

State of Alabama 2015

COMMUNITY HEALTH ASSESSMENT





STATE OF ALABAMA DEPARTMENT OF
PUBLIC HEALTH

Donald E. Williamson, MD
State Health Officer

June 18, 2015

As the State Health Officer of Alabama, I am pleased to present the Alabama Department of Public Health's (ADPH) Community Health Assessment (CHA). ADPH is applying for accreditation through the Public Health Accreditation Board (PHAB) in order to advance the quality and performance of the agency. Accreditation through PHAB provides a means for ADPH to identify performance improvement opportunities, improve management, develop leadership, and improve relationships with communities throughout Alabama.

One of the requirements of the accreditation process is to complete a comprehensive CHA. Opinions were obtained from agencies, organizations, community groups, health care providers, and citizens across Alabama to determine appropriate and relevant health issues that ADPH should include in this assessment. Thirteen health issues were determined as high priority and are discussed in detail in this publication. In reading through this document, you will learn more about Alabama and the health concerns residents face.

Public health will continue to be a partner in the solution to many community issues, which are often problems residents do not even know exist. Efficiency and quality are areas of focus for ADPH as the agency seeks to ensure the health of individuals and communities in Alabama.

The process to become accredited has been an exciting journey for ADPH. Many facets of public health are included in this first published CHA, and ADPH welcomes your comments and feedback.

For more information about ADPH and our services, please visit our website at www.adph.org.

Sincerely,

A handwritten signature in black ink, appearing to read "D. E. Williamson".

Donald E. Williamson, M.D.
State Health Officer

DEW: CA
Enclosure

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A Health Issue Focused Approach to CHA

In 2014, leadership at the Alabama Department of Public Health (ADPH) developed a team of 19 members who represented a wide array of topic areas and that included data experts for many of those fields. This team, the Domain 1 Work Group, led efforts to conduct the Community Health Assessment (CHA) for the state of Alabama.

Due to the guidance from the University of Alabama (UAB) Project Team, the Domain 1 Work Group determined that the Health Issue Focused Approach was the best model to use for Alabama. The UAB Project Team provided organizational and technical support for the process. The following section will detail how the Domain 1 Work Group used the Health Focused Approach in the development of the CHA.

The Community Health Assessment Developmental Process

Step 1: Conducted a statewide online and paper copy survey of individual health care consumers. Fifty-eight known health care concerns were listed with space included for other concerns to be indicated. Respondents ranked the ten leading health care concerns in order of importance. This survey was available in English and Spanish. This was done from November 2013 through March 2014 with over 6,000 usable responses being received from all demographic components of Alabama's population. Survey responses were monitored to assure that all components of Alabama's population were adequately represented. These 58 concerns and other concerns identified through this survey were later merged with related conditions to produce 22 major conditions and ranked by seriousness as reported through the survey. *(See page 114 for Alabama Community Health Issues Survey.)*

Step 2: Conducted a statewide online and paper survey of Alabama organizations (health care and non-health care). This survey was identical to the survey of individuals described in Step 1 and was conducted during the same time frame. Over 500 Alabama organizations reflecting great diversity in mission and size participated in this survey. These 58 concerns and other concerns identified through this survey were later merged with related conditions to produce 22 major conditions and ranked by seriousness as reported through the survey.

Step 3: Each of the 11 Public Health Areas (PHAs) conducted their own public forums, surveys, etc., to identify their ten leading health concerns. The Domain 1 Work Group used personal knowledge and the listings of the top ten health care concerns identified in each of the 11 PHAs to merge related conditions into 22 major health care concerns ranked in order of severity.

Step 4: A selected group representing major interests in Alabama were identified and asked to participate in an online survey of the 22 major concerns by ranking these in order of importance to their special interest and to note other concerns that were not included among the leading 22 concerns. Special interests contacted for inclusion in this survey included: economic development, education, large employers, small hospitals, medium sized hospitals, large hospitals, public transportation, elderly residents, children/youth, the environment, the business community, manufacturing, local government, Medicaid, private health insurance, rural health interests, Native American interests, minority populations interests, Hispanic interests, emergency medical services, the Cooperative Extension System, charity clinics, local health care coalitions, health care technology, health care societies, health care institutes, the child death review program, emergency management, injury prevention, military health care, the hospital association, Federally Qualified Health Clinics, health care education, women's health, men's health, mental health care, poison control, faith based initiatives, and welfare agencies. Of the 41 entities contacted, 28 provided the requested information.

Step 5: The Domain 1 Work Group compared the major health care concerns listing developed in each of the first four steps and noted that the results from each step agreed on the top 13 concerns. The listing developed in Step 4 had the same 13 concerns included among its top 15 concerns. For this reason, the initial goal of identifying the 10 leading health care concerns was altered to include the 13 leading concerns. The Domain 1 Work Group then identified specific indicators for each of these 13 concerns that could be used to establish a baseline and to monitor progress on each major concern.

Step 6: A statewide webinar was presented on May 21, 2014; and a statewide satellite webcast was presented on July 17, 2014, to present the 13 leading health care concerns and the proposed indicators to be used in monitoring progress on each concern. Comments and suggestions concerning the selected indicators were encouraged. A special presentation of this same material was made to Medicaid officials with comments and suggestions being encouraged. This presentation was again made at a statewide meeting of special stakeholders that was held by the Domain 5 Work Group (responsible for developing the Statewide Community Health Improvement Plan) on August 20, 2014, with comments and suggestions being encouraged. Suggestions made through these presentations resulted in some changes to selected indicators.

Step 7: The final statewide CHA includes detailed data and information on each major concern and associated indicators, a comparative ranking of counties for each concern and indicator (where possible), and existing assets and resources that may be available to assist in intervention. An additional Web page will be developed to present data and information on the 13 leading concerns and on other health care concerns and issues that were not initially selected. Data and other information included on this website will be updated continuously as soon as new data becomes available. This ongoing process will involve stakeholders in the CHA Focus Group.

The 13 Leading Health Concerns Included in Alabama's Community Health Assessment

-  1. Access to Care
-  2. Mental Health and Substance Abuse
-  3. Poor Pregnancy Outcomes
-  4. Nutrition and Physical Activity
-  5. Cardiovascular Diseases
-  6. Sexually Transmitted Infections (STI)
-  7. Cancer
-  8. Child Abuse and Neglect
-  9. Diabetes
-  10. Geriatrics
-  11. Injury and Violence Prevention
-  12. Oral Health
-  13. Cigarette Smoking

An Overview of Alabama's Economic and Demographic Data

In order to provide a foundation of knowledge regarding the economic and demographic breakdown of Alabama, the CHA includes a brief overview of the data widely available.

This information includes a historical comparison of data available in 2013 and 2014 along with the most comparable data from approximately 8 years prior. In some cases, the data was unavailable for 2005 so earlier data was utilized when necessary.

More extensive information is available from the resources identified on page 99 of this publication.

Historical Comparison				
Age Groups:	2005		2013	
	Number	Percent	Number	Percent
Total:	4,503,491	100.0	4,833,722	100.0
0-17	1,113,083	24.7	1,113,526	23.0
18-24	456,549	10.1	483,673	10.0
25-34	583,109	12.9	620,984	12.8
35-44	655,351	14.6	607,139	12.6
45-54	639,357	14.2	664,435	13.7
55-64	465,670	10.3	622,799	12.9
65 or more	590,372	13.1	721,166	14.9
Gender:	Number	Percent	Number	Percent
Female	2,324,069	51.6	2,488,375	51.5
Male	2,179,422	48.4	2,345,348	48.5
Race: (races alone)	Number	Percent	Number	Percent
African American	1,178,398	26.2	1,284,323	26.6
American Indian/Alaska Native	25,920	0.6	33,581	0.7
Asian	37,929	0.8	61,859	1.3
Native Hawaiian and other Pacific Islanders	2,625	0.1	5,136	0.1
Caucasian	3,215,079	71.4	3,376,295	69.8
Two or more races	43,540	1.0	72,528	1.5
Ethnicity:	Number	Percent	Number	Percent
Hispanic	103,472	2.3	198,019	4.1
Non-Hispanic	4,400,019	97.7	4,635,703	95.9
Rurality:	Number	Percent	Number	Percent
Rural county residents	1,824,813	40.5	1,898,220	39.3
Urban county residents	2,678,678	59.5	2,935,502	60.7
Educational Attainment: (age 25 years or more, only)	2005		2013	
	Number	Percent	Number	Percent
Less than 9th Grade	187,473	6.4	158,191	4.9
9th Grade - 12th Grade (no diploma or G.E.D.)	393,433	13.4	340,457	10.6
High school or G.E.D.	941,983	32.0	1,001,134	31.0
Post high school	791,137	26.9	968,712	30.0
College graduate	630,608	21.4	756,953	23.5

Percent of Federal Poverty Level:	2006		2013	
	Number	Percent	Number	Percent
Less than 100%	742,064	16.6	883,371	18.7
100 - 199%	942,418	21.0	1,013,560	21.5
200% or more	2,797,690	62.4	2,819,174	59.8
Disability: (noninstitutionalized population)				
	2008		2013	
	Number	Percent	Number	Percent
With a disability - all ages	744,472	16.3	757,829	15.9
With a hearing difficulty - all ages	199,230	4.4	197,873	4.2
With a vision difficulty - all ages	153,597	3.4	143,177	3.0
With a cognitive difficulty - age 5+	293,533	6.9	272,517	6.1
With an ambulatory difficulty - age 5+	438,988	10.3	438,611	9.8
With a self-care difficulty - age 5+	160,221	3.8	154,635	3.5
With an independent living difficulty - age 18+	288,205	8.3	267,866	7.3
Travel Time to Work:				
	2006		2013	
	Number	Percent	Number	Percent
Under 20 minutes	880,746	46.0	857,264	44.3
20 to 39 minutes	739,125	38.6	768,790	39.8
40 minutes or more	295,603	15.4	307,501	15.9
Home Ownership:				
	2005		2013	
	Number	Percent	Number	Percent
Own	3,219,052	72.5	3,248,599	68.8
Rent	1,223,506	27.5	1,470,091	31.1
Employment Status:				
	2004		2014	
	Number	Percent	Number	Percent
Labor force	2,136,458		2,150,118	
Employed	2,014,889		2,003,910	
Unemployed	121,569		146,208	
Unemployment rate (percent of labor force)	5.7		6.8	
Percent total population age 16+ in labor force	61.9		55.6	
Veteran Status: (age 18 years or more)				
	2005		2013	
	Number	Percent	Number	Percent
Veteran	403,950	12.1	355,396	9.6
Non-Veteran	2,940,771	87.9	3,357,045	90.4
Citizenship Status:				
	2005		2013	
	Number	Percent	Number	Percent
United States citizen by birth	4,297,870	96.7	4,637,681	95.9
United States citizen born abroad to American parents	23,915	0.5	33,815	0.7
United States citizen by naturalization	36,514	0.8	59,782	1.2
Not a United States citizen	84,259	1.9	102,444	2.1
Marital Status: (age 15 years and more)				
	2005		2013	
	Number	Percent	Number	Percent
Never married	882,167	24.9	1,184,204	30.3
Married	2,006,739	56.7	1,948,025	49.8
Widowed	253,388	7.2	289,224	7.4
Divorced	399,440	11.3	489,545	12.5

Indicator Section Introduction

In this section of the CHA, each of the 13 leading health concerns for Alabama are presented in the order they were ranked:

-  1. Access to Care
-  2. Mental Health and Substance Abuse
-  3. Poor Pregnancy Outcomes
-  4. Nutrition and Physical Activity
-  5. Cardiovascular Diseases
-  6. Sexually Transmitted Infections (STI)
-  7. Cancer
-  8. Child Abuse and Neglect
-  9. Diabetes
-  10. Geriatrics
-  11. Injury and Violence Prevention
-  12. Oral Health
-  13. Cigarette Smoking

Each section will have an introduction that briefly describes the health concern and why it is important to highlight.

There is one page for each associated health indicator. These indicator pages will detail the data available in various demographic and economic categories. A team of data specialists from ADPH have developed a list of bullet points for each indicator. This information will interpret the data presented on the page as well as some information that is widely accepted in each field. Finally, this page will include a map of the data to display areas of greatest and least concern for each county or PHA. The Behavioral Risk Factor Surveillance Survey (BRFSS) data is not available at the county level, so each BRFSS map will only include PHA level data.

The data presented in this table is developed with the hopes of providing a broad view of the health indicator and data that will be useful for community improvement efforts.

Assumptions and sources for the data presented here can be found in the Appendices of this document.



Access to Care

Alabama's #1 Health Concern

Alabamians identified access to care as the greatest current health concern in Alabama. Access to care means the timely use of personal health services to achieve the best possible health outcomes. Access to care requires gaining entry into the health care system, accessing a health care location where needed services are provided, and finding a health care provider with whom the patient can communicate and trust.

Access to quality health care is essential to physical, social, and mental health. Having health care services available, affordable, and accessible to all Alabamians would greatly benefit health outcomes. Access to health care impacts prevention of disease and disability as well as detection and treatment of health conditions. Improving access to care increases quality of life, reduces preventable deaths, and increases the life expectancy of the population.

Some common barriers to access to care include, but are not limited to: lack of insurance coverage, lack of availability of services in a geographical area, high costs for medical services, and lack of transportation. These barriers can lead to disparities in access to care which in turn leads to lowering the life expectancy and the quality of life of those affected. Although the Affordable Care Act should increase the proportion of Alabamians with health insurance, having health insurance alone does not ensure access to care.

The following indicators have been selected for use in developing a benchmark or starting point for measuring the current state and monitoring future changes in access to health care in Alabama:

- Percentage of Uninsured Population, 2012
- Full Time Equivalents (FTEs) Needed to Achieve Optimal Population to Provider Ratio (Primary Care Physician Shortages), 2011-2014
- Percentage of Households With No Vehicle, 2012

These indicators were chosen because they examine different aspects of access to care including insurance status, availability of services, and transportation. These indicators were also selected because the information is easily attainable and updated somewhat frequently. More access to care indicators may be added in the future.

Alabama Access to Care Highlights

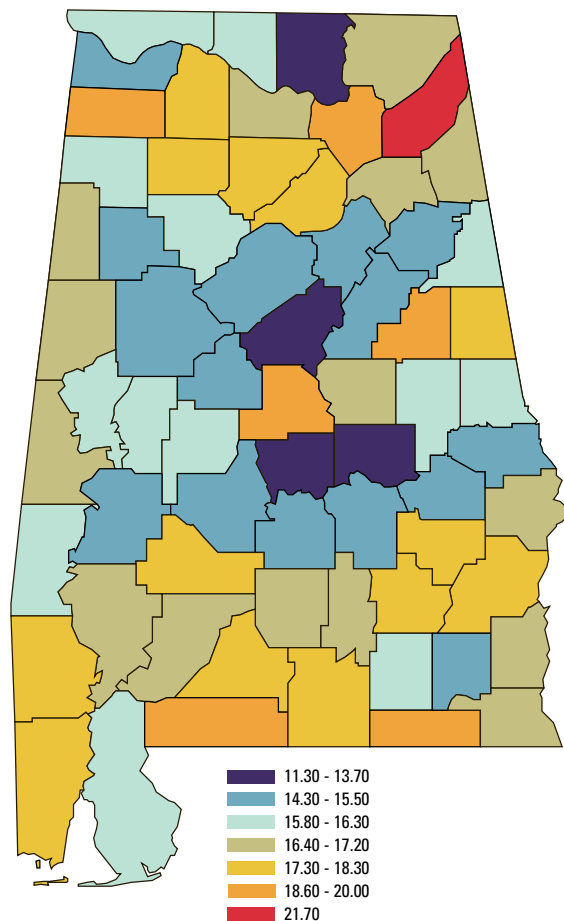
- Alabama has a lower percentage of uninsured population than the United States (15.8 percent versus 17.7 percent).
- Alabamians under 19 years of age have the lowest percentage of uninsured population at 4.3 percent.
- Hispanics in Alabama have the highest percentage of uninsured population (34.6 percent) than any other race or ethnic grouping.
- Four Alabama counties (Blount, Dale, Elmore, and St. Clair) need more than ten FTEs to achieve the optimal level of access to primary care physicians.
- Twenty-eight counties have reached the optimal level of access to primary care physicians; however, many of those counties need additional services available to the low-income population.
- An additional 13 Alabama counties are within two FTEs of achieving an optimal level of access to primary care physicians.
- Alabama has a lower percentage of households with no vehicle than the United States (6.7 percent vs. 9.2 percent).
- PHA 7 has the largest percentage of households with no vehicle with a percentage that is almost twice the state average (13.0 percent vs. 6.7 percent).

Uninsured Population (2012)	
State Comparison	
Alabama	15.8
United States	17.7
Historic Trend	
2012	15.8
2007	14.6
Public Health Area	
1	16.3
2	15.8
3	15.4
4	14.5
5	15.3
6	15.7
7	15.7
8	15.3
9	16.7
10	16.5
11	17.7
Rurality	
Rural counties	16.7
Urban counties	15.2
Age	
Under 19	4.3
18 - 64	20.2
40 - 64	15.5
50-64	12.9
Under 65	15.8
Gender	
Female	14.8
Male	16.7
Race	
African American	19.0
American Indian/Alaskan Native	N.A.
Caucasian	12.9
Ethnicity	
Hispanic	34.6
Non-Hispanic	14.9
Income	
Less than 138 % of poverty	26.3
Less than 200 % of poverty	24.7
Less than 250 % of poverty	23.1
Less than 400 % of poverty	19.6
138 - 400 % of poverty	13.6
Education	
	N.A.

Note - Only includes population under 65 years of age.

Uninsured Population¹

- Alabama has a lower percentage of uninsured population than the United States (15.8 percent versus 17.7 percent).
- The percentage of uninsured population has increased slightly over the past five years (15.8 percent versus 14.6 percent).
- There is a slightly higher percentage of uninsured population in rural counties compared to urban counties (16.7 percent versus 15.2 percent).
- Alabamians under 19 years of age have the lowest percentage of uninsured population at 4.3 percent.
- Females are more likely to be insured than males (14.8 percent versus 16.7 percent).
- Caucasians are more likely to be insured than African Americans (19.0 percent versus 12.9 percent), but Hispanics have the highest percentage of uninsured population of all race and ethnic groups at 34.6 percent.
- DeKalb County has the highest percentage of uninsured population (21.7 percent), followed by Franklin County (20.1 percent) and Escambia County (19.6 percent). Franklin County and DeKalb County are ranked first and second with regards to percentage increase in Hispanic population among Alabama counties, respectively. This large increase in the Hispanic population, coupled with the fact that Hispanics have the highest percentage of uninsured population, may explain the high percentage of uninsured population for these two counties.
- Shelby County has the lowest percentage of uninsured population (11.3 percent), followed by Autauga County (12.8 percent) and Elmore County (13.2 percent).



County	Ratio of Population to FTEs	Number of FTEs Needed to Reach Optimal	Year
Autauga	2,562:1	0.50	2012
Baldwin	2,282:1	(6.73)	2010
Barbour	1,306:1	(9.08)	2012
Bibb	5,162:1	4.26	2014
Blount	5,958:1	13.29	2014
Bullock	3,943:1	1.56	2012
Butler	2,195:1	(1.10)	2011
Calhoun	1,872:1	(15.72)	2014*
Chambers	2,236:1	(1.60)	2014
Cherokee	7,155:1	6.33	2011
Chilton	3,518:1	4.93	2011
Choctaw	3,541:1	1.61	2012
Clarke	2,074:1	(2.13)	2012
Clay	3,059:1	0.98	2011
Cleburne	6,157:1	3.51	2014
Coffee	2,350:1	(1.21)	2012
Colbert	2,061:1	(4.54)	2011
Conecuh	3,012:1	0.88	2012
Coosa	10,626:0	4.25	2014
Covington	1,794:1	(5.86)	2012
Crenshaw	6,864:1	3.49	2014
Cullman	1,753:1	(13.71)	2014
Dale	7,173:1	12.62	2012
Dallas	1,431:1	(13.02)	2014
DeKalb	3,754:1	9.29	2011
Elmore	3,553:1	15.01	2012
Escambia	2,289:1	(1.40)	2013
Etowah	2,059:1	(8.73)	2011
Fayette	2,958:1	1.06	2011
Franklin	2,750:1	1.09	2011
Geneva	3,646:1	3.21	2011
Greene	4,490:1	1.59	2011
Hale	8,398:1	4.72	2011
Henry	5,515:1	3.62	2014
Houston	975:1	(61.49)	2011
Jackson	1,919:1	(6.34)	2014
Jefferson	1,486:1	(179.78)	2012
Lamar	7,026:1	3.62	2011
Lauderdale	1,835:1	(13.01)	2012
Lawrence	3,468:1	3.80	2012
Lee	2,145:1	(8.63)	2012
Limestone	3,648:1	9.50	2012
Lowndes	8,321:1	3.49	2011
Macon	12,275:1	6.26	2012
Madison	1,630:1	(71.43)	2013
Marengo	2,811:1	0.92	2012
Marion	2,241:1	(1.39)	2013
Marshall	3,129:1	7.22	2012
Mobile	1,772:1	(65.73)	2010
Monroe	2,266:1	(0.92)	2011
Montgomery	1,373:1	(71.66)	2012
Morgan	1,428:1	(34.77)	2012
Perry	3,299:1	0.96	2011
Pickens	3,042:1	1.41	2012
Pike	1,574:1	(7.77)	2012
Randolph	3,408:1	2.33	2014
Russell	4,764:1	9.51	2012
Shelby	2,810:1	8.60	2014*
St. Clair	3,727:1	10.26	2011
Sumter	3,053:1	0.99	2012
Talladega	3,368:1	7.91	2014
Tallapoosa	1,798:1	(6.50)	2011
Tuscaloosa	1,746:1	(31.19)	2012
Walker	2,387:1	(1.28)	2012
Washington	4,716:1	3.19	2014*
Wilcox	3,620:1	1.57	2011
Winston	4,977:1	4.76	2014

*Due to the age of the data, the latest information from the Board of Medical Examiners is cited rather than HPSA Survey data.

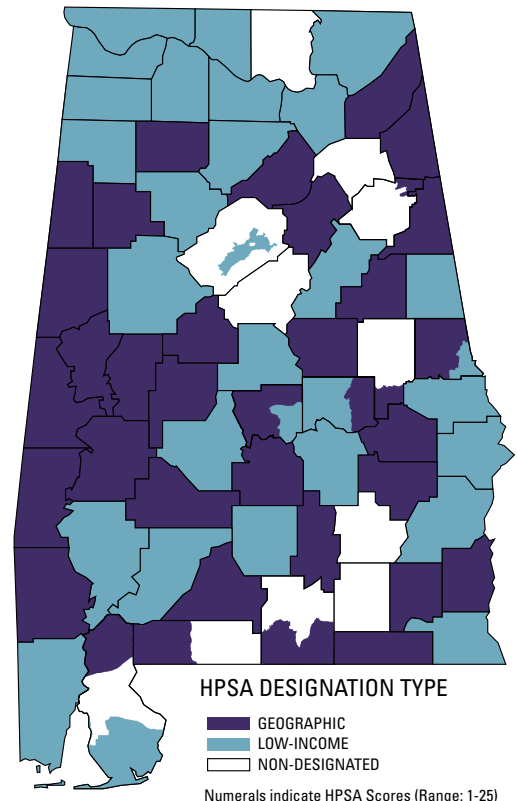
For assumptions, see page 91.

FTEs Needed to Reach Optimal Population to Provider Ratio²

- An FTE is defined as one physician who works 40 hours per week. Partial equivalents are achieved when a physician works less than 40 hours per week.
- Four counties need more than ten FTEs to reach the optimal level of access to primary care physicians. Those counties are Blount, Dale, Elmore, and St. Clair.
- Thirteen Alabama counties need up to two FTEs to reach an optimal level of care.
- Twenty-eight counties have reached the optimal level of care; however, many of those need additional services available to the low-income population.

Health Professional Shortage Areas (HPSA):

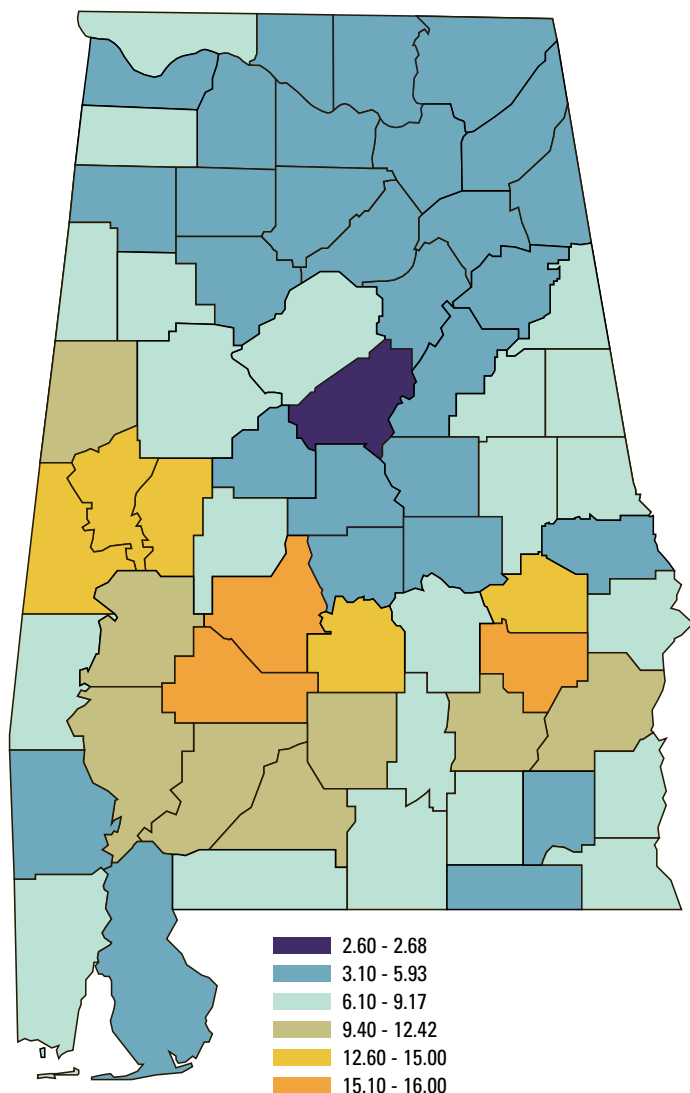
- The HPSA Scores are determined using a federally determined algorithm. The higher scores indicate a higher need for additional services. Lower scores indicate a less severe shortage and, therefore, a more favorable level of access to care for the designated area.
- Geographic designations indicate there are not enough providers to serve the whole population. There are 28 counties entirely designated as Geographic, while 8 counties have partial designations of this type.
- Low Income designations indicate there are not enough Medicaid and Sliding Fee Scale services to serve the population at or below 200 percent of the Federal Poverty Level (FPL). There are 25 counties entirely designated as Low Income while 5 counties have partial designations of this type.
- Six counties have partial HPSA designations (Baldwin, Calhoun, Covington, Escambia, Jefferson, and Tallapoosa). For these counties, some areas of the county are able to provide adequate, but not necessarily optimal, access to primary care physicians.
- Using the Alabama Rural Health Association and Office of Primary Care and Rural Health definition of rural, there are 27 rural counties that are entirely designated as Geographic and 18 entirely designated as Low Income.
- Of the Geographic designations, all except two designations are in rural counties. The two exceptions are St. Clair County and Northern Baldwin County.
- Of the urban counties, one qualifies as a whole-county Geographic HPSA; three have partial counties designations; and two have no HPSA designation.



Households With No Vehicle (2012)	
State Comparison	Percent
Alabama	6.7
United States	9.2
Historic Trend	
2012	6.7
2008	6.7
2005	6.8
Public Health Area	
1	5.9
2	4.9
3	7.3
4	8.2
5	3.8
6	7.2
7	13.0
8	6.8
9	5.6
10	6.8
11	7.1
Rurality	
Rural counties	7.4
Urban counties	6.3
Age	N.A.
Gender	N.A.
Race	N.A.
Ethnicity	N.A.
Income	N.A.
Education	N.A.

Households With No Vehicle³

- Alabama has a lower percentage of households with no vehicle than the United States (6.7 percent versus 9.2 percent).
- The percentage of Alabama households without a vehicle has remained constant over the past decade.
- PHA 7 has the largest percentage of households with no vehicle, almost twice the state average (13.0 percent versus 6.7 percent). In fact, four counties in PHA 7 are in the top ten for highest percentage of households with no vehicle.
- There is a slightly higher percentage of Alabama households with no vehicle in rural counties compared to urban counties (7.4 percent versus 6.3 percent).
- Bullock County has the highest percentage of households with no vehicle (16.0 percent), followed by Wilcox County (15.4 percent) and Dallas County (15.1 percent).
- Shelby County has the lowest percentage of households with no vehicle (2.6 percent), followed by Baldwin County (3.1 percent) and St. Clair County (3.3 percent).





Mental Health and Substance Abuse

Alabama's # 2 Health Concern

Alabamians identified mental health and substance abuse as the second greatest current health concern in Alabama. Fortunately, it is possible to obtain comprehensive data on the status of suicide and substance abuse mortality from death certificate data collected by the ADPH's Center for Health Statistics. In addition, BRFSS has data on depression available at the PHA level. However, data for mental health conditions and substance abuse prevalence are not as complete or comprehensive. ADPH only has limited claims data which does not cover the total population.

Mental health care and substance abuse are major problems in Alabama. State government spends a large part of its budget for corrections incarcerating substance abusers. In addition, Alabama has a serious shortage of mental health providers, especially in rural areas.

The following indicators have been selected for use in developing a benchmark or starting point for measuring the current state of and monitoring future changes regarding mental health and substance abuse in the population of Alabama:

- Suicide Mortality Rate, 2011-2013
- Depression Prevalence Among Medicare Recipients, 2012
- Percent Depression Diagnosis Among Medicaid Recipients, 2013
- Blue Cross Blue Shield of Alabama (BCBS) Members Filing Depression Claims, 2013
- Adults Ever Told That They Have Depression, 2012
- Schizophrenia/Psychoses Prevalence Among Medicare Recipients, 2012
- Substance Abuse Diagnosis Among Medicaid Recipients, 2013
- BCBS Members Filing Substance Abuse Claims, 2013
- Drug Related Mortality Rate, 2011-2013

Alabama Mental Health and Substance Abuse Highlights

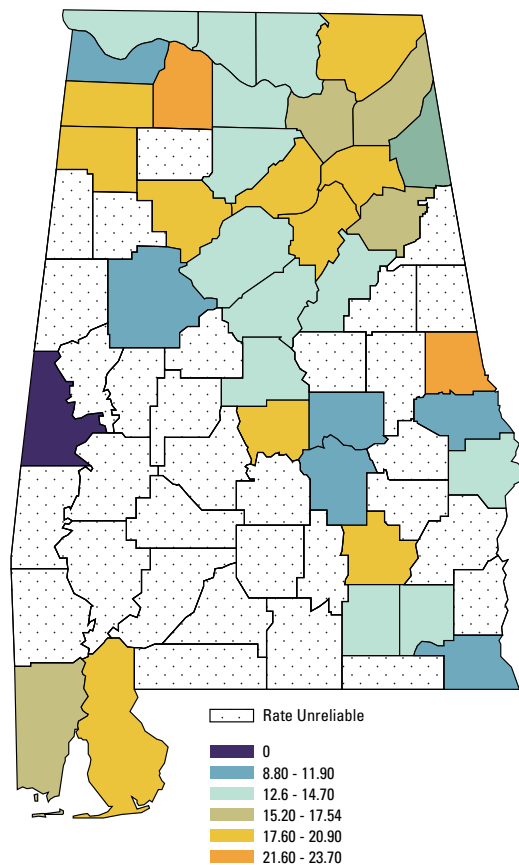
Suicide and drug related mortality have increased in recent years, with suicide ranking as the eleventh leading cause of death in 2013. Poor mental health affects thousands of Alabamians and many illnesses go undiagnosed and untreated because of a shortage of providers. In addition, thousands more are in prison because of substance abuse. Mental health problems affect the rich and poor, African American and Caucasian, urban and rural residents, and place a heavy burden on the economy and society.

Suicide Mortality Rate (2011-2013)

Rate per 100,000 population	
State Comparison	Rate
Alabama	14.0
United States (2011)	12.3
Historic Trend	
2011-2013	14.0
2006-2008	12.5
2001-2003	11.4
Public Health Area	
1	15.7
2	14.5
3	11.6
4	12.9
5	16.3
6	16.1
7	6.5
8	11.6
9	16.8
10	13.3
11	15.2
Rurality	
Rural counties	14.8
Urban counties	13.4
Age	
5 - 17	2.1
18 - 24	13.0
25 - 34	17.8
35 - 44	18.7
45 - 54	21.1
55 - 64	19.7
65 and over	18.0
Gender	
Female	5.4
Male	23.5
Race	
African American	5.7
American Indian/Alaskan Native	^
Caucasian	17.3
Ethnicity	
Hispanic	5.7
Non-Hispanic	14.3
Income	
	N.A.
Education	
Less than 9th Grade	24.2
9th Grade - 12th Grade	30.1
High school or G.E.D.	29.0
Post high school	14.9
College graduate and higher	15.3

Suicide Mortality Rate⁴

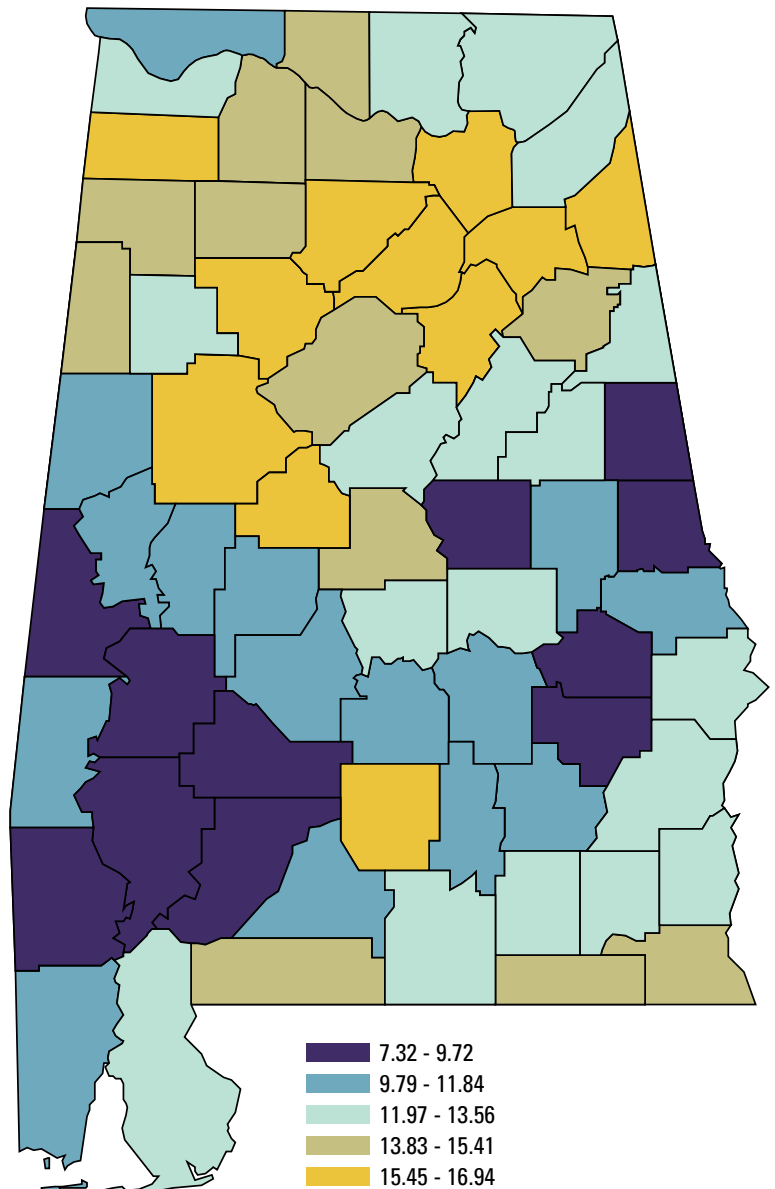
- Alabama's suicide mortality rate continues to increase, from 11.4 deaths per 100,000 population during 2001-2003 to 14.0 during 2011-2013.
- The eight counties with the highest 2011-2013 suicide mortality rates were rural. This is in spite of the fact that reliable rates could not be calculated for 31 of the 54 rural counties. Twenty rural counties had a total of less than ten suicides for three combined years (2011-2013).
- Sumter County experienced no suicide deaths during 2011-2013.
- Alabama's suicide mortality rate is:
 - More than four times greater for males than for females.
 - More than three times greater among the Caucasian population than among African Americans.
 - Highest among Caucasian males. Over 71 percent of all suicides in Alabama involve Caucasian males.
 - More than 2.5 times greater among non-Hispanic Alabamians than Hispanic Alabamians.
 - Higher among those aged 25 years or more with a high school education and less among those with more than a high school education.
 - Highest among the 45-54 year age group.
- Suicide is unique as it can fit equally into the mental health and substance abuse category and also in the injury and violence category. Suicidal ideation is often viewed as a mental illness and a progression from severe depression. It is also categorized as an intentional injury, as are homicide and acts of terrorism.
- Alabama's suicide mortality rate at 14.0 per 100,000 is 59 percent higher than the homicide rate of 8.3 per 100,000.



Depression Prevalence Among Medicare Recipients (2012)	
State Comparison	Percent
Alabama	13.28
United States	15.45
Historic Trend	N.A.
Public Health Area	
1	13.97
2	14.22
3	15.50
4	14.34
5	15.33
6	12.44
7	9.82
8	11.83
9	12.02
10	13.05
11	10.78
Rurality	
Rural counties	13.20
Urban counties	13.40
Age	N.A.
Gender	N.A.
Race	N.A.
Ethnicity	N.A.
Income	N.A.
Education	N.A.

Depression Prevalence Among Medicare Recipients⁵

- Medicare had 89,446 recipients who had been told by their doctors that they were depressed in 2012 or 13.3 percent of all recipients.
- Depression is important because it leads to other health problems or suicide. It is especially a problem for post partum women.
- Depression prevalence among Medicare recipients:
 - Is occurring at a rate of 13.3 percent of recipients.
 - Is highest in PHA 5 (15.3 percent).
 - Is lowest in PHA 7 (9.8 percent).
 - Is highest in Cullman and Tuscaloosa counties.
 - Is lowest in Bullock and Macon counties.

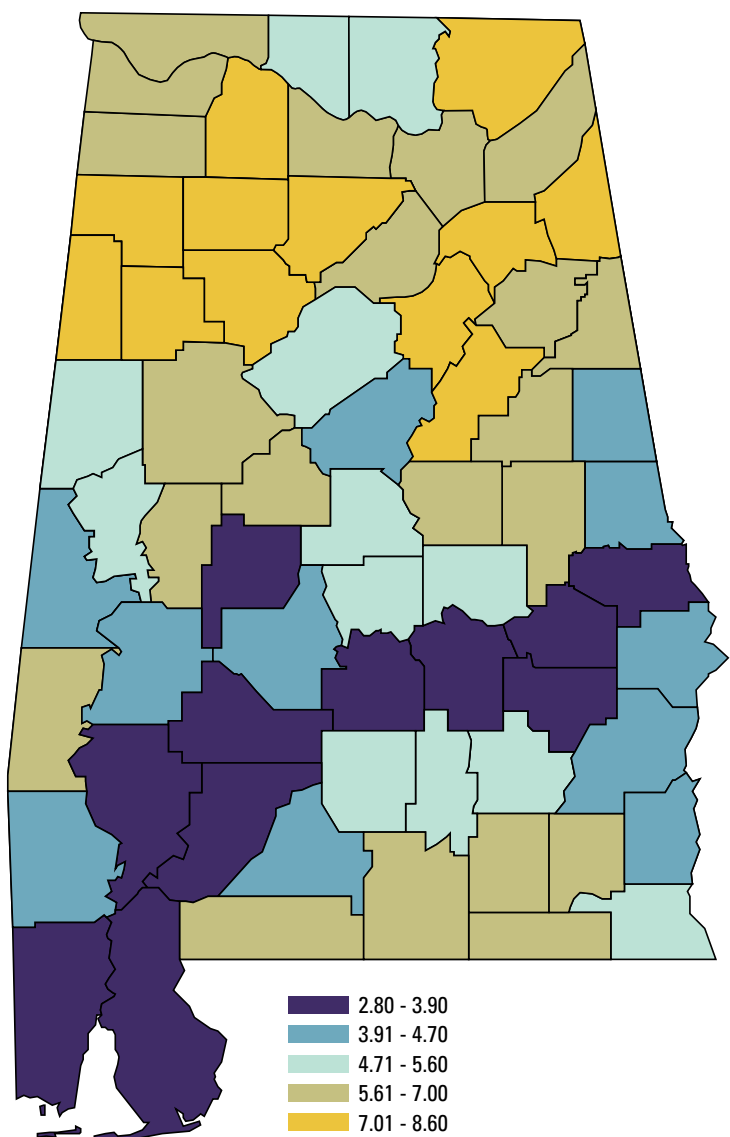


Depression Diagnosis Among Medicaid Recipients (2013)

State Comparison	Percent
Alabama	5.4
United States	N.A.
Historic Trend	
	N.A.
Public Health Area	
1	7.3
2	6.4
3	6.6
4	5.1
5	6.7
6	6.4
7	4.5
8	4.2
9	4.6
10	5.3
11	3.2
Rurality	
Rural counties	6.0
Urban counties	4.9
Age	
	N.A.
Gender	
	N.A.
Race	
	N.A.
Ethnicity	
	N.A.
Income	
	N.A.
Education	
	N.A.

Depression Diagnosis Among Medicaid Recipients⁶

- Among Medicaid recipients, 61,779 (5.4 percent) had been diagnosed with depression.
- The problem is especially acute for rural residences (6.0 percent) compared to urban (4.9 percent).
- Depression is important because it leads to other health problems or suicide. It is especially a problem for post partum women.
- Depression among Alabama’s Medicaid recipients occurs at a rate of 5.4 percent.
- Depression among Medicaid Recipients is highest in PHA 1 (7.3 percent) and lowest in PHA 11 (3.2 percent).
- At the county level, depression is highest in Jackson, Cherokee, and Etowah counties and lowest in Wilcox and Bullock counties.

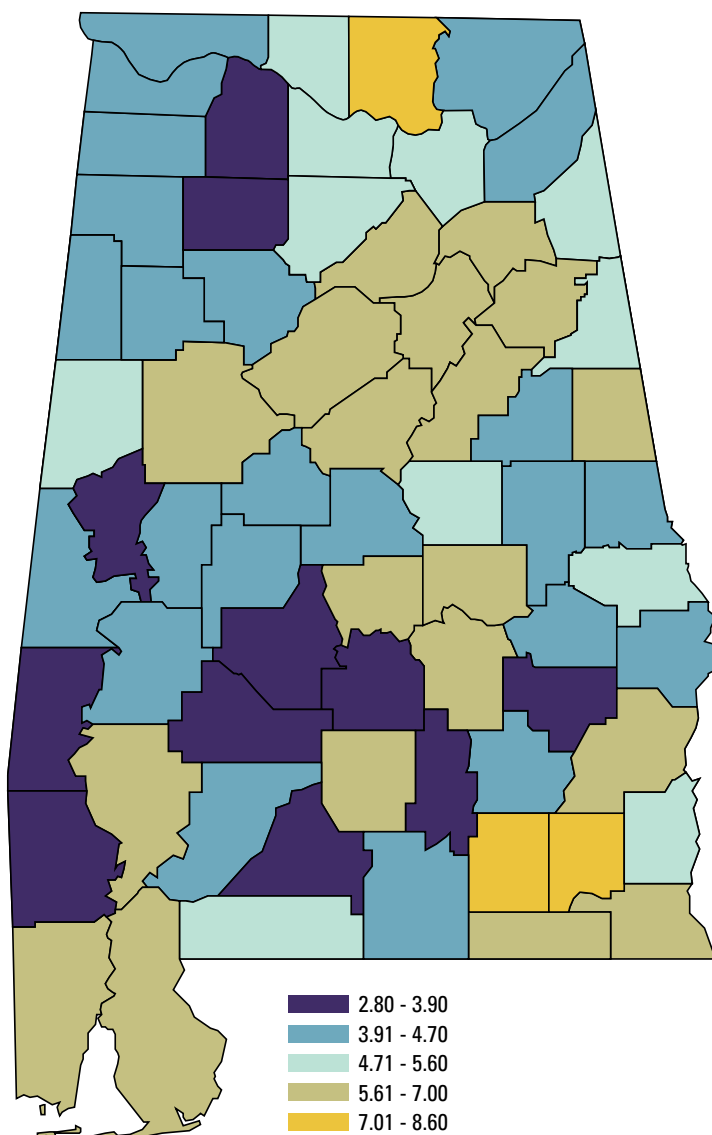


BCBS Members Filing Depression Claims (2013)

State Comparison	
State Comparison	Percent
Alabama	1.39
United States	N.A.
Historic Trend	
Current period (2013)	1.39
Public Health Area	
1	0.96
2	1.43
3	1.45
4	1.62
5	1.40
6	1.37
7	0.89
8	1.35
9	1.36
10	1.51
11	1.38
Rurality	
Rural counties	1.20
Urban counties	1.51
Age	
Under 18	0.87
18 - 24	1.40
25 - 34	1.39
35 - 44	1.71
45 - 54	1.65
55 - 64	1.63
65 and over	1.38
Gender	
Female	26.30
Male	17.10
Race	
	N.A.
Ethnicity	
	N.A.
Income	
	N.A.
Education	
	N.A.

BCBS Members Filing Depression Claims⁷

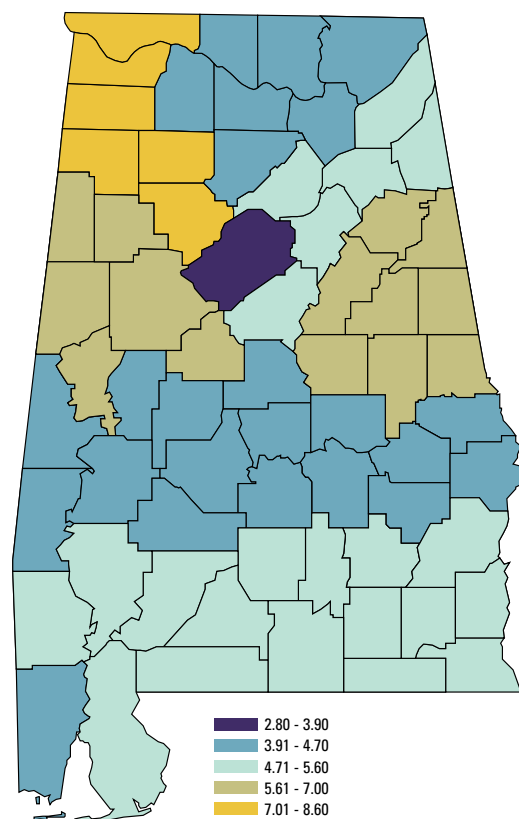
- BCBS had 29,551 claims related to depression in 2013 or 1.4 percent of all claims.
- This problem is especially acute for urban residents (1.5 percent) compared to rural ones (1.2 percent).
- Depression is important because it leads to other health problems or suicide. It is especially a problem for post partum women.
- Alabama's BCBS depression claims make up a rate of 1.4 percent of claims.
- BCBS depression claims are highest in PHA 4 (1.62 percent) and lowest in PHA 7 (0.89 percent).
- Claims are highest in Dale and Coffee counties. They are lowest in Greene and Lowndes counties.
- Females file claims much more frequently than males (26.3 percent versus 17.1 percent).
- The lowest rate occurs for ages less than 18 years (0.87 percent); the highest rate is for those 35-44 years of age (1.71 percent).



Adult Population Ever Told Have Depression (2012)	
State Comparison	
Alabama	21.9
United States	18.0
Historic Trend	
2012	21.9
2011	21.2
Public Health Area	
1	27.9
2	21.1
3	25.0
4	17.8
5	22.4
6	24.7
7	21.3
8	20.3
9	22.4
10	22.5
11	21.3
Rurality	
	N.A.
Age	
18 - 24	14.3
25 - 34	18.7
35 - 44	25.7
45 - 54	25.2
55 - 64	27.7
65 and over	18.5
Gender	
Female	26.3
Male	17.1
Race	
African American	17.8
American Indian/Alaskan Native	N.A.
Caucasian	23.8
Ethnicity	
Hispanic	N.A.
Non-Hispanic	N.A.
Income	
Under \$15,000	35.5
\$15,000 - \$24,999	25.6
\$25,000 - \$34,999	23.7
\$35,000 - \$49,999	18.6
\$50,000 +	14.5
Education	
Less than 9th Grade	N.A.
9th Grade - 12th Grade	34.2
High school or G.E.D.	19.8
Post high school	20.1
College graduate+	16.7

Adults Ever Told They Have Depression⁸

- Depression is a significant problem in Alabama; 21.9 percent of adults in a representative sampling of Alabama adults have been told by a doctor that they have depression. This is higher than the United States sampling which shows that 18 percent of adults have been told by a doctor that they have depression.
- Historic data for this question does not exist as 2011 was the first year this question was asked in the BRFSS survey. The percentage for 2011 was 21.2 and increased to 21.9 percent in 2012.
- Alabamians in the 55-64 year age group tend to have higher rates of depression.
- Depression is 6 percent higher among the Caucasian population than the African American population.
- Depression decreases as income grows. In fact, Alabama adults who have less than a high school education and/or an annual household income of less than \$15,000 are at a significantly higher risk of depression.
- Approximately one in every five Alabama adults has been diagnosed with a depressive disorder (including depression, major depression, dysthymia, or minor depression).
- Alabama has the sixth highest prevalence of diagnosed depression in the nation.
- Female adults in Alabama are significantly more likely to have been diagnosed with a depressive disorder.
- The BRFSS survey shows that depression in Alabama:
 - Has been diagnosed for approximately one in every five adults.
 - Is the sixth highest (21.9 percent) among all 50 states.
 - Is highest in the 55-64 year age group (27.7 percent) and lowest among the 18-24 age group (14.3 percent).
 - Is highest among the white adult population (23.8 percent).
 - Is lowest among those of Hispanic origin (13.1 percent).
 - Is higher among adult females (26.3 percent) compared to males (17.1 percent)
 - Decreases with income – 35.5 percent among adults with an annual income lower than \$15,000 and 14.5 percent among those with an income level exceeding \$50,000.
 - Decreases with educational attainment – 34.2 percent among adults with less than a high school education and 16.7 percent among those with a college degree.

