



INFIRMARY — HEALTH —

COMMUNITY HEALTH NEEDS ASSESSMENT 2019 – 2021

Prepared by:
Thomas C. Shaw, Ph.D.
Jaclyn Bunch, Ph.D.
Laura Carlson, M.P.A.

TABLE OF CONTENTS

EXECUTIVE SUMMARY – 1.....	3
INTRODUCTION.....	3
INFIRMARY HEALTH.....	3
COMMUNITY	4
CHNA METHODOLOGY	4
PRIORITIZED NEEDS.....	5
SUMMARY OF KEY FINDINGS.....	5
COMMUNITY DEMOGRAPHIC PROFILE – 2	9
POPULATION BY AGE AND SEX.....	9
POPULATION BY RACE AND ETHNICITY.....	12
POVERTY	14
EDUCATION	16
BIRTHS.....	19
BIRTHS TO SELECT GROUPS: TEENS AND UNWED MOTHERS	20
BIRTH COMPLICATIONS AND INFANT MORTALITY	22
DEATHS.....	24
DEATHS: DISEASES AND CANCERS	29
COMMUNITY SURVEY – 3.....	34
COMMUNITY SURVEY METHODOLOGY	34
KEY SURVEY FINDINGS.....	35
COMPARING MOBILE AND BALDWIN COUNTIES	41
COMMUNITY HEALTH LEADERS SURVEY – 4	43
COMMUNITY HEALTH LEADERS SURVEY METHODOLOGY	43
KEY SURVEY FINDINGS.....	44
COMPARING THE COMMUNITY AND THE COMMUNITY HEALTH LEADERS	47
PRIORITIZATION– 5	50
EVALUATION OF ACTIONS TAKEN SINCE PRIOR CHNA – 6.....	51
ACCESS TO CARE.....	51
HEALTHY WEIGHT.....	52
PUBLIC COMMENTS.....	52
COMMUNITY RESOURCES – 7	55
SUMMARY.....	55
COMMUNITY RESOURCE LIST	55
APPENDIX A – DEMOGRAPHIC DATA PROFILE	61
APPENDIX B – COMMUNITY SURVEY TABLES	78
APPENDIX C – COMMUNITY HEALTH SURVEY OPEN-ENDED RESPONSES	93
APPENDIX D – COMMUNITY HEALTH LEADERS SURVEY DATA TABLES	96
APPENDIX E – COMMUNITY HEALTH LEADERS SURVEY OPEN-ENDED RESPONSES	103
APPENDIX F – COMMUNITY HEALTH SURVEY QUESTIONNAIRE	105
APPENDIX G – COMMUNITY HEALTH LEADERS SURVEY QUESTIONNAIRE.....	130

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. Infirmiry Health adopted the 2019-2021 Community Health Needs Assessment on February 27, 2019. This report provides an overview of the community and the process undertaken to identify and prioritize health needs in Infirmiry Health's service area. The report also contains a list of relevant resources and an evaluation of actions taken since the preceding CHNA.

Infirmiry Health

Infirmiry Health is Alabama's largest non-governmental not-for-profit healthcare team. Infirmiry Health employs more than 5,600 people and has 700 active physicians on staff, and Mobile Infirmiry is the largest private employer in Mobile. Infirmiry Health supports a healthy community through corporate gifts and sponsorships, employee volunteerism and uncompensated medical care. Infirmiry Health encompasses four hospitals located in southern Alabama on the Gulf Coast and more than 30 medical clinics located in Mobile and Baldwin counties, serving more than a million patients annually.

Mobile Infirmiry

Mobile Infirmiry (MI), the largest Infirmiry Health facility, is located in Mobile, Alabama with 669 licensed beds and includes the J.L. Bedsole/Rotary Rehabilitation Hospital. Mobile Infirmiry is home to the region's only LTAC Hospital, Alzheimer's Center and Hybrid OR/Cath Lab.

Infirmiry LTAC Hospital

Infirmiry LTAC Hospital (LTAC), is the only hospital of its kind in the region, and is a specialty care hospital located within Mobile Infirmiry designed to meet the needs of patients who are critically ill and require extended, medically complex care with 21 beds.

Thomas Hospital

Thomas Hospital (TH) is located in Fairhope, Alabama. The 162-bed facility is the only hospital in Baldwin County with an open-heart surgery program and inpatient rehabilitation hospital.

North Baldwin Infirmiry

North Baldwin Infirmiry (NBI) is a 78-bed facility located in Bay Minette in Baldwin County and is home to the only inpatient geriatric psychiatric unit in Baldwin County – 75 bed skilled nursing unit.

Community

Infirmary Health has a far-reaching impact of 11 counties throughout the region including areas beyond southern Alabama. However, Mobile and Baldwin counties are the primary service area of Infirmary Health.¹

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 414,291. Forty-eight percent of the population is male and 52 percent are female. The percent of the population identifying as white only is 59.6 while 35.3 percent identify as African-American or Black only. The median age is 37.2 years old. The median household income is \$35,912; 85.8 percent of the population have a high school degree or better; and 19.5 percent of the population are below the federal poverty level. Within the county there are 35,912 companies, and 181,612 housing units.

Baldwin County, Alabama is situated in southwest Alabama and is bordered by the following counties: Clarke, Escambia, Mobile, Monroe, and Washington in Alabama and Escambia in Florida. The population of Baldwin County is 199,510. Forty-nine percent of the population is male and 52 percent are female. The percent of the population identifying as white only is 86.4 percent while 9.3 percent identify as African-American or Black only. The median age is 42.3 years old. The median household income is \$51,365; 90 percent of the population have a high school degree or better; and 13 percent of the population are below the federal poverty level. Within the county there are 19,732 companies and 107,579 housing units.

CHNA Methodology

The key objective of the CHNA is to assess the health needs of the Infirmary Health service area. A three-pronged approach is used herein to assess Mobile and Baldwin counties 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 based e-mail survey was conducted of health leaders working in the defined service area to solicit their expert opinions regarding the community's health needs. These three elements – independent objective demographic indicators, self-perception in the community, and expert community opinion – work together to focus attention on the community health needs.

For the 2019-2021 fiscal period's CHNA, the three major medical facilities in Southwest Alabama, Infirmary Health, Providence Hospital, and USA Health System collaborated on the data collection efforts. The USA Polling Group collected the relevant data for all three facilities across the varying service areas concurrently. This collaboration provided cost efficiencies for all three facilities and is in accordance with IRS regulations regarding collaboration of facilities that share and/or overlap common service areas. Despite the collaboration, the data for each entity is tailored to its specific service area, e.g., Infirmary

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

Health is the only facility whose service area includes Mobile and Baldwin counties. Further, each facility will produce its own separate report based on the specifics of the findings in its service area.

Prioritized Needs

On January 22, 2019, the community benefit team of Infirmity Health identified the following as the top priorities to address:

- Access to Care
- Cancer
- Diabetes
- Heart Disease
- Obesity/Physical activity

Summary of Key Findings

Community Demographic Profile

Overall the service areas for Infirmity Health are strikingly similar to state and national trends across a number of measures. However, several important differences exist within the service areas.

- Baldwin County boasts a higher proportion of males than females, especially when compared to Mobile County.
- There is growth in the 60+ age category but Baldwin County's growth in elderly trend is more pronounced.
- Baldwin County's population contains far fewer minorities than Mobile County.
- Baldwin County is overall a more affluent community than Mobile County.
- In addressing causes of mortality, one striking difference is the rate of suicide in Baldwin County is higher than both Mobile County and Alabama averages in recent years; however, homicides are considerably lower in Baldwin County.
- Baldwin County has a disproportionately larger share of deaths attributed to drowning and falls.
- Mobile County continues to have a higher rate of poisoning related deaths than the state average.
- Over the time period examined, the number of deaths related to Chronic Lower Respiratory, Diabetes, Alzheimer's, and Influenza/Pneumonia have all risen in Mobile County.
- The causes of death in Baldwin County are similar to the previous point with one notable exception – Cerebrovascular disease is more prevalent.
- Colorectal cancer and breast cancer are still two of the more prominent contributors to mortality in Mobile and Baldwin counties and Alabama overall.

Community Health Survey

A random digit dialed telephone survey of Mobile and Baldwin counties was conducted between October 11 and November 1, 2018. A total of 409 people were interviewed for a margin of error of +/-4.8%; 203 people were interviewed in Mobile County and 206 people were interviewed in Baldwin County. The following represent the most important findings from the community health survey.

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

- 1) A clean environment (including water, air, etc.)
- 2) Good schools
- 3) Lower crime and safe neighborhoods
- 4) More quality education
- 5) Less sexually transmitted diseases
- 6) Family doctors and specialists

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

- 1) Child abuse and neglect
- 2) Cancers
- 3) Domestic violence
- 4) Drug use and abuse
- 5) Rape and sexual assault
- 6) Mental health problems

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) Depression
- 4) Obesity
- 5) Heart disease
- 6) Diabetes

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 or Baldwin counties:

- 1) Mental health services
- 2) Specialty medical care (specialist doctors)
- 3) Services for the elderly
- 4) Women's health
- 5) Primary medical care (primary doctor or clinic)
- 6) Preventative healthcare (routine or wellness checkups)

Fourteen percent of Mobile and Baldwin 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) Could not get a weekend or evening appointment
- 6) Lack of transportation

Community Health Leaders Survey

An Internet/e-mail based survey of community health leaders in Mobile and Baldwin counties was conducted between October 15 and November 9, 2018. A total of 103 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) Low crime/safe neighborhoods
- 4) Quality education
- 5) Active lifestyles/outdoor activities
- 6) Health food options

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

- 1) Mental health problems
- 2) Obesity/excess weight
- 3) Drug use abuse
- 4) Diabetes
- 5) Cancers
- 6) Child abuse/neglect
- 7) 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 or Baldwin counties include:

- 1) Mental health services
- 2) Alcohol or drug abuse treatment
- 3) Services for the elderly
- 4) Preventative healthcare (routine or wellness check-ups, etc.)

- 5) Alternative therapies (acupuncture, herbals, etc.)
- 6) Specialty medical care (specialist doctors)

An important aspect of the CHNA is comparing the priorities of the community health leaders with the priorities of the community to see where there is convergence or divergence between these two groups. 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 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
Low crime / safe neighborhoods (3/3)		
Quality education (4/4)		
	Access to health services (1)	A clean environment (1)
	Mental health services (2)	Good schools (2)
	Active lifestyles/outdoor activities (5)	Less sexually transmitted diseases (5)
	Healthy food options (6)	Family doctors and specialists (6)

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

Table 1.2: Most Important Health 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
Mental health problems (1/6)		
Drug use / abuse (3/4)		
Cancers (5/2)		
Child abuse / neglect (6/1)		
	Obesity / excess weight (2)	Domestic violence (3)
	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

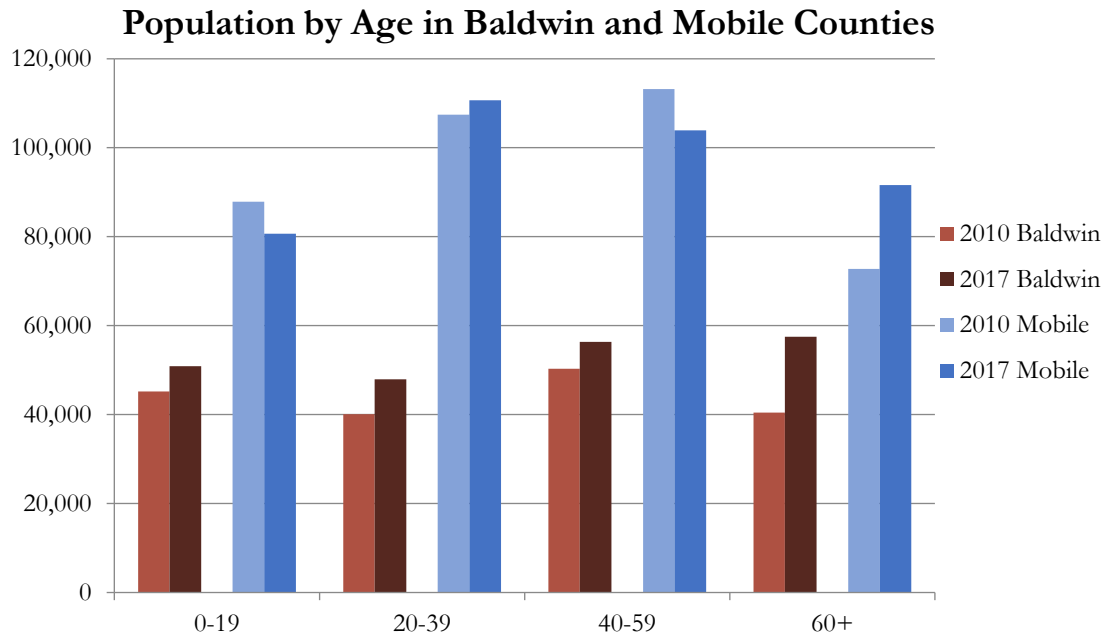
Features mentioned in the top six by Community Health Leaders and Community Members	Features mentioned in the top six by Community Health leaders but not by Community Members	Features mentioned in the top six by Community Members but not by Community Health Leaders
Mental health services (1/1)		
Services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

COMMUNITY DEMOGRAPHIC PROFILE – 2

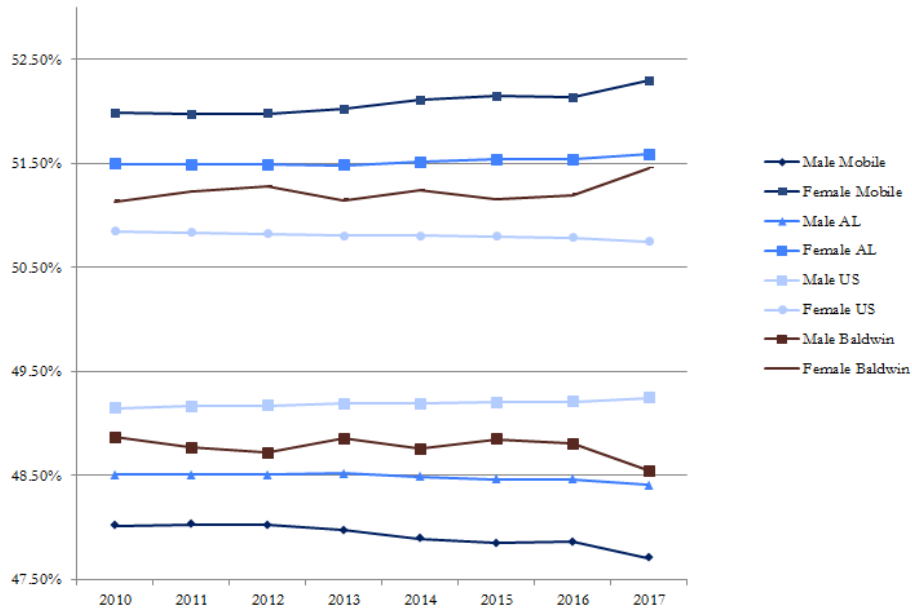
Population by Age and Sex

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. For Baldwin County the numbers have also grown, from a total population of 175,791 in 2010 to 212,628 by 2017. The relative population growth is bracketed by age below.



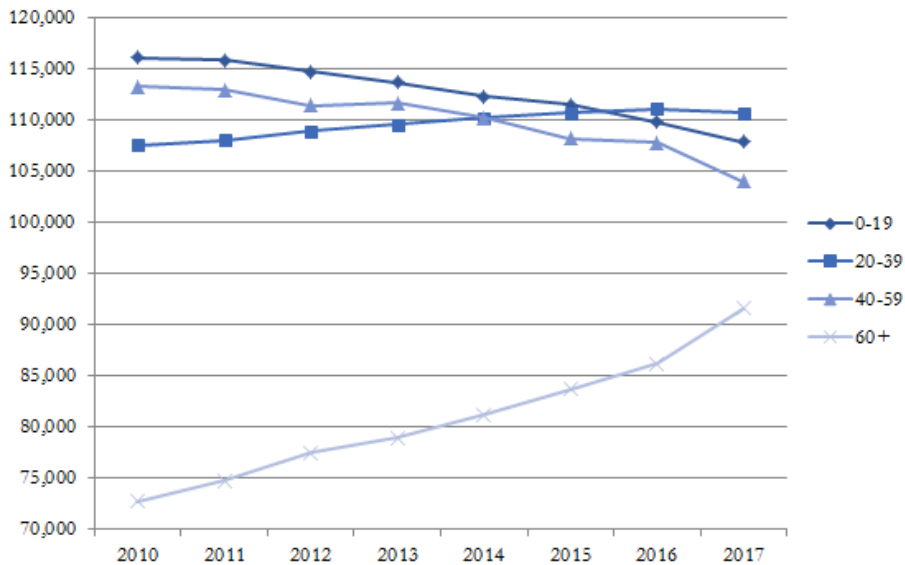
Generally, the distributions by age and sex are similar to statewide and nationwide comparisons. However, Mobile has a slightly above average number of females and below average number of male residents. Baldwin, on the other hand, has a higher than average male population and lower than average female population when compared to the state of Alabama as a whole. In 2017 Mobile was home to 216,482 females and 197,473 males, with Baldwin containing 109,403 females and 103,225 males – a tighter distribution. 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. Baldwin also has experienced a notable decline in Male residents and an incline in Females over the last two years, bringing the averages closer to the statewide proportions.

Gender Percentages Mobile County

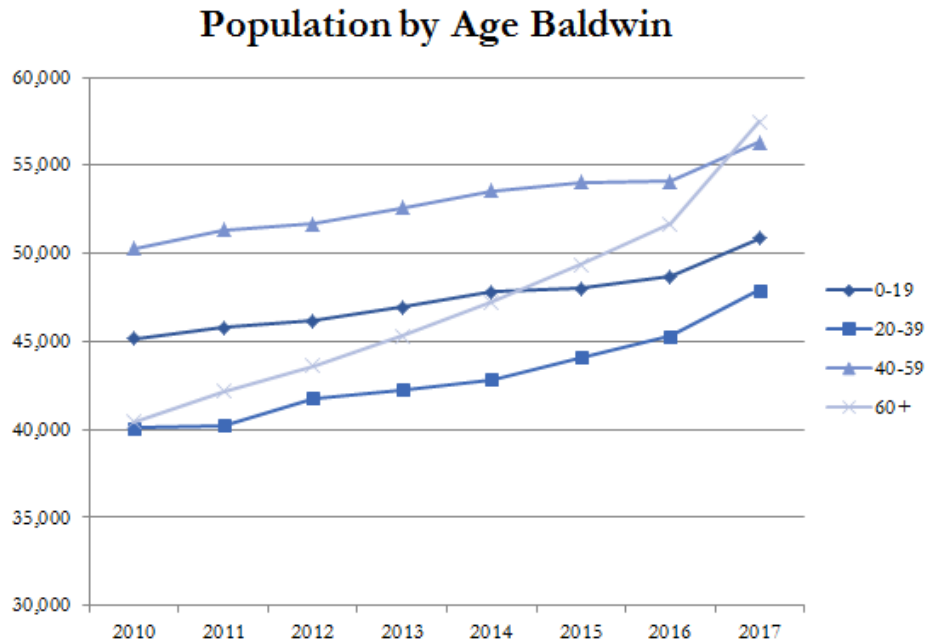


Another trend worth noting is the rise in elderly residents. As of 2017, Mobile was home to 107,779 residents aged 0-19, 110,664 residents aged 20-39, 103,931 residents aged 40-59, and 91,581 residents aged 60 and over. In comparison to 2010, this makes 60 and over the fastest growing age demographic 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



Baldwin County has experienced a similar surge in its elderly population, with 60 and over representing the fastest growing age demographic. In fact, by 2017, 60 and over is the largest age grouping of Baldwin County residents. However, it is worth noting that all age brackets have risen within the last seven years, albeit at a slower rate than 60 and over bracket. As of 2017, Baldwin was home to 50,876 residents aged 0-19, 47,932 residents aged 20-39, 56,332 residents aged 40-59, and 57,488 residents aged 60 and over.

