

2019 – 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

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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 2019-2021 USA Health Community Health Needs Assessment. This assessment was conducted between October, 2018 and April, 2019. 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 section six are presented.

USA Health

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

USA Health University Hospital

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

USA Health Children's & Women's Hospital

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

USA Health Mitchell Cancer Institute

Combining cutting-edge research with advanced care, the USA Health Mitchell Cancer Institute fights cancer from the laboratory bench to the patient's bedside. MCI is the only

academic-based cancer research and treatment facility on the upper Gulf Coast. Its mission is to discover, develop and deliver innovative solutions to improve cancer outcomes.

Community

USA Health has a far-reaching impact throughout the region including areas beyond southern Alabama in both northwestern Florida and southeast Mississippi. However, the primary community served by USA Health is the area of Mobile County. Approximately 79 percent of the patients served by University Hospital and USA Health Children's & Women's Hospital are from Mobile County. This number is up from 2016 when it was closer to 67% and it is roughly the same as it was in 2013 when it was 80 percent. This shows that the primary community served by USA Health is the population 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 415,955 according to the 2017 Census population estimates generated July 1, 2017. Forty-eight percent of the population is male and 52.0 percent are female. The percent of the population identifying as white only is 57 percent while 36 percent identify as African-American only. The median age is 37.4 years old. The median household income is \$45,802; 86 percent of the population have a high school degree or better; and 20 percent of the population are below the federal poverty level. Within the county there are 35,912 companies, and 183,897 housing units.¹

CHNA Methodology

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

¹ County information is taken from the most recent (2017 and 2013-2017) U.S. Census QuickFacts which are in turn derived from a number of U.S. Census sources including Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

Summary of Key Findings

Community Demographic Profile

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

There are a number of problems faced by infants and expecting mothers. With our changing demographics (falling numbers of residents aged 0-19 while growing numbers 60+) it is essential that the community preserve and protect the new residents we could potentially gain. The assessment shows that not only are neonatal deaths and post neonatal death rates on the rise in Mobile, but that the infant death rate is climbing at an alarming rate over the past six years (7.5 to 10.4) and even higher for minority groups (reaching 14.4 for blacks in Mobile by 2016). The community survey shows that community members feel that there is not enough access to women's health care, part of which is pregnancy and childbirth.

The assessment shows that diabetes has been on the rise in Mobile over the past 6 years. USA Health may want to review its programs focused on diabetes education and prevention.

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

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

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

Community Health Survey

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

- 1) A clean environment (including water, air, etc.)
- 2) Lower crime and safe neighborhoods
- 3) Less sexually transmitted diseases
- 4) Good schools

- 5) Mental health services
- 6) More quality education

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) Drug use and abuse
- 3) Cancers
- 4) Domestic violence
- 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) Specialty medical care (specialist doctors)
- 3) Services for the elderly
- 4) Dental care / dentures
- 5) Women's health
- 6) Emergency medical care

Fourteen 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) Insurance problems or lack of insurance
- 3) Could not get an appointment soon enough
- 4) Provider did not take their insurance
- 5) Lack of transportation
- 6) Could not get a weekend or evening appointment

Community Health Leaders Survey

An Internet/e-mail based survey of community health leaders in Mobile County was conducted between October 15 and November 9, 2018. A total of 84 health leaders responded to the survey. The following represent the most important findings from the community health 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) Mental health services
- 3) Quality education
- 4) Low crime/safe neighborhoods
- 5) Active lifestyles/outdoor activities
- 6) Health food options

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

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

The unhealthy behaviors that concern health leaders the most are:

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

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

- 1) Mental health services
- 2) Alcohol or drug abuse treatment
- 3) Preventative healthcare (routine or wellness check-ups, etc.)
- 4) Services for the elderly (tied with preventative healthcare for the third spot)
- 5) Alternative therapies
- 6) Dental care / dentures (tied with alternative therapies and specialty medical care for the fourth spot)
- 7) Specialty medical care (specialist doctors), (tied with alternative therapies and specialty medical care for the fourth spot)
- 8) Primary medical care (a primary doctor / clinic)
- 9) Prescription / pharmacy services

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

Table 1.1: Features of a Healthy Community¹

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 (2/5)		
Quality education (3/6)		
Lower crime / safe neighborhoods (4/2)		
	Access to health services (1)	A clean environment including water, air, etc. (1)
	Active lifestyles / outdoor activities (5)	Less sexually transmitted diseases (3)
	Healthy food options (6)	Good schools (4)

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

Table 1.2: Most Important Health Issues¹

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

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

Table 1.3: Healthcare Services that are Difficult to Obtain¹

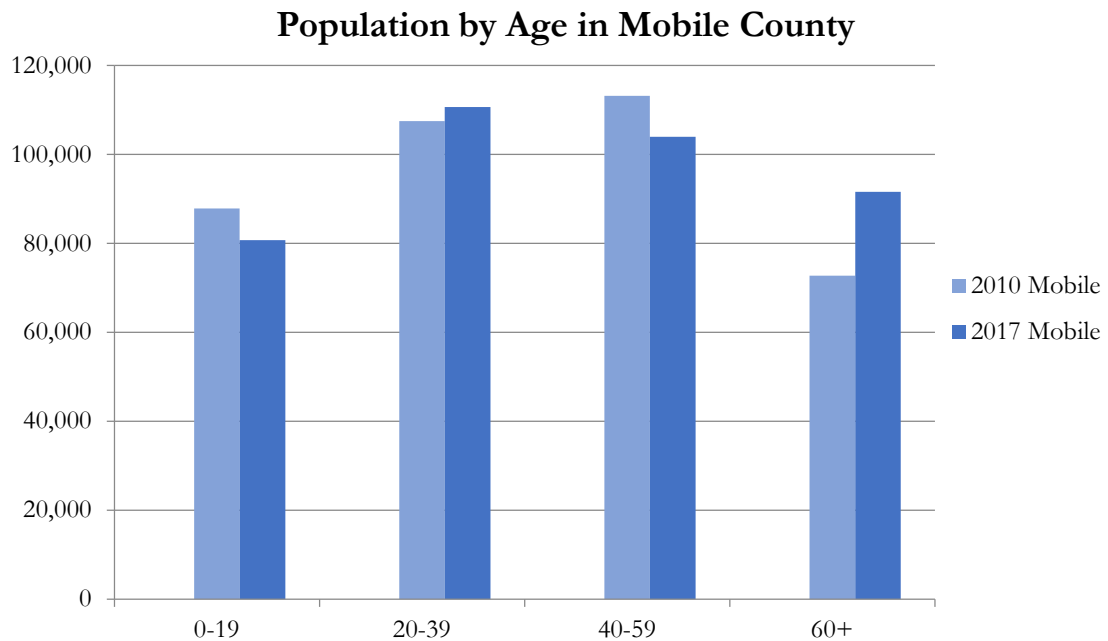
Features mentioned in the top six by Community Health Leaders and Community Members	Features mentioned in the top six by Community Health leaders but not by Community Members	Features mentioned in the top six by Community Members but not by Community Health Leaders
Mental health services (1/1)		
Services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

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

COMMUNITY DEMOGRAPHIC PROFILE – 2

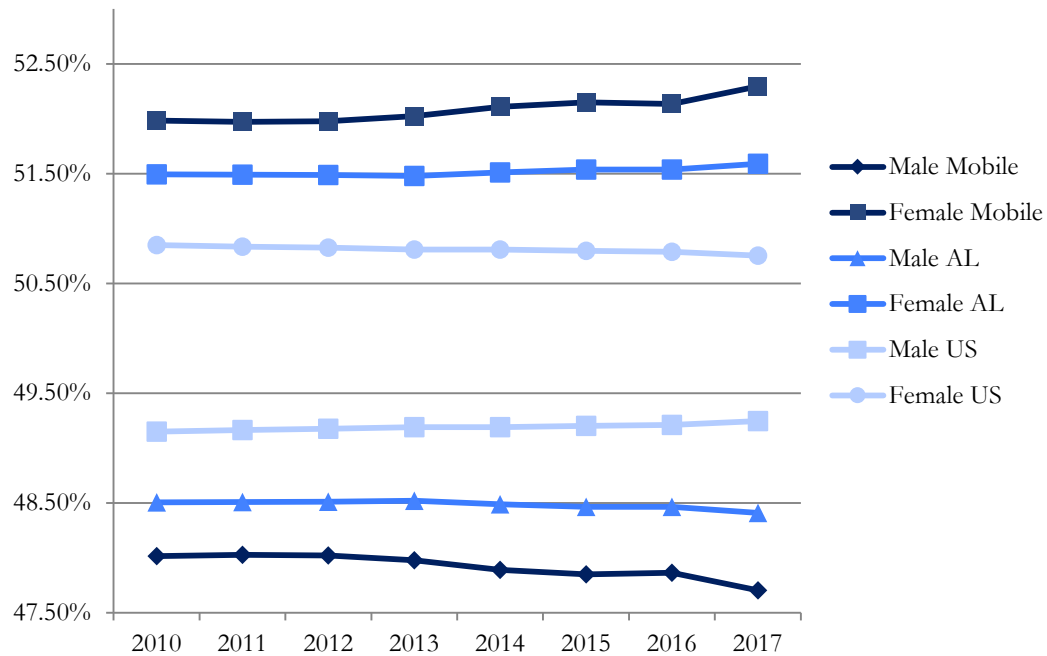
Population by Age and Sex

Population is an important characteristic to consider when assessing community needs, as it reflects the potential pool of patients and relative demand of the community. Population data was taken from the U.S Census Bureau. While an official census is only taken every ten years, the Census Bureau provides yearly estimates. According to this source, in 2010 the population of Mobile County was 408,620, but has reached 413,955 by 2017. The relative population growth is bracketed by age below.



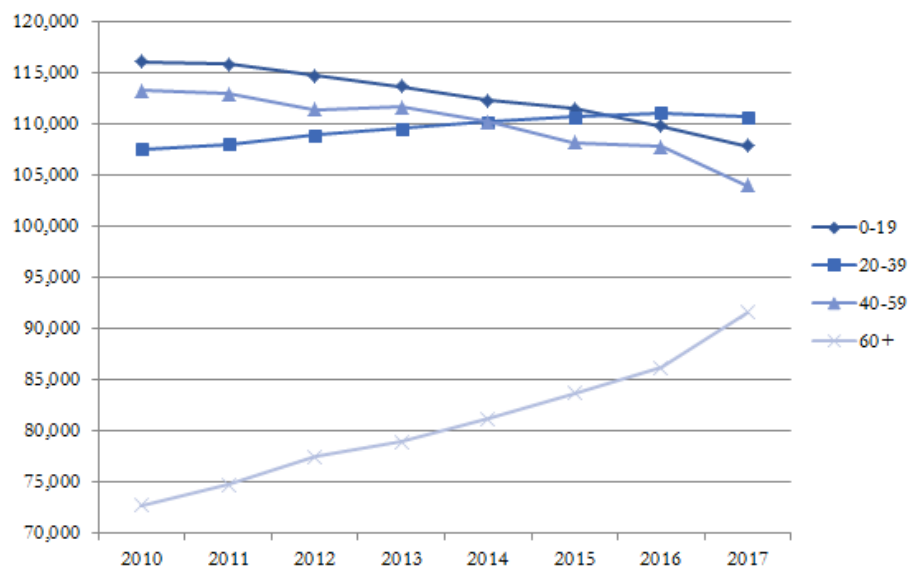
Generally, the distributions by age and sex are similar to statewide and nationwide comparisons. However, Mobile has a slightly above average number of females and below average number of male residents. In 2017 Mobile was home to 216,482 females and 197,473 males. These averages have remained largely stagnant over the time period, with some exceptions. For instance, between 2010 and 2015 Mobile gained approximately 4,062 females while only gaining 1,273 male residents.

Gender Percentages Mobile County



Another trend worth noting is the rise in elderly residents. As of 2017, Mobile was home to 107,779 residents aged 0-19, 110,664 residents aged 20-39, 103,931 residents aged 40-59, and 91,581 residents aged 60 and over. In comparison to 2010, this makes 60 and over the fastest growing age demographic for the county. In this same time period there has been a significant loss in the 0-19 age bracket. This is unsurprising given national trends and generational birth rates. The trend can be found below.

Population by Age Mobile

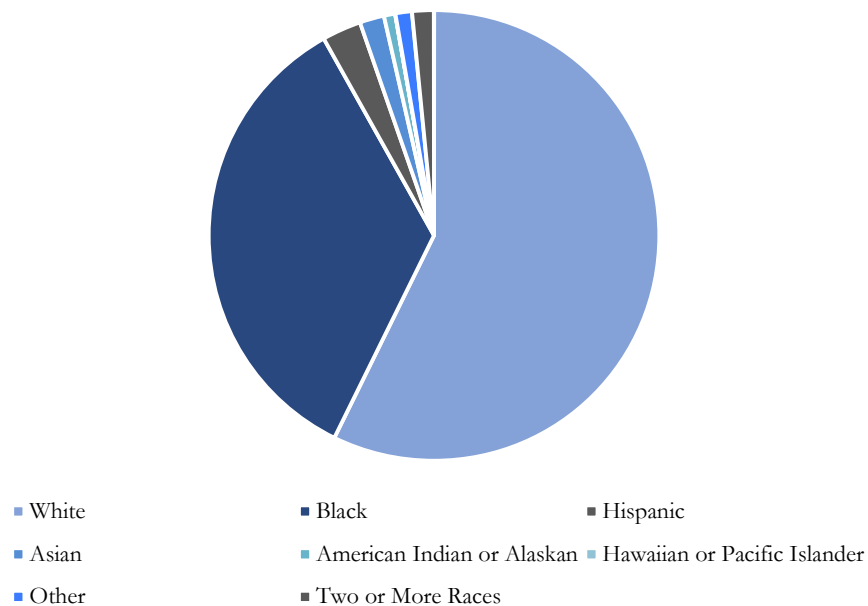


Population by Race and Ethnicity

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 2017 available. The Census asks individuals to self-identify, with the vast majority of respondents identifying as one race and ethnicity.

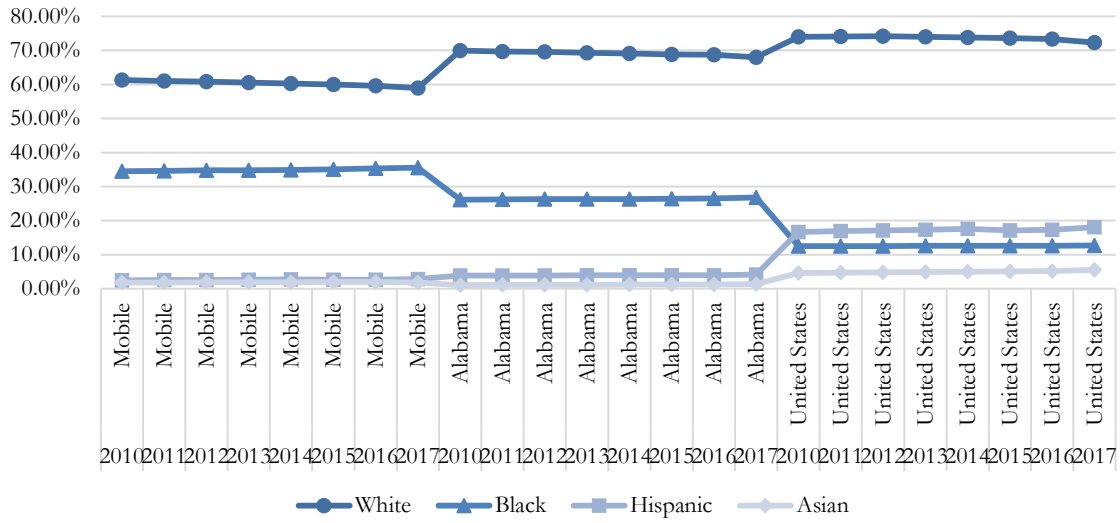
The two most predominant races in Mobile are white, with 244,012 residents in 2017, and Black, with 147,234 residents in 2017. Hispanic is the largest listed ethnicity with 11,943 residents in 2017. The fourth largest demographic was those self-reporting as Asian, with 7,504 residents. The demographic breakdowns for 2017 are provided below.

Population by Race Mobile County 2017



The distribution by Race and Ethnicity has remained largely the same for Mobile County over the time period. However, the distribution is substantially different than both Alabama and the United States as a whole. Compared to Alabama, Mobile has -8.83% Whites, +8.58% Blacks, -1.21% Hispanics, and +.71% Asians. This is remarkably different than the national averages, which indicate that Mobile has -13.57% Whites, +22.34% Blacks, -14.82% Hispanics, and -3.08% Asians. The four year trend and comparison to state and national averages are depicted below.

Race Percentages

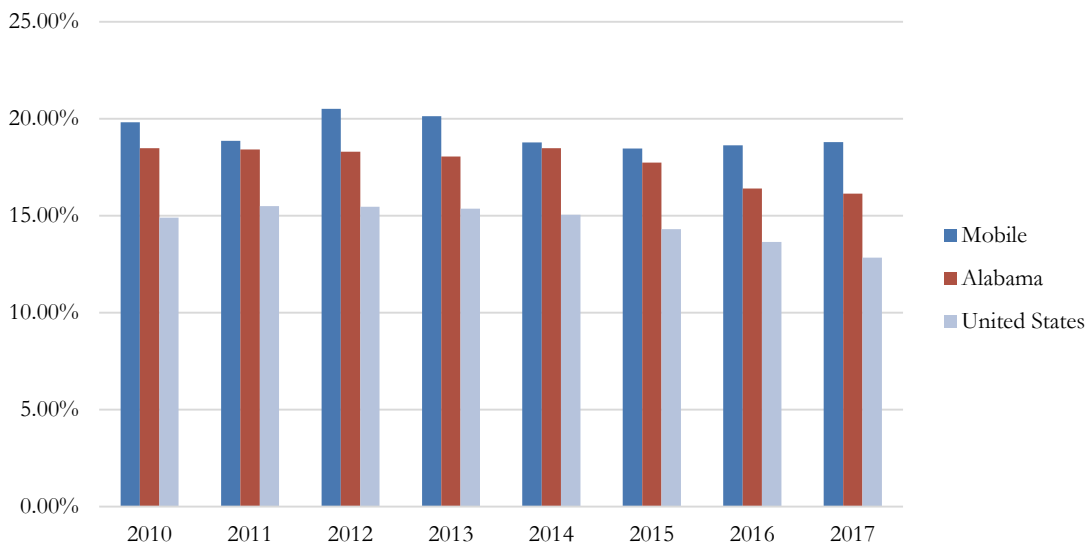


Poverty

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.

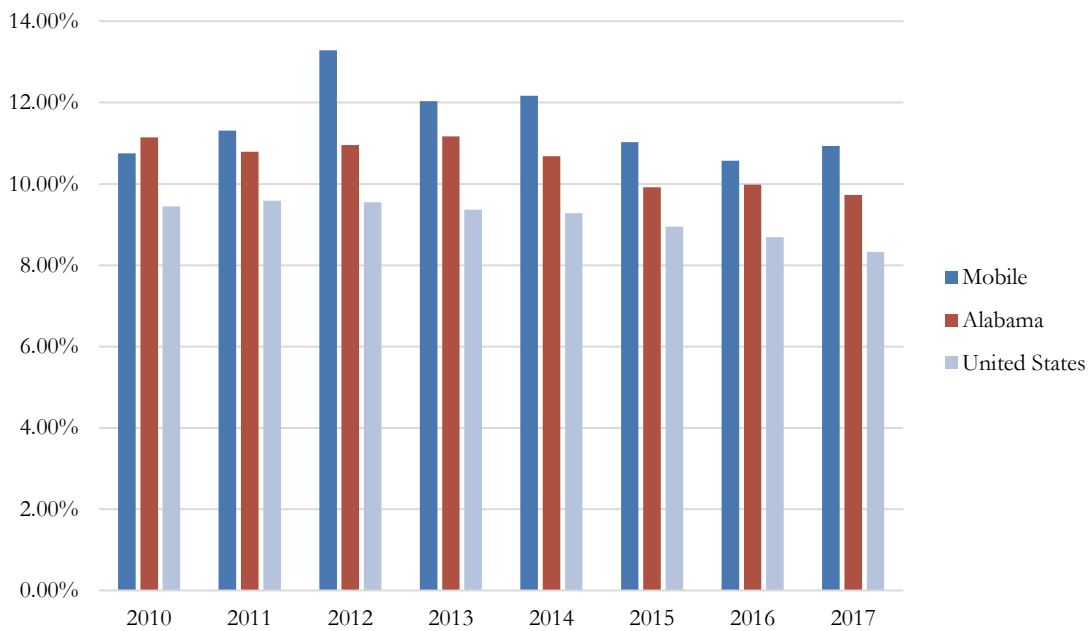
Each year the federal government measures regional poverty using the Federal Poverty Level -- a metric based upon a dollar amount for single person and family income. In 2017 the FPL for a single person household was \$12,060, up \$420 from \$11,670 in 2014. For a family of four the FPL was \$24,600. Reported in the figure below are the Mobile County, Alabama, and United States estimates for the percentage of residents living at or below 100% of the FPL for the years 2010 to 2017.