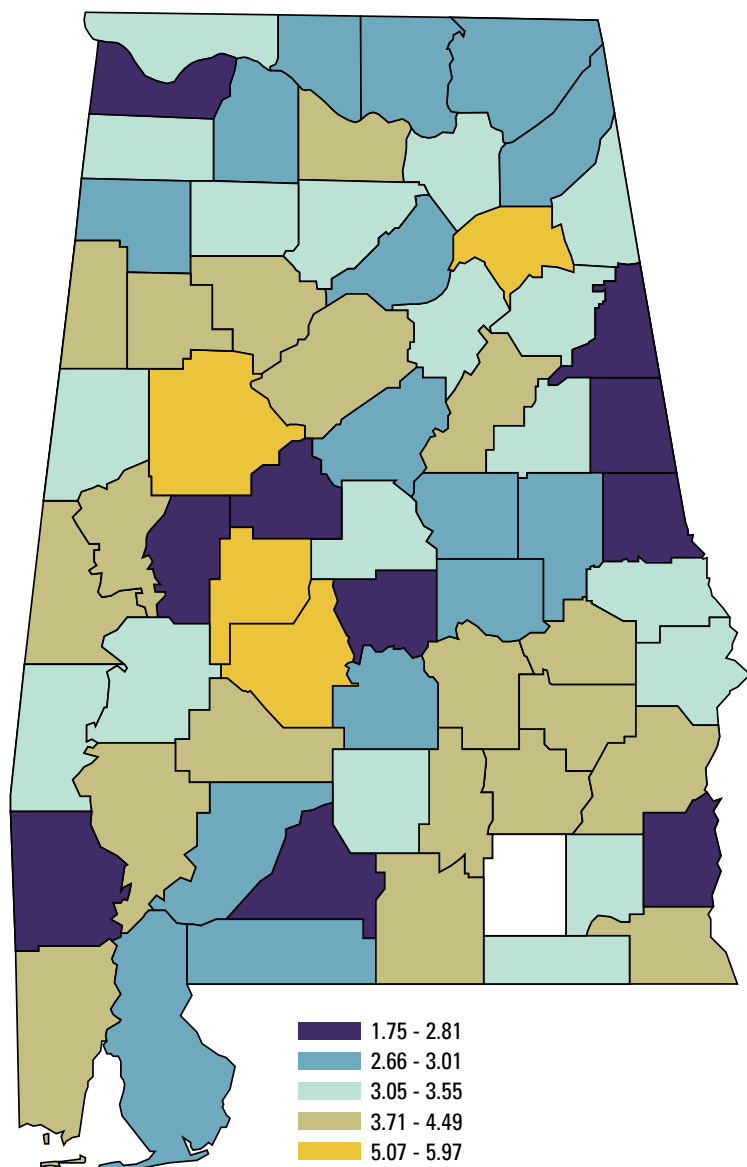


Schizophrenia Prevalence Among Medicare Recipients (2012)

State Comparison	
State Comparison	Percent
Alabama	3.53
United States	3.83
Historic Trend	
Historic Trend	N.A.
Public Health Area	
1	3.28
2	3.10
3	4.52
4	4.24
5	3.64
6	3.13
7	4.29
8	3.41
9	3.09
10	3.54
11	3.71
Rurality	
Rural counties	3.30
Urban counties	3.70
Age	
Age	N.A.
Gender	
Gender	N.A.
Race	
Race	N.A.
Ethnicity	
Ethnicity	N.A.
Income	
Income	N.A.
Education	
Education	N.A.

Schizophrenia/Psychoses Prevalence Among Medicare Recipients⁹

- Medicare had 23,777 recipients who were diagnosed with schizophrenia or psychosis in 2012, or 3.53 percent of all recipients.
- Schizophrenia and psychosis are serious mental illnesses which could result in violence toward others. These conditions seriously impair the ability to operate normally in social situations.
- In Alabama, the highest prevalence for the Medicare population is in Dallas and Perry counties. The lowest is in Washington and Autauga counties.
- Schizophrenia/Psychosis prevalence among Medicare recipients is higher in 17 counties than for the nation but is less than half the national prevalence in Washington County (1.75 percent).

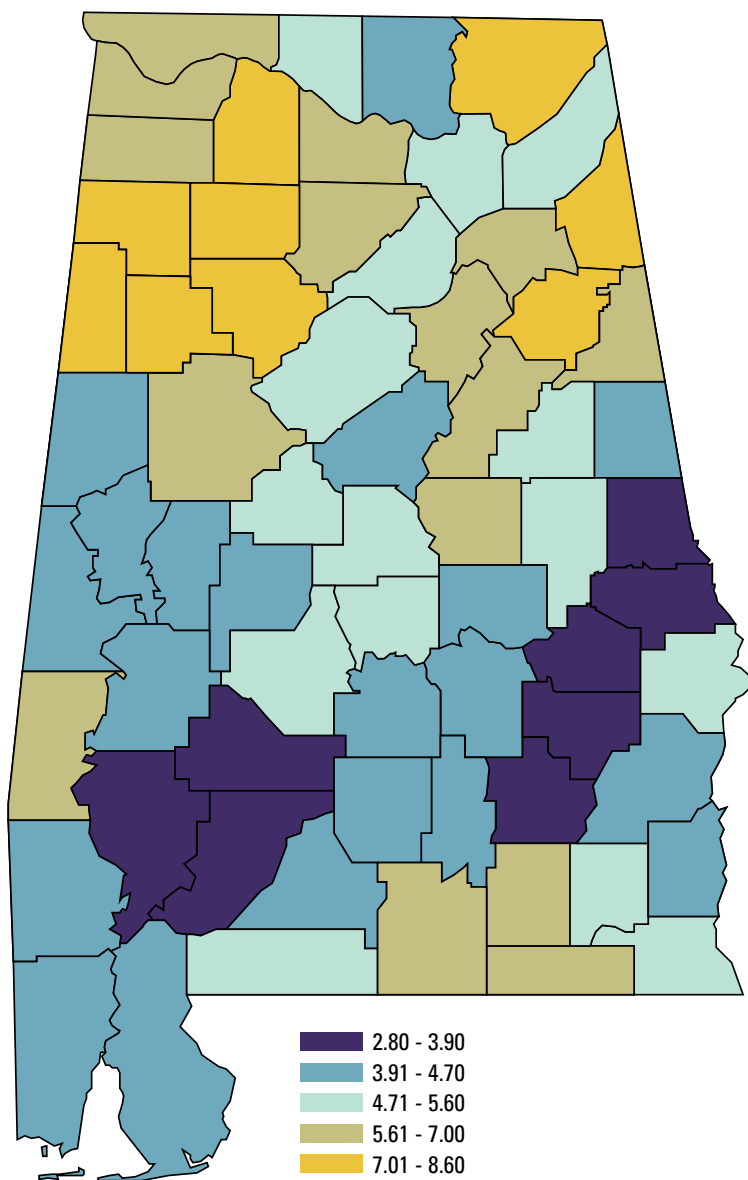


Substance Abuse Diagnosis Among Medicaid Recipients (2013)

State Comparison	
Alabama	8.3
United States	N.A.
Historic Trend	
	N.A.
Public Health Area	
1	11.7
2	9.2
3	9.4
4	8.4
5	8.9
6	9.4
7	7.6
8	6.8
9	7.1
10	8.0
11	6.5
Rurality	
Rural counties	8.7
Urban counties	8.1
Age	
Under 18	0.7
18 - 24	8.1
25 - 34	14.6
35 - 44	23.4
45 - 54	30.7
55 - 64	26.6
65 and over	7.6
Gender	
	N.A.
Race	
	N.A.
Ethnicity	
	N.A.
Income	
	N.A.
Education	
	N.A.

Substance Abuse Diagnosis Among Medicaid Recipients¹⁰

- Among Medicaid recipients, 95,299 (8.3 percent) had been diagnosed with substance abuse.
- The problem is similar for rural residents (8.7 percent) compared to urban residents (8.1 percent).
- Substance abuse is important because it can lead to imprisonment, loss of employment, divorce, child and spouse abuse, disability, or even death.
- Alabama's Medicaid substance abuse is:
 - Occurring at a rate of 8.3 percent.
 - Highest in PHA 1 (11.7 percent).
 - Lowest in PHA 11 (6.5 percent).
 - Highest in Winston and Walker counties.
 - Lowest in Clarke and Bullock counties.

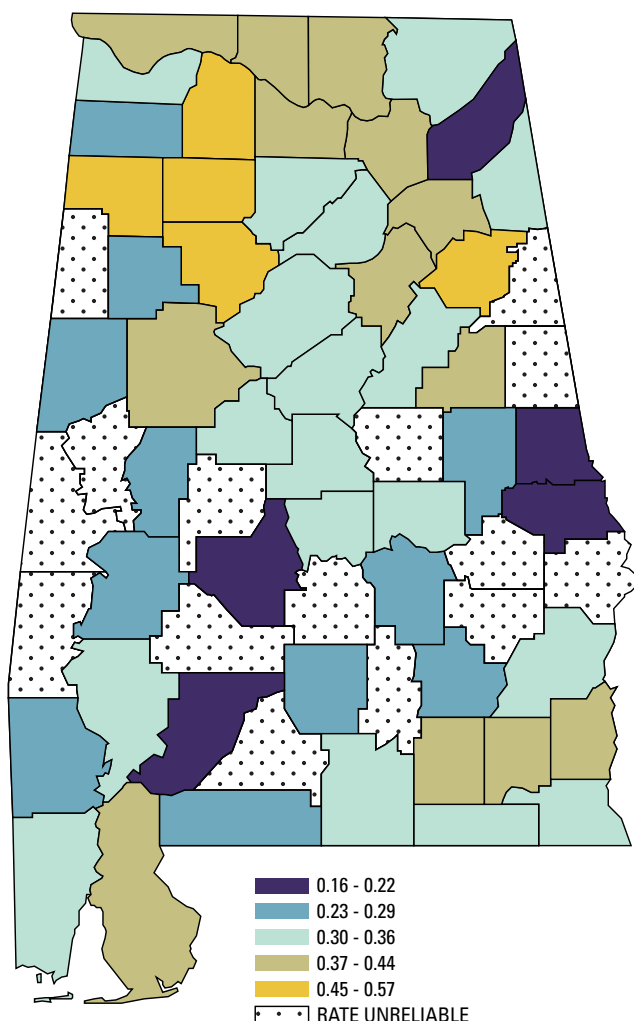


BCBS Members Filing Substance Abuse Claims (2013)

State Comparison	Percent
Alabama	0.34
United States	N.A.
Historic Trend	
	N.A.
Public Health Area	
1	0.44
2	0.39
3	0.35
4	0.34
5	0.34
6	0.37
7	0.18
8	0.26
9	0.34
10	0.33
11	0.32
Rurality	
Rural counties	0.33
Urban counties	0.35
Age	
Under 18	0.11
18 - 24	0.53
25 - 34	0.50
35 - 44	0.43
45 - 54	0.37
55 - 64	0.32
65 and over	0.22
Gender	
	N.A.
Race	
	N.A.
Ethnicity	
	N.A.
Income	
	N.A.
Education	
	N.A.

BCBS Members Filing Substance Abuse Claims¹¹

- Among BCBS claims, 7,226 (0.34 percent) were filed for substance abuse treatment.
- The problem is similar for rural residents (0.33 percent) compared to urban residents (0.35 percent).
- Substance abuse is highest in young adults and lowest in children.
- Substance abuse is important because it can lead to imprisonment, loss of employment, divorce, child and spouse abuse, disability, or even death.
- Alabama's BCBS claims indicate substance abuse:
 - Is occurring at a rate of 0.34 percent.
 - Is highest in PHA 1 (0.44 percent).
 - Is lowest in PHA 7 (0.18 percent).
 - Is highest in Marion and Walker counties.
 - Is lowest in Dallas County.



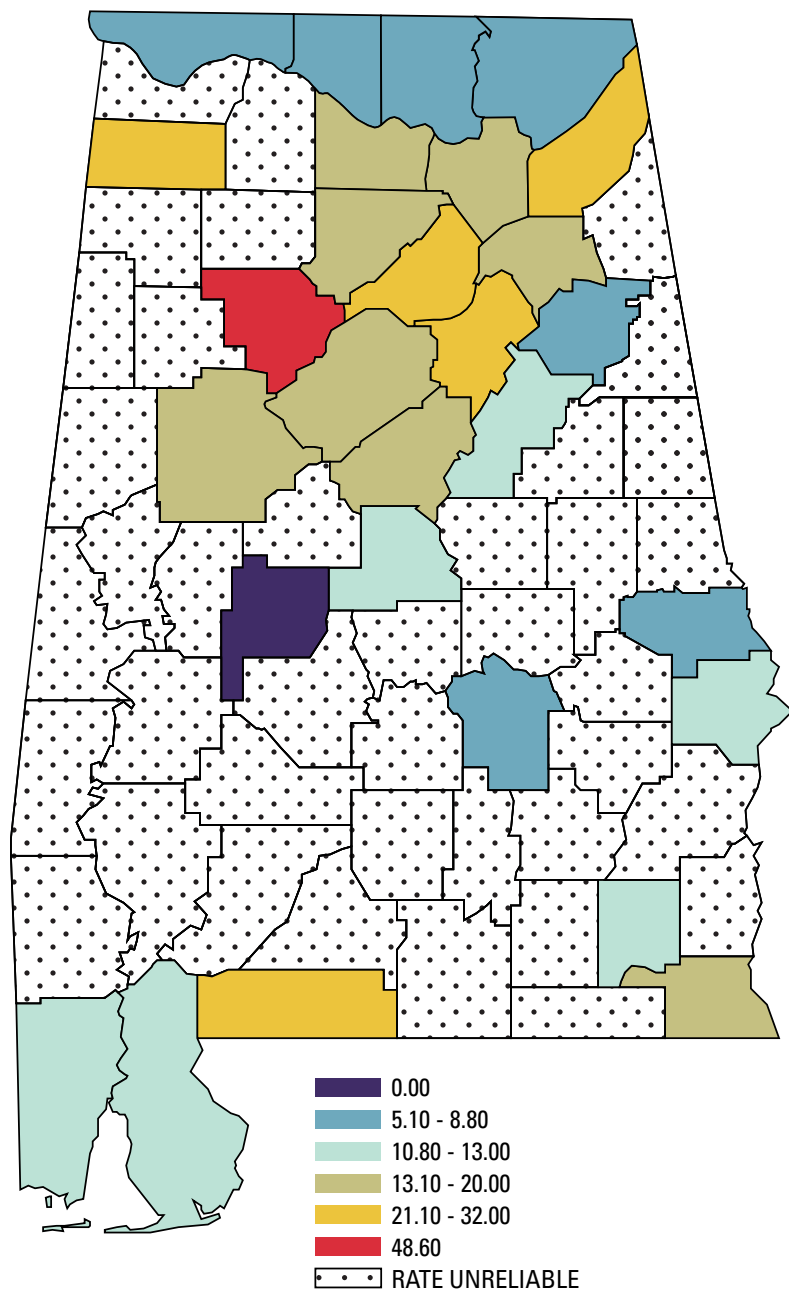
Drug-Related Mortality Rate (2011-2013)

Per 100,000 Population

State Comparison		Rate
Alabama		12.7
United States (2011)		13.9
Historic Trend		
2011-2013		12.7
2006-2008		12.5
2001-2003		11.4
Public Health Area		
1		17.7
2		10.8
3		15.2
4		18.0
5		18.5
6		9.6
7		5.9
8		7.0
9		11.6
10		9.7
11		12.0
Rurality		
Rural counties		12.8
Urban counties		12.6
Age		
Under 18		^
18 - 24		10.0
25 - 34		23.7
35 - 44		23.2
45 - 54		22.1
55 - 64		11.6
65 and over		5.2
Gender		
Female		10.1
Male		15.4
Race		
African American		4.4
American Indian/Alaskan Native		^
Caucasian		16.5
Ethnicity		
Hispanic		^
Non-Hispanic		13.2
Income		
		N.A.
Education		
Less than 9th Grade		18.7
9th Grade - 12th Grade		34.2
High school or G.E.D.		25.6
Post high school		13.2
College graduate or higher		7.9

Drug-Related Mortality Rate¹²

- During the years 2011-2013, 1,789 citizens from Alabama died from drug-related mortality.
- This is a rate of 12.7 per 100,000 population, which is slightly smaller than the overall rate for the United States as a whole, or 13.9 per 100,000.
- Alabama's drug-related mortality is:
 - Very similar for rural and urban counties (12.8 and 12.6 per 100,000, respectively).
 - Highest for adults aged 25-54.
 - Approximately 50 percent higher for males than for females.
 - Almost four times higher for Caucasians than for African Americans.
 - Extremely low in the Hispanic population.





Poor Pregnancy Outcomes

Alabama's # 3 Health Concern

Alabamians identified poor pregnancy outcomes as the third greatest current health concern in Alabama. Fortunately, it is possible to obtain comprehensive data on the status of pregnancy outcomes from birth certificate data collected by ADPH's Center for Health Statistics. Data is collected by hospitals and transmitted electronically to the Center for Health Statistics.

Poor pregnancy outcomes can be biological or social, with many factors affecting the length of the pregnancy or the survival of the infant. Many of these factors also affect the time the mother begins prenatal care and the number of visits she receives.

The following indicators have been selected for use in developing a benchmark or starting point for measuring the current state of and monitoring future changes regarding poor pregnancy outcomes in Alabama:

- Infant Mortality Rate, 2011-2013
- Low Birth Weight Rate, 2011-2013
- Births With Less Than Adequate Prenatal Care, 2012-2013

Alabama Poor Pregnancy Outcomes Highlights

In 2011, Alabama had the second highest infant mortality rate in the nation and was one of only two states with a rate above 8 per 1,000 live births. The Alabama rate for 2011-2013 was 39 percent higher than the national rate from 2010-2012. In addition, the disparity in the survival of African American and Caucasian infants is striking. African American babies died at twice the rate of Caucasian babies. Infants born in rural counties had a survival advantage over their urban counterparts. Babies of teen mothers were more likely to die than those born to older mothers. There are also social class differences. Babies born to less educated mothers and those with Medicaid insurance coverage died at a higher rate than those born to more educated mothers and those with private insurance coverage.

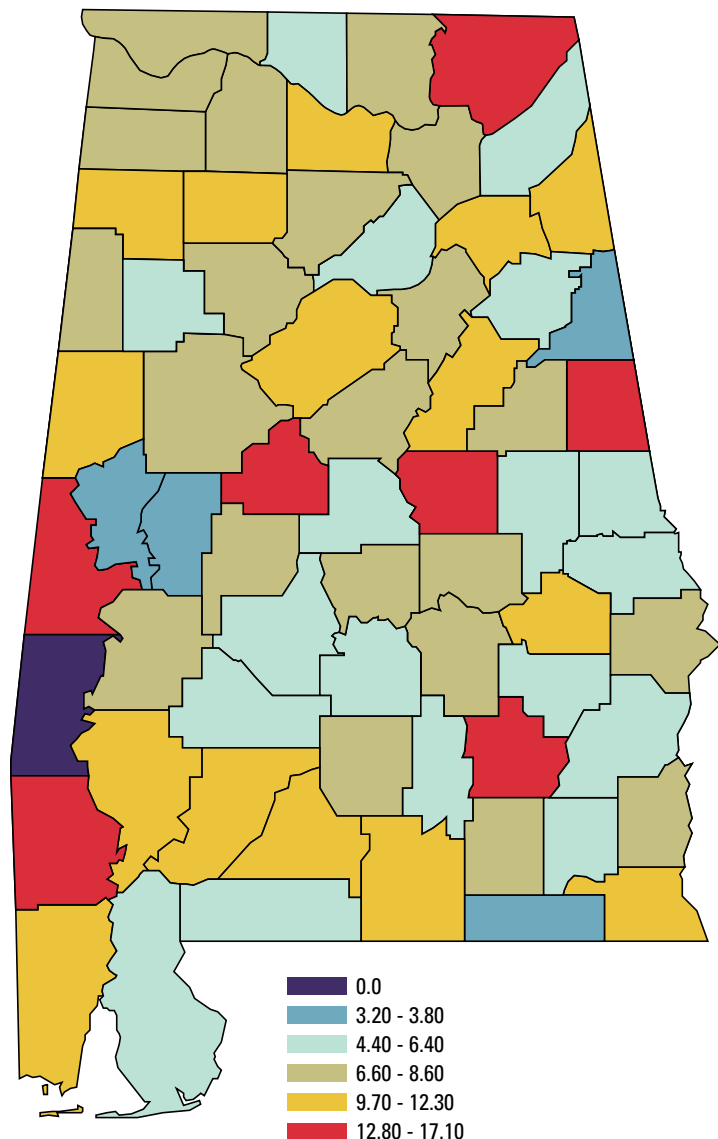
Low birth weight is the factor most associated with infant mortality. Infants born at low birth weight are 20 times more likely to die as those born at normal birth weight and two-thirds of infant deaths are low birth weight. Babies born in Alabama are 25 percent more likely to be low birth weight than babies born in the United States. Very young and old mothers are more prone to bear low birth weight babies. In addition, African American babies are over 80 percent more likely to be born at low birth weight than Caucasian babies.

A major public health goal is for all females to receive adequate prenatal care. However, the percent of mothers receiving adequate prenatal care declined from 78.4 percent in 2002-2003 to 75.2 percent in 2012-2013. Younger mothers are more likely to receive inadequate prenatal care. In addition, African American mothers and those with Medicaid insurance coverage are more likely to receive inadequate prenatal care. Rural mothers are also slightly more likely to receive inadequate prenatal care.

Infant Mortality Rate (2011-2013)	
Per 1,000 Births	
State Comparison	
Alabama	8.5
United States (2010-2012)	6.1
Historic Trend	
2011-2013	8.5
2006-2008	9.5
2001-2003	9.1
Public Health Area	
1	8.0
2	8.1
3	8.5
4	11.3
5	7.9
6	8.0
7	6.3
8	7.5
9	7.3
10	7.7
11	9.8
Rurality	
Rural counties	7.8
Urban counties	9.0
Age of Mother	
Under 15	8.2
15 - 17	10.7
18 - 19	11.2
20 - 29	8.4
30 - 39	7.9
40 and over	8.3
Gender of Child	
Female	7.7
Male	9.3
Race	
African American	13.4
American Indian/Alaskan Native	3.3
Caucasian	6.5
Ethnicity	
Hispanic	5.6
Non-Hispanic	8.7
Source of Delivery Payment	
Medicaid	9.7
Other	7.0
Education	
Less than 9th Grade	6.6
9th Grade - 11th Grade	12.0
High school or G.E.D.	10.2
Post high school	7.1
College graduate or higher	5.7

Infant Mortality¹³

- Alabama’s infant mortality rate was the second highest in the nation in 2010-2012.
- The infant mortality rate was 39 percent higher than the national rate - 8.5 compared to 6.1 percent.
- The highest was 17.1 percent in Coosa County, and the lowest was Choctaw County with no infant deaths.
- Alabama’s infant mortality rate is:
 - Twenty-one percent greater for males than for females.
 - More than two times higher among African American infants than Caucasian.
 - Fifteen percent higher in urban counties than rural counties.
 - Highest for infants born to teens and lowest for infants born to mothers age 30 years and older.
 - Higher among those with a high school education and less among those with more than a high school education.
 - Almost 40 percent higher for infants whose delivery was paid by Medicaid than those not paid by Medicaid.

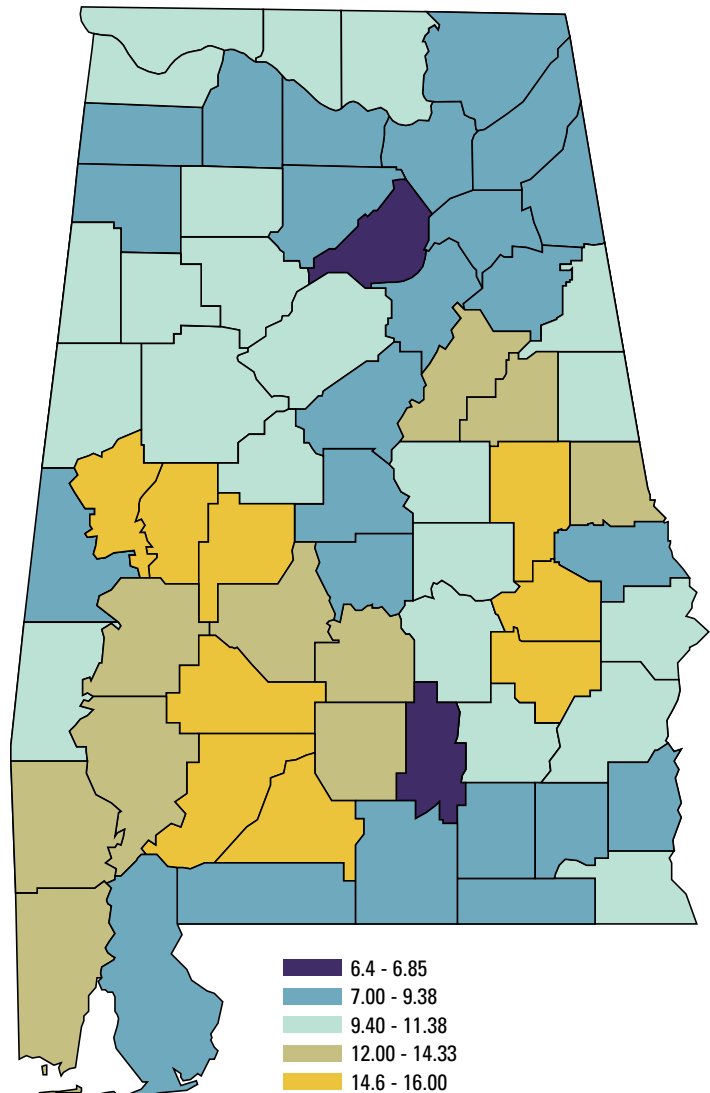


Low Weight Births (2012-2013)	
State Comparison	
Alabama	10.0
United States (2012)	8.0
Historic Trend	
2012-2013	10.0
2007-2008	10.5
2002-2003	9.9
Public Health Area	
1	9.8
2	8.8
3	11.1
4	10.9
5	7.5
6	11.2
7	13.3
8	10.0
9	9.6
10	9.5
11	12.0
Rurality	
Rural counties	10.0
Urban counties	10.1
Age of Mother	
Under 15	13.4
15-17	11.0
18-19	10.6
20-29	9.7
30-39	10.3
40 and over	12.8
Gender of Child	
Female	11.1
Male	9.0
Race	
African American	14.8
American Indian/Alaskan Native	11.3
Caucasian	7.9
Ethnicity	
Hispanic	6.5
Non-Hispanic	10.3
Method of Payment	
Medicaid	11.5
Other	8.5
Education	
Less than 9th Grade	8.2
9th Grade - 11th Grade	12.5
High school or G.E.D.*	11.3
Post high school	9.7
College graduate or higher	7.7

NOTE * All mothers completing the 12th grade are assumed to be high school graduates.

Low Birth Weight¹⁴

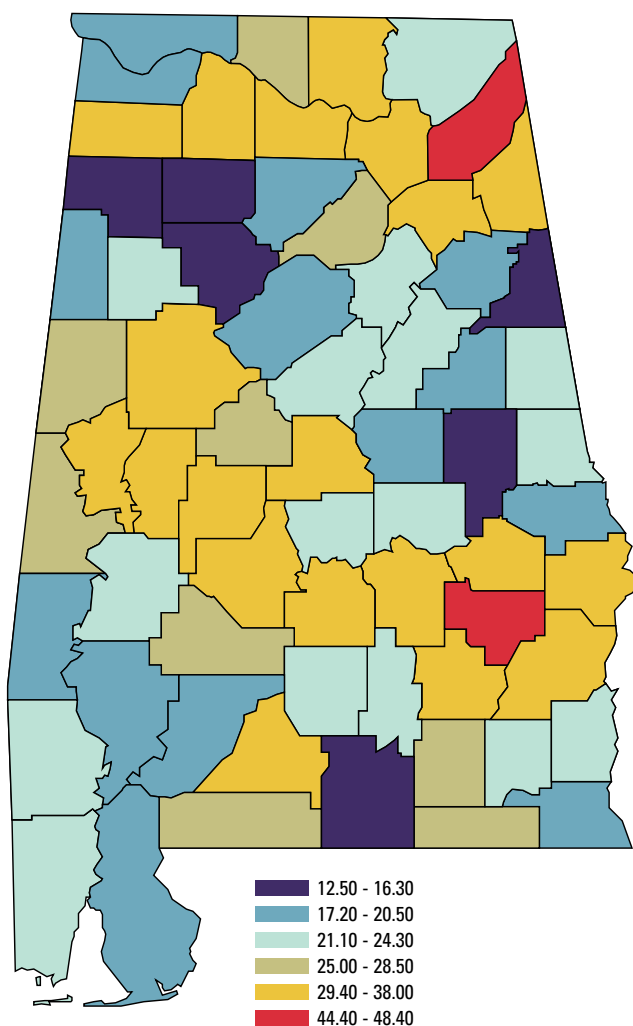
- Alabama's low birth weight rate is 25 percent higher than the national rate.
- Alabama has the third highest percent low weight births among all 50 states.
- The highest was Perry County at 16.0 percent and the lowest was Blount County at 6.4 percent.
- Alabama's low birth weight rate is:
 - Twenty-three percent greater for females than for males.
 - Almost double among African American infants compared with Caucasian infants.
 - Almost the same for urban and rural counties.
 - Highest for infants born to the oldest and youngest mothers.
 - Higher among those mothers with less than a high school education and less among those with more than a high school education.
 - Almost 35 percent higher for infants whose delivery was paid by Medicaid than those not paid by Medicaid.



Births With Less Than Adequate Prenatal Care (2012-2013)	
State Comparison	Percent
Alabama	24.8
United States	N.A.
Historic Trend	
2012-2013	24.8
2007-2008	25.6
2002-2003	21.6
Public Health Area	
1	18.6
2	30.1
3	28.8
4	19.9
5	28.9
6	19.7
7	28.0
8	27.7
9	19.3
10	24.0
11	23.5
Rurality	
Rural counties	25.9
Urban counties	24.2
Age of Mother	
Under 15	44.2
15 -17	36.9
18- 19	32.1
20 - 29	25.7
30 - 39	20.1
40 and over	23.6
Gender of Child	
Female	24.8
Male	24.9
Race	
African American	27.5
American Indian/Alaskan Native	24.5
Caucasian	23.1
Ethnicity	
Hispanic	48.1
Non-Hispanic	23.2
Source of Delivery Payment	
Medicaid	31.3
Other	17.5
Education	
Less than 9th Grade	54.8
9th Grade - 12th Grade	35.8
High school or G.E.D.	27.7
Post high school	21.1
College graduate or higher	14.6

Births With Less Than Adequate Prenatal Care¹⁵

- Almost a quarter of Alabama’s females do not receive adequate prenatal care.
- Several dangerous health conditions can be recognized during prenatal care.
- The highest rate was in DeKalb County (48.4 percent) and the lowest was in Winston County (12.5).
- Alabama’s less than adequate prenatal care rate is:
 - Fifteen percent greater in 2012-2013 than in 2002-2003.
 - Almost 20 percent higher among African American females than Caucasian.
 - Less than two percent higher in rural counties than urban counties.
 - Highest for infants born to teens and lowest for infants born to mothers age 30 and older.
 - Higher among those with a high school education and less among those with more than a high school education.
 - Almost 80 percent higher for females whose delivery was paid by Medicaid than those not paid by Medicaid.
 - Almost half of Hispanic mothers received less than adequate prenatal care.





Nutrition And Physical Activity

Alabama's # 4 Health Concern

Alabamians identified nutrition and physical activity as the fourth greatest current health concern in Alabama. Fortunately, it is possible to obtain reasonably comprehensive data on nutrition and physical activity from ADPH's BRFSS data which looks at healthy behaviors of Alabamians. Questions are asked about fruit and vegetable consumption and obesity.

The Alabama population is very sedentary and engages in limited physical activity. In addition, many people live in food deserts, with limited access to fresh fruits and vegetables. As a result, Alabama has one of the highest obesity rates in the nation.

The following indicators have been selected for use in developing a benchmark or starting point for measuring the current state of and monitoring future changes regarding nutrition and physical activity in the population of Alabama:

- Percent Adult Obesity, 2012
- Adults Consuming Fruits Less Than Once Daily, 2013
- Adults Consuming Vegetables Less Than Once Daily, 2013
- Adults Participating in Enough Aerobic and Muscle Strengthening Exercises to Meet Guidelines, 2011

Alabama Nutrition and Physical Activity Highlights

Alabama has a high rate of obesity and a low level of physical activity. In addition, Alabamians do not have a healthy diet and eat relatively few fruits and vegetables. A third of Alabama's population is obese and usually ranks in the top five states in the nation in obesity. This is partly due to the low levels of physical activity. In 2011, only 15.0 percent of the population met the physical activity guidelines. Almost half of Alabamians did not consume even a single fruit or glass of fruit juice daily. Also, over a quarter of the population consumed vegetables less than once per day. The result of this is a very unhealthy population with high rates of heart disease, stroke, and diabetes. In addition, many cancers are related to the poor diet and lack of exercise.

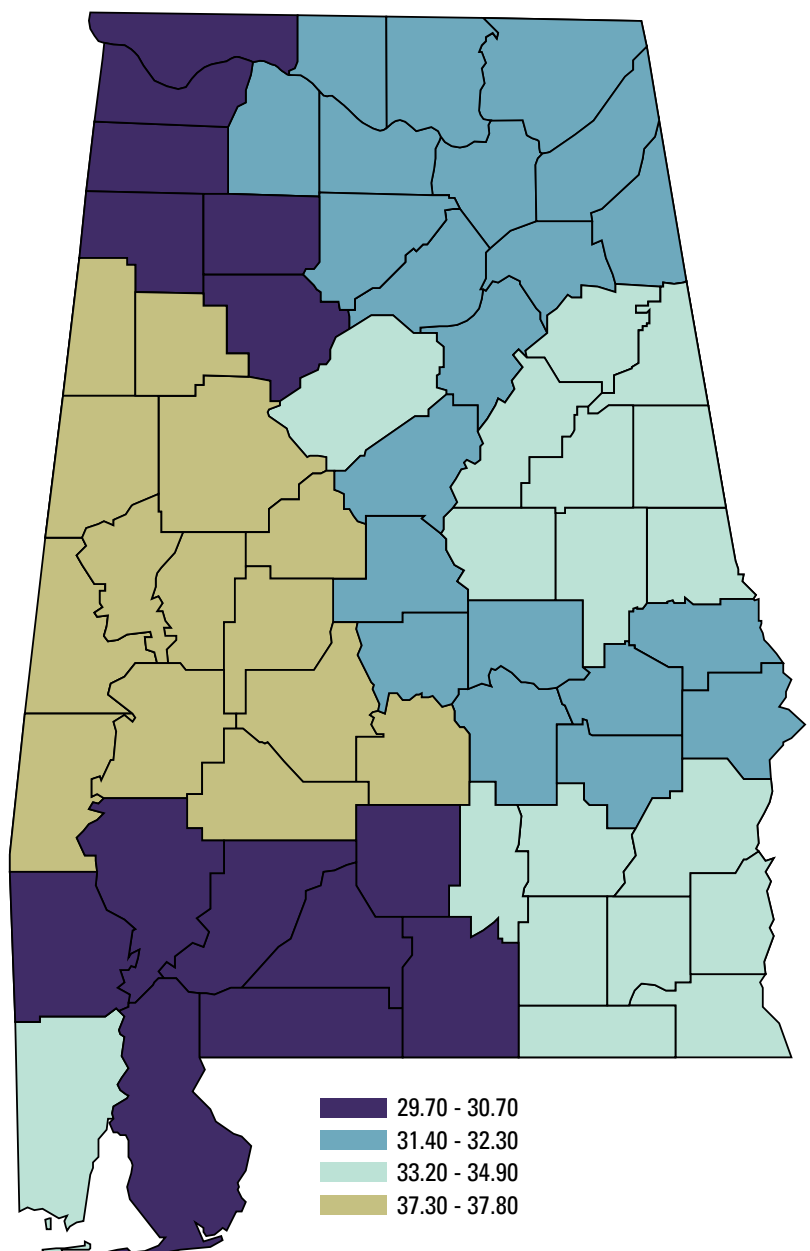
Adult Obesity (2012)

State Comparison	
State Comparison	Percent
Alabama	33.0
United States	27.6
Historic Trend	
2012	33.0
2007	30.9
2002	25.7
Public Health Area	
1	30.7
2	31.4
3	37.3
4	34.9
5	31.5
6	34.5
7	37.8
8	32.3
9	29.7
10	33.2
11	34.6
Rurality	
Rurality	N.A.
Age	
18 - 24	23.9
25 - 34	31.3
35 - 44	34.3
45 - 54	39.7
55 - 64	40.2
65 and over	26.9
Gender	
Female	34.1
Male	31.8
Race	
African American	44.1
American Indian/Alaskan Native	N.A.
Caucasian	30.1
Ethnicity	
Ethnicity	N.A.
Income	
Under \$15,000	40.8
\$15,000 - \$24,999	35.2
\$25,000 - \$34,999	29.0
\$35,000 - \$49,999	34.5
\$50,000 and over	31.3
Education	
Less than 9th Grade	N.A.
9th Grade - 12th Grade	35.2
High school or G.E.D.	33.5
Post high school	34.4
College graduate and higher	27.8

* BRFSS data from 2010 and prior are not directly comparable to BRFSS data from 2011-2012 due to changes in weighting methodology and the addition of the cell phone sampling frame. Thus, a break in trend line must be shown graphically, and a disclaimer or footnote must be added.

Adult Obesity¹⁶

- Obesity is a contributing cause to many poor health outcomes. These include heart disease, diabetes, stroke, and cancer, which are among the leading causes of death in the United States.
- One-third (33.0 percent) of Alabama adults are obese.
- In 2012, Alabama had the fifth highest prevalence of obesity in the United States.
- The prevalence of obesity has gradually increased in Alabama over the past 20 years.
- African American Alabamians have a significantly higher prevalence of obesity than Caucasians.
- Alabamians with an annual household income of less than \$15,000 are at highest risk of obesity.



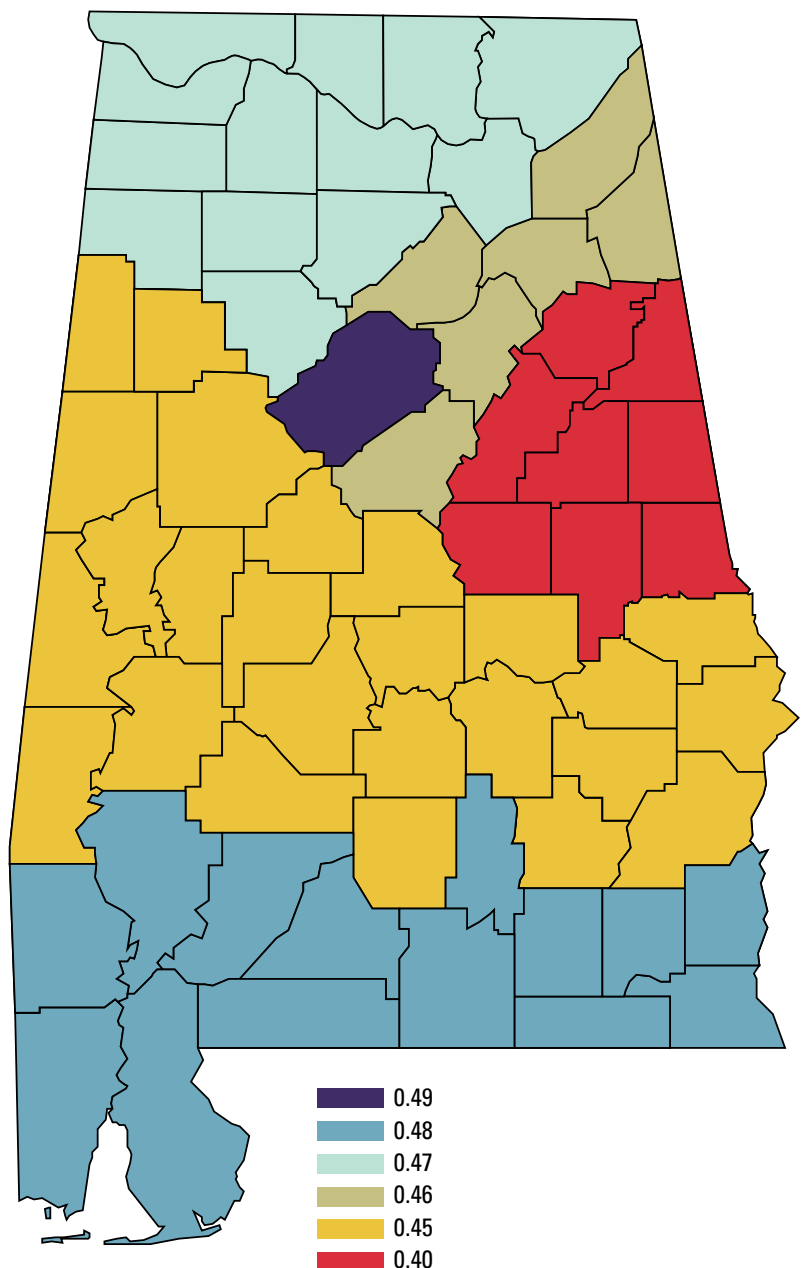
Adults Consuming Fruit Less Than Once Daily (2013)

State Comparison	
State Comparison	Percent
Alabama	45.9
United States	39.2
Historic Trend	
2013	45.9
2011	43.8
Public Health Area	
1 & 2*	45.7*
3	47.6
4	40.4
5	46.6
6	49.4
7 & 8*	48.2*
9,10 & 11*	44.8*
Rurality	
	N.A.
Age	
18 - 24	51.2
25 - 34	43.3
35 - 44	48.5
45 - 54	50.2
55 - 64	47.1
65 and over	37.6
Gender	
Female	43.0
Male	49.1
Race	
African American	42.7
American Indian/Alaskan Native	N.A.
Caucasian	47.6
Ethnicity	
	N.A.
Income	
Under \$15,000	49.3
\$15,000 - \$24,999	50.4
\$25,000 - \$34,999	46.3
\$35,000 - \$49,999	44.8
\$50,000 and over	43.0
Education	
Less than high school	50.7
High school or G.E.D.	49.5
Post high school	44.2
College graduate and higher	39.5

* A reduction in federal funding reduced the 2013 BRFSS sample size, which resulted in a necessity to combine some contiguous PHAs in order to obtain sub-state level data. PHA level 2013 BRFSS data is not directly comparable to previous years of PHA level data.

Adults Consuming Fruit Less Than Once Daily¹⁷

- Fruit and vegetable intake is an indicator of an overall healthy diet and may reduce the risk of many chronic diseases.
- In 2013, Alabama ranked as the seventh highest state in the nation to consume fruit less than one time per day.
- Nearly one in two Alabama adults (45.9 percent) does not consume fruit, including 100 percent fruit juices, one or more times daily.
- College graduates are significantly more likely to have consumed one or more servings of fruit, compared to Alabamians whose highest level of education is high school graduate or less.
- Alabama males are significantly less likely to consume one or more servings of fruit per day when compared to females.



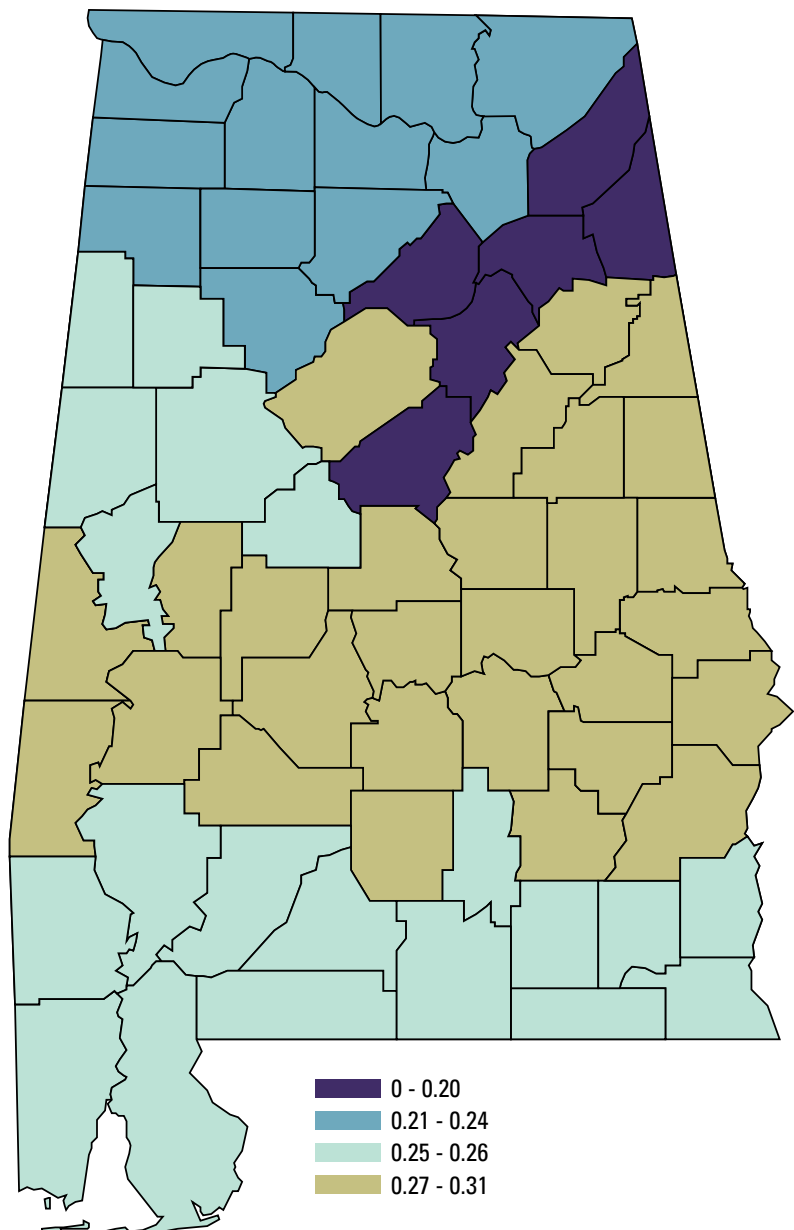
Adults Consuming Vegetables Less Than Once Daily (2013)

State Comparison	
State Comparison	Percent
Alabama	25.8
United States	22.9
Historic Trend	
2013	25.8
2011	24.3
Public Health Area	
1 & 2*	23.7*
3	25.8
4	28.9
5	20.4
6	30.6
7 & 8*	29.2*
9,10 & 11*	24.8*
Rurality	
	N.A.
Age	
18 - 24	36.0
25 - 34	27.7
35 - 44	25.9
45 - 54	25.3
55 - 64	21.9
65 and over	21.4
Gender	
Female	23.5
Male	28.2
Race	
African American	40.8
American Indian/Alaskan Native	N.A.
Caucasian	20.8
Ethnicity	
	N.A.
Income	
Under \$15,000	36.3
\$15,000 - \$24,999	36.1
\$25,000 - \$34,999	25.8
\$35,000 - \$49,999	22.1
\$50,000 and over	16.4
Education	
Less than high school	38.2
High school or G.E.D.	30.0
Post high school	21.4
College graduate and higher	16.6

* A reduction in federal funding reduced the 2013 BRFSS sample size, which resulted in a necessity to combine some contiguous PHA in order to obtain sub-state level data. PHA level 2013 BRFSS data is not directly comparable to previous years of PHA level data.

Adults Consuming Vegetables Less Than Once Daily¹⁸

- Fruit and vegetable intake is an indicator of overall healthy diet and may reduce the risk of many chronic diseases.
- One in every four Alabama adults (25.8 percent) consumes vegetables less than once per day.
- Alabama ranks as the tenth highest state in the nation to eat less than one serving of vegetables per day.
- Alabama adults under age 25 are much less likely to consume one or more servings of vegetables per day.
- African American adults are significantly more likely to consume less than one serving of vegetables per day than Caucasian Alabama adults.
- Among those least likely to consume at least one serving of vegetables in Alabama are those with a lower educational attainment and those with a low household income, especially households with less than \$15,000 per year.



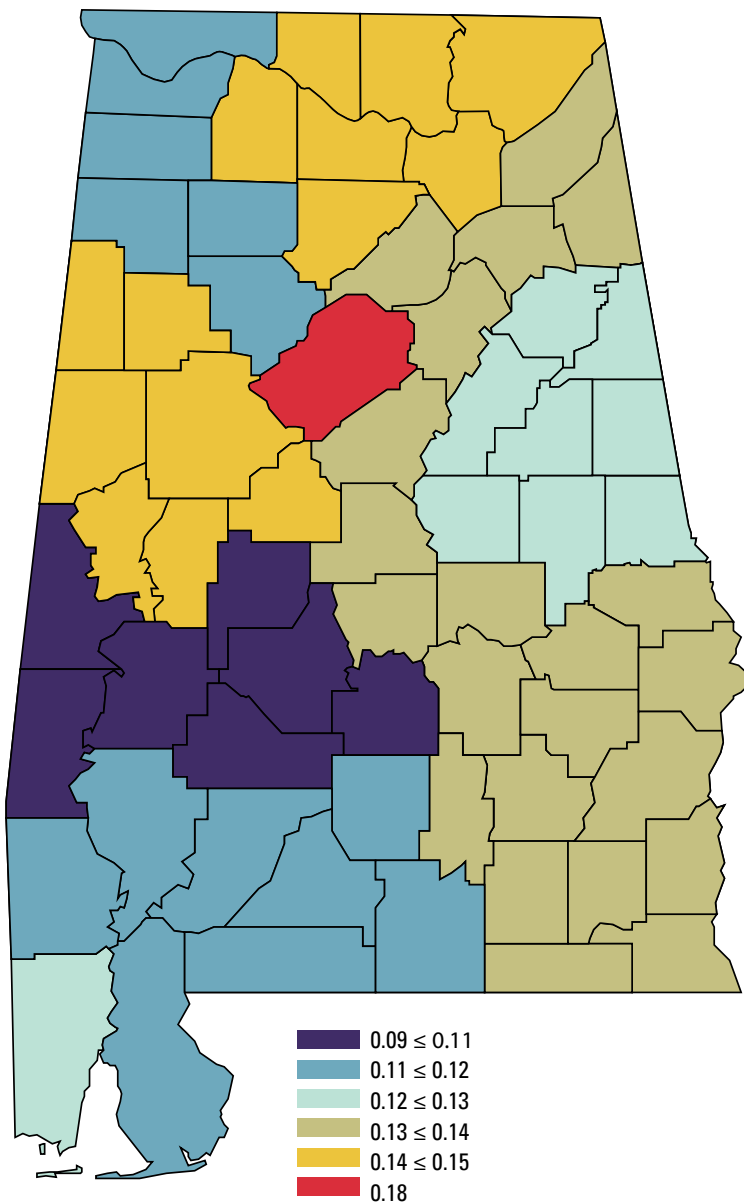
Adults Participating in Enough Aerobic and Muscle Strengthening Exercises to Meet Guidelines (2011)

State Comparison		Percent
Alabama		15.0
United States		21.0
Historic Trend		N.A.*
Public Health Area		
1		12.0
2		15.0
3		14.4
4		18.4
5		13.0
6		12.4
7		8.6
8		13.8
9		11.6
10		13.5
11		12.6
Rurality		N.A.
Age		
18 - 24		27.3
25 - 34		16.3
35 - 44		17.0
45 - 54		12.4
55 - 64		9.5
65 and over		10.7
Gender		
Female		12.8
Male		17.4
Race		
African American		16.3
American Indian/Alaskan Native		N.A.
Caucasian		14.3
Ethnicity		N.A.
Income		
Under \$15,000		11.1
\$15,000 - \$24,999		10.9
\$25,000 - \$34,999		12.0
\$35,000 - \$49,999		16.5
\$50,000 and over		19.3
Education		
Less than 9th Grade		N.A.
9th Grade - 12th Grade		7.7
High school or G.E.D.		13.2
Post high school		16.3
College graduate and higher		22.6

**2011 was the baseline year for this measure. The recommendations for Physical Activity changed, so the past indicators for Physical Activity are not comparable to this indicator. The next available data will be 2013 data.*

Adults Participating In Enough Aerobic and Muscle Strengthening Exercises to Meet Guidelines¹⁹

- Regular exercise and physical activity reduce the risk for many chronic diseases. Current physical activity guidelines recommend that adults participate in at least 150 minutes of moderate aerobic activity each week and participate in muscle-strengthening activities two or more days per week.
- In 2011, 15.0 percent of Alabama adults met the physical activity guidelines.
- Conversely, 85.0 percent of Alabama adults did not meet the recommended physical activity guidelines to stay healthy and prevent chronic disease.
- Alabama ranked fourth highest in the nation for physical inactivity.
- College graduates in Alabama are significantly more likely to participate in enough weekly physical activity to meet the recommended guidelines.
- Males are slightly more likely to meet recommended physical activity levels than women.
- There are no significant differences in physical activity levels between Caucasian and African American adults in Alabama.