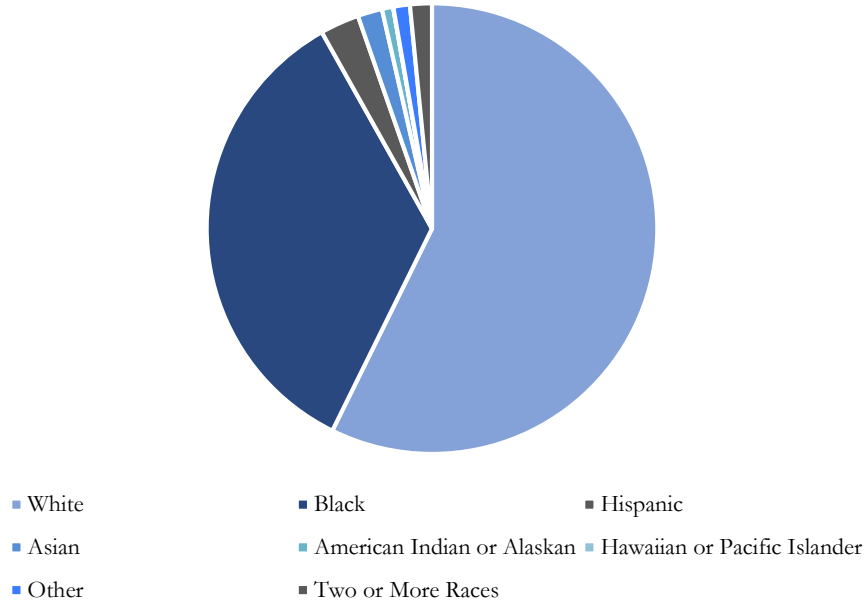


Population by Race and Ethnicity

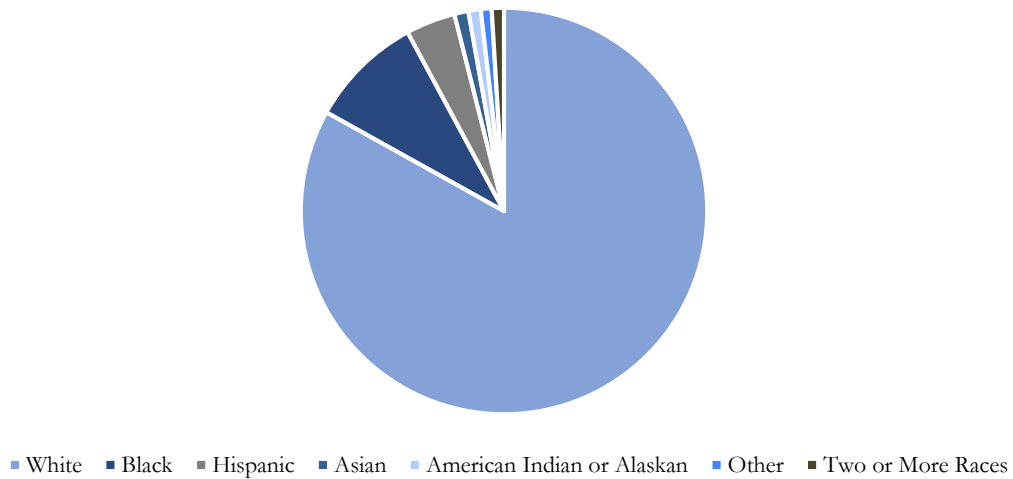
Race and ethnicity are another important factor to consider when assessing community health. Studies have shown that specific racial groups are more susceptible to certain diseases and conditions. As such, it is important to know the racial makeup of a region in determining the needs of the community 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. In contrast, Baldwin County has a higher percentage of white residents with 183,893 individuals making up 83% of the population. Black is the second highest reported race with 20,030 residents. The demographic breakdowns for 2017 are provided below.

Population by Race Mobile County 2017

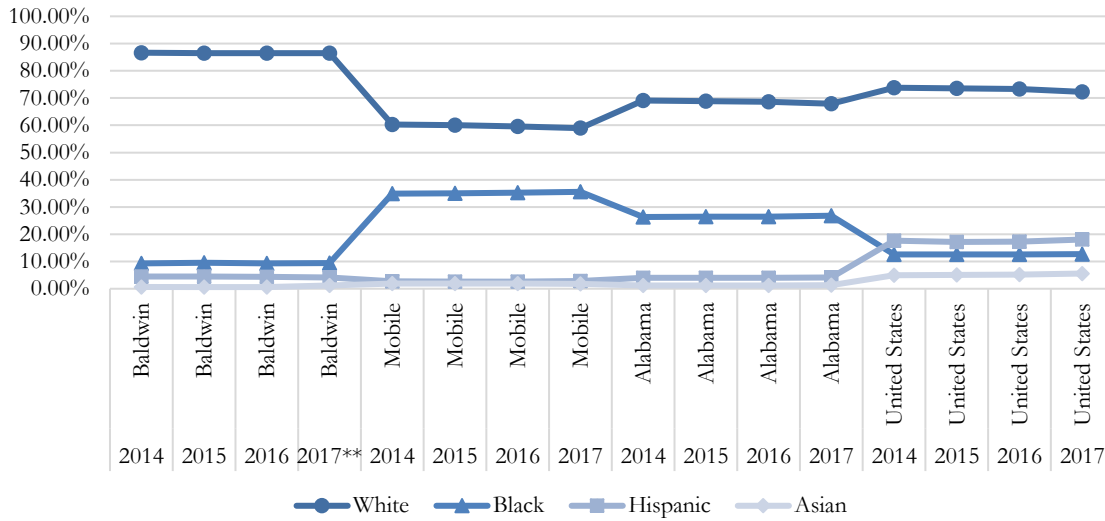


Population by Race Baldwin County 2017



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

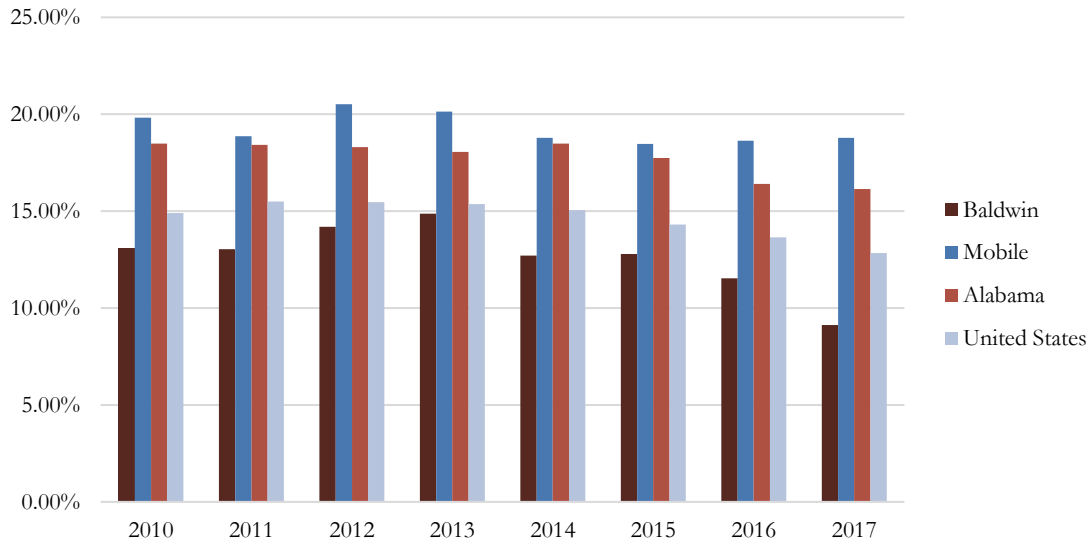


Poverty

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.

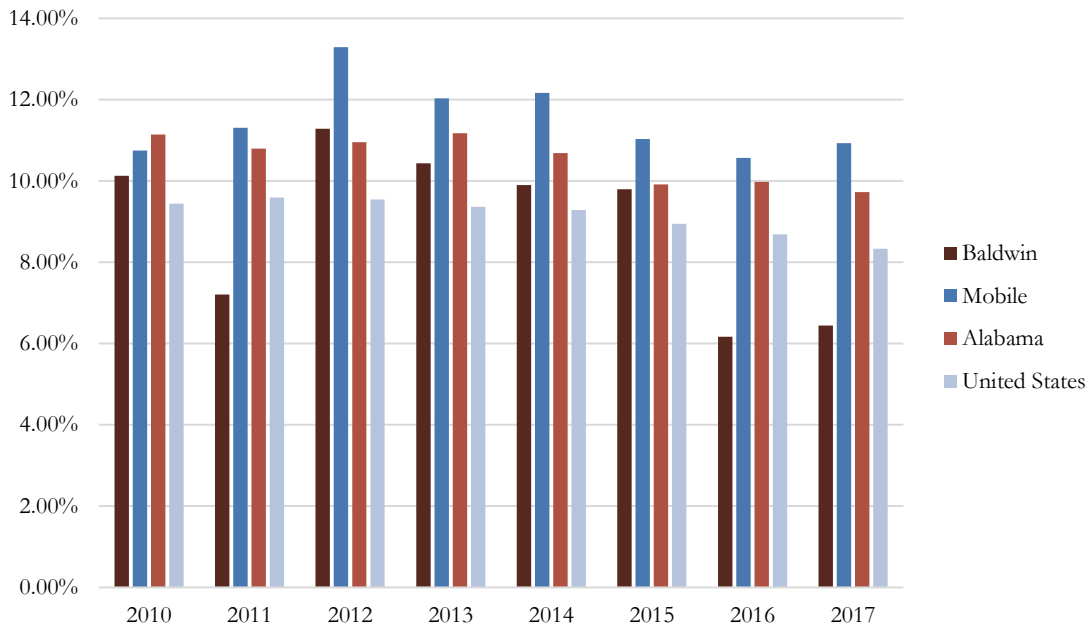
Each year the federal government measures regional poverty using the Federal Poverty Level -- a metric based upon a dollar amount for single person and family income. In 2017 the FPL for a single person household was \$12,060, up \$420 from \$11,670 in 2014. For a family of four the FPL was \$24,600. Reported in the figure below are the Mobile County, Baldwin 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, whereas Baldwin County consistently has a lower percentage of residents than the state and national figures. 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. Since 2014, Baldwin County, Alabama, and the country show a trend of lowering percentages, but Mobile County has remained stagnant. Further, having an income above 100% FPL does not necessarily alleviate the problems associated with poverty and health. 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:

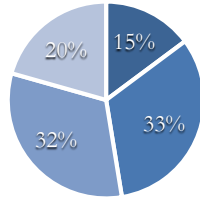
- 1.3% reduction in diabetes
- 2.2% reduction in heart disease
- 5% reduction in being overweight
- 12% reduction in smoking

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, Baldwin County, and Alabama education levels as a whole for adults 25 and older. Baldwin County fares better than both the state and

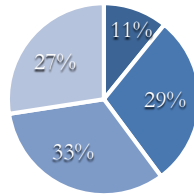
Mobile County by 5% and 7% respectively of the population obtaining a bachelor’s degree or higher and 4% less than both Mobile County and the state in less than high school graduates. Mobile County and Alabama are comparative across all education levels.

Education Levels for Mobile County 2016



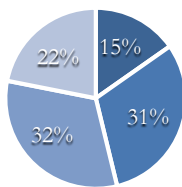
- Less than high school graduate
- High school graduate (includes equivalency)
- Some college or associate's degree
- Bachelor's degree or higher

Education Levels for Baldwin County 2016



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

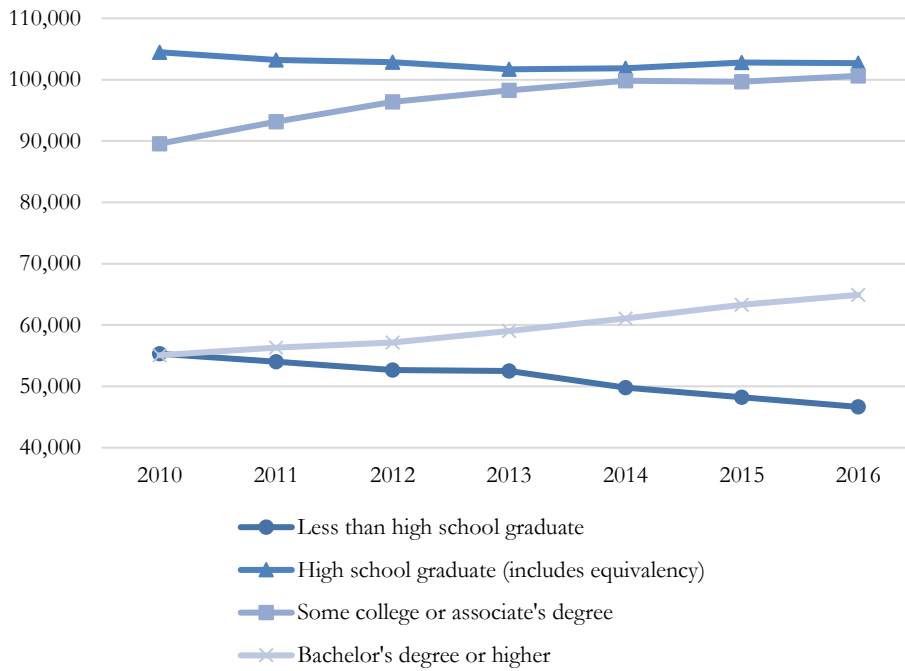
Education Levels for Alabama 2016



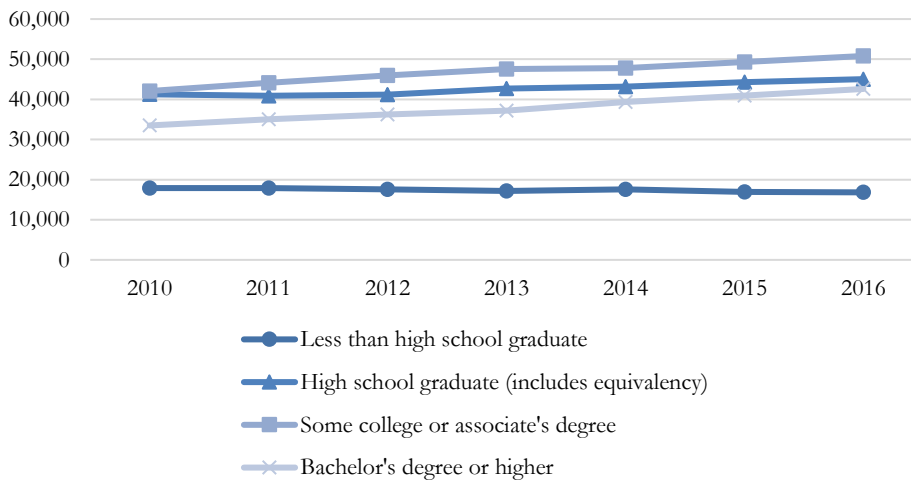
- Less than high school graduate
- High school graduate (includes equivalency)
- Some college or associate's degree
- Bachelor's degree or higher

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 contrast, Baldwin County is comparable with the nation and even has a lower percentage of individuals that have less than a high school degree. This gap appears to be consistent over the past five years with the largest proportion of the population ceasing educational attainment after high school. 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. In Baldwin County, 16,822 residents had less than a high school degree, 45,029 had a high school degree, 50,800 had some college, and 42,589 had a bachelor’s degree or higher.

Education Levels in Mobile County



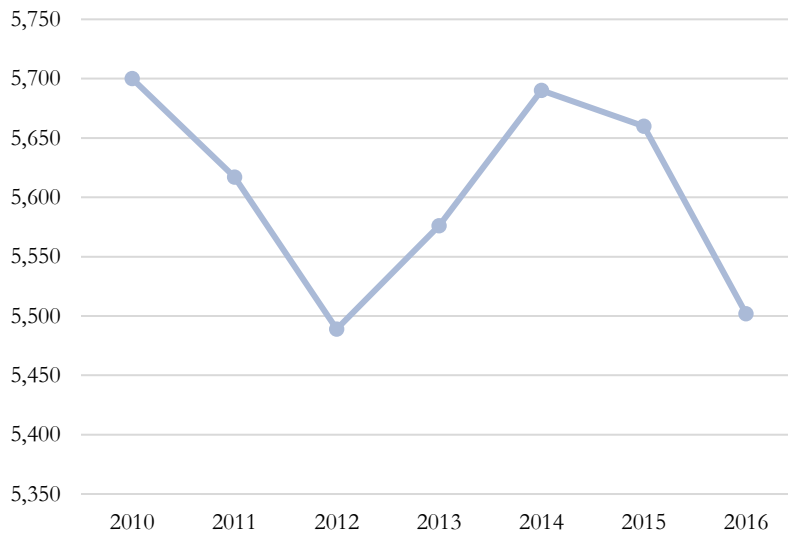
Education Levels in Baldwin County



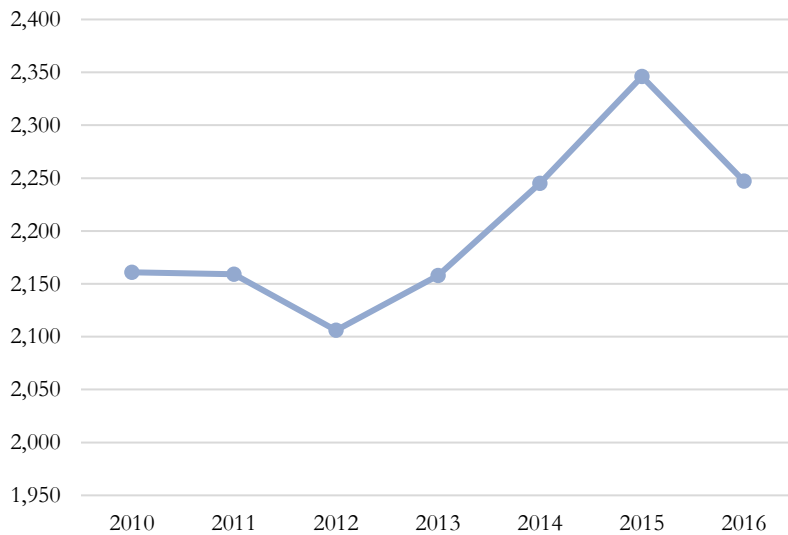
Births

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 and Baldwin 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.

