



INFIRMARY — HEALTH —

COMMUNITY HEALTH NEEDS ASSESSMENT 2022 – 2024

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

TABLE OF CONTENTS

<u>EXECUTIVE SUMMARY – 1</u>	3
INTRODUCTION	3
INFIRMARY HEALTH	3
COMMUNITY	4
CHNA METHODOLOGY	4
SUMMARY OF KEY FINDINGS	5
<u>COMMUNITY DEMOGRAPHIC PROFILE – 2</u>	10
POPULATION BY AGE AND SEX	10
POPULATION BY RACE AND ETHNICITY	12
POVERTY	14
EDUCATION	16
BIRTHS	21
BIRTHS TO SELECT GROUPS: TEENS AND UNWED MOTHERS	22
BIRTH COMPLICATIONS AND INFANT MORTALITY	25
DEATHS	27
DEATHS: DISEASES AND CANCERS	32
<u>COMMUNITY SURVEY – 3</u>	40
COMMUNITY SURVEY METHODOLOGY	40
KEY SURVEY FINDINGS	41
COMPARING MOBILE AND BALDWIN COUNTIES	47
<u>COMMUNITY HEALTH LEADERS SURVEY – 4</u>	49
COMMUNITY HEALTH LEADERS SURVEY METHODOLOGY	49
KEY SURVEY FINDINGS	50
COMPARING THE COMMUNITY AND THE COMMUNITY HEALTH LEADERS	53
<u>COMMUNITY RESOURCES – 5</u>	57
SUMMARY	57
COMMUNITY RESOURCE LIST	57
<u>APPENDIX A – DEMOGRAPHIC DATA PROFILE</u>	63
<u>APPENDIX B – COMMUNITY SURVEY TABLES</u>	83
<u>APPENDIX C – COMMUNITY HEALTH SURVEY OPEN-ENDED RESPONSES</u>	101
<u>APPENDIX D – COMMUNITY HEALTH LEADERS SURVEY DATA TABLES</u>	105
<u>APPENDIX E – COMMUNITY HEALTH LEADERS SURVEY OPEN-ENDED RESPONSES</u>	113
<u>APPENDIX F – COMMUNITY HEALTH SURVEY QUESTIONNAIRE</u>	116
<u>APPENDIX G – COMMUNITY HEALTH LEADERS SURVEY QUESTIONNAIRE</u>	151

EXECUTIVE SUMMARY – 1

Introduction

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

This executive summary presents the key elements of the 2022-2024 Infirmiry Health Community Health Needs Assessment. This assessment was conducted between September 2021 and January 2022. First, Infirmiry Health and its constituent parts are identified. Second, the community served by Infirmiry Health is defined. Next, the overall methodology of the CHNA is provided, and finally, a summary of the health needs identified in sections two, three, and four are presented.

Infirmiry Health

Infirmiry Health is Alabama's largest non-governmental not-for-profit healthcare system. Infirmiry Health employs more than 6,000 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 60 physician practice locations 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 681 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 189-bed facility is the only hospital in Baldwin County with an open-heart surgery program and inpatient rehabilitation hospital.

North Baldwin Infirmiry

North Baldwin Infirmery (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 and a 75-bed skilled nursing facility, Oakwood Center for Living.

Community

Infirmery Health has a far-reaching impact over 11 counties throughout the region including areas beyond southern Alabama. However, Mobile and Baldwin counties are the primary service area of Infirmery 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 413,210. Forty-eight percent of the population is male and 52 percent are female. The percent of the population identifying as white only is 59.0 while 36.2 percent identify as African-American or Black only. The median age is 37.9 years old. The median household income is \$47,583; 86.5 percent of the population have a high school degree or better; and 20.7 percent of the population are below the federal poverty level. Within the county there 35,912 companies, and 181,612 housing units.

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 231,767. Forty-nine and half percent of the population is male and 51.5 percent are female. The percent of the population identifying as white only is 87.4 percent while 8.8 percent identify as African-American or Black only. The median age is 43 years old. The median household income is \$58,320; 90.8 percent of the population have a high school degree or better; and 10.4 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

Having identified the relevant community, in this case Mobile and Baldwin counties, Alabama, the key objective of the CHNA is to assess the health needs of that community. A three-pronged approach is used herein to assess Mobile 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 –

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.

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 2022-2024 fiscal period's CHNA, two of the major medical facilities in Southwest Alabama, Infirmiry Health and USA Health collaborated on the data collection efforts. The USA Polling Group collected the relevant data for both facilities across the varying service areas concurrently. This collaboration provided cost efficiencies for the facilities and is in accordance with IRS regulations regarding collaboration of facilities that share and/or overlap common service areas. Despite the collaboration, the data for each entity is tailored to its specific service area, e.g., Infirmiry 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.

Summary of Key Findings

Community Demographic Profile

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

Overall, the areas of service for Infirmiry Health are strikingly similar to state and national trends across a number of measures. However, several important differences exist within their areas of service. Of note, Baldwin County has seen continued growth in the 60+ category for the past decade. There have also been steady increases in the 0-19 category during this time, but these are not as pronounced as those found within the former category. Baldwin's population contains far fewer minorities than Mobile and an overall more affluent community. These differences bear importance on the types of diseases and community health problems that may be more prevalent in each community.

In addressing causes of mortality one striking difference is the rate of suicide in Baldwin is higher than both Mobile and Alabama averages in recent years, while homicides are considerably lower. Colorectal cancer and breast cancer are still two of the more prominent contributors to Mobile, Baldwin, and Alabama mortality.

Within Mobile County, there are a number of problems faced by infants and expecting mothers. The assessment shows that not only are neonatal deaths and post neonatal death rates on the rise in Mobile, but that the infant death rate is climbing at an alarming rate over the past five years (7.5 to 10.2) and even higher for minority groups (reaching 14.4 for blacks in Mobile by 2014). The community survey shows that community members feel that there is not enough access to women's health care, part of which is pregnancy and childbirth.

Community Health Survey

A random digit dialed telephone survey of Mobile and Baldwin counties was conducted between September 23, 2021 and January 13, 2022. A total of 610 people were interviewed for a margin of error of +/-4.8%; 406 people were interviewed in Mobile County and 204 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) Q8e. A clean environment including water, air, etc.
- 2) Q8n. Lower crime and safe neighborhoods.
- 3) Q8j. Good Schools
- 4) Q8f. Family doctors and specialists.
- 5) Q8r. Mental health services.
- 6) Q8h. Good places to raise children.

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

- 1) Q9d. Child abuse and neglect.
- 2) Q9c. Cancers.
- 3) Q9g. Domestic violence.
- 4) Q9s. Rape and sexual assault.
- 5) Q9h. Drug use and abuse.
- 6) Q9p. Mental health problems.
- 7) Q9j. Heart disease and stroke. These last two were tied for sixth place.

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) Q10h. High blood pressure.
- 2) Q10g. High Cholesterol.
- 3) Q10e. Diabetes.
- 4) Q10d. Depression.
- 5) Q10f. Heart disease.
- 6) Q10j. Obesity.

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

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

Twenty-one 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) Other reasons

- 2) Could not afford medical care
- 3) Lack of transportation
- 4) Insurance problems or lack of insurance
- 5) Provider did not take their insurance
- 6) Could not get an appointment soon enough

Community Health Leaders Survey

An Internet/e-mail based survey of community health leaders in Mobile and Baldwin counties was conducted between December 7, 2021 and January 7, 2022. A total of 75 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) 1a. Access to health services (e.g., family doctor, hospitals)
- 2) 1o. Low percent of population that are obese
- 3) 1g. Good employment opportunities
- 4) 1t. Quality hospitals and urgent/emergency services
- 5) 1s. Quality education
- 6) 1c. Affordable housing

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

- 1) 2p. Mental health problems
- 2) 2r. Obesity/excess weight
- 3) 2h. Drug use abuse
- 4) 2f. Child abuse/neglect
- 5) 2c. Aging problems (e.g., dementia, vision/hearing loss, loss of mobility)
- 6) 2j. Heart disease and stroke

The unhealthy behaviors that concern health leaders the most are:

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

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

- 1) 4f. Mental health services
- 2) 4m. Alcohol or drug abuse treatment
- 3) 4b. Dental care including dentures
- 4) 4k. Services for the elderly
- 5) 4a. Alternative therapies (acupuncture, herbals, etc.)
- 6) 4l. 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
Access to health services (e.g., family doctor, hospitals) / Family doctors and specialists (1/4)	Low percent of population that are obese (2)	A clean environment (1)
Quality education / Good schools (5/3)	Good employment opportunities (3)	Lower crime and safe neighborhoods (2)
	Quality hospitals and urgent/emergency services (4)	Mental health services (5)
	Affordable housing (6)	Good places to raise children (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 (1/6.1)		
Drug use / abuse (3/5)		
Child abuse / neglect (4/1)		
Heart disease and stroke (6/6.2)		
	Obesity / excess weight (2)	Cancers (2)
	Aging problems (5)	Domestic violence (3)
		Rape and sexual assault (4)

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

Table 1.3: Healthcare Services that are Difficult to Obtain¹

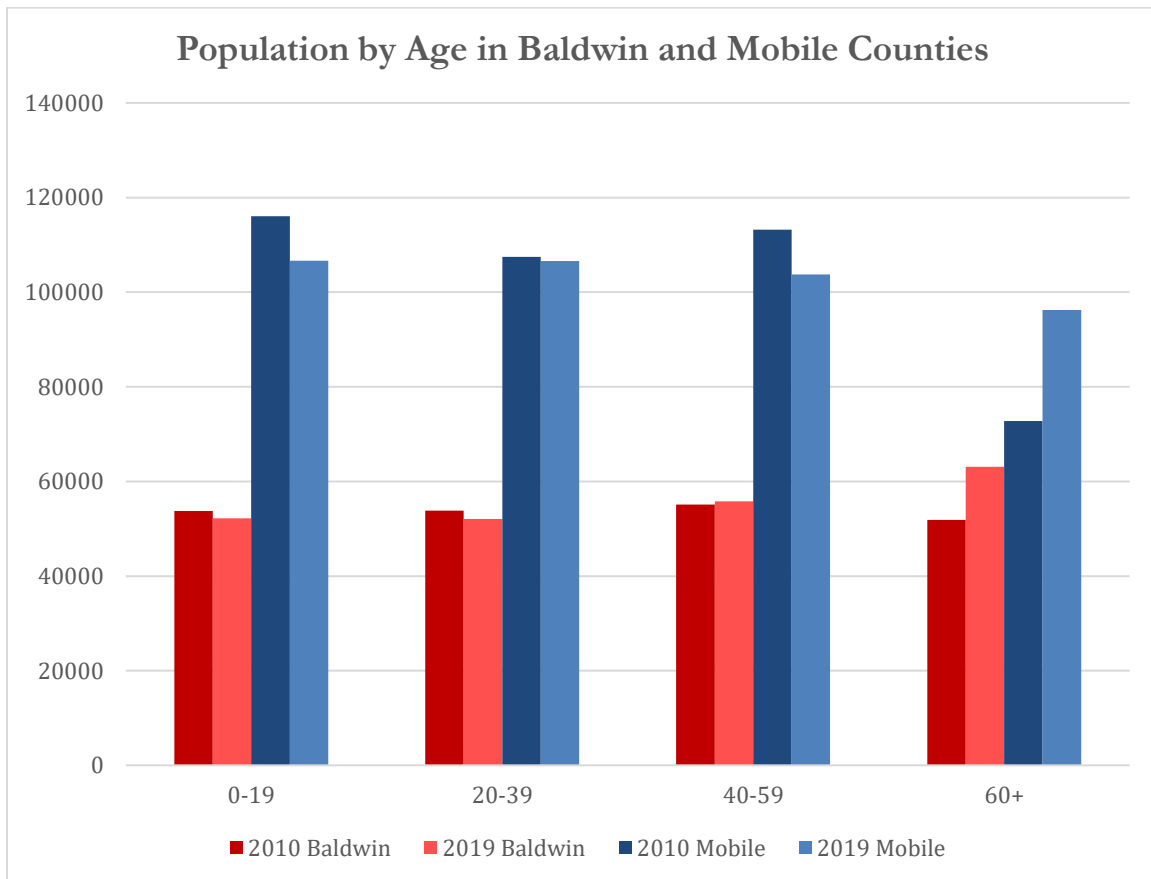
Features mentioned in the top six by Community Health Leaders and Community Members	Features mentioned in the top six by Community Health leaders but not by Community Members	Features mentioned in the top six by Community Members but not by Community Health Leaders
Mental health services (1/1)		
Alcohol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

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

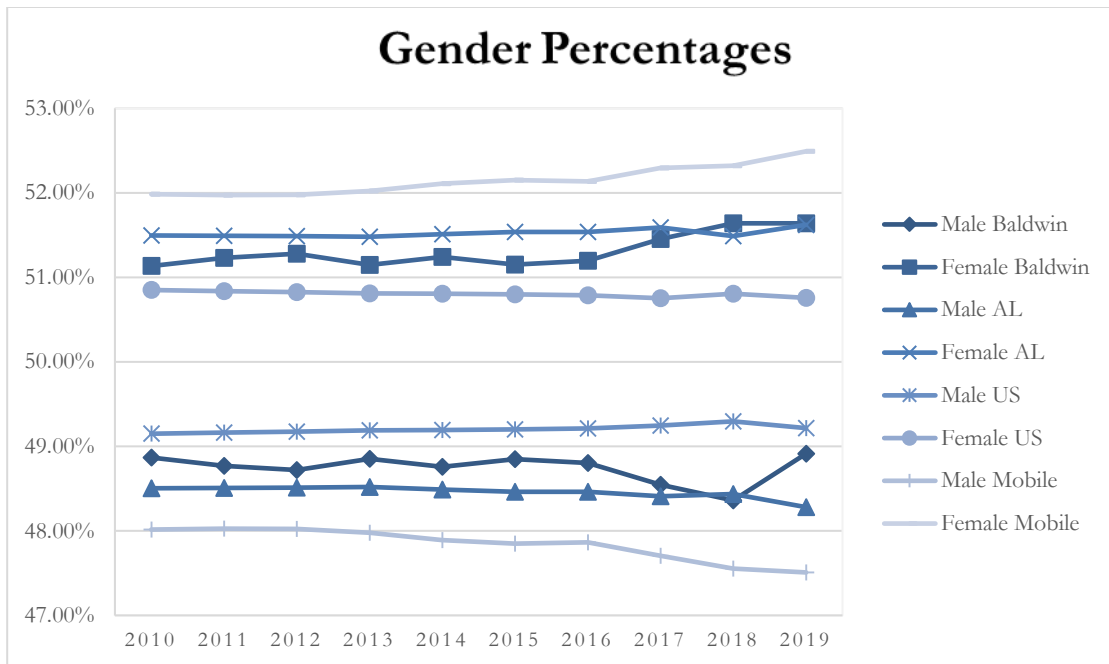
COMMUNITY DEMOGRAPHIC PROFILE – 2

Population by Age and Sex

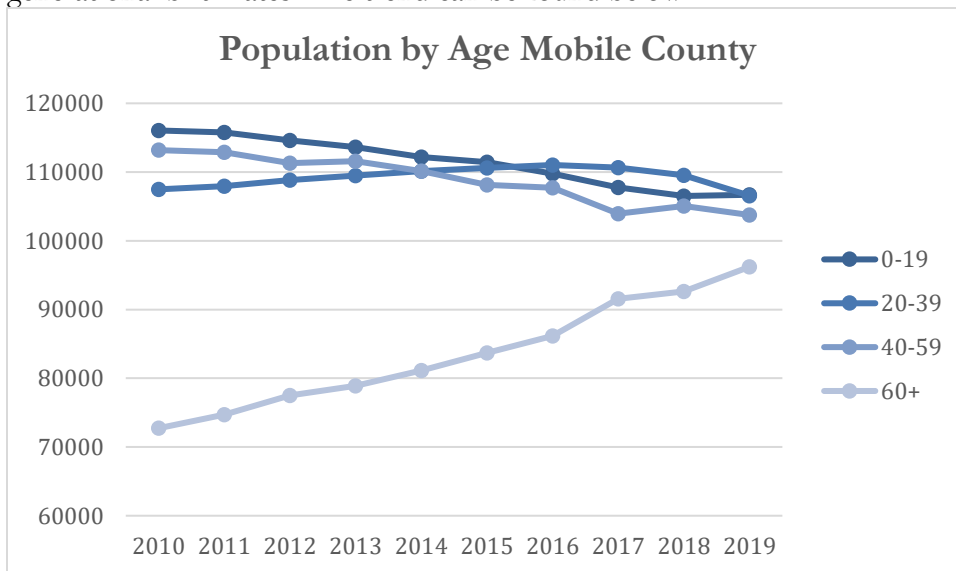
Population is an important characteristic to consider when assessing community needs, as it reflects the potential pool of patients and relative demand of the community. Population data was taken from the U.S Census Bureau. While an official census is only taken every 10 years, the Census Bureau provides yearly estimates. According to this source, in 2010 the population of Mobile County was 408,620, but has reached 413,210 by 2019. For Baldwin County the numbers have also grown, from a total population of 175,791 in 2010 to 223,287 by 2019. The relative population growth is bracketed by age below.



Generally, the distributions by age and sex are similar to statewide and nationwide comparisons. However, Mobile has a slightly above average number of females and below average number of male residents. In 2019 Mobile was home to 216,900 females and 196,310 males, with Baldwin containing 114,042 females and 109,192 males – a tighter distribution. These averages have remained largely stagnant over the time period, with some exceptions.

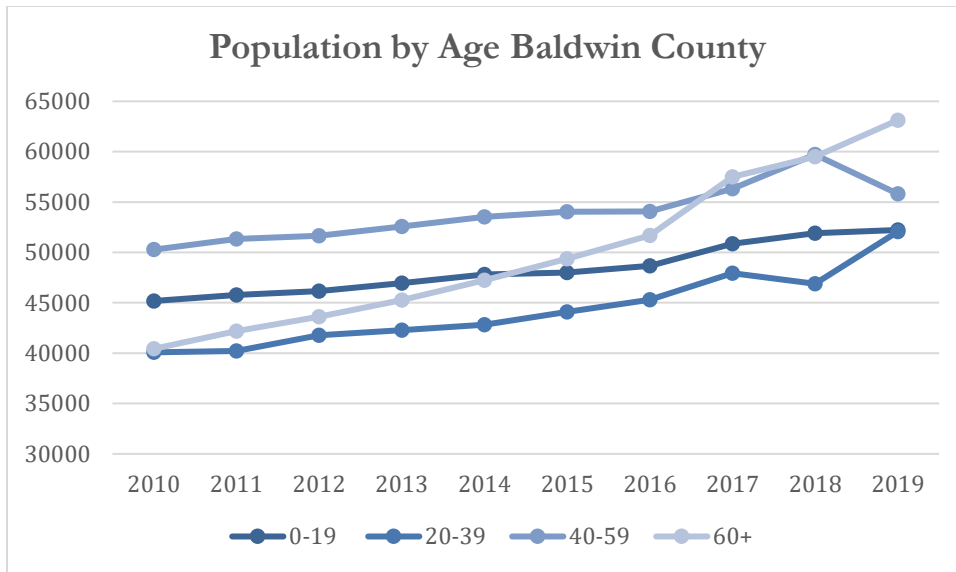


Another trend worth noting is the rise in elderly residents. As of 2019, Mobile was home to 106,670 residents aged 0-19, 106,570 residents aged 20-39, 103,757 residents aged 40-59, and 96,213 residents aged 60 and over. In comparison to 2010, this makes 60 and over the fastest growing age demographic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



Baldwin County has experienced a similar surge in its elderly population, with 60 and over representing the fastest growing age demographic. In fact, by 2019, 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

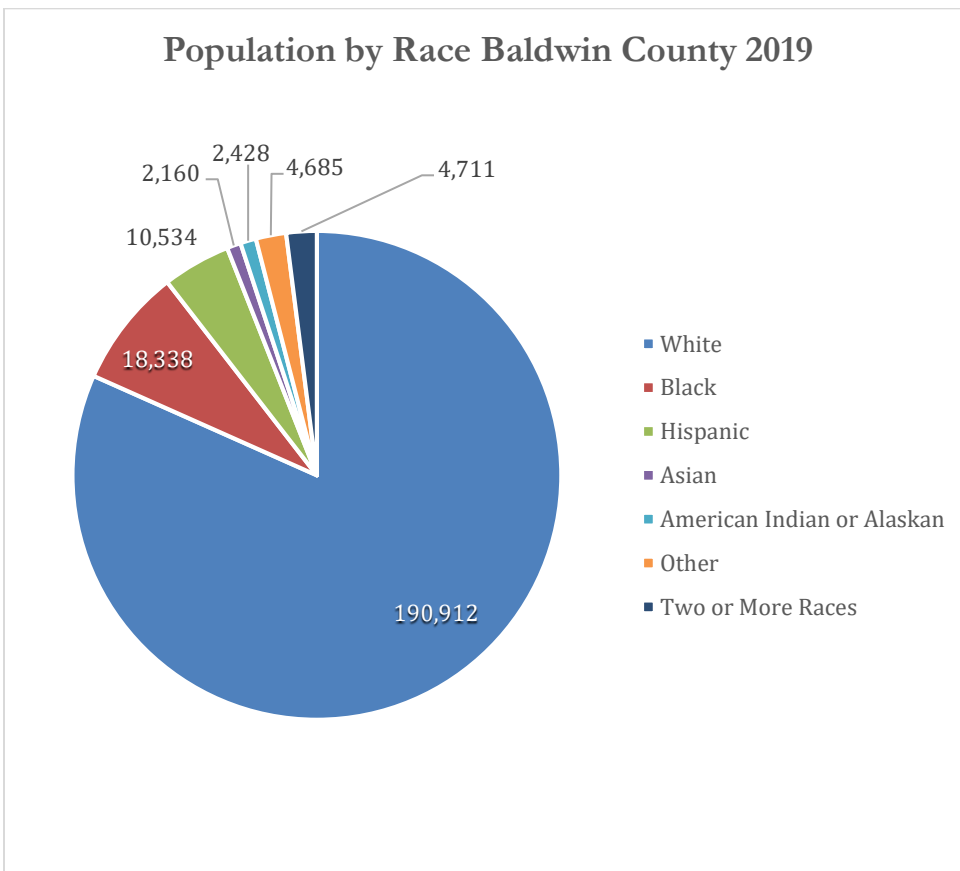
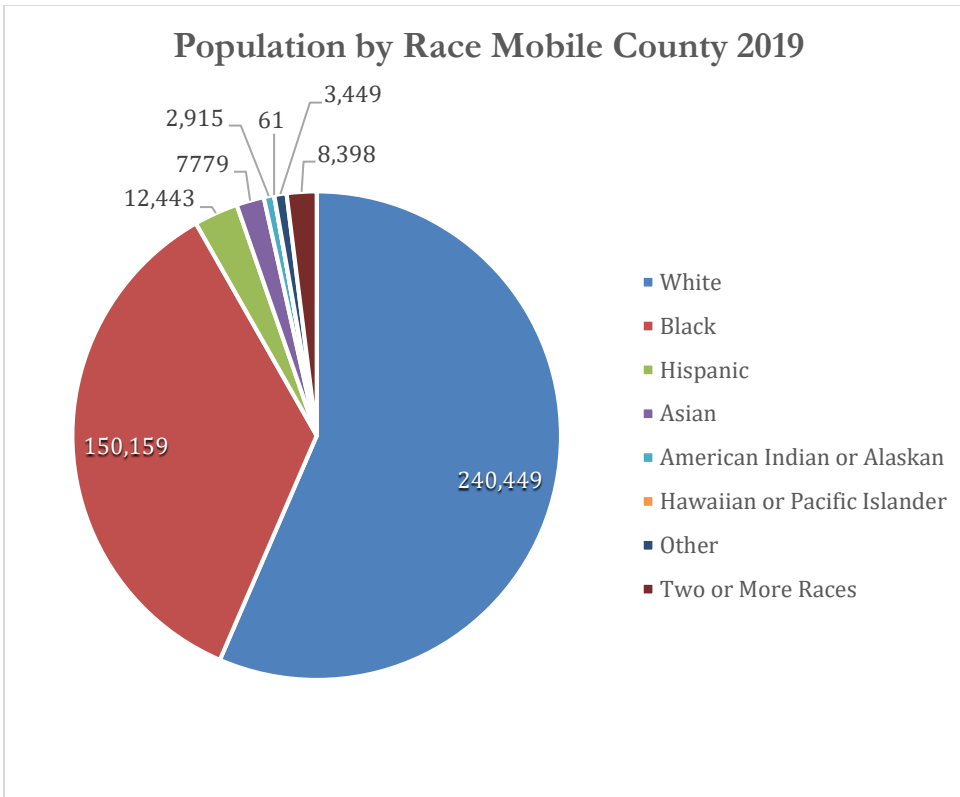
2019, Baldwin was home to 52,225 residents aged 0-19, 52,061 residents aged 20-39, 55,819 residents aged 40-59, and 63,129 residents aged 60 and over.



