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

**MINUTES OF MEETINGS**

## COMMITTEE MEETINGS HELD ON SEPTEMBER 4, 2025

Audit Committee

Development, Endowment and Investments Committee

Health Affairs Committee

Academic Excellence and Student Success Committee

Budget and Finance Committee

Long-Range Planning Committee

Committee of the Whole

## BOARD OF TRUSTEES MEETING HELD ON SEPTEMBER 5, 2025

**1** Roll Call

**1.A** Approved: Revised Agenda

**2** Approved: Minutes

**3** Approved: Board of Trustees Executive Committee

**4** Report: University President

**5** Report: Faculty Senate President

**6** Report: Student Government Association President

**7** Approved: Consent Agenda Items:

- USA Health Hospitals Medical Staff Appointment and Reappointments for May, June and July 2025
- Department of Urology Waiver Request
- Department of Urology Waiver Request
- Department of Internal Medicine Waiver Request
- Community Health Needs Assessment

**8** Report: Audit Committee

**9** Report: Development, Endowment and Investments Committee

**10** Report: Health Affairs Committee

**10.A** Approved: Amended and Restated Articles of Incorporation of the University of South Alabama Healthcare Authority and Appointment of Director

**11** Report: Academic Excellence and Student Success Committee

**12** Report: Budget and Finance Committee

**13** Approved: University of South Alabama Fiscal Year 2026 Budget

**14** Report: Long-Range Planning Committee

**14.A** Report: Evaluation and Compensation Committee

**14.B** Approved: President's Employment Contract

**15** Approved: Commendation of Mrs. Barbara Bush and Mr. Leonard Bush

**16** Unveiled: Portrait of Mrs. Arlene Mitchell, Chair Pro Tempore Emerita

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

**September 5, 2025**
**10:30 a.m.**

A meeting of the University of South Alabama (the "University," "USA") Board of Trustees was duly convened by Ms. Alexis Atkins, Chair *pro tempore*, on Friday, September 5, 2025, at 10:31 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, Scott Charlton, Steve Furr, Meredith Hamilton, Ron Graham, Bill Lewis, Arlene Mitchell, Lenus Perkins, Jimmy Shumock, Steve Stokes, Mike Windom and Jim Yance were present and Luis Gonzalez and Ron Jenkins participated remotely. |
| Member Absent: | Kay Ivey. |
| Administration & Guests: | Olivia Andrews, Jim Berscheidt, Joél Billingsley, Jo Bonner, Barbara and Leonard Bush, Nicholas Cooper, KC Crusoe, Joel Erdmann, Monica Ezell, Natalie Fox, Sharon Fruh, Charlie Guest, Buck Kelley, Andi Kent, Spence Larche, James Lawrence (BSU), Nick Lawkis, John Marymont, Abe Mitchell, Mike Mitchell, Allen Parrish, Kristen Roberts, Anderson Shof, Luke Sparkman, Sandra Stenson and Donna Streeter (Faculty Senate), Margaret Sullivan, Peter Susman, Laura Vrana and Christina Wassenaar (Faculty Senate) and Melissa Whitsett. |

Upon calling the meeting to order and following the attendance roll call, **Item 1**, Chair Atkins welcomed Trustees and guests, congratulated Justice Lewis on his nomination by President Trump to serve as a U.S. District Court judge for Alabama and recognized Trustees with September birthdays. She called for consideration of a revised agenda, **Item 1.A**, noting the addition of a report from the Evaluation and Compensation Committee. On motion by Ms. Hamilton, seconded by Mr. Shumock, the Board voted unanimously to adopt the revised agenda. Chair Atkins called for consideration of the minutes for a Board of Trustees meeting held on June 6, 2025, **Item 2**. On motion by Mr. Graham, seconded by Dr. Charlton, the Board voted unanimously to adopt the minutes.

Chair Atkins called for consideration of **Item 3** following. On motion by Mr. Graham, seconded by Capt. Jenkins, the Board voted unanimously to approve the resolution:

**RESOLUTION**
**BOARD OF TRUSTEES EXECUTIVE COMMITTEE**

**WHEREAS,** the *Bylaws of the Board of Trustees of the University of South Alabama* provides for the appointment by the Chair pro tempore of an Executive Committee, subject to the approval of the Board, for terms concurrent with the term of the Chair pro tempore, who shall serve as Chair of the Executive Committee, and

**WHEREAS,** the Trustees named herein have been appointed to serve on the Executive Committee for three-year terms that are concurrent with the term of the current Chair pro tempore:

- Mrs. Katherine Alexis Atkins
- Mr. Lenus Perkins
- Mr. William Ronald Graham
- Mrs. Chandra Brown Stewart
- Mrs. Arlene Mitchell
- Mr. James H. Shumock
- Hon. Michael P. Windom,

**THEREFORE, BE IT RESOLVED,** the Board of Trustees of the University of South Alabama hereby authorizes the Executive Committee as presented.

Chair Atkins called on President Bonner to deliver the President's Report, **Item 4**. President Bonner recognized Mr. James Lawrence III, Black Student Union ("BSU") President; Mr. Abe Mitchell, Honorary Trustee; and Mr. Luke Sparkman, Mr. Anderson Shof and Ms. Olivia Andrews, Southerner ambassadors; as well as Chair Atkins on the occasion of her inaugural meeting as Chair *pro tempore*.

President Bonner highlighted University accomplishments over the 2024-2025 academic year, as well as continuing and emerging initiatives, many as chronicled in the *Building Momentum President's Report*. Among the topics he touched on were growth in enrollment and retention rates; Goldwater Scholarships awarded to three students; the expansion of campus housing made possible with the purchase of the Traditions apartment complex; plans for a strategic initiative to advance research and a path for attaining the R1 Carnegie Classification of Institutions of Higher Education; the men's basketball program's Sun Belt Conference title; the football team's second consecutive bowl win, as well as its defeat of *Battle for the Belt* rival Troy University; record fundraising; the *Alumni and Friends* nationwide outreach program; the 100,000$^{th}$ graduate milestone celebrated during 2024 Fall Commencement; USA Health's delivery of innovative academic healthcare, log of more than 500,000 clinical visits, and the opening of the *Kelly Butler ALS Center.* President Bonner credited the people of USA for the University's progress. He also introduced a video featuring one of two new trolleys recently added to the JagTran fleet.

President Bonner turned to Provost Kent, who also attributed the University's successes to the contributions of the campus community, inclusive of the marked gains in enrollment and retention rates achieved for the 2025 fall semester. She reported an overall enrollment of 14,285 students; a record freshman class comprised of 2,137 new first-year students; and a 3.75 average GPA among incoming freshmen to tie the record. She discussed enrollment increases by academic unit and reported on record retention rates among third- and fourth-year returning students, as well as on the record number of students living on campus. She said the strategies for attracting and retaining students would continue and that graduate and military student enrollment were focus points, as well. She advised that, in recognition of the faculty and staff for their hard work, the budget proposal for 2025-2026 included a three-percent, across-the-board raise and a three-percent salary

supplement for eligible employees from the general University sector, as well as a four-percent rate increase for part-time instructors. President Bonner thanked Provost Kent and the many others whose collective efforts made a positive impact upon enrollment.

Provost Kent and Chair Atkins joined President Bonner for the introduction of Mr. Nicholas Cooper, USA freshman and *Board of Trustees Scholar* for 2025-2026. President Bonner discussed Mr. Cooper's academic accomplishments which qualified him for the scholarship, as well as his collegial and career plans. Mr. Cooper was presented a plaque commemorating the award to a round of applause.

President Bonner recognized alumna Dr. Natalie Fox for her recent appointment as interim Chief Executive Officer of USA Health and discussed her service history at the University and in the community, which he noted had earned her accolades. Dr. Fox made brief remarks, conveying that the opportunity to fill this leadership role was an honor.

President Bonner introduced Ms. Melissa Whitsett, Secretary V with the College of Nursing's ("CON") Office of Research, Evaluation and Development, advising of her selection as *Employee of the Quarter*. He asked Dr. Sharon Fruh, CON Professor/Associate Dean for Research, Development and Evaluation Administration, to join them and read an excerpt from her nomination of Ms. Whitsett. Ms. Whitsett received a certificate commemorating the award and a round of applause.

Chair Atkins called for a report from the President of the Faculty Senate (the "Senate"), **Item 5**. Dr. Christina Wassenaar, 2025-2026 Senate President, recognized the Senate officers in attendance and discussed the Senate's focus on faculty wellbeing and expectations for the future of faculty. She touched on the formation of a faculty success committee, revision of the Senate's bylaws and governance structure and collaborations with the Leadership to assess faculty resources as related to master plan development and to further faculty and staff appreciation as highlighted with the August 30 USA vs. Morgan State football game. She encouraged visits to classrooms and getting to know faculty, and thanked the Board and Leadership for their efforts and addressing faculty salaries.

Chair Atkins called for a report from the Student Government Association ("SGA") President, **Item 6**. Mr. KC Crusoe, 2025-2026 SGA President, reviewed his academic and SGA background and his platform of building community and informing positive change on campus. He talked about the cabinet positions of Director of Community Engagement and Director of Campus Advocacy and the initiative of advancing student outreach and support. He also advised of the launch of a safety and wellness campaign to educate students about key resources, a project he noted was inspired by the SGA cabinet's participation in a summer student government conference. In closing, he shared that the routine meeting schedule would commence following a weekend retreat.

Chair Atkins called for consideration of the consent agenda resolutions following, **Item 7**, all of which were unanimously recommended for Board approval by the respective committees that met

on September 4, 2025. (To view additional documents authorized, refer to Appendix A.) On motion by Mr. Shumock, seconded by Mr. Graham, the Board voted unanimously to approve the resolutions:

**RESOLUTION**
**USA HEALTH HOSPITALS MEDICAL STAFF APPOINTMENTS AND REAPPOINTMENTS FOR MAY, JUNE AND JULY 2025**

**WHEREAS,** the USA Health Hospitals medical staff appointments and reappointments for May, June and July 2025 are recommended for Board approval by the Medical Executive Committees and the USA Health Credentialing Board,

**THEREFORE, BE IT RESOLVED,** the Board of Trustees of the University of South Alabama hereby authorizes the appointments and reappointments as submitted.

**RESOLUTION**
**DEPARTMENT OF UROLOGY WAIVER REQUEST**

**WHEREAS,** the Department of Urology is dedicated to delivering patient-centered urologic care to the men, women and children along the Gulf Coast and it is vital to have a physician with expertise in endourology, and

**WHEREAS,** recruitment for this specialty has been difficult in the last three years, and

**WHEREAS,** Kumar Chanamolu, MD, is an outstanding candidate who would be a valuable addition to the Department of Urology and is a foreign medical graduate who is certified by the Educational Commission for Foreign Medical Graduates and has completed an accredited urology fellowship through the Accreditation Council for Graduate Medical Education, and

**WHEREAS,** Dr. Chanamolu does not meet the eligibility criteria to join the medical staff because he is not eligible for the American Board of Urology's alternative pathway for board certification, which requires maintaining a faculty appointment for seven years, and

**WHEREAS,** the Medical Executive committees and Credentialing Board of USA Health Hospitals recommend approval of the board certification waiver request for Dr. Chanamolu,

**THEREFORE, BE IT RESOLVED,** the Board of Trustees of the University of South Alabama hereby authorizes the waiver request as submitted.

**RESOLUTION**
**DEPARTMENT OF UROLOGY WAIVER REQUEST**

**WHEREAS,** the Department of Urology is dedicated to delivering patient-centered urologic care to the men, women and children along the Gulf Coast and it is vital to have a physician with expertise in urologic oncology, and

**WHEREAS,** recruitment for this specialty has been difficult in the last three years, and

**WHEREAS,** Tarek Ajami Fardoun, MD, is an outstanding candidate who would be a valuable addition to the Department of Urology, and he is a foreign medical graduate who is certified by the Educational Commission for Foreign Medical Graduates and has completed an accredited urology followship through the Accreditation Council for Graduate Medical Education, and

**WHEREAS,** Dr. Fardoun does not meet the eligibility criteria to join the medical staff because he is not eligible for the American Board of Urology's alternative pathway for board certification, which requires maintaining a faculty appointment for seven years, and

**WHEREAS,** the Medical Executive committees and Credentialing Board of USA Health Hospitals recommend approval of the board certification waiver request for Dr. Fardoun,

**THEREFORE, BE IT RESOLVED,** the Board of Trustees of the University of South Alabama hereby authorizes the waiver request as submitted.

**RESOLUTION**
**DEPARTMENT OF INTERNAL MEDICINE WAIVER REQUEST**

**WHEREAS,** Amber Bokhari, MD, is a foreign medical graduate who is certified by the Educational Commission for Foreign Medical Graduates and has completed two accredited fellowships in Infectious Diseases through the Accreditation Council for Graduate Medical Education, and, now that she has become eligible to pursue board certification in Internal Medicine, she intends to complete this requirement before pursuing board certification in Infectious Diseases, and

**WHEREAS,** Dr. Bokhari was hired in the Department of Internal Medicine in 2020 under an alternative pathway to board certification available to foreign medical graduates and she became eligible for American Board of Internal Medicine certification in 2023, yet she did not pass the exam on her first attempt, and, as a result, Dr. Bokhari will not meet the eligibility threshold criteria for reappointment in the fall of 2025 unless a waiver is granted, and

**WHEREAS,** a waiver request with an extension allowing Dr. Bokhari until December 2026 to obtain her Internal Medicine board certification is recommended by the Children's & Women's Hospital and University Hospital Medical Executive committees and the Credentialing Board of USA Health Hospitals,

**THEREFORE, BE IT RESOLVED,** the Board of Trustees of the University of South Alabama hereby authorizes the waiver request as submitted.

**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 aforementioned assessment for 2025, 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.

Chair Atkins called for a report from the Audit Committee, **Item 8**. Dr. Stokes, Committee Chair, advised of a Committee meeting held on September 4, 2025, and he provided an overview on the business that occurred.

Chair Atkins called for a report from the Development, Endowment and Investments Committee, **Item 9**. Judge Windom, Committee Chair, noted that a Committee meeting took place on September 4, 2025, and presented a summary on the proceedings.

Chair Atkins called for a report from the Health Affairs Committee, **Item 10**. Mr. Shumock, Committee Chair, stated that a Committee meeting was held on September 4, 2025, and gave a recap of the work accomplished. He added that the Committee voted unanimously to recommend Board approval of **Item 10.A** following and made a motion for its approval. Dr. Stokes seconded and the Board voted unanimously to approve the resolution:

**RESOLUTION**
**AMENDED AND RESTATED ARTICLES OF INCORPORATION**
**OF THE UNIVERSITY OF SOUTH ALABAMA HEALTH CARE AUTHORITY**
**AND APPOINTMENT OF DIRECTOR**

**WHEREAS,** the University of South Alabama Health Care Authority ("Authority") was formed on May 2, 2017, pursuant to the provisions of the University Authority Act of 2016, Alabama Code §16-17A-1, *et seq.*, and the filing of the Articles of Incorporation dated May 2, 2017, with the Office of the Alabama Secretary of State ("Articles"), and

**WHEREAS,** any amendment to the Articles of the Authority requires the approval of the Board of Trustees of the University of South Alabama, and

**WHEREAS,** at its September 2, 2025, meeting, the Board of Directors of the Authority approved the amendment of the Articles (subject to the approval of the Board of Trustees) to (1) clarify that all decisions of the Board of Directors of the Authority will be subject to the approval of the President of the University of South Alabama, and (2) to update the titles of the ex officio board members serving on the Board of Directors of the Authority, and

**WHEREAS,** also at its September 2, 2025, meeting, the Board of Directors of the Authority recommended to the Board of Trustees of the University the appointment of James A. Yance to fill a vacancy on the Board of Directors of the Authority,

**THEREFORE, BE IT RESOLVED,** the Board of Trustees of the University of South Alabama hereby authorizes the adoption of the Amended and Restated Articles of Incorporation of the Authority as shown in Exhibit A attached hereto, and

**RESOLVED FURTHER,** the Board of Trustees of the University of South Alabama hereby appoints James A. Yance to the Board of Directors of the Authority, and

**RESOLVED FURTHER,** that Dr. Andi Kent, Executive Vice President and Provost for the University of South Alabama and Secretary of the Authority, and Jo Bonner, President of the University of South Alabama and the Authority, are hereby authorized (1) to execute the Articles, as amended, (2) to file the Articles with the Office of the Alabama Secretary of State, (3) and to take any other action necessary or desirable to consummate the amendments contemplated herein.

Chair Atkins called for a report from the Academic Excellence and Student Success Committee, **Item 11**. Ms. Brown Stewart, Committee Chair, said that the Committee met on September 4, 2025, and reviewed the matters addressed.

Chair Atkins called for a report from the Budget and Finance Committee, **Item 12**. Mr. Perkins, Committee Chair, presented a summation on the action and reports that took place at a Committee meeting held on September 4, 2025. He advised that the Committee voted unanimously to recommend Board approval of **Item 13** following. On motion by Ms. Hamilton, seconded by Dr. Charlton, the Board voted unanimously to approve the resolution:

**RESOLUTION**
**UNIVERSITY OF SOUTH ALABAMA FISCAL YEAR 2026 BUDGET**

**BE IT RESOLVED,** the University of South Alabama Board of Trustees approves the University of South Alabama Fiscal Year 2026 Budget, and

**BE IT FURTHER RESOLVED,** that the University of South Alabama Board of Trustees approves the University of South Alabama Fiscal Year 2026 Budget as a continuation for Fiscal Year 2027 in order to be in compliance with the bond trust indenture requirements if the budget process cannot be completed prior to beginning Fiscal Year 2027.

Chair Atkins called for a report from the Long-Range Planning Committee, **Item 14**. Mr. Graham, Committee Chair, stated that a Committee meeting was held on September 4, 2025, and he briefed the Board on the proceedings.

Chair Atkins called for a report from the Evaluation and Compensation Committee, **Item 14.A**. Capt. Jenkins, Committee Chair, stated that the Committee had conferred and reached consensus on the evaluation of President Bonner's job performance over the preceding year and on certain adjustments that should be considered related to his employment contract. He thanked the members of the Committee and Mr. Susman for their collaboration. Chair Atkins called for consideration of **Item 14.B** following. On motion by Justice Lewis, seconded by Mr. Yance, the Board voted unanimously to approve the resolution:

**RESOLUTION**
**PRESIDENT'S EMPLOYMENT CONTRACT**

**WHEREAS,** the Evaluation and Compensation Committee of the Board of Trustees of the University of South Alabama (the "Committee") is charged with conducting periodic

performance reviews of the President and recommending to the Board the appropriate compensation package for the President, and

**WHEREAS,** the Committee has reviewed the performance of Mr. Josiah R. Bonner, Jr., as the President of the University of South Alabama and has made its recommendations regarding compensation to the Board of Trustees, and

**WHEREAS,** the Board of Trustees wishes to extend to Mr. Bonner certain terms of employment in the form of a revised contract of employment, and

**WHEREAS,** terms are being discussed with Mr. Bonner,

**THEREFORE, BE IT RESOLVED,** the Board of Trustees of the University of South Alabama hereby conveys its authority to finalize the terms of Mr. Bonner's employment as President of the University of South Alabama and to sign the contract evidencing such terms to its Chair *pro tempore*, Mrs. Alexis Atkins, in consultation with the chair of the Evaluation and Compensation Committee, Capt. Robert D. Jenkins III, and

**BE IT FURTHER RESOLVED,** upon recommendation from the Evaluation and Compensation Committee, the Board authorizes its Chair *pro tempore*, Mrs. Alexis Atkins, in consultation with the chair of the Committee, Capt. Robert D. Jenkins III, to execute such supplemental agreements with Mr. Bonner as the Committee may deem necessary to secure his services on a prospective basis.

Chair Atkins, Dr. Furr and President Bonner gathered for the presentation of **Item 15** following, and President Bonner invited Mrs. Barbara Bush and Mr. Leonard Bush to join them. Dr. Furr read the resolution and made a motion for its approval. Dr. Stokes seconded and the Board voted unanimously to approve the resolution. Mr. and Mrs. Bush received a commemorative resolution, and she conveyed heartfelt appreciation for the Board's recognition and talked about the inspiration for their gift to the University:

**RESOLUTION**
**COMMENDATION OF MRS. BARBARA BUSH AND MR. LEONARD BUSH**

**WHEREAS,** the University of South Alabama (the "University") is the Flagship of the Gulf Coast and is committed to its mission of making a difference in the lives of those it serves through promoting discovery, health, and learning, and

**WHEREAS,** the mission of the College of Nursing (the "College") is to provide quality, innovative educational programs to a diverse student body, to participate in research and scholarly activities, and to provide service to the University, the profession, and the public, and the College accomplishes this by providing a caring, engaging environment for the empowerment of student learning potential, the professional development of faculty, and the promotion of the nursing profession, and

**WHEREAS,** Mrs. Barbara Bush and her husband, Mr. Leonard Bush, had impactful careers in healthcare prior to retiring, with Mrs. Bush working in nurse leadership positions within hospital systems, and Mr. Bush making his impact through cytotechnology, and, together, they have demonstrated a deep commitment to supporting the future of healthcare and healthcare professionals, and

**WHEREAS,** Mrs. Bush credits the University of South Alabama's College of Nursing and its faculty as the foundation of her professional success, and, with this in mind, the Bush family has made a legacy gift of $1 million to the University of South Alabama to show their appreciation for the College of Nursing and to establish two endowed scholarships of $500,000 each, which will support nursing students who are pursuing a master's degree and a bachelor's degree,

**THEREFORE, BE IT RESOLVED,** the Board of Trustees of the University of South Alabama hereby recognizes and commends Mrs. Barbara Bush and Mr. Leonard Bush for their extraordinary generosity and commitment and joins the University President, faculty, staff, students and alumni in extending sincere gratitude to the Bush family for their transformative gift to the University.

Ms. Mitchell, Provost Kent and Ms. Sullivan joined Chair Atkins and President Bonner for the unveiling of Ms. Mitchell's portrait for the Board Room, **Item 16**. President Bonner shared words of tribute honoring Ms. Mitchell, the twelfth person in the University's 62-year history to serve as Chair *pro tempore*, attesting to the many examples of her goodness, thoughtfulness, vision and passion that illustrated her life of service and strong work ethic. Upon the unveiling of the portrait, a standing round of applause ensued.

There being no further business, the meeting was adjourned at 11:54 a.m.

Attest to:

W. Ronald Graham

William Ronald Graham, Secretary

Respectfully submitted:

Alexis Atkins

Katherine Alexis Atkins, Chair *pro tempore*

# APPENDIX A

# 2025 – 2027 COMMUNITY HEALTH NEEDS ASSESSMENT

Prepared by:
Thomas C. Shaw, Ph.D.
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Abigail Celuch, 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 2025-2027 Infirmary Health Community Health Needs Assessment. This assessment was conducted between September and December, 2024. 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

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 – 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.

### USA Health – Providence Hospital

The recently acquired Providence Hospital is a full-service, 349-bed facility providing 24/7 emergency care and operating as a Level III trauma center. Known for its high-quality birthing services, surgical care, and specialized treatment, the hospital serves as the hub of the Providence Campus. This comprehensive health campus includes primary care clinics, outpatient specialty clinics, rehabilitation services, and a pharmacy. Providence offers a wide array of services such as minimally invasive procedures, imaging, lab testing, wound care, and

diabetes management, delivering coordinated and compassionate care to patients across the region.

**USA Health – University Hospital**

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, 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.

## 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 411,640. Forty-eight percent of the population is male and 52 percent are female. The percent of the population identifying as white only is 58 while 37 percent identify as African-American or Black only. The median age is 37 years old. The median household income is $45,802; 27 percent of the population have a Bachelor's Degree or higher; and 16 percent of the population are below the federal poverty level. Within the county there 9,283 employment establishments, and 184,441 housing units.[1]

Despite being primarily located in Mobile County, USA Health is starting to make inroads into Baldwin County. Consequently, the demographic profile information from Baldwin County is retained herein and used in the demographic profile as a one of several points of comparison for Mobile County.

## 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

[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.

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 2025-2027 fiscal period's CHNA, the two major health systems in Southwest Alabama, Infirmary Health and USA Health collaborated on the data collection efforts. The USA Polling Group collected the relevant data for all three facilities across the varying service areas concurrently. This collaboration provided cost efficiencies for both organizations and is in accordance with IRS regulations regarding the collaboration of organizations that share and/or overlap common service areas. Despite the collaboration, the data for each entity is tailored to its specific service area, e.g., Infirmary Health is the only facility whose service area includes Mobile and Baldwin counties. Further, each facility produces 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 and Baldwin counties 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. This report provides an in-depth analysis of the demographic, economic, and health characteristics of Mobile and Baldwin counties, Alabama, identifying key trends and disparities to guide community resource planning and health interventions.

#### Population by Age and Sex

Mobile County's population grew modestly from 408,620 in 2010 to 411,640 in 2023, with the 60+ age group experiencing the fastest growth and a significant decline in the 0-19 age bracket. Baldwin County reflects similar aging trends, with substantial growth in residents aged 60+ and stable younger populations. Gender distribution remains consistent, with females outnumbering males across both counties, though Baldwin County shows the most balanced gender ratios compared to state and national trends.

#### Population by Race and Ethnicity

Mobile County is more racially and ethnically diverse than Baldwin County. In 2023, Mobile County's population was 55.67% White and 35.71% Black, while Baldwin County had an 82.11% White majority. Hispanic and Asian populations represent smaller but growing demographics in both counties. These differences emphasize Baldwin's more homogeneous profile and Mobile's urban diversity.

### Poverty

Mobile County consistently exhibits higher poverty rates than Baldwin County, Alabama, and national averages. In 2023, Mobile County had the highest proportion of residents living below the Federal Poverty Level (FPL) and between 100-149% FPL, highlighting persistent economic challenges. Conversely, Baldwin County reflects stronger economic conditions with the lowest poverty rates regionally.

### Education

Educational attainment remains a challenge, particularly in Mobile County, where residents with bachelor's or higher degrees lag behind state and national averages. Baldwin County demonstrates higher levels of post-secondary education, reflecting its growing workforce of younger professionals and families.

### Birth Trends and Maternal Health

Birth rates have declined significantly in Mobile County, with a steady decrease from 5,548 births in 2018 to 4,995 in 2022. Baldwin County, however, has seen an increase in births over the same period. Mobile County also reports higher rates of Medicaid-supported births and teenage pregnancies, emphasizing economic disparities. Low birth weight and neonatal mortality rates remain critical concerns in Mobile, requiring targeted maternal and infant health interventions.

### Mortality and Causes of Death

Heart disease and cancer are the leading causes of death in both counties. Mobile County shows consistently higher mortality rates than Baldwin County for chronic diseases, particularly Alzheimer's and respiratory conditions, reflecting its aging population. Cancer-related deaths, including respiratory and colorectal cancers, highlight the need for enhanced screening and prevention.

Accidents are the leading cause of unintentional deaths, with motor vehicle accidents, poisoning, and falls being the primary contributors. Homicides and suicides show diverging trends, with Mobile County reporting higher homicide rates and Baldwin County experiencing higher suicide rates.

## Community Health Survey

A random digit dialed telephone survey of Mobile County was conducted between September 18 and December 17, 2024. A total of 443 people were interviewed for a margin of error of +/-4.7%. The following represent the most important findings from the 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) Lower crime and safe neighborhoods
3) Cancer Care
4) Good schools
5) Mental health services
6) Support services to help people with natural disasters: flooding, hurricanes, tornadoes
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) Mental Health Problems
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) Depression
5) Obesity
6) Heart Disease

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) Specialty medical care (specialist doctors)
4) Dental care / dentures
5) Emergency medical care
6) Preventative healthcare (routine or wellness checkups)

Sixteen 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) Could not get an appointment soon enough
3) Insurance problems, lack of insurance

## Community Health Leaders Survey

An Internet/e-mail-based survey of community health leaders in Mobile County was conducted between November 12 and December 11, 2024. A total of 57 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) Low crime/safe neighborhoods
3) Affordable housing
4) Mental health services
5) Good employment opportunities
6) Quality education

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

1) Mental health problems
2) Drug use abuse
3) Obesity/excess weight
4) Heart disease and stroke
5) Cancers
6) Homelessness

The unhealthy behaviors that concern health leaders the most are:

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

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) Preventative healthcare (routine or wellness checkups)
4) Services for the elderly
5) Alternative therapies
6) Dental care including dentures
7) Primary medical care
8) Specialty medical care (specialist doctors)

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. As we have found in the past, there are areas of convergence and divergence 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 |
|---|---|---|
| Lower crime and safe neighborhoods (2/2) | 1. Access to health services (e.g., family doctor, hospitals) (1) | 1. Clean Environment including water, air, etc. (1) |
| | 2. | 2. |
| | 3. Affordable Housing (3) | 3. Cancer Care (3) |
| | 4. Mental Health Services (4) | 4. Good Schools (4) |
| | 5. Good employment opportunities (5) | 5. Support services to help people with natural disasters: flooding, hurricanes, tornados (5) |
| | 6. Quality Education (6) | 6. Good places to raise children (6) |

[1] Numbers in parentheses in column one shows 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 |
|---|---|---|
| Mental health problems (1/4) | 1. | 1. Child abuse and neglect |
| Cancers (5/2) | 2. Drug use / abuse | 2. |
| Heart disease and stroke (4/6) | 3. Obesity / excess weight | 3.. Domestic violence |
| | 4. | 4. |
| | 5. | 5. Rape and sexual assault |
| | 6. Homelessness | 6. |

[1] Numbers in parentheses in column one shows 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]

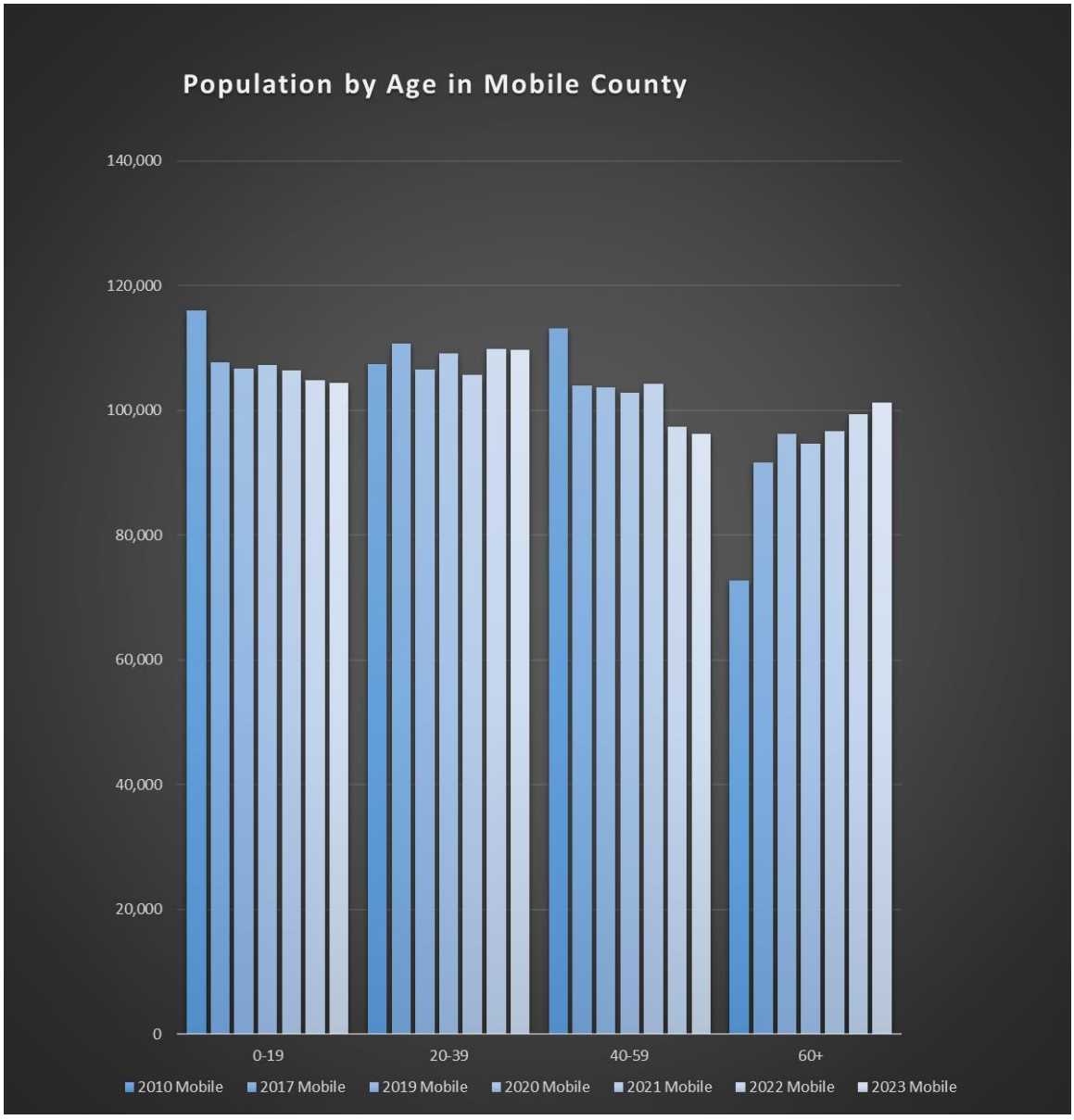
| Features mentioned in the top six by Community Health Leaders and Community Members | Features mentioned in the top six by Community Health leaders but not by Community Members | Features mentioned in the top six by Community Members but not by Community Health Leaders |
|---|---|---|
| Mental health services (1/1) | 1. | 1. |
| Preventative healthcare (routine or wellness check-ups, etc.) (3/6) | 2. Alcohol or drug abuse treatment | 2. |
| Services for the elderly (4/2) | 3. | 3. |
| Dental care / dentures (6/4) | 4. | 4. |
| Specialty medical care (specialist doctors) (6/6) | 5. Alternative therapies (acupuncture, herbals, etc.) | 5. Emergency medical care |
| | 6. Primary medical care (a primary doctor / clinic) | 6. |

[1] Numbers in parentheses in column one shows 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.