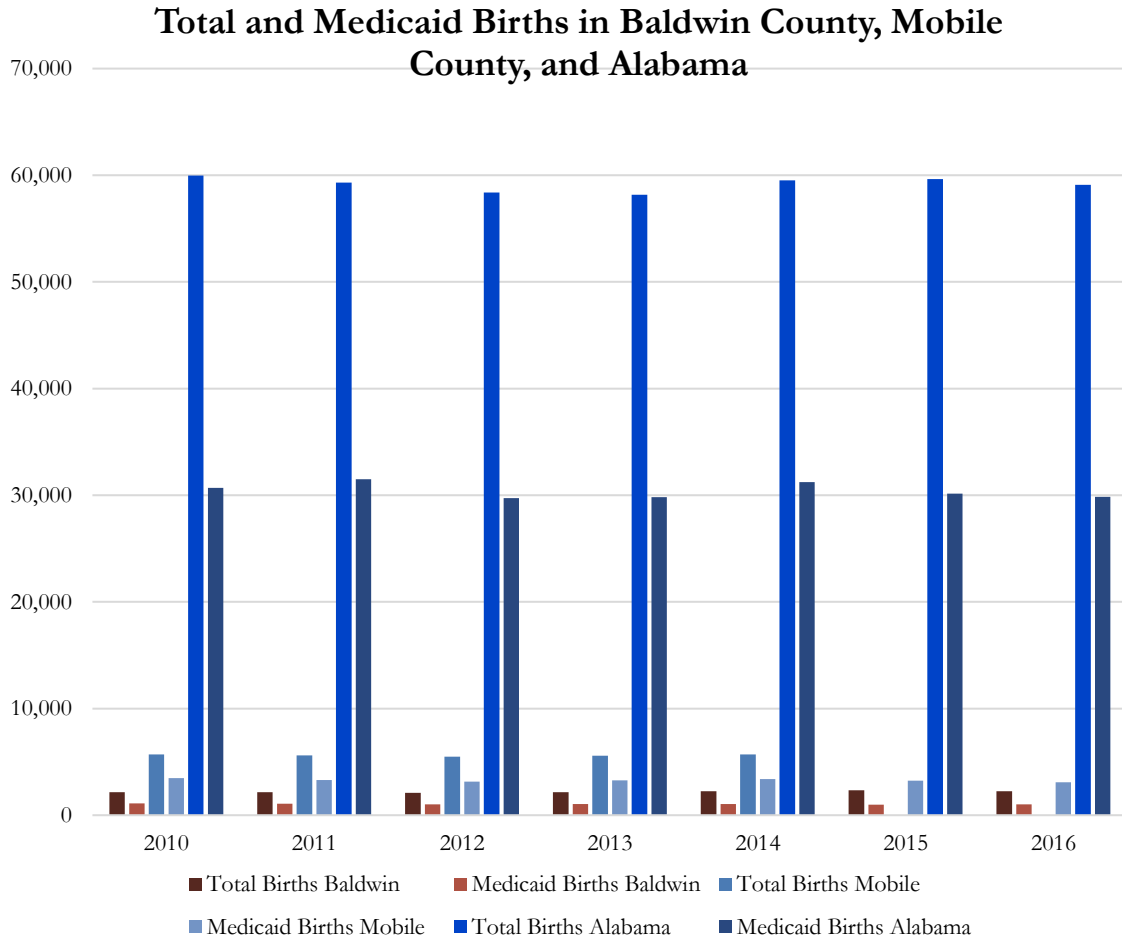
Births in Mobile



Births in Baldwin

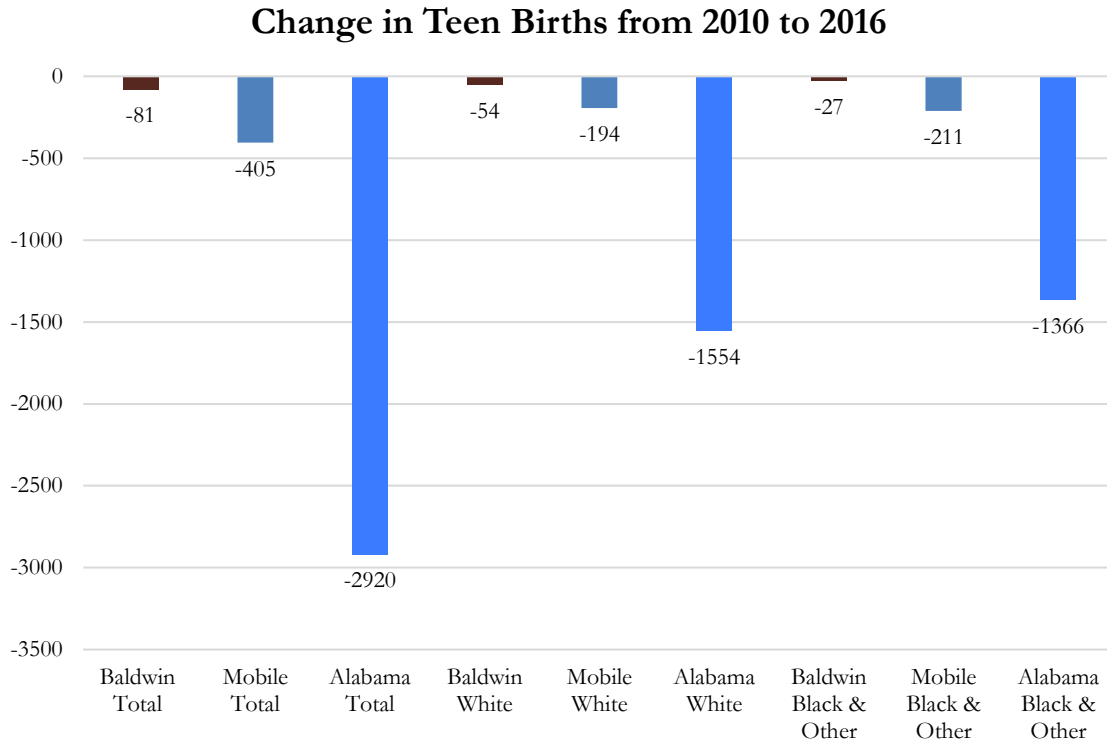


Further evidence shows that this overall trend for birth rates is not unique to Mobile & Baldwin counties. When compared to Alabama, proportionally the rates of births are similar.

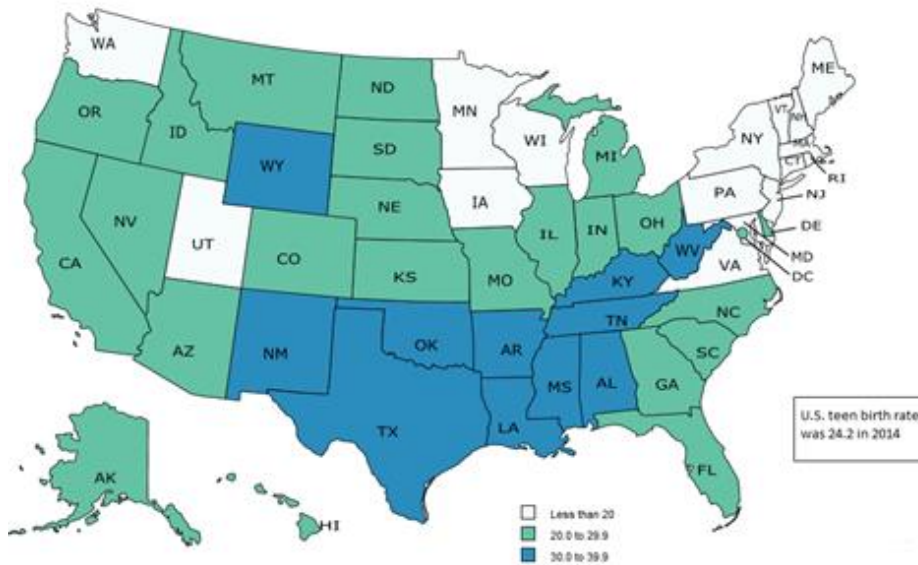


Births to Select Groups: Teens and Unwed Mothers

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 & Baldwin counties, only to a lesser degree. The figure below shows the decline in teenage births in Alabama, Baldwin County, and Mobile County over a seven year period (2010 to 2016). Baldwin County has consistently had a lower rate of teen births than both the state and Mobile County.



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.

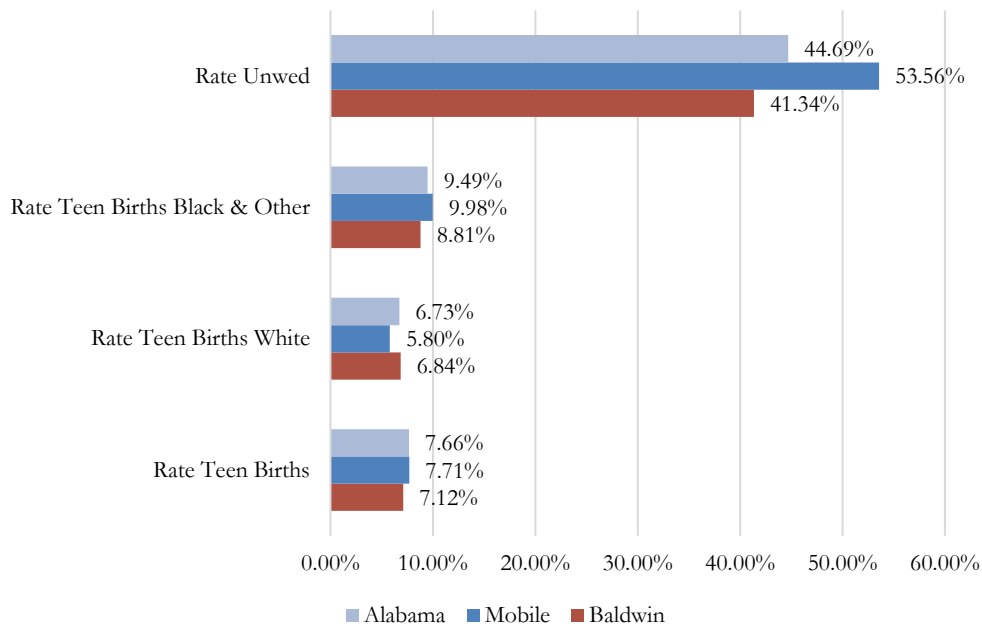


Source: Martin, J. A., Hamilton, B. E., Ventura, S. J., & Osterman, M. J. K. S.C., & Mathews, T.J (2015). *Births: Final data for 2014*. Hyattsville, MD: National Center for Health Statistics via Department of Health and Human Services

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 and Baldwin counties to Alabama as a whole for birth rates to teens and unwed mothers.

Rates of Teen & Unwed Births

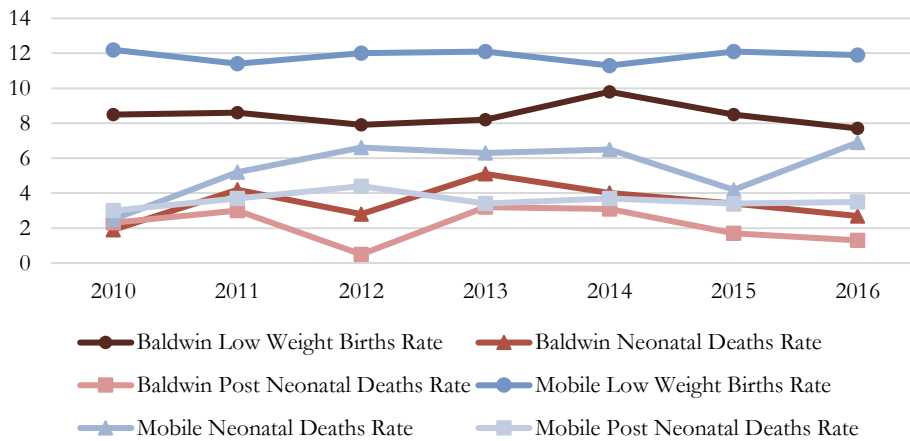


As can be seen, Mobile County is slightly above average in teen births when compared to the state (7.71% as opposed to 7.66%). For Mobile County, these births are disproportionately to black teenagers than to whites (9.98% versus 5.80%) whereas Baldwin County’s white teen rate is higher than Mobile County’s (6.84% versus 5.80%). Overall, Baldwin County has lower rates of unwed and teen births than Mobile County and the state. 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 & Baldwin counties.

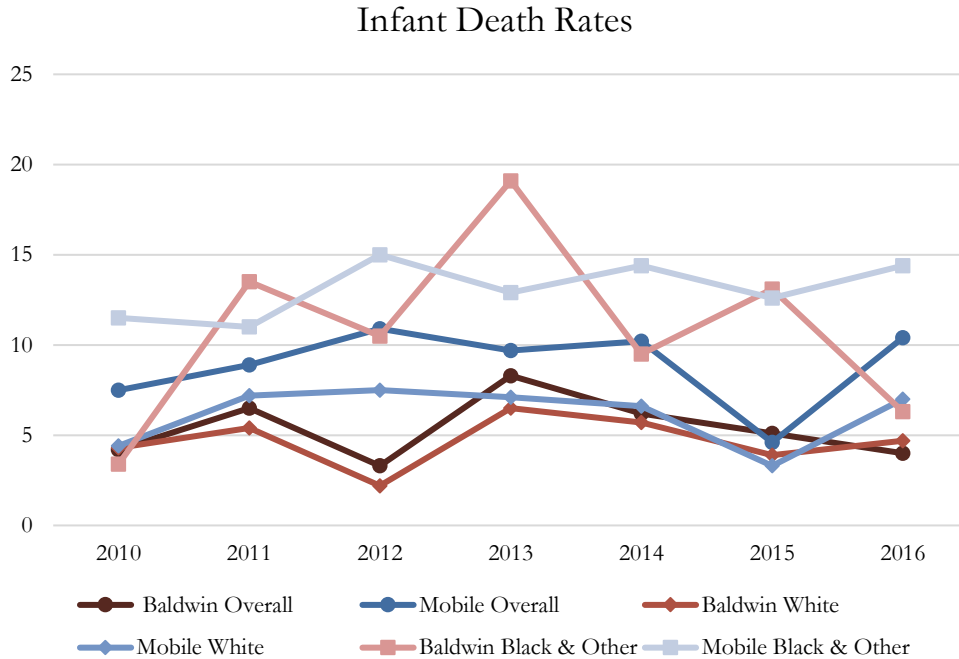


From this data it would seem that low birth weight is a consistent problem for Mobile County, with the rate averaging 11.85% in the time period as well as Baldwin, albeit to a lesser extent at (and lower than the state average) 8.46%. The data also reveals that Mobile County’s neonatal deaths are on 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, and in Baldwin County there was a sudden surge in infant death rates in 2013 among black and other non-white races. 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. Conversely, in Baldwin County, there has been a -0.2 change in infant death rates from 2010 to 2016, but with spikes up and down in between, particularly within the aforementioned black and other infants. These trends are presented below.



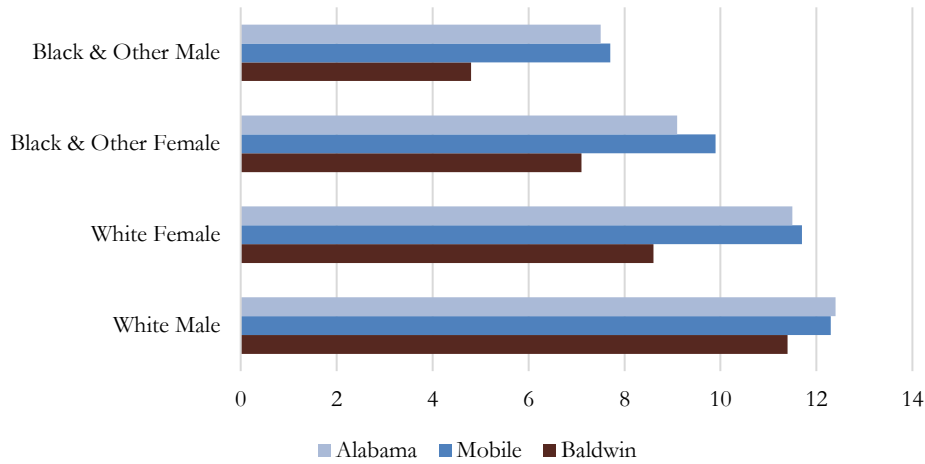
Deaths

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. Statistics are similar for Baldwin County, though slightly lower. Baldwin County has experienced some decline in the time period available, moving from 9.8 to 9.5 from 2010 to 2016, though the trend has been somewhat erratic, with a high of 10.3 in 2015.

Rates are also significantly different between sexes and race, with white male having the highest rates both within Baldwin County, Mobile County, and for the state (11.4, 12.3 and 12.4 respectively in 2016) and black female as the lowest (4.8, 7.7, and 7.5 respectively for 2016). It is worth noting that Baldwin's death rate is lower for all groups, compared to the state and Mobile in 2016 and largely across the time series.

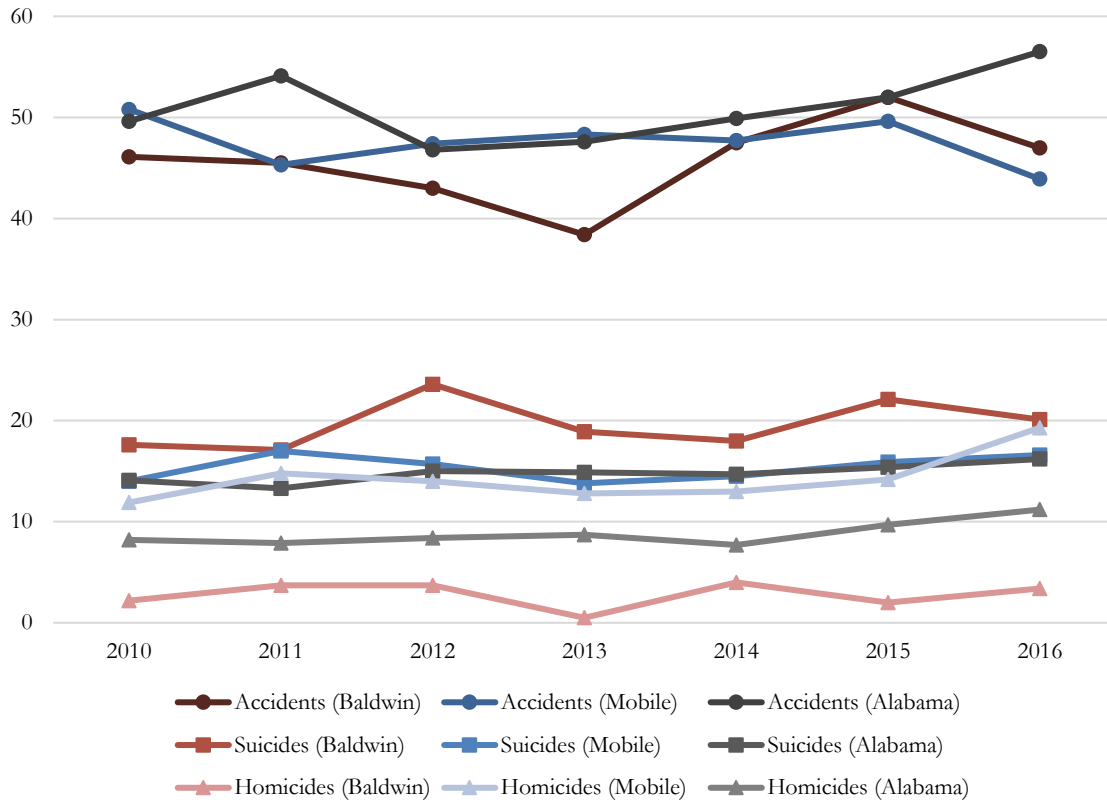
These comparisons are consistent in our seven year sample between 2010 and 2016. However, the trends are not similar across all groups. In Mobile County, black male and white male death rates both rose (.6 and .9 respectively) over the time period, while black female and white female followed suit with (.5 and .7 respectively). In Baldwin County, black male and white male trends were disparate, with black male rising 1.8 over the time period where white male death rate fell by .1. For females death rates fell, 1.1 for white females and .6 for Black.

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. Baldwin County, however, seems to fair much better with regards to homicides, with an average rate of only 2.7 across the time series, making the county approximately 6.1 lower than the state average. The suicide rates in Baldwin County, however, are considerably higher. On average, the rate of suicides in Baldwin County is 4.3 higher than Mobile County and 4.8 greater than the state average. Accidents were consistently lower in the time period, with an overall average rate of 45.6, making it 5.3 lower than the state average for the same time period.

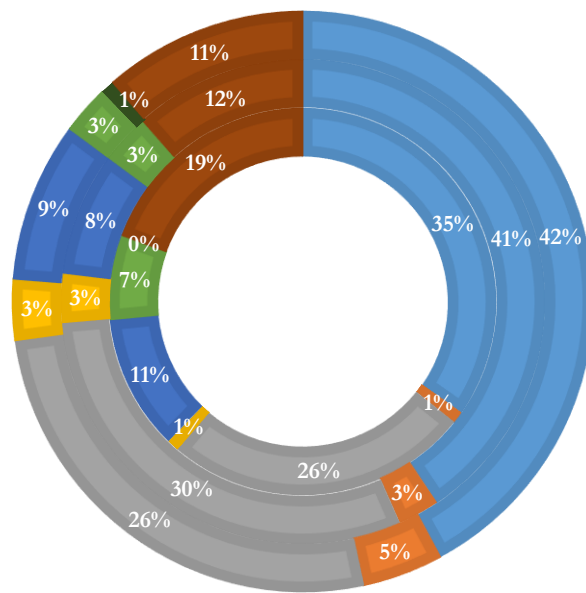
Accident, Suicide, & Homicide Rates



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

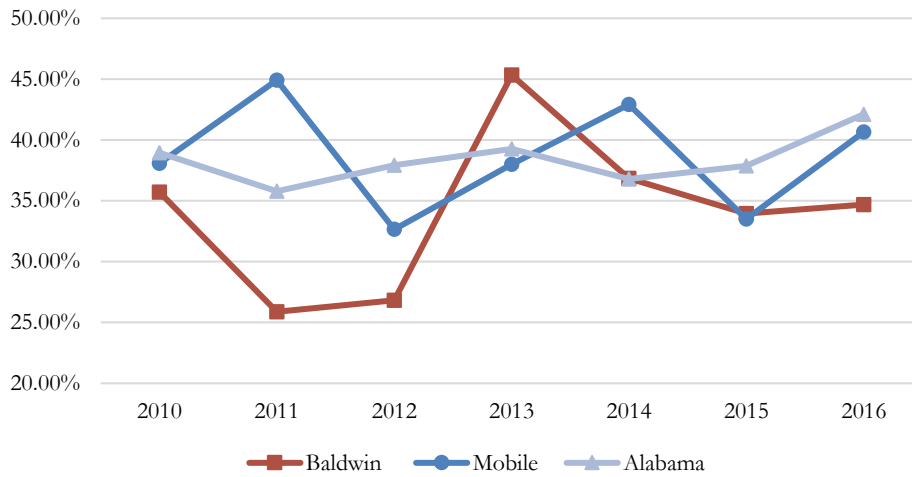
Accidents in 2016
Outer Circle: Alabama
Middle Circle: Mobile County
Inner Circle: Baldwin County

- 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, Baldwin 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 and Baldwin County causes of accidental deaths follow the pattern of the state of Alabama as a whole. However, Baldwin County has a disproportionately larger share of deaths attributed to drowning and falls, as well as deaths ascribed to the "other" category. 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.

