**UNIVERSITY OF SOUTH ALABAMA**
**BOARD OF TRUSTEES**

**February 1, 2023**
**11:00 a.m.**

A special meeting of the University of South Alabama Board of Trustees was duly convened by Ms. Arlene Mitchell, Chair *pro tempore*, on Wednesday, February 1, 2023, at 11:22 a.m. in the Board Room of the Frederick P. Whiddon Administration Building. Meeting attendance was open to the public.

| | |
|---|---|
| Members: | Alexis Atkins, Chandra Brown Stewart, Tom Corcoran, Arlene Mitchell and Mike Windom were present, and Steve Furr, Ron Graham, Ron Jenkins, Jimmy Shumock, Margie Tuckson and Jim Yance participated remotely. |
| Members Absent: | Scott Charlton, Kay Ivey, Bill Lewis, Lenus Perkins and Steve Stokes. |
| Administration & Guests: | Delaware Arif (Faculty Senate), Owen Bailey, Jo Bonner, Kristin Dukes, Monica Ezell, Aston Hennig, Andi Kent, John Marymont, Danny Rickert and Polly Stokley. |

Following the call to order, Chair Mitchell thanked everyone for their participation and the attendance roll was called, **Item 1**. Chair Mitchell turned to President Bonner for opening remarks. President Bonner recognized the Trustees for their love of the University and willingness to be available when updates on important matters under consideration by the Board necessitated calling a special meeting. He recommended proceeding to an executive session at the appropriate time. Chair Mitchell called for approval of the revised agenda, **Item 1.A**. On motion by Mr. Corcoran, seconded by Judge Windom, the Board voted unanimously to adopt the revised agenda.

Chair Mitchell called on President Bonner, who introduced Mr. Bailey to present **Item 1.B** as follows. Mr. Bailey summarized the need for USA Health to complete a comprehensive community health needs assessment, as well as the goals and benefits derived through the process. He introduced Mr. Danny Rickert, USA Health Chief Policy Officer, and Ms. Ashton Hennig, USA Health Director of Outreach and Special Projects, to give additional background. On motion by Ms. Atkins, seconded by Mr. Corcoran, the Board voted unanimously to approve the resolution as follows:

**RESOLUTION**
**USA HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGIES**

**WHEREAS,** the Patient Protection and Affordable Care Act requires that not-for-profit hospitals conduct community health needs assessments, and

**WHEREAS,** USA Health has conducted the above-referenced assessment for 2022-2025, and

**WHEREAS,** USA Health has developed implementation strategies based on the findings of the 2022-2025 community health needs assessment, and

**WHEREAS,** the Patient Protection and Affordable Care Act further requires that health system governing bodies adopt those implementation strategies developed by the health system to meet the community needs identified through such assessment,

**THEREFORE, BE IT RESOLVED,** the Board of Trustees of the University of South Alabama hereby authorizes the community health needs assessment conducted by USA Health and adopts the implementation strategies developed by USA Health as a result, both of which are attached hereto and incorporated herein.

In accordance with the provisions of the Alabama Open Meetings Act, Chair Mitchell made a motion to convene an executive session for an anticipated duration of two hours for the purpose of discussing preliminary negotiations involving a matter of trade or commerce, **Item 2**. She stated that Ms. Dukes had submitted the required written declaration for the minutes and that adjournment of the meeting would be effected with the conclusion of the executive session. Ms. Atkins seconded and, at 11:30 a.m., the Board voted unanimously to convene an executive session, as recorded below:

AYES:
- Ms. Atkins
- Ms. Brown Stewart
- Mr. Corcoran
- Dr. Furr
- Mr. Graham
- Capt. Jenkins
- Chair Mitchell
- Mr. Shumock
- Ms. Tuckson
- Judge Windom
- Mr. Yance

There being no further business, the meeting was adjourned at 1:47 p.m.

Attest to:

Lenus M. Perkins, Secretary

Respectfully Submitted:

Arlene Mitchell

Arlene Mitchell, Chair *pro tempore*

# APPENDIX A

# 2022 – 2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Prepared by:
Thomas C. Shaw, Ph.D.
Jaclyn Bunch, Ph.D.
Meghan Reints, M.P.A.

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# EXECUTIVE SUMMARY – 1

## Introduction

The Patient Protection and Affordable Care Act, passed March 23, 2010, requires that not-for-profit hospitals conduct a Community Health Needs Assessment (CHNA) every three years. The assessment should define the community, solicit input regarding the health needs of the community, assess and prioritize those needs, identify relevant resources, and evaluate any actions taken since preceding CHNAs.

This executive summary presents the key elements of the 2022-2025 USA Health Community Health Needs Assessment. This assessment was conducted between September, 2021 and January, 2022. First USA Health and its constituent parts are described. Second, the community served by USA Health is defined. Next, the overall methodology of the CHNA is provided, and finally, a summary of the health needs identified in sections two, three, and four are presented.

## USA Health

USA Health University Hospital (UH), USA Health Children's & Women's Hospital (USAC&W), and the USA Health Mitchell Cancer Institute (USAMCI) are each collectively part of the broader USA Health and are collaborating as part of this CHNA. Throughout this report each facility is referenced individually as appropriate or collectively as USA Health.

### USA Health University Hospital

USA Health University Hospital is an acute care facility serving as the major referral center for southwest Alabama, southeast Mississippi and portions of northwest Florida. It offers centers for Level I trauma, burn, stroke, cardiovascular disease and sickle cell disease. As a teaching and research facility for the University of South Alabama College of Medicine, USA Health University Hospital plays a key role in the development of new technology, treatments and training of future health care professionals. The hospital also includes outpatient care services such as cardiology, medicine and surgery.

### USA Health Children's & Women's Hospital

USA Health Children's & Women's Hospital offers the most advanced care in the region and delivers more babies annually than any other hospital in Mobile. It offers among its specialized services the region's most advanced neonatal intensive care and pediatric intensive care units, which provide the most specialized care to critically ill and injured newborns and children. Its specialized staff also offers a variety of innovative programs for hospitalized children teens and their families to meet their developmental, educational, social and emotional needs.

**USA Health Mitchell Cancer Institute**
Combining cutting-edge research with advanced care, the USA Health Mitchell Cancer Institute fights cancer from the laboratory bench to the patient's bedside. MCI is the only academic-based cancer research and treatment facility on the upper Gulf Coast. Its mission is to discover, develop and deliver innovative solutions to improve cancer outcomes.

## Community

USA Health has a far-reaching impact throughout the region including areas beyond southern Alabama in both northwestern Florida and southeast Mississippi. However, the primary community served by USA Health is the area of Mobile County.

Mobile County, Alabama is situated in southwest Alabama and is bordered by the following counties: Baldwin, Clark, Escambia, Monroe and Washington in Alabama and George, Greene, and Jackson in Mississippi. The population of Mobile County is 413,210. Forty-eight percent of the population is male and 52 percent are female. The percent of the population identifying as white only is 59.0 while 36.2 percent identify as African-American or Black only. The median age is 37.9 years old. The median household income is $47,583; 86.5 percent of the population have a high school degree or better; and 20.7 percent of the population are below the federal poverty level. Within the county there 35,912 companies, and 181,612 housing units.[1]

## CHNA Methodology

Having identified the relevant community, in this case Mobile County, Alabama, the key objective of the CHNA is to assess the health needs of that community. A three-pronged approach is used herein to assess Mobile County's health needs. First, a comprehensive demographic profile is developed using secondary data sources that provide insight into the composition and prevalent conditions within the community. Second, a telephone survey was conducted of individuals living in the defined community in order to solicit their input regarding their health needs. Third, an Internet/E-mail survey was conducted of health leaders in Mobile County to get their input and to be able to compare and contrast the views of the community with those of the health leaders. Having assessed the current health needs of the community, the findings of the previous USA Health's CHNA are evaluated and then the current health needs are presented.

For the 2022-2025 fiscal period's CHNA, two of the major medical facilities in Southwest Alabama, Infirmary Health and USA Health collaborated on the data collection efforts. The USA Polling Group collected the relevant data for both facilities across the varying service areas concurrently. This collaboration provided cost efficiencies for the facilities and is in accordance with IRS regulations regarding collaboration of facilities that share and/or

[1] County information is taken from various census sources including 2017 Population Estimates, 2010 Demographic Profile, and 2012-2016 American Community Survey 5-Year Estimates.

overlap common service areas. Despite the collaboration, the data for each entity is tailored to its specific service area. Further, each facility will produce its own separate report based on the specifics of the findings in its service area.

## Summary of Key Findings

### Community Demographic Profile

The community demographic profile is an in-depth examination of secondary data indicators that compare Mobile County to Alabama and the United States. Data for the profile were taken from many different sources including the US Census, the Alabama Department of Public Health, and Share Southwest Alabama. The following represent the most important findings from the community demographic profile.

There are a number of problems faced by infants and expecting mothers. With our changing demographics (falling numbers of residents aged 0-19 and 20-39 while growing numbers 60+) it is essential that the community preserve and protect the new residents we could potentially gain. The assessment shows that not only are neonatal deaths and post neonatal death rates on the rise in Mobile, but that the infant death rate is climbing at an alarming rate over the past five years (7.5 to 10.2) and even higher for minority groups (reaching 14.4 for blacks in Mobile by 2014). The community survey shows that community members feel that there is not enough access to women's health care, part of which is pregnancy and childbirth.

The assessment shows that diabetes has been on the rise in Mobile over the past 5 years. USA Health may want to review its programs focused on diabetes education and prevention.

In the United States cancers of the respiratory system hold the highest mortality of all cancers. This is also the case for Alabama and Mobile. USA Health should consider enhancing their efforts at combating respiratory cancers.

There is an overall need for disease prevention efforts. The system should continue to focus on increasing and promoting screenings for the more prevalent diseases in our area, and in the United States. For instance, behind respiratory cancers, the largest killers can be caught early through regular screenings and visits with one's primary care physician (colorectal, pancreas, and breast cancers). Care should be taken to promote regular primary care in the community and encourage screenings.

There is a need for more secondary education for the general public. Studies have shown the beneficial effect that education has on many aspects of life (income, job stability, health and longevity of life).

## Community Health Survey

According to community members the most important features of a healthy community and the features that would be most important for improving the overall health of their community include:

1) A clean environment (including water, air, etc.)
2) Family doctors and specialists
3) Lower crime and safe neighborhoods
4) Good schools
5) Mental health services
6) Access to health services such as a health clinic or hospital
7) Good places to raise children

The community respondents said that the following are the top six health issues that are a problem for Mobile County:

1) Child abuse and neglect
2) Cancers
3) Domestic violence
4) Drug use and abuse
5) Rape and sexual assault
6) Heart disease and stroke

These are the top health conditions that community members said they have been told by a doctor or other healthcare professional that they have:

1) High blood pressure
2) High cholesterol
3) Diabetes
4) Heart disease
5) Depression
6) Obesity

Of the specific items mentioned by community members, the following are the top six healthcare services that they feel are difficult to obtain in Mobile County:

1) Mental health services
2) Services for the elderly
3) Alcohol or drug abuse treatment
4) Dental care / dentures
5) Specialty medical care (specialist doctors)
6) Emergency medical care

Twenty-one percent of Mobile County respondents indicated that they had delayed getting needed medical care sometime during the past 12 months. The following are the top-rated reasons identified for why someone delayed getting needed medical care:

1) Could not afford medical care
2) Lack of transportation
3) Provider did not take my insurance

## Community Health Leaders Survey

An Internet/e-mail based survey of community health leaders in Mobile County was conducted between December 7, 2021 and January 14, 2022. A total of 49 health leaders responded to the survey. The following represent the most important findings from the community health leaders survey.

The community health leaders identified the following as the most important features of a health community:

1) Access to health services (e.g., family doctor, hospitals)
2) Good employment opportunities
3) Low crime/safe neighborhoods
4) Quality education
5) Mental health services
6) Affordable housing

Community health leaders went on to say that the most important health issues facing Mobile County include:

1) Mental health problems
2) Obesity/excess weight
3) Drug use abuse
4) Diabetes
5) Heart disease and stroke
6) Aging problems
7) Child abuse / neglect

The unhealthy behaviors that concern health leaders the most are:

1) Drug abuse
2) Excess weight
3) Poor eating habits/poor nutrition
4) Not seeing a doctor or dentist
5) Homelessness
6) Lack of exercise

The healthcare services identified by community health leaders as the most difficult to obtain in Mobile County include:

1) Mental health services
2) Alcohol or drug abuse treatment
3) Dental care including dentures
4) Services for the elderly
5) Primary medical care
6) Alternative therapies

An important aspect of the CHNA is comparing the priorities of the community health leaders with the priorities of the community to see where there is convergence or divergence between these two groups. Overall, there was a good bit of convergence among the top items identified by both groups. Priority rankings of these top items of course differed in many cases but it is notable that similar items made it in into the top six items for both

community health leaders and community members. The following tables show where items converged and diverged between the two groups.

Table 1.1: Features of a Healthy Community[1]

| Features mentioned in the top six by Community Health Leaders and Community Members | Features mentioned in the top six by Community Health leaders but not by Community Members | Features mentioned in the top six by Community Members but not by Community Health Leaders |
|---|---|---|
| Mental health services (5/5) | Good employment opportunities (2) | A clean environment including water, air, etc. (1) |
| Quality education / Good schools (4/4) | Affordable housing (6) | Family doctors and specialists (2) |
| Lower crime / safe neighborhoods (3/3) | | Good places to raise children (6) |
| Access to health services (1/6) | | |

[1] Numbers in parentheses in column one show the priority ranking for each group. The first number is the priority ranking of the Community Health Leaders and the second number is the priority ranking of the Community Members.

Table 1.2: Most Important Health Issues[1]

| Features mentioned in the top six by Community Health Leaders and Community Members | Features mentioned in the top six by Community Health leaders but not by Community Members | Features mentioned in the top six by Community Members but not by Community Health Leaders |
|---|---|---|
| Drug use / abuse (3/4) | Mental health problems (1) | Cancers (2) |
| Heart disease and stroke (5/6) | Obesity / excess weight (2) | Domestic violence (3) |
| Child abuse / neglect (6/1) | Diabetes (4) | Rape and sexual assault (5) |
| | Aging problems (6) | |

[1] Numbers in parentheses in column one show the priority ranking for each group. The first number is the priority ranking of the Community Health Leaders and the second number is the priority ranking of the Community Members.

Table 1.3: Healthcare Services that are Difficult to Obtain[1]

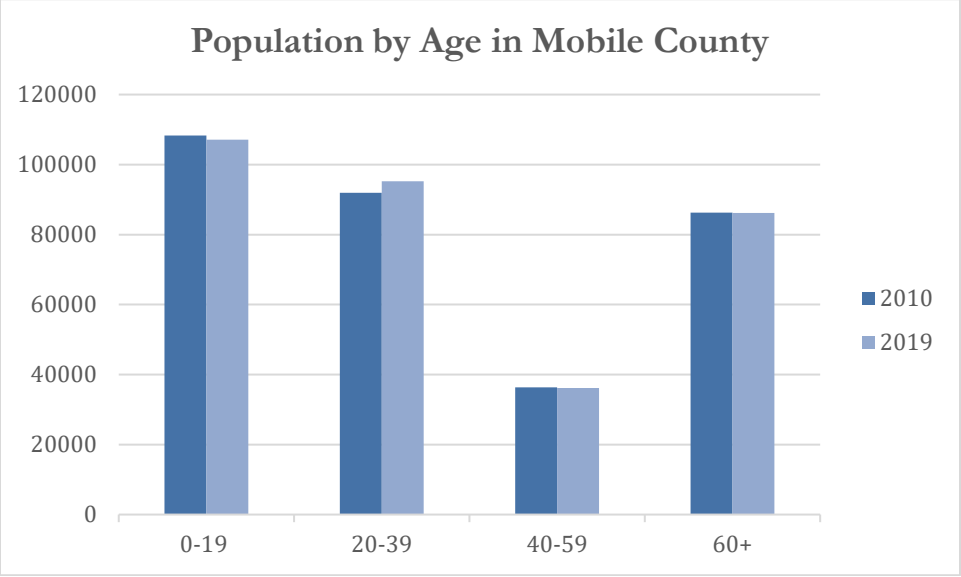
| Features mentioned in the top six by Community Health Leaders and Community Members | Features mentioned in the top six by Community Health leaders but not by Community Members | Features mentioned in the top six by Community Members but not by Community Health Leaders |
|---|---|---|
| Mental health services (1/1) | Primary medical care (5) | Specialty medical care (5) |
| Alcohol or drug abuse treatment (2/3) | Alternative therapies (6) | Emergency medical care (6) |
| Dental care / dentures (3/4) | | |
| Services for the elderly (4/2) | | |

[1] Numbers in parentheses in column one show the priority ranking for each group. The first number is the priority ranking of the Community Health Leaders and the second number is the priority ranking of the Community Members.

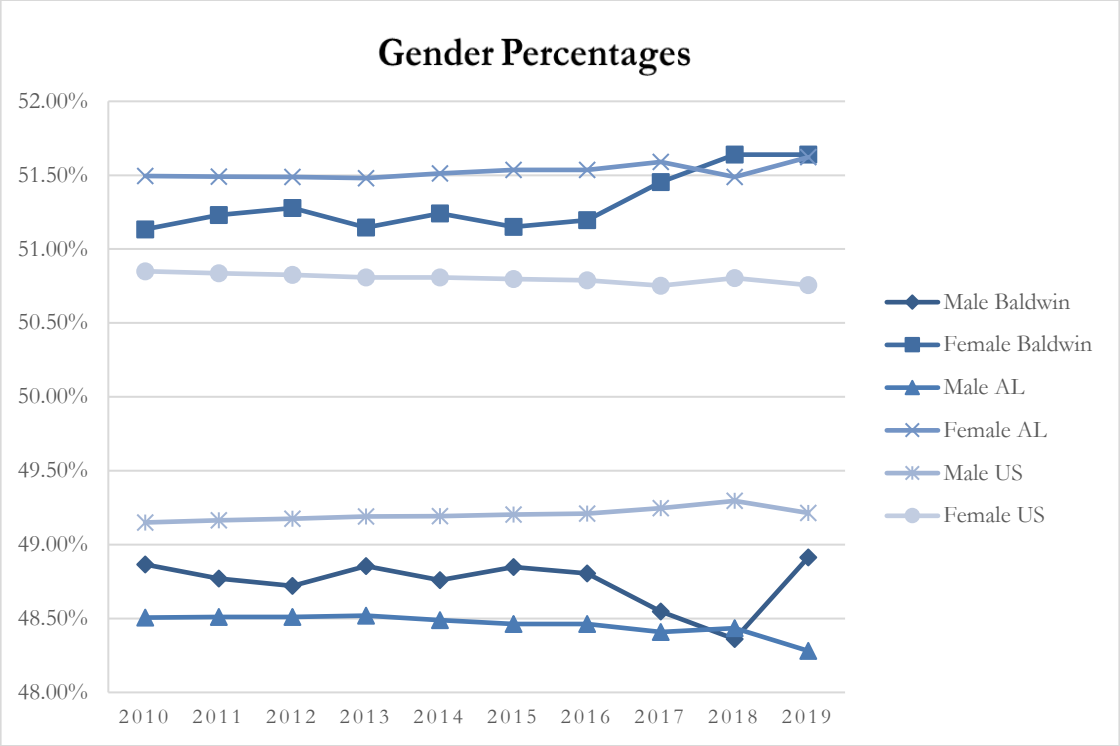
## COMMUNITY DEMOGRAPHIC PROFILE – 2

### Population by Age and Sex

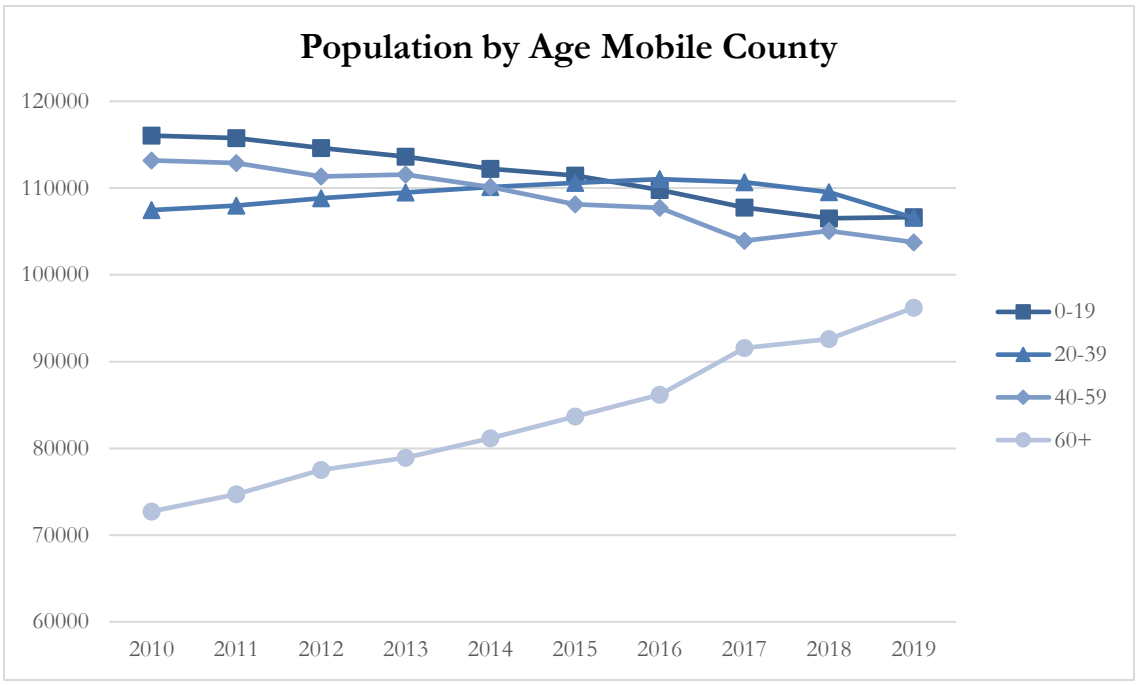
Population is an important characteristic to consider when assessing community needs, as it reflects the potential pool of patients and relative demand of the community. Population data was taken from the U.S Census Bureau. While an official census is only taken every ten years, the Census Bureau provides yearly estimates. According to this source, in 2010 the population of Mobile County was 408,620, but has reached 413,210 by 2019. The relative population growth is bracketed by age below.




Generally, the distributions by age and sex are similar to statewide and nationwide comparisons. In 2019 Mobile was home to 216,900 females and 196,310 males. These averages have remained largely stagnant over the time period, with some exceptions. For instance, between 2015 and 2019 Mobile gained approximately 865 females while losing 1,906 male residents.



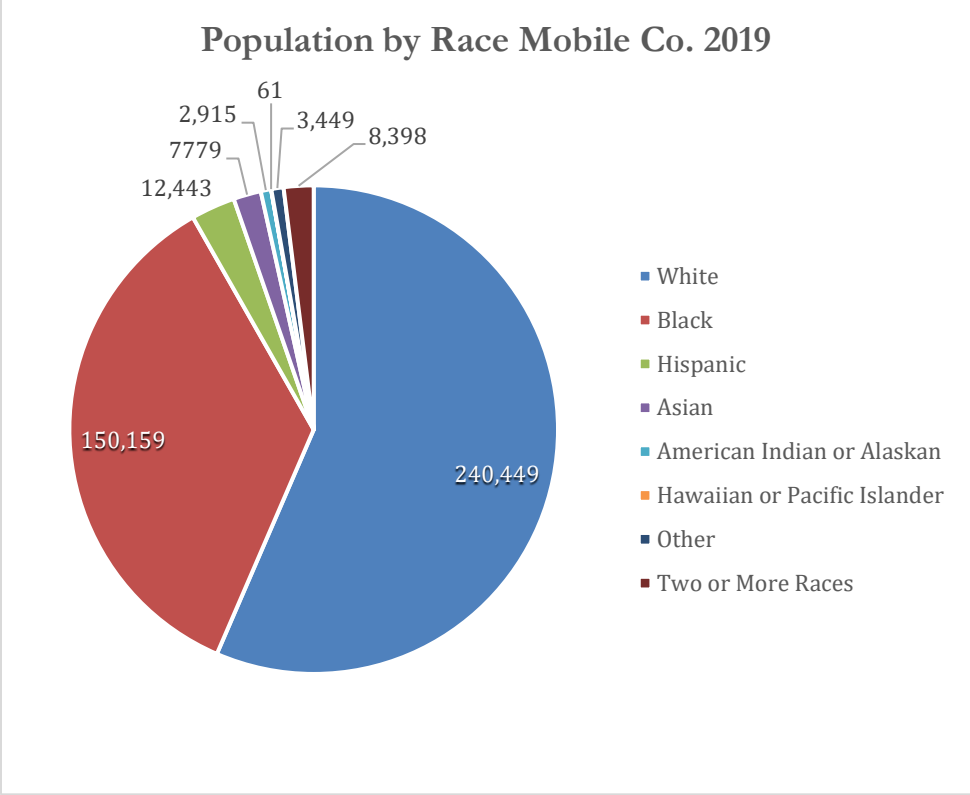

Another trend worth noting is the rise in elderly residents. As of 2019, Mobile was home to 106,670 residents aged 0-19, 106,570 residents aged 20-39, 103,757 residents aged 40-59, and 96,213 residents aged 60 and over. In comparison to 2010, this makes 60 and over the fastest growing age demographic for the county. In this same time period there has been a significant loss in the 0-19 age bracket. This is unsurprising given national trends and generational birth rates. The trend can be found below.



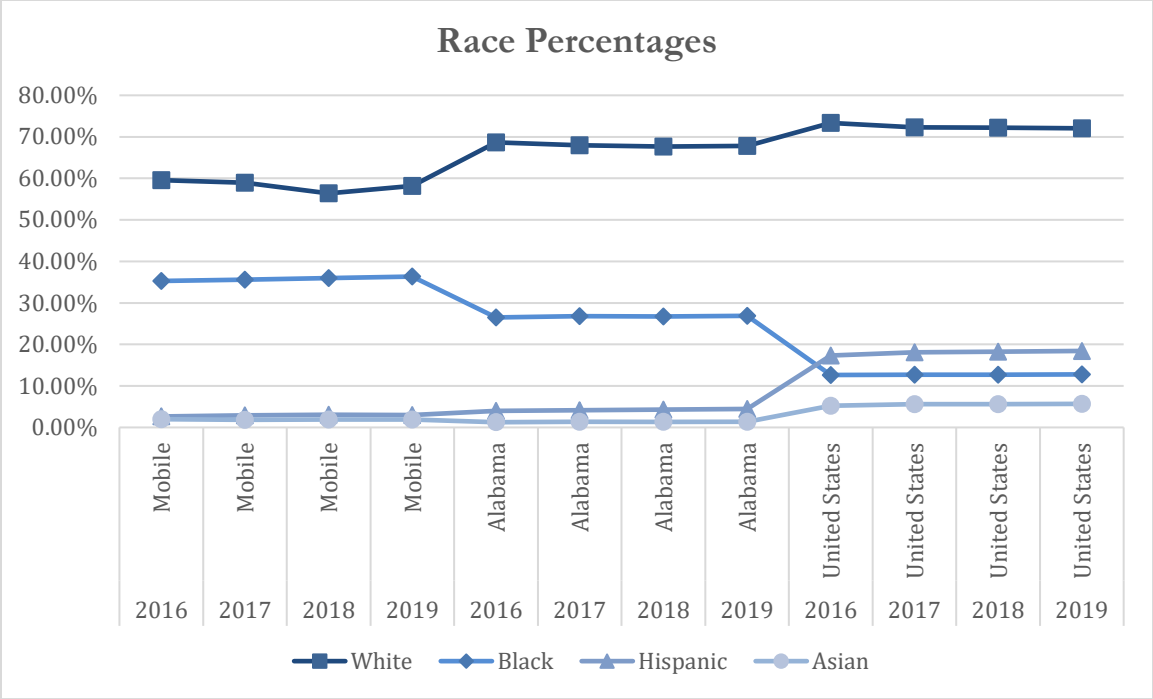
## Population by Race and Ethnicity

Race and ethnicity are another important factor to consider when assessing community health. Studies have shown that specific racial groups are more susceptible to certain diseases and conditions. As such, it is important to know the racial makeup of a region in determining the needs of the community in regard to public health. Data was obtained by the U.S Census Bureau in 2010 with estimates through 2019 available. The Census asks individuals to self-identify, with the vast majority of respondents identifying as one race and ethnicity.

The two most predominant races in Mobile are white, with 240,449 residents in 2019, and Black, with 150,159 residents in 2019. Hispanic is the largest listed ethnicity with 12,443 residents in 2017. The fourth largest demographic was those self-reporting as Asian, with 7,779 residents. The demographic breakdowns for 2019 are provided below.



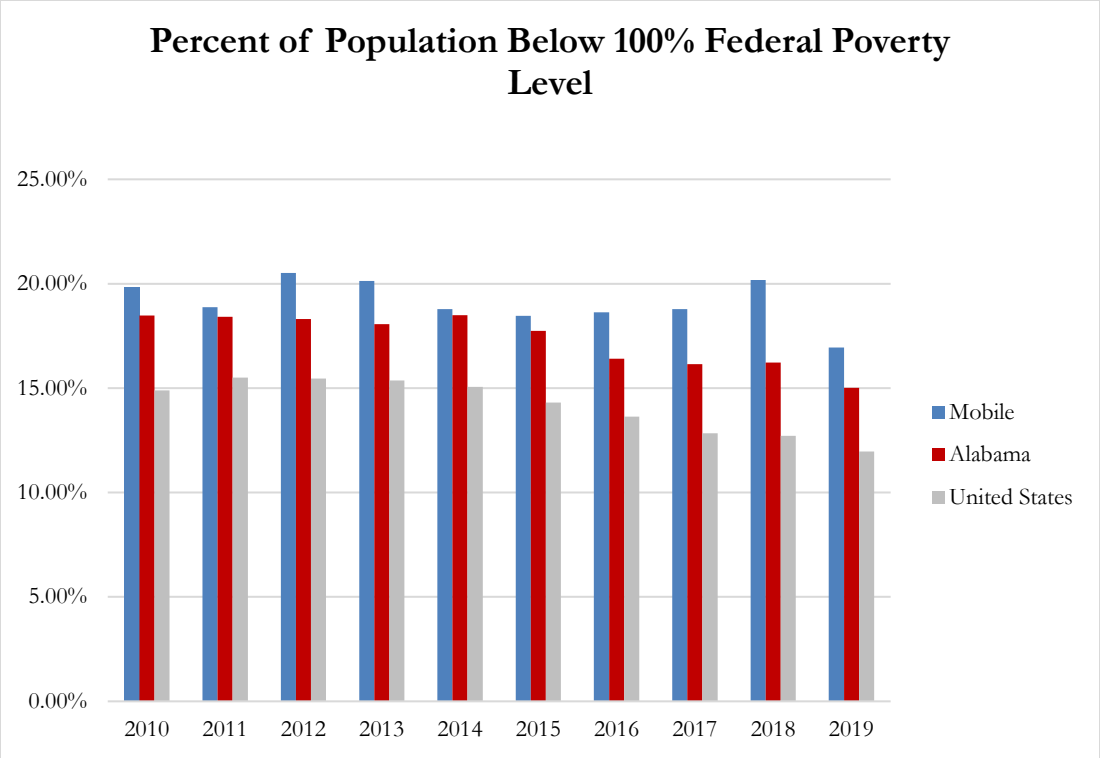

The distribution by Race and Ethnicity has remained largely the same for Mobile County over the time period. However, the distribution is substantially different than both Alabama and the United States as a whole. Compared to Alabama, Mobile has -9.65% Whites, +9.43% Blacks, -1.46%Hispanics, and +.53% Asians. This is remarkably different than the national averages, which indicate that Mobile has -13.85% Whites, +23.55% Blacks, -15.33% Hispanics, and -3.80% Asians. The four year trend and comparison to state and national averages are depicted below.