Percent of Population Below 100% Federal Poverty Level



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

Percent of Population 100%-149% Federal Poverty Level



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:

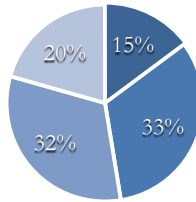
An additional four years of education lead to on average:

- 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.

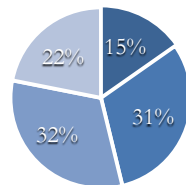
Below are 2017 pie charts of Mobile County and Alabama education levels as a whole for adults 25 and older. Mobile County and Alabama are comparative across all education levels.

Education Levels for Mobile County 2016



- Less than high school graduate
- High school graduate (includes equivalency)
- Some college or associate's degree
- Bachelor's degree or higher

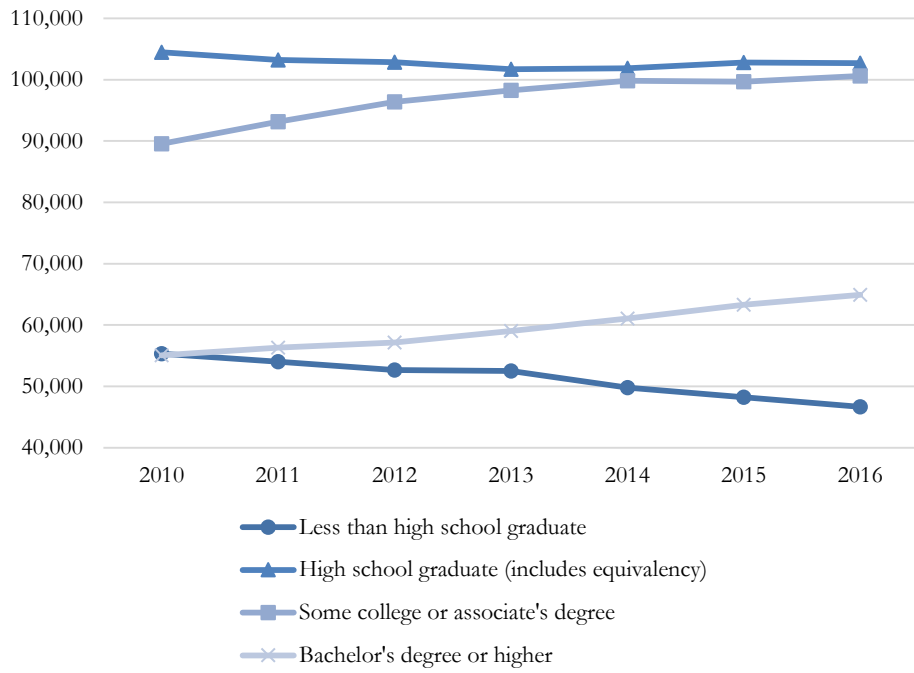
Education Levels for Alabama 2016



- Less than high school graduate
- High school graduate (includes equivalency)
- Some college or associate's degree
- Bachelor's degree or higher

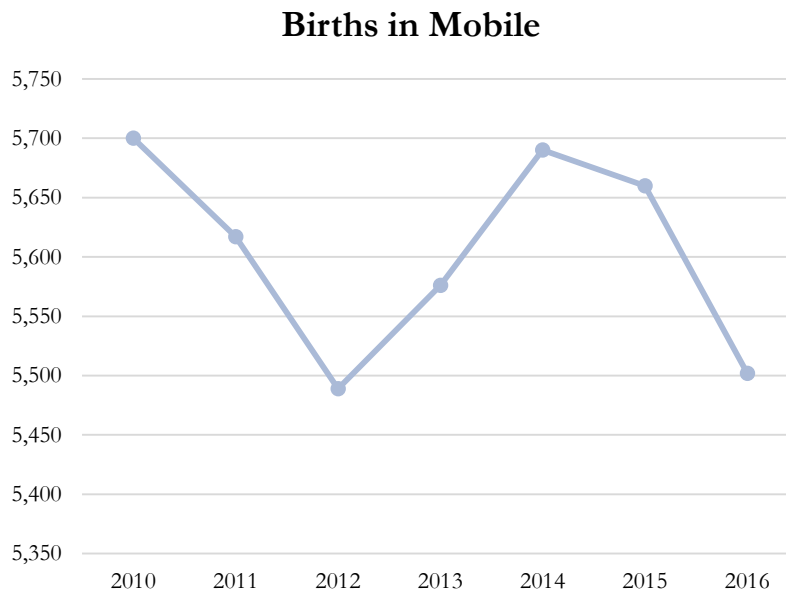
One of the most striking gaps, for both Mobile County and the state of Alabama compared to the nation, is post high school education. While Mobile County and the state have increased the proportion of high school graduates in recent decades, they continue to fall behind in those obtaining bachelors and graduate or professional degrees. In 2016 the resident breakdown was 102,705 high school graduates, 86,044 with some college followed by a gap of with 100,628 and 46,648 residents with less than a high school degree in Mobile County.

Education Levels in Mobile County

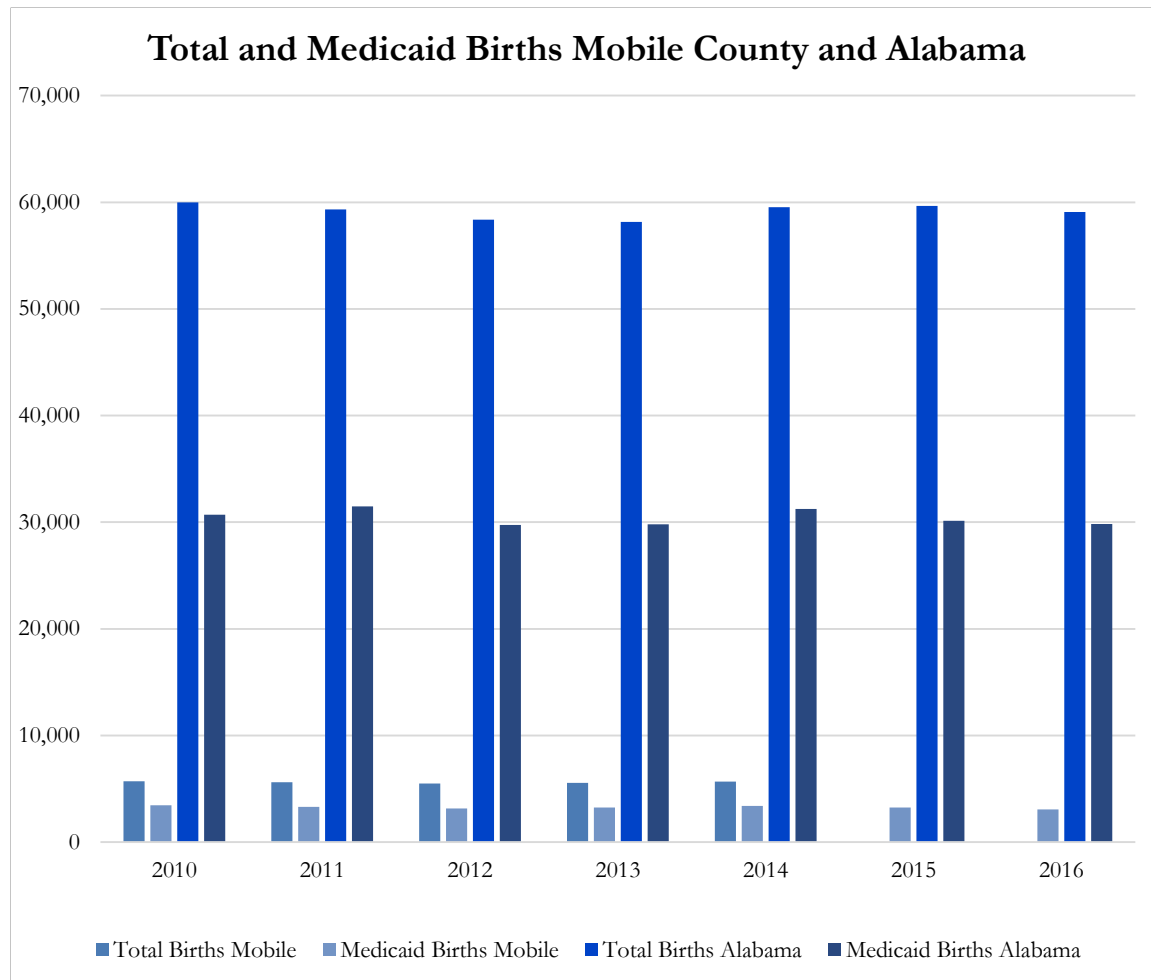


Births

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

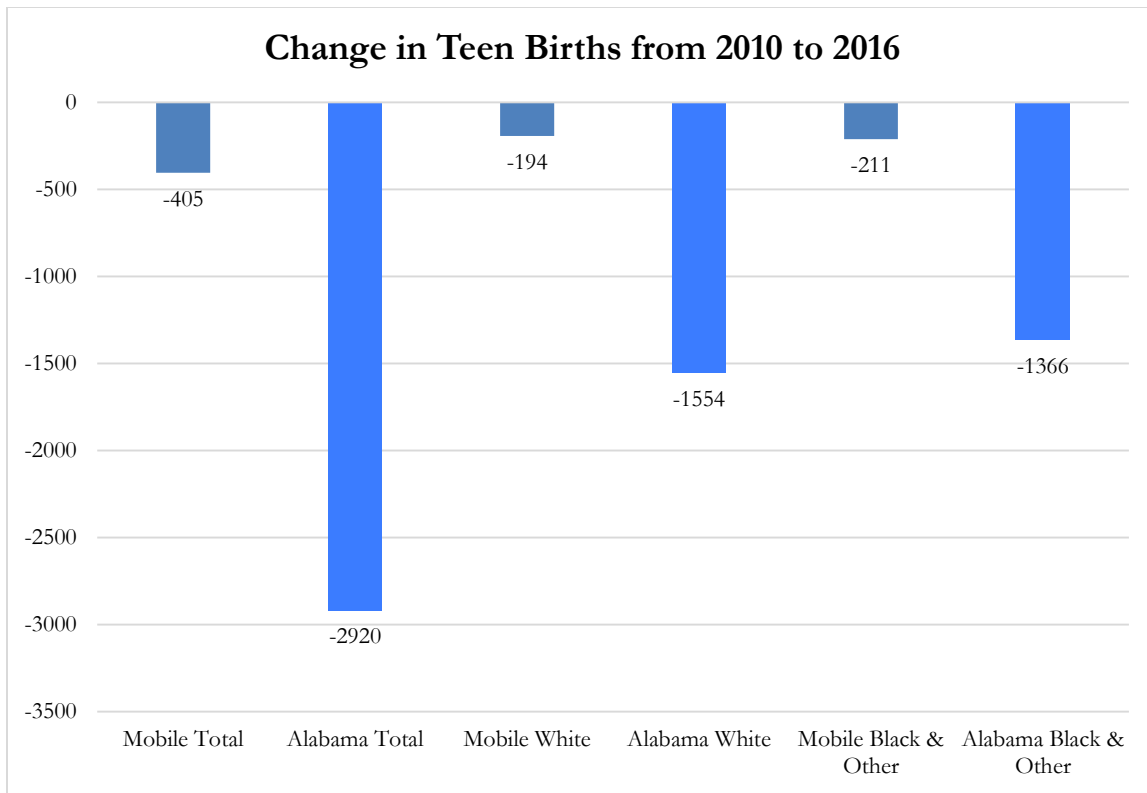


Further evidence shows that this overall trend for birth rates is not unique to Mobile County. When compared to Alabama, proportionally the rates of births are similar.

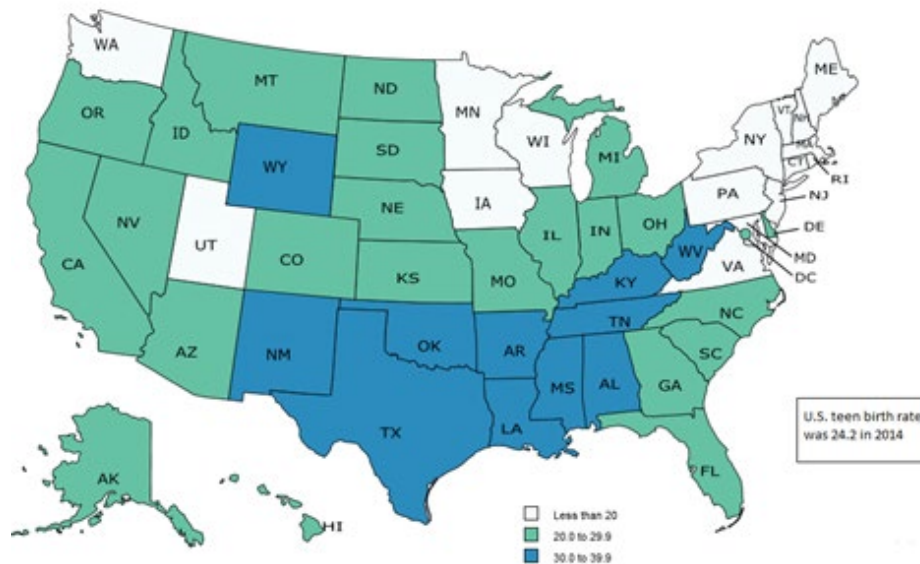


Births to Select Groups: Teens and Unwed Mothers

Teenage pregnancy has been a social concern since the 1960s due to the long-term negative effects for both mother and child. Research has shown that teenage pregnancy began to rise significantly between the 1950s and the 1970s, reaching nearly 19% of births in 1975. However, teenage birth rates have since been in a consistent decline for the past twenty years. According to the Department of Health and Human Services, 24.2 of every 1,000 births in the U.S was to an adolescent between the ages of 15-19 in 2014. This marks a nine percent decline nationally from the previous year. This pattern of decline is consistent with both the state of Alabama and Mobile County, only to a lesser degree. The figure below shows the decline in teenage births in Alabama and Mobile County over a seven year period (2010 to 2016).



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

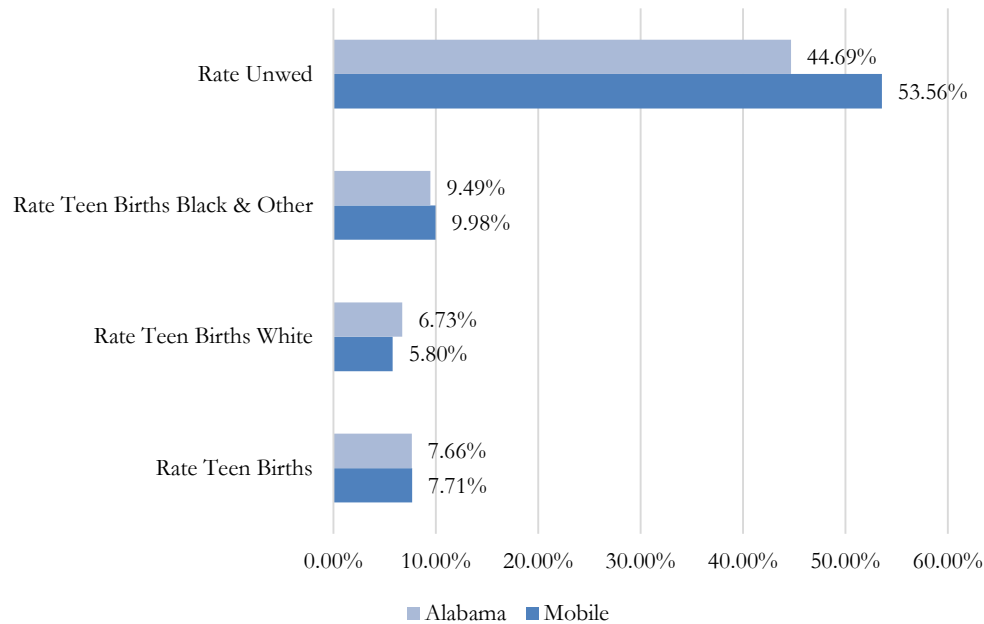


Source: Martin, J. A., Hamilton, B. E., Ventura, S. J., & Osterman, M. J. K. S.C., & Mathews, T.J (2015). *Births: Final data for 2014*. Hyattsville, MD: National Center for Health Statistics via Department of Health and Human Services

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

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

Rates of Teen & Unwed Births

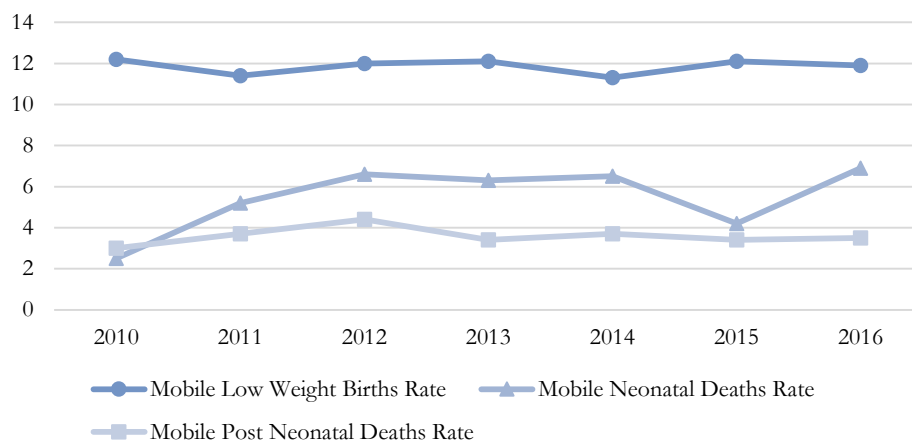


As can be seen, Mobile County is slightly above average in teen births when compared to the state (7.71% as opposed to 7.66%). For Mobile County, these births are disproportionately to black teenagers than to whites (9.98% versus 5.80%). When analyzing the rates of birth to unwed mothers, we observe that Mobile County is significantly above average as well. 53.56 percent of births in Mobile County are to unwed mothers (including all age ranges), whereas statewide the percentage is only 44.69%.

Birth Complications and Infant Mortality

Given Mobile County's declining population in the 0-19 age bracket and the reduction in birth rates following the recession, it is important to explore the community health needs of pregnant mothers and infants. Provided below are the rates for low birth weight, neonatal death, and post neonatal death from 2010 to 2016.

Pregnancy and Birth Complication Rates in Mobile County

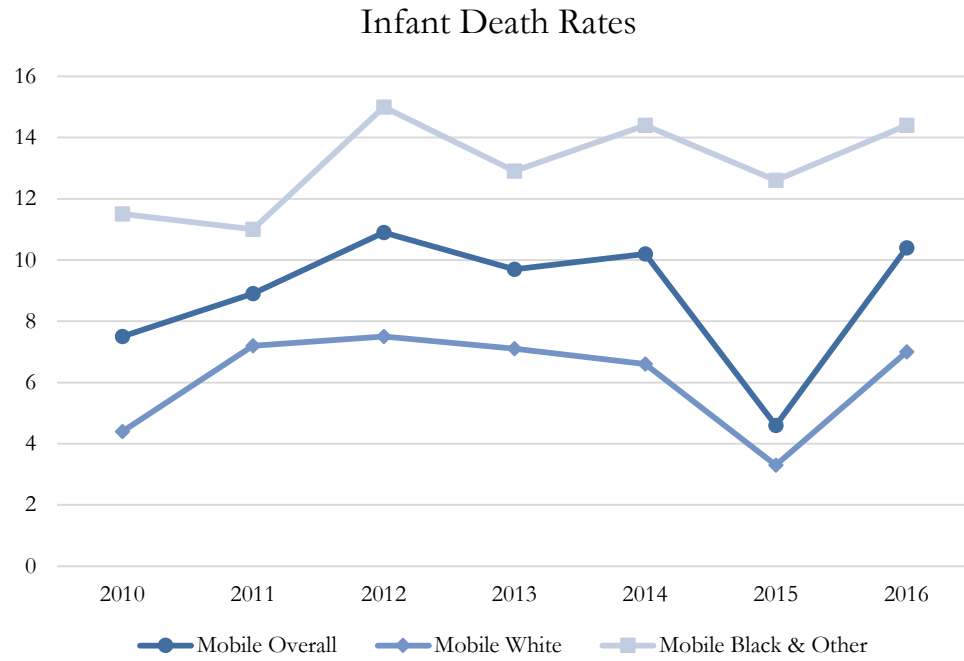


From this data it would seem that low birth weight is a consistent problem for Mobile County, with the rate averaging 11.85% in the time period. The data also reveals that Mobile County's neonatal deaths are on the rise.

In 2014, Alabama had the third highest low birth weight rate in the nation (10.1%), behind only Louisiana (10.5%) and Mississippi (11.3%). When assessed by race, Alabama is again third highest for blacks (15%), lagging behind Mississippi (15.6%) and New Mexico (16.5%) and ninth highest for whites.

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

Unfortunately, the problems facing mothers and births in our community go beyond pregnancy complications. Mobile County has had inconsistent infant death rates over the past five years. In 2010 the infant death rate for Mobile County was 7.5, by 2016 that rate has risen to 10.4, with sudden shifts in between. For blacks, that rate is even higher, moving from 11.5 in 2010 to 14.4 in 2016. These trends are presented below.