Cardiovascular Diseases

Alabama's # 5 Health Concern

Alabamians identified cardiovascular diseases as the fifth greatest current health concern in Alabama. Fortunately, it is possible to obtain comprehensive data on the status of cardiovascular disease from data collected by ADPH's Center for Health Statistics on heart disease and stroke mortality, data from Medicaid, Medicare, and BCBS on insurance and claims.

Cardiovascular disease is a serious health condition which can result in death and disability. It is by far the leading cause of death in Alabama, the nation and most counties in Alabama. Because of a lack of screening and health services, heart disease is often diagnosed only when it begins to have serious health consequences. Many people in Alabama have hypertension or high cholesterol but do not know that they have it. Heart disease can be treated with changes in diet and exercise, if the condition is detected in its early stages. It is especially prevalent in rural areas. Cardiovascular disease is highly related to obesity and a lack of exercise.

The following indicators have been selected for use in developing a benchmark or starting point for measuring the current state of and monitoring future changes regarding cardiovascular disease in Alabama:

- Heart Disease Mortality Rate, 2011-2013
- Cerebrovascular Diseases (Stroke) Mortality Rate, 2011-2013
- Hyperlipidemia Prevalence Among Medicare Recipients, 2012
- Blue Cross and Blue Shield of Alabama Members Filing Lipid Disorder Claims, 2013
- Hypertension Prevalence Among Medicare Recipients, 2012
- Stroke Prevalence Among Medicare Recipients, 2012
- Hypercholesterolemia Diagnosis Among Medicaid Recipients, 2013

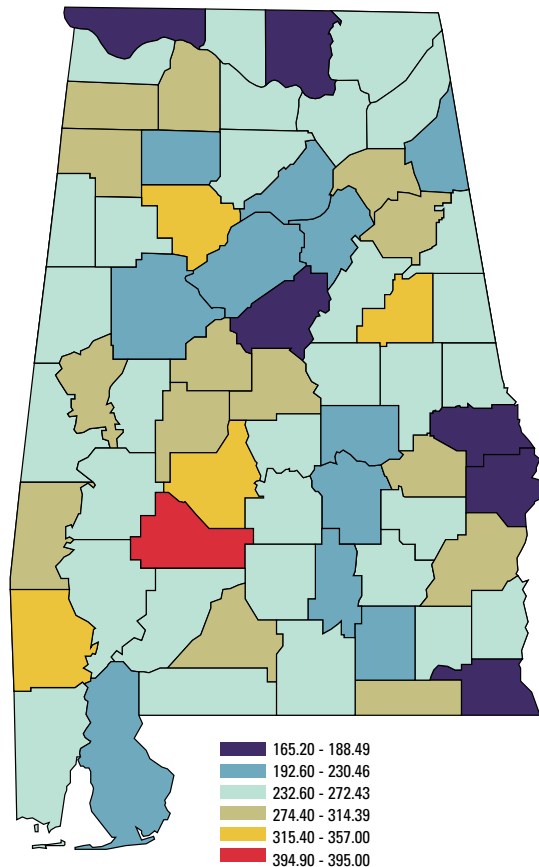
Alabama Cardiovascular Disease Highlights

Alabama had a heart disease mortality rate 1.3 times the United States rate in 2011. In addition, heart disease was the leading cause of death in 2013, with 12,453 dying of the disease. More than 38 percent of Alabama's adults have been diagnosed with high cholesterol, but many with the condition are undiagnosed. African Americans are significantly more likely to have and to die of stroke. Cardiovascular disease is inversely related to income and education. Cardiovascular disease risk increases dramatically with age. Poor diets, high in fats and processed sugars, and lack of exercise are risk factors for cardiovascular diseases. Smoking also increases the risk of heart disease.

Heart Disease Mortality Rate (2011-2013)	
Per 100,000 Population	
State Comparison	
Alabama	226.6
United States (2011)	173.7
Historic Trend	
2011-2013	226.6
2006-2008	250.3
2001-2003	290.8
Public Health Area	
1	255.5
2	227.0
3	225.8
4	196.9
5	220.6
6	265.8
7	296.1
8	209.5
9	224.8
10	222.0
11	233.6
Rurality	
Rural counties	255.1
Urban counties	206.8
Age	
Under 18	1.6
18 - 24	5.2
25 - 34	17.5
35 - 44	53.9
45 - 54	141.4
55 - 64	278.5
65 and over	1,284.5
Gender	
Female	184.0
Male	280.2
Race	
African American	256.2
American Indian/Alaskan Native	86.9
Caucasian	221.9
Ethnicity	
Hispanic	83.2
Non-Hispanic	228.4
Income	
	N.A.
Education	
Less than 9th Grade	1,111.9
9th Grade - 12th Grade	562.3
High school or G.E.D.	484.1
Post high school	185.2
College graduate and higher	193.7

Heart Disease Mortality Rate²¹

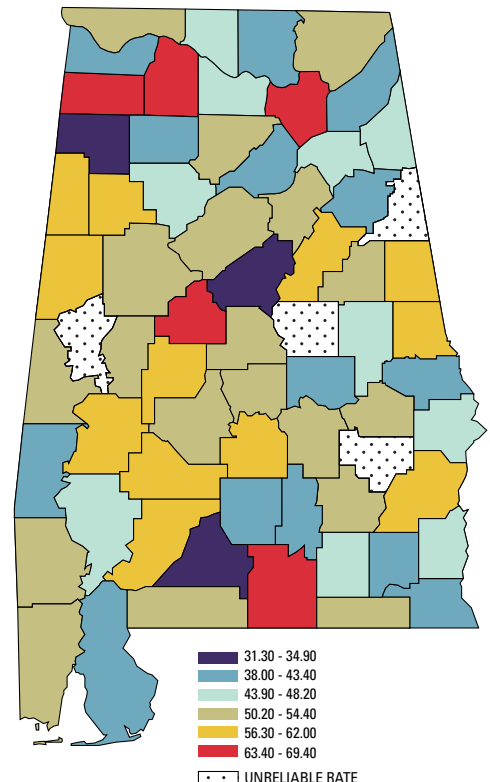
- Heart disease is the leading cause of death for males and females in the United States.
- In Alabama, the 2011-2013 mortality rate for heart disease was 1.3 times higher than the 2011 national mortality rate (226.6 per 100,000 and 173.7 per 100,000, respectively). This rate, however, is a decrease from previous years (2001-2003), where the state rate was 290.8 per 100,000.
- Heart disease has been the leading cause of death in Alabama since 1926.
- Rural counties have a higher rate of heart disease mortality than urban counties.
- The counties with the five highest rates are Wilcox, Dallas, Walker, Clay, and Washington.
- Russell and Shelby counties were the only counties with rates below the 2011 national heart disease mortality rate:
 - Russell County: 167.4 per 100,000
 - Shelby County: 165.2 per 100,000
- Alabama's heart disease mortality rate is:
 - One and a half time greater for males than females.
 - Lowest among American Indian/Alaskan natives.
 - Fifteen percent higher for African Americans than Caucasians.
- The rate for individuals with less than a 9th Grade education is 5.8 times that of individuals with a college degree. (Other factors may be contributing to this relationship.)
- The mortality rate for those of Hispanic origin is just over one-third that for non-Hispanics.
- The 15 counties with the highest heart disease mortality rates are all rural.



Cerebrovascular Diseases (Stroke) Mortality Rate (2011-2013)	
Per 100,000 Population	
State Comparison	
Alabama	48.6
United States (2011)	37.9
Historic Trend	
2011-2013	48.6
2006-2008	57.6
2001-2003	68.3
Public Health Area	
1	46.5
2	48.3
3	55.3
4	53.6
5	42.3
6	48.3
7	54.6
8	46.7
9	47.6
10	45.1
11	51.6
Rurality	
Rural counties	49.9
Urban counties	47.7
Age	
Under 18	0.5
18 - 24	^
25 - 34	1.6
35 - 44	6.6
45 - 54	21.3
55 - 64	49.1
65 and over	297.5
Gender	
Female	46.8
Male	50.0
Race	
African American	61.7
American Indian/Alaskan Native	^
Caucasian	45.7
Ethnicity	
Hispanic	22.4
Non-Hispanic	48.9
Income	
	N.A.
Education	
Less than 9th Grade	231.7
9th Grade - 12th Grade	114.7
High school or G.E.D.	102.9
Post high school	40.5
College graduate and higher	44.2

Cerebrovascular Diseases (Stroke) Mortality Rate²²

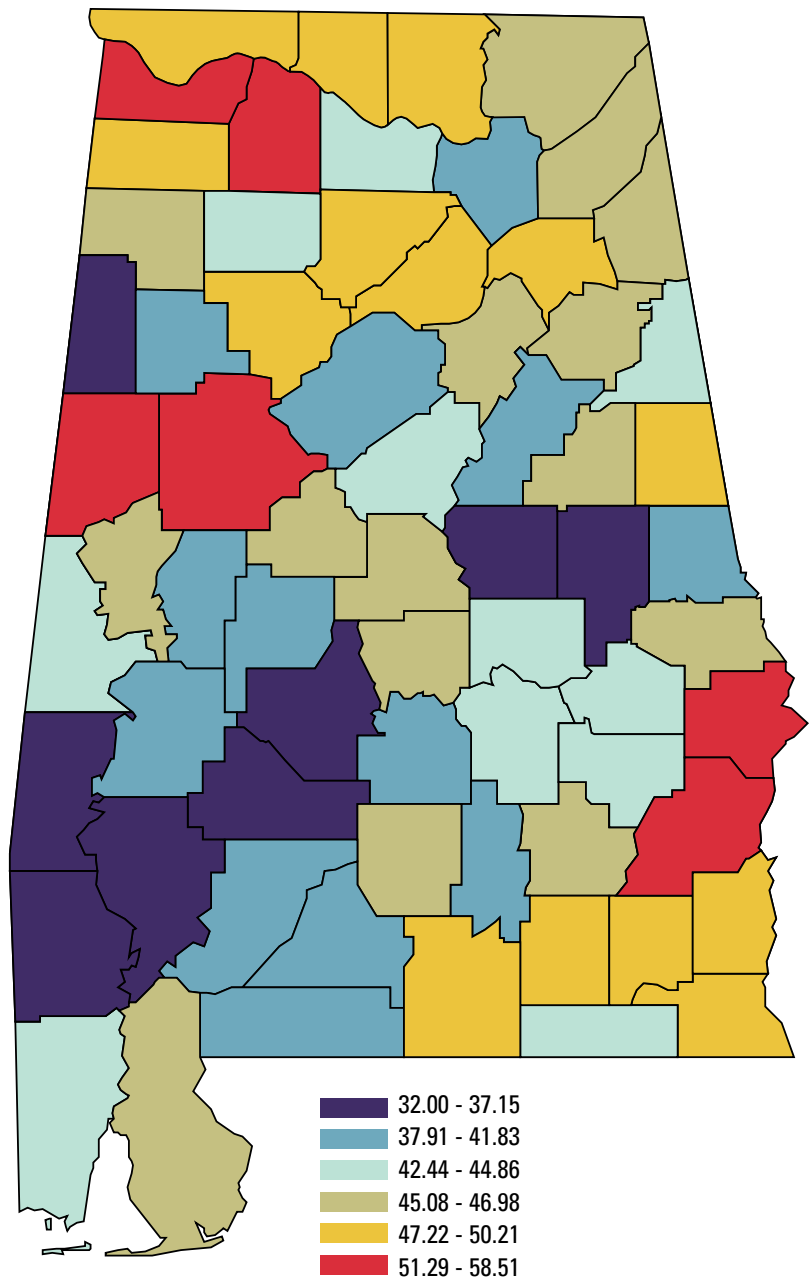
- In 2012, cerebrovascular diseases (stroke) were the fourth leading cause of death in Alabama. Similar to heart disease, the mortality rate for stroke in Alabama is 1.3 times higher than the 2011 national mortality rate (48.6 per 100,000 and 37.9 per 100,000 respectively).
- The mortality rate has decreased from previous years:
 - 68.3 per 100,000 in 2001-2003
 - 57.6 per 100,000 in 2006-2008
 - 48.6 per 100,000 in 2011-2013
- While stroke mortality has decreased significantly over the past decade, Alabama still has the highest stroke mortality rate among all 50 states.
- Twenty-seven counties had stroke mortality rates below the overall state rate.
- Counties with the highest rates were Lawrence, Bibb, Franklin, Covington, and Marshall. Rates could not be calculated for four counties due to the number of deaths being too small.
- Alabama's stroke mortality rate is:
 - Higher for males (50.0 per 100,000) than for females (46.8).
 - Thirty-five percent higher for African Americans (61.7) than Caucasians (45.7).
 - More than double for Non-Hispanics (48.9) than individuals of Hispanic origin (22.4).
- The mortality rate for stroke also increases with lower levels of education. Higher levels of education, however, do not produce mortality rates lower than the 2011 rate reported for the entire United States:
 - Rates of 231.7 per 100,000 for those with less than 9th Grade education.
 - Rates of 44.2 per 100,000 for college graduates.
- Those 65 years or older had the highest stroke mortality rate in Alabama (297.5 per 100,000).
- The 25 counties with the highest stroke mortality rates are all rural.
- Fourteen counties have stroke mortality rates that are more than 50 percent higher than the national rate.
- Only three counties (Marion at 31.3, Conecuh at 32.0, and Shelby at 34.9) have stroke mortality rates below that for the nation.
- Alabama is a member of the "Stroke Belt" that also includes Arkansas, Georgia, Indiana, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia. These states had an age-adjusted stroke mortality rate exceeding that for the nation by 10 percent or more in 1980, which led to this definition.



Hyperlipidemia Prevalence Among Medicare Recipients 2012	
State Comparison	Percent
Alabama	45.06
United States	44.75
Historic Trend	N.A.
Public Health Area	
1	49.73
2	46.34
3	48.87
4	41.37
5	46.48
6	41.97
7	38.23
8	44.98
9	43.38
10	48.15
11	43.05
Rurality	
Rural counties	44.8
Urban counties	45.3
Age	N.A.
Gender	N.A.
Race	N.A.
Ethnicity	N.A.
Income	N.A.
Education	N.A.

Hyperlipidemia Prevalence Among Medicare Recipients²³

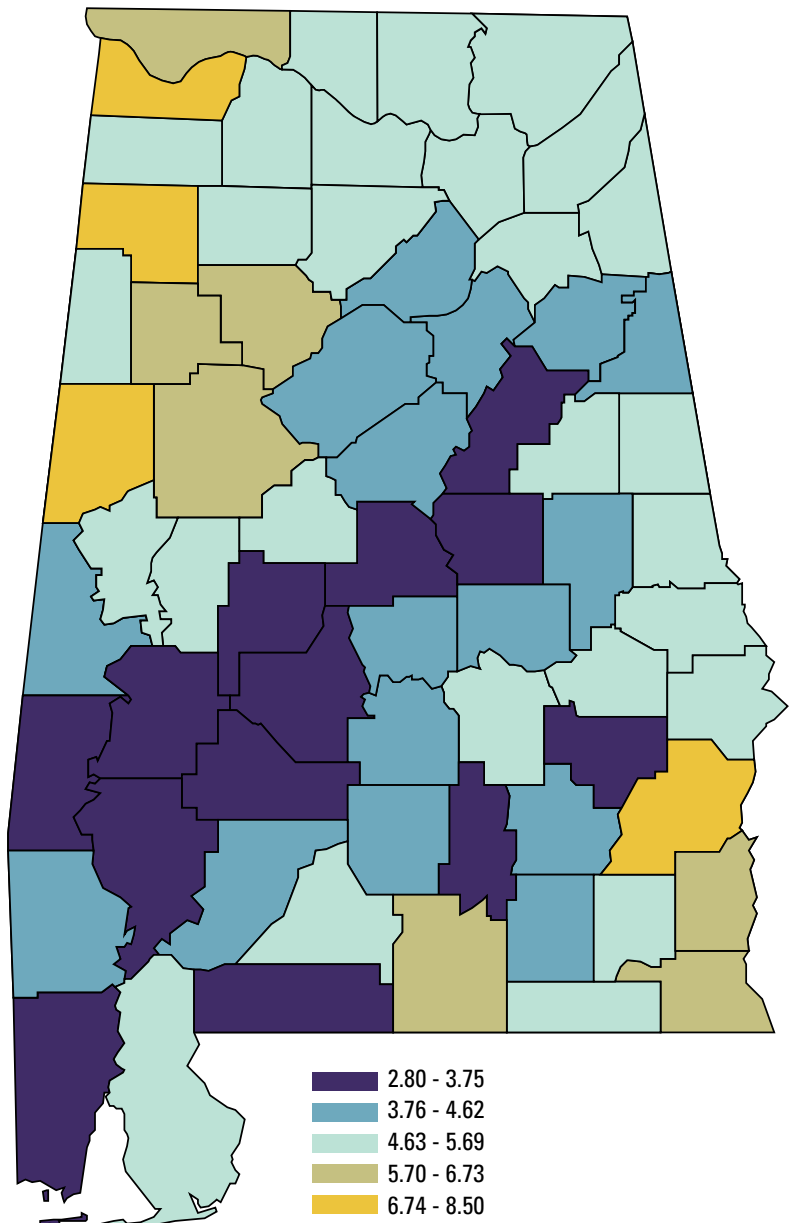
- In 2012, 45.1 percent of Medicare recipients had hyperlipidemia, which is a moderate risk for cardiovascular disease. This is 1.4 percent above the 2011 United States rate.
- Colbert County had the highest rate in the state (58.5), with Barbour, Pickens, Lawrence, and Tuscaloosa counties rounding out the top five.
- The lowest rates were in Clarke and Coosa counties.
- Alabama's hyperlipidemia in Medicare recipients is:
 - Occurring at a rate of 45.1 percent.
 - One and a quarter percent above the national rate.
- While eight of ten counties with the highest percentages of hyperlipidemia among Medicare recipients were rural, the percent for all rural counties is slightly lower than that for urban counties.



BCBS Members Filing Lipid Disorder Claims (2013)	
State Comparison	Percent
Alabama	4.91
United States	N.A.
Historic Trend	N.A.
Public Health Area	
1	6.51
2	5.36
3	6.34
4	4.39
5	4.71
6	4.04
7	3.70
8	4.69
9	4.78
10	5.73
11	3.73
Rurality	
Rural counties	4.87
Urban counties	4.93
Age	
Under 18	0.07
18 - 24	0.34
25 - 34	1.52
35 - 44	4.48
45 - 54	8.47
55 - 64	12.71
65 and over	16.13
Gender	N.A.
Race	N.A.
Ethnicity	N.A.
Income	N.A.
Education	N.A.

BCBS Members Filing Lipid Disorder Claims²⁴

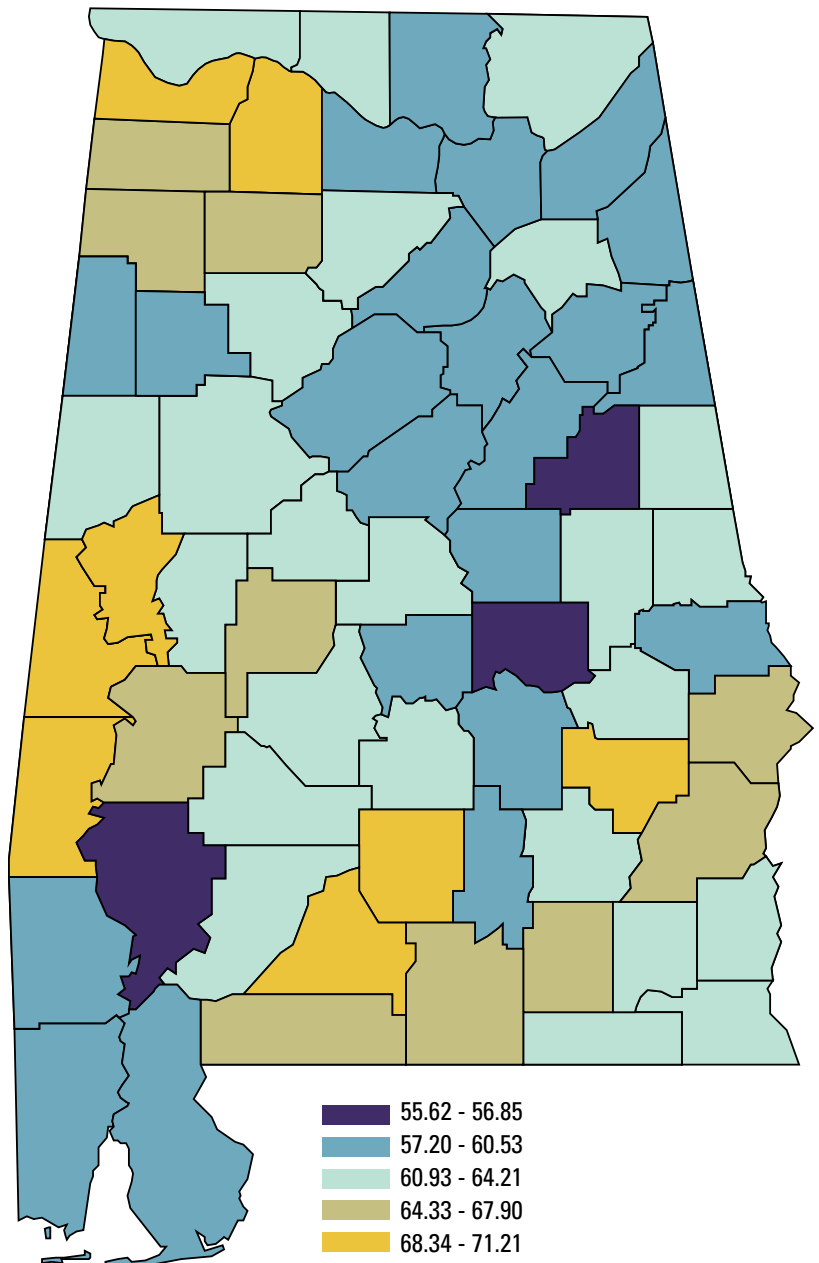
- In 2013, 4.91 percent of BCBS members filed claims for lipid disorders, which is a moderate risk for cardiovascular disease.
- The percent of members filing claims for lipid disorders increased with age from 0.07 percent in those age less than 18 years to 16.13 percent in those age 65 and older. Marion County had the highest rate in the state (8.05) with Colbert County closely following. The lowest rates were in Clarke and Choctaw counties.
- Alabama's lipid disorders in BCBS claims are:
 - Occurring at a rate of 4.9 percent.
 - Highest in those age 65 and older.
 - Highest in Marion County.
 - Lowest in Choctaw County.



Hypertension Prevalence Among Medicare Recipients (2012)	
State Comparison	Percent
Alabama	61.00
United States	55.49
Historic Trend	N.A.
Public Health Area	
1	65.18
2	60.80
3	63.00
4	57.53
5	60.20
6	60.13
7	64.39
8	59.87
9	60.82
10	63.70
11	58.78
Rurality	
Rural counties	62.40
Urban counties	59.80
Age	N.A.
Gender	N.A.
Race	N.A.
Ethnicity	N.A.
Income	N.A.
Education	N.A.

Hypertension Prevalence Among Medicare Recipients²⁵

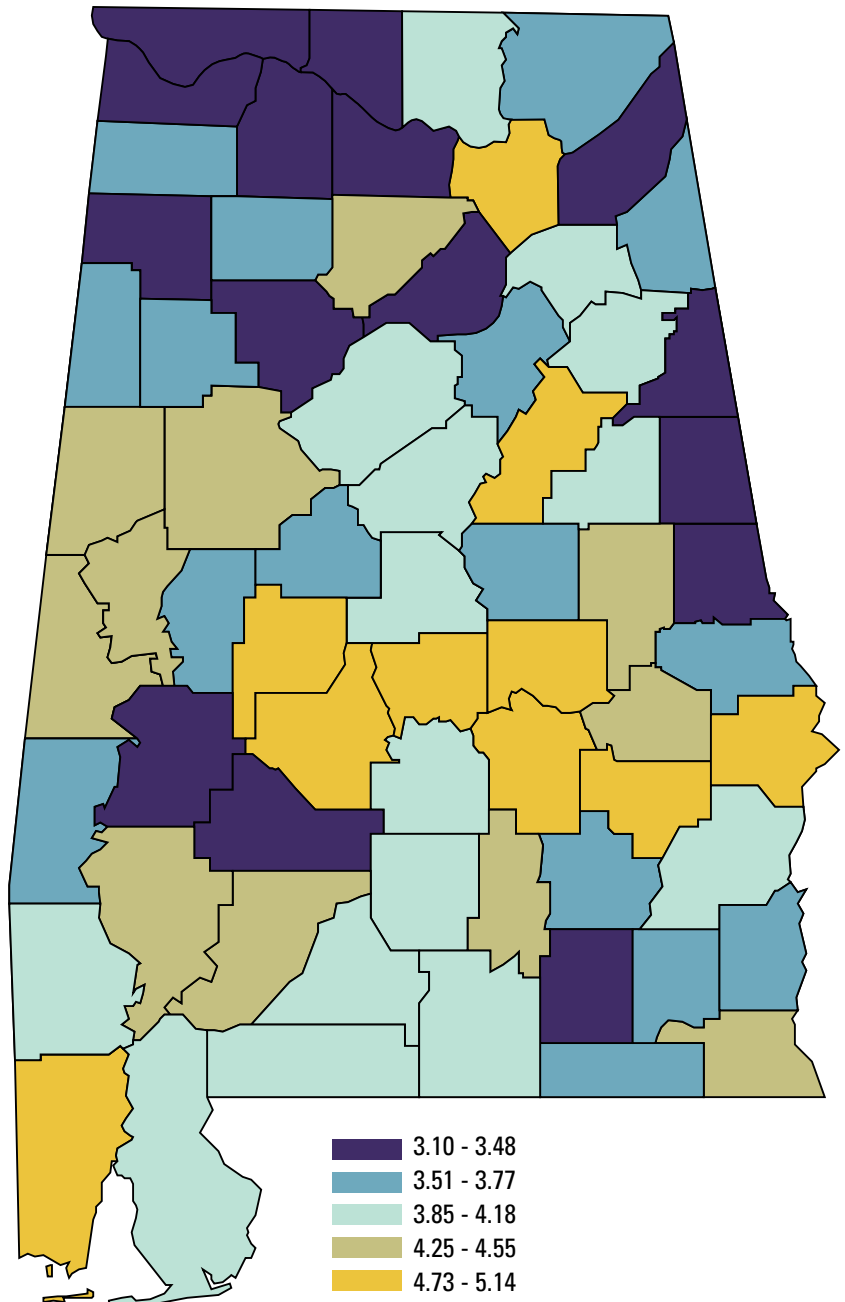
- In 2011-2013, 61 percent of Medicare recipients in Alabama had hypertension.
- This was 4.5 percent higher than the national rate.
- The percentage of Medicare recipients diagnosed with hypertension is higher in all 67 counties than it is for the nation as a whole.
- Hypertension increases dramatically with age.
- Conecuh County had the highest rate in the state (71.2), with Elmore County having the lowest rate (55.62).
- The 23 counties with the highest percentages of Medicare recipients diagnosed with hypertension are all rural counties.



Stroke Prevalence Among Medicare Recipients (2012)	
State Comparison	Percent
Alabama	4.05
United States	3.81
Historic Trend	N.A.
Public Health Area	
1	3.44
2	3.97
3	4.23
4	3.92
5	3.79
6	4.01
7	4.16
8	4.53
9	4.01
10	3.89
11	4.88
Rurality	
Rural counties	4.00
Urban counties	4.08
Age	N.A.
Gender	N.A.
Race	N.A.
Ethnicity	N.A.
Income	N.A.
Education	N.A.

Stroke in Medicare Recipients²⁶

- In 2011-2013, 4.05 percent of Alabama Medicare recipients had a stroke in the past. This was similar to the national rate.
- Elmore County had the highest rate in the state (5.14), with Marshall, DeKalb, Mobile, and Russell counties rounding out the top five.
- The lowest rates were in Randolph (3.10) and Marengo counties.
- Thirty-six counties had higher percentages of Medicare recipients who had experienced strokes greater than the nation.

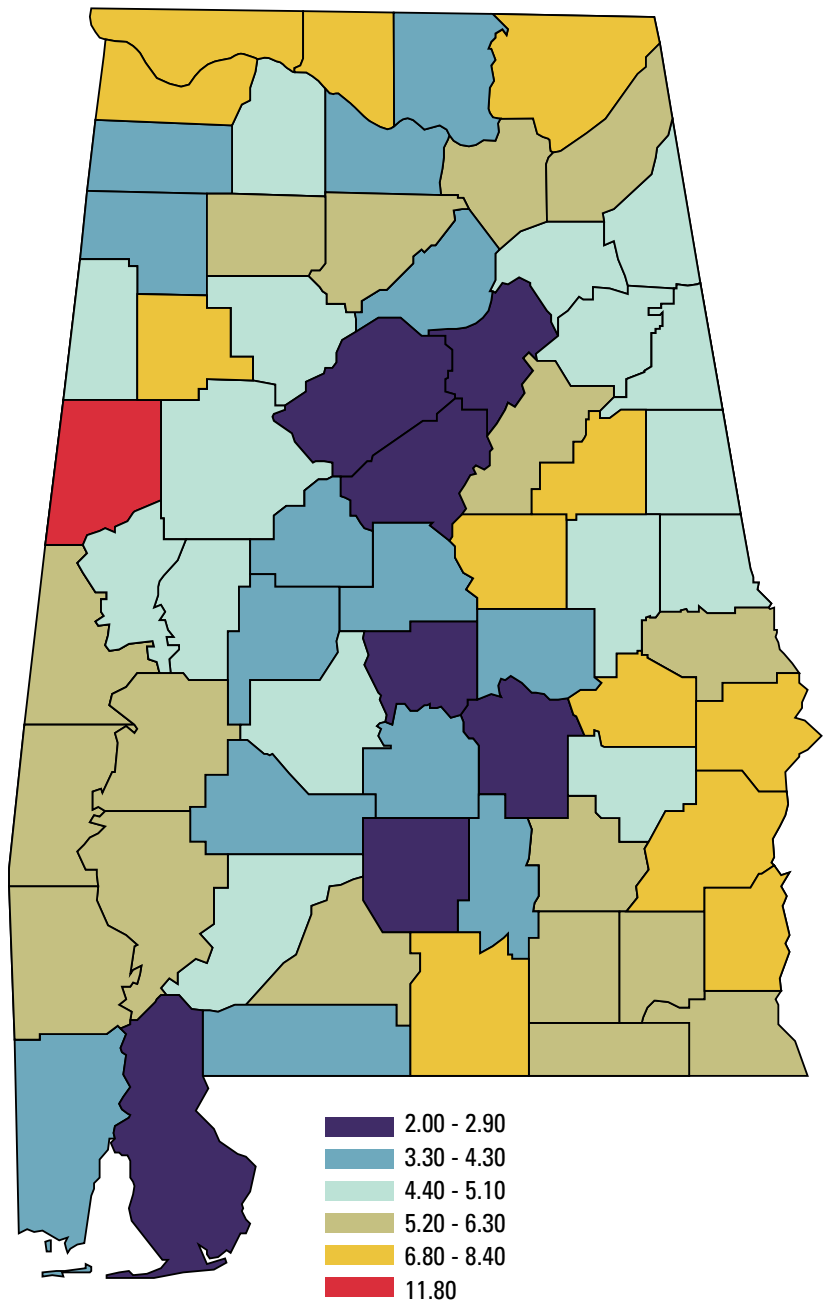


Hypercholesterolemia Diagnosis Among Medicaid Recipients (2013)

State Comparison	
State Comparison	Percent
Alabama	4.3
United States	N.A.
Historic Trend	
Historic Trend	N.A.
Public Health Area	
1	5.6
2	4.8
3	5.5
4	2.0
5	4.1
6	5.1
7	4.7
8	4.1
9	4.0
10	5.8
11	3.4
Rurality	
Rural counties	5.3
Urban counties	3.5
Age	
Age	N.A.
Gender	
Gender	N.A.
Race	
Race	N.A.
Ethnicity	
Ethnicity	N.A.
Income	
Income	N.A.
Education	
Education	N.A.

Hypercholesterolemia Diagnosis in Medicaid Recipients²⁷

- In 2013, 4.3 percent of Alabama Medicaid recipients had a high level of cholesterol.
- Pickens County had the highest rate in the state, with Fayette and Henry counties rounding out the top three.
- The lowest rates were in Jefferson (2.0 percent) and Montgomery counties (2.5).
- Hypercholesterolemia diagnosis in Medicaid recipients is significantly higher in rural counties (5.3 percent) compared to urban counties (3.5 percent).
- The nine counties with the highest percentages of hypercholesterolemia diagnosis in Medicaid recipients and 21 of the 22 counties with the highest rates are rural.





Sexually Transmitted Infections

Alabama's #6 Health Concern

STIs are infections that can be transmitted through sexual contact with an infected individual. In Alabama, the Division of STI Prevention and Control of the ADPH conducts disease investigations and partner notifications for chlamydia, gonorrhea, human immunodeficiency virus (HIV), syphilis, and trichomoniasis. The long term goals for this division are to reduce the incidence of STIs and their respective sequela, to improve the integration of STI services into clinical care across the health care system, to increase access to STI services for the populations most at-risk, and to reduce the threat of antibiotic-resistant gonorrhea, other emerging STIs, and congenital syphilis.

Alabamians identified STIs as the sixth greatest current health concern in Alabama. The following indicators have been selected for use in developing a benchmark or starting point for measuring the current state and monitoring future changes with regards to STIs in Alabama:

- STI Case Rate 2013
- New HIV Cases Rate, 2010-2012

The STI cases rate includes all new infections of chlamydia, gonorrhea, and primary and secondary syphilis but excludes new HIV cases as these cases are represented by their own indicator. These two indicators were chosen because they represent the four most prominent STIs in Alabama. More STI indicators such as individual rates for chlamydia, gonorrhea, and syphilis may be added in the future.

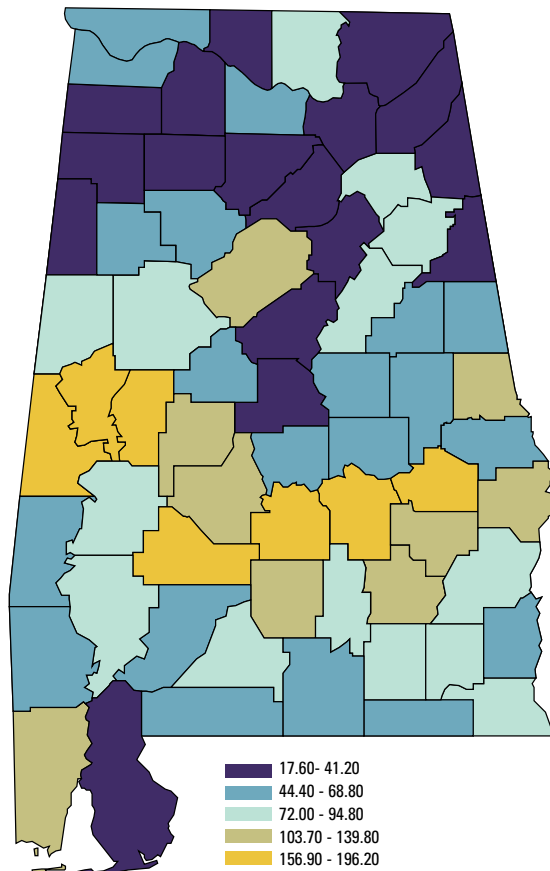
Alabama STI Highlights

- Chlamydia, caused by the bacterium *chlamydia trachomatis*, is the most commonly reported STI in both Alabama and the United States.
- Alabama has the third highest rate for new chlamydia infections in the United States trailing only Alaska and Louisiana.
- Gonorrhea, caused by the bacterium *Neisseria gonorrhoeae*, is the second most commonly reported STI in both Alabama and the United States.
- Alabama has the second highest rate for new gonorrhea infections in the United States trailing only Louisiana.
- Syphilis, caused by the bacterium *Treponema pallidum*, is one of the most commonly reported STI in both Alabama and the United States.
- Alabama has a lower rate of new cases of primary and secondary syphilis, the most infectious stages of syphilis, than the United States as a whole.
- There are persons living with HIV in every county in Alabama.
- The CDC estimates that 18 percent of persons infected with HIV are unaware of their status in 2012. As such, HIV numbers tend to be underestimated.
- The new HIV case rate for Alabama is slightly lower than the United States.

STI Cases Reported (2013)	
State Comparison	
Alabama	80.0
United States (2012)	57.6
Historic Trend	
2013	80.0
2008	75.5
2004	49.0
Public Health Area	
1	46.7
2	53.7
3	87.4
4	112.5
5	37.8
6	77.8
7	130.3
8	115.9
9	52.5
10	85.3
11	103.7
Rurality	
Rural counties	61.8
Urban counties	91.7
Age	
Under 18	44.3
18 - 24	474.7
25 - 34	1,324.2
35 - 44	27.2
45 - 54	8.4
55 - 64	2.8
65 and over	1.5
Gender	
Female	104.8
Male	53.0
Race	
African American	159.8
American Indian/Alaskan Native	14.0
White	16.9
Ethnicity	
Hispanic	12.5
Non-Hispanic	82.9
Income	
	N.A.
Education	
	N.A.

STI Cases Reported²⁸

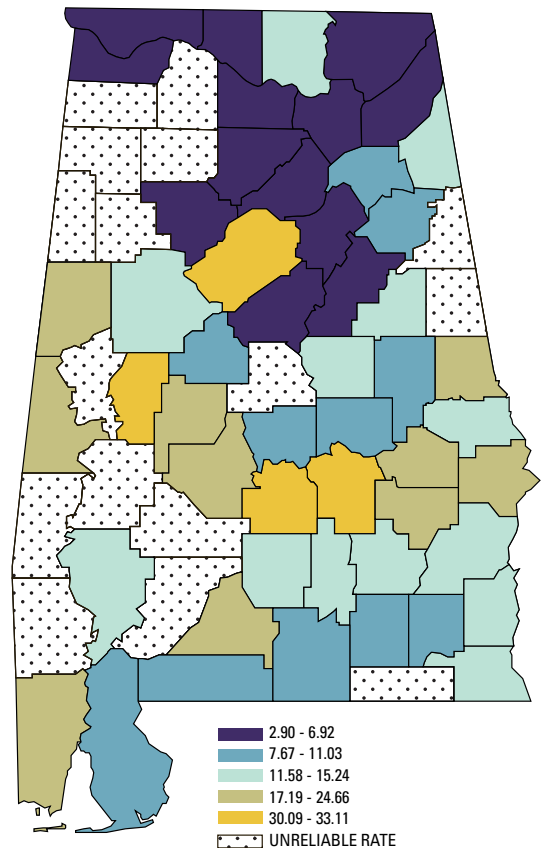
- Alabama has a higher rate for new infections from STIs than the United States as a whole (80.0 versus 57.6 per 100,000). This is mostly due to higher rates of chlamydia and gonorrhea infections in Alabama, as Alabama actually has lower rates of primary and secondary syphilis than the United States.
- Montgomery County has the highest STI case rate in Alabama, followed by Greene County and Sumter County.
- Blount County has the lowest STI case rate in Alabama.
- Alabama has the third highest rates of new chlamydia infections in the United States.
- Nearly 72 percent of chlamydia infections were reported among females, and more persons 15-24 years of age were diagnosed than any other age group.
- Alabama has the second highest rate of new gonorrhea infections in the nation.
- Nearly 65 percent of all cases of gonorrhea infections were reported among persons 15-24 years of age.
- Females represented a slightly higher proportion of new gonorrhea cases than males (55.7 percent versus 44.3 percent).
- Alabama ranked twenty-third in the nation for the rate of new cases of primary and secondary syphilis, and is below the national average.
- Nearly 90 percent of all reported cases of syphilis were in males.
- Over 60 percent of primary and secondary syphilis cases were reported in African Americans.



New HIV Cases (2010-2012)	
State Comparison	
Alabama	14.3
United States (2012)	15.4
Historic Trend	
2010-2012	14.3
2005-2007	13.1
2000-2002	12.7
Public Health Area	
1	4.1
2	7.6
3	13.8
4	30.1
5	5.8
6	10.5
7	17.7
8	19.7
9	8.9
10	11.1
11	22.3
Rurality	
Rural counties	5.7
Urban counties	28.5
Age	
Under 18	1.2
18 - 24	39.1
25 - 34	31.5
35 - 44	21.6
45 - 54	15.8
55 - 64	7.5
65 and over	1.3
Gender	
Female	6.8
Male	22.4
Race	
African American	37.5
American Indian/Alaskan Native	0.0
White	5.0
Ethnicity	
Hispanic	8.7
Non-Hispanic	14.4
Income	
	N.A.
Education	
	N.A.

New HIV Cases^{29, 30}

- At the end of 2012, 11,815 Alabama residents were known to be living with HIV and 4,838 (41 percent) had progressed to AIDS. CDC estimated 18 percent of persons infected with HIV were unaware of their status during 2012. Applying this prevalence, estimates suggest 14,426 Alabama residents may be infected with HIV.
- There were 661 newly diagnosed HIV infections were reported among Alabama residents in 2012. This number is an underestimate as it does not account for individuals unaware of their status.
- There are persons living with HIV in every county in Alabama. The number continues to increase each year. In 2012, more HIV cases were diagnosed in Jefferson County than any other county. However, the rate of HIV diagnoses was greatest in Montgomery County.
- African Americans continue to be disproportionately affected by HIV in Alabama. Comprising 26 percent of the population, 68 percent of newly diagnosed HIV infections occurred in African Americans during 2012. African American males were 6.5 times as likely to be diagnosed with HIV as Caucasian males, while the rate of HIV in African American females was 12.5 times that of Caucasian females.
- Alabama is experiencing a downward shift in the age distribution of newly diagnosed HIV infections as adolescents and young adults (15-29 years) emerged as the most affected age group.
- While male-to-male sexual activity continues to be the predominant mode of exposure for HIV infection, heterosexual contact is the second most common mode of exposure.
- Sixty-six percent of newly diagnosed HIV infections were linked to care in 2012. However, Alabama's estimated unmet need is 51 percent as 5,996 of the 11,815 persons living with HIV as of December 31, 2012, did not access care during 2012.
- The number of new HIV infections continues to outweigh the number of deaths among people diagnosed with HIV, largely due to the success and widespread utilization of highly active antiretroviral therapy (HAART) in 1995.





Cancer

Alabama's #7 Health Concern

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. All cancer cases diagnosed or treated in Alabama are reported to the Alabama Statewide Cancer Registry (ASCR). The ASCR is a statewide, population-based registry that was established in 1995 by the ADPH in response to state law (Act 95-275) that made cancer a reportable condition. The ASCR has achieved the highest national certifications for data quality and completeness since 2004.

Alabamians identified cancer as the seventh greatest current health concern in Alabama with good reason. Cancer is the second leading cause of death in Alabama trailing only diseases of the heart. In the United States, males have slightly less than a 1 in 2 risk of developing cancer over the course of a lifetime. For women, the risk is a little more than 1 in 3 over the course of a lifetime. The risk of being diagnosed with cancer increases with age, and approximately 77 percent of all cancers are diagnosed in persons 55 and older. According to the American Cancer Society, an estimated 26,150 Alabamians will be diagnosed with cancer in 2015, and an estimated 10,560 Alabamians will die from cancer in 2015.

The following indicators have been selected for use in developing a benchmark or starting point for measuring the current state and monitoring future changes in the state of cancer in Alabama:

- Cancer Mortality Rate, 2011-2013
- Colorectal Cancer Incidence, 2007-2011
- Female Breast Cancer Incidence, 2007-2011
- Lung and Bronchus Cancer Incidence, 2007-2011
- Prostate Cancer Incidence, 2007-2011

These four cancer groupings were chosen because they represent more than 55 percent of all new tumors reported to the ASCR. Additionally, the burden of each of these cancers could be reduced through behavior modifications such as smoking cessation, weight loss, exercise, improved nutrition, and regular screening examinations by a health care professional. More cancer indicators (survival rates, screening rates, and cancer staging) may be added in the future.

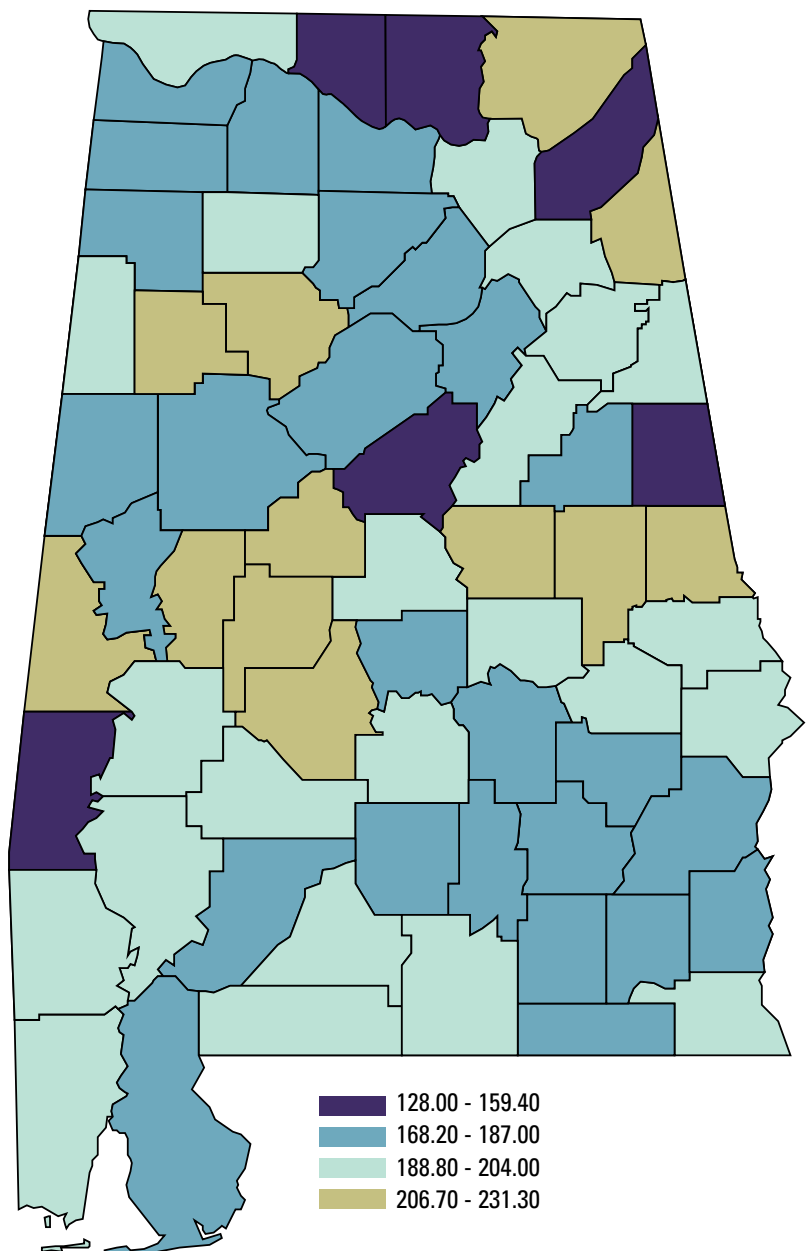
Alabama Cancer Highlights

- Although the overall cancer mortality rate for Alabama has been steadily declining for the past few years, Alabamians, particularly men, have higher overall cancer mortality rates than the United States. However, both African American and Caucasian females in Alabama have slightly lower overall cancer mortality rates than their United States counterparts.
- Lung cancer is the second most reported cancer in males and Caucasian females and the third most reported in African American females.
- Lung cancer is the leading cause of cancer death in Alabama with more deaths each year than deaths from breast, colorectal, and prostate cancer combined.
- Alabamians have significantly higher rates of lung cancer incidence and mortality compared to the United States. This is true for all race and gender groupings except African American females which have significantly lower incidence and mortality rates for lung cancer than their United States counterparts.
- Colorectal cancer is the third most reported cancer in males and Caucasian females and the second most reported in African American females.
- For males and females combined, colorectal cancer is the second leading cause of cancer death in Alabama.
- There has been an overall decline in both cancer incidence and mortality rate for colorectal cancer in Alabama over the past few years.
- Although Alabamians as a whole have higher incidence rates of colorectal cancer than the United States, only African American males in Alabama have higher mortality rates than their United States counterparts.
- Breast cancer is the leading cause of cancer and the second leading cause of death from cancer in women.
- African American females in Alabama have significantly higher rates of breast cancer incidence than Caucasian females in Alabama. This is unique because in the rest of the county as a whole, Caucasian females have significantly higher breast cancer incidence rates.
- Caucasian females in Alabama have slightly lower incidence and mortality rates for breast cancer than the United States.
- African American females in Alabama have significantly higher incidence rates but slightly lower mortality rates than the United States.
- Prostate cancer is the leading cause of cancer and the second leading cause of death from cancer in men.
- Prostate cancer incidence and mortality rates in Alabama have been significantly declining over the past few years.
- Prostate cancer occurs significantly more in African American males than Caucasian men, and African American males also have significantly higher mortality rates for prostate cancer.
- Caucasian males in Alabama have approximately the same incidence and mortality rates for prostate cancer as the United States while African American males in Alabama have both higher incidence and mortality rates than their United States comparison group.