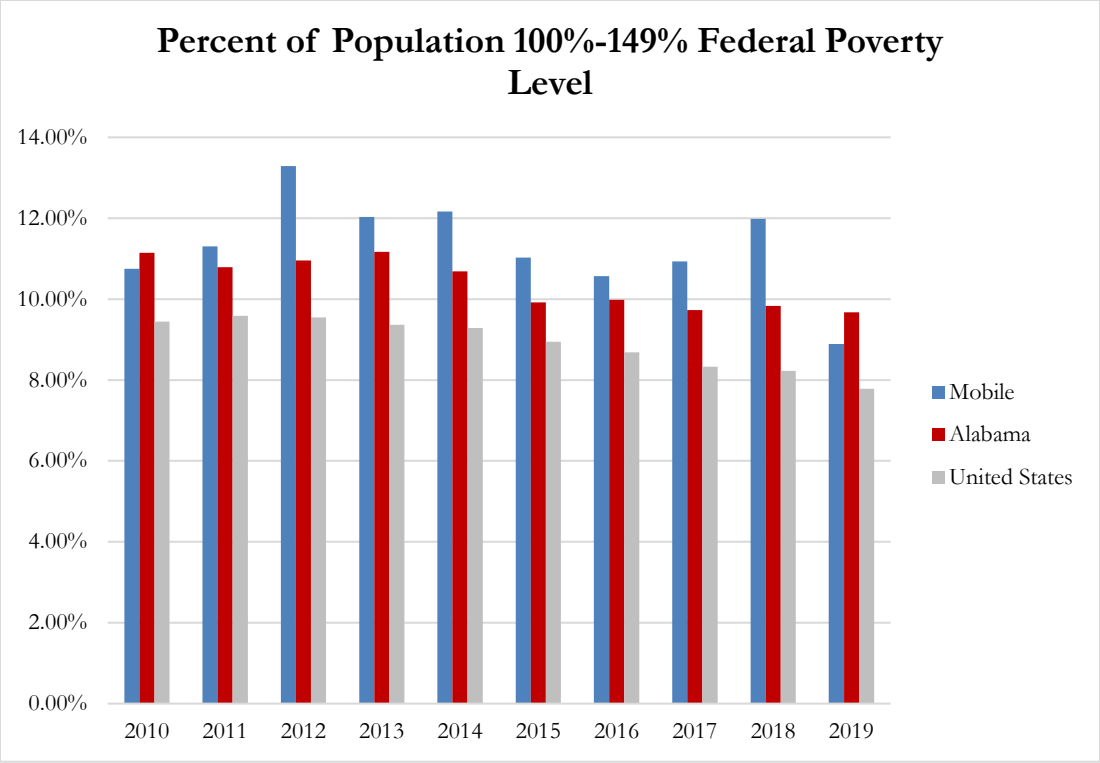

## Poverty

Socio-economic status is an extremely important indicator of community need, especially in regard to health. Studies have consistently demonstrated a link between wealth, poverty, and individual health. Adults in poverty are more likely to experience poor health, neglect routine doctor visits, utilize emergency services as primary care, fail to possess health insurance, and die at a younger age. Additionally, these ramifications extend to children as children in poverty are more likely to experience poor physical and mental health as well as, experience cognitive impairments. The impacts extend beyond health, and studies have shown that poverty increases the likelihood of school failure and teen pregnancy. Finally, it should be noted that poverty rates are often tied to race and ethnic identification. Previous community health needs assessments have identified the disparity between poverty rates among white and black children, indicating that poverty rates among black children are three times the rate of non-Hispanic whites nationally. These estimates have not changed significantly over the past four years.

Each year the federal government measures regional poverty using the Federal Poverty Level -- a metric based upon a dollar amount for single person and family income. In 2019 the FPL for a single person household was $12,490, up $430 from $12,060 in 2017. For a family of four the FPL was $25,750. Reported in the figure below are the Mobile County, Alabama, and United States estimates for the percentage of residents living at or below 100% of the FPL for the years 2010 to 2019.




As can be observed, Mobile County consistently has a higher percentage of residents living at or below the FPL throughout the time series as compared to both the state of Alabama as well as the nation. While the gap between Mobile County and Alabama appears to diminish in 2011 and 2014 this is not due to shrinking numbers of residents in Mobile County under the FPL, but rather a worsened state for the entirety of Alabama. Oftentimes, it has been shown that individuals up to 150% and even 200% FPL have difficulty meeting basic needs related to health care, such as food, housing, and transportation. As such, the profile for percent population between 100 - 149% FPL has also been provided below. For reference, individuals qualify for the Supplemental Nutrition Assistance Program (SNAP) at 130% of the FPL or lower.




## Education

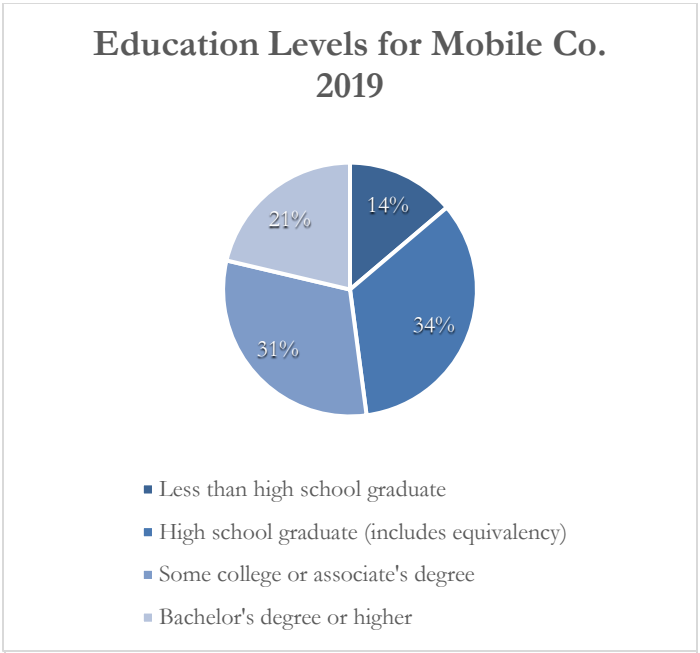
While education is known to increase the likelihood of higher income, and thus influence health in an indirect manner, education also has been tied directly to health benefits in communities. Research has shown that those with higher educational attainment are more likely to have longer lives and healthier lifestyles. For instance, the Robert Wood Johnson Foundation found that the average lifespan for females is increased by approximately 5 years (78.4 years for less than high school degree and 83.5 years for college graduates) and by nearly 7 years for males (72.9 years for less than high school degree and 79.7 years for college graduates) on average. Additionally, education has been tied to reduced health risk in a range of areas:

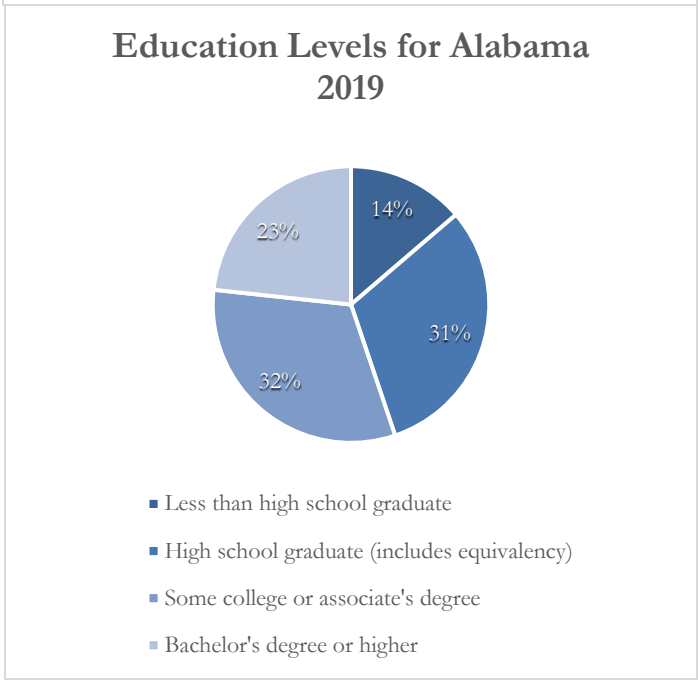
An additional four years of education lead to on average:

- 1.3% reduction in diabetes
- 2.2% reduction in heart disease
- 5% reduction in being overweight
- 12% reduction in smoking

The impact of education often extends to a child's health as well. For instance, a mother with 0-11 years of education is nearly twice as likely than mothers with 16 or more years of education to experience infant mortality (8.1 versus 4.2 mortality rate in 2010). Additionally, studies have shown that healthier children tend to perform better in school and other collegiate activities.

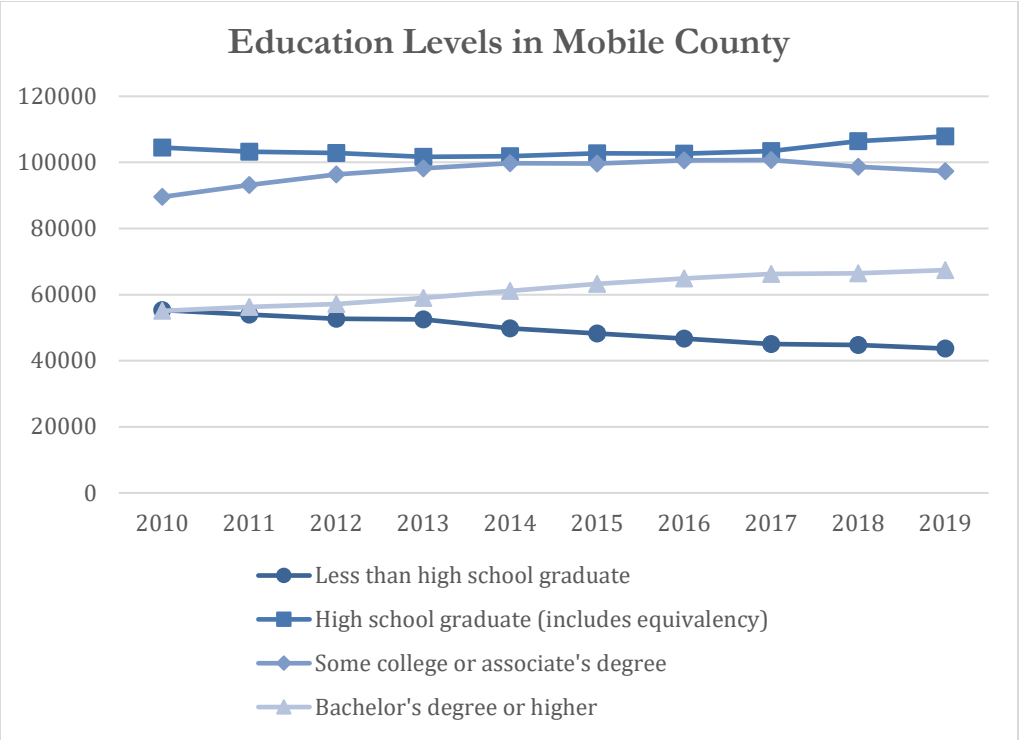
Below are 2019 pie charts of Mobile County and Alabama education levels as a whole for adults 25 and older. Mobile County and Alabama are comparative across all education levels.



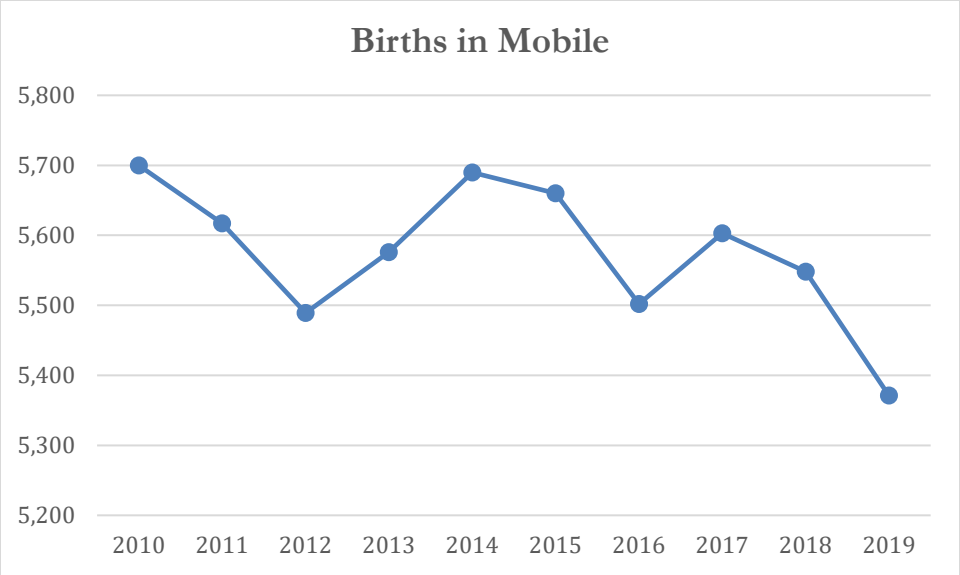

One of the most striking gaps, for both Mobile County and the state of Alabama compared to the nation, is post high school education. While Mobile County and the state have increased the proportion of high school graduates in recent decades, they continue to fall behind in those obtaining bachelors and graduate or professional degrees. In 2019 the resident breakdown was 107,860 high school graduates and 97,335 with some college or an

associate's degree. Additionally, there were 67,426 with bachelor's degrees or higher and 43,682 residents with less than a high school degree in Mobile County.

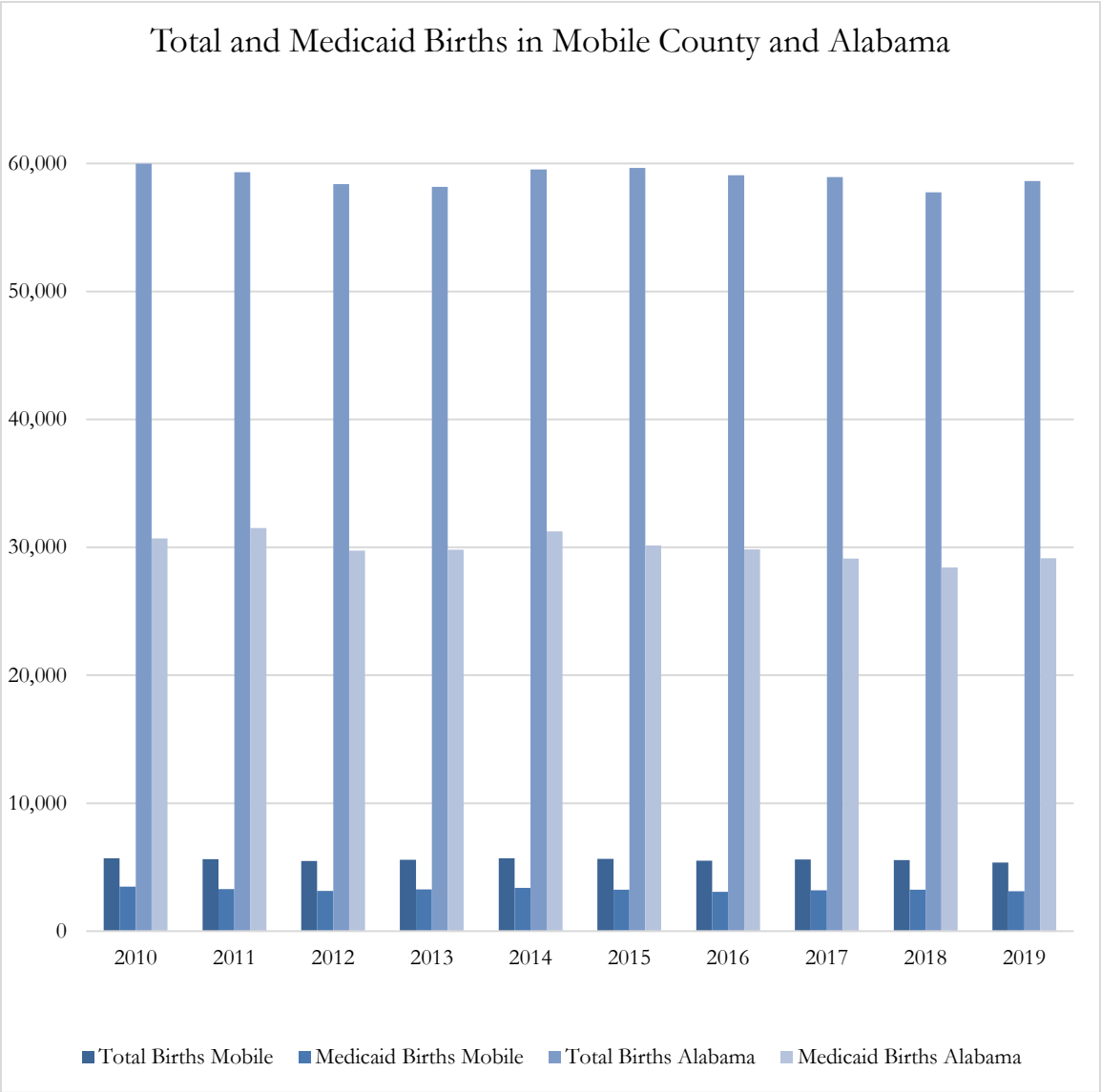



## Births

Previous community health needs assessments have identified the decline in both crude birth rates and fertility rates within Alabama since the 1950s. This decline was extended to Mobile County, with data from 2007 to 2011 showing a significant decrease (645 less births between the two comparative years). Data collected from 2012 to 2015 had indicated that this decline appeared to be leveling off, but again depicted a decrease in 2016. Since the last Community Health Needs Assessment, we can see that births have increased somewhat, although the change is slight (46 more births in 2018 as compared to 2016).

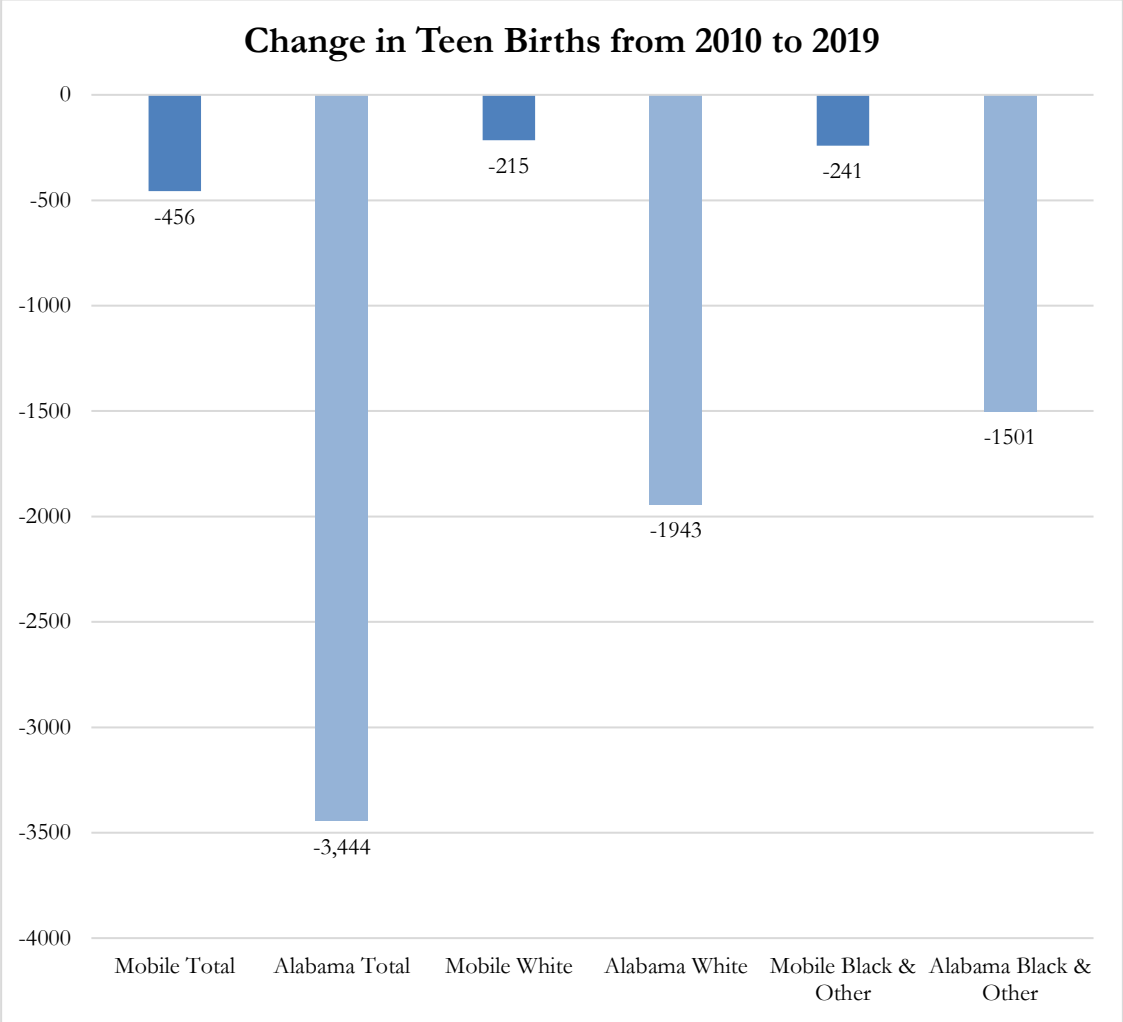



Further evidence shows that this overall trend for birth rates is not unique to Mobile County. When compared to Alabama, proportionally the rates of births are similar.

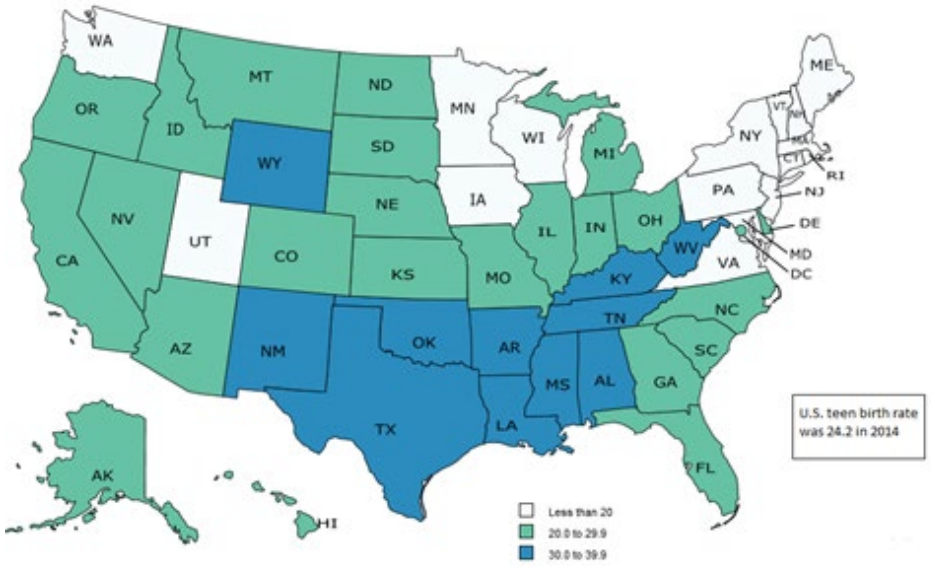



## Births to Select Groups: Teens and Unwed Mothers

Teenage pregnancy has been a social concern since the 1960s due to the long-term negative effects for both mother and child. Research has shown that teenage pregnancy began to rise significantly between the 1950s and the 1970s, reaching nearly 19% of births in 1975. However, teenage birth rates have since been in a consistent decline for the past twenty years. According to the Department of Health and Human Services, 24.2 of every 1,000 births in the U.S was to an adolescent between the ages of 15-19 in 2014. This marks a nine percent decline nationally from the previous year. This pattern of decline is consistent with both the state of Alabama and Mobile County, only to a lesser degree. The figure below shows the decline in teenage births in Alabama and Mobile County over a nine-year period (2010 to 2019).



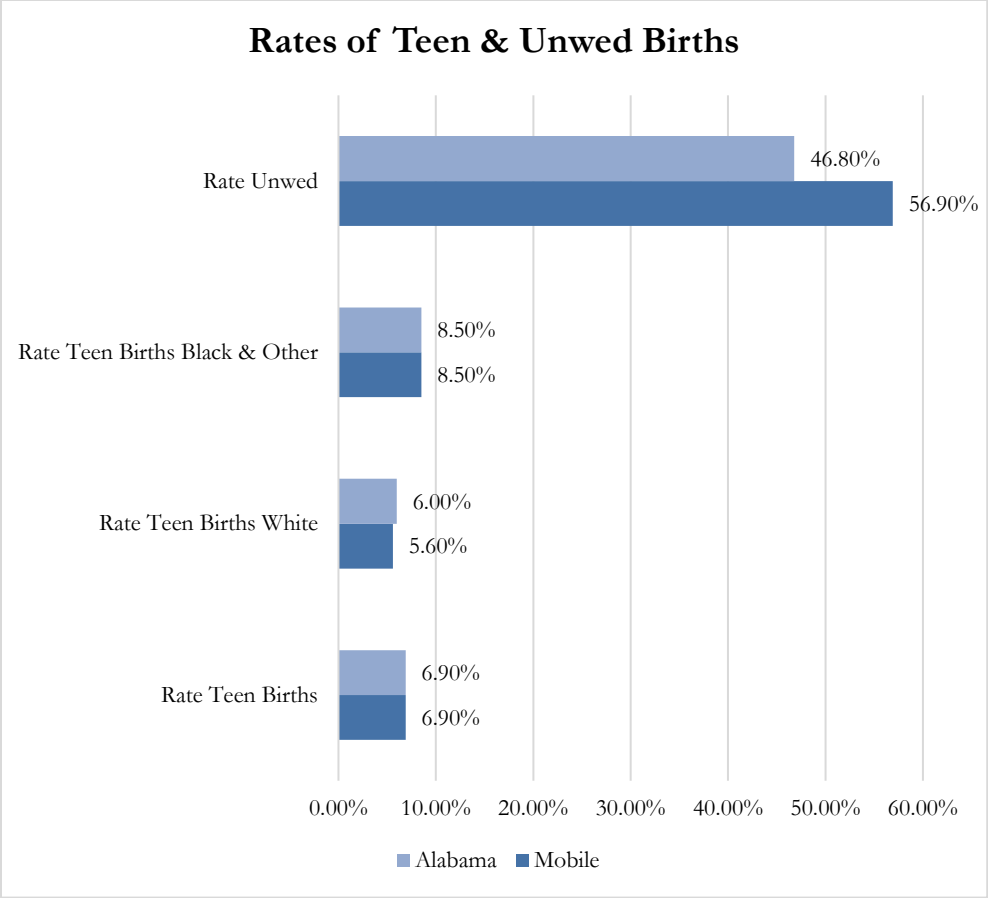

While teenage birth rates are lower than in previous decades, Alabama, and much of the south-central region of the United States, has higher teenage birth rates than the vast majority of the country.




**Source: Martin, J. A., Hamilton, B. E., Ventura, S. J., & Osterman, M. J. K. S.C., & Mathews, T.J (2015). *Births: Final data for 2014*. Hyattsville, MD: National Center for Health Statistics via Department of Health and Human Services**

Further evidence indicates that most births to adolescents are to mothers 18 years or older. In 2014, 73 percent of teenage births were to mothers aged 18 or 19 years old.

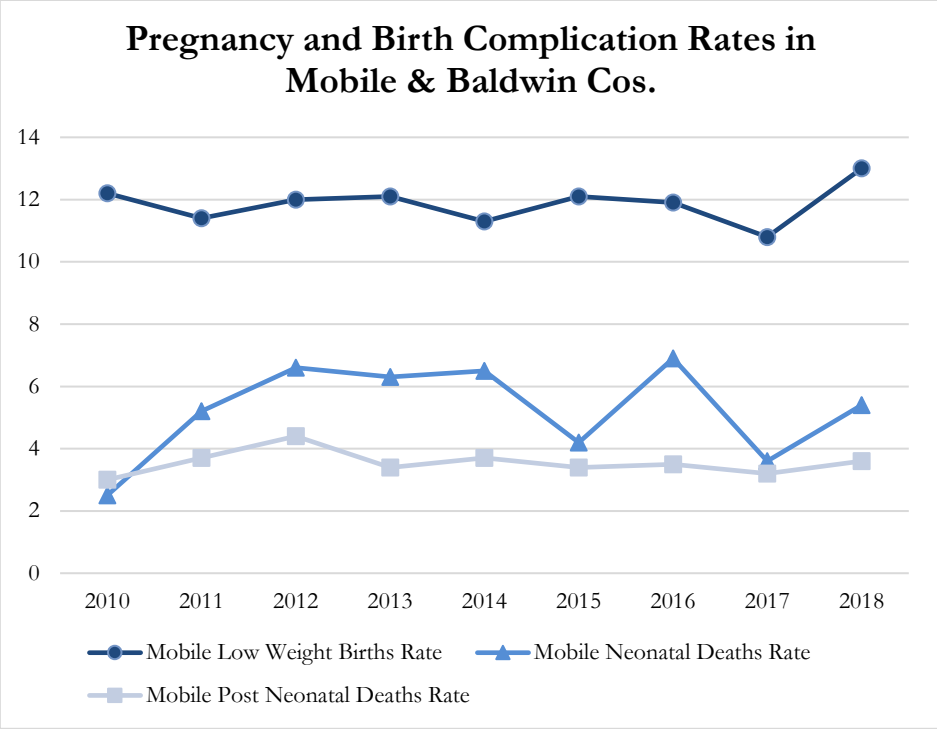
Unsurprisingly, data also shows that most teenage pregnancies are unwed births. According to the Department of Health and Human Services, 89% of teen births in 2014 occurred outside of marriage. There also appears to be racial and ethnic differences in birth rates. Nationally, births rates are highest among Hispanic or black teens. For instance, the birth rate for every 1,000 adolescent births in 2014 was 34.9 for blacks and 17.3 for whites. The figure below compares Mobile County to Alabama as a whole for birth rates to teens and unwed mothers.




As can be seen, Mobile County is right at the state average in regards to teen births (6.90%). For Mobile County, these births are disproportionately to black teenagers rather than to whites (8.50% versus 5.60%). When analyzing the rates of birth to unwed mothers, we observe that Mobile County is significantly above average. 56.90% of births in Mobile County are to unwed mothers (including all age ranges), whereas statewide the percentage is only 46.80%.

## Birth Complications and Infant Mortality

Given Mobile County's declining population in the 0-19 age bracket and the reduction in birth rates following the recession, it is important to explore the community health needs of pregnant mothers and infants. Provided below are the rates for low birth weight, neonatal death, and post neonatal death from 2010 to 2018.

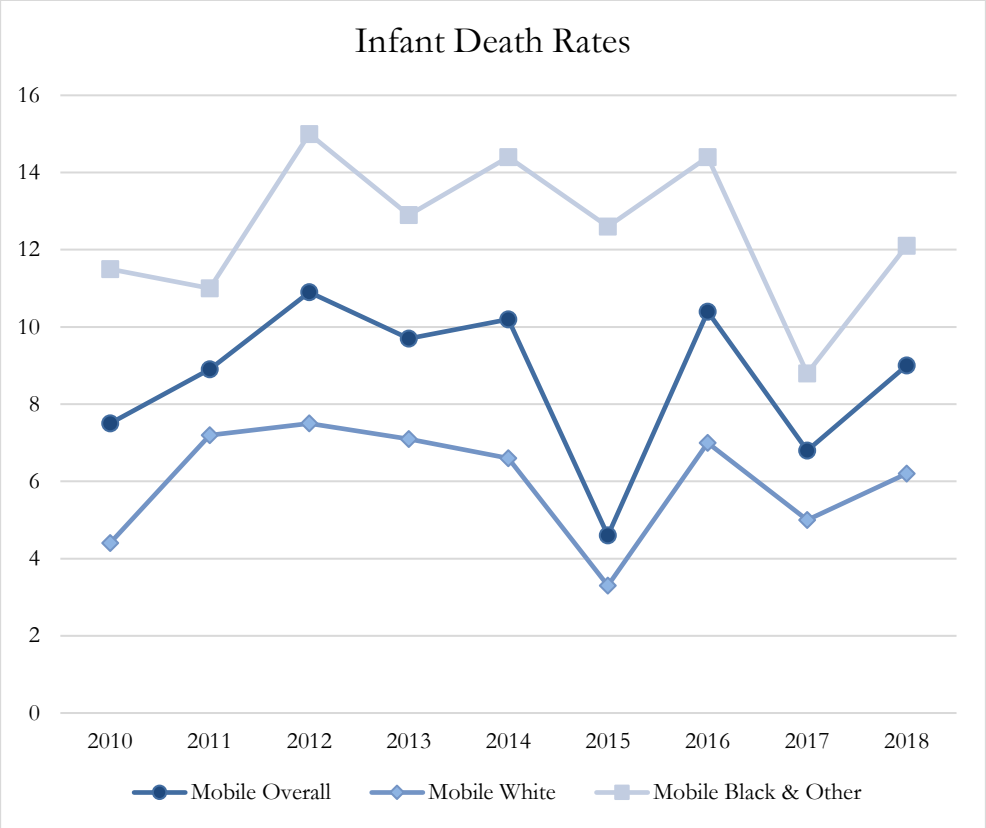



From this data it would seem that low birth weight is a consistent problem for Mobile County, with the rate averaging 11.87% in the time period. The data also reveals that Mobile County's neonatal deaths have seen periods of both increase and decline.