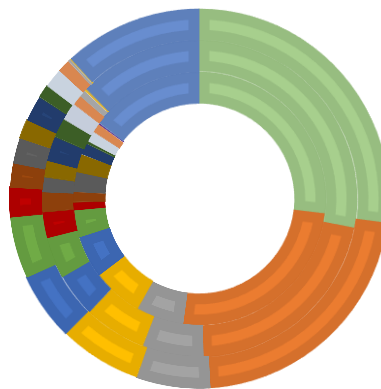
Motor Vehicle Accident Rates



Provided below is a 2016 snapshot of all causes of death, by number, in Mobile and Baldwin counties. 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 Inner Circle: Baldwin County

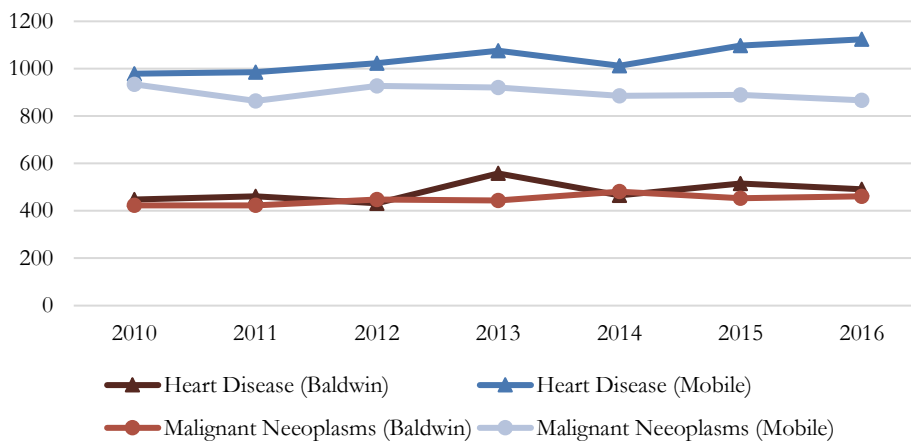
- Heart Disease
- Cerebrovascular Disease
- Accidents
- Diabetes Mellitus
- Nephritis Nephrotic Syndrom & Nephrosis
- Septicemia
- Chronic Liver Disease & Cirrhosis
- HIV
- Other
- Malignant Neoplasms
- Chronic Lower Respiratory
- Alzheimers
- Influenza & Pnuemonia
- Suicide
- Homicide
- Parkinsons
-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



Deaths: Diseases and Cancers

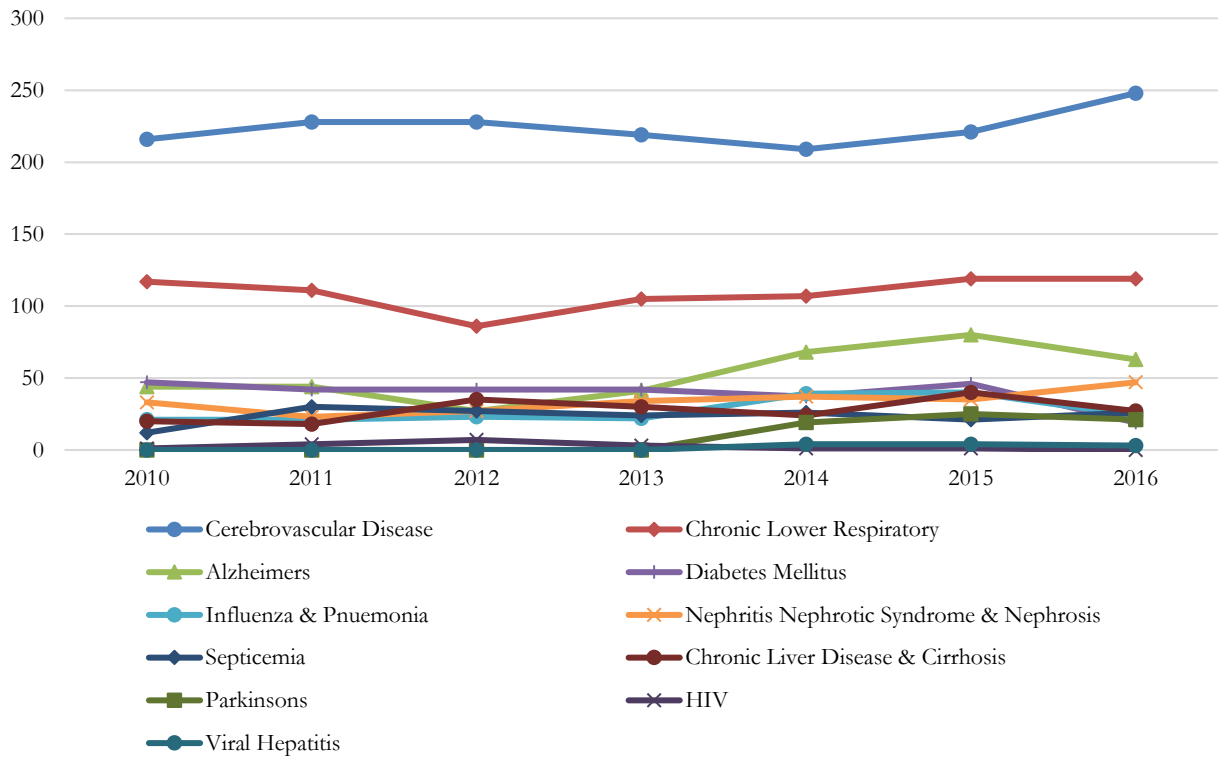
According to the Centers for Disease Control and Prevention, the top ten leading causes for death in the United States in 2016 were heart disease, cancer, accidents, chronic lower respiratory diseases, stroke, Alzheimer's diseases, diabetes, Influenza and Pneumonia, Nephritis (Nephrotic syndrome and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

Top Two Diseases in Mobile & Baldwin counties

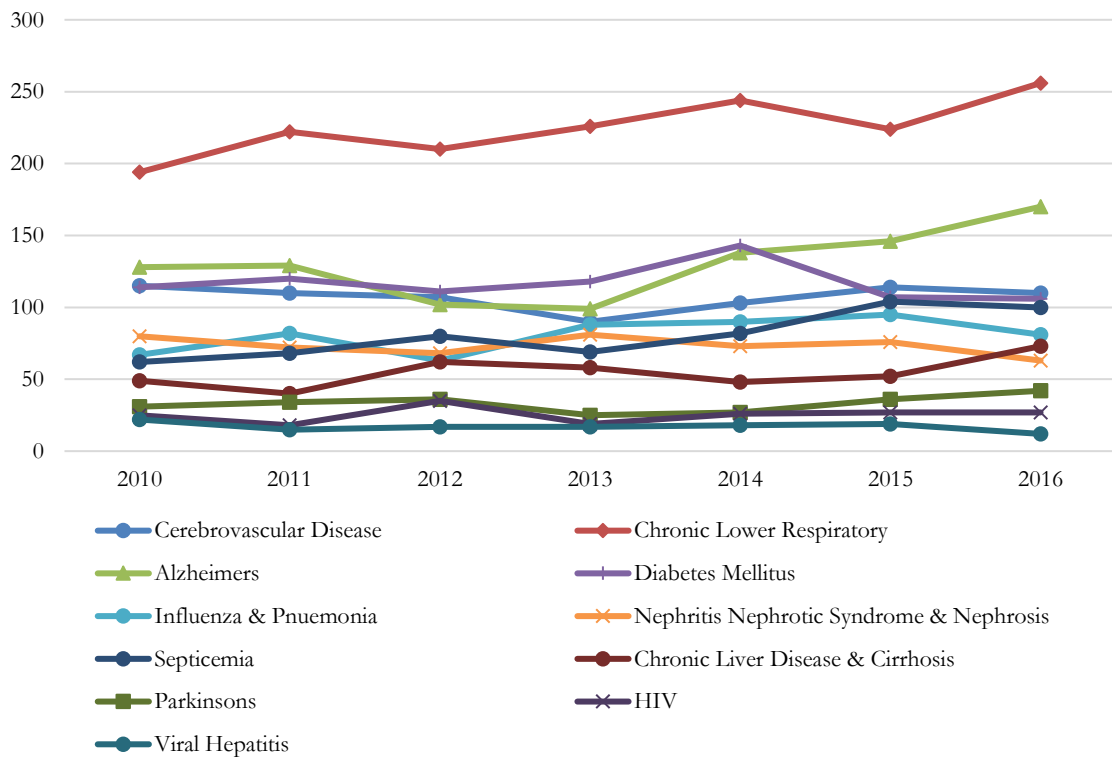


Heart disease and Malignant Neoplasms rates remain consistent over the time period, with Heart disease experiencing a slight rise in the past two years and cancers appearing to decline very modestly in Mobile County, while Baldwin County has experienced little change.

Remaining Diseases (Baldwin)



Remaining Diseases (Mobile)

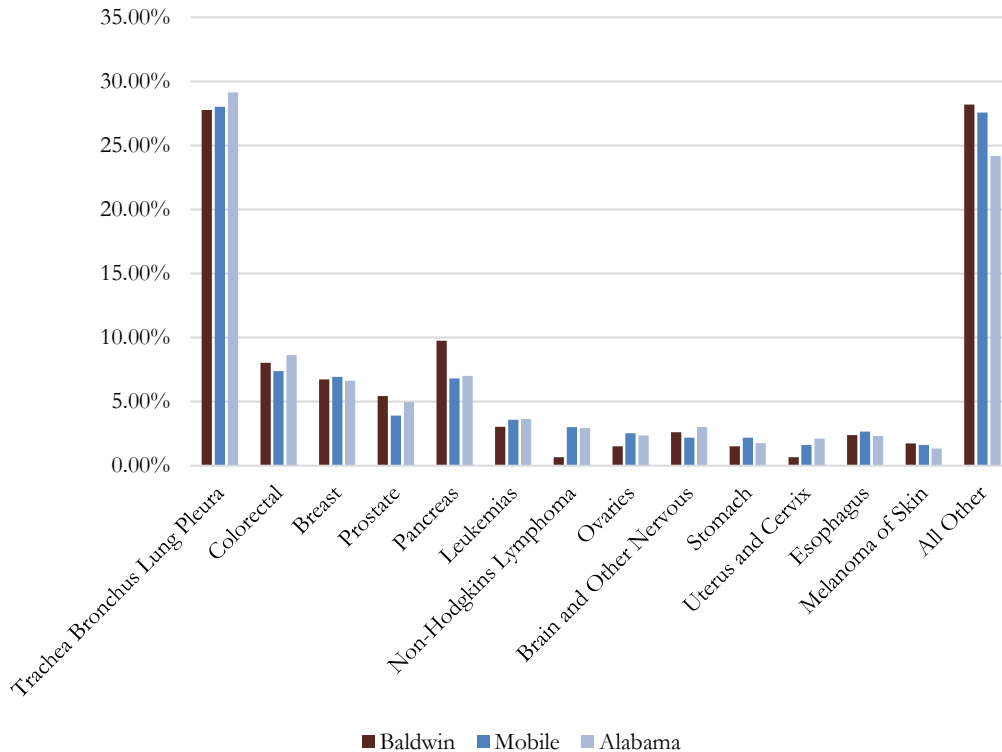


In Mobile County, over the time period, chronic lower respiratory, diabetes, Alzheimer's and Influenza/pneumonia all have risen in the number of deaths caused a year. Given the change in population demographics discussed earlier, this may not come as a surprise, as these diseases are often associated 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. Baldwin County's causes of death are strikingly similar to that of Mobile County, with one notable exception -- cerebrovascular disease appears to trump chronic lower respiratory problems, the third largest killer in Mobile County and fourth in Baldwin County. This may be due to the demographic and age distribution of Baldwin County residents.

Cancer is the second leading cause of death in Mobile and Baldwin counties, claiming the lives of approximately 898 Mobile County residents every year for the last seven years and 484 lives of Baldwin County residents.

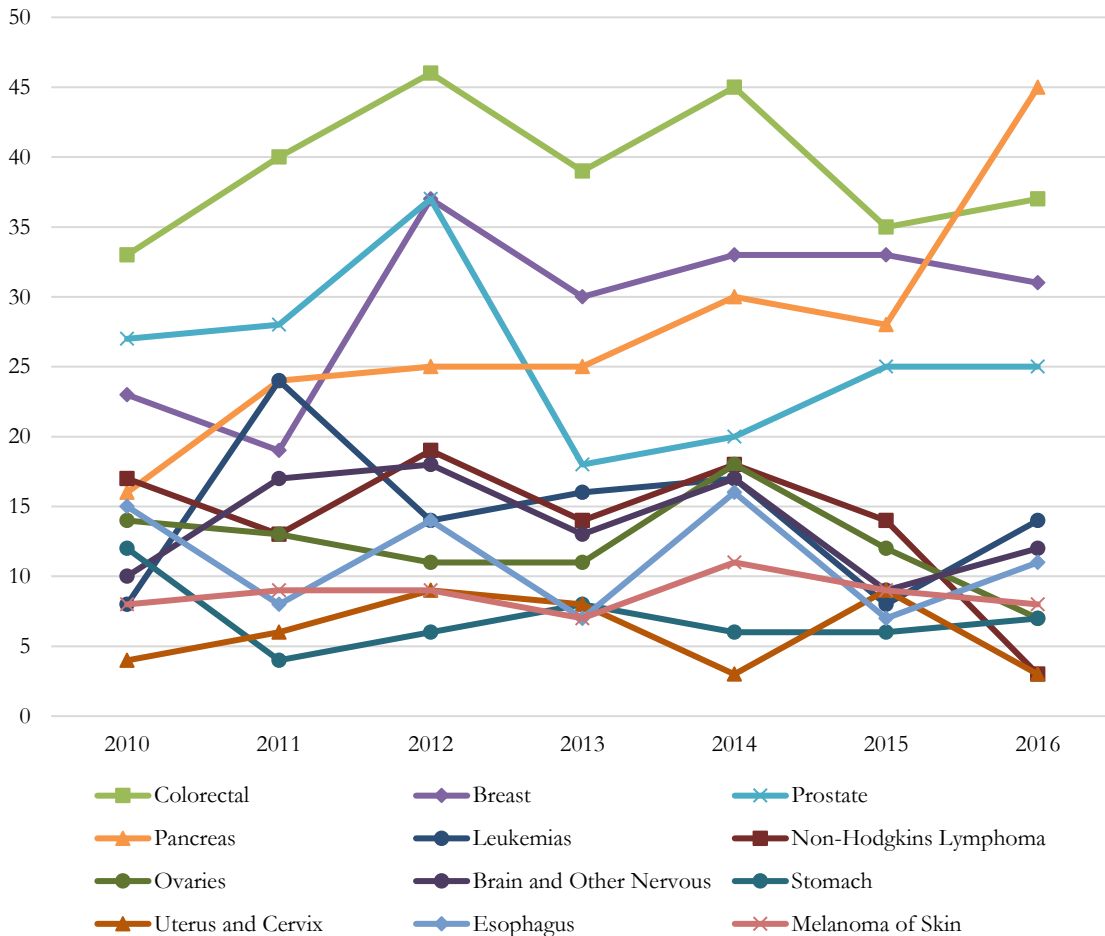
Together, cancers of the respiratory system, including trachea, bronchus, lung, and pleura account for the vast majority of cancer related deaths. In Mobile County this grouping constituted 28.03% of cancer deaths in 2016 and 29.87% of all cancer deaths from 2010-2016. For Baldwin County, the numbers are similar with 27.77% of cancer deaths attributed to this grouping in 2016 and 29.30% across the time period. 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

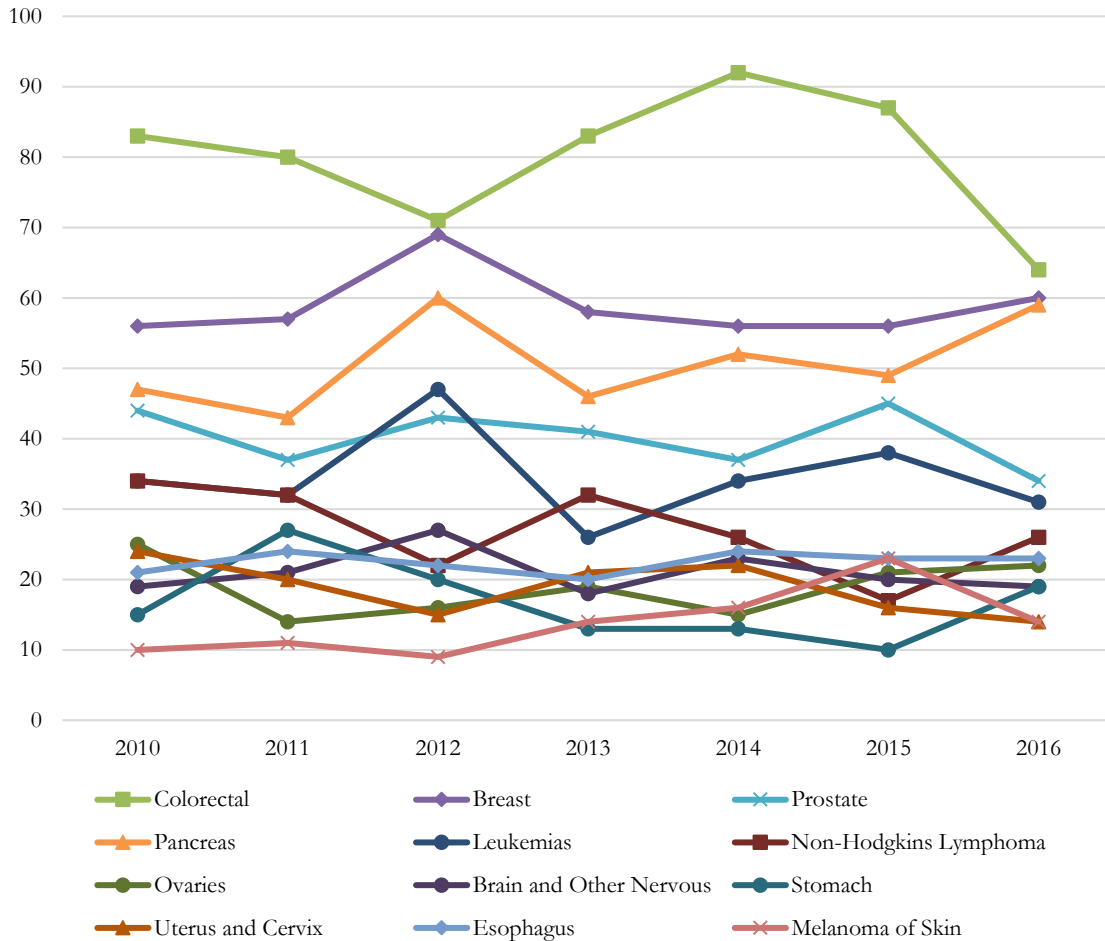


Of the other cancers of significant frequency in both Mobile County, Baldwin County, state of Alabama, and the U.S are colorectal and breast cancers. Colorectal cancer is the third most lethal cancer type in the United States among both men and women. Mobile County, Baldwin County, and the state of Alabama 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 both Baldwin County and the state of Alabama as a whole). Breast cancer mortality is much lower in Mobile County, Baldwin 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, Baldwin County, and the state of Alabama than it is nationally (10% of men). One exception worth noting between the counties is the larger share of pancreatic cancer rates in Baldwin County. In 2016 Baldwin County experiences an unusually high rate of pancreatic cancers, moving from approximately 6% of cancers in 2015 to 9% in 2016. Future data should reveal if this is an anomaly.

Cancer Deaths in Baldwin



Cancer Deaths in Mobile County



Despite this, colorectal cancer and breast cancer are still the two of the more prominent contributors to Mobile County, Baldwin County, and the state of Alabama mortality. From the seven year trend provided, breast cancer has remained steady in Mobile and Baldwin counties while the incidents of colorectal cancer deaths appears to have decreased in the past two years in Mobile County.