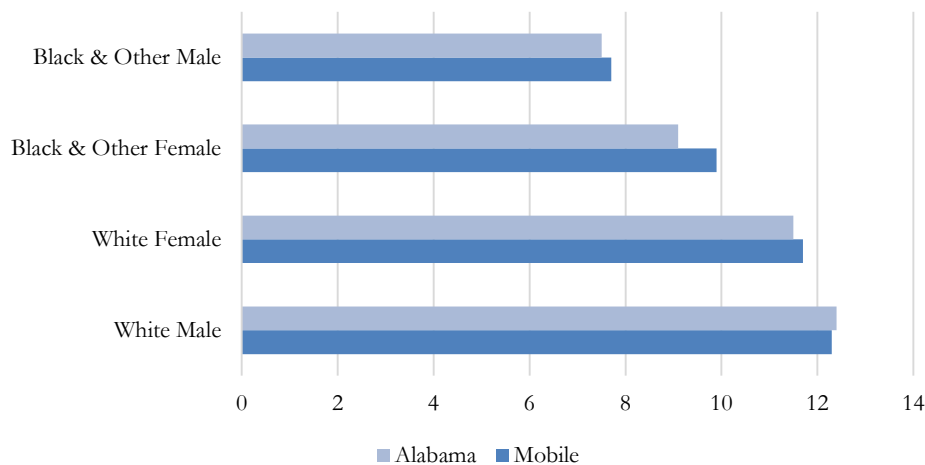
Deaths

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

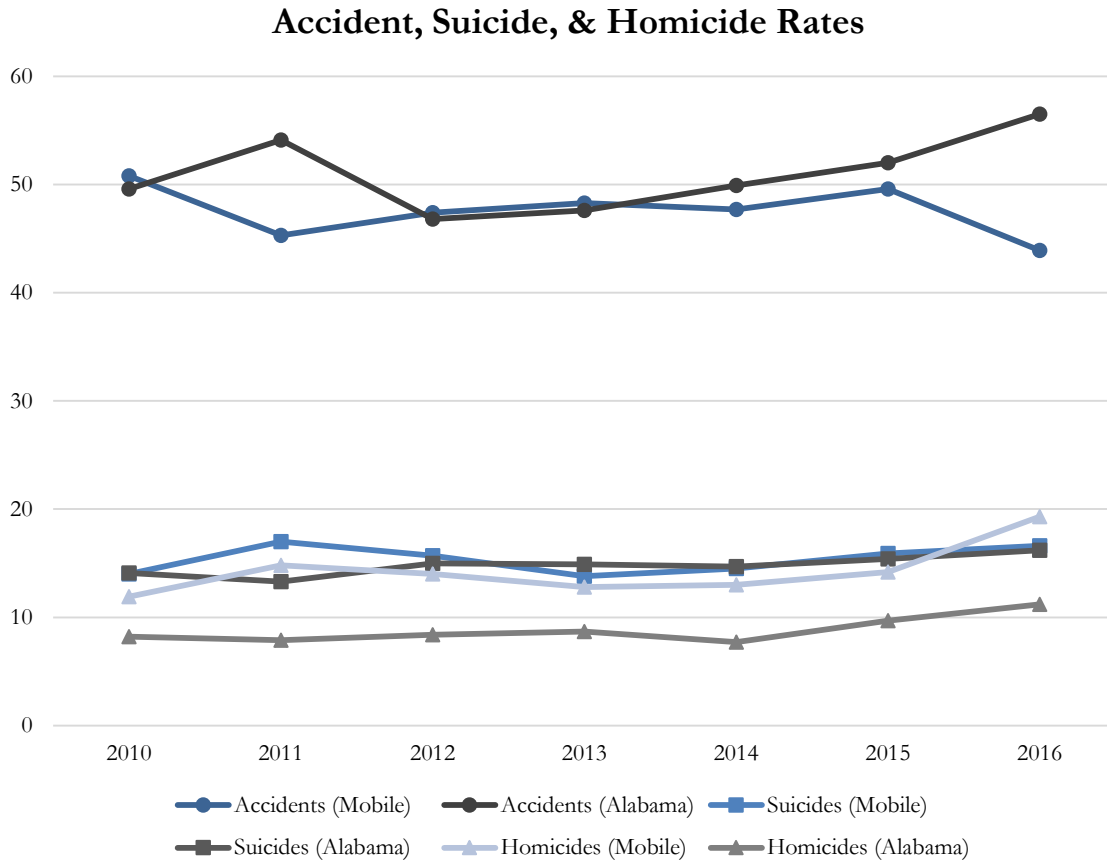
Rates are also significantly different between sexes and race, with white male having the highest rates both within Mobile County, and for the state (12.3 and 12.4 respectively in 2016) and black female as the lowest (7.7, and 7.5 respectively for 2016).

These comparisons are consistent in our seven year sample between 2010 and 2016. However, the trends are not similar across all groups. In Mobile County, black male and white male death rates both rose (.6 and .9 respectively) over the time period, while black female and white female followed suit with (.5 and .7 respectively).

Death Rates by Race 2016



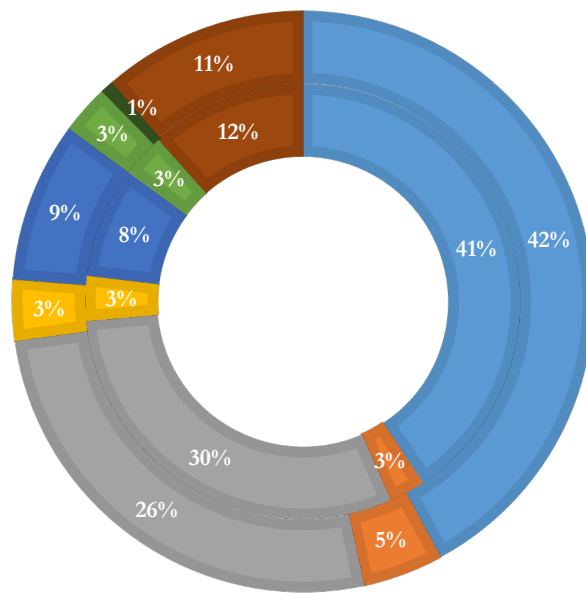
The state of Alabama tracks deaths by type, typically comparing homicides, accidents, and suicides. Of these, accidents were the highest category of death consistently across all locations. When comparing these three categories the state of Alabama consistently ranks as accidents as highest in frequency followed by suicides, with homicides showing the lowest frequency of the three. However, Mobile County's homicide rate rivals that of its suicides. In fact, over the seven year sample (2010-2016) Mobile County's homicide rate was on average 5.4 higher than the state as a whole, while the suicide rate was only .5 greater and the accident rate was 3.4 lower.



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

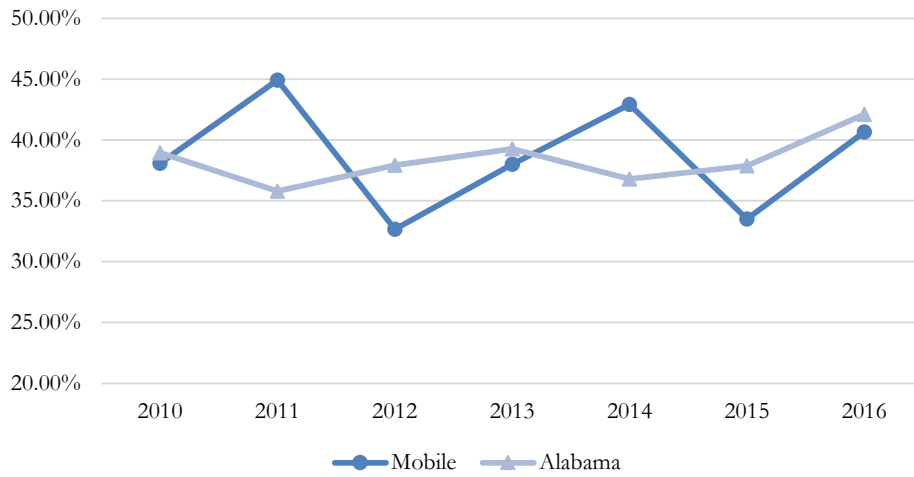
Accidents in 2016
Outer Circle: Alabama
Middle Circle: Mobile County

- Motor Vehicle
- Suffocation
- Poisoning
- Smoke, Fire, and Flames
- Falls
- Drowning
- Firearms
- Other Accidents



In 2016 the top three specific causes of accidental death in both Mobile County and Alabama were motor vehicle, poisoning, and falls. Fire related deaths, suffocation, and drowning follow causing about 3-7% of deaths each. On average Mobile County causes of accidental deaths follow the pattern of the state of Alabama as a whole. As reported in previous CHNAs, Mobile County continues to have a higher rate of poisoning related deaths than the state average. The yearly trends for motor vehicle related deaths can be found below.

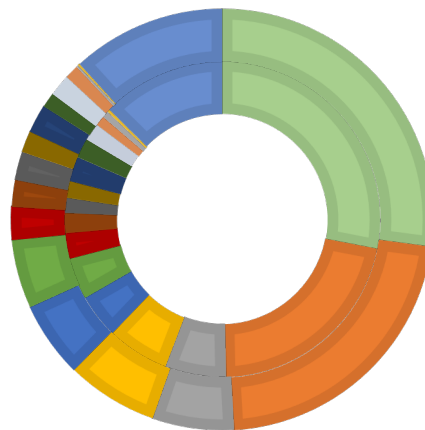
Motor Vehicle Accident Rates



Provided below is a 2016 snapshot of all causes of death, by number, in Mobile County. A detailed discussion of diseases and cancer trends can be found in the following section.

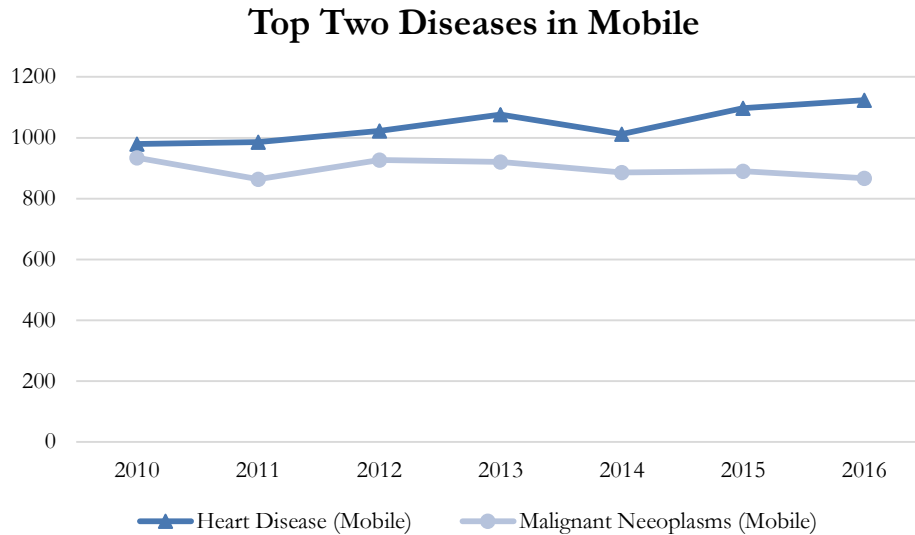
Causes of Death by Number in 2016 Outer Circle: Alabama Middle Circle: Mobile County

- Heart Disease
 - Cerebrovascular Disease
 - Accidents
 - Diabetes Mellitus
 - Nephritis Nephrotic Syndrom & Nephrosis
 - Septicemia
 - Chronic Liver Disease & Cirrhosis
 - HIV
 - Other
- Malignant Neeoplasms
 - Chronic Lower Respiratory
 - Alzheimers
 - Influenza & Pnuemonia
 - Suicide
 - Homicide
 - Parkinsons
 - Viral Hepatitis



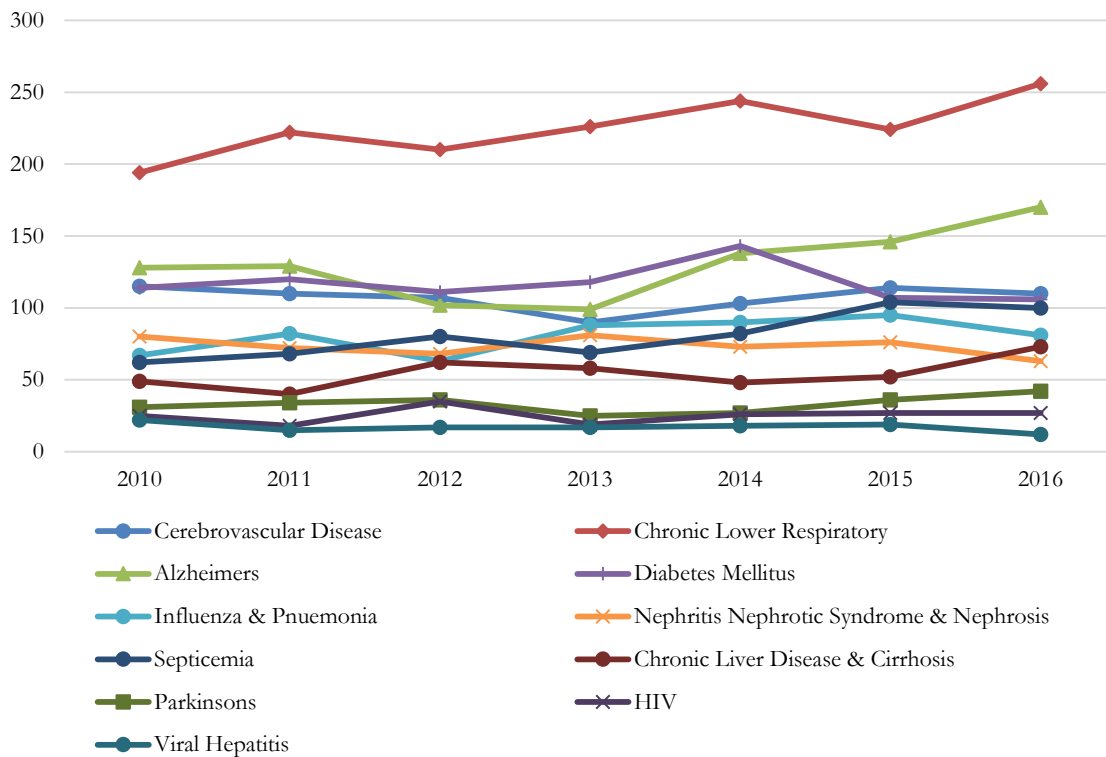
Deaths: Diseases and Cancers

According to the Centers for Disease Control and Prevention, the top ten leading causes for death in the United States in 2016 were heart disease, cancer, accidents, chronic lower respiratory diseases, stroke, Alzheimer's diseases, diabetes, Influenza and Pneumonia, Nephritis (Nephrotic syndrome and Nephrosis included) and suicide. The leading causes for Mobile County are largely the same, with few exceptions. Provided below are the trends for the top ten causes of death in Mobile County from 2010 to 2016.



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

Remaining Diseases (Mobile)

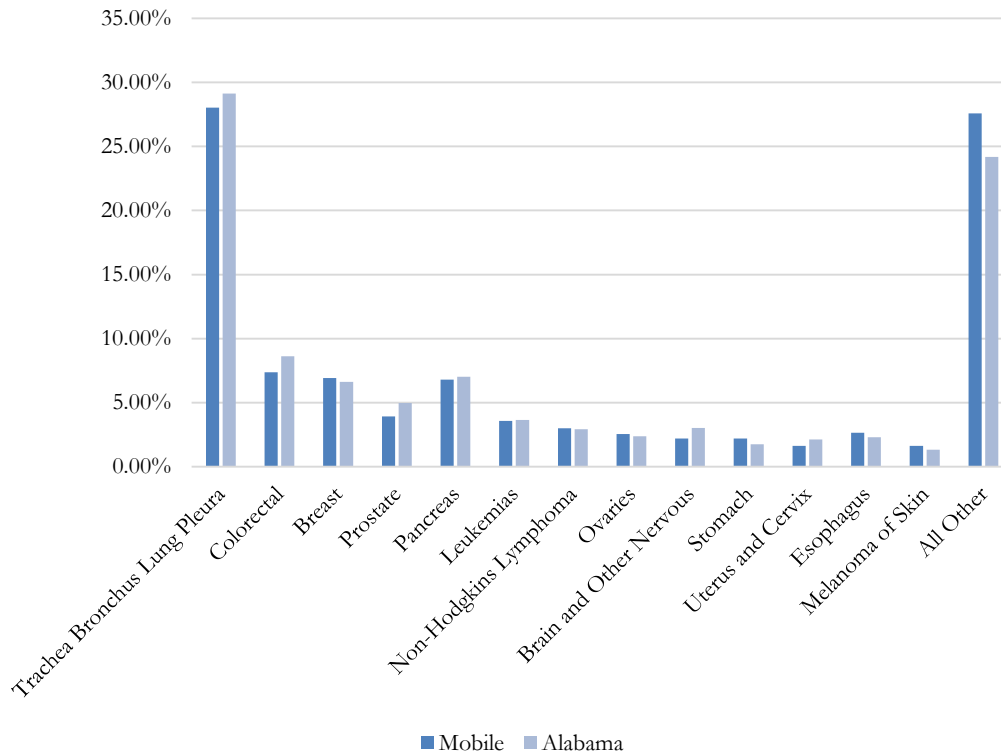


In Mobile County, over the time period, chronic Lower respiratory, diabetes, Alzheimer's and Influenza/pneumonia all have risen in the number of deaths caused a year. Given the change in population demographics discussed earlier, this may not come as a surprise, as these diseases are often associated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

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

Together, cancers of the respiratory system, including trachea, bronchus, lung, and pleura account for the vast majority of cancer related deaths. In Mobile County this grouping constituted 28.03% of cancer deaths in 2016 and 29.87% of all cancer deaths from 2010-2016. These trends hold when compared to that of the state of Alabama, with 29.14% in 2014 and 30.24% of all cancer deaths from 2010-2016.

Cancer Rates by Type in 2016



Of the other cancers of significant frequency in both Mobile County, state of Alabama, and the U.S are colorectal and breast cancers. Colorectal cancer is the third most lethal cancer type in the United States among both men and women. Mobile County, and the state of Alabama report colorectal cancer rates at a similar mortality rate to the nation (9% across both sexes nationally, with rates of 7% in Mobile County and 8% in the state of Alabama as a whole). Breast cancer mortality is much lower in Mobile County, and the state of Alabama with only 6% of cancer rates attributed to breast cancer in 2016 -- compared to the national mortality of women (14%). Similarly, the mortality for prostate cancer is much lower in Mobile County, and the state of Alabama than it is nationally (10% of men).

COMMUNITY SURVEY – 3

Community Survey Methodology

The Community Health Needs Assessment survey was comprised of two key sampling elements: 1) the general community survey and 2) the focused community survey. Both surveys examined the key community area of Mobile County but in different ways. The general community survey was a standard random digit dialed (RDD) survey of residents of Mobile County. This survey also included cell phone respondents.² A total of 407 respondents were collected from Mobile County in the general community survey for a margin of error of +/- 4.9%. These respondents reflect a somewhat more general view and encompass opinions of respondents throughout all of Mobile County.

The focused community survey examined those zip codes within Mobile County where most USA Health patients reside. In order to be included, the zip code area needed to have had at least 100 patients visiting either University Hospital, USA Health Children's & Women's Hospital, or a clinical visit in fiscal year 2017. See Table 3.1 for a breakdown of the zip codes included and the number of patients visiting either USA Health University Hospital, USA Health Children's & Women's hospital, or those with a clinical visit. The focused survey also included cell phone respondents. A total of 226 respondents were collected from Mobile County in the focused community survey for a margin of error of +/- 6.5%. These respondents are considered more focused in that they reflect the opinions of respondents in areas somewhat more likely to utilize USA Health.

The two groups were then combined to provide an overall estimation of residents of Mobile County. While typically one would need to weight the responses of the focused sample, an examination of the percentage of the population collected for each zip code showed such minor differences that weighting was not necessary. This combined "overall" category includes 633 respondents for a margin of error of +/- 3.9%. The response rate for the overall survey was 10.1% if "No Answer" responses are included in the base and 18.8% if they are excluded.

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

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.

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.