In 2019, Alabama had the third highest low birth weight rate in the nation (10.5%), behind only Louisiana (10.8%) and Mississippi (12.3%). When assessed by race, Alabama is again third highest for blacks (15%), lagging behind Mississippi (15.6%) and New Mexico (16.5%) and ninth highest for whites.

Further, Alabama has consistently been in the top three states for perinatal mortality rate since 2010.

Unfortunately, the problems facing mothers and births in our community go beyond pregnancy complications. Mobile County has had inconsistent infant death rates over the past eight years. In 2010 the infant death rate for Mobile County was 7.5, by 2018 that rate has risen to 9.0, with sudden shifts in between. For blacks, that rate is even higher, moving from 11.5 in 2010 to 12.1 in 2018. These trends are presented below.

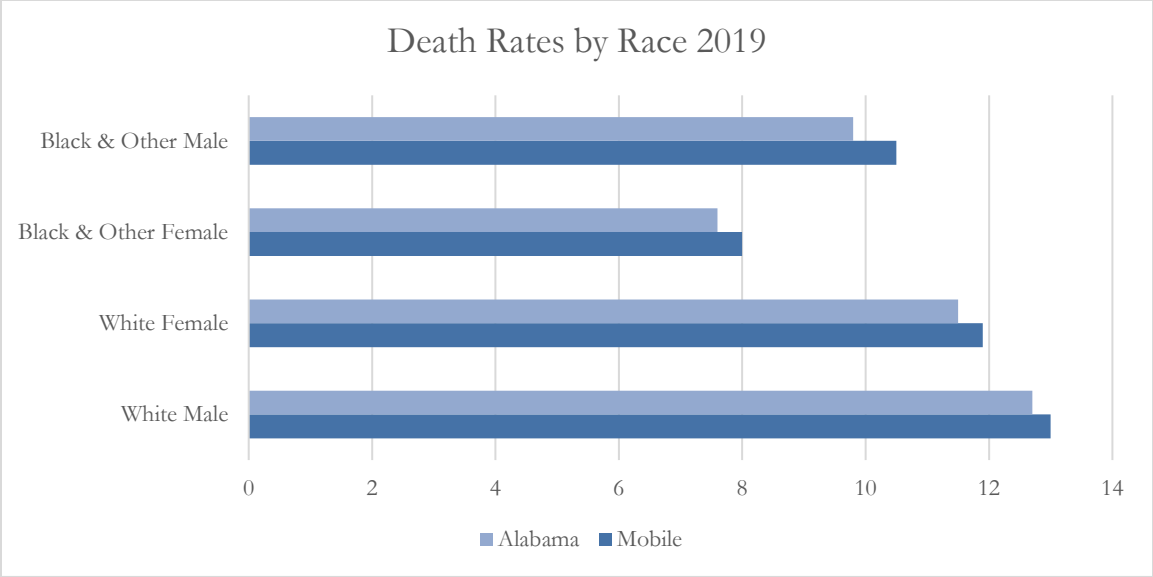



## Deaths

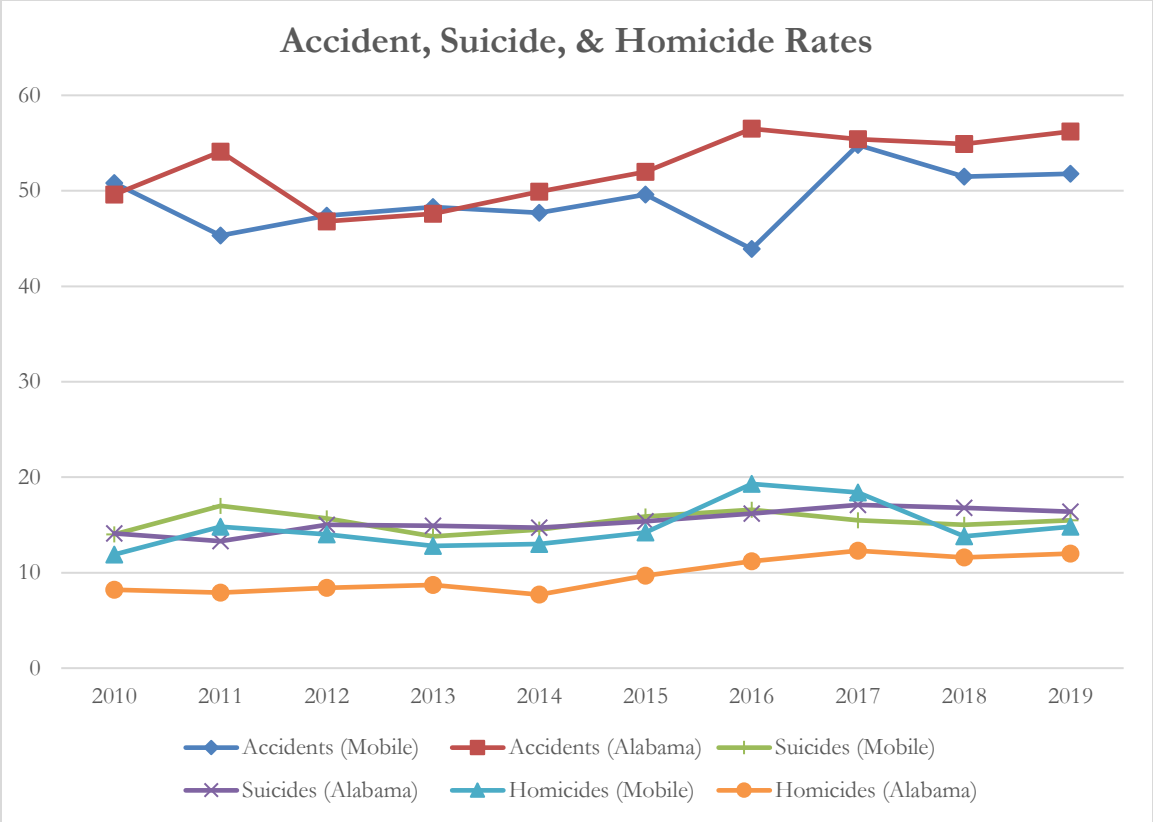
Death rates within Mobile County have remained relatively consistent but have increased since the last community health needs assessment. In 2010 the death rate for all of Mobile County was 9.8 and had only risen just under a percentage point to 10.6 in 2016. By 2019 the death rate in Mobile County had increased to 11.1. These rates are proportionally comparable to Alabama, which had a death rate of 11 in 2019, up slightly from 10.8 in 2016, also rising 0.8 points from a rate of 10 in 2010.

Rates are significantly different between sexes and race, with white male having the highest rates both within Mobile County, and for the state (13 and 12.7 respectively in 2019) and black female as the lowest (8, and 7.6 respectively for 2019).

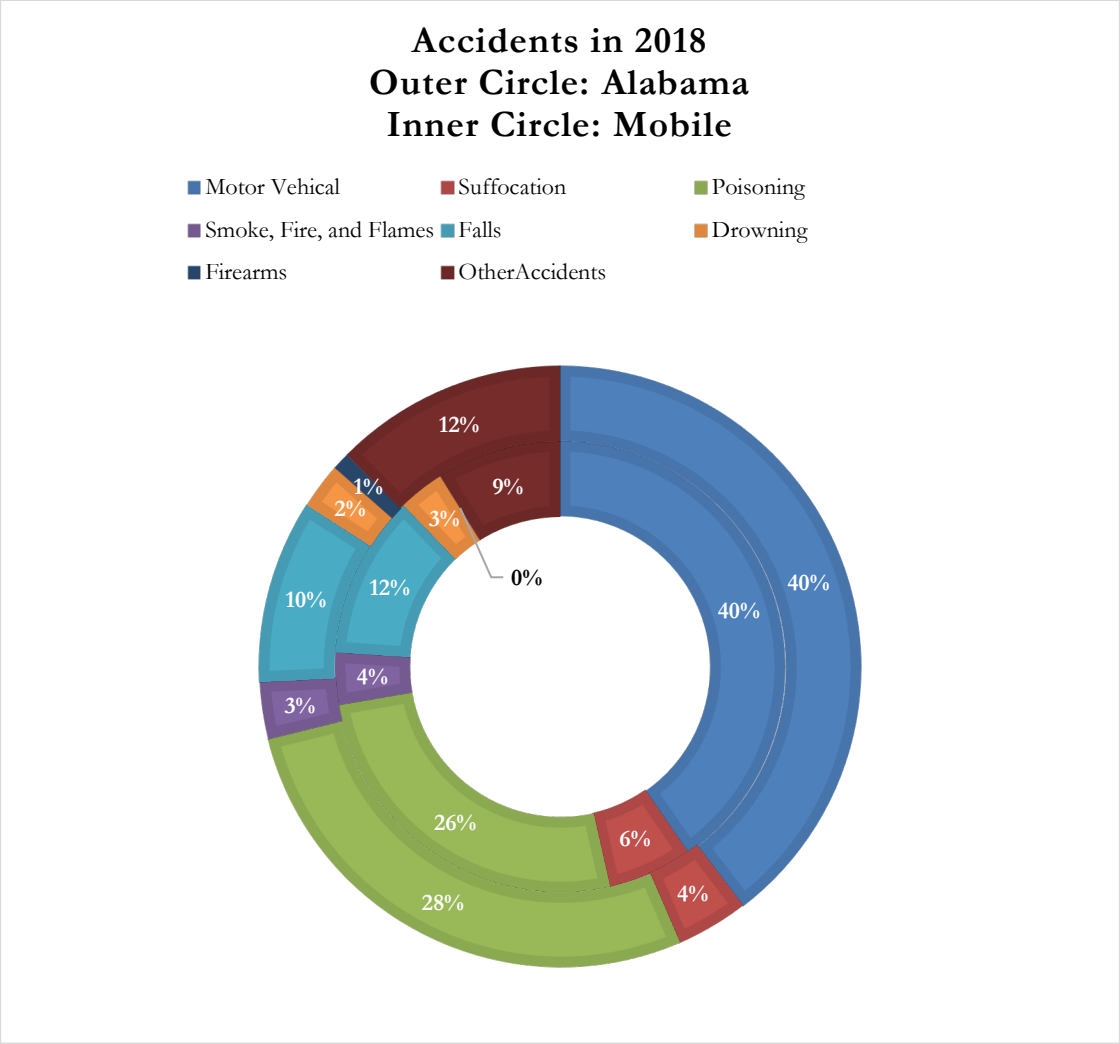
These comparisons are consistent in our nine-year sample between 2010 and 2019. However, the trends are not similar across all groups. In Mobile County, black male and white male death rates both rose (1.8 and 1.6 respectively) over the time period, while black female and white female followed suit with (.7 and 1.2 respectively).



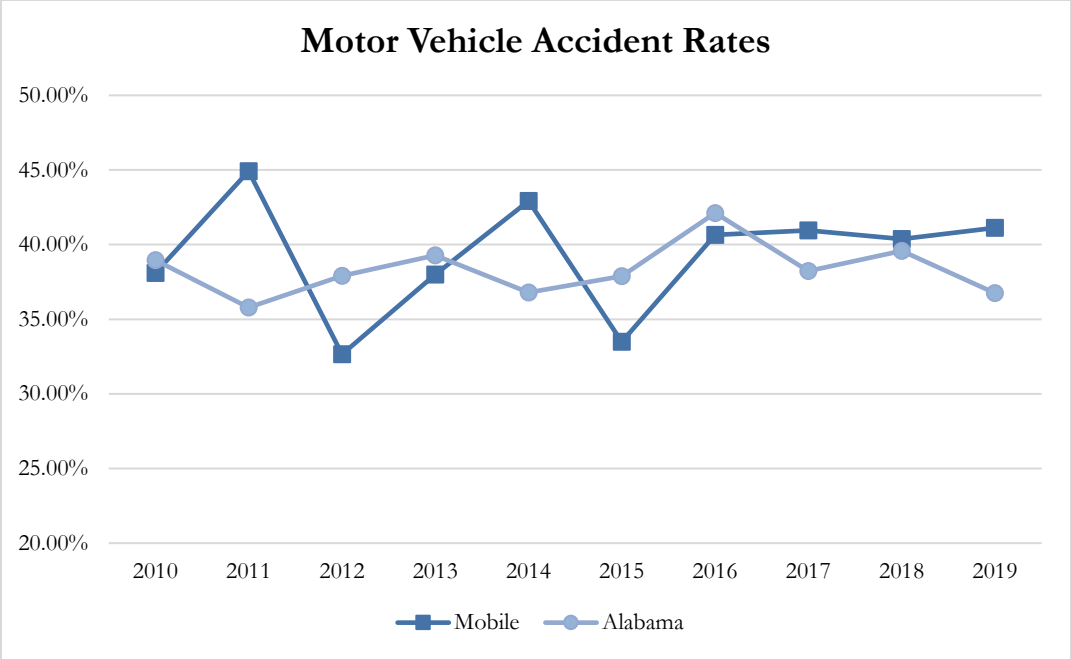

The state of Alabama tracks deaths by type, typically comparing homicides, accidents, and suicides. Of these, accidents were the highest category of death consistently across all locations. When comparing these three categories the state of Alabama consistently ranks as accidents as highest in frequency followed by suicides, with homicides showing the lowest frequency of the three. However, Mobile County's homicide rate rivals that of its suicides. In fact, over the nine-year sample (2010-2019) Mobile County's homicide rate was on average 4.9 higher than the state as a whole, while the suicide rate was only .1 greater and the accident rate was 3.1 lower.



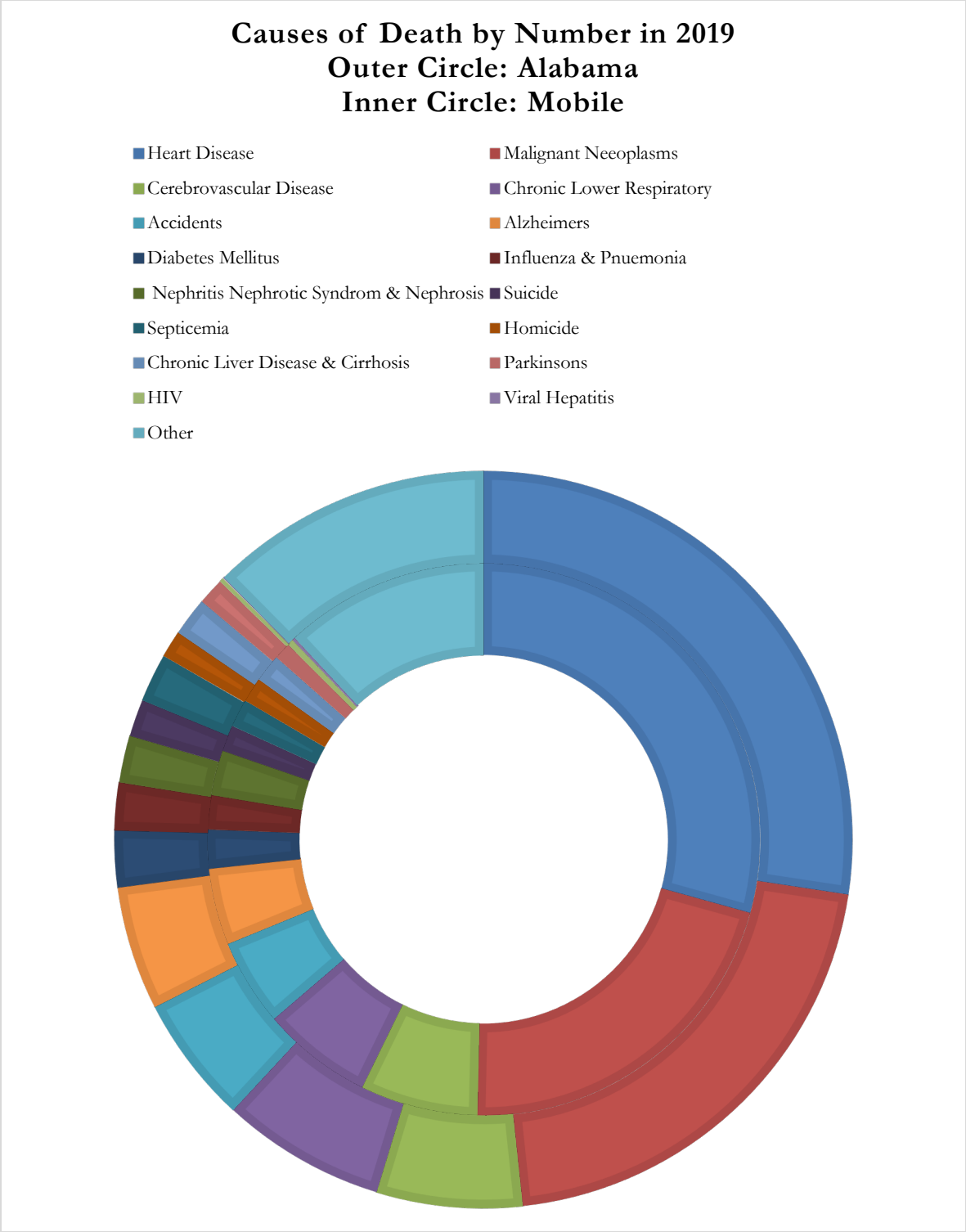

Since accidents are consistently the highest cause of death for both Mobile County, it is important to understand the types of accidents that increase mortality.




In 2018 the top three specific causes of accidental death in both Mobile County and Alabama were motor vehicle, poisoning, and falls. Fire related deaths, suffocation, and drowning follow causing about 3-6% of deaths each. On average Mobile County causes of accidental deaths follow the pattern of the state of Alabama as a whole. The yearly trends for motor vehicle related deaths can be found below.



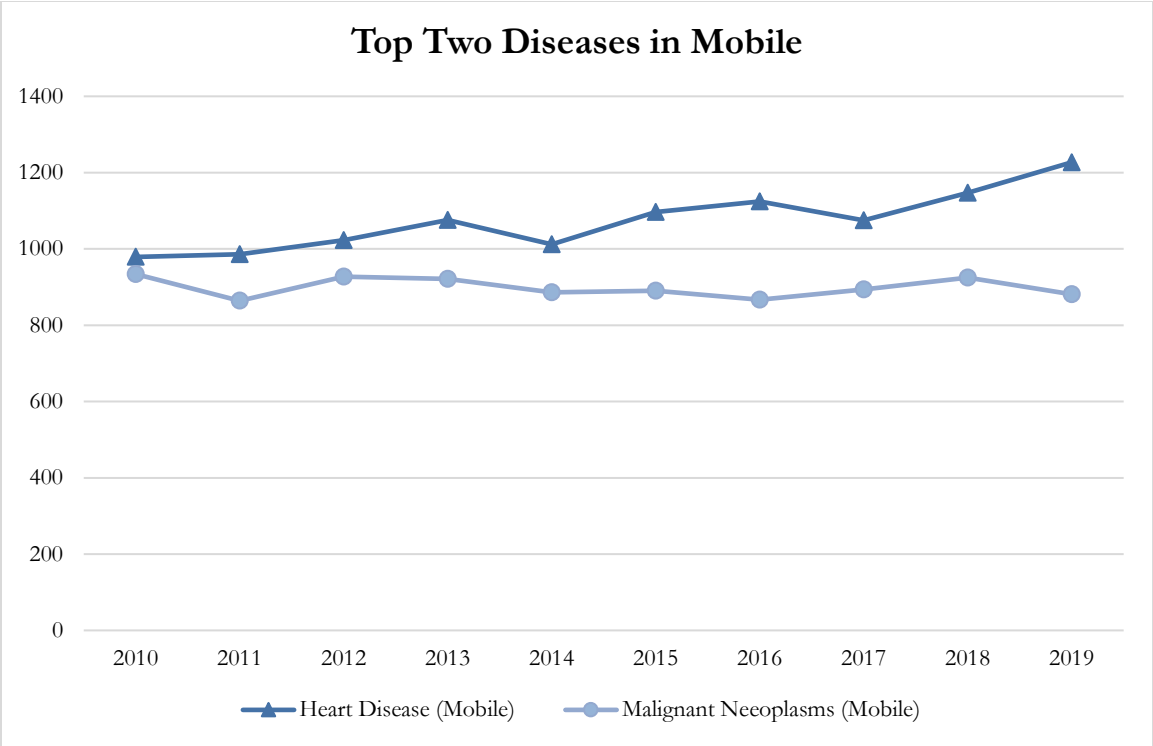

Provided below is a 2019 snapshot of all causes of death, by number, in Mobile County. A detailed discussion of diseases and cancer trends can be found in the following section.



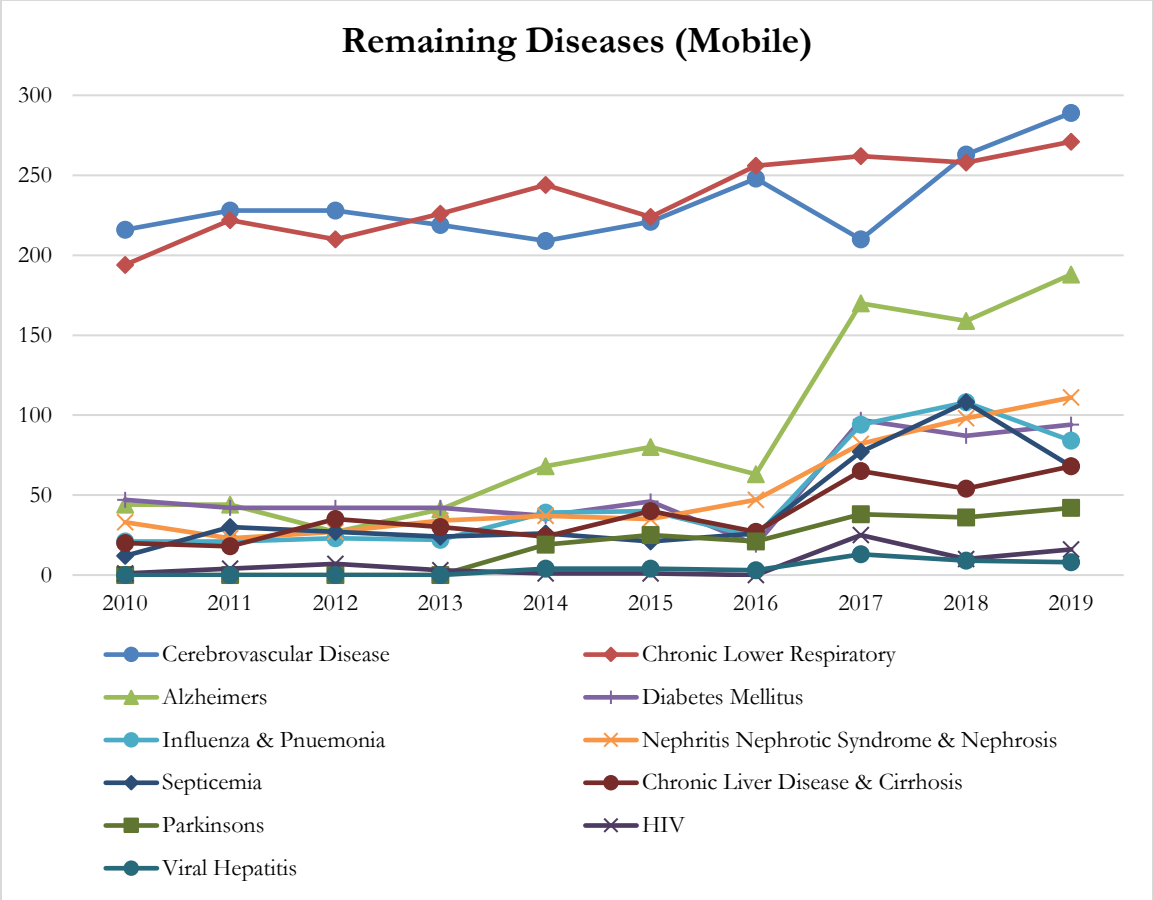

## Deaths: Diseases and Cancers

According to the Centers for Disease Control and Prevention, the top ten leading causes for death in the United States in 2019 were heart disease, cancer, accidents, chronic lower

respiratory diseases, stroke, Alzheimer's diseases, diabetes, Nephritis (Nephrotic syndrome and Nephrosis included), Influenza and Pneumonia, and suicide. The leading causes for Mobile County are largely the same, with few exceptions. Provided below are the trends for the top causes of death in Mobile County from 2010 to 2019.



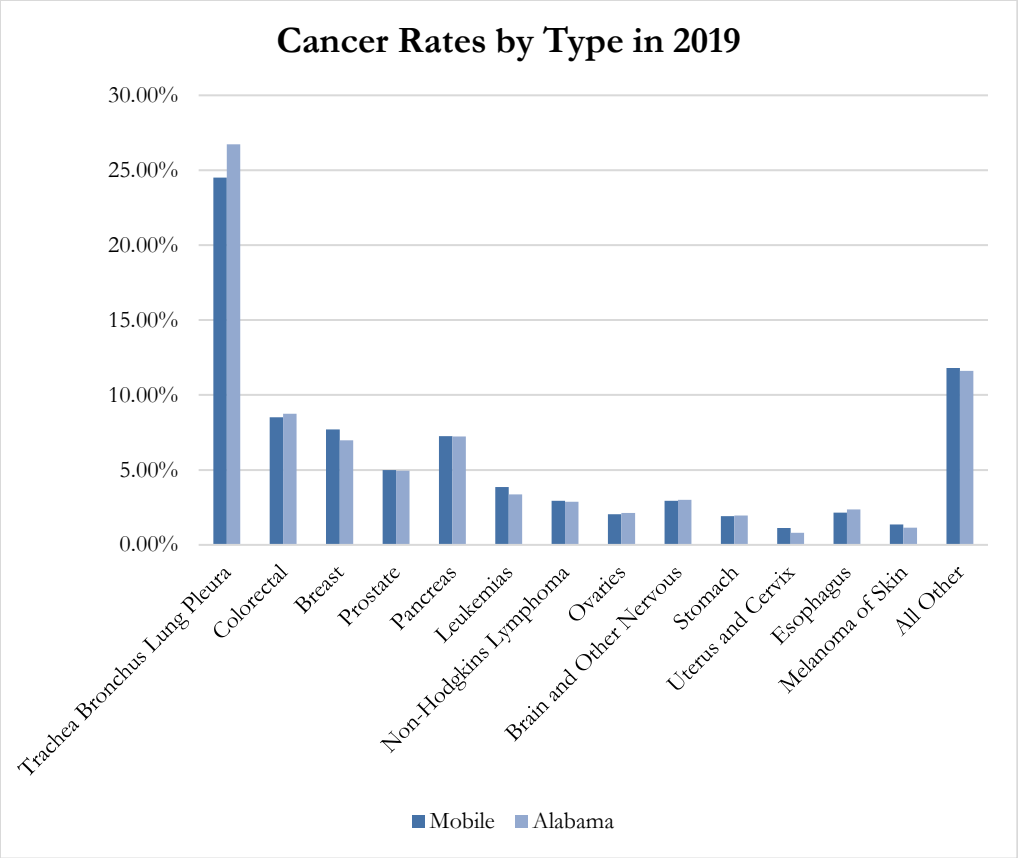

Heart disease and malignant neoplasms rates remain consistent over the time period, with heart disease experiencing a slight rise in the past two years and cancers appearing to decline very modestly in Mobile County.



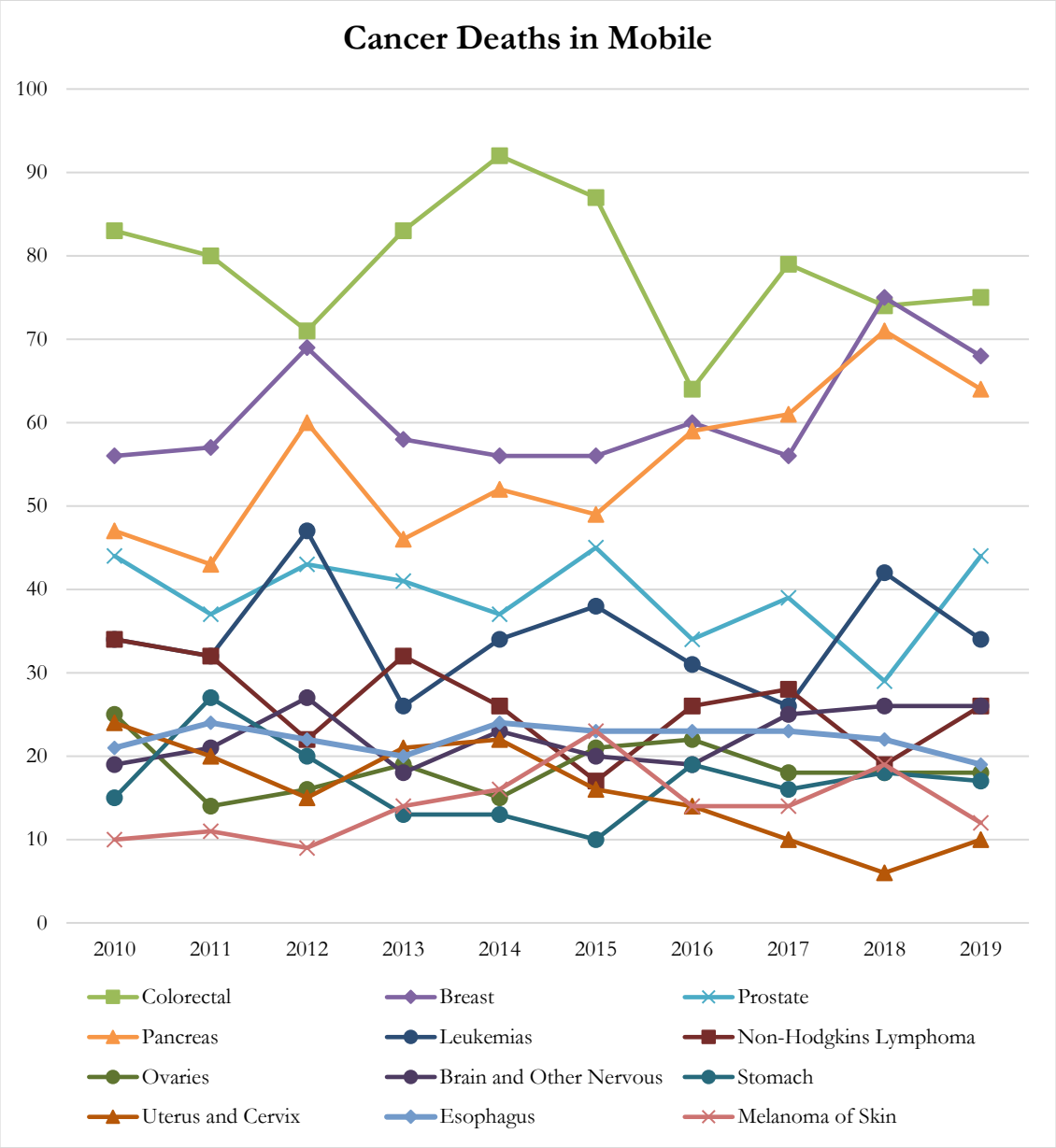

In Mobile County, over the time period, chronic Lower respiratory, diabetes, Alzheimer's and Influenza/pneumonia all have risen in the number of deaths caused a year. Given the change in population demographics discussed earlier, this may not come as a surprise, as these diseases are often associated with age. Additionally, the relationship between Alzheimer's disease, dysphagia, and aspiration pneumonia may contribute, in part, to the overall increase in deaths reported as pneumonia.

Cancer is the second leading cause of death in Mobile, claiming the lives of approximately 898 Mobile County residents every year for the last nine years.

Together, cancers of the respiratory system, including trachea, bronchus, lung, and pleura account for the vast majority of cancer related deaths. In Mobile County this grouping constituted 24.51% of cancer deaths in 2019 and 29.22% of all cancer deaths from 2010-2019. These trends hold when compared to that of the state of Alabama, with 26.74% in 2019 and 29.43% of all cancer deaths from 2010-2019.




Of the other cancers of significant frequency in both Mobile County, state of Alabama, and the U.S are colorectal and breast cancers. Colorectal cancer is the second most lethal cancer type in the United States among both men and women. Mobile County, and the state of Alabama report colorectal cancer rates at a similar mortality rate to the nation (8.7% across both sexes nationally, with rates of 8.7% in Mobile County and 8.9% in the state of Alabama as a whole). This is also true of breast cancer mortality in Mobile County and the state of Alabama with 6.7% of cancer rates attributed to breast cancer in 2019 compared to the national mortality of women (6.9%). Similarly, the mortality for prostate cancer is consistent in Mobile County (4.3%), the state of Alabama (4.8%) and nationally (5.4% of men).




Despite this, colorectal cancer and breast cancer are still the two of the more prominent contributors to Mobile County, and the state of Alabama mortality. From the nine-year trend provided, breast cancer has remained relatively steady with a slight increase in Mobile while the incidents of colorectal cancer deaths appear to level off in the past two years.