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

COMMUNITY SURVEY – 3

Community Survey Methodology

The Community Health Needs Assessment survey employed a random digit dialed (RDD) survey of residents of Mobile and Baldwin counties. The survey also included cell phone respondents.² A total of 203 respondents were surveyed from Mobile County and 206 respondents were surveyed from Baldwin County. The total n size for both Mobile and Baldwin counties was 409 resulting in a margin of error of +/- 4.8%.

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

The survey questionnaire was based on Infirmity Health's community health leaders survey deployed for their 2016-2018 CHNA. Some questions were dropped to reduce the survey length while others were modified slightly to accommodate implementation by telephone. The full text of the survey can be found in Appendix F.

Table 3.1: Survey Details

Area	Date Started	Date Complete	N	Margin of Error	Cell Phone %	Median Length (minutes)	Response Rate w/ No Answers ¹	Response Rate w/out No Answers ²
Baldwin	10/11/2018	11/1/2018	206	+/-6.8	31.6%	16.58	6.0%	16.9%
Mobile	10/11/2018	10/28/2016	203	+/-6.9	33.0%	17.11	10.9%	21.0%

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 either Mobile or Baldwin county?

Overall	10/11/20 18	11/1/201 8	409	+/-4.8	32.3%	17.04	7.7%	18.8%
---------	----------------	---------------	-----	--------	-------	-------	------	-------

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 never answered 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.

Seventeen percent of Baldwin County respondents rate their health as excellent compared to 13 percent of Mobile County respondents. Overall 15 percent rate themselves in excellent health, 28 percent say very good, 36 percent say good, 16 percent say fair, and six percent say poor. When rating others though only four percent say people in Mobile and Baldwin counties are very healthy, 31 percent say healthy, 52 percent say somewhat healthy, 12 percent say unhealthy, and one percent say very unhealthy. Thus, in terms of rating one's own health there is a tendency toward more extreme categories both positive and negative, while perceptions of other people tend more toward the middle ground of somewhat healthy with some saying healthy and a few saying unhealthy.

Baldwin County respondents perceive the quality of their healthcare services somewhat more highly than Mobile County respondents. Overall 12 percent say the quality of healthcare services available are excellent. Thirty percent say those services are very good, 37 percent say they are good, 15 percent say they are fair, and five percent say they 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-three percent have employer based private insurance, nine percent have private insurance they purchased themselves, and five percent do not have insurance. Fourteen percent of respondents report not having a personal doctor or healthcare provider. This number rises to 16 percent among just those in Mobile County. Eighty-seven percent say they have seen a doctor for a wellness exam or routine checkup in the past year but only 69 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) good schools, 3) lower crime and safe neighborhoods, 4) more quality education, 5) less sexually transmitted diseases, and 6) family doctors and specialists. The rankings for Mobile and Baldwin counties can be seen in Table 3.2 while the full list of all items can be found in Tables B.8 and B.9 in Appendix B.

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

	Area*	Very Important	Somewhat Important	Neither	Somewhat Unimportant	Very Unimportant	Total	N
Q8e. A clean environment including water, air, etc.	O	95.4	4.4	0.2	0.0	0.0	100.0%	409
	B	94.2	5.8	0.0	0.0	0.0	100.0%	206
	M	96.6	3.0	0.5	0.0	0.0	100.1%	203
Q8j. Good Schools	O	93.6	4.9	1.5	0.0	0.0	100.0%	407
	B	93.6	4.9	1.5	0.0	0.0	100.0%	204
	M	93.6	4.9	1.5	0.0	0.0	100.0%	203
Q8n. Lower crime and safe neighborhoods.	O	92.9	5.9	1.2	0.0	0.0	100.0%	407
	B	93.2	5.3	1.5	0.0	0.0	100.0%	206
	M	92.5	6.5	1.0	0.0	0.0	100.0%	201
Q8s. More quality education.	O	91.7	7.8	0.5	0.0	0.0	100.0%	408
	B	89.8	9.3	1.0	0.0	0.0	100.1%	205
	M	93.6	6.4	0.0	0.0	0.0	100.0%	203
Q8p. Less sexually transmitted diseases.	O	91.5	6.5	1.2	0.0	0.8	100.0%	402
	B	87.9	9.6	2.0	0.0	0.5	100.0%	199
	M	95.1	3.5	0.5	0.0	1.0	100.1%	203
Q8f. Family doctors and specialists.	O	90.4	8.9	0.7	0.0	0.0	100.0%	405
	B	91.1	8.4	0.5	0.0	0.0	100.0%	203
	M	89.6	9.4	1.0	0.0	0.0	100.0%	202

* The O designation refers to Mobile and Baldwin counties Overall, the B designation refers to Baldwin County, and the M designation refers to Mobile County.

Respondents were asked how they felt about a number of health issues. Table 3.3 shows the top six issues respondents felt were a problem for Mobile and Baldwin counties: 1) child abuse and neglect, 2) cancers, 3) domestic violence, 4) drug use and abuse, 5) rape and sexual assault, and 6) mental health problems. The full list of health issues is located in Appendix B in Tables B.10 and B.11.

Table 3.3: Top 6 health issues respondent feels are a problem for Mobile or Baldwin counties – ranked according to overall saying “Very Important”

	Area	Very Important	Somewhat Important	Neither	Somewhat Unimportant	Very Unimportant	Total	N
Q9d. Child abuse and neglect.	O	90.9	7.4	1.5	0.0	0.3	100.1%	405
	B	86.2	10.3	3.0	0.0	0.5	100.0%	203
	M	95.5	4.5	0.0	0.0	0.0	100.0%	202
Q9c. Cancers.	O	90.4	8.8	0.7	0.0	0.0	99.9%	408
	B	91.7	7.3	1.0	0.0	0.0	100.0%	205
	M	89.2	10.3	0.5	0.0	0.0	100.0%	203
Q9g. Domestic violence.	O	89.8	8.5	1.5	0.3	0.0	100.1%	401
	B	86.6	10.0	3.0	0.5	0.0	100.1%	201
	M	93.0	7.0	0.0	0.0	0.0	100.0%	200
Q9h. Drug use and abuse.	O	88.2	10.3	1.2	0.0	0.3	100.0%	408
	B	87.3	10.2	2.0	0.0	0.5	100.0%	205
	M	89.2	10.3	0.5	0.0	0.0	100.0%	203
Q9s. Rape and sexual assault.	O	88.0	9.9	1.5	0.5	0.0	99.9%	393
	B	84.5	11.9	2.6	1.0	0.0	100.0%	193
	M	91.5	8.0	0.5	0.0	0.0	100.0%	200
Q9p. Mental health problems.	O	87.2	11.0	1.8	0.0	0.0	100.0%	399
	B	85.9	12.1	2.0	0.0	0.0	100.0%	198
	M	88.6	10.0	1.5	0.0	0.0	100.1%	201

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 and Baldwin counties were: 1) high blood pressure, 2) high cholesterol, 3) depression, 4) obesity, 5) heart disease, and 6) diabetes. Table 3.4 shows these rankings and Table B.12 in Appendix B shows the responses to all twelve health issues.

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

	Area	Yes	No	Total	N
Q10h. High blood pressure.	O	52.2	47.8	100.0%	402
	B	52.7	47.3	100.0%	203
	M	51.8	48.2	100.0%	199
Q10g. High Cholesterol.	O	41.5	58.5	100.0%	402
	B	42.4	57.6	100.0%	203
	M	40.7	59.3	100.0%	199
Q10d. Depression.	O	25.2	74.8	100.0%	401
	B	26.9	73.1	100.0%	201
	M	23.5	76.5	100.0%	200
Q10j. Obesity.	O	21.3	78.7	100.0%	403
	B	20.2	79.8	100.0%	203
	M	22.5	77.5	100.0%	200
Q10f. Heart disease.	O	19.2	80.9	100.1%	402
	B	21.3	78.7	100.0%	202
	M	17.0	83.0	100.0%	200
Q10e. Diabetes.	O	16.7	83.3	100.0%	402
	B	15.4	84.7	100.1%	202
	M	18.0	82.0	100.0%	200

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 or Baldwin counties. These responses were unprompted, that is respondents had to identify them on their own, and respondents could select as many as they felt were problems. Not counting those saying some “other” issue, Table 3.5 identifies the six healthcare services respondents feel are most difficult to access in either Mobile or Baldwin counties: 1) mental health services, 2) specialty medical care, 3) services for the elderly, 4) women’s health, 5) primary medical care (primary doctor or clinic), and 6) preventative healthcare (routine or wellness checkups). 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 doctors, more doctors, more affordable care, more timely care, neurology, help for homeless, and help for veterans.

Table 3.5: Top 6 healthcare services respondent feels are difficult to get in Mobile or Baldwin counties – Ranked according to overall and not counting “other” in Top 6

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
Other	16.9	19.9	13.8
Mental health services	13.0	14.6	11.3
Specialty medical care (specialist doctors)	11.0	13.6	11.3
Services for the elderly	9.1	5.8	12.3
Women’s health	5.6	4.9	6.4
Primary medical care (primary doctor or clinic)	5.4	5.3	5.4
Preventative healthcare (routine or wellness checkups)	5.1	6.3	3.9

Fourteen percent of Mobile and Baldwin county respondents indicated that they had delayed in getting needed medical care at some point in the past 12 months. Delays in seeking healthcare can lead to more severe, complicated, and costly problems. Factors contributing to such delays are again clear signals of community needs. Table 3.6 lists the top 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) could not get a weekend or evening appointment, and 6) lack of transportation. 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 3.6: Top 6 reasons respondent delayed getting needed medical care – ranked according to overall and not counting “other” in Top 6

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
Other	51.7	52.4	51.4
Could not afford medical care	29.3	28.6	29.7
Insurance problems / lack of insurance	13.8	9.5	16.2
Could not get an appointment soon enough	10.3	4.8	13.5
Provider did not take my insurance	5.2	0.0	8.1
Could not get a weekend or evening appointment	5.2	4.8	5.4
Lack of transportation	1.7	0.0	2.7

When seeking medical care for someone who is sick, respondents overall were first likely to go to their family doctor (63%), then an urgent care clinic (15%), and third to the emergency room (14%). There were however differences between Mobile and Baldwin counties. Baldwin County respondents most often go to their family doctor (69%), the emergency room (12%), and then an urgent care clinic (12%). Mobile County residents most often go to their family doctor (58%), an urgent care clinic (18%), or the emergency room (15%).

Respondents have a great deal of confidence that they can make and maintain lifestyle changes. Thirty-three percent are extremely confident in their ability to do so and 42 percent are very confident. Responses were similar across both Mobile and Baldwin counties.

Only 10 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 slightly less than one percent say they use e-cigarettes or vaporizing pens. Eighty percent report never having used tobacco products. Responses were similar across both Mobile and Baldwin counties.

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

Whites constituted 75 percent of those responding overall and African-American's constituted 22 percent. These numbers varied by county however. In Baldwin County white's comprised 86 percent and African-Americans only 10 percent. In Mobile County white's comprised 63 percent and African-Americans made up 34 percent of the respondents.

Twenty-six percent of respondents possess a high school degree or GED. Thirty-two percent have some college coursework; 18 percent have a Bachelor's or four-year degree, and 16 percent have a graduate or professional degree. Responses were similar across both Mobile and Baldwin counties.

Given the older age of the respondents it is not surprising that 54 percent say they are retired. Twenty-six percent are working full-time, six percent are disabled, and four percent are unemployed. Baldwin County respondents were somewhat more likely to say they were retired and Mobile County respondents were somewhat more likely to say they were working full-time.

Overall there was a relatively equitable distribution of respondents across all of the income brackets. Baldwin County respondents however were somewhat more likely to report incomes of greater than \$100,000 compared to Mobile County respondents.

The majority of survey respondents (69%) were female.

Comparing Mobile and Baldwin counties

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

Baldwin County responders were much likely to rate others living in Baldwin County healthier than Mobile County respondents rated others living in Mobile County. Baldwin Country responders felt that 47 percent of those living in Baldwin County were either very healthy or healthy. Mobile County respondents felt that only 23 percent of those living in Mobile County were either very healthy or healthy. Conversely, Mobile County respondents

felt that 20 percent were either unhealthy or very unhealthy compared to Baldwin County respondents who only felt that six percent were unhealthy or very unhealthy.

When asked about things that they felt were important to improving the overall health in their community two items were statistically significant: 8k) healthy food options and 8p) less sexually transmitted diseases. In each case, Mobile County residents were much more likely than Baldwin County residents to say these items were very important: for healthy food options 92 percent of Mobile County respondents said this was very important compared to 83 percent in Baldwin County; and for less sexually transmitted diseases 95 percent of Mobile County respondents said this was very important compared to 88 percent in Baldwin County.

Among the list of health issues that respondents identified as being important problems for Mobile and Baldwin counties there were a number of statistically significant differences in the following areas: 9d) child abuse and neglect, 9g) domestic violence, 9i) fire-arm related injuries, 9k) HIV/AIDS, and 9m) homicides. For each of these problems, Mobile County respondents were much more likely than Baldwin County respondents to say these were problems. In looking at each problem one can see the following differences: child abuse and neglect 96 percent of respondents in Mobile County said this was a problem compared to 86 percent in Baldwin County; for domestic violence 93 percent in Mobile County to 87 percent in Baldwin County; for fire-arm related injuries 79 percent in Mobile County to 62 percent in Baldwin County; for HIV/AIDS 84 percent in Mobile County to 72 percent in Baldwin County; and for homicides 89 percent in Mobile County to 74 percent in Baldwin County.

There was also a statistically significant difference between those in Baldwin County and those in Mobile County regarding delays in getting medical care. Only 10 percent of Baldwin County respondents had delayed getting medical care in the last twelve months for any reason compared to 18 percent of Mobile County respondents.

Statistically significant differences were also found between the two counties regarding where they typically go for healthcare. While respondents from both counties were most likely to go to a family doctor, 69 percent of Baldwin County respondents chose this option compared to only 58 percent of Mobile County respondents. Also, Baldwin County respondents were less likely to go to an urgent care clinic (12%) compared to respondents from Mobile County (18%).

The final three statistically significant differences relate to demographic data. Baldwin County respondents were much more likely to be white (86%) than Mobile County respondents (63%). There were also differences in employment status with Baldwin County respondents more likely to be retired (57%) and less likely to be employed full-time (23%). Conversely Mobile County respondents were less likely to be retired (50%) and more likely to be employed full-time (30%). Finally, Baldwin County respondents were somewhat less likely to be female (65%) compared to Mobile County respondents (74%).

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 and Baldwin counties. A total of 103 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 352 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 seven e-mails bounced for 339 unique and working e-mails. Thus, with 103 responses, the CHL had a completion rate of 30.4%.

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

Date Started	1 st Reminder	2 nd Reminder	Date Completed	N	Estimated Response Time	Completion Rate
10/15/2018	10/23/2018	10/30/2018	11/9/2018	103	7 minutes	30.4%

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) low crime and safe neighborhoods, 4) quality education, 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

	Frequency	Percent
1a. Access to health services (e.g., family doctor, hospitals)	55	53.4
1r. Mental health services	32	31.1
1n. Low crime / safe neighborhoods	28	27.2
1s. Quality education	27	26.2
1b. Active lifestyles / outdoor activities	18	17.5
1k. Healthy food options	18	17.5
N	103	

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 or Baldwin counties. 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 (seven items are present as child abuse/neglect and heart disease and stroke were tied for sixth place): 1) mental health problems, 2) obesity and excess weight, 3) drug use and abuse, 4) diabetes, 5) cancers, 6.1) child abuse and neglect, and 6.2) 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 or Baldwin county? (Consider the county where your or your agency perform most of your services) Check only three¹

	Frequency	Percent
2p. Mental health problems	66	64.1
2r. Obesity / excess weight	38	36.9
2h. Drug use / abuse	32	31.1
2f. Diabetes	22	21.4
2c. Cancers	16	15.5
2d. Child abuse / neglect	15	14.6
2j. Heart disease and stroke	15	14.6
N	103	

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 or Baldwin counties. Again, they had the option to select up to three from a pre-defined list of 11 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 or Baldwin county concern you the most? (Consider the county where you or your agency perform most of your services) Check only three¹

	Frequency	Percent
3b. Drug abuse	55	53.4
3f. Poor eating habits / poor nutrition	46	44.7
3c. Excess weight	37	35.9
3i. Not seeing a doctor or dentist	33	32.0
3d. Homelessness	28	27.2
3e. Lack of exercise	24	23.3
N	103	

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 either Mobile or Baldwin counties. 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) services for the elderly, 4) preventative healthcare including routine or wellness check-ups, 5) alternative therapies like acupuncture and herbals, and 6) specialty medical care such as specialist physicians. 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 or Baldwin county?
(Consider the county where you or your agency perform most of your services) Check all that apply¹

	Frequency	Percent
4f. Mental health services	72	69.9
4m. Alcohol or drug abuse treatment	48	46.6
4k. Services for the elderly	27	26.2
4h. Preventative healthcare (routine or wellness check-ups, etc.)	26	25.2
4a. Alternative therapies (acupuncture, herbals, etc.)	24	23.3
4l. Specialty medical care (specialist doctors)	23	22.3
N	103	

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 or Baldwin counties as very healthy. The majority of health leaders suggest that people living in Mobile or Baldwin counties are either somewhat healthy (46%) or unhealthy (40%).

Four percent of health leaders rate the quality of healthcare services available in Mobile or Baldwin counties as excellent, 24 percent say very good, 42 percent say good, another 24 percent say fair and four percent say the healthcare services are poor.

Many of the health leaders responding were from healthcare organizations (20%), another 19 percent were in education, 10 percent deal with housing and temporary shelter, and eight percent worked in public service. Finally, another 20 percent indicated some other type of service. Follow-up responses as to the type of other services were quite varied and can be seen in Appendix E.

In looking at the types of clients served, 32 percent of health leaders said their organization served families; 34 percent said their organization served individuals, and 22 percent said some other type of client. Among those saying other, many indicated children or adolescents, or that they served all of the different types of clients.

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

Forty-seven percent of health leaders said their organizations served adults under 65; 38 percent said they served children, and 21 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-nine percent of health leaders felt that they served 1,000 or fewer clients (that is unique individuals not visits) on an annual basis. Twenty-nine percent said they served 20,000 or more annually.

While some health leaders said their organizations required clients to meet eligibility requirements, most (73%) said that they do not have requirement but serve everyone.

Twenty-two percent of health leaders did not have any volunteers on their staff. Another 56 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.

Most health leaders (44%) rely on either electronic medical records (EMR) or electronic health records (HER) for storing client records electronically. Another 29 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 409 community members from Mobile and Baldwin counties with the results of the 103 community health leaders from Mobile and Baldwin counties. These comparisons should demonstrate where the community and health leaders converge and diverge in terms what constitutes a health 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.

There were two areas that overlapped strongly between the health leaders and the community at large: lower crime and safe neighborhoods and quality education. Not only did both of these features show up in the top six of each group, their relative priority of being about in the middle of the six was very similar for both groups. There was some overlap in the area of health services in that the health leaders had access to health services as their top feature and community respondents had a similar feature, family doctors and specialists, among their top six but the lowest of those six in terms of priority. In terms of divergent priorities, the health leaders identified mental health services, active lifestyles and outdoor activities, and healthy food options as their other key features of a health community. Community respondents identified a clean environment, good schools (reinforcing the quality education feature also mentioned), and less sexually transmitted diseases.

Table 4.6: Comparison of Features of a Healthy Community

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

When examining the most important health issues, there was more consensus between the health leaders and the community on items that belonged in the top six; however, the priorities of those items were typically different. Both groups identified the following issues as being most important: mental health problems, drug use and abuse, cancers, and child abuse and neglect. The health leaders diverged from the community in selecting obesity/excess weight and diabetes as their additional important health issues. Community members selected domestic violence and rape and sexual assault as important issues.

Table 4.7: Comparison of Most Important Health Issues

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

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

Table 4.8: Comparison of Community Health and Health Services

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

Community health leaders and community respondents are also mostly in agreement regarding the top six healthcare services that are difficult to obtain in Mobile and Baldwin counties. Both groups identified mental health services as the number one healthcare service that is difficult to obtain. Other items that both groups cited include: services for the elderly, preventative healthcare, and specialty medical care. Areas of divergence included the health leaders identifying alcohol or drug abuse treatment and alternative therapies. The community members diverged from the leaders by selecting women’s health and primary medical care as services that are difficult to obtain.