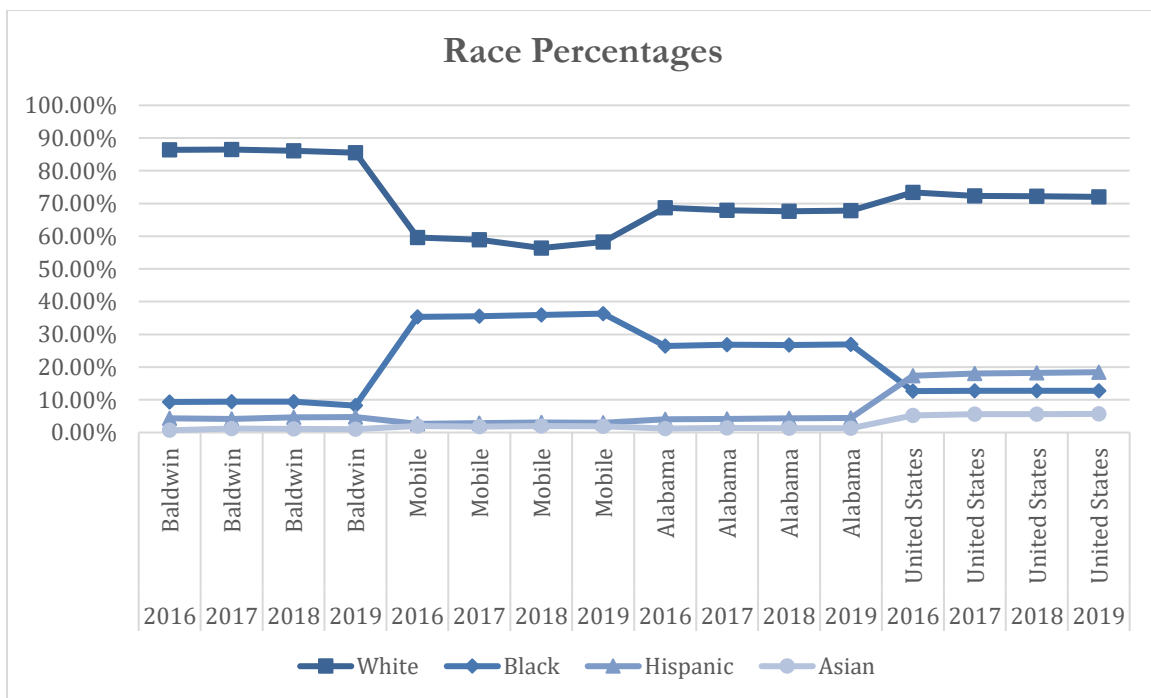
Population by Race and Ethnicity

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 2019 available. The Census asks individuals to self-identify, with the vast majority of respondents identifying as one race and ethnicity.

The two most predominant races in Mobile are white, with 240,449 residents in 2019, and Black, with 150,159 residents in 2019. Hispanic is the largest listed ethnicity with 12,443 residents in 2019. The fourth largest demographic was those self-reporting as Asian, with 7,779 residents. In contrast, Baldwin County has a higher percentage of white residents with 190,912 individuals making up 86% of the population. Black is the second highest reported race with 18,338 residents. The demographic breakdowns for 2019 are provided below.



The distribution by Race and Ethnicity has remained largely the same for Mobile County over the time period. However, the distribution is substantially different than both Alabama and the United States. Compared to Alabama, Mobile has -9.65% Whites, +9.43% Blacks, -1.46% Hispanics, and +.53% Asians. This is remarkably different than the national averages, which indicate that Mobile has -13.85% Whites, +23.55% Blacks, -15.33% Hispanics, and -3.80% Asians. Baldwin is also out of alignment with the racial state averages with +17.68% Whites and -18.7% Blacks, though percentages for Hispanics and Asians are closer to those within Alabama as a whole. The four year trend and comparison to state and national averages are depicted below.

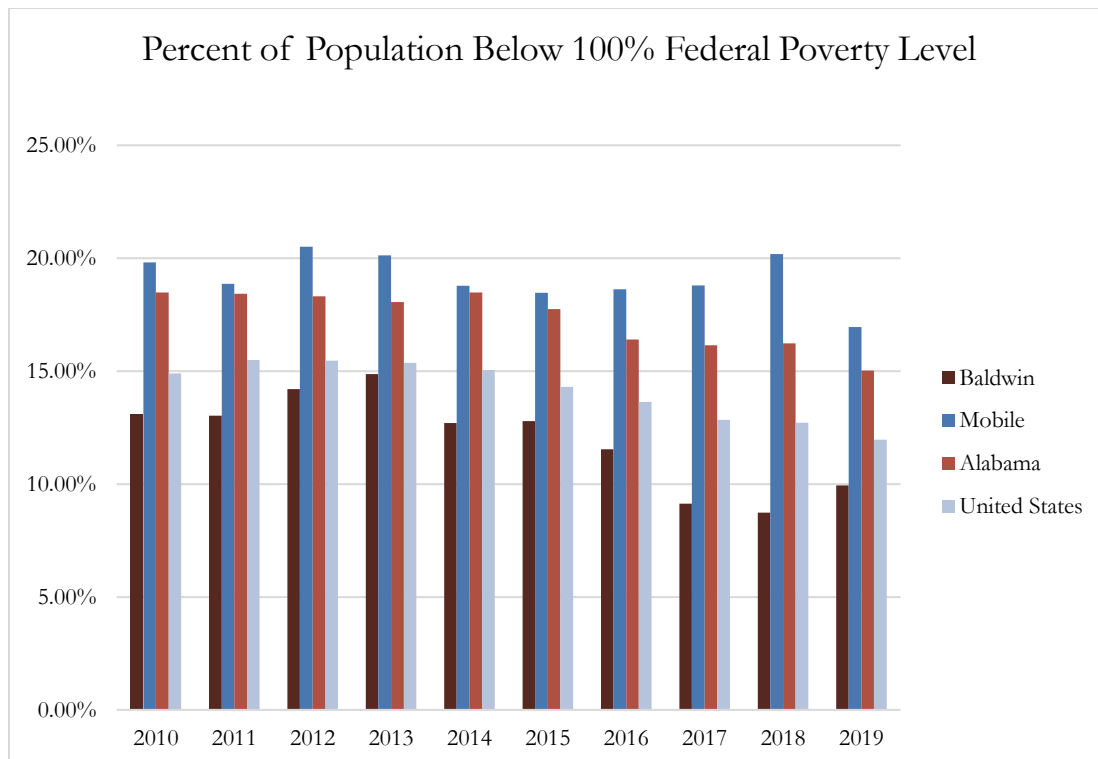


Poverty

Socio-economic status is an extremely important indicator of community need, especially in regard to health. Studies have consistently demonstrated a link between wealth, poverty, and individual health. Adults in poverty are more likely to experience poor health, neglect routine doctor visits, utilize emergency services as primary care, fail to possess health insurance, and die at a younger age. Additionally, these ramifications extend to children as children in poverty are more likely to experience poor physical and mental health, as well as experience cognitive impairments. The impacts extend beyond health, and studies have shown that poverty increases the likelihood of school failure and teen pregnancy. Finally, it should be noted that poverty rates are often tied to race and ethnic identification. Previous community health needs assessments have identified the disparity between poverty rates among white and black children, indicating that poverty rates among black children are three times the

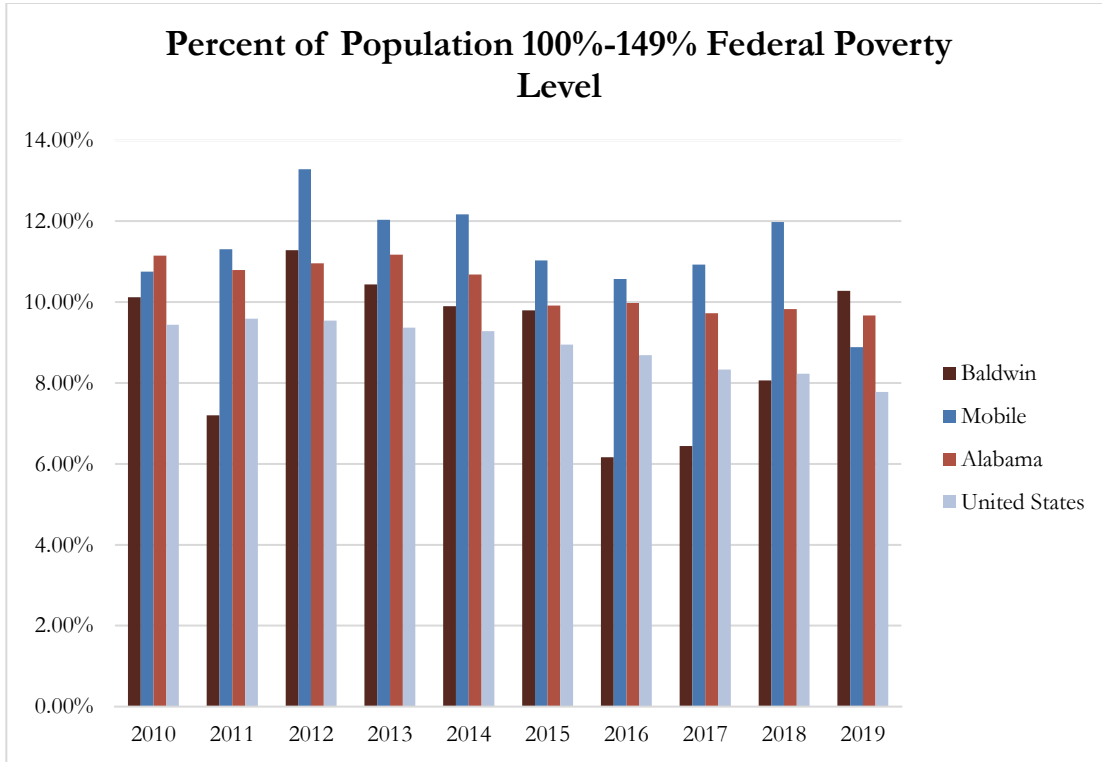
rate of non-Hispanic whites nationally. These estimates have not changed significantly over the past four years.

Each year the federal government measures regional poverty using the Federal Poverty Level -- a metric based upon a dollar amount for single person and family income. In 2019, the FPL for a single person household was \$12,490, up \$610 from \$11,880 in 2016. For a family of four the FPL was \$25,750. Reported in the figure below is the Mobile, Baldwin, Alabama, and United States estimates for the percentage of residents living at or below 100% of the FPL for the years 2010 to 2019.



As can be observed, Mobile County consistently has a higher percentage of residents living at or below the FPL throughout the time series as compared to both the state of Alabama, as well as the nation; 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 remained stagnant until 2018. At that time the difference between poverty levels within Mobile and Baldwin counties grew again dramatically. This geographic inequality can lead to great difficulties for both health officials and the general public. 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.



Education

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

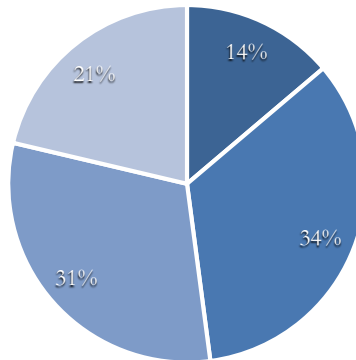
An additional four years of education lead to on average:

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

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

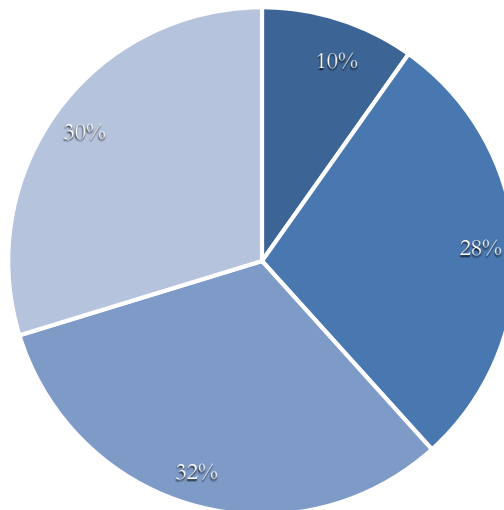
Below are 2019 pie charts of Mobile County, Baldwin County, and Alabama education levels as a whole for adults 25 and older. Baldwin County fares better than both the state and Mobile County by 9% and 7% respectively of the population obtaining a bachelor's degree or higher and 6% less than Mobile County and 3% less than the state in less than high school graduates. Mobile County and Alabama are comparative across all education levels.

Education Levels for Mobile County 2019



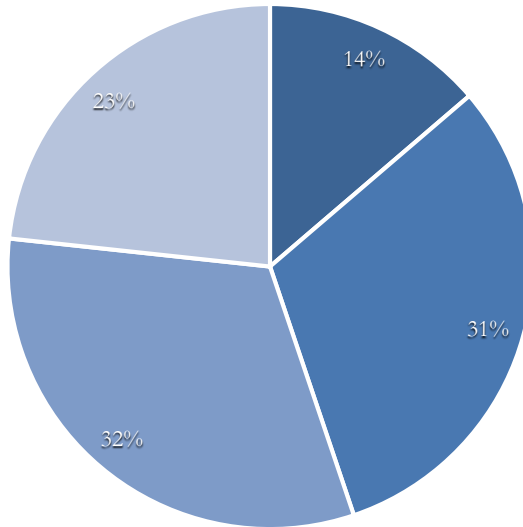
- Less than high school graduate
- High school graduate (includes equivalency)
- Some college or associate's degree
- Bachelor's degree or higher

Education Levels for Baldwin County 2019



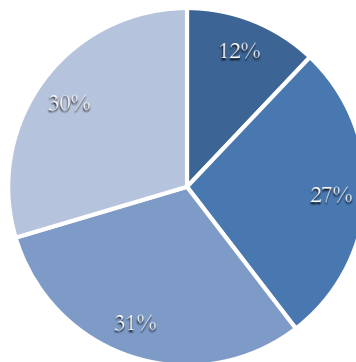
- Less than high school graduate
- High school graduate (includes equivalency)
- Some college or associate's degree
- Bachelor's degree or higher

Education Levels for Alabama 2019



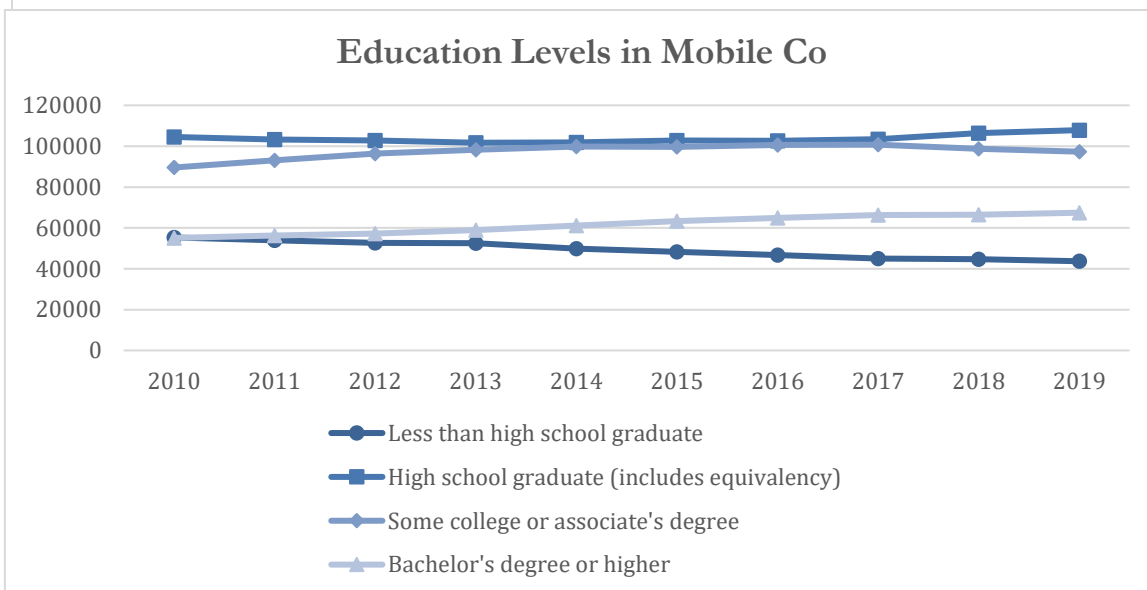
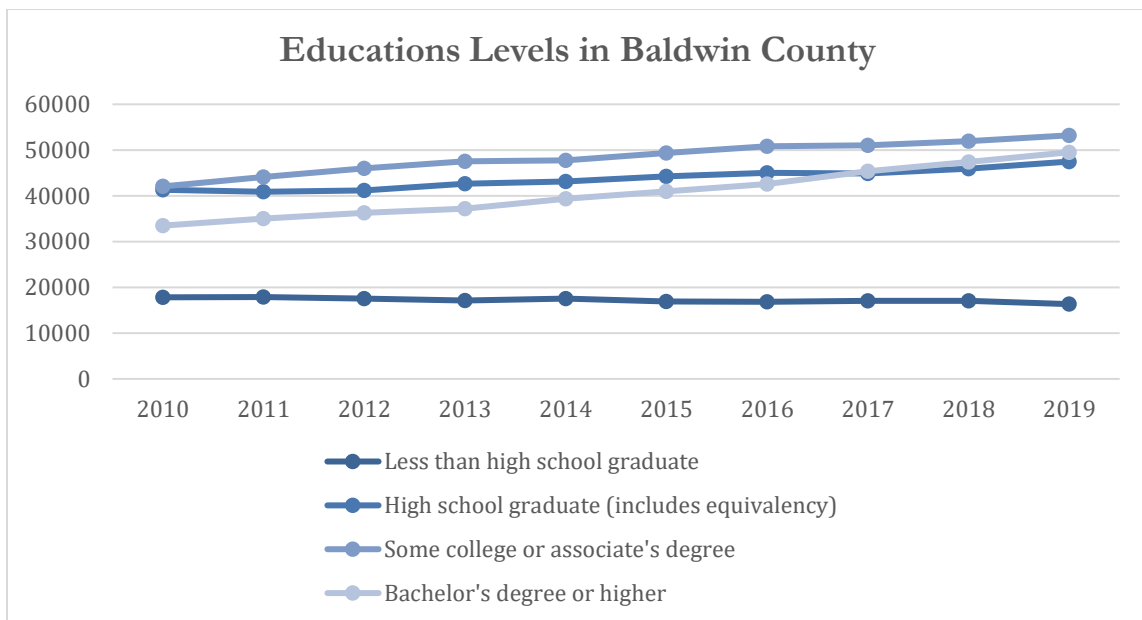
- Less than high school graduate
- High school graduate (includes equivalency)
- Some college or associate's degree
- Bachelor's degree or higher

Education Levels for United States 2019



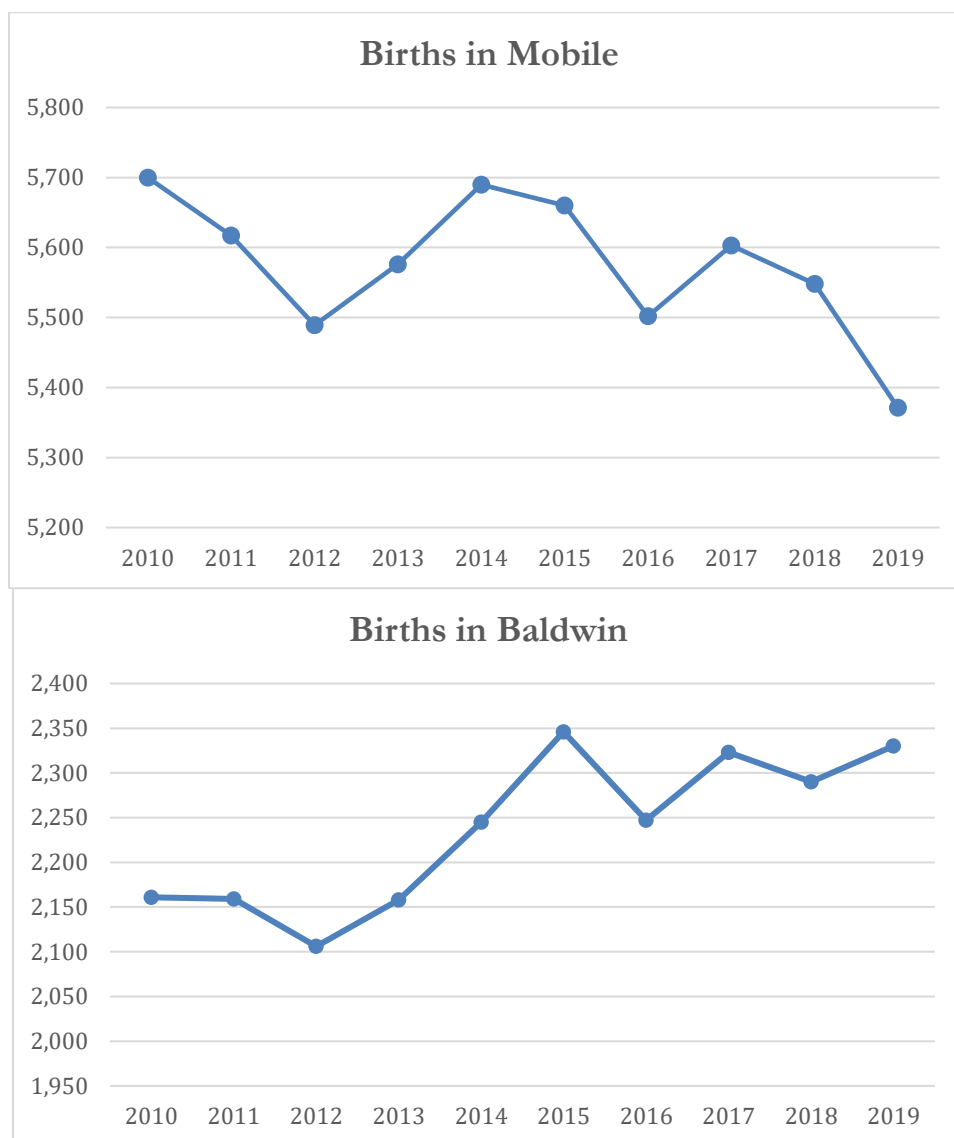
- Less than high school graduate
- High school graduate (includes equivalency)
- Some college or associate's degree
- Bachelor's degree or higher

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 2019, the resident breakdown was 107,860 high school graduates and 97,335 with some college or an associate’s degree. Additionally, there were 67,426 with bachelor’s degrees or higher and 43,682 residents with less than a high school degree in Mobile County. In Baldwin County, 16,343 residents had less than a high school degree, 47,497 had a high school degree, 53,225 had some college, and 49,530 had a bachelor’s degree or higher.