Cancer Mortality Rate (2011-2013)	
Per 100,000 population	
State Comparison	
Alabama	184.5
United States (2011)	169.0
Historic Trend	
2011-2013	184.5
2006-2008	198.5
2001-2003	209.9
Public Health Area	
1	196.0
2	171.9
3	186.9
4	185.0
5	173.9
6	194.7
7	203.7
8	188.5
9	182.1
10	181.2
11	197.1
Rurality	
Rural counties	188.8
Urban counties	181.4
Age	
Under 18	1.9
18 - 24	4.1
25 - 34	10.0
35 - 44	36.7
45 - 54	137.0
55 - 64	358.1
65 and over	973.4
Gender	
Female	147.0
Male	237.2
Race	
African American	209.6
American Indian/Alaskan Native	73.9
Caucasian	181.1
Ethnicity	
Hispanic	59.6
Non-Hispanic	186.0
Income	
	N.A.
Education	
Less than 9th Grade	684.0
9th Grade - 12th Grade	447.1
High school or G.E.D.	422.9
Post high school	179.4
College graduate and higher	199.4

Cancer Mortality Rate³¹

- Cancer is the second leading cause of death in both the United States and Alabama, followed only by heart disease.
- Cancer mortality rates are declining both nationally and in Alabama.
- Cancer mortality rates are significantly higher in Alabama than the United States. This is true even after adjusting for race, age, and gender.
- Males have significantly higher mortality rates than females.
- African Americans have significantly higher mortality rates than Caucasians.
- Cancer mortality rates increase significantly with age.
- Rural counties have a slightly higher mortality rate than urban counties.

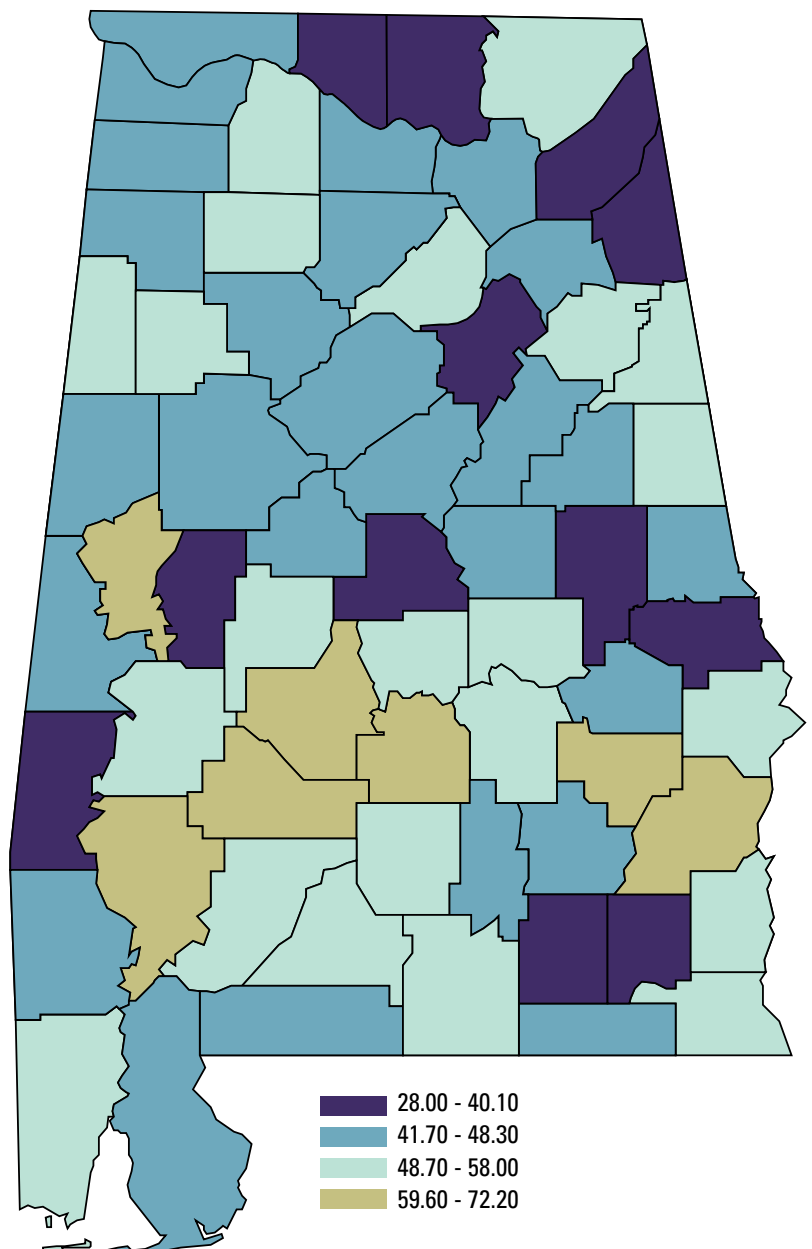


Colorectal Cancer Incidence (2007-2011)	
State Comparison	
Alabama	46.3
United States (2006 - 2010)	44.7
Historic Trend	
2007-2011	46.3
2002-2006	50.5
1997-2001	49.2
Public Health Area	
1	46.0
2	42.3
3	49.0
4	46.9
5	41.6
6	47.9
7	54.5
8	46.8
9	47.8
10	44.2
11	51.0
Rurality	
Rural counties	46.4
Urban counties	45.9
Age	
Under 50	8.2
50 - 64	86.5
65 and over	216.4
Gender	
Female	38.9
Male	55.6
Race	
African American	54.7
Asian or Pacific Islander	28.3
Caucasian	44.2
Ethnicity	
	N.A.
Income	
	N.A.
Education	
	N.A.

Notes:
 All rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard unless otherwise specified.
 All rates are for malignant cases only. This is done to comply with national publication standards.
 The age groups were adjusted to be more clinically significant.

Colorectal Cancer Incidence³²

- Colorectal cancer is the third leading cancer in Caucasian males, Caucasian females, and African American males. Colorectal cancer is the second leading cancer in African American females.
- Colorectal cancer occurs significantly more frequently in males than females and occurs significantly more frequently in African Americans than in Caucasians.
- Alabamians have significantly higher incidence rates of colorectal cancer than the United States. This is true for Caucasian males, Caucasian females, African American males, and African American females.
- Screening can result in the detection and removal of colorectal polyps before they become cancerous, as well as detect cancer at an early stage where survival is more likely. This would lower both the incidence and mortality of this disease.

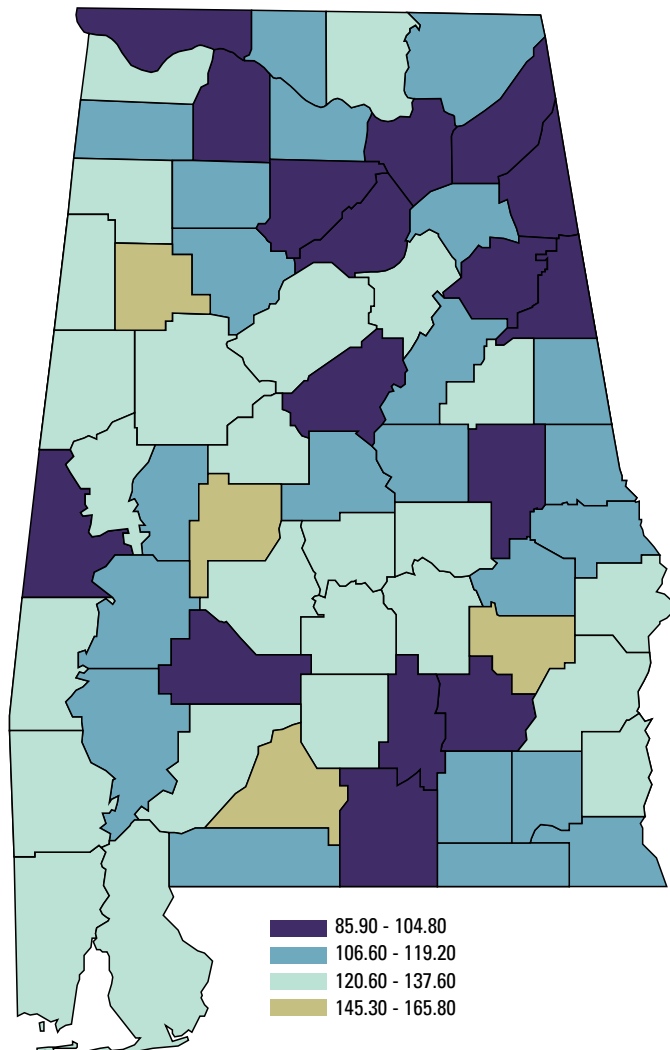


Female Breast Cancer Incidence (2007-2011)	
State Comparison	
Alabama	119.0
United States (2006-2010)	122.2
Historic Trend	
2007-2011	119.0
2002-2006	115.2
1997-2001	118.0
Public Health Area	
1	108.4
2	115.5
3	130.7
4	130.0
5	110.5
6	106.2
7	122.1
8	124.1
9	118.1
10	116.5
11	124.0
Rurality	
Rural counties	113.1
Urban counties	122.8
Age	
Under 40	13.4
40 - 49	149.4
50 - 64	261.4
65 and over	388.8
Gender	
Female	119.0
Male	1.1
Race	
African American	124.3
Asian or Pacific Islander	84.6
Caucasian	116.7
Ethnicity	
	N.A.
Income	
	N.A.
Education	
	N.A.

Notes:
 Rates are per 100,000 and age-adjusted to the 2000 United States (19 age groups) standard population unless otherwise specified.
 All rates are for malignant cases only. This is done to comply with national publication standards.
 With the exception of the one rate for men, all rates are for females only.
 The age groups were adjusted to be more clinically significant.

Female Breast Cancer Incidence³³

- Breast cancer is the most common cancer in females.
- Breast cancer occurs far more frequently in females than in males.
- Alabama is unique in that African American females have significantly higher incidence rates than Caucasian females. For the United States as a whole, Caucasian females have significantly higher incidence rates than African American women.
- Asian/Pacific Islanders in Alabama have significantly lower rates of breast cancer than Caucasian or African American women. This is also true for the United States as a whole.
- Caucasian females in Alabama have significantly lower incidence rates than Caucasian females for the United States as a whole. However, African American females in Alabama have significantly higher incidence rates than African American females for the United States as a whole.
- The females in rural counties in Alabama have significantly lower incidence rates compared to the females in urban counties. However, when adjusted for race, this difference is only true for Caucasian females.
- Mammography can detect breast cancer at an early stage, when treatment is more effective and a cure is more likely.



Lung Cancer Incidence (2007-2011)	
State Comparison	
Alabama	74.4
United States (2006-2010)	65.7
Historic Trend	
2007-2011	74.4
2002-2006	75.9
1997-2001	74.5
Public Health Area	
1	81.8
2	74.6
3	77.2
4	67.5
5	74.4
6	82.0
7	68.5
8	71.2
9	68.3
10	77.4
11	79.3
Rurality	
Rural counties	78.2
Urban counties	71.5
Age	
Under 50	6.4
50 - 64	132.5
65 and over	394.9
Gender	
Female	55.0
Male	100.6
Race	
African American	65.5
Asian or Pacific Islander	38.2
Caucasian	76.9
Ethnicity	
	N.A.
Income	
	N.A.
Education	
	N.A.

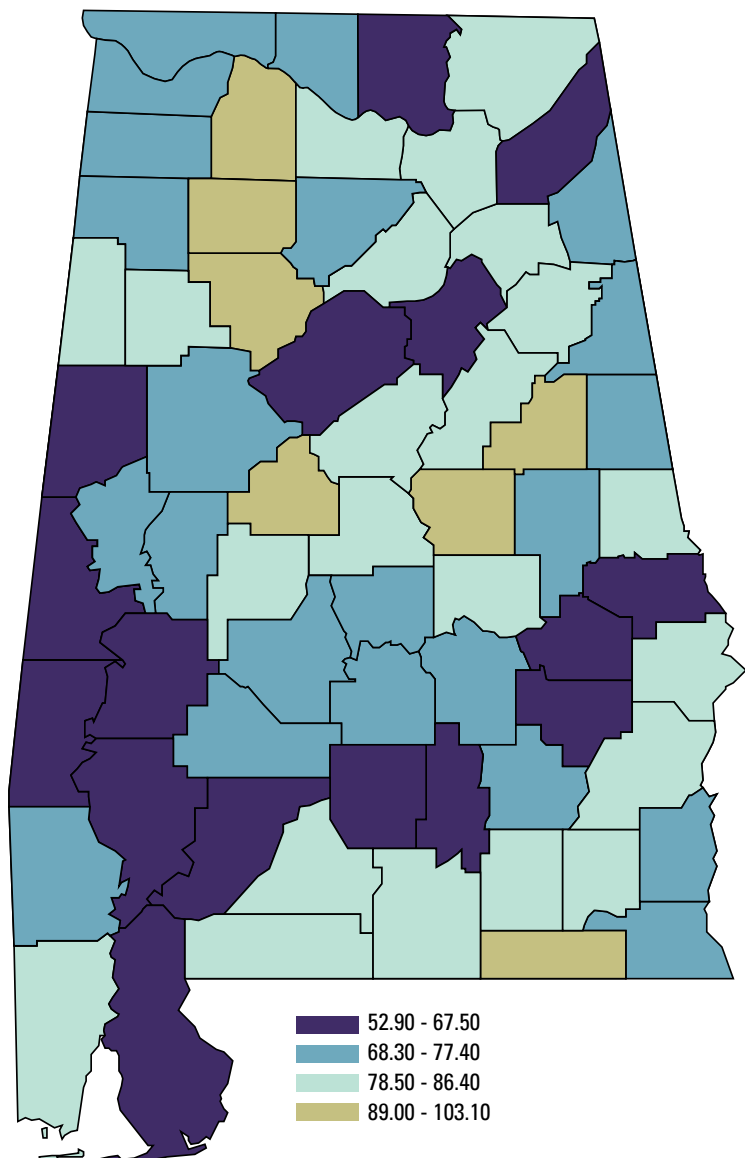
Notes:
 All rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard unless otherwise specified.

All rates are for malignant cases only. This is done to comply with national publication standards.

The age groups were adjusted to be more clinically significant.

Lung Cancer Incidence³⁴

- Lung cancer is the second most common cancer in Caucasian males, Caucasian females, and African American males. Lung cancer is the third most common cancer in African American females.
- Alabamians have significantly higher incidence rates for lung cancer than the United States. This is true for Caucasian males, Caucasian females, and African American males in Alabama.
- Smoking is the leading cause for developing lung cancer.
- Alabamians as a whole have a higher prevalence of smoking than the United States.
- Males have significantly higher rates of lung cancer than females.
- Caucasians have significantly higher rates of lung cancer than African Americans, but when adjusted for gender, only the rates for Caucasian females are significantly higher than African American females; the rates for Caucasian males and African American males are not significantly different.
- Radon is the second leading cause for lung cancer, and the number one cause for lung cancer among non-smokers. Fifteen counties in Alabama have been designated as Zone 1 Radon Counties, meaning these counties have the highest potential for elevated radon levels. For more information on radon levels, visit adph.org/radon.



Prostate Cancer Incidence (2007-2011)	
State Comparison	
Alabama	154.2
United States (2006-2010)	146.6
Historic Trend	
2007-2011	154.2
2002-2006	154.4
1997-2001	135.1
Public Health Area	
1	115.7
2	140.6
3	172.7
4	171.6
5	148.0
6	154.5
7	210.6
8	143.9
9	139.8
10	167.3
11	159.7
Rurality	
Rural counties	144.3
Urban counties	158.3
Age	
Under 50	7.7
50 - 64	329.8
65 and over	784.9
Gender	
Female	N.A.
Male	154.2
Race	
African American	227.6
Asian or Pacific Islander	86.1
Caucasian	130.3
Ethnicity	
	N.A.
Income	
	N.A.
Education	
	N.A.

Notes:
 All rates are per 100,000 and age-adjusted to the 2000 US (19 age groups) standard unless otherwise specified.

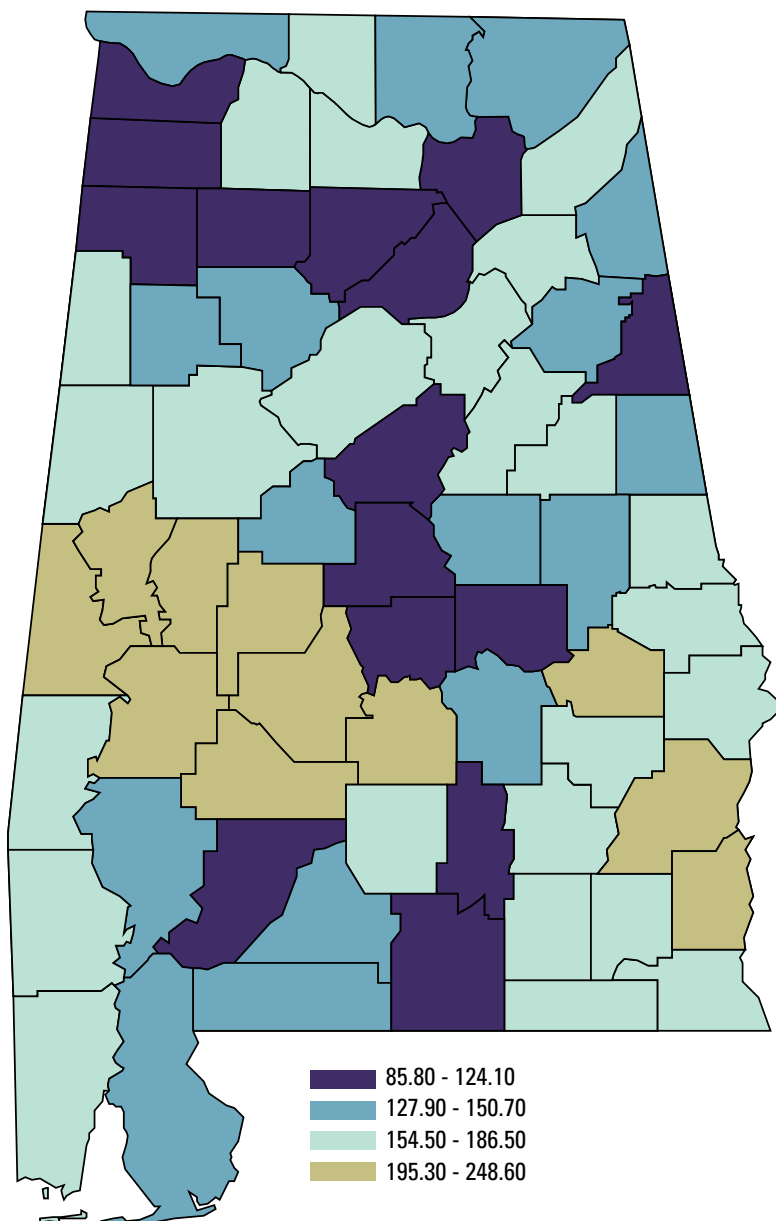
All rates are for malignant cases only. This is done to comply with national publication standards.

Prior to 2004, prostate cancer was known to be under reported.

The age groups were adjusted to be more clinically significant.

Prostate Cancer Incidence³⁵

- Prostate cancer is the most common cancer in males.
- In Alabama, 57 percent of prostate cancer cases are diagnosed in males age 65 or older, and almost 97 percent of cases are diagnosed in males age 50 years or older.
- African American males and Jamaican males of African descent have the highest prostate cancer rates in the world.
- African American males in Alabama have significantly higher rates of prostate cancer than African American males in the United States as a whole.
- African American males have significantly higher rates of prostate cancer than Caucasian males.
- Because prostate cancer occurs approximately 75 percent more frequently in African American males than Caucasian males, it is important to adjust for race before making comparisons between two different geographic areas.





Child Abuse and Neglect

Alabama's #8 Health Concern

Child abuse and neglect are important health issues for Alabama. Child abuse is defined as harm or a threat of harm to a child's health or welfare. Child neglect is negligent treatment or maltreatment of a child, including the failure to provide adequately for a child. In Alabama, the Office of Child Protective Services of the Family Services Division of the Alabama Department of Human Resources is responsible for collecting reports of child abuse and neglect. Additionally, the Office of Child Protective Services maintains the central registry on child abuse and neglect, applies and monitors grants for protective services projects, and provides case consultation services for child abuse and neglect.

Alabamians identified child abuse and neglect as the eighth greatest current health concern in Alabama. Unfortunately, instances of child abuse and neglect are often unreported. Many states have enacted mandatory reporting laws that compel certain professionals to report child abuse and neglect to a state or local agency. In Alabama, health care professionals, school teachers, law enforcement officers, social workers, day care employees, and clergy are required by law to report suspected or known instances of child abuse or neglect. Reports of child abuse or neglect may be provided to local police, the Office of Child Protective Services, or any group designated by the Office of Child Protective Services to receive reports of child abuse and neglect.

The indicator selected for use in developing a benchmark or starting point for measuring the current state and monitoring future changes in the state of child abuse and neglect in Alabama is the rate of reported cases of child abuse and neglect according to the Office of Child Protective Services. The measure was selected because it was the only measure that was readily available for child abuse and neglect. Having a rate based on confirmed cases of child abuse and neglect would be preferable because that would reduce the impact of reporting bias. Different indicators may be added in the future if they become available.

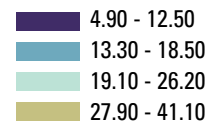
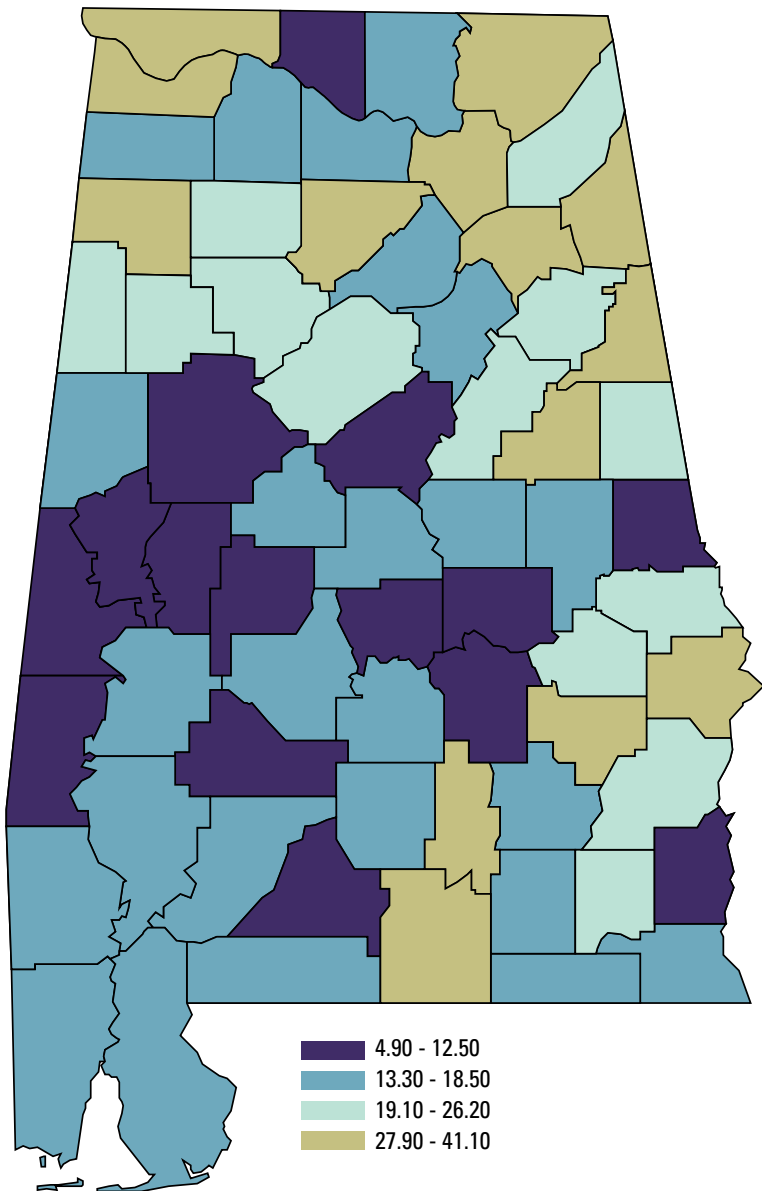
Alabama Child Abuse and Neglect Highlights

- The statewide rate of reported cases of child abuse and neglect has been relatively steady for the past several years at a rate of less than 19 cases per 1,000 children.
- The data available is for reported cases of child abuse and neglect, not confirmed cases of child abuse and neglect. As child abuse and neglect cases are often underreported, this could lead to reporting bias where counties with better reporting appear to have higher rates of child abuse and neglect than counties with poor reporting.
- There is no United States comparison data available for this measure. Also, this data is not available by race or gender.
- The rate of reported cases for rural counties is slightly higher than the rate of reported cases for urban counties (19.8 versus 17.5).

Child Abuse and Neglect Cases (2013)	
Per 1,000 Population Under Age 18	
State Comparison	Rate
Alabama	18.4
United States	N.A.
Historic Trend	
FY 2013	18.4
FY 2008	17.0
FY 2003	16.0
Public Health Area	
1	25.4
2	18.9
3	13.4
4	21.4
5	17.4
6	22.0
7	12.5
8	16.0
9	17.7
10	17.7
11	16.7
Rurality	
Rural counties	19.8
Urban counties	17.5
Age	N.A.
Gender	N.A.
Race	N.A.
Ethnicity	N.A.
Income	N.A.
Education	N.A.

Child Abuse and Neglect³⁶

- Child abuse and neglect cases are often underreported.
- The statewide rate of reported cases of child abuse and neglect has been relatively steady for the past ten years. The slight increase in the rate is likely attributable to improvements in reporting.
- The rate of reported cases for rural counties is slightly higher than the rate of reported cases for urban counties (19.8 per 100,000 population under the age of 18 versus 17.5).
- PHA 1 has the highest reported rate of child abuse and neglect at 25.4.
- Cherokee County has the highest rate at 41.1, and Greene County has the lowest rate at 4.9. However, because these rates are based on number of reports per population and not number of confirmed cases of child abuse and neglect, this measure is highly susceptible to reporting bias. If adjustments could be made for reporting bias, the difference between the rates for Cherokee County and Greene County would likely be much smaller.





Diabetes

Alabama's #9 Health Concern

Alabamians identified diabetes as the ninth greatest current health concern in Alabama. Fortunately, it is possible to obtain comprehensive data on the status of diabetes from data collected by ADPH's Center for Health Statistics on diabetes mortality, data from Medicaid, Medicare, and BCBS on insurance and claims.

Diabetes is a serious health condition which can result in limb amputation, the need for dialysis, or even death. Because of a lack of screening and health services, diabetes is often diagnosed when it begins to have serious health consequences. Many people in Alabama have diabetes but do not know that they have it. Many diabetics can be treated with changes in diet and exercise, if the condition is detected in its early stages. Diabetes takes a heavy toll in the African American population and in the elderly. It is especially prevalent in rural areas. Diabetes is highly related to obesity and a lack of exercise.

The following indicators have been selected for use in developing a benchmark or starting point for measuring the current state of and monitoring future changes regarding the elderly population of Alabama:

- Diabetes-Related Mortality Rate, 2011-2013
- Diabetes Prevalence Among Medicare Recipients, 2012
- Percent Diabetes Diagnosis Among Medicaid Recipients, 2013
- BCBS Members Filing Diabetes Claims, 2013
- Adults Ever Told They Have Diabetes by a Doctor, 2012

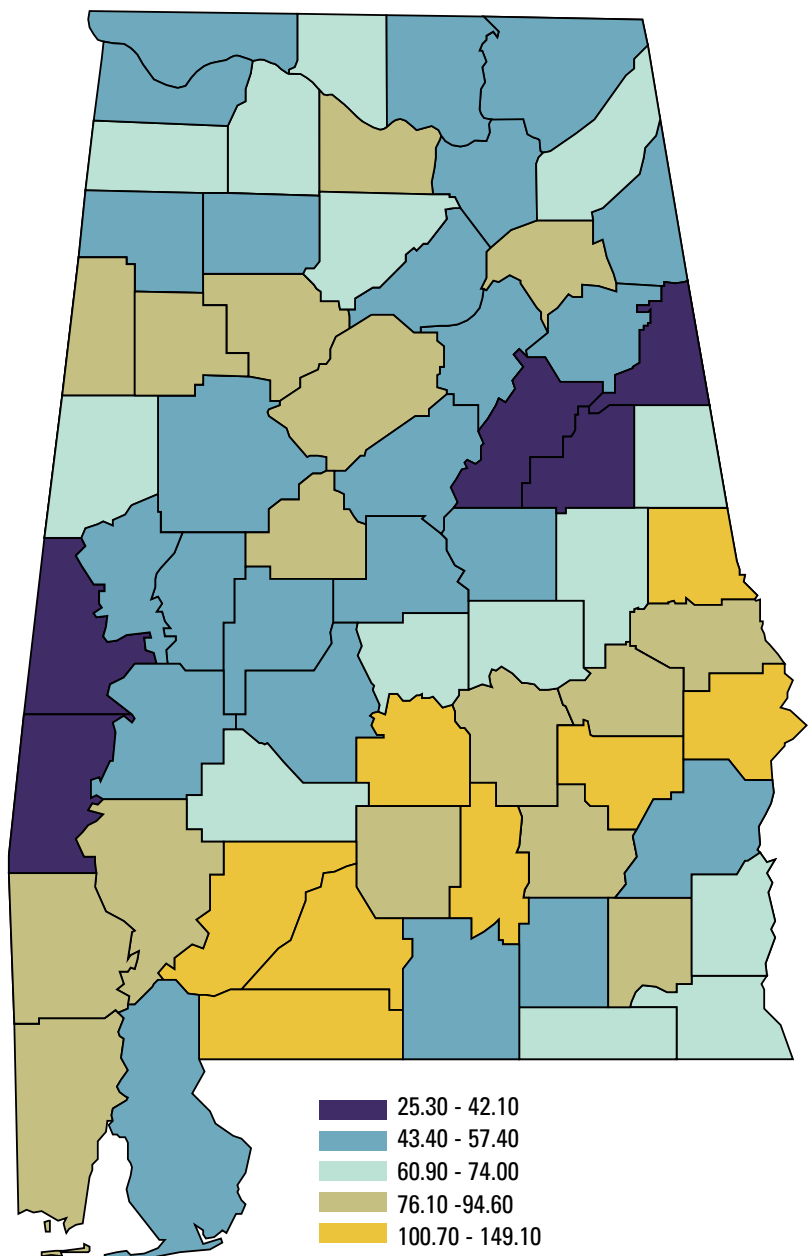
Alabama Diabetes Highlights

Alabama had the third highest prevalence of diabetes in the United States in 2012. In addition, diabetes was the seventh leading cause of death in 2013, with 1,346 dying of the disease. More than 12 percent of Alabama's adults have been diagnosed with diabetes, but many with the condition are undiagnosed. African Americans are significantly more likely to have and to die of diabetes. Diabetes is inversely related to income and education. Diabetes risk increases dramatically with age. Also, diabetes often operates in tandem with heart disease, stroke, blindness, renal failure, and poor circulation causing debilitation. Poor diets, high in fats and processed sugars, and lack of exercise are risk factors for diabetes. Type I diabetes is hereditary but Type II is due to life style factors.

Diabetes-Related Mortality (2011-2013)	
Per 100,000 Standard Population	
State Comparison	
Alabama	67.6
United States (2011)	70.3
Historic Trend	
2011-2013	67.6
2006-2008	78.9
2001-2003	80.8
Public Health Area	
1	60.0
2	59.8
3	59.1
4	76.1
5	61.2
6	53.6
7	54.2
8	82.9
9	75.2
10	71.1
11	77.3
Rurality	
Rural counties	67.4
Urban counties	67.9
Age	
25 - 34	4.3
35 - 44	15.0
45 - 54	42.7
55 - 64	105.4
65 and over	376.5
Gender	
Female	58.1
Male	80.1
Race	
African American	107.3
American Indian/Alaskan Native	36.4
Caucasian	58.7
Ethnicity	
Hispanic	33.0
Non-Hispanic	68.1
Income	
	N.A.
Education	
Less than 9th Grade	312.8
9th Grade - 12th Grade	173.2
High school or G.E.D.	147.6
Post high school	61.6
College graduate and higher	56.8

Diabetes-Related Mortality³⁷

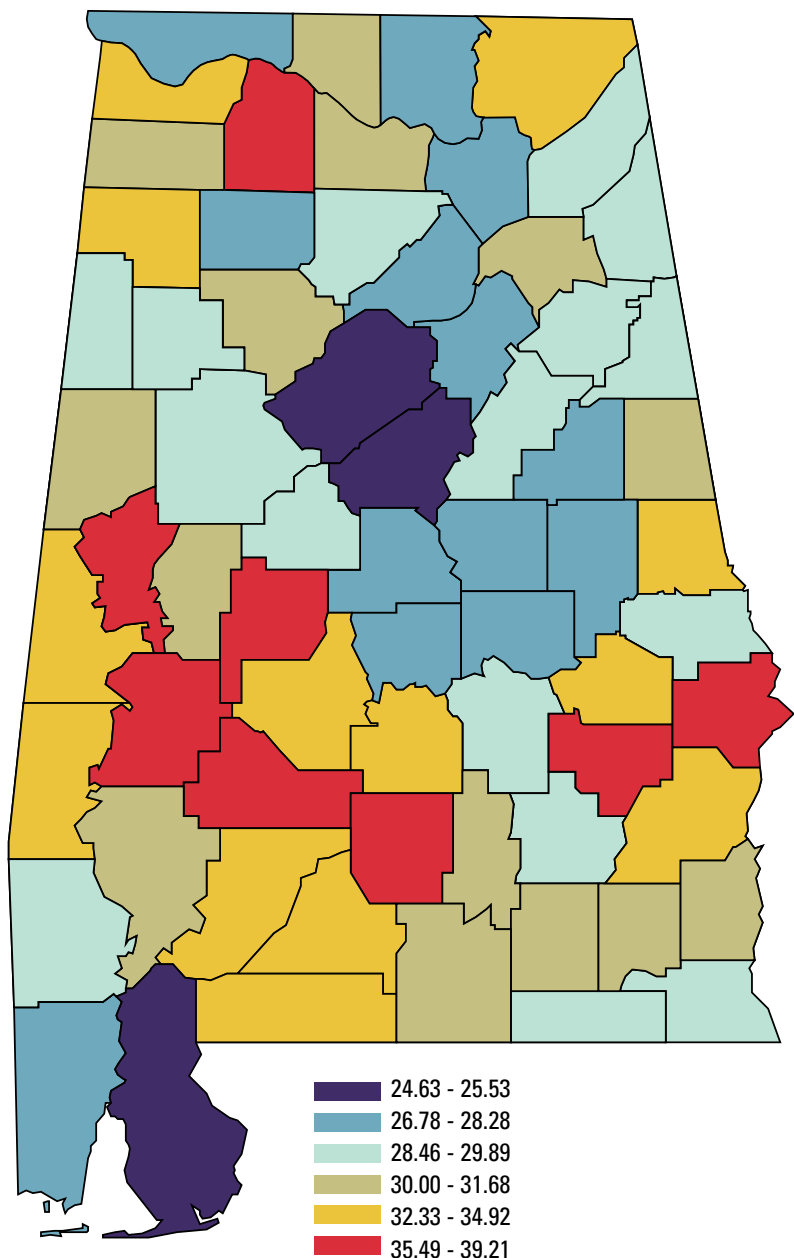
- During 2011-2013, Alabama's mortality rate from diabetes-related issues was 67.6 per 100,000. This estimate is 2.7 lower than the United States average of 70.3 per 100,000.
- Alabama's diabetes mortality rate:
 - Is 1.4 times higher for males than females (80.1 and 58.1 per 100,000, respectively).
 - Is 1.8 times higher for African Americans than Caucasians (107.3 and 58.7 per 100,000, respectively).
 - Increases from age 25, with the highest rate in those age 65 and older.
- Rural and urban counties had similar diabetes-related mortality rates.
- The five counties with the highest rates were Russell, Conecuh, Lowndes, and Chambers.
- There were 32 counties with rates lower than the state average for 2011-2013.



Diabetes Prevalence Among Medicare Recipients (2012)	
State Comparison	
Alabama	29.15
United States	27.03
Historic Trend	
	N.A.
Public Health Area	
1	30.68
2	29.45
3	30.16
4	25.53
5	28.48
6	29.47
7	34.15
8	29.68
9	28.38
10	29.91
11	27.85
Rurality	
Rural counties	30.90
Urban counties	27.70
Age	
	N.A.
Gender	
	N.A.
Race	
	N.A.
Ethnicity	
	N.A.
Income	
	N.A.
Education	
	N.A.

Diabetes Prevalence Among Medicare Recipients³⁸

- Alabama’s Medicare population is composed of those age 65 and older and disabled people. In 2012, 29.2 percent of this population had been diagnosed with diabetes.
- Rural counties are more likely to have diabetics with Medicare coverage.
- The four counties with the highest percentages of diabetic Medicare population were Greene, Bullock, Butler, and Russell.
- The poorer population has difficulty providing for their condition and is more likely to be confined to a nursing home or reside in an assisted living center.
- Alabama’s percent diagnosis among Medicare recipients is geographically concentrated in poorer, rural areas with limited access to diabetic services.

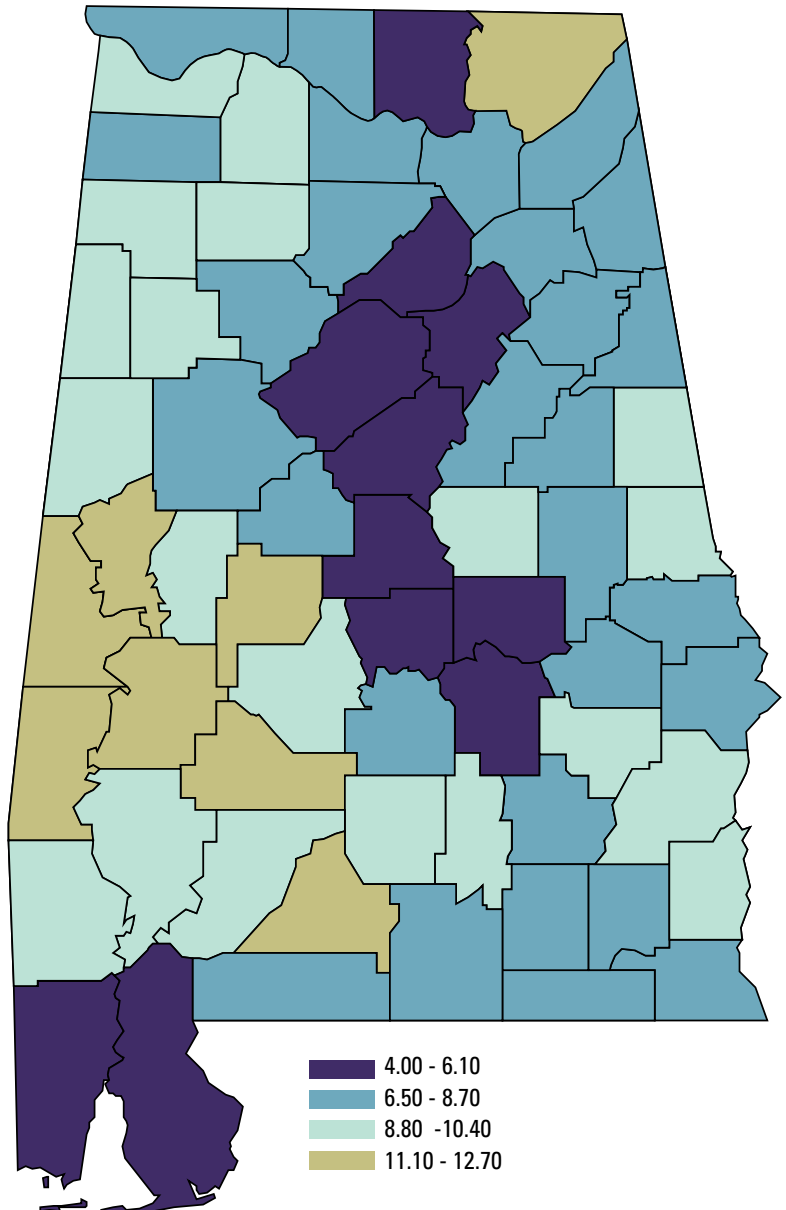


Percent Diabetes Diagnosis Among Medicaid Recipients (2013)

State Comparison	
State Comparison	Percent
Alabama	6.9
United States	N.A.
Historic Trend	
Historic Trend	N.A.
Public Health Area	
1	9.0
2	7.2
3	7.7
4	5.0
5	5.9
6	8.0
7	10.9
8	6.4
9	7.3
10	8.1
11	4.9
Rurality	
Rural counties	8.4
Urban counties	5.8
Age	
Age	N.A.
Gender	
Gender	N.A.
Race	
Race	N.A.
Ethnicity	
Ethnicity	N.A.
Income	
Income	N.A.
Education	
Education	N.A.

Percent Diabetes Diagnosis Among Medicaid Recipients³⁹

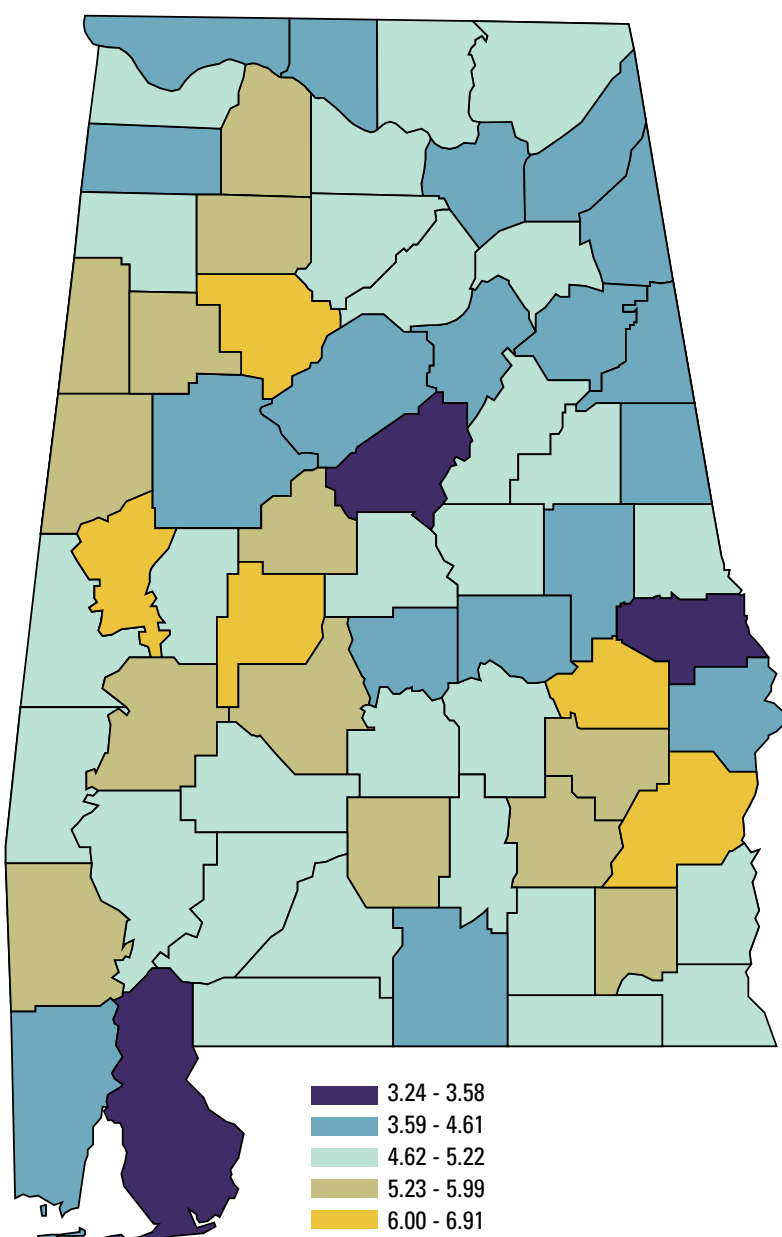
- Alabama’s Medicaid population is disproportionately composed of poor women, children, elderly, and disabled people. In 2013, 6.9 percent of this population had been diagnosed with diabetes.
- Rural counties are more likely to have diabetics with Medicaid coverage.
- PHA 7 has an especially high percent of diabetics in its Medicaid population.
- The four counties with the highest percentages of diabetic Medicaid population were Marengo, Wilcox, Choctaw, and Conecuh.
- The poor population has difficulty providing for their condition and would be one of the groups most benefiting from an expansion of Medicaid Insurance coverage.
- Alabama’s percent diagnosis among Medicaid recipients:
 - Is geographically concentrated in poorer, rural areas with limited access to diabetic services.
 - May have many potential recipients not being served.



BCBS Members Filing Diabetes Claims (2013)	
State Comparison	
Alabama	4.58
United States	N.A.
Historic Trend	
	N.A.
Public Health Area	
1	5.20
2	4.74
3	4.58
4	4.54
5	3.99
6	4.63
7	5.31
8	4.45
9	4.22
10	5.26
11	4.56
Rurality	
Rural counties	4.91
Urban counties	4.39
Age	
Under 18	0.35
18 - 24	0.62
25 - 34	1.22
35 - 44	3.39
45 - 54	7.12
55 - 64	12.34
65 and over	17.83
Gender	
	N.A.
Race	
	N.A.
Ethnicity	
	N.A.
Income	
	N.A.
Education	
	N.A.

BCBS Members Filing Diabetes Claims⁴⁰

- Alabama's BCBS population is composed of those who are not covered by a public or other private insurance program. In 2013, 4.6 percent of this population had diabetes related claims. This was almost 100,000 people.
- Rural counties are more likely to have diabetics with BCBS coverage.
- The five counties with the highest percentages of diabetic claims were Barbour, Greene, Macon, Perry, and Walker, all with at least 6 percent rate of claims. This population is probably diagnosed earlier, receives better treatment, and is less likely to be disabled by their diabetes.
- Diabetes claims rise dramatically with age, from .4 percent at age less than 18 to 17.8 percent at age 65 and older.
- BCBS members filing claims:
 - Are geographically concentrated in rural areas with limited access to diabetic services.
 - Are highly related to age.

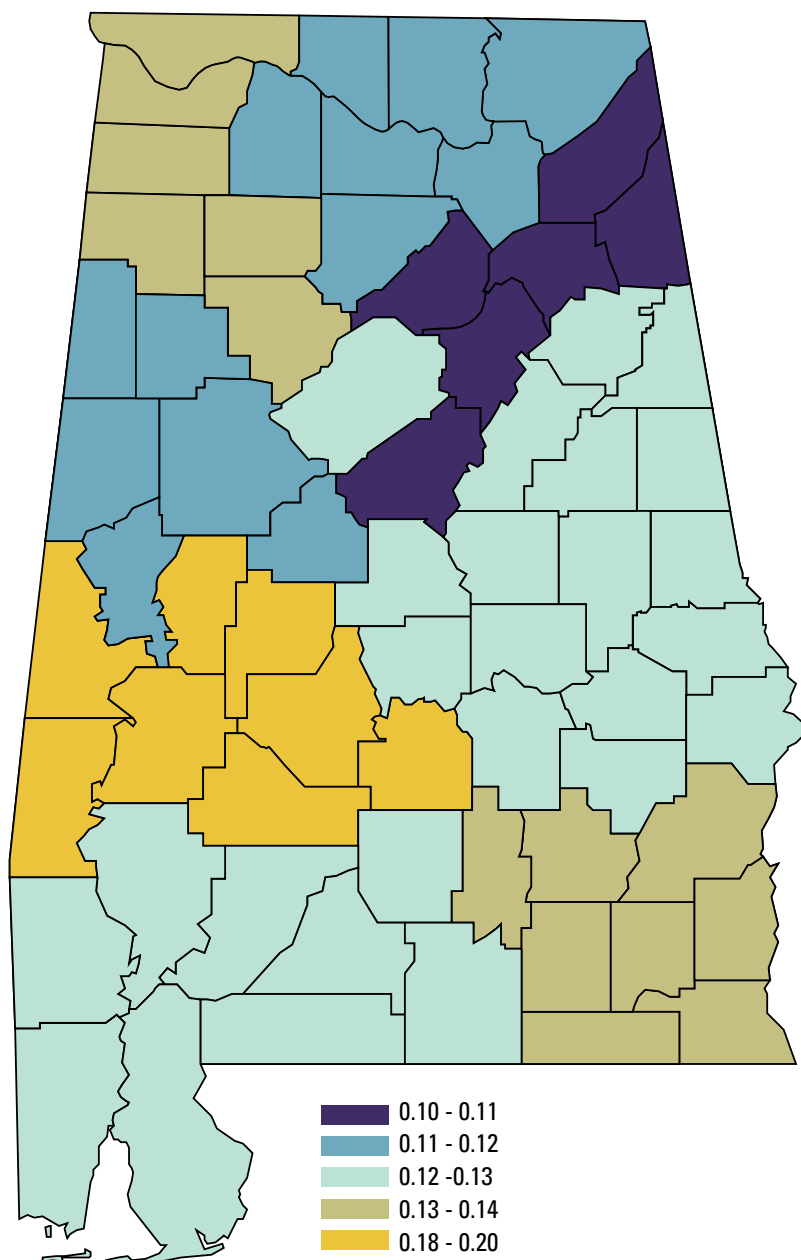


Adults Ever Told They Have Diabetes by a Doctor (2012)	
State Comparison	
Alabama	12.2
United States	9.7
Historic Trend	
2012	12.2
2007	10.3
2002	8.5
Public Health Area	
1	13.5
2	11.8
3	11.2
4	12.2
5	10.1
6	12.1
7	17.9
8	12.5
9	12.2
10	13.3
11	12.5
Rurality	
	N.A.
Age	
35 - 44	6.7
45 - 54	12.7
55 - 64	21.8
65 and over	24.7
Gender	
Female	12.0
Male	12.6
Race	
African American	16.1
American Indian/Alaskan Native	N.A.
Caucasian	11.4
Ethnicity	
	N.A.
Income	
Under \$15,000	14.8
\$15,000 - \$24,999	13.8
\$25,000 - \$34,999	13.8
\$35,000 - \$49,999	12.3
\$50,000 and over	9.1
Education	
9th Grade - 12th Grade	15.7
High school or G.E.D.	14.1
Post high school	10.5
College graduate and higher	8.9

** BRFSS data from 2010 and prior are not directly comparable to BRFSS data from 2011-2012 due to changes in weighting methodology and the addition of the cell phone sampling frame. Thus, a break in trend line must be shown graphically, and a disclaimer or footnote must be added.*

Adults Ever Told They Have Diabetes by a Doctor⁴¹

- In 2012, Alabama had the third highest prevalence of diabetes in the United States.
- More than 12 percent of Alabama’s adults have been diagnosed with diabetes. However, it is estimated that the percent of adults living with diabetes is much higher than current prevalence estimates because their diabetes remains undiagnosed.
- African American adults in Alabama are significantly more likely to have been diagnosed with diabetes than Caucasian Alabamians.
- As education levels increase among Alabama’s adults, diabetes prevalence decreases.
- As is evident from 2012 BRFSS estimates, the risk for diabetes increases as adults age.
- Those with diabetes are at especially high risk for poor health outcomes. These include complications related to heart disease, stroke, blindness, kidney failure, and lower leg amputations.





