RWJF Culture of Health
Sentinel Community
Snapshots:

Mobile, Alabama
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**ABOUT THIS REPORT**

This Snapshot is the first in a series of planned reports about this Sentinel Community. Using data compiled in early 2016, it provides an initial overview of the community’s history, challenges, and approaches to building a Culture of Health. The Sentinel Communities project, conducted by Research Triangle Institute International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project will monitor activities in each of 30 diverse communities around the country for at least five years. Visit cultureofhealth.org to see the full list of communities and links to other reports and information about the project.
Introduction

Mobile, Alabama has been shaped by a rich history as a seaport city strategically located at the head of the Mobile Bay, an inlet of the Gulf of Mexico. The Port of Mobile, the 12th largest port in the United States, has played a continual role in the city’s economic health since its days as a trading center between the French and Native Americans in the 1700s. Located in the state’s southwestern corner, Mobile is Alabama’s third largest city, with a population of 195,111.

Within the city of Mobile, more than half of residents are black, and 44% are white. Complex race relations and their resulting health, social, and economic disparities have a long legacy. “Africatown,” a neighborhood in north Mobile, was originally built by newly arrived slaves in 1860 and remains a predominantly black area. This neighborhood has high levels of poverty, especially compared with Mobile’s newer, largely white communities, such as College Park, Country Club, Parkhill, and Claremont.

Mobile’s location on the Gulf of Mexico has had profound consequences in the past decade. Flooding from Hurricane Katrina in 2005 was responsible for more than $245 million in damages to Alabama. It forced mandatory evacuations for tens of thousands of people and more than 2,500 residents to relocate to temporary shelters in Mobile County. When residents returned, many faced extensive home repairs or rebuilding. Five years later, Mobile’s waterways were devastated by the failure of the Deepwater Horizon oil well platform. The catastrophic accident spilled 4.9 million barrels of crude oil into...
the Gulf of Mexico, incurred more than $27 billion in clean-up costs for oil-driller BP, and crippled Mobile’s local fishing industry.8

Today, Mobile has set its sights beyond historic racial inequality, social inequity, and environmental disasters. Residents, local government, and community-based organizations are forging a consensus on what Mobile’s future should look like, from building an economically strong downtown to providing more easily accessible options for physical activity. Increasingly, community engagement and cross-sectoral partnerships are having a visible impact. Some efforts to improve health and well-being with equity have already begun and are showing early signs of success. However, the sharp disparities in income, access to care, and educational attainment between Mobile’s black and white communities underscore the magnitude of this challenge.

**INEQUITIES IN INCOME, EDUCATION, AND HEALTH OUTCOMES**

Despite optimism for Mobile’s future, the city faces serious challenges in its efforts to enhance health and social equity. Residents have lower household income, shorter life expectancies, and higher rates of uninsured and incidence of disease compared with residents in Alabama and the United States.

For example, the median household income in Mobile is $38,644 per year, compared with $43,511 for Alabama and $53,482 for the United States (Figure 1).3 Inequality between the city’s black and white residents is striking, with black residents earning about half the median income of white ones.

Nearly 25% of households in Mobile are in poverty, and more than 10% are considered to be in deep poverty, with incomes that fall more than 50% below the Federal Poverty Level ($24,300 for a family of four in 2016).3 For households with children younger than age 18, more than one-third (36.2%) live below the Federal Poverty Level, significantly higher than the state level of 27.5%.3

While more likely to have some college education or an associate’s degree in 2014 than they were in 2010 (Figure 2),3 the percentage of black residents who had a bachelor’s degree or higher in 2014 declined from 2010, despite increases in higher education among white residents. Mobile County also has higher rates of teenage pregnancy, adult and child obesity, and smoking than the national average. While the number of teen pregnancies in the city of Mobile declined continually over the past 5 years of available data, rates remain higher compared with the state and the nation (Figure 3).9,10,11,12 Teen pregnancy rates in Mobile County are 57 per 1,000 for women aged 13 to 19, compared with 47 per 1,000 in Alabama and 20 per 1,000 in the United States.13 Life expectancy for residents of Mobile County is about 74 years, more than 4 years less than the average U.S. resident.14 The county’s mortality outcomes are higher than the national average for preventable noncommunicable diseases, such as heart diseases, cancer, and diabetes. For example, the mortality rate from heart disease in Mobile (County) is 260 per 100,000 people, compared with the national rate of 170 per 100,000.15,16 Black residents in Mobile County have lower heart disease and cancer mortality rates than their white counterparts (Figure 4).9,17

