DE-IDENTIFICATION

Project Overview

Robert Wood Johnson Foundation Culture of Health
Sentinel Community Snapshots: Mobile, Alabama

Mobile, Alabama Turns Data Into Action

**Figure 3. Teenage Pregnancies Rate in Mobile (County) by Race**

Source: Alabama Department of Public Health, 2013
Mobile is a complex and interesting city.
Mobile is a seaport city of 195,111 people on the Gulf of Mexico. More than half of its residents are black and just under half are white. Race relations have challenged Mobile for a long time, resulting in health, economic and social disparities. In 2005, Hurricane Katrina hit Mobile, resulting in more than $245 million in damage to Alabama and evacuations of tens of thousands of people in Mobile County. Then in 2010, the Deepwater Horizon oil-well platform failed and caused 4.9 million barrels of oil to spill into the Gulf of Mexico, crippling the local fishing industry.

Multi-sector locally driven initiatives are seeking to improve health outcomes.
Mayor William “Sandy” Stimpson is leading an initiative to “promote health, foster stronger neighborhoods, and increase options for physical activity” called Map for Mobile. Organizing principles include maintaining strong neighborhoods with unique identities, developing a high-quality built environment, fostering a strong downtown and many others. Early successes include One Mobile, which is a non-profit where individuals can offer ideas and collaborate, all to unite Mobile. Several ideas have resulted in action, such as hosting festivals and adopting highways for litter control. Additionally, the city created Three Mile Creek Park which connects racially and economically diverse neighborhoods. This park is part of the Map for Mobile plan and offers walking, biking and waterway trails.

Mobile effectively uses data to improve health and well-being.
Using data from the 2011 County Health Rankings and Roadmaps, Live Better Mobile identified Mobile’s largest health disparities. Live Better Mobile is a large coalition, comprised of over 40 organizations, from academia to government, to community-based organizations to individuals. Mobile’s priorities include reducing rates of teenage pregnancy, smoking and obesity.

Live Better Mobile has already seen success in reducing rates of teenage pregnancy and smoking prevalence. The coalition achieved its goal in 2015 of providing comprehensive sex education to all middle and high schools. During these same years, Mobile experienced the most significant decline in teen pregnancies among girls and young women ages 10 to 19. In 2013, 472 teenage women had children, which is down from 1,000 teenage women in 2000. Live Better Mobile has also created smoke-free ordinances.

The coalition is tackling obesity rates; this sort of change occurs over more time, with progress to come. Educational attainment strongly associates with better health-related outcomes. Mobile is gathering data and measuring its graduation rates in terms of high school, college and graduate degrees. They are seeing improvement in this area and are collaborating to improve college-readiness among minority or at-risk middle and high school students.

More data is needed to evaluate impact on health equity.
Additional data gathering, measurement, analysis and reporting will need to occur to assess whether all sectors within Mobile’s community are engaged in this process. Questions around whether local initiatives are addressing priority health areas and whether equity is being achieved will be examined.
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