Increasing age demographics as described earlier may contribute to the high rate in colorectal cancer frequency. With the USPTF recommended screening for colorectal cancer after 50, increase in incidence may be due to an aging population. Colorectal death rates are also highest among blacks, a significant population in Mobile County. Finally, diabetes can contribute to the development of colorectal cancer -- and as demonstrated earlier, diabetes appears to be on the rise in both Mobile County and the state of Alabama, as a whole.

## COMMUNITY SURVEY – 3

### Community Survey Methodology

The Community Health Needs Assessment survey focused on residents living in Mobile County. The community survey was a standard random digit dialed (RDD) survey that also included cell phone respondents.[2] A total of 406 respondents were collected from Mobile County in the general community survey for a margin of error of +/- 4.9%. In a change from previous iterations of the CHNA, we did not compare general and focused areas of Mobile County but rather examined Mobile County overall.

For these surveys a computer-assisted telephone interviewing (CATI) system was used to conduct the interviews and collect data. The CATI system recorded information related to the call histories and call dispositions used by interviewers to document the outcome of each call attempt, as well as the survey questions and their responses. The USA Polling Group uses WinCATI/CI3, developed by Sawtooth Technologies in Evanston, Illinois, to program and field its surveys. WinCATI/CI3 is widely used by major academic, public, and private survey organizations. With CATI systems, data are entered directly into the computer by the interviewer, so that interviewing and data entry become a single, seamless step. The benefit is twofold: accuracy of data transmission is enhanced and time otherwise spent re-entering data is saved. Further, CATI capabilities allow skip patterns and range checks within the interview to reduce back-end data cleaning. In addition to questionnaire programming, the USA Polling Group also utilizes WinCATI/CI3's call scheduling capabilities to maximize the probability of contacting potential respondents. A central file server arranges call scheduling for interviewer administration. The system enables calls to be scheduled so that different times of the day and week are represented.

The survey questionnaire was based on Infirmary Health's community health leaders survey deployed during their 2016-2018 CHNA to allow for comparisons with the health leader's responses. The full text of the survey can be found in Appendix F.

Table 3.1: Survey Details

| *Area* | *Date Started* | *Date Completed* | *N* | *Margin of Error* | *Cell Phone %* | *Median Length (minutes)* | *Response Rate w/ No Answers*[1] | *Response Rate w/out No Answers*[2] |
|---|---|---|---|---|---|---|---|---|
| Overall | 9/23/2021 | 1/13/2022 | 406 | +/-4.9 | 35.4% | 16.5 | 4.7% | 5.2% |

[1] Calculated by dividing the number of completions by all numbers attempted except those that were out of scope

[2] Cell phone respondents were screened for the following items: 1) were they in a safe location to be able to speak by phone, 2) were they 18 years of age or older, and 3) were they still residents of Mobile County.

[2] Calculated the same as [1] but numbers that were categorized as no answers were also excluded from the numerator

## Key Survey Findings

This section details the key elements of the survey findings and in particular identifies some of the most highly rated areas of community need. To see all of the findings regarding the survey data please refer to the tables in Appendix B.

Most respondents feel that Mobile County residents are somewhat healthy (55%); respondents suggest that they think only four percent of residents are very healthy and two percent are very unhealthy.

Respondents are somewhat more positive about the quality of healthcare services. Twelve percent feel services are excellent, 29 percent feel they are very good and 36 percent say they are good. Only seven percent say services are poor.

Medicare is the most frequently mentioned form of health insurance. This is not surprising given the older age of many of the respondents. Twenty percent have employer based private insurance, seventeen percent have private insurance they purchased themselves, and four percent do not have insurance. Eleven percent of respondents report not having a personal doctor or healthcare provider. Ninety-one percent say they have seen a doctor for a wellness exam or routine checkup in the past year but only 64 percent say the same for a dental exam or cleaning.

Thirty-two percent of respondents reported having used telehealth services in the past year. Fifty-six percent of those having used telehealth in the past year rated their experience as either excellent or very good. Less than two percent reported the experience as poor. Of those not having had a telehealth experience in the past year, only nine percent were very interested in receiving telehealth services while 43 percent were not at all interested in such services.

On a scale of 1 to 7, where 1 is the worse and 7 is the best, 20% of respondents thought that the City of Mobile's COVID response was the best it could be. Four percent thought it was the worst. On the same scale, 35% of respondents thought that healthcare providers response to COVID was the best it could be and less than two percent thought it was the worst it could be.

Respondents were asked about a series of items and how important they felt each item would be in improving the overall health in their community. The top six items rated as most important include: 1) a clean environment, 2) family doctors and specialists, 3) lower crime and safe neighborhoods, 4) good schools, 5) mental health services, 6a) access to health services such as a health clinic (tied with 6b) or hospital and 6b) good places to raise children (tied with 6a). The rankings for Mobile County can be seen in Table 3.2 while the full list of all items can be found in Tables B.13 and B.14 in Appendix B.

Table 3.2: Top 6 items respondent thinks would be important for improving the overall health in your community – Ranked according to overall saying "Very Important"

| | *Very Important* | *Somewhat Important* | *Neither* | *Somewhat Unimportant* | *Very Unimportant* | *Total* | *N* |
|---|---|---|---|---|---|---|---|
| Q8e. A clean environment including water, air, etc. | 93.3 | 5.9 | 0.5 | 0.0 | 0.3 | 100.0% | 405 |
| Q8f. Family doctors and specialists. | 92.3 | 7.7 | 0.0 | 0.0 | 0.0 | 100.0% | 404 |
| Q8n. Lower crime and safe neighborhoods. | 91.9 | 6.9 | 0.3 | 0.7 | 0.3 | 100.1% | 405 |
| Q8j. Good schools. | 91.8 | 7.2 | 0.8 | 0.3 | 0.0 | 100.1% | 402 |
| Q8r. Mental health services. | 91.3 | 8.2 | 0.3 | 0.3 | 0.0 | 100.1% | 402 |
| Q8a. Access to health services such a health clinic or hospital. | 89.6 | 9.9 | 0.5 | 0.0 | 0.0 | 100.0% | 405 |
| Q8h. Good places to raise children. | 89.6 | 9.4 | 0.7 | 0.3 | 0.0 | 100.0% | 403 |

Respondents were asked how they felt about a number of health issues. Table 3.3 shows the top six issues respondents felt were a problem for Mobile county: 1) child abuse and neglect, 2) cancers, 3) domestic violence, 4) drug use and abuse, 5) rape and sexual assault, and 6) heart disease and stroke. The full list of health issues is located in Appendix B in Tables B.14 and B.15.

Table 3.3: Top 6 health issues respondent feels are a problem for Mobile county – ranked according to overall saying "Very Important"

| | *Very Important* | *Somewhat Important* | *Neither* | *Somewhat Unimportant* | *Very Unimportant* | *Total* | *N* |
|---|---|---|---|---|---|---|---|
| Q9d. Child abuse and neglect. | 94.5 | 4.2 | 1.0 | 0.3 | 0.0 | 100.0% | 401 |
| Q9c. Cancers. | 89.0 | 10.2 | 0.8 | 0.0 | 0.0 | 100.0% | 401 |
| Q9g. Domestic violence. | 88.3 | 10.2 | 1.5 | 0.0 | 0.0 | 100.0% | 403 |
| Q9h. Drug use and abuse. | 88.0 | 10.3 | 1.5 | 0.3 | 0.0 | 100.1% | 399 |
| Q9s. Rape and sexual assault. | 87.7 | 9.8 | 2.0 | 0.5 | 0.0 | 100.0% | 398 |
| Q9j. Heart disease and stroke. | 86.5 | 12.0 | 1.0 | 0.3 | 0.3 | 100.1% | 401 |

Determining the prevalence of different health conditions is vital in determining community need. Respondents were asked to identify whether a doctor or other health professional had ever told them if they had any number of a series of twelve major health issues. The top six health conditions identified by respondents in Mobile county were: 1) high blood pressure, 2) high cholesterol, 3) diabetes, 4) heart disease, 5) depression, and 6) obesity. Table 3.4 shows these rankings and Table B.16 in Appendix B shows the responses to all twelve health issues.

Table 3.4: Top 6 health conditions among Mobile county Residents – Ranked according to overall saying "Yes" a doctor or other health professional told them they have the condition

| | *Yes* | *No* | *Total* | *N* |
|---|---|---|---|---|
| Q10h. High blood pressure. | 56.7 | 43.3 | 100.0% | 395 |
| Q10g. High Cholesterol. | 43.0 | 57.0 | 100.0% | 393 |
| Q10e. Diabetes. | 23.4 | 76.6 | 100.0% | 397 |
| Q10f. Heart Disease. | 22.0 | 78.0 | 100.0% | 396 |
| Q10d. Depression. | 21.2 | 78.8 | 100.0% | 397 |
| Q10j. Obesity. | 18.6 | 81.4 | 100.0% | 393 |

Health related services that are difficult to access are a clear problem and point to community needs. Respondents were asked to identify healthcare services that they felt were difficult to obtain in Mobile county. These responses were unprompted, that is respondents had to identify them on their own, and respondents could select as many as they felt were problems. Not counting those saying some "other" issue, Table 3.5 identifies the six healthcare services respondents feel are most difficult to access in Mobile county: 1) mental health services, 2) services for the elderly, 3) alcohol or drug abuse treatment, 4) dental care / dentures, 5) specialty medical care (specialist doctors), and 6) emergency medical care. The full list of services can be found in Table B.16 in Appendix B. The "other" responses are presented in Appendix C, these responses range over a number of issues however many of them reference better and more doctors (in particular dermatologists are mentioned quite frequently along with cardiology and pediatrics), and more affordable care.

Table 3.5: Top 6 healthcare services respondent feels are difficult to get in Mobile county – Ranked according to overall and not counting "other" in Top 6

| | *Mobile County* |
|---|---|
| Mental health services | 17.0 |
| Other | 11.1 |
| Services for the elderly* | 10.1 |
| Alcohol or drug abuse treatment | 7.9 |
| Dental care / dentures | 6.7 |
| Specialty medical care (specialist doctors) | 6.7 |
| Emergency medical care* | 6.2 |

Twenty-one percent of Mobile County respondents indicated that they had delayed in getting needed medical care at some point in the past 12 months. One potential factor that should be kept in mind is the COVID pandemic and its affect on delaying many elective health procedures. Delays in seeking healthcare can lead to more severe, complicated, and costly problems. Factors contributing to such delays are again clear signals of community needs. Table 3.6 lists the top three reasons, not counting those saying "other", identified by respondents for why they delayed in getting needed medical care: 1) could not afford medical care, 2) lack of transportation, and 3) provider did not take my insurance. The full list of reasons for delaying needed medical care can be found in Table B.18 in Appendix B. The "other" responses are presented in Appendix C; many of these responses indicate not having time or couldn't get time off of work, could not leave a family member, and COVID.

Table 3.6: Top 3 reasons respondent delayed getting needed medical care – ranked according to overall and not counting "other" in Top 3

| | *Mobile County* |
|---|---|
| Other | 39.3 |
| Could not afford medical care | 15.5 |
| Lack of transportation | 6.0 |
| Provider did not take my insurance | 3.6 |

When seeking medical care for someone who is sick, respondents overall were first likely to go to their family doctor (58.4%), then an Urgent care clinic (19.5%), and third to an Emergency Room (12.6%). This reflects a shift with Urgent care clinic taking the second spot and Emergency Room dropping to the third spot.

Respondents have a great deal of confidence that they can make and maintain lifestyle changes. Thirty-three percent are extremely confident in their ability to do so and 39 percent are very confident.

Eleven percent of respondents indicate that they are currently using tobacco products such as cigarettes and cigars. A modest two percent report using chewing tobacco or snuff and another five percent say they use e-cigarettes or vaporizing pens. Seventy-two percent report never having used tobacco products.

Most respondents for the survey were older. Thirty-four percent were between the ages of 46 and 65 and 50 percent were over 65. However, given that the survey's goal is to identify healthcare needs, this upward age bias is less concerning.

Whites constituted 61 percent of those responding overall and African-American's 35 percent.

Twenty-nine percent of respondents possess a high school degree or GED. Twenty-seven percent have some college coursework; 21 percent have a Bachelor's or four-year degree, and 15 percent have a graduate or professional degree.

Given the older age of the respondents it is not surprising that 46 percent say they are retired. Thirty percent are working full-time, nine percent are disabled, and four percent are unemployed.

Overall, there was a relatively equitable distribution of respondents across all of the income brackets. Twelve percent earned less than $15,000 and 17 percent earned more than $100,000.

The majority of survey respondents (65%) were female.

## COMMUNITY HEALTH LEADERS SURVEY – 4

### Community Health Leaders Survey Methodology

The Community Health Leaders (CHL) survey employed an Internet/e-mail based survey sent to health leaders throughout Mobile County. A total of 49 responses were collected.

The CHL survey was deployed using the Qualtrics Internet survey system. Qualtrics is widely used in the academic and business community. Although the information collected in this survey did not rise to the level of protected health information, the Qualtrics system meets all HIPAA privacy standards. All collected survey information is anonymous.

The USA Polling Group constructed a list of potential health leaders that included a wide diversity of organizations and individuals including healthcare providers, clinics, public health clinics, key hospital personnel, numerous local non-profit groups and charitable organizations, business leaders, local state legislators, and local city officials. The goal was to cast a wide net and to include people in a variety of areas both in healthcare and in related areas such as Feeding the Gulf Coast, Habitat for Humanity, the United Way, etc. Given that a health community is more than just the healthcare resources in an area but includes aspects such as a clean environment, education, safety, etc., we felt this wide net was appropriate.

Overall, a total of 308 e-mails were initially distributed on December 7, 2021. Reminder surveys were sent on December 13, 2021 and January 4, 2022. Of the 308, four e-mails were duplicates, 32 e-mails bounced and one e-mail failed for 271 unique and working e-mails. Thus, with 49 responses, the CHL had a completion rate of 18.1%.

The CHL survey questionnaire duplicated Infirmary Health's community health leaders survey deployed for their 2016-2018 CHNA. The full text of the survey can be found in Appendix G.

Table 4.1: Survey Details

| *Date Started* | *1st Reminder* | *2nd Reminder* | *Date Completed* | *N* | *Estimated Response Time* | *Completion Rate* |
|---|---|---|---|---|---|---|
| 12/7/2021 | 12/13/2021 | 1/4/2022 | 1/14/2022 | 49 | 7 minutes | 18.1% |

## Key Survey Findings

This section details the key elements of the Community Health Leaders (CHL) survey findings and identifies what those leaders see as the highly rated areas of community need. To see all of the findings regarding the CHL survey data please refer to the tables in Appendix D.

The community health leaders were first asked what they think are the most important features of a healthy community. Respondents were presented with a list of 23 possible features of a healthy community and were asked to select up to three items from the list. Respondents were also given three "other" options so that they were not restricted to the items in the pre-defined list but could identify any features that they felt were important. The top six features of a healthy community as identified by community health leaders were: 1) access to health services including family doctors and hospitals, 2) good employment opportunities, 3) low crime/safe neighborhoods, 4) quality education, 5) mental health services, and 6) affordable housing. The rankings are presented in Table 4.2 while the full list of all items can be found in Table D.1 in Appendix D.

Table 4.2: Top 6 items community health leader's think are the most important features of a "healthy community"? Check only three[1]

| | *Frequency* | *Percent* |
|---|---|---|
| 1a. Access to health services (e.g., family doctor, hospitals) | 32 | 65.3 |
| 1g. Good employment opportunities | 19 | 38.8 |
| 1n. Low crime / safe neighborhoods | 18 | 36.7 |
| 1s. Quality education | 17 | 34.7 |
| 1r. Mental health services | 13 | 26.5 |
| 1c. Affordable housing | 11 | 22.4 |
| *N* | 49 | |

[1] May add to more than 100% since respondents could select up to three responses.

Health leaders were then asked what they felt were the most important health issues in Mobile County. They were again presented with a pre-defined list of 24 health issues of which they were asked to pick three. Again, they were given three "other" options so that they could identify items not on the pre-defined list. Table 4.3 lists the top six health issues identified by community health leaders: 1) mental health problems, 2) obesity and excess weight, 3) drug use and abuse, 4) diabetes, 5) heart disease and stroke, 6a) aging problems (tied with 6b), and 6b) child abuse/neglect (tied with 6a). The full list of health issues is located in Appendix D in Table D.2.

Table 4.3: What do you think are the most important health issues in Mobile County? Check only three[1]

| | *Frequency* | *Percent* |
|---|---|---|
| 2p. Mental health problems | 37 | 75.5 |
| 2r. Obesity / excess weight | 21 | 42.9 |
| 2h. Drug use / abuse | 15 | 30.6 |
| 2f. Diabetes | 12 | 24.5 |
| 2j. Heart disease and stroke | 10 | 20.4 |
| 2b. Aging problems (e.g., dementia, vision / hearing loss, loss of mobility) | 9 | 18.4 |
| 2d. Child abuse / neglect | 9 | 18.4 |
| *N* | 49 | |

[1] May add to more than 100% since respondents could select up to three responses.

Next, health leaders identified their top six unhealthy behaviors in Mobile County. Again, they had the option to select up to three from a pre-defined list of 12 behaviors or could select three "other" options. The top six unhealthy behaviors included: 1) drug abuse, 2) excess weight, 3) poor eating habits and poor nutrition, 4) not seeing a doctor or a dentist, 5) homelessness, and 6) lack of exercise. Table 4.4 shows these rankings and Table D.3 in Appendix D shows the responses to all of the health issues.

Table 4.4: Which of the following unhealthy behaviors in Mobile County concern you the most? Check only three[1]

| | *Frequency* | *Percent* |
|---|---|---|
| 3b. Drug abuse | 28 | 57.1 |
| 3c. Excess weight | 23 | 46.9 |
| 3f. Poor eating habits / poor nutrition | 22 | 44.9 |
| 3i. Not seeing a doctor or dentist | 21 | 42.9 |
| 3d. Homelessness | 14 | 28.6 |
| 3e. Lack of exercise | 11 | 22.4 |
| *N* | 49 | |

[1] May add to more than 100% since respondents could select up to three responses.

Health leaders were also asked to identify which healthcare services are difficult to get in Mobile County. For this question, leaders were allowed to select all that they felt applied.

Table 4.5 shows the six healthcare services health leaders felt are the most difficult to access: 1) mental health services, 2) alcohol or drug abuse treatment, 3) dental care including dentures, 4) services for the elderly, 5) primary medical care, and 6) alternative therapies. The full list of services can be found in Table D.4 in Appendix D.

Table 4.5: Which healthcare services are difficult to get in Mobile County? Check all that apply[1]

| | *Frequency* | *Percent* |
|---|---|---|
| 4f. Mental health services | 40 | 81.6 |
| 4m. Alcohol or drug abuse treatment | 26 | 53.1 |
| 4b. Dental care including dentures | 16 | 32.7 |
| 4k. Services for the elderly | 12 | 24.5 |
| 4j. Primary medical care (a primary doctor / clinic) | 11 | 22.4 |
| 4a. Alternative therapies (acupuncture, herbals, etc.) | 10 | 20.4 |
| *N* | 49 | |

[1] May add to more than 100% since respondents could select up to three responses.

It is notable that the health leaders do not rate anyone in Mobile County as very healthy. The majority of health leaders suggest that people are either somewhat healthy (47%) or unhealthy (45%).

Six percent of health leaders rate the quality of healthcare services available in Mobile County as excellent, 16 percent say very good, 41 percent say good, another 31 percent say fair and four percent say the healthcare services are poor.

Many of the health leaders responding were from healthcare organizations (35%), another 12 percent were in education, and 10 percent deal with disability services. Finally, another 25 percent indicated some other type of service. Follow-up responses as to the type of other services were quite varied and can be seen in Appendix E.

In looking at the types of clients served, 23 percent of health leaders said their organization served families; 45 percent said their organization served individuals, and 19 percent said some other type of client. Among those saying other, many indicated children or adolescents, or that they served all of the different types of clients.

Most health leaders (63%) said that they provide the client information on where to obtain assistance if their organization cannot provide all the services a client needs. Twenty-eight percent said they will phone, e-mail, or fax another organization to help the client obtain those services they cannot provide.

Sixty-five percent of health leaders said their organizations served adults under 65; 47 percent said they served children, and 25 percent served seniors (65 and over).

Most health leaders (77%) indicated that it would be helpful to them and their ability to provide services to know what other services the client has received from other organizations.

Forty-two percent of health leaders felt that they served 1,000 of fewer clients (that is unique individuals not visits) on an annual basis. Twenty-nine percent said they served 20,000 or more annually.

While some health leaders said their organizations required clients to meet eligibility requirements, most (71%) said that they do not have requirements but serve everyone.

Twenty-six percent of health leaders do not have any volunteers on their staff. Another 59 percent said that between 1 – 25% of their staff was composed of volunteers. Very few health leaders had more than 25% or more of their staff composed of volunteers.

Many health leaders (58%) rely on either electronic medical records (EMR) or electronic health records (HER) for storing client records electronically. Another 27 percent rely on other systems including HMIS, EPIC, Oasis Insight, and others (see Appendix E for a full list), and 20 percent do not know if they store client records electronically or not.

## Comparing the Community and the Community Health Leaders

This section compares the results of the 406 community members with the results of the 49 community health leaders from Mobile County. These comparisons should demonstrate where the community and health leaders converge and diverge in terms of what constitutes a healthy community, what the most important health issues are, how each group views the health of the community, the quality of health services available, and what services are perceived to be difficult to obtain. Many of these survey questions were essentially the same; however, the mode of delivery necessitated some differences in their delivery depending on if the questions were being presented over the telephone versus electronically.

In looking at the features of a healthy community, there were four areas that overlapped directly between the health leaders and the community at large: access to health services which includes the communities mention of family doctors and specialists, lower crime and safe neighborhoods, quality education/good schools, and mental health services. All four of these items appeared in the top six of both the community health leaders and the community respondents. There was also one area of indirect overlap. Community members mentioned good places to raise children. While the community leaders did not specifically mention this item, many of their recommendations such as quality education, safe neighborhoods, good employment opportunities, and affordable housing would all indirectly contribute to creating a good place to raise children. So while they don't specifically mention it, this does seem to be an area of indirect overlap.

In terms of divergent priorities, the health leaders identified good employment opportunities and affordable housing as their other key features of a health community. Community respondents identified a clean environment as their other key feature of a health community.

Table 4.6: Comparison of Features of a Healthy Community

| *Community Health Leaders Survey* | *Community Survey* |
|---|---|
| 1. Access to health services (e.g., family doctor, hospitals). | 1. A clean environment including water, air, etc. |
| 2. Good employment opportunities. | 2. Family doctors and specialists. |
| 3. Low crime / safe neighborhoods. | 3. Lower crime and safe neighborhoods. |
| 4. Quality education. | 4. Good schools. |
| 5. Mental health services. | 5. Mental health services. |
| 6. Affordable housing. | 6a. Access to health services such a health clinic or hospital. |
| | 6b. Good places to raise children. |

When examining the most important health issues, there was slightly less consensus between the health leaders and the community on the items that belonged in the top six. Both groups identified drug use / abuse, heart disease and stroke, and child abuse/neglect as three of the six most important health issues facing Mobile County. While both groups felt drug use/abuse and heart disease and stroke were lower priorities, the community felt child abuse/neglect was the top priority whereas community leaders saw this as a somewhat lower priority.

The two groups diverged over the following issues that made it into the top six health issues. Community health leaders identified mental health problems, obesity / excess weight, diabetes, and aging problems. Community respondents further identified cancers, domestic violence, and rape and sexual assault.

Table 4.7: Comparison of Most Important Health Issues

| *Community Health Leaders Survey* | *Community Survey* |
|---|---|
| 1. Mental health problems. | 1. Child abuse / neglect. |
| 2. Obesity / excess weight. | 2. Cancers. |
| 3. Drug use / abuse. | 3. Domestic violence. |
| 4. Diabetes. | 4. Drug use and abuse. |
| 5. Heart disease and stroke. | 5. Rape and sexual assault. |
| 6a. Aging problems (e.g., dementia, vision / hearing loss, loss of mobility). | 6. Heart disease and stroke. |
| 6b. Child abuse / neglect. | |

The modal category for both groups for evaluating the health of community members was "somewhat healthy". For the quality of healthcare services available, the modal category was "good" for both leaders and community members. In both cases, this represents the middle category of the scales and is somewhat unsurprising as it is the cognitively easiest answer for both questions.

Table 4.8: Comparison of Community Health and Health Services

| | *Community Health Leaders Survey* | *Community Survey* |
|---|---|---|
| The health of my community: | Somewhat Healthy | Somewhat Healthy |
| Quality of health services: | Good | Good |

Both groups identified mental health services as the number one healthcare service that is difficult to obtain in Mobile County. Both groups also identified services for the elderly, alcohol or drug abuse treatment, and dental care including dentures as being difficult to obtain.

Other items identified by the community health leaders include primary medical care and alternative therapies. Additional community member selections included specialty medical care and emergency medical care.

Table 4.9: Comparison of Healthcare Services That Are Difficult to Obtain

| *Community Health Leaders Survey* | *Community Survey* |
|---|---|
| 1. Mental health services. | 1. Mental health services. |
| 2. Alcohol or drug abuse treatment. | 2. Services for the elderly. |
| 3. Dental care including dentures. | 3. Alcohol or drug abuse treatment |
| 4. Services for the elderly. | 4. Dental care including dentures. |
| 5. Primary medical care (a primary doctor / clinic). | 5. Specialty medical care (specialist doctors). |
| 6. Alternative therapies (acupuncture, herbals, etc.). | 6. Emergency medical care. |

Overall, health leaders and community members agreed on a number of items including: four of the key features of a healthy community – access to health services, quality education/good schools, lower crime and safe neighborhoods, and mental health services; three of most important health issues for Mobile County – drug use and abuse, child abuse/neglect, and heart disease and stroke; that people in Mobile County are somewhat healthy; that the quality of healthcare services is good; and four of the most difficult healthcare services to obtain – mental health services, services for the elderly, dental care including dentures, and alcohol or drug abuse treatment.

## COMMUNITY RESOURCES – 5

### Summary

Along with the five acute care hospitals, two specialty hospitals, and over nine federally qualified health clinics, there are numerous other community resources dedicated to providing access to healthcare services or provide services that directly impact health. This includes nursing homes, hospice care, and in home health care for those that need assistance. There are currently 26 nursing homes, 22 hospice care providers, and 18 home care providers. Beyond direct health care, there are a variety of agencies that assist with access to prescriptions, food, housing, childcare, counseling, and more.

A list of major providers of health and social services is provided in the Community Resource List Tables 4.1 thru 4.7. This list however is not exhaustive. To find specific services or further providers, residents can call 211 where operators can direct callers to the appropriate service providers.

### Community Resource List

Table 5.1 : Acute Care Hospitals

| *Facility* | *Phone* |
|---|---|
| Mobile Infirmary | (251) 435-2400 |
| Providence Hospital | (251) 633-1000 |
| Springhill Medical Center | (251) 344-9630 |
| USA Health University Hospital | (251) 471-7000 |
| USA Health Children's and Women's Hospital | (251) 415-1000 |

Table 5.2: Specialty Hospitals

| *Facility* | *Phone* |
|---|---|
| BayPointe Children's Hospital | (251) 661-0153 |
| Mobile Infirmary Long Term Acute Care Hospital | (251) 435-2400 |

Table 5.3: Federally Qualified Health Clinics

| *Facility* | *Phone* |
|---|---|
| Aeillo/Buskey Women and Children Center | (251) 452-1442 |
| Family Oriented Primary Health Care Clinic | (251) 690-8158 |
| Franklin Primary Health Centers | (251) 432-4117 |
| La Clinica De Baldwin | (251) 947-1083 |
| Loxley Family Medical Center | (251) 964-4011 |
| Maysville Medical Center | (251) 471-3747 |
| Mostellar Medical Center | (251) 824-2174 |
| South Baldwin Family Health Center | (251) 943-1083 |
| The Hadley Medical Center | (251) 444-1000 |

Table 5.4: Nursing Homes

| *Facility* | *Phone* |
|---|---|
| Allen Memorial Home | (251) 433-2642 |
| Ashland Place Health & Rehabilitation | (251) 471-5431 |
| Azalea Gardens of Mobile | (251) 479-0551 |
| Blue Ridge Healthcare Montrose Bay | (251) 928-2177 |
| Crowne Health Care of Citronelle | (251) 866-5509 |
| Crowne Health Care of Mobile | (251) 473-8684 |
| Crowne Health Care of Springhill | (251) 304-3000 |
| Diversicare of Foley | (251) 943-2781 |
| Eastern Shore Rehabilitation and Health Center | (251) 621-4200 |
| Fairhope Health and Rehab | (251) 928-2153 |
| Gordon Oaks Health & Rehab | (251) 661-7608 |
| Grand Bay Convalescent Home, Inc. | (251) 865-6443 |
| Gulf Coast Health & Rehabilitation | (251) 634-8002 |
| Little Sisters of the Poor Sacred Heart Residence | (251) 476-6335 |
| Lynwood Nursing Home | (251) 661-5404 |
| Mobile Nursing & Rehabilitation Center | (251) 639-1588 |
| North Mobile Nursing & Rehabilitation Center | (251) 452-0996 |
| Oakwood-North Baldwin's Center for Living | (251) 937-3501 |
| Palm Gardens Health & Rehabilitation | (251) 450-2800 |
| Robertsdale Healthcare Center | (251)947-1911 |
| Sea Breeze Healthcare Center Kensington Health | (251) 433-5471 |
| Springhill Senior Residence | (251) 343-0909 |
| Twin Oaks Rehabilitation & Healthcare Center | (251) 476-3420 |
| William F. Green State Veterans Home | (251) 937-9881 |
| WillowBrooke Court Skilled Care Center at Westminster Village | (251) 626-7007 |

Table 5.5: Hospice Services

| *Facility* | *Phone* |
|---|---|
| Alabama Hospice Care of Mobile | (251) 345-1023 |
| AseraCare Hospice-Mobile | (251) 343-0989 |
| Coastal Caregivers Home Care | (251) 721-1297 |
| Comfort Care Coastal Hospice - Baldwin | (251) 621-4229 |
| Comfort Care Coastal Hospice - Mobile | (251) 304-3135 |
| Comfort Keepers Home Care | (251) 202-4860 |
| Community Hospice of Baldwin County | (251) 943-5015 |
| Covenant Hospice, Inc. Mobile | (251) 478-8671 |
| Covenant Hospice, Inc.-Daphne | (251) 626-5255 |
| Encompass Health | (251) 661-5313 |
| Gentiva Hospice | (251) 340-6387 |
| Hospice South | (251) 473-3892 |
| Infirmary HomeCare | (251) 450-3300 |
| Kare-In-Home | (251) 246-2727 |
| Kindred Hospice - Daphne | (251) 621-2500 |
| Kindred Hospice - Mobile | (251) 478-9900 |
| Mercy Medical Home Care & Hospice - Mobile | (251) 304-3135 |
| Mercy Medical Home Care & Hospice - Baldwin | (251) 621-4228 |
| Saad's Hospice Services | (251) 380-3810 |
| SouthernCare Daphne | (251) 621-2844 |
| SouthernCare Mobile | (251) 666-2113 |
| Springhill Home Health and Hospice | (251) 433-8172 |
| Springhill Hospice - Baldwin County | (251) 626-5895 |
| St. Joseph Hospice of South Alabama, LLC | (251) 675-7555 |
| Veterans Affairs Outpatient Clinic | (251) 219-3900 |

Table 5.6: Home Health Agencies

| *Facility* | *Phone* |
|---|---|
| Addus Healthcare | (251) 414-5855 |
| Amedisys Home Health of Foley | (800) 763-6382 |
| Amedisys Home Health of Mobile | (251) 380-0492 |
| BrightStar Care North Mobile/Baldwin Co. | (251) 405-6451 |
| Carestaff | (251) 380-2070 |
| Comfort Care Coastal Home Health | (251) 304-3158 |
| Home Instead Senior Care | (251) 342-6655 |
| Infirmary HomeCare of Mobile | (251) 450-3300 |
| Kindred at Home | (251) 316-0917 |
| Mercy Life of Alabama | (251) 287-8420 |
| ProHealth-Gulf Coast, LLC | (251) 517-7556 |
| Saad Healthcare | (251) 343-9600 |
| Springhill Home Health & Hospice | (251) 433-8172 |
| Thomas Home Health | (251) 990-9200 |