Table 3.1: Number of USA Health Patients from Mobile County Zip Codes – Used to determine the zip codes included in the focused survey

<i>Zip Code</i>	<i>Area in Mobile County</i>	<i>USA Health University Hospital Count</i>	<i>USA Health Children's & Women's Count</i>	<i>Clinic Visit Count</i>	<i>Total</i>
36505	Axis	198	169	134	501
36509	Bayou La Batre	167	285	136	588
36521	Chunchula	634	693	423	1750
36522	Chunchula	1073	1115	673	2861
36523	Coden	274	288	237	799
36525	Creola	319	253	195	767
36528	Dauphin Island	233	73	112	418
36541	Citronelle	1371	1504	1090	3965
36544	Grand Bay	1014	1414	905	3333
36560	Irvington	668	683	375	1726
36571	Mt. Vernon	1687	1946	1394	5027
36572	Saraland	641	572	536	1749
36575	Satsuma	1991	2070	1919	5980
36582	Semmes	3106	3447	2654	9207
36587	Theodore	1304	1566	1160	4030
36601	Mobile	125	60	0	185
36602	Mobile	273	113	110	496
36603	Wilmer	2334	2516	1485	6335
36604	Mobile	1868	2058	1386	5312
36605	Mobile	6005	8634	5101	19740
36606	Mobile	3437	4707	3081	11225
36607	Mobile	1671	1638	1191	4500
36608	Mobile	3828	4249	4328	12405
36609	Mobile	2642	3600	3122	9364
36610	Mobile	4144	3989	2197	10330
36611	Mobile	1210	1610	957	3777
36612	Mobile	1215	1451	882	3548
36613	Eight Mile	2420	2302	1644	6366
36617	Mobile	5250	4273	2909	12432
36618	Mobile	2408	2976	2515	7899
36619	Mobile	1536	1681	1461	4678
36633	Mobile	0	112	0	112
36652	Mobile	148	0	0	148
36688	Mobile	91	0	134	225
36689	Mobile	98	54	63	215
36691	Mobile	62	58	0	120
36693	Mobile	2233	1864	2109	6206
36695	Mobile	3672	3902	4612	12186

The survey questionnaire was based on Infirmiry 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 3.2: Survey Details

<i>Area</i>	<i>Date Started</i>	<i>Date Completed</i>	<i>N</i>	<i>Margin of Error</i>	<i>Cell Phone %</i>	<i>Median Length (minutes)</i>	<i>Response Rate w/ No Answers¹</i>	<i>Response Rate w/ out No Answers²</i>
Overall	10/11/2018	12/11/2018	633	+/-	47.7%	16.53	10.1%	18.8%
General	10/11/2018	11/27/2018	407	+/-	50.3%	17.06	10.1%	18.6%
Focused	11/28/2018	12/11/2018	226	+/-	43.1%	16.31	10.1%	19.2%

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

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 (60%); respondents suggest that they think only one percent of residents are very healthy and another 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 38 percent say they are good. Only seven percent say services are poor.

Medicare is the most frequently mentioned form of health insurance. This is not surprising given the older age of many of the respondents. Twenty-six percent have employer based private insurance, eleven percent have private insurance they purchased themselves, and four percent do not have insurance. Thirteen percent of respondents report not having a personal doctor or healthcare provider. Eighty-nine percent say they have seen a doctor for a wellness exam or routine checkup in the past year but only 70 percent say the same for a dental exam or cleaning.

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) less sexually transmitted diseases, 4) good schools, 5) mental health services, and 6) more quality education. The rankings for Mobile county can be seen in Table 3.3 while the full list of all items can be found in Tables B.8 and B.9 in Appendix B.

Table 3.3: Top 6 items respondent thinks would be important for improving the overall health in your community – Ranked according to overall saying “Very Important”

	<i>Area*</i>	<i>Very Important</i>	<i>Somewhat Important</i>	<i>Neither</i>	<i>Somewhat Unimportant</i>	<i>Very Unimportant</i>	<i>Total</i>	<i>N</i>
Q8e. A clean environment including water, air, etc.	<i>O</i>	96.4	3.5	0.2	0.0	0.0	100.1%	633
	<i>G</i>	96.6	3.2	0.3	0.0	0.0	100.1%	407
	<i>F</i>	96.0	4.0	0.0	0.0	0.0	100.0%	226
Q8n. Lower crime and safe neighborhoods.	<i>O</i>	94.8	4.6	0.6	0.0	0.0	100.0%	630
	<i>G</i>	93.8	5.5	0.7	0.0	0.0	100.0%	404
	<i>F</i>	96.5	3.1	0.4	0.0	0.0	100.0%	226
Q8p. Less sexually transmitted diseases.	<i>O</i>	93.3	5.3	0.6	0.2	0.6	100.0%	627
	<i>G</i>	94.0	4.7	0.5	0.3	0.5	100.0%	402
	<i>F</i>	92.0	6.2	0.9	0.0	0.9	100.0%	225
Q8j. Good schools.	<i>O</i>	93.2	6.0	0.6	0.0	0.2	100.0%	630
	<i>G</i>	92.8	6.2	0.7	0.0	0.3	100.0%	405
	<i>F</i>	93.8	5.8	0.4	0.0	0.0	100.0%	225
Q8r. Mental health services.	<i>O</i>	92.6	6.8	0.2	0.3	0.2	100.1%	631
	<i>G</i>	91.1	7.9	0.3	0.5	0.3	100.1%	405
	<i>F</i>	95.1	4.9	0.0	0.0	0.0	100.0%	226
Q8s. More quality education.	<i>O</i>	92.1	7.5	0.5	0.0	0.0	100.1%	631
	<i>G</i>	93.1	6.7	0.3	0.0	0.0	100.1%	405
	<i>F</i>	90.3	8.9	0.9	0.0	0.0	100.1%	226

*The O designation refers to Mobile county overall, the G designation refers to the general survey of Mobile county respondents, and the F designation refers to the focused survey of Mobile county.

Respondents were asked how they felt about a number of health issues. Table 3.4 shows the top six issues respondents felt were a problem for Mobile county: 1) child abuse and neglect, 2) drug use and abuse, 3) cancers, 4) domestic violence, 5) rape and sexual assault, and 6) heart disease and stroke. The full list of health issues is located in Appendix B in Tables B.10 and B.11.

Table 3.4: Top 6 health issues respondent feels are a problem for Mobile county – ranked according to overall saying “Very Important”

	<i>Area</i>	<i>Very Important</i>	<i>Somewhat Important</i>	<i>Neither</i>	<i>Somewhat Unimportant</i>	<i>Very Unimportant</i>	<i>Total</i>	<i>N</i>
Q9d. Child abuse and neglect.	<i>O</i>	94.4	5.3	0.3	0.0	0.0	100.0%	626
	<i>G</i>	93.3	6.3	0.5	0.0	0.0	100.1%	400
	<i>F</i>	96.5	3.5	0.0	0.0	0.0	100.0%	226
Q9h. Drug use and abuse.	<i>O</i>	91.8	7.3	0.8	0.0	0.2	100.1%	632
	<i>G</i>	90.2	8.6	1.2	0.0	0.0	100.0%	406
	<i>F</i>	94.7	4.9	0.0	0.0	0.4	100.0%	226
Q9c. Cancers.	<i>O</i>	90.5	9.4	0.2	0.0	0.0	100.1%	631
	<i>G</i>	89.6	10.1	0.3	0.0	0.0	100.0%	405
	<i>F</i>	92.0	8.0	0.0	0.0	0.0	100.0%	226
Q9g. Domestic violence.	<i>O</i>	90.4	8.7	0.8	0.0	0.2	100.1%	624
	<i>G</i>	89.3	9.5	1.3	0.0	0.0	100.1%	401
	<i>F</i>	92.4	7.2	0.0	0.0	0.5	100.1%	223
Q9s. Rape and sexual assault.	<i>O</i>	88.8	9.6	0.8	0.3	0.5	100.0%	617
	<i>G</i>	88.9	9.3	1.0	0.5	0.3	100.0%	398
	<i>F</i>	88.6	10.1	0.5	0.0	0.9	100.1%	219
Q9j. Heart disease and stroke.	<i>O</i>	88.4	11.3	0.2	0.0	0.2	100.1%	627
	<i>G</i>	86.9	12.9	0.3	0.0	0.0	100.1%	403
	<i>F</i>	91.1	8.5	0.0	0.0	0.5	100.1%	224

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 3.5 shows these rankings and Table B.12 in Appendix B shows the responses to all twelve health issues.

Table 3.5: 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

	<i>Area</i>	<i>Yes</i>	<i>No</i>	<i>Total</i>	<i>N</i>
Q10h. High blood pressure.	<i>O</i>	55.1	44.9	100.0%	624
	<i>G</i>	54.9	45.1	100.0%	399
	<i>F</i>	55.6	44.4	100.0%	225
Q10g. High Cholesterol.	<i>O</i>	41.3	58.7	100.0%	622
	<i>G</i>	40.2	59.8	100.0%	398
	<i>F</i>	43.3	56.7	100.0%	224
Q10e. Diabetes.	<i>O</i>	23.5	76.5	100.0%	625
	<i>G</i>	21.5	78.5	100.0%	400
	<i>F</i>	27.1	72.9	100.0%	225
Q10d. Depression.	<i>O</i>	21.6	78.4	100.0%	626
	<i>G</i>	21.3	78.8	100.1%	400
	<i>F</i>	22.1	77.9	100.0%	226
Q10j. Obesity.	<i>O</i>	21.0	79.0	100.0%	625
	<i>G</i>	23.1	76.9	100.0%	399
	<i>F</i>	17.3	82.7	100.0%	226
Q10f. Heart Disease.	<i>O</i>	18.2	81.8	100.0%	625
	<i>G</i>	16.8	83.2	100.0%	399
	<i>F</i>	20.8	79.2	100.0%	226

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 3.6 identifies the six healthcare services respondents feel are most difficult to access in Mobile county: 1) mental health services, 2) specialty medical care (specialist doctors), 3) services for the elderly, 4) dental care / dentures, 5) women’s health, and 6) emergency medical care. The full list of services can be found in Table B.13 in Appendix B. The “other” responses are presented in Appendix C, these responses range over a number of issues however many of them reference better and more doctors (in particular dermatologists are mentioned quite frequently along with neurologists and rheumatologists), more affordable care, more timely care, neurology, help for homeless, and help for veterans.

Table 3.6: Top 6 healthcare services respondent feels are difficult to get in Mobile county – Ranked according to overall and not counting “other” in Top 6

	<i>Mobile County – Overall</i>	<i>Mobile County – General</i>	<i>Mobile County – Focused</i>
Other	14.5	15.0	13.7
Mental health services	10.6	11.3	9.3
Specialty medical care (specialist doctors)	6.2	6.9	4.9
Services for the elderly*	5.1	6.6	2.2
Dental care / dentures	4.4	4.4	4.4
Women’s health	3.6	3.9	3.1
Emergency medical care*	3.2	3.4	2.7

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 3.7 lists the top six 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) insurance problems or a lack of insurance, 3) could not get an appointment soon enough, 4) provider did not take my insurance, 5) lack of transportation, and 6) could not get a weekend or evening appointment. The full list of reasons for delaying needed medical care can be found in Table B.15 in Appendix B. The “other” responses are presented in Appendix C; many of these responses indicate not having time, just didn’t go, didn’t want to wait, didn’t have coverage or were limited in some way (mobility, number of visits, etc.).

Table 3.7: Top 6 reasons respondent delayed getting needed medical care – ranked according to overall and not counting “other” in Top 6

	<i>Mobile County Overall</i>	<i>Mobile County General</i>	<i>Mobile County Focused</i>
Other	50.5	51.5	48.6
Could not afford medical care	24.3	27.9	17.1
Insurance problems / lack of insurance	23.3	20.6	28.6
Could not get an appointment soon enough	10.7	11.8	8.6
Provider did not take my insurance	3.9	5.9	0.0
Lack of transportation	2.9	2.9	2.9
Could not get a weekend or evening appointment	2.9	2.9	2.9

When seeking medical care for someone who is sick, respondents overall were first likely to go to their family doctor (63%), then an Emergency Room (15%), and third to an urgent care (14%).

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

Only 12 percent of respondents indicate that they are currently using tobacco products such as cigarettes and cigars. A modest one percent report using chewing tobacco or snuff and another one percent say they use e-cigarettes or vaporizing pens. Eighty-one percent report never having used tobacco products.

Most respondents for the survey were older. Thirty-four percent were between the ages of 46 and 65 and 48 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 60 percent of those responding overall and African-American's 37 percent.

Twenty-seven percent of respondents possess a high school degree or GED. Twenty-nine percent have some college coursework; 18 percent have a Bachelor's or four-year degree, and 15 percent have a graduate or professional degree.

Given the older age of the respondents it is not surprising that 51 percent say they are retired. Twenty-seven percent are working full-time, six percent are disabled, and five percent are unemployed.

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

The majority of survey respondents (74%) were female.

Comparing the general and focused areas of Mobile County

Comparisons were made to determine if there were differences between the respondents in the general and focused survey areas of Mobile County. Cross tabulation was used to test for statistically significant differences between the two areas. Generally, across most questions, respondents from both areas were very similar in their answers and very few statistically significant differences were found. The nine areas where statistically significant differences were identified are discussed below.

Respondents in the general area of Mobile County were somewhat more likely than those in the focused area to rate the quality of healthcare services available in Mobile County as better. One has to be careful in looking at this because at first glance those in the focused area are more likely to say healthcare services are excellent (15% in the focused compared to 10% in the general); however, among all of the remaining response options, those in the general area rated healthcare services more positively than those in the focused area.

Another area of difference was in the type of healthcare insurance that respondents possessed across the two areas. Those in the more general area were more likely to have private coverage through their spouse and some "other" form of coverage. Those in the more focused area were somewhat more likely to have Medicare, Medicaid, and Tricare insurance through the military.

For most of the 24 health problems, similar numbers of respondents from the both the general and focused areas had similar ideas as to how much of an issue the problems were for Mobile County. However, when asked about tobacco use, there were differences.

Respondents in the focused area were much more likely to say that tobacco use was a very important issue (82%) compared to those living in the general area (74%).

Probably the area where the most disagreement was found was in identifying which healthcare services are difficult to get in Mobile County. Respondents from the general and focused areas disagreed on four of the 17 items. Respondents from the general area were more likely than respondents from the focused area to identify physical therapy, services for the elderly, alcohol or drug abuse treatment, and x-rays or mammograms as more difficult healthcare services to get in Mobile County. In at least three of the four instances, physical therapy, alcohol or drug abuse treatment, and x-rays or mammograms, no respondents from the focused area identified these services as difficult to get. The data do not reveal if this is the case but it may be possible that fewer people in the focused area are seeking these services.

While there was generally agreement regarding the use of tobacco products, along with likely underreports, there was one area of difference between respondents from the general and focused areas. Respondents from the general area were somewhat more likely than respondents from the focused area to say that they had quit more than a year ago.

The final place we see differences between the two areas is in the domain of education. Respondents in the general area were somewhat more likely than those living in the focused area to have better educational outcomes. More respondents in the general area identified as having some college, a four-year degree, and a graduate or professional degree than did respondents from the focused area of Mobile County.

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 84 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 291 e-mails were initially distributed on October 15, 2018. Reminder surveys were sent on October 23 and October 30, 2018. Of the 352, six e-mails were duplicates and six e-mails bounced for 279 unique and working e-mails. Thus, with 84 responses, the CHL had a completion rate of 30.1%.

The CHL survey questionnaire duplicated Infirmity 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

<i>Date Started</i>	<i>1st Reminder</i>	<i>2nd Reminder</i>	<i>Date Completed</i>	<i>N</i>	<i>Estimated Response Time</i>	<i>Completion Rate</i>
10/15/2018	10/23/2018	10/30/2018	11/9/2018	84	7 minutes	30.1%

Key Survey Findings

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

The community health leaders were first asked what they think are the most important features of a healthy community. Respondents were presented with a list of 23 possible features of a healthy community and were asked to select up to three items from the list. Respondents were also given three “other” options so that they were not restricted to the items in the pre-defined list but could identify any features that they felt were important. The top six features of a healthy community as identified by community health leaders were: 1) access to health services including family doctors and hospitals, 2) mental health services, 3) quality education, 4) low crime/safe neighborhoods, 5) active lifestyles and outdoor activities, and 6) healthy food options. 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 three¹

	<i>Frequency</i>	<i>Percent</i>
1a. Access to health services (e.g., family doctor, hospitals)	43	51.2
1r. Mental health services	25	29.8
1s. Quality education	23	27.4
1n. Low crime / safe neighborhoods	22	26.2
1b. Active lifestyles / outdoor activities	15	17.9
1k. Healthy food options	15	17.9
	<i>N</i>	84

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

Health leaders were then asked what they felt were the most important health issues in Mobile County. They were again presented with a pre-defined list of 24 health issues of which they were asked to pick three. Again, they were given three “other” options so that they could identify items not on the pre-defined list. Table 4.3 lists the top six health issues identified by community health leaders: 1) mental health problems, 2) obesity and excess weight, 3) drug use and abuse, 4) diabetes, 5) cancers, and 6) heart disease and stroke. 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 three¹

	<i>Frequency</i>	<i>Percent</i>
2p. Mental health problems	52	61.9
2r. Obesity / excess weight	29	34.5
2h. Drug use / abuse	24	28.6
2f. Diabetes	19	22.6
2c. Cancers	13	15.5
2j. Heart disease and stroke	12	14.3
	<i>N</i>	184

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 and poor nutrition, 3) excess weight, 4) not seeing a doctor or a dentist, 5) homelessness, and 6) lack of exercise. Table 4.4 shows these rankings and Table D.3 in Appendix D shows the responses to all of the health issues.

Table 4.4: Which of the following unhealthy behaviors in Mobile County concern you the most? Check only three¹

	<i>Frequency</i>	<i>Percent</i>
3b. Drug abuse	43	51.2
3f. Poor eating habits / poor nutrition	40	47.6
3c. Excess weight	29	34.5
3i. Not seeing a doctor or dentist	26	31.0
3d. Homelessness	24	28.6
3e. Lack of exercise	20	23.8
	<i>N</i>	84

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, 3.1) preventative healthcare including routine or wellness check-ups, 3.2) services for the elderly, 4.1) alternative

therapies like acupuncture and herbals, 4.2) dental care including dentures, 4.3) specialty medical care e.g., specialist doctors, 5) primary medical care (a primary doctor or clinic), and 6) prescriptions/pharmacy services. 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 apply¹

	<i>Frequency</i>	<i>Percent</i>
4f. Mental health services	58	69.0
4m. Alcohol or drug abuse treatment	39	46.4
4h. Preventative healthcare (routine or wellness check-ups, etc.)	22	26.2
4k. Services for the elderly	22	26.2
4a. Alternative therapies (acupuncture, herbals, etc.)	17	20.2
4b. Dental care including dentures	17	20.2
4l. Specialty medical care (specialist doctors)	17	20.2
4j. Primary medical care (a primary doctor / clinic)	14	16.7
4i. Prescriptions / pharmacy services	9	10.7
	<i>N</i>	84

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 (44%) or unhealthy (40%).

Four percent of health leaders rate the quality of healthcare services available in Mobile County as excellent, 24 percent say very good, 39 percent say good, another 28 percent say fair and four percent say the healthcare services are poor.

Many of the health leaders responding were from healthcare organizations (24%), another 18 percent were in education, 10 percent deal with housing and temporary shelter, and seven percent work in public service. Finally, another 18 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, 34 percent of health leaders said their organization served families; 36 percent said their organization served individuals, and 19 percent said some other type of client. Among those saying other, many indicated children or adolescents, or that they served all of the different types of clients.

Most health leaders (64%) said that they provide the client information on where to obtain assistance if their organization cannot provide all the services a client needs. Thirty-one percent said they will phone, e-mail, or fax another organization to help the client obtain those services they cannot provide.

Forty-six percent of health leaders said their organizations served adults under 65; 37 percent said they served children, and 20 percent served seniors (65 and over).

Most health leaders (82%) indicated that it would be helpful to them and their ability to provide services to know what other services the client has received from other organizations.

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

While some health leaders said their organizations required clients to meet eligibility requirements, most (74%) said that they do not have requirements but serve everyone.

Twenty-one percent of health leaders do not have any volunteers on their staff. Another 60 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 (46%) rely on either electronic medical records (EMR) or electronic health records (HER) for storing client records electronically. Another 27 percent rely on other systems including HMIS, EPIC, Oasis Insight, and others (see Appendix E for a full list), and 20 percent do not know if they store client records electronically or not.

Comparing the Community and the Community Health Leaders

This section compares the results of the 633 community members with the results of the 84 community health leaders from Mobile County. These comparisons should demonstrate where the community and health leaders converge and diverge in terms what constitutes a healthy community, what the most important health issues are, how each group views the health of the community and the quality of health services available, and what services are perceived to be difficult to obtain. Many of these survey questions were essentially the same; however, the mode of delivery necessitated some differences in their delivery depending on if the questions were being presented over the telephone versus electronically.

In looking at the features of a healthy community, there were three areas that overlapped between the health leaders and the community at large: mental health services, quality education, and lower crime and safe neighborhoods. All three of these items appeared in the top six of both the community health leaders and the community respondents.

The relative priority of the three items differed somewhat between the two groups. Of the three, the community health leaders rated mental health services highest in the number 2 spot, quality education next highest in the third spot, and lower crime / safe neighborhoods the lowest in the fourth spot. Community respondents rated lower crime / safe neighborhoods the highest of the three in the second spot, mental health services second in the fifth spot, and quality education the lowest in the sixth spot.

