# The Black Belt Bulletin

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## Declining Access to Healthcare & Standard of Care in AL

Access to healthcare and standard of care have always been challenges in the Black Belt region as matters of history, socioeconomic realities, and policy decisions. However, specific concerns about the lack of access to healthcare in the Black Belt have been frequently reflected in recent studies and reports: most Black Belt counties are now below the statewide average of 3.9 beds per 1000 residents. In fact, three (3) traditional Black Belt counties (i.e., Lowndes, Perry, and Pickens) do not even have a single hospital.

In recent years, the COVID-19 pandemic has exacerbated the problem, ravaging the state and putting an inordinate strain on its already depleted resources. It was reported that nearly 24% of rural households were unable to get medical care for acute medical issues during the pandemic. Interestingly, the cascading dilemma related to the effects of COVID-19 on communities in the Black Belt was one of the motivating forces behind BBCF's collaborative efforts that resulted in launching the H.O.P.E. Project. The H.O.P.E. Project was launched across all 12 counties in the Black Belt in early 2023 and is already making inroads towards improving the quality of healthcare of the citizens that BBCF H.O.P.E. Ambassadors serve in their communities.

One of the most troubling impacts in healthcare due to shifts in policy is the declining quality of care and access to prenatal care. In recent years, maternal and infant health in Alabama ranks among the lowest in the entire country with 13.1% of babies in the state being born pre-term (meaning before 37 weeks of pregnancy). The report also cites nearly 17% of Black babies born in Alabama are preterm, compared to 11% of those that are white and/or Hispanic, and 10% of those that are Asian or Pacific Islander; the bottom line being the preterm birth rate among Black women is nearly 50% higher than the rate among all others.

Limited access to health facilities and declining quality and standard of care is greatly contributing to the increasing amount of poor health outcomes across the state. While the impacts of access and quality of care have not seemingly impacted the Black Belt region inordinately more than any other areas in the state thus far, extreme poverty, and the increasing shift towards more-restrictive policy decisions—specifically as it relates to Women's Health—could be a tipping point resulting in more detrimentally impactful outcomes.

Sources: University of Alabama Education Policy Center, 2023; Montgomery Advertiser online 11/22/2022

#### -MATERNAL HEALTHCARE "DESERTS"-

Shifts in policy have created maternity healthcare "deserts" across the state; meaning, only 21 counties in Alabama (just 31% of the state) have complete access to maternity care, while the other 43 counties have little or no access to maternity care. Furthermore, eleven (11) counties in the state do not have a single federally qualified health center. The only hospital in the traditional Black Belt region that offers maternity care is Vaughan Regional Medical Center, in Selma (Dallas County).



Vaughan Regional Medical Center in Selma. Source: Montgomery Advertiser 3/25/20

One of the starkest consequential results in all this is the fact that Black mothers have higher infant death rates than others throughout the state, according to the Alabama Department of Health.



13.1% of babies born in Alabama are born preterm (meaning before 37 weeks of pregnancy; often resulting in health risks that would otherwise be preventable. Source: Kyle Robertson, The Columbus Dispatch

### AL COUNTIES RANKED BY HEALTH FACTORS

Health factors represent community conditions that we can change to improve health and opportunity, such as access to quality education, living wage jobs, and quality clinical care. The counties were ranked using the 4 health factors listed. The map to the right shows Alabama's health factor rankings by county - the lighter colored areas indicate better health factors while the darker colored areas indicate worse health factors.

**Health Behaviors** 

Diet, exercise, tobacco, alcohol & drug use, sexual activity

**Clinical Care** 

Access to care, quality of care

Social & Economic Factors

Education, employment, income, family & social support, community safety

Physical Environment Air & water quality, housing & transit



**Health Factor** Rankings

1 to 17

18 to 34 35 to 50

51 to 67