

2013 Rankings Alabama





Introduction

Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example, people who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk. In addition, people who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduces heart disease risk.

However, health varies greatly across communities, with some places being much healthier than others. And, until now, there has been no standard method to illustrate what we know about what makes people sick or healthy or a central resource to identify what we can do to create healthier places to live, learn, work and play.

We know that much of what influences our health happens outside of the doctor's office in our schools, workplaces and neighborhoods. The County Health Rankings & Roadmaps program provides information on the overall health of your community and provides the tools necessary to create community-based, evidence-informed solutions. Ranking the health of nearly every county across the nation, the County Health Rankings illustrate what we know when it comes to what is making communities sick or healthy. The County Health Roadmaps show what we can do to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin

Population Health Institute to bring this groundbreaking program to counties and states across the nation.

The County Health Rankings & Roadmaps program includes the County Health Rankings project, launched in 2010, and the newer Roadmaps project that mobilizes local communities, national partners and leaders across all sectors to improve health. The program is based on this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Counties can improve health outcomes by addressing all health factors with effective, evidence-informed policies and programs.

Everyone has a stake in community health. We all need to work together to find solutions. The County Health Rankings & Roadmaps serve as both a call to action and a needed tool in this effort.

Guide to Our Web Site

To compile the *Rankings*, we selected measures that reflect important aspects of population health that can be improved and are available at the county level across the nation. Visit www.countyhealthrankings.org to learn more.

To get started and see data, enter your county or state name in the search box. Click on the name of a county or measure to see more details. You can: Compare Counties; Download data for your state; Print one or more county

snapshots; or Share information with others via Facebook, Twitter, or Google+. To understand our methods, click on Learn about the Data and Methods. You can also take advantage of the Using the Rankings Data guide to help you explore the data and figure out more about what is driving your community's health. To learn about what you can do to improve health in your community, visit the Roadmaps to Health Action Center. Finally, you can learn what others are doing by reading Communities Stories and visiting the Project Showcase.

County Health Roadmaps

The Rankings illustrate **what we know** when it comes to making people sick or healthy. The County Health Rankings confirm the critical role that factors such as education, jobs, income and the environment play in how healthy people are and how long we live.

The County Health Roadmaps mobilizes local communities, national partners and leaders across all sectors to improve health. The County Health Roadmaps show what we can do to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this groundbreaking project to cities, counties and states across the nation.

The *Roadmaps* project includes grants to local coalitions and partnerships among policymakers, business, education, public health, health care, and community organizations; grants to national organizations working to improve health; recognition of communities whose promising efforts have led to better health; and customized guidance on strategies to improve health.

Roadmaps to Health Community Grants

The Roadmaps to Health Community Grants provide funding for 2 years to thirty state and local efforts among policymakers, business, education, healthcare, public health and community organizations working to create positive policy or systems changes that address the social and economic factors that influence the health of people in their community.

Roadmaps to Health Partner Grants

RWJF is awarding Roadmaps to Health Partner Grants to national organizations that are experienced at engaging local partners and leaders and are able to deliver high-quality training and technical assistance, and committed to making communities healthier places to live, learn, work and play. Partner grantees increase awareness about the County Health Rankings & Roadmaps to their members, affiliates and allies. As of February 2013, RWJF has awarded partner grants to United Way Worldwide, National Business Coalition on Health, and National Association of Counties.

RWJF Roadmaps to Health Prize

In February 2013, RWJF awarded the first *RWJF Roadmaps to Health* Prizes of \$25,000 to six communities that are working to become healthier places to live, learn, work and play. The *RWJF Roadmaps to Health* Prize is intended not only to honor successful efforts, but also to inspire and stimulate similar activities in other U.S. communities.



