

2025 – 2027 COMMUNITY HEALTH NEEDS ASSESSMENT

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EXECUTIVE SUMMARY – 1

Introduction

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

This executive summary presents the key elements of the 2025-2027 Infirmity Health Community Health Needs Assessment. This assessment was conducted between September and December, 2024. First, Infirmity Health and its constituent parts are identified. Second, the community served by Infirmity 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.

Infirmity Health

Infirmity Health is Alabama's largest non-governmental not-for-profit healthcare team. Infirmity Health employs more than 6,700 people and has more than 500+ active physicians on staff. Infirmity Health supports a healthy community through corporate gifts and sponsorships, employee volunteerism and uncompensated medical care. Infirmity Health encompasses four hospitals located in southern Alabama on the Gulf Coast and more than 30 medical clinics located in Mobile and Baldwin counties, serving more than 1.5 million patient visits annually.

Mobile Infirmity

Mobile Infirmity (MI), the largest Infirmity Health facility, is located in Mobile, Alabama with 689 licensed beds and includes the J.L. Bedsole/Rotary Rehabilitation Hospital. Mobile Infirmity is home to an internal medicine physician residency, the largest robotic surgery program in the region, a Hybrid OR/Cath Lab, and the region's only Joint Commission Certified Comprehensive Stroke Center, among other services.

Infirmity Long Term Acute Care Hospital

Infirmity Long Term Acute Care Hospital (LTAC) is a special care hospital located within Mobile Infirmity 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. Thomas Hospital is also home to an internal medicine physician residency program and births more babies than any other hospital in Baldwin County.

North Baldwin Infirmary

North Baldwin Infirmary (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. It is home to the region's only Baby Friendly birth center and consistently earns top marks for patient safety.

Community

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

Mobile County, Alabama is situated in southwest Alabama and is bordered by the following counties: Baldwin, Clark, Escambia, Monroe and Washington in Alabama and George, Greene, and Jackson in Mississippi. The population of Mobile County is 411,640. Forty-eight percent of the population is male and 52 percent are female. The percent of the population identifying as white only is 58 while 37 percent identify as African-American or Black only. The median age is 37 years old. The median household income is \$45,802; 27 percent of the population have a Bachelor's Degree or higher; and 16 percent of the population are below the federal poverty level. Within the county there 9,283 employment establishments, and 184,441 housing units.

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 253,507. Forty-nine percent of the population is male and 51 percent are female. The percent of the population identifying as white only is 87 percent while 8 percent identify as African-American or Black only. The median age is 42 years old. The median household income is \$72,915; 32 percent of the population have a Bachelor's degree or higher; and 10 percent of the population are below the federal poverty level. Within the county there are 5,992 employment establishments and 124,148 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 the health needs of Mobile and Baldwin counties. 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

¹ County information is taken from various census sources including the 2020 Decennial Census, 2023 American Community Survey 1-Year Estimates, and 2021 Economic Surveys of Business Patterns.

community to solicit their input regarding their health needs. Third, an Internet-based e-mail survey was conducted of health leaders working in the defined service area to solicit their expert opinions regarding the community's health needs. These three elements – independent objective demographic indicators, self-perception in the community, and expert community opinion – work together to focus attention on the community health needs.

For the 2025-2027 fiscal period's CHNA, the two major medical facilities in Southwest Alabama, Infirmity Health and USA Health collaborated on the data collection efforts. The USA Polling Group collected the relevant data for all three facilities across the varying service areas concurrently. This collaboration provided cost efficiencies for both organizations and is in accordance with IRS regulations regarding the collaboration of organizations that share and/or overlap common service areas. Despite the collaboration, the data for each entity is tailored to its specific service area, e.g., Infirmity Health is the only facility whose service area includes Mobile and Baldwin counties. Further, each facility produces its own separate report based on the specifics of the findings in its service area.

Summary of Key Findings

Community Demographic Profile

The community demographic profile is an in-depth examination of secondary data indicators that compare Mobile and Baldwin counties to Alabama and the United States. Data for the profile were taken from many different sources including the US Census, the Alabama Department of Public Health, and Share Southwest Alabama. This report provides an in-depth analysis of the demographic, economic, and health characteristics of Mobile and Baldwin counties, Alabama, identifying key trends and disparities to guide community resource planning and health interventions.

Population by Age and Sex

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

Population by Race and Ethnicity

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

Poverty

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

Education

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

Birth Trends and Maternal Health

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

Mortality and Causes of Death

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

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

Community Health Survey

A random digit dialed telephone survey of Mobile and Baldwin counties was conducted between September 18 and December 17, 2024. A total of 612 people were interviewed for a margin of error of +/-4.0%; 443 people were interviewed in Mobile County and 169 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. Q8x. Cancer Care.
4. Q8j. Good schools.
5. Q8h. Good places to raise children.
6. Q8ac. Support services to help people with natural disasters: flooding, hurricanes, tornadoes.

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. Q9p. Mental health problems.
5. Q9s. Rape and sexual assault.
6. Q9h. Drug use and abuse.

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. Q10j. Obesity.
5. Q10d. Depression.
6. Q10f. Heart Disease.