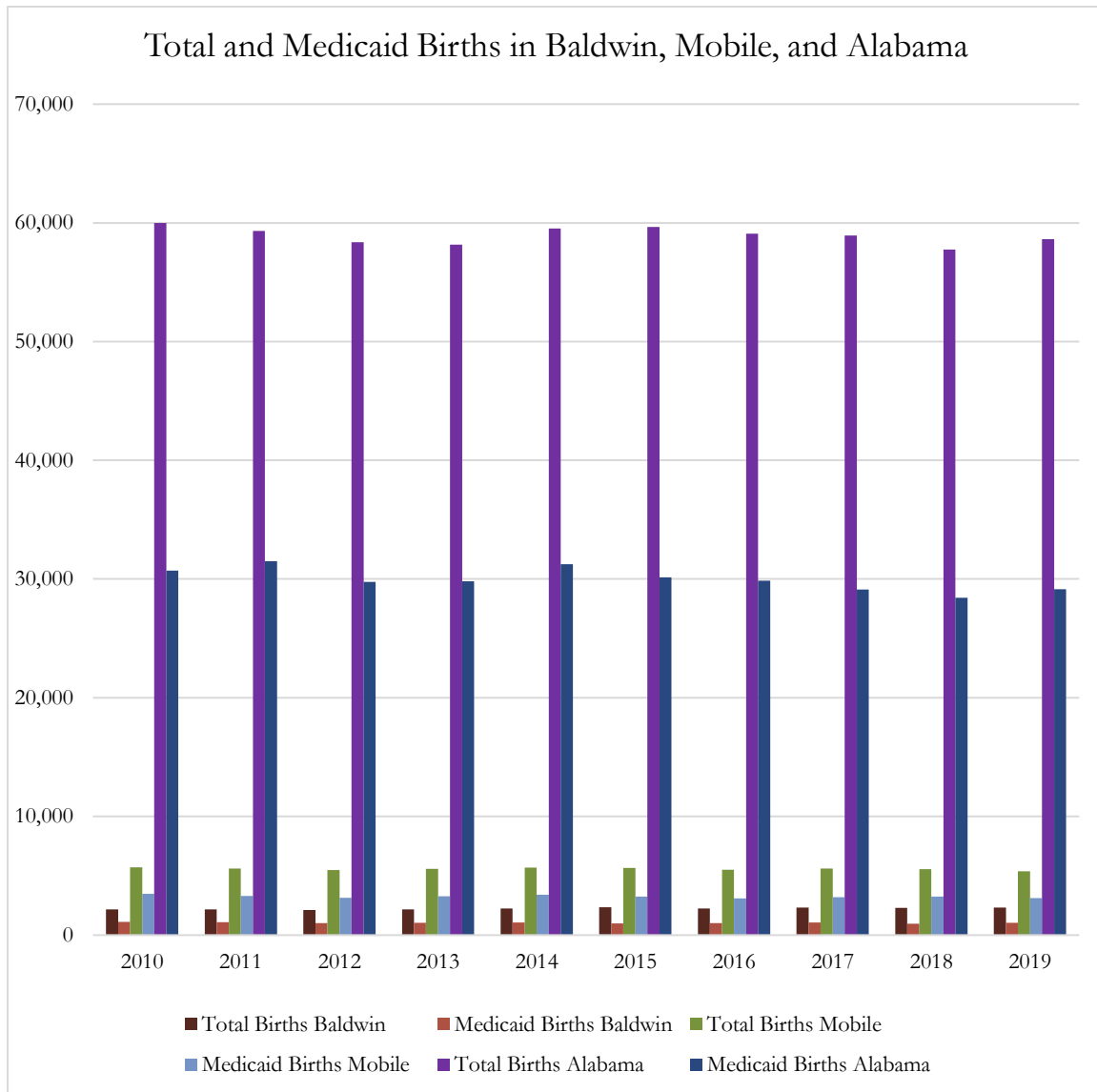


Births

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). Data collected from 2012 to 2015 had indicated that this decline appeared to be leveling off but again depicted a decrease in 2016. Since the last Community Health Needs Assessment, Mobile births increased somewhat slightly (46 more births in 2018 as compared to 2016) but then declined sharply in 2019. In Baldwin County, birth rates have remained at a steady rate for five year period of 2014-2019.



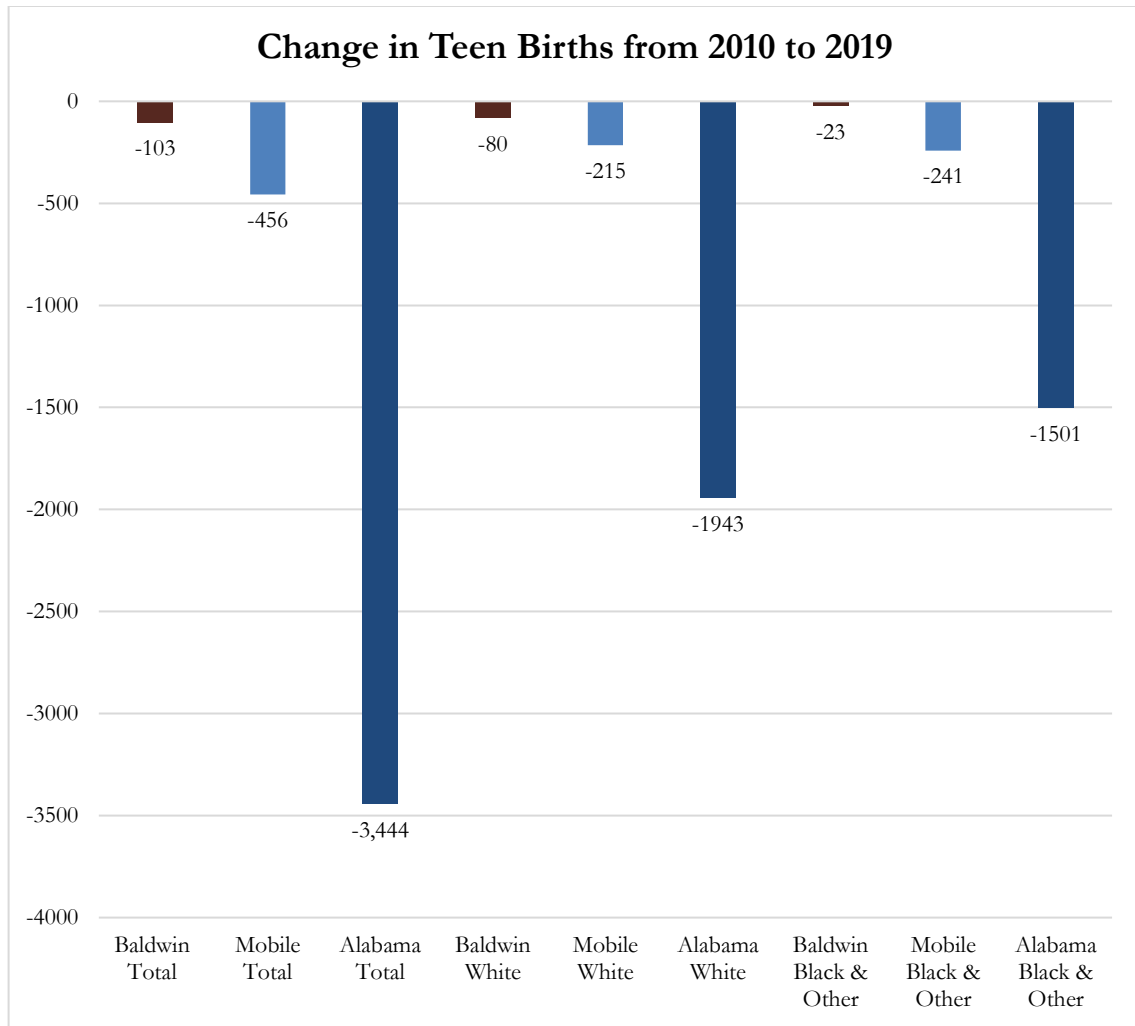
Further evidence shows that this overall trend for birth rates is not unique to Mobile & Baldwin counties. When compared to Alabama, proportionally the rates of births are similar.



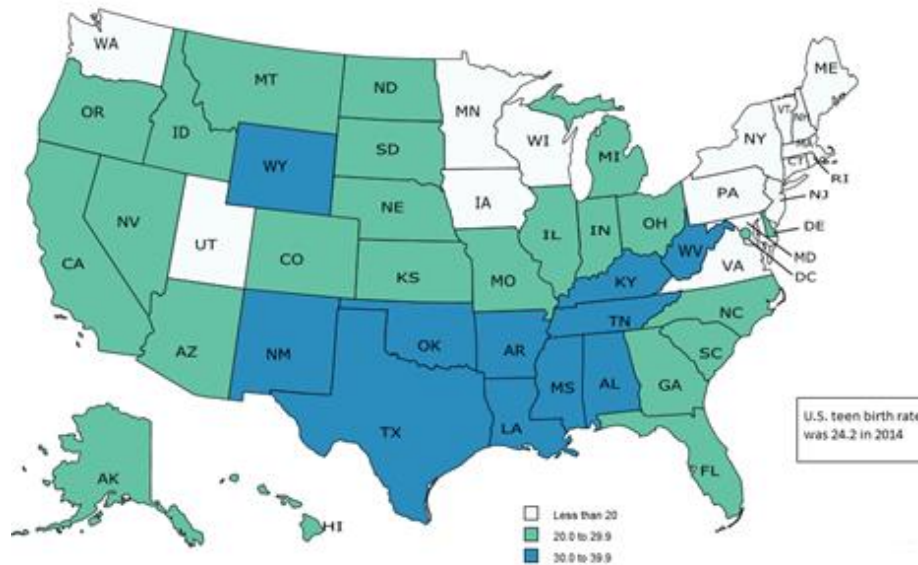
Births to Select Groups: Teens and Unwed Mothers

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 nine year period (2010 to 2019). Baldwin County has consistently had a lower rate of teen births than both the state and Mobile County.



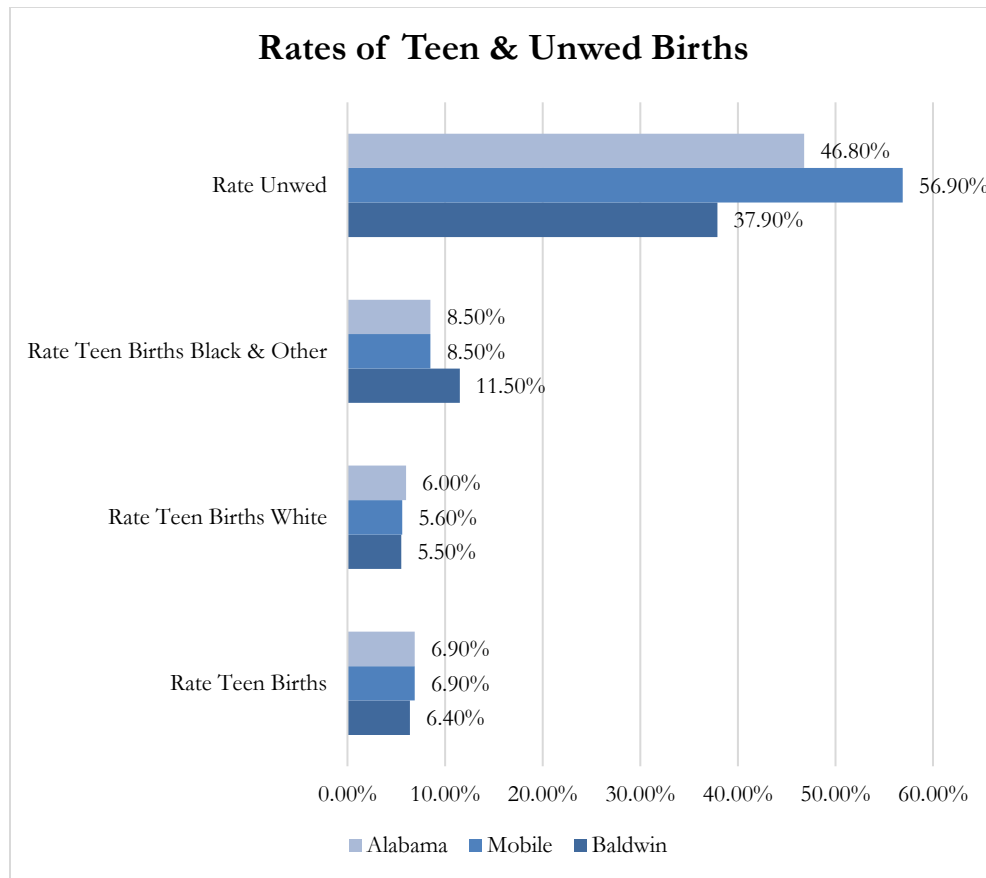
While teenage birth rates are lower than in previous decades, Alabama, and much of the south-central region of the United States, has higher teenage birth rates than the vast majority of the country.



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.

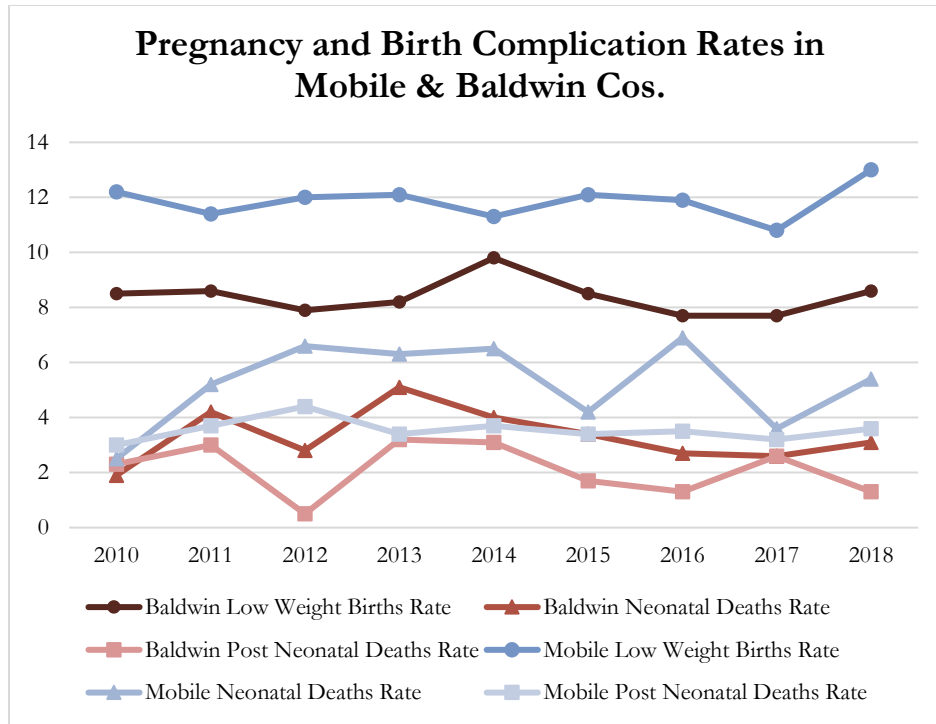
Unsurprisingly, data also shows that most teenage pregnancies are unwed births. According to the Department of Health and Human Services, 89% of teen births in 2014 occurred outside of marriage. There also appears to be racial and ethnic differences in birth rates. Nationally, birth rates are highest 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.



As can be seen, Mobile County is reporting teenage pregnancies at the same rate as Alabama, and slightly higher than Baldwin County. These births are disproportionately to black teenager mothers. When analyzing the rates of birth to unwed mothers, we observe that Mobile County is significantly above average as well. 57 percent of births in Mobile County are to unwed mothers (including all age ranges), whereas statewide the percentage is only 46.80 percent.

Birth Complications and Infant Mortality

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

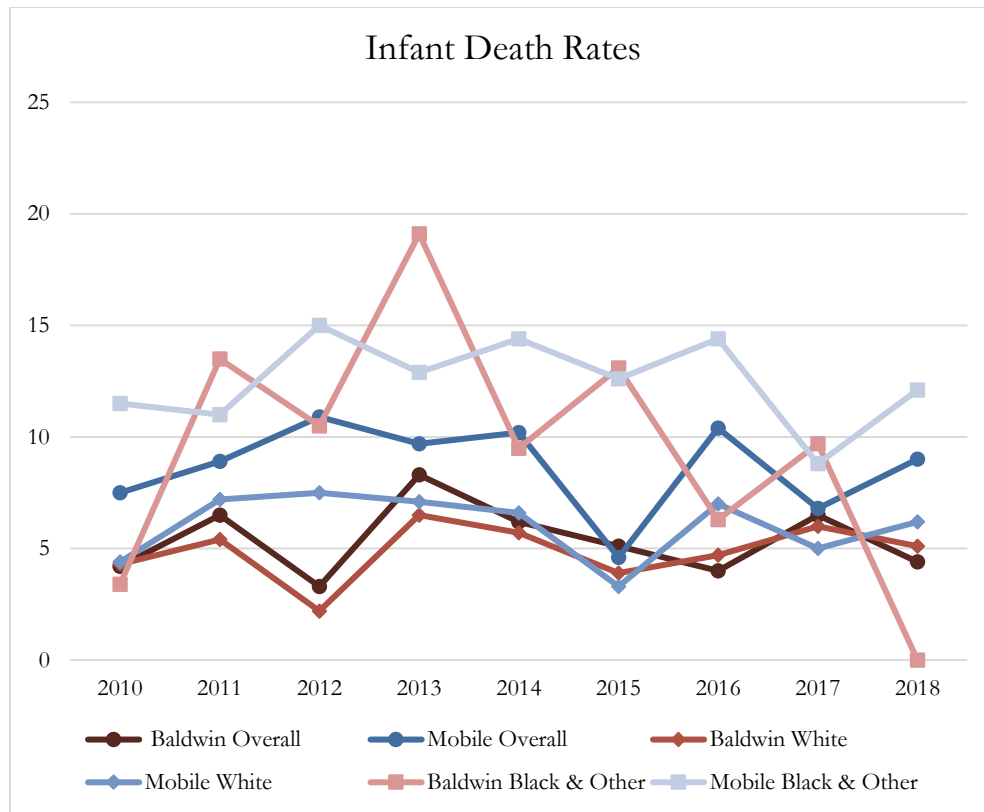


From this data it would seem that low birth weight is a consistent problem for Mobile County as well as Baldwin, albeit to a lesser extent at (and lower than the state average). The data also reveals that Mobile County’s neonatal deaths have stabilized some after a period of advancement and retreat.

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

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

Unfortunately, the problems facing mothers and births in our community go beyond pregnancy complications. Mobile County has had inconsistent infant death rates over the past 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 2018 that rate has risen to 9.0, with sudden shifts in between. For blacks, that rate is even higher, moving from 11.5 in 2010 to 12.1 in 2018. 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.



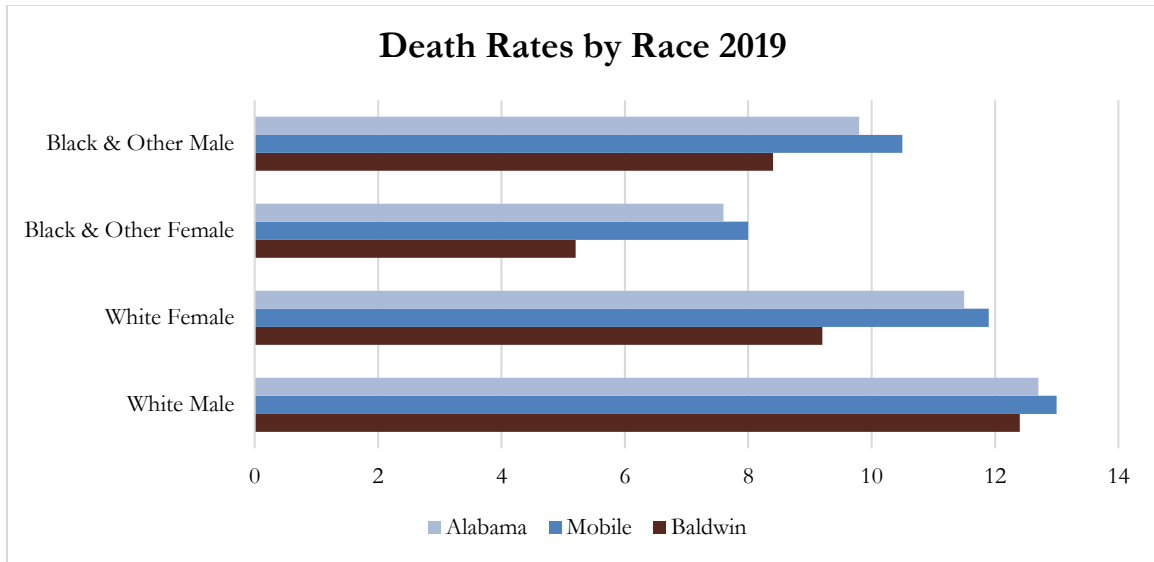
Deaths

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 over a percentage point to 11.1 in 2019. These rates are proportionally comparable to Alabama, which had a death rate of 11 in 2019, also rising one point 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 increase in the time period available, moving from 9.8 to 10.2 from 2010 to 2019, with a high of 10.3 in 2015.