In terms of divergent priorities, the health leaders identified access to health services (1), active lifestyles and outdoor activities (5), and healthy food options (6) as their other key

features of a health community. Community respondents identified a clean environment (1), less sexually transmitted diseases (3), and good schools (4).

Table 4.6: Comparison of Features of a Healthy Community

<i>Community Health Leaders Survey</i>	<i>Community Survey</i>
1. Access to health services (e.g., family doctor, hospitals).	1. A clean environment including water, air, etc.
2. Mental health services.	2. Lower crime and safe neighborhoods.
3. Quality education.	3. Less sexually transmitted diseases.
4. Low crime / safe neighborhoods.	4. Good schools.
5. Active lifestyles / outdoor activities.	5. Mental health services.
6. Healthy food options.	6. More quality education.

When examining the most important health issues, there was a similar level of consensus between the health leaders and the community on half of the items that belonged in the top six. Both groups identified drug use / abuse, cancers, and heart disease and stroke as three of the six most important health issues facing Mobile County. Community health leaders ranked these three in the following order 1) drug use / abuse (3), 2) cancers (5), and 3) heart disease and stroke (6). Community respondents had them in the same order of importance but at different levels of priority 1) drug use / abuse (2), 2) cancers (3), and 3) heart disease and stroke (6).

The two groups diverged over the following issues that made it into the top six health issues. Community health leaders identified mental health problems (1), obesity / excess weight (2), and diabetes (4). Community respondents further identified child abuse / neglect (1), domestic violence (4), and rape and sexual assault (5).

Table 4.7: Comparison of Most Important Health Issues

<i>Community Health Leaders Survey</i>	<i>Community Survey</i>
1. Mental health problems.	1. Child abuse / neglect.
2. Obesity / excess weight.	2. Drug use and abuse.
3. Drug use / abuse.	3. Cancers.
4. Diabetes.	4. Domestic violence.
5. Cancers.	5. Rape and sexual assault.
6. Heart disease and stroke.	6. 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

	<i>Community Health Leaders Survey</i>	<i>Community Survey</i>
The health of my community:	Somewhat Healthy	Somewhat Healthy
Quality of health services:	Good	Good

Community health leaders and community respondents demonstrate slightly higher than 50 percent agreement regarding the top six healthcare services that are difficult to obtain in Mobile County.

Both groups identified mental health services as the number one healthcare service that is difficult to obtain. Both groups also had services for the elderly in the number three spot and dental care including dentures in the number four spot. Thus, not only do both groups agree on these three items but also agree on their relative priority. The last service that both groups agreed on was specialty medical care; however, community leaders had this service tied in the fourth spot while community members had this as the second most difficult service to obtain.

Other items identified by the community health leaders include alcohol or drug abuse treatment (2), preventative healthcare (3), alternative therapies (4), primary medical care (5), and prescription / pharmacy services (6). Additional community member selections included women's health (5), and emergency medical care (6).

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

<i>Community Health Leaders Survey</i>	<i>Community Survey</i>
1. Mental health services.	1. Mental health services.
2. Alcohol or drug abuse treatment.	2. Specialty medical care (specialist doctors).
3a. Preventative healthcare (routine or wellness check-ups).	3. Services for the elderly.
3b. Services for the elderly.	
4a. Alternative therapies (acupuncture, herbals, etc.).	4. Dental care including dentures.
4b. Dental care including dentures.	
4c. Specialty medical care (specialist doctors).	
5. Primary medical care (a primary doctor / clinic).	5. Women's health.
6. Prescriptions / pharmacy services.	6. Emergency medical care.

Overall, health leaders and community members agreed on a number of items including: three of the key features of a healthy community – mental health services, lower crime and safe neighborhood, and quality education; three of most important health issues for Mobile County – drug use and abuse, cancers, and heart disease and stroke; that people in Mobile

County are somewhat healthy; that the quality of healthcare services is good; and four of the most difficult healthcare services to obtain – mental health services, services for the elderly, dental care including dentures, and specialty medical care.

COMMUNITY RESOURCES – 5

Summary

Along with the five acute care hospitals, two specialty hospitals, and six 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 19 nursing homes, 15 hospice care providers, and 14 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 5.1 thru 5.7. 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

<i>Facility</i>	<i>Phone</i>
Mobile Infirmery	(251) 435-2400
Providence Hospital	(251) 633-1000
Springhill Medical Center	(251) 344-9630
USA Health University Hospital	(251) 471-7110
USA Health Children's and Women's Hospital	(251) 415-1000

Table 5.2: Specialty Hospitals

<i>Facility</i>	<i>Phone</i>
BayPointe Children's Hospital	(251) 661-0153
Mobile Infirmery Long Term Acute Care Hospital	(251) 435-2400

Table 5.3: Federally Qualified Health Clinics

<i>Facility</i>	<i>Phone</i>
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
Maysville Medical Center	(251) 471-3747
Mostellar Medical Center	(251) 824-2174
The Hadley Medical Center	(251) 450-8055

Table 5.4: Nursing Homes

<i>Facility</i>	<i>Phone</i>
Allen Memorial Home	(251) 433-2642
Ashland Place Health & Rehabilitation	(251) 471-5431
Azalea Gardens of Mobile	(251) 479-0551
Citronelle Health & Rehabilitation Center	(251) 866-5509
Crowne Health Care of Mobile	(251) 473-8684
Crowne Health Care of Springhill	(251) 304-3013
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
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

Table 5.5: Hospice Services

<i>Facility</i>	<i>Phone</i>
Alabama Hospice Care of Mobile	(251) 345-1023
Alacare Hospice - Mobile County	(251) 666-2399
AseraCare Hospice-Mobile	(251) 343-0989
Coastal Hospice Care	(251) 675-0012
Comfort Care Coastal Hospice - Mobile	(251) 304-3135
Covenant Hospice, Inc. Mobile	(251) 478-6931
Gentiva Hospice	(251) 340-6387
Infirmiry Hospice Care	(251) 435-7460
Kindred Hospice - Mobile	(251) 478-9900
Odyssey Health Care	(251) 478-9900
Saad's Hospice Services	(251) 343-9600
SouthernCare Mobile	(251) 666-2113
Springhill Home Health and Hospice	(251) 725-1268
St. Joseph Hospice of South Alabama, LLC	(251) 675-7555
Veterans Affairs Outpatient Clinic	(251) 219-3900

Table 5.6: Home Health Agencies

<i>Facility</i>	<i>Phone</i>
Addus Healthcare	(251) 414-5855
Alacare Home Health & Hospice - Mobile	(251) 341-0707
Amedisys Home Health of Mobile	(251) 380-0492
Carestaff	(251) 380-2070
Comfort Care Coastal Home Health	(251) 621-4431
Home Instead Senior Care	(251) 342-6655
Infirmiry 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
Springhill Home Health & Hospice	(251) 433-8172

Table 5.7a: Social Service Agencies

<i>Facility</i>	<i>Phone</i>
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 Light of the Village	(251) 680-4613
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
Little Sisters of the Poor	(251) 476-6335
Mount Hebron	(251) 457-9900
Ransom 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

<i>Facility</i>	<i>Phone</i>
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
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
Health Care	
AIDS South Alabama	(251) 471-5277
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
E.A. Roberts Alzheimer Center	(251) 435-6950
Epilepsy Foundation of Alabama	(251) 341-0170
Franklin H.E. Savage Healthcare for the Homeless	(251) 694-0070
Lifesouth Community Blood Center	(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

<i>Facility</i>	<i>Phone</i>
Housing and Homelessness	
Family Promise of Coastal Alabama	(251) 441-1991
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	

2019-2021 IMPLEMENTATION STRATEGIES – 6

Introduction

In this section the 2019-2021 health needs are identified and evaluated relative to the 2015-2016 health needs. They have been broken down into two sections that correspond to the data collection process: 1) the health needs identified in the community demographic profile, and 2) those identified in the community input survey. Each section presents the key needs identified. These needs are then further prioritized according to how much of an impact USA Health is likely to be able to have in addressing the need.

It should also be noted that there are limitations to identifying the independent impact of specific organizations such as USA Health. First, many of the health needs identified herein are related to rather broad measures of the community. When dealing with such broad measures, it often requires a significant amount of change for these measures to even move slightly. Also, it often takes a considerable amount of time for actual changes to be realized. Thus, expectations for impact should be set at realistic levels. Second, as identified in the section on community resources, there are numerous organizations oriented around health and the community's health needs in Mobile County. Particularly when dealing with broad measures, it is difficult if not impossible to fully isolate the impact of any one organization on any change that might occur.

Health Needs – Community Demographic Profile

The following needs were identified from the data collected for the community demographic profile. These needs essentially replicate the needs identified in 2015-2016 and highlight the aforementioned difficulty in making marked changes across broad measures of health. They are ordered according to how much of an impact USA Health should be able to have on the need.

1 – Focus efforts on the problems faced by infants and expecting mothers. With our changing demographics (falling numbers of residents aged 0-19 while growing numbers 60+) it is essential that the community preserve and protect the new residents we could potentially gain. The assessment shows that not only are neonatal deaths and post neonatal death rates on the rise in Mobile, but that the infant death rate is climbing at a noticeable rate over the past five years. The community survey shows that community members feel that there is not enough access to women's health care, part of which is pregnancy and childbirth. USA Health does participate in some notable efforts to deal with these problems including providing community car seat safety training via certified nursing instructors who train people in the appropriate installation and use of car seats to maximize their effectiveness in providing infant safety. This program and related efforts should be expanded. Suggested efforts include participation in activities that encourage education for expecting mothers and new mothers-- nutrition, child-care, etc., in addition to providing additional and affordable access to care where possible.

2 – Combat diabetes. The assessment shows that diabetes has been on the rise in Mobile over the past 6 years. Suggestions include providing more resources into the diabetes education programs offered through USA Health, participation in health nutrition programs, school lunch programs, school exercise programs. This could decrease long-term death rates and related syndromes and comorbidities such as nephrotic syndrome.

3 – Combat respiratory cancers. In the United States cancers of the respiratory system hold the highest mortality of all cancers. This is also the case for Alabama and Mobile. The health system should focus efforts on combating respiratory cancers. Suggested activities include: promoting tobacco cessation programs, education for public on behavioral and lifestyle choices that promote cancer, funding or participation in cancer research programs, etc.

4 – Disease prevention efforts. The system should continue to focus on increasing and promoting screenings for the more prevalent diseases in our area, and in the United States. For instance, behind respiratory cancers, the largest killers can be caught early through regular screenings and visits with one's primary care physician (colorectal, breast, and prostate). Care should be taken to promote regular primary care in the community and encourage screenings. This can be encouraged in needier communities, such as the poor, by providing discounted screening days for instance.

5 – Promote secondary education for the general public. Studies have shown the beneficial effect that education has on many aspects of life (income, job stability, health and longevity of life). To date, the health system does participate in some related efforts, such as the Summer Scrubs program, which allows a select number of local high school students interested in the field of medicine to participate in a shadowing experience, additional programs and efforts in this area should be pursued. Suggested activities include: working with local high schools to encourage enrollment (guest speakers, high school tours, shadowing experiences) or funding scholarships.

Health Needs – Community Input Survey

In terms of the evaluation of 2015-2016 needs, USA Health in conjunction with the USA College of Medicine and the Pat Capps Covey College of Allied Health Professions continues to provide Mobile County with both general and specialized physicians, physician assistants, and allied health providers. USA Health provides general and specialized medical treatment for the full range of possible harmful health conditions and via Children's and Women's Hospital provides for specialized care related to children's health, women's health, and pregnancy. Unfortunately specific metrics in these areas are disparately collected and difficult to aggregate. USA Health should continue to work towards developing mechanisms by which these metrics can be more consistently reported. Other areas identified in 2015-2016 where USA Health has little or no impact due to mission relevance or resource constraints include access to health care, availability of mental health care facilities and providers, transportation services, and dental services. Certainly in terms of access to healthcare, USA Health provides acute emergency care to all who seek it without regard for insurance or ability to pay; unfortunately, the broader problem of access related to insurance falls within the domain of the federal and state governments. Mental health care and dental

services fall outside of the mission relevance of USA Health. Finally, transportation services are also outside of the mission relevance of USA Health; however, USA Health does attempt to partner with outside services if/when available and when resources allow.

The following needs were identified from the data collected for the community input survey. These needs are somewhat different than those identified in 2015-2016 and have been restricted to the community health needs identified by community members. They are ordered according to how much of an impact USA Health should be able to have on the need. The first two needs have been identified as directly addressable needs; that is, USA Health is most likely to have a direct impact on satisfying these needs. Needs three through six are indirect needs; that is, they are peripheral to USA Health's immediate objectives. While USA Health and partner organizations will certainly do what is possible to address these needs, mission focus and resource constraints will likely restrict efforts to address these needs such that USA Health's impact on them will be limited.

1 – Heart disease and stroke (number six in the community priority ranking of Mobile County's top six health issues). USA Health's Cardiology Clinic/The Heart Center provides high quality cardiac care to the Mobile County population. It also maintains the most advanced heart care in the region. USA Health should and will continue to provide leading edge cardiac care to the community.

2 – Cancers (number three in the community priority ranking of Mobile County's top six health issues). The Mitchell Cancer Institute is one of the four pillars of the USA Health System. It is a leading cancer research facility in the region and provides a multitude of cancer related services to the people of Mobile County including (but not limited to): breast cancer, cancer prevention, colorectal surgery, mammography, medical oncology, pediatric cancer care, radiation oncology, and surgical oncology.

3 – Rape and sexual assault (number five in the community priority ranking of Mobile County's top six health issues). USA Health via University Hospital and Children's & Women's Hospital likely have an indirect impact via hospital and emergency services on the immediate health needs of rape and sexual assault victims. Other local programs such as the Alabama Coalition Against Rape, Penelope House, and the Rape Crisis Center are positioned to provide more ongoing and direct assistance with the issue of sexual assault. USA Health should partner with these organizations to increase awareness amongst their patients of services that are available in the community.

4 – Drug use and abuse (number two in the community priority ranking of Mobile County's top six health issues). Again, USA Health via University Hospital and possibly Children's & Women's Hospital likely have an indirect impact via hospital and emergency services on the immediate health needs of those using and abusing drugs as they have acute health needs that arise. Similarly local programs like the Drug Education Council, Home of Grace for Women, and Mission of Hope along with private rehabilitation centers such as Bradford Health Services provide more direct assistance with addiction and its consequences. Once again, USA Health should partner with relevant agencies to increase awareness of the local services available.

5 – Domestic violence (number four in the community priority ranking of Mobile County’s top six health issues). This again is a more indirect area of impact for USA Health. While University Hospital and Children’s and Women’s Hospital likely provide immediate services for victims of physical domestic abuse, it is not in the immediate mission of USA Health to provide services relating to dealing with or necessarily ending domestic violence. Local organizations such as Penelope House are able to provide more direct attention to these needs.

6 – Child abuse and neglect (number one in the community priority ranking of Mobile County’s top six health issues). Similar to many of the other needs three through five, USA Health provides an important but more indirect role in providing immediate care for any health needs that child victims of abuse and neglect may require. Again, local organizations such as the Child Advocacy Center, St. Mary’s Home, and Wilmer Hall Children’s Home are positioned to provide direct attention to these social problems. USA Health should partner with these organizations and others to provide enhanced awareness throughout the community.

In particular relating to health needs three through six, USA Health should endeavor to invite and have these groups available at health fairs and other community events sponsored by USA Health.

APPENDIX A – DEMOGRAPHIC DATA PROFILE

Table 1a: County, State, and National Population by Age (2017**) – Mobile County
Source: U.S. Census Bureau

	Mobile County	Percent of Total	Male	Female
Under 5 Years	27,085	6.54%	13,619	13,466
5 to 9 years	26,845	6.49%	13,635	13,210
10 to 14 years	26,897	6.50%	13,736	13,161
15 to 19 years	26,952	6.51%	13,605	13,347
20 to 24 years	27,434	6.63%	13,651	13,783
25 to 29 years	30,972	7.48%	14,926	16,046
30 to 34 years	26,832	6.48%	12,535	14,297
35 to 39 years	25,426	6.14%	12,165	13,261
40 to 44 years	23,832	5.76%	11,363	12,469
45 to 49 years	24,897	6.01%	11,774	13,123
50 to 54 years	26,622	6.43%	12,679	13,943
55 to 59 years	28,580	6.90%	13,421	15,159
60 to 64 years	26,372	6.37%	12,387	13,985
65 to 69 years	22,129	5.35%	10,315	11,814
70 to 74 years	17,170	4.15%	7,603	9,567
75 to 79 years	11,317	2.73%	4,773	6,544
80 to 84 years	7,447	1.80%	2,992	4,455
85 years and over	7,146	1.73%	2,294	4,852
Total	413,955	100.00%	197,473	216,482

Table 1b: County, State, and National Population by Age (2017**) - Alabama
 Source: U.S. Census Bureau

	Alabama	Percent of Total	Male	Female
Under 5 Years	293,554	6.02%	149,374	144,180
5 to 9 years	301,285	6.18%	153,526	147,759
10 to 14 years	308,459	6.33%	157,478	150,981
15 to 19 years	318,807	6.54%	161,735	157,072
20 to 24 years	329,597	6.76%	166,366	163,231
25 to 29 years	338,151	6.94%	167,743	170,408
30 to 34 years	302,151	6.20%	147,599	154,552
35 to 39 years	302,111	6.20%	146,855	155,256
40 to 44 years	289,684	5.94%	140,254	149,430
45 to 49 years	313,756	6.44%	152,753	161,003
50 to 54 years	322,876	6.62%	156,734	166,142
55 to 59 years	337,258	6.92%	161,580	175,678
60 to 64 years	313,287	6.43%	147,832	165,455
65 to 69 years	268,693	5.51%	125,004	143,689
70 to 74 years	208,639	4.28%	95,008	113,631
75 to 79 years	143,159	2.94%	62,262	80,897
80 to 84 years	95,101	1.95%	38,581	56,520
85 years and over	88,179	1.81%	29,152	59,027
Total	4,874,747	100.00%	2,359,836	2,514,911

Table 1c: County, State, and National Population by Age (2017**) – United States
 Source: U.S. Census Bureau

	United States	Percent of Total	Male	Female
Under 5 Years	19,938,860	6.12%	10,195,968	9,742,892
5 to 9 years	20,304,238	6.23%	10,368,141	9,936,097
10 to 14 years	20,778,454	6.38%	10,605,072	10,173,382
15 to 19 years	21,131,660	6.49%	10,800,491	10,331,169
20 to 24 years	22,118,635	6.79%	11,349,142	10,769,493
25 to 29 years	23,370,460	7.18%	11,902,230	11,468,230
30 to 34 years	21,972,212	6.75%	11,089,131	10,883,081
35 to 39 years	21,231,997	6.52%	10,615,985	10,616,012
40 to 44 years	19,643,373	6.03%	9,753,115	9,890,258
45 to 49 years	20,973,858	6.44%	10,386,175	10,587,683
50 to 54 years	21,401,094	6.57%	10,520,182	10,880,912
55 to 59 years	22,007,956	6.76%	10,700,520	11,307,436
60 to 64 years	19,987,702	6.14%	9,557,283	10,430,419
65 to 69 years	16,836,381	5.17%	7,929,868	8,906,513
70 to 74 years	12,847,065	3.94%	5,947,272	6,899,793
75 to 79 years	8,741,261	2.68%	3,898,816	4,842,445
80 to 84 years	5,965,290	1.83%	2,509,059	3,456,231
85 years and over	6,468,682	1.99%	2,279,669	4,189,013
Total	325,719,178	100.00%	160,408,119	165,311,059

Table 2: Population Classified by Race and Ethnicity (2017)
Source: U.S. Census Bureau

Race/Ethnicity	Mobile County	State of Alabama	United States
Total Population	413,955	4,874,747	325,719,178
White	244,012	3,312,718	235,507,457
Black	147,234	1,307,467	41,393,491
Hispanic	11,943	201,970	58,846,134
Asian	7,504	66,908	18,215,328
American Indian or Alaskan	3,410	25,181	2,726,278
Hawaiian or Pacific Islander	79	1,581	608,219
Other	5,038	67,308	16,552,940
Two or More Races	6,678	93,584	10,715,465

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

Mobile County Race/Ethnicity	2013	2014	2015	2016	2017
Total Population	413,188	414,045	414,251	414,291	413,955
White	250,269	249,439	248,566	246,794	244,012
Black	143,681	144,637	145,175	146,306	147,234
Hispanic	10,789	11,520	10,917	10,957	11,943
Asian	7,850	7,953	8,148	8,140	7,504
American Indian or Alaskan	3,187	2,801	2,680	2,568	3,410
Hawaiian or Pacific Islander	54	60	64	49	79
Other	1,950	2,472	2,781	3,207	5,038
Two or More Races	12,394	13,366	6,837	7,227	6,678