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

1. Mental health services
2. Services for the elderly
3. Specialty medical care (specialist doctors)
4. Other
5. Emergency medical care
6. Dental care / dentures

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

1. Could not afford medical care
2. Insurance problems / lack of insurance
3. 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 November 12 and December 11, 2024. A total of 77 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. 1n. Low crime / safe neighborhoods
3. 1r. Mental health services
4. 1s. Quality education
5. 1c. Affordable housing
6. 1g. Good employment opportunities

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. 2h. Drug use / abuse
3. 2r. Obesity / excess weight
4. 2d. Child abuse / neglect
5. 2j. Heart disease and stroke
6. 2l. Homelessness

The unhealthy behaviors that concern health leaders the most are:

- 3b. Drug abuse
- 3f. Poor eating habits / poor nutrition
- 3d. Homelessness
- 3c. Excess weight
- 3i. Not seeing a doctor or dentist
- 3a. Alcohol abuse

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

1. Mental health services
2. Services for the elderly
3. Specialty medical care (specialist doctors)
4. Other
5. Emergency medical care
6. Dental care / dentures

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

Table 1.1: Features of a Healthy Community¹

Features mentioned in the top six by Community Health Leaders and Community Members	Features mentioned in the top six by Community Health leaders but not by Community Members	Features mentioned in the top six by Community Members but not by Community Health Leaders
Low crime / safe neighborhoods (2/2)		
Quality education (4/4)		
	Access to health services (1)	A clean environment (1)
	Mental health services (3)	Cancer care (3)
	Affordable housing (5)	Good places to raise children (5)
	Good employment opportunities (6)	Support services to help people with natural disasters: flooding, hurricanes, tornadoes (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 (1/4)		
Drug use / abuse (2/6)		
Child abuse / neglect (4/1)		
	Obesity / excess weight (3)	Cancers (2)
	Heart disease and stroke (5)	Domestic violence (3)
	Homelessness (6)	Rape and sexual assault (5)

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

Table 1.3: Healthcare Services that are Difficult to Obtain¹

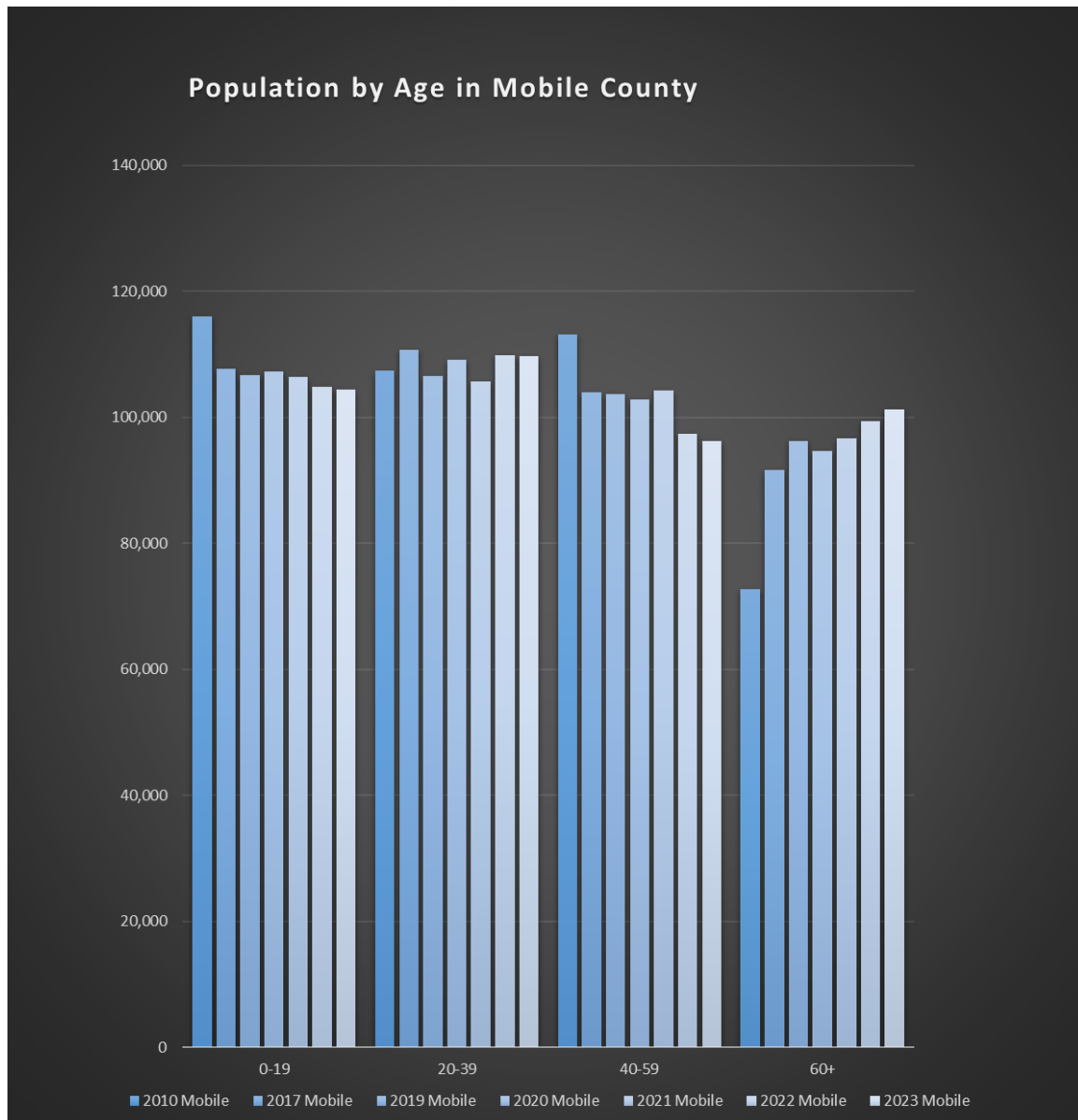
Features mentioned in the top six by Community Health Leaders and Community Members	Features mentioned in the top six by Community Health leaders but not by Community Members	Features mentioned in the top six by Community Members but not by Community Health Leaders
Mental health services (1/1)		
Services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