Table 5.7a: Social Service Agencies

| *Facility* | *Phone* |
|---|---|
| **Social Service Organizations** | |
| Community Action Agency of Mobile | (251) 457-5700 |
| Community Action Agency of South Alabama | (251) 626-2646 |
| Community Foundation of South Alabama | (251) 438-5591 |
| Dumas Wesley Community Center | (251) 479-0649 |
| Goodwill Easter Seals of the Gulf Coast | (251) 471-1581 |
| Mobile United | (251) 432-1638 |
| Salvation Army of Coastal Alabama | (251) 438-1625 |
| The Foley Community Service Center | (251) 380.4000 |
| The Light of the Village | (251) 680-4613 |
| United Way of Baldwin County | (251) 943-2110 |
| United Way of Southwest Alabama | (251) 433-3624 |
| Volunteers of America Southeast | (251) 300-3500 |
| Waterfront Rescue Mission | (251) 433-1847 |
| YMCA Dearborn | (251) 432-4768 |
| YMCA North Mobile | (251) 679-8877 |
| YMCA Bounds Branch | (251) 626-0888 |
| **Aging and Gerontology** | |
| AARP Mobile | (251) 470-5235 |
| Area Agency on Aging | (251) 433-6541 |
| Independent Living Center | (251) 460-0301 |
| Via! Senior Citizens Services | (251) 478-3311 |
| **Alcohol, Tobacco, and Other Drugs** | |
| Drug Education Council | (251) 478-7855 |
| Emma's Harvest Home | (251) 478-8768 |
| Home of Grace for Women | (251) 456-7807 |
| Mission of Hope | (251) 649-0830 |
| Serenity Care | (251) 478-1917 |
| Wings of Life | (251) 432-5245 |
| **Church Groups and Organizations** | |
| Catholic Social Services | (251) 434-1550 |
| Christ United Methodist Church | (251) 342-0462 |
| Dauphin United Way Methodist Church | (251) 471-1511 |
| Ecumenical Ministries, Inc. - Eastern Shore | (251) 928-3430 |
| Ecumenical Ministries, Inc. - South Baldwin | (251) 943-3445 |
| First Baptist of Church of Robertsdale | (251) 947-4362 |
| Little Sisters of the Poor | (251) 476-6335 |
| Mount Hebron | (251) 457-9900 |
| Ramsom Ministries | (251) 751-0044 |
| Revelation Missionary Baptist Church | (251) 473-2555 |
| Trinity Lutheran Church | (251) 456-7929 |
| Trinity Family Church | (251) 423-8238 |

Table 5.7b: Social Service Agencies

| *Facility* | *Phone* |
|---|---|
| **Developmental Disabilities** | |
| Mobile Arc | (251) 479-7409 |
| Mulherin Custodial Home | (251) 471-1998 |
| The Learning Tree | (251) 649-4420 |
| **Education and Youth Development** | |
| Big Brothers Big Sisters of South Alabama | (251) 344-0536 |
| Boys & Girls Club of South Alabama | (251) 432-1235 |
| Child Day Care Association | (251) 441-0840 |
| Fuse Project | (251) 265-3873 |
| Girl Scouts of Southern Alabama | (251) 344-3330 |
| Gulf Regional Early Childhood Services | (251) 473-1060 |
| Junior League of Mobile | (251) 471-3348 |
| Mobile Area Education Foundation | (251) 476-0002 |
| Preschool for the Sensory Impaired | (251) 433-1234 |
| South Baldwin Literacy Council | (251) 943-7323 |
| **Family and Child Welfare** | |
| Child Advocacy Center | (251) 432-1101 |
| Court Appointed Special Advocates (CASA) Mobile | (251) 574-5277 |
| Crittendon Youth Services | (251) 639-0004 |
| Penelope House Family Violence Center | (251) 342-8994 |
| Wilmer Hall Children's Home | (251) 342-4931 |
| **Food Pantries** | |
| Central Food Pantry | (251) 432-0591 |
| Feeding the Gulf Coast | (251) 653-1617 |
| Prodisee Pantry (Baldwin) | (251) 626-1720 |
| **Health Care** | |
| AIDS South Alabama | (251) 471-5277 |
| Alabama Free Clinic - Baldwin County | (251) 937-8096 |
| Alabama Rehabilitation Services | (251) 432-4560 |
| American Cancer Society | (251) 344-9856 |
| American Heart Association - Mobile | (800) 257-6941 Ext. 5397 |
| American Red Cross | (251) 544-6100 |
| E.A. Roberts Alzheimer Center | (251) 435-6950 |
| Epilepsy Foundation of Alabama | (251) 341-0170 |
| Franklin H.E. Savage Healthcare for the Homeless | (251) 694-0070 |
| Lifesouth Community Blood Center | (251) 706-1470 |
| March of Dimes – Mobile | (251) 438-1360 |
| Oznam Charitable Pharmacy | (251) 432-4111 |
| Ronald McDonald House Charities of Mobile | (251) 694-6873 |
| Sickle Cell Disease Association of America (Mobile) | (251) 432-0301 |
| United Cerebral Palsy of Mobile | (251) 479-4900 |
| Us Too! | (251) 591-8557 |
| Victory Health Partners | (251) 460-0999 |

Table 5.7c: Social Service Agencies

| *Facility* | *Phone* |
|---|---|
| **Housing and Homelessness** | |
| Family Promise of Coastal Alabama | (251) 441-1991 |
| Habitat for Humanities of Baldwin County | (251) 943-7268 |
| Habitat for Humanities of Southwest Alabama | (251) 476-7171 |
| Housing First | (251) 450-3345 |
| McKemie Place | (251) 432-1122 |
| South Alabama Center for Fair Housing | (251) 479-1532 |
| **Justice and Corrections** | |
| South Alabama Volunteer Lawyers Program | (251) 438-1102 |
| **Mental Health and Clinical** | |
| AltaPointe Health Systems | (251) 450-2211 |
| Lifelines Counseling Services | (251) 602-0909 |
| Survivors of Mental Illness | (251) 342-0261 |
| **Sustainability Organizations** | |
| Alabama Coastal Foundation | (251) 990-6002 |
| Dauphin Island Sea Lab | (251) 861-2141 |
| Dog River Clearwater Revival | (251) 377-4485 |
| Mobile Bay Keepers | (251) 433-4229 |
| Mobile Waterways | |

## IMPLEMENTATION STRATEGIES – 6

### Introduction

In this section implementation strategies are identified to address the 2022-2025 health needs. Due to the COVID-19 pandemic that began early in 2020 and the international medical crisis that ensued, implementation strategies from the 2019-2021 assessment did not receive the intended focus and structured attention—in order to devote necessary medical resources to the overwhelming demands placed on the health system by the pandemic. This was not unique to the USA Health System, but rather affected health systems both nationwide and throughout the world. Given that both routine and even at times life-threatening health services were put on hold to combat the pandemic, it is doubtful that any health system was able to truly and systematically address the wider community health needs that had been identified prior to the pandemic.

In spite of these COVID disruption, USA Health provided significant benefits to the community during this evaluation period. USA Health took a leadership role in the community by establishing and maintaining for several years the City of Mobile's pandemic testing center and in leading its subsequent vaccination effort. Its staff served as a vital asset for the community during this incredibly difficult time, with medical staff and other personnel striving to maintain vital medical services for the System's underserved population.

The disruption from COVID-19 does provide USA Health a unique opportunity to reset our implementation strategies going forward, based on needs identified in the 2022-2025 report. To this end, USA Health proposes a new approach to its implementation strategies. Implementation strategies during this period will focus on a committee structure organized around the most important health issues as identified in the report in Table 1.2 and for which USA Health possesses requisite capabilities. The mission of the committees will be to provide an ongoing assessment and catalogue of existing efforts to address the identified health needs and to provide recommendations for new efforts that can be developed to also address those needs. This mission will be further defined in the section on Committee Mission.

In planning our 2022-2025 response, we first identified two limitations in our 2019-2021 report, both of which are still relevant and therefore bear repeating. First, many of the health needs identified herein are related to rather broad, and substantially non-medical, measures of the community. When dealing with such broad measures, it often requires a significant amount of cross-organization effort for these measures to even move slightly. Also, it often takes a considerable amount of time for actual changes to be realized. Thus, expectations for impact should be set at realistic levels. Second, as identified in the section on community resources, there are numerous organizations oriented around health and the community's health needs across Mobile County. Particularly when dealing with broad measures, it is difficult if not impossible to fully isolate the impact of any one organization on any change that might occur.

## Committees

The first task should be to develop one or more committees around the relevant health issues identified in Table 1.2 of the report. A potential grouping of committee focus, in order of priority, is as follows:

H/O/D – heart disease, obesity, and diabetes. Each of these health issues was identified in Table 1.2 as being among the most important health issues facing Mobile County. Further, these three issues are highly interrelated and therefore can and should be addressed under the leadership of a single committee. Significantly, these three issues are also areas where USA Health already possesses expertise and capabilities and are likely to have a strong impact.

C/A – cancers and aging problems. These two issues are similarly interrelated although probably not to the extent of H/O/D; however, they appear sufficiently interrelated to be addressed under the charge of a single committee. Similarly, USA Health already possesses expertise and capabilities related to these issues.

CV(DU/RSA) – community violence (encompassing drug use and rape & sexual assault). While these issues possess some interrelated concerns, they are potentially much more diverse than the issues related to previously identified committees and therefore could just as easily be two different committees. However, in the interest of keeping the number of new committees to a minimum, it is recommended that they be grouped under the leadership of a single committee.

## Committee Mission

The mission of each committee should be oriented along the following lines listed in order of priority.

1. Define the scope of the health issues related to each committee. The committee should use a combination of the existing CHNAs, with particular emphasis on the most recent CHNA, along with other relevant resources and expertise to define the scope of the health issue, the current impact those issues are having on the community, and identify the expertise and capabilities within USA Health related to each issue.

2. Catalogue existing efforts to address the identified health issues. USA Health is an extensive health system and numerous activities and efforts likely already exist that focus on addressing each of these issues within the community. Unfortunately, these efforts often exist as disparate activities known mostly in isolation to only a few relevant units/departments. Therefore, one of the early efforts of each committee should be to catalogue and thereby create a centralized record of current efforts. In order to accomplish this task, each committee will need to engage in communication and outreach throughout USA Health in order to solicit information on what activities are currently occurring.

3. Monitor existing efforts to address the identified health issues. Cataloguing existing efforts is a necessary first step but without constant monitoring, catalogues quickly become dated.

Sometimes existing efforts are discontinued while new efforts spring up unprompted. It is recommended therefore that each committee build relationships with those engaged in existing efforts so that they can get regular updates on how those efforts are faring. To this end, quarterly or biannual reports are advised. Further ongoing communication throughout the health system via these committees is advised in order for them to be notified of any new efforts that develop outside of each committee's own activities. A particular committee can assess whether existing dashboards or other tracking mechanisms might suit its needs.

4. Assess efforts to address the identified health needs. Assessment should not be couched in terms of success or failure as these terms create a sense of self-protection and a need to defend and potentially even hide one's efforts. Rather, each committee should work directly with those providing services to the community to develop appropriate and acceptable measures to assess the efforts of their activities. To this end, the committee and those providing the services should keep in mind Donabedian's measurement principles of structure, process, outcome and strive to improve measures overtime to achieve more outcome measures. Structural measures include whether a program exists or not. Process measures focus on factors such as how many people were served, processed, or screened. Outcome measures focus on whether the application of an effort caused an actual change in the persons served. Structural measures are the easiest to measure but are typically not independently indicative of change. Process measures are relatively easy to measure but are subject to numerous potential errors in measurement via recording and are often only proxy measures of the potential for change. For example, screening someone for diabetes does not mean they will necessarily act on what they find out. However, the screened individual does now possess more information and therefore may engage in new behaviors. Outcome measures are the most difficult but most rewarding if they can be developed. However, health outcomes, especially for broader community health goals, are notoriously difficulty to collect because those applying treatment often do not see the medium or long-term results of the application of care. Outcome measures are further complicated by external factors such as patient compliance and environmental effects that may impact outcomes.

5. Each committee should develop recommendations for possible new efforts that can be implemented. Each committee should make use of the expertise of its own members but also solicit input from relevant external actors both within and outside USA Health. Soliciting input from community leaders (pastors, activists, individuals working in non-profits, etc.), and developing relationships within the community seems like one very promising and helpful way to generate ideas on how to further shape ongoing efforts and what new efforts could look like. Committees however should be cautious not to push new ideas too strongly but rather work cooperatively with those that they feel could best implement the new ideas to grow and nurture the new efforts in the best way possible. While new efforts should run the gamut of all possibilities, it is recommended that committees pay particular attention to new efforts that utilize electronic mediums such as websites and remote activities that can make participation easier for certain populations. That said, committees should also keep in mind that many of the most compromised populations may have less electronic access and therefore expanding such access may be a core activity. Library based events where electronic access is provided for free, mobile computer labs, or even free-standing computer stations at hospitals and clinics may help to expand electronic access.

6. Report on the committee's efforts. Finally, each committee in advance of the next CHNA should prepare a report that provides an overview of what they have been able to achieve relative to points 1 through 5. This report should then form the basis for evaluating the implementation strategies and in conjunction with the results of the new report inform the ongoing implementation strategies recommended in the new report.

## Committee Mission Timeline

The CHNA is due every three years. With that in mind, the following example timeline might suit the needs of each of the committee missions.

Year 1 – should focus initially on point 1 of defining the scope of the health issues. Without properly understanding the scope and impact of each issue, any additional efforts to catalogue, monitor, assess, or develop new ideas may be inadvertently misplaced.

Year 1 – as the committee feels that they have adequately defined the scope of the health issues and their impact, they should later in year 1 transition to point 2 and begin to engage in communication and building relationships throughout the system so that they can begin to catalogue existing efforts. Following on from year 1, cataloguing will be an ongoing effort throughout the remaining years but following the initial cataloguing efforts it should become more secondary as hopefully the bulk of existing efforts are identified in this initial phase.

Year 2 – should place a priority on monitoring and assessing existing efforts. Developing ways to monitor and measure efforts is a difficult and time-consuming process and therefore should likely be the highest priority for year 2. Year 2 should not ignore the potential for developing new efforts, particularly if opportunities appear; however, these should probably remain secondary to monitoring and assessing.

Year 3 – should see the focus of the committee shift toward possible new efforts. Hopefully by this point cataloguing, monitoring, and assessment have all been well established and can run more routinely as secondary tasks freeing up time to develop both internal and community relationships to solicit ideas and to allow time for those ideas to be properly envisioned and implemented.

Year 3 – It is recommended that the committee keep a running report of their activities related to each of the five main points throughout the three-year period in order to make the completion of the final report easier. Since the CHNA is typically conducted in the fall period before it is due, each committee should look to the summer of the third year to begin drafting and by early to mid-fall complete the final report so that it can be incorporated into upcoming CHNA.

It should be noted that while an example timeline for activities has been identified, there will likely be an ongoing need to continuously revisit each point in the mission. Even defining the scope of a particular health issue will change frequently and therefore will need to be revisited from time to time. Therefore, it is important not to lapse into sequential thinking and assume that as any given point in the mission is achieved, it can then be abandoned as finalized.

## Committee Composition

Each committee should likely be composed of five to ten members. Less than five may not be able to represent the appropriate mix of expertise and more than ten could potentially be burdensome. With those goals in mind, we recommend the following potential mix of committee members:

At least one senior administrator with relevant expertise and decision-making authority. A senior administrator should help to ensure that the committee is not seen as a throw-away gesture and has the capability to get things done.

A mix of at least two relevant clinicians. Ideally one would be a more senior level position and one would be a junior to mid-level position. This would help to provide relevant clinical insight and expertise while also providing a mix of perspectives.

A mix of at least two to three non-clinical positions. These could be junior to mid-level administrators, possibly social workers, public relations personnel, etc. While these positions may not have the most expertise in terms of the clinical application of health, they are intimately familiar with many of the working mechanisms within the health system and would likely be able to make unique contributions to the committee's mission.

At least one to two community partners. Unlike existing staff, community members may see committee service very positively and as a way to provide important community service by providing input on community needs. Indeed, including these members even at the early stages of defining the scope of the health needs may reap significant rewards in providing unique perspectives on issue definition and impact assessment.

Another recommendation regarding committee participation would be to consider bringing on student interns to assist with committee activities and relieve some of the burden of committee activities on existing staff. In particular, within the USA system, the Department of Political Science and Criminal Justice offers a Masters of Public Administration degree with a health care administration concentration. Many of these students have undergraduate degrees from the College of Allied Health's Health Professional Studies. These students are permitted to do internships to earn course credit, and many see them as highly relevant in gaining practical experience. As graduate students, they also typically possess greater responsibility and practical skills that could be used by committee members across a wide range of the committee's mission. It is recommended that serious consideration be given to making use of this existing resource within the USA system. Dr. Jaclyn Bunch is the current Graduate Director of this program and I am sure she would be happy to discuss this idea further jbunch@southalabama.edu.

## Conclusion

The implementation strategy of creating a committee structure to define, catalogue, monitor, assess, and develop activities (DCMAD) to address community health needs should form the cornerstone of ongoing efforts within USA Health to address CHNA goals. One should

also be realistic. The committees, the mission, and the timeline outlined herein is quite ambitious. It may be that by the time of the next CHNA only portions of the mission such as creating the committees, defining the scope of the issues, and beginning efforts to catalogue are realistically obtainable. However, continued use of this strategy going forward should allow for refinement and progress of this strategy which overall should aid in helping to address the community health needs.

## APPENDIX A – DEMOGRAPHIC DATA PROFILE

Table 1a: County, State, and National Population by Age (2019) – Mobile County
Source: U.S. Census Bureau

| | **Mobile County** | Percent of Total | Male | Female |
|---|---|---|---|---|
| Under 5 Years | 27,444 | 6.64% | 13,469 | 13,975 |
| 5 to 9 years | 25,029 | 6.05% | 11,570 | 13,459 |
| 10 to 14 years | 27,817 | 6.73% | 15,031 | 13,161 |
| 15 to 19 years | 26,380 | 6.38% | 13,732 | 12,648 |
| 20 to 24 years | 26,087 | 6.31% | 12,769 | 13,318 |
| 25 to 29 years | 30,082 | 7.28% | 15,102 | 14,980 |
| 30 to 34 years | 28,433 | 6.88% | 13,180 | 15,253 |
| 35 to 39 years | 21,968 | 5.31% | 10,879 | 11,089 |
| 40 to 44 years | 27,322 | 6.61% | 12,329 | 14,993 |
| 45 to 49 years | 24,074 | 5.82% | 11,593 | 12,481 |
| 50 to 54 years | 24,986 | 6.04% | 11,111 | 13,875 |
| 55 to 59 years | 27,375 | 6.62% | 12,528 | 14,793 |
| 60 to 64 years | 28,204 | 6.82% | 13,260 | 14,944 |
| 65 to 69 years | 22,754 | 5.50% | 11,269 | 11,485 |
| 70 to 74 years | 17,722 | 4.28% | 7,616 | 10,106 |
| 75 to 79 years | 11,516 | 2.78% | 4,985 | 6,531 |
| 80 to 84 years | 8,828 | 2.13% | 3,497 | 5,331 |
| 85 years and over | 7,189 | 1.73% | 2,336 | 4,853 |
| Total | 413,210 | 100.00% | 196,310 | 216,900 |

Table 1b: County, State, and National Population by Age (2019) – Baldwin County
Source: U.S. Census Bureau

| | **Baldwin County** | Percent of Total | Male | Female |
|---|---|---|---|---|
| Under 5 Years | 10,616 | 4.75% | 5,735 | 4,881 |
| 5 to 9 years | 12,826 | 5.74% | 5,849 | 6,977 |
| 10 to 14 years | 14,373 | 6.43% | 8,901 | 5,472 |
| 15 to 19 years | 14,410 | 6.45% | 7,670 | 6,740 |
| 20 to 24 years | 11,292 | 5.05% | 5,617 | 5,675 |
| 25 to 29 years | 11,807 | 5.28% | 6,008 | 5,799 |
| 30 to 34 years | 12,594 | 5.64% | 5,757 | 6,837 |
| 35 to 39 years | 16,368 | 7.33% | 8,245 | 8,123 |
| 40 to 44 years | 12,109 | 5.42% | 5,845 | 6,264 |
| 45 to 49 years | 13,261 | 5.94% | 6,458 | 6,803 |
| 50 to 54 years | 14,024 | 6.28% | 6,270 | 7,754 |
| 55 to 59 years | 16,425 | 7.35% | 7,620 | 8,805 |
| 60 to 64 years | 15,441 | 6.91% | 7,644 | 7,797 |
| 65 to 69 years | 14,045 | 6.29% | 6,084 | 7,961 |
| 70 to 74 years | 14,873 | 6.66% | 7,170 | 7,703 |
| 75 to 79 years | 9,539 | 4.27% | 3,677 | 6,276 |
| 80 to 84 years | 4,472 | 2.00% | 2,851 | 1,621 |
| 85 years and over | 4,345 | 1.94% | 1,791 | 2,554 |
| Total | 223,234 | 100.00% | 109,192 | 114,042 |

Table 1c: County, State, and National Population by Age (2019) - Alabama
Source: U.S. Census Bureau

| | **Alabama** | Percent of Total | Male | Female |
|---|---|---|---|---|
| Under 5 Years | 286,597 | 5.83% | 145,128 | 141,469 |
| 5 to 9 years | 294,475 | 5.99% | 148,829 | 145,646 |
| 10 to 14 years | 317,645 | 6.47% | 166,244 | 151,401 |
| 15 to 19 years | 326,671 | 6.65% | 164,949 | 161,722 |
| 20 to 24 years | 317,739 | 6.47% | 158,255 | 159,484 |
| 25 to 29 years | 325,338 | 6.62% | 162,250 | 163,088 |
| 30 to 34 years | 312,065 | 6.35% | 154,389 | 157,676 |
| 35 to 39 years | 307,138 | 6.25% | 156,135 | 151,003 |
| 40 to 44 years | 298,601 | 6.08% | 137,487 | 161,114 |
| 45 to 49 years | 305,229 | 6.21% | 147,542 | 157,687 |
| 50 to 54 years | 304,162 | 6.19% | 145,827 | 158,335 |
| 55 to 59 years | 321,296 | 6.54% | 148,502 | 172,794 |
| 60 to 64 years | 331,917 | 6.76% | 161,031 | 170,886 |
| 65 to 69 years | 274,325 | 5.58% | 126,212 | 148,113 |
| 70 to 74 years | 231,232 | 4.71% | 106,285 | 124,947 |
| 75 to 79 years | 156,756 | 3.19% | 69,081 | 87,675 |
| 80 to 84 years | 107,315 | 2.18% | 43,194 | 64,121 |
| 85 years and over | 84,684 | 1.72% | 28,271 | 56,413 |
| Total | 4,907,965 | 100.00% | 2,369,611 | 2,533,574 |

Table 1d: County, State, and National Population by Age (2019) – United States
Source: U.S. Census Bureau

| | **United States** | Percent of Total | Male | Female |
|---|---|---|---|---|
| Under 5 Years | 19,404,835 | 5.91% | 9,938,937 | 9,465,898 |
| 5 to 9 years | 19,690,437 | 5.99% | 10,033,518 | 9,656,919 |
| 10 to 14 years | 21,423,479 | 6.52% | 10,987,313 | 10,436,166 |
| 15 to 19 years | 21,353,524 | 6.50% | 10,903,653 | 10,449,871 |
| 20 to 24 years | 21,468,680 | 6.53% | 11,014,460 | 10,454,220 |
| 25 to 29 years | 23,233,299 | 7.07% | 11,817,829 | 11,415,470 |
| 30 to 34 years | 22,345,176 | 6.80% | 11,281,470 | 11,063,076 |
| 35 to 39 years | 21,278,259 | 6.48% | 10,892,040 | 10,836,219 |
| 40 to 44 years | 20,186,586 | 6.14% | 10,028,675 | 10,157,911 |
| 45 to 49 years | 20,398,226 | 6.21% | 10,079,567 | 10,318,659 |
| 50 to 54 years | 20,464,881 | 6.23% | 10,075,795 | 10,389,086 |
| 55 to 59 years | 21,484,060 | 6.54% | 10,440,265 | 11,043,795 |
| 60 to 64 years | 20,984,053 | 6.39% | 10,051,170 | 10,932,883 |
| 65 to 69 years | 17,427,013 | 5.30% | 8,191,111 | 9,235,902 |
| 70 to 74 years | 14,148,548 | 4.30% | 6,529,918 | 7,618,630 |
| 75 to 79 years | 9,759,764 | 2.97% | 4,367,764 | 5,392,000 |
| 80 to 84 years | 6,380,474 | 1.94% | 2,671,396 | 3,709,078 |
| 85 years and over | 6,358,229 | 1.93% | 2,284,092 | 4,074,137 |
| Total | 328,329,953 | 100.00% | 161,588,973 | 166,650,550 |

Table 2: Population Classified by Race and Ethnicity (2019)
Source: U.S. Census Bureau

| Race/Ethnicity | Mobile County | Baldwin County | State of Alabama | United States |
|---|---|---|---|---|
| Total Population | 413,210 | 223,234 | 4,903,185 | 4,903,185 |
| White | 240,449 | 190,912 | 3,326,375 | 3,326,375 |
| Black | 150,159 | 18,338 | 1,319,551 | 1,319,551 |
| Hispanic | 12,443 | 10,534 | 219,296 | 219,296 |
| Asian | 7779 | 2,160 | 66,129 | 66,129 |
| American Indian or Alaskan | 2,915 | 2,428 | 23,265 | 23,265 |
| Hawaiian or Pacific Islander | 61 | 0 | 1,892 | 1,892 |
| Other | 3,449 | 4,685 | 74,451 | 74,451 |
| Two or More Races | 8,398 | 4,711 | 91,522 | 91,522 |

Table 3a: Population Classified by Race and Ethnicity (2013-2017) – Mobile County
Source: U.S. Census Bureau

| **Mobile County** Race/Ethnicity | 2015 | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|---|
| Total Population | 414,251 | 414,291 | 413,955 | 413,757 | 413,210 |
| White | 248,566 | 246,794 | 244,012 | 233,288 | 240,449 |
| Black | 145,175 | 146,306 | 147,234 | 148,775 | 150,159 |
| Hispanic | 10,917 | 10,957 | 11,943 | 12,648 | 12,443 |
| Asian | 8,148 | 8,140 | 7,504 | 8037 | 7779 |
| American Indian or Alaskan | 2,680 | 2,568 | 3,410 | 5,748 | 2,915 |
| Hawaiian or Pacific Islander | 64 | 49 | 79 | 138 | 61 |
| Other | 2,781 | 3,207 | 5,038 | 6,174 | 3,449 |
| Two or More Races | 6,837 | 7,227 | 6,678 | 7,697 | 8,398 |

Table 3b: Population Classified by Race and Ethnicity (2013-2017) – Baldwin County
Source: U.S. Census Bureau

| **Baldwin County** Race/Ethnicity | 2015 | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|---|
| Total Population | 195,121 | 199,510 | 212,628 | 218,022 | 223,234 |
| White | 168,646 | 172,441 | 183,893 | 187,759 | 190,912 |
| Black | 18,735 | 18,594 | 20,030 | 20,554 | 18,338 |
| Hispanic | 8,776 | 8,712 | 8,712 | 10,132 | 10,534 |
| Asian | 1,307 | 1,338 | 2,485 | 2,338 | 2,160 |
| American Indian or Alaskan | 1,166 | 1,355 | 2,172 | 1,209 | 2,428 |
| Hawaiian or Pacific Islander | 0 | 0 | 0 | 45 | 0 |
| Other | 1,766 | 1,899 | 2,586 | 4,685 | 1,766 |
| Two or More Races | 4,016 | 2,149 | 3,464 | 4,711 | 4,016 |

Table 3c: Population Classified by Race and Ethnicity (2013-2017) – Alabama
Source: U.S. Census Bureau

| **Alabama** Race/Ethnicity | 2015 | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|---|
| Total Population | 4,830,620 | 4,841,164 | 4,874,747 | 4,887,871 | 4,903,185 |
| White | 3,325,464 | 3,325,037 | 3,312,718 | 3,306,838 | 3,326,375 |
| Black | 1,276,544 | 1,282,053 | 1,307,467 | 1,307,040 | 1,319,551 |
| Hispanic | 193,492 | 193,503 | 201,970 | 211,485 | 219,296 |
| Asian | 59,599 | 60,744 | 66,908 | 65,095 | 66,129 |
| American Indian or Alaskan | 23,850 | 23,919 | 25,181 | 22,063 | 23,265 |
| Hawaiian or Pacific Islander | 2,439 | 2,008 | 1,581 | 1,797 | 1,892 |
| Other | 61,078 | 61,991 | 67,308 | 84,027 | 74,451 |
| Two or More Races | 81,646 | 85,412 | 93,584 | 101,011 | 91,522 |

Table 3d: Population Classified by Race and Ethnicity (2013-2017) – United States
Source: U.S. Census Bureau

| **United States** Race/Ethnicity | 2015 | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|---|
| Total Population | 316,515,021 | 318,558,162 | 325,719,178 | 327,167,439 | 4,903,185 |
| White | 232,943,055 | 233,657,078 | 235,507,457 | 236,173,020 | 3,326,375 |
| Black | 39,908,095 | 40,241,818 | 41,393,491 | 41,617,764 | 1,319,551 |
| Hispanic | 54,232,205 | 55,199,107 | 58,846,134 | 59,763,631 | 219,296 |
| Asian | 16,235,305 | 16,614,625 | 18,215,328 | 18,415,198 | 66,129 |
| American Indian or Alaskan | 2,569,170 | 2,597,817 | 2,726,278 | 2,801,587 | 23,265 |
| Hawaiian or Pacific Islander | 546,255 | 560,021 | 608,219 | 626,054 | 1,892 |
| Other | 14,865,258 | 15,133,856 | 16,552,940 | 16,253,785 | 74,451 |
| Two or More Races | 9,447,883 | 9,752,947 | 10,715,465 | 11,280,031 | 91,522 |

Table 4: Population by Poverty Level
Source: U.S. Census Bureau

| | | Population Total | Below 100% FPL | 100 to 149% FPL | 150% and Over FPL | % at 100 FPL | % at 149 FPL | % at 150 and Over FPL |
|---|---|---|---|---|---|---|---|---|
| Mobile | 2015 | 414,251 | 76,488 | 45,694 | 277,073 | 18.46% | 11.03% | 66.89% |
| | 2016 | 414,291 | 77,180 | 43,792 | 277,860 | 18.63% | 10.57% | 67.07% |
| | 2017 | 413,955 | 77,784 | 45,243 | 279,070 | 18.79% | 10.93% | 67.42% |
| | 2018 | 408,921 | 82,540 | 49,003 | 271,060 | 11.98% | 11.98% | 66.29% |
| | 2019 | 408,458 | 69,254 | 36,331 | 296,976 | 8.89% | 8.89% | 72.71% |
| Baldwin | 2015 | 195,121 | 24,949 | 19,117 | 154,274 | 12.79% | 9.80% | 79.07% |
| | 2016 | 199,510 | 23,011 | 12,297 | 168,363 | 11.53% | 6.16% | 84.39% |
| | 2017 | 212,628 | 19,409 | 13,701 | 174,279 | 9.13% | 6.44% | 81.96% |
| | 2018 | 216,612 | 18,915 | 17,465 | 176,950 | 8.06% | 8.06% | 81.69% |
| | 2019 | 221,737 | 22,043 | 22,803 | 173,062 | 10.28% | 10.28% | 78.05% |
| Alabama | 2015 | 4,830,620 | 857,105 | 478,990 | 3,343,710 | 17.74% | 9.92% | 69.22% |
| | 2016 | 4,841,164 | 794,258 | 483,084 | 3,411,191 | 16.41% | 9.98% | 70.46% |
| | 2017 | 4,874,747 | 786,996 | 474,099 | 3,437,640 | 16.14% | 9.73% | 70.52% |
| | 2018 | 4,832,358 | 784,168 | 474,825 | 3,451,639 | 9.83% | 9.83% | 71.43% |
| | 2019 | 4,849,509 | 728,255 | 469,002 | 3,532,845 | 9.67% | 9.67% | 72.85% |
| United States | 2015 | 316,515,021 | 45,286,625 | 28,319,483 | 236,144,610 | 14.31% | 8.95% | 74.61% |
| | 2016 | 318,558,162 | 43,454,037 | 27,670,414 | 240,340,684 | 13.64% | 8.69% | 75.45% |
| | 2017 | 325,719,178 | 41,824,483 | 27,131,398 | 245,151,630 | 12.84% | 8.33% | 75.26% |
| | 2018 | 323,531,965 | 41,139,731 | 26,641,678 | 247,869,700 | 12.72% | 8.23% | 76.61% |
| | 2019 | 324,665,523 | 38,851,528 | 25,266,951 | 252,537,631 | 11.97% | 7.78% | 77.78% |