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

Alabama Race/Ethnicity	2013	2014	2015	2016	2017
Total Population	4,799,277	4,817,678	4,830,620	4,841,164	4,874,747
White	3,326,188	3,327,891	3,325,464	3,325,037	3,312,718
Black	1,262,152	1,269,808	1,276,544	1,282,053	1,307,467
Hispanic	189,934	192,413	193,492	193,503	201,970
Asian	56,831	58,322	59,599	60,744	66,908
American Indian or Alaskan	25,278	25,181	23,850	23,919	25,181
Hawaiian or Pacific Islander	1,387	1,430	2,439	2,008	1,581
Other	55,296	58,618	61,078	61,991	67,308
Two or More Races	144,290	152,856	81,646	85,412	93,584

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

United States					
Race/Ethnicity	2013	2014	2015	2016	2017
Total Population	311,536,594	314,107,084	316,515,021	318,558,162	325,719,178
White	230,592,579	231,849,713	232,943,055	233,657,078	235,507,457
Black	39,167,010	39,564,785	39,908,095	40,241,818	41,393,491
Hispanic	53,986,412	55,279,452	54,232,205	55,199,107	58,846,134
Asian	15,231,962	15,710,659	16,235,305	16,614,625	18,215,328
American Indian or Alaskan	2,540,309	2,565,520	2,569,170	2,597,817	2,726,278
Hawaiian or Pacific Islander	526,347	535,761	546,255	560,021	608,219
Other	14,746,054	14,754,895	14,865,258	15,133,856	16,552,940
Two or More Races	17,464,666	18,251,502	9,447,883	9,752,947	10,715,465

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	2013	413,188	83,185	49,716	274,731	20.13%	12.03%	66.49%
	2014	414,045	77,748	50,384	271,923	18.78%	12.17%	65.67%
	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%
Alabama	2013	4,799,277	866,771	536,144	3,261,529	18.06%	11.17%	67.96%
	2014	4,817,678	890,580	514,690	3,265,418	18.49%	10.68%	67.78%
	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%
United States	2013	311,536,594	47,882,335	29,178,826	227,492,884	15.37%	9.37%	73.02%
	2014	314,107,084	47,288,340	29,161,025	230,743,526	15.05%	9.28%	73.46%
	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%

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	2012	52,668	102,870	96,355	57,156
	2013	52,485	101,686	98,234	59,003
	2014	49,789	101,857	99,799	61,085
	2015	48,243	102,778	99,654	63,299
	2016	46,648	102,705	100,628	64,915
Alabama	2012	641,324	1,133,370	1,133,124	739,279
	2013	627,502	1,135,487	1,157,929	758,185
	2014	608,361	1,144,361	1,173,190	777,065
	2015	587,452	1,150,810	1,183,615	796,769
	2016	570,203	1,155,930	1,191,896	817,946
United States	2012	34,009,014	66,746,316	73,096,898	61,102,289
	2013	33,562,829	67,217,209	74,047,902	62,418,000
	2014	33,122,628	67,761,339	75,158,504	64,255,682
	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

Table 6: Medicaid Births
Source: Alabama Public Health

		Total Births	Medicaid Births	Percent Medicaid
Mobile	2012	5,489	3,152	57.42%
	2013	5,576	3,262	58.50%
	2014	5,690	3,390	59.58%
	2015	5,660	3,243	57.30%
	2016	5,502	3,082	56.02%
Alabama	2012	58,381	29,743	50.95%
	2013	58,162	29,810	51.25%
	2014	59,532	31,234	52.47%
	2015	59,651	30,149	50.54%
	2016	59,090	29,845	50.51%

Table 7: Births by Race
Source: Alabama Public Health

		Total Births	Births White	% Births White	Births Black and Other	% Births Black and Other
Mobile	2012	5,489	2,951	53.76%	2,538	46.24%
	2013	5,576	3,091	55.43%	2,485	44.57%
	2014	5,690	3,047	53.55%	2,643	46.45%
	2015	5,660	3,036	53.64%	2,624	46.36%
	2016	5,502	2,998	54.49%	2,504	45.51%
Alabama	2012	58,381	38,637	66.18%	19,744	33.82%
	2013	58,162	38,604	66.37%	19,558	33.63%
	2014	59,532	39,488	66.33%	20,044	33.67%
	2015	59,651	39,632	66.44%	20,019	33.56%
	2016	59,090	39,241	66.41%	19,849	33.59%

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	2012	5,489	665	260	405	12.12%	2,899	52.81%
	2013	5,576	572	258	402	10.26%	2,927	52.49%
	2014	5,690	499	220	279	8.77%	3,096	54.41%
	2015	5,660	466	177	289	8.23%	3,034	53.60%
	2016	5,502	424	174	250	7.71%	2,947	53.56%
Alabama	2012	58,381	6,236	3,546	2,690	10.68%	24,854	42.57%
	2013	58,162	5,420	3,194	2,226	9.32%	24,566	42.24%
	2014	59,532	5,085	3,075	2,009	8.54%	25,728	43.22%
	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%

Table 9: Low Weight Births
Source: Alabama Public Health

		Total Births	Low Weight Births Total	Low Weight Births Percent
Mobile	2012	5,489	657	11.97%
	2013	5,576	673	12.07%
	2014	5,690	643	11.30%
	2015	5,660	683	12.07%
	2016	5,502	654	11.89%
Alabama	2012	58,381	5,866	10.05%
	2013	58,162	5,824	10.01%
	2014	59,532	6,024	10.12%
	2015	59,651	6,227	10.44%
	2016	59,090	6,104	10.33%

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	2012	60	10.9	36	6.6	24	4.4
	2013	54	9.7	35	6.3	19	3.4
	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
Alabama	2012	519	8.9	337	5.8	182	3.1
	2013	500	8.6	322	5.5	178	3.1
	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

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

		Infant Deaths Number	Infant Deaths Rate	Number White	Rate White	Number Black and Other	Rate Black and Other
Mobile	2012	60	10.9	22	7.5	38	15
	2013	54	9.7	22	7.1	32	12.9
	2014	58	10.2	20	6.6	38	14.4
	2015	43	4.6	10	3.3	33	12.6
	2016	57	10.4	21	7	36	14.4
Alabama	2012	519	8.9	253	6.5	266	13.5
	2013	500	8.6	266	6.9	234	12
	2014	517	8.7	238	6	279	13.9
	2015	494	8.3	206	5.2	288	14.4
	2016	537	9.1	255	6.5	282	14.2

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

		Fetal Deaths Number	Induced Pregnancy Terminations Number	Induced Pregnancy Terminations Rate
Mobile	2012	52	739	8.8
	2013	37	646	7.7
	2014	39	649	7.7
	2015	63	391	4.6
	2016	49	336	4
Alabama	2012	538	7,970	8.3
	2013	534	7,423	7.7
	2014	500	6,848	7.1
	2015	517	5,193	5.4
	2016	569	6,959	7.3

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	2012	4,264	10.3	1,463	11.7	1,447	11.3	699	9.2	682	7.8
	2013	4,251	10.3	1,444	11.8	1,424	11.3	725	9.5	658	7.5
	2014	4,187	10.1	1,451	11.9	1,315	10.3	716	9.3	705	7.9
	2015	4,283	10.3	1,480	12.2	1,361	10.7	784	10.2	659	7.3
	2016	4,410	10.6	1,478	12.3	1,476	11.7	765	9.9	691	7.7
Alabama	2012	49,212	10.2	18,973	11.4	18,933	11	5,743	8.5	5,563	7.2
	2013	50,140	10.4	19,682	11.8	18,761	10.9	6,053	8.9	5,644	7.3
	2014	50,127	10.3	19,566	11.8	18,942	11	5,825	8.4	5,794	7.4
	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

Table 14: Deaths
Source: Alabama Public Health

	Mobile 2012	2013	2014	2015	2016
Heart Disease	1,023	1,076	1,012	1,097	1,124
Rate	241.1	259.9	243.8	264.1	271
Malignant Neoplasm	927	921	886	890	867
Rate	223.9	222.4	213.4	214.3	209
Cerebrovascular Disease	228	219	209	221	248
Rate	55.1	52.9	50.3	53.2	59.8
Chronic Lower Respiratory	210	226	244	224	256
Rate	50.7	54.6	58.8	53.9	61.7
Accidents	196	200	198	206	182
Rate	47.4	48.3	47.7	49.6	43.9
Alzheimer's	102	99	138	146	170
Rate	24.6	23.9	33.2	35.1	41
Diabetes Mellitus	111	118	143	107	106
Rate	26.8	28.5	34.4	25.8	25.6
Influenza and Pneumonia	63	88	90	95	81
Rate	15.2	21.3	21.7	22.9	19.5
Nephritis, Nephrotic Syndrome, and Nephrosis	68	81	73	76	63
Rate	16.4	19.6	17.6	18.3	15.2
Suicide	75	57	60	66	69
Rate	15.7	13.8	14.5	15.9	16.6
Septicemia	80	69	82	104	100
Rate	19.3	16.7	19.8	25	24.1
Homicide	58	53	54	59	80
Rate	14	12.8	13	14.2	19.3
Chronic Liver Disease and Cirrhosis	62	58	48	52	73
Rate	15	4	11.6	12.5	17.6
Parkinson's	36	25	27	36	42
Rate	8.7	6	6.5	8.7	10.1
HIV	35	19	26	27	27
Rate	8.5	4.6	6.3	6.5	6.5
Viral Hepatitis	17	17	18	19	12
Rate	4.1	4.1	4.3	4.6	2.9
Other	-	-	501	498	508
Rate	-	-	120.7	119.9	122.5

Table 15: Cancers
Source: Alabama Public Health

	Mobile 2012	2013	2014	2015	2016
All Cancer	927	921	886	890	867
Trachea, Bronchus, Lung, and Pleura	267	297	256	234	243
Colorectal	71	83	92	87	64
Breast	69	58	56	56	60
Prostate	43	41	37	45	34
Pancreas	60	46	52	49	59
Leukemias	47	26	34	38	31
Non-Hodgkin's Lymphoma	22	32	26	17	26
Stomach	20	13	13	10	19
Esophagus	22	20	24	23	23
Brain and Other Nervous	27	18	23	20	19
Uterus and Cervix	15	21	22	16	14
Ovaries	16	19	15	21	22
Melanoma of Skin	9	14	16	23	14
All Other	239	233	220	251	239

Table 16: Accidental Deaths
Source: Alabama Public Health

		All Accidents	Motor Vehicle	Suffocation	Poisoning	Smoke Fire & Flames	Falls	Drowning	Firearms	Other Accidents
Mobile	2012	196	64	13	38	5	24	14	0	44
	2013	200	76	7	55	6	20	11	1	29
	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
	Alabama	2012	2255	855	124	482	82	196	93	14
	2013	2302	904	123	540	85	237	69	25	412
	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

APPENDIX B – COMMUNITY SURVEY TABLES

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

	Mobile County – Overall	Mobile County – General	Mobile County – Focused
Excellent	10.3	11.4	8.4
Very Good	29.8	30.1	29.2
Good	37.4	37.3	37.6
Fair	17.3	16.3	19.0
Poor	5.2	4.9	5.8
<i>Total</i>	100.0%	100.0%	100.0%
<i>N</i>	631	405	226

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

	Mobile County – Overall	Mobile County – General	Mobile County – Focused
Very Healthy	1.0	0.8	1.5
Healthy	20.5	22.2	17.4
Somewhat Healthy	60.1	59.4	61.4
Unhealthy	16.3	16.5	15.9
Very Unhealthy	2.1	1.1	3.9
<i>Total</i>	100.0%	100.0%	100.1%
<i>N</i>	576	369	207

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

	Mobile County – Overall	Mobile County – General	Mobile County – Focused
Excellent	11.5	9.6	15.0
Very Good	26.7	27.7	25.0
Good	37.6	40.8	31.8
Fair	17.5	16.4	19.6
Poor	6.7	5.5	8.6
<i>Total</i>	100.0%	100.0%	100.0%
<i>N</i>	617	397	220

* Statistically significant difference between Mobile County general and Mobile County focused, $p < .05$

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

	Mobile County – Overall	Mobile County – General	Mobile County – Focused
Private Insurance – Direct Purchase	11.5	11.2	12.1
Private Insurance – Employer Based	25.6	25.6	25.6
Private Insurance – Employer Based Spouse	3.5	5.0	0.9
Medicare	43.7	42.5	45.7
Medicaid	4.6	4.0	5.8
Tricare / Military Insurance	3.7	2.7	5.4
Other	3.0	4.2	0.9
No Insurance	4.3	4.7	3.6
<i>Total</i>	99.9%	99.9%	100.0%
<i>N</i>	625	402	223

* Statistically significant difference between Mobile County general and Mobile County focused, $p < .05$

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

	Mobile County Overall	Mobile County General	Mobile County Focused
Yes, Only One	79.7	78.0	82.7
Yes, More than One	7.8	8.2	7.1
No	12.5	13.9	10.2
<i>Total</i>	100.0%	100.1%	100.0%
<i>N</i>	630	404	226

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 Overall	Mobile County General	Mobile County Focused
Within the past 12 months	89.4	88.2	91.6
1 to 2 years ago	5.9	5.4	6.7
2 to 5 years ago	1.9	2.5	0.9
5 or more years ago	1.9	2.5	0.9
Have never had one	1.0	1.5	0.0
<i>Total</i>	100.1%	100.1%	100.1%
<i>N</i>	632	407	225

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

	<i>Mobile County Overall</i>	<i>Mobile County General</i>	<i>Mobile County Focused</i>
Within the past 12 months	69.9	69.6	70.6
1 to 2 years ago	11.4	11.0	12.3
2 to 5 years ago	8.0	9.0	6.2
5 or more years ago	6.7	7.2	5.7
Have never had one	3.9	3.2	5.2
<i>Total</i>	99.9%	100.0%	100.0%
<i>N</i>	612	401	211

Table B.8: q8a – q8l For each item please tell me how important you think that item would be to improving the overall health in your community.

	<i>County</i>	<i>Very Important</i>	<i>Somewhat Important</i>	<i>Neither</i>	<i>Somewhat Unimportant</i>	<i>Very Unimportant</i>	<i>Total</i>	<i>N</i>
Q8a. Access to health services such a health clinic or hospital.	<i>O</i>	91.8	7.6	0.3	0.2	0.2	100.1%	630
	<i>G</i>	89.9	9.1	0.5	0.3	0.3	100.0%	406
	<i>F</i>	95.1	4.9	0.0	0.0	0.0	100.0%	224
Q8b. Active lifestyles including outdoor activities.	<i>O</i>	80.2	18.8	0.5	0.3	0.2	100.0%	627
	<i>G</i>	80.0	19.3	0.3	0.5	0.0	100.1%	404
	<i>F</i>	80.7	17.9	0.9	0.0	0.5	100.0%	223
Q8c. Affordable housing.	<i>O</i>	77.6	18.0	2.6	0.8	1.0	100.0%	617
	<i>G</i>	76.8	18.1	3.3	0.8	1.0	100.0%	393
	<i>F</i>	79.0	17.9	1.3	0.9	0.9	100.0%	224
Q8d. Arts and cultural events.	<i>O</i>	42.7	46.1	6.5	2.4	2.3	100.0%	618
	<i>G</i>	44.8	44.3	6.6	2.3	2.0	100.0%	395
	<i>F</i>	39.0	49.3	6.3	2.7	2.7	100.0%	223
Q8e. A clean environment including water, air, etc.	<i>O</i>	96.4	3.5	0.2	0.0	0.0	100.1%	633
	<i>G</i>	96.6	3.2	0.3	0.0	0.0	100.1%	407
	<i>F</i>	96.0	4.0	0.0	0.0	0.0	100.0%	226
Q8f. Family doctors and specialists.	<i>O</i>	91.9	7.8	0.3	0.0	0.0	100.0%	630
	<i>G</i>	91.6	7.9	0.5	0.0	0.0	100.0%	404
	<i>F</i>	92.5	7.5	0.0	0.0	0.0	100.0%	226
Q8g. Good employment opportunities.	<i>O</i>	92.0	7.7	0.3	0.0	0.0	100.0%	625
	<i>G</i>	91.8	7.7	0.5	0.0	0.0	100.0%	403
	<i>F</i>	92.3	7.7	0.0	0.0	0.0	100.0%	222
Q8h. Good places to raise children.	<i>O</i>	91.3	8.1	0.3	0.2	0.2	100.1%	631
	<i>G</i>	91.6	7.9	0.3	0.3	0.0	100.1%	406
	<i>F</i>	90.7	8.4	0.4	0.0	0.4	99.9%	225
Q8i. Good race relations.	<i>O</i>	89.0	9.3	1.1	0.0	0.6	100.0%	626
	<i>G</i>	89.6	8.0	1.5	0.0	1.0	100.1%	402
	<i>F</i>	88.0	11.6	0.5	0.0	0.0	100.1%	224
Q8j. Good schools.	<i>O</i>	93.2	6.0	0.6	0.0	0.2	100.0%	630
	<i>G</i>	92.8	6.2	0.7	0.0	0.3	100.0%	405
	<i>F</i>	93.8	5.8	0.4	0.0	0.0	100.0%	225
Q8k. Healthy food options.	<i>O</i>	88.0	11.4	0.5	0.2	0.0	100.1%	631
	<i>G</i>	89.4	9.9	0.5	0.3	0.0	100.1%	405
	<i>F</i>	85.4	14.2	0.4	0.0	0.0	100.0%	226
Q8l. Fewer homeless.	<i>O</i>	83.0	13.8	2.1	0.7	0.5	100.1%	617
	<i>G</i>	81.8	14.1	2.8	0.5	0.8	100.0%	396
	<i>F</i>	85.1	13.1	0.9	0.9	0.0	100.0%	221

Table B.9: q8m – q8w For each item please tell me how important you think that item would be to improving the overall health in your community.

	<i>County</i>	<i>Very Important</i>	<i>Somewhat Important</i>	<i>Neither</i>	<i>Somewhat Unimportant</i>	<i>Very Unimportant</i>	<i>Total</i>	<i>N</i>
Q8m. Less alcohol and drug abuse.	<i>O</i>	88.4	8.3	2.2	0.3	0.8	100.0%	630
	<i>G</i>	87.4	8.7	3.2	0.3	0.5	100.1%	404
	<i>F</i>	90.3	7.5	0.4	0.4	1.3	99.9%	226
Q8n. Lower crime and safe neighborhoods.	<i>O</i>	94.8	4.6	0.6	0.0	0.0	100.0%	630
	<i>G</i>	93.8	5.5	0.7	0.0	0.0	100.0%	404
	<i>F</i>	96.5	3.1	0.4	0.0	0.0	100.0%	226
Q8o. Less obesity.	<i>O</i>	86.9	11.7	1.0	0.2	0.3	100.1%	626
	<i>G</i>	87.1	11.4	1.2	0.3	0.0	100.0%	403
	<i>F</i>	86.6	12.1	0.5	0.0	0.9	100.1%	223
Q8p. Less sexually transmitted diseases.	<i>O</i>	93.3	5.3	0.6	0.2	0.6	100.0%	627
	<i>G</i>	94.0	4.7	0.5	0.3	0.5	100.0%	402
	<i>F</i>	92.0	6.2	0.9	0.0	0.9	100.0%	225
Q8q. Less tobacco use.	<i>O</i>	83.6	12.9	1.9	0.3	1.3	100.0%	629
	<i>G</i>	82.7	13.6	2.2	0.3	1.2	100.0%	404
	<i>F</i>	85.3	11.6	1.3	0.4	1.3	99.9%	225
Q8r. Mental health services.	<i>O</i>	92.6	6.8	0.2	0.3	0.2	100.1%	631
	<i>G</i>	91.1	7.9	0.3	0.5	0.3	100.1%	405
	<i>F</i>	95.1	4.9	0.0	0.0	0.0	100.0%	226
Q8s. More quality education.	<i>O</i>	92.1	7.5	0.5	0.0	0.0	100.1%	631
	<i>G</i>	93.1	6.7	0.3	0.0	0.0	100.1%	405
	<i>F</i>	90.3	8.9	0.9	0.0	0.0	100.1%	226
Q8t. More quality health care options.	<i>O</i>	90.5	8.6	0.6	0.0	0.3	100.0%	629
	<i>G</i>	89.6	9.2	0.7	0.0	0.5	100.0%	403
	<i>F</i>	92.0	7.5	0.4	0.0	0.0	99.9%	226
Q8u. Good transportation options.	<i>O</i>	76.4	20.9	1.8	0.3	0.6	100.0%	627
	<i>G</i>	75.6	21.1	2.0	0.3	1.0	100.0%	402
	<i>F</i>	77.8	20.4	1.3	0.4	0.0	99.9%	225
Q8v. Religious and/or spiritual values.	<i>O</i>	78.6	16.0	3.7	1.0	0.8	100.1%	630
	<i>G</i>	79.6	14.0	4.2	1.0	1.2	100.0%	406
	<i>F</i>	76.8	19.6	2.7	0.9	0.0	100.0%	224
Q8w. Social support services such as food pantries and charity services.	<i>O</i>	80.3	17.9	1.3	0.0	0.5	100.0%	630
	<i>G</i>	80.2	17.3	2.0	0.0	0.5	100.0%	404
	<i>F</i>	80.5	19.0	0.0	0.0	0.4	99.9%	226

Table B.10: q9a – q9l For each health issue please tell me how important of a problem you feel that issue is for Mobile County.