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

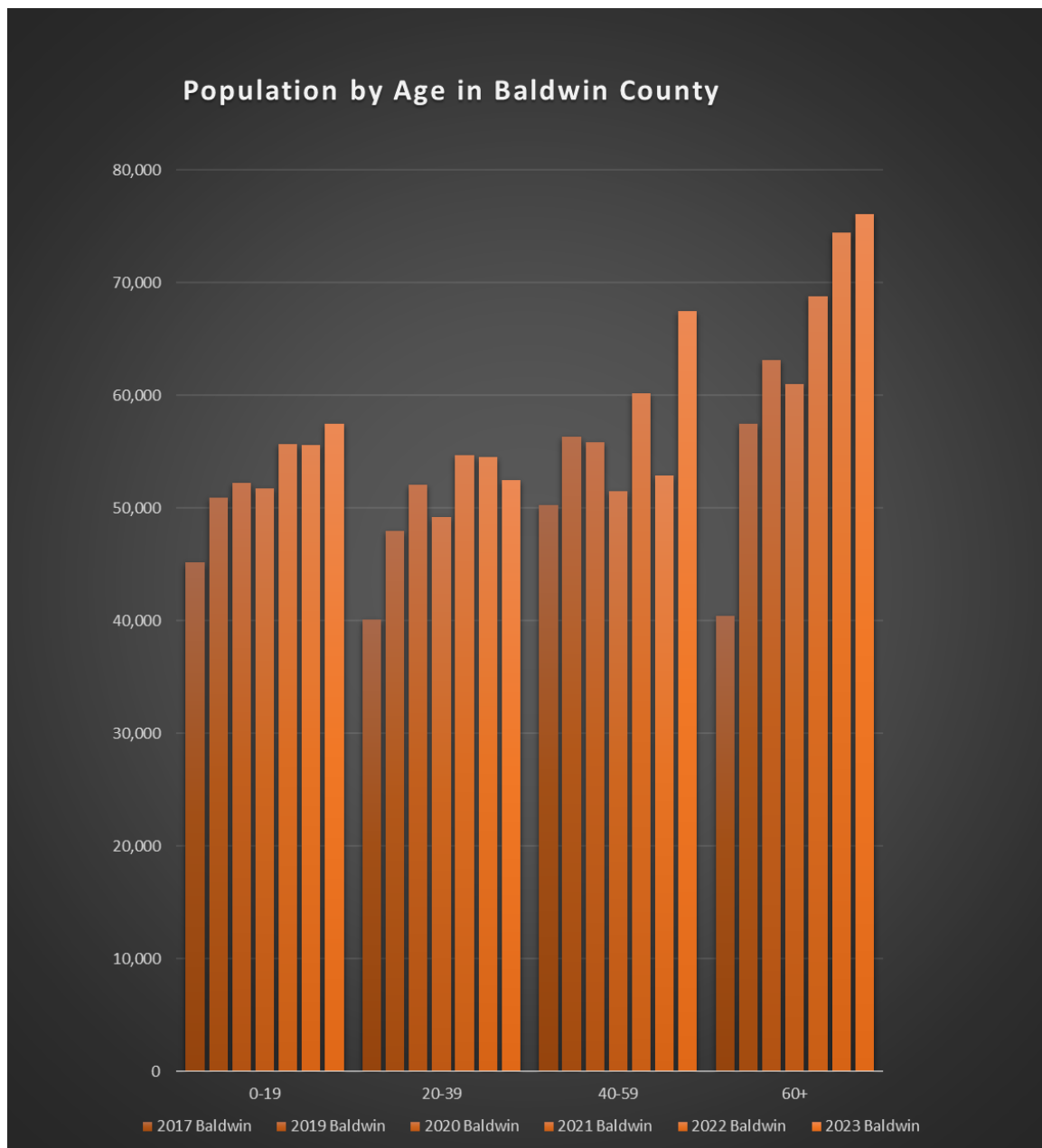
COMMUNITY DEMOGRAPHIC PROFILE – 2

Population by Age and Sex

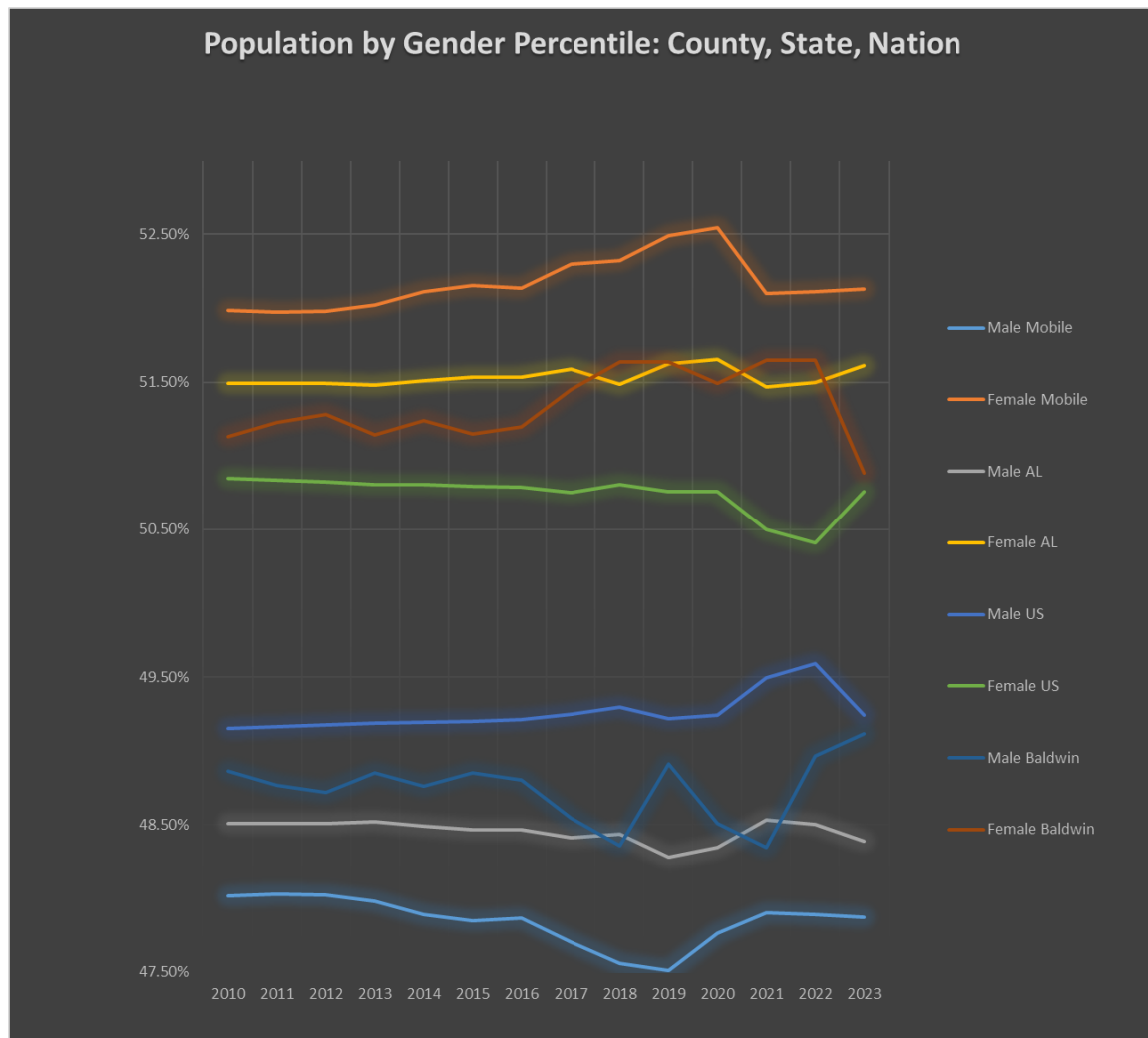
Population is an important characteristic to consider when assessing community needs, as it reflects the potential pool of patients and relative demand of the community. Population data was taken from the U.S Census Bureau. While an official census is only taken every ten years, the