Table 5: Population over 25 years by Educational Attainment
Source: U.S. Census Bureau

| | | Less than High School Graduate | High school Graduate (includes equivalency) | Some College or Associate's Degree | Bachelor's Degree or Higher |
|---|---|---|---|---|---|
| Mobile | 2015 | 48243 | 102778 | 99654 | 63299 |
| | 2016 | 46648 | 102705 | 100628 | 64915 |
| | 2017 | 45,018 | 103,474 | 100,728 | 66,241 |
| | 2018 | 44,711 | 106,443 | 98,729 | 66,439 |
| | 2019 | 43,682 | 107,860 | 97,335 | 67,426 |
| Baldwin | 2015 | 16918 | 44273 | 49336 | 40953 |
| | 2016 | 16822 | 45029 | 50800 | 42589 |
| | 2017 | 17,081 | 44,865 | 51,063 | 45,352 |
| | 2018 | 17,095 | 45,953 | 51,950 | 47,432 |
| | 2019 | 16,343 | 47,497 | 53,225 | 49,530 |
| Alabama | 2015 | 587452 | 1150810 | 1183615 | 796769 |
| | 2016 | 570203 | 1155930 | 1191896 | 817946 |
| | 2017 | 551,038 | 1,163,158 | 1,196,171 | 837,722 |
| | 2018 | 535,139 | 1,172,729 | 1,201,379 | 856,640 |
| | 2019 | 518,979 | 1,175,354 | 1,205,169 | 880,372 |
| United States | 2015 | 32,732,542 | 68,044,371 | 76,018,103 | 66,036,180 |
| | 2016 | 32,145,211 | 68,210,886 | 76,640,939 | 67,948,688 |
| | 2017 | 31,606,970 | 68,573,396 | 77,076,055 | 70,146,707 |
| | 2018 | 30,957,810 | 68,829,720 | 77,350,369 | 72,211,891 |
| | 2019 | 30,337,897 | 69,104,614 | 77,476,666 | 74,349,226 |

Table 6: Medicaid Births
Source: Alabama Public Health

| | | Total Births | Medicaid Births | Percent Medicaid |
|---|---|---|---|---|
| Mobile | 2015 | 5,660 | 3,243 | 57.30% |
| | 2016 | 5,502 | 3,082 | 56.02% |
| | 2017 | 5,603 | 3197 | 57.06% |
| | 2018 | 5,548 | 3244 | 58.47% |
| | 2019 | 5,371 | 3,124 | 58.16% |
| Baldwin | 2015 | 2,346 | 991 | 42.24% |
| | 2016 | 2,247 | 1,024 | 45.57% |
| | 2017 | 2,323 | 1051 | 45.24% |
| | 2018 | 2,290 | 949 | 41.44% |
| | 2019 | 2,330 | 1,048 | 44.98% |
| Alabama | 2015 | 59,651 | 30,149 | 50.54% |
| | 2016 | 59,090 | 29,845 | 50.51% |
| | 2017 | 58,936 | 29116 | 49.40% |
| | 2018 | 57,754 | 28431 | 49.23% |
| | 2019 | 58,615 | 29134 | 49.70% |

Table 7: Births by Race
Source: Alabama Public Health

| | | Total Births | Births White | % Births White | Births Black and Other | % Births Black and Other |
|---|---|---|---|---|---|---|
| Mobile | 2015 | 5,660 | 3,036 | 53.64% | 2,624 | 46.36% |
| | 2016 | 5,502 | 2,998 | 54.49% | 2,504 | 45.51% |
| | 2017 | 5,603 | 2,976 | 53.11% | 2,627 | 46.89% |
| | 2018 | 5,548 | 2,912 | 52.49% | 2,636 | 47.51% |
| | 2019 | 5,371 | 2,740 | 51.01% | 2,631 | 48.99% |
| Baldwin | 2015 | 2,346 | 2,040 | 86.96% | 306 | 13.04% |
| | 2016 | 2,247 | 1,929 | 85.85% | 318 | 14.15% |
| | 2017 | 2,323 | 2,015 | 86.74% | 308 | 13.26% |
| | 2018 | 2,290 | 1,950 | 85.15% | 340 | 14.85% |
| | 2019 | 2,330 | 1,984 | 85.15% | 346 | 14.85% |
| Alabama | 2015 | 59,651 | 39,632 | 66.44% | 20,019 | 33.56% |
| | 2016 | 59,090 | 39,241 | 66.41% | 19,849 | 33.59% |
| | 2017 | 58,936 | 38,728 | 65.71% | 20,208 | 34.29% |
| | 2018 | 57,754 | 38,149 | 66.05% | 19,605 | 33.95% |
| | 2019 | 58,615 | 33,394 | 56.97% | 24,181 | 41.25% |

Table 8: Teen and Unwed Births
Source: Alabama Public Health

| | | Total Births | Births to Teens Total | Birth to Teens White | Birth to Teens Black and Other | Births to Teens Percentage | Unwed Birth Total | Unwed Birth Percentage |
|---|---|---|---|---|---|---|---|---|
| Mobile | 2015 | 5,660 | 466 | 177 | 289 | 8.23% | 3,034 | 53.60% |
| | 2016 | 5,502 | 424 | 174 | 250 | 7.71% | 2,947 | 53.56% |
| | 2017 | 5,603 | 399 | 188 | 211 | 7.12% | 3,215 | 57.38% |
| | 2018 | 5,548 | 385 | 162 | 223 | 6.94% | 3,156 | 56.89% |
| | 2019 | 5371 | 373 | 153 | 220 | 6.94% | 3,194 | 59.47% |
| Baldwin | 2015 | 2,346 | 175 | 149 | 26 | 7.46% | 885 | 37.72% |
| | 2016 | 2,247 | 160 | 132 | 28 | 7.12% | 929 | 41.34% |
| | 2017 | 2,323 | 165 | 138 | 27 | 7.10% | 896 | 38.57% |
| | 2018 | 2,290 | 147 | 108 | 39 | 6.42% | 868 | 37.90% |
| | 2019 | 2,330 | 138 | 106 | 32 | 5.92% | 939 | 40.30% |
| Alabama | 2015 | 59,651 | 4,790 | 2,876 | 1,914 | 8.03% | 26,150 | 43.84% |
| | 2016 | 59,090 | 4,526 | 2,642 | 1,884 | 7.66% | 26,408 | 44.69% |
| | 2017 | 58,936 | 4,285 | 2,569 | 1,716 | 7.27% | 27,736 | 47.06% |
| | 2018 | 57,754 | 3,961 | 2,288 | 1,673 | 6.86% | 26,991 | 46.73% |
| | 2019 | 58,615 | 4,002 | 2,253 | 1,749 | 6.83% | 28,326 | 48.33% |

Table 9: Low Weight Births
Source: Alabama Public Health

| | | Total Births | Low Weight Births Total | Low Weight Births Percent |
|---|---|---|---|---|
| Mobile | 2014 | 5,690 | 643 | 11.30% |
| | 2015 | 5,660 | 683 | 12.07% |
| | 2016 | 5,502 | 654 | 11.89% |
| | 2017 | 5,603 | 605 | 10.80% |
| | 2018 | 5,548 | 722 | 13% |
| Baldwin | 2014 | 2,245 | 221 | 9.84% |
| | 2015 | 2,346 | 199 | 8.48% |
| | 2016 | 2,247 | 174 | 7.74% |
| | 2017 | 2,323 | 178 | 7.70% |
| | 2018 | 2,290 | 198 | 8.60% |
| Alabama | 2014 | 59,532 | 6,024 | 10.12% |
| | 2015 | 59,651 | 6,227 | 10.44% |
| | 2016 | 59,090 | 6,104 | 10.33% |
| | 2017 | 57,754 | 6,052 | 10.30% |
| | 2018 | 58,615 | 6,192 | 10.70% |

Table 10: Infant and Neonatal Death
Source: Alabama Public Health

| | | Infant Deaths Number | Infant Deaths Rate | Neonatal Deaths Number | Neonatal Deaths Rate | Post Neonatal Deaths Number | Post Neonatal Deaths Rate |
|---|---|---|---|---|---|---|---|
| Mobile | 2014 | 58 | 10.2 | 37 | 6.5 | 21 | 3.7 |
| | 2015 | 43 | 4.6 | 24 | 4.2 | 19 | 3.4 |
| | 2016 | 57 | 10.4 | 38 | 6.9 | 19 | 3.5 |
| | 2017 | 38 | 6.8 | 20 | 3.6 | 18 | 3.2 |
| | 2018 | 50 | 9 | 30 | 5.4 | 20 | 3.6 |
| Baldwin | 2014 | 14 | 6.2 | 9 | 4 | 6 | 3.1 |
| | 2015 | 12 | 5.1 | 8 | 3.4 | 4 | 1.7 |
| | 2016 | 9 | 4 | 6 | 2.7 | 3 | 1.3 |
| | 2017 | 15 | 6.5 | 6 | 2.6 | 6 | 2.6 |
| | 2018 | 10 | 4.4 | 7 | 3.1 | 3 | 1.3 |
| Alabama | 2014 | 517 | 8.7 | 307 | 5.6 | 210 | 3.5 |
| | 2015 | 494 | 8.3 | 300 | 5 | 194 | 3.3 |
| | 2016 | 537 | 9.1 | 324 | 5.5 | 213 | 3.6 |
| | 2017 | 435 | 7.4 | 257 | 4.4 | 178 | 3 |
| | 2018 | 405 | 7 | 251 | 4.3 | 151 | 2.6 |

Table 11: Infant Death by Race
Source: Alabama Public Health

| | | Infant Deaths Number | Infant Deaths Rate | Number White | Rate White | Number Black and Other | Rate Black and Other |
|---|---|---|---|---|---|---|---|
| Mobile | 2015 | 43 | 4.6 | 10 | 3.3 | 33 | 12.6 |
| | 2016 | 57 | 10.4 | 21 | 7 | 36 | 14.4 |
| | 2017 | 38 | 6.8 | 15 | 5 | 23 | 8.8 |
| | 2018 | 50 | 9 | 18 | 6.2 | 32 | 12.1 |
| | 2019 | 37 | 6.9 | 12 | 4.4 | 25 | 9.5 |
| Baldwin | 2015 | 12 | 5.1 | 8 | 3.9 | 4 | 13.1 |
| | 2016 | 9 | 4 | 9 | 4.7 | 2 | 6.3 |
| | 2017 | 15 | 6.5 | 12 | 6 | 3 | 9.7 |
| | 2018 | 10 | 4.4 | 10 | 5.1 | 0 | 0 |
| | 2019 | 12 | 5.2 | 9 | 4.5 | 3 | 8.7 |
| Alabama | 2015 | 494 | 8.3 | 206 | 5.2 | 288 | 14.4 |
| | 2016 | 537 | 9.1 | 255 | 6.5 | 282 | 14.2 |
| | 2017 | 435 | 7.4 | 213 | 5.5 | 222 | 11 |
| | 2018 | 405 | 7 | 196 | 5.1 | 209 | 10.7 |
| | 2019 | 449 | 7.7 | 214 | 5.6 | 235 | 11.4 |

Table 12: Fetal Deaths and Induced Pregnancy Terminations
Source: Alabama Public Health

| | | Fetal Deaths Number | Induced Pregnancy Terminations Number | Induced Pregnancy Terminations Rate |
|---|---|---|---|---|
| Mobile | 2015 | 39 | 649 | 7.7 |
| | 2016 | 63 | 391 | 4.6 |
| | 2017 | 49 | 336 | 4 |
| | 2018 | 45 | 140 | 1.7 |
| | 2019 | 48 | 433 | 5.2 |
| Baldwin | 2015 | 3 | 114 | 3.2 |
| | 2016 | 18 | 78 | 2.2 |
| | 2017 | 18 | 59 | 1.6 |
| | 2018 | 27 | 23 | 0.6 |
| | 2019 | 15 | 104 | 2.7 |
| Alabama | 2015 | 500 | 6848 | 7.1 |
| | 2016 | 517 | 5,193 | 5.4 |
| | 2017 | 569 | 6,959 | 7.3 |
| | 2018 | 551 | 6768 | 7.1 |
| | 2019 | 498 | 7381 | 7.8 |

Table 13: Deaths by Gender and Race
Source: Alabama Public Health

| | | Number | Rate | White Male | White Male Rate | White Female | White Female Rate | Black Male | Black Male Rate | Black Female | Black Female Rate |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mobile | 2015 | 4283 | 10.3 | 1480 | 12.2 | 1361 | 10.7 | 784 | 10.2 | 659 | 7.3 |
| | 2016 | 4410 | 10.6 | 1478 | 12.3 | 1476 | 11.7 | 765 | 9.9 | 691 | 7.7 |
| | 2017 | 4302 | 10.4 | 1493 | 12.5 | 1393 | 11 | 771 | 9.9 | 645 | 7.1 |
| | 2018 | 4,494 | 10.9 | 1476 | 12.4 | 1449 | 11.5 | 813 | 10.4 | 756 | 8.3 |
| | 2019 | 4578 | 11.1 | 1539 | 13 | 1488 | 11.9 | 816 | 10.5 | 735 | 8 |
| Baldwin | 2015 | 2092 | 10.3 | 1033 | 11.9 | 903 | 9.9 | 74 | 5.8 | 82 | 6 |
| | 2016 | 1974 | 9.5 | 1012 | 11.4 | 804 | 8.6 | 90 | 7.1 | 68 | 4.8 |
| | 2017 | 2,188 | 10.3 | 1,083 | 12 | 922 | 9.7 | 95 | 7.3 | 88 | 6.2 |
| | 2018 | 2,358 | 10.8 | 1169 | 12.6 | 1027 | 10.5 | 71 | 5.4 | 91 | 6.3 |
| | 2019 | 2,283 | 10.2 | 1173 | 12.4 | 921 | 9.2 | 113 | 8.4 | 76 | 5.2 |
| Alabama | 2015 | 51,896 | 10.7 | 20,328 | 12.3 | 19,505 | 11.4 | 6,266 | 9 | 5,797 | 7.3 |
| | 2016 | 52,452 | 10.8 | 20,477 | 12.4 | 19,652 | 11.5 | 6,364 | 9.1 | 5,959 | 7.5 |
| | 2017 | 53,240 | 10.9 | 20,793 | 12.5 | 20,009 | 11.6 | 6,592 | 9.3 | 5,846 | 7.3 |
| | 2018 | 53,240 | 11.1 | 20,793 | 12.5 | 20,009 | 11.7 | 6,592 | 9.4 | 5,846 | 7.3 |
| | 2019 | 54,109 | 11 | 21,187 | 12.7 | 19,867 | 11.5 | 6,901 | 9.8 | 6,154 | 7.6 |

Table 14: Deaths
Source: Alabama Public Health

| | Mobile 2015 | 2016 | 2017 | 2018 | 2019 | Baldwin 2015 | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|---|---|---|---|---|---|
| Heart Disease | 1,097 | 1,124 | 1075 | 1147 | 1227 | 515 | 491 | 573 | 575 | 555 |
| Rate | 264.1 | 271 | 259.7 | 277.2 | 296.9 | 252.8 | 235.4 | 269.5 | 263.7 | 248.6 |
| Malignant Neoplasm | 890 | 867 | 894 | 925 | 881 | 453 | 461 | 489 | 546 | 480 |
| Rate | 214.3 | 209 | 216 | 223.6 | 213.2 | 222.4 | 221 | 230 | 250.4 | 215 |
| Cerebrovascular Disease | 221 | 248 | 210 | 263 | 289 | 114 | 110 | 121 | 143 | 104 |
| Rate | 53.2 | 59.8 | 50.7 | 63.6 | 69.9 | 56 | 52.7 | 56.9 | 65.6 | 46.6 |
| Chronic Lower Respiratory | 224 | 256 | 262 | 258 | 271 | 119 | 119 | 115 | 127 | 150 |
| Rate | 53.9 | 61.7 | 63.3 | 62.4 | 65.6 | 58.4 | 57.1 | 54.1 | 58.3 | 67.2 |
| Accidents | 206 | 182 | 227 | 213 | 214 | 106 | 98 | 88 | 112 | 120 |
| Rate | 49.6 | 43.9 | 54.8 | 51.5 | 51.8 | 52 | 47 | 41.4 | 51.4 | 53.8 |
| Alzheimer's | 146 | 170 | 170 | 159 | 188 | 80 | 63 | 70 | 84 | 70 |
| Rate | 35.1 | 41 | 41.1 | 38.4 | 45.5 | 39.3 | 30.2 | 32.9 | 38.5 | 31.4 |
| Diabetes Mellitus | 107 | 106 | 97 | 87 | 94 | 46 | 19 | 34 | 26 | 43 |
| Rate | 25.8 | 25.6 | 23.4 | 21 | 22.7 | 22.6 | 9.1 | 16 | 11.9 | 19.3 |
| Influenza and Pneumonia | 95 | 81 | 94 | 108 | 84 | 40 | 24 | 35 | 34 | 36 |
| Rate | 22.9 | 19.5 | 22.7 | 26.1 | 20.3 | 19.6 | 11.5 | 16.5 | 15.6 | 16.1 |
| Nephritis, Nephrotic Syndrome, and Nephrosis | 76 | 63 | 82 | 98 | 111 | 35 | 47 | 35 | 34 | 37 |
| Rate | 18.3 | 15.2 | 19.8 | 23.7 | 26.9 | 17.2 | 22.5 | 16.5 | 15.6 | 16.6 |
| Suicide | 66 | 69 | 64 | 62 | 64 | 45 | 42 | 39 | 44 | 39 |
| Rate | 15.9 | 16.6 | 15.5 | 15 | 15.5 | 22.1 | 20.1 | 18.3 | 20.2 | 17.5 |
| Septicemia | 104 | 100 | 77 | 108 | 68 | 21 | 26 | 40 | 32 | 31 |
| Rate | 25 | 24.1 | 18.6 | 26.1 | 16.5 | 10 | 12 | 18.8 | 14.7 | 9.4 |
| Homicide | 59 | 80 | 76 | 57 | 61 | 4 | 7 | 7 | 10 | 8 |
| Rate | 14.2 | 19.3 | 18.4 | 13.8 | 14.8 | 2 | 3.4 | 3.3 | 4.6 | 3.6 |
| Chronic Liver Disease and Cirrhosis | 52 | 73 | 65 | 54 | 68 | 40 | 27 | 45 | 37 | 43 |
| Rate | 12.5 | 17.6 | 15.7 | 13.1 | 16.5 | 19.6 | 12.9 | 21.2 | 17 | 19.3 |
| Parkinson's | 36 | 42 | 38 | 36 | 42 | 25 | 21 | 33 | 24 | 36 |
| Rate | 8.7 | 10.1 | 9.2 | 8.7 | 10.2 | 12.3 | 10.1 | 15.5 | 11 | 16.1 |
| HIV | 27 | 27 | 25 | 10 | 16 | 1 | 0 | 6 | 4 | 5 |
| Rate | 6.5 | 6.5 | 6 | 2.4 | 3.9 | 0.5 | 0 | 2.8 | 1.8 | 2.2 |
| Viral Hepatitis | 19 | 12 | 13 | 9 | 8 | 4 | 3 | 1 | 0 | 1 |
| Rate | 4.6 | 2.9 | 3.1 | 2.4 | 1.9 | 2 | 1 | 0.5 | 0 | 0.4 |
| Other | 498 | 508 | 455 | 489 | 500 | 274 | 267 | 279 | 341 | 341 |
| Rate | 119.9 | 122.5 | 109.9 | 118.2 | 121 | 134.5 | 128 | 131.2 | 156.4 | 152.8 |

**Note: Alabama Department of Public Health reports that there exists an error in the causes of death data for Baldwin County in 2010. This error has yet to be corrected and publicly released.

Table 15: Cancers
Source: Alabama Public Health

| | Mobile 2015 | 2016 | 2017 | 2018 | 2019 | Baldwin 2015 | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|---|---|---|---|---|---|
| All Cancer | 890 | 867 | 894 | 925 | 881 | 453 | 461 | 489 | 546 | 480 |
| Trachea, Bronchus, Lung, and Pleura | 234 | 243 | 263 | 269 | 216 | 155 | 128 | 132 | 159 | 135 |
| Colorectal | 87 | 64 | 79 | 74 | 75 | 35 | 37 | 44 | 43 | 39 |
| Breast | 56 | 60 | 56 | 75 | 68 | 33 | 31 | 32 | 38 | 26 |
| Prostate | 45 | 34 | 39 | 29 | 44 | 25 | 25 | 28 | 19 | 18 |
| Pancreas | 49 | 59 | 61 | 71 | 64 | 28 | 45 | 30 | 50 | 36 |
| Leukemias | 38 | 31 | 26 | 42 | 34 | 8 | 14 | 17 | 23 | 18 |
| Non-Hodgkin's Lymphoma | 17 | 26 | 28 | 19 | 26 | 14 | 3 | 14 | 15 | 15 |
| Stomach | 10 | 19 | 16 | 18 | 17 | 6 | 7 | 3 | 2 | 8 |
| Esophagus | 23 | 23 | 23 | 22 | 19 | 7 | 11 | 14 | 18 | 29 |
| Brain and Other Nervous | 20 | 19 | 25 | 26 | 26 | 9 | 12 | 13 | 14 | 21 |
| Uterus and Cervix | 16 | 14 | 10 | 6 | 10 | 9 | 3 | 3 | 4 | 2 |
| Ovaries | 21 | 22 | 18 | 18 | 18 | 12 | 7 | 22 | 12 | 13 |
| Melanoma of Skin | 23 | 14 | 14 | 19 | 12 | 9 | 8 | 6 | 5 | 11 |
| All Other | 251 | 239 | 106 | 97 | 104 | 103 | 130 | 60 | 52 | 44 |

**Note: Alabama Department of Public Health reports that there exists an error in the causes of death data for Baldwin County in 2010. This error has yet to be corrected and publicly released.

Table 16: Accidental Deaths
Source: Alabama Public Health

| | | All Accidents | Motor Vehicle | Suffocation | Poisoning | Smoke Fire & Flames | Falls | Drowning | Firearms | Other Accidents |
|---|---|---|---|---|---|---|---|---|---|---|
| Mobile | 2014 | 198 | 85 | 7 | 52 | 9 | 11 | 7 | 1 | 26 |
| | 2015 | 206 | 69 | 9 | 69 | 5 | 22 | 13 | 1 | 18 |
| | 2016 | 182 | 74 | 5 | 55 | 6 | 15 | 6 | 0 | 21 |
| | 2017 | 227 | 93 | 10 | 48 | 6 | 27 | 8 | 1 | 34 |
| | 2018 | 213 | 86 | 13 | 55 | 8 | 25 | 7 | 0 | 19 |
| Baldwin | 2014 | 95 | 35 | 4 | 26 | 2 | 12 | 5 | 0 | 11 |
| | 2015 | 106 | 36 | 3 | 42 | 2 | 9 | 5 | 1 | 8 |
| | 2016 | 98 | 34 | 1 | 25 | 1 | 11 | 7 | 0 | 19 |
| | 2017 | 88 | 31 | 2 | 23 | 1 | 11 | 8 | 0 | 12 |
| | 2018 | 112 | 42 | 2 | 29 | 4 | 9 | 9 | 1 | 19 |
| Alabama | 2014 | 2421 | 891 | 122 | 644 | 84 | 221 | 75 | 28 | 356 |
| | 2015 | 2529 | 958 | 106 | 691 | 86 | 252 | 65 | 20 | 351 |
| | 2016 | 2747 | 1157 | 124 | 720 | 94 | 244 | 75 | 21 | 312 |
| | 2017 | 2700 | 1032 | 134 | 786 | 66 | 239 | 69 | 21 | 353 |
| | 2018 | 2682 | 1062 | 105 | 741 | 82 | 264 | 67 | 25 | 336 |

**Note: Alabama Department of Public Health reports that there exists an error in the causes of death data for Baldwin County in 2010. This error has yet to be corrected and publicly released.

## APPENDIX B – COMMUNITY SURVEY TABLES

Table B.1: q1. Would you say that in general your health is . . . ?

| | | *Mobile County* |
|---|---|---|
| Excellent | | 12.1 |
| Very Good | | 24.1 |
| Good | | 37.4 |
| Fair | | 20.9 |
| Poor | | 5.4 |
| | *Total* | 99.9% |
| | *N* | 406 |

Table B.2: q2. Thinking about Mobile County overall, how would you rate the health of people who live in Mobile County . . . ?

| | | *Mobile County* |
|---|---|---|
| Very Healthy | | 3.6 |
| Healthy | | 23.4 |
| Somewhat Healthy | | 55.0 |
| Unhealthy | | 16.2 |
| Very Unhealthy | | 1.9 |
| | *Total* | 100.1% |
| | *N* | 364 |

Table B.3: q3. Overall, how would you rate the quality of healthcare services available in Mobile County . . . ?

| | *Mobile County* |
|---|---|
| Excellent | 12.1 |
| Very Good | 28.5 |
| Good | 35.6 |
| Fair | 16.7 |
| Poor | 7.1 |
| *Total* | 100.0% |
| *N* | 396 |

Table B.4: q4. What type of healthcare insurance do you have?

| | *Mobile County* |
|---|---|
| Private Insurance – Direct Purchase | 16.9 |
| Private Insurance – Employer Based | 20.2 |
| Private Insurance – Employer Based Spouse | 3.5 |
| Medicare | 41.4 |
| Medicaid | 6.8 |
| Tricare / Military Insurance | 2.0 |
| Other | 4.8 |
| No Insurance | 4.3 |
| *Total* | 99.9% |
| *N* | 396 |

Table B.5: q5. Do you have one person you think of as your personal doctor or health care provider?

| | *Mobile County* |
|---|---|
| Yes, Only One | 71.5 |
| Yes, More than One | 17.8 |
| No | 10.6 |
| *Total* | 99.9% |
| *N* | 404 |

Table B.6: q6. How long has it been since your last visit to a doctor for a wellness exam or routine checkup . . . ?

| | *Mobile County* |
|---|---|
| Within the past 12 months | 91.1 |
| 1 to 2 years ago | 4.2 |
| 2 to 5 years ago | 2.2 |
| 5 or more years ago | 1.7 |
| Have never had one | 0.7 |
| *Total* | 99.9% |
| *N* | 405 |

Table B.7: q7. How long has it been since your last dental exam or cleaning . . . ?

| | *Mobile County* |
|---|---|
| Within the past 12 months | 64.3 |
| 1 to 2 years ago | 11.8 |
| 2 to 5 years ago | 11.3 |
| 5 or more years ago | 9.8 |
| Have never had one | 2.8 |
| *Total* | 100.0% |
| *N* | 398 |

Table B.8: q7a. In the last 12 months, have you used any telehealth services such as accessing a health provider by phone, Zoom, or text message?

| | *Mobile County* |
|---|---|
| Yes | 31.6 |
| No | 68.4 |
| *Total* | 100.0% |
| *N* | 405 |

Table B.9: q7b. How would you rate the quality of your telehealth experience, would you say it was excellent, very good, good, fair, or poor?

| | *Mobile County* |
|---|---|
| Excellent | 21.1 |
| Very good | 35.0 |
| Good | 30.9 |
| Fair | 11.4 |
| Poor | 1.6 |
| *Total* | 100.0% |
| *N* | 123 |

Table B.10: q7c. How interested would you be in receiving telehealth services from your health care provider . . . very interested, somewhat interested, not very interested, or not at all interested?

| | *Mobile County* |
|---|---|
| Very interested | 8.9 |
| Somewhat interested | 29.0 |
| Not very interested | 19.0 |
| Not at all interested | 43.1 |
| *Total* | 100.0% |
| *N* | 269 |

Table B.11: q7d. Using a 7-point scale, where 1 is the worst possible and 7 is the best possible, how well do you feel that the City of Mobile has responded to the COVID-19 crisis?

| | *Mobile County* |
|---|---|
| 1 – Worst possible | 4.2 |
| 2 | 3.2 |
| 3 | 7.9 |
| 4 | 13.4 |
| 5 | 30.5 |
| 6 | 20.7 |
| 7 – Best possible | 20.2 |
| *Total* | 99.9% |
| *N* | 381 |

Table B.12: q7e. Using the same scale, how well do you feel that local healthcare providers have responded to the COVID-19 crisis?

| | *Mobile County* |
|---|---|
| 1 – Worst possible | 1.6 |
| 2 | 1.6 |
| 3 | 3.4 |
| 4 | 9.8 |
| 5 | 18.9 |
| 6 | 29.5 |
| 7 – Best possible | 35.4 |
| *Total* | 100.2% |
| *N* | 387 |

Table B.13: q8a – q8l For each item please tell me how important you think that item would be to improving the overall health in your community.

| | *Very Important* | *Somewhat Important* | *Neither* | *Somewhat Unimportant* | *Very Unimportant* | *Total* | *N* |
|---|---|---|---|---|---|---|---|
| Q8a. Access to health services such a health clinic or hospital. | 89.6 | 9.9 | 0.5 | 0.0 | 0.0 | 100.0% | 405 |
| Q8b. Active lifestyles including outdoor activities. | 74.5 | 23.3 | 0.8 | 1.0 | 0.5 | 100.1% | 400 |
| Q8c. Affordable housing. | 72.2 | 23.7 | 2.6 | 0.5 | 1.0 | 100.0% | 389 |
| Q8d. Arts and cultural events. | 41.2 | 44.0 | 9.2 | 3.3 | 2.3 | 100.0% | 393 |
| Q8e. A clean environment including water, air, etc. | 93.3 | 5.9 | 0.5 | 0.0 | 0.3 | 100.0% | 405 |
| Q8f. Family doctors and specialists. | 92.3 | 7.7 | 0.0 | 0.0 | 0.0 | 100.0% | 404 |
| Q8g. Good employment opportunities. | 87.8 | 10.8 | 0.5 | 1.0 | 0.0 | 100.1% | 400 |
| Q8h. Good places to raise children. | 89.6 | 9.4 | 0.7 | 0.3 | 0.0 | 100.0% | 403 |
| Q8i. Good race relations. | 84.4 | 12.9 | 1.2 | 1.0 | 0.5 | 100.0% | 404 |
| Q8j. Good schools. | 91.8 | 7.2 | 0.8 | 0.3 | 0.0 | 100.1% | 402 |
| Q8k. Healthy food options. | 85.9 | 13.4 | 0.7 | 0.0 | 0.0 | 100.0% | 404 |
| Q8l. Fewer homeless. | 80.6 | 15.5 | 2.4 | 1.3 | 0.3 | 100.1% | 381 |
| Q8m. Less alcohol and drug abuse. | 78.9 | 16.3 | 3.3 | 0.5 | 1.0 | 100.0% | 398 |
| Q8n. Lower crime and safe neighborhoods. | 91.9 | 6.9 | 0.3 | 0.7 | 0.3 | 100.1% | 405 |
| Q8o. Less obesity. | 79.7 | 18.6 | 1.3 | 0.0 | 0.5 | 100.1% | 398 |
| Q8p. Less sexually transmitted diseases. | 85.5 | 13.2 | 0.5 | 0.5 | 0.3 | 100.0% | 387 |
| Q8q. Less tobacco use. | 76.8 | 19.0 | 2.2 | 1.5 | 0.5 | 100.0% | 401 |
| Q8r. Mental health services. | 91.3 | 8.2 | 0.3 | 0.3 | 0.0 | 100.1% | 402 |
| Q8s. More quality education. | 89.3 | 9.4 | 1.2 | 0.0 | 0.0 | 99.9% | 403 |
| Q8t. More quality health care options. | 88.3 | 11.0 | 0.8 | 0.0 | 0.0 | 100.1% | 402 |
| Q8u. Good transportation options. | 70.9 | 25.6 | 3.0 | 0.3 | 0.3 | 100.1% | 395 |
| Q8v. Religious and/or spiritual values. | 74.1 | 18.7 | 4.2 | 2.0 | 1.0 | 100.0% | 401 |
| Q8w. Social support services such as food pantries and charity services. | 77.7 | 20.5 | 1.2 | 0.0 | 0.5 | 99.9% | 404 |

Table B.14: q9a – q9l For each health issue please tell me how important of a problem you feel that issue is for Mobile County.