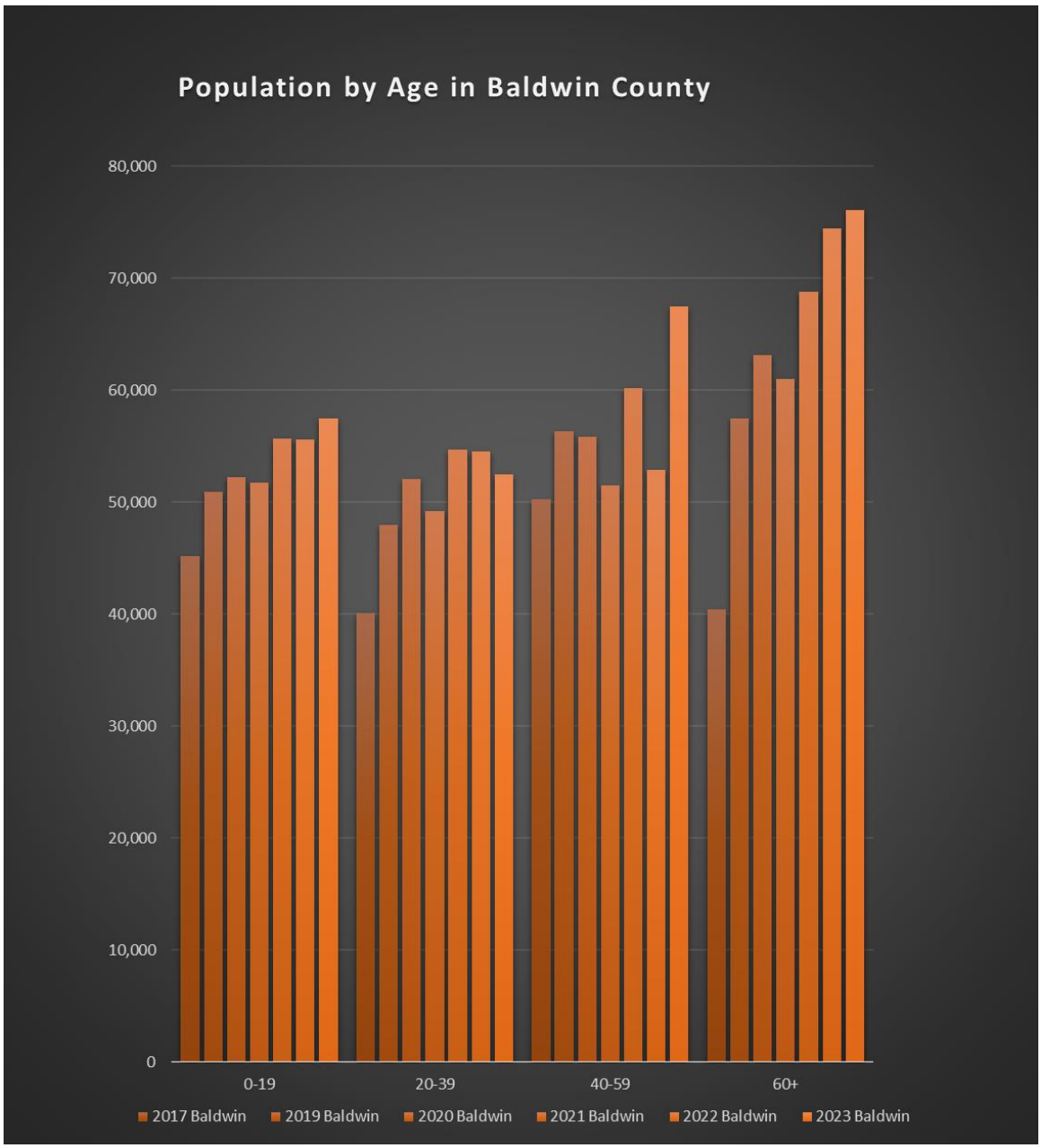
## COMMUNITY DEMOGRAPHIC PROFILE – 2

### Population by Age and Sex

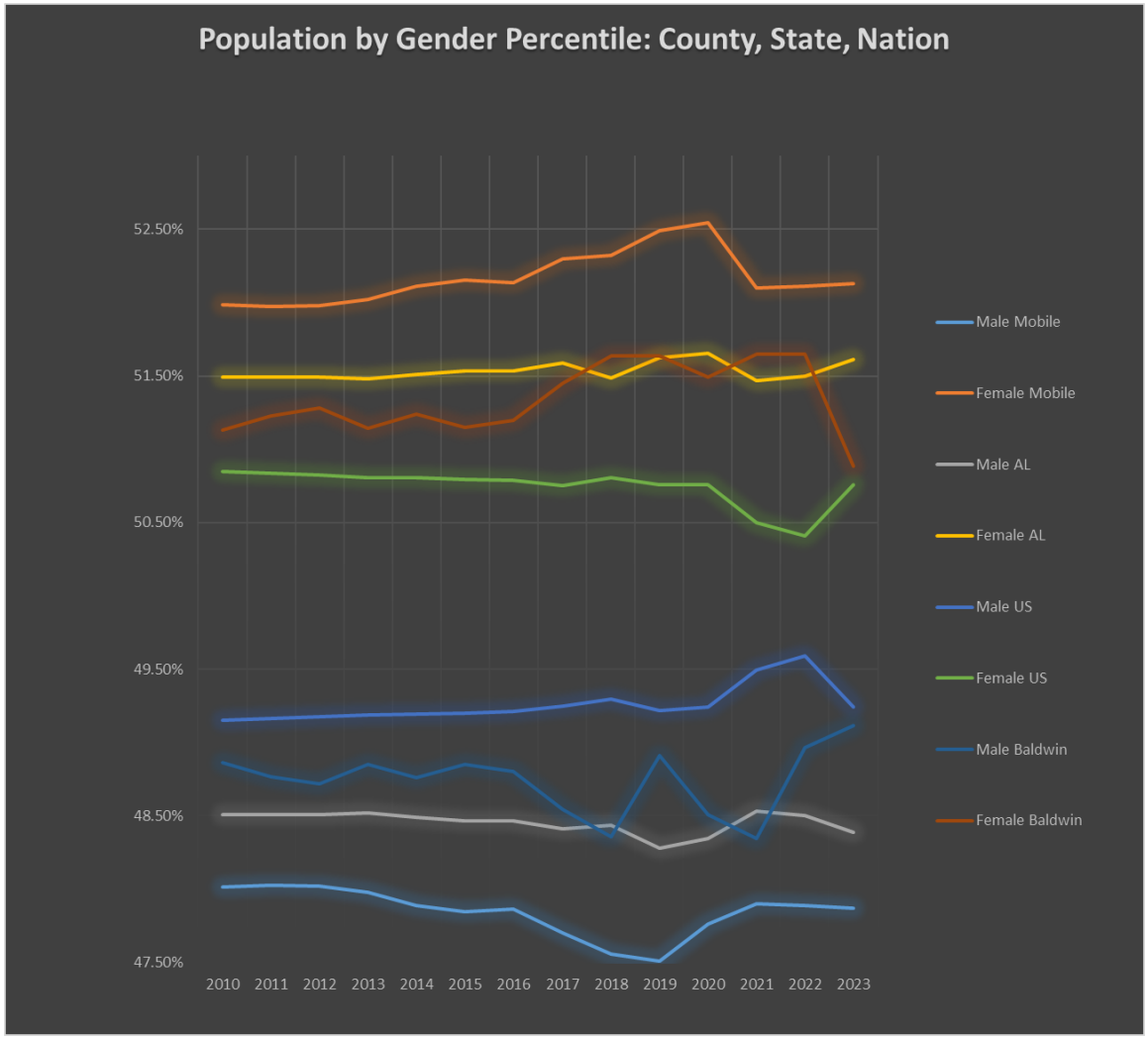
Population is an important characteristic to consider when assessing community needs, as it reflects the potential pool of patients and relative demand of the community. Population data was taken from the U.S Census Bureau. While an official census is only taken every ten years, the Census Bureau provides yearly estimates. According to this source, in 2010 the population of Mobile County was 408,620, but has reached 411,640 by 2023. The relative population growth is bracketed by age below, showing the stability of some groups (0-39) and the decline and growth in others (40-59 and 60+ respectively).



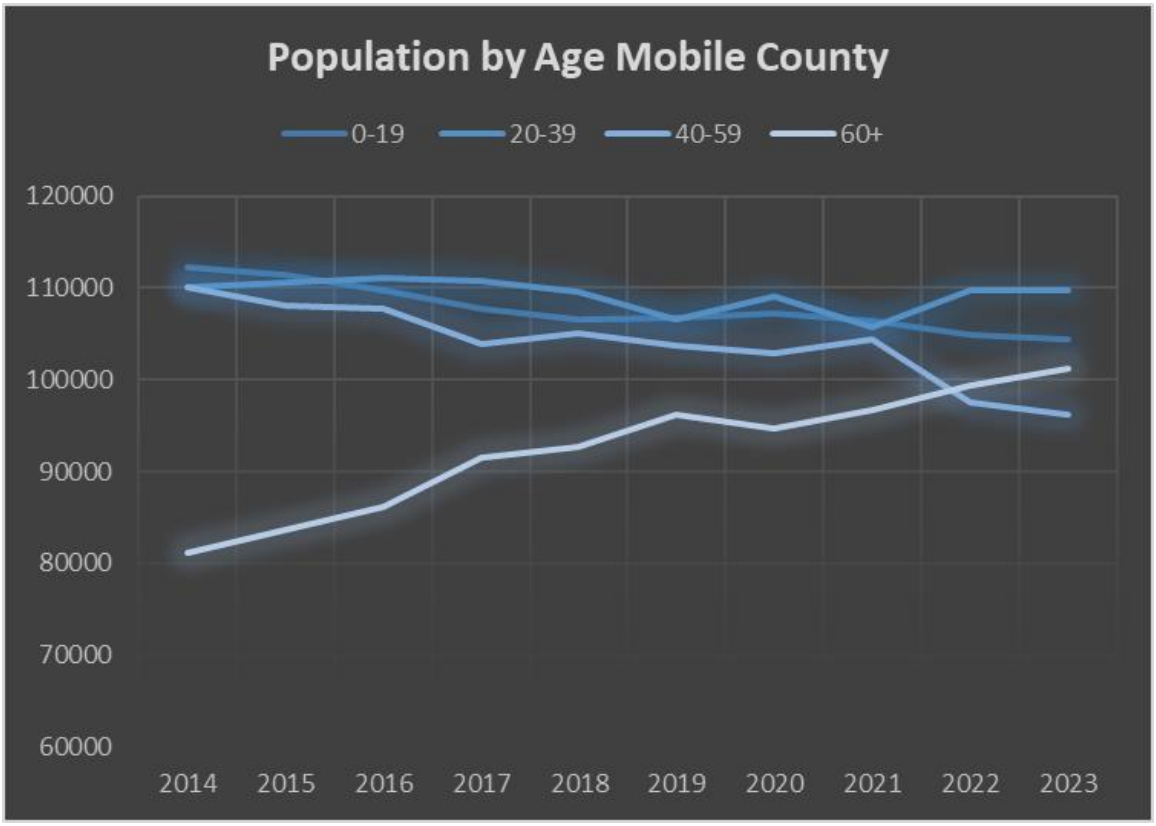
The data provided in the graph below highlights the age distribution and population trends in Baldwin County over this same time period. Between 2017 and 2023, the population has grown most significantly among individuals aged 60 and above, reflecting an aging population in the region. The 40-59 age group shows slight fluctuations, with moderate growth in recent years. Meanwhile, the younger age groups (0-19 and 20-39) have remained relatively stable, indicating consistent family and workforce presence in the county. This demographic composition underscores the growing demand for resources and services tailored to older residents, while also maintaining the needs of younger populations. These trends are critical for planning healthcare, education, and community services to meet the shifting demographic needs of Baldwin County.



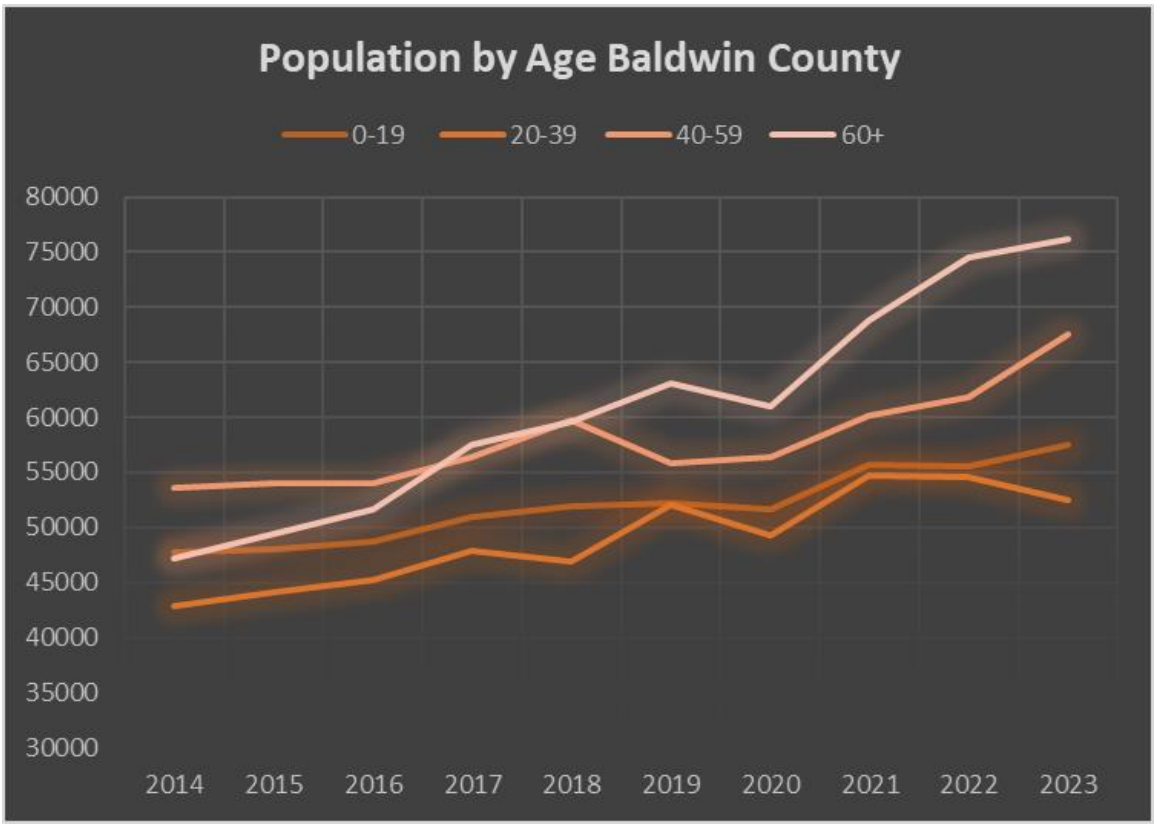
Generally, the distributions by age and sex are similar to statewide and nationwide comparisons. These averages have remained largely stagnant over the time period, with some exceptions. For instance, between 2019 and 2023 Mobile lost approximately 2,315 females while gaining 745 male residents. Some nuances in balance can be seen in the figure below depicting the gender distribution percentages across Mobile County, Baldwin County, Alabama (state level), and the United States (national level) from 2010 to 2023. Consistently, females outnumber males at all geographic levels, with a slight but steady gap between genders. Notably, Baldwin County shows the most balanced gender distribution compared to Mobile County, Alabama, and the national trends, where females maintain a marginally higher percentage. In contrast, Mobile County has a slightly more pronounced difference in favor of females. These patterns reflect broader demographic trends, potentially influenced by factors such as longevity differences between genders and regional population dynamics. Understanding these trends is crucial for tailoring gender-specific policies and resource allocations at the local, state, and national levels.



Another trend worth noting is the rise in elderly residents. As of 2023, Mobile was home to 104,456 residents aged 0-19, 109,733 residents aged 20-39, 96,174 residents aged 40-59, and 101,277 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.



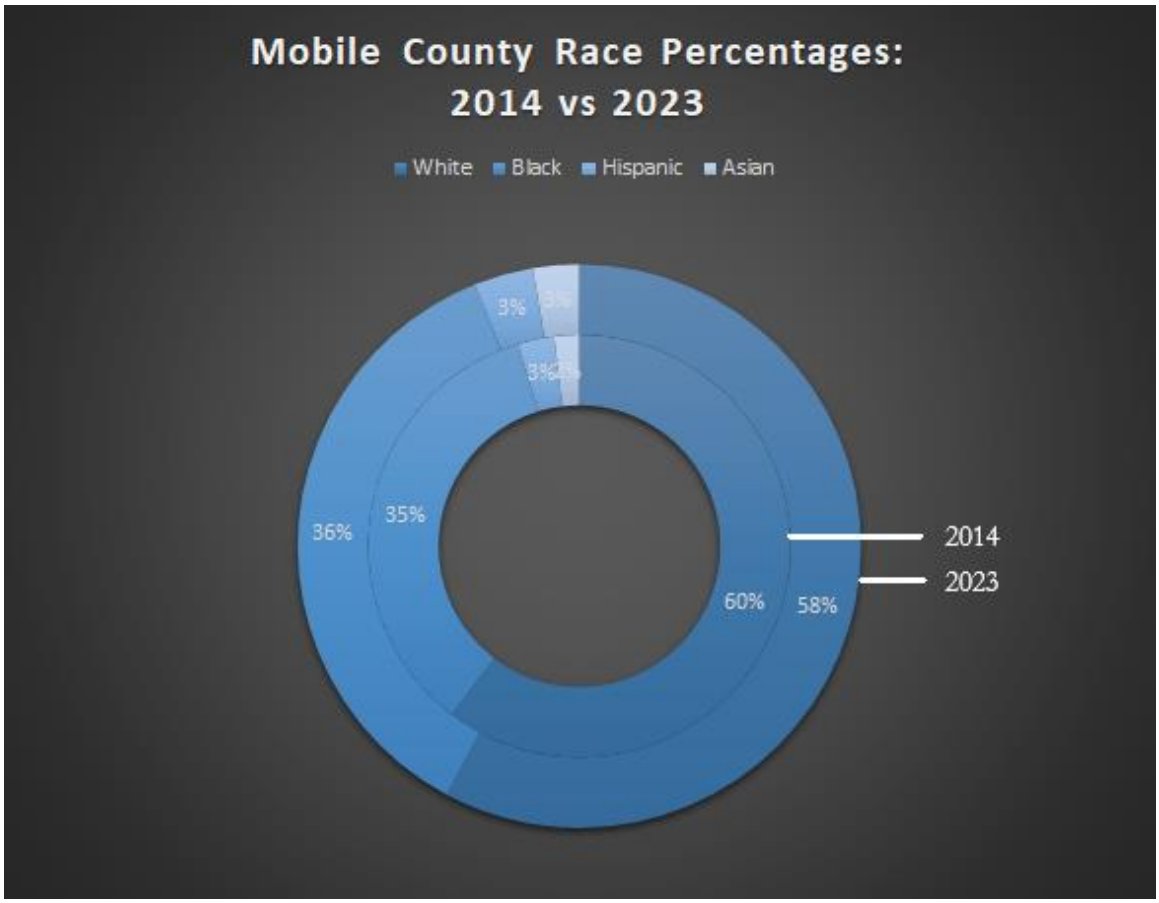

When analyzing the Baldwin County data, it must be noted that the 60+ age group has experienced significant and consistent growth, reflecting an aging population in Baldwin County. The 40-59 age group shows modest growth following a slight decline around 2018, indicating a stable working-age demographic. The 20-39 age group exhibits steady growth, suggesting the presence of younger professionals and families, while the 0-19 age group remains stable, reflecting consistent birth rates and retention of younger residents.

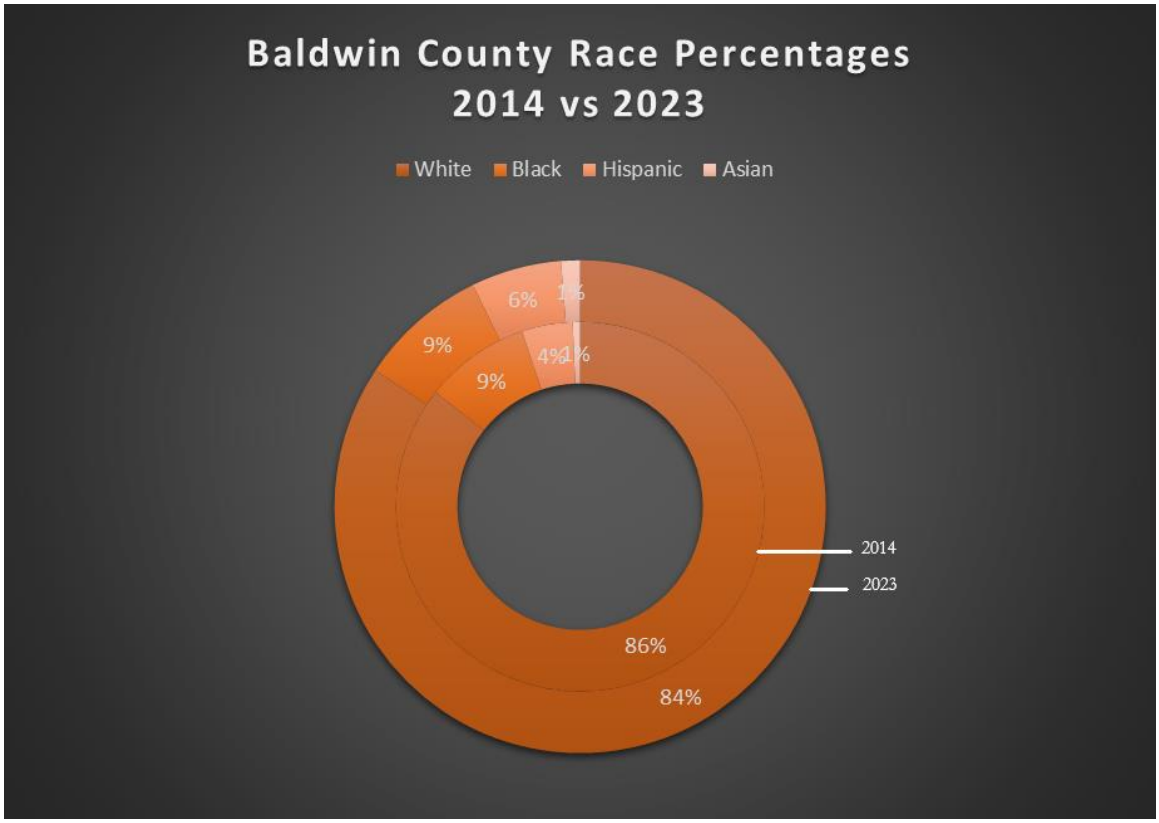



## Population by Race and Ethnicity

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 2023 available. The Census asks individuals to self-identify, with the vast majority of respondents identifying as one race and ethnicity.

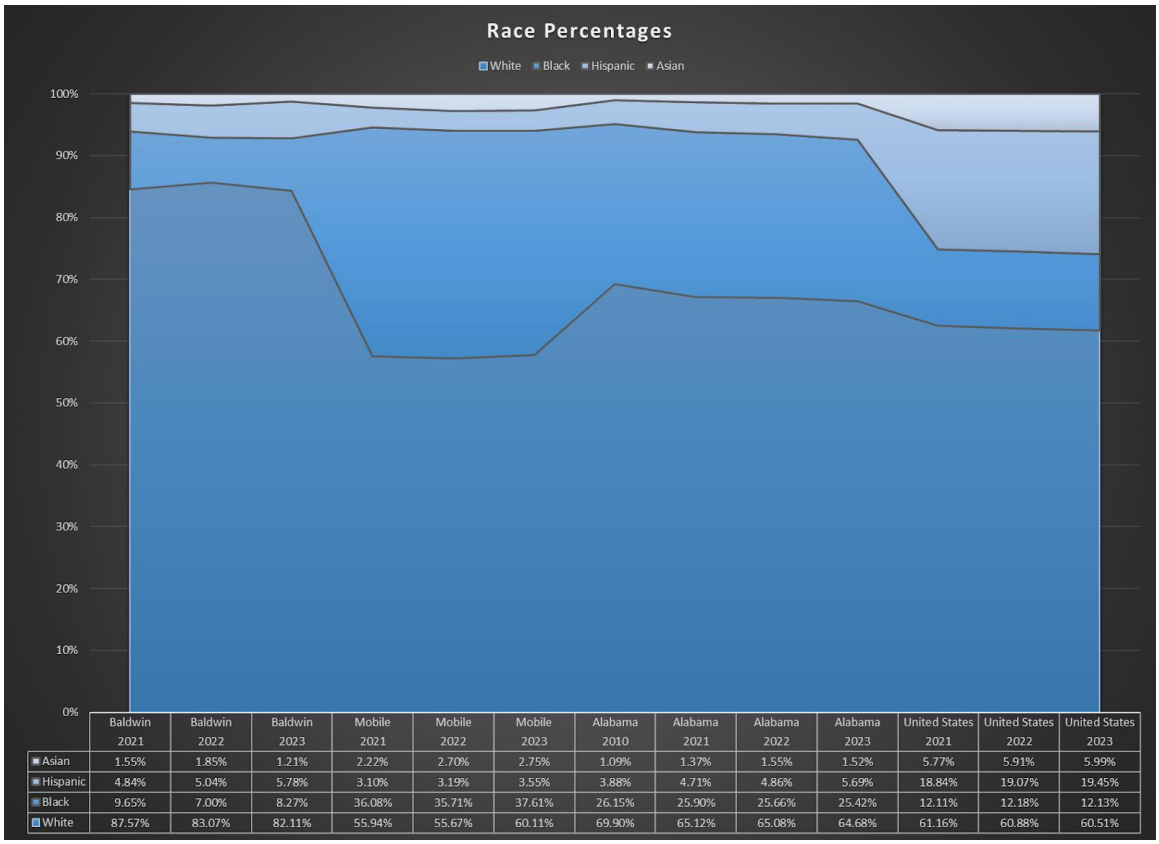
The two most predominant races in Mobile are White, with 247,420 residents in 2023, and Black, with 154,805 residents in 2023. Hispanic is the largest listed ethnicity with 14,595 residents in 2023, while the fourth largest demographic is Asian, with 11,340 residents. In Baldwin County, the demographic composition similarly highlights a majority White population, with 208,150 residents (82.11%) in 2023. Black residents account for 20,974 (8.27%) of the population, while Hispanics, as the largest ethnicity, represent 14,658 residents (5.78%). Asians make up a smaller demographic in Baldwin County, with 3,074 residents (1.21%). The population data for Baldwin County shows growth across all groups from 2021 to 2023, with significant changes in the Hispanic and Black populations. The demographic breakdowns for both counties in 2014 and 2023 are provided below.


Mobile County Race Percentages:
2014 vs 2023
White
Black
Hispanic
Asian
3%
3%
36%
35%
60%
58%
2014
2023




Baldwin and Mobile counties exhibit notable differences in their racial and ethnic compositions. Baldwin County remains predominantly White, with 82.11% of its population identifying as White in 2023. Black residents make up 8.27%, while Hispanic and Asian populations account for 5.78% and 1.21%, respectively. Compared to state and national averages, Baldwin County has a significantly higher proportion of White residents but lower diversity, particularly among Black, Hispanic, and Asian populations.

Mobile County presents a much more diverse racial and ethnic composition compared to Baldwin County and even the state of Alabama as a whole. In 2023, Mobile's population is 55.67% White, significantly lower than Baldwin County's 82.11% and Alabama's 64.68%. The Black population in Mobile stands at 35.71%, a stark contrast to Baldwin's 8.27% and much higher than Alabama's state average of 25.66%. Mobile also has a slightly higher percentage of Asian residents (2.70%) compared to Baldwin (1.21%) and Alabama (1.55%). However, its Hispanic population, at 3.55%, is notably lower than the national average of 19.45% but similar to Alabama's 5.69%. When compared to Alabama as a whole, Baldwin County has +17.43% Whites, -17.15% Blacks, -0.09% Hispanics, and -4.78% Asians. Relative to national averages, Baldwin County exhibits +21.6% Whites, -3.86% Blacks, -13.67% Hispanics, and -4.78% Asians. These disparities highlight Baldwin County's less diverse population and reflect regional variations in racial and ethnic demographics. These contrasts emphasize Baldwin County's more homogeneous and suburban profile versus Mobile County's urban and diverse demographic makeup. These differences underscore the need for tailored resources to meet the distinct needs of these neighboring counties. These trends can be observed below.



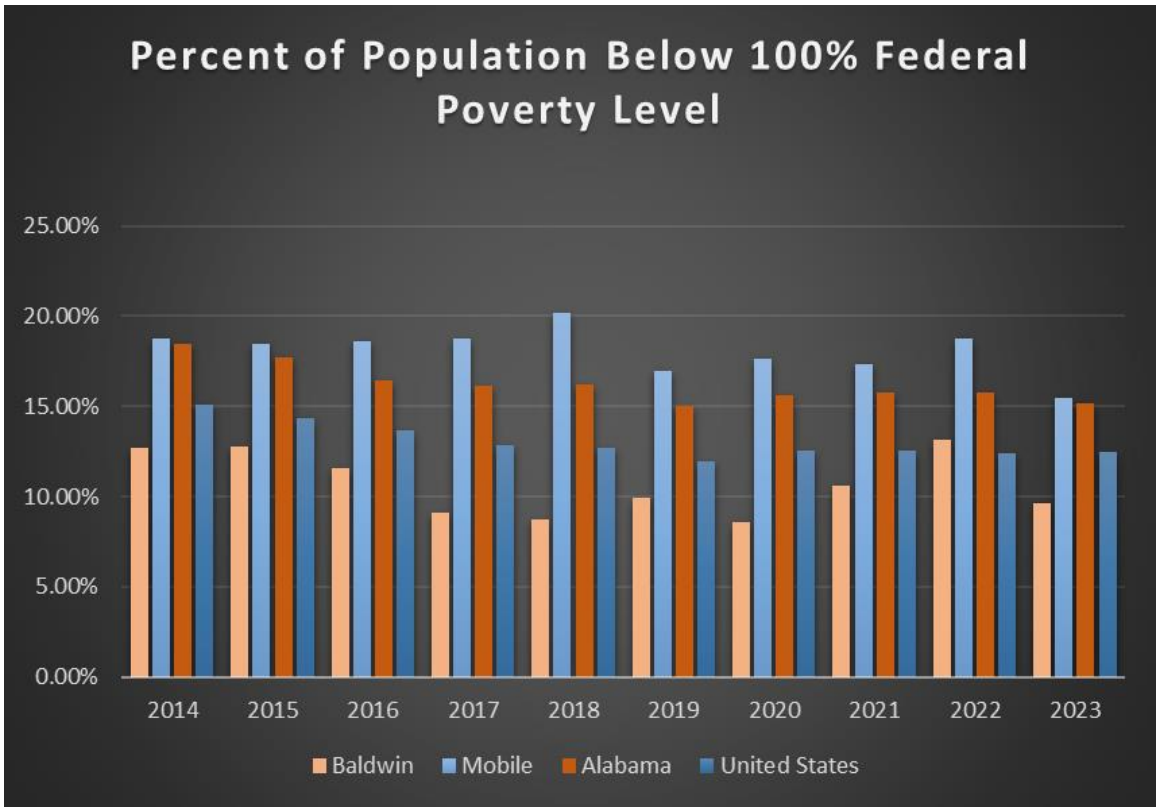

| | Baldwin 2021 | Baldwin 2022 | Baldwin 2023 | Mobile 2021 | Mobile 2022 | Mobile 2023 | Alabama 2010 | Alabama 2021 | Alabama 2022 | Alabama 2023 | United States 2021 | United States 2022 | United States 2023 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Asian | 1.55% | 1.85% | 1.21% | 2.22% | 2.70% | 2.75% | 1.09% | 1.37% | 1.55% | 1.52% | 5.77% | 5.91% | 5.99% |
| Hispanic | 4.84% | 5.04% | 5.78% | 3.10% | 3.19% | 3.55% | 3.88% | 4.71% | 4.86% | 5.69% | 18.84% | 19.07% | 19.45% |
| Black | 9.65% | 7.00% | 8.27% | 36.08% | 35.71% | 37.61% | 26.15% | 25.90% | 25.66% | 25.42% | 12.11% | 12.18% | 12.13% |
| White | 87.57% | 83.07% | 82.11% | 55.94% | 55.67% | 60.11% | 69.90% | 65.12% | 65.08% | 64.68% | 61.16% | 60.88% | 60.51% |

## 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 2023 the

FPL for a single person household was $14,580, up $2,090 from $12,490 in 2019. For a family of four the FPL was $30,000 in 2023. Reported in the figure below are the Mobile and Baldwin County, Alabama, and United States estimates for the percentage of residents living at or below 100% of the FPL for the years 2014 to 2023.

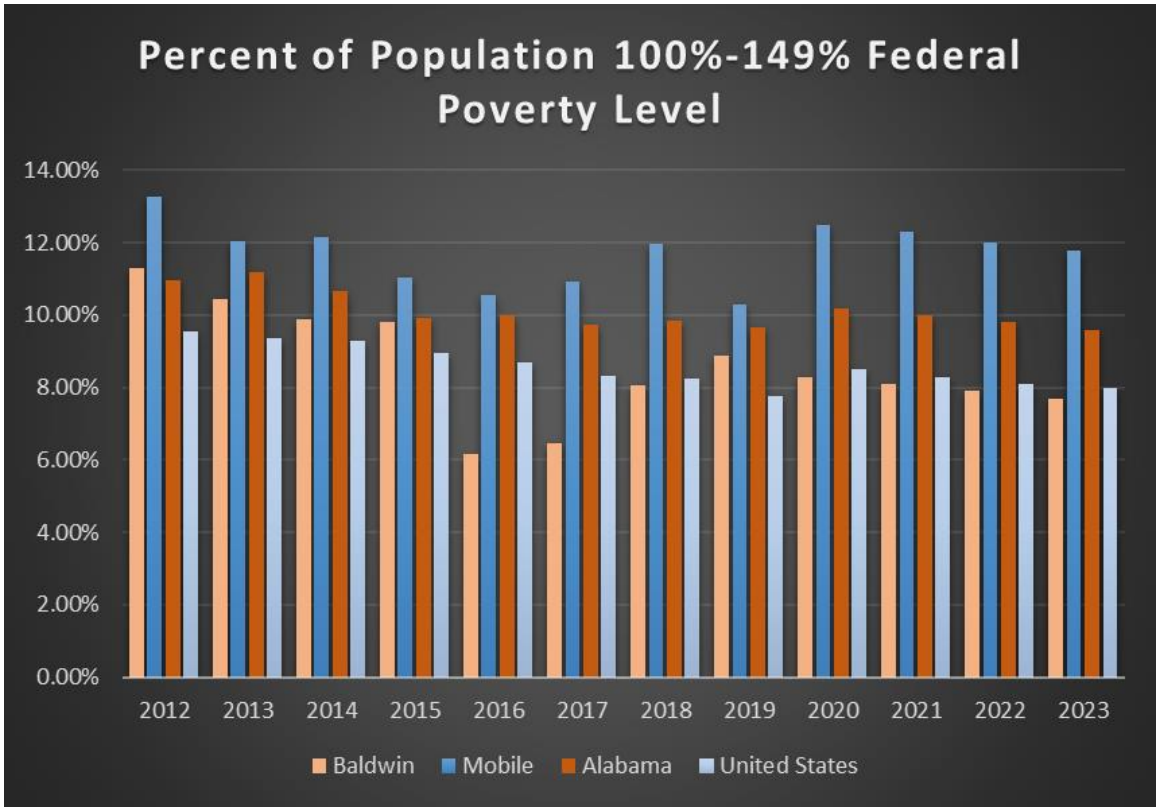



As can be observed, Mobile County consistently exhibits the highest poverty rates, surpassing both the state of Alabama and the national average, reflecting significant economic challenges in the area. In contrast, Baldwin County maintains the lowest poverty rates throughout the time series, consistently falling below both the state and national averages, indicating relatively stronger economic conditions. The state of Alabama's poverty rates remain higher than the national average but generally below Mobile County's, while the United States shows the most stable and consistently lower poverty levels compared to the other regions.

While the gap between Mobile County and Alabama appears to diminish in 2014 and 2023, 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.

From 2020 to 2023, Mobile County consistently had the highest percentage of individuals in the 100-149% FPL category compared to Baldwin County, Alabama, and the United States, despite a gradual decline in this percentage. Baldwin County maintained the lowest levels in

this category, reflecting relatively better economic conditions. Alabama's state-level rates were higher than the national average but consistently below Mobile County's rates. The United States exhibited the most stable and lowest percentages in this income bracket, highlighting the persistent economic challenges within the state and region. For reference, individuals qualify for the Supplemental Nutrition Assistance Program (SNAP) at 130% of the FPL or lower, emphasizing the importance of this income threshold in determining access to basic needs."




## Education

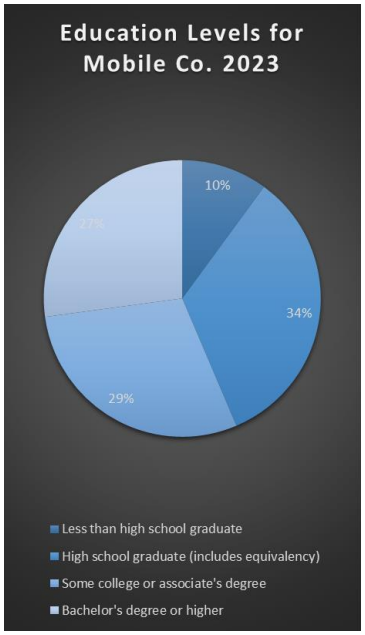
While education is known to increase the likelihood of higher income, and thus influence health in an indirect manner, education also has been tied directly to health benefits in communities. Research has shown that those with higher educational attainment are more likely to have longer lives and healthier 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:

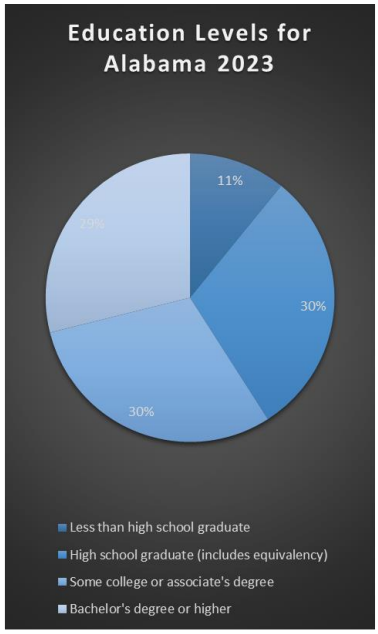
An additional four years of education lead to on average:

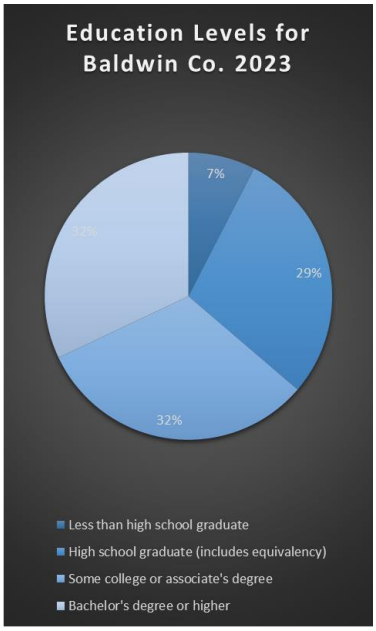
- 1.3% reduction in diabetes
- 2.2% reduction in heart disease
- 5% reduction in being overweight
- 12% reduction in smoking

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 2023 pie charts of Mobile County, Baldwin County, and Alabama education levels as a whole for adults 25 and older. Mobile County and Alabama are comparative across all education levels.