Geriatrics

Alabama's #10 Health Concern

Alabamians identified the growth of and problems of the elderly as the tenth greatest current health concern in Alabama. Fortunately, it is possible to obtain comprehensive data on the status of the elderly and the growth of the elderly population from death certificate data collected by ADPH's Center for Health Statistics on Alzheimer's mortality, data from Medicaid on Alzheimer's incidence, estimates from the Census Bureau of the aging of the population and elder abuse data from the Alabama Department of Human Resources.

The baby boom generation was the largest in the history of the United States. This population is aging and causing a dramatic increase in the elderly population. This is causing dramatic changes in society and especially the economy. Because so many of these people will be retiring soon, it puts great pressure on the Social Security Retirement System as well as other retirement programs. In addition, older populations have different spending and saving patterns. Elderly people use many more health resources and spend more of their incomes on health care. In addition, older people experience more limitations on their mobility and ability to care for themselves. This will lead to the need for more nursing homes and assisted living facilities. This is especially true for those with Alzheimer's who need progressively more care as their condition worsens.

The following indicators have been selected for use in developing a benchmark or starting point for measuring the current state of and monitoring future changes regarding the elderly population of Alabama:

- Projected Increase in Elderly Population, 2010-2040
- Adult Abuse and Neglect Cases, 2013
- Alzheimer's Mortality Rate, 2011-2013
- Alzheimer's/Dementia Prevalence Among Medicare Recipients, 2012

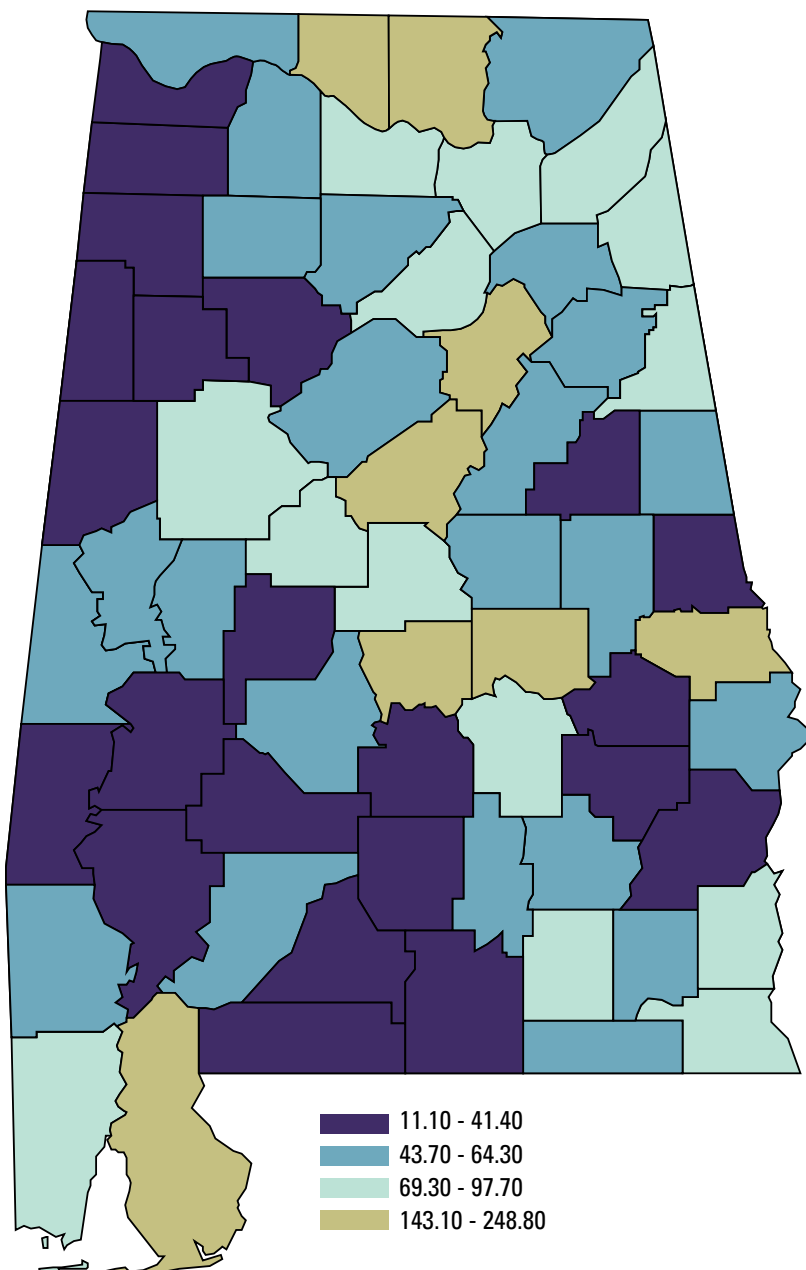
Alabama Geriatrics Highlights

Alabama's elderly population is expected to grow by 82.4 percent between 2010 and 2040, adding 542,061 elderly to the population. Most of these people are already living in the state and are aging into the elderly population. In addition, elderly people from other states are moving into Alabama to take advantage of our subtropical climate. However, the growth of the elderly population in the United States is even more dramatic than in Alabama, with the elderly population increasing by 98.0 percent. The greatest increase will occur in urban counties. With the growth of the elderly population there will be a greater danger of abuse or neglect of the elderly population. As the population ages, there are more people who suffer from Alzheimer's and dementia. Alzheimer's is now the sixth leading cause of death and becoming increasingly important as we enter future years with a larger elderly population. The number of Alzheimer's patients among Medicare recipients is already at 9.4 percent and is expected to rise as the population ages.

Projected Increase in the Elderly Population (2010-2040)	
State Comparison	Percent
Alabama	82.4
United States	98.0
Historic Trend	N.A.
Public Health Area	
1	41.6
2	105.5
3	76.0
4	45.2
5	135.4
6	53.4
7	37.6
8	109.2
9	99.2
10	70.8
11	69.3
Rurality	
Rural counties	67.7
Urban counties	93.6
Age	N.A.
Gender	N.A.
Race	N.A.
Ethnicity	N.A.
Income	N.A.
Education	N.A.

Projected Increase in the Elderly Population⁴²

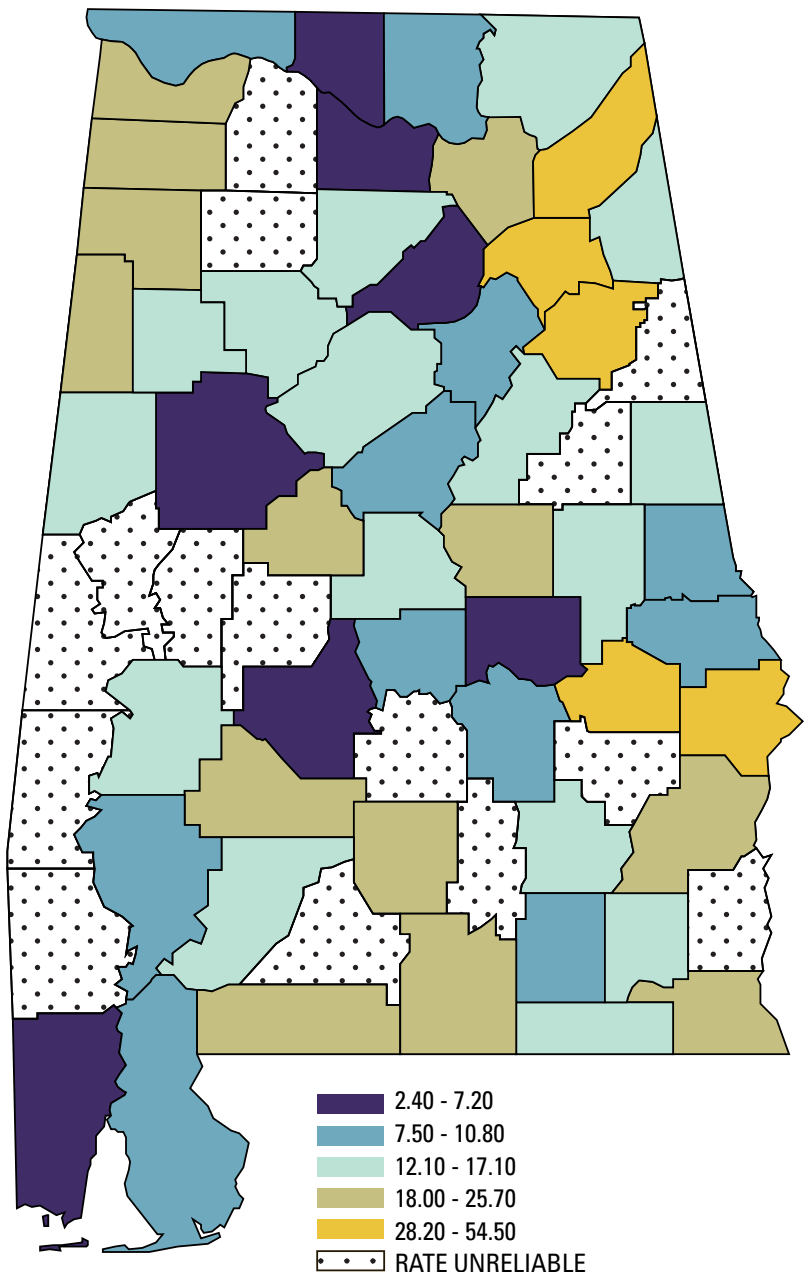
- Alabama’s elderly population is expected to increase by 82.4 percent between 2010 and 2040.
- Alabama will add 542,061 elderly to the population during these years.
- The rate of increase of the elderly population is even more rapid in the United States (98.0 percent increase).
- The highest rate during this period was in Shelby County (248.8) and the lowest was in Perry County (11.1).
- Alabama’s projected increase in the elderly population is:
 - Greater for females than males since females have a longer life expectancy.
 - Adding an average of 18,000 elderly per year to the population.
 - Higher in urban counties (93.6 percent) than rural (67.7 percent).



Adult Abuse and Neglect Cases (2013) Per 10,000 Population Aged 18 Years or Over	
State Comparison	Rate
Alabama	12.4
United States	N.A.
Historic Trend	N.A.
Public Health Area	
1	13.9
2	9.9
3	7.5
4	13.7
5	14.8
6	19.2
7	10.6
8	13.0
9	11.9
10	15.2
11	6.8
Rurality	
Rural counties	14.3
Urban counties	11.2
Age	N.A.
Gender	N.A.
Race	N.A.
Ethnicity	N.A.
Income	N.A.
Education	N.A.

Adult Abuse and Neglect Cases⁴³

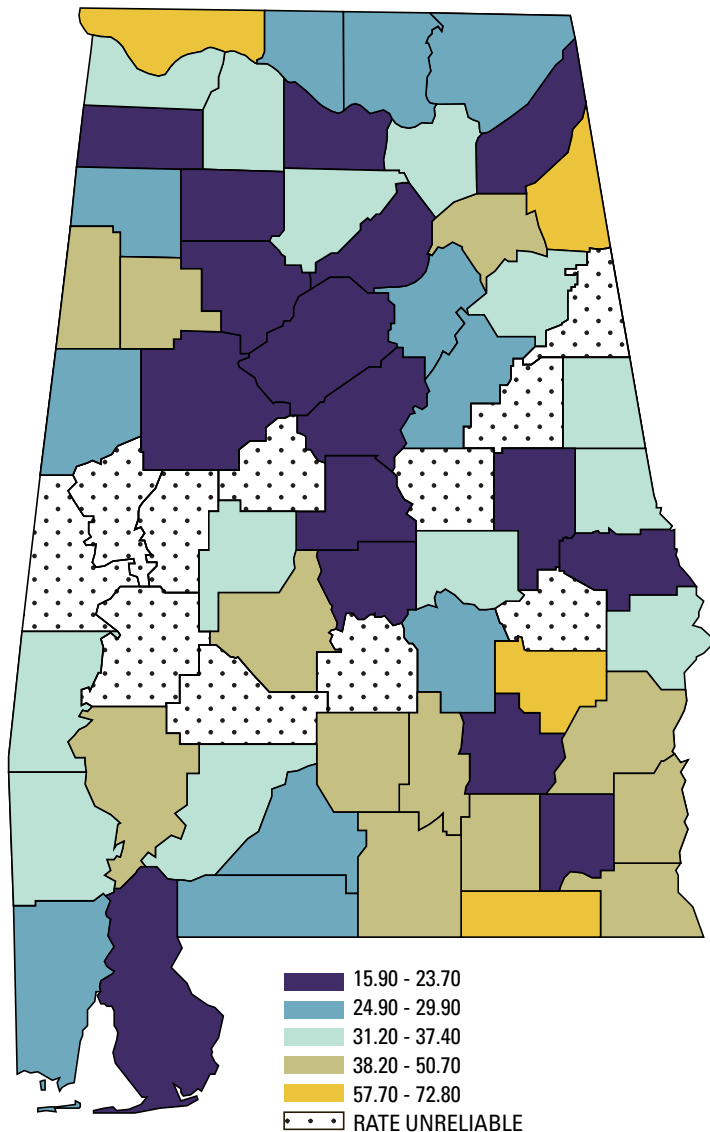
- The elderly population is especially susceptible to abuse, because as people age they become less able to take care of themselves and are more dependent on others. The elderly may live alone in isolation and need someone to look in on them from time to time. The elderly may be less able to make others aware of the abuse they are suffering or may be reticent to report it because they don't want to get their child or family member in trouble. Because of the tremendous increase in the elderly population, there will be a larger population susceptible to abuse.
- Alabama's elder abuse cases:
 - Are occurring at a rate of 12.4 per 10,000.
 - Affected 4,622 elderly in 2013.
 - Is higher in rural counties (14.3 per 10,000) than urban (11.2 per 10,000).
 - Was highest in Macon County (54.5 per 10,000) and lowest in Elmore County (3.9 per 10,000).



Alzheimer's Mortality Rate (2011-2013) Per 100,000 Population	
State Comparison	
Alabama	27.7
United States (2011)	24.7
Historic Trend	
2011-2013	27.7
2006-2008	32.5
2001-2003	27.0
Public Health Area	
1	37.9
2	25.9
3	24.2
4	20.8
5	28.7
6	28.5
7	27.0
8	27.1
9	26.7
10	40.3
11	26.2
Rurality	
Rural counties	30.1
Urban counties	26.0
Age	
45 - 54	^
55 - 64	2.3
65 and over	201.2
Gender	
Female	30.9
Male	21.8
Race	
African American	22.9
American Indian/Alaskan Native	^
Caucasian	29.1
Ethnicity	
Hispanic	12.5
Non-Hispanic	27.8
Income	
	N.A.
Education	
Less than 9th Grade	155.8
9th Grade - 12th Grade	64.4
High school or G.E.D.	53.8
Post high school	19.3
College graduate+	23.9

Alzheimer's Mortality Rate⁴⁴

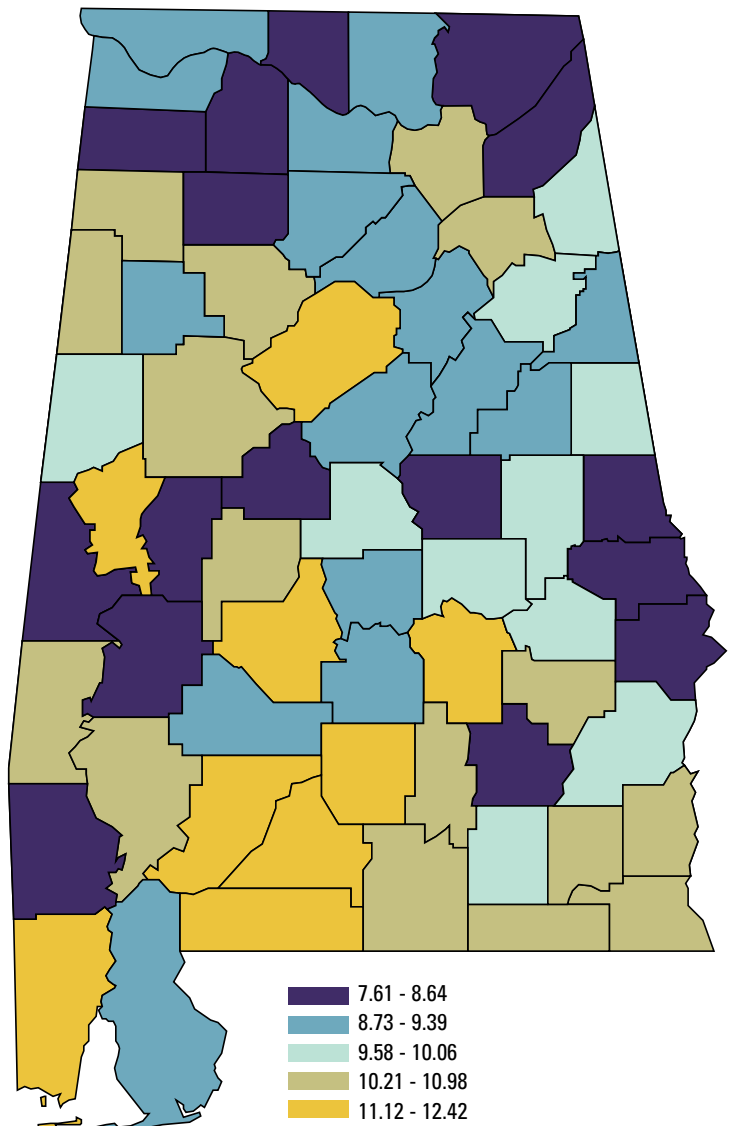
- The vast majority of Alzheimer's deaths occur in the elderly population. It is especially prevalent in those over age 80 and in women.
- Alzheimer's has dramatically increased as a cause of death. In 1980, there were only 14 Alzheimer's deaths. By 2013, this had increased to 1399, an almost 100 fold increase.
- Those with less than a high school education have much higher rates than their more educated counterparts.
- Alabama's Alzheimer's deaths:
 - Is occurring at a rate of 27.7 per 100,000.
 - Is 16 percent above the United States rate.
 - Is higher in rural counties (30.1 per 100,000) than urban (26.0 per 100,000).
 - Is over 40 percent higher for females than males.
 - Is highest for those with less than a 9th Grade education (155.8).
- Hispanics have a rate (12.5) less than half that of non-Hispanics (27.8).
- Alzheimer's mortality rates were highest in Cherokee County (72.8 per 100,000) and lowest in Baldwin and Morgan counties (15.9 per 100,000).



Alzheimer's/Dementia Prevalence Among Medicare Recipients (2012)	
State Comparison	Percent
Alabama	9.94
United States	9.83
Historic Trend	N.A.
Public Health Area	
1	9.35
2	9.23
3	10.19
4	11.12
5	9.72
6	9.47
7	10.05
8	9.77
9	10.10
10	10.10
11	11.34
Rurality	
Rural counties	9.60
Urban counties	10.20
Age	N.A.
Gender	N.A.
Race	N.A.
Ethnicity	N.A.
Income	N.A.
Education	N.A.

Alzheimer's/Dementia Prevalence in the Medicare Population⁴⁵

- The vast majority of Alzheimer's cases occur in the elderly population covered by Medicare. It is especially prevalent in those over age 80 and in women.
- Alzheimer's has dramatically increased in prevalence since 1980. Alzheimer's patients require a high degree of monitoring and care in the advanced stages of the disease.
- Alabama's Alzheimer prevalence in the Medicare population:
 - Shows 9.94 percent of the Medicare population had Alzheimer's.
 - Indicates 66,937 Medicare recipients had Alzheimer's.
 - Was highest in Dallas County (12.42 percent) and lowest in Washington County (7.61 percent).





Injury and Violence

Alabama's #11 Health Concern

Alabamians identified injury and violence as the eleventh greatest current health concern in Alabama. Fortunately, it is possible to obtain comprehensive data on the status injury and violence from death certificate data collected by ADPH's Center for Health Statistics on homicide mortality, accidental poisoning mortality, and motor vehicle accident mortality. These data are complete and comprehensive.

Injury and violence are the leading cause of potential years of life lost, because these deaths generally occur in younger people. Minorities are over represented in homicide mortality. Alabama has a very high motor vehicle accident mortality death rate and homicide mortality rate compared to the nation. In addition, males are more likely to die of the causes.

The following indicators have been selected for use in developing a benchmark or starting point for measuring the current state of and monitoring future changes regarding injury and violence in the population of Alabama:

- Homicide Mortality Rate, 2011-2013
- Accidental Poisoning Mortality Rate, 2011-2013
- Motor Vehicle Mortality Rate, 2011-2013

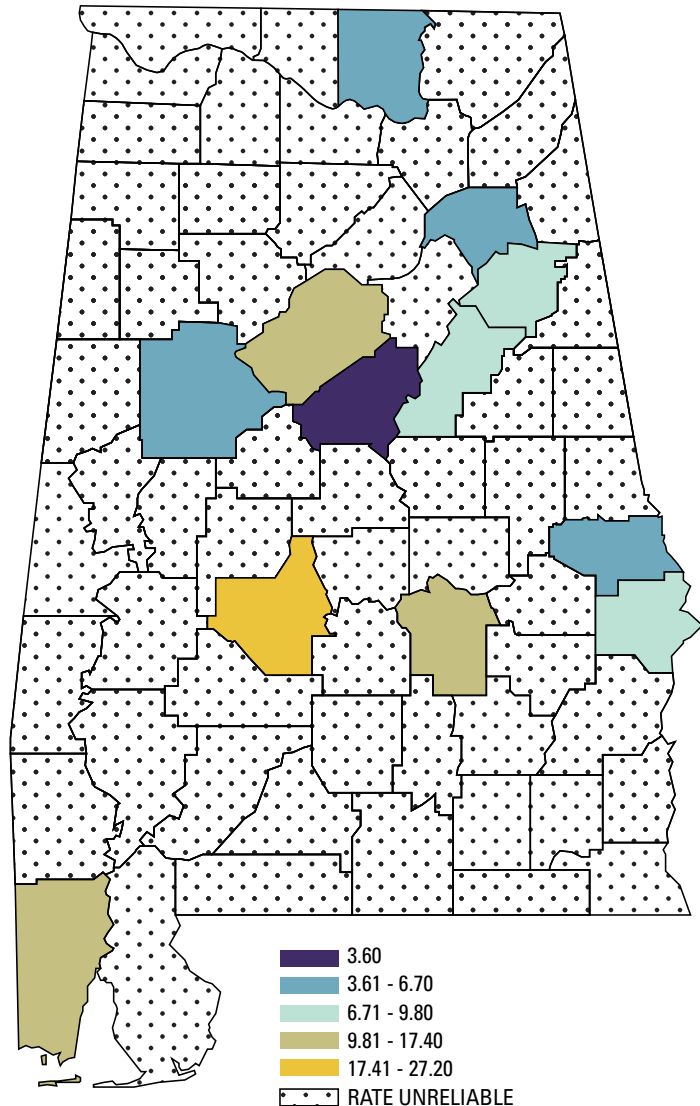
Alabama Injury and Violence Highlights

Injury mortality was the fifth leading cause of death in 2013, with homicide ranking fifteenth. Alabama has a higher rate of injury and violence than the nation. These causes of death are especially tragic because they disproportionately affect younger people, resulting in a large number of potential years of life lost. Accidental poisoning mortality has increased by 2.5 times since 2001-2003. In addition, homicide is particularly harmful to the African American population, as they are five times as likely to be victims as Caucasians. Wearing seatbelts could conceivably prevent many of the motor vehicle deaths. A focus on anger management could hopefully prevent some homicide deaths.

Homicide Mortality Rate (2011-2013) Per 100,000 Population	
State Comparison	
Alabama	8.6
United States (2011)	5.3
Historic Trend	
2011-2013	8.6
2006-2008	10.0
2001-2003	9.5
Public Health Area	
1	4.8
2	4.5
3	5.9
4	14.5
5	4.8
6	9.0
7	16.8
8	10.8
9	4.8
10	5.9
11	14.5
Rurality	
Rural counties	6.9
Urban counties	9.6
Age	
Under 18	2.3
18 - 24	19.2
25 - 34	18.7
35 - 44	10.5
45 - 54	7.4
55 - 64	3.9
65 and over	4.1
Gender	
Female	3.3
Male	14.0
Race	
African American	20.5
American Indian/Alaskan Native	^
Caucasian	3.9
Ethnicity	
Hispanic	4.3
Non-Hispanic	8.8
Income	
	N.A.
Education	
Less than 9th Grade	19.8
9th Grade - 12th Grade	32.2
High school or G.E.D.	17.1
Post high school	6.2
College graduate and higher	2.3

Homicide Mortality Rate⁴⁶

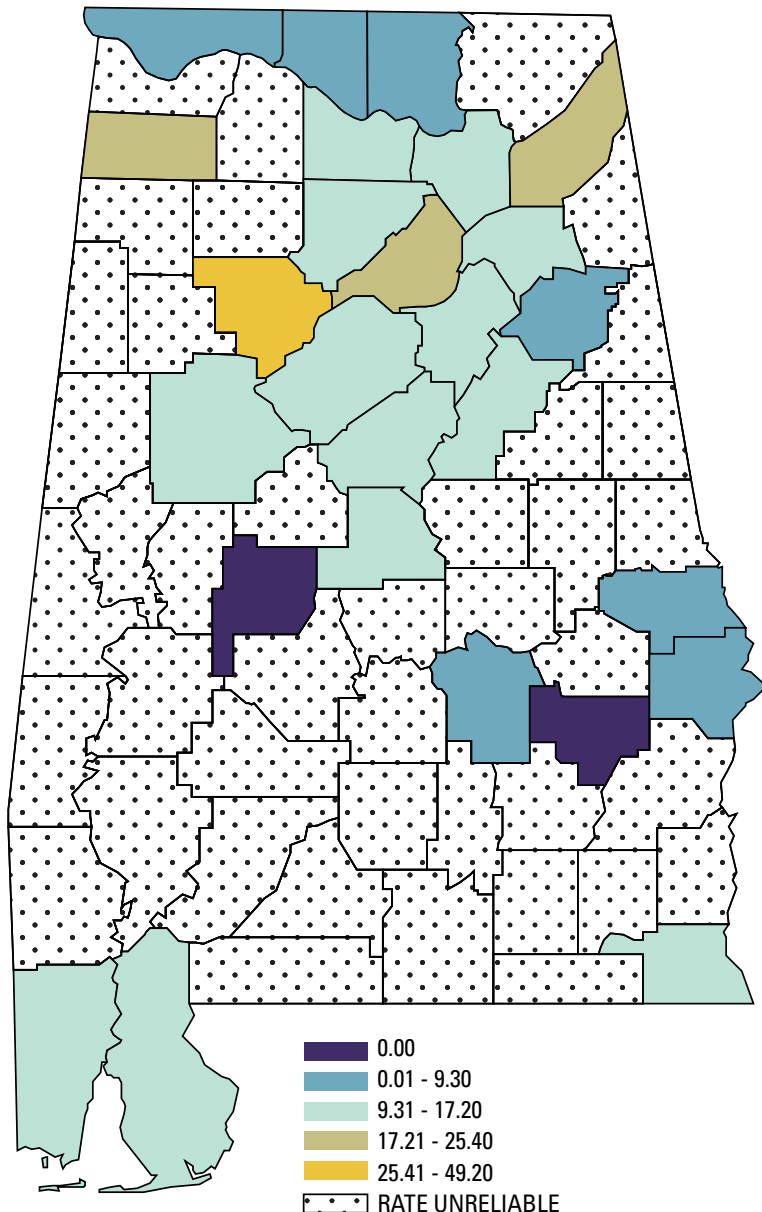
- In Alabama, 1,202 people died by homicide during the years 2011-2013. This was a higher rate (8.6 per 100,000) than in the United States (5.3).
- Deaths by homicide in Alabama:
 - Are higher in urban counties (9.6 per 100,000) than in rural counties (6.9).
 - Are highest in those aged 18-34.
 - Are more than four times higher in males (14.0 per 100,000) than in females (3.3).
 - Are more than five times higher in African Americans (20.5 per 100,000) than Caucasians (3.9).
 - Are two times higher in Non-Hispanic than in Hispanics.
 - Were highest in Jefferson County (279 deaths) and Montgomery County (122 deaths).
 - Were lowest in Coosa County, where there were no homicide deaths during 2011-2013.
- Homicide is considered an intentional injury, as is suicide. During the years 2011-2013, there were 3,279 deaths by intentional injury. Homicide deaths account for 37 percent (1,202) and suicide for 63 percent (2,080) of those intentional injuries.



Accidental Poisoning Mortality Rate (2011-2013) Per 100,000 deaths	
State Comparison	
Alabama	10.9
United States (2011)	11.6
Historic Trend	
2011-2013	10.9
2006-2008	9.6
2001-2003	4.3
Public Health Area	
1	17.3
2	9.6
3	14.1
4	12.1
5	16.8
6	9.1
7	6.3
8	6.4
9	8.8
10	8.1
11	11.0
Rurality	
Rural counties	11.5
Urban counties	10.5
Age	
Under 18	^
18 - 24	9.3
25 - 34	20.2
35 - 44	20.2
45 - 54	18.3
55 - 64	9.2
65 and over	4.8
Gender	
Female	9.2
Male	13.5
Race	
African American	3.6
American Indian/Alaskan Native	^
Caucasian	15.2
Ethnicity	
Hispanic	^
Non-Hispanic	11.3
Income	
	N.A.
Education	
Less than 9th Grade	18.5
9th Grade - 12th Grade	29.3
High school or G.E.D.	22.1
Post high school	10.9
College graduate and higher	6.1

Accidental Poisoning Mortality Rate⁴⁷

- Deaths by accidental poisoning in Alabama were slightly less than in the United States with a rate of 10.9 per 100,000 compared to 11.6 in the United States.
- During the years 2011-2013, 1,528 individuals died by poisoning in Alabama, or two and a half times the rate of accidental poisonings during the years 2001-2003.
- In Alabama, deaths by accidental poisoning are:
 - Slightly more prevalent in rural counties than in urban counties.
 - Higher in males (13.5 per 100,000) than in females (9.2).
 - Two times higher in those aged 25-54 than in any other age group.
 - More than four times higher in Caucasians than in African Americans.
 - Is highest in those with a 9th-12th Grade education.
- Walker County has the highest rate (49.2 per 100,000), followed by Franklin County (25.4).
- Bullock and Perry counties had no accidental poisonings during 2011-2013.

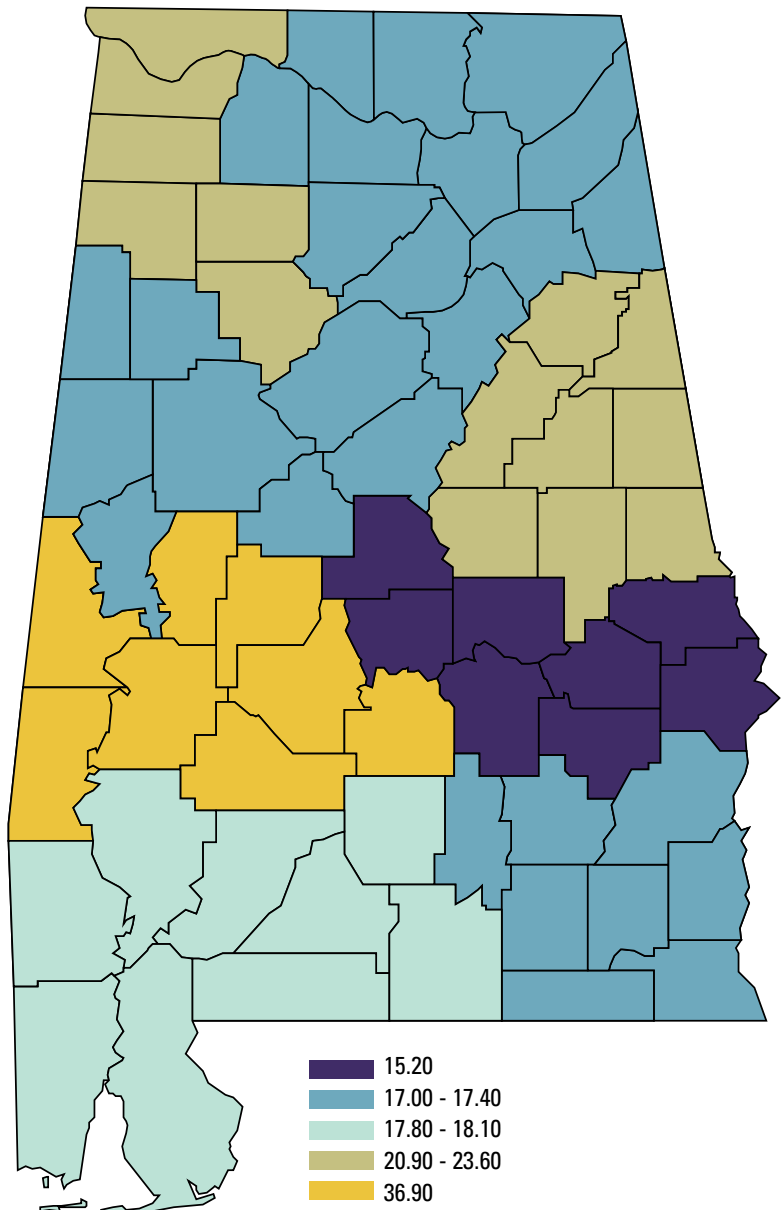


**Motor Vehicle Accident Mortality (2011 - 2013)
Per 100,000 Population**

State Comparison	
State Comparison	Rate
Alabama	18.2
United States (2011)	11.1
Historic Trend	
2011-2013	18.2
2006-2008	25.0
2001-2003	23.9
Public Health Area	
1	23.6
2	17.4
3	17.3
4	17.2
5	17.0
6	20.9
7	36.9
8	15.2
9	18.1
10	17.2
11	17.8
Rurality	
Rural counties	23.6
Urban counties	14.8
Age	
Under 18	6.8
18 - 24	27.7
25 - 34	25.2
35 - 44	22.7
45 - 54	19.5
55 - 64	17.4
65 and over	19.7
Gender	
Female	10.8
Male	26.2
Race	
African American	18.0
American Indian/Alaskan Native	^
Caucasian	18.9
Ethnicity	
Hispanic	14.4
Non-Hispanic	18.3
Income	
	N.A.
Education	
Less than 9th Grade	50.6
9th Grade - 12th Grade	47.6
High school or G.E.D.	37.9
Post high school	17.1
College graduate and higher	10.4

Motor Vehicle Accident Mortality Rate⁴⁸

- In Alabama, 2,642 people died in motor vehicle fatalities during the years 2011-2013.
- At the rate of 18.2 per 100,000, this was much higher than the United States overall rate of 11.1 per 100,000.
- This rate was lower than the years 2006-2008, which had a rate of 25.0 per 100,000.
- Motor vehicle fatalities in Alabama:
 - Are higher in rural counties (23.6 per 100,000) than in urban counties (14.8).
 - Are two and a half times higher in males (26.2 per 100,000) than females (14.4).
 - Are less likely in Hispanics (14.4) than African Americans (18.0) or Caucasians (18.0).
 - Decrease as education level increases.
 - Were highest in Wilcox County, followed closely by Lowndes and Choctaw counties.





Oral Health

Alabama's #12 Health Concern

Oral health has a significant impact in the overall health and well-being of a population. Maintaining good oral health is crucial to preserving health in general as dental caries is largely a preventable disease. Improving oral health for a population is challenging since factors that affect oral health care range from environmental and behavioral to infrastructure. Specifically, barriers to oral health care often stem from lack of access. Chief factors that drive poor access to oral health care in Alabama are the availability of oral health care providers and lack of insurance coverage.

Alabamians identified oral health as the twelfth greatest current health concern in Alabama. The Oral Health Branch of the ADPH is dedicated to preventing dental disease for Alabama's citizens by promoting and developing quality, cost-effective community and school-based preventive, educational, and early treatment programs which emphasize elimination of oral health disparities. The Oral Health Branch utilizes several programs including oral health education, community water fluoridation, and dental screening to accomplish its goals.

The following indicators have been selected for use in developing a benchmark or starting point for measuring the current state and monitoring future changes in the state of oral health in Alabama:

- Rate of Dentists to Population, 2014
- Percent of Medicaid Children Receiving Dental Care, 2013
- Percent of Adults Visiting a Dentist for Any Reason Within Past Year, 2012
- Percent of BCBS Patients With a Dental Visit, 2013

These indicators were chosen because they examine different aspects of oral health. The rate of dentists to population examines access to care. The percent of Medicaid children receiving dental care examines utilization of dental care services among that childhood population. The percent of adults visiting a dentist for any reason within the past year examines how adults in Alabama, regardless of insurance coverage, utilize dental care. Finally, the percent of BCBS patients with a dental visit examines how insured Alabamians utilize dental care services.

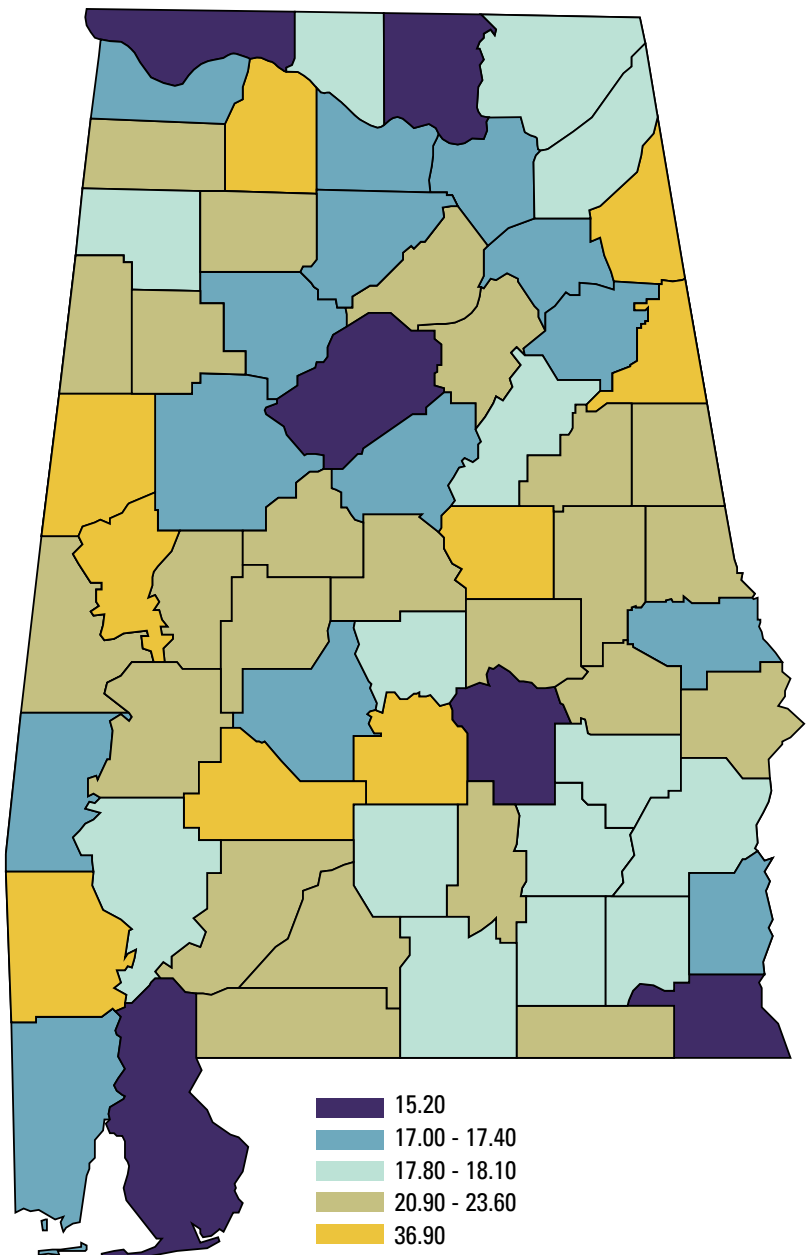
Alabama Oral Health Highlights

- Dental clinic visits among Alabama adults are significantly lower than the United States.
- Alabama has the fifth worst percentage of adults visiting a dentist within the last year in the nation.
- Alabama has a higher rate of dentists per population than the United States.
- Urban counties in Alabama have a rate of dentists per population that is more than twice the rate of rural counties in Alabama.
- Less than half of eligible Medicaid children had a paid dental claim in the last year.
- There was no significant difference between urban and rural counties with regards to utilization of dental services for Medicaid children.
- Adults 65 and over have the highest utilization of dental services among BCBS claims by a wide margin. A likely explanation for this phenomenon is that neither Medicaid nor Medicare pays for dental services for adults.
- BSBS patients in urban counties had better utilization of dental services than patients in rural counties.

Ratio of Dentists to Population (2014)	
State Comparison	Rate
Alabama	4.4
United States (2013)	3.6
Historic Trend	N.A.
Public Health Area	
1	4.0
2	4.5
3	3.5
4	8.8
5	3.0
6	2.7
7	2.3
8	3.6
9	4.3
10	3.6
11	4.3
Rurality	
Rural counties	2.7
Urban counties	5.5
Age	N.A.
Gender	N.A.
Race	N.A.
Ethnicity	N.A.
Income	N.A.
Education	N.A.

Dentists to Population⁴⁹

- Alabama has a higher rate of dentists to population than the United States (4.4 versus 3.6).
- Urban counties have more than twice the rate of dentists to population than rural counties (5.5 versus 2.7).
- Jefferson County has the highest rate of dentists to population in the state, with a rate that is twice that of Alabama as a whole (8.8 versus 4.4).
- Coosa County, Greene County, and Lowndes County do not have a full-time dentist.
- Cleburne County, Pickens County, Washington County, and Wilcox County only have one full-time dentist each.

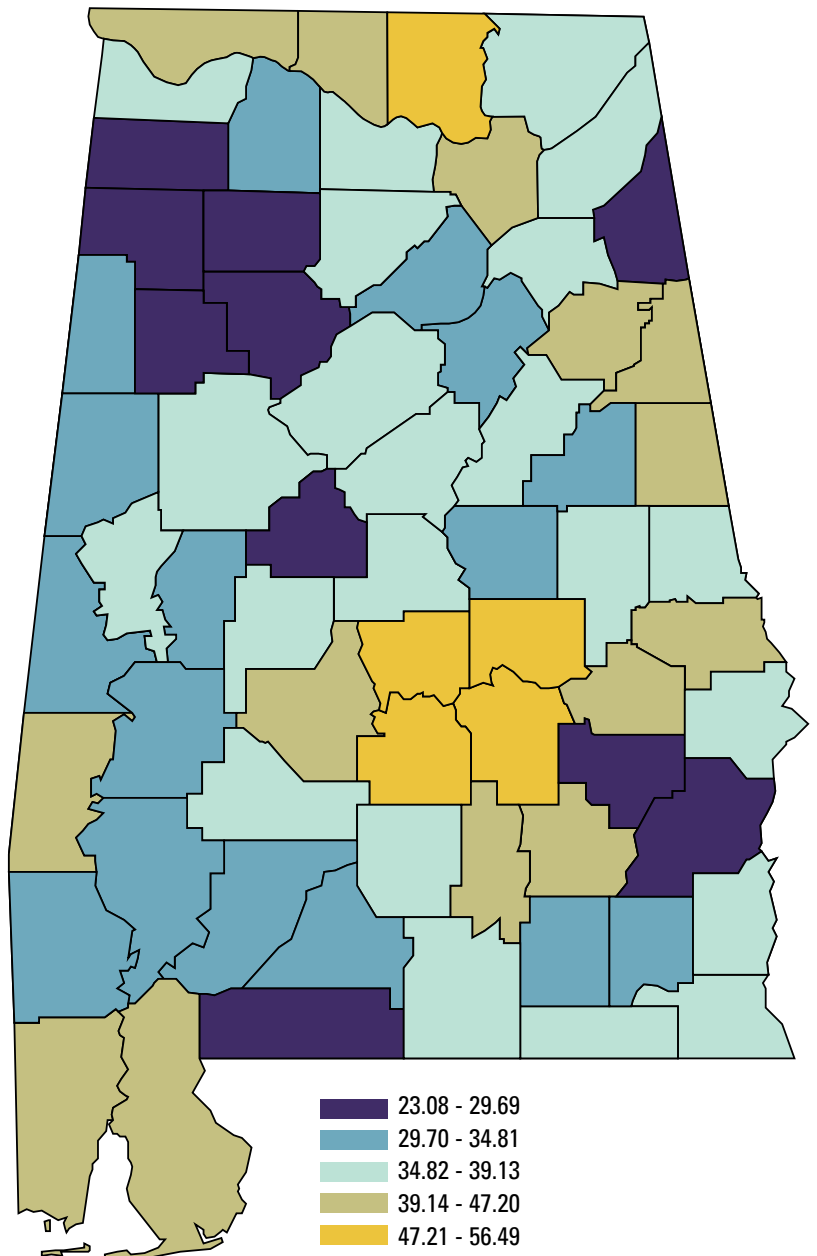


Medicaid Children Receiving Dental Care During 2013

State Comparison	Percent
Alabama	46.6
United States	N.A.
Historic Trend	N.A.
Public Health Area	
1	44.9
2	47.3
3	44.0
4	49.2
5	50.2
6	47.6
7	50.9
8	44.7
9	43.8
10	45.1
11	44.1
Rurality	
Rural counties	46.9
Urban counties	46.3
Age	N.A.
Gender	N.A.
Race	N.A.
Ethnicity	N.A.
Income	N.A.
Education	N.A.

Medicaid Children Receiving Dental Care⁵⁰

- Less than half of Medicaid children visited a dentist during the past year.
- There was no significant difference in dental service utilization for Medicaid children in rural counties and urban counties (46.9 versus 46.3).
- PHA 5 and PHA 7 were the only PHAs to have more than 50 percent of eligible Medicaid children visit a dentist.
- Choctaw County had the lowest percentage with only 37.6 percent of eligible Medicaid children visiting a dentist within the past year.
- Dallas County has the highest percentage with 59.1 percent of eligible Medicaid children visiting a dentist within the past year.