	<i>County</i>	<i>Very Important</i>	<i>Somewhat Important</i>	<i>Neither</i>	<i>Somewhat Unimportant</i>	<i>Very Unimportant</i>	<i>Total</i>	<i>N</i>
Q9a. Accidental injuries at places like work, home or school.	<i>O</i>	56.5	33.9	6.2	1.2	2.3	100.1%	611
	<i>G</i>	54.7	34.1	7.1	1.3	2.8	100.0%	393
	<i>F</i>	59.6	33.5	4.6	0.9	1.4	100.0%	218
Q9b. Aging problems like dementia and loss of mobility.	<i>O</i>	83.5	15.4	1.1	0.0	0.0	100.0%	629
	<i>G</i>	84.4	13.9	1.7	0.0	0.0	100.0%	404
	<i>F</i>	81.8	18.2	0.0	0.0	0.0	100.0%	225
Q9c. Cancers.	<i>O</i>	90.5	9.4	0.2	0.0	0.0	100.1%	631
	<i>G</i>	89.6	10.1	0.3	0.0	0.0	100.0%	405
	<i>F</i>	92.0	8.0	0.0	0.0	0.0	100.0%	226
Q9d. Child abuse and neglect.	<i>O</i>	94.4	5.3	0.3	0.0	0.0	100.0%	626
	<i>G</i>	93.3	6.3	0.5	0.0	0.0	100.1%	400
	<i>F</i>	96.5	3.5	0.0	0.0	0.0	100.0%	226
Q9e. Dental problems.	<i>O</i>	66.6	29.3	2.6	0.5	1.1	100.1%	625
	<i>G</i>	65.8	28.8	3.2	0.7	1.5	100.0%	403
	<i>F</i>	68.0	30.2	1.4	0.0	0.5	100.1%	222
Q9f. Diabetes.	<i>O</i>	86.7	11.7	1.4	0.2	0.0	100.0%	624
	<i>G</i>	85.5	12.3	2.0	0.3	0.0	100.1%	399
	<i>F</i>	88.9	10.7	0.4	0.0	0.0	100.0%	225
Q9g. Domestic violence.	<i>O</i>	90.4	8.7	0.8	0.0	0.2	100.1%	624
	<i>G</i>	89.3	9.5	1.3	0.0	0.0	100.1%	401
	<i>F</i>	92.4	7.2	0.0	0.0	0.5	100.1%	223
Q9h. Drug use and abuse.	<i>O</i>	91.8	7.3	0.8	0.0	0.2	100.1%	632
	<i>G</i>	90.2	8.6	1.2	0.0	0.0	100.0%	406
	<i>F</i>	94.7	4.9	0.0	0.0	0.4	100.0%	226
Q9i. Fire-arm related injuries.	<i>O</i>	77.5	18.0	3.2	0.3	1.0	100.0%	617
	<i>G</i>	75.9	18.6	4.0	0.3	1.3	100.1%	399
	<i>F</i>	80.3	17.0	1.8	0.5	0.5	100.1%	218
Q9j. Heart disease and stroke.	<i>O</i>	88.4	11.3	0.2	0.0	0.2	100.1%	627
	<i>G</i>	86.9	12.9	0.3	0.0	0.0	100.1%	403
	<i>F</i>	91.1	8.5	0.0	0.0	0.5	100.1%	224
Q9k. HIV/AIDS.	<i>O</i>	82.2	15.0	1.9	0.5	0.3	99.9%	619
	<i>G</i>	80.6	15.4	3.0	0.8	0.3	100.1%	396
	<i>F</i>	85.2	14.4	0.0	0.0	0.5	100.1%	223
Q9l. Homelessness.	<i>O</i>	80.4	15.7	2.9	0.3	0.8	100.1%	626
	<i>G</i>	78.4	16.4	4.0	0.5	0.8	100.1%	402
	<i>F</i>	83.9	14.3	0.9	0.0	0.9	100.0%	224

Table B.11: q9m – q9x For each health issue please tell me how important of a problem you feel that issue is for Mobile County.

	<i>County</i>	<i>Very Important</i>	<i>Somewhat Important</i>	<i>Neither</i>	<i>Somewhat Unimportant</i>	<i>Very Unimportant</i>	<i>Total</i>	<i>N</i>
Q9m. Homicides.	<i>O</i>	84.3	13.0	2.2	0.2	0.3	100.0%	625
	<i>G</i>	83.3	13.2	3.2	0.3	0.0	100.0%	401
	<i>F</i>	86.2	12.5	0.5	0.0	0.9	100.1%	224
Q9n. Infant death.	<i>O</i>	84.8	12.6	1.9	0.3	0.3	99.9%	617
	<i>G</i>	84.6	12.4	2.5	0.5	0.0	100.0%	395
	<i>F</i>	85.1	13.1	0.9	0.0	0.9	100.0%	222
Q9o. Infectious diseases like hepatitis and tuberculosis.	<i>O</i>	77.7	18.6	1.9	1.1	0.7	100.0%	620
	<i>G</i>	77.4	18.3	2.3	1.5	0.5	100.0%	399
	<i>F</i>	78.3	19.0	1.4	0.5	0.9	100.1%	221
Q9p. Mental health problems.	<i>O</i>	87.6	11.5	0.6	0.2	0.2	100.1%	628
	<i>G</i>	86.4	12.4	1.0	0.3	0.0	100.1%	403
	<i>F</i>	89.8	9.8	0.0	0.0	0.4	100.0%	225
Q9q. Motor vehicle crash injuries.	<i>O</i>	77.2	19.9	1.9	0.3	0.6	99.9%	623
	<i>G</i>	78.3	18.8	2.3	0.3	0.5	100.2%	400
	<i>F</i>	75.3	22.0	1.4	0.5	0.9	100.1%	223
Q9r. Obesity or excess weight.	<i>O</i>	81.9	15.6	2.2	0.0	0.3	100.0%	628
	<i>G</i>	80.2	16.6	3.0	0.0	0.3	100.1%	403
	<i>F</i>	84.9	13.8	0.9	0.0	0.4	100.0%	225
Q9s. Rape and sexual assault.	<i>O</i>	88.8	9.6	0.8	0.3	0.5	100.0%	617
	<i>G</i>	88.9	9.3	1.0	0.5	0.3	100.0%	398
	<i>F</i>	88.6	10.1	0.5	0.0	0.9	100.1%	219
Q9t. Respiratory problems and lung disease.	<i>O</i>	80.8	17.4	1.3	0.2	0.3	100.0%	621
	<i>G</i>	80.2	17.6	2.0	0.3	0.0	100.1%	398
	<i>F</i>	82.1	17.0	0.0	0.0	0.9	100.0%	223
Q9u. Sexually transmitted diseases.	<i>O</i>	84.6	12.4	2.4	0.2	0.5	100.1%	622
	<i>G</i>	83.5	12.7	3.5	0.0	0.3	100.0%	401
	<i>F</i>	86.4	11.8	0.5	0.5	0.9	100.1%	221
Q9v. Suicide.	<i>O</i>	84.0	13.3	1.6	0.5	0.6	100.0%	623
	<i>G</i>	84.3	12.5	2.0	0.8	0.5	100.1%	401
	<i>F</i>	83.3	14.9	0.9	0.0	0.9	100.0%	222
Q9w. Teenage pregnancy.	<i>O</i>	78.8	18.3	1.8	0.5	0.6	100.0%	623
	<i>G</i>	77.6	19.5	2.0	0.5	0.5	100.1%	401
	<i>F</i>	81.1	16.2	1.4	0.5	0.9	100.1%	222
Q9x. Tobacco Use.*	<i>O</i>	76.4	19.4	2.7	0.0	1.4	99.9%	624
	<i>G</i>	73.6	21.4	3.7	0.0	1.2	99.9%	402
	<i>F</i>	81.5	15.8	0.9	0.0	1.8	100.0%	222

* Statistically significant difference between Mobile County general and Mobile County focused, $p < .05$

Table B.12: 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.

	<i>County</i>	<i>Yes</i>	<i>No</i>	<i>Total</i>	<i>N</i>
Q10a. Asthma.	<i>O</i>	14.6	85.4	100.0%	625
	<i>G</i>	16.0	84.0	100.0%	400
	<i>F</i>	12.0	88.0	100.0%	225
Q10b. Chronic obstructive pulmonary disease or COPD.	<i>O</i>	7.5	92.5	100.0%	624
	<i>G</i>	8.0	92.0	100.0%	400
	<i>F</i>	6.7	93.3	100.0%	224
Q10c. Dementia or Alzheimer's.	<i>O</i>	0.6	99.4	100.0%	626
	<i>G</i>	0.8	99.3	100.1%	400
	<i>F</i>	0.4	99.6	100.0%	226
Q10d. Depression.	<i>O</i>	21.6	78.4	100.0%	626
	<i>G</i>	21.3	78.8	100.1%	400
	<i>F</i>	22.1	77.9	100.0%	226
Q10e. Diabetes.	<i>O</i>	23.5	76.5	100.0%	625
	<i>G</i>	21.5	78.5	100.0%	400
	<i>F</i>	27.1	72.9	100.0%	225
Q10f. Heart Disease.	<i>O</i>	18.2	81.8	100.0%	625
	<i>G</i>	16.8	83.2	100.0%	399
	<i>F</i>	20.8	79.2	100.0%	226
Q10g. High Cholesterol.	<i>O</i>	41.3	58.7	100.0%	622
	<i>G</i>	40.2	59.8	100.0%	398
	<i>F</i>	43.3	56.7	100.0%	224
Q10h. High blood pressure.	<i>O</i>	55.1	44.9	100.0%	624
	<i>G</i>	54.9	45.1	100.0%	399
	<i>F</i>	55.6	44.4	100.0%	225
Q10i. HIV or Aids.	<i>O</i>	0.2	99.8	100.0%	626
	<i>G</i>	0.3	99.8	100.1%	400
	<i>F</i>	0.0	100.0	100.0%	226
Q10j. Obesity.	<i>O</i>	21.0	79.0	100.0%	625
	<i>G</i>	23.1	76.9	100.0%	399
	<i>F</i>	17.3	82.7	100.0%	226
Q10k. Tuberculosis.	<i>O</i>	0.5	99.5	100.0%	626
	<i>G</i>	0.5	99.5	100.0%	400
	<i>F</i>	0.4	99.6	100.0%	226
Q10l. Alcohol or drug addiction.	<i>O</i>	1.3	98.7	100.0%	626
	<i>G</i>	1.5	98.5	100.0%	400
	<i>F</i>	0.9	99.1	100.0%	226

Table B.13: q11. Thinking about your experience with healthcare services in Mobile County, please tell me if there are any healthcare services which you feel are difficult to get in Mobile County? Select All That Apply¹

	<i>Mobile County Overall</i>	<i>Mobile County General</i>	<i>Mobile County Focused</i>
Alternative therapies (acupuncture, herbals)	0.5	0.7	0.0
Dental care / dentures	4.4	4.4	4.4
Emergency medical care	3.2	3.4	2.7
Hospital care	1.4	2.0	0.4
Laboratory services	0.6	1.0	0.0
Mental health services	10.6	11.3	9.3
Physical therapy / rehabilitation*	1.1	1.7	0.0
Preventative healthcare (routine or wellness checkups)	2.7	3.2	1.8
Prescriptions / pharmacy services	3.0	3.7	1.8
Primary medical care (primary doctor or clinic)	2.4	3.0	1.3
Services for the elderly*	5.1	6.6	2.2
Specialty medical care (specialist doctors)	6.2	6.9	4.9
Alcohol or drug abuse treatment*	1.7	2.7	0.0
Vision care / eye exams / glasses	1.6	2.2	0.4
Women's health	3.6	3.9	3.1
X-rays or mammograms**	1.9	3.0	0.0
Other	14.5	15.0	13.7
None	61.6	58.7	66.8
	<i>N</i>		
	633	407	226

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

* Statistically significant difference between Mobile County general and Mobile County focused, $p < .05$

** Statistically significant difference between Mobile County general and Mobile County focused, $p < .01$

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

	<i>Mobile County – Overall</i>	<i>Mobile County – General</i>	<i>Mobile County – Focused</i>
Yes	16.3	16.8	15.5
No	83.7	83.2	84.5
<i>Total</i>	100.0%	100.0%	100.0%
<i>N</i>	631	405	226

Table B.15: q13. (Of those saying YES to Q12) Why did you delay in getting needed medical care? Select All That Apply¹

	<i>Mobile County – Overall</i>	<i>Mobile County – General</i>	<i>Mobile County – Focused</i>
Could not afford medical care	24.3	27.9	17.1
Insurance problems / lack of insurance	23.3	20.6	28.6
Lack of transportation	2.9	2.9	2.9
Language barriers / could not communicate	0.0	0.0	0.0
Provider did not take my insurance	3.9	5.9	0.0
Provider was not taking new patients	0.0	0.0	0.0
Could not get an appointment soon enough	10.7	11.8	8.6
Could not get a weekend or evening appointment	2.9	2.9	2.9
Other	50.5	51.5	48.6
<i>N</i>	103	68	35

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

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

	Mobile County Overall	Mobile County General	Mobile County Focused
Emergency room (hospital)	15.3	14.7	16.4
Family doctor	62.6	60.9	65.5
Any doctor	0.8	0.7	0.9
Urgent care clinic	14.4	15.2	12.8
Health department	1.3	1.2	1.3
Community health center	0.6	0.5	0.9
Free clinic	0.8	0.7	0.8
VA / Military facility	1.4	1.7	0.9
Other	2.8	4.2	0.4
I usually go without receiving healthcare	0.0	0.0	0.0
<i>Total</i>	100.0%	99.8%	99.9%
<i>N</i>	633	407	226

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

	Mobile County Overall	Mobile County General	Mobile County Focused
Extremely confident	30.7	30.4	31.4
Very confident	41.9	44.5	37.2
Somewhat confident	22.5	21.6	23.9
Not very confident	3.5	2.2	5.8
Not at all confident	1.4	1.2	1.8
<i>Total</i>	100.0%	99.9%	100.1%
<i>N</i>	628	402	226

Table B.18: q16. Do you currently use any tobacco products such as cigarettes, cigars, chewing tobacco, snuff, vaping or e-cigarettes? Select All That Apply¹

	Mobile County – Overall	Mobile County – General	Mobile County – Focused
Yes, cigarettes or cigars	11.5	11.6	11.5
Yes, chewing tobacco, snuff	1.4	1.7	0.9
Yes, vaping or e-cigarettes	1.1	1.0	1.3
No, quit in the last 12 months	0.2	0.0	0.4
No, quit more than a year ago*	6.3	7.9	3.5
No, never used tobacco products	80.6	78.9	83.6
	<i>N</i>	633	407
			226

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

* Statistically significant difference between Mobile County general and Mobile County focused, $p < .05$

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

	Mobile County – Overall	Mobile County – General	Mobile County – Focused
18 to 30	5.6	6.1	4.6
31 to 45	11.8	12.5	10.6
46 to 65	34.4	33.6	35.8
Over 65	48.3	47.8	49.1
	<i>Total</i>	100.1%	100.0%
	<i>N</i>	611	393
			218

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

	Mobile County Overall	Mobile County General	Mobile County Focused
White / Caucasian	59.6	60.9	57.1
Black / African-American	36.5	34.2	40.7
Hispanic or Latino	0.8	1.0	0.4
Asian	0.0	0.0	0.0
American Indian / Alaskan Native	0.5	0.5	0.4
Pacific Islander	0.0	0.0	0.0
Multi-racial	0.8	1.0	0.4
Other	1.9	2.5	0.9
<i>Total</i>	100.1%	100.1%	99.9%
<i>N</i>	633	407	226

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

	Mobile County Overall	Mobile County General	Mobile County Focused
Never attended school or only Kindergarten	0.5	0.7	0.0
Grades 1 through 8	1.0	0.3	2.2
Some High School (grades 9 through 11)	4.4	3.2	6.6
High School Degree or GED	26.9	24.6	31.0
Vocational / Technical School	4.6	4.4	4.9
Some College	29.2	30.5	27.0
Bachelors or 4 Year College Degree	18.3	19.2	16.8
Graduate or Professional Degree (Law Degree)	15.2	17.2	11.5
<i>Total</i>	100.1%	100.1%	100.0%
<i>N</i>	633	407	226

* Statistically significant difference between Mobile County general and Mobile County focused, $p < .05$

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

	Mobile County Overall	Mobile County General	Mobile County Focused
Disabled / Unable to work	6.2	6.0	6.7
Employed full-time	27.2	28.7	24.4
Employed part-time	4.3	4.0	4.9
Homemaker / Housewife or househusband	2.4	1.8	3.6
Retired	51.3	50.4	52.9
Seasonal worker	0.0	0.0	0.0
Student	0.5	0.3	0.9
Self-employed	3.5	3.2	4.0
Unemployed	4.6	5.7	2.7
<i>Total</i>	100.0%	100.1%	100.1%
<i>N</i>	626	401	225

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

	Mobile County Overall	Mobile County General	Mobile County Focused
Less than \$15,000	16.0	14.2	19.0
\$15,000 - \$25,000	9.2	7.4	12.3
\$25,000 - \$35,000	12.8	13.7	11.3
\$35,000 - \$50,000	19.0	19.0	19.0
\$50,000 - \$75,000	18.8	19.3	18.0
\$75,000 - \$100,000	9.0	10.1	7.2
More than \$100,000	15.2	16.3	13.3
<i>Total</i>	100.0%	100.0%	100.1%
<i>N</i>	532	337	195

Table B.24: Sex

	<i>Mobile County – Overall</i>	<i>Mobile County – General</i>	<i>Mobile County – Focused</i>
Male	26.4	27.5	24.3
Female	73.6	72.5	75.7
<i>Total</i>	100.0%	100.0%	100.0%
<i>N</i>	633	407	226

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?

- More care and compassion for citizens/patients.
- Access to pain clinic that has very pain.
- Urgent care.
- Transplant services.
- Home health care.
- Thyroid specialist.
- Mental health care.
- 24hr. care facilities.
- Drug abuse.
- More cancer research centers.
- Mental health.
- More cancer treatment options.
- Transportation.
- Need a service for bed patient.
- Brain treatment.
- New patients have to wait to long to see a doctor.
- Better doctors.
- Hospital care in a timely fashion.
- Neurologist.
- More treatment for cancer patients; the doctors need to see patients more.
- People without insurance have difficulties.
- Low-income specialists.
- A dermatologist that specializes in African-American skin.
- For homeless.
- Homeless resources.
- Basic health care services.
- Holistic care and medication.
- Drug rehab.
- More affordability.
- Help with hospital cost.
- More help for veterans.
- It needs to get better.
- Mental health ward.
- Dermatologist.

- More VA hospitals/ services.
- Doctor appt.
- Dermatology & allergies.
- Pain management.
- Difficulty getting health insurance.
- Health specialist [rare sickness].
- Minimum health care options for unemployed and/or uninsured citizens.
- Affordable alcohol and drug counseling.
- Any health care for low income.
- Pulmonologist.
- Children's Cancer treatment.
- Women's Rehab.
- Stroke treatment.
- Increasingly difficult to receive antibiotics for conditions.
- Need more doctors.
- Rheumatology.
- Rape crisis.
- Dietary needs to be addressed.
- Health care service office.
- Emergency room needs to listen to patients; needs more specialists.
- Pain management.
- Suicide preventive care.
- Family doctors not taking new patients.
- Not enough general practitioners.
- Neurosurgery.
- Cancer treatment.
- Research.
- Dermatology.
- Health insurance options.
- Having records on discs would be helpful.
- Any kind of health care without insurance.
- Dermatology.
- Dermatology.
- Pain management.
- Dental care or anything if you don't have insurance.
- Can't see a doctor, only nurse practitioner.
- Child care if don't have insurance.
- They don't want to take care of you when you are old.
- Dental care, dermatology and mental health for the people that have no insurance.
- Weight loss programs.

- Skin disorders.
- Transportation.
- Center for people who have dementia.
- Nutrition.
- Pediatric specialists.
- Addiction treatment.
- Dermatology.
- Dermatology.
- Cat scan.
- Emergency rooms are overcrowded.
- Prescription prices.
- Home healthcare.
- Cancer treatment.
- Dermatologist who accepts most health insurance.
- Cancer treatment.
- VA hospital.
- GI specialist /neurologist.
- Difficult to get a good doctor.
- Public transportation needs to be improved.
- Not enough local VA facilities.
- Neurologist for children.
- Older people need more help.
- Baby doctors for people without insurance.
- ER services are terrible need better nurses; need more training.
- Home healthcare and transportation.
- If you don't have the right insurance.
- Should get a standardized test.
- Pediatric neurologist.
- Hard to get appointment at Franklin clinic.
- Any of them when you don't have insurance.
- Drugs help.
- If you don't have insurance all of it is hard to get care.
- Natural and holistic care.
- If you have no insurance no one is able to get to see the doctor.
- Everyone needs medical care.
- If you don't have any insurance.
- Hard to get good doctor to take insurance.
- Hard to get good healthcare.
- Primary care doctors.
- Dialysis.