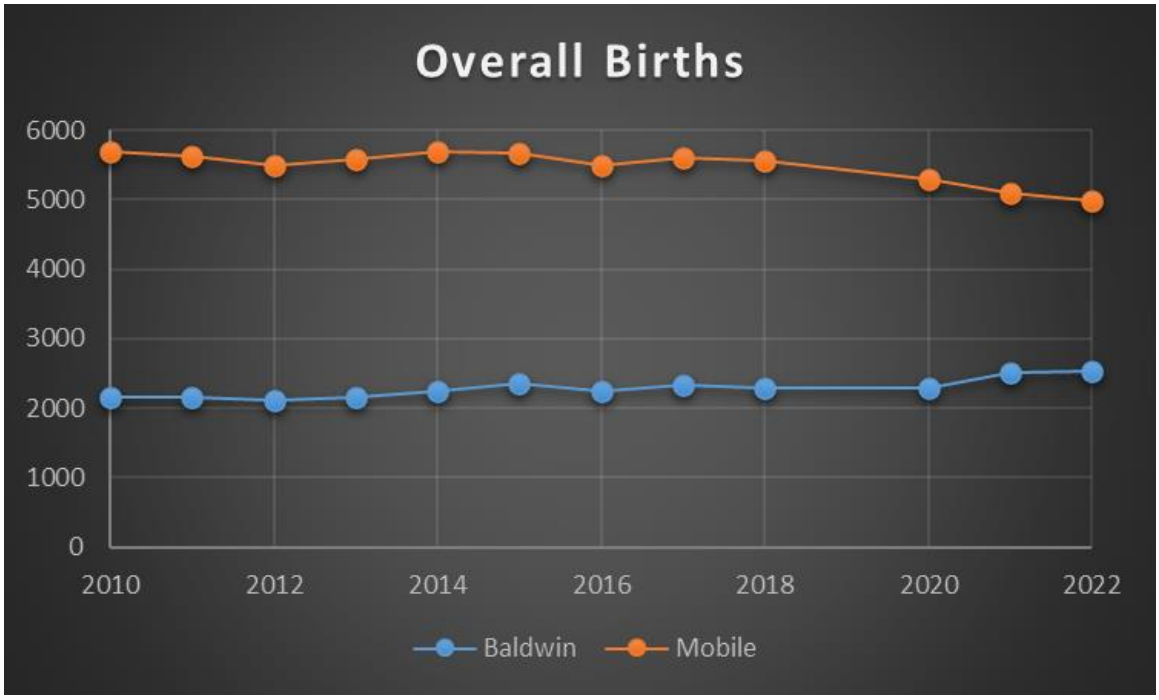




One of the most striking gaps, for both Mobile County and the state of Alabama compared to the nation, is post high school education. While Mobile County and the state have increased the proportion of high school graduates in recent decades, they continue to fall behind in those obtaining bachelors and graduate or professional degrees. In 2023 the resident breakdown was 94,382 high school graduates, 82,308 with some college (associate's degree or no degree) followed by 76,295 with a bachelor's degree or higher and 28,257 residents with less than a high school degree in Mobile County. For Baldwin County, in 2023, 53,077 residents had a high school diploma or equivalent, 58,577 had some college experience (associate's degree or no degree), 59,243 had a bachelor's degree or higher, and 13,975 had less than a high school diploma.

## 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 extended to Mobile County, with data from 2007 to 2011 showing a significant decrease (645 fewer births between the two comparative years). Data collected from 2010 to 2022 further indicates a consistent decline in births in Mobile County. For example, in 2018, there were 5,548 births in Mobile County, but this number dropped to 4,995 in 2022.

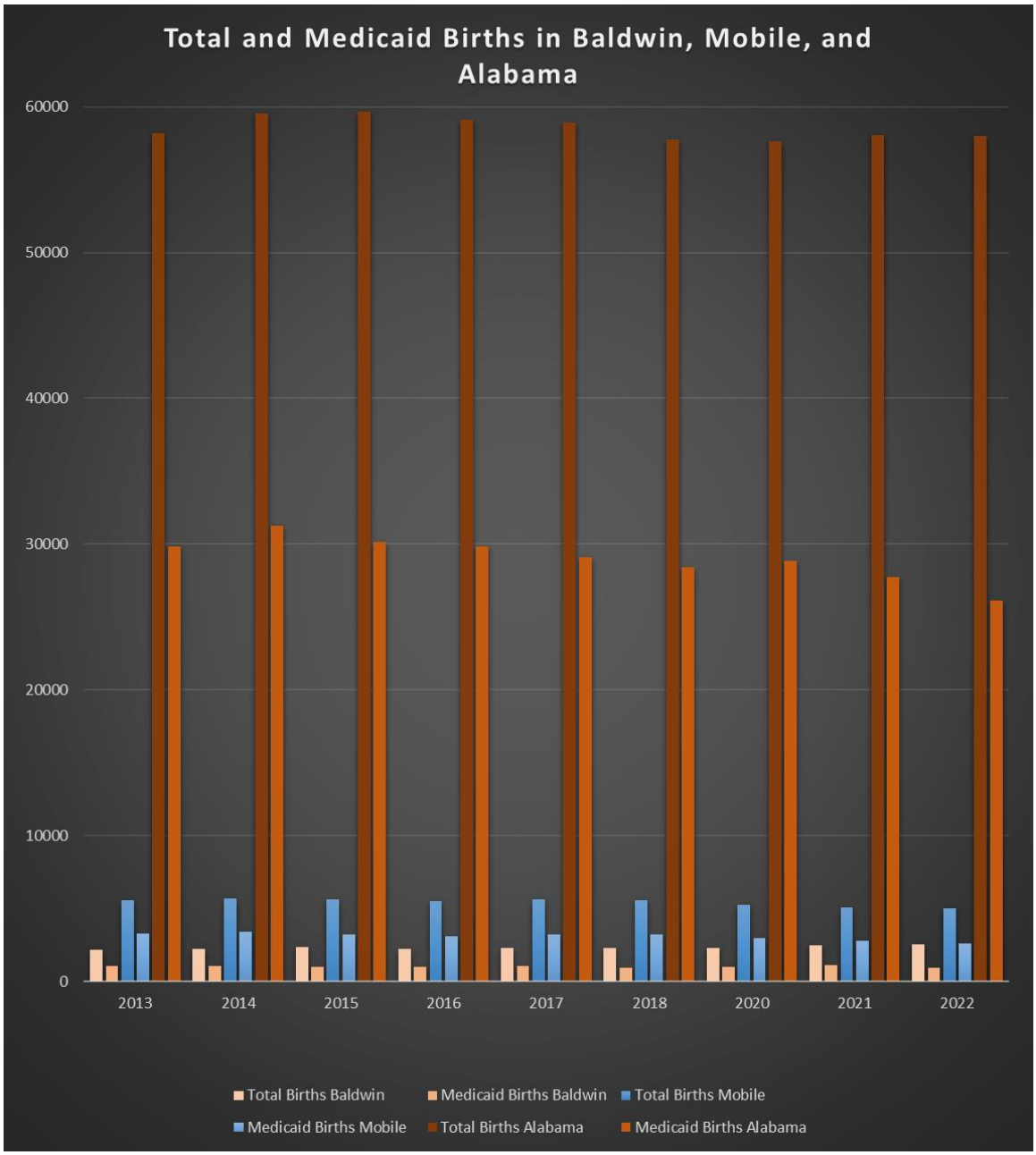
In contrast, Baldwin County has shown an upward trend in the number of births over the same period. Births in Baldwin County increased from 2,290 in 2018 to 2,525 in 2022, indicating a growing population in the area. This divergence highlights differing demographic and population dynamics between the two counties, with Mobile County facing a steady decline in births while Baldwin County experiences growth.




The State of Alabama has experienced a rather steady level of annual births, with 57,754 births in 2018 and 58,033 births in 2022, with the total number of births fluctuating in either direction between those years.

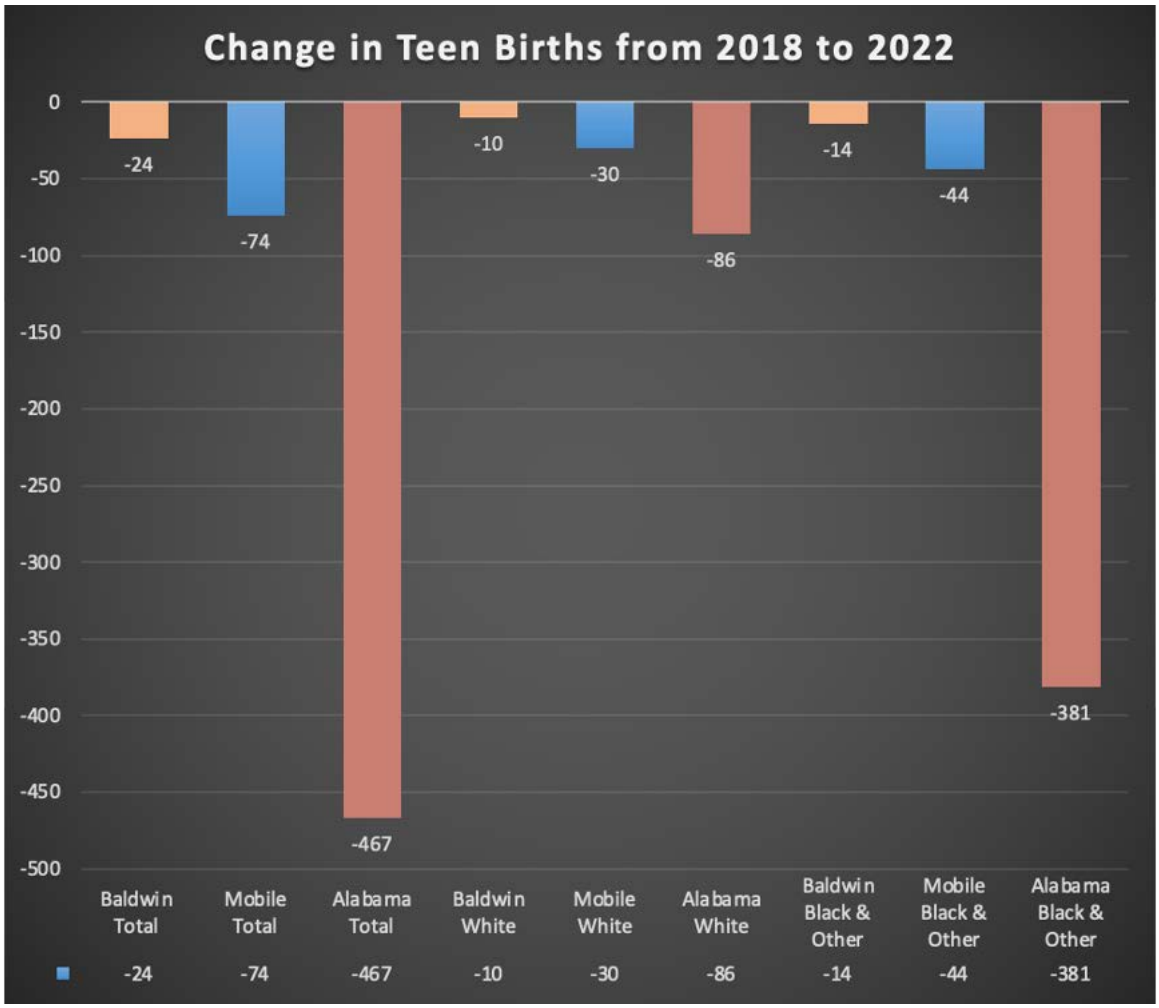
Another useful trend to observe for health outcomes is Medicaid supported births. The data presented below demonstrate the essential role Medicaid plays in supporting maternal care across Alabama, particularly in Mobile County, where reliance on public assistance is higher. The diverging trends between Baldwin and Mobile counties highlight disparities in economic conditions and population growth within the region. Baldwin County's growth in total births and its lower dependence on Medicaid suggest a more stable and affluent demographic,

while Mobile County continues to face economic challenges reflected in its higher proportion of Medicaid-supported births and declining total births. These trends emphasize the need for targeted public health policies and interventions to address disparities in maternal care and support across the state.



## Births to Select Groups: Teens and Unwed Mothers

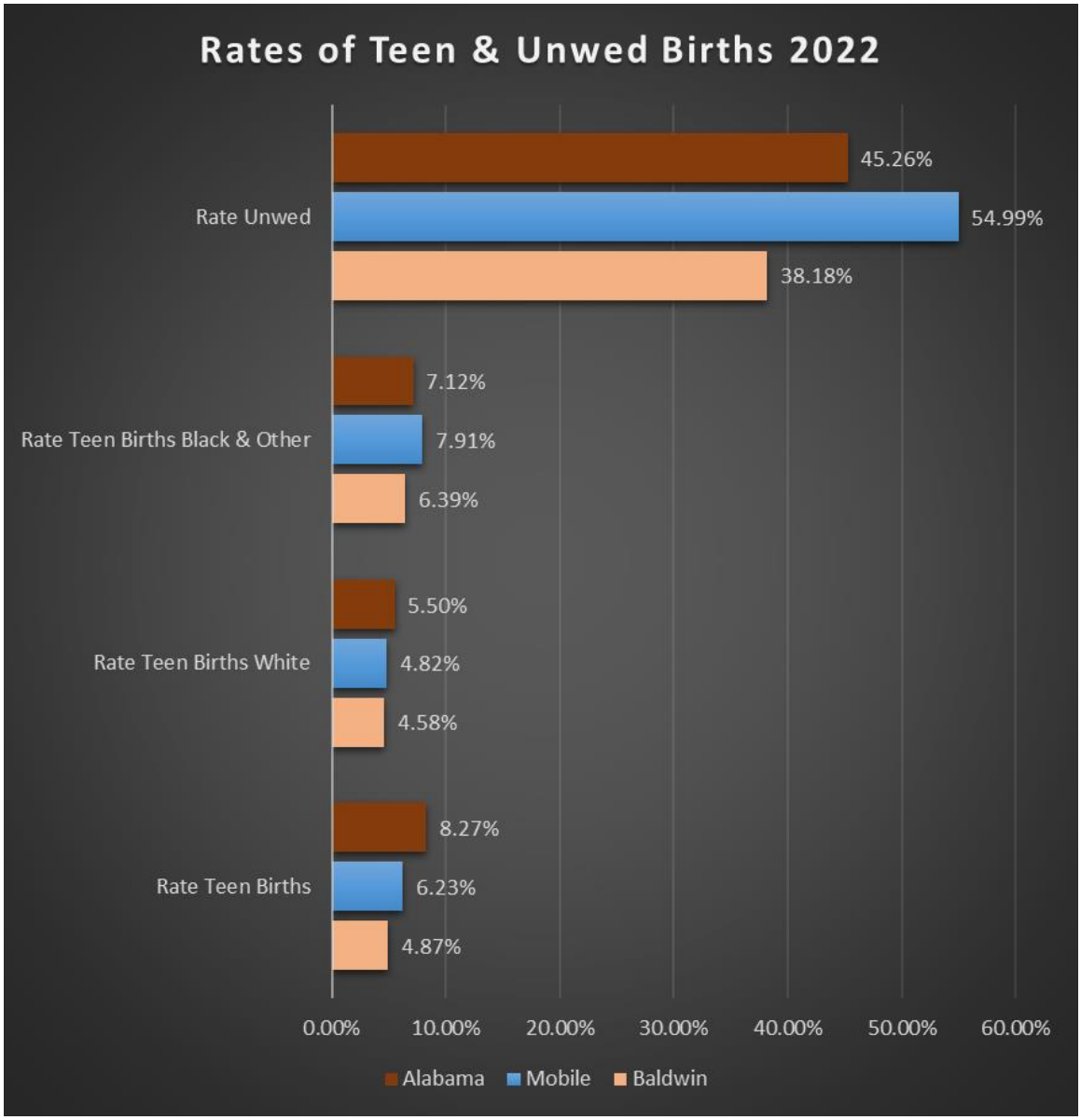
Teenage pregnancy has been a social concern since the 1960s due to the long-term negative effects for both mother and child. Research indicates that teenage pregnancy rates rose significantly between the 1950s and the 1970s, peaking at nearly 19% of births in 1975. However, teenage birth rates have been on a consistent decline over the past several decades. According to the Centers for Disease Control and Prevention (CDC), the national teenage birth rate was 15.4 per 1,000 females aged 15–19 in 2022, marking a continued decline from previous years. This pattern of decline is reflected in Mobile and Baldwin counties, as well as the State of Alabama, though Alabama's overall rates remain higher than the national average. The figure below illustrates the decline in teenage births across Alabama, Mobile County, and Baldwin County over a five-year period (2018 to 2022).



While teenage birth rates have declined significantly over the past few decades, Alabama continues to have higher rates compared to the national average. As of 2022, Alabama's teen birth rate was 20.9 births per 1,000 females aged 15–19, ranking it seventh among states with the highest teen birth rates.

This trend is consistent across much of the south-central region of the United States, where several states report elevated teenage birth rates compared to other regions. Factors contributing to these higher rates in Alabama and neighboring states may include limited access to comprehensive sex education, socioeconomic challenges, and cultural influences. Despite the overall decline in teen births, the persistent regional disparities highlight the need for targeted public health interventions to address the specific needs of adolescents in these areas.

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, a trend that persists a decade later. There also appears to be racial and ethnic differences in birth rates. Nationally, birth rates are highest among Hispanic or black teens. The figure below compares Mobile County to Alabama as a whole for birth rates to teens and unwed mothers for the year 2022.




As shown in the data, both Mobile and Baldwin counties have teen birth rates below the state average of 8.27%. Mobile County's teen birth rate stands at 6.23%, while Baldwin County's rate is even lower at 4.87%. Among racial groups, both counties exhibit higher rates of teen births in the Black & Other population compared to the White population. For example, Mobile County reports a teen birth rate of 7.91% for Black & Other teens, compared to 4.82% for White teens. Similarly, Baldwin County's rates are 6.39% for Black & Other teens and 4.58% for White teens.

When examining births to unwed mothers, Mobile County is significantly above both Baldwin County and the state average. In Mobile County, 54.99% of all births (across all age groups) are to unwed mothers, surpassing the state average of 45.26%. Baldwin County, in contrast, has a significantly lower rate of unwed births at 38.18%, reflecting differing socioeconomic and demographic dynamics between the counties and the state as a whole.

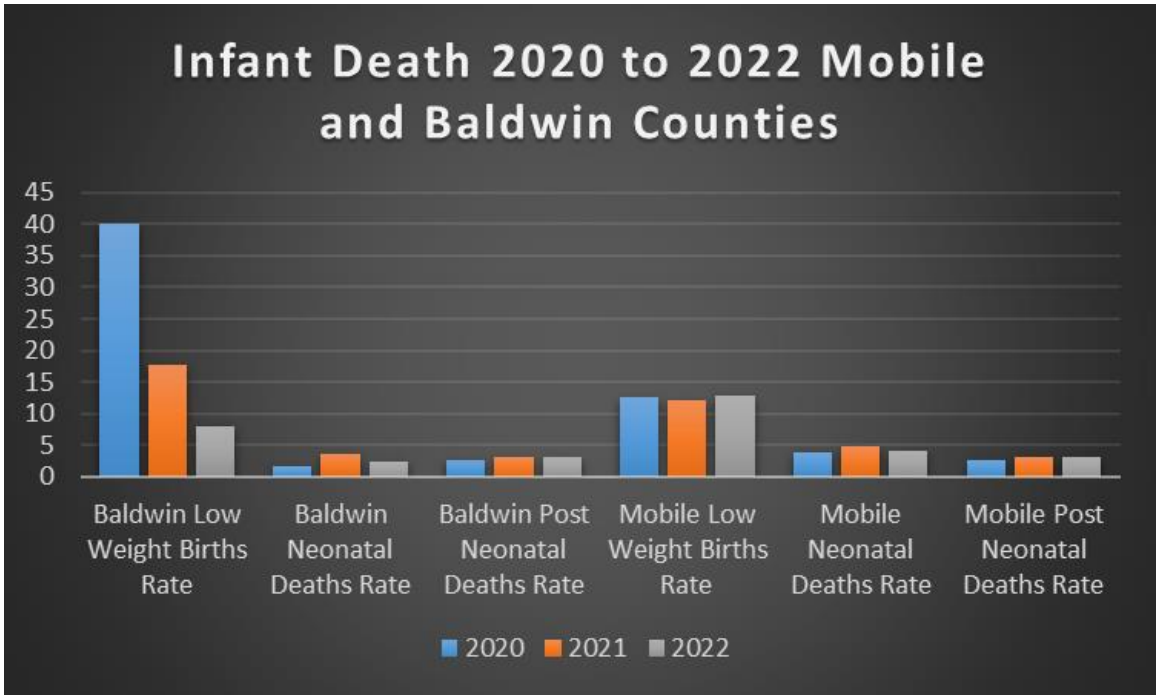
## Birth Complications and Infant Mortality

Given Mobile County's declining population in the 0-19 age bracket and the reduction in birth rates following the recession and COVID-19 pandemic, it remains critical to explore the community health needs of pregnant mothers and infants. The updated data from 2020 to 2022 highlights several important trends in infant health for Mobile and Baldwin counties.

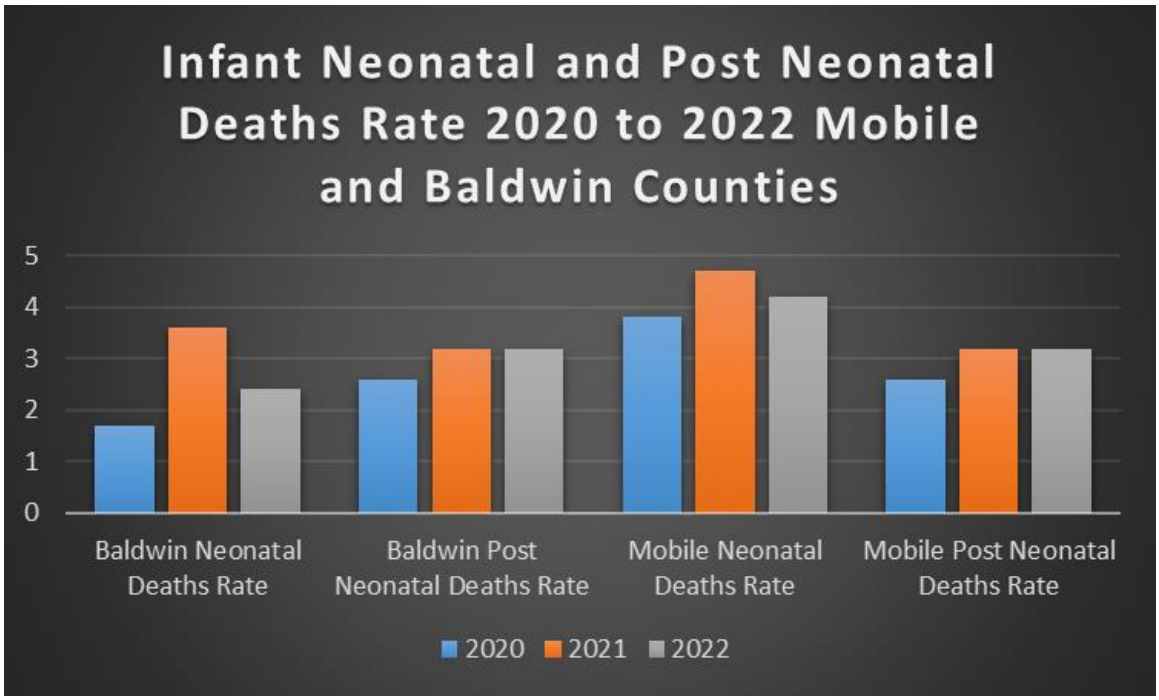
Low birth weight continues to be a consistent challenge for Mobile County, with rates remaining relatively stable over the past three years (2020-2022). In 2022, the low-birth-weight rate in Mobile County remained high compared to Baldwin County, which experienced a notable decline from its peak in 2020. These trends align with Alabama's historically high rates of low birth weight, with the state ranking third nationally in 2019 at 10.5%. Within Alabama it is seen that white infants contribute 69.8% in births and only reflect 44.5% in deaths. Black infants on the other hand account for a mere 28% in births yet a larger 51.4% in deaths.

Neonatal death rates in Mobile County have shown some fluctuation but have remained a significant concern. While Baldwin County's neonatal death rates have stayed consistently lower, Mobile County experienced a slight decline from 2020 to 2022. Post-neonatal death rates in both counties have remained low and relatively stable during the same period, reflecting improvements in postnatal care.

This updated data underscores the importance of addressing low birth weight and neonatal mortality in Mobile County, where rates remain higher than Baldwin County and reflect broader state and national challenges. Focused interventions to support maternal and infant health, especially among vulnerable populations, are necessary to improve outcomes and reduce disparities.



Unfortunately, the problems facing mothers and births in the 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 rose 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.




These disparities remain when examining neonatal and post-neonatal death rates in Mobile and Baldwin counties from 2020 to 2022. Neonatal death rates in Mobile County remained consistently higher than those in Baldwin County, with a peak in 2021 followed by a slight decline in 2022. In contrast, Baldwin County saw an increase in neonatal death rates in 2021 before returning to lower levels in 2022. Post-neonatal death rates in both counties remained relatively stable during this period, though Mobile County consistently reported slightly higher rates compared to Baldwin County.

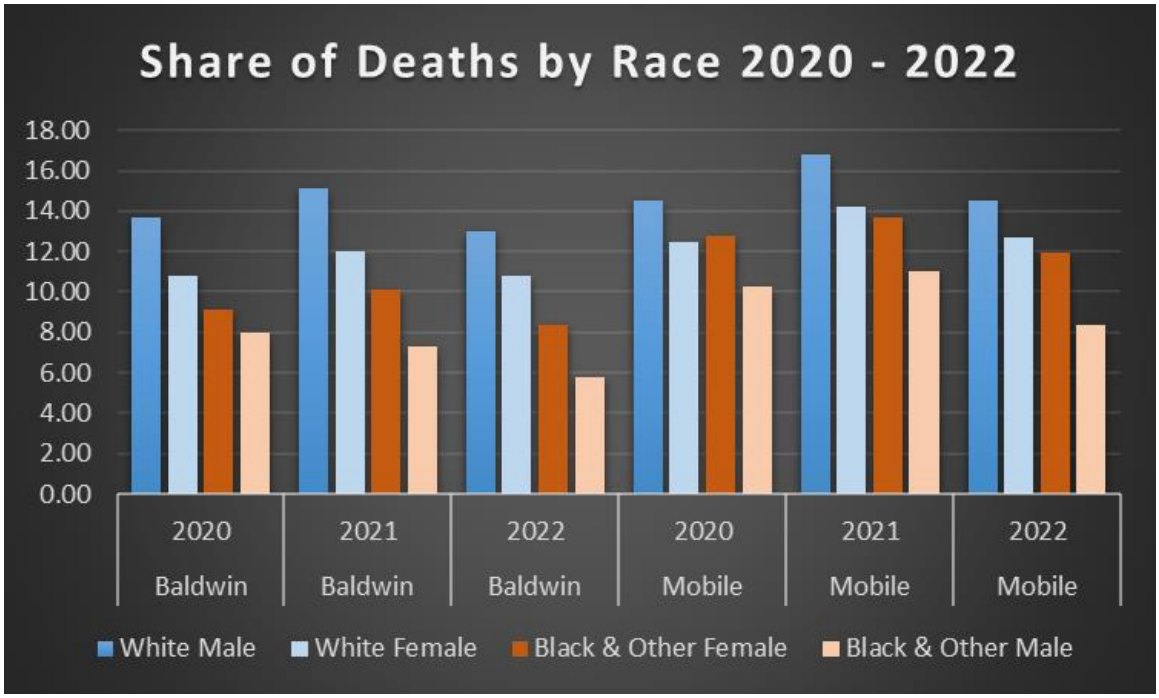
## Deaths

Death rates within Mobile County have remained relatively consistent over the past three years, though there has been a slight increase since the last community health needs assessment. Rates differ significantly across sex and race, with White males consistently having the highest rates in both Mobile and Baldwin counties. In 2022, the death rate for White males was 14.5 in Mobile County and 13 in Baldwin County. Conversely, Black females had the lowest death rates, with 8 in Baldwin County and 8.4 in Mobile County in 2022.

These patterns have remained consistent over the three-year period from 2020 to 2022, though trends vary across specific groups. For example, the death rates for Black & Other

females fluctuated over the years, rising in 2020 and then decreasing in both counties in subsequent years. Black & Other males exhibited a more complex trend, with rates rising in Mobile County in 2021 before falling in 2022, while Baldwin County experienced a consistent decline in this group over the three years.

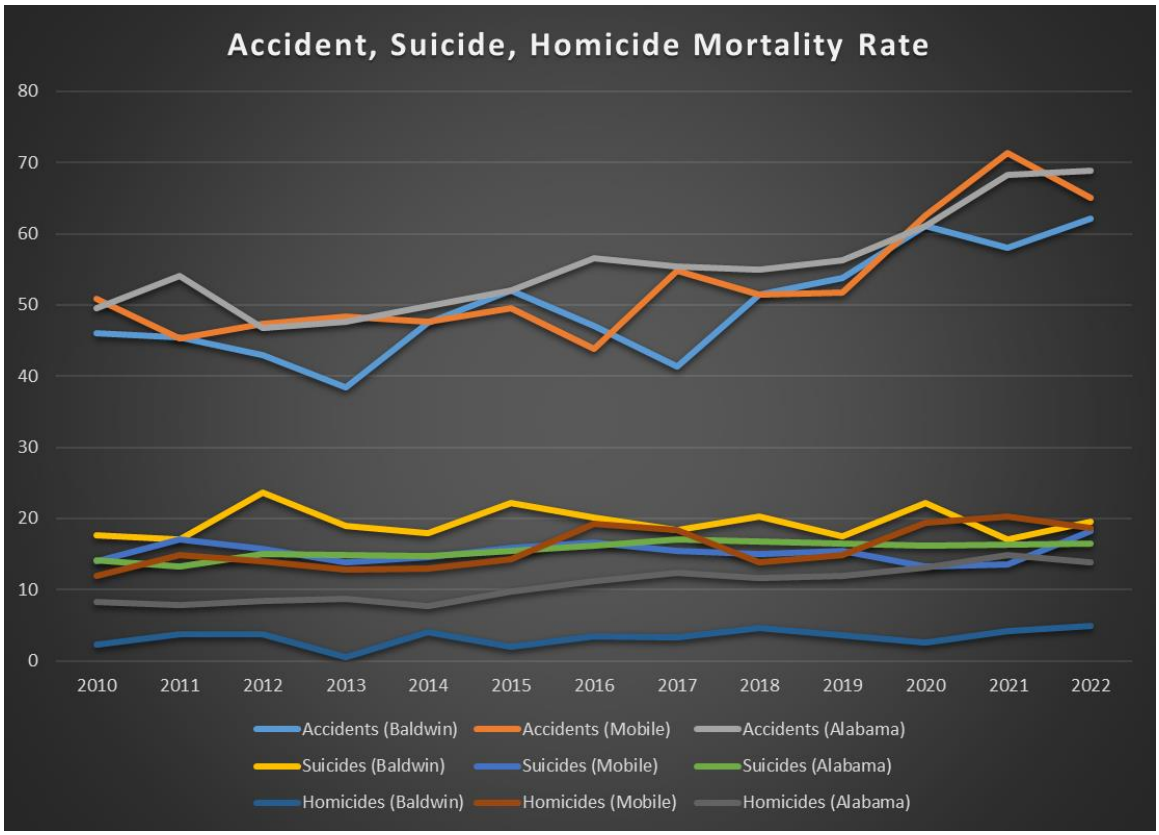
These data underscore the importance of considering both racial and gender differences in addressing health disparities and mortality trends within the region.



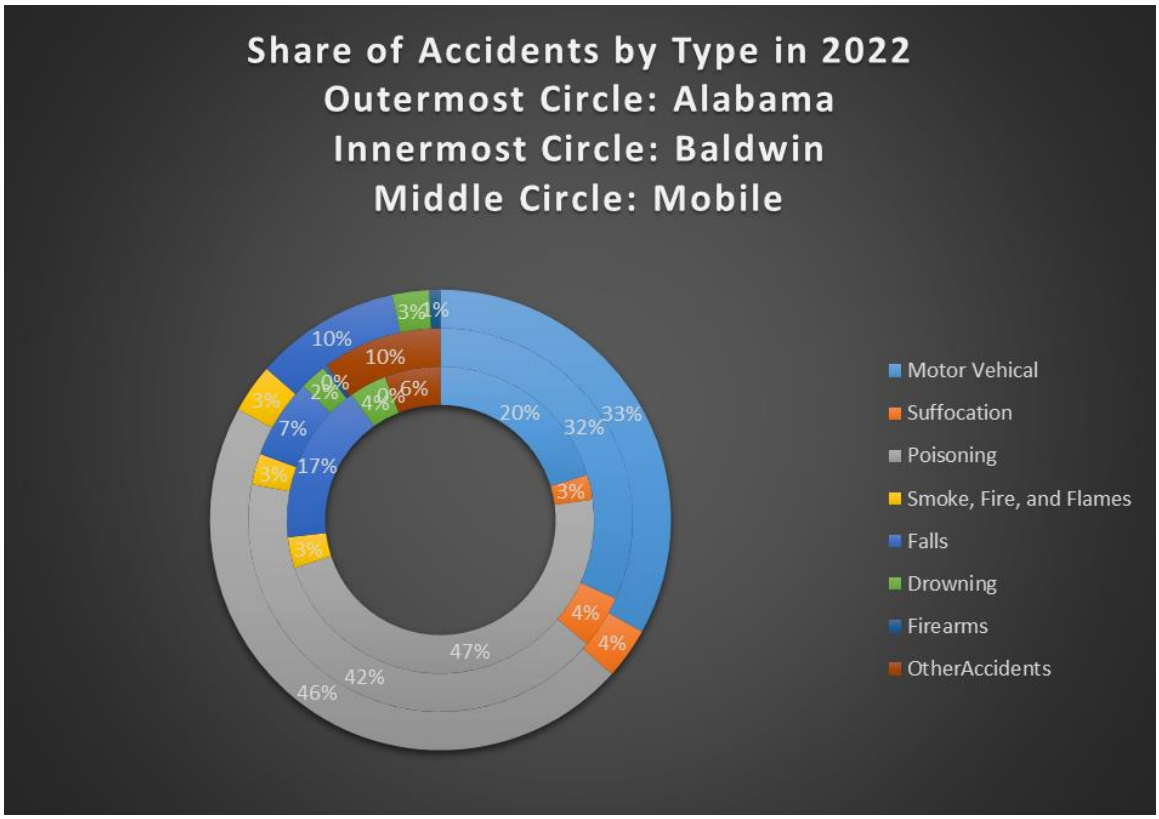

The state of Alabama consistently tracks deaths by type, categorizing them as accidents, suicides, and homicides. Among these, accidents are consistently the leading cause of death across all locations, reflecting a persistent statewide issue. This trend holds true for Mobile and Baldwin counties, though Baldwin County generally records lower rates of accidental deaths compared to Mobile County and the state as a whole. At the state level, accidents rank as the most frequent cause of death, followed by suicides, with homicides showing the lowest frequency among the three categories. This statewide pattern highlights the need for focused interventions to address preventable deaths, particularly in accidents, which remain the leading cause.

In Mobile and Baldwin County, the homicide rate and that of suicides have increased. Over a three-year depicted table (2020-2022), Mobile County's homicide rate was, on average, 18.0 deaths per 100,000 higher than the state average. Meanwhile, the suicide rate was only 13.0 deaths per 100,000. For Baldwin County, the Homicide rate averaged around 4.0 deaths per 100,000 while the suicide average sat much higher at 18.0 deaths per 100,000. This suggests that both Baldwin County as well as Mobile County face unique challenges related to violence and public safety, requiring targeted resources and interventions. By contrast, Baldwin County shows a much lower frequency of homicides compared to suicides and

accidents, reflecting differing socioeconomic and demographic dynamics that influence the prevalence of these causes of death.