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

Community Health Survey	Community Survey
1. Mental health services.	1. Mental health services.
2. Alcohol or drug abuse treatment.	2. Specialty medical care (specialist doctors).
3. Services for the elderly.	3. Services for the elderly.
4. Preventative healthcare (routine or wellness check-ups).	4. Women’s health.
5. Alternative therapies (acupuncture, herbals, etc.)	5. Primary medical care (primary doctor or clinic).
6. Specialty medical care (specialist doctors).	6. Preventative healthcare (routine or wellness check-ups).

Overall, health leaders and community members agreed on a number of items including: two of the key features of a healthy community – lower crime and safe neighborhood and quality education; four of most important health issues for Mobile and Baldwin counties – mental health problems, drug use and abuse, cancers, and child abuse and neglect; that people in Mobile and Baldwin counties are somewhat healthy; that the quality of healthcare services in Mobile and Baldwin counties is good; and four of the most difficult healthcare services to obtain – mental health services, services for the elderly, preventative healthcare, and specialty medical care.

PRIORITIZATION– 5

On January 22, 2019, the Infirmity Health community benefit team reviewed the results of the community demographic profile, community survey, and community health leaders survey, and determined the following areas of overlap:

- Access to care (preventive care, women’s health, specialty care, and elderly care)
- Cancer
- Diabetes
- Domestic violence, including child abuse/neglect and sexual assault/rape
- Drug abuse
- Education
- Heart disease
- Mental health
- Obesity/physical activity

From there, participants ranked the needs from highest priority to lowest priority for each of the following criteria:

1. Alignment with hospital priorities
2. Availability of resources to address the issue
3. Need among vulnerable populations
4. Availability of evidence-based solutions
5. Alignment with community or state initiatives

Results from this process were then aggregated, producing the following ranking of needs:

1. **Access to care (preventive care, women’s health, specialty care, and elderly care)**
2. **Diabetes**
3. **Heart disease**
4. **Cancer**
4. **Obesity/physical activity**
6. Mental health
7. Drug abuse
8. Education
9. Domestic violence, including child abuse/neglect and sexual assault/rape

Further discussion narrowed down the prioritized health needs to the top four needs, including the two-way tie between cancer and obesity/physical activity. These prioritized health needs will be considered further in the implantation plan.

EVALUATION OF ACTIONS TAKEN SINCE PRIOR CHNA – 6

In the 2016-2018 CHNA, Infirmiry Health prioritized Access to Care and Healthy Weight and developed implementation strategies around these two priority areas. The implementation strategies outlined in 2016-2017 were used as the foundation for tracking and evaluating Infirmiry Health’s efforts.

Access to Care

Infirmiry Health’s primary goal for Access to Care was to improve community members’ access to coordinated health services and resources in Mobile and Baldwin counties through three main strategies:

1. Creation of task force to improve system-wide coordination of chronic care and transitional care management
2. Expansion of a pharmacy assistance program across Infirmiry Health to improve care transitions
3. Dissemination of information and financial resources to address needs of underserved patients

Impact

Program	MI	LTAC	NBI	TH	Objective(s) Met	Reach	Outcomes	Opportunities
Chronic disease management education	x	x	x	x	✓	1,755 patients educated in 2017 and 2018	<ul style="list-style-type: none"> • 97% increase in patients educated between 2017 and 2018 • 15% increase in patient knowledge between 2017 and 2018 • Standardization of diabetes management and cancer rehabilitation education programs • Reduced readmissions in half of the chronic disease programs at all of hospitals in 2018 	<ul style="list-style-type: none"> • Opportunity to improve data collection process and education roll out across hospitals for improved, more consistent readmissions

Pharmacy assistance	x	x	x	x	✓	1,950 patients served in 2017 and 2018; 6,877 charity medications dispensed in 2017 and 2018	<ul style="list-style-type: none"> • 55% increase in patients served between 2017 and 2018 • \$22,527 more spent on pharmacy assistance at MI alone • Manufacturer Voucher program established at NBI and ACH • Reduced readmissions in half of the chronic disease programs at all of hospitals in 2018 • iCare bedside pharmacy especially valuable 	<ul style="list-style-type: none"> • Opportunity to collect more data on patients touched by Manufacturer Voucher program
Community resources	x	x	x	x	✓	n/a	<ul style="list-style-type: none"> • Patient-centered education • Reduced readmissions in half of the chronic disease programs at all of hospitals in 2018 	<ul style="list-style-type: none"> • Include data on number of hits on online community resource page

Key Takeaways

- Infirmiry Health met three out of three of its objectives
- Infirmiry Health increased patients served by its educational and pharmacy assistance programs between 2017 and 2018
- Standardizing the approach for chronic care management education was valuable
- iCare bedside pharmacy has been particularly helpful in preventing readmission as it directly brings prescriptions to patients before they leave the hospital
- Improved tracking of processes and outcome metrics would help identify key contributors to reducing readmissions across Infirmiry Health’s hospitals

Healthy Weight

Infirmiry Health’s primary goal for Healthy Weight was to increase awareness of and engagement in healthy lifestyle behaviors in Mobile and Baldwin counties through two main strategies:

1. Expansion of Operation FitKids across Infirmiry Health facilities and into the communities served
2. Awareness campaign of Scale Back Alabama and expansion of participating weigh-in sites and partners of the program

Impact

Program	MI	LTAC	NBI	TH	Objective(s) Met	Reach	Outcomes	Opportunities
Operation FitKids	x		x	x	✓	≥ 74 kids in 2018	<ul style="list-style-type: none"> • Expanded to Dumas Wesley Community Center and Bay Minette Elementary School • “The kids were always excited to see us and ready to participate in the activities” • Served kids from low income families at Dumas Wesley • Average gain of 9.2 points on pre/post knowledge survey (n=10) at Dumas Wesley • Content covered nutrition including food group identification and food label comprehension; and physical activity including walking as a physical activity and muscle-strengthening strategies 	<ul style="list-style-type: none"> • Challenging to measure metrics like BMI and survey knowledge due to inconsistent attendance • Opportunity to record more observations on programs that rely less on consistent attendance

Scale Back Alabama	x	x	x	x	✓	212 community participants and 1,015 employee participants in 2017 and 2018	<ul style="list-style-type: none"> • Weigh-in sites expanded from 3 to 9 sites. • Average BMI decrease by 1.1 points and average weight decrease by 6.8 pounds in 2018 for participants with both weigh-in and weigh-out measurements • Decreased participants, but increased proportion of participants weighing out from 2017 to 2018 	<ul style="list-style-type: none"> • Opportunity to offer on-site educational component for weigh-in participants, extending the program’s duration beyond 10 weeks, and tracking participant data from year to year
--------------------	---	---	---	---	---	---	--	---

Key Takeaways

- Infirmary Health met two out of two of its objectives
- Infirmary Health expanded both of its programs between 2017 and 2018
- Operation FitKids was difficult to measure quantitatively, but was nevertheless valuable in increasing knowledge and exposing children to concepts in physical activity and nutrition
- Scale Back Alabama saw improved outcomes in overall average BMI and weight in 2018
- Opportunities to improve data collection for both programs

Public Comments

Infirmary Health did not receive any comments or feedback on the prior CHNA.

COMMUNITY RESOURCES – 7

Summary

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

A list of major providers of health and social services is provided in the Community Resource List Tables 7.1 thru 7.7. 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 7.1 : Acute Care Hospitals

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

Table 7.2: Specialty Hospitals

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

Table 7.3: Federally Qualified Health Clinics

Facility	Phone
Aeillo/Buskey Women and Children Center	(251) 452-1442
Family Oriented Primary Health Care Clinic	(251) 690-8115
Franklin Primary Health Centers	(251) 432-4117
La Clinica De Baldwin	(251) 947-1083
Loxley Family Medical Center	(251) 964-4011
Maysville Medical Center	(251) 471-3747
Mostellar Medical Center	(251) 824-2174
South Baldwin Family Health Center	(251) 943-7237

The Hadley Medical Center (251) 450-8055

Table 7.4: Nursing Homes

Facility	Phone
Allen Memorial Home	(251) 433-2642
Ashland Place Health & Rehabilitation	(251) 471-5431
Azalea Gardens of Mobile	(251) 479-0551
Blue Ridge Healthcare Montrose Bay	(251) 928-2177
Citronelle Health & Rehabilitation Center	(251) 866-5509
Crowne Health Care of Mobile	(251) 473-8684
Crowne Health Care of Springhill	(251) 304-3013
Diversicare of Foley	(251) 943-2781
Eastern Shore Rehabilitation and Health Center	(251) 621-4200
Fairhope Health and Rehab	(205) 783-8444
Gordon Oaks Health & Rehab	(251) 661-7608
Grand Bay Convalescent Home, Inc.	(251) 865-6443
Gulf Coast Health & Rehabilitation	(251) 634-8002
Kindred Transitional Care and Rehab	(251) 316-0917
Little Sisters of the Poor Sacred Heart Residence	(251) 476-6335
Lynwood Nursing Home	(251) 661-5404
Mobile Nursing & Rehabilitation Center	(251) 639-1588
North Mobile Nursing & Rehabilitation Center	(251) 452-0996
Oakwood-North Baldwin's Center for Living	(251) 947-1911
Palm Gardens Health & Rehabilitation	(251) 450-2800
Sea Breeze Healthcare Center	(251) 433-5471
Springhill Manor Nursing Home	(251) 342-5623
Springhill Senior Residence	(251) 343-0909
Twin Oaks Rehabilitation & Healthcare Center	(251) 476-3420
William F. Green State Veterans Home	(251) 937-9881
WillowBrooke Court Skilled Care Center at Westminster Village	(251) 626-7007

Table 7.5: Hospice Services

Facility	Phone
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 - Baldwin	(251) 621-4229
Comfort Care Coastal Hospice - Mobile	(251) 304-3135
Community Hospice of Baldwin County	(251) 943-5015
Covenant Hospice, Inc. Mobile	(251) 478-6931
Covenant Hospice, Inc.-Daphne	(251) 626-5255
Gentiva Hospice	(251) 340-6387
Infirmiry Hospice Care	(251) 435-7460
Kindred Hospice - Daphne	(251) 621-2500
Kindred Hospice - Mobile	(251) 478-9900
Mercy Medical Home Care & Hospice	(251) 304-3135
Odyssey Health Care	(251) 478-9900
Saad's Hospice Services	(251) 343-9600
SouthernCare Daphne	(251) 621-2844
SouthernCare Mobile	(251) 666-2113
Springhill Home Health and Hospice	(251) 725-1268
Springhill Hospice - Baldwin County	(251) 626-5895
St. Joseph Hospice of South Alabama, LLC	(251) 675-7555
Veterans Affairs Outpatient Clinic	(251) 219-3900

Table 7.6: Home Health Agencies

Facility	Phone
Addus Healthcare	(251) 414-5855
Alacare Home Health & Hospice - Mobile	(251) 341-0707
Amedisys Home Health of Foley	(800) 763-6382
Amedisys Home Health of Mobile	(251) 380-0492
BrightStar Care North Mobile/Baldwin Co.	(251) 405-6451
Carestaff	(251) 380-2070
Comfort Care Coastal Home Health	(251) 621-4431
Home Instead Senior Care	(251) 342-6655
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
South Baldwin Regional Home Health	(251) 424-1045
Springhill Home Health & Hospice	(251) 433-8172
Thomas Home Health	(251) 990-9200

Table 7.7a: Social Service Agencies

Facility	Phone
Social Service Organizations	
Community Action Agency of Mobile	(251) 457-7143
Community Action Agency of South Alabama	(251) 626-2646
Community Foundation of South Alabama	(251) 438-5591
Dumas Wesley Community Center	(251) 479-0649
Goodwill Easter Seals of the Gulf Coast	(251) 471-1581
Mobile United	(251) 432-1638
Salvation Army of Coastal Alabama	(251) 438-1625
The Foley Community Service Center	(251) 380.3057
The Light of the Village	(251) 680-4613
United Way of Baldwin County	(251) 943-2110
United Way of Southwest Alabama	(251) 433-3624
Volunteers of America Southeast	(251) 300-3500
Waterfront Rescue Mission	(251) 433-1847
YMCA Dearborn	(251) 432-4768
YMCA North Mobile	(251) 679-8877
YMCA Bounds Branch	(251) 626-0888
Aging and Gerontology	
AARP Mobile	(251) 470-5235
Area Agency on Aging	(251) 433-6541
Independent Living Center	(251) 460-0301
Via! Senior Citizens Services	(251) 470-5226
Alcohol, Tobacco, and Other Drugs	
Drug Education Council	(251) 478-7855
Home of Grace for Women	(251) 456-7807
Mission of Hope	(251) 649-0830
Serenity Care	(251) 478-1917
Wings of Life	(251) 432-5245
Church Groups and Organizations	
Catholic Social Services	(251) 434-1500
Christ United Methodist Church	(251) 342-0462
Dauphin United Way Methodist Church	(251) 471-1511
Ecumenical Ministries, Inc. - Eastern Shore	(251) 928-3430
Ecumenical Ministries, Inc. - South Baldwin	(251) 943-3445
First Baptist of Church of Robertsdale	(251) 947-4362
Little Sisters of the Poor	(251) 476-6335
Mount Hebron	(251) 457-9900
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 7.7b: Social Service Agencies

Facility	Phone
Developmental Disabilities	
Mobile Arc	(251) 479-7409
Mulherin Custodial Home	(251) 471-1998
The Learning Tree	(251) 649-4420
Education and Youth Development	
Big Brothers Big Sisters of South Alabama	(251) 344-0536
Boys & Girls Club of South Alabama	(251) 432-1235
Child Day Care Association	(251) 441-0840
Fuse Project	(251) 265-3873
Girl Scouts of Southern Alabama	(800) 239-6636
GRMCA Early Childhood Directions	(251) 473-1060
Junior League of Mobile	(251) 471-3348
Mobile Area Education Foundation	(251) 476-0002
Preschool for the Sensory Impaired	(251) 433-1234
South Baldwin Literacy Council	(251) 943-7323
Family and Child Welfare	
Child Advocacy Center	(251) 432-1101
Court Appointed Special Advocates (CASA)	
Mobile	(251) 574-5277
Crittendon Youth Services	(251) 639-0004
Penelope House Family Violence Center	(251) 342-8994
St. Mary's Home	(251) 344-7733
Wilmer Hall Children's Home	(251) 342-4931
Food Pantries	
Emma's Harvest Home	(251) 478-8768
Feeding the Gulf Coast	(251) 653-1617
Prodisee Pantry (Baldwin)	(251) 626-1720
Health Care	
AIDS South Alabama	(251) 471-5277
Alabama Free Clinic - Baldwin County	(251) 937-8096
Alabama Rehabilitation Services	(251) 479-8611
American Cancer Society	(251) 344-9856
American Heart Association - Mobile	(800) 257-6941 Ext. 5397
American Red Cross	(251) 544-6100
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 7.7c: Social Service Agencies

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

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**) – Baldwin County
 Source: U.S. Census Bureau

	Baldwin County	Percent of Total	Male	Female
Under 5 Years	11,918	5.61%	6,068	5,850
5 to 9 years	12,688	5.97%	6,448	6,240
10 to 14 years	13,519	6.36%	6,797	6,722
15 to 19 years	12,751	6.00%	6,358	6,393
20 to 24 years	11,037	5.19%	5,649	5,388
25 to 29 years	12,376	5.82%	6,034	6,342
30 to 34 years	11,776	5.54%	5,826	5,950
35 to 39 years	12,743	5.99%	6,158	6,585
40 to 44 years	12,747	5.99%	6,206	6,541
45 to 49 years	14,163	6.66%	6,939	7,224
50 to 54 years	14,265	6.71%	6,867	7,398
55 to 59 years	15,157	7.13%	7,138	8,019
60 to 64 years	15,075	7.09%	7,022	8,053
65 to 69 years	13,959	6.56%	6,521	7,438
70 to 74 years	11,728	5.52%	5,609	6,119
75 to 79 years	7,792	3.66%	3,647	4,145
80 to 84 years	4,769	2.24%	2,253	2,516
85 years and over	4,165	1.96%	1,685	2,480
Total	212,628	100.00%	103,225	109,403

Table 1c: 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 1d: 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	Baldwin County	State of Alabama	United States
Total Population	413,955	212,628	4,874,747	325,719,178
White	244,012	183,893	3,312,718	235,507,457
Black	147,234	20,030	1,307,467	41,393,491
Hispanic	11,943	8,712	201,970	58,846,134
Asian	7,504	2,485	66,908	18,215,328
American Indian or Alaskan Hawaiian or Pacific Islander	3,410	2,172	25,181	2,726,278
Other	79	0	1,581	608,219
Two or More Races	5,038	1,899	67,308	16,552,940
	6,678	2,149	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 Hawaiian or Pacific Islander	3,187	2,801	2,680	2,568	3,410
Other	54	60	64	49	79
Two or More Races	1,950	2,472	2,781	3,207	5,038
	12,394	13,366	6,837	7,227	6,678

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

Baldwin County Race/Ethnicity	2013	2014	2015	2016	2017**
Total Population	187,114	191,205	195,121	199,510	212,628
White	161,737	165,673	168,646	172,441	183,893
Black	17,733	17,907	18,735	18,594	20,030
Hispanic	8,322	8,630	8,776	8,712	8,712
Asian	1,331	1,256	1,307	1,338	2,485
American Indian or Alaskan	1,157	999	1,166	1,355	2,172
Hawaiian or Pacific Islander	5	0	0	0	0
Other	2,454	1,843	1,870	1,766	1,899
Two or More Races	2,697	3,527	3,397	4,016	2,149

Table 3c: 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 3d: 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%
Baldwin	2013	187,114	27,827	19,525	143,552	14.87%	10.43%	76.72%
	2014	191,205	24,292	18,923	150,528	12.70%	9.90%	78.73%
	2015	195,121	24,949	19,117	154,274	12.79%	9.80%	79.07%
	2016	199,510	23,011	12,297	168,363	11.53%	6.16%	84.39%
	2017	212,628	19,409	13,701	174,279	9.13%	6.44%	81.96%
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
Baldwin	2012	17,546	41,195	45,982	36,265
	2013	17,158	42,672	47,539	37,208
	2014	17,580	43,146	47,777	39,368
	2015	16,918	44,273	49,336	40,953
	2016	16,822	45,029	50,800	42,589
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%
Baldwin	2012	2,106	1,013	48.10%
	2013	2,158	1,046	48.47%
	2014	2,245	1,057	47.08%
	2015	2,346	991	42.24%
	2016	2,247	1,024	45.57%
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%
Baldwin	2012	2,106	1,821	86.47%	285	13.53%
	2013	2,158	1,844	85.45%	314	14.55%
	2014	2,245	1,929	85.92%	316	14.08%
	2015	2,346	2,040	86.96%	306	13.04%
	2016	2,247	1,929	85.85%	318	14.15%
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 %
	2017							38.60 %
Baldwin	2012	2,106	195	159	36	9.26% %	813	38.79 %
	2013	2,158	183	148	35	8.48% %	837	37.86 %
	2014	2,245	173	143	30	7.71% %	850	37.72 %
	2015	2,346	175	149	26	7.46% %	885	41.34 %
	2016	2,247	160	132	28	7.12% %	929	42.57 %
	2017							10.68 %
Alabama	2012	58,381	6,236	3,546	2,690	10.68 %	24,854	42.24 %
	2013	58,162	5,420	3,194	2,226	9.32% %	24,566	43.22 %
	2014	59,532	5,085	3,075	2,009	8.54% %	25,728	43.84 %
	2015	59,651	4,790	2,876	1,914	8.03% %	26,150	44.69 %
	2016	59,090	4,526	2,642	1,884	7.66% %	26,408	
	2017							