| | *Very Important* | *Somewhat Important* | *Neither* | *Somewhat Unimportant* | *Very Unimportant* | *Total* | *N* |
|---|---|---|---|---|---|---|---|
| Q9a. Accidental injuries at places like work, home or school. | 56.4 | 34.5 | 6.3 | 1.8 | 1.0 | 100.0% | 383 |
| Q9b. Aging problems like dementia and loss of mobility. | 85.1 | 12.6 | 2.0 | 0.3 | 0.0 | 100.0% | 396 |
| Q9c. Cancers. | 89.0 | 10.2 | 0.8 | 0.0 | 0.0 | 100.0% | 401 |
| Q9d. Child abuse and neglect. | 94.5 | 4.2 | 1.0 | 0.3 | 0.0 | 100.0% | 401 |
| Q9e. Dental problems. | 59.9 | 35.8 | 3.3 | 1.0 | 0.0 | 100.0% | 399 |
| Q9f. Diabetes. | 79.3 | 19.5 | 1.3 | 0.0 | 0.0 | 100.1% | 401 |
| Q9g. Domestic violence. | 88.3 | 10.2 | 1.5 | 0.0 | 0.0 | 100.0% | 403 |
| Q9h. Drug use and abuse. | 88.0 | 10.3 | 1.5 | 0.3 | 0.0 | 100.1% | 399 |
| Q9i. Fire-arm related injuries. | 71.8 | 21.6 | 5.1 | 0.5 | 1.0 | 100.0% | 394 |
| Q9j. Heart disease and stroke. | 86.5 | 12.0 | 1.0 | 0.3 | 0.3 | 100.1% | 401 |
| Q9k. HIV/AIDS. | 72.7 | 22.1 | 3.9 | 1.0 | 0.3 | 100.0% | 385 |
| Q9l. Homelessness. | 81.0 | 14.9 | 3.5 | 0.3 | 0.3 | 100.0% | 395 |
| Q9m. Homicides. | 84.7 | 13.3 | 1.8 | 0.0 | 0.3 | 100.1% | 398 |
| Q9n. Infant death. | 81.8 | 15.3 | 2.3 | 0.5 | 0.0 | 99.9% | 385 |
| Q9o. Infectious diseases like hepatitis and tuberculosis. | 70.9 | 23.2 | 4.3 | 1.3 | 0.3 | 100.0% | 392 |
| Q9p. Mental health problems. | 86.1 | 11.4 | 2.0 | 0.3 | 0.3 | 100.1% | 402 |
| Q9q. Motor vehicle crash injuries. | 69.6 | 25.4 | 4.0 | 0.8 | 0.3 | 100.1% | 398 |
| Q9r. Obesity or excess weight. | 73.9 | 23.1 | 2.8 | 0.3 | 0.0 | 100.1% | 398 |
| Q9s. Rape and sexual assault. | 87.7 | 9.8 | 2.0 | 0.5 | 0.0 | 100.0% | 398 |
| Q9t. Respiratory problems and lung disease. | 78.5 | 18.8 | 2.3 | 0.5 | 0.0 | 100.1% | 399 |
| Q9u. Sexually transmitted diseases. | 71.2 | 23.1 | 4.9 | 0.8 | 0.0 | 100.0% | 386 |
| Q9v. Suicide. | 82.3 | 13.4 | 3.0 | 1.3 | 0.0 | 100.0% | 396 |
| Q9w. Teenage pregnancy. | 72.5 | 24.7 | 1.8 | 0.5 | 0.5 | 100.0% | 393 |
| Q9x. Tobacco Use. | 70.1 | 24.1 | 3.8 | 1.5 | 0.5 | 100.0% | 395 |

Table B.15: q10a – q10l For each health condition, please tell me if a doctor or other health care professional has ever told you that you have that condition.

| | *Yes* | *No* | *Total* | *N* |
|---|---|---|---|---|
| Q10a. Asthma. | 14.3 | 85.7 | 100.0% | 398 |
| Q10b. Chronic obstructive pulmonary disease or COPD. | 8.6 | 91.4 | 100.0% | 395 |
| Q10c. Dementia or Alzheimer's. | 1.0 | 99.0 | 100.0% | 397 |
| Q10d. Depression. | 21.2 | 78.8 | 100.0% | 397 |
| Q10e. Diabetes. | 23.4 | 76.6 | 100.0% | 397 |
| Q10f. Heart Disease. | 22.0 | 78.0 | 100.0% | 396 |
| Q10g. High Cholesterol. | 43.0 | 57.0 | 100.0% | 393 |
| Q10h. High blood pressure. | 56.7 | 43.3 | 100.0% | 395 |
| Q10i. HIV or Aids. | 0.8 | 99.3 | 100.1% | 398 |
| Q10j. Obesity. | 18.6 | 81.4 | 100.0% | 393 |
| Q10k. Tuberculosis. | 1.5 | 98.5 | 100.0% | 398 |
| Q10l. Alcohol or drug addiction. | 2.0 | 98.0 | 100.0% | 398 |

Table B.13: q11. Thinking about your experience with healthcare services in Mobile County, please tell me if there are any healthcare services which you feel are difficult to get in Mobile County? Select All That Apply[1]

| | *Mobile County* |
|---|---|
| Alternative therapies (acupuncture, herbals) | 4.4% |
| Dental care / dentures | 6.7% |
| Emergency medical care | 6.2% |
| Hospital care | 4.2% |
| Laboratory services | 3.0% |
| Mental health services | 17.0% |
| Physical therapy / rehabilitation* | 4.9% |
| Preventative healthcare (routine or wellness checkups) | 3.7% |
| Prescriptions / pharmacy services | 5.2% |
| Primary medical care (primary doctor or clinic) | 4.4% |
| Services for the elderly* | 10.1% |
| Specialty medical care (specialist doctors) | 6.7% |
| Alcohol or drug abuse treatment* | 7.9% |
| Vision care / eye exams / glasses | 3.0% |
| Women's health | 4.2% |
| X-rays or mammograms** | 3.2% |
| Other | 11.1% |
| None | 57.6% |
| *N* | 406 |

[1] May add to more than 100% since respondents could select all that apply.

Table B.14: q12. In the past 12 months, have you delayed getting needed medical care for any reason?

| | *Mobile County* |
|---|---|
| Yes | 20.7 |
| No | 79.3 |
| *Total* | 100.0% |
| *N* | 405 |

Table B.15: q13. (Of those saying YES to Q12) Why did you delay in getting needed medical care? Select All That Apply[1]

| | *Mobile County* |
|---|---|
| Could not afford medical care | 15.5% |
| Insurance problems / lack of insurance | 2.4% |
| Lack of transportation | 6.0% |
| Language barriers / could not communicate | 0.0% |
| Provider did not take my insurance | 3.6% |
| Provider was not taking new patients | 1.2% |
| Could not get an appointment soon enough | 1.2% |
| Could not get a weekend or evening appointment | 1.2% |
| Other | 39.3% |
| *N* | 84 |

[1] May add to more than 100% since respondents could select all that apply.

Table B.16: q14. When you or someone in your family is sick, where do you typically go for healthcare?

| | *Mobile County* |
|---|---|
| Emergency room (hospital) | 12.6 |
| Family doctor | 58.4 |
| Any doctor | 1.2 |
| Urgent care clinic | 19.5 |
| Health department | 2.0 |
| Community health center | 1.5 |
| Free clinic | 0.0 |
| VA / Military facility | 1.5 |
| Other | 3.5 |
| I usually go without receiving healthcare | 0.0 |
| *Total* | 100.2% |
| *N* | 406 |

Table B.17: q15. Thinking about yourself personally, how confident are you that you can make and maintain lifestyle changes like eating right, exercising, or not smoking . . . ?

| | *Mobile County* |
|---|---|
| Extremely confident | 33.1 |
| Very confident | 38.8 |
| Somewhat confident | 22.9 |
| Not very confident | 3.2 |
| Not at all confident | 2.0 |
| *Total* | 100.0% |
| *N* | 402 |

Table B.18: q16. Do you currently use any tobacco products such as cigarettes, cigars, chewing tobacco, snuff, vaping or e-cigarettes? Select All That Apply[1]

| | *Mobile County* |
|---|---|
| Yes, cigarettes or cigars | 10.8% |
| Yes, chewing tobacco, snuff | 2.0% |
| Yes, vaping or e-cigarettes | 4.7% |
| No, quit in the last 12 months | 1.0% |
| No, quit more than a year ago* | 12.6% |
| No, never used tobacco products | 71.7% |
| *N* | 406 |

[1] May add to more than 100% since respondents could select all that apply.

Table B.19: q17. Age – Calculated from year respondent was born.

| | *Mobile County* |
|---|---|
| 18 to 30 | 5.4 |
| 31 to 45 | 10.1 |
| 46 to 65 | 34.9 |
| Over 65 | 49.6 |
| *Total* | 100.1% |
| *N* | 387 |

Table B.20: q18. What is your race?

| | *Mobile County* |
|---|---|
| White / Caucasian | 60.8 |
| Black / African-American | 35.2 |
| Hispanic or Latino | 0.0 |
| Asian | 0.5 |
| American Indian / Alaskan Native | 0.5 |
| Pacific Islander | 0.3 |
| Multi-racial | 0.3 |
| Other | 2.5 |
| *Total* | 100.1% |
| *N* | 406 |

Table B.21: q19. What is the highest level of school you have completed or the highest degree you have received?

| | *Mobile County* |
|---|---|
| Never attended school or only Kindergarten | 0.5 |
| Grades 1 through 8 | 0.3 |
| Some High School (grades 9 through 11) | 4.0 |
| High School Degree or GED | 29.3 |
| Vocational / Technical School | 4.5 |
| Some College | 26.6 |
| Bachelors or 4 Year College Degree | 20.6 |
| Graduate or Professional Degree (Law Degree) | 14.4 |
| *Total* | 100.2% |
| *N* | 403 |

Table B.22: q20. What is your current employment status?

| | *Mobile County* |
|---|---|
| Disabled / Unable to work | 9.0 |
| Employed full-time | 30.4 |
| Employed part-time | 5.0 |
| Homemaker / Housewife or househusband | 3.5 |
| Retired | 46.0 |
| Seasonal worker | 0.0 |
| Student | 0.5 |
| Self-employed | 2.0 |
| Unemployed | 3.7 |
| *Total* | 100.1% |
| *N* | 402 |

Table B.23: q21. And finally, what was your total family income last year . . . ?

| | *Mobile County* |
|---|---|
| Less than $15,000 | 11.6 |
| $15,000 - $25,000 | 13.8 |
| $25,000 - $35,000 | 11.0 |
| $35,000 - $50,000 | 16.2 |
| $50,000 - $75,000 | 16.2 |
| $75,000 - $100,000 | 14.7 |
| More than $100,000 | 16.5 |
| *Total* | 100.0% |
| *N* | 327 |

Table B.24: Sex

| | | *Mobile County* |
|---|---|---|
| Male | | 34.7 |
| Female | | 65.3 |
| | *Total* | 100.0% |
| | *N* | 406 |

## APPENDIX C – COMMUNITY HEALTH SURVEY OPEN-ENDED RESPONSES

Q11. Thinking about your experience with healthcare services in Mobile County, please tell me if there are any healthcare services which you feel are difficult to get in Mobile County?

- dermatology
- Domestic violence. If you can't pay for it you can't get needed services
- Unaware because she hasn't had to use the entirety of the services listed
- need more information to get these things
- the price
- Price
- Medical care
- dermatology and cardiology
- therapeutic settings for mental health under 13
- special need children
- Ambulance service
- Pain management
- in service mental care - covid testing
- Time to wait to get sometimes
- all are hard to get into if you don't have insurance
- appointments taking so long
- choices other than mobile infirmary
- pediatrics in mental health and pediatric specialists and more primary care
- Hard to get treatment when you have Covid-19.
- Doctor available in area
- Covid care
- Specialists
- Not real happy with osteo, orthopedic. want more natural ways to address
- Improvement for health services in home
- transportation for mobility impaired, amputee
- ear, nose, and throat doctors
- Wholistic healthcare
- Transportation
- MRI
- Chiropractic
- if you don't have insurance everything is difficulty
- huge problem with hospitals requesting their own doctors
- urgent care center
- mobility
- covid-19 treatment breathing treatment covid-19 medicine should be given
- not difficult to get but difficult to pay for them
- transportation

- need more free insurance
- child care services
- skin specialty
- Appointments
- more affordable options

Q13. Why did you delay in getting needed medical care?

- My mother needed me caring for her. She couldn't take care of herself.
- covid
- No time off work.
- sister passed away and they have to refer you to other places
- Personal thing
- work related
- Doctor said it's not important, but it causes pain. Elective surgery.
- corona
- My wife was dying.
- covid
- lazy
- Couldn't could an appointment for 6 weeks.
- just to busy
- Shortages in people working.
- Specialist not available
- Dr. changed diagnoses
- Could not leave family member
- flu
- Conflicting diagnosis
- costs of insurance including deductible, depression issues; timing
- new job and didn't want to take time off
- heart attack
- Anxiety disorder
- Just haven't had the time.
- taking care of mother
- husband was sick and she delayed getting medical care to care for her hus
- timing
- Has Parkisons and lupus.
- never
- traveling
- Didn't have ID. Didn't have ramp to get up with wheel chair.
- dental didn't have insurance
- No time because time limited to care of husband
- because I feel that they pushed covid down your throat

## APPENDIX D – COMMUNITY HEALTH LEADERS SURVEY DATA TABLES

Table D.1: q1. What do you think are the most important features of a "Healthy Community"? Check only three[1]

| | *Frequency* | *Percent* |
|---|---|---|
| 1a. Access to health services (e.g., family doctor, hospitals) | 32 | 65.3% |
| 1b. Active lifestyles / outdoor activities | 3 | 6.1% |
| 1c. Affordable housing | 11 | 22.4% |
| 1d. Arts and cultural events | 1 | 2.0% |
| 1e. Clean environment (clean water, air, etc.) | 6 | 12.2% |
| 1f. Family doctors and specialists | 1 | 2.0% |
| 1g. Good employment opportunities | 19 | 38.8% |
| 1h. Good place to raise children | 3 | 6.1% |
| 1i. Good race relations | 1 | 2.0% |
| 1j. Good schools | 3 | 6.1% |
| 1k. Healthy food options | 6 | 12.2% |
| 1l. Low numbers of homeless | 1 | 2.0% |
| 1m. Low alcohol and drug use | 1 | 2.0% |
| 1n. Low crime / safe neighborhoods | 18 | 36.7% |
| 1o. Low percent of population that are obese | 0 | 0.0% |
| 1p. Low numbers of sexually transmitted diseases (STDs) | 0 | 0.0% |
| 1q. Low tobacco use | 2 | 4.1% |
| 1r. Mental health services | 13 | 26.5% |
| 1s. Quality education | 17 | 34.7% |
| 1t. Quality hospitals and urgent / emergency services | 2 | 4.1% |
| 1u. Good transportation options | 5 | 10.2% |
| 1v. Religious or spiritual values | 0 | 0.0% |
| 1w. Social support services | 2 | 4.1% |
| 1x. Some other feature | 0 | 0.0% |
| *N* | 49 | |

[1] May add to more than 100% since respondents could select up to three responses.

Table D.2: q2. What do you think are the most important health issues in Mobile County? Check only three[1]

| | *Frequency* | *Percent* |
|---|---|---|
| 2a. Accidental injuries (at work, home, school, farm) | 1 | 2.0% |
| 2b. Aging problems (e.g., dementia, vision / hearing loss, loss of mobility) | 9 | 18.4% |
| 2c. Cancers | 4 | 8.2% |
| 2d. Child abuse / neglect | 9 | 18.4% |
| 2e. Dental problems | 3 | 6.1% |
| 2f. Diabetes | 12 | 24.5% |
| 2g. Domestic violence | 7 | 14.3% |
| 2h. Drug use / abuse | 15 | 30.6% |
| 2i. Fire-arm related injuries | 4 | 8.2% |
| 2j. Heart disease and stroke | 10 | 20.4% |
| 2k. HIV / Aids | 0 | 0.0% |
| 2l. Homelessness | 8 | 16.3% |
| 2m. Homicide | 2 | 4.1% |
| 2n. Infant Death | 0 | 0.0% |
| 2o. Infectious diseases (e.g., hepatitis, TB, etc.) | 2 | 4.1% |
| 2p. Mental health problems | 37 | 75.5% |
| 2q. Motor vehicle crash injuries | 1 | 2.0% |
| 2r. Obesity / excess weight | 21 | 42.9% |
| 2s. Rape / sexual assault | 0 | 0.0% |
| 2t. Respiratory / lung disease | 0 | 0.0% |
| 2u. Sexually Transmitted Diseases (STDs) | 1 | 2.0% |
| 2v. Suicide | 1 | 2.0% |
| 2w. Teenage pregnancy | 0 | 0.0% |
| 2x. Tobacco use | 0 | 0.0% |
| 2y. Some other health issue | 0 | 0.0% |
| 2z. Some other health issue | 0 | 0.0% |
| *N* | 49 | |

[1] May add to more than 100% since respondents could select up to three responses.

Table D.3: q3. Which of the following unhealthy behaviors in Mobile County concern you the most? Check only three[1]

| | *Frequency* | *Percent* |
|---|---|---|
| 3a. Alcohol abuse | 6 | 12.2% |
| 3b. Drug abuse | 28 | 57.1% |
| 3c. Excess weight | 23 | 46.9% |
| 3d. Homelessness | 14 | 28.6% |
| 3e. Lack of exercise | 11 | 22.4% |
| 3f. Poor eating habits / poor nutrition | 22 | 44.9% |
| 3g. Not getting shots to prevent disease | 9 | 18.4% |
| 3h. Not using seat belts / child safety seats | 1 | 2.0% |
| 3i. Not seeing a doctor or dentist | 21 | 42.9% |
| 3j. Tobacco use | 5 | 10.2% |
| 3k. Unprotected / unsafe sex | 2 | 4.1% |
| 3l. Some other unhealthy behavior | 5 | 10.2% |
| *N* | 49 | |

[1] May add to more than 100% since respondents could select up to three responses.

Table D.4: q4. Which healthcare services are difficult to get in Mobile County? Check all that apply[1]

| | *Frequency* | *Percent* |
|---|---|---|
| 4a. Alternative therapies (acupuncture, herbals, etc.) | 10 | 20.4% |
| 4b. Dental care including dentures | 16 | 32.7% |
| 4c. Emergency medical care | 3 | 6.1% |
| 4d. Hospital care | 0 | 0.0% |
| 4e. Laboratory services | 1 | 2.0% |
| 4f. Mental health services | 40 | 81.6% |
| 4g. Physical therapy / rehabilitation | 2 | 4.1% |
| 4h. Preventative healthcare (routine or wellness check-ups, etc.) | 8 | 16.3% |
| 4i. Prescriptions / pharmacy services | 2 | 4.1% |
| 4j. Primary medical care (a primary doctor / clinic) | 11 | 22.4% |
| 4k. Services for the elderly | 12 | 24.5% |
| 4l. Specialty medical care (specialist doctors) | 9 | 18.4% |
| 4m. Alcohol or drug abuse treatment | 26 | 53.1% |
| 4n. Vision care (eye exams and glasses) | 3 | 6.1% |
| 4o. Women's health | 5 | 10.2% |
| 4p. X-Rays or mammograms | 1 | 2.0% |
| 4q. Some other healthcare service | 2 | 4.1% |
| *N* | 49 | |

[1] May add to more than 100% since respondents could select up to three responses.

Table D.5: q5. Overall, how would you rate the health of people who live in Mobile County?

| | | *Frequency* | *Percent* |
|---|---|---|---|
| Very healthy | | 0 | 0.0 |
| Healthy | | 1 | 2.0 |
| Somewhat healthy | | 23 | 46.9 |
| Unhealthy | | 22 | 44.9 |
| Very unhealthy | | 2 | 4.1 |
| Don't Know | | 1 | 2.0 |
| | *N* | 49 | 99.9 |

Table D.6: q6. Overall, how would you rate the quality of healthcare services available in Mobile County?

| | | *Frequency* | *Percent* |
|---|---|---|---|
| Excellent | | 3 | 6.1 |
| Very good | | 8 | 16.3 |
| Good | | 20 | 40.8 |
| Fair | | 15 | 30.6 |
| Poor | | 2 | 4.1 |
| Don't Know | | 1 | 2.0 |
| | *N* | 49 | 99.9 |

Table D.7: q7. What is the primary type of service(s) you or your organization provide?

| | | *Frequency* | *Percent* |
|---|---|---|---|
| Alcohol / substance abuse treatment | | 0 | 0.0 |
| Business | | 0 | 0.0 |
| Clothing / thrift store | | 0 | 0.0 |
| Disability services | | 5 | 10.2 |
| Education | | 6 | 12.2 |
| Employment / job training | | 0 | 0.0 |
| Faith based counseling | | 1 | 2.0 |
| Financial counseling | | 0 | 0.0 |
| Food assistance | | 2 | 4.1 |
| Government | | 0 | 0.0 |
| Healthcare | | 17 | 34.7 |
| Housing / temporary shelter | | 4 | 8.2 |
| Legal aid | | 0 | 0.0 |
| Mental health | | 1 | 2.0 |
| Pregnancy or adoption assistance | | 0 | 0.0 |
| Public Service | | 0 | 0.0 |
| Senior services | | 1 | 2.0 |
| Utility payment assistance | | 0 | 0.0 |
| Some other services | | 12 | 24.5 |
| | *N* | 49 | 99.9 |

Table D.8: q8. Which of the following best describes the clients you serve?

| | | *Frequency* | *Percent* |
|---|---|---|---|
| Active duty military | | 0 | 0.0 |
| Disabled | | 3 | 6.4 |
| Families | | 11 | 23.4 |
| Homeless | | 3 | 6.4 |
| Individuals | | 21 | 44.7 |
| Veterans | | 0 | 0.0 |
| Other | | 9 | 19.2 |
| | *N* | 47 | 100.1 |

Table D.9: q9. Which of the following best describes what happens if your organization cannot provide all the services needed by a client?

| | *Frequency* | *Percent* |
|---|---|---|
| Give the client information on where to obtain assistance (client is responsible for contacting other organization) | 29 | 63.0 |
| Phone, email, or fax a referral to another organization | 13 | 28.3 |
| Send an electronic referral using a shared software system (such as Bowman Systems or CareScope) | 2 | 4.4 |
| Other | 2 | 4.4 |
| *N* | 46 | 100.1 |

Table D.10: q10. What age group do most of your clients fit into? Check all that apply[1]

| | *Frequency* | *Percent* |
|---|---|---|
| Children | 23 | 46.9% |
| Adults (under age 65) | 32 | 65.3% |
| Seniors (65 and over) | 12 | 24.5% |
| *N* | 49 | |

[1] May add to more than 100% since respondents could select up to three responses.

Table D.11: q11. Given the services that your organization provides and the clients you serve; how helpful would it be to know what other services the client has received from other organizations?

| | *Frequency* | *Percent* |
|---|---|---|
| Helpful | 37 | 77.1 |
| Somewhat helpful | 9 | 18.8 |
| Not helpful | 2 | 4.2 |
| Don't Know | 0 | 0.0 |
| *N* | 48 | 100.1 |

Table D.12: q12. How many clients (unique individuals, not visits) do you serve on an annual basis?

| | | *Frequency* | *Percent* |
|---|---|---|---|
| 500 or less | | 15 | 31.3 |
| 501 to 1,000 | | 5 | 10.4 |
| 1,001 to 5,000 | | 6 | 12.5 |
| 5,001 to 10,000 | | 2 | 4.2 |
| 10,001 to 20,000 | | 2 | 4.2 |
| 20,000 or more | | 14 | 29.2 |
| Don't Know | | 4 | 8.3 |
| | *N* | 48 | 100.1 |

Table D.13: q13. Do your clients have to meet income eligibility requirements to obtain services?

| | | *Frequency* | *Percent* |
|---|---|---|---|
| Yes, 50% of the federal poverty level or less | | 2 | 4.6 |
| Yes, 100% of the federal poverty level or less | | 1 | 2.3 |
| Yes, 150% of the federal poverty level or less | | 2 | 4.6 |
| Yes, 200% of the federal poverty level or less | | 1 | 2.3 |
| Yes, 300% of the federal poverty level or less | | 1 | 2.3 |
| No, we serve everyone | | 31 | 70.5 |
| Other | | 4 | 9.1 |
| Don't Know | | 2 | 4.6 |
| | *N* | 44 | 100.3 |

Table D.14: q14. What percent of your staff would you say are volunteers?

| | | *Frequency* | *Percent* |
|---|---|---|---|
| 0% | | 10 | 25.6 |
| 1 – 25% | | 23 | 59.0 |
| 26 – 50% | | 2 | 5.1 |
| 51 – 75% | | 1 | 2.6 |
| 76 – 100% | | 3 | 7.7 |
| | *N* | 39 | 100.0 |

Table D.15: q15. Do you use any of the following systems to store client records electronically?

| | *Frequency* | *Percent* |
|---|---|---|
| CareScope | 0 | 0.0 |
| Bowman Systems (Service Point or Community Point) | 2 | 5.6 |
| VisionLink (2-1-1 or Community) | 1 | 2.8 |
| Social Solutions (ETO Collaborative) | 0 | 0.0 |
| An electronic medical record (EMR) or electronic health record (EHR) | 21 | 58.3 |
| Some other system | 9 | 25.0 |
| Don't Know | 3 | 8.3 |
| *N* | 36 | 100.0 |

## APPENDIX E – COMMUNITY HEALTH LEADERS SURVEY OPEN-ENDED RESPONSES

Q1. What is some other feature that you think if most important for a "Healthy Community"?

*No Responses*

Q2. What is some other important health issue in Mobile County?

*No Responses*

Q3. What is some other unhealthy behavior in Mobile County that concern you the most?

- Illegal access to guns
- Lack of management skills of parents
- Lack of opens/safe spaces to exercise
- lack of social and emotional development of children
- Poverty

Q4. What is some other healthcare service in Mobile County that you feel is difficult to get?

- home health/tele health
- Psychiatric medications

Q7. What other type of service do you or your organization provide?

- Advocacy for Abused and Neglected children
- All of these services apply
- Coalition and advocacy for improved health
- Community planning and fundraising
- Emergency Assistance
- Environmental
- Free Prescription Medications
- health and human support services UWSWA
- Housing discrimination
- Multi-services - mental health, financial counseling, crisis counseling
- social services
- Youth Development Services

Q8. What other category best describes the clients you serve?

- All individuals
- all of the above
- Children
- families, individuals
- Multiple of the above options including disabled, seniors, families, homeless, individuals, veterans
- We fund agencies that work with all of the above, and our internal programs also work with all of the above.
- We serve all of these clients
- Youth
- Youth ages 6 to 18

Q9. What other actions do you or your organization take if you cannot provide all the services needed by a client?

- One and two
- We work toward building relationships with other orgs. So we can easily rfer community members to other orgs.

Q15. What other system do you use to store client records electronically?

- Apricot
- Databank
- Epic
- Homeless Management Information System (HMIS)
- MyClubHub (SalesForce)
- Oasis insights
- Osnium
- salesforce

## APPENDIX F – COMMUNITY HEALTH SURVEY QUESTIONNAIRE

**2021-2023 COMMUNITY HEALTH NEEDS ASSESSMENT**
**INFIRMARY HEALTH/USA HEALTH/VRR**

**SCREENER**

*I. Introduction*

"My name is _____ and I'm calling from the University of South Alabama. We are conducting a survey about healthcare needs and services in (Baldwin/Mobile) County."

IF LANDLINE SKIPTO II
IF CELL PHONE SKIPTO III

*II. Respondent Selection*

"I'd like to talk to the person in your household who's 18 or older and who makes most of the household decisions regarding healthcare?"

A. IF RESPONDENT – "Then you're the one I want to talk to." SKIP TO QUESTIONNAIRE

B. IF SOMEONE ELSE – "May I speak to them please?"

IF RESPONDENT IS NOT HOME, ASK – "Could you suggest a convenient time for me to call back when I might be able to reach them?" GIVE SHIFT TIMES IF NECESSARY. GET FIRST NAME OF RESPONDENT IF POSSIBLE.

IF RESPONDENT IS DIFFERENT FROM PERSON WHO ANSWERED PHONE – "My name is _____ and I'm calling from the University Polling Group. We are conducting a survey about healthcare needs and services in (Baldwin/Mobile) County."

SKIPTO IV

*III. Cell Phone*

C1. "Is this a safe time to talk with you, or are you driving?"

1 YES, SAFE TIME
2 NO, NOT A SAFE TIME

IF NO: "May I schedule a day and time to call you back?"
PRESSING 2 FOR NO WILL EXIT THE SURVEY AND ALLOW YOU TO DISPOSITION AND SETUP A CALLBACK

C2. "Are you 18 years of age or older?"

1 18 YEARS OF AGE OR OLDER
2 UNDER 18 YEARS OF AGE

IF UNDER 18 YEARS OF AGE: "Thank you, but we are only talking to adults 18 years of age or older for this survey."
EXIT TO DISPOSITION

C3. "And, do you currently live in (Baldwin/Mobile) County?"

1 YES, LIVE IN BALDWIN/MOBILE COUNTY
2 NO, DO NOT LIVE IN BALDWIN/MOBILE COUNTY

IF NO: "Thank you, but we are only talking to residents of (Baldwin/Mobile) County for this survey."
EXIT TO DISPOSITION

SKIPTO IV

*IV. Survey Start*

"You may refuse to answer any question, and you may stop the survey at any time. Your answers to these questions are completely anonymous."

1. (16) “First, would you say that in general your health is . . . excellent, very good, good, fair, or poor?”

1 EXCELLENT
2 VERY GOOD
3 GOOD
4 FAIR
5 POOR

8 DK
9 NA

2. (4) “Thinking about (Baldwin/Mobile) County overall, how would you rate the health of people who live in (Baldwin/Mobile) County . . . very healthy, healthy, somewhat healthy, unhealthy, or very unhealthy?”

1 VERY HEALTHY
2 HEALTHY
3 SOMEWHAT HEALTHY
4 UNHEALTHY
5 VERY UNHEALTHY

8 DK
9 NA

3. (14) “Overall, how would you rate the quality of healthcare services available in (Baldwin/Mobile) County . . . excellent, very good, good, fair, or poor?”

1 EXCELLENT
2 VERY GOOD
3 GOOD
4 FAIR
5 POOR

8 DK
9 NA

4. (6) "What type of healthcare insurance do you have?"

IF RESPONDENT HAS PRIVATE INSURANCE: “Is your private insurance plan one you purchased yourself or is it provided to you through your employer or spouse’s employer?”

1 PRIVATE INSURANCE – DIRECT PURCHASE
2 PRIVATE INSURANCE – EMPLOYER BASED
3 PRIVATE INSURANCE – EMPLOYER BASED SPOUSE
4 MEDICARE
5 MEDICAID
6 OTHER
7 NO INSURANCE
8 TRICARE/MILITARY INSURANCE

98 DON’T KNOW
99 REF/NA

5. “Do you have one person you think of as your personal doctor or health care provider?”

IF “No” ASK: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”

1 YES ONLY ONE
2 YES MORE THAN ONE
3 NO

8 DK
9 NA

6. (8) “How long has it been since your last visit to a doctor for a wellness exam or routine checkup . . . was that within the past 12 months, 1 to 2 years ago, 2 to 5 years ago, 5 or more years ago, or have you never had a wellness exam or routine checkup?”

1 WITHIN THE PAST 12 MONTHS
2 1 TO 2 YEARS AGO
3 2 TO 5 YEARS AGO
4 5 OR MORE YEARS AGO
5 NEVER HAD ONE

8 DK
9 NA

7. (7) “How long has it been since your last dental exam or cleaning . . . was that within the past 12 months, 1 to 2 years ago, 2 to 5 years ago, 5 or more years ago, or have you never had a dental exam or cleaning?”

1 WITHIN THE PAST 12 MONTHS
2 1 TO 2 YEARS AGO
3 2 TO 5 YEARS AGO
4 5 OR MORE YEARS AGO
5 NEVER HAD ONE

8 DK
9 NA

7A. “In the last 12 months, have you used any telehealth services such as accessing a health provider by phone, Zoom, or text message?”

1 YES
2 NO

8 DK
9 NA

IF YES SKIPTO 7B
IF NO SKIPTO 7C
SKIPTO 7D

7B. “How would you rate the quality of your telehealth experience, would you say it was excellent, very good, good, fair, or poor?”

1 EXCELLENT
2 VERY GOOD
3 GOOD
4 FAIR
5 POOR

8 DK
9 NA

SKIPTO 7D

7C. “How interested would you be in receiving telehealth services from your health care provider . . . very interested, somewhat interested, not very interested, or not at all interested?”

1 VERY INTERESTED
2 SOMEWHAT INTERESTED
3 NOT VERY INTERESTED
4 NOT AT ALL INTERESTED

8 DK
9 NA

SKIPTO 7D

7D. “Using a 7-point scale, where 1 is the worst possible and 7 is the best possible, how well do you feel that the City of Mobile has responded to the COVID-19 crisis?

1 WORST POSSIBLEE
2
3
4
5
6
7 BEST POSSIBLE

8 DK
9 NA

7E. “Using the same scale, how well do you feel that local healthcare providers have responded to the COVID-19 crisis?

