can have negative effects on the health of the expectant mother and her unborn baby. When asked about various sources of stress during the twelve months preceding delivery, 35.4 percent of Alabama mothers reported they had moved to a new address, 23.4 percent reported they argued more with their husband/partner, 24 percent had a family illness or hospitalization, and 21 percent reported they were unable to pay all of their bills. More than one in five mothers suffered the loss of someone close to them.

Mental Health of Mothers, Alabama PRAMS 2014 Question 77 asks: "Since your new baby was born, how often have you felt down, depressed or hopeless?"
In 2014, 8. percent of Alabama mothers reported they always or almost always felt down, depressed, or hopeless since the birth of their baby, about 48.5 percent reported feeling this way sometimes and on rare occasions.

Negative Health Behaviors Smoking and Drinking
Percent of Mothers Who Drank by Mother's Race, Alabama PRAMS 2014:
In 2014, more than fifty percent of white Alabama mothers (57.8 percent) reported drinking alcoholic beverages *before* becoming pregnant; however, a statistically significant decrease (44.8 percent) was observed in drinking *during* the last three months of their pregnancies. White mothers drank significantly more before pregnancy than black and other mothers did. The difference between the races' drinking during pregnancy was not significant.

Percent of Mothers Who Smoked by Mother's Race, Alabama PRAMS 2014
Both white and black and other smokers showed the same trend – smoking decreased during pregnancy but increased again by the time of the survey. For white mothers, there was a statistically significant decrease in smoking from before pregnancy to during pregnancy. White mothers were statistically more likely to smoke before and after pregnancy.

Alabama Project LAUNCH Service Needs
To support current efforts to address health disparities, Alabama Project LAUNCH prioritized the service needs of the populations listed below and proposes to serve the following numbers of children and families. The terms "African Americans," "American Indians/Pacific Islanders (NH/PI)," and "Whites" will be used throughout this report to refer to racial and ethnic categories in Alabama. The terms have been chosen because they are generally preferred categories. Alabama's racial data are limited mostly to African Americans and Whites. African Americans comprise nearly 26.8 percent of the minority population in Alabama, and the number for Asian American, Pacific Islanders, and American Indians are limited. Additionally, the numerators for Hispanics/Latinos and multicultural (Other) populations make statistical rates unreliable. Therefore, much of this reports focus is on African Americans (United States Census Bureau, July 1, 2016).

TUSCALOOSA COUNTY (*LAUNCH* TARGET COUNTY CENSUS DATA)

Direct Services: Number to be Served ***By Race/Ethnicity***	**2010 Census Data**	**Year1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**
Black or African American	30.7%	52%	52%	52%	52%	52%
American Indian/Alaska Native	0.3%					
Asian	1.4%					
Caucasian	66.5%	40%	40%	40%	40%	40%

Non-White Hispanic or Latino	3.2	5%	5%	5%	5%	5%
Native Hawaiian/Other Pacific Islander	0.1%					
Two or more Races	1.1%	3%	3%	3%	3%	3%
By Gender						
Female	51.6%	75%	75%	75%	75%	75%
Male	48.4%	25%	25%	25%	25%	25%
Transgender	unknown	unknown	unknown	unknown	unknown	unknown
By Sexual Orientation/Identity						
Lesbian	unknown	unknown	unknown	unknown	unknown	unknown
Gay	unknown	unknown	unknown	unknown	unknown	unknown
Bisexual	unknown	unknown	unknown	unknown	unknown	unknown

(United States Census Bureau, Tuscaloosa County July 1, 2010)

Additional priority factors for outreach and goals for services in Tuscaloosa County:

First time parents (including adolescents)	30.0%
Births to Teens Aged 15-17 in Tuscaloosa	18.7%
Tuscaloosa Births to all unmarried teens	7.3%
White	5.4%
African Americans/Other	10.8%
Low income families	75.0%
Children from birth to age 5	85.0%
With documented mental/behavioral challenges	5.0%
Children with one active parent	60.0%

(Single parents, divorced, incarcerated, and/or or active military, etc.)

"Homeless Count" Tuscaloosa, Alabama:

A total of 177 people in Tuscaloosa were identified as homeless but staying in a shelter, unsheltered or transitional housing. Of this number, 105 people in the household were without children and 72 people had a least one adult and one child. There were 36 children under the age of 18; 4 were persons age 18 to 24 and 32 were persons over age 24. The demographic summary by gender revealed 82 were female and 95 were male. (U.S. Department of Housing and Urban Development, 2016 Homeless Assistance Program)

The local implementation team is making efforts to reach out to underserved populations in the Tuscaloosa community by the following ways: speaking and attending Tuscaloosa Mental Health Alliance meetings, forming relationships with area housing authorities in order to bring Books, Balls, and Blocks events to the community to ensure greater access for families, forming relationships in the faith based community to utilize additional resources, speaking and attending local Homeless Coalition meetings, and forming relationships with West Alabama Aids Outreach in order to reach the LGBT population.

Increasing Access to and Quality of Behavioral and Physical Health Care Services

Alabama Project LAUNCH will strive to link to both state and local efforts designed to address health disparities. Through Alabama LAUNCH efforts the following specific strategies will be implemented to address health disparities that exist:

- Promote awareness and the significance of early childhood mental health and well-being within the State of Alabama, specifically within Tuscaloosa County.
- Create infrastructure in policies to support integrating mental health and well-being into the early childhood system of care for infants, young children, and families within the State of Alabama.
- Address the mental health and wellbeing needs of infants, young children and their families by coordinating and integrating across the early childhood system of care in Tuscaloosa County, Alabama.
- Enhance the capabilities of professionals who regularly interact with the early childhood system of care to effectively meet the mental health and wellbeing needs of infants, young children, and families within the State of Alabama.
- Ensure that the cross-agency workforce development plan and workforce development opportunities include cultural and linguistic sensitivity standards found in Culturally and Linguistically Appropriate Services Standards in Health and Health Care (CLAS Standards).
- Gather demographic data on children and families served through Early Childhood Mental Health Consultation (ECMHC), the Strengthening Families Program Smart and Secure Child (SSC), and the Social and Emotional Foundations of Early Learning Parent Modules.
- Develop a targeted outreach plan to engage child care providers accessing ECMHC that have families of underserved populations.
- Gather data on ECMHC quality and effectiveness from families and professionals using the ECHMC.
- Work with partnering agencies to ensure screening and assessment measures are available in Spanish.
- Work with state and local partners to recruit families for both Young Child Wellness Councils that represent the local underserved populations.
- Share the National Standards of Cultural and Linguistic Appropriate Services in Health and Health Care with state and local partners and explore opportunities for inclusion into agency policies.
- Make addressing disparities a priority and a routine practice by working with the Alabama Department of Minority Health, a part of the Alabama Department of Public Health, to make this objective a goal of Project LAUNCH.

Outcomes

Alabama Project LAUNCH will track the following outcomes to assess our progress towards improving health disparities among underserved children and families:

- Number and demographics of family members participating in the Smart and Secure Child Leadership series
- Number and demographics of child care providers engaged in Infant and Early Childhood Mental Health Consultation (IECMHC)
- IECMHC parent/child access and service use will be assessed to track the quality, utilization, and impact of IECMHC on children and families over time
- Continuously review data on suspension and expulsion rates in schools and early childhood settings that are served by Project LAUNCH IECMHC for program effectiveness and to reduce expulsions
- Update and revise as needed the Alabama LAUNCH Strategic Plan to align with the Health Disparities Impact Statement