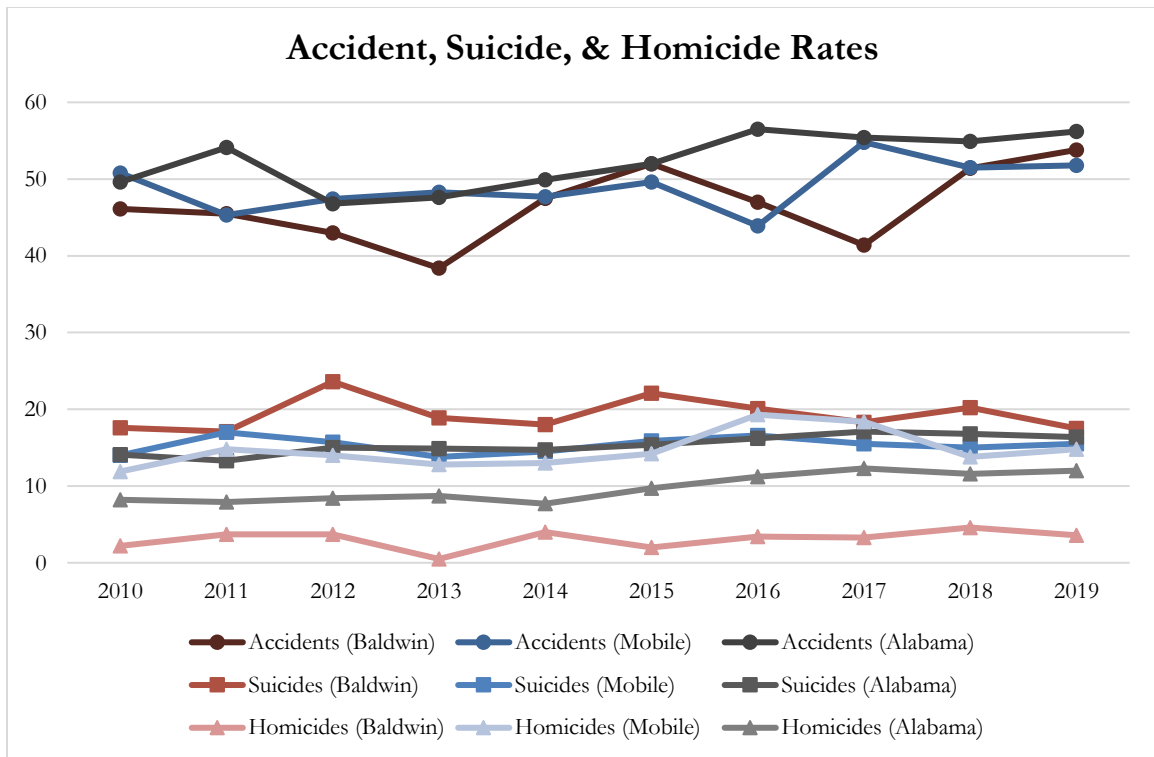
Rates are also significantly different between sexes and race, with white male having the highest rates both within Baldwin County, Mobile County, and for the state (12.4, 13, and 12.7 respectively in 2019) and black female as the lowest (5.2, 8, and 7.6 respectively for 2019). It is worth noting that Baldwin's death rate is lower for all groups, compared to the state and Mobile in 2019 and largely across the time series.

These comparisons are consistent in our nine year sample between 2010 and 2019. However, the trends are not similar across all groups. In Mobile County, black male and white male death rates both rose (1.8 and 1.6 respectively) over the time period, while black female and white female followed suit with (.5 and .2 respectively). In Baldwin County, black male and white male trends were disparate, with black male rising 3.1 over the time period where

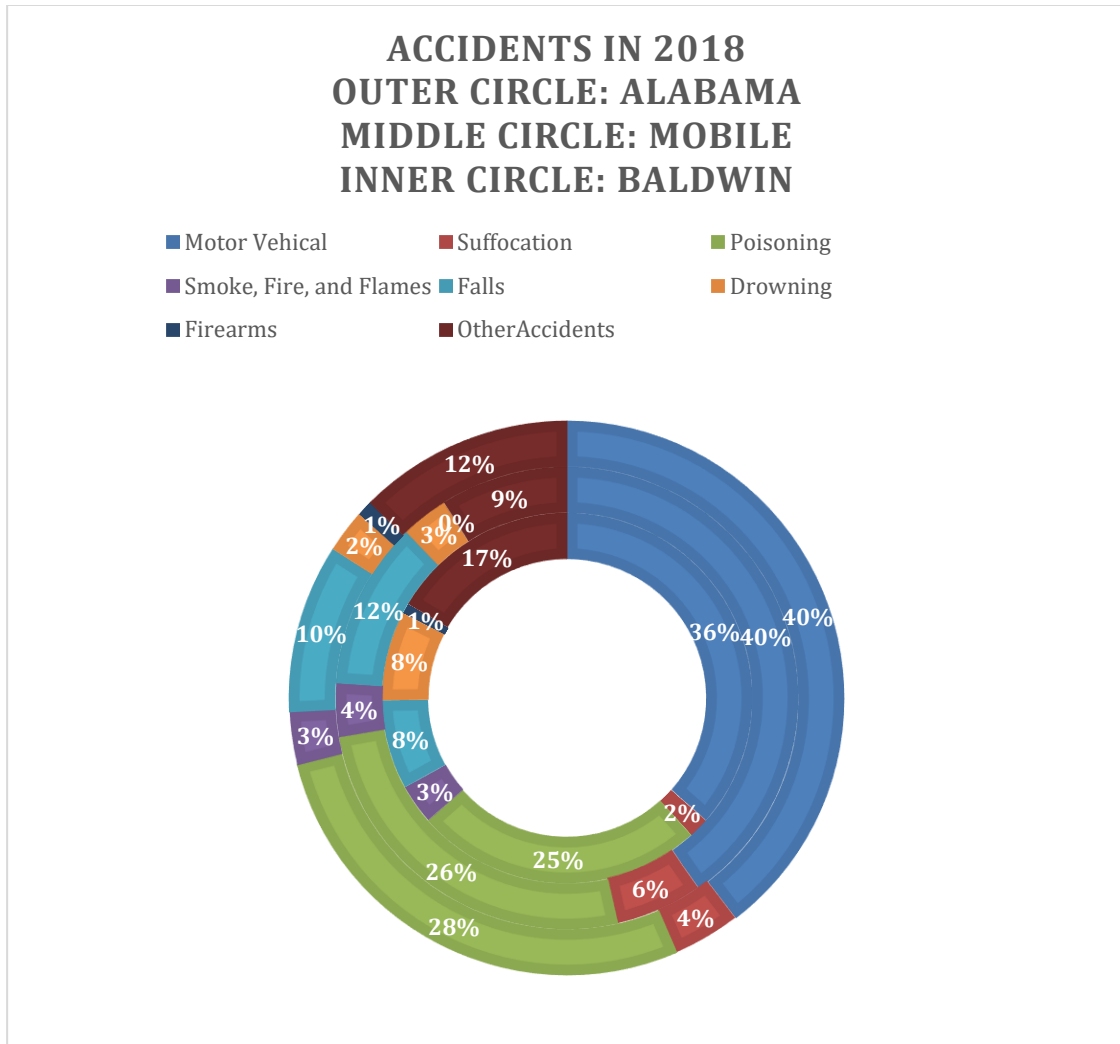
white male death rate increased by only .9. For females death rates fell, .5 for white females and .2 for black.



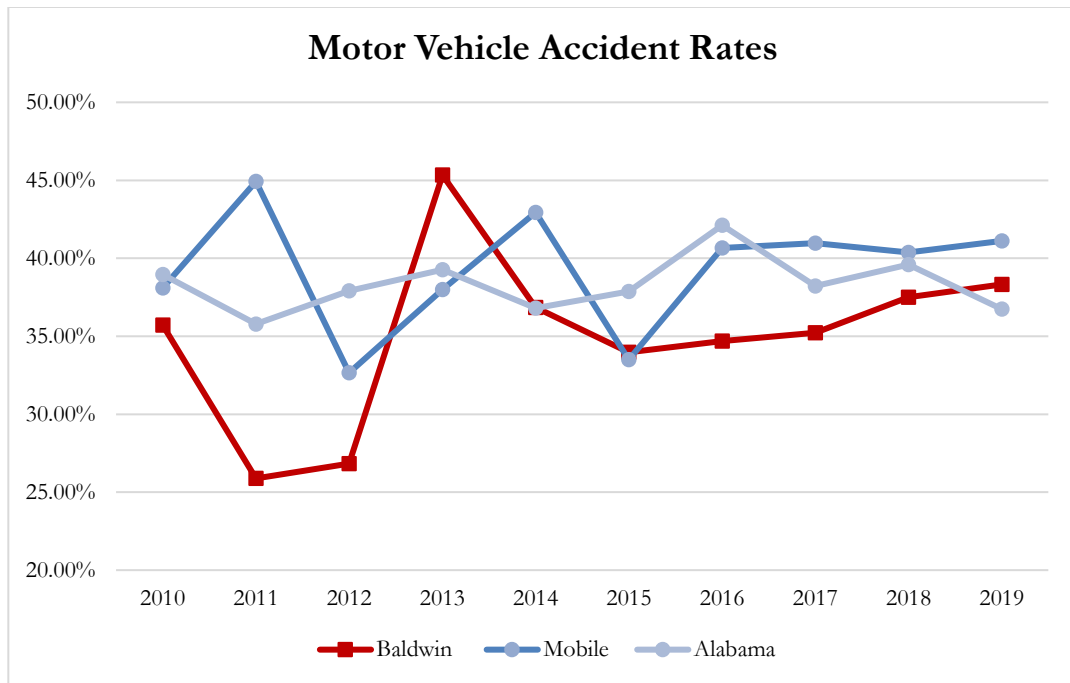
The state of Alabama tracks deaths by type, typically comparing homicides, accidents, and suicides. Of these, accidents were the highest category of death consistently across all locations. When comparing these three categories the state of Alabama consistently ranks as accidents as highest in frequency followed by suicides, with homicides showing the lowest frequency of the three. However, Mobile County's homicide rate rivals that of its suicides. In fact, over the nine-year sample (2010-2019) Mobile County's homicide rate was on average 5 higher than the state as a whole, while the suicide rate was only .4 greater and the accident rate was 3.1 lower. Baldwin County, however, seems to fair much better with regards to homicides, with an average rate of only 3.1 across the time series. The suicide rates in Baldwin County, however, are considerably higher. On average, the rate of suicides in Baldwin County is 3.9 higher than Mobile County and 3.95 greater than the state average. Accidents were consistently lower in the time period, with an overall average rate of 46.61, making it 5.69 lower than the state average for the same time period.



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.



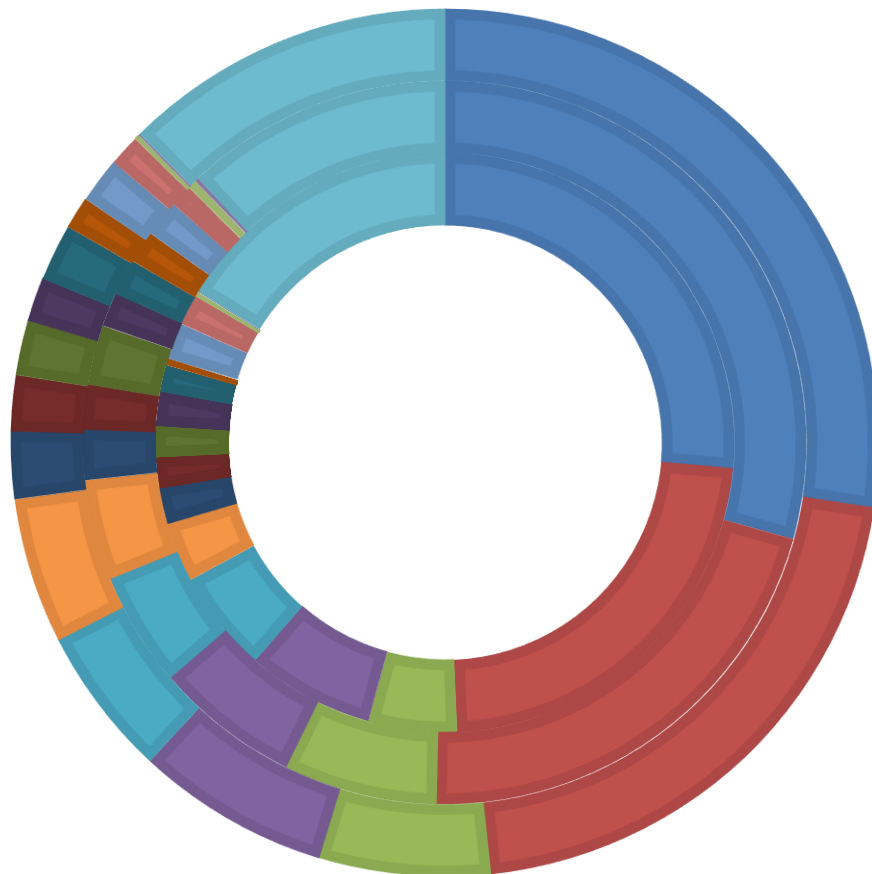
In 2018 the top three specific causes of accidental death in both Mobile County, Baldwin County, and Alabama were motor vehicle, poisoning, and falls. Fire related deaths, suffocation, and drowning follow causing about 3-8% of deaths each. On average, Mobile County and Baldwin County causes of accidental 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. The yearly trends for motor vehicle related deaths can be found below.



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

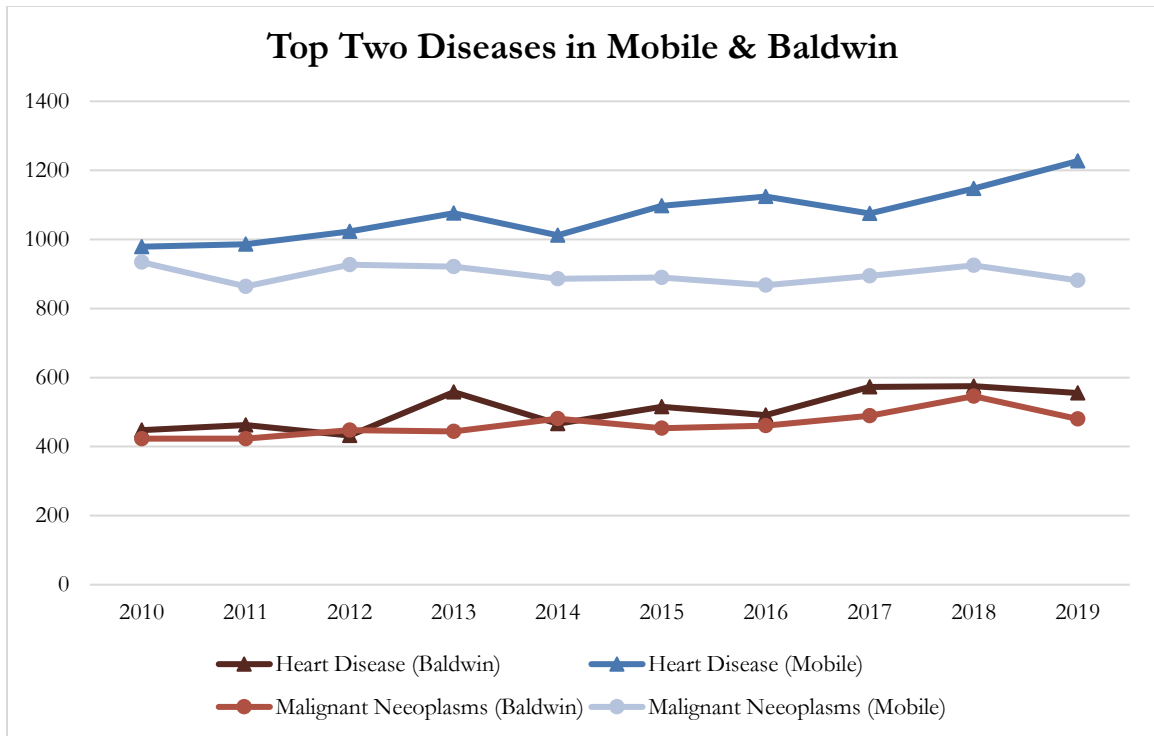
CAUSES OF DEATH BY NUMBER IN 2019
OUTER CIRCLE: ALABAMA
MIDDLE CIRCLE: MOBILE
INNER CIRCLE: BALDWIN

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

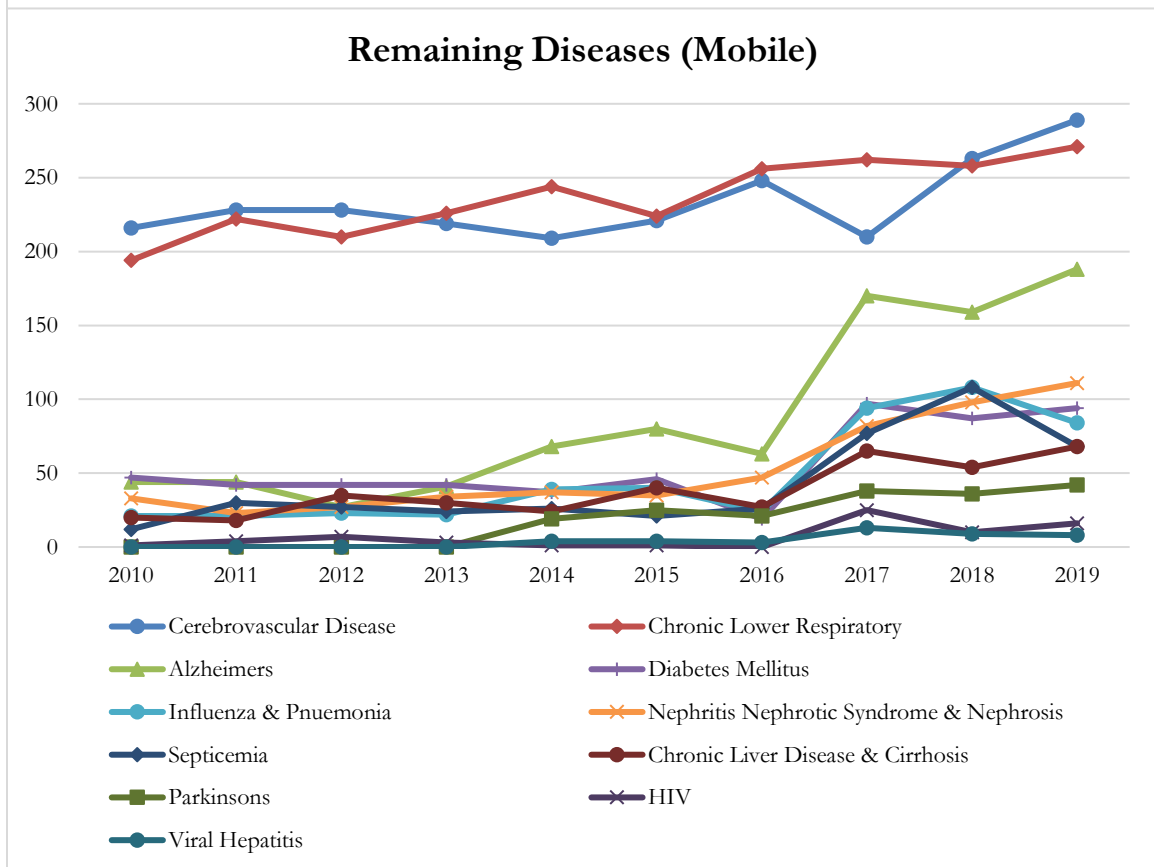
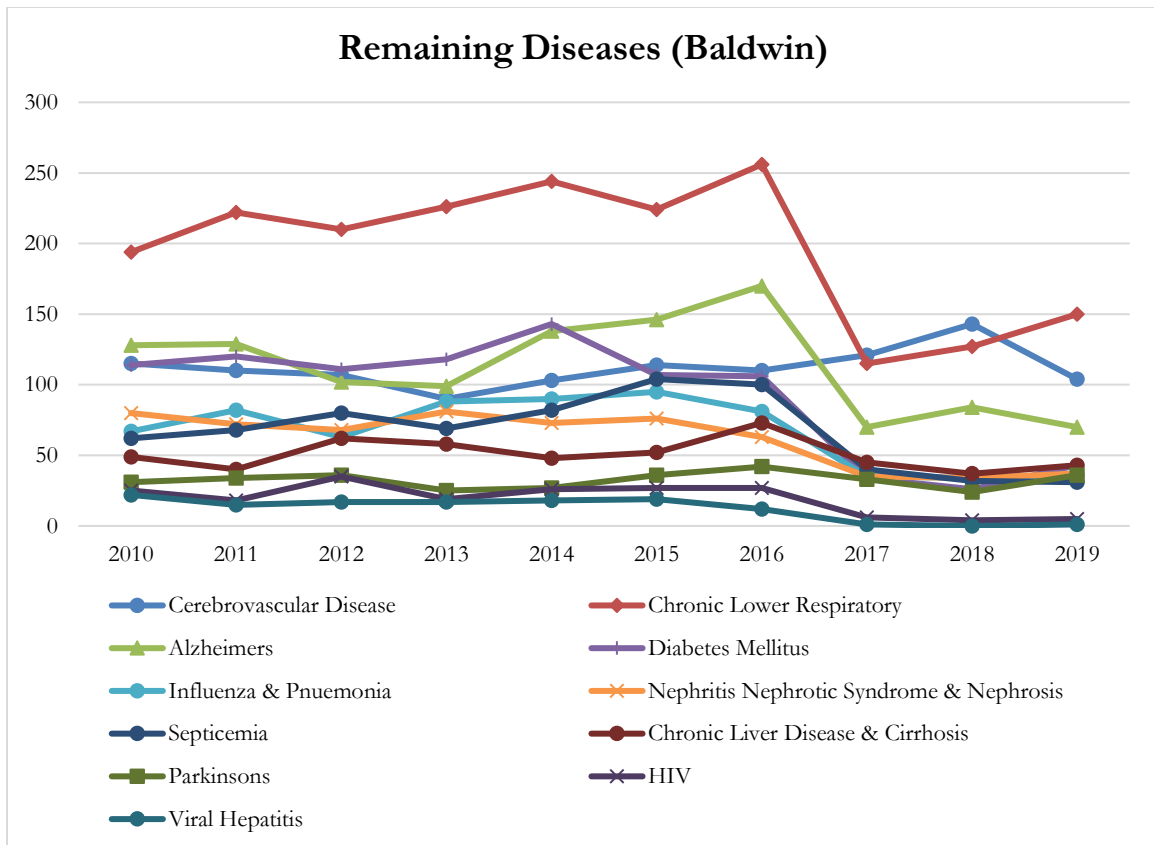


Deaths: Diseases and Cancers

According to the Centers for Disease Control and Prevention, the top ten leading causes for death in the United States in 2019 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 10 causes of death in Mobile and Baldwin counties from 2010 to 2019.