Census Bureau provides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



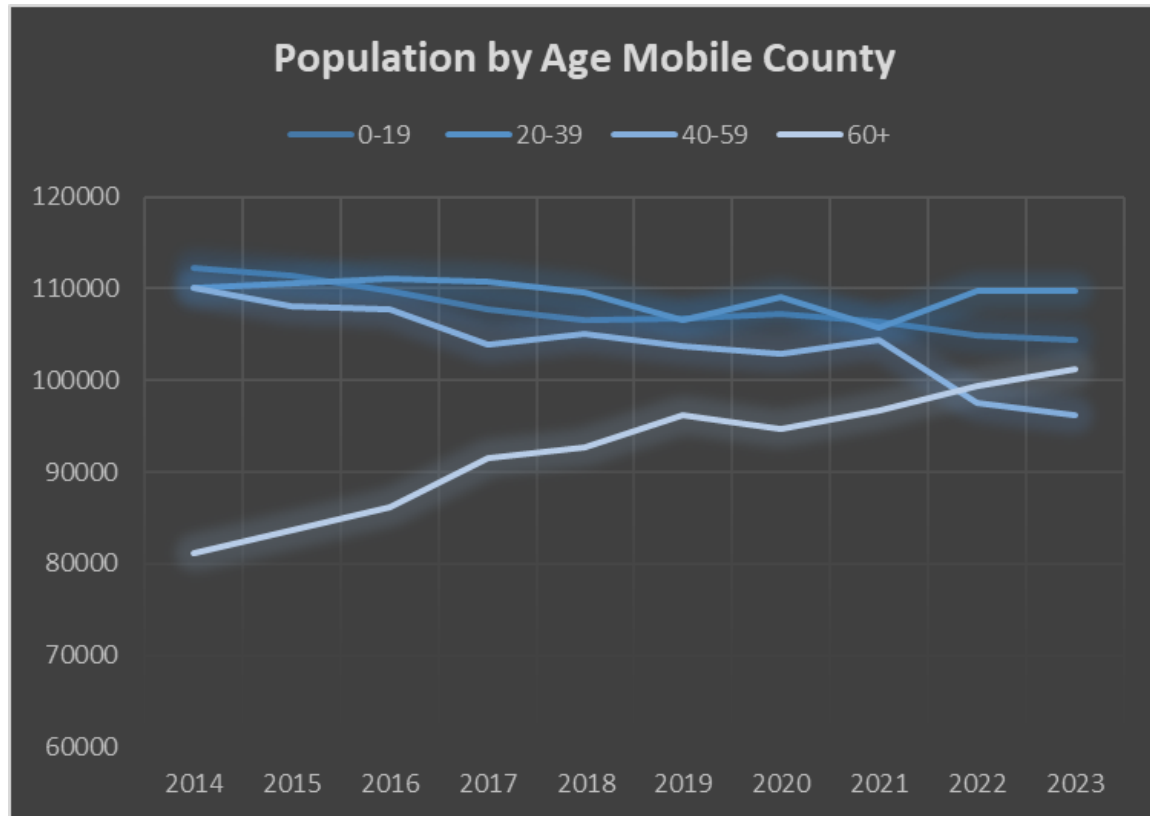
The data provided in the graph below highlights the age distribution and population trends in Baldwin County over this same time period. Between 2017 and 2023, the population has grown most significantly among individuals aged 60 and above, reflecting an aging population in the region. The 40-59 age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