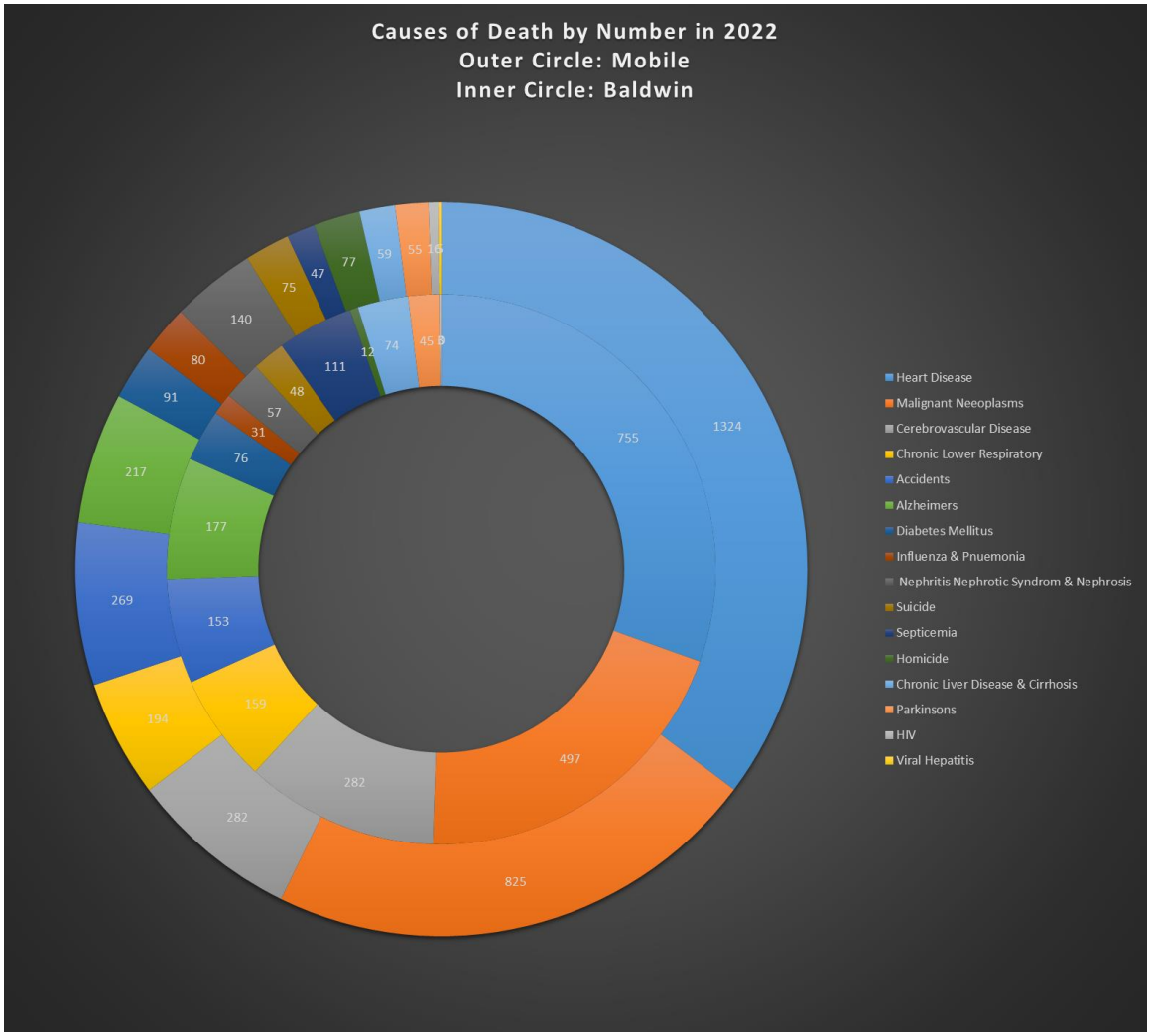

Since accidents are consistently the highest cause of death for both Mobile County, Baldwin County and the State of Alabama, it is important to note these types of accidents that increase mortality.




In 2022, the top three specific causes of accidental death in both Mobile County and Alabama were motor vehicle accidents, poisoning, and falls. Motor vehicle accidents accounted for the largest share of accidental deaths, representing 33% in Mobile County, 32% in Baldwin County, and 46% statewide. Poisoning ranked second, accounting for 20% of accidental deaths in Mobile County, 17% in Baldwin County, and 10% across Alabama. Falls were the third leading cause, making up 10% of accidental deaths in Mobile County, 7% in Baldwin County, and 10% statewide.

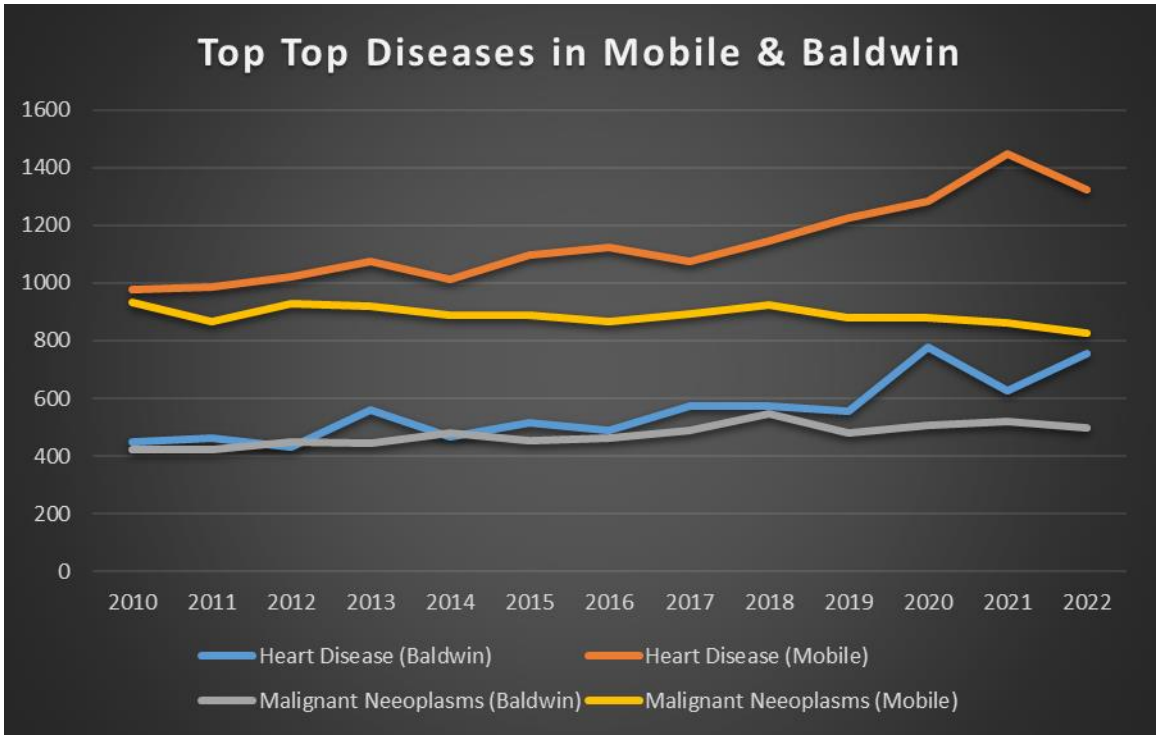
Fire-related deaths, suffocation, and drowning followed, each contributing about 3-4% of deaths in Mobile and Baldwin counties and Alabama. On average, the causes of accidental deaths in Mobile County align closely with the state's overall pattern. However, as reported in previous CHNAs, Mobile County continues to have a higher rate of poisoning-related deaths than the state average, reflecting an ongoing area of concern. Overall, this highlights the need for continued efforts in traffic safety, poison control programs, and fall prevention strategies to address these leading causes of accidental deaths in the region.

Provided below is a 2020-2022 snapshot of all causes of death, by number, in Mobile County, Baldwin County, and Alabama. A detailed discussion of diseases and cancer trends can be found in the following section.



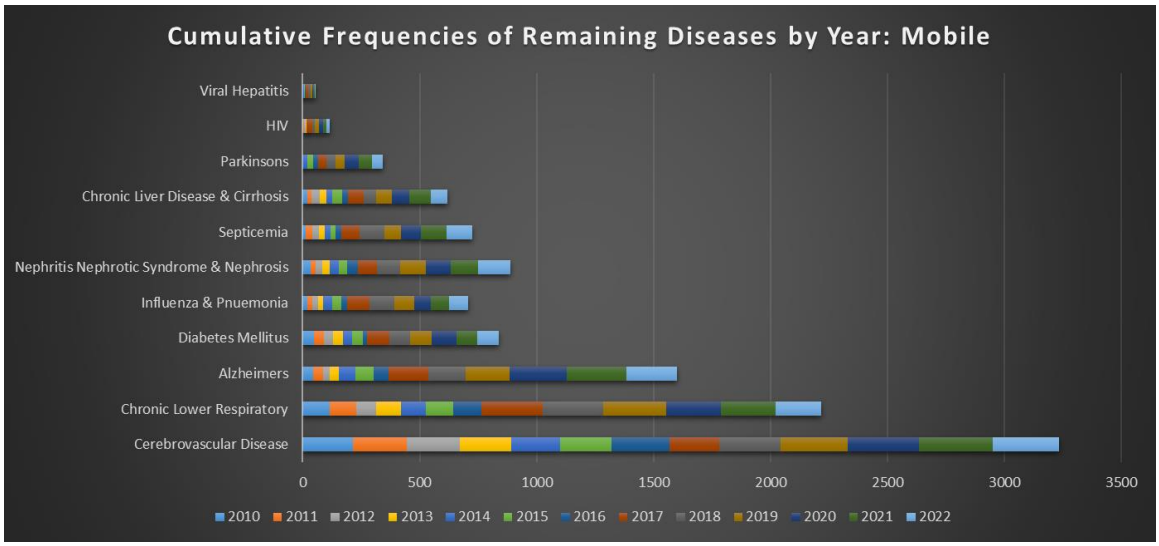

## Deaths: Diseases and Cancers

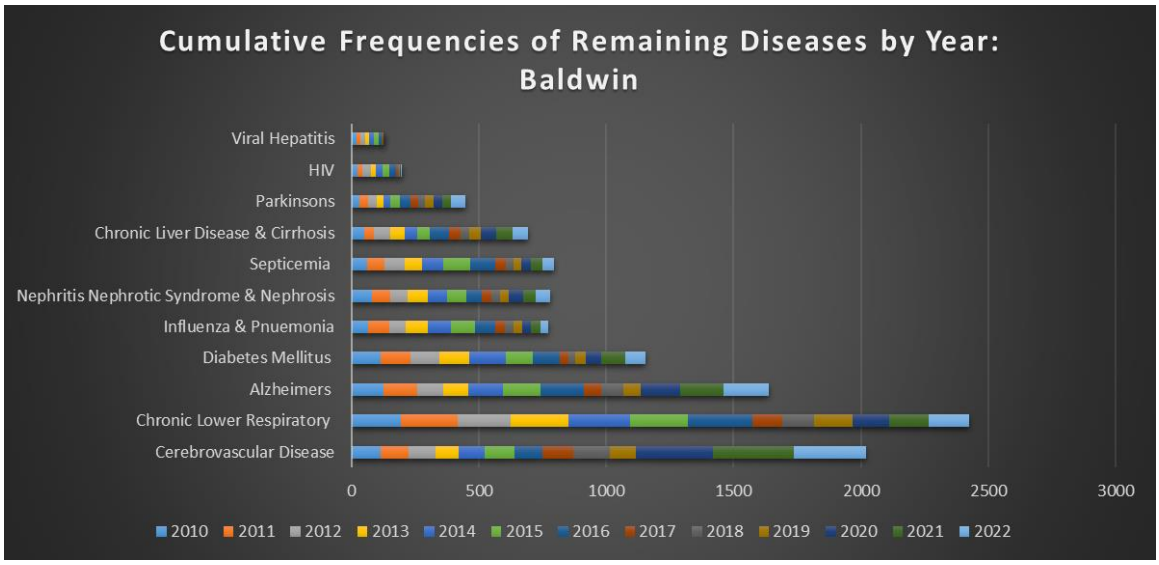
Heart disease, Cancer, Unintentional injuries, COVID-19, Stroke, Chronic lower respiratory diseases, Alzheimer's disease, Diabetes, Kidney disease, Chronic liver disease, and cirrhosis constituted for the top 10 leading causes for death in the United States in 2022. The leading causes for Mobile and Baldwin County are largely the same, with few exceptions. Provided below are the trends for the top causes of death in Baldwin County as well as Mobile County ranging from 2010 to 2022.




Heart disease consistently ranks as the leading cause of death in both counties, with Mobile County showing significantly higher rates than Baldwin County throughout the period. In Mobile County, heart disease mortality rates increased steadily after 2015, peaking in 2021, before experiencing a slight decline in 2022. Baldwin County's heart disease mortality rates remain lower and show a more stable trend, with a gradual increase beginning in 2019.

Malignant neoplasms are the second leading cause of death in both counties, with relatively stable rates across the years. In Mobile County, cancer-related mortality rates are consistently higher than in Baldwin County but exhibit less fluctuation compared to heart disease. Baldwin County's cancer mortality rates remain steady, showing minimal variation over time.





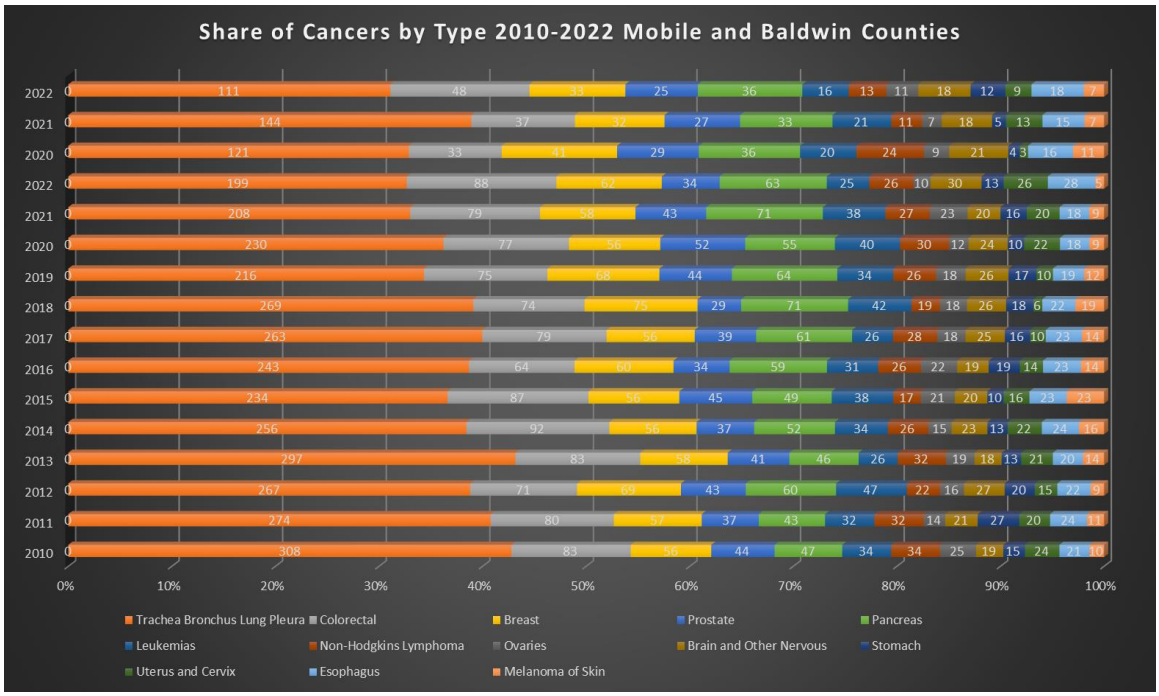

In Mobile County, the number of deaths caused by chronic lower respiratory diseases, diabetes, Alzheimer's disease, and influenza/pneumonia has continued to rise over the 2010 to 2022 period. This trend aligns with the aging population demographics discussed earlier, as these conditions are strongly associated with older age. Alzheimer's disease, in particular, has shown a steady increase, highlighting the growing burden of age-related neurological disorders. The rise in influenza and pneumonia-related deaths may also be partially explained by the relationship between Alzheimer's, dysphagia, and aspiration pneumonia, which are common complications in elderly patients.

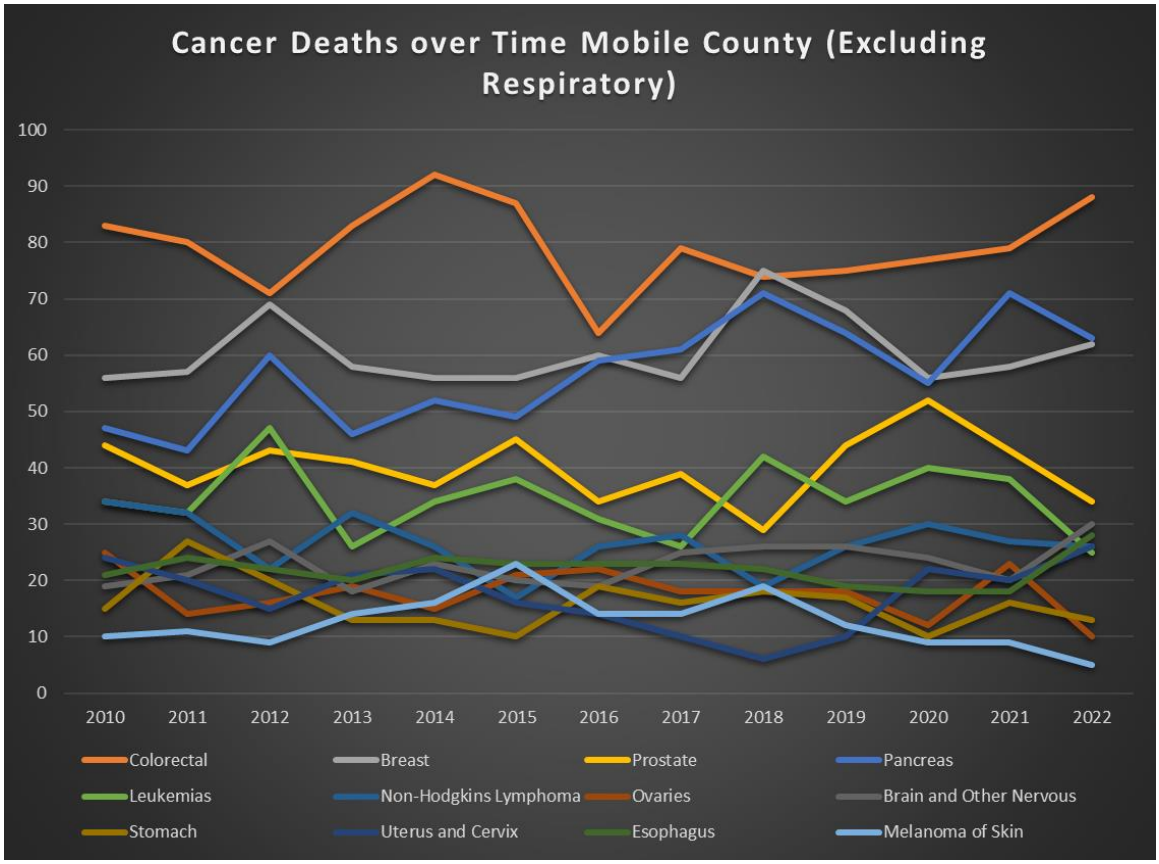
Baldwin County mirrors similar trends, with notable increases in deaths related to Alzheimer's disease, chronic lower respiratory conditions, and influenza/pneumonia. The pronounced growth in Alzheimer's-related mortality reflects the county's aging population, a demographic trend further supported by steady increases in chronic conditions often linked to age. These rising mortality rates in both counties emphasize the need for comprehensive healthcare strategies targeting older adults, focusing on prevention, early intervention, and management of chronic diseases to mitigate their impact on overall mortality.

Cancer remains the second leading cause of death in Mobile County, claiming the lives of approximately 898 residents annually over the past decade. Among the various types of cancers, those of the respiratory system, including trachea, bronchus, lung, and pleura, continue to account for the largest proportion of cancer-related deaths. In 2022, these cancers constituted 25% of all cancer deaths in Mobile County, a trend consistent with previous years. From 2010 to 2022, these respiratory cancers represented a significant share of cancer mortality, reflecting the ongoing burden of smoking and environmental factors in the region. Baldwin County exhibits a similar pattern, with respiratory cancers remaining the leading contributor to cancer-related deaths.

Colorectal and breast cancers are also among the most frequent cancer types in both Mobile County and the state of Alabama. Colorectal cancer accounts for 8% of cancer deaths in Alabama and 7% in Mobile County, figures that align closely with national trends (9% across both sexes). Breast cancer, however, accounts for a smaller proportion of cancer deaths in Mobile County (6%) and Alabama compared to the national average of 14% for women.

Similarly, prostate cancer mortality is also lower in Mobile County and Alabama, representing around 7% of male cancer deaths, compared to the national average of 10%. These figures highlight the importance of continued efforts in early detection and prevention strategies for these cancers to reduce mortality rates further.






Colorectal and breast cancer remain two of the most significant contributors to cancer mortality in Mobile County and the state of Alabama, and both have shown an upward trend since 2020. The recent increase in colorectal cancer deaths could reflect delayed screenings or diagnoses during the COVID-19 pandemic, as well as the continued influence of an aging population, a known risk factor for colorectal cancer. Breast cancer deaths have also risen in the same period, highlighting the ongoing burden of this disease and the need for sustained efforts in early detection and effective treatment.

The increasing age demographics of Mobile County likely contribute to the rising frequency of these cancers, as both colorectal and breast cancer are more common in older adults. Additionally, colorectal cancer mortality rates remain highest among Black populations, a significant demographic in Mobile County, further amplifying its local impact. Factors such as the prevalence of diabetes, which increases colorectal cancer risk and is also rising in Mobile County and Alabama, may be compounding these trends. Addressing these challenges will require targeted public health interventions, including enhanced cancer screening programs, improved access to care, and tailored outreach to vulnerable populations.

## 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 443 respondents were collected from Mobile County in the general community survey for a margin of error of +/- 4.7%.

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 | 9/18/2024 | 12/17/2024 | 443 | +/-4.7 | 50.1% | 17.0 | 4.7% | 8.3% |

[1] Calculated by dividing the number of completions by all numbers attempted except those that were out of scope
[2] Calculated the same as [1] but numbers that were categorized as no answers were also excluded from the numerator

### Key Survey Findings

[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.

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 (59%); 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, 28 percent feel they are very good and 35 percent say they are good. Only four 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. Nineteen percent have employer based private insurance, 14 percent have private insurance they purchased themselves, and three percent do not have insurance. Twelve percent of respondents report not having a personal doctor or healthcare provider. Ninety-two percent say they have seen a doctor for a wellness exam or routine checkup in the past year while 74 percent say the same for a dental exam or cleaning.

Twenty-one percent of respondents reported having used telehealth services in the past year, this is down from over 30% in the previous CHNA. Fifty-three percent of those having used telehealth in the past year rated their experience as either excellent or very good. Six percent reported the experience as poor. Of those not having had a telehealth experience in the past year, eleven percent were very interested in receiving telehealth services while 45 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, 23% of respondents thought that the City of Mobile's COVID response was the best it could be. Two percent thought it was the worst. On the same scale, 32% 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) lower crime and safe neighborhoods, 3) cancer care, 4) good schools, 5) Support services to help people with natural disasters: flooding, hurricanes, tornadoes, and 6) Good places to raise children 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. | 94.6 | 5.0 | 0.0 | 0.2 | 0.2 | 100.0% | 441 |
| Q8n. Lower crime and safe neighborhoods. | 94.1 | 4.8 | 0.5 | 0.2 | 0.5 | 100.1% | 440 |
| Q8x. Cancer Care. | 93.2 | 6.4 | 0.0 | 0.5 | 0.0 | 100.1% | 439 |
| Q8j. Good schools. | 91.6 | 7.3 | 0.2 | 0.7 | 0.2 | 100.0% | 440 |
| Q8ac. Support services to help people with natural disasters: flooding, hurricanes, tornadoes. | 90.5 | 9.1 | 0.2 | 0.0 | 0.2 | 100.0% | 440 |
| Q8h. Good places to raise children. | 90.4 | 8.7 | 0.7 | 0.0 | 0.2 | 100.0% | 436 |

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) mental health problems, 5) rape and sexual assault, and 6) heart disease and stroke. The full list of health issues is located in Appendix B in Table 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* | *Naither* | *Somewhat Unimportant* | *Very Unimportant* | *Total* | *N* |
|---|---|---|---|---|---|---|---|
| Q9d. Child abuse and neglect. | 96.1 | 3.2 | 0.0 | 0.5 | 0.2 | 100.0% | 436 |
| Q9c. Cancers. | 91.1 | 8.0 | 0.9 | 0.0 | 0.0 | 100.0% | 439 |
| Q9g. Domestic violence. | 89.3 | 9.1 | 0.7 | 0.7 | 0.2 | 100.0% | 440 |
| Q9p. Mental health problems. | 89.3 | 8.9 | 1.4 | 0.5 | 0.0 | 100.1% | 440 |
| Q9s. Rape and sexual assault. | 88.6 | 8.4 | 1.6 | 0.9 | 0.5 | 100.0% | 429 |
| Q9j. Heart-disease and stroke. | 88.0 | 10.9 | 0.7 | 0.5 | 0.0 | 100.1% | 441 |

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) depression, 5) obesity, and 6) heart-disease. Table 3.4 shows these rankings and Table B.16 in Appendix B shows the responses to all of the 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. | 60.7 | 39.3 | 100.0% | 440 |
| Q10g. High Cholesterol. | 50.7 | 49.3 | 100.0% | 440 |
| Q10e. Diabetes. | 26.1 | 73.9 | 100.0% | 440 |
| Q10d. Depression. | 22.3 | 77.7 | 100.0% | 440 |
| Q10j. Obesity. | 22.1 | 78.0 | 100.1% | 440 |
| Q10f. Heart-Disease. | 19.7 | 80.3 | 100.0% | 441 |

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) specialty medical care (specialist doctors), 4) dental care / dentures, 5) emergency medical care, and 6) preventative healthcare (routine or wellness checkups). The full list of services can be found in Table B.17 in Appendix B. The "other" responses are presented in Appendix C.

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 | 26.41 |
| Services for the elderly | 13.32 |
| Specialty medical care (specialist doctors) | 12.87 |
| Dental care / dentures | 9.03 |
| Emergency medical care | 8.35 |
| Preventative healthcare (routine or wellness checkups) | 7.22 |

Sixteen percent of Mobile County respondents indicated that they had delayed in getting needed medical care at some point in the past 12 months. 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) Could not get an appointment soon enough, and 3) Insurance problems / lack of insurance. The full list of reasons for delaying needed medical care can be found in Table B.19 in Appendix B. The "other" responses are presented in Appendix C.

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* |
|---|---|
| Could not afford medical care | 25.7 |
| Could not get an appointment soon enough | 15.7 |
| Insurance problems / lack of insurance | 12.9 |

When seeking medical care for someone who is sick, respondents overall were first likely to go to their family doctor (61.4%), then an Urgent care clinic (21.7%), and third to an Emergency Room (12%). This continues to reflect a shift with Urgent care clinics ranking above ERs as a place to go for healthcare.

Respondents have a great deal of confidence that they can make and maintain lifestyle changes. Thirty-six percent are extremely confident in their ability to do so and 42 percent are very confident.

Ten 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 an other four percent say they use e-cigarettes or vaporizing pens. Eighty percent report never having used tobacco products.

The modal category for how long someone would be willing to wait for a well visit to see their preferred provider is up to 7 days or 1 week with 44% selecting this option. The next most selected category was 17 percent for up to 2 weeks.

A majority of respondents (63.2%) said they would be "Very Likely" to accept an appointment with a Physician's Assistant (PA) if they could see them sooner than their preferred provider.

Again, a majority of respondents (65.5%) said they would "Very Likely" to accept an appointment with a Nurse Practitioner (NP) if they could see them sooner than their preferred provider.

While some respondents were willing to travel more, a great number of respondents were only willing to travel up to 5 miles (27.7%), 10 miles (29.1%) or 20 miles (23.5%).

Most respondents for the survey were older. Twenty percent were between the ages of 46 and 65 and 66 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 66 percent of those responding overall and African-American's 30 percent.

Twenty-seven percent of respondents possess a high school degree or GED. Twenty-seven percent have some college coursework; 25 percent have a Bachelor's or four-year degree, and 11 percent have a graduate or professional degree.

Given the older age of the respondents it is not surprising that 59 percent say they are retired. Twenty-three percent are working full-time, six percent are disabled, and three percent are unemployed.

Looking at income, seven percent earned less than $15,000 and 17 percent earned more than $100,000.

The majority of survey respondents (69%) 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 57 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 290 e-mails were initially distributed on November 12, 2024. Reminder surveys were sent on November 18, November 25, and December 3, 2024. Of the 290, two e-mails were duplicates, three e-mails failed to send, and 40 e-mails bounced for 245 unique and working e-mails. Thus, with 57 responses, the CHL had a completion rate of 23.3%.

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* |
|---|---|---|---|---|---|---|
| 11/12/2024 | 11/18/2024 | 11/25/2024 | 12/11/2024 | 57 | 7.9 minutes | 23.3% |

## 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) Low crime / safe neighborhoods, 3) Affordable housing, 4) Mental health services, 5) Good employment opportunities, and 6) Quality education. 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) | 39 | 68.4 |
| 1n. Low crime / safe neighborhoods | 17 | 29.8 |
| 1c. Affordable housing | 14 | 24.6 |
| 1r. Mental health services | 13 | 22.8 |
| 1g. Good employment opportunities | 12 | 21.1 |
| 1s. Quality education | 12 | 21.1 |
| *N* | 57 | |

[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) Drug use / abuse, 3) Obesity / excess weight, 4) Heart disease and stroke, 5) Cancers, and 6) Homelessness. 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 | 39 | 68.4 |
| 2h. Drug use / abuse | 19 | 33.3 |
| 2r. Obesity / excess weight | 15 | 26.3 |
| 2j. Heart disease and stroke | 14 | 24.6 |
| 2c. Cancers | 12 | 21.1 |
| 2l. Homelessness | 12 | 21.1 |
| *N* | 57 | |

[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) Poor eating habits / poor nutrition, 3) Homelessness, 4) Excess weight, 5) Not seeing a doctor or dentist, and 6) Alcohol abuse. 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 | 33 | 57.9 |
| 3f. Poor eating habits / poor nutrition | 32 | 56.1 |
| 3d. Homelessness | 22 | 38.6 |
| 3c. Excess weight | 18 | 31.6 |
| 3i. Not seeing a doctor or dentist | 18 | 31.6 |
| 3a. Alcohol abuse | 16 | 28.1 |
| *N* | 57 | |

[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) Preventative healthcare (routine or wellness check-ups, etc.), 4) services for the elderly, 5) Alternative therapies

(acupuncture, herbals, etc.), and 6a) Dental care including dentures, 6b) Primary medical care (a primary doctor / clinic), and 6c) Specialty medical care (specialist doctors). 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 | 47 | 82.5 |
| 4m. Alcohol or drug abuse treatment | 18 | 31.6 |
| 4h. Preventative healthcare (routine or wellness check-ups, etc.) | 16 | 28.1 |
| 4k. Services for the elderly | 15 | 26.3 |
| 4a. Alternative therapies (acupuncture, herbals, etc.) | 10 | 17.5 |
| 4b. Dental care including dentures | 10 | 17.5 |
| 4j. Primary medical care (a primary doctor / clinic) | 10 | 17.5 |
| 4l. Specialty medical care (specialist doctors) | 10 | 17.5 |
| *N* | 57 | |

[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 (61%) or unhealthy (25%).

Four percent of health leaders rate the quality of healthcare services available in Mobile County as excellent, 18 percent say very good, 47 percent say good, another 25 percent say fair, and five percent say the healthcare services are poor.

Many of the health leaders responding were from educational organizations (20%), other healthcare organizations (18%), another 11 percent were in housing or temporary shelter, and five percent were in public service. Finally, another 20 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, 35 percent of health leaders said their organization served families; 35 percent said their organization served individuals, and 15 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 (76%) said that they provide the client information on where to obtain assistance if their organization cannot provide all the services a client needs. Eight percent said they will phone, e-mail, or fax another organization to help the client obtain those services they cannot provide.

Fifty-one percent of health leaders said their organizations served adults under 65; 42 percent said they served children, and 19 percent served seniors (65 and over).

Most health leaders (79%) 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.

Fifty-one 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 (60%) said that they do not have requirements but serve everyone.

Twenty-three percent of health leaders do not have any volunteers on their staff. Another 50 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 (37%) rely on either electronic medical records (EMR) or electronic health records (HER) for storing client records electronically. Another 43 percent rely on other systems including HMIS, EPIC, Oasis Insight, and others (see Appendix E for a full list), and 14 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 443 community members with the results of the 57 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, the comparison between the Community Health Leaders Survey and the Community Survey reveals both convergence and divergence in perceptions of what constitutes a healthy community. Both groups clearly agree on the importance of safety and education, as evidenced by their shared emphasis on "low crime / safe neighborhoods" and the value of schooling, albeit framed slightly differently—Community Health Leaders prioritize "quality education," while the Community Survey highlights "good schools" and "good places to raise children." This suggests a mutual recognition that foundational social structures like safety and education are essential for community well-being, though community members may see education more through the lens of child-rearing.

However, differences in emphasis reveal notable distinctions in perspective. Community Health Leaders tend to focus on systemic and institutional elements such as "access to health services," "affordable housing," "mental health services," and "good employment opportunities," which reflect their professional orientation toward structural determinants of

health. In contrast, the Community Survey participants include more situational or environmental concerns such as "a clean environment," "cancer care," and "support during natural disasters." This points to a more immediate, lived-experience perspective from community members who may prioritize tangible, everyday impacts of health and environment over broader institutional structures. These divergences underscore the value of including both professional and public voices in health planning, as each highlights different facets of community health needs.

Table 4.6: Comparison of Features of a Healthy Community

| *Community Health Leaders Survey* | *Community Survey* |
|---|---|
| 1. 1a. Access to health services (e.g., family doctor, hospitals) | 1. Q8e. A clean environment including water, air, etc. |
| 2. 1n. Low crime / safe neighborhoods | 2. Q8n. Lower crime and safe neighborhoods. |
| 3. 1c. Affordable housing | 3. Q8x. Cancer Care. |
| 4. 1r. Mental health services | 4. Q8j. Good schools. |
| 5. 1g. Good employment opportunities | 5. Q8ac. Support services to help people with natural disasters: flooding, hurricanes, tornadoes. |
| 6. 1s. Quality education | 6. Q8h. Good places to raise children. |

When examining the most important health issues, table 4.7 highlights several points of alignment between Community Health Leaders and Community Survey respondents regarding the most important health issues. Both groups agree on the significance of mental health problems, cancers, and heart disease and stroke, indicating shared concern over both physical and mental health challenges. These overlaps suggest a consensus on the pervasive impact of chronic conditions and psychological well-being across professional and lived experience perspectives. Additionally, while drug use/abuse and obesity/excess weight are priorities for health leaders, these issues may be embedded within broader concerns voiced by the community, such as domestic violence or child neglect, where substance use may be a contributing factor.

Despite this alignment, some important divergences stand out. Community members place high importance on social and interpersonal trauma, such as child abuse and neglect, domestic violence, and rape and sexual assault—none of which explicitly appear in the top health issues listed by Community Health Leaders. Conversely, homelessness, a pressing issue identified by health leaders, does not appear in the community's top six. These differences reflect varying frames of reference: health leaders may focus on systemic and clinical indicators, while residents emphasize personal safety, trauma, and immediate vulnerabilities. Together, these perspectives underscore the necessity of integrating both institutional expertise and lived community experiences into health prioritization and policy development.

Table 4.7: Comparison of Most Important Health Issues

| *Community Health Leaders Survey* | *Community Survey* |
|---|---|
| 1. 2p. Mental health problems | 1. Q9d. Child abuse and neglect. |
| 2. 2h. Drug use / abuse | 2. Q9c. Cancers. |
| 3. 2r. Obesity / excess weight | 3. Q9g. Domestic violence. |
| 4. 2j. Heart disease and stroke | 4. Q9p. Mental health problems. |
| 5. 2c. Cancers | 5. Q9s. Rape and sexual assault. |
| 6. 2l. Homelessness | 6. Q9j. Heart disease and stroke. |

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 |

Table 4.9 reveals notable areas of agreement between Community Health Leaders and Community Survey participants regarding healthcare services that are difficult to obtain. Both groups rank mental health services as the most difficult to access, suggesting a shared recognition of persistent gaps in behavioral health infrastructure. Additionally, both identify challenges related to services for the elderly, specialty care, preventative healthcare, and dental services, though their rankings differ. This general overlap points to widespread concern about the accessibility of core and specialized health services, reinforcing that both system insiders and everyday community members perceive barriers to comprehensive care.