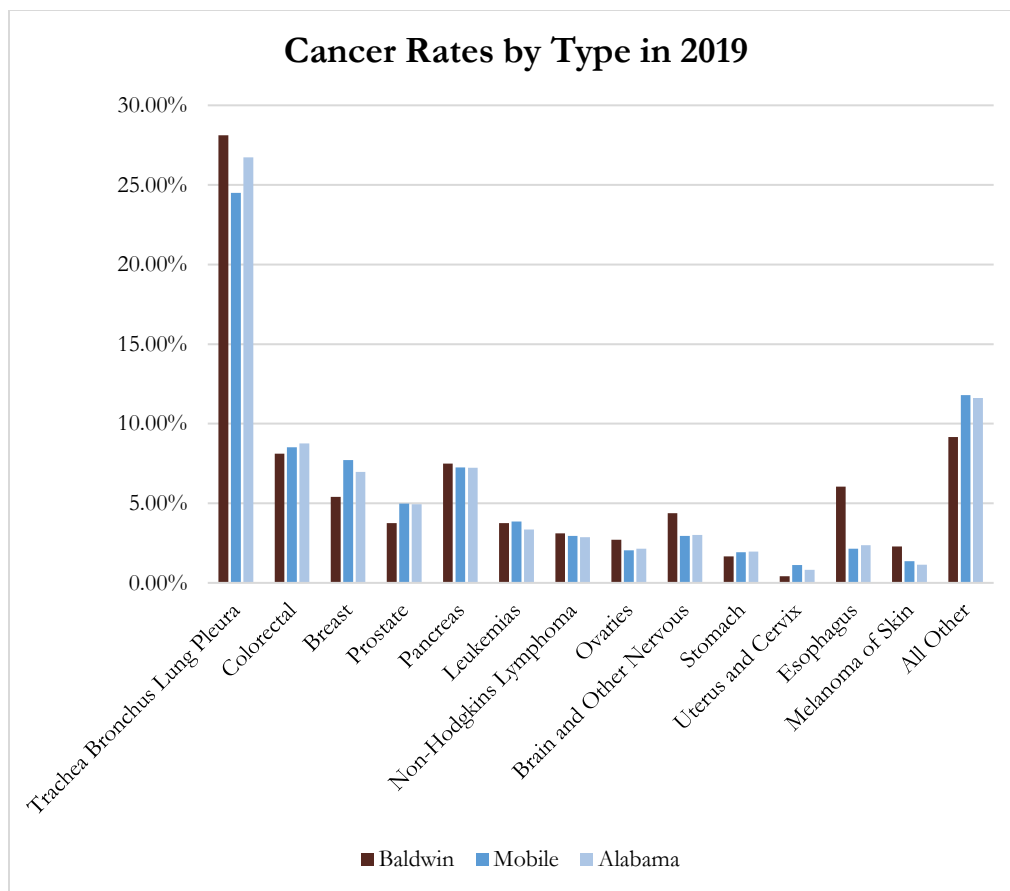
Heart disease and Malignant Neoplasms rates remain consistent over the time period, with heart disease experiencing a slight rise in the past two years and cancers appearing to decline very modestly in Mobile County, while Baldwin County has experienced little change.



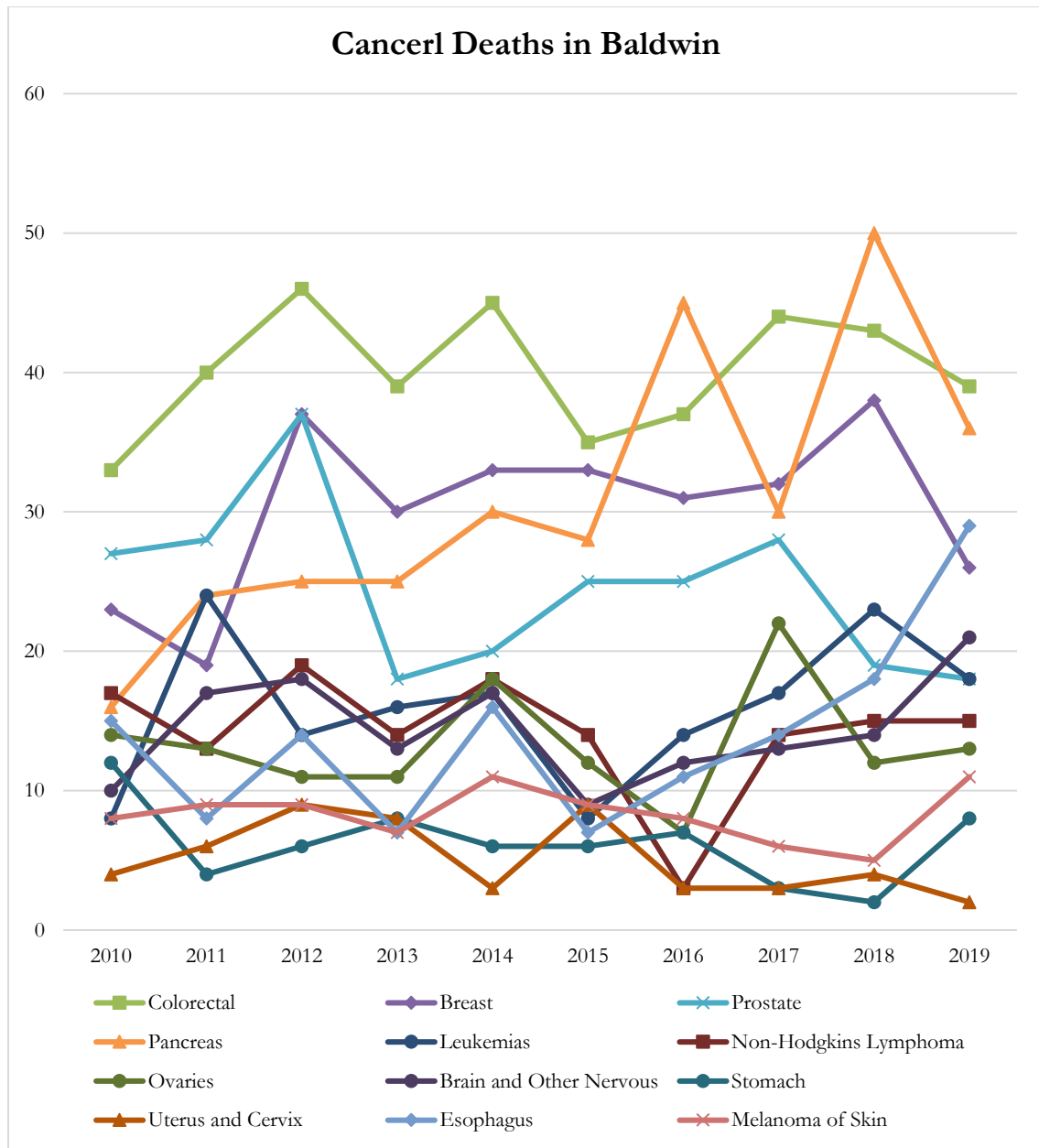
In Mobile County, over the time period, chronic lower respiratory, diabetes, Alzheimer's and Influenza/pneumonia all have risen in the number of deaths caused a year. Given the change in population demographics discussed earlier, this may not come as a surprise, as these diseases are often associated 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.

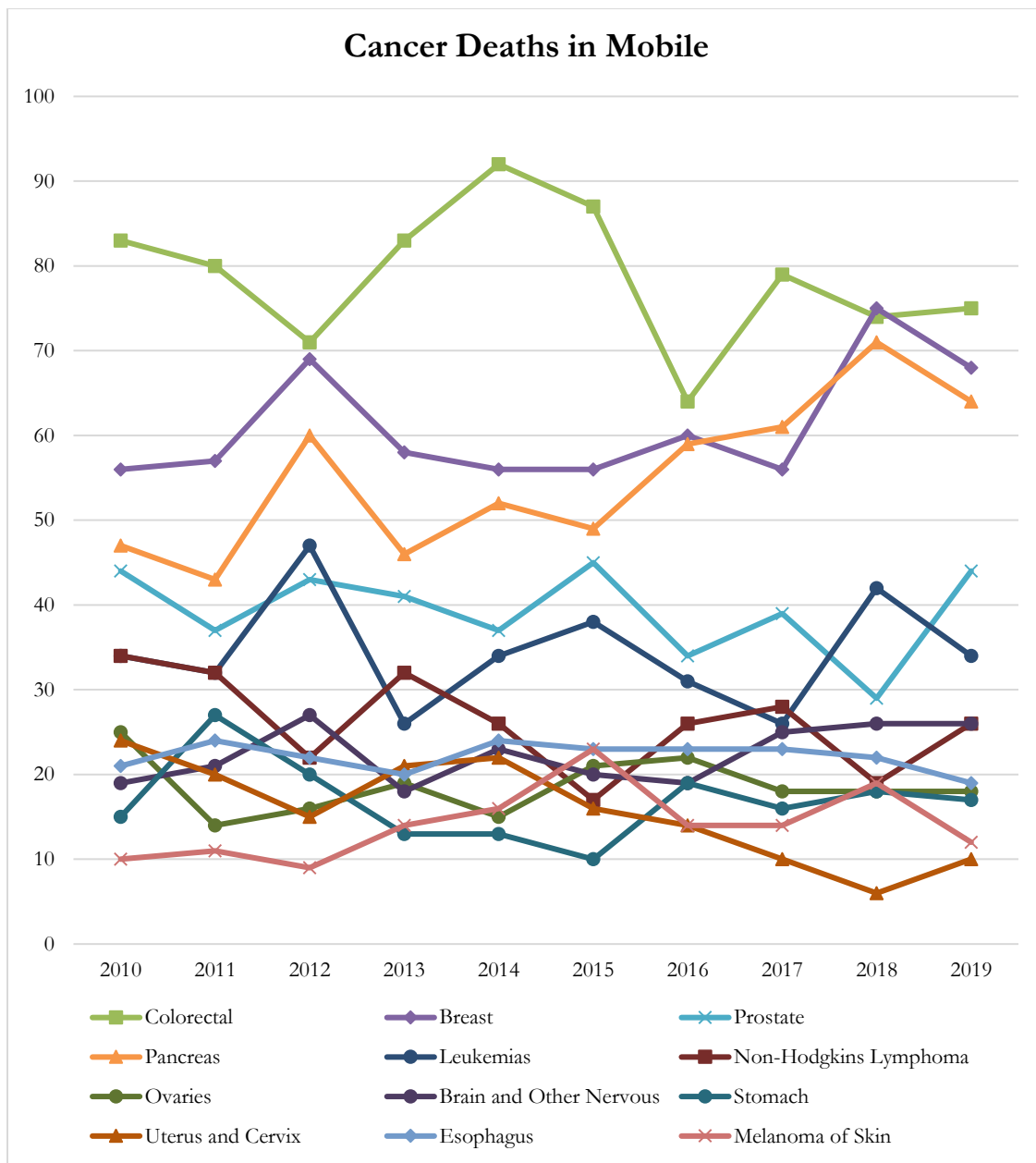
Cancer is the second leading cause of death in Mobile and Baldwin counties, claiming the lives of approximately 898 Mobile County residents every year for the last seven years and 484 lives of Baldwin County residents.

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 24.51% of cancer deaths in 2019 and 29.22% of all cancer deaths from 2010-2019. For Baldwin County, the numbers are similar with 28.12% of cancer deaths attributed to this grouping in 2019. These trends hold when compared to that of the state of Alabama, with 26.74% in 2019 and 29.43% of all cancer deaths from 2010-2019.



Of the other cancers of significant frequency in both Mobile County, Baldwin County, state of Alabama, and the U.S., most common are colorectal, breast, and esophageal. 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 (8.7% across both sexes nationally, with rates of 8.7% in Mobile County and 8.9% in the state of Alabama as a whole). This is also true of breast cancer mortality in Mobile County and the state of Alabama with 6.7% of cancer rates attributed to breast cancer in 2019 compared to the national mortality of women (6.9%). Similarly, the mortality for prostate cancer is consistent in Mobile County (4.3%), the state of Alabama (4.8%) and nationally (5.4% of men). One exception worth noting between the counties is the larger share of pancreatic cancer rates in Baldwin County. Future data should reveal if this is an anomaly.





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 nine-year trend provided, breast cancer has remained steady in Mobile and Baldwin counties while the incidents of colorectal cancer deaths appears to have leveled off 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 406 respondents were surveyed from Mobile County and 204 respondents were surveyed from Baldwin County. The total n size for both Mobile and Baldwin counties was 610 resulting in a margin of error of +/- 4.0%.

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 Infirmiry Health's community health leaders survey deployed for their 2016-2018 CHNA and updated for the 2019-2021 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

<i>Area</i>	<i>Date Started</i>	<i>Date Completed</i>	<i>N</i>	<i>Margin of Error</i>	<i>Cell Phone %</i>	<i>Median Length (minutes)</i>	<i>Response Rate w/ No Answers¹</i>	<i>Response Rate w/ out No Answers²</i>
Baldwin	10/12/2021	1/13/2022	204	+/-6.9	34.8%	16.4	4.1%	4.6%
Mobile	9/23/2021	1/13/2022	406	+/-4.9	35.7%	16.6	4.7%	5.2%
Overall	9/23/2021	1/13/2022	610	+/-4.0	35.4%	16.5	4.5%	5.0%

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

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?

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.

Thirteen percent of Baldwin County respondents rate their health as excellent compared to 12 percent of Mobile County respondents. Overall, 13 percent rate themselves in excellent health, 27 percent say very good, 36 percent say good, 20 percent say fair, and six percent say poor. When rating others, though, only six percent say people in Mobile and Baldwin counties are very healthy, 30 percent say healthy, 50 percent say somewhat healthy, 13 percent say unhealthy, and two 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 more highly than Mobile County respondents. Overall, 14 percent say the quality of healthcare services available are excellent. Thirty-one percent say those services are very good, 33 percent say they are good, 15 percent say they are fair, and seven 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. Seventeen percent have employer-based private insurance, 21 percent have private insurance they purchased themselves, and four percent do not have insurance. Ten percent of respondents report not having a personal doctor or healthcare provider. This number rises marginally to 11 percent among just those in Mobile County. Ninety-one percent say they have seen a doctor for a wellness exam or routine checkup in the past year, but only 67 percent say the same for a dental exam or cleaning.

Twenty-nine percent have used telehealth services in the past year. However, of those not having used telehealth services, 43 percent were not interested at all in receiving telehealth services from their provider.

Twenty-one percent felt that the City of Mobile has responded to the COVID-19 crisis in the best possible way, but only four percent felt they had responded in the worst possible way. When asked the same of how local healthcare providers have responded to the crisis, 37 percent said they had responded in the best possible way, and only one percent said they had responded in the worst possible way.

Respondents were asked about a series of items and how important they felt each item would be in improving the overall health in their community. The top six items rated as most important include: 1) a clean environment, 2) lower crime and safe neighborhoods, 3) good schools, 4) family doctors and specialists, 5) mental health services, and 6) good places to raise children. 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.13 and B.14 in Appendix B.

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

	<i>Area*</i>	<i>Very Important</i>	<i>Somewhat Important</i>	<i>Neither</i>	<i>Somewhat Unimportant</i>	<i>Very Unimportant</i>	<i>Total</i>	<i>N</i>
Q8e. A clean environment including water, air, etc.	<i>O</i>	94.6	4.8	0.3	0.0	0.3	100.0%	606
	<i>B</i>	97.0	2.5	0.0	0.0	0.5	100.0%	201
	<i>M</i>	93.3	5.9	0.5	0.0	0.3	100.0%	405
Q8n. Lower crime and safe neighborhoods.	<i>O</i>	92.6	6.5	0.2	0.5	0.3	100.1%	604
	<i>B</i>	94.0	5.5	0.0	0.0	0.5	100.0%	199
	<i>M</i>	91.9	6.9	0.3	0.7	0.3	100.1%	405
Q8j. Good Schools	<i>O</i>	92.2	6.8	0.7	0.2	0.2	100.1%	504
	<i>B</i>	93.1	5.9	0.5	0.0	0.5	100.0%	202
	<i>M</i>	91.8	7.2	0.8	0.3	0.0	100.1%	402
Q8f. Family doctors and specialists.	<i>O</i>	91.6	8.1	0.2	0.0	0.2	100.1%	607
	<i>B</i>	90.2	8.9	0.5	0.0	0.5	100.1%	203
	<i>M</i>	92.3	7.7	0.0	0.0	0.0	100.0%	404
Q8r. Mental health services.	<i>O</i>	90.5	8.5	0.3	0.2	0.5	100.0%	602
	<i>B</i>	89.0	9.0	0.5	0.0	1.5	100.0%	200
	<i>M</i>	91.3	8.2	0.3	0.3	0.0	100.1%	402
Q8h. Good places to raise children.	<i>O</i>	89.9	9.1	0.5	0.3	0.2	100.0%	602
	<i>B</i>	90.5	8.5	0.0	0.5	0.5	100.0%	199
	<i>M</i>	89.6	9.4	0.7	0.3	0.0	100.0%	403

* 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) rape and sexual assault, 5) drug use and abuse, and both 6) mental health problems and 6) heart disease and stroke were tied in sixth place. The full list of health issues is located in Appendix B in Tables B.15 and B.16.

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

	<i>Area</i>	<i>Very Important</i>	<i>Somewhat Important</i>	<i>Neither</i>	<i>Somewhat Unimportant</i>	<i>Very Unimportant</i>	<i>Total</i>	<i>N</i>
Q9d. Child abuse and neglect.	<i>O</i>	93.5	5.5	0.8	0.2	0.0	100.0%	601
	<i>B</i>	91.5	8.0	0.5	0.0	0.0	100.0%	200
	<i>M</i>	94.5	4.2	1.0	0.3	0.0	100.0%	401
Q9c. Cancers.	<i>O</i>	87.7	11.7	0.5	0.0	0.2	100.1%	599
	<i>B</i>	84.9	14.7	0.0	0.0	0.5	100.1%	198
	<i>M</i>	89.0	10.2	0.8	0.0	0.0	100.0%	401
Q9g. Domestic violence.	<i>O</i>	87.5	10.7	1.2	0.5	0.2	100.1%	598
	<i>B</i>	85.6	11.8	0.5	1.5	0.5	99.9%	195
	<i>M</i>	88.3	10.2	1.5	0.0	0.0	100.0%	403
Q9s. Rape and sexual assault.	<i>O</i>	86.8	10.7	1.9	0.5	0.2	100.1%	591
	<i>B</i>	85.0	12.4	1.6	0.5	0.5	100.0%	193
	<i>M</i>	87.7	9.8	2.0	0.5	0.0	100.0%	398
Q9h. Drug use and abuse.	<i>O</i>	86.5	11.6	1.2	0.5	0.2	100.0%	594
	<i>B</i>	83.6	14.4	0.5	1.0	0.5	100.0%	195
	<i>M</i>	88.0	10.3	1.5	0.3	0.0	100.1%	399
Q9p. Mental health problems.	<i>O</i>	85.2	12.3	1.8	0.2	0.5	100.0%	602
	<i>B</i>	83.5	14.0	1.5	0.0	1.0	100.0%	200
	<i>M</i>	86.1	11.4	2.0	0.3	0.3	100.1%	402
Q9j. Heart disease and stroke.	<i>O</i>	85.2	13.5	0.7	0.3	0.3	100.0%	601
	<i>B</i>	82.5	16.5	0.0	0.5	0.5	100.0%	200
	<i>M</i>	86.5	12.0	1.0	0.3	0.3	100.1%	401

Determining the prevalence of different health conditions is vital in determining community need. Respondents were asked to identify whether a doctor or other health professional had ever told them if they had any number of a series of 12 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) diabetes, 4) depression, 5) heart disease, and 6) obesity. Table 3.4 shows these rankings and Table B.17 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

	<i>Area</i>	<i>Yes</i>	<i>No</i>	<i>Total</i>	<i>N</i>
Q10h. High blood pressure.	<i>O</i>	55.2	44.8	100.0%	594
	<i>B</i>	52.3	47.7	100.0%	199
	<i>M</i>	56.7	43.3	100.0%	395
Q10g. High Cholesterol.	<i>O</i>	44.5	55.5	100.0%	591
	<i>B</i>	47.5	52.5	100.0%	198
	<i>M</i>	43.0	57.0	100.0%	393
Q10e. Diabetes.	<i>O</i>	22.5	77.5	100.0%	596
	<i>B</i>	20.6	79.4	100.0%	199
	<i>M</i>	23.4	76.6	100.0%	397
Q10d. Depression.	<i>O</i>	21.5	78.5	100.0%	596
	<i>B</i>	22.1	77.9	100.0%	199
	<i>M</i>	21.2	78.8	100.0%	397
Q10f. Heart disease.	<i>O</i>	20.5	79.5	100.1%	594
	<i>B</i>	17.7	82.3	100.0%	198
	<i>M</i>	22.0	78.0	100.0%	396
Q10j. Obesity.	<i>O</i>	19.9	80.1	100.0%	592
	<i>B</i>	22.6	77.4	100.1%	199
	<i>M</i>	18.6	81.4	100.0%	393

Health-related services that are difficult to access are a clear problem and point to community needs. Respondents were asked to identify healthcare services that they felt were difficult to obtain in Mobile 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. 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) some other form of healthcare service, 2) services for the elderly, 3) specialty medical care, 4) women’s health, 5) alcohol or drug abuse treatment, and 6) emergency medical care. The full list of services can be found in Table B.18 in Appendix B. The “other” responses are presented in Appendix C, these responses range over a number of issues however many of them reference dermatology, specialists, and the overall cost of care.

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

	<i>Overall – Mobile & Baldwin counties</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Mental health services	17.1	17.2	17.0
Other	12.0	13.7	11.1
Services for the elderly	9.0	6.9	10.1
Specialty medical care (specialist doctors)	7.2	8.3	6.7
Alcohol or Drug Abuse Treatment	6.9	4.9	7.9
Emergency Medical Care	6.4	6.9	6.2

Twenty-one 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. This number is up from 14 percent in the previous CHNA; however, it's increase is likely due to issues related to the pandemic. 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 identified by respondents for why they delayed in getting needed medical care: 1) other reasons, 2) could not afford medical care, 3) lack of transportation, 4) insurance problems or a lack of insurance, 5) provider did not take my insurance, and 6) could not get an appointment soon enough. The full list of reasons for delaying needed medical care can be found in Table B.20 in Appendix B. The “other” responses are presented in Appendix C; many of these responses indicate not having time, just didn't go, and the pandemic.

Table 3.6: Top 6 reasons respondent delayed getting needed medical care – ranked according to overall and not counting “other” in Top 6

	<i>Overall – Mobile & Baldwin counties</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Other	39.4	39.5	39.3
Could not afford medical care	11.8	4.7	15.5
Lack of transportation	5.5	4.7	6.0
Insurance problems / lack of insurance	4.7	9.3	2.4
Provider did not take my insurance	3.2	2.3	3.6
Could not get an appointment soon enough	2.4	4.7	1.2

When seeking medical care for someone who is sick, respondents overall were first likely to go to their family doctor (62%), then an urgent care clinic (16%), and third to the emergency room (12%). There were however differences between Mobile and Baldwin counties. Baldwin County respondents most often go to their family doctor (68%), the emergency room (11%), and then an urgent care clinic (10%). Mobile County residents most often go to their family doctor (58%), an urgent care clinic (20%), or the emergency room (13%).