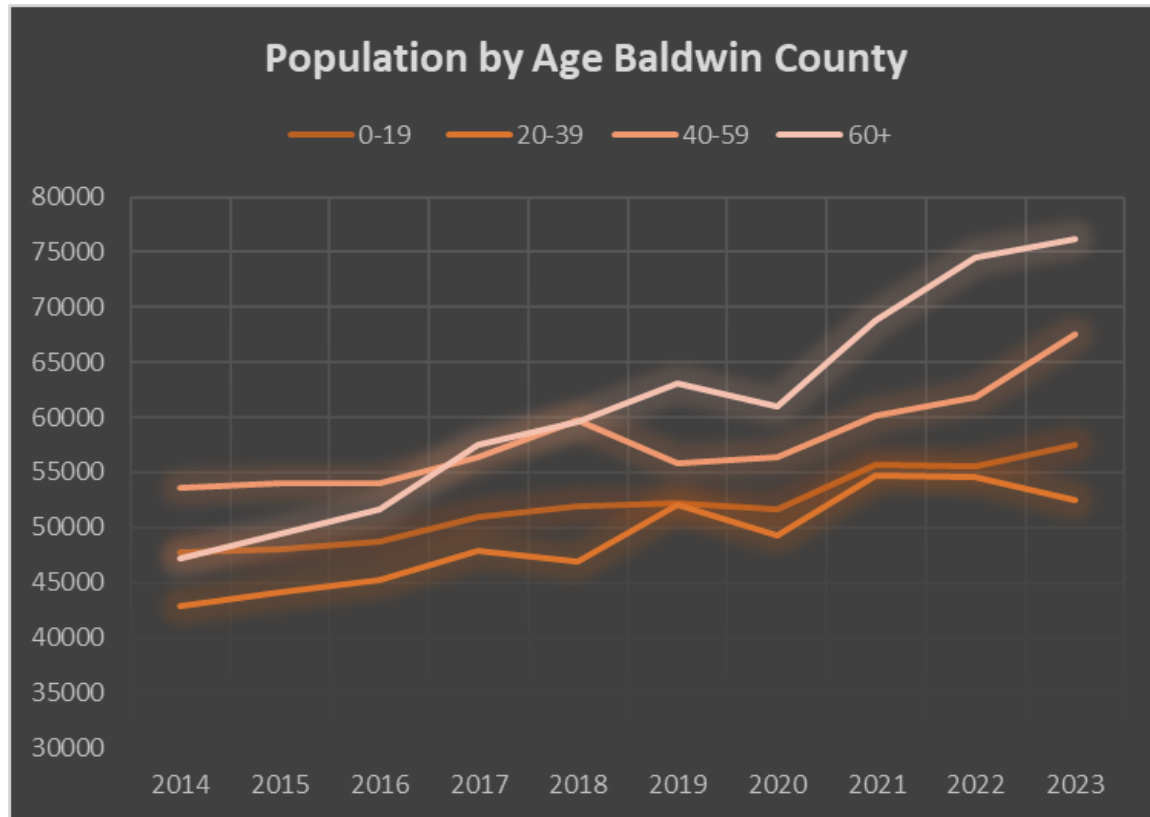
Generally, the distributions by age and sex are similar to statewide and nationwide comparisons. These averages have remained largely stagnant over the time period, with some exceptions. For instance, between 2019 and 2023 Mobile lost approximately 2,315 females while gaining 745 male residents. Some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



Another trend worth noting is the rise in elderly residents. As of 2023, Mobile was home to 104,456 residents aged 0-19, 109,733 residents aged 20-39, 96,174 residents aged 40-59, and 101,277 residents aged 60 and over. In comparison to 2010, this makes 60 and over the fastest growing age demographic for the county. In this same time period there has been a significant loss in the 0-19 age bracket. This is unsurprising given national trends and generational birth rates. The trend can be found below.