However, the table also shows divergences in emphasis. Community Health Leaders include alcohol or drug abuse treatment, alternative therapies, and primary medical care as significant access issues, while these are not top concerns for community members. Instead, the public gives higher priority to emergency medical care, which is notably absent from the leaders' list. This contrast suggests that professionals may focus more on structural service gaps and long-term care access, whereas residents are also sensitive to urgent care availability and immediate service needs. Such differences underscore the importance of incorporating diverse perspectives into health planning—balancing expert assessments with the community's direct experiences to ensure that service improvements address both strategic and acute access challenges.

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

| *Community Health Leaders Survey* | *Community Survey* |
|---|---|
| 1. 4f. Mental health services | 1. Mental health services |
| 2. 4m. Alcohol or drug abuse treatment | 2. Services for the elderly |
| 3. 4h. Preventative healthcare (routine or wellness check-ups, etc.) | 3. Specialty medical care (specialist doctors) |
| 4. 4k. Services for the elderly | 4. Dental care / dentures |
| 5. 4a. Alternative therapies (acupuncture, herbals, etc.) | 5. Emergency medical care |
| 6(a). 4b. Dental care including dentures | 6. Preventative healthcare (routine or wellness checkups) |
| 6(b). 4j. Primary medical care (a primary doctor / clinic) | |
| 6(c). 4l. Specialty medical care (specialist doctors) | |

These findings reveal key points of convergence between Community Health Leaders and community members, including shared concerns about mental health, safe neighborhoods, education, cancers, and access to services for the elderly and specialty care. These alignments reflect common ground on foundational health needs and service gaps.

However, divergences emerge in focus and framing. Health Leaders emphasize systemic and institutional issues such as homelessness, employment, and primary care access, while community members highlight personal safety, trauma (e.g., abuse, violence), and environmental concerns like clean air and emergency care. This underscores the need to integrate professional insights with lived experiences for more responsive health planning.

## COMMUNITY RESOURCES – 5

### Summary

Along with the eight 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 |
| North Baldwin Infirmary | (251) 937-5521 |
| Providence Hospital | (251) 633-1000 |
| South Baldwin Regional Medical Center | (251) 949-3400 |
| Springhill Medical Center | (251) 344-9630 |
| Thomas Hospital | (251) 928-2375 |
| USA University Hospital | (251) 471-7110 |
| USA Children's and Women's Hospital | (251) 415-1000 |

Table 5.2: Specialty Hospitals

| *Facility* | *Phone* |
|---|---|
| BayPointe Children's Hospital | (251) 661-0153 |
| Infirmary Long Term Acute Care Hospital | (251) 435-5822 |

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) 690-8115 |
| 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) 943-7237 |
| The Hadley Medical Center | (251) 450-8055 |

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 |
| Citronelle Health & Rehabilitation Center | (251) 866-5509 |
| Crowne Health Care of Mobile | (251) 473-8684 |
| Crowne Health Care of Springhill | (251) 304-3013 |
| Diversicare of Foley | (251) 943-2781 |
| Eastern Shore Rehabilitation and Health Center | (251) 621-4200 |
| Fairhope Health and Rehab | (205) 783-8444 |
| Gordon Oaks Health & Rehab | (251) 661-7608 |
| Grand Bay Convalescent Home, Inc. | (251) 865-6443 |
| Gulf Coast Health & Rehabilitation | (251) 634-8002 |
| Kindred Transitional Care and Rehab | (251) 316-0917 |
| 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 |
| Crowne Health Care of North Baldwin | (251) 937-3501 |
| Palm Gardens Health & Rehabilitation | (251) 450-2800 |
| Sea Breeze Healthcare Center | (251) 433-5471 |
| Springhill Manor Nursing Home | (251) 342-5623 |
| 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) 478-6931 |
| Covenant Hospice, Inc.-Daphne | (251) 626-5255 |
| Encompass Health | (251) 661-5313 |
| Gentiva Hospice | (251) 340-6387 |
| Hospice South | (251) 473-3892 |
| Infirmary Home Care | (251) 450-3300 |
| 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) 343-9600 |
| SouthernCare Daphne | (251) 621-2844 |
| SouthernCare Mobile | (251) 666-2113 |
| Springhill Home Health and Hospice | (251) 725-1268 |
| 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 |
| Alacare Home Health & Hospice - Mobile | (251) 341-0707 |
| 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) 621-4431 |
| Home Instead Senior Care | (251) 342-6655 |
| Infirmary HomeCare of Mobile | (866) 541-0239 |
| Kindred at Home | (251) 316-0917 |
| Maxim Healthcare | (251) 470-0223 |
| Mercy Life of Alabama | (251) 287-8427 |
| Oxford HealthCare Services | (800) 404-3191 |
| ProHealth-Gulf Coast, LLC | (866) 330-0609 |
| Saad Healthcare | (251) 343-9600 |
| South Baldwin Regional Home Health | (251) 424-1045 |
| 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) 457-7143 |
| 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) 380.3057 |
| 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) 470-5226 |
| **Alcohol, Tobacco, and Other Drugs** | |
| Drug Education Council | (251) 478-7855 |
| 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) 434-1500 |
| 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 | (800) 239-6636 |
| GRMCA Early Childhood Directions | (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 |
| St. Mary's Home | (251) 344-7733 |
| Wilmer Hall Children's Home | (251) 342-4931 |
| **Food Pantries** | |
| Emma's Harvest Home | (251) 478-8768 |
| 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) 479-8611 |
| American Cancer Society | (251) 344-9856 |
| American Heart Association - Mobile | (800) 257-6941 Ext. 5397 |
| American Red Cross | (251) 544-6100 |
| Epilepsy Foundation of Alabama | (251) 341-0170 |
| Franklin H.E. Savage Healthcare for the Homeless | (251) 694-0070 |
| Lifesouth Community Blood Center | (888) 795-2707 |
| 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

### Toward a More Integrated Approach to Community Health

As USA Health looks ahead to the 2025–2027 implementation cycle, one of the strategic priorities will be the development of a more integrated and coordinated system for documenting, monitoring, and evaluating community-facing activities. This work will be anchored in the Center for Healthy Communities, which will serve as a hub for the collection, organization, and analysis of information related to community health engagement across the health system.

Rather than offer a strict schedule, we envision this initiative evolving over time and guided by the following objectives:

- Enhanced Documentation: Establish consistent, system-wide processes for recording community engagement activities, outreach efforts, and preventive health initiatives.
- Improved Reporting: Develop streamlined mechanisms for aggregating and reporting data on community health activities, enabling greater transparency and responsiveness.
- Stronger Evaluation Capacity: Use improved documentation and reporting to assess the reach, effectiveness, and equity impact of programs, allowing for more evidence-based decision-making.
- Impact on Community Health Outcomes: Ultimately, these improvements will position USA Health to better adapt, refine, and expand programs in response to community needs—that is, advancing its mission to promote health equity and reduce disparities.

This integrated approach will not only support the implementation of the current CHNA priorities but also build institutional infrastructure for sustained, long-term community health improvement. It will also provide a foundation for aligning oversight and evaluation activities with the broader implementation strategy described in this report.

### Chronic Disease Management

Chronic conditions such as heart disease, diabetes, hypertension, and obesity remain among the most pressing health challenges in Mobile County. As highlighted herein, these diseases contribute significantly to preventable hospitalizations, reduced quality of life, and premature death—especially among medically underserved populations. In response, USA Health will expand existing efforts and adopt new evidence-based strategies aimed at early detection, risk reduction, care coordination, and patient empowerment.

#### Building on Existing Initiatives

USA Health has made considerable progress in addressing chronic disease over the past CHNA cycle. The establishment of the Center for Comprehensive Weight Loss represents a significant investment in multidisciplinary care, bringing together medical weight management, bariatric surgery, nutrition counseling, and behavioral support. This program has directly served patients struggling with obesity and its related conditions, including diabetes and cardiovascular disease.

Complementing these clinical services, USA Health has introduced community-based initiatives such as Walk with a Doc, a monthly event that pairs guided physical activity with accessible health education led by physicians. Additionally, USA Health has expanded its participation in community health fairs—offering screenings for hypertension, diabetes, and cholesterol—and has strengthened linkages between outreach staff and clinical services to facilitate follow-up care.

In the 2025–2027 cycle, USA Health will:

- Increase the frequency and geographic reach of community-based screening events, prioritizing ZIP codes with elevated rates of uncontrolled chronic disease.
- Enhance collaboration with the Community Health Worker (CHW) program to provide patient education, care navigation, and follow-up support.
- Expand referrals into the Center for Comprehensive Weight Loss and integrate chronic disease management into its services more broadly.

## Enhancing Education and Prevention

To improve prevention and long-term disease management, USA Health will also broaden its efforts in community education and self-management support. Planned activities include:

- Deployment of CHWs in targeted neighborhoods to assist with lifestyle counseling, appointment adherence, and transportation navigation.
- Strengthening of existing partnerships to offer evidence-based chronic disease self-management workshops, including programming for diabetes and hypertension.
- Continued implementation of Walk with a Doc with a focus on underserved communities and consistent messaging around physical activity and nutrition.

## Adopting Best Practices from Peer Institutions

Informed by national trends and successful hospital-based interventions, USA Health will investigate potential new strategies that align with proven models in chronic disease care including but not limited to:

- Group Medical Visits: Pilot group-based appointments for patients with diabetes or hypertension, combining individual check-ins with shared education and peer support—an approach used effectively at Cleveland Clinic and Stanford Health.
- Produce Prescription Programs: Explore collaborations with local food banks and farmers markets to provide patients with fresh fruits and vegetables as part of chronic disease treatment plans.

- Digital Engagement Tools: Use SMS messaging, automated reminders, and patient portal outreach to promote medication adherence, routine screenings, and participation in educational programs.
- EMR-Driven Referral Pathways: Embed chronic disease screening prompts and referral options into USA Health's electronic health record (EHR) system to standardize provider workflows and improve early intervention.

### Monitoring and Evaluation

Qualitative feedback from patients and community partners will also be gathered to ensure services remain culturally responsive and aligned with community priorities.
Through the continuation and strategic expansion of these initiatives, USA Health will deepen its commitment to reducing the burden of chronic disease in Mobile County—helping patients live longer, healthier, and more empowered lives.

## Cancer Screening and Prevention

Cancer remains one of the leading causes of death in Mobile County, with significant disparities in screening rates, early detection, and access to specialty care—particularly among medically underserved populations. In aligning with the priorities identified in this report, USA Health will expand upon its existing efforts through the Mitchell Cancer Institute (MCI) and community outreach teams to improve early detection, education, and linkage to timely treatment.

### Building on Existing Initiatives

USA Health's Cancer Control and Prevention (CCP) team has established a strong foundation of community-based cancer screening and education. Over the previous CHNA cycle, MCI's outreach program has used events, campaigns, and media to conduct numerous prostate cancer screenings for men across six counties. Signature events such as the Think Pink Tea, Go Teal & White Campaign, and GORUN have increased public awareness of breast and gynecologic cancers and provided targeted opportunities for HPV education and screening.

During the 2025–2027 cycle, USA Health will:

- Expand the reach of prostate, breast, cervical, and colorectal cancer screenings, prioritizing underserved ZIP codes and populations with elevated risk.
- Scale up mobile outreach by deploying screening services at community health fairs, town halls, and workplaces. These services will build upon USA Health's established community health fair infrastructure and existing outreach partnerships.
- Integrate navigation support through community health workers (CHWs) and clinical staff to ensure individuals with abnormal screening results receive timely follow-up and access to care.

### Enhancing Education and Prevention

In addition to direct screening services, USA Health will broaden its public health education efforts with a focus on cancer prevention, including:

- HPV vaccination campaigns in partnership with schools, pharmacies, and pediatric practices.
- Media campaigns and provider-led presentations on modifiable cancer risk factors, such as tobacco use, diet, and occupational exposures.
- Environmental health education through youth programs, including the STEMM Scholars for Environmental Justice Program, emphasizing links between environmental exposures and long-term cancer risk.

## Adopting Best Practices from Peer Institutions

To complement these efforts, USA Health will explore implementing additional evidence-based strategies successfully employed by other health systems:

- "Screen and Refer" Protocols in Primary Care: Encourage routine integration of cancer screening checklists into primary care visits using EMR prompts and standing orders—an approach that has improved screening compliance in systems like Kaiser Permanente.
- Workplace Screening Partnerships: Offer on-site cancer screenings (e.g., mobile mammography, skin cancer checks) to employers through Industrial Medicine contracts or as part of employee wellness initiatives. This model has been used effectively by Cleveland Clinic and other large systems.
- Cancer Survivor Peer Navigators: Train cancer survivors to serve as peer navigators, providing education and emotional support to individuals undergoing screening or recently diagnosed. This approach reduces fear and stigma, especially in minority and rural populations.
- Use of Digital Outreach: Deploy targeted messaging via SMS, social media, and patient portals to remind eligible patients of recommended screenings. Hospitals like NYC Health + Hospitals have improved colorectal screening rates through such digital nudges.

## Monitoring and Evaluation

USA Health will track progress using screening volume metrics, geographic coverage, demographic reach, and referral-to-follow-up rates. Annual reports will be shared with internal stakeholders and used to refine outreach strategies. Data on patient engagement, satisfaction, and barriers to care will also be gathered to inform program improvements.

Through these combined efforts, USA Health aims to reduce disparities in cancer outcomes, promote earlier detection, and empower individuals with the knowledge and resources needed to prevent and manage cancer. By leveraging its clinical expertise, community partnerships, and institutional reach, USA Health will continue to lead regional efforts to reduce the burden of cancer in a sustainable and equitable manner.

## Behavioral Health and Violence Prevention

The current CHNA identifies behavioral health and community violence as persistent and urgent concerns across Mobile County. Community survey participants and health leaders alike emphasized the need for expanded access to mental health services, trauma-informed care, and violence prevention initiatives—particularly for youth and those working through the criminal justice system. In response, USA Health will build upon its current programming while advancing new partnerships and intervention models to reduce behavioral health disparities and promote community well-being.

### Building on Existing Initiatives

Over the past CHNA cycle, USA Health has implemented a multifaceted approach to behavioral health and violence prevention. The health system continues to support a hospital-based violence intervention program (HVIP), which connects patients experiencing violence-related injuries to counseling, support services, and case management at the point of care. This program serves as a critical early intervention model and helps to disrupt cycles of violence through trauma-informed outreach.

In parallel, USA Health has developed and expanded a Community Health Worker (CHW) program focused on justice-involved youth, providing navigation support, mentorship, and linkage to health and social services. These efforts are reinforced by Project Inspire, a youth empowerment and leadership development initiative that promotes positive peer engagement, skill-building, and violence prevention.

Additionally, Medical Town Halls hosted by USA Health provide accessible forums for discussing mental health topics, stigma reduction, and local service options. These events serve as a vital entry point for connecting individuals and families with available behavioral health resources.

In the 2025–2027 cycle, USA Health will:

- Expand the reach and staffing of the hospital-based violence intervention program to additional clinical sites, including emergency departments and urgent care facilities.
- Increase recruitment, training, and deployment of CHWs serving youth impacted by trauma, housing instability, or incarceration.
- Formalize referral pathways between CHWs, behavioral health providers, and community organizations offering crisis support and counseling.

### Enhancing Education and Prevention

To advance community-based prevention and reduce stigma surrounding mental illness and trauma, USA Health will:

- Develop school- and neighborhood-based mental health education initiatives in partnership with local schools, faith-based institutions, and nonprofits.
- Enhance provider training in trauma-informed care, cultural competence, and suicide prevention.
- Support expanded access to tele-behavioral health services, particularly in rural or underserved ZIP codes, through integration with USA Health's telemedicine platforms.

### Adopting Best Practices from Peer Institutions

USA Health will explore several promising practices currently used by peer institutions to deepen impact and sustainability:

- Peer Support Specialists and Recovery Coaches: Integrate individuals with lived experience into behavioral health teams to support recovery from substance use, trauma, and mental illness—a model shown to increase engagement and retention in care.
- Violence Risk Assessments and Screening Tools: Adopt evidence-based screening tools (e.g., the SaFETy or VIP-RS tools) in emergency and primary care settings to identify individuals at high risk of violence involvement or behavioral health crises.
- Youth-Focused Resilience Programs: Implement curricula such as *Handle With Care*, *Youth ALIVE!*, or *Cure Violence* in collaboration with community partners to equip at-risk youth with tools for emotional regulation, conflict de-escalation, and goal setting.
- Behavioral Health Resource Navigation Apps: Pilot digital tools that allow patients, CHWs, and providers to locate and refer to vetted mental health services by zip code, service type, and payment option.

### Monitoring and Evaluation

USA Health will monitor behavioral health and violence prevention initiatives through metrics such as program enrollment, referral completion rates, patient-reported outcomes, and geographic reach. Special attention will be paid to tracking youth engagement, reduction in repeat system involvement among program participants, and improved access to mental health services in priority populations. Evaluation findings will guide continuous improvement and inform future investment in behavioral health infrastructure.

Through the continued expansion of behavioral health services and targeted violence prevention strategies, USA Health is committed to advancing mental wellness, resilience, and safety across the community—especially among those historically underserved or at greatest risk.

## Community Outreach and Health Education

Effective community outreach and health education are essential components of improving health outcomes, building trust, and advancing health equity. The 2025–2027 CHNA

underscores the importance of sustained, culturally relevant engagement with community members—particularly in addressing chronic disease, preventive health, and social determinants of health. In response, USA Health will continue to strengthen its existing community presence while expanding partnerships and adopting strategies to meet people where they are with timely, actionable health information.

## Building on Existing Initiatives

USA Health has demonstrated a strong commitment to community-centered outreach and education through a range of ongoing programs. Its Medical Town Hall series, held in collaboration with community-based organizations, provides opportunities for residents to engage directly with physicians and healthcare professionals in a welcoming and conversational setting. These forums offer space to discuss common health concerns, dispel misinformation, and connect individuals with services and resources.

USA Health's outreach team actively participates in community health fairs and public events, offering blood pressure, glucose, and cancer screenings, along with health education materials tailored to the needs of diverse audiences. These events are conducted in collaboration with local schools, churches, and nonprofits to maximize reach and effectiveness.

Further, the Community Health Worker (CHW) Certification Course has helped to build a cadre of trusted, community-rooted public health workers who serve as a bridge between residents and healthcare services. CHWs are instrumental in providing health education, facilitating navigation of healthcare and insurance systems, and addressing access barriers related to transportation, housing, and food security.

During the 2025–2027 cycle, USA Health will:

- Expand its presence at community-based health events, with particular emphasis on high-need ZIP codes and underserved populations.
- Strengthen the deployment of certified CHWs in clinical, community, and school-based settings to provide one-on-one and group education on disease prevention and management.
- Develop targeted outreach strategies for non-English-speaking residents and immigrant populations.

## Enhancing Education and Prevention

To ensure health information is accessible, engaging, and responsive to community needs, USA Health will:

- Launch a mobile health education initiative, delivering pop-up wellness booths and interactive learning experiences in neighborhoods, workplaces, and schools.
- Continue using multi-platform media strategies (social media, local radio, print, and in-person events) to disseminate information on preventive care, healthy lifestyles, and early warning signs of chronic disease.

- Collaborate with community partners to offer health literacy workshops focused on navigating health systems, reading medication labels, managing appointments, and understanding medical terminology.

### Adopting Best Practices from Peer Institutions

USA Health will explore and consider adopting best practices from peer institutions to deepen the reach and impact of its outreach and education efforts. Such efforts may include but are not restricted to the following:

- Health Promoter (Promotores) Programs: Recruit and train trusted community members from diverse cultural and linguistic backgrounds to deliver peer education and outreach, as used successfully by hospitals in Texas and California.
- Barbershop and Salon Health Programs: Establish partnerships with barbershops and salons to provide blood pressure checks, health materials, and referrals—a model that has shown success in reducing hypertension among Black men.
- Faith-Based Health Ambassadors: Partner with churches and mosques to train congregation members as health ambassadors, offering education and basic screenings during religious gatherings.
- Digital Storytelling Campaigns: Use short videos and patient testimonials to share health journeys and encourage preventive care in relatable, community-voiced formats.

### Monitoring and Evaluation

USA Health will evaluate its outreach and education efforts using both quantitative and qualitative indicators. Key metrics will include the number of outreach events, CHW encounters, community screenings conducted, and educational materials distributed. Feedback from participants will be collected through post-event surveys and community listening sessions to guide improvements and ensure programming remains culturally relevant and responsive to emerging health concerns. These efforts will also be supported by improved data coordination through the Center for Healthy Communities, enhancing USA Health's ability to assess program reach and impact.

Through sustained community presence, collaborative partnerships, and culturally tailored education, USA Health will continue to build a foundation of trust, awareness, and empowerment that supports long-term community health and resilience.

## Implementation Oversight and Performance Monitoring

The successful execution of the 2025–2027 Implementation Strategy will be overseen by the **Center for Healthy Communities**, which will serve as the lead entity responsible for coordinating implementation activities, documenting progress, and evaluating outcomes across USA Health's community-facing initiatives. This integrated approach is intended to promote consistency, accountability, and data-informed decision-making system-wide.

The Center for Healthy Communities will, over the course of the 2025-2027 CHNA cycle, begin developing mechanisms for the following:

- Monitoring progress on strategic priority areas;
- Tracking key performance indicators and community impact measures;
- Identifying implementation barriers and/or resource needs;
- Facilitating cross-departmental collaboration;
- Making timely, evidence-based adjustments to programming and outreach efforts.

Each strategic priority—such as chronic disease management, cancer prevention, behavioral health, and access to care—will have designated leads or operational partners who will work in close coordination with the Center to ensure alignment with CHNA objectives and effective documentation of outcomes.

Program evaluation will rely on a combination of **quantitative metrics** (e.g., number of screenings, referrals, encounters, or educational sessions) and **qualitative feedback** (e.g., participant surveys, listening sessions, and partner feedback). These findings will inform ongoing strategy refinement and future CHNA planning.

By maintaining a structured framework for oversight and evaluation, USA Health affirms its commitment to delivering high-quality, community-responsive health improvement initiatives that address both medical and social drivers of health.

## APPENDIX A – DEMOGRAPHIC DATA PROFILE

Please note that the charts in the demographic profile have been updated; however, the data tables below reflect the information from the previous CHNA.

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 | Race 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 HEALTH SURVEY DATA TABLES

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

| | | *Mobile County* |
|---|---|---|
| Excellent | | 7.7 |
| Very Good | | 26.6 |
| Good | | 41.1 |
| Fair | | 18.1 |
| Poor | | 6.6 |
| | *Total* | 100.1% |
| | *N* | 443 |

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 | | 3.9 |
| Healthy | | 27.0 |
| Somewhat Healthy | | 58.6 |
| Unhealthy | | 8.4 |
| Very Unhealthy | | 2.1 |
| | *Total* | 100.0% |
| | *N* | 382 |

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

| | *Mobile County* |
|---|---|
| Excellent | 12.0 |
| Very Good | 28.2 |
| Good | 34.7 |
| Fair | 21.1 |
| Poor | 3.9 |
| *Total* | 99.9% |
| *N* | 432 |

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

| | *Mobile County* |
|---|---|
| Private Insurance – Direct Purchase | 14.3 |
| Private Insurance – Employer Based | 18.9 |
| Private Insurance – Employer Based Spouse | 2.3 |
| Medicare | 48.1 |
| Medicaid | 6.9 |
| Tricare / Military Insurance | 4.4 |
| Other | 2.1 |
| No Insurance | 3.2 |
| *Total* | 100.2% |
| *N* | 435 |

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 | 79.6 |
| Yes, More than One | 8.4 |
| No | 12.0 |
| *Total* | 100.0% |
| *N* | 441 |

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 | 91.9 |
| 1 to 2 years ago | 4.8 |
| 2 to 5 years ago | 2.3 |
| 5 or more years ago | 0.7 |
| Have never had one | 0.5 |
| *Total* | 100.2% |
| *N* | 442 |

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

| | | *Mobile County* |
|---|---|---|
| Within the past 12 months | | 74.3 |
| 1 to 2 years ago | | 12.4 |
| 2 to 5 years ago | | 7.6 |
| 5 or more years ago | | 4.8 |
| Have never had one | | 0.9 |
| | *Total* | 100.0% |
| | *N* | 436 |

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 | | 20.9 |
| No | | 79.1 |
| | *Total* | 100.0% |
| | *N* | 441 |

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 | | 20.0 |
| Very good | | 33.3 |
| Good | | 30.0 |
| Fair | | 11.1 |
| Poor | | 5.6 |
| | *Total* | 100.0% |
| | *N* | 90 |

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 | | 10.5 |
| Somewhat interested | | 21.5 |
| Not very interested | | 23.6 |
| Not at all interested | | 44.5 |
| | *Total* | 100.1% |
| | *N* | 335 |

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 | 2.4 |
| 2 | 2.1 |
| 3 | 8.0 |
| 4 | 11.9 |
| 5 | 33.7 |
| 6 | 18.8 |
| 7 – Best possible | 23.1 |
| *Total* | 99.9% |
| *N* | 377 |

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 | 1.5 |
| 2 | 2.5 |
| 3 | 4.7 |
| 4 | 8.7 |
| 5 | 30.0 |
| 6 | 20.8 |
| 7 – Best possible | 31.9 |
| *Total* | 100.1% |
| *N* | 404 |

Table B.13: q8a – q8p 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. | 87.3 | 10.6 | 1.1 | 0.9 | 0.0 | 100.0% | 442 |
| Q8b. Active lifestyles including outdoor activities. | 70.0 | 27.5 | 0.9 | 1.1 | 0.5 | 100.1% | 437 |
| Q8c. Affordable housing. | 74.4 | 22.3 | 1.7 | 1.0 | 0.7 | 100.0% | 422 |
| Q8d. Arts and cultural events. | 39.6 | 47.5 | 5.7 | 5.0 | 2.2 | 100.0% | 419 |
| Q8e. A clean environment including water, air, etc. | 94.6 | 5.0 | 0.0 | 0.2 | 0.2 | 100.0% | 441 |
| Q8f. Family doctors and specialists. | 89.6 | 8.8 | 0.9 | 0.2 | 0.5 | 100.0% | 441 |
| Q8g. Good employment opportunities. | 84.4 | 13.7 | 1.4 | 0.0 | 0.5 | 100.1% | 430 |
| Q8h. Good places to raise children. | 90.4 | 8.7 | 0.7 | 0.0 | 0.2 | 100.0% | 436 |
| Q8i. Good race relations. | 83.2 | 13.8 | 1.6 | 0.9 | 0.5 | 100.0% | 435 |
| Q8j. Good schools. | 91.6 | 7.3 | 0.2 | 0.7 | 0.2 | 100.1% | 440 |
| Q8k. Healthy food options. | 85.5 | 13.2 | 0.9 | 0.0 | 0.5 | 100.0% | 441 |
| Q8l. Fewer homeless. | 81.2 | 16.7 | 1.2 | 0.2 | 0.7 | 100.1% | 419 |
| Q8m. Less alcohol and drug abuse. | 80.0 | 16.7 | 1.2 | 1.2 | 0.9 | 100.0% | 430 |
| Q8n. Lower crime and safe neighborhoods. | 94.1 | 4.8 | 0.5 | 0.2 | 0.5 | 100.1% | 440 |
| Q8o. Less obesity. | 75.0 | 22.2 | 1.6 | 0.7 | 0.5 | 100.1% | 432 |
| Q8p. Less sexually transmitted diseases. | 86.7 | 11.0 | 1.2 | 0.7 | 0.5 | 99.9% | 420 |

Table B.14: q8q – q8ae 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* |
|---|---|---|---|---|---|---|---|
| Q8q. Less tobacco use. | 74.1 | 19.1 | 3.0 | 2.1 | 1.6 | 100.0% | 429 |
| Q8r. Mental health services. | 89.8 | 9.6 | 0.2 | 0.2 | 0.2 | 100.1% | 439 |
| Q8s. More quality education. | 87.0 | 11.4 | 0.7 | 0.7 | 0.2 | 100.0% | 439 |
| Q8t. More quality health care options. | 83.3 | 14.4 | 1.8 | 0.2 | 0.2 | 100.0% | 438 |
| Q8u. Good transportation options. | 70.3 | 25.6 | 2.8 | 0.9 | 0.5 | 100.0% | 437 |
| Q8v. Religious and/or spiritual values. | 75.5 | 17.9 | 4.4 | 1.4 | 0.9 | 100.0% | 437 |
| Q8w. Social support services such as food pantries and charity services. | 75.4 | 21.4 | 1.4 | 1.4 | 0.5 | 100.1% | 439 |
| Q8x. Cancer Care. | 93.2 | 6.4 | 0.0 | 0.5 | 0.0 | 100.0% | 439 |
| Q8y. Access to birth control. | 74.6 | 20.9 | 2.6 | 1.0 | 1.0 | 100.0% | 421 |
| Q8z. Access to HPV, that is human papillomavirus vaccine, that helps prevent cancers. | 84.2 | 12.4 | 1.7 | 0.2 | 1.4 | 100.1% | 418 |
| Q8aa. Regular access to gynecological or GYN examinations. | 85.4 | 13.0 | 0.9 | 0.5 | 0.2 | 100.0% | 439 |
| Q8ab. Support services to assist people with extreme heat and/or cold. | 76.6 | 21.8 | 0.9 | 0.5 | 0.2 | 100.1% | 435 |
| Q8ac. Support services to help people with natural disasters: flooding, hurricanes, tornadoes. | 90.5 | 9.1 | 0.2 | 0.0 | 0.2 | 100.0% | 440 |
| Q8ad. Youth activities and resources, such as playgrounds, parks, and summer programs. | 79.3 | 19.6 | 0.7 | 0.2 | 0.2 | 100.1% | 440 |
| Q8ae. Free health screenings, such as for blood pressure, skin cancer, etc. | 79.3 | 19.6 | 0.2 | 0.7 | 0.2 | 99.9% | 440 |

Table B.15: 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. | 51.9 | 39.7 | 4.4 | 2.8 | 1.2 | 100.0% | 428 |
| Q9b. Aging problems like dementia and loss of mobility. | 82.8 | 16.1 | 0.5 | 0.7 | 0.0 | 100.1% | 441 |
| Q9c. Cancers. | 91.1 | 8.0 | 0.9 | 0.0 | 0.0 | 100.0% | 439 |
| Q9d. Child abuse and neglect. | 96.1 | 3.2 | 0.0 | 0.5 | 0.2 | 100.0% | 436 |
| Q9e. Dental problems. | 63.5 | 33.5 | 1.4 | 1.4 | 0.2 | 100.0% | 436 |
| Q9f. Diabetes. | 81.9 | 16.0 | 1.6 | 0.2 | 0.2 | 99.9% | 437 |
| Q9g. Domestic violence. | 89.3 | 9.1 | 0.7 | 0.7 | 0.2 | 100.0% | 440 |
| Q9h. Drug use and abuse. | 86.5 | 10.5 | 1.4 | 0.9 | 0.7 | 100.0% | 438 |
| Q9i. Fire-arm related injuries. | 75.9 | 18.2 | 3.5 | 1.2 | 1.2 | 100.0% | 424 |
| Q9j. Heart-disease and stroke. | 88.0 | 10.9 | 0.7 | 0.5 | 0.0 | 100.1% | 441 |
| Q9k. HIV/AIDS. | 76.7 | 19.7 | 1.2 | 1.0 | 1.4 | 100.0% | 421 |
| Q9l. Homelessness. | 78.1 | 19.4 | 1.9 | 0.5 | 0.2 | 100.1% | 433 |
| Q9m. Homicides. | 81.7 | 14.4 | 1.8 | 1.1 | 0.9 | 99.9% | 437 |
| Q9n. Infant death. | 84.0 | 12.8 | 1.5 | 1.2 | 0.5 | 100.0% | 413 |
| Q9o. Infectious diseases like hepatitis and tuberculosis. | 73.0 | 21.7 | 2.5 | 1.2 | 1.6 | 100.0% | 433 |
| Q9p. Mental health problems. | 89.3 | 8.9 | 1.4 | 0.5 | 0.0 | 100.1% | 440 |
| Q9q. Motor vehicle crash injuries. | 70.4 | 24.8 | 3.0 | 1.4 | 0.5 | 100.1% | 436 |
| Q9r. Obesity or excess weight. | 70.9 | 25.9 | 2.8 | 0.5 | 0.0 | 100.1% | 437 |
| Q9s. Rape and sexual assault. | 88.6 | 8.4 | 1.6 | 0.9 | 0.5 | 100.0% | 429 |
| Q9t. Respiratory problems and lung disease. | 80.7 | 15.7 | 2.5 | 0.9 | 0.2 | 100.0% | 440 |
| Q9u. Sexually transmitted diseases. | 77.0 | 18.4 | 2.1 | 2.3 | 0.2 | 100.0% | 430 |
| Q9v. Suicide. | 85.2 | 12.0 | 1.4 | 1.2 | 0.2 | 100.0% | 432 |
| Q9w. Teenage pregnancy. | 79.2 | 17.6 | 1.9 | 1.2 | 0.2 | 100.1% | 433 |
| Q9x. Tobacco Use. | 66.1 | 27.0 | 3.9 | 1.2 | 1.9 | 100.1% | 433 |

Table B.16: 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. | 15.5 | 84.5 | 100.0% | 439 |
| Q10b. Chronic obstructive pulmonary disease or COPD. | 8.7 | 91.3 | 100.0% | 439 |
| Q10c. Dementia or Alzheimer's. | 1.4 | 98.6 | 100.0% | 441 |
| Q10d. Depression. | 22.3 | 77.7 | 100.0% | 440 |
| Q10e. Diabetes. | 26.1 | 73.9 | 100.0% | 440 |
| Q10f. Heart Disease. | 19.7 | 80.3 | 100.0% | 441 |
| Q10g. High Cholesterol. | 50.7 | 49.3 | 100.0% | 440 |
| Q10h. High blood pressure. | 60.7 | 39.3 | 100.0% | 440 |
| Q10i. HIV or Aids. | 0.9 | 99.1 | 100.0% | 441 |
| Q10j. Obesity. | 22.1 | 78.0 | 100.1% | 440 |
| Q10k. Tuberculosis. | 1.4 | 98.6 | 100.0% | 439 |
| Q10l. Alcohol or drug addiction. | 3.4 | 96.6 | 100.0% | 440 |
| Q10m. Cancer Care. | 18.0 | 82.0 | 100.0% | 438 |

Table B.17: 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) | 5.64 |
| Dental care / dentures | 9.03 |
| Emergency medical care | 8.35 |
| Hospital care | 5.19 |
| Laboratory services | 5.19 |
| Mental health services | 26.41 |
| Physical therapy / rehabilitation* | 6.32 |
| Preventative healthcare (routine or wellness checkups) | 7.22 |
| Prescriptions / pharmacy services | 6.32 |
| Primary medical care (primary doctor or clinic) | 6.55 |
| Services for the elderly* | 13.32 |
| Specialty medical care (specialist doctors) | 12.87 |
| Alcohol or drug abuse treatment* | 7.22 |
| Vision care / eye exams / glasses | 6.55 |
| Women's health | 6.55 |
| X-rays | 3.39 |
| Mammograms | 3.39 |
| Other | 9.03 |
| None | 53.5 |
| *N* | 443 |

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

Table B.18: q12. In the past 12 months, have you delayed getting needed medical care for any reason?

| | *Mobile County* |
|---|---|
| Yes | 15.9 |
| No | 84.1 |
| *Total* | 100.0% |
| *N* | 441 |

Table B.19: 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 | 25.7 |
| Insurance problems / lack of insurance | 12.9 |
| Lack of transportation | 1.4 |
| Language barriers / could not communicate | 1.4 |
| Provider did not take my insurance | 0.0 |
| Provider was not taking new patients | 1.4 |
| Could not get an appointment soon enough | 15.7 |
| Could not get a weekend or evening appointment | 1.4 |
| Other | 1.4 |
| *N* | 70 |

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

Table B.20: q14. When you or someone in your family is sick, where do you typically go for healthcare?