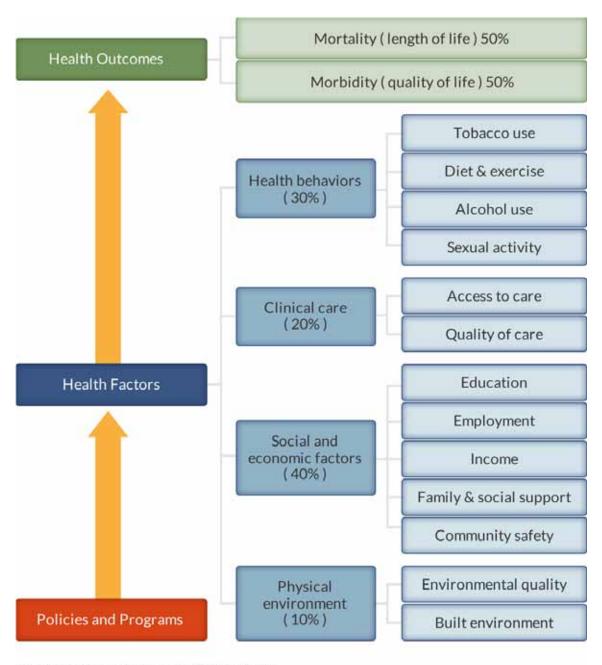
Roadmaps to Health Action Center

The Roadmaps to Health Action Center, based at UWPHI, provides tools and guidance to help groups working to make their communities healthier places. The Action Center website provides guidance on developing strategies and advocacy efforts to advance pro-health policies, opportunities for ongoing learning, and a searchable database of evidence-informed policies and programs focused on health improvement: What Works for Health. Action Center staff provide customized consultation via email and telephone to those seeking more information about how to improve health. Coaching, including possible on-site visits, is also available for communities who have demonstrated the willingness and capacity to address factors that we know influence how healthy a person is, such as education, income and family connectedness.

County Health Rankings

The 2013 County Health Rankings report ranks Alabama counties according to their summary measures of health outcomes and health factors. Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment. The figure below depicts the structure of the Rankings model; those having high ranks (e.g., 1 or 2) are estimated to be the "healthiest."

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary health factors rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.

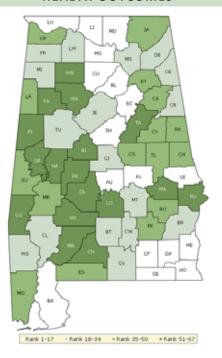


County Health Rankings model @2012 UWPHI

The maps on this page and the next display Alabama's counties divided into groups by health rank. Maps help locate the healthiest and least healthy counties in the state. The lighter colors indicate better performance in the respective

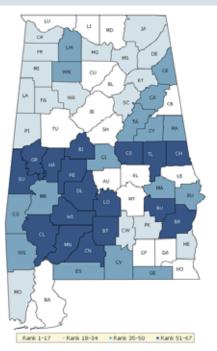
summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

HEALTH OUTCOMES



County	Rank	County	Rank	County	Rank	County	Rank
Autauga	15	Conecuh	58	Houston	9	Morgan	8
Baldwin	2	Coosa	44	Jackson	48	Perry	64
Barbour	33	Covington	22	Jefferson	27	Pickens	51
Bibb	53	Crenshaw	19	Lamar	35	Pike	36
Blount	10	Cullman	17	Lauderdale	14	Randolph	40
Bullock	47	Dale	16	Lawrence	31	Russell	52
Butler	28	Dallas	60	Lee	3	Shelby	1
Calhoun	43	DeKalb	20	Limestone	5	St. Clair	11
Chambers	49	Elmore	7	Lowndes	67	Sumter	50
Cherokee	23	Escambia	46	Macon	57	Talladega	59
Chilton	34	Etowah	45	Madison	4	Tallapoosa	41
Choctaw	62	Fayette	61	Marengo	37	Tuscaloosa	25
Clarke	18	Franklin	26	Marion	32	Walker	66
Clay	38	Geneva	13	Marshall	24	Washington	30
Cleburne	29	Greene	55	Mobile	39	Wilcox	63
Coffee	6	Hale	65	Monroe	54	Winston	56
Colbert	42	Henry	12	Montgomery	21		