Table 9: Low Weight Births
Source: Alabama Public Health

		Total Births	Low Weight Births Total	Low Weight Births Percent
				11.97
Mobile	2012	5,489	657	%
	2013	5,576	673	12.07
	2014	5,690	643	%
	2015	5,660	683	11.30
	2016	5,502	654	%
Baldwin	2012	2,106	167	7.93%
	2013	2,158	178	8.25%
	2014	2,245	221	9.84%
	2015	2,346	199	8.48%
	2016	2,247	174	7.74%
				10.05
Alabama	2012	58,381	5,866	%
	2013	58,162	5,824	10.01
	2014	59,532	6,024	%
	2015	59,651	6,227	10.12
	2016	59,090	6,104	%
				10.44
				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	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
Baldwin	2012	7	3.3	6	2.8	1	0.5
	2013	18	8.3	11	5.1	7	3.2
	2014	14	6.2	9	4	6	3.1
	2015	12	5.1	8	3.4	4	1.7
	2016	9	4	6	2.7	3	1.3
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
Baldwin	2012	7	3.3	4	2.2	3	10.5
	2013	18	8.3	12	6.5	6	19.1
	2014	14	6.2	11	5.7	3	9.5
	2015	12	5.1	8	3.9	4	13.1
	2016	9	4	9	4.7	2	6.3
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
	Baldwin	2012	12	91
2013		16	94	2.7
2014		3	114	3.2
2015		18	78	2.2
2016		18	59	1.6
Alabama		2012	538	7,970
	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
Baldwin	2012	1,795	9.4	838	10.3	814	9.6	75	6.5	68	5.4
	2013	1,974	10.1	990	11.9	837	9.6	88	7.3	59	4.6
	2014	1,951	9.7	946	11.1	850	9.5	82	6.6	73	5.5
	2015	2,092	10.3	1,033	11.9	903	9.9	74	5.8	82	6
	2016	1,974	9.5	1,012	11.4	804	8.6	90	7.1	68	4.8
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					Baldwin				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Heart Disease	1,023	1,076	1,012	1,097	1,124	432	558	466	515	491
Rate	241.1	259.9	243.8	264.1	271	226.4	285.4	232.9	252.8	235.4
Malignant Neoplasm	927	921	886	890	867	448	444	481	453	461
Rate	223.9	222.4	213.4	214.3	209	234.8	227.1	240.4	222.4	221
Cerebrovascular Disease	228	219	209	221	248	107	90	103	114	110
Rate	55.1	52.9	50.3	53.2	59.8	56.1	46	51.5	56	52.7
Chronic Lower Respiratory	210	226	244	224	256	86	105	107	119	119
Rate	50.7	54.6	58.8	53.9	61.7	45.1	53.7	53.5	58.4	57.1
Accidents	196	200	198	206	182	82	75	95	106	98
Rate	47.4	48.3	47.7	49.6	43.9	43	38.4	47.5	52	47
Alzheimer's	102	99	138	146	170	27	41	68	80	63
Rate	24.6	23.9	33.2	35.1	41	14.2	21	34	39.3	30.2
Diabetes Mellitus	111	118	143	107	106	42	42	37	46	19
Rate	26.8	28.5	34.4	25.8	25.6	22	21.5	18.5	22.6	9.1
Influenza and Pneumonia	63	88	90	95	81	23	22	39	40	24
Rate	15.2	21.3	21.7	22.9	19.5	12.1	11.3	19.5	19.6	11.5
Nephritis, Nephrotic Syndrome, and Nephrosis	68	81	73	76	63	27	34	37	35	47
Rate	16.4	19.6	17.6	18.3	15.2	-	-	18.5	17.2	22.5
Suicide	75	57	60	66	69	45	37	36	45	42
Rate	15.7	13.8	14.5	15.9	16.6	23.6	18.9	18	22.1	20.1
Septicemia	80	69	82	104	100	27	24	26	21	26
Rate	19.3	16.7	19.8	25	24.1	-	-	13	10	12
Homicide	58	53	54	59	80	7	1	8	4	7
Rate	14	12.8	13	14.2	19.3	3.7	0.5	4	2	3.4
Chronic Liver Disease and Cirrhosis	62	58	48	52	73	35	30	24	40	27
Rate	15	4	11.6	12.5	17.6	-	-	14	19.6	12.9
Parkinson's	36	25	27	36	42	-	-	19	25	21
Rate	8.7	6	6.5	8.7	10.1	-	-	9.5	12.3	10.1
HIV	35	19	26	27	27	7	3	1	1	0

Rate	8.5	4.6	6.3	6.5	6.5	3.7	1.5	0.5	0.5	0
Viral Hepatitis	17	17	18	19	12	-	-	4	4	3
Rate	4.1	4.1	4.3	4.6	2.9	-	-	2	2	1
Other	-	-	501	498	508	-	-	246	274	267
Rate	-	-	120.7	119.9	122.5	-	-	122.9	134.5	128

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

Table 15: Cancers

Source: Alabama Public Health

	Mobile 2012	2013	2014	2015	2016	Baldwin 2012	2013	2014	2015	2016
All Cancer	927	921	886	890	867	448	444	481	453	461
Trachea, Bronchus, Lung, and Pleura	267	297	256	234	243	111	141	146	155	128
Colorectal	71	83	92	87	64	46	39	45	35	37
Breast	69	58	56	56	60	37	30	33	33	31
Prostate	43	41	37	45	34	37	18	20	25	25
Pancreas	60	46	52	49	59	25	25	30	28	45
Leukemias	47	26	34	38	31	14	16	17	8	14
Non-Hodgkin's Lymphoma	22	32	26	17	26	19	14	18	14	3
Stomach	20	13	13	10	19	6	8	6	6	7
Esophagus	22	20	24	23	23	14	7	16	7	11
Brain and Other Nervous	27	18	23	20	19	18	13	17	9	12
Uterus and Cervix	15	21	22	16	14	9	8	3	9	3
Ovaries	16	19	15	21	22	11	11	18	12	7
Melanoma of Skin	9	14	16	23	14	9	7	11	9	8
All Other	239	233	220	251	239	108	107	101	103	130

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

Table 16: Accidental Deaths
Source: Alabama Public Health

		All Accidents	Motor Vehicle	Suffocation	Poisoning	Smoke Fire & Flames	Falls	Drowning	Firearms	Other Accidents
Mobile	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
Baldwin	2012	82	22	1	19	1	13	6	0	20
	2013	75	34	3	16	0	13	0	0	9
	2014	95	35	4	26	2	12	5	0	11
	2015	106	36	3	42	2	9	5	1	8
	2016	98	34	1	25	1	11	7	0	19
Alabama	2012	2255	855	124	2	82	6	93	14	493
	2013	2302	904	123	0	85	7	69	25	412
	2014	2421	891	122	4	84	1	75	28	356
	2015	2529	958	106	1	86	2	65	20	351
	2016	2747	1157	124	0	94	4	75	21	312

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

APPENDIX B – COMMUNITY SURVEY TABLES

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

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
Excellent	14.7	16.7	12.8
Very Good	27.8	27.5	28.1
Good	35.6	32.8	38.4
Fair	16.2	14.7	17.7
Poor	5.7	8.3	3.0
Total	100.0%	100.0%	100.0%
N	407	204	203

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

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
Very Healthy	3.7	6.3	1.1
Healthy	31.0	40.3	21.4
Somewhat Healthy	52.4	47.6	57.2
Unhealthy	11.6	4.2	19.3
Very Unhealthy	1.3	1.6	1.1
Total	100.0%	100.0%	100.1%
N	378	191	187

*** Statistically significant difference between Mobile and Baldwin counties, $p < .001$

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

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
Excellent	12.4	15.7	9.0
Very Good	30.2	32.4	28.0
Good	37.4	32.4	42.5
Fair	15.4	15.7	15.0
Poor	4.7	3.9	5.5
Total	100.1%	100.1%	100.0%
N	404	204	200

Table B.4: q5. What type of healthcare insurance do you have?

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
Private Insurance – Direct Purchase	8.9	8.4	9.4
Private Insurance – Employer Based	23.3	21.8	24.8
Private Insurance – Employer Based Spouse	5.2	3.5	6.9
Medicare	44.8	48.5	41.1
Medicaid	2.7	2.5	3.0
Tricare / Military Insurance	3.2	3.5	3.0
Other	7.4	7.4	7.4
No Insurance	4.5	4.5	4.5
Total	100.0%	100.1%	100.1%
N	404	202	202

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

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
Yes, Only One	78.6	82.8	74.3
Yes, More than One	7.4	4.9	9.9
No	14.0	12.3	15.8
Total	100.0%	100.0%	100.0%
N	406	204	202

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

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
Within the past 12 months	87.0	89.8	84.2
1 to 2 years ago	6.4	5.8	6.9
2 to 5 years ago	2.7	1.9	3.5
5 or more years ago	2.7	1.9	3.5
Have never had one	1.2	0.5	2.0
Total	100.0%	99.9%	100.1%
N	409	206	203

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

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
Within the past 12 months	69.1	68.1	70.2
1 to 2 years ago	10.9	11.3	10.5
2 to 5 years ago	7.9	7.4	8.5
5 or more years ago	8.6	9.8	7.5
Have never had one	3.5	3.4	3.5
Total	100.0%	100.0%	100.2%
N	405	204	201

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.

	County	Very Important	Somewhat Important	Neither	Somewhat Unimportant	Very Unimportant	Total	N
Q8a. Access to health services such a health clinic or hospital.	O	89.9	9.4	0.3	0.5	0.0	100.1%	406
	B	88.7	10.3	0.5	0.5	0.0	100.0%	204
	M	91.1	8.4	0.0	0.5	0.0	100.0%	202
Q8b. Active lifestyles including outdoor activities.	O	77.2	21.3	1.0	0.3	0.3	100.1%	408
	B	76.7	20.9	1.5	0.5	0.5	100.1%	206
	M	77.7	21.8	0.5	0.0	0.0	100.0%	202
Q8c. Affordable housing.	O	77.3	19.4	2.3	0.3	0.8	100.1%	392
	B	78.0	19.5	2.1	0.0	0.5	100.1%	195
	M	76.7	19.3	2.5	0.5	1.0	100.0%	197
Q8d. Arts and cultural events.	O	45.7	43.5	6.0	2.0	2.8	100.0%	398
	B	46.0	42.0	6.5	2.5	3.0	100.0%	200
	M	45.5	45.0	5.6	1.5	2.5	100.1%	198
Q8e. A clean environment including water, air, etc.	O	95.4	4.4	0.2	0.0	0.0	100.0%	409
	B	94.2	5.8	0.0	0.0	0.0	100.0%	206
	M	96.6	3.0	0.5	0.0	0.0	100.1%	203
Q8f. Family doctors and specialists.	O	90.4	8.9	0.7	0.0	0.0	100.0%	405
	B	91.1	8.4	0.5	0.0	0.0	100.0%	203
	M	89.6	9.4	1.0	0.0	0.0	100.0%	202
Q8g. Good employment opportunities.	O	89.0	9.8	0.8	0.0	0.5	100.1%	399
	B	86.4	11.6	1.0	0.0	1.0	100.0%	198
	M	91.5	8.0	0.5	0.0	0.0	100.0%	201
Q8h. Good places to raise children.	O	89.9	8.9	1.0	0.3	0.0	100.1%	407
	B	89.8	8.8	1.5	0.0	0.0	100.1%	205
	M	90.1	8.9	0.5	0.5	0.0	100.0%	202
Q8i. Good race relations.	O	87.0	9.6	1.5	0.5	1.5	100.1%	406
	B	87.8	8.8	1.5	0.5	1.5	100.1%	204
	M	86.1	10.4	2.0	0.0	1.5	100.0%	202
Q8j. Good schools.	O	93.6	4.9	1.5	0.0	0.0	100.0%	407
	B	93.6	4.9	1.5	0.0	0.0	100.0%	204
	M	93.6	4.9	1.5	0.0	0.0	100.0%	203
Q8k. Healthy food options.*	O	87.7	11.6	0.7	0.0	0.0	100.0%	407
	B	83.4	15.6	1.0	0.0	0.0	100.0%	205
	M	92.1	7.4	0.5	0.0	0.0	100.0%	202
Q8l. Fewer homeless.	O	82.2	12.5	3.6	0.3	1.5	100.1%	393
	B	81.6	12.2	4.1	0.5	1.5	99.9%	196
	M	82.7	12.7	3.1	0.0	1.5	100.0%	197

* Statistically significant difference between Mobile and Baldwin counties, $p < .05$

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.

	County	Very Important	Somewhat Important	Neither	Somewhat Unimportant	Very Unimportant	Total	N
Q8m. Less alcohol and drug abuse.	O	85.9	9.6	3.5	0.3	0.7	100.0%	405
	B	85.2	11.3	2.5	0.0	1.0	100.0%	203
	M	86.6	7.9	4.5	0.5	0.5	100.0%	202
Q8n. Lower crime and safe neighborhoods.	O	92.9	5.9	1.2	0.0	0.0	100.0%	407
	B	93.2	5.3	1.5	0.0	0.0	100.0%	206
	M	92.5	6.5	1.0	0.0	0.0	100.0%	201
Q8o. Less obesity.	O	84.4	12.9	2.5	0.3	0.0	100.1%	404
	B	82.8	14.3	3.0	0.0	0.0	100.1%	203
	M	86.1	11.4	2.0	0.5	0.0	100.0%	201
Q8p. Less sexually transmitted diseases.*	O	91.5	6.5	1.2	0.0	0.8	100.0%	402
	B	87.9	9.6	2.0	0.0	0.5	100.0%	199
	M	95.1	3.5	0.5	0.0	1.0	100.1%	203
Q8q. Less tobacco use.	O	81.1	14.0	3.0	0.5	1.5	100.1%	407
	B	79.5	16.6	2.4	1.0	0.5	100.0%	205
	M	82.7	11.4	3.5	0.0	2.5	100.1%	202
Q8r. Mental health services.	O	89.1	9.9	0.7	0.0	0.3	100.0%	404
	B	87.6	11.4	1.0	0.0	0.0	100.0%	202
	M	90.6	8.4	0.7	0.0	0.5	100.2%	202
Q8s. More quality education.	O	91.7	7.8	0.5	0.0	0.0	100.0%	408
	B	89.8	9.3	1.0	0.0	0.0	100.1%	205
	M	93.6	6.4	0.0	0.0	0.0	100.0%	203
Q8t. More quality health care options.	O	86.9	11.9	0.7	0.0	0.5	100.0%	405
	B	84.7	13.8	1.5	0.0	0.0	100.0%	203
	M	89.1	9.9	0.0	0.0	1.0	100.0%	202
Q8u. Good transportation options.	O	71.3	25.0	2.7	0.3	0.7	100.0%	404
	B	66.0	29.6	3.9	0.0	0.5	100.0%	203
	M	76.6	20.4	1.5	0.5	1.0	100.0%	201
Q8v. Religious and/or spiritual values.	O	77.9	14.7	4.9	1.2	1.2	99.9%	407
	B	76.0	16.2	6.4	1.0	0.5	100.1%	204
	M	79.8	13.3	3.5	1.5	2.0	100.1%	203
Q8w. Social support services such as food pantries and charity services.	O	78.1	17.9	2.7	0.0	1.2	99.9%	407
	B	76.6	20.0	2.0	0.0	1.5	100.1%	205
	M	79.7	15.8	3.5	0.0	1.0	100.0%	202

* Statistically significant difference between Mobile and Baldwin counties, $p < .05$

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

	County	Very Important	Somewhat Important	Neither	Somewhat Unimportant	Very Unimportant	Total	N
Q9a. Accidental injuries at places like work, home or school.	O	55.4	33.3	7.2	2.3	1.8	100.0%	388
	B	51.1	36.8	7.4	3.7	1.1	100.1%	190
	M	59.6	29.8	7.1	1.0	2.5	100.0%	198
Q9b. Aging problems like dementia and loss of mobility.	O	83.9	14.1	1.7	0.0	0.3	100.0%	403
	B	80.1	17.4	2.0	0.0	0.5	100.0%	201
	M	87.6	10.9	1.5	0.0	0.0	100.0%	202
Q9c. Cancers.	O	90.4	8.8	0.7	0.0	0.0	99.9%	408
	B	91.7	7.3	1.0	0.0	0.0	100.0%	205
	M	89.2	10.3	0.5	0.0	0.0	100.0%	203
Q9d. Child abuse and neglect.**	O	90.9	7.4	1.5	0.0	0.3	100.1%	405
	B	86.2	10.3	3.0	0.0	0.5	100.0%	203
	M	95.5	4.5	0.0	0.0	0.0	100.0%	202
Q9e. Dental problems.	O	68.5	27.0	2.3	0.5	1.8	100.1%	400
	B	66.3	30.2	1.5	0.0	2.0	100.0%	199
	M	70.7	23.9	3.0	1.0	1.5	100.1%	201
Q9f. Diabetes.	O	84.2	14.3	1.5	0.0	0.0	100.0%	399
	B	81.6	16.9	1.5	0.0	0.0	100.0%	201
	M	86.9	11.6	1.5	0.0	0.0	100.0%	198
Q9g. Domestic violence.*	O	89.8	8.5	1.5	0.3	0.0	100.1%	401
	B	86.6	10.0	3.0	0.5	0.0	100.1%	201
	M	93.0	7.0	0.0	0.0	0.0	100.0%	200
Q9h. Drug use and abuse.	O	88.2	10.3	1.2	0.0	0.3	100.0%	408
	B	87.3	10.2	2.0	0.0	0.5	100.0%	205
	M	89.2	10.3	0.5	0.0	0.0	100.0%	203
Q9i. Fire-arm related injuries.**	O	70.5	20.9	5.3	1.8	1.5	100.0%	397
	B	62.4	25.4	7.1	3.1	2.0	100.0%	197
	M	78.5	16.5	3.5	0.5	1.0	100.0%	200
Q9j. Heart disease and stroke.	O	86.7	12.5	0.7	0.0	0.0	99.9%	407
	B	84.9	13.7	1.5	0.0	0.0	100.1%	205
	M	88.6	11.4	0.0	0.0	0.0	100.0%	202
Q9k. HIV/AIDS.*	O	78.0	19.2	1.8	0.3	0.8	100.1%	395
	B	71.7	24.2	2.5	0.0	1.5	99.9%	198
	M	84.3	14.2	1.0	0.5	0.0	100.0%	197
Q9l. Homelessness.	O	76.1	19.2	2.0	1.3	1.5	100.1%	401
	B	70.2	23.4	2.5	2.0	2.0	100.1%	201
	M	82.0	15.0	1.5	0.5	1.0	100.0%	200

* Statistically significant difference between Mobile and Baldwin counties, $p < .05$ ** Statistically significant difference between Mobile and Baldwin counties, $p < .01$

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

	County	Very Important	Somewhat Important	Neither	Somewhat Unimportant	Very Unimportant	Total	N
Q9m. Homicides.**	O	81.2	13.8	3.5	0.8	0.8	100.1%	399
	B	73.7	18.7	4.6	1.5	1.5	100.0%	198
	M	88.6	9.0	2.5	0.0	0.0	100.1%	201
Q9n. Infant death.	O	83.4	14.6	1.8	0.3	0.0	100.1%	385
	B	80.4	16.4	2.7	0.5	0.0	100.0%	189
	M	86.2	12.8	1.0	0.0	0.0	100.0%	196
Q9o. Infectious diseases like hepatitis and tuberculosis.	O	77.4	18.5	2.3	0.8	1.0	100.0%	394
	B	75.4	19.5	2.1	1.0	2.1	100.1%	195
	M	79.4	17.6	2.5	0.5	0.0	100.0%	199
Q9p. Mental health problems.	O	87.2	11.0	1.8	0.0	0.0	100.0%	399
	B	85.9	12.1	2.0	0.0	0.0	100.0%	198
	M	88.6	10.0	1.5	0.0	0.0	100.1%	201
Q9q. Motor vehicle crash injuries.	O	75.1	21.7	2.7	0.5	0.0	100.0%	405
	B	71.4	24.6	3.0	1.0	0.0	100.0%	203
	M	78.7	18.8	2.5	0.0	0.0	100.0%	202
Q9r. Obesity or excess weight.	O	78.9	16.5	3.4	0.3	1.0	100.1%	407
	B	78.1	17.6	2.4	0.5	1.5	100.1%	205
	M	79.7	15.4	4.5	0.0	0.5	100.1%	202
Q9s. Rape and sexual assault.	O	88.0	9.9	1.5	0.5	0.0	99.9%	393
	B	84.5	11.9	2.6	1.0	0.0	100.0%	193
	M	91.5	8.0	0.5	0.0	0.0	100.0%	200
Q9t. Respiratory problems and lung disease.	O	80.3	17.0	2.0	0.5	0.3	100.1%	401
	B	77.7	18.3	2.5	1.0	0.5	100.0%	202
	M	82.9	15.6	1.5	0.0	0.0	100.0%	199
Q9u. Sexually transmitted diseases.	O	81.3	15.2	3.3	0.0	0.3	100.1%	396
	B	76.9	19.0	3.6	0.0	0.5	100.0%	195
	M	85.6	11.4	3.0	0.0	0.0	100.0%	201
Q9v. Suicide.	O	85.0	12.0	1.8	0.5	0.8	100.1%	392
	B	81.4	15.0	2.1	0.5	1.0	100.0%	193
	M	88.4	9.1	1.5	0.5	0.5	100.0%	199
Q9w. Teenage pregnancy.	O	81.0	15.5	2.8	0.8	0.0	100.1%	399
	B	81.9	14.1	3.0	1.0	0.0	100.0%	199
	M	80.0	17.0	2.5	0.5	0.0	100.0%	200
Q9x. Tobacco Use.	O	73.2	20.8	4.2	0.0	1.7	99.9%	403
	B	74.4	21.2	3.0	0.0	1.5	100.1%	203
	M	72.0	20.5	5.5	0.0	2.0	100.0%	200

** Statistically significant difference between Mobile and Baldwin counties, $p < .01$

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.