**UNINSURED RESIDENTS, UNEQUAL ACCESS TO CARE**

The city has an uninsured rate of 17%, which is more than 2% higher than the national average.3 This is due in part to Alabama declining to participate in the nationwide option to expand Medicaid, which began in 2013.18 However, in February 2016, Alabama Governor Robert Bentley announced a Section 1115 Demonstration waiver in which the federal government will provide up to $750 million to fund five regional care organizations (RCO) in Alabama that will provide care to 650,000 residents who receive full Medicaid benefits.19 One of the new RCOs will be the Gulf Coast Regional Care Organization located in Mobile.
Even though this change in policy can improve insurance coverage for more people in Mobile, it does not expand Medicaid as broadly as the ACA, and as such, access to care remains a problem. In fact, Mobile is a federally designated health care shortage area and would need dozens of primary care providers, mental health care providers, and dentists to fulfill unmet needs for the city.20

Local Initiatives, Big Goals

A series of ambitious, local initiatives forged over the past few years seek to improve the health outcomes of Mobile’s residents. These new initiatives are engaging Mobile’s diverse community and leveraging the city’s natural assets to cultivate a healthier, brighter future for all of Mobile.

CHARTING A MAP FOR MOBILE

Local government, led by Mayor William “Sandy” Stimpson, is beginning to chart a strategic plan for Mobile’s future. Elected in 2013, Mayor Stimpson is leading a new initiative called “Map for Mobile,” a comprehensive framework for growing a safe and healthy community for all Mobile residents.21

The Map for Mobile plan is using an ongoing community engagement process to promote the city’s diversity as an asset. Over the course of numerous meetings, more than 400 community members provided input on their key concerns about Mobile’s neighborhoods. They posed their ideas about ways that the city’s infrastructure could be improved to better promote health, foster stronger neighborhoods, and increase options for physical activity. The result of this process is a plan that advocates for a Mobile consisting of “strong neighborhoods with unique identities and sense of place, a mix of housing types that provide for resident’s diverse needs and community amenities within walking distance.”22

Organizing principles of Map for Mobile include:

• maintaining strong neighborhoods with unique identities;
• building functional roadway corridors to increase mobility;
• strategically infilling and redeveloping vacant areas of the community to meet resident needs;
• connecting community members together through access to safe and appealing infrastructure;
• developing a high-quality built environment;
• fostering a strong downtown; and
• creating opportunities to enjoy Mobile’s natural resources, such as the waterways (e.g., trails by the waterways).

The city’s most recent initiative, “One Mobile,” is a citizen-run nonprofit organization launched in 2014.23 Reflecting an interest in cross-sector collaboration to improve well-being for everyone, One Mobile aims to engage and include residents and community-based groups in charting the city’s future. One Mobile took its name from Mayor Stimpson’s campaign slogan, which resonated with citizens
who want to unite the city despite its history of racial divisions. It serves as a platform where community members identify priorities, get buy-in, and get help in implementing improvements. Cross-cutting suggestions address community development, wellness, transportation, infrastructure development, education, environment, arts, safety, business, and entertainment. In 2015, residents proposed more than 50 ideas to One Mobile, several of which were implemented, including hosting community festivals and adopting highways for litter control.

**COLLABORATING TO CREATE GREEN SPACE**

In 2016, the city broke ground on Three Mile Creek Park, a part of the Map for Mobile plan. The park offers biking, walking, and waterway trails that connect Mobile's racially and economically diverse neighborhoods and communities. It is scheduled to expand from its current 1.7 miles to 7 to 12 miles. Safety within the park is a top priority. The park has plenty of lighting and is regularly patrolled by police.

Three Mile Creek Park is one example of Mobile’s efforts to create a healthier, more equitable community by offering opportunities for physical activity throughout diverse neighborhoods within Mobile and potentially lowering high obesity rates. The park is the collective vision of a public-private partnership, which included organizations such as Mobile Baykeeper, Partners for Environmental Progress, the Mobile County Health Department, Delta Bike Project, Chamber of Commerce, Village of Spring Hill, The J.L. Bedsole Foundation, the National Estuary Program, the National Parks Service, Thompson Engineering, The Mobile Airport Authority, and Goodwill Mills and Cawood.