HEALTH FACTORS



County	Rank	County	Rank	County	Rank	County	Rank
Autauga	9	Conecuh	60	Houston	11	Morgan	18
Baldwin	4	Coosa	55	Jackson	24	Perry	61
Barbour	57	Covington	46	Jefferson	10	Pickens	27
Bibb	52	Crenshaw	25	Lamar	32	Pike	23
Blount	13	Cullman	12	Lauderdale	5	Randolph	43
Bullock	62	Dale	15	Lawrence	41	Russell	44
Butler	58	Dallas	64	Lee	3	Shelby	1
Calhoun	36	DeKalb	26	Limestone	7	St. Clair	21
Chambers	54	Elmore	8	Lowndes	65	Sumter	56
Cherokee	39	Escambia	47	Macon	49	Talladega	45
Chilton	38	Etowah	29	Madison	2	Tallapoosa	51
Choctaw	35	Fayette	22	Marengo	48	Tuscaloosa	14
Clarke	53	Franklin	28	Marion	31	Walker	30
Clay	40	Geneva	42	Marshall	34	Washington	37
Cleburne	16	Greene	67	Mobile	33	Wilcox	66
Coffee	6	Hale	63	Monroe	59	Winston	50
Colbert	20	Henry	19	Montgomery	17		

Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors represent what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Shelby	1	Shelby
2	Baldwin	2	Madison
3	Lee	3	Lee
4	Madison	4	Baldwin
5	Limestone	5	Lauderdale
6	Coffee	6	Coffee
7	Elmore	7	Limestone
8	Morgan	8	Elmore
9	Houston	9	Autauga
10	Blount	10	Jefferson
11	St. Clair	11	Houston
12	Henry	12	Cullman
13	Geneva	13	Blount
14	Lauderdale	14	Tuscaloosa
15	Autauga	15	Dale
16	Dale	16	Cleburne
17	Cullman	17	Montgomery
18	Clarke	18	Morgan
19	Crenshaw	19	Henry
20	DeKalb	20	Colbert
21	Montgomery	21	St. Clair
22	Covington	22	Fayette
23	Cherokee	23	Pike
24	Marshall	24	Jackson
25	Tuscaloosa	25	Crenshaw
26	Franklin	26	DeKalb
27	Jefferson	27	Pickens
28	Butler	28	Franklin
29	Cleburne	29	Etowah
30	Washington	30	Walker
31	Lawrence	31	Marion
32	Marion	32	Lamar
33	Barbour	33	Mobile
34	Chilton	34	Marshall
35	Lamar	35	Choctaw
36	Pike	36	Calhoun
37	Marengo	37	Washington
38	Clay	38	Chilton
39	Mobile	39	Cherokee
40	Randolph	40	Clay
40 41	Randolph Tallapoosa	40 41	Clay Lawrence

Rank	Health Outcomes	Rank	Health Factors
43	Calhoun	43	Randolph
44	Coosa	44	Russell
45	Etowah	45	Talladega
46	Escambia	46	Covington
47	Bullock	47	Escambia
48	Jackson	48	Marengo
49	Chambers	49	Macon
50	Sumter	50	Winston
51	Pickens	51	Tallapoosa
52	Russell	52	Bibb
53	Bibb	53	Clarke
54	Monroe	54	Chambers
55	Greene	55	Coosa
56	Winston	56	Sumter
57	Macon	57	Barbour
58	Conecuh	58	Butler
59	Talladega	59	Monroe
60	Dallas	60	Conecuh
61	Fayette	61	Perry
62	Choctaw	62	Bullock
63	Wilcox	63	Hale
64	Perry	64	Dallas
65	Hale	65	Lowndes
66	Walker	66	Wilcox
67	Lowndes	67	Greene