	County	Yes	No	Total	Z
Q10a. Asthma.	O	14.9	85.2	100.1%	404
	B	15.7	84.3	100.0%	204
	M	14.0	86.0	100.0%	200
Q10b. Chronic obstructive pulmonary disease or COPD.	O	8.9	91.1	100.0%	404
	B	10.3	89.7	100.0%	204
	M	7.5	92.5	100.0%	200
Q10c. Dementia or Alzheimer's.	O	0.7	99.3	100.0%	403
	B	0.5	99.5	100.0%	203
	M	1.0	99.0	100.0%	200
Q10d. Depression.	O	25.2	74.8	100.0%	401
	B	26.9	73.1	100.0%	201
	M	23.5	76.5	100.0%	200
Q10e. Diabetes.	O	16.7	83.3	100.0%	402
	B	15.4	84.7	100.1%	202
	M	18.0	82.0	100.0%	200
Q10f. Heart Disease.	O	19.2	80.9	100.1%	402
	B	21.3	78.7	100.0%	202
	M	17.0	83.0	100.0%	200
Q10g. High Cholesterol.	O	41.5	58.5	100.0%	402
	B	42.4	57.6	100.0%	203
	M	40.7	59.3	100.0%	199
Q10h. High blood pressure.	O	52.2	47.8	100.0%	402
	B	52.7	47.3	100.0%	203
	M	51.8	48.2	100.0%	199
Q10i. HIV or Aids.	O	0.5	99.5	100.0%	403
	B	0.5	99.5	100.0%	203
	M	0.5	99.5	100.0%	200
Q10j. Obesity.	O	21.3	78.7	100.0%	403
	B	20.2	79.8	100.0%	203
	M	22.5	77.5	100.0%	200
Q10k. Tuberculosis.	O	0.8	99.3	100.1%	402
	B	0.5	99.5	100.0%	202
	M	1.0	99.0	100.0%	200
Q10l. Alcohol or drug addiction.	O	2.0	98.0	100.0%	403
	B	2.0	98.0	100.0%	203
	M	2.0	98.0	100.0%	200

Table B.13: q11. 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? Select All That Apply¹

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
Alternative therapies (acupuncture, herbals)	2.0	2.4	1.5
Dental care / dentures	3.2	2.4	3.9
Emergency medical care*	3.9	1.9	5.9
Hospital care	2.2	1.9	2.5
Laboratory services	2.0	2.4	1.5
Mental health services	13.0	14.6	11.3
Physical therapy / rehabilitation	2.2	1.5	3.0
Preventative healthcare (routine or wellness checkups)	5.1	6.3	3.9
Prescriptions / pharmacy services	4.9	3.9	5.9
Primary medical care (primary doctor or clinic)	5.4	5.3	5.4
Services for the elderly**	9.1	5.8	12.3
Specialty medical care (specialist doctors)	11.0	13.6	8.4
Alcohol or drug abuse treatment	3.7	2.9	4.4
Vision care / eye exams / glasses	2.0	1.0	3.0
Women's health	5.6	4.9	6.4
X-rays or mammograms	2.4	1.0	3.9
Other	16.9	19.9	13.8
None	49.9	49.5	50.3
N	409	206	203

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

* Statistically significant difference between Mobile and Baldwin counties, $p < .05$

Table B.14: q12. In the past 12 months, have you delayed getting needed medical care for any reason?^{2*}

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
Yes	14.2	10.2	18.3
No	85.8	89.8	81.7
Total	100.0%	100.0%	100.0%
N	408	206	202

* Statistically significant difference between Mobile and Baldwin counties, $p < .05$

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

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
Could not afford medical care	29.3	28.6	29.7
Insurance problems / lack of insurance	13.8	9.5	16.2
Lack of transportation	1.7	0.0	2.7
Language barriers / could not communicate	0.0	0.0	0.0
Provider did not take my insurance	5.2	0.0	8.1
Provider was not taking new patients	1.7	4.8	0,0
Could not get an appointment soon enough	10.3	4.8	13.5
Could not get a weekend or evening appointment	5.2	4.8	5.4
Other	51.7	52.4	51.4
N	58	21	37

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?^{*}

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
Emergency room (hospital)	13.5	12.1	14.8
Family doctor	63.3	68.9	57.6
Any doctor	2.0	2.4	1.5
Urgent care clinic	14.7	11.7	17.7
Health department	1.0	0.5	1.5
Community health center	0.0	0.0	0.0
Free clinic	1.0	1.0	1.0
VA / Military facility	0.7	0.5	1.0
Other	3.9	2.9	4.9
I usually go without receiving healthcare	0.0	0.0	0.0
Total	100.1%	100.0%	100.0%
N	409	206	203

* Statistically significant difference between the General Sample Area and the Focused Sample area, $p < .05$

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 . . . ?

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
Extremely confident	32.7	32.2	33.2
Very confident	41.8	42.9	40.7
Somewhat confident	20.8	18.5	23.1
Not very confident	3.0	3.9	2.0
Not at all confident	1.7	2.4	1.0
Total	100.0%	99.9%	100.0%
N	404	205	199

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

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
Yes, cigarettes or cigars	10.3	10.7	9.9
Yes, chewing tobacco, snuff	1.2	0.5	2.0
Yes, vaping or e-cigarettes	0.7	0.0	1.5
No, quit in the last 12 months	0.0	0.0	0.0
No, quit more than a year ago*	8.1	9.7	6.4
No, never used tobacco products	80.0	79.1	80.8
N	409	206	203

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

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

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
18 to 30	4.8	3.5	6.0
31 to 45	11.6	9.1	14.1
46 to 65	33.3	34.3	32.2
Over 65	50.4	53.0	47.7
Total	100.1%	99.9%	100.0%
N	397	198	199

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

	Overall - Mobile & Baldwin counties	Baldwin County	Mobile County
White / Caucasian	74.6	85.9	63.1
Black / African-American	22.0	10.2	34.0
Hispanic or Latino	0.2	0.5	0.0
Asian	0.0	0.0	0.0
American Indian / Alaskan Native	0.7	1.0	0.5
Pacific Islander	0.0	0.0	0.0
Multi-racial	1.0	1.0	1.0
Other	1.5	1.5	1.5
Total	100.0%	100.1%	100.1%
N	409	206	203

*** Statistically significant difference between the General Sample Area and the Focused Sample area, $p < .001$

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

	Overall - Mobile & Baldwin counties	Baldwin County	Mobile County
Never attended school or only Kindergarten	0.7	0.5	1.0
Grades 1 through 8	0.2	0.5	0.0
Some High School (grades 9 through 11)	2.9	3.4	2.5
High School Degree or GED	25.7	26.2	25.1
Vocational / Technical School	4.2	3.4	4.9
Some College	31.5	30.6	32.5
Bachelors or 4 Year College Degree	18.3	19.4	17.2
Graduate or Professional Degree (Law Degree)	16.4	16.0	16.8
Total	99.9%	100.0%	100.0%
N	409	206	203

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

	Overall - Mobile & Baldwin counties	Baldwin County	Mobile County
Disabled / Unable to work	6.2	7.8	4.5
Employed full-time	26.2	22.6	29.9
Employed part-time	5.7	5.9	5.5
Homemaker / Housewife or househusband	1.5	1.5	1.5
Retired	53.6	56.9	50.3
Seasonal worker	0.0	0.0	0.0
Student	0.0	0.0	0.0
Self-employed	3.0	3.4	2.5
Unemployed	4.0	2.0	6.0
Total	100.2%	100.1%	100.2%
N	405	204	201

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

	Overall - Mobile & Baldwin counties	Baldwin County	Mobile County
Less than \$15,000	14.9	15.2	14.5
\$15,000 - \$25,000	7.7	8.4	7.0
\$25,000 - \$35,000	14.6	12.4	16.9
\$35,000 - \$50,000	17.1	16.3	18.0
\$50,000 - \$75,000	17.4	16.3	18.6
\$75,000 - \$100,000	10.6	11.2	9.9
More than \$100,000	17.7	20.2	15.1
Total	100.0%	100.0%	100.0%
N	350	178	172

Table B.24: Sex*

	Overall – Mobile & Baldwin counties	Baldwin County	Mobile County
Male	30.8	35.4	26.1
Female	69.2	64.6	73.9
Total	100.0%	100.0%	100.0%
N	409	206	203

* Statistically significant difference between the General Sample Area and the Focused Sample area, $p < .05$

APPENDIX C – COMMUNITY HEALTH SURVEY OPEN-ENDED RESPONSES

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

- More care and compassion for citizens/patients.
- Access to pain clinic that has very pain.
- Urgent care.
- Transplant services.
- Home health care.
- Thyroid specialist.
- 24hr care facilities.
- More cancer research centers.
- More cancer treatment options.
- Transportation.
- Need a service for bed patient.
- Brain treatment.
- New patients have to wait too long to see a doctor.
- Better doctors.
- Hospital care in a timely fashion.
- Neurologist.
- More treatment for cancer patient the Dr. 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.
- Difficult to receive better care for cancer treatment in Baldwin County.
- Holistic care and medication.
- More affordability.
- Help with hospital cost.
- More help for veterans.
- It needs to get better.
- 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.
- Woman'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 patient needs and needs more specialists.
- Pain management.
- Mental health facilities in Baldwin County, Teenage Facilities and Dental.
- More doctors in Baldwin County.
- Suicide preventative care.
- Family doctors not taking new patients.
- Not enough of general practitioners.
- Neurosurgery.
- Cancer treatment.

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 do.
- 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.

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

	Frequency	Percent
1a. Access to health services (e.g., family doctor, hospitals)	55	53.4
1b. Active lifestyles / outdoor activities	18	17.5
1c. Affordable housing	16	15.5
1d. Arts and cultural events	1	1.0
1e. Clean environment (clean water, air, etc.)	16	15.5
1f. Family doctors and specialists	3	2.9
1g. Good employment opportunities	17	16.5
1h. Good place to raise children	3	2.9
1i. Good race relations	1	1.0
1j. Good schools	7	6.8
1k. Healthy food options	18	17.5
1l. Low numbers of homeless	2	1.9
1m. Low alcohol and drug use	6	5.8
1n. Low crime / safe neighborhoods	28	27.2
1o. Low percent of population that are obese	3	2.9
1p. Low numbers of sexually transmitted diseases (STDs)	0	0.0
1q. Low tobacco use	2	1.9
1r. Mental health services	32	31.1
1s. Quality education	27	26.2
1t. Quality hospitals and urgent / emergency services	3	2.9
1u. Good transportation options	6	5.8
1v. Religious or spiritual values	6	5.8
1w. Social support services	6	5.8
1x. Some other feature	3	2.9
N	103	

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 or Baldwin counties? (Consider the county where your or your agency perform most of your services) Check only three¹

	Frequency	Percent
2a. Accidental injuries (at work, home, school, farm)	1	1.0
2b. Aging problems (e.g., dementia, vision / hearing loss, loss of mobility)	12	11.7
2c. Cancers	16	15.5
2d. Child abuse / neglect	15	14.6
2e. Dental problems	2	1.9
2f. Diabetes	22	21.4
2g. Domestic violence	10	9.7
2h. Drug use / abuse	32	31.1
2i. Fire-arm related injuries	4	3.9
2j. Heart disease and stroke	15	14.6
2k. HIV / Aids	1	1.0
2l. Homelessness	9	8.7
2m. Homicide	8	7.8
2n. Infant Death	4	3.9
2o. Infectious diseases (e.g., hepatitis, TB, etc.)	1	1.0
2p. Mental health problems	66	64.1
2q. Motor vehicle crash injuries	3	2.9
2r. Obesity / excess weight	38	36.9
2s. Rape / sexual assault	0	0.0
2t. Respiratory / lung disease	0	0.0
2u. Sexually Transmitted Diseases (STDs)	2	1.9
2v. Suicide	3	2.9
2w. Teenage pregnancy	4	3.9
2x. Tobacco use	3	2.9
2y. Some other health issue	4	3.9
2z. Some other health issue	1	1.0
N	103	

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 or Baldwin counties concern you the most? (Consider the county where you or your agency perform most of your services) Check only three¹

	Frequency	Percent
3a. Alcohol abuse	19	18.4
3b. Drug abuse	55	53.4
3c. Excess weight	37	35.9
3d. Homelessness	28	27.2
3e. Lack of exercise	24	23.3
3f. Poor eating habits / poor nutrition	46	44.7
3g. Not getting shots to prevent disease	6	5.8
3h. Not using seat belts / child safety seats	6	5.8
3i. Not seeing a doctor or dentist	33	32.0
3j. Tobacco use	11	10.7
3k. Unprotected / unsafe sex	9	8.7
3l. Some other unhealthy behavior	2	1.9
N	103	

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 or Baldwin counties? (Consider the county where you or your agency perform most of your services) Check all that apply¹

	Frequency	Percent
4a. Alternative therapies (acupuncture, herbals, etc.)	24	23.3
4b. Dental care including dentures	18	17.5
4c. Emergency medical care	4	3.9
4d. Hospital care	2	1.9
4e. Laboratory services	6	5.8
4f. Mental health services	72	69.9
4g. Physical therapy / rehabilitation	6	5.8
4h. Preventative healthcare (routine or wellness check-ups, etc.)	26	25.2
4i. Prescriptions / pharmacy services	9	8.7
4j. Primary medical care (a primary doctor / clinic)	16	15.5
4k. Services for the elderly	27	26.2
4l. Specialty medical care (specialist doctors)	23	22.3
4m. Alcohol or drug abuse treatment	48	46.6
4n. Vision care (eye exams and glasses)	4	3.9
4o. Women's health	9	8.7
4p. X-Rays or mammograms	1	1.0
4q. Some other healthcare service	4	3.9
N	103	

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 or Baldwin counties? (Consider the county where you or your agency perform most of your services)

	Frequency	Percent
Very healthy	0	0.0
Healthy	8	8.8
Somewhat healthy	42	46.2
Unhealthy	36	39.6
Very unhealthy	4	4.4
Don't Know	1	1.1
N	91	100.1

Table D.6: q6. Overall, how would you rate the quality of healthcare services available in Mobile or Baldwin counties? (Consider the county where you or your agency perform most of your services)

	Frequency	Percent
Excellent	4	4.4
Very good	22	24.4
Good	38	42.2
Fair	22	24.4
Poor	4	4.4
Don't Know	0	0.0
N	90	99.8

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

	Frequency	Percent
Alcohol / substance abuse treatment	0	0.0
Business	0	0.0
Clothing / thrift store	0	0.0
Disability services	2	2.2
Education	17	18.7
Employment / job training	1	1.1
Faith based counseling	2	2.2
Financial counseling	0	0.0
Food assistance	4	4.4
Government	4	4.4
Healthcare	18	19.8
Housing / temporary shelter	9	9.9
Legal aid	1	1.1
Mental health	4	4.4
Pregnancy or adoption assistance	0	0.0
Public Service	7	7.7
Senior services	4	4.4
Utility payment assistance	0	0.0
Some other services	18	19.8
N	91	100.1

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

	Frequency	Percent
Active duty military	0	0.0
Disabled	4	5.3
Families	24	31.6
Homeless	5	6.6
Individuals	26	34.2
Veterans	0	0.0
Other	17	22.4
N	76	100.1

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

	Frequency	Percent
Give the client information on where to obtain assistance (client is responsible for contacting other organization)	42	62.7
Phone, email, or fax a referral to another organization	21	31.3
Send an electronic referral using a shared software system (such as Bowman Systems or CareScope)	0	0.0
Other	4	6.0
N	67	100.0

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

	Frequency	Percent
Children	39	37.9
Adults (under age 65)	48	46.6
Seniors (65 and over)	22	21.4
N	103	

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

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

	Frequency	Percent
Helpful	59	81.9
Somewhat helpful	10	13.9
Not helpful	3	4.2
Don't Know	0	0.0
N	72	100.0

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

	Frequency	Percent
500 or less	15	20.6
501 to 1,000	10	13.7
1,001 to 5,000	11	15.1
5,001 to 10,000	7	9.6
10,001 to 20,000	5	6.9
20,000 or more	21	28.8
Don't Know	4	5.5
N	73	100.2

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

	Frequency	Percent
Yes, 50% of the federal poverty level or less	4	6.3
Yes, 100% of the federal poverty level or less	7	10.9
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	47	73.4
Other	6	9.4
Don't Know	0	0.0
N	64	100.0

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

	Frequency	Percent
0%	14	21.9
1 – 25%	36	56.3
26 – 50%	4	6.3
51 – 75%	4	6.3
76 – 100%	6	9.4
N	64	100.2

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

	Frequency	Percent
CareScope	0	0.0
Bowman Systems (Service Point or Community Point)	3	6.7
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)	20	44.4
Some other system	13	28.9
Don't Know	9	20.0
N	45	100.0

APPENDIX E – COMMUNITY HEALTH LEADERS SURVEY OPEN-ENDED RESPONSES

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

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

Q2. What are some other important health issues in Mobile or Baldwin counties?

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

Q3. What are some other unhealthy behaviors in Mobile or Baldwin counties that concern you the most?

- Domestic/Community Violence.
- Mental health.

Q4. What are some other healthcare services in Mobile or Baldwin counties that you feel are difficult to get?

- Affordable housing.

- Dermatology.
- Holistic Care.
- Patient apathy/compliance.

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

- Access to outdoor recreation.
- Addiction prevention and recovery.
- Care to children with special health care needs.
- Chamber of Commerce.
- Community convener and funder.
- Emotional, Financial and Crisis Counseling & education.
- Environmental Protection.
- Fair Housing, Financial Literacy, Mortgage default counseling.
- Faith Development.
- Funding for programs at nonprofits, schools, government entities, and churches.
- Physical, Spiritual, and emergency assistance.
- Public health.
- Research.
- Social service.
- Social Services.
- Treatment for foster youth.
- Volunteer placement.
- 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.
- All of the above.
- Anyone seeking healthcare.
- Businesses // Large and small // Including Industry and Manufacturing.
- Children.
- Children.
- College students.
- Foster children.
- Homeless due to Domestic Violence.
- Individuals & families.
- Low income, uninsured.
- Students with disabilities.
- Underserved.
- 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?

- Connect the client with the other agency.
- 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?

- Cooperative Resource systems, Therapy charts, Icarol.
- Custom.
- Data Base.
- EPIC.
- HMIS.
- HMIS.
- Internal HER.
- My Senior.
- Oasis Insight.
- Osnum.
- 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 SKIP TO II

IF CELL PHONE SKIP TO 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.”

SKIP TO 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

SKIP TO 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 SKIP TO Q13; ELSE SKIP TO 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 the USA Health System including The USA Medical Center (University Hospital), USA Children's & Women's Hospital, and the Mitchell Cancer Institute (MCI).

The purpose of the survey is to get your opinions about community health issues in Baldwin 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?

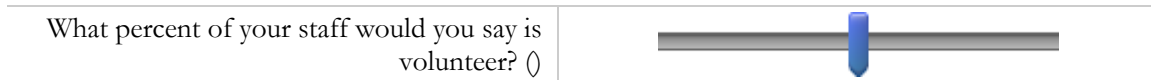
- 500 or less (1)
 - 501 to 1,000 (2)
 - 1,001 to 5,000 (3)
 - 5,001 to 10,000 (4)
 - 10,001 to 20,000 (5)
 - 20,000 or more (6)
 - Don't know / not sure (7)
 - Not applicable (8)
-

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



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