PROMPT IF NEEDED: “A 7-point scale, where 1 is the worst possible and 7 is the best possible.”

1 WORST POSSIBLEE
2
3
4
5
6
7 BEST POSSIBLE

8 DK
9 NA

8. (1) Next, I'm going to read a list of things that apply to healthy communities. For each item please tell me how important you think that item would be to improving the overall health in your community.

A. "First, access to health services such a health clinic or hospital . . . would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?"

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

B. "What about, active lifestyles including outdoor activities . . . would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?"

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

C. "Affordable housing?"

PROBE IF NEEDED: "Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?"

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

D. “Arts and cultural events?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

E. “A clean environment including water, air, etc.?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

F. “Family doctors and specialists?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

G. “Good employment opportunities?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

H. “Good places to raise children?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

I. “Good race relations?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

J. “Good schools?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

K. “Healthy food options?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

L. “Fewer homeless?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

M. “Less alcohol and drug abuse?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

N. “Lower crime and safe neighborhoods?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

O. “Less obesity?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

P. “Less sexually transmitted diseases?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

Q. “Less tobacco use?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

R. “Mental health services?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

S. “More quality education?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

T. “More quality health care options?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

U. “Good transportation options?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

V. “Religious and/or spiritual values?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

W. “Social support services such as food pantries and charity services?”

PROBE IF NEEDED: “Would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

9. (2) Next, I’m going to read a list of health issues, for each one please tell me how important of a problem you feel that issue is for (Baldwin/Mobile) County.

A. “First, what about accidental injuries at places like work, home or school . . . would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

B. “What about, aging problems like dementia and loss of mobility . . . would say this is very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

C. “Cancers?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

D. “Child abuse and neglect?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

E. “Dental problems?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

F. “Diabetes?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

G. “Domestic violence?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

H. “Drug use and abuse?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

I. “Fire-arm related injuries?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

J. “Heart disease and stroke?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

K. “HIV/AIDS?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

L. “Homelessness?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

M. “Homicides?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

N. “Infant death?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

O. “Infectious diseases like hepatitis and tuberculosis?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

P. “Mental health problems?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

Q. “Motor vehicle crash injuries?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

R. “Obesity or excess weight?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

S. “Rape and sexual assault?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

T. “Respiratory problems and lung disease?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

U. “Sexually transmitted diseases?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

V. “Suicide?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

W. “Teenage pregnancy?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

X. “Tobacco Use?”

PROBE IF NEEDED: “Would say this issue is a very important, somewhat important, neither important nor unimportant, somewhat unimportant, or very unimportant problem to the overall health in your community?”

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT
4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

10. (5) “Now I am going to read a list of common health conditions . . . for each one, please tell me if a doctor or other health care professional has ever told you that you have that condition.”

A. “The first condition is asthma, has a doctor or other health professional ever told you that you have asthma?”

1 YES
2 NO

8 DK
9 NA

B. “Has a doctor or other health professional ever told you that you have chronic obstructive pulmonary disease or COPD?”

1 YES
2 NO

8 DK
9 NA

C. “What about dementia or Alzheimer’s (ALS-HI-MERS) disease?”

PROBE IF NEEDED: “Has a doctor or other health professional ever told you that you have this health condition?”

1 YES
2 NO

8 DK
9 NA

D. “Depression?”

PROBE IF NEEDED: “Has a doctor or other health professional ever told you that you have this health condition?”

1 YES
2 NO

8 DK
9 NA

E. “Diabetes?”

PROBE IF NEEDED: “Has a doctor or other health professional ever told you that you have this health condition?”

1 YES
2 NO

8 DK
9 NA

F. “Heart Disease?”

PROBE IF NEEDED: “Has a doctor or other health professional ever told you that you have this health condition?”

1 YES
2 NO

8 DK
9 NA

G. “High Cholesterol?”

PROBE IF NEEDED: “Has a doctor or other health professional ever told you that you have this health condition?”

1 YES
2 NO

8 DK
9 NA

H “High blood pressure?”

PROBE IF NEEDED: “Has a doctor or other health professional ever told you that you have this health condition?”

1 YES
2 NO

8 DK
9 NA

I. “HIV or Aids?”

PROBE IF NEEDED: “Has a doctor or other health professional ever told you that you have this health condition?”

1 YES
2 NO

8 DK
9 NA

J. “Obesity?”

PROBE IF NEEDED: “Has a doctor or other health professional ever told you that you have this health condition?”

1 YES
2 NO

8 DK
9 NA

K. “Tuberculosis?”

PROBE IF NEEDED: “Has a doctor or other health professional ever told you that you have this health condition?”

1 YES
2 NO

8 DK
9 NA

L. “Alcohol or drug addiction?”

PROBE IF NEEDED: “Has a doctor or other health professional ever told you that you have this health condition?”

1 YES
2 NO

8 DK
9 NA

11. (10) “Thinking about your experience with healthcare services in (Baldwin/Mobile) County, please tell me if there are any healthcare services which you feel are difficult to get in (Baldwin/Mobile) County?”

PROBE: “Are there any other healthcare services which you feel are difficult to get?”

SELECT ALL THAT APPLY

1 ALTERNATIVE THERAPIES (ACUPUNCTURE, HERBALS)
2 DENTAL CARE / DENTURES
3 EMERGENCY MEDICAL CARE
4 HOSPITAL CARE
5 LABORATORY SERVICES
6 MENTAL HEALTH SERVICES
7 PHYSICAL THERAPY / REHABILITATION
8 PREVENTATIVE HEALTHCARE (ROUTINE OR WELLNESS CHECKUPS)
9 PRESCRIPTIONS / PHARMACY SERVICES
10 PRIMARY MEDICAL CARE (PRIMARY CARE DOCTOR OR CLINIC)
11 SERVICES FOR THE ELDERLY
12 SPECIALTY MEDICAL CARE (SPECIALIST DOCTORS)
13 ALCOHOL OR DRUG ABUSE TREATMENT
14 VISION CARE / EYE EXAMS / GLASSES
15 WOMEN’S HEALTH
16 X-RAYS OR MAMMOGRAMS
17 OTHER
18 NO / NO MORE

12. (11) “In the past 12 months, have you delayed getting needed medical care for any reason?”

1 YES
2 NO

8 DK
9 NA

IF YES SKIPTO Q13; ELSE SKIPTO Q14

13. (11) “Why did you delay in getting needed medical care?”

PROBE: “Are there any reasons you delayed getting needed medical care in the past 12 months?”

SELECT ALL THAT APPLY

1 COULD NOT AFFORD MEDICAL CARE
2 INSURANCE PROBLEMS / LACK OF INSURANCE
3 LACK OF TRANSPORTATION
4 LANGUAGE BARRIERS / COULD NOT COMMUNICATE
5 PROVIDER DID NOT TAKE MY INSURANCE
6 PROVIDER WAS NOT TAKING NEW PATIENTS
7 COULD NOT GET AN APPOINTMENT SOON ENOUGH
8 COULD NOT GET A WEEKEND OR EVENING APPOINTMENT
9 OTHER
10 NO MORE REASONS

14. (12) “When you or someone in your family is sick, where do you typically go for healthcare?”

1 EMERGENCY ROOM (HOSPITAL)
2 FAMILY DOCTOR
3 ANY DOCTOR
4 URGENT CARE CLINIC
5 HEALTH DEPARTMENT
6 COMMUNITY HEALTH CENTER
7 FREE CLINIC
8 VA / MILITARY FACILITY
9 OTHER
10 I USUALLY GO WITHOUT RECEIVING HEALTHCARE

98 DK
99 NA

15. (17) “Thinking about yourself personally, how confident are you that you can make and maintain lifestyle changes like eating right, exercising, or not smoking . . . extremely confident, very confident, somewhat confident, not very confident, or not at all confident?”

1 EXTREMELY CONFIDENT
2 VERY CONFIDENT
3 SOMEWHAT CONFIDENT
4 NOT VERY CONFIDENT
5 NOT AT ALL CONFIDENT

8 DK
9 NA

16. (15) “Do you currently use any tobacco products such as cigarettes, cigars, chewing tobacco, snuff, vaping or e-cigarettes?”

IF YES, PROBE: “Anything else?”

IF NO, PROBE: “Have you ever used any of these tobacco products?” IF YES: “Did you stop using them in the last 12 months, or has it been more than a year since you used any of these tobacco products?”

SELECT ALL THAT APPLY

1 YES, CIGARETTES OR CIGARS
2 YES, CHEWING TOBACCO, SNUFF
3 YES, VAPING OR E-CIGARETTES
4 NO, QUIT IN THE LAST 12 MONTHS
5 NO, QUIT MORE THAN A YEAR AGO
6 NO, NEVER USED ANY TOBACCO PRODUCTS / NO MORE PRODUCTS

17. (22) “Finally for statistical purposes, I need to ask a few questions about yourself. In what year were you born?”

RECORD YEAR BORN

18. “Have you personally ever served in the United States Armed Forces, military reserves, or National Guard?”

1 YES
2 NO

8 DK
9 NA

IF YES SKIPTO Q18A; ELSE SKIPTO Q19

18A. “Are you currently serving in the Armed Forces, the military reserves, or the National Guard?”

1 ARMED FORCES
2 MILITARY RESERVES
3 NATIONAL GUARD

8 DK
9 NA

IF ARMED FORCES SKIPTO Q18B; ELSE SKIPTO Q19

18B. “Are you currently on active duty service?”

1 YES
2 NO

8 DK
9 NA

IF NO SKIPTO Q18C; ELSE SKIPTO Q19

18C. “Have you been on active duty service any time during the past 12 months?”

1 YES
2 NO

8 DK
9 NA

19. “Has a member of your immediate family, that is a parent, sibling, child, or spouse, ever served in the United States Armed Forces, military reserves, or National Guard?”

1 YES
2 NO

8 DK
9 NA

IF YES SKIPTO Q19A; ELSE SKIPTO Q20

19A. “Is that family member currently serving in the Armed Forces, the military reserves, or the National Guard?”

1 ARMED FORCES
2 MILITARY RESERVES
3 NATIONAL GUARD

8 DK
9 NA

IF ARMED FORCES SKIPTO Q19B; ELSE SKIPTO Q20

19B. “Are they currently on active duty service?

1 YES
2 NO

8 DK
9 NA

IF NO SKIPTO Q19C; ELSE SKIPTO Q20

19C. “Have they been on active duty service any time during the past 12 months?”

1 YES
2 NO

8 DK
9 NA

20. “Have you personally ever served as a first responder?’

1 YES
2 NO

8 DK
9 NA

IF YES SKIPTO Q20A; ELSE SKIPTO Q21

20A. “Are you currently serving as a first responder?

1 YES
2 NO

8 DK
9 NA

IF NO SKIPTO Q20B; ELSE SKIPTO Q21

20B. “Have you served as a first responder any time during the past 12 months?”

1 YES
2 NO

8 DK
9 NA

21. “Has a member of your immediate family, that is a parent, sibling, child, or spouse, ever served as a first responder?”

1 YES
2 NO

8 DK
9 NA

IF YES SKIPTO Q21A; ELSE SKIPTO Q22

21A. “Are they currently serving as a first responder?

1 YES
2 NO

8 DK
9 NA

IF NO SKIPTO Q21B; ELSE SKIPTO Q22

21B. “Have they served as a first responder any time during the past 12 months?”

1 YES
2 NO

8 DK
9 NA

FOR THOSE SAYING YES TO BEING A FIRST RESPONDER OR HAVING A FAMILY MEMBER WHO WAS A FIRST RESPONDER.
22. “What first responder role(s) have you or your family member participated in?”

PROMPT: “Anything else?” SELECT ALL THAT APPLY

1 FIREFIGHTER
2 EMT/PARAMEDIC
3 LAW ENFORCEMENT OFFICER
4 OTHER

8 DK
9 NA

IF 4 SKIPTO Q22A; ELSE SKIPTO Q23

22A. “What other first responder role did you or your family member participate in?”

RECORD VERBATIM RESPONSE

FOR THOSE SAYING YES TO BEING A VETERAN OR HAVING A FAMILY MEMBER WHO WAS A VETERAN.

23. "What branch of the service did you or your family member serve in?"

1 AIR FORCE
2 ARMY
3 COAST GUARD
4 MARINE CORPS
5 NATIONAL GUARD
6 NAVY
7 OTHER

8 DK
9 NA

IF 7 SKIPTO Q23A; ELSE SKIPTO Q24

23A. "What other branch of the service did you or your family member serve in?"

RECORD VERBATIM RESPONSE

24. "What year did you or your family member begin their military service?"

RECORD YEAR

25. "What year did you or family member end their military service?"

RECORD YEAR

26. "Did you or your family member service in any of the following . . . Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn?"

PROMPT: "Any other?" SELECT ALL THAT APPLY

1 OPERATION ENDURING FREEDOM
2 OPERATION IRAQI FREEDOM
3 OPERATION NEW DAWN
4 NONE

8 DK
9 NA

27. "Do you or your family member currently receive benefits from the Veterans Administration?"

1 YES
2 NO

8 DK
9 NA

IF YES SKIPTO Q27A; ELSE SKIPTO Q28

27A. “What benefits are you or your family member currently receiving?”

PROMPT: “Anything else?” SELECT ALL THAT APPLY

1 MEDICAL CARE
2 DENTAL CARE
3 VISION CARE
4 HEARING SERVICES
5 MENTAL HEALTH SERVICES
6 SUBSTANCE ABUSE SERVICES
7 PRESCRIPTIONS/PHARMACY SERVICES
8 FOOD ASSISTANCE
9 TRANSPORTATION
10 HOUSING
11 HOMELESS ASSISTANCE
12 EMPLOYMENT SERVICES
13 DISABILITY SERVICES/REHABILITATION
14 EDUCATION OR VOCATIONAL TRAINING
15 LEGAL AID
16 PREGNANCY OR ADOPTION ASSISTANCE
17 FINANCIAL ASSISTANCE/COUNSELING
18 TRANSITION TO CIVILIAN LIFE
19 FAITH-BASED SERVICES
20 PEER SUPPORT
21 WOMEN’S HEALTH SERVICES
22 SENIOR/ELDERLY SERVICES

98 DK
99 NA

28. "What benefits or services do you believe are missing or need to be expanded for veterans in South Alabama?"

SELECT ALL THAT APPLY

1 MEDICAL CARE
2 DENTAL CARE
3 VISION CARE
4 HEARING SERVICES
5 MENTAL HEALTH SERVICES
6 SUBSTANCE ABUSE SERVICES
7 PRESCRIPTIONS/PHARMACY SERVICES
8 FOOD ASSISTANCE
9 TRANSPORTATION
10 HOUSING
11 HOMELESS ASSISTANCE
12 EMPLOYMENT SERVICES
13 DISABILITY SERVICES/REHABILITATION
14 EDUCATION OR VOCATIONAL TRAINING
15 LEGAL AID
16 PREGNANCY OR ADOPTION ASSISTANCE
17 FINANCIAL ASSISTANCE/COUNSELING
18 TRANSITION TO CIVILIAN LIFE
19 FAITH-BASED SERVICES
20 PEER SUPPORT
21 WOMEN'S HEALTH SERVICES
22 SENIOR/ELDERLY SERVICES

98 DK
99 NA

29. "Are there any barriers that limit you or your family member's ability to receive benefits and services that are needed?"

1 YES
2 NO

8 DK
9 NA

IF YES SKIPTO Q29A; ELSE SKIPTO Q30

29A. "What are the barriers that limit you or your family member's ability to receive benefits and services that are needed?"

PROMPT: "Anything else?" SELECT ALL THAT APPLY

1 UNAWARE OF BENEFITS AND SERVICES THAT ARE AVAILABLE
2 LACK OF HEALTH INSURANCE
3 SERVICES NOT AVAILABLE IN MY COMMUNITY
4 LACK OF TRANSPORTION
5 FINANCIAL DIFFICULTY
6 DIFFICULTY WITH PAPERWORK REQUIRED TO RECEIVE BENEFITS OR SERVICES
7 OTHER

8 DK
9 NA

IF OTHER SKIPTO Q29B; ELSE SKIPTO Q30

29B. "What other barriers limit you or your family member's ability to receive benefits and services that are needed?"

RECORD VERBATIM RESPONSE

EVERYONE – VETERANS AND FIRST RESPONDERS GET THESE
30. "Thinking about your overall mental well-being, currently would you say you are . . . staying about the same as normal, getting better, or getting worse?"

1 GETTING WORSE
2 STAYING SAME
3 GETTING BETTER

8 DK
9 NA

31. "How would you describe your sense of belonging to your local community . . . would you say it is very strong, somewhat strong, varies depending on the day, somewhat weak, or it is very weak?"

1 VERY STRONG
2 SOMEWHAT STRONG
3 VARIES
4 SOMEWHAT WEAK
5 VERY WEAK

8 DK
9 NA

32. "Do you have a permanent place to live?"

1 YES
2 NO

8 DK
9 NA

33. "What behavioral or mental health services do you believe need to be expanded for Veterans, First Responders, and/or their families?"

PROMPT: "Anything else?" SELECT ALL THAT APPLY

1 ADDICTION TREATMENT (ALCOHOL AND DRUGS)
2 GROUP THERAPY
3 MEDICATION MANAGEMENT
4 PTSD TREATMENT
5 MARITAL THERAPY
6 ANGER MANAGEMENT
7 FAMILY THERAPY
8 HEALTH INSURANCE FOR MENTAL HEALTH TREATMENT
9 TRANSITION SERVICES TO CIVILIAN LIFE

98 DK
99 NA

34. "How often would you say you have family or friends that support you . . . always, often, sometimes, rarely or never?"

1 ALWAYS
2 OFTEN
3 SOMETIMES
4 RARELY
5 NEVER

8 DK
9 NA

35. "How often would you say you get the social and emotional support you need?"

PROMPT IF NEEDED: "Always, often, sometimes, rarely or never?"

1 ALWAYS
2 OFTEN
3 SOMETIMES
4 RARELY
5 NEVER

8 DK
9 NA

36. "How often would you say you experience mental or emotional distress?"

PROMPT IF NEEDED: "Always, often, sometimes, rarely or never?"

1 ALWAYS
2 OFTEN
3 SOMETIMES
4 RARELY
5 NEVER

8 DK
9 NA

37. "If you or a loved one were experiencing addiction or serious emotional distress, are you confident that the mental health services available in your community would be helpful?

1 YES
2 NO

8 DK
9 NA

38. "Do you have a disability?"

1 YES
2 NO

8 DK
9 NA

IF YES SKIPTO Q38A; ELSE SKIPTO Q39

38A. "What type of disability do you have?"

PROMPT: "Anything else?" SELECT ALL THAT APPLY

1 PTSD
2 TRAUMATIC BRAIN INJURY
3 LIMB LOSS
4 SPINAL CORD INJURY
5 POOR VISION
6 HEARING LOSS
7 CHRONIC PAIN
8 OTHER

8 DK
9 NA

IF OTHER SKIPTO Q38B; ELSE SKIPTO Q39

38B. "What other type of disability do you have?"

RECORD ANSWER VERBATIM

39. "What is your most urgent unmet need?"

RECORD ANSWER VERBATIM

ALL RESPONDENTS BACK HERE
40. (18.) (21) "What is your race?"

1 WHITE / CAUCASION
2 BLACK / AFRICAN-AMERICAN
3 HISPANIC OR LATNIO
4 ASIAN
5 AMERICAN INDIAN / ALASKAN NATIVE
6 PACIFIC ISLANDER
7 MULTI-RACIAL
8 OTHER

98 DK
99 NA

41. (19.) (23) "What is the highest level of school you have completed or the highest degree you have received?"

1 GRADES 1 THROUGH 8
2 SOME HIGH SCHOOL (GRADES 9 THROUGH 11)
3 HIGH SCHOOL OR GED
4 VOCATIONAL / TECHNICAL SCHOOL
5 SOME COLLEGE
6 ASSOCIATES DEGREE OR 2 YEAR COLLEGE DEGREE
7 BACHELORS OR 4 YEAR COLLEGE DEGREE
8 GRADUATE OR PROFESSIONAL DEGREE (LAW DEGREE)

98 DK
99 NA

42. (20.) (24) "What is your current employment status?"

IF WORKING OR EMPLOYED: "Is that full-time or part-time?"

1 DISABLED / UNABLE TO WORK
2 EMPLOYED FULL-TIME
3 EMPLOYED PART-TIME
4 HOMEMAKER / HOUSEWIFE OR HOUSEHUSBAN
5 RETIRED
6 SEASONAL WORKER
7 STUDENT
8 SELF-EMPLOYED
9 UNEMPLOYED

98 DK
99 NA

43. (21.) (25) "And finally, what was your total family income last year . . . was it less than $15,000, $15,001 to $25,000, $25,001 to $35,000, $35,001 to $50,000, $50,001 to $75,000, $75,001 to $100,000 or more than $100,000?"

1 LESS THAN $15,000
2 $15,000 - $25,000
3 $25,000 - $35,000
4 $35,000 - $50,000
5 $50,000 - $75,000
6 $75,000 - $100,000
7 MORE THAN $100,000

8 DK
9 NA

"Thank you very much for your time and taking the survey today!"

**END SURVEY**

ENTER SEX OF RESPONDENT

1 MALE
2 FEMALE

ENTER YOUR INTERVIEW ID NUMBER

RECORD 4 DIGIT ID

ENTER ANY FINAL COMMENTS

## APPENDIX G – COMMUNITY HEALTH LEADERS SURVEY QUESTIONNAIRE

**Start of Block: Introduction and informed consent**

I1
You have been specially selected as a community leader from either Baldwin or Mobile County to participate in the Community Health Leaders Survey for the 2018-2019 Community Health Needs Assessment. This needs assessment is being conducted by the USA Polling Group at the University of South Alabama for Infirmary Health, Providence Hospital, and USA Health including USA Health University Hospital, USA Health Children's & Women's Hospital, and the USA Health Mitchell Cancer Institute (MCI).

The purpose of the survey is to get your opinions about community health issues in Baldwin and Mobile County. The results of the survey will be used to identify health priorities for community action.

This survey should take less than 10 minutes to complete, and your answers are completely confidential.

We very much appreciate you taking the time to complete this survey. By clicking continue you are consenting to participate and will be taken to the survey.

- ○ CONTINUE TO SURVEY (1)
- ○ PREFER NOT TO PARTICIPATE (2)

*Skip To: End of Block If You have been specially selected as a community leader from either Baldwin or Mobile County to pa... = CONTINUE TO SURVEY*

*Skip To: End of Survey If You have been specially selected as a community leader from either Baldwin or Mobile County to pa... = PREFER NOT TO PARTICIPATE*

**End of Block: Introduction and informed consent**

**Start of Block: Community Health 01**

*

Q1 What do you think are the most important features of a "Healthy Community"? *(Those factors that would most improve the quality of life in this community.) Check only three (3).*

- ☐ Access to health services (e.g., family doctor, hospitals) (1)
- ☐ Active lifestyles / outdoor activities (2)
- ☐ Affordable housing (3)
- ☐ Arts and cultural events (4)
- ☐ Clean environment (clean water, air, etc.) (5)
- ☐ Family doctors and specialists (6)
- ☐ Good employment opportunities (7)
- ☐ Good place to raise children (8)
- ☐ Good race relations (9)
- ☐ Good schools (10)
- ☐ Healthy food options (11)
- ☐ Low numbers of homeless (12)
- ☐ Low alcohol & drug use (13)
- ☐ Low crime / safe neighborhoods (14)
- ☐ Low percent of population that are obese (15)
- ☐ Low numbers of sexually transmitted disease (STDs) (16)
- ☐ Low tobacco use (17)

☐ Mental health services (18)

☐ Quality education (19)

☐ Quality hospitals and urgent / emergency services (20)

☐ Good transportation options (21)

☐ Religious or spiritual values (22)

☐ Social support services (such as Salvation Army, food pantries, Catholic charities, Red Cross, etc.) (23)

☐ Some other feature (please specify) (24)
_____

☐ Some other feature (please specify) (25)
_____

☐ Some other feature (please specify) (26)
_____

**End of Block: Community Health 01**

**Start of Block: Community Health 02**

*

Q2 What do you think are the most important health issues in Baldwin or Mobile County (consider the county where you or your agency perform most of your service(s))?

*(Those problems that have the greatest impact on overall community health.) Check only three (3).*

- ☐ Accidental injuries (at work, home, school, farm) (1)
- ☐ Aging problems (e.g., dementia, vision/hearing loss, loss of mobility) (2)
- ☐ Cancers (3)
- ☐ Child abuse / neglect (4)
- ☐ Dental problems (5)
- ☐ Diabetes (6)
- ☐ Domestic violence (7)
- ☐ Drug use / abuse (8)
- ☐ Fire-arm related injuries (9)
- ☐ Heart disease and stroke (10)
- ☐ HIV / AIDS (11)
- ☐ Homelessness (12)
- ☐ Homicide (13)
- ☐ Infant death (14)
- ☐ Infectious diseases (e.g., hepatitis, TB, etc.) (15)
- ☐ Mental health problems (16)
- ☐ Motor vehicle crash injuries (17)

- ☐ Obesity / excess weight (18)
- ☐ Rape / sexual assault (19)
- ☐ Respiratory / lung disease (20)
- ☐ Sexually Transmitted Diseases (STDs) (21)
- ☐ Suicide (22)
- ☐ Teenage pregnancy (23)
- ☐ Tobacco use (24)
- ☐ Some other health issue (please specify) (25)
_____
- ☐ Some other health issue (please specify) (26)
_____
- ☐ Some other health issue (please specify) (27)
_____

**End of Block: Community Health 02**

**Start of Block: Community Health 03**

*

Q3 Which of the following unhealthy behaviors in Baldwin or Mobile County concern you the most (consider the county where you or your agency perform most of your service(s))?
*(Those behaviors that have the greatest impact on overall community health.) Check only thee (3).*

- ☐ Alcohol abuse (1)
- ☐ Drug abuse (2)
- ☐ Excess weight (3)
- ☐ Homelessness (4)
- ☐ Lack of exercise (5)
- ☐ Poor eating habits / poor nutrition (6)
- ☐ Not getting shots to prevent disease (7)
- ☐ Not using seat belts / child safety seats (8)
- ☐ Not seeing a doctor or dentist (9)
- ☐ Tobacco use (10)
- ☐ Unprotected / unsafe sex (11)
- ☐ Some other unhealthy behavior (please specify) (12)
_____
- ☐ Some other unhealthy behavior (please specify) (13)
_____
- ☐ Some other unhealthy behavior (please specify) (14)
_____

**End of Block: Community Health 03**

**Start of Block: Community Health 04**

Q4 Which healthcare services are difficult to get in Baldwin or Mobile County (consider the county where you or your agency perform most of your service(s))? *(Check all that apply)*

- ☐ Alternative therapies (acupuncture, herbals, etc.) (1)
- ☐ Dental care including dentures (2)
- ☐ Emergency medical care (3)
- ☐ Hospital care (4)
- ☐ Laboratory services (5)
- ☐ Mental health services (6)
- ☐ Physical therapy / rehabilitation (7)
- ☐ Preventative healthcare (routine or wellness check-ups, etc.) (8)
- ☐ Prescriptions / pharmacy services (9)
- ☐ Primary medical care (a primary doctor / clinic) (10)
- ☐ Services for the elderly (11)
- ☐ Specialty medical care (specialist doctors) (12)
- ☐ Alcohol or drug abuse treatment (13)
- ☐ Vision care (eye exams and glasses) (14)
- ☐ Women's health (15)
- ☐ X-Rays or mammograms (16)

☐ Some other healthcare service (please specify) (17)
_____

**End of Block: Community Health 04**

**Start of Block: Community Health 05**

Q5 Overall, how would you rate the health of people who live in Baldwin or Mobile County (consider the county where you or your agency perform most of your service(s))?

- ○ Very healthy (1)
- ○ Healthy (2)
- ○ Somewhat healthy (3)
- ○ Unhealthy (4)
- ○ Very unhealthy (5)
- ○ Don't know / not sure (6)

Q6 Overall, how would you rate the quality of healthcare services available in Baldwin or Mobile County (consider the county where you or your agency perform most of your service(s))?

- ○ Excellent (1)
- ○ Very Good (2)
- ○ Good (3)
- ○ Fair (4)
- ○ Poor (5)
- ○ Don't know / not sure (6)

**End of Block: Community Health 05**

**Start of Block: Screener**

Q7 What is the primary type of service(s) you or your organization provide?

- ○ Alcohol / substance abuse treatment (1)
- ○ Business (2)
- ○ Clothing / thrift store (3)
- ○ Disability services (4)
- ○ Education (5)
- ○ Employment / job training (6)
- ○ Faith based counseling (7)
- ○ Financial counseling (8)
- ○ Food assistance (9)
- ○ Government (10)
- ○ Healthcare (11)
- ○ Housing / temporary shelter (12)
- ○ Legal aid (13)
- ○ Mental health (14)
- ○ Pregnancy or adoption assistance (15)
- ○ Public service (16)
- ○ Senior services (17)
- ○ Utility payment assistance (18)
- ○ Some other service (please specify) (19)

_____

*Skip To: End of Survey If What is the primary type of service(s) you or your organization provide? = Business*

*Skip To: End of Survey If What is the primary type of service(s) you or your organization provide? = Government*

*Skip To: End of Survey If What is the primary type of service(s) you or your organization provide? = Public service*

**End of Block: Screener**

**Start of Block: Service Information**

Q8 Which of the following which best describes the clients you serve?

- ○ Active duty military (1)
- ○ Disabled (2)
- ○ Families (3)
- ○ Homeless (4)
- ○ Individuals (5)
- ○ Veterans (6)
- ○ Other (please specify) (7) _____
- ○ Not applicable (8)

Q9 Which of the following best describes what happens if your organization cannot provide all the services needed by a client?

- ○ Give the client information on where to obtain assistance (client is responsible for contacting other organization) (1)
- ○ Phone, email, or fax a referral to another organization (2)
- ○ Send an electronic referral using a shared software system (such as Bowman Systems or CareScope) (3)
- ○ Other (please specify) (4) _____
- ○ Not applicable (5)

Q10 What age group do most of your clients fit into?
*(Check all that apply)*

- ☐ Children (1)
- ☐ Adults (under the age of 65) (2)
- ☐ Seniors (65+) (3)
- ☐ Not applicable (4)

Q11 Given the services that your organization provides and the clients you serve; how helpful would it be to know what other services the client has received from other organizations?

- ○ Helpful (1)
- ○ Somewhat helpful (2)
- ○ Not helpful (3)
- ○ Don't know / not sure (4)
- ○ Not applicable (5)

Q12 How many clients (unique individuals, not visits) do you serve on an annual basis?

- ○ 500 or less (1)
- ○ 501 to 1,000 (2)
- ○ 1,001 to 5,000 (3)
- ○ 5,001 to 10,000 (4)
- ○ 10,001 to 20,000 (5)
- ○ 20,000 or more (6)
- ○ Don't know / not sure (7)
- ○ Not applicable (8)

---

Q13 Do your clients have to meet income eligibility requirements to obtain services?

- ○ Yes, 50% of the federal poverty level or less (1)
- ○ Yes, 100% of the federal poverty level or less (2)
- ○ Yes, 150% of the federal poverty level or less (3)
- ○ Yes, 200% of the federal poverty level or less (4)
- ○ Yes, 300% of the federal poverty level or less (5)
- ○ No, we serve everyone (6)
- ○ Other (please specify) (7)
- ○ Don't know / not sure (8)
- ○ Not applicable (9)

---

Q14 Thinking about your staff . . .

| | 0 10 20 30 40 50 60 70 80 90 100 |
|---|---|
| What percent of your staff would you say is volunteer? () |  |

Q15 Do you use any of the following systems to store client records electronically? *(Check all that apply)*

- ○ CareScope (1)
- ○ Bowman Systems (Service Point or Community Point) (2)
- ○ VisionLink (2-1-1 or Community OS) (3)
- ○ Social Solutions (ETO Collaborative) (4)
- ○ An electronic medical record (EMR) or electronic health record (EHR) (5)
- ○ Some other system (please specify) (6)

_____

- ○ Don't know / not sure (7)
- ○ Not applicable (8)

**End of Block: Service Information**

**Start of Block: Thank You**

I2 Thank you very much for taking the time to complete the survey.

**End of Block: Thank You**

Executive Session

University of South Alabama Board of Trustees meeting on February 16, 2023.

The purpose of the executive session for the above-referenced meeting is to discuss preliminary negotiations involving a matter of trade or commerce.

This declaration is submitted pursuant to the requirements of the Alabama Open Meetings Act by Kristin Daniels Dukes, ASB number 6408o61k.

Kristin Daniels Dukes