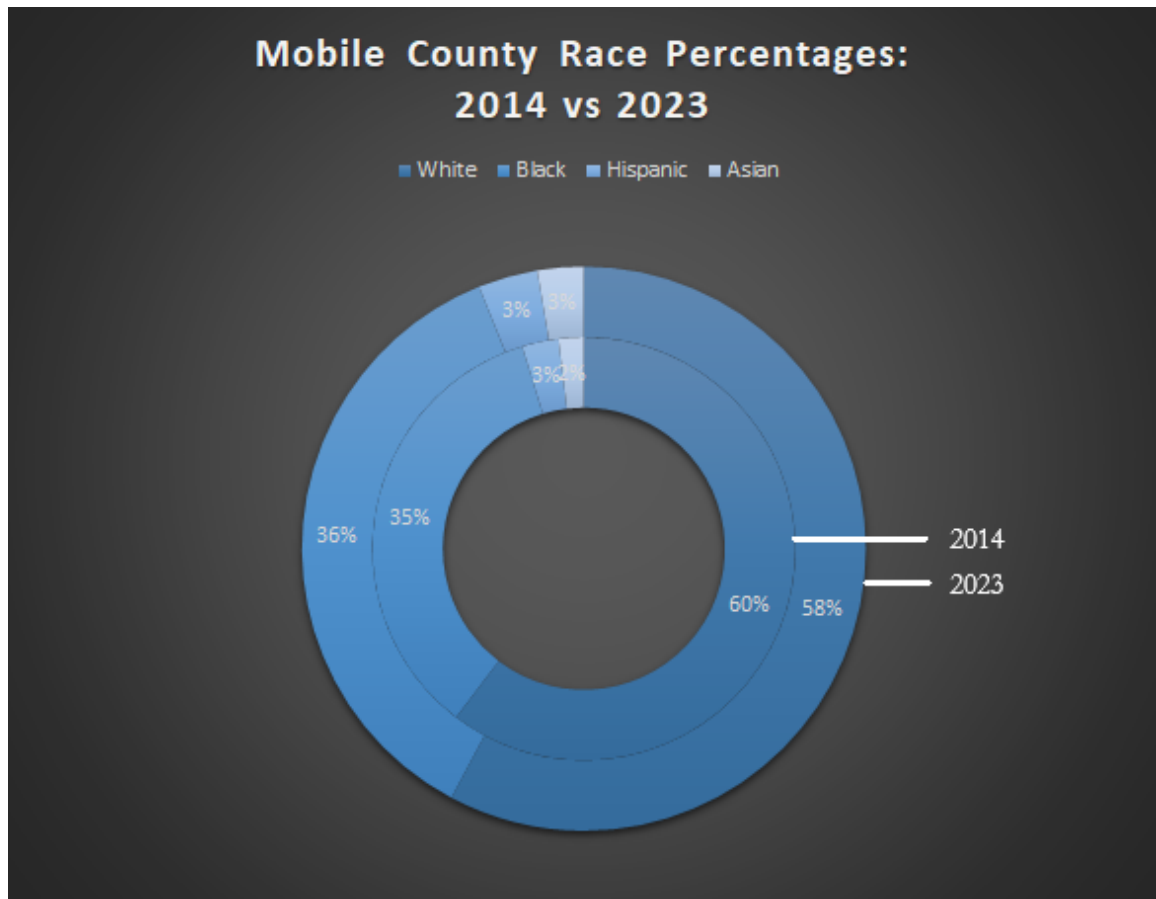
When analyzing the Baldwin County data it must be noted that the 60+ age group has experienced significant and consistent growth, reflecting an aging population in Baldwin County. The 40-59 age group shows modest growth following a slight decline around 2018, indicating a stable working-age demographic.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

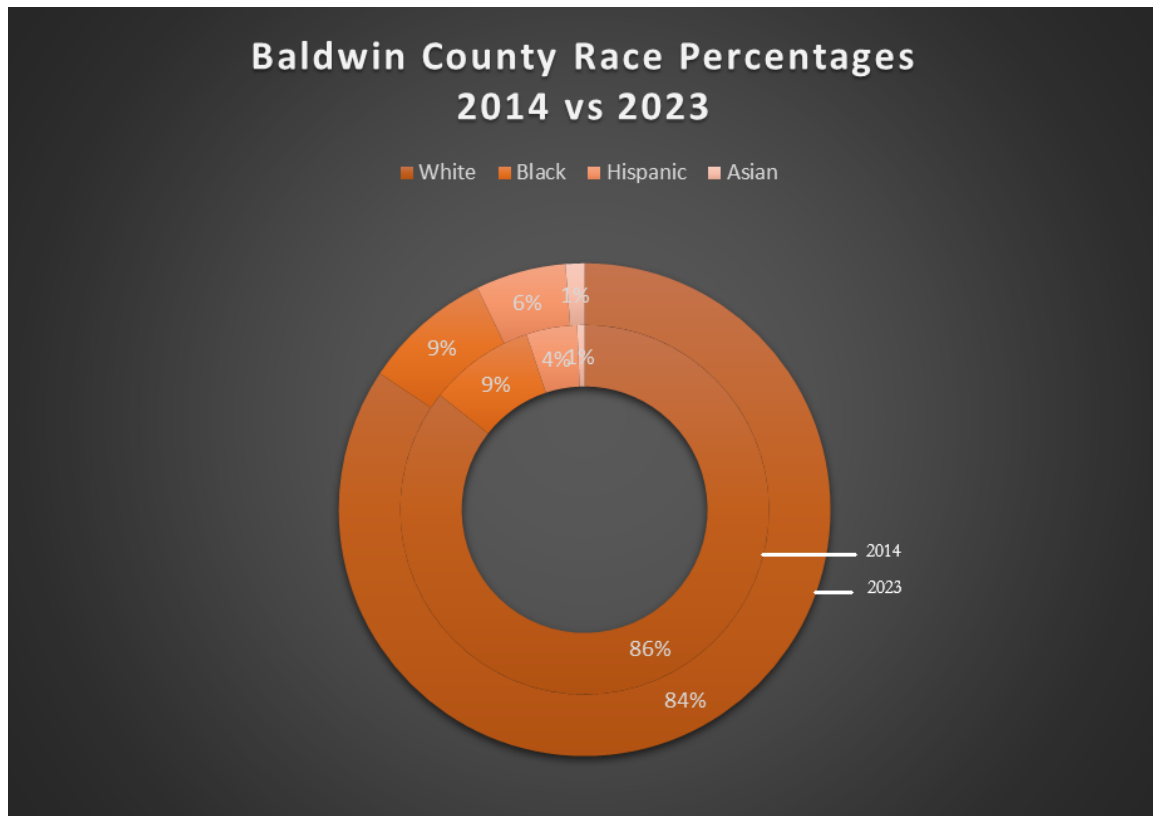


Population by Race and Ethnicity

Race and ethnicity are another important factor to consider when assessing community health. Studies have shown that specific racial groups are more susceptible to certain diseases and conditions. As such, it is important to know the racial makeup of a region in determining the needs of the community in regard to public health. Data was obtained by the U.S Census Bureau in 2010 with estimates through 2023 available. The Census asks individuals to self-identify, with the vast majority of respondents identifying as one race and ethnicity.