Adults Visited a Dentist Within Past Year for Anything (2012)

State Comparison	Percent
Alabama	58.6
United States	67.2

Historic Trend

2012	58.6
2008	65.0
2002	69.1

Public Health Area

1	50.3
2	60.8
3	58.4
4	58.7
5	60.1
6	56.0
7	47.8
8	63.0
9	56.7
10	56.6
11	52.7

Rurality

Age

18 - 24	65.6
25 - 34	58.0
35 - 44	55.2
45 - 54	57.9
55 - 64	60.3
65 and over	56.7

Gender

Female	60.7
Male	56.4

Race

African American	51.4
American Indian/Alaskan Native	N.A.
Caucasian	61.7

Ethnicity

Income

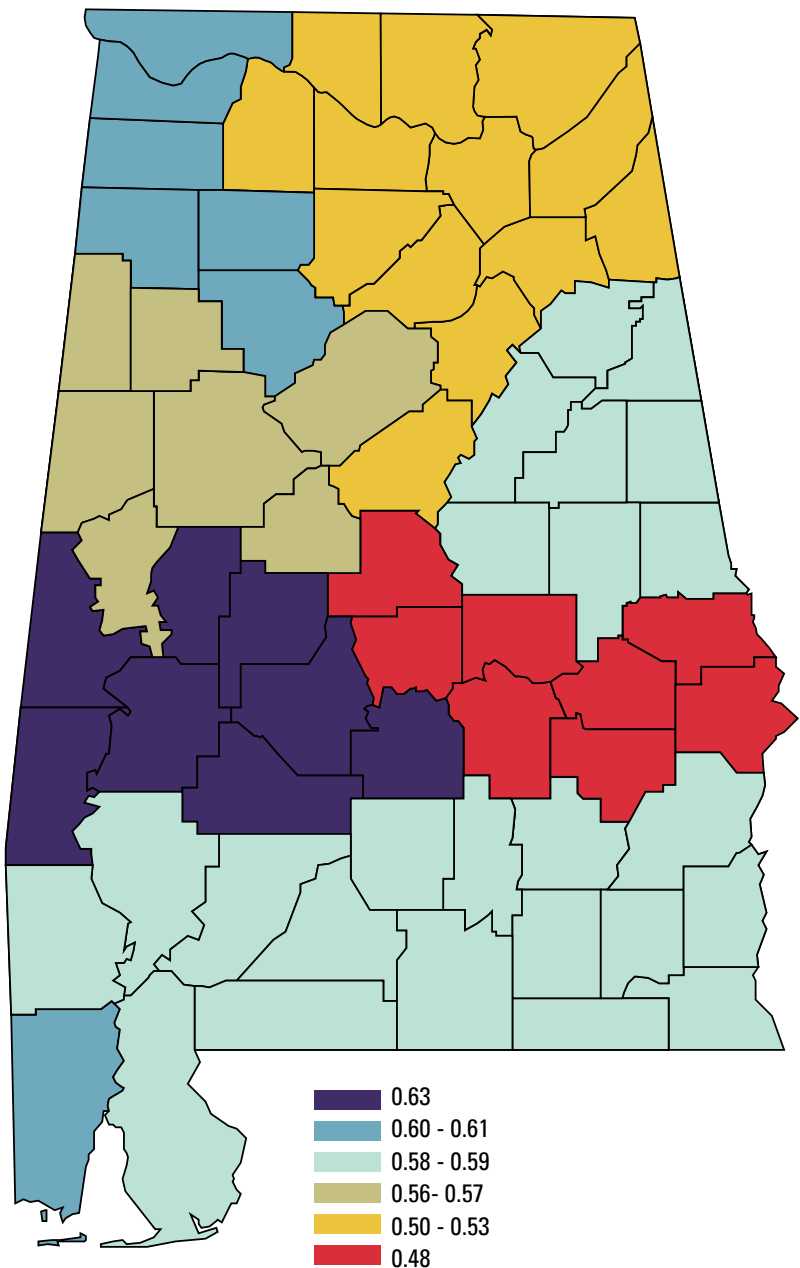
Under \$15,000	34.6
\$15,000 - \$24,999	42.9
\$25,000 - \$34,999	56.0
\$35,000 - \$49,999	62.3
\$50,000 and over	81.1

Education

Less than 9th Grade	N.A.
9th Grade - 12th Grade	31.7
High school or G.E.D.	54.9
Post high school	64.8
College graduate and higher	79.4

Adults Visited A Dentist Within Past Year For Anything⁵¹

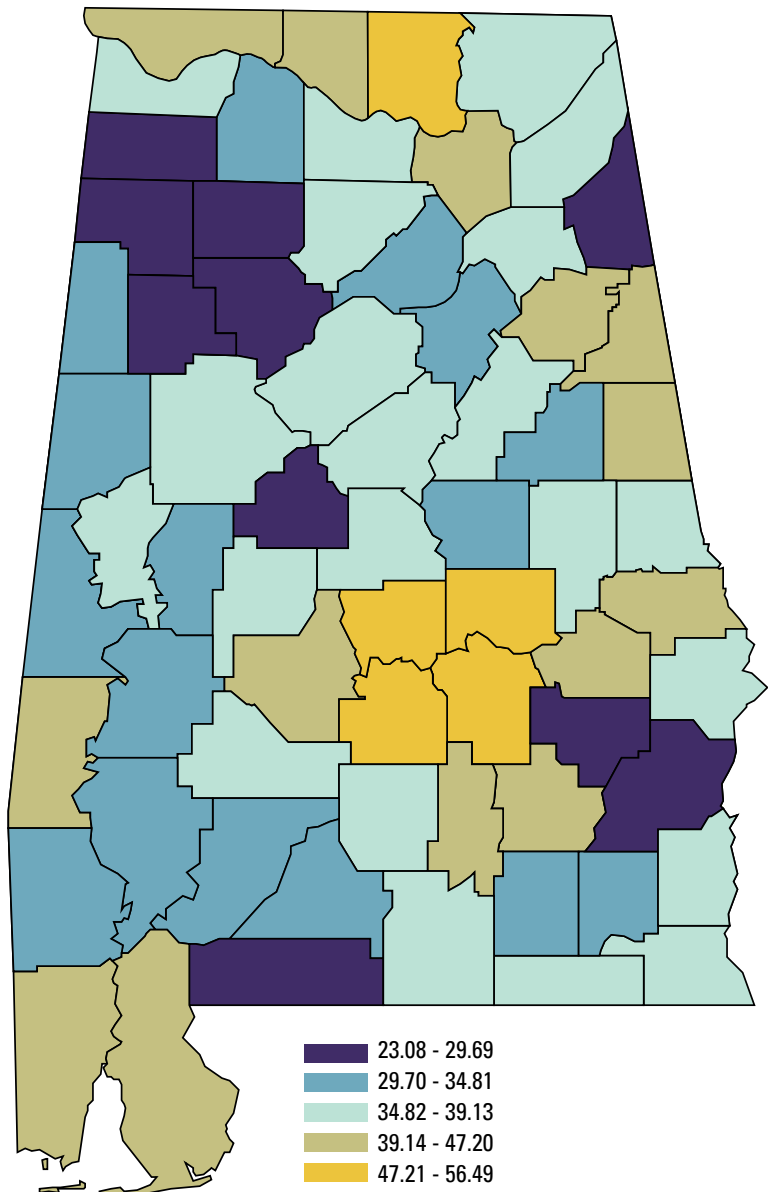
- Four in every ten Alabama adults have not visited a dentist within the past year.
- Alabama ranks fifth highest in the nation for not having visited a dental clinic in the past year.
- Dental clinic visits among Alabama adults have significantly decreased since 2002.
- African American adults are significantly less likely to have visited a dental clinic in the past year than Caucasian Alabamians.
- Income has a large impact on dental visits. Among those with an annual household income of less than \$15,000, only 34.6 percent of adults have visited a dentist in the past year, compared to 81.1 percent among those with an income of \$50,000 or more.
- Similarly, as education levels increase, Alabama adults are significantly more likely to visit a dentist in the past year.



BCBS Members Filing Dental Services Claims (2013)	
State Comparison	Percent
Alabama	39.68
United States	N.A.
Historic Trend	N.A.
Public Health Area	
1	34.65
2	44.77
3	33.82
4	35.69
5	36.49
6	39.60
7	38.29
8	48.37
9	38.87
10	36.64
11	41.58
Rurality	
Rural counties	36.90
Urban counties	41.20
Age	
Under 18	45.61
18 - 24	31.05
25 - 34	28.70
35 - 44	32.93
45 - 54	37.41
55 - 64	45.53
65 and over	97.73
Gender	N.A.
Race	N.A.
Ethnicity	N.A.
Income	N.A.
Education	N.A.

BCBS Members Filing Dental Services Claims⁵²

- Adults 65 years and older have significantly higher utilization of dental services than other age groups with 97.7 percent having seen a dentist within the past year. A probable explanation for this phenomenon is that neither Medicaid nor Medicare provides dental services to adults.
- BCBS patients in urban counties had better utilization of dental services than patients in rural counties (41.2 versus 36.9).
- PHA 8 had the highest percentage of patients using dental services with 48.4 percent.
- Bullock County had the lowest percentage of patients using dental services with only 23.1 percent.
- Autauga County had the best percentage of patients using dental services with 56.5 percent.
- Besides Autauga County, only three other counties in Alabama had more than 50 percent utilization of dental services among BCBS patients—Elmore County, Madison County, and Montgomery County.
- Three counties (Coosa, Lowndes, and Greene) do not have full-time dentists.





Cigarette Smoking

Alabama's #13 Health Concern

Adult Cigarette Smoking

Tobacco smoke contains over 70 chemicals known to cause cancer. Exposure to tobacco smoke harms nearly every part of the body. No amount of tobacco smoke is considered safe. Tobacco smoke is associated with a variety of respiratory illnesses, chronic obstructive pulmonary disease, cardiovascular disease, coronary disease, and stroke. Additionally, tobacco smoke is linked to increased complications regarding pregnancy, reproduction, and birth defects.

Tobacco usage is chiefly considered an adult behavior. However, teenage exposure occurs through underage smoking, and half of all children aged between 3 and 18 years are regularly exposed to second hand cigarette smoke.

Many smokers continue to smoke despite knowing the health risks associated with tobacco smoke. Nicotine addiction is widely known as a common barrier to smoking cessation. Nicotine reaches the brain within ten seconds of inhalation causing the release of dopamine. Released dopamine creates a heightened sense of alertness and contentment. Rapid delivery of nicotine is one of the reasons cigarette smoking is so addictive.

A top public health goal is to reduce tobacco-related illness by decreasing exposure to tobacco smoke and other tobacco products. Efforts to increase awareness and access to smoking cessation programs are key to reducing the impact of tobacco-related illness.

- Adult Cigarette Smoking, 2012

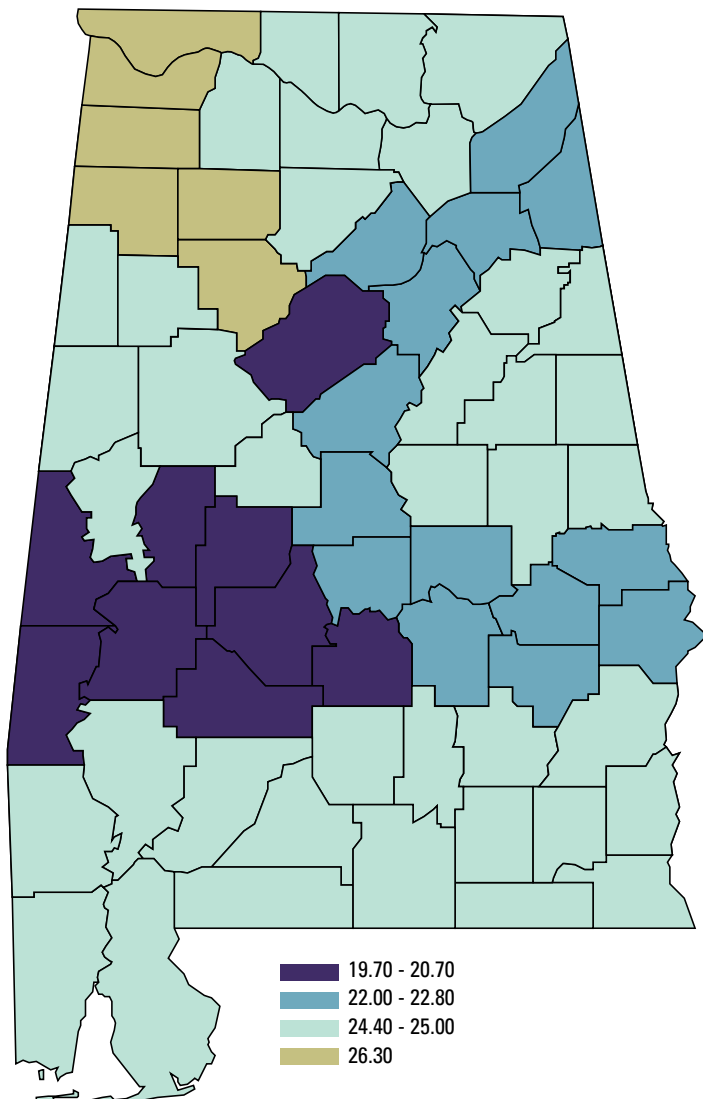
Indicator Highlights

- The rate of adults who smoke is seven times higher in rural counties than urban counties.
- The rate of adult males who smoke is 20 percent higher than the rate of adult females who smoke.
- The rate of adults who smoke steadily increases with lower income and less education.

Adult Cigarette Smoking (2012)	
State Comparison	
Alabama	23.8
United States	19.6
Historic Trend	
2012	23.8
2011	24.3
Public Health Area	
1	26.3
2	24.8
3	24.5
4	19.7
5	22.0
6	25.0
7	20.7
8	22.8
9	24.6
10	24.4
11	25.0
Rurality	
	N.A.
Age	
18 - 24	27.5
25 - 34	28.3
35 - 44	29.6
45 - 54	27.9
55 - 64	22.6
65 and over	9.7
Gender	
Female	21.4
Male	26.4
Race	
African American	22.0
American Indian/Alaskan Native	N.A.
Caucasian	24.2
Ethnicity	
	N.A.
Income	
Under \$15,000	38.5
\$15,000 - \$24,999	32.1
\$25,000 - \$34,999	27.0
\$35,000 - \$49,999	20.4
\$50,000 and over	13.1
Education	
Less than high school	38.0
High school or G.E.D.	26.1
Post high school	21.6
College graduate and higher	10.7

Adult Cigarette Smoking⁵³

- A higher percentage of adults in Alabama smoke compared to the United States as a whole. This is true for all age, race, and gender groupings.
- Adults in Alabama with the lowest education and income levels have the highest rates of smoking by a wide margin. In fact, both education and income levels are indirectly proportional to smoking meaning that as income level or education level rises the percentage of adults who smoke declines.
- A higher percentage of males (26.4 percent) are smokers than females (21.4 percent).
- A higher percentage of Caucasians (24.2 percent) are smokers than African Americans (22.0 percent). Of the main race and gender groupings, African American females have the lowest percentage of smokers.
- With a percentage of 26.3 percent, PHA 1 has the largest proportion of current smokers in Alabama.
- Per the County Health Rankings and Roadmaps, Alabamians living in rural counties have slightly higher rates of smoking than those in urban counties (23.0 percent versus 20.9 percent).
- Also based on the County Health Rankings and Roadmaps, Bullock County has the highest percentage of current smokers followed by Geneva County and Butler County.



County Ranking Section Introduction

Within this section, there is one page for each of the 13 leading health concerns:

-  1. Access to Care
-  2. Mental Health and Substance Abuse
-  3. Poor Pregnancy Outcomes
-  4. Nutrition and Physical Activity
-  5. Cardiovascular Diseases
-  6. Sexually Transmitted Infections (STI)
-  7. Cancer
-  8. Child Abuse and Neglect
-  9. Diabetes
-  10. Geriatrics
-  11. Injury and Violence Prevention
-  12. Oral Health
-  13. Cigarette Smoking

The page will include state, national, and county level data for all 67 Alabama counties. This information is presented in a series of tables. The counties are ranked in order of severity with 1 being the most severe and 67 being the least severe. Where ties exist, counties will hold the same ranking.

Where data is not available, N.A. is indicated. Where there is not enough data to develop a reliable rate, the symbol ^ is indicated. All other assumptions and sources are included in the Appendices of this document.

Access To Primary Care - 3 Indicators

Area	Uninsured Population - 2012 ¹		FTEs Needed to Reach Optimal Population to Provider Ratio 2011-2014 ²		Households With No Vehicle 2012 ³	
	Percent of Population Under 65		Optimal is 2,500:1		Percent of Households	
	Percent	Rank	Number FTEs Needed	Rank	Percent	Rank
UNITED STATES	17.7	N.A.	N.A.	N.A	9.2	N.A.
ALABAMA	15.8	N.A.	N.A.	N.A	6.7	N.A.
Autauga	12.8	66	0.50	39	5.1	49
Baldwin	15.8	46	(6.73)	52	3.1	66
Barbour	17.5	19	(9.08)	56	10.0	14
Bibb	15.1	58	4.26	16	5.1	49
Blount	18.3	8	13.29	2	3.8	64
Bullock	17.6	18	1.56	30	16.0	1
Butler	16.6	30	(1.10)	41	10.1	13
Calhoun	15.3	52	(15.72)	60	6.1	37
Chambers	16.0	40	(1.60)	46	8.9	18
Cherokee	16.7	26	6.33	11	4.0	61
Chilton	19.2	4	4.93	13	5.3	47
Choctaw	16.1	38	1.61	27	8.4	21
Clarke	17.0	23	(2.13)	47	9.6	15
Clay	18.8	6	0.98	35	6.5	34
Cleburne	16.0	40	3.51	21	6.4	35
Coffee	16.0	40	(1.21)	42	6.7	31
Colbert	14.3	63	(4.54)	48	5.9	41
Conecuh	18.2	9	0.88	38	12.4	9
Coosa	16.7	26	4.25	17	4.7	58
Covington	17.3	20	(5.86)	49	6.6	32
Crenshaw	16.4	34	3.49	23	6.1	37
Cullman	18.1	12	(13.71)	59	5.0	53
Dale	14.7	59	12.62	3	5.5	45
Dallas	14.5	61	(13.02)	58	15.1	3
DeKalb	21.7	1	9.29	7	4.0	61
Elmore	13.2	65	15.01	1	3.9	63
Escambia	19.6	3	(1.40)	45	7.5	28
Etowah	16.7	26	(8.73)	55	5.9	41
Fayette	15.4	50	1.06	33	8.4	21
Franklin	20.1	2	1.09	32	7.3	29
Geneva	19.0	5	3.21	24	4.9	55
Greene	16.0	40	1.59	28	14.6	4
Hale	16.1	38	4.72	15	12.8	7
Henry	16.7	26	3.62	20	8.1	25
Houston	16.4	34	(61.49)	63	6.4	35
Jackson	17.1	22	(6.34)	50	4.7	58
Jefferson	14.5	61	(179.78)	67	8.2	23
Lamar	16.9	24	3.62	19	6.1	37
Lauderdale	16.3	36	(13.01)	57	6.1	37
Lawrence	18.2	9	3.80	18	5.1	49
Lee	15.3	52	(8.63)	54	4.8	57
Limestone	16.0	40	9.50	6	4.4	60
Lowndes	15.5	49	3.49	22	12.6	8
Macon	15.3	52	6.26	12	14.0	5
Madison	13.7	64	(71.43)	65	4.9	55
Marengo	15.2	56	0.92	37	11.9	11
Marion	15.8	46	(1.39)	44	5.0	53
Marshall	18.6	7	7.22	10	5.2	48
Mobile	17.7	15	(65.73)	64	7.1	30
Monroe	16.5	32	(0.92)	40	9.4	16
Montgomery	15.4	50	(71.66)	66	8.0	26
Morgan	16.9	24	(34.77)	62	5.1	49
Perry	16.2	37	0.96	36	10.2	12
Pickens	16.5	32	1.41	31	12.2	10
Pike	18.0	13	(7.77)	53	9.4	16
Randolph	18.2	9	2.33	26	8.2	23
Russell	16.6	30	9.51	5	8.7	20
St. Clair	15.3	52	10.26	4	3.3	65
Shelby	11.3	67	8.60	8	2.6	67
Sumter	17.2	21	0.99	34	13.4	6
Talladega	14.7	59	7.91	9	7.7	27
Tallapoosa	16.0	40	(6.50)	51	8.8	19
Tuscaloosa	15.2	56	(31.19)	61	6.6	32
Walker	15.8	46	(1.28)	43	5.8	43
Washington	17.7	15	3.19	25	5.7	44
Wilcox	18.0	13	1.57	29	15.4	2
Winston	17.7	15	4.76	14	5.5	45

Poor Pregnancy Outcomes - 3 Indicators

Area	Infant Mortality 2011-2013 ¹³		Low Birth Weight 2012-2013 ¹⁴		Births With Less Than Adequate Prenatal Care 2012-2013 ¹⁵	
	Rate Per 1,000 Live Births		Percent of Births		Percent of Births	
	Rate	Rank	Percent	Rank	Percent	Rank
UNITED STATES	6.1 (2010-2012)	N.A.	10.0 (2012)	N.A.	N.A.	N.A.
ALABAMA	8.5	N.A.	10	N.A.	24.8	N.A.
Autauga	7.7	30	7.50	64	23.3	39
Baldwin	6.1	48	8.1	57	17.4	60
Barbour	4.6	59	11.2	22	32.9	9
Bibb	15.8	2	11.3	21	26.9	26
Blount	4.4	61	6.4	67	26.2	29
Bullock	5.1	55	15.4	4	44.4	2
Butler	6.6	44	13.1	12	23.2	40
Calhoun	5.7	53	8.7	50	18.4	55
Chambers	5.8	51	12.5	16	24.3	32
Cherokee	12.3	8	8.4	53	32.8	10
Chilton	6.0	49	8.5	52	33.4	8
Choctaw	0.0	67	10.4	31	17.9	58
Clarke	9.8	18	12.8	15	18.7	54
Clay	6.9	42	12.3	17	18.0	57
Cleburne	3.8	63	10.1	34	15.9	63
Coffee	7.5	34	8.1	57	26.0	30
Colbert	7.7	30	9.5	37	18.1	56
Conecuh	11.6	12	15.5	3	29.4	22
Coosa	17.1	1	9.4	40	17.2	61
Covington	9.7	20	9.1	44	15.3	65
Crenshaw	4.7	58	6.5	66	23.5	36
Cullman	7.0	41	7.9	60	19.9	51
Dale	4.4	61	8.4	53	21.7	44
Dallas	6.0	49	13.5	11	31.1	14
DeKalb	6.4	45	8.8	48	48.4	1
Elmore	7.3	37	10.0	35	23.4	38
Escambia	4.5	60	8.3	55	26.5	28
Etowah	12.0	10	7.7	62	37.6	3
Fayette	5.5	54	11.1	23	21.1	47
Franklin	8.0	27	9.2	43	31.5	12
Geneva	3.2	65	8.8	48	25.0	31
Greene	3.2	65	14.8	7	34.0	7
Hale	3.4	64	15.2	5	30.3	16
Henry	7.4	35	8.6	51	24.3	32
Houston	9.9	17	10.7	28	20.3	49
Jackson	13.2	6	9.0	45	23.6	35
Jefferson	11.3	13	10.9	25	19.9	51
Lamar	7.1	39	9.6	36	20.5	48
Lauderdale	6.9	42	10.4	31	20.0	50
Lawrence	7.3	37	8.9	47	30.0	18
Lee	5.8	51	7.7	62	17.7	59
Limestone	6.4	45	9.4	40	26.7	27
Lowndes	4.9	56	14.3	10	29.7	20
Macon	12.1	9	15.7	2	32.3	11
Madison	7.4	35	9.5	37	30.4	15
Marengo	8.1	26	12.9	13	21.9	42
Marion	9.7	20	9.3	42	16.3	62
Marshall	7.9	29	7.8	61	37.1	5
Mobile	9.8	18	12.0	19	23.5	36
Monroe	11.2	14	14.6	9	19.6	53
Montgomery	8.6	23	11.4	20	31.4	13
Morgan	10.4	16	8.2	56	35.1	6
Perry	8.4	25	16.0	1	30.1	17
Pickens	10.9	15	10.9	25	27.0	25
Pike	14.0	4	10.5	30	29.7	20
Randolph	13.6	5	10.6	29	24.2	34
Russell	7.6	33	10.2	33	37.5	4
St. Clair	7.7	30	8.1	57	21.9	42
Shelby	7.1	39	7.0	65	21.3	46
Sumter	15.0	3	9.0	45	27.9	24
Talladega	11.8	11	12.9	13	21.7	44
Tallapoosa	6.4	45	15.0	6	15.8	64
Tuscaloosa	8.0	27	11.0	24	30.0	18
Walker	8.5	24	9.5	37	13.1	66
Washington	12.8	7	12.3	17	22.1	41
Wilcox	4.8	57	14.8	7	28.5	23
Winston	9.7	20	10.8	27	12.5	67

Nutrition and Physical Activity - 1 Indicator

	Adult Obesity - 2009 ²⁰	
	Percent Population Age 18 Years or Over	
	Area	Percent
UNITED STATES	27.6 (2012)	N.A.
ALABAMA	33.0 (2012)	N.A.
Autauga	34	35
Baldwin	26	67
Barbour	37	15
Bibb	34	35
Blount	32	48
Bullock	39	11
Butler	41	6
Calhoun	34	35
Chambers	35	30
Cherokee	31	58
Chilton	35	30
Choctaw	38	13
Clarke	35	30
Clay	34	35
Cleburne	30	63
Coffee	32	48
Colbert	33	43
Conecuh	33	43
Coosa	34	35
Covington	36	21
Crenshaw	37	15
Cullman	32	48
Dale	36	21
Dallas	41	6
DeKalb	34	35
Elmore	32	48
Escambia	36	21
Etowah	32	48
Fayette	37	15
Franklin	31	58
Geneva	36	21
Greene	48	1
Hale	44	3
Henry	34	35
Houston	33	43
Jackson	31	58
Jefferson	32	48
Lamar	32	48
Lauderdale	32	48
Lawrence	38	13
Lee	30	63
Limestone	31	58
Lowndes	45	2
Macon	41	6
Madison	31	58
Marengo	40	9
Marion	33	43
Marshall	29	65
Mobile	32	48
Monroe	36	21
Montgomery	34	35
Morgan	33	43
Perry	40	9
Pickens	36	21
Pike	37	15
Randolph	32	48
Russell	39	11
St. Clair	36	21
Shelby	28	66
Sumter	42	5
Talladega	37	15
Tallapoosa	37	15
Tuscaloosa	35	30
Walker	35	30
Washington	36	21
Wilcox	43	4
Winston	36	21

Sexually Transmitted Infections - 2 Indicators

	STI Cases Rate 2013 ²⁸		New HIV/AIDS Case Rate 2010-2012 ²⁹	
	Per 10,000 Population		Per 100,000 Population	
Area	Rate	Rank	Rate	Rank
UNITED STATES	57.6 (2012)	N.A.	15.4 (2012)	N.A.
ALABAMA	80.0	N.A.	14.3	N.A.
Autauga	53.2	44	10.3	30
Baldwin	37.3	53	7.7	38
Barbour	88.3	20	13.4	20
Bibb	49.8	48	10.3	31
Blount	17.6	67	4.0	50
Bullock	129.7	10	18.8	11
Butler	107.6	15	14.6	17
Calhoun	84.0	22	11.0	28
Chambers	115.3	12	24.5	5
Cherokee	24.4	65	12.8	24
Chilton	41.2	51	^	^
Choctaw	56.6	40	^	^
Clarke	83.7	23	13.1	23
Clay	54.1	42	12.2	25
Cleburne	32.7	57	^	^
Coffee	77.5	25	9.2	32
Colbert	66.2	32	5.5	41
Conecuh	75.3	27	17.8	13
Coosa	53.2	44	14.9	16
Covington	52.5	46	10.5	29
Crenshaw	72.9	29	11.9	26
Cullman	31.4	58	2.9	51
Dale	72.0	30	8.0	37
Dallas	139.8	8	21.6	8
DeKalb	27.2	62	4.2	49
Elmore	65.6	34	8.7	35
Escambia	62.9	37	8.7	34
Etowah	90.7	19	8.0	36
Fayette	44.4	50	^	^
Franklin	34.3	55	^	^
Geneva	53.5	43	^	^
Greene	180.7	2	^	^
Hale	161.0	5	32.3	3
Henry	68.8	31	13.5	18
Houston	94.4	18	13.3	21
Jackson	28.5	60	4.4	47
Jefferson	112.5	13	30.1	4
Lamar	39.3	52	^	^
Lauderdale	46.7	49	4.3	48
Lawrence	36.3	54	^	^
Lee	63.8	35	13.4	19
Limestone	33.3	56	5.9	40
Lowndes	159.8	6	33.1	1
Macon	156.9	7	23.7	6
Madison	75.1	28	11.6	27
Marengo	76.9	26	^	^
Marion	24.7	64	^	^
Marshall	27.9	61	5.0	46
Mobile	103.7	16	22.3	7
Monroe	63.4	36	^	^
Montgomery	196.2	1	32.7	2
Morgan	58.2	39	5.3	44
Perry	135.7	9	19.2	9
Pickens	85.0	21	18.8	10
Pike	125.7	11	13.1	22
Randolph	52.4	47	^	^
Russell	107.7	14	18.7	12
St. Clair	30.4	59	5.5	43
Shelby	25.1	63	5.0	45
Sumter	165.4	3	17.2	14
Talladega	81.9	24	6.9	39
Tallapoosa	66.0	33	8.9	33
Tuscaloosa	94.8	17	15.2	15
Walker	55.0	41	5.5	42
Washington	60.4	38	^	^
Wilcox	161.8	4	^	^
Winston	23.6	66	^	^

Cancer - 5 Indicators

Area	Cancer Mortality Rate 2011-2013 ³¹		Colorectal Cancer Incidence 2007-2011 ³²		Female Breast Cancer Incidence 2007-2011 ³³		Lung Cancer Incidence 2007-2011 ³⁴		Prostate Cancer Incidence 2007-2011 ³⁵	
	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank
UNITED STATES	169.0 (2011)	N.A.	44.7 (2006-2010)	N.A.	122.2 (2006-2010)	N.A.	65.7 (2006-2010)	N.A.	146.6 (2006-2010)	N.A.
ALABAMA	184.5	N.A.	46.3	N.A.	119.0	N.A.	74.4	N.A.	154.2	N.A.
Autauga	186.9	37	51.0	23	126.3	18	76.2	33	122.0	55
Baldwin	175.3	57	42.0	52	120.7	27	64.6	58	140.5	43
Barbour	177.3	55	59.6	7	134.7	7	80.8	24	207.2	8
Bibb	208.1	8	47.5	32	120.6	29	93.5	6	138.7	46
Blount	168.2	61	48.9	28	104.8	52	82.1	17	113.6	63
Bullock	176.8	56	61.7	6	149.9	3	65.2	56	182.7	14
Butler	182.7	45	53.3	15	128.4	14	61.4	62	161.7	27
Calhoun	190.0	30	52.0	18	101.2	57	86.4	8	149.7	38
Chambers	206.8	11	45.5	39	113.6	42	81.5	19	186.5	12
Cherokee	207.0	9	31.8	65	94.6	62	73.6	39	133.2	50
Chilton	200.0	19	31.7	66	106.0	51	83.7	15	118.9	59
Choctaw	128.0	67	33.3	64	125.5	20	65.1	57	181.2	15
Clarke	190.4	29	63.5	3	117.7	32	61.2	63	138.4	47
Clay	186.3	38	41.9	53	124.0	22	95.3	3	170.1	21
Cleburne	195.2	23	54.1	11	96.9	60	76.2	34	120.6	56
Coffee	168.3	60	28.0	67	117.6	33	78.5	29	154.6	35
Colbert	187.0	36	45.3	40	120.7	28	77.4	30	88.2	66
Conecuh	188.8	35	58.0	8	153.2	2	81.4	20	138.1	48
Coosa	206.9	10	43.0	48	108.1	48	89.0	7	144.5	39
Covington	189.3	32	51.5	20	85.9	67	78.7	28	119.7	57
Crenshaw	180.5	49	44.6	42	92.2	65	58.2	64	115.3	61
Cullman	186.3	38	41.8	54	103.9	54	72.8	44	88.7	65
Dale	183.3	44	40.1	56	119.2	30	83.9	13	167.3	22
Dallas	222.1	2	63.5	4	129.2	12	70.4	48	209.6	6
DeKalb	156.9	63	40.0	58	92.5	64	66.6	54	155.2	34
Elmore	194.3	24	48.7	29	132.6	8	86.2	9	124.1	53
Escambia	200.6	17	48.3	30	114.8	39	82.4	16	143.7	41
Etowah	204.0	13	44.2	45	106.2	50	84.3	12	162.0	26
Fayette	213.8	7	51.1	22	145.3	4	85.8	11	141.3	42
Franklin	174.6	58	44.9	41	117.5	34	76.5	32	85.8	67
Geneva	179.5	52	41.7	55	113.4	44	93.6	5	166.6	24
Greene	183.4	43	62.4	5	125.7	19	73.3	42	208.5	7
Hale	214.8	5	38.3	62	114.8	40	71.1	47	248.6	1
Henry	178.1	54	50.2	26	121.0	25	69.6	49	200.8	10
Houston	189.2	33	49.4	27	118.9	31	73.5	40	167.3	23
Jackson	215.3	4	51.5	21	117.0	35	81.1	22	130.0	51
Jefferson	185.0	40	46.9	35	130.0	11	67.5	52	171.6	20
Lamar	198.1	21	53.8	13	136.9	6	81.7	18	161.2	29
Lauderdale	189.0	34	46.6	36	93.0	63	72.5	45	127.9	52
Lawrence	183.8	42	51.6	19	98.4	59	97.3	2	161.4	28
Lee	191.1	27	36.4	63	113.6	43	57.6	65	154.5	36
Limestone	151.4	66	39.1	60	114.9	38	72.3	46	165.6	25
Lowndes	201.5	16	72.2	1	137.6	5	68.6	50	224.1	2
Macon	199.5	20	44.4	44	114.4	41	52.9	67	212.3	5
Madison	156.3	64	39.4	59	129.1	13	66.5	55	143.8	40
Marengo	203.0	15	52.8	16	110.2	46	56.9	66	195.3	11
Marion	181.7	48	46.1	38	120.8	26	76.8	31	114.1	62
Marshall	189.7	31	42.6	51	88.3	66	85.9	10	112.1	64
Mobile	197.1	22	51.0	24	124.0	23	79.3	26	159.7	32
Monroe	184.5	41	57.3	9	122.3	24	61.8	61	118.3	60
Montgomery	182.7	45	50.8	25	128.3	15	68.3	51	139.1	45
Morgan	178.9	53	44.6	43	116.1	36	79.7	25	177.2	17
Perry	218.9	3	54.4	10	165.8	1	83.9	14	216.8	4
Pickens	169.0	59	42.7	50	131.1	9	64.5	59	184.4	13
Pike	179.9	50	43.6	47	98.6	58	74.5	37	157.6	33
Randolph	159.4	62	53.5	14	111.6	45	73.9	38	140.1	44
Russell	193.0	26	52.7	17	124.4	21	81.2	21	175.6	18
St. Clair	179.7	51	38.8	61	126.8	17	67.3	53	161.2	30
Shelby	155.9	65	44.0	46	103.2	55	78.9	27	123.1	54
Sumter	214.8	5	46.2	37	96.0	61	62.5	60	217.8	3
Talladega	200.4	18	47.1	33	109.6	47	80.9	23	159.9	31
Tallapoosa	206.7	12	40.1	57	102.8	56	73.1	43	150.7	37
Tuscaloosa	182.3	47	48.3	31	130.5	10	75.8	35	179.5	16
Walker	231.3	1	42.9	49	106.9	49	95.1	4	135.0	49
Washington	191.0	28	47.0	34	126.9	16	73.4	41	172.1	19
Wilcox	203.5	14	71.5	2	104.6	53	75.1	36	207.1	9
Winston	194.3	24	54.1	12	116.1	37	103.1	1	119.5	58

Child Abuse and Neglect - 1 Indicator

	Child Abuse and Neglect 2013 ³⁶	
	Per 1,000 Under Age 18 Population	
Area	Rate	Rank
UNITED STATES	N.A.	N.A.
ALABAMA	18.4	N.A.
Autauga	11.8	55
Baldwin	17.8	30
Barbour	19.1	27
Bibb	16.9	32
Blount	16.7	34
Bullock	32.2	4
Butler	14.0	45
Calhoun	24.5	16
Chambers	11.5	56
Cherokee	41.1	1
Chilton	16.0	37
Choctaw	10.6	60
Clarke	13.3	52
Clay	28.8	9
Cleburne	30.1	7
Coffee	13.8	46
Colbert	28.0	13
Conecuh	9.9	61
Coosa	14.1	44
Covington	30.0	8
Crenshaw	32.6	3
Cullman	31.0	5
Dale	19.3	26
Dallas	13.7	47
DeKalb	22.5	20
Elmore	9.6	64
Escambia	16.6	36
Etowah	28.1	12
Fayette	24.3	17
Franklin	13.6	48
Geneva	15.2	40
Greene	4.9	67
Hale	12.5	53
Henry	11.4	58
Houston	17.8	30
Jackson	27.9	14
Jefferson	21.4	22
Lamar	22.9	18
Lauderdale	30.6	6
Lawrence	16.8	33
Lee	20.4	25
Limestone	11.1	59
Lowndes	13.6	48
Macon	22.5	20
Madison	14.8	41
Marengo	15.5	39
Marion	28.5	11
Marshall	33.3	2
Mobile	16.7	34
Monroe	14.3	43
Montgomery	12.1	54
Morgan	13.4	51
Perry	9.9	61
Pickens	15.8	38
Pike	18.5	28
Randolph	20.9	24
Russell	28.6	10
St. Clair	14.6	42
Shelby	9.3	65
Sumter	8.3	66
Talladega	22.9	18
Tallapoosa	18.2	29
Tuscaloosa	11.5	56
Walker	21.2	23
Washington	13.5	50
Wilcox	9.8	63
Winston	26.2	15

Diabetes - 4 Indicators

Area	Diabetes-Related Mortality 2011-2013 ³⁷		Diabetes Prevalence Among Medicare Recipients 2012 ³⁸		Diabetes Diagnosis Among Medicaid Recipients ³⁹		BCBS Members Filing Diabetes Claims 2013 ⁴⁰	
	Per 100,000 Standard Population		Percent of Medicare Recipients		Percent of Medicaid Recipients		Percent of BCBS Members	
	Rate	Rank	Percent	Rank	Percent	Rank	Rate	Rank
UNITED STATES	70.3 (2011)	N.A.	27.03	N.A.	N.A.	N.A.	N.A.	N.A.
ALABAMA	67.6	N.A.	29.15	N.A.	6.9	N.A.	4.58	N.A.
Autauga	67.5	33	28.10	54	5.6	59	4.05	63
Baldwin	56.8	41	23.64	67	4.0	66	3.58	65
Barbour	54.8	44	32.41	20	9.5	22	6.55	2
Bibb	78.8	20	29.89	36	7.2	51	5.75	10
Blount	54.1	46	27.79	57	5.5	60	4.98	34
Bullock	106.0	7	38.66	2	10.3	11	5.99	6
Butler	88.7	12	37.23	3	10.3	11	5.76	9
Calhoun	43.4	62	28.89	44	7.2	51	4.50	50
Chambers	106.5	5	34.92	9	9.9	18	5.15	24
Cherokee	52.5	49	29.87	37	7.4	47	4.33	54
Chilton	47.5	61	27.77	58	5.1	62	5.03	29
Choctaw	40.3	64	32.88	16	11.6	4	5.00	31
Clarke	87.1	14	30.47	32	10.4	9	4.69	46
Clay	25.7	66	27.20	62	8.2	36	4.96	36
Cleburne	25.3	67	29.06	42	7.4	47	4.15	61
Coffee	57.0	40	30.37	34	7.5	44	4.87	40
Colbert	54.7	45	34.06	12	10.2	13	5.12	25
Conecuh	114.6	3	32.80	17	11.6	4	4.92	38
Coosa	50.3	56	26.78	64	8.9	26	4.90	39
Covington	48.1	60	31.06	26	8.6	30	4.46	52
Crenshaw	100.7	8	31.06	26	9.1	25	5.02	30
Cullman	68.6	31	28.63	47	7.7	43	4.74	45
Dale	79.8	18	30.61	31	8.0	38	5.34	17
Dallas	54.9	42	33.66	13	10.1	14	5.55	13
DeKalb	65.3	35	28.48	50	6.5	56	4.24	57
Elmore	70.2	29	26.88	63	5.3	61	4.13	62
Escambia	149.1	1	32.46	19	8.1	37	5.22	19
Etowah	87.6	13	30.76	28	7.3	50	4.94	37
Fayette	93.3	10	29.32	40	9.7	19	5.77	8
Franklin	71.1	27	30.44	33	8.0	38	4.26	55
Geneva	71.4	26	28.67	46	8.4	33	5.09	27
Greene	57.4	39	39.21	1	11.1	7	6.35	5
Hale	52.1	50	31.46	24	9.4	23	4.82	42
Henry	74.0	25	30.00	35	8.8	27	5.22	19
Houston	70.5	28	29.21	41	7.5	44	5.09	27
Jackson	51.8	52	33.11	15	11.1	7	5.12	25
Jefferson	76.1	24	25.53	65	5.0	63	4.54	49
Lamar	82.8	15	28.74	45	10.0	17	5.50	15
Lauderdale	49.8	57	28.28	52	8.7	29	4.47	51
Lawrence	64.5	36	36.80	5	9.6	20	5.81	7
Lee	76.7	23	29.38	39	6.7	54	3.31	66
Limestone	61.9	37	30.64	30	7.4	47	4.26	55
Lowndes	107.9	4	34.25	11	8.6	30	4.99	33
Macon	77.1	22	32.76	18	8.0	38	6.91	1
Madison	51.6	54	27.73	59	5.8	58	4.77	44
Marengo	50.5	55	36.73	6	12.7	1	5.33	18
Marion	51.7	53	32.33	21	9.4	23	4.81	43
Marshall	54.9	42	27.81	56	6.8	53	4.35	53
Mobile	77.3	21	27.85	55	4.9	64	4.56	48
Monroe	106.1	6	33.22	14	10.1	14	5.17	22
Montgomery	90.9	11	28.52	49	6.1	57	5.00	31
Morgan	81.6	17	30.67	29	7.5	44	4.85	41
Perry	52.6	47	36.05	7	11.5	6	6.46	4
Pickens	69.0	30	31.20	25	10.4	9	5.56	12
Pike	79.8	18	28.63	47	8.3	35	5.73	11
Randolph	65.8	34	31.68	22	8.8	27	3.98	64
Russell	124.9	2	36.81	4	7.8	41	4.61	47
St. Clair	52.6	47	27.62	61	4.9	64	4.24	57
Shelby	49.6	58	24.98	66	4.0	66	3.24	67
Sumter	33.5	65	34.54	10	11.9	3	5.16	23
Talladega	42.1	63	28.98	43	7.8	41	4.98	34
Tallapoosa	68.3	32	27.69	60	8.4	33	4.24	57
Tuscaloosa	49.1	59	29.69	38	6.7	54	4.18	60
Walker	82.6	16	31.54	23	8.6	30	6.53	3
Washington	94.6	9	28.46	51	9.6	20	5.37	16
Wilcox	60.9	38	35.49	8	12.7	1	5.18	21
Winston	52.1	50	28.28	53	10.1	14	5.52	14

Geriatrics - 4 Indicators

	Projected Increase in Elderly Population 2010-2040 ⁴²		Adult Abuse and Neglect Cases 2013 ⁴³		Alzheimer's Mortality Rate 2011-2013 ⁴⁴		Alzheimer's/Dementia Prevalence Among Medicare Recipients 2012 ⁴⁵	
	Percent Increase		Per 10,000 Age 18+ Population		Per 100,000 Standard Population		Percent of Medicare Recipients	
Area	Percent	Rank	Rate	Rank	Rate	Rank	Percent	Rank
UNITED STATES	98.0	N.A.	N.A.	N.A.	24.7 (2011)	N.A.	9.83	N.A.
ALABAMA	82.4	N.A.	12.4	N.A.	27.7	N.A.	9.94	N.A.
Autauga	165.0	4	10.7	36	22.6	45	9.36	37
Baldwin	155.6	7	8.2	44	15.9	55	9.13	43
Barbour	31.1	61	23.4	7	42.1	8	9.78	31
Bibb	84.0	12	20.9	11	^	^	8.62	53
Blount	97.7	9	7.0	47	17.2	54	9.24	40
Bullock	40.6	47	^	^	57.7	4	10.45	19
Butler	39.1	50	25.7	6	41.4	10	12.04	2
Calhoun	49.6	38	28.2	5	33.6	23	10.03	27
Chambers	35.0	56	9.3	40	33.7	22	8.48	56
Cherokee	82.1	13	12.5	32	72.8	1	9.83	30
Chilton	81.7	14	12.9	31	23.7	41	9.95	28
Choctaw	14.2	66	^	^	35.0	19	10.30	24
Clarke	34.9	57	9.8	39	40.0	12	10.98	10
Clay	38.8	51	^	^	^	^	8.73	51
Cleburne	69.3	21	^	^	^	^	8.95	49
Coffee	74.2	18	8.5	42	38.8	14	9.58	35
Colbert	36.7	53	22.5	9	32.8	27	8.93	50
Conecuh	40.4	49	^	^	28.8	31	11.34	5
Coosa	64.3	23	22.6	8	^	^	7.94	65
Covington	37.5	52	20.7	13	45.9	6	10.57	16
Crenshaw	55.5	32	^	^	50.7	5	10.21	25
Cullman	55.6	30	13.9	24	33.3	24	9.12	44
Dale	53.7	36	13.1	30	22.7	43	10.61	15
Dallas	43.7	45	6.1	49	38.8	14	12.42	1
DeKalb	75.0	17	29.4	3	21.5	46	8.64	52
Elmore	163.9	5	3.9	50	31.2	28	9.64	34
Escambia	32.7	60	18.2	17	28.8	31	11.55	4
Etowah	46.1	42	29.5	2	42.0	9	10.87	13
Fayette	19.8	65	13.6	26	39.4	13	8.98	48
Franklin	29.5	62	19.3	15	19.5	51	8.56	54
Geneva	55.6	30	13.5	28	68.5	2	10.46	17
Greene	47.3	41	^	^	^	^	11.57	3
Hale	54.1	35	^	^	^	^	8.37	59
Henry	81.7	14	^	^	40.3	11	10.37	22
Houston	96.8	11	20.8	12	42.9	7	10.39	20
Jackson	44.0	44	12.1	34	24.9	40	8.43	58
Jefferson	45.2	43	13.7	25	20.8	50	11.12	9
Lamar	24.3	64	18.0	18	38.2	16	10.89	12
Lauderdale	60.7	27	8.8	41	63.3	3	9.16	42
Lawrence	63.4	26	^	^	32.9	25	7.95	64
Lee	184.6	2	10.8	35	19.4	52	8.34	60
Limestone	183.1	3	7.2	46	26.3	37	8.17	61
Lowndes	34.5	58	^	^	^	^	8.99	47
Macon	33.8	59	54.5	1	^	^	9.92	29
Madison	143.1	8	10.0	38	25.6	39	9.27	38
Marengo	35.5	54	14.8	22	^	^	8.02	63
Marion	35.2	55	20.5	14	29.9	30	10.46	17
Marshall	75.9	16	19.3	15	31.2	28	10.65	14
Mobile	69.3	21	6.8	48	26.2	38	11.34	5
Monroe	49.3	39	14.2	23	35.8	18	11.20	8
Montgomery	72.9	20	10.6	37	28.4	33	11.24	7
Morgan	74.2	18	2.4	52	15.9	55	9.25	39
Perry	11.1	67	^	^	37.4	17	10.97	11
Pickens	40.5	48	17.1	19	27.4	34	9.77	32
Pike	55.4	33	13.5	28	21.3	48	8.56	54
Randolph	63.7	25	13.6	26	34.4	21	9.71	33
Russell	56.5	29	28.5	4	32.9	26	7.79	66
St. Clair	162.9	6	8.3	43	26.6	36	9.39	36
Shelby	248.8	1	7.5	45	18.7	53	9.22	41
Sumter	54.5	34	^	^	^	^	8.46	57
Talladega	64.0	24	15.4	21	27.3	35	9.12	44
Tallapoosa	50.9	37	16.7	20	21.5	46	10.06	26
Tuscaloosa	97.4	10	3.6	51	22.8	42	10.39	20
Walker	24.7	63	12.3	33	21.0	49	10.36	23
Washington	57.1	28	^	^	34.6	20	7.61	67
Wilcox	41.4	46	21.3	10	^	^	9.02	46
Winston	47.8	40	^	^	22.7	43	8.17	61

Injury and Violence Prevention - 3 Indicators

Area	Homicide Mortality 2011-2013 ⁶⁶		Accidental Poisoning Mortality 2011-2013 ⁶⁷		Motor Vehicle Accident Mortality 2011-2013 ⁶⁸	
	Per 100,000 Standard Population		Per 100,000 Standard Population		Per 100,000 Standard Population	
Area	Rate	Rank	Rate	Rank	Rate	Rank
UNITED STATES	5.3 (2011)	N.A.	11.6 (2011)	N.A.	11.1 (2011)	N.A.
ALABAMA	8.6	N.A.	10.9	N.A.	18.2	N.A.
Autauga	^	^	^	^	17.9	31
Baldwin	^	^	10.3	17	13.5	42
Barbour	^	^	^	^	^	^
Bibb	^	^	^	^	^	^
Blount	^	^	23.1	3	23.5	19
Bullock	^	^	0.0	66	^	^
Butler	^	^	^	^	^	^
Calhoun	9.7	6	7.9	19	16.0	37
Chambers	^	^	^	^	21.8	21
Cherokee	^	^	^	^	35.5	5
Chilton	^	^	13.0	11	28.5	11
Choctaw	^	^	^	^	52.2	3
Clarke	^	^	^	^	34.7	7
Clay	^	^	^	^	^	^
Cleburne	^	^	^	^	^	^
Coffee	^	^	^	^	13.7	41
Colbert	^	^	^	^	18.4	30
Conecuh	^	^	^	^	^	^
Coosa	^	^	^	^	^	^
Covington	^	^	^	^	20.2	26
Crenshaw	^	^	^	^	^	^
Cullman	^	^	16.0	6	19.2	29
Dale	^	^	^	^	19.6	28
Dallas	27.2	1	^	^	30.0	10
DeKalb	^	^	22.4	4	20.3	25
Elmore	^	^	^	^	17.3	33
Escambia	^	^	^	^	15.4	39
Etowah	6.7	8	13.9	10	13.0	44
Fayette	^	^	^	^	^	^
Franklin	^	^	25.4	2	21.6	22
Geneva	^	^	^	^	^	^
Greene	^	^	^	^	^	^
Hale	^	^	^	^	^	^
Henry	^	^	^	^	^	^
Houston	^	^	11.6	14	15.5	38
Jackson	^	^	^	^	25.3	13
Jefferson	14.5	3	12.1	13	17.2	34
Lamar	^	^	^	^	^	^
Lauderdale	^	^	6.8	22	16.5	35
Lawrence	^	^	^	^	23.7	18
Lee	5.4	11	7.1	21	9.2	47
Limestone	^	^	5.5	23	20.1	27
Lowndes	^	^	^	^	58.9	2
Macon	^	^	^	^	^	^
Madison	6.3	9	7.3	20	13.4	43
Marengo	^	^	^	^	^	^
Marion	^	^	^	^	25.4	12
Marshall	^	^	12.2	12	23.4	20
Mobile	14.5	3	11.0	16	17.8	32
Monroe	^	^	^	^	24.3	14
Montgomery	17.4	2	4.5	24	12.7	45
Morgan	^	^	14.8	7	16.4	36
Perry	^	^	0.0	66	^	^
Pickens	^	^	^	^	37.5	4
Pike	^	^	^	^	24.1	15
Randolph	^	^	^	^	34.2	8
Russell	9.8	5	9.3	18	21.6	22
St. Clair	^	^	17.2	5	24.1	15
Shelby	3.6	12	14.3	9	11.1	46
Sumter	^	^	^	^	^	^
Talladega	8.9	7	11.4	15	24.1	15
Tallapoosa	^	^	^	^	20.7	24
Tuscaloosa	5.7	10	14.5	8	14.6	40
Walker	^	^	49.2	1	35.2	6
Washington	^	^	^	^	^	^
Wilcox	^	^	^	^	65.2	1
Winston	^	^	^	^	32.5	9

Oral Health - 3 Indicators

	Ratio of Population to Dentists 2014 ⁴⁹		Percent Medicaid Children Receiving Dental Care During 2013 ⁵⁰		BCBS Members Filing Dental Service Claims 2013 ⁵²	
	Dentists Per 10,000 Population		Percent of Medicaid Recipients Age 21 Years or Less		Percent of BCBS Members	
Area	Rate	Rank	Percent	Rank	Percent	Rank
UNITED STATES	3.6 (2013)	N.A.	N.A.	N.A.	N.A.	N.A.
ALABAMA	4.4	N.A.	46.6	N.A.	39.68	N.A.
Autauga	2.9	40	41.9	12	56.49	67
Baldwin	5.9	65	46.6	37	44.12	58
Barbour	3.3	46	42.4	14	27.84	5
Bibb	2.2	28	45.4	30	28.30	7
Blount	1.4	14	49.2	52	34.81	26
Bullock	2.8	38	51.9	61	23.08	1
Butler	3.0	41	46.4	36	38.47	45
Calhoun	4.0	56	48.8	50	47.20	62
Chambers	1.8	21	39.6	4	36.91	38
Cherokee	1.1	9	49.0	51	26.64	4
Chilton	1.6	19	56.9	66	37.58	40
Choctaw	4.5	60	37.6	1	42.59	55
Clarke	3.2	43	45.3	29	32.18	15
Clay	2.2	28	47.3	41	30.14	11
Cleburne	0.7	6	51.2	58	45.37	61
Coffee	2.4	34	45.4	30	34.61	25
Colbert	3.7	53	44.6	25	35.83	34
Conecuh	2.3	33	43.4	19	33.97	21
Coosa	0.0	1	48.2	47	32.76	18
Covington	3.2	43	37.8	2	39.13	48
Crenshaw	1.4	14	40.6	10	40.75	49
Cullman	3.7	53	47.4	43	37.88	44
Dale	3.4	47	47.1	40	34.22	22
Dallas	3.6	51	59.1	67	42.14	54
DeKalb	2.4	34	53.3	62	36.60	36
Elmore	2.2	28	39.5	3	54.23	66
Escambia	1.8	21	40.1	7	25.18	3
Etowah	4.8	61	51.2	58	38.87	46
Fayette	1.2	10	46.7	38	24.73	2
Franklin	2.2	28	43.3	17	29.53	9
Geneva	1.5	16	43.4	19	35.73	32
Greene	0.0	1	48.3	49	35.12	28
Hale	1.3	12	44.1	22	32.70	17
Henry	3.5	48	47.8	46	37.79	42
Houston	5.5	63	45.7	34	37.78	41
Jackson	3.2	43	46.3	35	36.81	37
Jefferson	8.8	67	49.2	52	35.69	31
Lamar	2.1	27	45.0	27	33.70	20
Lauderdale	5.7	64	47.3	41	44.05	57
Lawrence	0.9	7	41.7	11	30.69	13
Lee	3.5	48	44.5	24	43.61	56
Limestone	2.8	38	53.3	62	41.00	51
Lowndes	0.0	1	49.8	55	48.92	63
Macon	1.5	16	45.4	30	45.20	60
Madison	6.2	66	43.3	17	53.74	65
Marengo	2.0	24	40.4	9	34.47	23
Marion	3.0	41	43.0	15	28.69	8
Marshall	3.6	51	54.5	65	40.94	50
Mobile	4.3	58	44.1	22	41.58	53
Monroe	2.2	28	43.0	15	30.43	12
Montgomery	5.4	62	45.0	27	50.67	64
Morgan	3.8	55	46.7	38	37.82	43
Perry	2.0	24	51.5	60	36.41	35
Pickens	0.5	4	39.9	6	32.22	16
Pike	2.4	34	44.8	26	44.63	59
Randolph	1.3	12	48.2	47	41.56	52
Russell	2.0	24	40.1	7	39.04	47
St. Clair	1.6	19	50.1	56	34.50	24
Shelby	3.5	48	47.4	44	37.43	39
Sumter	1.5	16	53.7	64	33.04	19
Talladega	2.6	37	47.5	45	35.46	29
Tallapoosa	1.9	23	49.6	54	35.54	30
Tuscaloosa	4.4	59	43.6	21	35.10	27
Walker	4.1	57	45.4	30	29.69	10
Washington	0.6	5	39.6	4	31.17	14
Wilcox	0.9	7	50.1	56	35.75	33
Winston	1.2	10	42.0	13	28.07	6

Cigarette Smoking - 1 Indicator

	Adult Cigarette Smoking 2012 ²³	
	Percent Population Aged 18 Years or Over	
Area	Percent	Rank
UNITED STATES	19.6	N.A.
ALABAMA	23.8	N.A.
Autauga	22	31
Baldwin	21	36
Barbour	25	19
Bibb	26	14
Blount	21	36
Bullock	38	1
Butler	31	3
Calhoun	24	21
Chambers	24	21
Cherokee	24	21
Chilton	20	44
Choctaw	20	44
Clarke	14	64
Clay	26	14
Cleburne	19	47
Coffee	18	50
Colbert	30	4
Conecuh	23	27
Coosa	30	4
Covington	29	6
Crenshaw	17	60
Cullman	22	31
Dale	21	36
Dallas	21	36
DeKalb	18	51
Elmore	21	36
Escambia	21	36
Etowah	26	14
Fayette	14	64
Franklin	25	19
Geneva	33	2
Greene	18	51
Hale	^	^
Henry	17	60
Houston	18	51
Jackson	22	31
Jefferson	21	36
Lamar	26	14
Lauderdale	18	51
Lawrence	28	7
Lee	18	51
Limestone	22	31
Lowndes	23	27
Macon	14	64
Madison	18	51
Marengo	17	60
Marion	27	11
Marshall	28	7
Mobile	24	21
Monroe	21	36
Montgomery	19	47
Morgan	24	21
Perry	26	14
Pickens	18	51
Pike	18	51
Randolph	28	7
Russell	24	21
St. Clair	27	11
Shelby	18	51
Sumter	17	60
Talladega	23	27
Tallapoosa	27	11
Tuscaloosa	22	31
Walker	28	7
Washington	20	44
Wilcox	19	47
Winston	23	27

APPENDICES

Acronyms

Acronym	Meaning
ADPH	Alabama Department of Public Health
AIDS	Acquired Immune Deficiency Syndrome
BRFSS	Behavioral Risk Factor Surveillance System
BCBS	Blue Cross and Blue Shield of Alabama
CDC	Centers for Disease Control and Prevention
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
FPL	Federal Poverty Level
FTE	Full Time Equivalent
GED	General Education Development
GLBTQ	Gay, Lesbian, Bisexual, Transgender or Questioning

Acronym	Meaning
HIV	Human Immunodeficiency Virus
HPSA	Health Professional Shortage Area
ICD	International Classification of Diseases
mm Hg	Millimeters of Mercury
OBGYN	Obstetrics and Gynecology
PHAB	Public Health Accreditation Board
PHA	Public Health Area
STI	Sexually Transmitted Infections
TIA	Transient Ischemic Attack
YMSM	Young Men Having Sex with Men

Definitions and Notes

Quality of Data

Sources of the data used in this report were selected based upon accepted reputations of the source, completeness, timeliness, and future availability. Some sources were utilized because they were the only source of the selected data. Any data concerns, whether real or perceived, are noted in the Sources section of this report.