Respondents have a great deal of confidence that they can make and maintain lifestyle changes. Thirty-two percent are extremely confident in their ability to do so, and 39 percent are very confident. Responses were similar across both Mobile and Baldwin counties.

Twelve percent of respondents indicate that they are currently using tobacco products such as cigarettes and cigars. A modest two percent report using chewing tobacco or snuff, and four percent say they use e-cigarettes or vaporizing pens. Seventy 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 53 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 70 percent of those responding overall and African-American's constituted 26 percent. These numbers varied by county, however. In Baldwin County, white's comprised 89 percent and African-Americans only eight percent. In Mobile County, white's comprised 61 percent and African-Americans made up 35 percent of the respondents.

Twenty-eight percent of respondents possess a high school degree or GED. Twenty-five percent have some college coursework; 21 percent have a Bachelor's or four-year degree, and 15 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 51 percent say they are retired. Twenty-eight percent are working full-time, eight percent are disabled, and eight 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 and less likely to report incomes less than \$15,000 compared to Mobile County respondents.

The majority of survey respondents (65%) 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 11 areas where statistically significant differences were identified are discussed below.

Baldwin County responders were much more likely to possess private insurance that they had directly purchased themselves -- 29 percent compared to only 17 percent directly purchasing private insurance in Mobile County. In contrast, Mobile County responders were more likely to possess private employer-based insurance -- 20 percent compared to those living in Baldwin County 11 percent.

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 County responders felt that 57 percent of those living in Baldwin County were either very healthy or healthy. Mobile County respondents felt that only 27 percent of those living in Mobile County were either very healthy or healthy. Conversely, Mobile County respondents felt that 18 percent were either unhealthy or very unhealthy compared to Baldwin County respondents who only felt that five percent were unhealthy or very unhealthy.

Those in Baldwin County were also much more likely to rate the quality of the healthcare services available in their county as excellent or very good -- 53 percent compared to those in Mobile County where 41 percent said the quality of healthcare was either excellent or very good.

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: 9g) domestic violence, 9l) homelessness, 9m) homicides, 9r) obesity or excess weight, and 9v) suicide. For each of these problems, Mobile County respondents were more likely than Baldwin County respondents to say these were problems.

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, 68 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 (11%) compared to respondents from Mobile County (20%).

The final two statistically significant differences relate to demographic data. Baldwin County respondents were much more likely to be white (89%) than Mobile County respondents (61%). There were also differences in employment status with Baldwin County respondents more likely to be retired (59%) and less likely to be employed full-time (22%). Conversely Mobile County respondents were less likely to be retired (46%) and more likely to be employed full-time (30%).

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 75 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 307 e-mails were initially distributed on December 7, 2021. Reminder surveys were sent on December 13, 2021 and January 4, 2022. Of the 307, four e-mails were duplicates and 32 e-mails bounced for 271 unique and working e-mails. Thus, with 75 responses, the CHL had a completion rate of 27.7%.

The CHL survey questionnaire duplicated Infirmiry Health’s community health leaders survey deployed for their 2016-2018 CHNA and their 2019-2021 CHNA. The full text of the survey can be found in Appendix G.

Table 4.1: Survey Details

<i>Date Started</i>	<i>1st Reminder</i>	<i>2nd Reminder</i>	<i>Date Completed</i>	<i>N</i>	<i>Estimated Response Time</i>	<i>Completion Rate</i>
12/7/2021	12/13/2021	1/4/2022	1/14/2022	75	7 minutes	27.7%

Key Survey Findings

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

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

Table 4.2: Top 6 items community health leader’s think are the most important features of a “healthy community”? Check only three¹

	<i>Frequency</i>	<i>Percent</i>
1a. Access to health services (e.g., family doctor, hospitals)	41	54.7
10. Low percent of population that are obese	28	37.3
1g. Good employment opportunities	21	28.0
1t. Quality hospitals and urgent/emergency services	21	28.0
1s. Quality education	18	24.0
1c. Affordable housing	13	17.3
	<i>N</i>	75

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: 1) mental health problems, 2) obesity and excess weight, 3) drug use and abuse, 4) child abuse/neglect, 5) aging problems (e.g., dementia, vision / hearing loss, loss of mobility), and 6) heart disease and stroke. The full list of health issues is located in Appendix D in Table D.2.

Table 4.3: What do you think are the most important health issues in Mobile or Baldwin county? (Consider the county where your or your agency perform most of your services) Check only three¹

	<i>Frequency</i>	<i>Percent</i>
2p. Mental health problems	47	62.7
2r. Obesity / excess weight	28	37.3
2h. Drug use / abuse	19	25.3
2f. Child abuse / neglect	14	18.7
2c. Aging problems (e.g., dementia, vision / hearing loss, loss of mobility)	13	17.3
2j. Heart disease and stroke	13	17.3
	<i>N</i>	75

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

	<i>Frequency</i>	<i>Percent</i>
3b. Drug abuse	40	53.3
3f. Poor eating habits / poor nutrition	28	37.3
3c. Excess weight	25	33.3
3i. Not seeing a doctor or dentist	25	33.3
3d. Homelessness	17	22.7
3e. Lack of exercise	14	18.7
	<i>N</i>	75

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) Dental care including dentures, 4) services for the elderly, 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

	<i>Frequency</i>	<i>Percent</i>
4f. Mental health services	51	68.0
4m. Alcohol or drug abuse treatment	33	44.0
4b. Dental care including dentures	17	22.7
4k. Services for the elderly	15	20.0
4a. Alternative therapies (acupuncture, herbals, etc.)	13	17.3
4l. Specialty medical care (specialist doctors)	13	17.3
	<i>N</i>	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 (53%) or unhealthy (38%).

Five percent of health leaders rate the quality of healthcare services available in Mobile or Baldwin counties as excellent, 19 percent say very good, 45 percent say good, another 27 percent say fair and three percent say the healthcare services are poor.

Many of the health leaders responding were from healthcare organizations (29%), another 13 percent were in education, eight percent deal with housing and temporary shelter, eight percent work in disability services, six percent with the government, five percent worked in public service, and another five percent worked in food assistance. Finally, 22 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, 42 percent of health leaders said their organization served individuals; 27 percent said their organization served families, and 19 percent said some other type of client. Among those saying other, many indicated children or adolescents, or that they served all of the different types of clients.

Most health leaders (62%) said that they provide the client information on where to obtain assistance if their organization cannot provide all the services a client needs. Thirty percent said they will phone, e-mail, or fax another organization to help the client obtain those services they cannot provide.

Forty-eight percent of health leaders said their organizations served adults under 65; 35 percent said they served children, and 19 percent served seniors (65 and over).

Most health leaders (79%) indicated that it would be helpful to them and their ability to provide services to know what other services the client has received from other organizations.

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

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

Twenty-three 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 (56%) rely on either electronic medical records (EMR) or electronic health records (EHR) for storing client records electronically. Another 28 percent rely on other systems including HMIS, EPIC, Oasis Insight, and others (see Appendix E for a full list), and eight 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 610 community members from Mobile and Baldwin counties with the results of the 75 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 healthy community, what the most important health issues are, how each group views the health of the community and the quality of health services available, and what services are perceived to be difficult to obtain. Many of these survey questions were essentially the same; however, the mode of delivery necessitated some differences in their delivery depending on if the questions were being presented over the telephone versus electronically.

There were two areas that overlapped between the health leaders and the community at large: quality education/good schools showed a strong overlap and healthcare represented by access to health services (e.g., family doctor, hospitals) and family doctors and specialists for the community also overlapped. In terms of divergent priorities, the health leaders identified low percent of population that are obese, good employment opportunities, quality hospitals and urgent/emergency services, and affordable housing as their other key features of a health community. Community respondents identified a clean environment, lower crime and safe neighborhoods, mental health services, and good places to raise children.

Table 4.6: Comparison of Features of a Healthy Community

<i>Community Health Leaders Survey</i>	<i>Community Survey</i>
1. 1a. Access to health services (e.g., family doctor, hospitals)	1. Q8e. A clean environment including water, air, etc.
2. 1o. Low percent of population that are obese	2. Q8n. Lower crime and safe neighborhoods.
3. 1g. Good employment opportunities	3. Q8j. Good Schools
4. 1t. Quality hospitals and urgent/emergency services	4. Q8f. Family doctors and specialists.
5. 1s. Quality education	5. Q8r. Mental health services.
6. 1c. Affordable housing	6. Q8h. Good places to raise children.

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 with four areas of overlap: mental health problems, drug use/abuse, child abuse/neglect, and heart disease and stroke. The health leaders diverged from the community in also selecting obesity/excess weight and aging problems as their additional important health issues. Community members selected cancers and domestic violence as important issues.

Table 4.7: Comparison of Most Important Health Issues

<i>Community Health Survey</i>	<i>Community Survey</i>
1. 2p. Mental health problems.	1. Q9d. Child abuse / neglect.
2. 2r. Obesity / excess weight.	2. Q9c. Cancers.
3. 2h. Drug use / abuse.	3. Q9g. Domestic violence.
4. 2f. Child abuse / neglect.	4. Q9s. Rape and sexual assault.
5. 2c. Aging problems (e.g., dementia, vision / hearing loss, loss of mobility).	5. Q9h. Drug use and abuse.
6. 2j. Heart disease and stroke.	6.1 Q9p. Mental health problems.
	6.2 Q9j. Heart disease and stroke.

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

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

Community health leaders and community respondents 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: alcohol or drug abuse treatment, services for the elderly, and specialty medical care. Areas of divergence included the health leaders identifying dental care and alternative therapies. The community members diverged from the leaders by selecting emergency medical care and other services as services that are difficult to obtain.

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

<i>Community Health Survey</i>	<i>Community Survey</i>
1. 4f. Mental health services.	1. Mental health services.
2. 4m. Alcohol or drug abuse treatment.	2. Other.
3. 4b. Dental care including dentures.	3. Services for the elderly.
4. 4k. Services for the elderly.	4. Specialty medical care (specialist doctors).
5. 4a. Alternative therapies (acupuncture, herbals, etc.)	5. Alcohol or drug abuse treatment.
6. 4l. Specialty medical care (specialist doctors).	6. Emergency medical care.

Overall, health leaders and community members agreed on a number of items including: two of the key features of a healthy community –quality education and access to healthcare particularly in the form of family doctors; four of most important health issues for Mobile and Baldwin counties – mental health problems, drug use/abuse, child abuse/neglect, and

heart disease and stroke; 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, alcohol or drug abuse treatment, services for the elderly, and specialty medical care.

COMMUNITY RESOURCES – 5

Summary

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

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

Community Resource List

Table 5.1 : Acute Care Hospitals

<i>Facility</i>	<i>Phone</i>
Mobile Infirmary	(251) 435-2400
North Baldwin Infirmary	(251) 937-5521
Providence Hospital	(251) 633-1000
Springhill Medical Center	(251) 344-9630
Thomas Hospital	(251) 928-2375
USA University Hospital	(251) 471-7000
USA Children's and Women's Hospital	(251) 415-1000

Table 5.2: Specialty Hospitals

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

Table 5.3: Federally Qualified Health Clinics

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

The Hadley Medical Center (251) 444-1000

Table 5.4: Nursing Homes

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

Table 5.5: Hospice Services

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

Table 5.6: Home Health Agencies

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

Table 5.7a: Social Service Agencies

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

Table 5.7b: Social Service Agencies

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

Table 5.7c: Social Service Agencies

<i>Facility</i>	<i>Phone</i>
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 (2019) – Mobile County

Source: U.S. Census Bureau

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

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

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

Table 1c: County, State, and National Population by Age (2019) – Alabama

Source: U.S. Census Bureau

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

Table 1d: County, State, and National Population by Age (2019) – United States

Source: U.S. Census Bureau

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

Table 2: Population Classified by Race and Ethnicity (2019)

Source: U.S. Census Bureau

Race/Ethnicity	Mobile County	Baldwin County	State of Alabama	United States
Total Population	413,210	223,234	4,903,185	4,903,185
White	240,449	190,912	3,326,375	3,326,375
Black	150,159	18,338	1,319,551	1,319,551
Hispanic	12,443	10,534	219,296	219,296
Asian	7,779	2,160	66,129	66,129
American Indian or Alaskan	2,915	2,428	23,265	23,265
Hawaiian or Pacific Islander	61	0	1,892	1,892
Other	3,449	4,685	74,451	74,451
Two or More Races	8,398	4,711	91,522	91,522

Table 3a: Population Classified by Race and Ethnicity (2013–2017) – Mobile County

Source: U.S. Census Bureau

Mobile County Race/Ethnicity	2015	2016	2017	2018	2019
Total Population	414,251	414,291	413,955	413,757	413,210
White	248,566	246,794	244,012	233,288	240,449
Black	145,175	146,306	147,234	148,775	150,159
Hispanic	10,917	10,957	11,943	12,648	12,443
Asian	8,148	8,140	7,504	8,037	7,779
American Indian or Alaskan	2,680	2,568	3,410	5,748	2,915
Hawaiian or Pacific Islander	64	49	79	138	61
Other	2,781	3,207	5,038	6,174	3,449
Two or More Races	6,837	7,227	6,678	7,697	8,398

Table 3b: Population Classified by Race and Ethnicity (2013–2017) – Baldwin County

Source: U.S. Census Bureau

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

Table 3c: Population Classified by Race and Ethnicity (2013–2017) – Alabama

Source: U.S. Census Bureau

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

Table 3d: Population Classified by Race and Ethnicity (2013–2017) – United States

Source: U.S. Census Bureau

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

Table 4: Population by Poverty Level

Source: U.S. Census Bureau

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

Table 5: Population over 25 years by Educational Attainment

Source: U.S. Census Bureau

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

Table 6: Medicaid Births

Source: Alabama Public Health

		Total Births	Medicaid Births	Percent Medicaid
Mobile	2015	5,660	3,243	57.30%
	2016	5,502	3,082	56.02%
	2017	5,603	3,197	57.06%
	2018	5,548	3,244	58.47%
	2019	5,371	3,124	58.16%
Baldwin	2015	2,346	991	42.24%
	2016	2,247	1,024	45.57%
	2017	2,323	1,051	45.24%
	2018	2,290	949	41.44%
	2019	2,330	1,048	44.98%
Alabama	2015	59,651	30,149	50.54%
	2016	59,090	29,845	50.51%
	2017	58,936	29,116	49.40%
	2018	57,754	28,431	49.23%
	2019	58,615	29,134	49.70%

Table 7: Births by Race

Source: Alabama Public Health

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

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

		Total Births	Births to Teens Total	Birth to Teens White	Birth to Teens Black and Other	Births to Teens Percentage	Unwed Birth Total	Unwed Birth Percentage
Mobile	2015	5,660	466	177	289	8.23%	3,034	53.60%
	2016	5,502	424	174	250	7.71%	2,947	53.56%
	2017	5,603	399	188	211	7.12%	3,215	57.38%
	2018	5,548	385	162	223	6.94%	3,156	56.89%
	2019	5,371	373	153	220	6.94%	3,194	59.47%
Baldwin	2015	2,346	175	149	26	7.46%	885	37.72%
	2016	2,247	160	132	28	7.12%	929	41.34%
	2017	2,323	165	138	27	7.10%	896	38.57%
	2018	2,290	147	108	39	6.42%	868	37.90%
	2019	2,330	138	106	32	5.92%	939	40.30%
Alabama	2015	59,651	4,790	2,876	1,914	8.03%	26,150	43.84%
	2016	59,090	4,526	2,642	1,884	7.66%	26,408	44.69%
	2017	58,936	4,285	2,569	1,716	7.27%	27,736	47.06%
	2018	57,754	3,961	2,288	1,673	6.86%	26,991	46.73%
	2019	58,615	4,002	2,253	1,749	6.83%	28,326	48.33%

Table 9: Low Weight Births

Source: Alabama Public Health

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

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

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

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

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

Table 12: Fetal Deaths and Induced Pregnancy Terminations

Source: Alabama Public Health

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

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

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

Table 14: Deaths

Source: Alabama Public Health

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

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

Table 15: Cancers

Source: Alabama Public Health

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

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

Table 16: Accidental Deaths
Source: Alabama Public Health

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

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

APPENDIX B – COMMUNITY SURVEY TABLES

Community Survey Data Tables

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

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Excellent	12.5	13.2	12.1
Very Good	26.6	31.4	24.1
Good	35.6	31.9	37.4
Fair	19.5	16.7	20.9
Poor	5.9	6.9	5.4
<i>Total</i>	100.1%	100.1%	99.9%
<i>N</i>	610	204	406

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

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Very Healthy	6.1	11.7	3.6
Healthy	30.0	44.8	23.4
Somewhat Healthy	49.9	38.7	55.0
Unhealthy	12.5	4.3	16.2
Very Unhealthy	1.5	0.6	1.9
<i>Total</i>	100.0%	100.1%	100.1%
<i>N</i>	527	163	364

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

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

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Excellent	14.4	19.0	12.1
Very Good	30.5	34.4	28.5
Good	33.5	29.2	35.6
Fair	15.1	11.8	16.7
Poor	6.6	5.6	7.1
<i>Total</i>	100.1%	100.0%	100.0%
<i>N</i>	591	195	396

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

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

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Private Insurance – Direct Purchase	20.9	28.8	16.9
Private Insurance – Employer Based	17.2	11.1	20.2
Private Insurance – Employer Based Spouse	3.5	3.5	3.5
Medicare	40.9	39.9	41.4
Medicaid	6.4	5.6	6.8
Tricare / Military Insurance	2.5	3.5	2.0
Other	4.4	3.5	4.8
No Insurance	4.2	4.0	4.3
<i>Total</i>	100.0%	99.9%	99.9%
<i>N</i>	594	198	396

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

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

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Yes, Only One	72.0	73.0	71.5
Yes, More than One	18.1	18.6	17.8
No	9.9	8.3	10.6
<i>Total</i>	100.0%	99.9%	99.9%
<i>N</i>	608	204	404

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

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Within the past 12 months	91.0	90.6	91.1
1 to 2 years ago	4.0	3.5	4.2
2 to 5 years ago	2.5	3.0	2.2
5 or more years ago	1.8	2.0	1.7
Have never had one	0.8	1.0	0.7
<i>Total</i>	100.1%	100.1%	99.9%
<i>N</i>	608	203	405

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

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Within the past 12 months	67.0	72.4	64.3
1 to 2 years ago	10.9	9.1	11.8
2 to 5 years ago	10.4	8.5	11.3
5 or more years ago	9.4	8.5	9.8
Have never had one	2.4	1.5	2.8
<i>Total</i>	100.1%	100.0%	100.0%
<i>N</i>	597	199	398

Table B.8: Q7a. In the last 12 months, have you used any telehealth services such as accessing a health provider by phone, Zoom, or text message?*

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Yes	29.0	23.8	31.6
No	71.0	76.2	68.4
<i>Total</i>	100.0%	100.0%	100.0%
<i>N</i>	607	202	405

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

Table B.9: Q7b. How would you rate the quality of your telehealth experience, would you say it was excellent, very good, good, fair, or poor?

	Overall – Baldwin & Mobile County	Baldwin County	Mobile County
Excellent	22.8	27.1	21.1
Very Good	33.9	31.3	35.0
Good	29.8	27.1	30.9
Fair	11.7	12.5	11.4
Poor	1.8	2.1	1.6
<i>Total</i>	100.0%	100.1%	100.0%
<i>N</i>	171	48	123

Table B.10: Q7c. How interested would you be in receiving telehealth services from your health care provider . . .

	Overall – Baldwin & Mobile County	Baldwin County	Mobile County
Very Interested	8.3	7.2	8.9
Somewhat Interested	27.3	24.2	29.0
Not Very Interested	21.3	25.5	19.0
Not At All Interested	43.1	43.1	43.1
<i>Total</i>	100.0%	100.0%	100.0%
<i>N</i>	422	153	269

Table B.11: Q7d. How well do you feel that the City of Mobile has responded to the COVID-19 crisis?

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
1 Worst Possible	3.6	2.0	4.2
2	3.2	3.3	3.2
3	8.2	9.1	7.9
4	14.2	16.2	13.4
5	29.0	25.3	30.5
6	20.9	21.4	20.7
7 Best Possible	20.9	22.7	20.2
<i>Total</i>	100.0%	100.0%	100.1%
<i>N</i>	535	154	381

Table B.12: Q7e. How well do you feel that local healthcare providers have responded to the COVID-19 crisis?

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
1 Worst Possible	1.3	0.6	1.6
2	2.0	2.9	1.6
3	2.9	1.7	3.4
4	9.6	9.3	9.8
5	19.1	19.7	18.9
6	27.9	24.3	29.5
7 Best Possible	37.3	41.6	35.4
<i>Total</i>	100.1%	100.1%	100.2%
<i>N</i>	560	173	387

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

	<i>County</i>	<i>Very Important</i>	<i>Somewhat Important</i>	<i>Neither</i>	<i>Somewhat Unimportant</i>	<i>Very Unimportant</i>	<i>Total</i>	<i>N</i>
Q8a. Access to health services such a health clinic or hospital.	<i>O</i>	89.7	9.6	0.5	0.0	0.2	100.0%	604
	<i>B</i>	90.0	9.1	0.5	0.0	0.5	100.1%	199
	<i>M</i>	89.6	9.9	0.5	0.0	0.0	100.0%	405
Q8b. Active lifestyles including outdoor activities.	<i>O</i>	75.9	22.1	0.7	1.0	0.3	100.0%	601
	<i>B</i>	78.6	19.9	0.5	1.0	0.0	100.0%	201
	<i>M</i>	74.5	23.3	0.8	1.0	0.5	100.1%	400
Q8c. Affordable housing.	<i>O</i>	73.0	22.7	2.1	1.0	1.2	100.0%	578
	<i>B</i>	74.6	20.6	1.1	2.1	1.6	100.0%	189
	<i>M</i>	72.2	23.7	2.6	0.5	1.0	100.0%	389
Q8d. Arts and cultural events.	<i>O</i>	41.1	45.0	8.1	2.7	3.1	100.0%	591
	<i>B</i>	40.9	47.0	6.1	1.5	4.6	100.1%	198
	<i>M</i>	41.2	44.0	9.2	3.3	2.3	100.0%	393
Q8e. A clean environment including water, air, etc.	<i>O</i>	94.6	4.8	0.3	0.0	0.3	100.0%	606
	<i>B</i>	97.0	2.5	0.0	0.0	0.5	100.0%	201
	<i>M</i>	93.3	5.9	0.5	0.0	0.3	100.0%	405
Q8f. Family doctors and specialists.	<i>O</i>	91.6	8.1	0.2	0.0	0.2	100.1%	607
	<i>B</i>	90.2	8.9	0.5	0.0	0.5	100.1%	203
	<i>M</i>	92.3	7.7	0.0	0.0	0.0	100.0%	404
Q8g. Good employment opportunities.	<i>O</i>	86.3	12.3	0.5	0.7	0.2	100.0%	592
	<i>B</i>	83.3	15.6	0.5	0.0	0.5	99.9%	192
	<i>M</i>	87.8	10.8	0.5	1.0	0.0	100.1%	400
Q8h. Good places to raise children.	<i>O</i>	89.9	9.1	0.5	0.3	0.2	100.0%	602
	<i>B</i>	90.5	8.5	0.0	0.5	0.5	100.0%	199
	<i>M</i>	89.6	9.4	0.7	0.3	0.0	100.0%	403
Q8i. Good race relations.	<i>O</i>	85.4	12.6	0.8	0.7	0.5	100.0%	603
	<i>B</i>	87.4	12.1	0.0	0.0	0.5	100.0%	199
	<i>M</i>	84.4	12.9	1.2	1.0	0.5	100.0%	404
Q8j. Good schools.	<i>O</i>	92.2	6.8	0.7	0.2	0.2	100.1%	504
	<i>B</i>	93.1	5.9	0.5	0.0	0.5	100.0%	202
	<i>M</i>	91.8	7.2	0.8	0.3	0.0	100.1%	402
Q8k. Healthy food options.	<i>O</i>	85.6	13.4	0.5	0.0	0.5	100.0%	605
	<i>B</i>	85.1	13.4	0.0	0.0	1.5	100.0%	201
	<i>M</i>	85.9	13.4	0.7	0.0	0.0	100.0%	404
Q8l. Fewer homeless.	<i>O</i>	80.1	15.9	2.2	1.3	0.5	100.0%	559
	<i>B</i>	79.2	16.9	1.7	1.1	1.1	100.0%	178
	<i>M</i>	80.6	15.5	2.4	1.3	0.3	100.1%	381

Table B.14: q8m – q8w For each item please tell me how important you think that item would be to improving the overall health in your community.