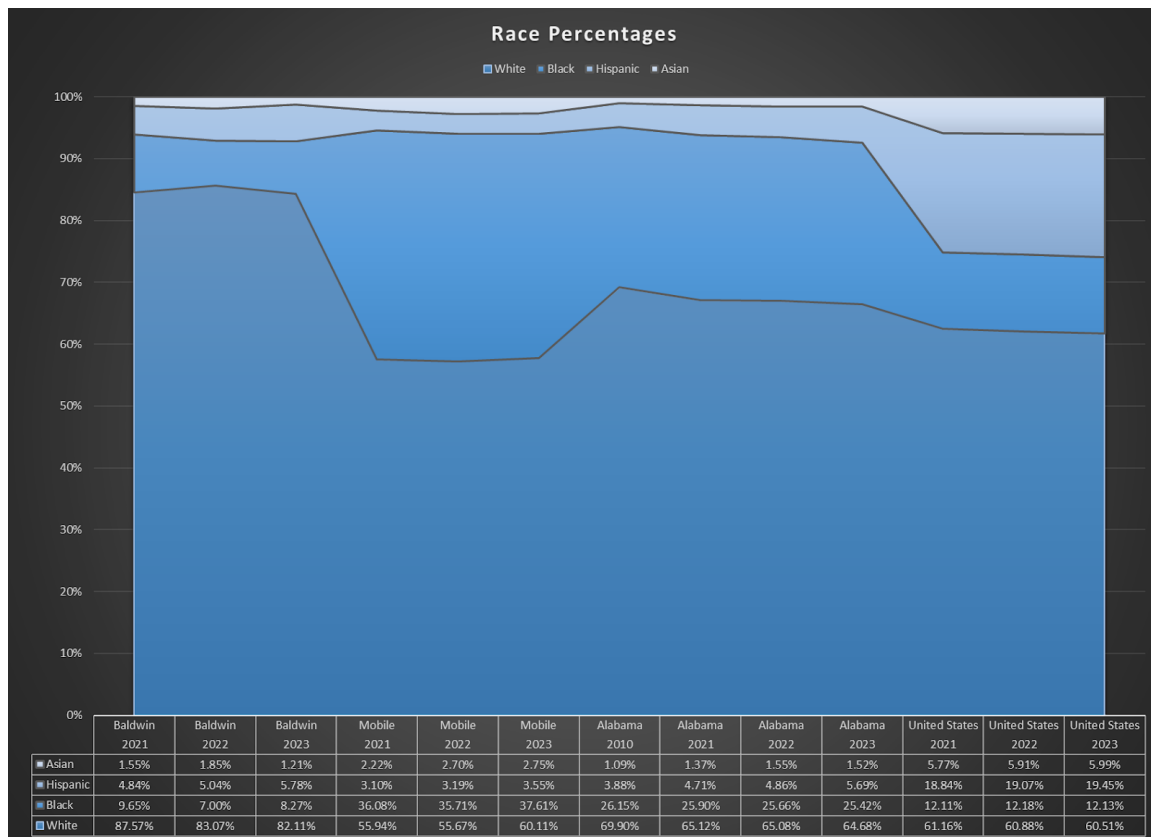
The two most predominant races in Mobile are White, with 247,420 residents in 2023, and Black, with 154,805 residents in 2023. Hispanic is the largest listed ethnicity with 14,595 residents in 2023, while the fourth largest demographic is Asian, with 11,340 residents. In Baldwin County, the demographic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