- Having someone at home to help.
- Hard to get an appointment.
- Pain management doctors are hard to find.
- First class trauma unit.
- Transportation; exercise classes.

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

- Don't like going to the dentist.
- Not having time.
- Just haven't gotten care.
- Scared.
- Limited mobility because of therapy.
- Limited to the number of visits per year.
- Medical reason.
- Didn't want to go.
- No denture coverage.
- Not being able to make the time.
- Too busy, getting kids ready for school and sick parents.
- Didn't want to sit in hospital.
- Could not find a doctor.
- Family matters and sickness.
- Personal choice.
- Put it off.
- Couldn't make time.
- VA was closed during time of illness.
- Dentist.
- Husband sick.
- Hurricane delayed appt.
- Doctor appt.
- Also, don't like care from doctors.
- Didn't have time.
- She said she could deal with it on her on.
- Because she has to sit so long.
- Back surgery.
- Didn't feel like it.
- Side effects.
- Did not have sitter for mother.
- Work.
- Put it off.

- Needed work done and they wouldn't do it.
- Copay.
- Knee surgery.
- Respondent thought she could treat herself.
- Forgot to make appointment.
- Refused to go.
- Postponed until seen a different doctor.
- Took oxygen, wouldn't fill medicine.
- Time.
- Did not need it anymore; was just given pain pills.
- Didn't feel like going.
- Poor health knowledge and skills.
- Because there are no good doctors.
- Dental care.
- Don't trust the doctors.
- Stubbornness.
- Traveling.
- Thinks her insurance was not good enough.
- Could not go to doctor because of current medicine.
- Just didn't want to go.
- Was scared.
- Had to postpone dentist because of hurt shoulder.
- Just have not gone to eye doctor.
- Due to doctor malpractice.
- Because the doctors are not good.
- Don't have a primary care doctor.
- Not enough time.

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 three¹

	<i>Frequency</i>	<i>Percent</i>
1a. Access to health services (e.g, family doctor, hospitals)	43	51.2
1b. Active lifestyles / outdoor activities	15	17.9
1c. Affordable housing	14	16.7
1d. Arts and cultural events	0	0.0
1e. Clean environment (clean water, air, etc.)	13	15.5
1f. Family doctors and specialists	2	2.4
1g. Good employment opportunities	14	16.7
1h. Good place to raise children	3	3.6
1i. Good race relations	1	1.2
1j. Good schools	6	7.1
1k. Healthy food options	15	17.9
1l. Low numbers of homeless	1	1.2
1m. Low alcohol and drug use	4	4.8
1n. Low crime / safe neighborhoods	22	26.2
1o. Low percent of population that are obese	3	3.6
1p. Low numbers of sexually transmitted diseases (STDs)	0	0.0
1q. Low tobacco use	2	2.4
1r. Mental health services	25	29.8
1s. Quality education	23	27.4
1t. Quality hospitals and urgent / emergency services	3	3.6
1u. Good transportation options	5	6.0
1v. Religious or spiritual values	5	6.0
1w. Social support services	1	1.2
1x. Some other feature	2	2.4
	<i>N</i>	84

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 three¹

	<i>Frequency</i>	<i>Percent</i>
2a. Accidental injuries (at work, home, school, farm)	1	1.2
2b. Aging problems (e.g., dementia, vision / hearing loss, loss of mobility)	9	10.7
2c. Cancers	13	15.5
2d. Child abuse / neglect	11	13.1
2e. Dental problems	1	1.2
2f. Diabetes	19	22.6
2g. Domestic violence	8	9.5
2h. Drug use / abuse	24	28.6
2i. Fire-arm related injuries	4	4.8
2j. Heart disease and stroke	12	14.3
2k. HIV / Aids	1	1.2
2l. Homelessness	6	7.1
2m. Homicide	8	9.5
2n. Infant Death	4	4.8
2o. Infectious diseases (e.g., hepatitis, TB, etc.)	1	1.2
2p. Mental health problems	52	61.9
2q. Motor vehicle crash injuries	1	1.2
2r. Obesity / excess weight	29	34.5
2s. Rape / sexual assault	0	0.0
2t. Respiratory / lung disease	0	0.0
2u. Sexually Transmitted Diseases (STDs)	2	2.4
2v. Suicide	3	3.6
2w. Teenage pregnancy	4	4.8
2x. Tobacco use	1	1.2
2y. Some other health issue	4	4.8
2z. Some other health issue	1	1.2
	<i>N</i>	84

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 three¹

	<i>Frequency</i>	<i>Percent</i>
3a. Alcohol abuse	12	14.3
3b. Drug abuse	43	51.2
3c. Excess weight	29	34.5
3d. Homelessness	24	28.6
3e. Lack of exercise	20	23.8
3f. Poor eating habits / poor nutrition	40	47.6
3g. Not getting shots to prevent disease	3	3.6
3h. Not using seat belts / child safety seats	5	6.0
3i. Not seeing a doctor or dentist	26	31.0
3j. Tobacco use	8	9.5
3k. Unprotected / unsafe sex	8	9.5
3l. Some other unhealthy behavior	1	1.2
	<i>N</i>	84

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 apply¹

	<i>Frequency</i>	<i>Percent</i>
4a. Alternative therapies (acupuncture, herbals, etc.)	17	20.2
4b. Dental care including dentures	17	20.2
4c. Emergency medical care	3	3.6
4d. Hospital care	1	1.2
4e. Laboratory services	4	4.8
4f. Mental health services	58	69.0
4g. Physical therapy / rehabilitation	5	6.0
4h. Preventative healthcare (routine or wellness check-ups, etc.)	22	26.2
4i. Prescriptions / pharmacy services	9	10.7
4j. Primary medical care (a primary doctor / clinic)	14	16.7
4k. Services for the elderly	22	26.2
4l. Specialty medical care (specialist doctors)	17	20.2
4m. Alcohol or drug abuse treatment	39	46.4
4n. Vision care (eye exams and glasses)	3	3.6
4o. Women's health	6	7.1
4p. X-Rays or mammograms	1	1.2
4q. Some other healthcare service	3	3.6
	<i>N</i>	84

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?

	<i>Frequency</i>	<i>Percent</i>
Very healthy	0	0.0
Healthy	6	8.3
Somewhat healthy	32	44.4
Unhealthy	29	40.3
Very unhealthy	4	5.6
Don't Know	1	1.4
	<i>N</i>	72
		100.0

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

	<i>Frequency</i>	<i>Percent</i>
Excellent	3	4.2
Very good	17	23.9
Good	28	39.4
Fair	20	28.2
Poor	3	4.2
Don't Know	0	0.0
	<i>N</i>	71
		99.9

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

	<i>Frequency</i>	<i>Percent</i>
Alcohol / substance abuse treatment	0	0.0
Business	0	0.0
Clothing / thrift store	0	0.0
Disability services	1	1.4
Education	13	18.1
Employment / job training	1	1.4
Faith based counseling	2	2.8
Financial counseling	0	0.0
Food assistance	3	4.2
Government	1	1.4
Healthcare	17	23.6
Housing / temporary shelter	7	9.7
Legal aid	1	1.4
Mental health	4	5.6
Pregnancy or adoption assistance	0	0.0
Public Service	5	6.9
Senior services	4	5.6
Utility payment assistance	0	0.0
Some other services	13	18.1
	<i>N</i>	72
		100.2

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

	<i>Frequency</i>	<i>Percent</i>
Active duty military	0	0.0
Disabled	2	3.2
Families	21	33.9
Homeless	5	8.1
Individuals	22	35.5
Veterans	0	0.0
Other	12	19.4
	<i>N</i>	62
		100.1

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

	<i>Frequency</i>	<i>Percent</i>
Give the client information on where to obtain assistance (client is responsible for contacting other organization)	37	63.8
Phone, email, or fax a referral to another organization	18	31.0
Send an electronic referral using a shared software system (such as Bowman Systems or CareScope)	0	0.0
Other	3	5.2
<i>N</i>	58	100.0

Table D.10: q10. What age group do most of your clients fit into? Check all that apply¹

	<i>Frequency</i>	<i>Percent</i>
Children	31	36.9
Adults (under age 65)	39	46.4
Seniors (65 and over)	17	20.2
<i>N</i>	87	

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?

	<i>Frequency</i>	<i>Percent</i>
Helpful	49	81.7
Somewhat helpful	8	13.3
Not helpful	3	5.0
Don't Know	0	0.0
<i>N</i>	60	100.0

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

	<i>Frequency</i>	<i>Percent</i>
500 or less	10	16.7
501 to 1,000	10	16.7
1,001 to 5,000	8	13.3
5,001 to 10,000	5	8.3
10,001 to 20,000	4	6.7
20,000 or more	19	31.7
Don't Know	4	6.7
	<i>N</i>	60
		100.1

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

	<i>Frequency</i>	<i>Percent</i>
Yes, 50% of the federal poverty level or less	3	5.7
Yes, 100% of the federal poverty level or less	5	9.4
Yes, 150% of the federal poverty level or less	0	0.0
Yes, 200% of the federal poverty level or less	0	0.0
Yes, 300% of the federal poverty level or less	0	0.0
No, we serve everyone	39	73.6
Other	6	11.3
Don't Know	0	0.0
	<i>N</i>	53
		100.0

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

	<i>Frequency</i>	<i>Percent</i>
0%	11	21.2
1 – 25%	31	59.6
26 – 50%	3	5.8
51 – 75%	3	5.8
76 – 100%	4	7.7
	<i>N</i>	52
		100.1

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

	<i>Frequency</i>	<i>Percent</i>
CareScope	0	0.0
Bowman Systems (Service Point or Community Point)	3	7.3
VisionLink (2-1-1 or Community)	0	0.0
Social Solutions (ETO Collaborative)	0	0.0
An electronic medical record (EMR) or electronic health record (EHR)	19	46.3
Some other system	11	26.8
Don't Know	8	19.5
	<i>N</i>	41
		99.9

APPENDIX E – COMMUNITY HEALTH LEADERS SURVEY OPEN-ENDED RESPONSES

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

- A community focused on the social determinants of health.
- Livable Wages/Incomes for Residents.

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

- Food insecurity/malnutrition.
- High blood pressure.
- Hunger/healthy diet.
- Poverty.
- Asthma/Allergies.

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

- Mental health.

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

- Affordable housing.
- Dermatology.
- Patient apathy/compliance.

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

- Access to outdoor recreation.
- Community convener and funder.
- Environmental protection.
- Fair housing, financial literacy, mortgage default counseling.
- Faith development.
- Funding for programs at nonprofits, schools, government entities, churches.
- Physical, Spiritual, and emergency assistance.
- Public health.
- Research.
- Social service.
- Social Services.
- Treatment for foster youth.
- We fund a variety of the services listed above.

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

- Adolescent 8-19.
- All of the above.
- Anyone seeking healthcare.
- Children.
- Children.
- College students.
- Foster children.
- Homeless due to Domestic Violence.
- Low income, uninsured.
- Very low income.
- We fund programs that serve all of the people listed above.
- We serve all.

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

- DHR finds alternative placement.
- Provide information and/or referrals with follow-up.
- We contact the other agencies on behalf of the client.

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

- Custom.
- Data Base.
- EPIC.
- HMIS.
- HMIS.
- My Senior.
- Oasis
Insight.
- Osnium.
- SmartCare.
- Sumac.

APPENDIX F – COMMUNITY HEALTH SURVEY QUESTIONNAIRE

2018-2019 COMMUNITY HEALTH NEEDS ASSESSMENT

SCREENER

I. Introduction

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

IF LANDLINE SKIPTO II
IF CELL PHONE SKIPTO III

II. Respondent Selection

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

A. IF RESPONDENT – “Then you’re the one I want to talk to.” SKIP TO QUESTIONNAIRE

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

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

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

SKIPTO IV

III. Cell Phone

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

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

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

C2. “Are you 18 years of age or older?”

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

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

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

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

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

EXIT TO DISPOSITION

SKIPTO IV

IV. Survey Start

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

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

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR

- 8 DK
- 9 NA

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

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

- 8 DK
- 9 NA

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

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR

- 8 DK
- 9 NA

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

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

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

- 98 DON'T KNOW
- 99 REF/NA

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

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

- 1 YES ONLY ONE
- 2 YES MORE THAN ONE
- 3 NO

- 8 DK
- 9 NA

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

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

- 8 DK
- 9 NA

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

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

- 8 DK
- 9 NA

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

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

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

- 8 DK
- 9 NA

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

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

- 8 DK
- 9 NA

C. "Affordable housing?"

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

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

- 8 DK
- 9 NA

D. "Arts and cultural events?"

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

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

- 8 DK
- 9 NA

E. "A clean environment including water, air, etc.?"

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

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

- 8 DK
- 9 NA

F. "Family doctors and specialists?"

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

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

- 8 DK
- 9 NA

G. "Good employment opportunities?"

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

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

- 8 DK
- 9 NA

H. "Good places to raise children?"

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

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

- 8 DK
- 9 NA

I. "Good race relations?"

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

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

- 8 DK
- 9 NA

J. "Good schools?"

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

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

- 8 DK
- 9 NA

K. "Healthy food options?"

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

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

- 8 DK
- 9 NA

L. "Fewer homeless?"

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

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

- 8 DK
- 9 NA

M. "Less alcohol and drug abuse?"

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

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

- 8 DK
- 9 NA

N. "Lower crime and safe neighborhoods?"

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

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

- 8 DK
- 9 NA

O. "Less obesity?"

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

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

- 8 DK
- 9 NA

P. "Less sexually transmitted diseases?"

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

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

- 8 DK
- 9 NA

Q. "Less tobacco use?"

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

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

- 8 DK
- 9 NA

R. "Mental health services?"

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

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

- 8 DK
- 9 NA

S. "More quality education?"

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

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

- 8 DK
- 9 NA

T. "More quality health care options?"

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

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

- 8 DK
- 9 NA

U. "Good transportation options?"

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

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

- 8 DK
- 9 NA

V. "Religious and/or spiritual values?"

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

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

- 8 DK
- 9 NA

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

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

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

- 8 DK
- 9 NA

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

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

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

- 8 DK
- 9 NA

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

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

- 8 DK
- 9 NA

C. "Cancers?"

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

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

- 8 DK
- 9 NA

D. "Child abuse and neglect?"

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

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

- 8 DK
- 9 NA

E. "Dental problems?"

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

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

- 8 DK
- 9 NA

F. "Diabetes?"

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

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

- 8 DK
- 9 NA

G. "Domestic violence?"

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

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

- 8 DK
- 9 NA

H. "Drug use and abuse?"

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

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

- 8 DK
- 9 NA

I. "Fire-arm related injuries?"

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

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

- 8 DK
- 9 NA

J. "Heart disease and stroke?"

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

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

- 8 DK
- 9 NA

K. "HIV/AIDS?"

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

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

- 8 DK
- 9 NA

L. "Homelessness?"

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

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

- 8 DK
- 9 NA

M. "Homicides?"

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

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

- 8 DK
- 9 NA

N. "Infant death?"

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

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

- 8 DK
- 9 NA

O. "Infectious diseases like hepatitis and tuberculosis?"

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

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

- 8 DK
- 9 NA

P. "Mental health problems?"

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

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

- 8 DK
- 9 NA

Q. "Motor vehicle crash injuries?"

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

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

- 8 DK
- 9 NA

R. "Obesity or excess weight?"

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

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

- 8 DK
- 9 NA

S. "Rape and sexual assault?"

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

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

- 8 DK
- 9 NA

T. "Respiratory problems and lung disease?"

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

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

- 8 DK
- 9 NA

U. "Sexually transmitted diseases?"

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

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

- 8 DK
- 9 NA

V. "Suicide?"

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

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

- 8 DK
- 9 NA

W. "Teenage pregnancy?"

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

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

- 8 DK
- 9 NA

X. "Tobacco Use?"

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

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

- 8 DK
- 9 NA

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

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

C. "What about dementia or Alzheimer's (ALS-HI-MERS) disease?"

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

1 YES

2 NO

8 DK

9 NA

D. "Depression?"

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

1 YES

2 NO

8 DK

9 NA

E. "Diabetes?"

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

1 YES

2 NO

8 DK

9 NA

F. "Heart Disease?"

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

1 YES

2 NO

8 DK

9 NA

G. "High Cholesterol?"

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

1 YES

2 NO

8 DK

9 NA

H “High blood pressure?”

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

1 YES

2 NO

8 DK

9 NA

I. “HIV or Aids?”

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

1 YES

2 NO

8 DK

9 NA

J. “Obesity?”

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

1 YES

2 NO

8 DK

9 NA

K. “Tuberculosis?”

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

1 YES

2 NO

8 DK

9 NA

L. “Alcohol or drug addiction?”

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

1 YES

2 NO

8 DK

9 NA

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

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

SELECT ALL THAT APPLY

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

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

- 1 YES
- 2 NO
- 8 DK
- 9 NA

IF YES SKIPTO Q13; ELSE SKIPTO Q14

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

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

SELECT ALL THAT APPLY

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

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

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

98 DK

99 NA

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

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

8 DK

9 NA

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

IF YES, PROBE: "Anything else?"

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

SELECT ALL THAT APPLY

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

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

RECORD YEAR BORN

18. (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

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

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

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!”

APPENDIX G – COMMUNITY HEALTH LEADERS SURVEY QUESTIONNAIRE

Start of Block: Introduction and informed consent

I1

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

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

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

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

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

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

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

End of Block: Introduction and informed consent

Start of Block: Community Health 01



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

- Access to health services (e.g., family doctor, hospitals) (1)
- Active lifestyles / outdoor activities (2)
- Affordable housing (3)
- Arts and cultural events (4)
- Clean environment (clean water, air, etc.) (5)
- Family doctors and specialists (6)
- Good employment opportunities (7)
- Good place to raise children (8)
- Good race relations (9)
- Good schools (10)
- Healthy food options (11)
- Low numbers of homeless (12)
- Low alcohol & drug use (13)
- Low crime / safe neighborhoods (14)
- Low percent of population that are obese (15)
- Low numbers of sexually transmitted disease (STDs) (16)
- Low tobacco use (17)
- Mental health services (18)

- Quality education (19)
- Quality hospitals and urgent / emergency services (20)
- Good transportation options (21)
- Religious or spiritual values (22)
- Social support services (such as Salvation Army, food pantries, Catholic charities, Red Cross, etc.) (23)
- Some other feature (please specify) (24)

- Some other feature (please specify) (25)

- Some other feature (please specify) (26)

End of Block: Community Health 01

Start of Block: Community Health 02



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

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

- Accidental injuries (at work, home, school, farm) (1)
- Aging problems (e.g., dementia, vision/hearing loss, loss of mobility) (2)
- Cancers (3)
- Child abuse / neglect (4)
- Dental problems (5)
- Diabetes (6)
- Domestic violence (7)
- Drug use / abuse (8)
- Fire-arm related injuries (9)
- Heart disease and stroke (10)
- HIV / AIDS (11)
- Homelessness (12)
- Homicide (13)
- Infant death (14)
- Infectious diseases (e.g., hepatitis, TB, etc.) (15)
- Mental health problems (16)
- Motor vehicle crash injuries (17)
- Obesity / excess weight (18)
- Rape / sexual assault (19)

- Respiratory / lung disease (20)
- Sexually Transmitted Diseases (STDs) (21)
- Suicide (22)
- Teenage pregnancy (23)
- Tobacco use (24)
- Some other health issue (please specify) (25)

- Some other health issue (please specify) (26)

- Some other health issue (please specify) (27)

End of Block: Community Health 02

Start of Block: Community Health 03



Q3 Which of the following unhealthy behaviors in Baldwin or Mobile County concern you the most (consider the county where you or your agency perform most of your service(s))?

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

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

- Some other unhealthy behavior (please specify) (13)

- Some other unhealthy behavior (please specify) (14)

End of Block: Community Health 03

Start of Block: Community Health 04

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

- Alternative therapies (acupuncture, herbals, etc.) (1)
 - Dental care including dentures (2)
 - Emergency medical care (3)
 - Hospital care (4)
 - Laboratory services (5)
 - Mental health services (6)
 - Physical therapy / rehabilitation (7)
 - Preventative healthcare (routine or wellness check-ups, etc.) (8)
 - Prescriptions / pharmacy services (9)
 - Primary medical care (a primary doctor / clinic) (10)
 - Services for the elderly (11)
 - Specialty medical care (specialist doctors) (12)
 - Alcohol or drug abuse treatment (13)
 - Vision care (eye exams and glasses) (14)
 - Women's health (15)
 - X-Rays or mammograms (16)
 - Some other healthcare service (please specify) (17)
-

End of Block: Community Health 04

Start of Block: Community Health 05

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

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

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

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

End of Block: Community Health 05

Start of Block: Screener

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

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

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

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

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

End of Block: Screener

Start of Block: Service Information

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

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

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

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

Q10 What age group do most of your clients fit into?

(Check all that apply)

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

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

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

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

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

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

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

Q14 Thinking about your staff . . .

0 10 20 30 40 50 60 70 80 90 100

What percent of your staff would you say
is volunteer? ()



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

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

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

End of Block: Service Information

Start of Block: Thank You

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

End of Block: Thank You