| | *Mobile County* |
|---|---|
| Emergency room (hospital) | 12.0 |
| Family doctor | 61.4 |
| Any doctor | 0.2 |
| Urgent care clinic | 21.7 |
| Health department | 1.4 |
| Community health center | 0.5 |
| Free clinic | 0.2 |
| VA / Military facility | 1.4 |
| Other | 1.4 |
| I usually go without receiving healthcare | 0.0 |
| *Total* | 100.2% |
| *N* | 443 |

Table B.21: 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 | 35.8 |
| Very confident | 42.0 |
| Somewhat confident | 17.7 |
| Not very confident | 3.2 |
| Not at all confident | 1.4 |
| *Total* | 100.1% |
| *N* | 441 |

Table B.22: 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 | 9.5 |
| Yes, chewing tobacco, snuff | 1.8 |
| Yes, vaping or e-cigarettes | 3.8 |
| No, quit in the last 12 months | 1.4 |
| No, quit more than a year ago* | 7.2 |
| No, never used tobacco products | 79.7 |
| *N* | 443 |

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

Table B.23: q17. How long would you be willing to wait to for a well visit to see your preferred provider . . . ?

| | *Mobile County* |
|---|---|
| Less than a day | 12.9 |
| Up to 7 days, 1 week | 43.6 |
| Up to 2 weeks | 16.5 |
| Up to 3 weeks | 5.0 |
| Up to 1 month | 8.4 |
| Up to 2 months | 3.4 |
| Up to 3 months | 3.2 |
| Up to 4 months or longer | 7.2 |
| *Total* | 100.2% |
| *N* | 443 |

Table B.24: q18. How likely would you be to accept an appointment with a PA or physician's assistant if you could see them sooner than your preferred provider?

| | *Mobile County* |
|---|---|
| Very Likely | 63.2 |
| Somewhat Likely | 23.2 |
| Neither Likely nor Unlikely | 3.7 |
| Somewhat Unlikely | 4.4 |
| Very Unlikely | 5.5 |
| *Total* | 100.0% |
| *N* | 435 |

Table B.25: q19. How likely would you be to accept an appointment with a NP or nurse practitioner if you could see them sooner than your preferred provider?

| | *Mobile County* |
|---|---|
| Very Likely | 65.5 |
| Somewhat Likely | 23.8 |
| Neither Likely nor Unlikely | 2.1 |
| Somewhat Unlikely | 3.2 |
| Very Unlikely | 5.3 |
| *Total* | 99.9% |
| *N* | 432 |

Table B.26: q20. How far would you be willing to travel for a well visit to see your preferred provider . . .

| | *Mobile County* |
|---|---|
| Less than a 10 miles | 7.5 |
| Up to 5 miles, Approximately 10 minutes | 21.7 |
| Up to 10 miles, Approximately 20 minutes | 29.1 |
| Up to 20 miles, Approximately 35 minutes | 23.5 |
| Up to 30 miles, Approximately 45 minutes | 9.5 |
| Up to 40 miles, Approximately 55 minutes | 3.2 |
| Up to or greater than 50 miles, Approximately 1 hour or longer | 5.6 |
| *Total* | 100.1% |
| *N* | 443 |

Table B.27: q21. How did you select your primary care physician? Select All That Apply[1]

| | *Mobile County* |
|---|---|
| Recommended by a family member, | 24.8 |
| Recommended by a close friend, | 17.6 |
| Recommended by a co-worker or acquaintance | 5.2 |
| Recommended by another health care provider | 20.1 |
| Saw/found them on social media | 0.7 |
| Saw/found them in Internet reviews | 2.3 |
| Saw/found them on television | 0.5 |
| Saw/found them on radio, | 0.5 |
| Saw/found them on billboards or other print media like pamphlets | 0.2 |
| It was the only provider that I was able to get an appointment with | 1.1 |
| It was the only provider that my insurance would cover | 2.3 |
| Reputation of the hospital/health system, e.g., hospital/health system rankings | 5.9 |
| Other | 14.2 |
| None | 8.8 |
| *N* | 443 |

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

Table B.28: D1. Age – Calculated from year respondent was born.

| | | *Mobile County* |
|---|---|---|
| 18 to 30 | | 5.0 |
| 31 to 45 | | 8.8 |
| 46 to 65 | | 20.4 |
| Over 65 | | 65.8 |
| | *Total* | 100.0% |
| | *N* | 421 |

Table B.29: D5. What is your race?

| | | *Mobile County* |
|---|---|---|
| White / Caucasian | | 65.7 |
| Black / African-American | | 30.3 |
| Hispanic or Latino | | 0.5 |
| Asian | | 0.2 |
| American Indian / Alaskan Native | | 0.0 |
| Pacific Islander | | 0.5 |
| Multi-racial | | 0.7 |
| Other | | 2.3 |
| | *Total* | 100.2% |
| | *N* | 443 |

Table B.30: D6. 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 | 0.0 |
| Grades 1 through 8 | 0.9 |
| Some High School (grades 9 through 11) | 4.3 |
| High School Degree or GED | 26.7 |
| Vocational / Technical School | 4.8 |
| Some College | 26.9 |
| Bachelors or 4 Year College Degree | 25.3 |
| Graduate or Professional Degree (Law Degree) | 11.0 |
| *Total* | 99.9% |
| *N* | 438 |

Table B.31: D7. What is your current employment status?

| | *Mobile County* |
|---|---|
| Disabled / Unable to work | 5.9 |
| Employed full-time | 23.3 |
| Employed part-time | 4.6 |
| Homemaker / Housewife or househusband | 2.3 |
| Retired | 58.7 |
| Seasonal worker | 0.0 |
| Student | 1.1 |
| Self-employed | 1.4 |
| Unemployed | 2.7 |
| *Total* | 100.0% |
| *N* | 438 |

Table B.32: D8. And finally, what was your total family income last year . . . ?

| | *Mobile County* |
|---|---|
| Less than $15,000 | 7.2 |
| $15,000 - $25,000 | 9.8 |
| $25,000 - $35,000 | 17.1 |
| $35,000 - $50,000 | 18.5 |
| $50,000 - $75,000 | 17.6 |
| $75,000 - $100,000 | 13.3 |
| More than $100,000 | 16.5 |
| *Total* | 100.0% |
| *N* | 346 |

Table B.33: Sex

| | | *Mobile County* |
|---|---|---|
| Male | | 31.2 |
| Female | | 68.9 |
| | *Total* | 100.1% |
| | *N* | 443 |

## 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?

- cancer care
- skin care
- waiting
- ONE HOSPITAL HAVE ALOTS OF PEOPLE WHERE THEY BLOCK THE OTHER THE HOSPITAL
- pain managerment and price of over-the-counter medcine are too high
- lymphedema clinic
- cancer treatment centers
- family doctors
- lung screenings
- getting city council to do what is needed
- support for grief
- animal care
- customer service
- holistic
- all of these are difficult without insurance
- good doctor
- getting blood
- AIDS awareness
- mri
- transportation
- treating older people
- #NAME?
- dementia or althimers
- hiv and aids medcine is hard to get
- ER's
- pain medcine
- respondent believes France has a better health care system
- multiplescrollosis center
- courts don't do enough with mental health, more transportation
- finacial help to help a family member
- heart care
- home visits
- more urgent cares stay open late
- ambulance services- not covered under insurance
- pediatrictics rheamotoidologist
- support services for HIV pts

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

- lack of specialist
- caregiver for mother in law
- Fear
- Specialist was booked for several months
- don't trust tne doctors
- death in family
- was not sure he wanted to do it
- wasn't serious enough
- Im overweight and feel doctors write me off.
- took a long time to respond back/conflict of scheduling
- couldn't get time off work
- wanted to wait until after thanksgiving
- son cancer
- finding a good doctor
- finding a new dentist
- out of town
- issiue with doctor
- i am putting off
- was in denial
- scare of doctors
- medcine to strong
- doctor closing to early
- did not like the doctor when he was younger
- diddnt want to go to the hospitol
- too busy
- thought home remedy would work
- Problem with eye
- taking care of daughter with colon cancer
- illness in family
- Terrible doctor who didnot takte my issues
- noone to care for bedridden husband
- Can not find a right doctor

Q21. How did you select your primary care physician - other?

- work with them
- kept the doctors she had
- close by and associated with her hospitol
- not very full with appointments
- Walk in
- where he went to med school
- because of price
- Interviewed certain doctors.
- new doctor took over old PCP's practice
- dont rember
- meeting on ER visit
- traffic
- close to house/ transportation
- hospital reccomendation
- He researched and shopped around for a dr with good bed side manner, etc
- Distance of office was close to house
- no personal dosctor
- close to home
- phone book
- insurance told them
- on insurance list
- can't recall, been 40 years!
- saw them in action
- don't have one
- just looked in the phone book
- knew of them because of previous involement
- took care of him during a heart emergency
- USA army
- worked on providence and picked the doctor
- other healthcare provider left and he picked between two and is happy
- by insurance provider
- just picked themselves
- old doctor retired, selceted from list given by old PCP
- live close by
- pick doctor off list given by office
- searched the internet
- picked them out after primary retired
- proximity
- the insurance changed my provider and who I could see
- proximity
- proximity
- doesnt have a primary care physician
- convenience
- took ovetr prior dr
- researched doctors credentials on internet
- cant rember how selected

- justn picked one
- can not remember
- proximity
- through ther VA
- looked on insurance and seen doctors name
- cant remember
- one of their doctors died and this other doctor took their place.
- through insurance company
- dpesnt remember
- knew from work
- selected by insurance
- prev doctor retired, stated seing NP in same practice
- dont remember
- through the military
- always been the provider
- called the office and they said to come in.

Q21. Thinking again about healthy communities, are there any other items, resources, or services that you feel are needed in your neighborhood to make it a healthier community?

- community center- needs medic for pool/ park
- need more specialists
- no
- Transportation downtown at night, not safe for Uber, help around house, handyman, very little things for children to do in the community, addiction care
- no
- better seniors activity
- no
- no
- dental
- keep a better cleaner yard
- no
- no
- Safer walking areas and sidewalks.
- nothin I can think
- Have more sidewalks so people would be encouraged to walk
- MORE CHOICES  MORE PRIVATE CHOICES
- Safer neighborhood
- Easier access to talking to doctors
- dog catcher
- In general  air and water improvwement
- no
- no
- more healty food store,  farmer market for fresh fruits
- more dedicated walking areas parks
- no
- no
- no
- There not enough facilities for patients with trachea
- making sure water is safe to drink
- no
- Less smoking
- no
- meals on wheel
- needing more YMCA, now 30pounds heavier.
- mental health services
- some type of directory to find different type of doctors
- more access to primary care
- no
- More specialists
- Im surprised that are not more food banks
- Psychiatrists and rehab centers
- Transportation
- no
- people gathering as a community
- no

- no
- none
- movitation education finding people needs
- no
- more general practioner and cancer doctors
- Another doctor
- start training children early to cook
- less fast food more
- More information to victims famileys about services for mental health and mobility.
- more drug treatment center
- better school after care program
- no
- no
- no
- no
- fire hydrant
- more mental health
- lower prices on health so everyone can have it
- no
- no
- no
- Easier dental options for seniors
- We are in need a larger hospital
- Primary Care
- Primary care providers, another hospital.
- none
- no
- none
- gym
- no
- no
- no
- Public transport for people who do not get around well. Primary care is hard to get.
- more transportation besides BRAT
- no
- no
- more affordable inssurance
- None
- noe
- Attitude of health care. Two friend died shortly after being examined.
- no
- Baldwin county}}} more public transportation
- need a recreational director for pool area and more activty
- general doctors
- More Police presence in the communitie
- odor from waste treatment plant -- need help
- more home visits
- clean up garbage and litter on side of road
- More people that support aff ordable sitters and caregivers that come by the house. Hiring caregivers at a cheaper rate.

- better police protection
- My community is really good at providing health care service. Transportation, it is hard to get around when you do not have a car and they charge so much to get from point a to point b. When you live on a fixed income it is hard to find the extra money to put aside for this type of thing.
- remove copper water lines for purer drinking/ bathing water
- There can be improvements in every area need for the community
- Transportation needs attention; and it is too expensive. Less regulations on healthcare insurance and more easy explanations. Better polite officer responding to accident
- none
- no
- affordable housing for low income people,education to maintain life and maintain a healthy lifestyle. Things for the children within the community for kids to do within their home city. City involvment into imporving the childhood lifestyle.
- no not really, living in the same place for over 50 years.
- none
- There is too much wasted time within school on things that are not pertaining to heathcare. Too much overview on sexual orrientation and not about sexual education. Leave the discussion up to the parents, and do not force anything against the parents permission. Abortion within schools and gender care is hurting the school system. Govermental abuse is too prominet in the school system. Schools keeping secrets from the parents regarding the child and the lifestyle choices that the child wants to have. Not pleased with the conversations about gender confusing. There is too much goverment interference. Public schools have had goverment boundary interference. Does not care about pronoun care, cares about wants men out of womens bathrooms and to protect the children. Abuse in medical authority.
- none
- none
- already knew them
- More doctors less people moving here We need to catch up on traffice lights
- no
- no
- more acess to health equipment
- none
- need urgent care clinics and doctors in every community. Need to have long tern Mental Hospitals in stead of Alta Pointe. prisons have become the Mental Health Hospital. Needs to be better medical evaluation of the Drs patients so they can prefer insulin and/or diabetic medication to patients. There are pt who are getting insulin when they should only be getting a diabetic pill and vice versa. Feel different medicines is being pushed on pts . Drs need to focus on what medicine is best for pts overall health. There should be goverment provided locks for weapons to help prevent unneccessary injuries. Local pharmacys need to be able to renew patients perscriptions as perscriptions expire. Need a better perscription renewal between pharmacys and doctors.
- none
- no
- more sidewalks
- none
- more help for the homeless
- more mental health services
- houseing for homeless more mental health care
- everything
- mental health services
- sidewalks
- no
- Communities need more walking trail

- have free classes for mental services eductation on taking care of your body food bank for everybody for people not recieving food stamps
- no
- no
- no
- no
- no
- no
- None come to mind, drug abuse center to help them recover and to help the youth to quit vaping and smoking weed.
- none that comes to mind
- sidewalks, traffic lights.
- screen test and mental services and heart health
- Mobile county
- none
- willing to listen
- a place to go walking/exercise
- none
- funding for after school program
- MOBILE HEALTH CLINIC TO VISIT NEIGHBORHOODS AND PARKS. MORE EDUCATION IN SCHOOL ABOUT HEALTH.
- no
- drug treatment mental health
- more elderley services
- More walking access. More curbs
- Lab services in your area. XRay services.
- none
- better food in school better riding and wakking trails
- Homeless assistance.
- Mental health wise, there is a pretty bad mental health system in alabama. Sister with epilepsy that turns into mental health crisis for the family and the services are difficult to obtain.
- Recreation Parks for kids to have to get activities to become more healthier
- more fruit stands
- support groups for autism /als, need more children physchiatry
- Sidewalk for exercises purposes.
- mor thing to do for kids a rec.
- they need to be quicker in constuction.
- no
- more food assess more stores
- no
- no
- mental facilities
- The only thing is free health care and mental health awareness needs to be dealt with seriously. Poeple suffer in silence and need help available
- dont have a doctor yet
- no
- no
- mental health
- for people of low income should be provide some type of medical help more mental health care
- more food banks- there are not any close by

- people to help elderly in community
- none
- more transportation for Dr appts, better housing for homeless
- updated animal shelter
- Mental Health services
- Mobile County  less vandalism
- free clinic /
- clean enviroment
- none
- sidewalks
- more hospitals
- Housing for homeless. More jobs
- no
- no
- better transportation for elder and in home visits and stop closing small hospital
- More mental health and suicide prevention services
- no
- no
- care for people with out insurance
- no
- no
- no
- More informaton about home care
- no
- no
- none
- the cost of medicine for insulin is too high and needs to be more reasonable
- assistance for elderly , custodian care, county transportation for elderly
- something for the  homeless
- none
- more health services, home visits
- none
- None
- more things for the elder
- none
- More patroling late at night aka drug exchanges
- no
- mobile cnty
- mental care
- Need a clinic closer to neighborhood
- no
- more wellnesss check
- none
- no
- no
- no
- no
- clinic/free/working people to asist working people
- more parks

- The state should adopt medicaid.
- no
- none
- no
- bike lanes monkey bars in parks
- Can't think of any
- Help people living in overgrown areas
- Education at young age would be more helpful and Mental health help to remove the stigma
- Its a matter of people being able to afford to be healthier. Being able to afford to purchase food to eat health. Make life affordable to grow our own foods. Just make life affordable again. Stop building section 8 housing for people who don't wont to work.Make it harder for people to live on assistance and easier for the working class citizens. Do mor e drug screening for people who get public assistance
- Mental health services
- no
- acess to healthy food
- more health service more health food stores more fresh vegetable
- None that I can think of
- Nearer healthy food option markets in communities so people wont have to travel so far to purchase
- Mental health services
- none
- closer er's more doctors
- bike lane, people would use that for transportation if needed and do not have a car
- less crime
- more police patrols and street lights
- Lives in Mobile. Having to not pay co  pays for procedures, medicines
- healthy food option
- /more activities for elders /teens mothers for looking or careing for them as a adult mother or house mother/bug sprayer/keeping gress cut
- none
- have food donation
- Transportation options for people who do not have a car.
- mental health is needed badly
- no
- no
- maintaning and reopening the county parks being back open
- To have Police patrol areas in neighborhoods more frequently to feel more safe because of crime.
- no
- asess to groscie store/
- no
- more parks
- None at this time
- cheaper dentists
- get the drugs and dealers out
- drug  clinic
- services for mental
- no
- need more transportation to medical care
- up keep of propertys renter properties kepted up
- no
- gave people what they need can make it a healther community

- no
- community gardens, early reading intervention
- no
- need more specialist
- no
- police , have alot of peple speed in neighborhood
- no  It is good now
- good roads
- no
- more health and services for the homeless, transportation assistance
- more options for seniors
- Traffic issues surrounding area, causing wrecks.
- a hospital
- no
- no
- could use an urgent care, doctors office
- no
- none
- no
- none
- better ability to walk in areas, sidewalks
- need more of everthing elderly care more hospital care
- Medicaid expansion, this is their main problem. People do need access to contraceptives. More help towards people with disabilities like autism, mental health assistance. Be mindful of indivisuals with social security as well.
- no
- None
- free healthcare for all
- none
- obesity , what peopl  e consume in their daily lives and mental health
- no
- none
- none
- none
- childern more play grounds
- none
- no  ne
- no
- Fix the roads.
- none
- no
- no
- Waling trails
- no
- Emergency medical care access that is closer.
- help for the homeless in the neighborhood teen guidance
- obesity
- ER assit
- no
- no

- ascess to gym
- pick herself
- no
- mental health care, affordable health care insurance
- more food pantries, shelters, free health screenings
- no
- more police patrols, power is unstable and needs to go underground
- More playgrounds, and clean up, and safe neighbohood
- mental help help for older people
- affotable health insurance
- Money to fund more access to healthcare services.
- mental health
- Better education of people living in the communities of health care services
- sidewalks
- pain managerment
- none
- no
- none
- more fresh food options
- more medical worker
- no
- more urgent cares
- More Health Fairs to educate communities. Free Community testing
- a gym- family to accomadate all family members
- none
- none
- none
- no
- needs a doctor in area
- None
- no
- Better responsive doctors
- closer ER in neighborhood
- Foster care services, battered women sevices, updating parks with exercise equip, senior programs.
- no
- no
- none
- Mental health facilities
- None
- more walking area
- more health places
- no
- none
- closer eye doctor
- none
- no
- no MRI machine in Creola,Al
- more playgrounds
- None she can think off

- places to walk , closer hopital
- no
- After teaching kids with problems, would like to see more services for mental
- no
- openness to mental health growth Include small businesses and otheres to encourage more interest. Professional sucide wings and addr essing any addition included homeless regarding mental. Encouraging mental health for families to take of children. More care of our professionals who are over worked
- more parks
- Home health services could be improved
- no
- None
- none
- none
- no
- None that can be thought of
- had to travel to Tennessesee for specialty care for 16 yr old
- no
- none
- none
- high population of homeless

## 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) | 39 | 68.4 |
| 1b. Active lifestyles / outdoor activities | 8 | 14.0 |
| 1c. Affordable housing | 14 | 24.6 |
| 1d. Arts and cultural events | 1 | 1.8 |
| 1e. Clean environment (clean water, air, etc.) | 11 | 19.3 |
| 1f. Family doctors and specialists | 3 | 5.3 |
| 1g. Good employment opportunities | 12 | 21.1 |
| 1h. Good place to raise children | 3 | 5.3 |
| 1i. Good race relations | 0 | 0.0 |
| 1j. Good schools | 6 | 10.5 |
| 1k. Healthy food options | 4 | 7.0 |
| 1l. Low numbers of homeless | 1 | 1.8 |
| 1m. Low alcohol and drug use | 2 | 3.5 |
| 1n. Low crime / safe neighborhoods | 17 | 29.8 |
| 1o. Low percent of population that are obese | 3 | 5.3 |
| 1p. Low numbers of sexually transmitted diseases (STDs) | 0 | 0.0 |
| 1q. Low tobacco use | 0 | 0.0 |
| 1r. Mental health services | 13 | 22.8 |
| 1s. Quality education | 12 | 21.1 |
| 1t. Quality hospitals and urgent / emergency services | 8 | 14.0 |
| 1u. Good transportation options | 2 | 3.5 |
| 1v. Religious or spiritual values | 4 | 7.0 |
| 1w. Social support services | 5 | 8.8 |
| 1x. Some other feature | 3 | 5.3 |
| *N* | 57 | |

[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) | 2 | 3.5 |
| 2b. Aging problems (e.g., dementia, vision / hearing loss, loss of mobility) | 10 | 17.5 |
| 2c. Cancers | 12 | 21.1 |
| 2d. Child abuse / neglect | 11 | 19.3 |
| 2e. Dental problems | 3 | 5.3 |
| 2f. Diabetes | 7 | 12.3 |
| 2g. Domestic violence | 4 | 7.0 |
| 2h. Drug use / abuse | 19 | 33.3 |
| 2i. Fire-arm related injuries | 6 | 10.5 |
| 2j. Heart disease and stroke | 14 | 24.6 |
| 2k. HIV / Aids | 0 | 0.0 |
| 2l. Homelessness | 12 | 21.1 |
| 2m. Homicide | 4 | 7.0 |
| 2n. Infant Death | 0 | 0.0 |
| 2o. Infectious diseases (e.g., hepatitis, TB, etc.) | 1 | 1.8 |
| 2p. Mental health problems | 39 | 68.4 |
| 2q. Motor vehicle crash injuries | 2 | 3.5 |
| 2r. Obesity / excess weight | 15 | 26.3 |
| 2s. Rape / sexual assault | 1 | 1.8 |
| 2t. Respiratory / lung disease | 3 | 5.3 |
| 2u. Sexually Transmitted Diseases (STDs) | 2 | 3.5 |
| 2v. Suicide | 2 | 3.5 |
| 2w. Teenage pregnancy | 0 | 0.0 |
| 2x. Tobacco use | 0 | 0.0 |
| 2y. Some other health issue | 2 | 3.5 |
| 2z. Some other health issue | 0 | 0.0 |
| *N* | 57 | |

[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 | 16 | 28.1 |
| 3b. Drug abuse | 33 | 57.9 |
| 3c. Excess weight | 18 | 31.6 |
| 3d. Homelessness | 22 | 38.6 |
| 3e. Lack of exercise | 11 | 19.3 |
| 3f. Poor eating habits / poor nutrition | 32 | 56.1 |
| 3g. Not getting shots to prevent disease | 5 | 8.8 |
| 3h. Not using seat belts / child safety seats | 1 | 1.8 |
| 3i. Not seeing a doctor or dentist | 18 | 31.6 |
| 3j. Tobacco use | 6 | 10.5 |
| 3k. Unprotected / unsafe sex | 2 | 3.5 |
| 3l. Some other unhealthy behavior | 7 | 12.3 |
| *N* | 57 | |

[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 | 17.5 |
| 4b. Dental care including dentures | 10 | 17.5 |
| 4c. Emergency medical care | 2 | 3.5 |
| 4d. Hospital care | 6 | 10.5 |
| 4e. Laboratory services | 2 | 3.5 |
| 4f. Mental health services | 47 | 82.5 |
| 4g. Physical therapy / rehabilitation | 2 | 3.5 |
| 4h. Preventative healthcare (routine or wellness check-ups, etc.) | 16 | 28.1 |
| 4i. Prescriptions / pharmacy services | 7 | 12.3 |
| 4j. Primary medical care (a primary doctor / clinic) | 10 | 17.5 |
| 4k. Services for the elderly | 15 | 26.3 |
| 4l. Specialty medical care (specialist doctors) | 10 | 17.5 |
| 4m. Alcohol or drug abuse treatment | 18 | 31.6 |
| 4n. Vision care (eye exams and glasses) | 3 | 5.3 |
| 4o. Women's health | 4 | 7.0 |
| 4p. X-Rays or mammograms | 1 | 1.8 |
| 4q. Cancer Care | 4 | 7.0 |
| 4r. Some other healthcare service | 1 | 1.8 |
| *N* | 57 | |

[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 | | 5 | 8.8 |
| Somewhat healthy | | 35 | 61.4 |
| Unhealthy | | 14 | 24.6 |
| Very unhealthy | | 3 | 5.3 |
| Don't Know | | 0 | 0.0 |
| | *N* | 57 | 100.1 |

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

| | | *Frequency* | *Percent* |
|---|---|---|---|
| Excellent | | 2 | 3.5 |
| Very good | | 10 | 17.5 |
| Good | | 27 | 47.4 |
| Fair | | 14 | 24.6 |
| Poor | | 3 | 5.3 |
| Don't Know | | 1 | 1.8 |
| | *N* | 57 | 100.1 |

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

| | | *Frequency* | *Percent* |
|---|---|---|---|
| Alcohol / substance abuse treatment | | 1 | 1.8 |
| Business | | 0 | 0.0 |
| Clothing / thrift store | | 1 | 1.8 |
| Disability services | | 1 | 1.8 |
| Education | | 11 | 19.6 |
| Employment / job training | | 0 | 0.0 |
| Faith based counseling | | 0 | 0.0 |
| Financial counseling | | 0 | 0.0 |
| Food assistance | | 3 | 5.4 |
| Government | | 5 | 8.9 |
| Healthcare | | 10 | 17.9 |
| Housing / temporary shelter | | 6 | 10.7 |
| Legal aid | | 0 | 0.0 |
| Mental health | | 1 | 1.8 |
| Pregnancy or adoption assistance | | 0 | 0.0 |
| Public Service | | 3 | 5.4 |
| Senior services | | 1 | 1.8 |
| Utility payment assistance | | 2 | 3.6 |
| Some other services | | 11 | 19.6 |
| | *N* | 56 | 100.1 |

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

| | | *Frequency* | *Percent* |
|---|---|---|---|
| Active duty military | | 0 | 0.0 |
| Disabled | | 3 | 6.5 |
| Families | | 16 | 34.8 |
| Homeless | | 3 | 6.5 |
| Individuals | | 16 | 34.8 |
| Veterans | | 1 | 2.2 |
| Other | | 7 | 15.2 |
| | *N* | 46 | 100.0 |

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 | 76.3 |
| Phone, email, or fax a referral to another organization | 3 | 7.9 |
| Send an electronic referral using a shared software system (such as Bowman Systems or CareScope) | 2 | 5.3 |
| Other | 4 | 10.5 |
| *N* | 38 | 100.0 |

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

| | *Frequency* | *Percent* |
|---|---|---|
| Children | 24 | 42.1 |
| Adults (under age 65) | 29 | 50.9 |
| Seniors (65 and over) | 11 | 19.3 |
| *N* | 57 | |

[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 | 33 | 78.6 |
| Somewhat helpful | 8 | 19.1 |
| Not helpful | 1 | 2.4 |
| Don't Know | 0 | 0.0 |
| *N* | 42 | 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 | | 7 | 15.6 |
| 501 to 1,000 | | 7 | 15.6 |
| 1,001 to 5,000 | | 9 | 20.0 |
| 5,001 to 10,000 | | 2 | 4.4 |
| 10,001 to 20,000 | | 6 | 13.3 |
| 20,000 or more | | 13 | 28.9 |
| Don't Know | | 1 | 2.2 |
| | *N* | 45 | 100.0 |

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 | | 3 | 7.5 |
| Yes, 100% of the federal poverty level or less | | 3 | 7.5 |
| Yes, 150% of the federal poverty level or less | | 2 | 5.0 |
| Yes, 200% of the federal poverty level or less | | 2 | 5.0 |
| Yes, 300% of the federal poverty level or less | | 2 | 5.0 |
| No, we serve everyone | | 24 | 60.0 |
| Other | | 2 | 5.0 |
| Don't Know | | 2 | 5.0 |
| | *N* | 40 | 100.0 |

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

| | | *Frequency* | *Percent* |
|---|---|---|---|
| 0% | | 7 | 23.3 |
| 1 – 25% | | 15 | 50.0 |
| 26 – 50% | | 1 | 3.3 |
| 51 – 75% | | 4 | 13.3 |
| 76 – 100% | | 3 | 10.0 |
| | *N* | 30 | 99.9 |

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) | 1 | 2.9 |
| VisionLink (2-1-1 or Community) | 0 | 0.0 |
| Social Solutions (ETO Collaborative) | 1 | 2.9 |
| An electronic medical record (EMR) or electronic health record (EHR) | 13 | 37.1 |
| Some other system | 15 | 42.9 |
| Don't Know | 5 | 14.3 |
| *N* | 35 | 100.1 |

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

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

- Stop building on every inch of grass that is left in Baldwin county, take care of infrastructure first so we don't end up with water shortages
- safe, accessible, affordable childcare
- low rate of child abuse/neglect

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

- Lack of necessary medical equipment (ramps on houses, scooters, wheelchairs, beds, accessible vehicles)
- Hunger

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

- vaping
- Unrestricted access to smart devices and social media
- Substance Abuse Alcohol/Drugs
- Not seeing mental health professionals
- Lack of two parent families
- Lack of anger management
- Dangerous driving

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

*No responses*

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

- Youth development services
- Substance abuse education and prevention
- Primary Healthcare for uninsured, chronically ill
- medication assistance
- Health Promotion, Disease prevention, diagnosis and treatment and Rehallibitation
- Free prescription medications
- Evidence Based Mentoring Programs for youth with wrap around services for families
- Difficult to answer when you ask for just one; we have multiple social service programs
- comprhensive care for child abuse victims
- Advocate for improved water quality

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

- UNINSURED
- Students with various medical conditions and disabilities
- Students
- children and adolescents
- children
- All of the above plus children and seniors
- All of the above

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

- referral to another hospital
- Our goal is ot provide a warm transfer. We connect the referral and the client.
- Give client information where to obtain assistance (either the client or I contact outside resource)
- combination of providing info to client and/ or assisting with referral

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

- Wellsky HMIS
- United Way of Baldwin Co specific program
- Salesforce
- PowerSchool
- Osnium
- Online database
- Oasis insights
- HMIS, AIMS
- Family Registry
- EasyTrac
- ChildPlus
- CAC manager
- Bowman, VisionLink, EHR
- Apricot

# APPENDIX F – COMMUNITY HEALTH SURVEY QUESTIONNAIRE

**2025-2028 COMMUNITY HEALTH NEEDS ASSESSMENT**
**INFIRMARY HEALTH/USA HEALTH SYSTEM**

**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. This survey should take less than 15 minutes. You may refuse to answer any question you wish and you may terminate the survey at any time."

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. This survey should take less than 15 minutes. You may refuse to answer any question you wish and you may terminate the survey at any time."

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*

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 responded to the COVID-19 crisis?

1 WORST POSSIBLE
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 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 POSSIBLE
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

X. Cancer Care

Y. Access to birth control

Z. Access to HPV, that is human papillomavirus vaccine, that help prevent cancers

AA. Regular access to gynecological or GYN examinations

AB. “Support services to assist people with extreme heat and/or cold?”

AC. “Support services to help people with natural disasters such as flooding, hurricanes, and tornados?”

AD. “Youth activities and resources, such as playgrounds, parks, and summer programs?

AE. “Free health screenings, such as for blood pressure, skin cancer, etc.”

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

M. Cancer Care

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
17 MAMMOGRAMS
18 OTHER
19 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. “How long would you be willing to wait to for a well visit to see your preferred provider . . .

1 Up to 7 days, or 1 week,
2 Up to 8 to 14 days, or 2 weeks,
3 Up to 3 weeks,
4 Up to 4 weeks, or 1 month,
5 Up to 2 months,
6 Up to 3 months, or
7 Up to 4 months or longer?”

98 DK
99 NA

18. How likely would you be to accept an appointment with a PA or physician’s assistant if you could see them sooner than your preferred provider?

1 Very likely
2 Somehat likely
3 Neither likely nor unlikely
4 Somewhat unlikely
5 Very unlikely

8 DK
9 NA

19. How likely would you be to accept an appointment with a NP or nurse practitioner if you could see them sooner than your preferred provider?

1 Very likely
2 Somehat likely
3 Neither likely nor unlikely
4 Somewhat unlikely
5 Very unlikely

8 DK
9 NA

20. “How far would you be willing to travel for a well visit to see your preferred provider . . .

1 Up to 5 miles or approximately 10 minutes,
2 Up to 10 miles or approximately 20 minutes,
3 Up to 20 miles or approximately 35 minutes,
4 Up to 30 miles or approximately 45 minutes,
5 Up to 40 miles or approximately 55 minutes, or
6 Up to or greater than 50 miles or 1 hour or longer?”

98 DK
99 NA

21. “How did you select your primary care physician?” (select all that apply)

1 Recommended by a family member,
2 Recommended by a close friend,
3 Recommended by a co-worker or acquaintance,
4 Recommended by another health care provider,
5 Saw them advertised/found them . . . on social media,
6 Saw them advertised/found them . . . in Internet reviews,
7 Saw them advertised/found them . . . on television,
8 Saw them advertised/found them . . . on radio,
9 Saw them advertised/found them . . . on billboards or other print media like pamphlets,
10 It was the only provider that I was able to get an appointment with,
11 It was the only provider that my insurance would cover,
12 Reputation of the hospital/health system, e.g., hospital/health system rankings
13 Other (Please Specify)

22. Thinking again about healthy communities, are there any other items, resources, or services that you feel are needed in your neighborhood to make it a healthier community?

RECORD VERBATIM RESPONSE

PROBE: “Is there anything else?” or “Can you give me an example please?”

DEMOGRAPHICS

D1. (17.) (22) “Finally for statistical purposes, I need to ask a few questions about yourself. In what year were you born?”

RECORD YEAR BORN

D2. (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

D3. (19.) “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

D4. (20.) “Are you currently on active-duty service?”

1 YES
2 NO

8 DK
9 NA

IF NO SKIPTO Q18C; ELSE SKIPTO Q19

D5. (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

D6. (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

D7. (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

D8. (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 selected as a community leader from [Baldwin]/[Mobile] County to participate in the Community Health Leaders Survey for the 2025-2027 Community Health Needs Assessment. This needs assessment is being conducted by the USA Polling Group at the University of South Alabama for Infirmary Health including Mobile Infirmary, Thomas Hospital, and North Baldwin Infirmary, and the USA Health System including The USA Medical Center, USA Children's & Women's Hospital, and the Mitchell Cancer Institute (MCI).

The purpose of the survey is to get your opinions about community health issues in [Baldwin]/[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. There are no experimental procedures involved in this research and there should be limited to no risks or discomfort in completing the survey. The benefit of participation is being able to inform policymakers regarding your perspectives on what constitutes a health community. There are no alternative procedures in this research. All responses are completely anonymous and any results will be published in aggregate format thereby preserving anonymity.
You may contact Dr. Thomas Shaw, Director of the USA Polling Group at tshaw@southalabama.edu if you have any questions regarding the survey. Your participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled, and you may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

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. If you prefer not to participate please select that option below; it will take you to the end of the survey and remove you from our list to prevent any future reminder emails.

- ○ I'M 18 YEARS OF AGE AND OLDER AND WISH TO 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]/[Mobile] County (if you work in both, 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]/[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]/[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)
- ☐ Cancer Care

☐ 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]/[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]/[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 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

Q16 Now, thinking again about healthy communities, are there any other items, resources, or services that you feel are needed in [Baldwin]/[Mobile] County to make it a healthier community?