Small Number Limitations

The publishing of numbers and applicable measurements (rates, percentages, etc.) used in this report are consistent with the procedures used by the source of each data item. These procedures are explained for each data item subject to limitations in the Sources section of this report.

Accidental Poisoning

Poisoning occurs when any substance interferes with normal body functions after it is swallowed, inhaled, injected, or absorbed. The branch of medicine that deals with the detection and treatment of poisons is known as toxicology.⁵⁴

See "Cause of Death" for a description of the ICD-10 codes identifying accidental poisoning.

Adequacy of Prenatal Care

The adequacy of prenatal care is defined using the Kotelchuck Index. This index was designed as an improvement on the Kessner Index. It has 5 values: 1 = adequate plus, 2 = adequate, 3 = intermediate, 4 = inadequate, and 5 = unknown. Its major advantage is that it divides the adequate into two categories. Those with adequate plus had other risk factors which increased the number of visits. The index can serve as an indicator that some medical condition required additional prenatal care. Intermediate and inadequate are summed to identify births with less than adequate prenatal care.⁵⁵

Adult Abuse or Neglect

"Adults are considered to be 18 years of age or older. Abuse is the infliction of physical pain, injury or the willful deprivation by a caregiver or other person of services necessary to maintain mental and physical health. Neglect is the failure of a caregiver to provide food, shelter, clothing, medical services and health care for the person unable to care for himself; or the failure of the person to provide these basic needs for himself when the failure is the result of the person's mental or physical inability."⁵⁶

Acquired Immune Deficiency Syndrome (AIDS)/Human Immunodeficiency Virus (HIV)

AIDS is a chronic, potentially life-threatening condition caused by HIV. By damaging the immune system, HIV interferes with the body's ability to fight the organisms that cause disease.⁵⁷

Alzheimer's Disease/Dementia

"A progressive, degenerative disorder that attacks the brain's nerve cells, or neurons, resulting in loss of memory, thinking and language skills, and behavioral changes. . . . Alzheimer's disease is the most common cause of dementia, or loss of intellectual function, among people aged 65 and older."⁵⁸

"The likelihood of developing Alzheimer's doubles about every five years after age 65. After age 85, the risk reaches nearly 50 percent."⁹⁷

See "Cause of Death" for a description of the ICD-10 codes identifying Alzheimer's disease.

American Community Survey (ACS)

After the 2000 Census, the ACS was developed by using the long form previously used for decennial Census data. This nationwide continuous survey provides data to assist in decision making by local, state, and national stakeholders and governing agencies. The information gathered in the ACS is available to the public at no charge via the American Fact Finder tool.⁵⁹

Blue Cross and Blue Shield of Alabama (BCBS)

BCBS is Alabama's largest provider of health care benefits in Alabama. BCBS provides insurance coverage to over 3 million people including 2.1 million Alabamians, and is a large employer with over 4,000 employees. Claims data presented in this report for BCBS is unduplicated and includes all claims administered by BCBS.⁶⁰

Behavioral Risk Factor Surveillance System (BRFSS)

"BRFSS is the nation's premier system of health-related telephone surveys that collect state data about United States residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS collects data in all 50 states as well as the District of Columbia and three United States territories. BRFSS completes more than 400,000 adult interviews each year making it the largest continuously conducted health survey system in the world."⁶¹

Body Mass Index (BMI)

BMI "is a number calculated from a person's weight and height. BMI is a fairly reliable indicator of body fatness for most people. ... BMI is used as a screening tool to identify possible weight problems for adults."⁶²

Breast Cancer

"Cancer is a disease in which cells in the body grow out of control. When cancer starts in the breast, it is called breast cancer. Except for skin cancer, breast cancer is the most common cancer in American women."⁶³

Cancer (Malignant Neoplasms)

"Cancer is the name given to a collection of related diseases. In all types of cancer, some of the body's cells begin to divide without stopping and spread into surrounding tissues.

Cancer can start almost anywhere in the human body, which is made up of trillions of cells. Normally, human cells grow and divide to form new cells as the body needs them. When cells grow old or become damaged, they die, and new cells take their place.

When cancer develops, however, this orderly process breaks down. As cells become more and more abnormal, old or damaged cells survive when they should die, and new cells form when they are not needed. These extra cells can divide without stopping and may form growths called tumors."⁶⁴

See "Cause of Death" for a description of the ICD-10 codes identifying cancer.

Cause of Death

The cause of death presented in this report for all causes, except for Diabetes-Related deaths, is the "underlying cause" which is defined as the cause deemed responsible for the sequence of morbid events leading directly to death or the circumstances of the accident or violence that produced the fatal injury. Deaths, by cause, are classified according to the International Classification of Diseases, Tenth Revision (ICD-10), and following instructions established by the National Center for Health Statistics.

Specific ICD-10 codes used for the causes of death included in this report are as follows:

Cause	ICD Code(s)
Suicide (intentional self-harm)	U03, X60-X84, Y87.0
Drug-related (or induced) mortality	D52.1, D59.0, D59.2, D61.1, D64.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, F11.1-F11.5, F11.7-F11.9, F12.1-F12.5, F12.7-F12.9, F13.1-F13.5, F13.7-F13.9, F14.1-F14.5, F14.7-F14.9, F15.1-F15.5, F15.7-F15.9, F16.1-F16.5, F16.7-F16.9, F17.3-F17.5, F17.7-F17.9, F18.1-F18.5, F18.7-F18.9, F19.1-F19.5, F19.7-F19.9; G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, G62.0, G72.0, I95.2, J70.2, J70.3, J70.4, K85.3, L10.5, L27.0, L27.1, M10.2, M32.0, M80.4, M81.4, M83.5, M87.1, R50.2, R78.1, R78.2, R78.3, R78.4, R78.5, X40-X44, X60-X64, X85, Y10-Y14
Heart diseases	I00-I09, I11, I13, I20-I51
Cerebrovascular diseases (stroke)	I60-I69
Cancer (malignant neoplasms)	C00-C97
Diabetes-related (or Diabetes mellitus) mortality	E10-E14
Alzheimer's disease	G30
Homicide (assault)	U01-U02, X85-Y09, Y87.1
Accidental poisoning poisoning -(and exposure to noxious substances)	X40-X49
Motor vehicle accidents	V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2

Cerebrovascular Disease (Stroke)

"The word cerebrovascular is made up of two parts - "cerebro" which refers to the large part of the brain, and "vascular" which means arteries and veins. Together, the word cerebrovascular refers to blood flow in your brain. The term cerebrovascular disease includes all disorders in which an area of the brain is temporarily or permanently affected by ischemia or bleeding and one or more of the cerebral blood vessels are involved in the pathological process. Cerebrovascular disease includes stroke, carotid stenosis, vertebral stenosis and intracranial stenosis, aneurysms, and vascular malformations."⁶⁵

See "Cause of Death" for a description of the ICD-10 codes identifying cerebrovascular diseases.

Child Abuse or Neglect

"Children are considered to be under 18 years of age. Under Alabama law, child abuse is 'harm or threatened harm to a child's health or welfare which can occur through nonaccidental physical or mental injury; sexual abuse or attempted sexual abuse; sexual exploitation or attempted sexual exploitation.' Under Alabama law, child neglect is 'negligent treatment or maltreatment of a child, including the failure to provide adequate food, medical treatment, clothing, or shelter: provided, however, that a parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent or guardian; however, such an exception shall not preclude a court from ordering that medical services be provided to the child, where his health requires it.'"⁶⁶

Colorectal Cancer

“Cancer that occurs in the colon or rectum. Sometimes it is called colon cancer, for short... The rectum is the passageway that connects the colon to the anus.

Sometimes abnormal growths, called polyps, form in the colon or rectum. Over time, some polyps may turn into cancer. Screening tests can find polyps so they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure.”⁶⁷

Dentist

In this report, dentist is defined as those actively practicing in Alabama who are licensed in the practice of dentistry by the Alabama Board of Dental Examiners.

Depression

“A serious medical illness that involves the brain. It’s more than just a feeling of being ‘down in the dumps’ or ‘blue’ for a few days. If you are one of the more than 20 million people in the United States who have depression, the feelings do not go away. They persist and interfere with your everyday life. Symptoms can include

- Sadness
- Loss of interest or pleasure in activities you used to enjoy
- Change in weight
- Difficulty sleeping or oversleeping
- Energy loss
- Feelings of worthlessness
- Thoughts of death or suicide

Depression is a disorder of the brain. There are a variety of causes, including genetic, environmental, psychological, and biochemical factors. Depression usually starts between the ages of 15 and 30, and is much more common in women. Females can also get postpartum depression after the birth of a baby. Some people get seasonal affective disorder in the winter. Depression is one part of bipolar disorder.

There are effective treatments for depression, including antidepressants and talk therapy. Most people do best by using both.”⁶⁸

Diabetes Mellitus (Diabetes)

“A group of diseases that affect how your body uses blood sugar (glucose). Glucose is vital to your health because it’s an important source of energy for the cells that make up your muscles and tissues. It’s also your brain’s main source of fuel.

If you have diabetes, no matter what type, it means you have too much glucose in your blood, although the causes may differ. Too much glucose can lead to serious health problems.”⁶⁹

Diabetes-Related Mortality

Deaths which had diabetes indicated as the underlying cause of death or one of the other 20 possible contributing causes of death on the death certificate. Multiple cause of death files are used in measuring diabetes-related mortality.

See “Cause of Death” for a description of the ICD-10 codes identifying diabetes.

Elderly

In this report, elderly applies to persons aged 65 years or more.

Full Time Equivalent (FTE)

In this report, an FTE is the equivalent of someone, particularly a medical professional, who works 40 hours per week.⁷⁰

FTEs Needed to Reach Optimal Care

Assumptions:

Primary care physicians are the only providers counted (ob/gyn, pediatrics, general/family medicine, and general internal medicine).

40 hours is equivalent to 1.0 FTE.

A single provider cannot be more than 1.0 FTE.

2,500:1 is the optimal ratio.

There is no consideration made to the shortage of physicians for the low-income population. This may be made available in later publications.

Resident civilian population was utilized in the development of ratios. Resident civilian population only includes permanent residents who are not imprisoned. It does not account for tourists, migrant or seasonal workers, undocumented residents, or individuals who do not reside within the county but may obtain health care within the county. At this time, there is no known population data available to account for these fluctuations in population.

Heart Diseases

“Heart disease describes a range of conditions that affect your heart. Diseases under the heart disease umbrella include blood vessel diseases, such as coronary artery disease; heart rhythm problems (arrhythmias); and heart defects you’re born with (congenital heart defects), among others.

The term ‘heart disease’ is often used interchangeably with the term ‘cardiovascular disease.’ Cardiovascular disease generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina), or stroke.

Other heart conditions, such as those that affect your heart’s muscle, valves, or rhythm, also are considered forms of heart disease.”⁷¹

See “Cause of Death” for a description of the ICD-10 codes identifying heart diseases.

Household

“A household consists of all the people who occupy a housing unit. A house, an apartment or other group of rooms, or a single room, is regarded as a housing unit when it is occupied or intended for occupancy as separate living quarters; that is, when the occupants do not live with any other persons in the structure and there is direct access from the outside or through a common hall.

A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household. The count of households excludes group quarters. There are two major categories of households, “family” and “nonfamily.”⁷²

Hypercholesterolemia

“Cholesterol is a waxy substance that’s found in the fats (lipids) in your blood. While your body needs cholesterol to continue building healthy cells, having high cholesterol can increase your risk of heart disease.

When you have high cholesterol, you may develop fatty deposits in your blood vessels. Eventually, these deposits make it difficult for enough blood to flow through your arteries. Your heart may not get as much oxygen-rich blood as it needs, which increases the risk of a heart attack. Decreased blood flow to your brain can cause a stroke.

High cholesterol (hypercholesterolemia) can be inherited, but it's often the result of unhealthy lifestyle choices, and thus preventable and treatable. A healthy diet, regular exercise and sometimes medication can go a long way toward reducing high cholesterol." ⁷³

Hyperlipidemia

The term hyperlipidemia means high lipid levels. Hyperlipidemia includes several conditions, but it usually means that you have high cholesterol and high triglyceride levels. ⁷⁴

Hypertension

"Hypertension, also known as high or raised blood pressure, is a condition in which the blood vessels have persistently raised pressure. Blood is carried from the heart to all parts of the body in the vessels. Each time the heart beats, it pumps blood into the vessels. Blood pressure is created by the force of blood pushing against the walls of blood vessels (arteries) as it is pumped by the heart. The higher the pressure the harder the heart has to pump.

Normal adult blood pressure is defined as a blood pressure of 120 mm Hg¹ when the heart beats (systolic) and a blood pressure of 80 mm Hg when the heart relaxes (diastolic). When systolic blood pressure is equal to or above 140 mm Hg and/or a diastolic blood pressure equal to or above 90 mm Hg the blood pressure is considered to be raised or high." ⁷⁵

Incidence

"Incidence is the number of new cases of a condition, symptom, death, or injury that develop during a specific time period, such as a year." ⁷⁶

Infant Mortality

"The death of a baby before his or her first birthday is called infant mortality. The infant mortality rate is an estimate of the number of infant deaths for every 1,000 live births. This rate is often used as an indicator to measure the health and well-being of a nation, because factors affecting the health of entire populations can also impact the mortality rate of infants." ⁷⁷

Lipid Disorder

"Lipid disorders are the broad term for abnormalities of cholesterol and triglycerides.

Lipid abnormalities are associated with an increased risk for vascular disease, and especially heart attacks and strokes. Abnormalities in lipid disorders are a combination of genetic predisposition as well as the nature of dietary intake. Many lipid disorders are associated with being overweight. Lipid disorders may also be associated with other diseases including diabetes, the metabolic syndrome (sometimes called the insulin resistance syndrome), underactive thyroid or the result of certain medications (such as those used for anti-rejection regimens in people who have had transplants)." ⁷⁸

Live Birth

"The complete expulsion or extraction from the mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes, or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps." ⁷⁹ In this publication, the terms live birth and birth are used synonymously.

Low Weight Birth

"A weight at birth of under 2,500 grams or 5 pounds and 8 ounces." ⁸⁰

Lung Cancer

"Cancer that forms in tissues of the lung, usually in the cells lining air passages. The two main types are small cell lung cancer and non-small cell lung cancer. These types are diagnosed based on how the cells look under a microscope." ⁸¹

Medicaid

"Medicaid is a state/federal program that pays for medical and long-term care services for low-income pregnant women, children, certain people on Medicare, individuals with disabilities and nursing home residents. These individuals must meet certain income and other requirements." ⁸²

Medicare

"Medicare is the federal health insurance program for people who are 65 and older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD)." ⁸³

Motor Vehicle Accident

An incident in which a motor vehicle is involved. It may involve a vehicle colliding with another vehicle, object, or person. ⁸⁴

Multiple Causes of Death

"The Multiple Cause of Death data available on CDC Wonder are county-level national mortality and population data. Data are based on death certificates for United States residents. Each death certificate contains a single underlying cause of death, up to twenty additional multiple causes, and demographic data." ⁸⁵

Multiple causes are determined by all information provided on death certificates for the cause of death and contributing factors. In this report, multiple cause of death data is used in measuring diabetes-related mortality.

Obesity

For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the "body mass index" (BMI). BMI is used because, for most people, it correlates with their amount of body fat. An adult who has a BMI between 25 and 29.9 is considered overweight. An adult who has a BMI of 30 or higher is considered obese. ⁸⁶

Prevalence

Prevalence refers to the total number of individuals in a population who have a disease or health condition at a specific period of time, usually expressed as a percentage of the population. ⁸⁷

Primary Care Physician

This report uses the definition of "primary care physician" that is used by the Alabama Office of Primary Care and Rural Health for the purposes of HPSA designations. Health professionals include Medical Doctors and Doctors of Osteopathy practicing family medicine, general medicine, general pediatrics, general internal medicine, and general OB/GYN services. ⁸⁸

Prostate Cancer

“Prostate cancer is cancer that occurs in a male’s prostate — a small walnut-shaped gland that produces the seminal fluid that nourishes and transports sperm. Prostate cancer is one of the most common types of cancer in men. Prostate cancer usually grows slowly and initially remains confined to the prostate gland, where it may not cause serious harm. While some types of prostate cancer grow slowly and may need minimal or no treatment, other types are aggressive and can spread quickly.”⁸⁹

Psychoses

Psychoses is another name for psychotic disorders. “Psychotic disorders are severe mental disorders that cause abnormal thinking and perceptions. People with psychoses lose touch with reality. Two of the main symptoms are delusions and hallucinations.”⁹¹ For this report, Psychosis and Schizophrenia are grouped together in regards to Medicare data.

Rural (versus Urban)

There are several differing definitions of “rural” and “urban” being used by the United States Census Bureau and various federal programs. When you get out into Alabama’s 67 counties, no definition seems to fit perfectly with the concept of rural and urban that Alabamians tend to have.

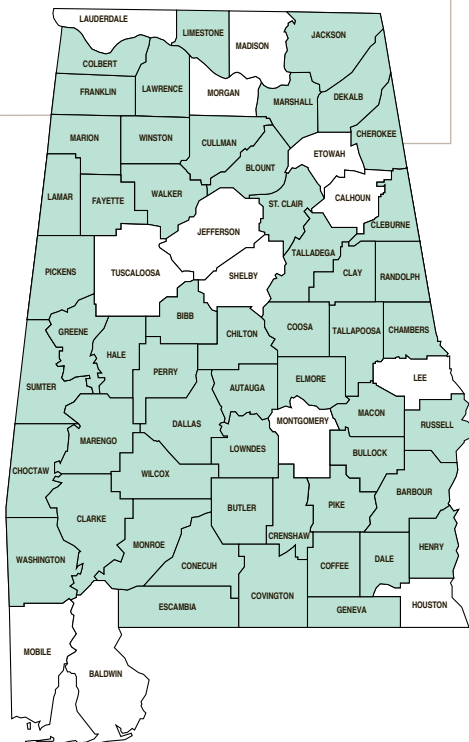
This is easily understood as the concepts of rural and urban are not concrete. What would be considered rural today is not the same as what would have been considered rural even twenty years back. What is considered rural in Massachusetts or Montana is quite different from what is considered rural in Alabama.

The Office of Primary Care and Rural Health in the Alabama Department of Public Health joined with the Alabama Rural Health Association and other programs interested in rural and urban research in 2008 to develop definitions and a model that would more adequately describe our regional concept of rural and urban areas. Rural and urban are also defined at the county level since most data is available at the county level, but not at sub-county levels.

This model considers the three following widely accepted indicators that tend to describe accepted concepts of rural or urban areas well:

1. Public education employment as a percentage of total non-agricultural employment.
2. Agricultural sales per square mile of land surface.
3. Population per square mile of land surface.

Data for this methodology is used to calculate a total score ranging from 0 to 75 with lower scores representing more urban areas. Data is available on an annual basis to allow for re-determinations whenever these are desired. The preceding map reveals Alabama’s rural and urban counties as determined through this model in 2014.



Schizophrenia

“Schizophrenia is a chronic, severe, and disabling brain disorder that has affected people throughout history. People with the disorder may hear voices other people don’t hear. They may believe other people are reading their minds, controlling their thoughts, or plotting to harm them.”⁹⁰ For this report, Psychosis and Schizophrenia are grouped together in regards to Medicare data.

Sexually Transmitted Infections (STI)

“An infection passed from person to person through intimate sexual contact. STIs are also called sexually transmitted diseases, or STDs.”⁹² STIs included in this report include gonorrhea, chlamydia and syphilis.

Stroke - See Cerebrovascular Disease.

Substance Abuse

World Health Organization defines substance abuse as “the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.”⁹³

United States Census Bureau

A federal data hub mandated by the United States Constitution. Data from the Census Bureau is used by organizations and individuals worldwide for various purposes.

Data is collected in the decennial census of population and housing, economic census, census of governments, American community survey (ACS), and other surveys and programs.⁹⁴

Uninsured

People who are not covered by any of the following types of health insurance or health coverage plans:

- “Insurance through a current or former employer or union (of this person or another family member)
- Insurance purchased directly from an insurance company (by this person or another family member)
- Medicare, for people 65 and older, or people with certain disabilities (Note: SAHIE does not report insurance rates for people over 65 since over 98 percent of people over the age of 65 are insured)
- Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- TRICARE or other military health care
- Indian Health Services (People whose only health coverage is Indian Health Service are uninsured as IHS is not considered comprehensive coverage.)
- VA (including those who have ever used or enrolled for VA health care)
- Any other type of health insurance or health coverage plan (user specified)”⁹⁵

Vehicle (available)

“These data show the number of passenger cars, vans, and pickup or panel trucks of one-ton capacity or less kept at home and available for the use of household members.”⁹⁶

Risk Factors

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Mental Health and Substance Abuse

Suicide

- Male
- Caucasian
- Psychiatric illness such as history of depression, bipolar disorder, schizophrenia, post-traumatic stress disorder, or anxiety disorder
- Family history of suicide
- History of suicidal ideation or attempt
- Alcohol or substance abuse
- Attempts higher among females and young adults
- Completed suicide higher among males and older adults
- Unmarried/single
- Social isolation
- Physical illness such as chronic pain, recent surgery, or terminal disease
- Loss of loved one or failed relationship within one year
- Adverse childhood experiences such as sexual abuse, domestic violence, or mentally ill household member
- Unemployment
- Employed in unskilled occupation
- Geography: rural rates are highest due to lack of opportunity, resources, and access to mental health services
- Adolescents identifying self as gay, lesbian, bisexual, transgender, or questioning (GLBTQ)
- Access to lethal methods
- Barriers to accessing mental health treatment
- Feelings of hopelessness, social isolation, and impulsive or aggressive tendencies

Depression

- Caucasian males have four times the rates of other groups; African American males are the second highest until age 30; Caucasian females have second highest rates after age 30
- Younger to middle-age adults
- Past history of major depressive disorder or anxiety disorder
- Immaturity (lack of impulse control, low rate of help-seeking behaviors)
- Family history of addictive behaviors, depression, violence, or chronic interpersonal conflict
- Adverse childhood experience such as neglect or abuse
- Stressful life events in past year, like divorce or loss of a loved one
- Unemployment, particularly in males, who often identify themselves by their job
- Alcoholism or drug dependency, including prescription and illegal drugs

Schizophrenia/Psychoses

- Initial symptoms between 16 and 30 years of age
- Family history
- Urban resident
- Prenatal exposure to hunger
- Traumatic or abusive childhood
- Substance abuse

Substance Abuse

- Lower levels of educational attainment
- Poverty and lower incomes
- Major life events, like divorce or loss of a loved one
- Financial instability
- Unemployment
- Depression

Poor Pregnancy Outcomes

Infant Mortality

- Low birth weight
- Premature birth
- Multiple gestation pregnancy
- Alcohol or substance abuse
- Mothers with less than a high school education
- Unsafe and/or co-sleeping environments
- Congenital anomalies
- Injury (Shaken Baby Syndrome, motor vehicle accident, asphyxia, strangulation, entrapment)
- Birth spacing less than 18 to 24 months (between the end of pregnancy and the beginning of another)
- Babies born to teen mothers
- Babies born to single mothers
- Mothers with chronic conditions like diabetes or hypertension
- Mothers who smoke
- STIs, for example, syphilis, genital herpes, HIV, or bacterial vaginosis
- Stress or physical abuse during pregnancy
- Low socio-economic status

Low Birth Weight

- Previous low birth weight
- Previous premature birth
- Genetics/biological
- Low socio-economic status
- Multiple gestation pregnancy
- Alcohol or substance abuse

- Mothers with less than a high school education
- Inadequate or lack of prenatal care
- Babies born to teen mothers
- Babies born to single mothers
- Mothers with chronic conditions like diabetes or hypertension
- Mothers who smoke
- Sexually transmitted infections, for example, syphilis, genital herpes, HIV, or bacterial vaginosis
- Stress or physical abuse during pregnancy
- Pre-conception and inter-conception health status of the mother
- Mothers over the age of 35
- Birth spacing less than 18 to 24 months (between the end of pregnancy and the beginning of another)

Prenatal Care

- Cultural influences
- Mothers with less than a high school education
- Demographics
- Access to prenatal care
- Transportation to available services
- Lifestyle choices
- Alcohol or substance abuse
- Socio-economic inequality
- Babies born to teen mothers
- Babies born to single mothers
- Lack of support systems
- Stress or physical abuse during pregnancy
- Unplanned/unwanted pregnancy
- Mental illness
- Pre-conception and inter-conception health status of mother
- Medicaid payment for delivery
- Uninsured/underinsured mother

Nutrition and Physical Activity

Obesity

- Female
- African American
- Hispanic/Latino
- Middle age adult
- Low birth weight
- Certain medical conditions such as hypothyroidism, polycystic ovary syndrome, growth hormone deficiency, etc.
- Medications that contribute to weight gain

- Medical conditions that limit activity such as osteoarthritis, cardiovascular disease, etc.
- Metabolic syndrome (combination of abdominal obesity, hypertension, diabetes, and dyslipidemia)
- Excessive alcohol use
- Lower levels of educational attainment
- Poverty and lower incomes
- Age over 45 and less than 65
- Genetics
- Sedentary life style, lack of exercise
- Environmental barriers (such as limited access to healthy foods)
- Energy imbalance (consuming more calories than are being burned)
- Lack of fruits and vegetables in diet
- Over-consumption of beverages high in sugar content
- Over-consumption of empty calorie foods

Cardiovascular Diseases (CVD)

High Cholesterol

- Family history
- Diabetes
- Excessive alcohol consumption
- Cholestatic liver disease
- Nephrotic syndrome and chronic kidney disease
- Hypothyroidism
- Smoking and second-hand smoke
- Obesity
- Certain medications such as thiazide diuretics, beta blockers, oral estrogens, corticosteroids, etc.

Heart Disease

- Male
- Post-menopausal, particularly among African American, American Indians, and Latinos of Mexican descent
- Increasing age
- Uncontrolled stress and anger
- High C-reactive protein
- Dyslipidemia (including low HDL or elevated total cholesterol, LDL, or triglycerides)
- Diabetes or impaired glucose tolerance
- Uncontrolled hypertension
- Smoking and second-hand smoke
- Obesity
- Family history of premature CVD in a first degree relative (prior to age 55 for males or age 65 for females)

- Diet with high glycemic index, high saturated fats, high sodium, high intake processed foods, high intake of red meat, and high-fat dairy products
- Physical inactivity

Hypercholesterolemia

- Obesity
- Sedentary life style, lack of exercise
- Diet high in meat consumption
- Diet low in fiber
- Lack of fruits and vegetables in diet
- Consumption of beverages high in sugar content
- Consumption of empty calorie foods

Hypertension

- Males under the age of 45; females over the age of 64
- Pre-existing health issues such as kidney abnormality, chronic kidney disease, structural abnormality of the aorta, and narrowing of certain arteries
- Being overweight or obese
- Sleep apnea
- Heredity
- Advanced age
- Sedentary life style, lack of exercise
- Diet high in sodium
- Diet high in animal products and animal fats
- Diet low in fiber
- Lack of fruits and vegetables in diet
- Excessive consumption of alcoholic beverages
- Consumption of empty calorie foods
- Smoking and second-hand smoke
- Depression
- Stress

Lipid Disorders

- Diabetes
- Metabolic Syndrome
- Underactive Thyroid
- Transplant anti-rejection medications
- Genetic inheritance
- Obesity
- Sedentary life style, lack of exercise
- Diet high in animal products
- Diet low in fiber
- Lack of fruits and vegetables in diet
- Consumption of beverages high in sugar content

- Consumption of empty calorie foods

Stroke

- Female
- African American, American Indian, Alaskan Native, Pacific Islander
- Hispanic/Latino
- Hypertension
- Heredity
- Drug abuse (particularly cocaine, amphetamines, and heroin)
- Diabetes
- Smoking and second hand smoke
- Dyslipidemia
- Older age
- Previous stroke or transient ischemic attacks (TIA)
- Presence of Coronary Artery Disease which will lead to coronary heart disease or peripheral arterial disease
- Certain medical conditions such as sickle cell disease, atrial fibrillation, hypercoagulable state, and radiation therapy to head/neck, heart failure, and dilated cardiomyopathy (enlarged heart)
- Obesity
- Sedentary life style, lack of exercise
- Sleep-related breathing disorders
- Diet high in saturated fat, trans fat, sodium, or cholesterol
- Excessive alcohol use
- Diet high in animal products
- Diet low in fiber
- Lack of fruits and vegetables in diet
- Consumption of beverages high in sugar content
- Consumption of empty calorie foods

Sexually Transmitted Infections (STI)

STI

- Age younger than 24 years
- Multiple sexual partners concurrently
- New sex partners in past 60 days
- Failure to use barrier protection consistently and correctly
- Alcohol or illicit drug use
- Persons who initiate sex early in adolescence
- History of previous STI
- Meeting anonymous partners on the internet/social media
- Youth residing in detention facilities
- Persons attending STI clinics
- Young males having sex with males (YMSM)
- Injection drug use

- Commercial sex work
- Exchanging sex for drugs or money
- Homeless youth
- Lower socioeconomic status
- Teen pregnancy
- LGBTQ [often these groups engage in survival sex (trading sex for food, shelter, or money), substance use, and frequently suffer sexual and physical assault]
- Lack of access to care
- Dating violence and sexual assault

HIV

- African American
- Hispanic/Latino
- Males who have sex with males
- Injection drug use or other recreational drug use
- Multiple sex partners
- Unprotected sex, particularly receptive anal intercourse
- Presence of other STIs
- Lack of circumcision
- Needle stick exposure among health care workers

Cancer

Colorectal Cancer

- African American
- Age 50 years or over
- Personal history of polyps or colorectal cancer
- Family history of polyps or colorectal cancer
- Inflammatory bowel disorders such as ulcerative colitis or Crohn's disease
- Hereditary genetic syndromes
- Type 2 Diabetes
- Smoking
- Obesity
- Moderate to heavy alcohol use
- Sedentary lifestyle, physical inactivity
- Diet high in red meats and processed meats
- Diet low in fruits and vegetables

Breast Cancer

- Female
- Increasing age
- Obesity (in postmenopausal women)
- Mother or sister with breast cancer

- Inherited genetic mutations such as presence of BRCA1/BRCA2 genes
- Age less than 12 at menarche
- Age greater than 30 at first birth
- Age greater than 55 at menopause
- Current or recent (within the past 10 years) use of contraceptive pills
- Never having children
- Hormone replacement therapy
- Personal history of breast cancer or noncancerous breast disease
- Dense breast tissues identified by mammogram
- Proliferative lesions (excess growth of cells in the ducts or lobules of breast tissue)
- Moderate to heavy alcohol use
- Physical inactivity

Lung Cancer

- Smoking
- Occupational or environmental exposure to second-hand smoke, radon, asbestos, ionizing radiation, chromium, cadmium, arsenic, diesel exhaust, etc.
- Personal history of lung cancer or family history of lung cancer in first degree relative
- Pulmonary fibrosis or other benign lung disease

Prostate Cancer

- Male
- African American
- Increasing age
- First degree relative with prostate cancer

Diabetes

Diabetes Mellitus

- African American, Asian, American Indian, Alaskan Native, Pacific Islander
- Hispanic/Latino
- Family history of diabetes in first degree relative
- Obesity, particularly central or abdominal obesity
- Sedentary lifestyle, lack of exercise
- Smoking
- Increasing age
- History of gestational diabetes or impaired glucose tolerance
- Giving birth to infant greater than nine pounds at birth
- Cardiovascular disease including myocardial infarction or heart failure
- Excessive consumption of red meat and sugar-sweetened beverages
- Vitamin D deficiency

- Elevated uric acid
- Over- or under-weight at birth, prematurity

Diabetes Among the Elderly and Disabled

- Limited access to screening services including transportation to existing services
- Poor diet and nutrition among the elderly
- Obesity
- Other co-existing chronic conditions
- Increased need for dialysis and limb amputations, particularly in African American population

Diabetes Among Low-Income Population

- Health care service shortages for screening for the condition
- Poor diet and nutrition among the low-income population
- Other chronic health conditions
- Late diagnosis
- Access to dialysis clinics

Geriatrics

Elder Abuse

- Being unable to provide self-care
- Rural residents
- Dementia
- Alzheimer's Disease
- Vulnerability to financial scams, fraud, or theft
- Social isolation

Alzheimer's Disease

- Female
- African American
- Hispanic/Latino
- Lower levels of educational attainment
- Rural residents
- Age over 65 (see Definitions)
- Genetics
- Low intellectual stimulation
- Obesity
- High blood pressure
- Diabetes
- Depression
- Sedentary life style, lack of exercise

Assets and Resources

Access to Care Resources

- **Alabama Partnership for Telehealth**
<http://www.alabamatelehealth.com/alabama/>
- **Alabama Rural Health Association**
<http://www.arhaonline.org/>
- **Alabama Primary Health Care Association, Inc.**
<http://www.alphca.com/home.aspx>
- **Connecting Alabama**
<http://connectingalabama.gov/>
- **Kid One**
<http://www.kidone.org/>
- **Alabama Medicaid Agency's Non-Emergency Transportation Program**
http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.8.2_Non-Emergency_Transportation.aspx
- **Alabama Primary Health Care Association**
<http://www.alphca.com/home.aspx>
- **Alabama Office of Primary Care & Rural Health - Recruitment Services**
<http://www.adph.org/recruit>
- **Alabama Office of Primary Care & Rural Health**
<http://www.adph.org/ruralhealth>
- **Alabama Department of Economic and Community Affairs**
<http://www.adeca.alabama.gov/Pages/default.aspx>
- **State Health Planning and Development Agency**
<http://www.shpda.state.al.us/>

Mental Health and Substance Abuse Resources

- **Alabama Department of Mental Health**
<http://www.mh.alabama.gov/>
- **Alabama Department of Rehabilitation Services**
<http://www.rehab.alabama.gov/>
- **Alzheimer's Disease Education and Referral Center (National Institute on Aging)**
<http://www.nia.nih.gov/alzheimers/>
- **Alzheimer's Association**
<http://www.alz.org/>
- **NIH Senior Health (Alzheimer's Disease)**
<http://nihseniorhealth.gov/alzheimersdisease/causesandriskfactors/01.html>
- **Alzheimer's Foundation of America**
<http://www.alzfdn.org/index.htm>
- **Journal of Alzheimer's Disease**
<http://www.j-alz.com/>
- **Alzheimer's Disease Cooperative Study**
<http://www.adcs.org/>
- **Alzheimer's Disease Center (Boston University)**
<http://www.bu.edu/alzresearch/>

- **Alzheimer's Disease Research Center (Johns Hopkins School of Medicine)**
<http://www.alzresearch.org/>
- **National Plan to Address Alzheimer's Disease: 2013 Update**
<http://aspe.hhs.gov/daltcp/napa/natlplan.pdf>
- **Alzheimer's Resource Center**
<http://www.wesharethecare.org/index.html>

Poor Pregnancy Outcomes Resources

- **CDC (Linked Birth and Infant Death Data)**
<http://www.cdc.gov/nchs/linked.htm>
- **Kidscount (Infant Mortality)**
<http://datacenter.kidscount.org/data/tables/6051-infant-mortality#detailed/1/any/false/133,38,35,18,17/any/12718,12719>
- **National Fetal-Infant Mortality Review Program**
<http://www.nfimr.org/>
- **HRSA (Collaborative Improvement and Innovation Network to Reduce Infant Mortality)**
<http://mchb.hrsa.gov/infantmortality/coiin/>
- **Association of Maternal and Child Health Programs (Infant Mortality)**
<http://www.amchp.org/programsandtopics/Pages/default.aspx>
- **CDC (Birth Data)**
<http://www.cdc.gov/nchs/births.htm>
- **Kidscount (Low-Birthweight Babies)**
<http://datacenter.kidscount.org/data/tables/5425-low-birthweight-babies?loc=1&loct=2#detailed/2/10-19,2,20-29,3,30-39,4,40-49,5,50-52,6-9/false/867,133,38,35,18/any/11984,11985>
- **HRSA (Low Birth Weight)**
<http://mchb.hrsa.gov/chusa11/hstat/hsi/pages/2011bw.html>
- **The National Campaign to Prevent Teen and Unplanned Pregnancy**
http://www.thenationalcampaign.org/resources/teen_pregnancy.aspx
- **CDC (Teen Pregnancy)**
<http://www.cdc.gov/TeenPregnancy/index.htm>
- **Kidscount (Teen Mothers Ages 15-19)**
<http://www.datacenter.kidscount.org/data/tables/6-teen-mothers-ages-15-to-19?loc=1&loct=2#detailed/2/10-19,2,20-29,3,30-39,4,40-49,5,50-52,6-9/false/16,15,14,13,12/any/255,256>
- **Office of Adolescent Health (Teen Pregnancy and Childbearing)**
<http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/>
- **ThinkTeen (ADPH)**
<http://thinkteen.org/>
- **Child Trends**
<http://www.childtrends.org/?indicators=late-or-no-prenatal-care>

- **America's Health Rankings**
<http://www.americashealthrankings.org/All/PrenatalCare/2012>
- **Kidscount**
<http://www.datacenter.kidscount.org/data/tables/11-births-to-women-receiving-late-or-no-prenatal-care?loc=1&loct=2#detail>
ed/2/10-19,2,20-29,3,30-39,4,40-49,5,50-52,6-9/false/867,133,38,35,18/any/265,266
- **Child Health USA 2013**
<http://mchb.hrsa.gov/chusa13/index.html>
- **CDC (Births - Method of Delivery)**
<http://www.cdc.gov/nchs/fastats/delivery.htm>
- **CDC (Tobacco Use and Pregnancy)**
<http://www.cdc.gov/reproductivehealth/tobaccousepregnancy/>
- **Kidscount**
<http://www.datacenter.kidscount.org/data/tables/7-births-to-unmarried-women?loc=1&loct=2#detailed/2/10-19,2,20-29,3,30-39,4,40-49,5,50-52,6-9/false/867,133,38,35,18/any/257,258>
- **CDC (Unmarried Childbearing)**
<http://www.cdc.gov/nchs/fastats/unmarried-childbearing.htm>
- **ChildStats.Gov (Births to Unmarried Women)**
<http://www.childstats.gov/americaschildren>
- **CDC (Preterm Birth)**
<http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>
- **Kidscount (Preterm Babies)**
<http://datacenter.kidscount.org/data/tables/18-preterm-births#detailed/1/any/false/867,133,38,35,18/any/279,280>
- **American Diabetes Association**
<http://www.diabetes.org/diabetes-basics/diabetes-statistics/>
- **CDC (2011 National Diabetes Fact Sheet)**
<http://www.cdc.gov/diabetes/pubs/estimates11.htm>

Nutrition and Physical Activity Resources

- **Alabama State Parks**
<http://www.alapark.com/>
- **Farmers Market Authority**
<http://www.fma.alabama.gov/Default.aspx>
- **National Physical Activity Plan**
<http://www.physicalactivityplan.org/>
- **The Community Guide (Obesity Prevention and Control)**
<http://www.thecommunityguide.org/obesity/index.html>
- **The Community Guide (Increasing Physical Activity)**
<http://www.thecommunityguide.org/pa/index.html>
- **The Community Guide (Promoting Good Nutrition)**
<http://www.thecommunityguide.org/nutrition/index.html>

- **The Community Guide (Worksite Health Promotion)**
<http://www.thecommunityguide.org/worksite/index.html>
- **American Heart Association**
<http://www.heart.org/HEARTORG/>
- **The Community Guide (Cardiovascular Disease Prevention and Control)**
<http://www.thecommunityguide.org/cvd/index.html>

Cardiovascular Resources

- **American Heart Association**
<http://www.heart.org/HEARTORG/>
- **Cardiovascular Disease Foundation**
<http://www.cvdf.org/default.aspx>
- **American Journal of Cardiovascular Disease**
<http://www.ajcd.us/>
- **Go Red for Females (American Heart Association)**
<https://www.goredforwomen.org/>
- **The American Institute of Stress (Stress and Heart Disease)**
<http://www.stress.org/stress-and-heart-disease/>
- **Healthy People 2020 (Heart Disease and Stroke)**
<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21>
- **The National Coalition for Females with Heart Disease**
<http://www.womenheart.org/>
- **Heart Hub (American Heart Association)**
<http://www.hearthub.org/index.htm>
- **CDC (High Blood Pressure)**
<http://www.cdc.gov/bloodpressure/index.htm>
- **American Heart Association (High Blood Pressure)**
http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/High-Blood-Pressure_UCM_002020_SubHomePage.jsp
- **NIH Senior Health (High Blood Pressure)**
<http://nihseniorhealth.gov/highbloodpressure/whatishighbp/01.html>
- **American Heart Association (Hypertension Journal)**
<http://hyper.ahajournals.org/>
- **American Society of Hypertension**
<http://www.ash-us.org/>
- **CDC (National Heart Disease and Stroke Prevention Program)**
http://www.cdc.gov/dhdsp/programs/nhdsp_program/index.htm
- **American Heart Association (Silent Ischemia and Ischemic Heart Disease)**
http://www.heart.org/HEARTORG/Conditions/HeartAttack/PreventionTreatmentofHeartAttack/Silent-Ischemia-and-Ischemic-Heart-Disease_UCM_434092_Article.jsp
- **Medline Plus (Heart attack)**
<http://www.nlm.nih.gov/medlineplus/heartattack.html>

- **The Joint Commission (Acute Myocardial Infarction)**
http://www.jointcommission.org/acute_myocardial_infarction/
- **Institute for Health Care Improvement (How-To Guide: Improved Care for Acute Myocardial Infarction)**
<http://www.ihc.org/knowledge/Pages/Tools/HowtoGuideImprovedCareAMI.aspx>
- **US National Library of Medicine (Heart Failure Overview)**
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001211/>
- **American Heart Association (Heart Failure)**
http://www.heart.org/HEARTORG/Conditions/HeartFailure/Heart-Failure_UCM_002019_SubHomePage.jsp?gclid=CNU13Kjrw7oCFS8S7AodgCMAmw
- **National Heart, Lung, and Blood Institute (Heart Failure)**
<http://www.nhlbi.nih.gov/health/health-topics/topics/hf/>
- **Heart Failure Society of America**
<http://www.hfsa.org/>
- **HeartFailure.org**
<http://www.heartfailure.org/>
- **CDC (Heart Failure Facts)**
http://www.cdc.gov/dhds/data_statistics/fact_sheets/fs_heart_failure.htm
- **National Conference of State Legislatures (Alabama Heart Disease and Stroke)**
<http://www.ncsl.org/research/health/alabama-state-profile-and-policy-report.aspx>
- **Agency for Health Care Research and Quality (Essential Hypertension Guideline Summary)**
<http://www.guideline.gov/content.aspx?id=48196>
- **Journal of Stroke and Cerebrovascular Diseases**
<http://www.strokejournal.org/>
- **CDC (Cerebrovascular Disease or Stroke)**
<http://www.cdc.gov/nchs/fastats/stroke.htm>
- **National Heart, Lung, and Blood Institute (Atherosclerosis)**
<http://www.nhlbi.nih.gov/health/health-topics/topics/atherosclerosis/>
- **American Heart Association (Atherosclerosis)**
http://www.heart.org/HEARTORG/Conditions/Cholesterol/WhyCholesterolMatters/Atherosclerosis_UCM_305564_Article.jsp
- **Atherosclerosis Journal**
<http://www.atherosclerosis-journal.com/>
- **John Ritter Foundation for Aortic Health**
<http://johnritterfoundation.org/>
- **American Lung Association (Pneumonia)**
<http://www.lung.org/lung-disease/pneumonia/>
- **CDC (Pneumonia)**
<http://www.cdc.gov/features/pneumonia/>
- **World Health Organization (Pneumonia)**
<http://www.who.int/mediacentre/factsheets/fs331/en/>
- **Office of Women's Health (Chronic Lower Respiratory Diseases)**
<http://www.womenshealth.gov/mens-health/top-health-concerns-for-men/chronic-lower-respiratory-diseases.html>
- **Health People 2020 (Respiratory Diseases)**
<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=36>
- **National Emphysema Foundation**
<http://www.emphysemafoundation.org/>
- **National Jewish Health (Emphysema)**
<http://www.nationaljewish.org/healthinfo/conditions/copd-chronic-obstructive-pulmonary-disease/associated-conditions/emphysema/>
- **American Liver Foundation**
<http://www.liverfoundation.org/>
- **MedlinePlus (Nephrotic syndrome)**
<http://www.nlm.nih.gov/medlineplus/ency/article/000490.htm>
- **The NephCure Foundation**
<http://www.nephcure.org/>
- **American Kidney Fund (Nephrotic Syndrome in Adults)**
<http://www.kidneyfund.org/kidney-health/kidney-problems/nephrotic-syndrome-in-adults.html?gclid=CPmUt-Tdy7oCFUVp7AodgXcAGA>