	<i>County</i>	<i>Very Important</i>	<i>Somewhat Important</i>	<i>Neither</i>	<i>Somewhat Unimportant</i>	<i>Very Unimportant</i>	<i>Total</i>	<i>N</i>
Q8m. Less alcohol and drug abuse.	<i>O</i>	80.0	15.6	2.9	0.3	1.2	100.0%	590
	<i>B</i>	82.3	14.1	2.1	0.0	1.6	100.1%	192
	<i>M</i>	78.9	16.3	3.3	0.5	1.0	100.0%	398
Q8n. Lower crime and safe neighborhoods.	<i>O</i>	92.6	6.5	0.2	0.5	0.3	100.1%	604
	<i>B</i>	94.0	5.5	0.0	0.0	0.5	100.0%	199
	<i>M</i>	91.9	6.9	0.3	0.7	0.3	100.1%	405
Q8o. Less obesity.	<i>O</i>	80.1	18.2	0.8	0.3	0.5	99.9%	599
	<i>B</i>	81.1	17.4	0.0	1.0	0.5	100.0%	201
	<i>M</i>	79.7	18.6	1.3	0.0	0.5	100.1%	398
Q8p. Less sexually transmitted diseases.	<i>O</i>	85.2	13.3	0.9	0.3	0.3	100.0%	581
	<i>B</i>	84.5	13.4	1.6	0.0	0.5	100.0%	194
	<i>M</i>	85.5	13.2	0.5	0.5	0.3	100.0%	387
Q8q. Less tobacco use.	<i>O</i>	76.7	19.0	2.2	1.2	1.0	100.1%	601
	<i>B</i>	76.5	19.0	2.0	0.5	2.0	100.0%	401
	<i>M</i>	76.8	19.0	2.2	1.5	0.5	100.0%	200
Q8r. Mental health services.	<i>O</i>	90.5	8.5	0.3	0.2	0.5	100.0%	602
	<i>B</i>	89.0	9.0	0.5	0.0	1.5	100.0%	200
	<i>M</i>	91.3	8.2	0.3	0.3	0.0	100.1%	402
Q8s. More quality education.	<i>O</i>	89.7	9.1	1.0	0.0	0.2	100.0%	604
	<i>B</i>	90.6	8.5	0.5	0.0	0.5	100.1%	201
	<i>M</i>	89.3	9.4	1.2	0.0	0.0	99.9%	403
Q8t. More quality health care options.	<i>O</i>	87.0	12.1	0.7	0.0	0.2	100.0%	602
	<i>B</i>	84.5	14.5	0.5	0.0	0.5	100.0%	200
	<i>M</i>	88.3	11.0	0.8	0.0	0.0	100.1%	402
Q8u. Good transportation options.	<i>O</i>	69.7	26.1	2.7	0.8	0.7	100.0%	593
	<i>B</i>	67.2	27.3	2.0	2.0	1.5	100.0%	198
	<i>M</i>	70.9	25.6	3.0	0.3	0.3	100.1%	395
Q8v. Religious and/or spiritual values.	<i>O</i>	74.4	17.9	4.5	2.3	0.8	99.9%	598
	<i>B</i>	75.1	16.2	5.1	3.1	0.5	100.0%	197
	<i>M</i>	74.1	18.7	4.2	2.0	1.0	100.0%	401
Q8w. Social support services such as food pantries and charity services.	<i>O</i>	77.9	20.0	1.5	0.3	0.3	100.0%	606
	<i>B</i>	78.2	18.8	2.0	1.0	0.0	100.0%	202
	<i>M</i>	77.7	20.5	1.2	0.0	0.5	99.9%	404

Table B.15: q9a – q9l For each health issue please tell me how important of a problem you feel that issue is for Mobile County.

	<i>County</i>	<i>Very Important</i>	<i>Somewhat Important</i>	<i>Neither</i>	<i>Somewhat Unimportant</i>	<i>Very Unimportant</i>	<i>Total</i>	<i>N</i>
Q9a. Accidental injuries at places like work, home or school.	<i>O</i>	54.4	37.2	5.7	1.8	0.9	100.0%	564
	<i>B</i>	50.3	43.1	4.4	1.7	0.6	100.1%	181
	<i>M</i>	56.4	34.5	6.3	1.8	1.0	100.0%	383
Q9b. Aging problems like dementia and loss of mobility.	<i>O</i>	82.8	14.9	1.9	0.5	0.0	100.1%	592
	<i>B</i>	78.1	19.4	1.5	1.0	0.0	100.0%	196
	<i>M</i>	85.1	12.6	2.0	0.3	0.0	100.0%	396
Q9c. Cancers.	<i>O</i>	87.7	11.7	0.5	0.0	0.2	100.1%	599
	<i>B</i>	84.9	14.7	0.0	0.0	0.5	100.1%	198
	<i>M</i>	89.0	10.2	0.8	0.0	0.0	100.0%	401
Q9d. Child abuse and neglect.	<i>O</i>	93.5	5.5	0.8	0.2	0.0	100.0%	601
	<i>B</i>	91.5	8.0	0.5	0.0	0.0	100.0%	200
	<i>M</i>	94.5	4.2	1.0	0.3	0.0	100.0%	401
Q9e. Dental problems.	<i>O</i>	60.5	35.3	3.2	0.8	0.2	100.0%	595
	<i>B</i>	61.7	34.2	3.1	0.5	0.5	100.0%	196
	<i>M</i>	59.9	35.8	3.3	1.0	0.0	100.0%	399
Q9f. Diabetes.	<i>O</i>	78.7	19.8	1.2	0.2	0.2	100.1%	600
	<i>B</i>	77.4	20.6	1.0	0.5	0.5	100.0%	199
	<i>M</i>	79.3	19.5	1.3	0.0	0.0	100.1%	401
Q9g. Domestic violence.*	<i>O</i>	87.5	10.7	1.2	0.5	0.2	100.1%	598
	<i>B</i>	85.6	11.8	0.5	1.5	0.5	99.9%	195
	<i>M</i>	88.3	10.2	1.5	0.0	0.0	100.0%	403
Q9h. Drug use and abuse.	<i>O</i>	86.5	11.6	1.2	0.5	0.2	100.0%	594
	<i>B</i>	83.6	14.4	0.5	1.0	0.5	100.0%	195
	<i>M</i>	88.0	10.3	1.5	0.3	0.0	100.1%	399
Q9i. Fire-arm related injuries.	<i>O</i>	69.4	23.8	4.5	1.0	1.4	100.1%	584
	<i>B</i>	64.2	28.4	3.2	2.1	2.1	100.0%	190
	<i>M</i>	71.8	21.6	5.1	0.5	1.0	100.0%	394
Q9j. Heart disease and stroke.	<i>O</i>	85.2	13.5	0.7	0.3	0.3	100.0%	601
	<i>B</i>	82.5	16.5	0.0	0.5	0.5	100.0%	200
	<i>M</i>	86.5	12.0	1.0	0.3	0.3	100.1%	401
Q9k. HIV/AIDS.	<i>O</i>	70.5	24.0	3.7	1.4	0.5	100.1%	572
	<i>B</i>	65.8	27.8	3.2	2.1	1.1	100.0%	187
	<i>M</i>	72.7	22.1	3.9	1.0	0.3	100.0%	385
Q9l. Homelessness.**	<i>O</i>	77.5	17.9	3.1	0.7	0.9	100.1%	581
	<i>B</i>	69.9	24.2	2.2	1.6	2.2	100.1%	186
	<i>M</i>	81.0	14.9	3.5	0.3	0.3	100.0%	395

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

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

Table B.16: q9m – q9x For each health issue please tell me how important of a problem you feel that issue is for Mobile County.

	<i>County</i>	<i>Very Important</i>	<i>Somewhat Important</i>	<i>Neither</i>	<i>Somewhat Unimportant</i>	<i>Very Unimportant</i>	<i>Total</i>	<i>N</i>
Q9m. Homicides.**	<i>O</i>	80.9	16.1	2.4	0.2	0.5	100.1%	590
	<i>B</i>	72.9	21.9	3.7	0.5	1.0	100.0%	192
	<i>M</i>	84.7	13.3	1.8	0.0	0.3	100.1%	398
Q9n. Infant death.	<i>O</i>	81.1	15.6	2.3	0.7	0.4	100.1%	572
	<i>B</i>	79.7	16.0	2.1	1.1	1.1	100.0%	187
	<i>M</i>	81.8	15.3	2.3	0.5	0.0	99.9%	385
Q9o. Infectious diseases like hepatitis and tuberculosis.	<i>O</i>	70.8	22.9	4.8	1.0	0.5	100.0%	582
	<i>B</i>	70.5	22.1	5.8	0.5	1.1	100.0%	190
	<i>M</i>	70.9	23.2	4.3	1.3	0.3	100.0%	392
Q9p. Mental health problems.	<i>O</i>	85.2	12.3	1.8	0.2	0.5	100.0%	602
	<i>B</i>	83.5	14.0	1.5	0.0	1.0	100.0%	200
	<i>M</i>	86.1	11.4	2.0	0.3	0.3	100.1%	402
Q9q. Motor vehicle crash injuries.	<i>O</i>	70.6	25.0	3.4	0.7	0.3	100.0%	591
	<i>B</i>	72.5	24.4	2.1	0.5	0.5	100.0%	193
	<i>M</i>	69.6	25.4	4.0	0.8	0.3	100.1%	398
Q9r. Obesity or excess weight.*	<i>O</i>	72.0	24.8	2.2	0.5	0.5	100.0%	596
	<i>B</i>	68.2	28.3	1.0	1.0	1.5	100.0%	198
	<i>M</i>	73.9	23.1	2.8	0.3	0.0	100.1%	398
Q9s. Rape and sexual assault.	<i>O</i>	86.8	10.7	1.9	0.5	0.2	100.1%	591
	<i>B</i>	85.0	12.4	1.6	0.5	0.5	100.0%	193
	<i>M</i>	87.7	9.8	2.0	0.5	0.0	100.0%	398
Q9t. Respiratory problems and lung disease.	<i>O</i>	78.7	18.3	2.2	0.5	0.3	100.0%	595
	<i>B</i>	79.1	17.4	2.0	0.5	1.0	100.0%	196
	<i>M</i>	78.5	18.8	2.3	0.5	0.0	100.1%	399
Q9u. Sexually transmitted diseases.	<i>O</i>	70.0	23.9	4.5	1.1	0.5	100.0%	573
	<i>B</i>	67.4	25.7	3.7	1.6	1.6	100.0%	187
	<i>M</i>	71.2	23.1	4.9	0.8	0.0	100.0%	386
Q9v. Suicide.**	<i>O</i>	79.0	15.9	3.5	1.0	0.5	99.9%	596
	<i>B</i>	72.5	21.0	4.5	0.5	1.5	100.0%	200
	<i>M</i>	82.3	13.4	3.0	1.3	0.0	100.0%	396
Q9w. Teenage pregnancy.	<i>O</i>	72.3	23.9	2.4	0.7	0.7	100.0%	585
	<i>B</i>	71.9	22.4	3.7	1.0	1.0	100.0%	192
	<i>M</i>	72.5	24.7	1.8	0.5	0.5	100.0%	393
Q9x. Tobacco Use.	<i>O</i>	68.2	26.1	3.0	1.7	1.0	100.0%	594
	<i>B</i>	64.3	30.2	1.5	2.0	2.0	100.0%	199
	<i>M</i>	70.1	24.1	3.8	1.5	0.5	100.0%	395

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

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

Table B.17: q10a – q10l For each health condition, please tell me if a doctor or other health care professional has ever told you that you have that condition.

	<i>County</i>	<i>Yes</i>	<i>No</i>	<i>Total</i>	<i>N</i>
Q10a. Asthma.	<i>O</i>	13.6	86.4	100.0%	597
	<i>B</i>	12.1	87.9	100.0%	199
	<i>M</i>	14.3	85.7	100.0%	398
Q10b. Chronic obstructive pulmonary disease or COPD.	<i>O</i>	7.8	92.2	100.0%	593
	<i>B</i>	6.1	93.9	100.0%	198
	<i>M</i>	8.6	91.4	100.0%	395
Q10c. Dementia or Alzheimer's.	<i>O</i>	1.2	98.8	100.0%	596
	<i>B</i>	1.5	98.5	100.0%	199
	<i>M</i>	1.0	99.0	100.0%	397
Q10d. Depression.	<i>O</i>	21.5	78.5	100.0%	596
	<i>B</i>	22.1	77.9	100.0%	199
	<i>M</i>	21.2	78.8	100.0%	397
Q10e. Diabetes.	<i>O</i>	22.5	77.5	100.0%	596
	<i>B</i>	20.6	79.4	100.0%	199
	<i>M</i>	23.4	76.6	100.0%	397
Q10f. Heart Disease.	<i>O</i>	20.5	79.5	100.0%	594
	<i>B</i>	17.7	82.3	100.0%	198
	<i>M</i>	22.0	78.0	100.0%	396
Q10g. High Cholesterol.	<i>O</i>	44.5	55.5	100.0%	591
	<i>B</i>	47.5	52.5	100.0%	198
	<i>M</i>	43.0	57.0	100.0%	393
Q10h. High blood pressure.	<i>O</i>	55.2	44.8	100.0%	594
	<i>B</i>	52.3	47.7	100.0%	199
	<i>M</i>	56.7	43.3	100.0%	395
Q10i. HIV or Aids.	<i>O</i>	0.7	99.3	100.0%	597
	<i>B</i>	0.5	99.5	100.0%	199
	<i>M</i>	0.8	99.3	100.1%	398
Q10j. Obesity.	<i>O</i>	19.9	80.1	100.0%	592
	<i>B</i>	22.6	77.4	100.0%	199
	<i>M</i>	18.6	81.4	100.0%	393
Q10k. Tuberculosis.	<i>O</i>	1.0	99.0	100.0%	597
	<i>B</i>	0.0	100.0	100.0%	199
	<i>M</i>	1.5	98.5	100.0%	398
Q10l. Alcohol or drug addiction.	<i>O</i>	2.4	97.7	100.1%	597
	<i>B</i>	3.0	97.0	100.0%	199
	<i>M</i>	2.0	98.0	100.0%	398

Table B.18: Q11. Thinking about your experience with healthcare services in Mobile and Baldwin County, please tell me if there are any healthcare services which you feel are difficult to get in Mobile County? Select All That Apply¹

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Alternative therapies (acupuncture, herbals)	4.4	4.4	4.4
Dental care / dentures	5.6	3.4	6.7
Emergency medical care	6.4	6.9	6.2
Hospital care	5.1	6.9	4.2
Laboratory services	2.8	2.5	3.0
Mental health services	17.1	17.2	17.0
Physical therapy / rehabilitation	4.3	2.9	4.9
Preventative healthcare (routine or wellness checkups)	3.9	4.4	3.7
Prescriptions / pharmacy services	4.3	2.5	5.2
Primary medical care (primary doctor or clinic)	5.6	7.8	4.4
Services for the elderly	9.0	6.9	10.1
Specialty medical care (specialist doctors)	7.2	8.3	6.7
Alcohol or drug abuse treatment	6.9	4.9	7.9
Vision care / eye exams / glasses	2.5	1.5	3.0
Women's health	3.3	1.5	4.2
X-rays or mammograms	2.5	1.0	3.2
Other	12.0	13.7	11.1
None	57.9	58.3	57.6
	<i>N</i>	610	204
			406

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

Table B.19: Q12. In the past 12 months, have you delayed getting needed medical care for any reason?

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Yes	20.9	21.2	20.7
No	79.1	78.8	79.3
<i>Total</i>	100.0%	100.0%	100.0%
<i>N</i>	608	203	405

Table B.20: Q13. (Of those saying YES to Q12) Why did you delay in getting needed medical care? Select All That Apply¹

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Could not afford medical care	11.8	4.7	15.5
Insurance problems / lack of insurance	4.7	9.3	2.4
Lack of transportation	5.5	4.7	6.0
Language barriers / could not communicate	0.0	0.0	0.0
Provider did not take my insurance	3.2	2.3	3.6
Provider was not taking new patients	0.8	0.0	1.2
Could not get an appointment soon enough	2.4	4.7	1.2
Could not get a weekend or evening appointment	1.6	2.3	1.2
Other	39.4	39.5	39.3
<i>N</i>	127	43	84

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

Table B.21: Q14. When you or someone in your family is sick, where do you typically go for healthcare?*

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Emergency room (hospital)	12.1	11.3	12.6
Family doctor	61.6	68.1	58.4
Any doctor	1.3	1.5	1.2
Urgent care clinic	16.4	10.3	19.5
Health department	1.5	0.5	2.0
Community health center	1.0	0.0	1.5
Free clinic	0.2	0.5	0.0
VA / Military facility	1.6	2.0	1.5
Other	4.3	5.9	3.5
<i>Total</i>	100.0%	100.1%	100.2%
<i>N</i>	610	204	406

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

Table B.22: Q15. Thinking about yourself personally, how confident are you that you can make and maintain lifestyle changes like eating right, exercising, or not smoking . . . ?

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Extremely confident	32.3	30.9	33.1
Very confident	39.3	40.2	38.8
Somewhat confident	23.1	23.5	22.9
Not very confident	3.5	3.9	3.2
Not at all confident	1.8	1.5	2.0
<i>Total</i>	100.0%	100.0%	100.0%
<i>N</i>	606	204	402

Table B.23: Q16. Do you currently use any tobacco products such as cigarettes, cigars, chewing tobacco, snuff, vaping or e-cigarettes? Select All That Apply¹

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Yes, cigarettes or cigars	11.6	13.2	10.8
Yes, chewing tobacco, snuff	1.5	0.5	2.0
Yes, vaping or e-cigarettes	3.8	2.0	4.7
No, quit in the last 12 months	1.0	1.0	1.0
No, quit more than a year ago	13.9	16.7	12.6
No, never used tobacco products	70.3	67.7	71.7
	<i>N</i>	610	204
			406

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

Table B.24: Q17. Age – Calculated from year respondent was born.

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
18 to 30	4.7	3.1	5.4
31 to 45	9.8	9.3	10.1
46 to 65	32.9	29.0	34.9
Over 65	52.6	58.6	49.6
	<i>Total</i>	100.0%	100.0%
	<i>N</i>	580	193
			387

Table B.25: Q40. What is your race?***

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
White / Caucasian	70.2	88.7	60.8
Black / African-American	26.2	8.3	35.2
Hispanic or Latino	0.3	1.0	0.0
Asian	0.3	0.0	0.5
American Indian / Alaskan Native	0.3	0.0	0.5
Pacific Islander	0.2	0.0	0.3
Multi-racial	0.2	0.0	0.3
Other	2.3	2.0	2.5
<i>Total</i>	100.0%	100.0%	100.1%
<i>N</i>	610	204	406

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

Table B.26: Q41. What is the highest level of school you have completed or the highest degree you have received?

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Never attended school or only Kindergarten	0.5	0.5	0.5
Grades 1 through 8	0.3	0.5	0.3
Some High School (grades 9 through 11)	4.6	5.9	4.0
High School Degree or GED	28.0	25.5	29.3
Vocational / Technical School	5.6	7.8	4.5
Some College	25.4	23.0	26.6
Bachelors or 4 Year College Degree	20.6	20.6	20.6
Graduate or Professional Degree (Law Degree)	15.0	16.2	14.4
<i>Total</i>	100.0%	100.0%	100.2%
<i>N</i>	607	204	403

Table B.27: Q42. What is your current employment status?***

	Overall – Baldwin & Mobile County	Baldwin County	Mobile County
Disabled / Unable to work	8.1	6.4	9.0
Employed full-time	27.5	21.8	30.4
Employed part-time	3.8	1.5	5.0
Homemaker / Housewife or househusband	3.0	2.0	3.5
Retired	50.5	59.4	46.0
Seasonal worker	0.0	0.0	0.0
Student	0.3	0.0	0.5
Self-employed	3.5	6.4	2.0
Unemployed	3.3	2.5	3.7
<i>Total</i>	100.0%	100.0%	100.1%
<i>N</i>	604	202	402

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

Table B.28: Q43. And finally, what was your total family income last year . . . ?

	Overall – Baldwin & Mobile County	Baldwin County	Mobile County
Less than \$15,000	9.2	4.3	11.6
\$15,000 - \$25,000	13.9	14.0	13.8
\$25,000 - \$35,000	9.6	6.7	11.0
\$35,000 - \$50,000	17.1	18.9	16.2
\$50,000 - \$75,000	16.9	18.3	16.2
\$75,000 - \$100,000	15.1	15.9	14.7
More than \$100,000	18.3	22.0	16.5
<i>Total</i>	100.1%	100.1%	100.0%
<i>N</i>	491	164	327

Table B.29: Sex

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Male	34.9	35.3	34.7
Female	65.1	64.7	65.3
<i>Total</i>	100.0%	100.0%	100.0%
<i>N</i>	610	204	406

APPENDIX C – COMMUNITY HEALTH SURVEY OPEN-ENDED RESPONSES

Community Health Survey Data Open-Ended Responses

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?