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

# AMENDED AND RESTATED
# ARTICLES OF INCORPORATION OF
# UNIVERSITY OF SOUTH ALABAMA HEALTH CARE AUTHORITY

For the purpose of forming a public corporation under and pursuant to the provisions of the University Authority Act of 2016, and any act amendatory thereof, supplementary thereto, or substituted therefore (hereinafter referred to as the "Enabling Law"), the undersigned does hereby sign, verify, and adopt these Amended and Restated Articles of Incorporation, and, upon the filing for record of these Amended and Restated Articles of Incorporation in the Office of the Alabama Secretary of State, the existence of a public corporation and University Authority under the name set forth in Article I hereof shall commence.

## ARTICLE I

The name of the public corporation is the "University of South Alabama Health Care Authority" (hereinafter referred to as the "University Authority"). Attached as **Exhibit A** and made a part hereof is a certificate by the Secretary of State of the State of Alabama stating that the name proposed for the University Authority is not identical to that of any other corporation organized under the laws of the State of Alabama or so nearly similar thereto as to lead to confusion or uncertainty.

## ARTICLE II

The University Authority shall have perpetual existence; provided, however, that the University Authority's existence may be terminated pursuant to the provisions of the Enabling Law and of these Amended and Restated Articles of Incorporation relevant to the dissolution of the University Authority.

## ARTICLE III

The name of the sponsoring university authorizing the incorporation of the University Authority is the University of South Alabama, a public body corporate of the State of Alabama ("USA"). On May 1, 2017, USA, by and through its governing body of the Board of Trustees, adopted a resolution approving and authorizing the Articles of Incorporation of the University Authority in accordance with the Enabling Law. On the 5th day of September, 2025, USA, by and through its Board of Trustees, adopted a Resolution approving and authorizing these Amended and Restated Articles of Incorporation of the University Authority.

## ARTICLE IV

The University Authority is organized pursuant to the provisions of the Enabling Law.

## ARTICLE V

The University Authority shall have and exercise all powers and authorities provided by the Enabling Law, for corporations organized thereunder, together with such additional powers and rights as are now or may hereafter be provide by law.

## ARTICLE VI

The location and mailing address of the registered office of the Corporation shall be 307 University Boulevard, AD 140, Mobile, Alabama 36688. The name of the registered agent of the University Authority at such address is Spencer H. Larche, General Counsel for the University of South Alabama.

## ARTICLE VII

There shall be eleven (11) directors constituting the Board of Directors of the University Authority (hereinafter referred to as the "Board") whose terms of office and manner of appointment or election are as follows:

**a)** Of the eleven (11) member board, five (5) members will be ex-officio and will include the individuals occupying the following positions at the University of South Alabama: Chair of the Health Affairs Committee of the Board of Trustees, the Executive Vice President of the University, the Chief Financial Officer of the University, the Vice President for Medical Affairs, and the Chief Executive Officer of USA Health.

**b)** After the initial appointments to the board of directors, those appointed to the six (6) director positions that are not in an ex officio capacity shall hold office for six-year terms. The appointment of those six (6) positions to the board of directors will be made in two (2) groups, with three (3) directors appointed to a three-year term and three (3) appointed to a full six-year term. If, at the expiration of any term of office of any director, a successor has not been appointed as provided herein. then the director whose term of office has expired shall continue to hold office until his or her successor is appointed.

**c)** The appointment to the board of directors will be made by the University of South Alabama Board of Trustees (hereinafter referred to as "Trustees"). The appointed membership of the Board of the University Authority will be inclusive and reflect the racial, gender, geographic, and economic diversity of the state.

**d)** Each director shall serve without compensation but may be reimbursed for expenses actually incurred by him or her in connection with the performance of his or her duties.

**e)** A director may be removed by the Trustees, with or without cause, at any time. Any vacancy in the board of directors created by the death, resignation, incapacity or removal of a director or by an increase in the number of directors shall be filled by appointments made by the Trustees at their next regular meeting or earlier as determined necessary by the Executive Committee of the Trustees.

**f)** A majority of directors shall constitute a quorum for the transaction of business of the Board, and any meeting of the Board may be adjourned from time to time by a majority of the directors present. No vacancy in membership of the Board shall impair the right of a quorum to exercise all the powers and perform all the duties

of the board.

**g)** Any director who is serving on the Board in an ex-officio capacity by virtue of his or her office shall be automatically deemed to have resigned his or her seat on the Board in the event such individual no longer serves in the position that entitled him or her to an ex-officio membership on the Board.

## ARTICLE VIII

The initial bylaws of the University Authority shall be adopted by the Board (subject to the approval of the President of the University of South Alabama) and approved by the Trustees. The power to alter, amend, or repeal the bylaws or adopt new bylaws shall be vested in the Board; provided, that any amendment to the bylaws of the University Authority adopted by the Board shall not become effective until such amendment has been approved by a majority vote of a quorum of the Trustees of USA. The bylaws may contain any provisions for the regulation and conduct of the affairs of the University Authority and the Board not inconsistent with the Enabling Act or these Amended and Restated Articles of Incorporation.

## ARTICLE IX

Upon the dissolution of the University Authority and the winding up of its affairs. the Board shall, after paying or making provision for the payment of all liabilities and obligations of the University Authority, transfer all of its remaining assets to the University of South Alabama or to any affiliate organization of USA that is designated by its Board of Trustees. No assets or earnings of the University Authority shall be distributed to any officer or director of the University Authority or to any private individual.

## ARTICLE X

The name and address of the sole incorporator of the University Authority is as follows:

| **Name** | **Address** |
|---|---|
| Spencer H. Larche, Esq. | 307 University Boulevard, North<br>AD 140<br>Mobile, AL 36688 |

## ARTICLE XI

These Amended and Restated Articles of Incorporation may be amended from time to time by filing articles of amendment with the Secretary of State of the State of Alabama and in accordance with the terms and provisions of the Enabling Act, provided, that any amendment to these Amended and Restated Articles of Incorporation shall not be effective, and shall not be filed of public record, until such amendment has been approved by a majority vote of a quorum of the

of the Trustees of the University of South Alabama. Notwithstanding the foregoing, no amendment shall be made to these Amended and Restated Articles of Incorporation which would in any way result in the operation of the University Authority for the private advantage or pecuniary profit of any director or member thereof or permit the operation of the University Authority for any purpose other than those allowed under the Enabling Act.

**IN WITNESS WHEREOF**, the undersigned does hereby execute these Amended and Restated Articles of Incorporation of the University of South Alabama Health Care Authority on this the 5th day of September, 2025.

**UNIVERSITY OF SOUTH ALABAMA HEALTH CARE AUTHORITY**

Jo Bonner
President

**STATE OF ALABAMA**
**COUNTY OF MOBILE**

I, the undersigned, a Notary Public in and for said State and County, hereby certify that **Jo Bonner**, whose name as President of the University of South Alabama Health Care Authority, an Alabama public corporation, is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of said instrument, he, as such officer and with full authority, executed the same voluntarily for and as the act of said entity.

Given under my hand and seal this 2nd day of September, 2025.

Alabama State At Large
Notary Public
RITA M. HARPER
My Commission Expires 03/25/2026

Notary Public, State of Alabama
My Commission Expires 03/25/2026

Notice is given that this instrument was prepared by Spencer H. Larche, Esq., General Counsel, University of South Alabama, 307 University Blvd. N, AD 140, Mobile, AL 36688.



# UNIVERSITY OF SOUTH ALABAMA

FISCAL YEAR 2026

BUDGET

# INDEX

**TOTAL CURRENT FUNDS**

**UNRESTRICTED CURRENT FUNDS**

**RESTRICTED CURRENT FUNDS**

**UNRESTRICTED CURRENT FUNDS BY OPERATING DIVISION:**
- **OPERATIONS AND MAINTENANCE**
- **COLLEGE OF MEDICINE**
- **USA HEALTH**
- **AUXILIARY SERVICES**

**SCHEDULE OF STATE APPROPRIATIONS - EDUCATION TRUST FUND**

**UNIVERSITY OF SOUTH ALABAMA**
**FISCAL YEAR 2026 BUDGET**
**TOTAL CURRENT FUNDS**

| | 2026 BUDGET | | | 2025 BUDGET |
|---|---|---|---|---|
| | UNRESTRICTED | RESTRICTED | TOTAL | |
| **REVENUES:** | | | | |
| TUITION AND FEES | $ 181,952,595 | $ - | $ 181,952,595 | $ 173,605,310 |
| STATE APPROPRIATIONS | 172,209,511 | - | 172,209,511 | 161,458,465 |
| FEDERAL GRANTS AND CONTRACTS | 4,411,818 | 64,400,000 | 68,811,818 | 121,609,818 |
| STATE AND LOCAL GRANTS AND CONTRACTS | 896,829 | 12,900,000 | 13,796,829 | 24,396,829 |
| PRIVATE GIFTS, GRANTS AND CONTRACTS | 8,506,552 | 12,400,000 | 20,906,552 | 17,866,552 |
| SALES AND SERVICES OF EDUCATIONAL ACTIVITIES | 10,133,900 | - | 10,133,900 | 10,318,500 |
| USA HEALTH | 1,017,799,479 | - | 1,017,799,479 | 963,383,875 |
| AUXILIARY SERVICES | 34,597,336 | - | 34,597,336 | 28,969,284 |
| OTHER SOURCES | 10,314,437 | 9,200,000 | 19,514,437 | 18,307,677 |
| **TOTAL REVENUES** | 1,440,822,457 | 98,900,000 | 1,539,722,457 | 1,519,916,310 |
| **EXPENDITURES AND MANDATORY TRANSFERS:** | | | | |
| **EDUCATIONAL AND GENERAL:** | | | | |
| INSTRUCTION | 124,836,888 | 15,300,000 | 140,136,888 | 158,897,421 |
| RESEARCH | 11,758,162 | 28,800,000 | 40,558,162 | 61,760,895 |
| PUBLIC SERVICE | 5,219,270 | 8,800,000 | 14,019,270 | 11,262,105 |
| ACADEMIC SUPPORT | 37,579,658 | 600,000 | 38,179,658 | 45,081,979 |
| STUDENT SERVICES | 45,286,683 | 900,000 | 46,186,683 | 45,310,400 |
| INSTITUTIONAL SUPPORT | 36,256,792 | 500,000 | 36,756,792 | 48,473,502 |
| OPERATION AND MAINTENANCE OF PLANT | 42,859,358 | - | 42,859,358 | 41,120,391 |
| SCHOLARSHIPS | 37,173,814 | 44,000,000 | 81,173,814 | 71,380,025 |
| **EDUCATIONAL AND GENERAL EXPENDITURES** | 340,970,625 | 98,900,000 | 439,870,625 | 483,286,718 |
| **MANDATORY TRANSFERS FOR:** | | | | |
| PRINCIPAL AND INTEREST | 17,641,612 | - | 17,641,612 | 18,354,006 |
| LOAN FUND MATCHING GRANTS | 150,000 | - | 150,000 | 150,000 |
| **TOTAL EDUCATIONAL AND GENERAL** | 358,762,237 | 98,900,000 | 457,662,237 | 501,790,724 |
| **USA HEALTH:** | | | | |
| EXPENDITURES | 991,841,499 | - | 991,841,499 | 932,660,360 |
| MANDATORY TRANSFERS FOR PRINCIPAL AND INTEREST | 20,757,775 | - | 20,757,775 | 39,534,730 |
| **TOTAL USA HEALTH** | 1,012,599,274 | - | 1,012,599,274 | 972,195,090 |
| **AUXILIARY SERVICES:** | | | | |
| EXPENDITURES | 25,427,822 | - | 25,427,822 | 21,825,322 |
| MANDATORY TRANSFERS FOR PRINCIPAL AND INTEREST | 6,251,637 | - | 6,251,637 | 4,944,277 |
| **TOTAL AUXILIARY SERVICES** | 31,679,459 | - | 31,679,459 | 26,769,599 |
| **TOTAL EXPENDITURES AND MANDATORY TRANSFERS** | 1,403,040,970 | 98,900,000 | 1,501,940,970 | 1,500,755,413 |
| **OTHER TRANSFERS AND ADDITIONS/(DEDUCTIONS):** | | | | |
| RENEWALS AND REPLACEMENTS | (7,066,938) | - | (7,066,938) | (6,342,212) |
| OTHER TRANSFERS | (30,714,549) | - | (30,714,549) | (12,818,685) |
| **NET INCREASE (DECREASE) IN FUND BALANCES** | $ - | $ - | $ - | $ - |

**UNIVERSITY OF SOUTH ALABAMA**
**FISCAL YEAR 2026 BUDGET**
**UNRESTRICTED CURRENT FUNDS**

| | OPERATIONS AND MAINTENANCE | COLLEGE OF MEDICINE | USA HEALTH | AUXILIARY SERVICES | 2026 BUDGET | 2025 BUDGET |
|---|---|---|---|---|---|---|
| **REVENUES:** | | | | | | |
| TUITION AND FEES | $ 170,370,595 | $ 11,582,000 | $ - | $ - | $ 181,952,595 | $ 173,605,310 |
| STATE APPROPRIATIONS | 104,864,194 | 45,677,722 | 21,667,595 | - | 172,209,511 | 161,458,465 |
| FEDERAL GRANTS AND CONTRACTS | 1,411,818 | 3,000,000 | - | - | 4,411,818 | 4,809,818 |
| STATE AND LOCAL GRANTS AND CONTRACTS | 613,461 | 283,368 | - | - | 896,829 | 896,829 |
| PRIVATE GIFTS, GRANTS AND CONTRACTS | 3,756,552 | 4,750,000 | - | - | 8,506,552 | 7,066,552 |
| SALES AND SERVICES OF EDUCATIONAL ACTIVITIES | 9,833,900 | 300,000 | - | - | 10,133,900 | 10,318,500 |
| USA HEALTH | - | - | 1,017,799,479 | - | 1,017,799,479 | 963,383,875 |
| AUXILIARY SERVICES | - | - | - | 34,597,336 | 34,597,336 | 28,969,284 |
| OTHER SOURCES | 9,014,437 | 1,300,000 | - | - | 10,314,437 | 10,407,677 |
| **TOTAL REVENUES** | 299,864,957 | 66,893,090 | 1,039,467,074 | 34,597,336 | 1,440,822,457 | 1,360,916,310 |
| **EDUCATIONAL AND GENERAL:** | | | | | | |
| INSTRUCTION | 101,748,563 | 23,088,325 | - | - | 124,836,888 | 122,297,421 |
| RESEARCH | 4,277,344 | 7,480,818 | - | - | 11,758,162 | 9,660,895 |
| PUBLIC SERVICE | 2,503,561 | 2,715,709 | - | - | 5,219,270 | 4,362,105 |
| ACADEMIC SUPPORT | 30,839,154 | 6,740,504 | - | - | 37,579,658 | 36,681,979 |
| STUDENT SERVICES | 42,275,600 | 3,011,083 | - | - | 45,286,683 | 41,410,400 |
| INSTITUTIONAL SUPPORT | 30,290,929 | 5,965,863 | - | - | 36,256,792 | 34,573,502 |
| OPERATION AND MAINTENANCE OF PLANT | 36,301,070 | 6,558,288 | - | - | 42,859,358 | 41,120,391 |
| SCHOLARSHIPS | 35,176,314 | 1,997,500 | - | - | 37,173,814 | 34,180,025 |
| **EDUCATIONAL AND GENERAL EXPENDITURES** | 283,412,535 | 57,558,090 | - | - | 340,970,625 | 324,286,718 |
| **MANDATORY TRANSFERS FOR:** | | | | | | |
| PRINCIPAL AND INTEREST | 17,641,612 | - | - | - | 17,641,612 | 18,354,006 |
| LOAN FUND MATCHING GRANTS | 150,000 | - | - | - | 150,000 | 150,000 |
| **TOTAL EDUCATIONAL AND GENERAL** | 301,204,147 | 57,558,090 | - | - | 358,762,237 | 342,790,724 |
| **USA HEALTH:** | | | | | | |
| EXPENDITURES | - | - | 991,841,499 | - | 991,841,499 | 932,660,360 |
| MANDATORY TRANSFERS FOR PRINCIPAL AND INTEREST | - | - | 20,757,775 | - | 20,757,775 | 39,534,730 |
| **TOTAL USA HEALTH** | - | - | 1,012,599,274 | - | 1,012,599,274 | 972,195,090 |
| **AUXILIARY SERVICES:** | | | | | | |
| EXPENDITURES | - | - | - | 25,427,822 | 25,427,822 | 21,825,322 |
| MANDATORY TRANSFERS FOR PRINCIPAL AND INTEREST | - | - | - | 6,251,637 | 6,251,637 | 4,944,277 |
| **TOTAL AUXILIARY SERVICES** | - | - | - | 31,679,459 | 31,679,459 | 26,769,599 |
| **TOTAL EXPENDITURES AND MANDATORY TRANSFERS** | 301,204,147 | 57,558,090 | 1,012,599,274 | 31,679,459 | 1,403,040,970 | 1,341,755,413 |
| **OTHER TRANSFERS AND ADDITIONS/(DEDUCTIONS):** | | | | | | |
| RENEWALS AND REPLACEMENTS | (920,000) | (4,000,000) | - | (2,146,938) | (7,066,938) | (6,342,212) |
| OTHER TRANSFERS | 2,259,190 | (5,335,000) | (26,867,800) | (770,939) | (30,714,549) | (12,818,685) |
| **NET INCREASE (DECREASE) IN FUND BALANCES** | $ - | $ - | $ - | $ - | $ - | $ - |

**UNIVERSITY OF SOUTH ALABAMA**
**FISCAL YEAR 2026 BUDGET**
**RESTRICTED CURRENT FUNDS**

| | OPERATIONS AND MAINTENANCE | COLLEGE OF MEDICINE | USA HEALTH | 2026 BUDGET | 2025 BUDGET |
|---|---|---|---|---|---|
| **REVENUES:** | | | | | |
| FEDERAL GRANTS AND CONTRACTS | $ 45,800,000 | $ 15,900,000 | $ 2,700,000 | $ 64,400,000 | $ 116,800,000 |
| STATE AND LOCAL GRANTS AND CONTRACTS | 8,800,000 | 3,000,000 | 1,100,000 | 12,900,000 | 23,500,000 |
| PRIVATE GIFTS, GRANTS AND CONTRACTS | 9,800,000 | 2,100,000 | 500,000 | 12,400,000 | 10,800,000 |
| OTHER SOURCES | 6,700,000 | 2,500,000 | - | 9,200,000 | 7,900,000 |
| **TOTAL REVENUES** | 71,100,000 | 23,500,000 | 4,300,000 | 98,900,000 | 159,000,000 |
| **EXPENDITURES:** | | | | | |
| **EDUCATIONAL AND GENERAL:** | | | | | |
| INSTRUCTION | 9,700,000 | 5,600,000 | - | 15,300,000 | 36,600,000 |
| RESEARCH | 16,200,000 | 10,100,000 | 2,500,000 | 28,800,000 | 52,100,000 |
| PUBLIC SERVICE | 2,900,000 | 4,100,000 | 1,800,000 | 8,800,000 | 6,900,000 |
| ACADEMIC SUPPORT | 600,000 | - | - | 600,000 | 8,400,000 |
| STUDENT SERVICES | 900,000 | - | - | 900,000 | 3,900,000 |
| INSTITUTIONAL SUPPORT | 500,000 | - | - | 500,000 | 13,900,000 |
| SCHOLARSHIPS | 40,300,000 | 3,700,000 | - | 44,000,000 | 37,200,000 |
| **TOTAL EXPENDITURES** | 71,100,000 | 23,500,000 | 4,300,000 | 98,900,000 | 159,000,000 |
| **NET INCREASE (DECREASE) IN FUND BALANCES** | $ - | $ - | $ - | $ - | $ - |

**UNIVERSITY OF SOUTH ALABAMA**
**FISCAL YEAR 2026 BUDGET**
**OPERATIONS AND MAINTENANCE**
**UNRESTRICTED CURRENT FUNDS**

| | 2026 BUDGET | 2025 BUDGET |
|---|---|---|
| **REVENUES:** | | |
| TUITION AND FEES | $ 170,370,595 | $ 162,443,310 |
| ALLOCATION OF STATE APPROPRIATIONS | 104,864,194 | 98,637,176 |
| FEDERAL GRANTS AND CONTRACTS | 1,411,818 | 1,509,818 |
| STATE AND LOCAL GRANTS AND CONTRACTS | 613,461 | 613,461 |
| PRIVATE GIFTS, GRANTS AND CONTRACTS | 3,756,552 | 3,786,552 |
| SALES AND SERVICES OF EDUCATIONAL ACTIVITIES | 9,833,900 | 10,018,500 |
| OTHER SOURCES | 9,014,437 | 9,107,677 |
| **TOTAL REVENUES** | 299,864,957 | 286,116,494 |
| **EXPENDITURES AND MANDATORY TRANSFERS:** | | |
| **EDUCATIONAL AND GENERAL:** | | |
| INSTRUCTION | 101,748,563 | 99,163,780 |
| RESEARCH | 4,277,344 | 3,560,895 |
| PUBLIC SERVICE | 2,503,561 | 2,292,787 |
| ACADEMIC SUPPORT | 30,839,154 | 29,534,978 |
| STUDENT SERVICES | 42,275,600 | 40,128,808 |
| INSTITUTIONAL SUPPORT | 30,290,929 | 29,530,702 |
| OPERATION AND MAINTENANCE OF PLANT | 36,301,070 | 34,032,039 |
| SCHOLARSHIPS | 35,176,314 | 32,087,525 |
| **EDUCATIONAL AND GENERAL EXPENDITURES** | 283,412,535 | 270,331,514 |
| **MANDATORY TRANSFERS:** | | |
| PRINCIPAL AND INTEREST | 17,641,612 | 18,354,006 |
| LOAN FUND MATCHING GRANTS | 150,000 | 150,000 |
| **TOTAL EXPENDITURES AND MANDATORY TRANSFERS** | 301,204,147 | 288,835,520 |
| **OTHER TRANSFERS AND ADDITIONS/(DEDUCTIONS):** | | |
| RENEWALS AND REPLACEMENTS | (920,000) | (870,000) |
| OTHER TRANSFERS | 2,259,190 | 3,589,026 |
| **NET INCREASE (DECREASE) IN FUND BALANCES** | $ - | $ - |

**UNIVERSITY OF SOUTH ALABAMA**
**FISCAL YEAR 2026 BUDGET**
**COLLEGE OF MEDICINE**
**UNRESTRICTED CURRENT FUNDS**

| | 2026 BUDGET | 2025 BUDGET |
|---|---|---|
| **REVENUES:** | | |
| TUITION AND FEES | $ 11,582,000 | $ 11,162,000 |
| ALLOCATION OF STATE APPROPRIATIONS | 45,677,722 | 43,009,836 |
| FEDERAL GRANTS AND CONTRACTS | 3,000,000 | 3,300,000 |
| STATE AND LOCAL GRANTS AND CONTRACTS | 283,368 | 283,368 |
| PRIVATE GIFTS, GRANTS AND CONTRACTS | 4,750,000 | 3,280,000 |
| SALES AND SERVICES OF EDUCATIONAL ACTIVITIES | 300,000 | 300,000 |
| OTHER SOURCES | 1,300,000 | 1,300,000 |
| **TOTAL REVENUES** | 66,893,090 | 62,635,204 |
| **EXPENDITURES AND MANDATORY TRANSFERS:** | | |
| **EDUCATIONAL AND GENERAL:** | | |
| INSTRUCTION | 23,088,325 | 23,133,641 |
| RESEARCH | 7,480,818 | 6,100,000 |
| PUBLIC SERVICE | 2,715,709 | 2,069,318 |
| ACADEMIC SUPPORT | 6,740,504 | 7,147,001 |
| STUDENT SERVICES | 3,011,083 | 1,281,592 |
| INSTITUTIONAL SUPPORT | 5,965,863 | 5,042,800 |
| OPERATION AND MAINTENANCE OF PLANT | 6,558,288 | 7,088,352 |
| SCHOLARSHIPS | 1,997,500 | 2,092,500 |
| **TOTAL EDUCATIONAL AND GENERAL EXPENDITURES** | 57,558,090 | 53,955,204 |
| **OTHER TRANSFERS AND ADDITIONS/(DEDUCTIONS):** | | |
| RENEWALS AND REPLACEMENTS | (4,000,000) | (4,000,000) |
| OTHER TRANSFERS | (5,335,000) | (4,680,000) |
| **NET INCREASE (DECREASE) IN FUND BALANCES** | $ - | $ - |

**UNIVERSITY OF SOUTH ALABAMA**
**FISCAL YEAR 2026 BUDGET**
**USA HEALTH**
**UNRESTRICTED CURRENT FUNDS**

| | 2026 BUDGET | 2025 BUDGET |
|---|---|---|
| **REVENUES:** | | |
| GROSS PATIENT REVENUES | $ 2,540,207,109 | $ 2,411,796,185 |
| CONTRACTUAL ADJUSTMENTS | 1,516,551,431 | 1,385,626,003 |
| OTHER ADJUSTMENTS | 8,055,376 | 6,384,951 |
| PROVISION FOR UNCOLLECTIBLE ACCOUNTS (NET OF RECOVERIES) | 95,323,290 | 116,469,186 |
| TOTAL DEDUCTIONS FROM REVENUES | 1,619,930,097 | 1,508,480,140 |
| NET PATIENT REVENUES | 920,277,012 | 903,316,045 |
| ALLOCATION OF STATE APPROPRIATIONS | 21,667,595 | 19,811,453 |
| MOBILE COUNTY HOSPITAL BOARD | 23,400,916 | 21,617,258 |
| MOBILE COUNTY INDIGENT CARE BOARD | 510,700 | 511,197 |
| MEDICAID DISPROPORTIONATE SHARE | 8,938,573 | 358,376 |
| OTHER REVENUES | 64,672,278 | 37,580,999 |
| **TOTAL REVENUES** | 1,039,467,074 | 983,195,328 |
| **EXPENDITURES AND MANDATORY TRANSFERS:** | | |
| **EXPENDITURES:** | | |
| NURSING SERVICES | 294,782,226 | 306,023,005 |
| PROFESSIONAL SERVICES | 209,915,088 | 214,565,583 |
| GENERAL DIVISION | 34,269,324 | 37,419,137 |
| ADMINISTRATIVE DIVISION | 137,733,834 | 97,040,347 |
| MEDICAL EDUCATION | 31,246,297 | 25,405,471 |
| AMBULATORY CLINICS | 283,894,730 | 252,206,817 |
| **TOTAL EXPENDITURES** | 991,841,499 | 932,660,360 |
| **MANDATORY TRANSFERS FOR:** | | |
| PRINCIPAL AND INTEREST | 20,757,775 | 39,534,730 |
| **TOTAL EXPENDITURES AND MANDATORY TRANSFERS** | 1,012,599,274 | 972,195,090 |
| **OTHER TRANSFERS AND ADDITIONS/(DEDUCTIONS):** | | |
| OTHER TRANSFERS | (26,867,800) | (11,000,238) |
| **NET INCREASE (DECREASE) IN FUND BALANCES** | $ - | $ - |

**UNIVERSITY OF SOUTH ALABAMA**
**FISCAL YEAR 2026 BUDGET**
**AUXILIARY SERVICES**
**UNRESTRICTED CURRENT FUNDS**

| | HOUSING | DINING SERVICES | BOOKSTORE | 2026 BUDGET | 2025 BUDGET |
|---|---|---|---|---|---|
| **REVENUES:** | | | | | |
| RENTAL INCOME | $ 16,477,083 | $ - | $ - | $ 16,477,083 | $ 13,095,310 |
| COMMISSION INCOME | - | 12,599,070 | 4,930,000 | 17,529,070 | 15,334,329 |
| OTHER INCOME | 379,183 | 210,000 | 2,000 | 591,183 | 539,645 |
| **TOTAL REVENUES** | 16,856,266 | 12,809,070 | 4,932,000 | 34,597,336 | 28,969,284 |
| **EXPENDITURES AND MANDATORY TRANSFERS:** | | | | | |
| **EXPENDITURES** | | | | | |
| SALARIES AND WAGES | 2,602,806 | 167,670 | 18,924 | 2,789,400 | 2,268,572 |
| EMPLOYEE BENEFITS | 597,020 | 67,068 | 7,570 | 671,658 | 560,958 |
| OTHER EXPENDITURES | 6,074,393 | 11,377,029 | 4,515,342 | 21,966,764 | 18,995,792 |
| **EXPENDITURES** | 9,274,219 | 11,611,767 | 4,541,836 | 25,427,822 | 21,825,322 |
| **MANDATORY TRANSFERS:** | | | | | |
| PRINCIPAL AND INTEREST | 5,564,420 | 450,685 | 236,532 | 6,251,637 | 4,944,277 |
| **TOTAL EXPENDITURES AND MANDATORY TRANSFERS** | 14,838,639 | 12,062,452 | 4,778,368 | 31,679,459 | 26,769,599 |
| **OTHER TRANSFERS AND ADDITIONS/(DEDUCTIONS):** | | | | | |
| RENEWALS AND REPLACEMENTS | (1,502,801) | (556,618) | (87,519) | (2,146,938) | (1,472,212) |
| OTHER TRANSFERS | (514,826) | (190,000) | (66,113) | (770,939) | (727,473) |
| **NET INCREASE (DECREASE) IN FUND BALANCES** | $ - | $ - | $ - | $ - | $ - |

**UNIVERSITY OF SOUTH ALABAMA**
**FISCAL YEAR 2026 BUDGET**
**SCHEDULE OF STATE APPROPRIATIONS**
**EDUCATION TRUST FUND**

| FISCAL YEAR 2026 | FISCAL YEAR 2025 |
|---|---|
| $ 172,209,511 | $ 161,458,465 |

**DISCLOSURE OF INFORMATION ON PURCHASE OF REAL PROPERTY**
**PURSUANT TO ALABAMA ACT 2014-133**

**PROPERTY ADDRESS**:

5711 Pillichody Drive
Mobile, AL 36608

Parcel Number: 28-04-17-1-000-028
Key Number: 489411

**APPRAISAL INFORMATION:**

Appraisal Date: July 22, 2025
Appraiser: Homer L. Baldwin, Assured Appraisal Company
Appraised Value: $63,000.00

**CONTRACTS RELATED TO THE PURCHASE:**

Attached as Exhibit "A"

**PURCHASE TERMS:**

Cash Purchase

**SOURCES OF FUNDS USED IN THE PURCHASE:**

Unrestricted Funds

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# REAL ESTATE PURCHASE CONTRACT

The **University of South Alabama** ("Buyer"), a public body corporate of the State of Alabama, whose principal address is 307 University Boulevard North, AD-170, Mobile, AL 36688 ("Buyer's Address"), hereby agrees to buy and **Katie R. Lofton** ("Seller"), whose principal address is 1958 Lebaron Drive West, Mobile, AL 36618 ("Seller's Address"), hereby agrees to sell for the consideration and upon the terms hereinafter set forth (the "Contract"), the real estate commonly known as:

**5711 Pillichody Drive, Mobile, Alabama 36608**
**Parcel: R02 28 04 17 1 000 028.XXX (Key#: 489411)**

**Lot 24, Block 22 of Hillsdale Heights Subdivision according to plat thereof recorded in Map Book 10, Page 183, of the records in the office of the Judge of Probate, Mobile County, Alabama**

TOGETHER WITH all rights, privileges, tenements, hereditaments and appurtenances thereunto belonging, or in anywise appertaining (the "Property").

## ARTICLE I - Purchase Price and Condition of Property

1.1 The purchase price for the Property shall be ***SEVENTY-EIGHT THOUSAND FIVE HUNDRED AND NO/100 DOLLARS ($78,500.00)*** (the "Purchase Price") and shall be payable on the day of Closing ("Closing Date") by cash, cashier's check, certified check or wire transfer. Seller shall pay the cost of acquiring a current title insurance policy for the benefit of Buyer, and the cost of document preparation, including a general warranty deed. Buyer agrees to pay other closing and settlement costs but shall not be responsible for Seller's attorney's fees, if any. Property taxes shall be prorated as of the Closing Date.

1.2 Seller agrees that the proceeds of this sale shall be used to satisfy any and all outstanding mortgages and/or liens that exist on the Property at the Closing of this transaction (the "Closing") before any remaining proceeds from the sale are given to Seller.

## ARTICLE II- Closing

2.1 Unless otherwise extended by the provisions of the Contract or by agreement in writing by the parties, the Closing shall be held ~~within ninety (~~60) days of the signing of this Contract.

2.2 The Closing shall be held at the office of Guarantee Title Company, LLC located at 4300 Downtowner Blvd., Mobile, Alabama, 36609.

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**ARTICLE III - Possession**

3.1 Possession shall be delivered to Buyer at Closing. Seller and Buyer acknowledge and agree that until the Closing Date, Seller shall have possession of the Property and shall continue to pay any and all expenses incurred by Seller, such as yard maintenance, and Seller agrees to indemnify and hold Buyer harmless from any and all costs associated with same. Seller shall be responsible for insuring the property during the period of Seller's possession. Buyer shall bear no responsibility for risk of loss prior to the time that Seller vacates the property.

**ARTICLE IV - Deed and Other Documents**

4.1 Seller shall convey the Property to Buyer by recordable General Warranty Deed (the "Deed"), conveying good and marketable title of record to the Property, in fee simple, free and clear of all liens and encumbrances except for the lien of real property taxes not yet due and payable, any existing easements of record, and other exceptions approved in writing by Buyer.

4.2 Seller shall execute and deliver with the Deed such other documents as may be required by any governmental entity or by the title insurance company as a condition to the issuance of its policy of title insurance in accordance with Article VI, including, but not limited to:

(a) The standard affidavit required by the title insurance company for the removal of the standard preprinted exceptions from the title insurance policy; and

(b) A Certificate of Non-Foreign Status or other evidence satisfactory to Buyer and the title insurance company confirming that Buyer is not required to withhold or pay to the Internal Revenue Service any part of the "amount realized" as such term is defined in the Internal Revenue Code of 1986, as amended, and the regulations promulgated pursuant thereto.

**ARTICLE V - Title Insurance**

5.1 Buyer shall order a title insurance commitment or preliminary title report issued by Guarantee Title Company (referred to as "Title Insurance Company") in which the Title Insurance Company commits that upon delivery and recordation of the Deed and other documents provided for in this Contract, it will issue, at its usual rate, a standard form ALTA owner's commitment with extended coverage or comparable form, insuring access to the Property and such other endorsements as Buyer may request (the "Policy"), insuring Buyer in the total amount of the Purchase Price, fee simple title to the Premises subject only to (a) the lien for real estate taxes not yet due and payable; (b) exceptions approved in writing by Buyer; and/or (c) such liens as are to be released and discharged at the Closing. Seller agrees to provide

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to Buyer and the Title Insurance Company all title information in Seller's possession relating to the Property together with a copy of the most recent tax bills relating to the Property.

5.2 Without limiting the foregoing or being limited thereby, the standard exceptions for parties in possession, mechanics' and materialmen's liens and matters which would be disclosed by an accurate survey shall be eliminated from said Policy.

5.3 Seller shall bear all costs and expenses incurred in connection with the issuance of said title commitment, Policy and any endorsements thereto which are required to conform the Policy to the terms and conditions of this Contract.

5.4 If the title commitment or report shows any exceptions to title other than those referred to in Article 5.1 above, Buyer shall notify Seller in writing of the defects in title within ten (10) days after receipt of the title commitment (with copies of all documents referred to therein). Seller shall then have ten (10) days after receipt of such notice in which to cure such defects and furnish to Buyer satisfactory proof that such defects have been cured. Seller agrees to use its best efforts to cure such defects. If Seller fails or is unable to cure such title defects within such ten (10) day period or to obtain title insurance which will give affirmative coverage to Buyer against loss as a result of such title defects, Buyer shall have the option, to be exercised in its sole discretion, to (i) proceed with Closing of this transaction subject to such title defects, or (ii) terminate this Contract.

**ARTICLE VI - Taxes and Assessments**

6.1 Seller shall pay or credit against the Purchase Price all unpaid real estate taxes, including penalties and interest, for all tax years preceding the Closing Date, and shall credit a portion of such taxes for the tax year in which the Closing is held, prorated through the Closing Date. The proration of such taxes shall be based on a 365-day year and on the most recently available rate and valuation and the amount so computed and adjusted shall be final.

6.2 Seller shall pay any special assessments which (a) are a lien on the Property on the Closing Date, whether such assessments are past due, then due or thereafter to become due or (b) are not a lien but are then known and will be payable in whole or in part after the Closing Date.

**ARTICLE VII - Utility Charges**

7.1 Seller shall pay or credit on the Purchase Price all unpaid utility charges and all charges for services of any type furnished to the Property by all governmental agencies, public utilities and/or private

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utilities through the Closing Date.

**ARTICLE VIII - Risk of Loss**

8.1 The risk of loss, damage or destruction to the Property and any improvements thereon through condemnation, fire or otherwise shall be borne by Seller until the Closing.