STI Resources

- **HIV/AIDS Prevention and Control (ADPH)**
<http://www.adph.org/aids/>
- **Act Against AIDS**
<http://www.cdc.gov/actagainstaids/>
- **Greater Than**
<http://greaterthan.org/>
- **CDC (HIV/AIDS)**
<http://www.cdc.gov/hiv/>
- **AIDSalabama**
<http://www.aidsalabama.org/>
- **Legal Services Alabama (AIDS/HIV)**
<http://www.alabamalegalhelp.org/issues/health-law/aidshiv>
- **AIDS Action Coalition**
<http://www.aidsactioncoalition.org/>
- **The Community Guide (Preventing HIV/AIDS, Other STIs, and Teen Pregnancy)**
<http://www.thecommunityguide.org/hiv/index.html>
- **CDC (Sexually Transmitted Diseases)**
<http://www.cdc.gov/std/>
- **Aids.gov**
<http://www.aids.gov/>
- **National HIV and STD Testing Resources**
<http://hivtest.cdc.gov/>

Cancer Resources

- **National Cancer Institute (National Institute of Health)**
<http://www.cancer.gov/>
- **Cancer Prevention and Control (CDC)**
<http://www.cdc.gov/CANCER/>
- **CDC (Oral Cancer)**
http://www.cdc.gov/oralhealth/oral_cancer/
- **National Cancer Institute (Oral Cancer)**
<http://www.cancer.gov/cancertopics/types/oral>
- **American Association for Cancer Research**
<http://www.aacr.org>
- **Eat To Beat Cancer (The Angiogenesis Foundation)**
<http://www.eattobeat.org/>
- **Prevent Cancer Foundation**
<http://preventcancer.org/>
- **National Cancer Institute (Esophagus)**
<http://www.cancer.gov/cancertopics/types/esophageal>
- **American Cancer Society**
<http://www.cancer.org/index>
- **American Cancer Society (Esophagus)**
<http://www.cancer.org/cancer/esophaguscancer/index>
- **No Stomach for Cancer**
<http://www.nostomachforcancer.org/>
- **American Cancer Society (Stomach)**
<http://www.cancer.org/cancer/stomachcancer/>
- **National Cancer Institute (Stomach)**
<http://www.cancer.gov/cancertopics/types/stomach>
- **Anti-Cancer Club**
<https://www.anticancerclub.com/>
- **Colon Cancer Alliance**
<http://www.ccalliance.org/index.html>
- **American Cancer Society (Colorectal)**
<http://www.cancer.org/cancer/colonandrectumcancer/>
- **National Cancer Institute (Colon and Rectal)**
<http://www.cancer.gov/cancertopics/types/colon-and-rectal>
- **American Cancer Society (Bile Duct)**
<http://www.cancer.org/cancer/bileductcancer/index>
- **National Cancer Institute (Liver)**
<http://www.cancer.gov/cancertopics/types/liver>
- **Pancreatic Cancer Action Network**
<http://www.pancan.org/>
- **National Cancer Institute (Pancreatic)**
<http://www.cancer.gov/cancertopics/types/pancreatic>
- **American Cancer Society (Pancreatic)**
<http://www.cancer.org/cancer/pancreaticcancer/index>
- **American Lung Association**
<http://www.lung.org/>
- **CDC (Lung)**
http://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm
- **CancerCare (LungCancer.org)**
<http://www.lungcancer.org/>
- **American Cancer Society (Lung)**
<http://www.cancer.org/cancer/lungcancer/index>
- **Lung Cancer Alliance**
<http://www.lungcanceralliance.org/>
- **National Cancer Institute (Lung)**
<http://www.cancer.gov/cancertopics/wyntk/lung>
- **The Community Guide (Reducing Tobacco Use and Secondhand Smoke Exposure: Smoke Free Policies)**
<http://www.thecommunityguide.org/tobacco/smokefreepolicies.html>
- **Lung Cancer Foundation**
<http://www.lungcancerfoundation.org/>
- **The Community Guide (Cancer Prevention and Control)**
<http://www.thecommunityguide.org/cancer/index.html>
- **Skin Cancer Foundation**
<http://www.skincancer.org/>
- **American Cancer Society (Skin)**
<http://www.cancer.org/cancer/skincancer-melanoma/>
- **American Cancer Fund (Skin)**
<https://www.americancancerfund.org/skin-cancer/?gclid=CluskNiYuroCFTJp7Aod92wA-g>
- **Medline Plus (Melanoma)**
<http://www.nlm.nih.gov/medlineplus/melanoma.html>
- **Melanoma Education Foundation**
<http://www.skincheck.org/>
- **American Melanoma Foundation**
<http://www.melanomafoundation.org/index.html>
- **CDC (Skin)**
<http://www.cdc.gov/cancer/skin/>
- **American Academy of Dermatology**
<http://www.aad.org/dermatology-a-to-z/diseases-and-treatments/m---p/melanoma>
- **American Skin Association**
<http://www.americanskin.org/>
- **AIM at Melanoma**
<http://www.aimatmelanoma.org/en/>
- **American Cancer Society (Breast)**
<http://www.cancer.org/cancer/breastcancer/index>
- **CDC (Breast)**
<http://www.cdc.gov/cancer/breast/index.htm>
- **National Cancer Institute (Breast)**
<http://www.cancer.gov/cancertopics/types/breast>
- **Breastcancer.org**
<http://www.breastcancer.org/>

- **Susan G. Komen**
<http://www5.komen.org>
- **Office on Women's Health (Breast Cancer)**
<http://www.womenshealth.gov/breast-cancer/>
- **The Breast Cancer Research Foundation**
<http://www.bcrfcur.org/>
- **Breast Cancer Fund**
<http://www.breastcancerfund.org/>
- **Breast Cancer Action**
<http://www.bcaction.org/>
- **CDC (Uterine)**
<http://www.cdc.gov/cancer/uterine/index.htm>
- **American Cancer Society (Uterine Sarcoma)**
<http://www.cancer.org/cancer/uterinesarcoma/index>
- **National Cancer Institute (Uterus)**
<http://www.cancer.gov/cancertopics/wyntk/uterus/page1>
- **Ovarian Cancer National Alliance**
<http://www.ovariancancer.org/>
- **American Cancer Society (Ovarian)**
<http://www.cancer.org/cancer/ovariancancer/index>
- **National Ovarian Cancer Coalition**
<http://www.ovarian.org/>
- **CDC (Ovarian)**
<http://www.cdc.gov/cancer/ovarian/>
- **National Cancer Institute (Ovarian)**
<http://www.cancer.gov/cancertopics/types/ovarian>
- **Lilies of the Valley**
<http://www.liliesofthevalley.org/>
- **100 Voices of Hope**
<http://www.100voicesofhope.org/index.html>
- **The Norma Livingston Ovarian Cancer Foundation**
<http://nlovca.org/>
- **Breast Cancer Research Foundation of Alabama**
<http://www.bcrfa.org/>
- **Joy to Life Foundation**
<http://www.joytolife.org/>
- **Alabama Breast and Cervical Cancer Early Detection Program**
<http://adph.org/earlydetection/Default.asp?id=546>
- **National Cancer Institute (Prostate)**
<http://www.cancer.gov/cancertopics/types/prostate>
- **American Cancer Society (Prostate)**
<http://www.cancer.org/cancer/prostatecancer/>
- **NIH Senior Health (Prostate Cancer)**
<http://nihseniorhealth.gov/prostatecancer/prostatecancerdefined/01.html>
- **CDC (Prostate)**
<http://www.cdc.gov/cancer/prostate/>
- **Prostate Cancer Foundation**
<http://www.pcf.org/site/c.1eJRIROrEpH/b.5699537/k.BEF4/Home.htm>
- **Us TOO Prostate Cancer Education and Support Network**
<http://www.ustoo.org/>
- **ZERO**
<http://zerocancer.org/>
- **National Cancer Institute (Kidney)**
<http://www.cancer.gov/cancertopics/types/kidney>
- **American Cancer Society (Kidney)**
<http://www.cancer.org/cancer/kidneycancer/detailedguide/kidney-cancer-adult-key-statistics>
- **American Cancer Society (Bladder)**
<http://www.cancer.org/cancer/bladdercancer/>
- **National Cancer Institute (Bladder)**
<http://www.cancer.gov/cancertopics/types/bladder>
- **US Preventive Services Task Force (Screening for Bladder Cancer in Adults)**
<http://www.uspreventiveservicestaskforce.org/uspstf/uspblad.htm>
- **Bladder Cancer Advocacy Network**
<http://www.bcan.org/>
- **Head for the Cure**
<http://www.headforthecure.org/>
- **National Institute of Neurological Disorders and Stroke (NINDS Brain and Spinal Tumors)**
<http://www.ninds.nih.gov/disorders/brainandspinaltumors/brainandspinaltumors.htm>
- **National Cancer Institute (Adult Brain Tumors)**
<http://www.cancer.gov/cancertopics/pdq/treatment/adultbrain/patient/>
- **Oncology Nursing Society (Central Nervous System Cancers)**
<http://www.ons.org/Publications/Books/Excerpts/INPU0597intro>
- **National Cancer Institute (Primary CNS Lymphoma)**
<http://www.cancer.gov/cancertopics/pdq/treatment/primary-CNS-lymphoma/Patient>
- **American Cancer Society (Brain/CNS Tumors in Adults)**
<http://www.cancer.org/cancer/braincns tumorsinadults/>
- **National Cancer Institute (Non-Hodgkin Lymphoma)**
<http://www.cancer.gov/cancertopics/types/non-hodgkin>
- **American Cancer Society (Non-Hodgkin Lymphoma)**
<http://www.cancer.org/cancer/non-hodgkinlymphoma/>
- **Lymphoma Research Foundation**
<http://www.lymphoma.org/site/pp.asp?c=bkLTKaOQLmK8E&b=6300139>
- **The Leukemia and Lymphoma Society**
<http://www.lls.org/>
- **National Cancer Institute (Leukemia)**
<http://www.cancer.gov/cancertopics/wyntk/leukemia>
- **CureSearch for Children's Cancer**
<http://www.curesearch.org/>
- **American Cancer Fund**
<https://www.americancancerfund.org/>

- **Childhood Leukemia Foundation**
<https://www.clf4kids.org/>
- **Livestrong Foundation**
<http://www.livestrong.org/>
- **National Cancer Institute (Multiple Myeloma/Other Plasma Cell Neoplasms)**
<http://www.cancer.gov/cancertopics/types/myeloma>
- **National Foundation for Cancer Research (Multiple Myeloma)**
http://www.nfcr.org/multiple-myeloma?gclid=CNT9mc_Fv7oCFdJ7AodpCoANA
- **American Cancer Society (Multiple Myeloma)**
<http://www.cancer.org/cancer/multiplemyeloma/index>
- **Anti-Cancer Club**
<http://www.anticancerclub.com/>
- **World Health Organization (Diabetes)**
<http://www.who.int/mediacentre/factsheets/fs312/en/>
- **dLife - It's Your Diabetes Life**
<http://www.dlife.com/>
- **Lilly Diabetes**
<http://www.lillydiabetes.com/Pages/index.aspx>
- **Harvard (Simple Steps to Preventing Diabetes)**
<http://www.hsph.harvard.edu/nutritionsource/diabetes-full-story/>
- **Diabetes Forecast**
<http://www.diabetesforecast.org/>
- **Diabetic Connect**
<http://www.diabeticconnect.com/>
- **The College Diabetes Network**
<http://collegediabetesnetwork.org/>

Child Abuse and Neglect Resources

- **Child Welfare Information Gateway (Child Abuse and Neglect Statistics)**
<https://www.childwelfare.gov/systemwide/statistics/can.cfm>
- **Children's Bureau (National Child Abuse and Neglect Data System)**
<http://www.acf.hhs.gov/programs/cb/research-data-technology/reporting-systems/ncands>
- **American Humane Association (Child Neglect)**
<http://www.americanhumane.org/children/stop-child-abuse/fact-sheets/child-neglect.html>
- **Children's Rights (Facts About Abuse and Neglect)**
<http://www.childrensrights.org/issues-resources/child-abuse-and-neglect/facts-about-abuse-and-neglect/>
- **Stop Diabetes**
<http://www.stopdiabetes.com/>
- **Diabetes Sisters**
<https://diabetessisters.org/>
- **American College of Physicians (Diabetes Tips)**
https://www.acponline.org/patients_families/products/health_tips/diab_en.pdf
- **Diabetes Research Institute Foundation**
<http://www.diabetesresearch.org/>
- **Taking Control of Your Diabetes**
<http://tcoyd.org/>

Diabetes Resources

- **The Community Guide (Diabetes Prevention and Control)**
<http://www.thecommunityguide.org/diabetes/index.html>
- **American Diabetes Association**
<http://www.diabetes.org/>
- **KidsHealth (Diabetes)**
http://kidshealth.org/parent/diabetes_center/words_know/diabetes_mellitus.html
- **World Health Organization**
http://www.who.int/topics/diabetes_mellitus/en/
- **CDC (Diabetes Public Health Resource)**
<http://www.cdc.gov/diabetes/>
- **American Heart Association (Diabetes)**
http://www.heart.org/HEARTORG/Conditions/Diabetes/Diabetes_UCM_001091_SubHomePage.jsp
- **American Diabetes Association (Diabetes Journal)**
<http://diabetes.diabetesjournals.org/>
- **International Diabetes Federation**
<http://www.idf.org/>
- **Juvenile Diabetes Research Foundation**
<http://jdrf.org/>

Geriatrics Resources

- **Alabama Department of Senior Services**
<http://www.alabamaageline.gov/>
- **Alabama Nursing Home Association**
<http://www.anha.org/>
- **Parkinson's Disease Foundation**
<http://www.pdf.org/en/index>
- **National Institute of Neurological Disorders and Stroke (Parkinson's Disease)**
http://www.ninds.nih.gov/disorders/parkinsons_disease/parkinsons_disease.htm
- **National Parkinson Foundation**
<http://www.parkinson.org/>

- **The Michael J. Fox Foundation For Parkinson's Research**
<https://www.michaeljfox.org/>
- **Journal of Parkinson's Disease**
<http://www.journalofparkinsonsdisease.com/JPD/Home.html>
- **The Michael Stern Parkinson's Research Foundation**
<http://www.parkinsoninfo.org/>

Injury and Violence Prevention Resources

- **National Highway Traffic Safety Administration**
<http://www.nhtsa.gov/Driving+Safety>
- **National Safety Council**
http://www.nsc.org/safety_road/Pages/safety_on_the_road.aspx
- **Distraction.gov**
<http://www.distraction.gov/>
- **National Highway Traffic Safety Administration (Drive Sober)**
<http://www.nhtsa.gov/drivesober/>
- **OSHA (Fall Prevention Training Guide)**
<https://www.osha.gov/Publications/OSHA3666.pdf>
- **OSHA (Fall Prevention Campaign)**
<https://www.osha.gov/stopfalls/>
- **CDC (STEADI: Stopping Elderly Accidents, Deaths and Injuries)**
<http://www.cdc.gov/homeandrecreationalafety/Falls/steady/index.html>
- **CDC (Preventing Falls: How to Develop Community-Based Fall Prevention Programs for Older Adults)**
http://www.cdc.gov/homeandrecreationalafety/Falls/community_preventfalls.html
- **CDC (Older Adult Falls Publications)**
<http://www.cdc.gov/HomeandRecreationalSafety/Falls/pubs.html>
- **ElderCare.Gov (Preventing Falls at Home)**
http://www.eldercare.gov/Eldercare.NET/Public/Resources/Brochures/docs/Preventing_Falls_Brochure_pagebypage.pdf
- **Consumer Product Safety Commission (Containers and Packaging)**
<http://www.cpsc.gov/Safety-Education/Safety-Guides/Containers--Packaging/>
- **CDC (National Center for Environmental Health)**
<http://www.cdc.gov/nceh/>
- **HRSA (Poison Help)**
<http://www.poisonhelp.hrsa.gov/>
- **EPA**
<http://www2.epa.gov/learn-issues/learn-about-health-and-safety>
- **CDC (Violence Prevention)**
<http://www.cdc.gov/violenceprevention/index.html>
- **CDC (Suicide Prevention)**
<http://www.cdc.gov/violenceprevention/suicide/index.html>
- **National Suicide Prevention Lifeline**
<http://www.suicidepreventionlifeline.org/>
- **CDC (Violence Prevention)**
<http://www.cdc.gov/violenceprevention/index.html>

- **Department of Justice (Homicide Prevention Training)**
<http://www.cops.usdoj.gov/Default.asp?Item=2623>
- **White House (Preventing Gun Violence)**
<http://www.whitehouse.gov/issues/preventing-gun-violence>
- **National Institute of Justice (Gun Violence Prevention)**
<http://www.nij.gov/nij/topics/crime/gun-violence/prevention/welcome.htm>
- **National Criminal Justice Reference Service (Violent Crimes > Gun Violence)**
<https://www.ncjrs.gov/App/Topics/Topic.aspx?Topicid=87>
- **CDC (Preventing Drug Overdoses)**
<http://www.cdc.gov/drugoverdose/index.html>
- **CDC (Drug Overdose in the United States: Fact Sheet)**
<http://www.cdc.gov/homeandrecreationalafety/overdose/facts.html>
- **National Institute on Drug Abuse (Prevention Research)**
<http://www.drugabuse.gov/related-topics/prevention-research>
- **National Institute on Drug Abuse (Alcohol)**
<http://www.drugabuse.gov/drugs-abuse/alcohol>
- **CDC (Alcohol and Public Health)**
<http://www.cdc.gov/alcohol/>
- **College Drinking - Changing the Culture (National Institute on Alcohol Abuse and Alcoholism)**
<http://www.collegedrinkingprevention.gov>

Oral Health Resources

- **Alabama Dental Association**
<http://www.aldaonline.org/>

Cigarette Smoking Resources

- **CDC (Smoke-Free Air)**
http://www.cdc.gov/tobacco/basic_information/index.htm
- **Tobacco Prevention and Control (ADPH)**
<http://adph.org/tobacco/>

Other Resources

- **Alabama Department of Labor**
<http://labor.alabama.gov/>
- **Alabama Department of Education**
<http://www.alam.org/default.htm>
- **Alabama League of Municipalities**
<http://www.alam.org/>
- **Association of County Commissions of Alabama**
<http://www.alabamacounties.org/>
- **State Health Planning and Development Agency**
<http://www.shpda.state.al.us/>
- **Alabama Hospital Association**
<http://www.alaha.org/>
- **State of Alabama**
<http://www.alabama.gov/portal/index.jsp>
- **Alabama Department of Tourism**
<http://alabama.travel/>
- **Department of Human Resources**
<http://www.dhr.alabama.gov/>
- **Alabama Communities of Excellence**
<http://www.alabamacommunitiesofexcellence.org/>
- **Alabama Cooperative Extension System**
<http://www.aces.edu/main/>
- **Surgeon General Initiatives**
<http://www.surgeongeneral.gov/initiatives/index.html>
- **Healthy People 2020**
<http://www.healthypeople.gov/2020/default.aspx>
- **Community Health Assessment and Group Evaluation (CHANGE)**
<http://www.cdc.gov/healthycommunitiesprogram/tools/change.htm>
- **Mobilizing for Action through Planning and Partnerships (MAPP)**
<http://www.naccho.org/topics/infrastructure/mapp/>
- **American Public Health Association**
<http://www.apha.org/>
- **Alabama Department of Veteran's Affairs**
<http://www.va.state.al.us/>
- **Alabama Association of Community Development Corporations**
<http://www.anha.org/>
- **Alabama Asset Building Coalition**
<http://www.alabamaabc.org/about.php>
- **Alabama Medicaid Agency**
<http://www.medicaid.alabama.gov/>
- **Alabama Department of Environmental Management**
<http://www.adem.state.al.us/default.cnt>
- **Alabama Indian Affairs Commission**
<http://aiac.alabama.gov/>
- **Alabama Government Agencies**
<http://www.alabama.gov/silverheader/Welcome.do?url=http://info.alabama.gov/directory.aspx?range=2>
- **US Department of Labor's Office of Disability Employment Policy**
<https://www.disability.gov/>
- **Easter Seals of Alabama**
http://alabama.easterseals.com/site/PageServer?pagename=ALDR_homepage
- **The ARC of Alabama**
<http://www.thearcofal.org/>
- **Disability Resource**
<http://www.disabilityresources.org/ALABAMA.html>
- **Alabama Disabilities Advocacy Program**
<http://www.adap.net/>
- **American Disability Association**
<http://www.adanet.org/>
- **Civitan International Research Center (UAB)**
<http://www.uab.edu/medicine/circ/>
- **Surviving Sepsis Campaign**
<http://www.survivingsepsis.org/Pages/default.aspx>
- **Sepsis Alliance**
<http://www.sepsisalliance.org/>

A representative from each organization or group in the community could give insight on existing and available programs to support community improvement initiatives. This list is not meant to be exhaustive, but to provide a starting point for assembling a group of stakeholders who intend to improve their community.

Local/county hospital
 Federally Qualified Health Center/
 Community Health Center
 Rural Health Clinic
 Health care providers
 Pharmacy
 Nutrition and physical activity program
 Local branches of state government
 (parks, Dept of Human Resources,
 Health Department)

Educational system(s)
 Colleges/Universities
 Public transportation
 Faith-Based groups
 Credit unions
 Banks
 City government
 County government
 YMCA

Fitness programs/businesses
 Regional Care Organization (RCO)
 Nearest VA medical center or community
 based outpatient center
 Veterans service organizations
 Senior citizen centers
 Daycare
 Social groups

Sources

1. Access to Care

1 Uninsured Population 2012

Source: United States Census Bureau, 2008-2012 Small Area Health Insurance Estimates (SAHIE) Using the American Community Survey Data, <http://www.census.gov/did/www/sahie/data/index.html>, accessed on August 2014.

2 FTEs Needed to Reach Optimal Population to Provider Ratio 2011-2014 (AKA Primary Care Physician Shortages)

Source: Alabama Department of Public Health, Office of Primary Care and Rural Health, Health Professional Shortage Area Survey 2011-2014, data requested October 2014.

3 Households with No Vehicle 2012

Source: American Community Survey, 5-year estimates 2008-2012, Table B08201: Household Size by Vehicles Available, <<http://factfinder.census.gov/>>, accessed on August 2014.

2. Mental Health and Substance Abuse

4 Suicide Mortality Rate 2011-2013

Source: Alabama Department of Public Health, Center for Health Statistics, Mortality Files 2011-2013, data requested August 2014.

National Data Source: Centers for Disease Control and Prevention, CDC Wonder, Detailed Mortality, Underlying Cause of Death, 1999-2013 Request, <<http://wonder.cdc.gov/>>, accessed on August 2014.

Note: Rates are not published for fewer than 16 events. The number is not disclosed when fewer than 5 cases exist, except when there are 0 events.

5 Depression Prevalence Among Medicare Recipients 2012

Source: Centers for Medicare and Medicaid, Medicare Chronic Conditions Dashboards: Data Tables, <<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CCDashboard.html>>, accessed on October 2014.

6 Depression Diagnosis Among Medicaid Recipients 2013

Source: Alabama Medicaid Agency, 2013 Claims Data, data requested October 2014.

7 Blue Cross and Blue Shield of Alabama Members Filing Depression Claims 2013

Source: Blue Cross and Blue Shield of Alabama, 2013 Claims Data, data request December 2014.

8 Adults Ever Told That They Have Depression 2012

Source: Alabama Department of Public Health, Behavioral Risk Factor Surveillance System, BRFSS Data 2013, data requested August 2014.

Note: BRFSS only has data for 2011-2012 for this indicator

9 Schizophrenia/Psychosis Prevalence Among Medicare Recipients 2012

Source: Centers for Medicare and Medicaid Services, Medicare Chronic Conditions Dashboards: Data Tables, <<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CCDashboard.html>>, accessed on October 2014.

10 Substance Abuse Diagnosis Among Medicaid Recipients 2013

Source: Alabama Medicaid Agency, 2013 Claims Data, data requested October 2014.

11 Blue Cross and Blue Shield of Alabama Members Filing Substance Abuse Claims

2013 Source: Blue Cross and Blue Shield of Alabama, 2013 Claims Data, data request December 2014.

12 Drug-Related Mortality Rate 2011-2013

Source: Alabama Department of Public Health, Center for Health Statistics, Mortality Files 2011-2013, data requested August 2014.

National Data Source: Centers for Disease Control and Prevention, CDC Wonder, Detailed Mortality, Underlying Cause of Death, 1999-2013 Request, <<http://wonder.cdc.gov/>>, accessed on August 2014.

Rates are not published for fewer than 16 events. The number is not disclosed when fewer than 5 cases exist, except when there are 0 events.

3. Poor Pregnancy Outcomes

13 Infant Mortality Rate 2011-2013

Source: Alabama Department of Public Health, Center for Health Statistics, Birth and Death Files 2011-2013, data requested August 2014.

Source for Age of mother, income, and mother's education: Alabama Department of Public Health, Center for Health Statistics, Linked Infant Mortality Files 2011-2013, data requested August 2014.

14 Low Birth Weight Rate 2012-2013

Source: Alabama Department of Public Health, Center for Health Statistics, Natality Files 2012-2013, data requested August 2014.

15 Births With Less Than Adequate Prenatal Care 2012-2013

Source: Alabama Department of Public Health, Center for Health Statistics, Birth and Death Files 2011-2013, data requested August 2014.

Note: Uses the Kotelchuck Index.

4. Nutrition and Physical Activity

16 Percent Adult Obesity 2012

Source: Alabama Department of Public Health, Behavioral Risk Factor Surveillance System, BRFSS Data 2012, data requested August 2014.

17 Adults Consuming Fruit Less Than Once Daily 2013

Source: Alabama Department of Public Health, Behavioral Risk Factor Surveillance System, BRFSS Data 2013, data requested August 2014.

Note: A reduction in federal funding reduced the 2013 BRFSS sample size, which resulted in a necessity to combine some contiguous public health areas in order to obtain sub-state level data. PHA level 2013 BRFSS data is not directly comparable to previous years of PHA.

18 Adults Consuming Vegetables Less Than Once Daily 2013

Source: Alabama Department of Public Health, Behavioral Risk Factor Surveillance System, BRFSS Data 2013, data requested August 2014.

Note: A reduction in federal funding reduced the 2013 BRFSS sample size, which resulted in a necessity to combine some contiguous PHAs in order to obtain sub-state level data. PHA level 2013 BRFSS data is not directly comparable to previous years of PHA level data.

19 Adults Participating in Enough Aerobic and Muscle Strengthening Exercises to Meet Guidelines 2011

Source: Alabama Department of Public Health, Behavioral Risk Factor Surveillance System, BRFSS Data 2011, data requested August 2014.

Note: 2011 was the baseline year for this measure. The recommendations for Physical Activity changed, so the past indicators for PA are not comparable to this indicator. The next available data will be 2013 data.

20 Percent Adult Obesity 2010

Source: Robert Wood Johnson Foundation, County Health Rankings and Roadmaps, 2013 County Health Rankings National Data, <<http://www.countyhealthrankings.org/rankings/data>>, accessed on August 2014.

5. Cardiovascular Diseases

21 Heart Diseases Mortality Rate 2011-2013

Source: Alabama Department of Public Health, Center for Health Statistics, Mortality Files 2011-2013, data requested August 2014.

National Data Source: Centers for Disease Control and Prevention, CDC Wonder, Detailed Mortality, Underlying Cause of Death, 1999-2013 Request, <<http://wonder.cdc.gov/>>, accessed on August 2014.

Rates are not published for fewer than 16 events. The number is not disclosed when fewer than 5 cases exist, except when there are 0 events.

22 Cerebrovascular Diseases (Stroke) Mortality Rate 2011-2013

Source: Alabama Department of Public Health, Center for Health Statistics, Mortality Files 2011-2013, data requested August 2014.

Rates are not published for fewer than 16 events. The number is not disclosed when fewer than 5 cases exist, except when there are 0 events.

23 Hyperlipidemia Prevalence Among Medicare Recipients 2012

Source: Centers for Medicare and Medicaid Services, Medicare Chronic Conditions Dashboards: Data Tables, <<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CCDashboard.html>>, accessed on October 2014.

24 Blue Cross and Blue Shield of Alabama Members Filing Lipid Disorder Claims 2013

Source: Blue Cross and Blue Shield of Alabama, 2013 Claims Data, data request December 2014.

25 Hypertension Prevalence Among Medicare Recipients 2012

Source: Centers for Medicare and Medicaid Services, Medicare Chronic Conditions Dashboards: Data Tables, <<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CCDashboard.html>>, accessed on October 2014.

26 Stroke Prevalence Among Medicare Recipients 2012

Source: Centers for Medicare and Medicaid Services, Medicare Chronic Conditions Dashboards: Data Tables, <<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CCDashboard.html>>, accessed on October 2014.

27 Hypercholesterolemia Diagnosis Among Medicaid Recipients 2013

Source: Alabama Medicaid Agency, 2013 Claims Data, data requested October 2014.

6. Sexually Transmitted Infections

28 STI Cases Rate 2013

Source: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Care, Sexually Transmitted Infection Cases Reported in 2013 (Syphilis, Gonorrhea, Chlamydia combined), data requested August 2014.

29 New HIV Cases 2010-2012

Source: Alabama Department of Public Health, Division of STD Prevention and Control, Number of New HIV Cases 2013, data requested August 2014.

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Division of HIV/AIDS Prevention and Control HIV Surveillance Branch, "State of Alabama HIV Surveillance 2012 Annual Report Finalized," August 25, 2014, <http://adph.org/aids/assets/Finalized_2012HIVSurveillance_R_3.pdf>, accessed on March 9, 2015.

7. Cancer

31 Cancer Mortality Rate 2011-2013

Source: Alabama Department of Public Health, Center for Health Statistics, Mortality Files 2011-2013, data requested August 2014.

National Data Source: Centers for Disease Control and Prevention, CDC Wonder, Detailed Mortality, Underlying Cause of Death, 1999-2013 Request, <<http://wonder.cdc.gov/>>, accessed on August 2014.

Rates are not published for fewer than 16 events. The number is not disclosed when fewer than 5 cases exist, except when there are 0 events.

32 Colorectal Cancer Incidence 2007-2011

Source: Alabama Department of Public Health, Alabama Statewide Cancer Registry, data requested December 2014.

Notes: All rates are per 100,000 and age adjusted to the 2000 US (19 age groups) standard unless otherwise specified. All rates are for malignant cases only. This is done to comply with national publication standards. The age groups were adjusted to be more clinically significant.

33 Female Breast Cancer Incidence 2007-2011

Source: Alabama Department of Public Health, Alabama Statewide Cancer Registry, data requested December 2014.

Notes: All rates are per 100,000 and age adjusted to the 2000 US (19 age groups) standard unless otherwise specified. All rates are for malignant cases only. This is done to comply with national publication standards. The age groups were adjusted to be more clinically significant.

34 Lung Cancer Incidence 2007-2011

Source: Alabama Department of Public Health, Alabama Statewide Cancer Registry, data requested December 2014.

Notes: All rates are per 100,000 and age adjusted to the 2000 US (19 age groups) standard unless otherwise specified. All rates are for malignant cases only. This is done to comply with national publication standards. The age groups were adjusted to be more clinically significant.

35 Prostate Cancer Incidence 2007-2011

Source: Alabama Department of Public Health, Alabama Statewide Cancer Registry, data requested December 2014.

Notes: All rates are per 100,000 and age adjusted to the 2000 US (19 age groups) standard unless otherwise specified. All rates are for malignant cases only. This is done to comply with national publication standards. Prior to 2004, prostate cancer was known to be under reported. The age groups were adjusted to be more clinically significant.

8. Child Abuse and Neglect

36 Child Abuse and Neglect 2013

Source: Department of Human Resources, Office of Child Protective Services, data requested October 2014.

9. Diabetes

37 Diabetes-Related Mortality Rate 2011-2013

Source: Alabama Department of Public Health, Center for Health Statistics, Mortality Files 2011-2013, data requested August 2014.

Rates are not published for fewer than 16 events. The number is not disclosed when fewer than 5 cases exist, except when there are 0 events.

National Data Source: CDC Wonder – Multiple Causes of Death

Centers for Disease Control and Prevention, CDC Wonder, Multiple Cause of Death (Detailed Mortality) 1999-2013, <<http://wonder.cdc.gov/>>, accessed on August 2014.

38 Diabetes Prevalence Among Medicare Recipients 2012

Source: Centers for Medicare and Medicaid Services, Medicare Chronic Conditions Dashboards: Data Tables, <<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CCDashboard.html>>, October 2014.

39 Percent Diabetes Diagnosis Among Medicaid Recipients 2013

Source: Alabama Medicaid Agency, 2013 Claims Data, data requested October 2014.

40 Blue Cross and Blue Shield of Alabama Members Filing Diabetes Claims 2013

Source: Blue Cross and Blue Shield of Alabama, 2013 Claims Data, data requested December 2014.

41 Adults Ever Told They Have Diabetes by a Doctor 2012

Source: Alabama Department of Public Health, Behavioral Risk Factor Surveillance System, BRFSS Data 2013, data requested August 2014.

10. Geriatrics

42 Projected Increase in Elderly Population 2010-2040

Source: University of Alabama, Alabama State Data Center, Alabama County Population Aged 65 and Over 2000-2010 and Projections 2015-2040, <http://cber.cba.ua.edu/edata/est_prj.html>, accessed on August 2014.

National Data Source: US Census Bureau, 2012 National Population Projections: Summary Tables, Table 2. Projections of the population by Selected Age Groups and Sex for the US: 2015 to 2060, Middle Series and 2010 National Census of Population, <http://www.census.gov/population/projections/data/national/2012/summarytables.html>, accessed on August 2014.

43 Adult Abuse and Neglect Cases 2013

Source: Department of Human Resources, Division of Adult Protective Services, data requested October 2014.

44 Alzheimer's Mortality Rate 2011-2013

Source: Alabama Department of Public Health, Center for Health Statistics, Mortality Files 2011-2013, data requested August 2014.

National Data Source: Centers for Disease Control and Prevention, CDC Wonder, Detailed Mortality, Underlying Cause of Death, 1999-2013 Request, <<http://wonder.cdc.gov/>>, accessed on August 2014.

Rates are not published for fewer than 16 events. The number is not disclosed when fewer than 5 cases exist, except when there are 0 events.

45 Alzheimer's/Dementia Prevalence Among Medicare Recipients 2012

Source: Centers for Medicare and Medicaid Services, Medicare Chronic Conditions Dashboards: Data Tables, <<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CCDashboard.html>>, accessed on October 2014.

11. Injury and Violence Prevention

46 Homicide Mortality Rate 2011-2013

Source: Alabama Department of Public Health, Center for Health Statistics, Mortality Files 2011-2013, data requested August 2014.

National Data Source: Centers for Disease Control and Prevention, CDC Wonder, Detailed Mortality, Underlying Cause of Death, 1999-2013 Request, <<http://wonder.cdc.gov/>>, accessed on August 2014.

Rates are not published for fewer than 16 events. The number is not disclosed when fewer than 5 cases exist, except when there are 0 events.

47 Accidental Poisoning Mortality Rate 2011-2013

Source: Alabama Department of Public Health, Center for Health Statistics, Mortality Files 2011-2013, data requested August 2014.

National Data Source: Centers for Disease Control and Prevention, CDC Wonder, Detailed Mortality, Underlying Cause of Death, 1999-2013 Request, <<http://wonder.cdc.gov/>>, accessed on August 2014.

Rates are not published for fewer than 16 events. The number is not disclosed when fewer than 5 cases exist, except when there are 0 events.

48 Motor Vehicle Accident Mortality Rate 2011-2013

Source: Alabama Department of Public Health, Center for Health Statistics, Mortality Files 2011-2013, data requested August 2014.

National Data Source: Centers for Disease Control and Prevention, CDC Wonder, Detailed Mortality, Underlying Cause of Death, 1999-2013 Request, <<http://wonder.cdc.gov/>>, accessed on August 2014.

Rates are not published for fewer than 16 events. The number is not disclosed when fewer than 5 cases exist, except when there are 0 events.

12. Oral Health

49 Ratio of Dentists to Population 2014

Source: Alabama Board of Dental Examiners, 2014 Directory of Active Dentists, <http://www.dentalboard.org/>, November 2014.

National Data Source: Bureau of Labor Statistics, Employment and Wages from Occupational Employment Statistics Survey, Health care Practitioners and Technical Occupations, Dentists, General, <http://www.bls.gov/oes/current/oes_stru.htm#29-0000>, August 2014.

50 Percent Medicaid Children Receiving Dental Care During 2013

Source: Alabama Medicaid Agency, 2013 Claims Data, data requested October 2014.

51 Adults Visited a Dentist Within Past Year for Anything 2012

Source: Alabama Department of Public Health, Behavioral Risk Factor Surveillance System, BRFSS Data 2013, data requested August 2014.

52 Blue Cross and Blue Shield of Alabama Members Filing Dental Service Claims 2013

Source: Blue Cross and Blue Shield of Alabama, 2013 Claims Data, data requested December 2014.

13. Cigarette Smoking

53 Adult Cigarette Smoking 2012

Source: Robert Wood Johnson Foundation, County Health Rankings and Roadmaps, 2013 County Health Rankings National Data, <<http://www.countyhealthrankings.org/rankings/data>>, August 2014.

Source: Alabama Department of Public Health, Behavioral Risk Factor Surveillance System, BRFSS Data 2013, data requested August 2014.

Note: The County Health Rankings and Roadmaps produce lower estimates of smoking than BRFSS. The county and rural/urban measures were taken from a different source. It is for this reason that some information does not match previous data.

Note: Data found on page 88 uses only County Health Ranking and Roadmaps Data.

General Comments:

^ Statistic not displayed due to fewer than the standard number of events per the data source. Definitions: Dale Developing

BRFSS data is not directly comparable across years due to changes in weighting methodology and addition of the cell phone sampling frame in 2011-2012.

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Acknowledgements

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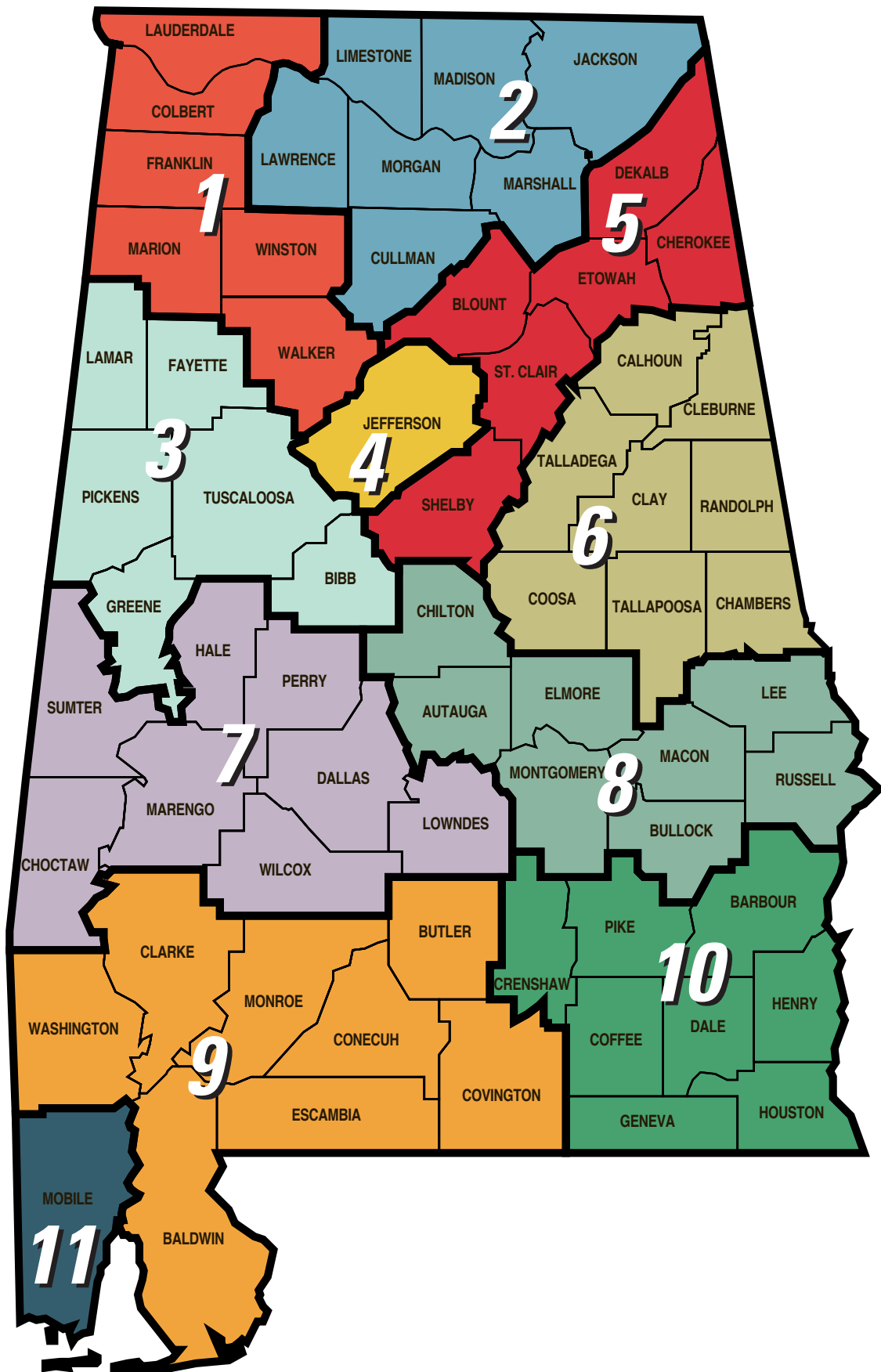
AIDS Outreach
Alabama Academy of Family Physicians
Alabama Arise
Alabama Association of Free Clinics
Alabama Association of Regional Councils
Alabama Chapter – American Cancer Society
Alabama Chapter – American Pediatric Association
Alabama College of Osteopathic Medicine
Alabama College of Physicians
(internal medicine physicians)

Alabama Communities of Excellence
Alabama Cooperative Extension System
(health component)
Alabama Dental Association
Alabama Health Education Center
Alabama Health Literacy Coalition (Alabama
Cooperative Extension System)
Alabama Hospital Association
Alabama League of Municipalities
Alabama Organ Center
Alabama Partnership for Telehealth
Alabama Primary Health Care Association (Federally
Qualified Health Centers)
Alabama Quality Assurance Foundation
Alabama Rural Health Association
Alabama State Nurses Association
Alabama Supercomputer Authority
American Community Survey
(United States Bureau of the Census)
Appleseed Foundation
Association of County Commissions of Alabama
Auburn University Economic & Community
Development Institute
Blue Cross and Blue Shield of Alabama
Business Council of Alabama
Coalition for a Tobacco Free Alabama
Easter Seals Central Alabama
Economic Development Association of Alabama
Gift of Life Foundation
Medical Association of the State of Alabama
Poarch Band of Creek Indians Health Center
Small Area Health Insurance Estimates
(United States Census Bureau)
Small Area Income and Poverty Estimates
(United States Census Bureau)
United States Bureau of Economic Analysis
United States Bureau of the Census
UAB School of Public Health
United Way of Alabama
University of Alabama School of Medicine
– Birmingham, Huntsville, Montgomery, and
Tuscaloosa campuses
University of South Alabama College of Medicine

ALABAMA STATE GOVERNMENT AGENCIES:

Agriculture and Industries
Alabama Board of Nursing Alabama Department of
Child Abuse & Neglect Prevention
Alabama Department of Children’s Affairs
Alabama Department of Corrections
Alabama Criminal Justice Information Center
Alabama Department of Economic and
Community Affairs
Alabama Department of Education
Alabama Department of Environmental Management
Alabama Department of Homeland Security
Alabama Department of Human Resources
Alabama Department of Industrial Relations
Alabama Department of Insurance
Alabama Department of Labor
Alabama Department of Mental Health
Alabama Department of Postsecondary Education
Alabama Department of Public Safety
Alabama Department of Rehabilitation Services
Alabama Department of Senior Services
Alabama Department of Veterans Affairs
Alabama Department of Transportation
Alabama Emergency Management Agency
Alabama Medicaid Agency
Alabama Rural Development Office
Commission on Higher Education
Council for Developmental Disabilities
Farmers Market Authority
Governor’s Office of Faith Based and
Community Initiatives
Governor’s Office on Disability
Governor’s Task Force to Strengthen
Alabama Families
Indian Affairs Commission
Office of Workforce Development (ADECA)
State Health Planning and Development Agency

Alabama Public Health Areas



ALABAMA COMMUNITY HEALTH ISSUES SURVEY

The Alabama Department of Public Health has a goal of serving the people of Alabama with the best and highest quality service possible. As part of this goal, we need your assistance in identifying the health care issues and challenges in your community. Knowing what you consider to be the most important issues will help us serve you better in the future. In order for your comments to be considered, please respond by **January 30, 2014**.

This survey should take less than 10 minutes to complete. All responses to this survey are confidential.

This survey is also available electronically at: <http://bit.ly/1cqyvEr>

If you are completing this as a representative of a group or organization, please complete the online survey.

INDIVIDUAL:

Age (in years):	Race (select all that apply):	Current Profession/ Interest (please choose one):	County of Residence:	Highest level of education completed:
<input type="checkbox"/> Under 20	<input type="checkbox"/> White	<input type="checkbox"/> Education	_____	<input type="checkbox"/> Did not graduate high school
<input type="checkbox"/> 20-44	<input type="checkbox"/> Black	<input type="checkbox"/> Health care		<input type="checkbox"/> High school or GED
<input type="checkbox"/> 45-64	<input type="checkbox"/> American Indian	<input type="checkbox"/> Agriculture		<input type="checkbox"/> Technical certification
<input type="checkbox"/> 65 or older	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Food service		<input type="checkbox"/> Associate degree
	<input type="checkbox"/> Asian, Pacific Islander/Hawaiian	<input type="checkbox"/> Retail		<input type="checkbox"/> Bachelor's degree
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Production/mining		<input type="checkbox"/> Master's degree
	Are you Hispanic or Latino?	<input type="checkbox"/> Advocacy group		<input type="checkbox"/> Professional degree
	<input type="checkbox"/> Yes	<input type="checkbox"/> Government		<input type="checkbox"/> Doctorate degree
	<input type="checkbox"/> No	<input type="checkbox"/> Student		
		<input type="checkbox"/> Retired		
		<input type="checkbox"/> Unemployed		
		<input type="checkbox"/> Other _____		

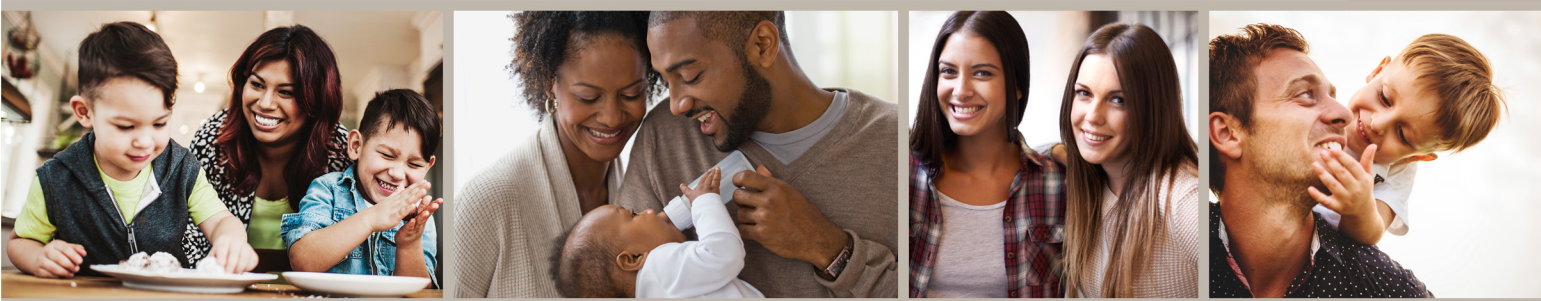
Please rank the top ten health issues and concerns, 1 being the most important and 10 being the least important. Please only rank 10 health issues. To provide more information on your responses, please do at the end of this survey.

<input type="checkbox"/> Low birth weight (less than 5 lbs 8 oz.)	<input type="checkbox"/> Cancer	<input type="checkbox"/> Dental health	<input type="checkbox"/> Available children's health
<input type="checkbox"/> Infant deaths (under one year of age)	<input type="checkbox"/> Obesity/being overweight	<input type="checkbox"/> Disability	<input type="checkbox"/> Available primary care services
<input type="checkbox"/> Premature births (less than 37 weeks of pregnancy)	<input type="checkbox"/> Healthy eating	<input type="checkbox"/> Aging of the population	<input type="checkbox"/> Available dental services
<input type="checkbox"/> Teenage pregnancy	<input type="checkbox"/> Lack of physical activity	<input type="checkbox"/> Elder care services	<input type="checkbox"/> Available mental health services
<input type="checkbox"/> Prenatal care	<input type="checkbox"/> Disaster preparedness	<input type="checkbox"/> Elder abuse/neglect	<input type="checkbox"/> Available hospital that delivers babies
<input type="checkbox"/> Sexually transmitted infections	<input type="checkbox"/> Emergency medical services (EMS)	<input type="checkbox"/> Stress management	<input type="checkbox"/> Available specialty care (such as cardiology, cancer treatment, dialysis, etc.)
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Injury prevention	<input type="checkbox"/> Cultural sensitivity	<input type="checkbox"/> Available rural health care
<input type="checkbox"/> Sexual education	<input type="checkbox"/> Violence	<input type="checkbox"/> Language barrier	<input type="checkbox"/> Quality of health care
<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Suicide	<input type="checkbox"/> Eye care services	<input type="checkbox"/> Transportation
<input type="checkbox"/> Heart diseases	<input type="checkbox"/> Alcohol use	<input type="checkbox"/> Pharmacies (drug stores)	<input type="checkbox"/> Health insurance
<input type="checkbox"/> Stroke	<input type="checkbox"/> Tobacco use	<input type="checkbox"/> Immunization	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Illicit drug use	<input type="checkbox"/> Available home health care	<input type="checkbox"/> Medicare
<input type="checkbox"/> Hypertension (high blood pressure)	<input type="checkbox"/> Prescription drug abuse	<input type="checkbox"/> Available health screenings (including women's and men's health)	<input type="checkbox"/> ALL Kids
<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Food poisoning		
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Pollution (air, ground, and water)		
<input type="checkbox"/> Respiratory diseases	<input type="checkbox"/> Exposure to harmful chemicals or other substances		
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	

If you would like to provide comments on your choices above, please do so below:

What other services would you like to see provided by the Public Health Department in the future?

Please return the completed survey to your local public health department or mail to: **Alabama Department of Public Health
Attn: Stacey Adams
Health Promotion and Chronic Disease
201 Monroe Street
Suite 983
Montgomery, AL 36104**



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Disclaimer:

The contents of this article are those of the authors and do not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.