**DATA-DRIVEN INITIATIVES TO IMPROVE HEALTH**

Live Better Mobile, a health coalition founded in 2012, partners with community-based organizations to improve Mobile residents’ health and well-being. The coalition values racially diverse community perspectives and comprises more than 40 academic, political, community-based, and governmental organizations. Its members range from middle school students to senior leadership.

Using data from the 2011 County Health Rankings and Roadmaps, the coalition identified health outcomes for Mobile that had the largest disparities compared with national averages. Priorities for improvement included reducing rates of obesity, teenage pregnancy, and smoking prevalence. Together, the coalition has created smoke-free ordinances and incorporated comprehensive sexual education in schools.

Live Better Mobile began promoting comprehensive sex education in schools in 2009. By 2015, the coalition achieved its goal of providing comprehensive sex education to all middle and high school schools. Notably, the sharpest decline in teen pregnancies among youth aged 10 to 19 corresponds to the years during which comprehensive sex education was introduced. In the city of Mobile, 472 teenage women had children in 2013, which is a notable improvement from the rate in 2000 (1,000 teenage women). Therefore, groups like Live Better Mobile must continue their work to address the high burden of teenage pregnancy in Mobile.

Building on the momentum from its successful smoking and teenage pregnancy initiatives, the coalition is also tackling obesity rates in Mobile. However, changes in obesity rates will take time, and the coalition has yet to see progress in this area.

**FOCUSBING ON EDUCATIONAL EQUITY**

Educational attainment, a key area associated with better health-related outcomes, is improving. Residents aged 25 or older living in the city of Mobile are about 2% more likely to have high school, college, and graduate degrees than residents of Alabama overall. High school graduation rates in Mobile (County) have improved from about 55% in 2008 to more than 80% in 2016. Over the same period, the percentage of black adults in Mobile who have not completed high school declined by 2%. Mobile is attempting to address the issue of college readiness among black residents with a new cross-sector collaboration to promote greater educational success for everyone. The Mobile Area Education Foundation (MAEF) launched a partnership with Mobile County’s public school system, health department, juvenile court, and housing authority to improve college readiness among minority or at-risk middle and high school students, using an evidence-based program called Graduate Ready.

**Continuing the Health Equity Conversation**

Additional surveillance, data and information gathering, analysis, and reporting will examine the extent to which Mobile’s local initiatives are engaging all sectors of the community. Future reports will also examine how stakeholders are working to create a healthier, more equitable community; the impact of new and ongoing initiatives to address priority health concerns; and whether gaps are emerging in priority areas.

The following questions remain:

- To what extent are local initiatives making progress toward their goals? What are the key markers of success for each of the local initiatives? What barriers have these efforts faced as sponsors work to promote health and health equity?
- What processes are in place to ensure that residents from all sectors of Mobile are represented and heard as a part of new or ongoing health initiatives? To what extent do these efforts reveal how health is valued in different racial/ethnic and income subpopulations?
- What are the interactions among race/ethnicity, chronic disease incidence, disease-specific mortality rates, and life expectancy that can explain lower mortality from heart disease and cancer among black residents in Mobile compared with whites?
- Since Mobile’s recent initiatives largely address root causes of disease
and lack of well-being, to what extent are residents with poor health outcomes getting appropriate care from the health care system?

• What is the structure of the broader health system, and how do representatives from key sectors work to address shared challenges?

• Are there other coalitions or collaborations in Mobile addressing the social, structural, and economic drivers being leveraged to consider their role in health and well-being, and what efforts have been made to link the community together? What are key facilitators and barriers to initiating and/or maintaining those linkages?

• What are the interrelationships among economic, educational, and other social drivers of health in Mobile, and how are leaders planning for them in a coordinated way, particularly in the context of equity and opportunity discussions?

• What is contributing to racial disparities in college graduation rates? Why have black residents increased attainment of high school and some college and/or associates education but decreased attainment of bachelor’s degrees, especially compared with white counterparts who have recently experienced rising rates of high school and college graduation? Given the widening disparities gap in attainment of bachelor’s degrees, are there any strategies that are successfully increasing college readiness among black youth in Mobile?
References

1. Mobile refers to the city of Mobile, unless Mobile County is specifically stated.