**ARTICLE IX - Conditions to Closing**

9.1 Buyer's obligation to close this transaction is subject to the following conditions and covenants:

(a) Easements. Buyer may obtain at or prior to Closing all other easements or licenses deemed necessary by Buyer upon terms and conditions acceptable to Buyer. Seller agrees to reasonably cooperate with Buyer in obtaining any such easements or licenses.

(b) Survey. Buyer may obtain, at Buyer's sole cost, a certified ALTA survey, being a legal description, made by a licensed surveyor, showing the area, dimensions and location of the Property to the nearest monuments, streets, alleys or property, the location of all improvements, utilities and encroachments, and the location of all proposed and recorded easements against or appurtenant to the Property. If a survey is obtained and discloses any condition rendering the Property unusable, in Buyer's sole judgment, for the intended purpose of Buyer, Buyer may terminate this Contract with no penalty.

(c) Title Insurance. Buyer shall have obtained from Seller a satisfactory title insurance commitment or preliminary title report in accordance with Article V above.

(d) Seller's Performance. Seller shall have performed all terms, covenants and obligations required of Seller hereunder.

(e) Environmental Audit and Testing. Buyer, at Buyer's expense, may obtain a current satisfactory Phase I or Phase II Environmental Audit of the Property and any other environmental testing which Buyer deems reasonably necessary to evaluate potential environmental risks. If such audit or tests reveal the existence of any toxic or hazardous waste, material or substance on, under or surrounding the Property, Buyer may terminate this Contract with no further liability to Seller.

(f) Satisfaction of all existing mortgages and/or liens.

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(g) Termination of any and all leases on the property and removal of all contents held within any structures remaining.

**ARTICLE X - Notices**

10.1 Unless otherwise provided herein, all notices shall be in writing and shall be deemed effective upon the earlier of either (a) personal delivery (b) facsimile or (c) deposit in the U.S. Mail, marked Certified or Registered, return receipt requested, with postage prepaid to Seller at 1958 Lebaron Drive West, Mobile, AL 36618, and to Buyer at 775 N. University Blvd., Suite 150, Mobile, AL 36608.

**ARTICLE XI - Representations and Warranties**

11.1 Seller represents, warrants and covenants to Buyer as to the following matters, and shall be deemed to remake all of the following representations, warranties and covenants as of the Closing Date.

(a) All covenants, conditions, restrictions, easements and similar matters affecting the Property have been complied with.

(b) There is no pending or threatened litigation, arbitration, administrative action or examination, claim, or demand whatsoever relating to the Property or the furnishings and equipment contained in the premises and sold as part of this Contract. No attachments, execution proceedings, liens, assignments or insolvency proceedings are pending, threatened or contemplated against Seller, the Property or the furnishings and equipment contained in the premises and sold as part of this Contract. Seller is not contemplating the institution of insolvency proceedings.

(c) Seller has no knowledge of any pending or contemplated eminent domain, condemnation, or other governmental or quasi-governmental taking of any part or all of the Property.

(d) Seller has not been notified of any possible future improvements by any public authority, any part of the cost of which might be assessed against any part of the Property.

(e) To the best of Seller's knowledge, Seller: (i) has not used the Property for the storage, treatment, generation, production or disposal of any toxic or hazardous waste, material or substance nor does Seller have knowledge of such use by others; (ii) has not caused or permitted and has no knowledge of the release of any toxic or hazardous waste, material or substance on or off site of the Property; (iii) has not received any

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notice from any governmental authority or other agency concerning the removal of any toxic or hazardous waste, material or substance from the Property; and (iv) has disclosed to Buyer the location of all underground storage tanks on the Property (if any).

(f) No event has occurred with respect to the Property which would constitute a violation of any applicable environmental law, ordinance or regulation.

(g) The execution and delivery of this Contract has been duly authorized and validly executed and delivered by Seller, and will not (i) constitute or result in the breach of or default under any oral or written agreement to which Seller is a party or which affects the Property; (ii) constitute or result in a violation of any order, decree or injunction with respect to which either Seller and/or the Property is/are bound; (iii) cause or entitle any party to have a right to accelerate or declare a default under any oral or written agreement to which Seller is a party or which affects the Property; and/or (iv) violate any provision of any municipal, state or federal law, statutory or otherwise, to which either Seller or the Property may be subject.

11.2 As an inducement to Seller to enter into this Contract, Buyer represents that Buyer has the right, power and authority to purchase the Property in accordance with the terms and conditions of this Contract and that Buyer has validly executed and delivered this Contract.

11.3 Except as is expressly provided in this Contract, Buyer acknowledges that neither Seller nor any agent, attorney, employee or representative of Seller has made any representations as to the physical nature or condition of the Property.

**ARTICLE XII – Termination, Default, and Remedies.**

12.1 If Buyer fails or refuses to consummate the purchase of the Property pursuant to this Contract at the Closing or fails to perform any of Buyer's other obligations hereunder either prior to or at the Closing for any reason other than termination of this Contract by Buyer pursuant to a right so to terminate expressly set forth in this Contract or Seller's failure to perform Seller's obligations under this Contract, then the Seller, as Seller's sole and exclusive remedy, shall have the right to terminate this Contract by giving written notice thereof to Buyer prior to or at the Closing, whereupon neither party hereto shall have any further rights or obligations hereunder.

12.2 If Seller fails or refuses to consummate the sale of the Property pursuant to this Contract at the Closing or fails to perform any of Seller's other obligations hereunder either prior to or at the

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Closing for any reason other than the termination of this Contract by Seller pursuant to a right so to terminate expressly set forth in this Contract, or Buyer's failure to perform Buyer's obligations under this Contract, then Buyer, as Buyer's sole and exclusive remedy, shall have the right to terminate this Contract by giving written notice thereof to Seller prior to or at the Closing, whereupon neither party hereto shall have any further rights or obligations hereunder.

**ARTICLE XIII - Miscellaneous**

13.1 This Contract shall inure to the benefit of and bind the parties hereto, their respective heirs, executors, administrators, personal and/or legal representatives, successors and assigns.

13.2 This Contract constitutes the entire agreement between the parties and there are no representations, oral or written, relating to the Property or to this transaction which have not been incorporated herein. Any agreement hereafter made shall be ineffective to change, modify or discharge this Contract in whole or in part unless such agreement is in writing and signed by the party against whom enforcement of any change, modification or discharge is sought.

13.3 The headings of the Articles hereof have been inserted for convenience only and shall in no way modify or restrict any provisions hereof or be used to construe any such provisions.

13.4 If two or more persons constitute the Seller, the word "Seller" shall be construed as if it reads "Sellers" throughout this Contract.

13.5 This Contract shall be construed, interpreted and enforced in accordance with the laws of the State of Alabama. The parties agree and acknowledge that the only forum for any claim against Buyer pursuant to this Agreement is the Alabama State Board of Adjustment.

13.6 This Contract may be executed in multiple counterparts, each of which shall be considered to be an original document.

1.7 The Effective Date shall be the date of the last execution hereof.

13.8 Time is of the essence hereof.

13.9 Any condition or right of termination, cancellation or rescission granted by this Contract to Seller or Buyer may be waived by such party provided such waiver is in writing.

13.10 If the time period or date by which any right, option or election provided under this Contract must be exercised, or by which any act required hereunder must be performed, or by which the Closing must be held, expires or occurs on a Saturday, Sunday, or legal or bank holiday, then such time period or date shall be automatically extended through the close of business on the next regularly scheduled business day.

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13.11 If any provision of this Contract, or the application thereof to any person, place, or circumstance, shall be held by a court of competent jurisdiction to be invalid, unenforceable, or void, the remainder of this Contract and such provisions as applied to other persons, places, and circumstances shall remain in full force and effect.

**ARTICLE XIV - Acceptance**

14.1 In the event this Contract is not signed simultaneously by both parties, it shall be considered to be an offer made by the party first executing it. In such event this offer shall expire at 12:00pm NOON, Friday, September 19, 2025 Central Daylight Time following the offer unless one copy of this Contract, executed by the party to whom this offer had been made, shall have been mailed (in accordance with Article X hereof) or personally delivered to the party making the offer.

**ARTICLE XV – Broker Agency Disclosure: 34-27-8-(c)**

| The selling company is: | The listing company is: |
|---|---|
| **USA Properties** | **USA Properties** |
| **TWO BLOCKS MAY BE CHECKED**<br><br>☐ and is an Agent of the Seller<br>☒ and is an Agent of the Buyer<br>☐ and is an Agent of both Seller and Buyer acting as a limited<br>☐ and is assisting the ☐ Buyer ☒ Seller as a transaction broker.<br><br>Buyer(s) initials: TC _____ | **TWO BLOCKS MAY BE CHECKED**<br><br>☐ and is an Agent of the Seller<br>☒ and is an Agent of the Buyer<br>☐ and is an Agent of both Seller and Buyer acting as a limited<br>☑ and is assisting the ☐ Buyer ☒ Seller as a transaction broker.<br><br>Seller(s) initials: KRL 09/17/25 5:23 PM CDT dotloop verified _____ |

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**ARTICLE XVI – Broker Commissions**

16.1 Both Buyer and Seller agree and understand that USA Properties is acting as an agent of the Buyer in this transaction and is solely assisting Seller as a transaction broker. Seller understands that Seller is under no obligation to pay a commission to USA Properties with respect to this transaction.

Signed by Buyer this 17th day of September, 2025.

BUYER:
**UNIVERSITY OF SOUTH ALABAMA**

By: _____
Trae Catrett
Contract Officer

Signed by Seller(s) this _____day of _____, 2025.

SELLER:
**KATIE R. LOFTON**

By: Katie R Lofton dotloop verified 09/17/25 5:23 PM CDT 65-L1UC-RA-R35
Katie R. Lofton

# COMMITTEE MINUTES

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

**Audit Committee**

**September 4, 2025**
**1:30 p.m.**

A meeting of the Audit Committee of the University of South Alabama (the "University," "USA") Board of Trustees was duly convened by Dr. Steve Stokes, Chair, on Thursday, September 4, 2025, at 1:31 p.m. in the Board Room of the Frederick P. Whiddon Administration Building. Meeting attendance was open to the public.

| | |
|---|---|
| Members: | Scott Charlton, Steve Furr, Meredith Hamilton, Lenus Perkins and Steve Stokes were present. |
| Member Absent: | Bill Lewis. |
| Other Trustees: | Alexis Atkins, Chandra Brown Stewart, Ron Graham, Ron Jenkins, Arlene Mitchell, Jimmy Shumock, Mike Windom and Jim Yance. |
| Administration & Guests: | Jim Berscheidt, Joél Billingsley, Jo Bonner, Joel Erdmann, Monica Ezell, Natalie Fox, Melinda Gratwick (KPMG), Charlie Guest, Buck Kelley, Andi Kent, Spence Larche, Nick Lawkis, Sarah Beth Magette (Warren Averett), John Marymont, Mike Mitchell, Allen Parrish, Amanda Price (KPMG), Kristen Roberts, Margaret Sullivan, Peter Susman, Christina Wassenaar (Faculty Senate) and Ashley Willson (KPMG). |

Following the attendance roll call, **Item 1**, Dr. Stokes called for consideration of the minutes for a meeting held on June 5, 2025, **Item 2**. On motion by Ms. Hamilton, seconded by Dr. Charlton, the Committee voted unanimously to adopt the minutes.

Dr. Stokes called on Ms. Roberts to introduce **Item 3**, a report from the KPMG auditors. Ms. Roberts recognized the KPMG team in attendance, turning to Ms. Ashley Willson, KPMG Lead Audit Partner, who, along with Ms. Melinda Gratwick, KPMG Lead Senior Manager supervising the uniform guidance audit, and Ms. Amanda Price, KPMG Lead Audit Manager directing the financial statements audit, presented an overview on the audit plan for fiscal year 2025 and delivered required communications.

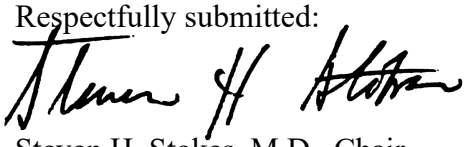
Ms. Roberts discussed the independent audit of the USA Foundation consolidated financial statements and the Disproportionate Share Hospital Funds combined financial statements for the fiscal year ended June 30, 2025, **Item 4**. Among the highlights presented, she shared that approximately $470 million in total assets was reported compared to that of approximately $456 million reported for fiscal year 2024. She also noted that net assets totaling approximately $469 million was reported, as was an increase in net assets of approximately $14 million.

Ms. Roberts provided perspective on the Alabama Department of Examiners of Public Accounts compliance report for the period October 1, 2022, through September 30, 2024, **Item 5**. She stated that the review concluded in June and yielded one recommendation and a clean opinion.

Dr. Stokes called on Mr. Susman to address **Item 6**, a report on the activities of the Office of Internal Audit (OIA). Mr. Susman introduced Ms. Sarah Beth Magette of Warren Averett, OIA Acting Director, who outlined the engagements completed and progressing for the general University and USA Health sectors to complete the audit plan for fiscal year 2025, as well as the engagements expected to start soon. She discussed an enterprise-wide risk assessment recently completed and said the results guided the development of the proposed audit plan for fiscal year 2026, **Item 7**. On motion by Dr. Charlton, seconded by Dr. Furr, the Committee voted unanimously to approve the audit plan for fiscal year 2026.

There being no further business, the meeting was adjourned at 2:01 p.m.

Respectfully submitted:



Steven H. Stokes, M.D., Chair

# APPENDIX A

**The University of South Alabama**
**FY 2026 Proposed Internal Audit Plan**

UNIVERSITY OF SOUTH ALABAMA
OFFICE OF INTERNAL AUDIT

| Audit Plan | | | | |
|---|---|---|---|---|
| **Ref.** | **Entity** | **Auditable Unit** | **Description of audit** | **Type of Engagement** |
| 1 | Entity-Wide | Annual Risk Assessment | **Recurring** - Perform annual risk assessment procedures including interviews of key personnel, risk scoring, and audit plan preparation. | Advisory |
| 2 | Entity-Wide | Ad Hoc/Special Projects | **Recurring** - Open for ad hoc/special projects as requested by management. | Advisory |
| 3 | Campus | Cybersecurity | Gain an understanding and test controls of the security monitoring and reporting of the network, incident response and recovery, cyber governance and business continuity processes. | Audit |
| 4 | Campus | Scholarships | Gain an understanding and perform testing of the policies, procedures, and controls involving donor-funded scholarships.. | Audit |
| 5 | Campus | Athletics | **Recurring** - Direct assist the external auditor by performing NCAA audit procedures | Audit |
| 6 | Campus | Grant Management/Research Programs | Gain an understanding of the policies, procedures, and controls within the grant management post-award phase process. | Audit & Advisory |
| 7 | Campus | IT Vendor Management | Perform follow-up procedures for high risk items resulting from the FY25 IT Vendor Management audit. | Follow-up Procedures |
| 8 | Campus | Physical Security | Perform follow-up procedures for high risk items resulting from the FY25 Physical Security audit. | Follow-up Procedures |
| 9 | USA Health | Physical Security | Gain an understanding of the policies, procedures, and controls regarding access to facilities (badges, keypads, and mechanical keys) and perform testing. | Audit |
| 10 | USA Health | Cybersecurity | Gain an understanding and test controls of the security monitoring and reporting of the network, incident response and recovery, cyber governance and business continuity processes. | Audit |
| 11 | USA Health | RVU Physician Incentives | Gain an understanding of the policies, procedures, and controls within the RVU Physician Incentive Program and perform testing. | Audit |
| 12 | USA Health | Billing, Coding, and Collections | **Recurring** - Perform an audit over the charge capture process. | Audit |
| 13 | USA Health | Cost Management | **Recurring** - Perform an audit over vendor contracts and pricing compliance. | Audit |
| **Continuation of FY 2025 Internal Audit Plan** | | | | |
| 14 | Campus | Cybersecurity | Test controls around the IT environment related to cybersecurity such as network and user monitoring, incident response planning, etc. | Audit |
| 15 | USA Health | User Access | Audit user access to key systems/applications. | Audit |
| 16 | USA Health | No Suprises Act (NSA) | Gain an understanding of the policies, procedures, and controls around the No Surprises Act and test compliance with the Act. | Audit |
| 17 | USA Health | Cybersecurity | Test controls around the IT environment related to cybersecurity such as network and user monitoring, incident response planning, etc. | Audit |
| 18 | USA Health | Pharmacy | **Recurring** - Observe year-end pharmacy inventory counts. | Audit |
| 19 | USA Health | IT Vendor Management | Gain an understanding of the vendor management process and perform testing over a sample of relationships. | Audit |
| 20 | USA Health | Cost Management (Pediatrics) | Gain an understanding of the policies, procedures and controls within the cost management/contract price compliance process. | Advisory |
| | | | **Total Estimated Hours** | 6,000 |

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

**Development, Endowment and Investments Committee**

**September 4, 2025**
**2:01 p.m.**

A meeting of the Development, Endowment and Investments Committee of the University of South Alabama (the "University," "USA") Board of Trustees was duly convened by Judge Mike Windom, Chair, on Thursday, September 4, 2025, at 2:01 p.m. in the Board Room of the Frederick P. Whiddon Administration Building. Meeting attendance was open to the public.

| | |
|---|---|
| Members: | Chandra Brown Stewart, Scott Charlton, Steve Stokes, Mike Windom and Jim Yance were present and Ron Jenkins participated remotely. |
| Member Absent: | Luis Gonzalez. |
| Other Trustees: | Alexis Atkins, Steve Furr, Ron Graham, Meredith Hamilton, Arlene Mitchell, Lenus Perkins and Jimmy Shumock. |
| Administration & Guests: | Jim Berscheidt, Joél Billingsley, Jo Bonner, Joel Erdmann, Monica Ezell, Natalie Fox, Charlie Guest, Buck Kelley, Andi Kent, Spence Larche, Nick Lawkis, John Marymont, Mike Mitchell, Allen Parrish, Norman Pitman, Kristen Roberts, Margaret Sullivan, Peter Susman, Drew Underwood and Christina Wassenaar (Faculty Senate). |

Following the attendance roll call, **Item 8**, Judge Windom called for consideration of the minutes for a meeting held on June 5, 2025, **Item 9**. On motion by Mr. Yance, seconded by Capt. Jenkins, the Committee voted unanimously to adopt the minutes.

Judge Windom called for a report on endowment and investment performance, **Item 10**, from Mr. Drew Underwood, Executive Director of Treasury Management, and Mr. Norman Pitman, investment consultant. Mr. Drew Underwood presented a thorough overview on the University's endowment fund for the 2025 fiscal year through June 30, 2025, noting a return of approximately 5.9 percent to end the third quarter, an outperformance of the blended benchmark return of approximately 5.5 percent. Mr. Norman Pitman provided perspective on the economy.

Judge Windom called on Ms. Sullivan, who introduced a resolution commending Mrs. Barbara Bush and Mr. Leonard Bush for a legacy gift of $1 million to establish endowed scholarships for College of Nursing undergraduate and graduate students, **Item 11**. (To view resolutions, policies and other documents authorized, refer to the minutes for the Board of Trustees meeting held on September 5, 2025.) On motion by Dr. Charlton, seconded by Capt. Jenkins, the Committee voted unanimously to recommend approval of the resolution by the Board of Trustees.

Ms. Sullivan presented **Item 12**, a report on the activities of the Office of Development and Alumni Relations, sharing that new gifts and commitments secured for fiscal year 2025 through August 28 totaled just over $32 million. She discussed the *Alumni and Friends* outreach initiative and detailed a number of recent and upcoming fundraising and engagement events, inclusive of the *USA by the Bay* speaker series, the *Together We Roar* 2025 homecoming lineup, and the inaugural *Home and Garden Show* set for March 2026 to benefit USA Health Providence Hospital and being chaired by First Lady Bonner. She updated the group on the capital campaign, noting a public launch in April 2026 and upwards of $321 million in gifts and commitments recorded thus far since October 1, 2020, and introduced the newest campaign video that featured Mr. Yance.

There being no further business, the meeting was adjourned at 2:28 p.m.

Respectfully submitted:

Michael P. Windom, Chair

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

**Health Affairs Committee**

**September 4, 2025**
**2:28 p.m.**

A meeting of the Health Affairs Committee of the University of South Alabama (the "University," "USA") Board of Trustees was duly convened by Mr. Jimmy Shumock, Chair, on Thursday, September 4, 2025, at 2:28 p.m. in the Board Room of the Frederick P. Whiddon Administration Building. Meeting attendance was open to the public.

| | |
|---|---|
| Members: | Steve Furr, Ron Graham, Meredith Hamilton, Arlene Mitchell, Jimmy Shumock, Steve Stokes and Jim Yance were present. |
| Other Trustees: | Alexis Atkins, Chandra Brown Stewart, Scott Charlton, Ron Jenkins, Lenus Perkins and Mike Windom. |
| Administration & Guests: | Natalie Bath, Natalie Bauer, Jim Berscheidt, Joél Billingsley, Jo Bonner, Joel Erdmann, Monica Ezell, Natalie Fox, Charlie Guest, Buck Kelley, Andi Kent, Spence Larche, Nick Lawkis, John Marymont, Mike Mitchell, Allen Parrish, Kristen Roberts, Josh Snow, Margaret Sullivan, Peter Susman and Christina Wassenaar (Faculty Senate). |

Following the attendance roll call, **Item 13**, Mr. Shumock called for consideration of the minutes for a meeting held on June 5, 2025, **Item 14**. On motion by Mr. Yance, seconded by Dr. Furr, the Committee voted unanimously to adopt the minutes. Mr. Shumock called for consideration of a revised agenda, **Item 13.A**. On motion by Ms. Mitchell, seconded by Mr. Graham, the Committee voted unanimously to adopt the revised agenda.

Mr. Shumock called on Dr. Fox to present **Item 15**, a resolution authorizing the USA Health Hospitals medical staff appointments and reappointments for May, June and July 2025. (To view resolutions, policies and other documents authorized, refer to the minutes for the Board of Trustees meeting held on September 5, 2025.) On motion by Mr. Graham, seconded by Dr. Furr, the Committee voted unanimously to recommend approval of the resolution by the Board of Trustees.

Dr. Fox addressed resolutions authorizing waiver requests from the Department of Urology pertaining to the employment of faculty candidates Dr. Kumar Chanamolu and Dr. Tarek Ajami Fardoun, **Items 16** and **17**, and from the Department of Internal Medicine concerning an extension for Dr. Amber Bokhari, Assistant Professor, to complete board certification, **Item 18**. On motion by Dr. Stokes, seconded by Ms. Hamilton, the Committee voted unanimously to recommend approval of the resolutions by the Board of Trustees.

Dr. Fox shared background on **Item 19**, a resolution authorizing the community health needs assessment recently conducted by USA Health and adoption of the implementation strategies

developed by USA Health as a result. On motion by Mr. Graham, seconded by Dr. Stokes, the Committee voted unanimously to recommend approval of the resolution by the Board of Trustees.

Mr. Shumock explained a resolution authorizing an amended and restated Articles of Incorporation of the University of South Alabama Health Care Authority (the "HCA"), as well as the appointment of Mr. Yance to serve as a director of the HCA, **Item 19.A**. He indicated that the HCA Board of Directors met recently and authorized recommending approval of the actions proposed by the Board of Trustees. On motion by Ms. Hamilton, seconded by Dr. Stokes, the Committee voted unanimously to recommend approval of the resolution by the Board of Trustees.

Mr. Shumock called on Dr. Marymont for a report on the activities of USA Health and the Whiddon College of Medicine ("WCOM"), **Item 20**. Dr. Marymont introduced Dr. Natalie Bauer, WCOM Assistant Dean for Admissions, who provided data on the 2025 entering class of 79 students, shared an overview on the application and acceptance process and answered questions.

Dr. Fox advised that Dr. Michael Chang, USA Health Chief Medical Officer responsible for quality and safety programs, had accepted a dual role as Chief Physician Executive to oversee the clinical enterprise and pertinent strategies.

Dr. Fox introduced Mr. Josh Snow, USA Health University Hospital Chief Executive Officer, and Dr. Natalie Bath, USA Health Mitchell Cancer Institute surgical oncologist, for a report on University Hospital's new histotripsy program. Mr. Snow made brief remarks and turned to Dr. Bath, who shared particulars on the recently acquired Edison histotripsy device that noninvasively destroys liver cancer tumors. Mr. Snow recognized the USA Foundation for the funding support provided to procure the equipment, and Dr. Fox noted that USA Health was currently the only provider of histotripsy treatment in Alabama and the region.

There being no further business, the meeting was adjourned at 2:50 p.m.

Respectfully submitted:

James H. Shumock, Chair

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

**Academic Excellence and Student Success Committee**

**September 4, 2025**
**2:50 p.m.**

A meeting of the Academic Excellence and Student Success Committee of the University of South Alabama (the "University," "USA") Board of Trustees was duly convened by Ms. Chandra Brown Stewart, Chair, on Thursday, September 4, 2025, at 2:50 p.m. in the Board Room of the Frederick P. Whiddon Administration Building. Meeting attendance was open to the public.

| | |
|---|---|
| Members: | Chandra Brown Stewart, Scott Charlton, Steve Furr and Mike Windom were present and Ron Jenkins participated remotely. |
| Members Absent: | Luis Gonzalez and Bill Lewis. |
| Other Trustees: | Alexis Atkins, Ron Graham, Meredith Hamilton, Arlene Mitchell, Lenus Perkins, Jimmy Shumock, Steve Stokes and Jim Yance. |
| Administration & Guests: | Jim Berscheidt, Joél Billingsley, Jo Bonner, Macy Cassidy, Gracie Chouinard, Joel Erdmann, Monica Ezell, Natalie Fox, Charlie Guest, Buck Kelley, Andi Kent, Luke Lansdown, Spence Larche, Nick Lawkis, John Marymont, Mike Mitchell, Allen Parrish, Sean Powers, Kristen Roberts, Steven Scyphers, Margaret Sullivan, Peter Susman and Christina Wassenaar (Faculty Senate). |

Following the attendance roll call, **Item 21**, Ms. Brown Stewart called for consideration of the minutes for a meeting held on June 5, 2025, **Item 22**. On motion by Judge Windom, seconded by Dr. Charlton, the Committee voted unanimously to adopt the minutes.

Ms. Brown Stewart called on Provost Kent for a report on the activities of the Division of Academic Affairs, **Item 23**. Provost Kent asked President Bonner to join her in recognizing Dr. Sean Powers, Stokes Endowed Professor and Chair of the Stokes School of Marine and Environmental Sciences, for being named Alabama's *Fisheries Conservationist of the Year* at the recent Alabama Wildlife Federation's (AWF) Governor's Conservation Achievement Awards ceremony. Dr. Powers received a round of applause and made brief remarks.

Provost Kent discussed USA's growing *Sustainability@South* initiative and an array of activities occurring over the program's first year, among which were completion of a campus-wide sustainability assessment, collaboration with faculty to bring sustainability awareness to the classroom and Earth Day events. She recognized Dr. Steven Scyphers, Associate Professor of Marine Sciences and USA's Chief Sustainability Officer, and USA students Mr. Luke Lansdown, Ms. Gracie Chouinard and Ms. Macy Cassidy reported on the campus sustainability projects they developed.

Provost Kent turned to Dr. Mitchell to deliver a report on the activities of the Division of Student Affairs, **Item 24**. Dr. Mitchell introduced a video highlighting *Week of Welcome* ("*WOW*") events held over two weeks, which he noted began with *Move-In Day* and concluded with the Jags winning the first season football game against Morgan State University. He thanked everyone who participated to make *WOW* a success.

As photos were shown, Dr. Mitchell provided an update on the Student Center Food Court and Marx Library Starbucks renovations completed over the summer term at a cost of approximately $700,000 and $524,000, respectively.

As to a report on the activities of the Division of Research and Economic Development, **Item 25**, Dr. Parrish shared information on the annual *USA Research & Technology Showcase* slated for October 21 and featuring keynote speaker Mr. Robin Hayes, Chairman and Chief Executive Officer of Airbus in North America. He also advised that the faculty being honored were Drs. Todd Andel, Dean of the School of Computing; Glen Borchert, Whiddon College of Medicine ("WCOM") Professor of Pharmacology; Philip Carr, Professor of Sociology, Anthropology and Social Work; and Aishwarya Prakash, WCOM Associate Professor of Biochemistry, and briefly summarized their research contributions and the grant funding their projects garnered.

There being no further business, the meeting was adjourned at 3:10 p.m.

Respectfully submitted:

Chandra Brown Stewart, Chair

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

**Budget and Finance Committee**

**September 4, 2025**
**3:10 p.m.**

A meeting of the Budget and Finance Committee of the University of South Alabama (the "University," "USA") Board of Trustees was duly convened by Mr. Lenus Perkins, Chair, on Thursday, September 4, 2025, at 3:10 p.m. in the Board Room of the Frederick P. Whiddon Administration Building. Meeting attendance was open to the public.

| | |
|---|---|
| Members: | Chandra Brown Stewart, Ron Graham, Meredith Hamilton, Lenus Perkins, Jimmy Shumock, Steve Stokes and Mike Windom were present. |
| Other Trustees: | Alexis Atkins, Scott Charlton, Steve Furr, Ron Jenkins, Arlene Mitchell and Jim Yance. |
| Administration & Guests: | Jim Berscheidt, Joél Billingsley, Jo Bonner, Joel Erdmann, Monica Ezell, Natalie Fox, Charlie Guest, Buck Kelley, Andi Kent, Spence Larche, Nick Lawkis, John Marymont, Mike Mitchell, Allen Parrish, Kristen Roberts, Margaret Sullivan, Peter Susman and Christina Wassenaar (Faculty Senate). |

Following the attendance roll call, **Item 26**, Mr. Perkins called for consideration of the minutes for a meeting held on June 5, 2025, **Item 27**. On motion by Mr. Graham, seconded by Mr. Shumock, the Committee voted unanimously to adopt the minutes.

Mr. Perkins called on Ms. Roberts for a report on the quarterly financial statements for the nine months ended June 30, 2025, **Item 28**. Ms. Roberts advised of total assets of approximately $2.7 billion, total liabilities and deferred inflows of approximately $1.9 billion and a total net position of approximately $750 million. She reported gains in all areas of operating revenues despite a previous downturn in investment income and noted an increase in net position of just over $89 million.

Mr. Perkins called on Mr. Susman to present **Item 29**, a resolution authorizing the University of South Alabama fiscal year 2026 budget and approving it as a continuation budget for fiscal year 2027 to comply with bond trust indenture requirements should the budget process not be completed prior to the start of the 2027 fiscal year. (To view resolutions, policies and other documents authorized, refer to the minutes for the Board of Trustees meeting held on September 5, 2025.) Mr. Susman discussed factors of the balanced budget proposal totaling approximately $1.5 billion. On motion by Dr. Stokes, seconded by Mr. Shumock, the Committee voted unanimously to recommend approval of the resolution by the Board of Trustees.

Concerning a report on University facilities, **Item 30**, Mr. Kelley provided an update on main campus capital projects as aerial footage of the sites was shown. He discussed the Whiddon Col-

lege of Medicine, Jaguar Marching Band and Grounds buildings under construction, as well as the installation of a new roof and elevators at the Humanities Building, and shared the projected completion dates.

There being no further business, the meeting was adjourned at 3:21 p.m.

Respectfully submitted:

Lenus M. Perkins, Chair

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

**Long-Range Planning Committee**

**September 4, 2025**
**3:21 p.m.**

A meeting of the Long-Range Planning Committee of the University of South Alabama (the "University," "USA") Board of Trustees was duly convened by Mr. Ron Graham, Chair, on Thursday, September 4, 2025, at 3:21 p.m. in the Board Room of the Frederick P. Whiddon Administration Building. Meeting attendance was open to the public.

| | |
|---|---|
| Members: | Scott Charlton, Ron Graham, Meredith Hamilton and Jim Yance were present and Ron Jenkins participated remotely. |
| Member Absent: | Bill Lewis. |
| Other Trustees: | Alexis Atkins, Chandra Brown Stewart, Steve Furr, Arlene Mitchell, Lenus Perkins, Jimmy Shumock, Steve Stokes and Mike Windom. |
| Administration & Guests: | Jim Berscheidt, Joél Billingsley, Jo Bonner, Joel Erdmann, Julie Estis, Monica Ezell, Natalie Fox, Charlie Guest, Buck Kelley, Andi Kent, Spence Larche, Nick Lawkis, John Marymont, Mike Mitchell, Allen Parrish, Kristen Roberts, Margaret Sullivan, Peter Susman and Christina Wassenaar (Faculty Senate). |

Following the attendance roll call, **Item 31**, Mr. Graham called for consideration of the minutes for a meeting held on June 5, 2025, **Item 32**. On motion by Ms. Hamilton, seconded by Capt. Jenkins, the Committee voted unanimously to adopt the minutes.

Mr. Graham called on Provost Kent, who recognized Dr. Julie Estis for her recent appointment as Associate Vice President for Institutional Effectiveness following a national search.

Dr. Estis delivered a report on institutional planning and assessment, **Item 33**. She explained an adjustment to the Institutional Planning and Assessment Committee's meeting cycle, advising of a meeting scheduled the following week. She also talked about the collaborative initiatives afoot, in accord with the University's Strategic Plan, to develop the next master plan, establish a strategic plan for research advancement and grow graduate enrollment.

There being no further business, the meeting was adjourned at 3:27 p.m.

Respectfully submitted:

W. Ronald Graham

William Ronald Graham, Chair

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

**Committee of the Whole**

**September 4, 2025**
**3:27 p.m.**

A meeting of the Committee of the Whole of the University of South Alabama (the "University," "USA") Board of Trustees was duly convened by Ms. Alexis Atkins, Chair *pro tempore*, on Thursday, September 4, 2025, at 3:27 p.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, Scott Charlton, Steve Furr, Ron Graham, Meredith Hamilton, Arlene Mitchell, Lenus Perkins, Jimmy Shumock, Steve Stokes, Mike Windom and Jim Yance were present and Ron Jenkins participated remotely. |
| Members Absent: | Luis Gonzalez, Bill Lewis and Kay Ivey. |
| Administration & Guests: | Jim Berscheidt, Joél Billingsley, Jo Bonner, Joel Erdmann, Monica Ezell, Natalie Fox, Charlie Guest, Buck Kelley, Andi Kent, Spence Larche, Nick Lawkis, John Marymont, Mike Mitchell, Allen Parrish, Kristen Roberts, Margaret Sullivan, Peter Susman and Christina Wassenaar (Faculty Senate). |

Following the attendance roll call, **Item 34**, Chair Atkins called for consideration of the minutes for a meeting held on June 5, 2025, **Item 35**. On motion by Mr. Shumock, seconded by Ms. Hamilton, the Committee voted unanimously to adopt the minutes.

Chair Atkins called for consideration of a resolution authorizing the membership of the Executive Committee, **Item 36**. (To view resolutions, policies and other documents authorized, refer to the minutes for the Board of Trustees meeting held on September 5, 2025.) On motion by Ms. Hamilton, seconded by Mr. Shumock, the Committee voted unanimously to recommend approval of the resolution by the Board of Trustees.

In accordance with the provisions of the Alabama Open Meetings Act, Chair Atkins made a motion to convene an executive session for an anticipated duration of 10 minutes for the purpose of discussing pending or threatened litigation and preliminary negotiations involving a matter of trade or commerce, **Item 37**. She stated Mr. Larche had submitted the required written declaration for the minutes and that adjournment of the meeting would be in effect immediately upon the conclusion of the executive session. Mr. Shumock seconded and, at approximately 3:30 p.m., the Committee voted unanimously to convene an executive session, as recorded herein. The executive session began at approximately 3:32 p.m.:

AYES:
- Chair Atkins
- Ms. Brown Stewart

AYES continued:
- Dr. Charlton
- Dr. Furr
- Mr. Graham
- Ms. Hamilton
- Capt. Jenkins
- Ms. Mitchell
- Mr. Perkins
- Mr. Shumock
- Dr. Stokes
- Judge Windom
- Mr. Yance

There being no further business, the meeting was adjourned at approximately 3:48 p.m.

Respectfully submitted:



Katherine Alexis Atkins, Chair *pro tempore*

# APPENDIX A

Executive Session

University of South Alabama Board of Trustees Committee of the Whole meeting on September 4, 2025.

The purpose of the executive session for the above-referenced meeting is to discuss pending or threatened litigation, as well as preliminary negotiations involving a matter of trade or commerce.

This declaration is submitted pursuant to the requirements of the Alabama Open Meetings Act by Spencer Larche, ASB number 1011-E64L.