2013 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2008-2010
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2005-2011
	Poor physical health days	Behavioral Risk Factor Surveillance System	2005-2011
	Poor mental health days	Behavioral Risk Factor Surveillance System	2005-2011
	Low birthweight	National Center for Health Statistics	2004-2010
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2005-2011
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2009
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2009
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2005-2011
	Motor vehicle crash death rate	National Center for Health Statistics	2004-2010
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2010
	Teen birth rate	National Center for Health Statistics	2004-2010
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2010
	Primary care physicians	HRSA Area Resource File	2011-2012
	Dentists	HRSA Area Resource File	2011-2012
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2010
	Diabetic screening	Medicare/Dartmouth Institute	2010
	Mammography screening	Medicare/Dartmouth Institute	2010
SOCIAL AND ECONOMIC	FACTORS		
Education	High school graduation	Primarily state-specific sources, supplemented with National Center for Education Statistics	State-specific
	Some college	American Community Survey	2007-2011
Employment	Unemployment	Bureau of Labor Statistics	2011
Income	Children in poverty	Small Area Income and Poverty Estimates	2011
Family and Social	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
Support	Children in single-parent households	American Community Survey	2007-2011
Community Safety	Violent crime rate	Federal Bureau of Investigation	2008-2010
PHYSICAL ENVIRONMEN	Т		
Environmental Quality	Daily fine particulate matter ¹	CDC WONDER Environmental data	2008
	Drinking water safety	Safe Drinking Water Information System	FY 2012
Built Environment	Access to recreational facilities	Census County Business Patterns	2010
	Limited access to healthy foods	USDA Food Environment Atlas	2012
	Fast food restaurants	Census County Business Patterns	2010

¹ Not available for AK and HI.

⁸ www.countyhealthrankings.org/alabama

CREDITS

Report Authors

University of Wisconsin-Madison School of Medicine and Public Health Department of Population Health Sciences Population Health Institute

Bridget Booske Catlin, PhD, MHSA Amanda Jovaag, MS Patrick Remington, MD, MPH

This publication would not have been possible without the following contributions:

Data

Centers for Disease Control and Prevention: National Center for Health Statistics and Division of Behavioral Surveillance

Dartmouth Institute for Health Policy & Clinical Practice

Research Assistance

Jennifer Buechner Hyojun Park, MA Elizabeth Pollock Jennifer Robinson Matthew Rodock, MPH Anne Roubal, MS

Communications and Outreach

Burness Communications Anna Graupner, MPH Kate Konkle, MPH Karen Odegaard, MPH Jan O'Neill, MPA Angela Russell, MS Julie Willems Van Dijk, PhD, RN

Design

Forum One, Alexandria, VA

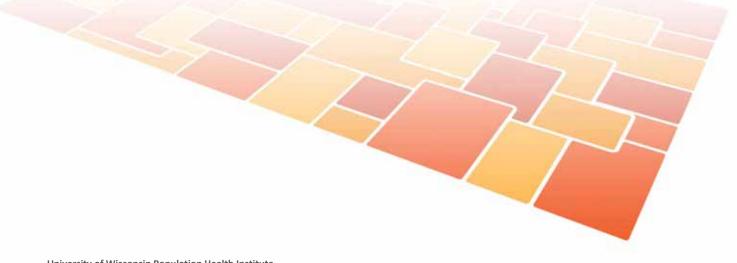
Robert Wood Johnson Foundation

Abbey Cofsky, MPH –Senior Program Officer Michelle Larkin, JD, MS, RN – Assistant Vice-President and Deputy Director, Health Group James S. Marks, MD, MPH – Senior Vice-President and Group Director, Health Group Joe Marx – Senior Communications Officer

Suggested citation: University of Wisconsin Population Health Institute. County Health Rankings 2013.







University of Wisconsin Population Health Institute 610 Walnut St, #524, Madison, WI 53726 (608) 265-6370 / info@countyhealthrankings.org