- Dermatology
- Domestic violence. If you can't pay for it you can't get needed services
- Unaware because she hasn't had to use the entirety of the services listed
- Need more information to get these things
- The price
- Price
- Medical care
- Dermatology and cardiology
- Therapeutic settings for mental health under 13
- Special need children
- Ambulance service
- Pain management
- In service mental care covid testing
- Time wait to get sometimes
- All are hard to get into if you don't have insurance
- Appointments taking so long
- Choices other than mobile Infirmary
- Pediatrics in mental health and pediatric specialists and more primary care
- Hard to get treatment when you have Covid-19.
- Doctor available in area
- Covid care
- Specialists
- Not real happy with osteo, orthopedic. want more natural ways to address
- Depending Covid hospital services
- Dermatology
- More USA doctors
- Had to travel to Mobile for treatment for ear problem
- Heart doctor
- More doctors specializing in internal medicine based on our aging population
- Pediatric specialist
- Family therapy or drug addiction young adult counseling
- Finding a primary doctor
- Improvement for health services in home

- Too much red tape, Mother has too many doctors and too many drugs
- Only two available Medicaid doctors
- Dermatology
- Transportation for mobility impaired, amputee
- Urgent care
- Ear, nose, and throat doctors
- Wholistic healthcare
- Transportation
- If lower income family could have insurance
- MRI
- All providers stay booked up, transportation can be a problem
- Infectious care
- Care for new patients
- Infant care
- Dermatologist
- Home Health care needs improvement
- Need an emergency room care for Robertsdale area central part are begins
- Chiropractic
- Wellness clinic
- Chiropractic care
- Infant urologist
- Urgent care facilities
- If you don't have insurance everything is difficult
- Huge problem with hospitals requesting their own doctors
- Urgent care center
- Mobility
- Domestic violence housing
- Meals on wheels and more mental facilities
- Covid-19 treatment breathing treatment covid-19 medicine should be given
- Specialized surgeons
- Endocrinologist
- Not difficult to get but difficult to pay for them
- Transportation
- Need more free insurance
- Child care services
- Skin specialty
- Appointments
- More affordable options

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

- My mother needed me caring for her. She couldn't take care of herself.
- Covid
- No time off work.
- Sister passed away and they have to refer you to other places
- Personal thing
- Work related
- Doctor said it's not important, but it causes pain. Elective surgery.
- Corona
- My wife was dying.
- Covid
- Lazy
- Couldn't could an appointment for 6 weeks.
- Just to busy
- Shortages in people working.
- Specialist not available
- Dr. changed diagnoses
- Could not leave family member
- Flu
- Conflicting diagnosis
- Costs of insurance including deductible, depression issues; timing
- Fear of unvaccinated people
- The hospitals are overwhelmed
- Had congested heart failure
- Work schedule
- Hoping it would get better
- Busy taking care of other people.
- Depressed
- New job and didn't want to take time off
- Just moved
- Didn't want to go
- Was not right time
- Not taking care of patient
- Heart attack
- Anxiety disorder
- Delayed appointment
- Just haven't had the time.
- Taking care of mother
- Didn't have anywhere to go

- Couldn't get time off work/ short staff
- Had to have a operations
- Was already in hospital
- Copay issues because he is saving his money
- Husband was sick and she delayed getting medical care to care for her husband
- Chose medication over invasive medical treatment
- When I became 65, my insurance dropped me so it has been a hassle.
- Timing
- Has Parkinson's and lupus.
- Due to own stubborn
- Never
- Traveling
- Didn't have ID. Didn't have ramp to get up with wheel chair.
- No health insurance
- Dental didn't have insurance
- No time because time limited to care of husband
- Could not find a good doctor
- Because I feel that they pushed covid down your throat

APPENDIX D – COMMUNITY HEALTH LEADERS SURVEY DATA TABLES

Community Health Leaders Survey Data Tables

Table D.1: Q1 What do you think are the most important features of a “Healthy Community”?
Check only three¹

	<i>Frequency</i>	<i>Percent</i>
1a. Access to health services (e.g., family doctor, hospitals)	41	54.7
1b. Active lifestyles / outdoor activities	5	6.7
1c. Affordable housing	13	17.3
1d. Arts and cultural events	1	1.3
1e. Clean environment (clean water, air, etc.)	8	10.7
1f. Family doctors and specialists	1	1.3
1g. Good employment opportunities	21	28.0
1h. Good place to raise children	5	6.7
1i. Good race relations	2	2.7
1j. Good schools	2	2.7
1k. Healthy food options	4	5.3
1l. Low numbers of homeless	8	10.7
1m. Low alcohol and drug use	1	1.3
1n. Low crime / safe neighborhoods	1	1.3
1o. Low percent of population that are obese	28	37.3
1p. Low numbers of sexually transmitted diseases (STDs)	0	0.0
1q. Low tobacco use	0	0.0
1r. Mental health services	3	4.0
1s. Quality education	18	24.0
1t. Quality hospitals and urgent / emergency services	21	28.0
1u. Good transportation options	5	6.7
1v. Religious or spiritual values	5	6.7
1w. Social support services	3	4.0
1x. Some other feature	4	5.3
	<i>N</i>	75

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

	<i>Frequency</i>	<i>Percent</i>
2a. Accidental injuries (at work, home, school, farm)	2	2.7
2b. Aging problems (e.g., dementia, vision / hearing loss, loss of mobility)	13	17.3
2c. Cancers	8	10.7
2d. Child abuse / neglect	14	18.7
2e. Dental problems	5	6.7
2f. Diabetes	12	16.0
2g. Domestic violence	8	10.7
2h. Drug use / abuse	19	25.3
2i. Fire-arm related injuries	5	6.7
2j. Heart disease and stroke	13	17.3
2k. HIV / Aids	0	0.0
2l. Homelessness	10	13.3
2m. Homicide	2	2.7
2n. Infant Death	0	0.0
2o. Infectious diseases (e.g., hepatitis, TB, etc.)	2	2.7
2p. Mental health problems	47	62.7
2q. Motor vehicle crash injuries	1	1.3
2r. Obesity / excess weight	28	37.3
2s. Rape / sexual assault	0	0.0
2t. Respiratory / lung disease	0	0.0
2u. Sexually Transmitted Diseases (STDs)	1	1.3
2v. Suicide	2	2.7
2w. Teenage pregnancy	0	0.0
2x. Tobacco use	1	1.3
2y. Some other health issue	2	2.7
	<i>N</i>	75

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

	<i>Frequency</i>	<i>Percent</i>
3a. Alcohol abuse	13	17.3
3b. Drug abuse	40	53.3
3c. Excess weight	25	33.3
3d. Homelessness	17	22.7
3e. Lack of exercise	14	18.7
3f. Poor eating habits / poor nutrition	28	37.3
3g. Not getting shots to prevent disease	12	16.0
3h. Not using seat belts / child safety seats	1	1.3
3i. Not seeing a doctor or dentist	25	33.3
3j. Tobacco use	6	8.0
3k. Unprotected / unsafe sex	4	5.3
3l. Some other unhealthy behavior	5	6.7
	<i>N</i>	75

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

	<i>Frequency</i>	<i>Percent</i>
4a. Alternative therapies (acupuncture, herbals, etc.)	13	17.3
4b. Dental care including dentures	17	22.7
4c. Emergency medical care	3	4.0
4d. Hospital care	1	1.3
4e. Laboratory services	2	2.7
4f. Mental health services	51	68.0
4g. Physical therapy / rehabilitation	4	5.3
4h. Preventative healthcare (routine or wellness check-ups, etc.)	11	14.7
4i. Prescriptions / pharmacy services	5	6.7
4j. Primary medical care (a primary doctor / clinic)	12	16.0
4k. Services for the elderly	15	20.0
4l. Specialty medical care (specialist doctors)	13	17.3
4m. Alcohol or drug abuse treatment	33	44.0
4n. Vision care (eye exams and glasses)	4	5.3
4o. Women's health	6	8.0
4p. X-Rays or mammograms	1	1.3
4q. Some other healthcare service	3	4.0
	<i>N</i>	75

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

	<i>Frequency</i>	<i>Percent</i>
Very healthy	0	0.0
Healthy	3	4.7
Somewhat healthy	34	53.1
Unhealthy	24	37.5
Very unhealthy	2	3.1
Don't Know	1	1.6
	<i>N</i>	64
		100.0

Table D.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 services)

	<i>Frequency</i>	<i>Percent</i>
Excellent	3	4.7
Very good	12	18.8
Good	29	45.3
Fair	17	26.6
Poor	2	3.1
Don't Know	1	1.6
	<i>N</i>	64
		100.1

Table D.7: Q7 What is the primary type of service(s) you or your organization provide?

	<i>Frequency</i>	<i>Percent</i>
Alcohol / substance abuse treatment	0	0.0
Business	0	0.0
Clothing / thrift store	0	0.0
Disability services	5	7.9
Education	8	12.7
Employment / job training	0	0.0
Faith based counseling	1	1.6
Financial counseling	0	0.0
Food assistance	3	4.8
Government	4	6.4
Healthcare	18	28.6
Housing / temporary shelter	5	7.9
Legal aid	0	0.0
Mental health	1	1.6
Pregnancy or adoption assistance	0	0.0
Public Service	3	4.8
Senior services	1	1.6
Utility payment assistance	0	0.0
Some other services	14	22.2
	<i>N</i>	63
		100.1

Table D.8: Q8 Which of the following best describes the clients you serve?

	<i>Frequency</i>	<i>Percent</i>
Active duty military	0	0.0
Disabled	3	5.8
Families	14	26.9
Homeless	3	5.8
Individuals	22	42.3
Veterans	0	0.0
Other	10	19.2
	<i>N</i>	52
		100.0

Table D.9: Q9 Which of the following best describes what happens if your organization cannot provide all the services needed by a client?

	<i>Frequency</i>	<i>Percent</i>
Give the client information on where to obtain assistance (client is responsible for contacting other organization)	31	62.0
Phone, email, or fax a referral to another organization	15	30.0
Send an electronic referral using a shared software system (such as Bowman Systems or CareScope)	2	4.0
Other	2	4.0
<i>N</i>	50	100.0

Table D.10: Q10 What age group do most of your clients fit into? Check all that apply¹

	<i>Frequency</i>	<i>Percent</i>
Children	26	34.7
Adults (under age 65)	36	48.0
Seniors (65 and over)	14	18.7
<i>N</i>	75	

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

Table D.11: Q11 Given the services that your organization provides and the clients you serve; how helpful would it be to know what other services the client has received from other organizations?

	<i>Frequency</i>	<i>Percent</i>
Helpful	41	78.9
Somewhat helpful	9	17.3
Not helpful	2	3.9
Don't Know	0	0.0
<i>N</i>	52	100.1

Table D.12: Q12 How many clients (unique individuals, not visits) do you serve on an annual basis?

	<i>Frequency</i>	<i>Percent</i>
500 or less	15	28.3
501 to 1,000	6	11.3
1,001 to 5,000	8	15.1
5,001 to 10,000	3	5.7
10,001 to 20,000	2	3.8
20,000 or more	15	28.3
Don't Know	4	7.6
	<i>N</i> 53	100.1

Table D.13: Q13 Do your clients have to meet income eligibility requirements to obtain services?

	<i>Frequency</i>	<i>Percent</i>
Yes, 50% of the federal poverty level or less	3	6.1
Yes, 100% of the federal poverty level or less	1	2.0
Yes, 150% of the federal poverty level or less	2	4.1
Yes, 200% of the federal poverty level or less	1	2.0
Yes, 300% of the federal poverty level or less	1	2.0
No, we serve everyone	35	71.4
Other	4	8.2
Don't Know	2	4.1
	<i>N</i> 49	99.9

Table D.14: Q14 What percent of your staff would you say are volunteers?

	<i>Frequency</i>	<i>Percent</i>
0%	10	23.3
1 – 25%	24	55.8
26 – 50%	3	7.0
51 – 75%	1	2.3
76 – 100%	5	11.6
	<i>N</i> 43	100.0

Table D.15: Q15 Do you use any of the following systems to store client records electronically?

	<i>Frequency</i>	<i>Percent</i>
CareScope	0	0.0
Bowman Systems (Service Point or Community Point)	2	5.1
VisionLink (2-1-1 or Community)	1	2.6
Social Solutions (ETO Collaborative)	0	0.0
An electronic medical record (EMR) or electronic health record (EHR)	22	56.4
Some other system	11	28.2
Don't Know	3	7.7
	<i>N</i> 39	100.0

APPENDIX E – COMMUNITY HEALTH LEADERS SURVEY OPEN-ENDED RESPONSES

Community Health Leaders Survey Data Open-Ended Responses

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

No responses

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

- Lack of parenting/family structure
- Low educational and literacy levels

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

- Illegal access to guns
- Lack of management skills of parents
- Not being able to read
- Poor school performance
- Poverty
- Lack of opens/safe spaces to exercise
- lack of social and emotional development of children

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

- home health/tele health
- literacy programs
- Psychiatric medications

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

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

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

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

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

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

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

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

APPENDIX F – COMMUNITY HEALTH SURVEY QUESTIONNAIRE

2018-2019 COMMUNITY HEALTH NEEDS ASSESSMENT

SCREENER

I. Introduction

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

IF LANDLINE SKIPTO II
IF CELL PHONE SKIPTO III

II. Respondent Selection

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

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

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

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

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

SKIPTO IV

III. Cell Phone

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

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

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

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

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

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

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

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

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

EXIT TO DISPOSITION

SKIPTO IV

IV. Survey Start

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

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

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

- 8 DK
- 9 NA

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

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

- 8 DK
- 9 NA

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

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

- 8 DK
- 9 NA

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

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

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

- 98 DON'T KNOW
- 99 REF/NA

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

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

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

- 8 DK
- 9 NA

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

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

- 8 DK
- 9 NA

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

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

- 8 DK
- 9 NA

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

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

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

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

- 8 DK
- 9 NA

SKIPTO 7D

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

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

- 8 DK
- 9 NA

SKIPTO 7D

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

- 1 WORST POSSIBLEE
- 2
- 3
- 4
- 5
- 6
- 7 BEST POSSIBLE

- 8 DK
- 9 NA

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

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

- 1 WORST POSSIBLEE
- 2
- 3
- 4
- 5
- 6
- 7 BEST POSSIBLE

- 8 DK
- 9 NA

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

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

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

- 8 DK
- 9 NA

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

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

- 8 DK
- 9 NA

C. "Affordable housing?"

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

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

- 8 DK
- 9 NA

D. "Arts and cultural events?"

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

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

- 8 DK
- 9 NA

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

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

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

- 8 DK
- 9 NA

F. "Family doctors and specialists?"

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

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

- 8 DK
- 9 NA

G. "Good employment opportunities?"

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

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

- 8 DK
- 9 NA

H. "Good places to raise children?"

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

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

- 8 DK
- 9 NA

I. "Good race relations?"

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

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

- 8 DK
- 9 NA

J. "Good schools?"

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

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

- 8 DK
- 9 NA

K. "Healthy food options?"

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

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

- 8 DK
- 9 NA

L. "Fewer homeless?"

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

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

- 8 DK
- 9 NA

M. "Less alcohol and drug abuse?"

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

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

- 8 DK
- 9 NA

N. "Lower crime and safe neighborhoods?"

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

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

- 8 DK
- 9 NA

O. "Less obesity?"

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

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

- 8 DK
- 9 NA

P. "Less sexually transmitted diseases?"

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

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

- 8 DK
- 9 NA

Q. "Less tobacco use?"

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

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

- 8 DK
- 9 NA

R. "Mental health services?"

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

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

- 8 DK
- 9 NA

S. "More quality education?"

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

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

- 8 DK
- 9 NA

T. "More quality health care options?"

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

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

- 8 DK
- 9 NA

U. "Good transportation options?"

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

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

- 8 DK
- 9 NA

V. "Religious and/or spiritual values?"

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

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

- 8 DK
- 9 NA

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

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

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

- 8 DK
- 9 NA

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

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

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

- 8 DK
- 9 NA

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

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

- 8 DK
- 9 NA

C. "Cancers?"

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

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

- 8 DK
- 9 NA

D. "Child abuse and neglect?"

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

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

- 8 DK
- 9 NA

E. "Dental problems?"

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

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

- 8 DK
- 9 NA

F. "Diabetes?"

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

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

- 8 DK
- 9 NA

G. "Domestic violence?"

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

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

- 8 DK
- 9 NA

H. "Drug use and abuse?"

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

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

- 8 DK
- 9 NA

I. "Fire-arm related injuries?"

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

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

- 8 DK
- 9 NA

J. "Heart disease and stroke?"

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

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

- 8 DK
- 9 NA

K. "HIV/AIDS?"

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

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

- 8 DK
- 9 NA

L. "Homelessness?"

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

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

- 8 DK
- 9 NA

M. "Homicides?"

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

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

- 8 DK
- 9 NA

N. "Infant death?"

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

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

- 8 DK
- 9 NA

O. "Infectious diseases like hepatitis and tuberculosis?"

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

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

- 8 DK
- 9 NA

P. "Mental health problems?"

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

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

- 8 DK
- 9 NA

Q. "Motor vehicle crash injuries?"

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

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

- 8 DK
- 9 NA

R. "Obesity or excess weight?"

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

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

- 8 DK
- 9 NA

S. "Rape and sexual assault?"

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

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

- 8 DK
- 9 NA

T. "Respiratory problems and lung disease?"

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

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

- 8 DK
- 9 NA

U. "Sexually transmitted diseases?"

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

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

- 8 DK
- 9 NA

V. "Suicide?"

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

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

- 8 DK
- 9 NA

W. "Teenage pregnancy?"

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

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

- 8 DK
- 9 NA

X. "Tobacco Use?"

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

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

- 8 DK
- 9 NA

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

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

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

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

D. "Depression?"

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

E. "Diabetes?"

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

F. "Heart Disease?"

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

G. "High Cholesterol?"

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

H “High blood pressure?”

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

I. “HIV or Aids?”

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

J. “Obesity?”

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

K. “Tuberculosis?”

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

L. “Alcohol or drug addiction?”

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

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

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

SELECT ALL THAT APPLY

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

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

IF YES SKIPTO Q13; ELSE SKIPTO Q14

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

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

SELECT ALL THAT APPLY

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

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

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

- 98 DK
- 99 NA

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

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

- 8 DK
- 9 NA

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

IF YES, PROBE: “Anything else?”

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

SELECT ALL THAT APPLY

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

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

RECORD YEAR BORN

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

1 YES

2 NO

8 DK

9 NA

IF YES SKIPTO Q18A; ELSE SKIPTO Q19

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

1 ARMED FORCES

2 MILITARY RESERVES

3 NATIONAL GUARD

8 DK

9 NA

IF ARMED FORCES SKIPTO Q18B; ELSE SKIPTO Q19

18B. "Are you currently on active duty service?"

1 YES

2 NO

8 DK

9 NA

IF NO SKIPTO Q18C; ELSE SKIPTO Q19

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

1 YES

2 NO

8 DK

9 NA

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

1 YES

2 NO

8 DK

9 NA

IF YES SKIPTO Q19A; ELSE SKIPTO Q20

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

- 1 ARMED FORCES
- 2 MILITARY RESERVES
- 3 NATIONAL GUARD

- 8 DK
- 9 NA

IF ARMED FORCES SKIPTO Q19B; ELSE SKIPTO Q20

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

IF NO SKIPTO Q19C; ELSE SKIPTO Q20

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

IF YES SKIPTO Q20A; ELSE SKIPTO Q21

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

IF NO SKIPTO Q20B; ELSE SKIPTO Q21

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

IF YES SKIPTO Q21A; ELSE SKIPTO Q22

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

IF NO SKIPTO Q21B; ELSE SKIPTO Q22

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

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

22. "What first responder role(s) have you or your family member participated in?"

PROMPT: "Anything else?" SELECT ALL THAT APPLY

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

- 8 DK
- 9 NA

IF 4 SKIPTO Q22A; ELSE SKIPTO Q23

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

RECORD VERBATIM RESPONSE

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

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

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

- 8 DK
- 9 NA

IF 7 SKIPTO Q23A; ELSE SKIPTO Q24

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

RECORD VERBATIM RESPONSE

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

RECORD YEAR

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

RECORD YEAR

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

PROMPT: "Any other?" SELECT ALL THAT APPLY

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

- 8 DK
- 9 NA

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

IF YES SKIPTO Q27A; ELSE SKIPTO Q28

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

PROMPT: "Anything else?" SELECT ALL THAT APPLY

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

- 98 DK
- 99 NA

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

SELECT ALL THAT APPLY

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

- 98 DK
- 99 NA

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

IF YES SKIPTO Q29A; ELSE SKIPTO Q30

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

PROMPT: “Anything else?” SELECT ALL THAT APPLY

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

- 8 DK
- 9 NA

IF OTHER SKIPTO Q29B; ELSE SKIPTO Q30

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

RECORD VERBATIM RESPONSE

EVERYONE – VETERANS AND FIRST RESPONDERS GET THESE

30. “Thinking about your overall mental well-being, currently would you say you are . . . staying about the same as normal, getting better, or getting worse?”

- 1 GETTING WORSE
- 2 STAYING SAME
- 3 GETTING BETTER

- 8 DK
- 9 NA

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

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

- 8 DK
- 9 NA

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

1 YES

2 NO

8 DK

9 NA

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

PROMPT: "Anything else?" SELECT ALL THAT APPLY

1 ADDICTION TREATMENT (ALCOHOL AND DRUGS)

2 GROUP THERAPY

3 MEDICATION MANAGEMENT

4 PTSD TREATMENT

5 MARITAL THERAPY

6 ANGER MANAGEMENT

7 FAMILY THERAPY

8 HEALTH INSURANCE FOR MENTAL HEALTH TREATMENT

9 TRANSITION SERVICES TO CIVILIAN LIFE

98 DK

99 NA

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

1 ALWAYS

2 OFTEN

3 SOMETIMES

4 RARELY

5 NEVER

8 DK

9 NA

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

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

1 ALWAYS

2 OFTEN

3 SOMETIMES

4 RARELY

5 NEVER

8 DK

9 NA

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

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

- 1 ALWAYS
- 2 OFTEN
- 3 SOMETIMES
- 4 RARELY
- 5 NEVER

- 8 DK
- 9 NA

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

38. "Do you have a disability?"

- 1 YES
- 2 NO

- 8 DK
- 9 NA

IF YES SKIPTO Q38A; ELSE SKIPTO Q39

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

PROMPT: "Anything else?" SELECT ALL THAT APPLY

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

- 8 DK
- 9 NA

IF OTHER SKIPTO Q38B; ELSE SKIPTO Q39

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

RECORD ANSWER VERBATIM

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

RECORD ANSWER VERBATIM

40. (21) "What is your race?"

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

98 DK
99 NA

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

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

98 DK
99 NA

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

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

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

98 DK
99 NA

43. (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

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



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

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

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

End of Block: Service Information

Start of Block: Thank You

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

End of Block: Thank You