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

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

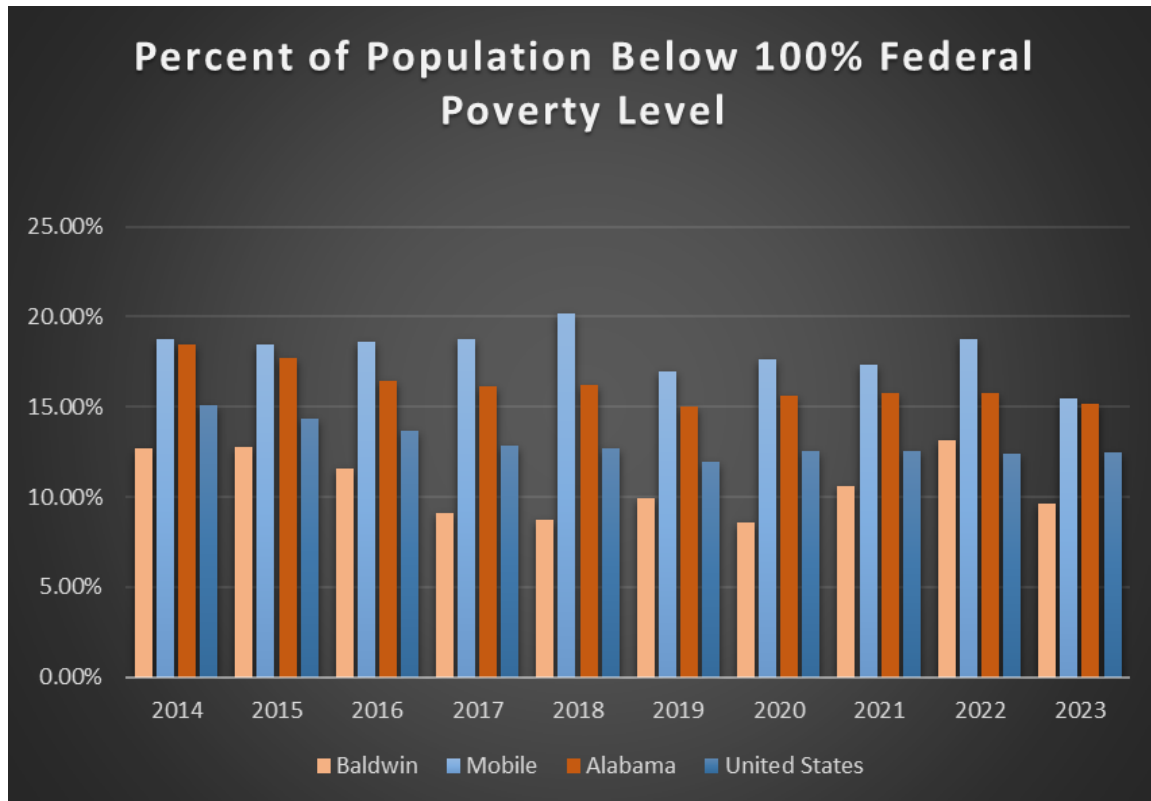


Poverty

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

Each year the federal government measures regional poverty using the Federal Poverty Level -- a metric based upon a dollar amount for single person and family income. In 2023 the

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

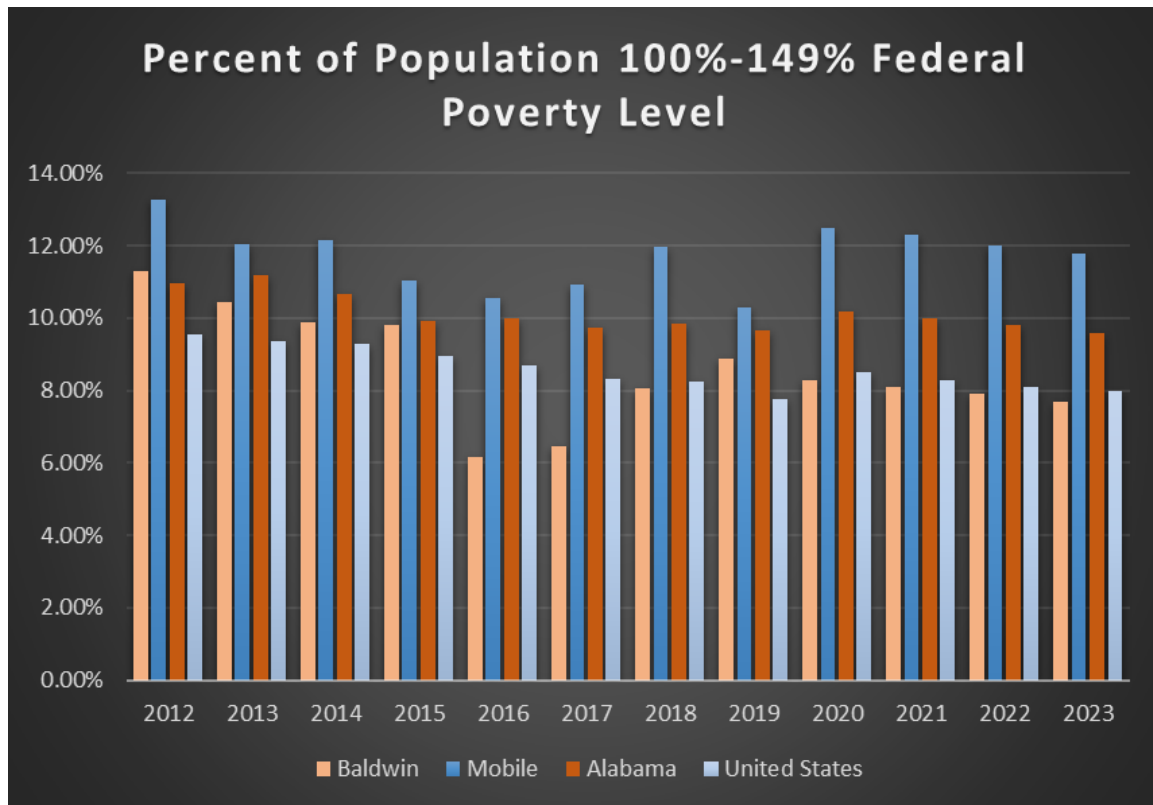


As can be observed, Mobile County consistently exhibits the highest poverty rates, surpassing both the state of Alabama and the national average, reflecting significant economic challenges in the area. In contrast, Baldwin County maintains the lowest poverty rates throughout the time series, consistently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

While the gap between Mobile County and Alabama appears to diminish in 2014 and 2023, this is not due to shrinking numbers of residents in Mobile County under the FPL, but rather a worsened state for the entirety of Alabama. Oftentimes, it has been shown that individuals up to 150% and even 200% FPL have difficulty meeting basic needs related to health care, such as food, housing, and transportation. As such, the profile for percent population between 100 - 149% FPL has also been provided below.

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

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



Education

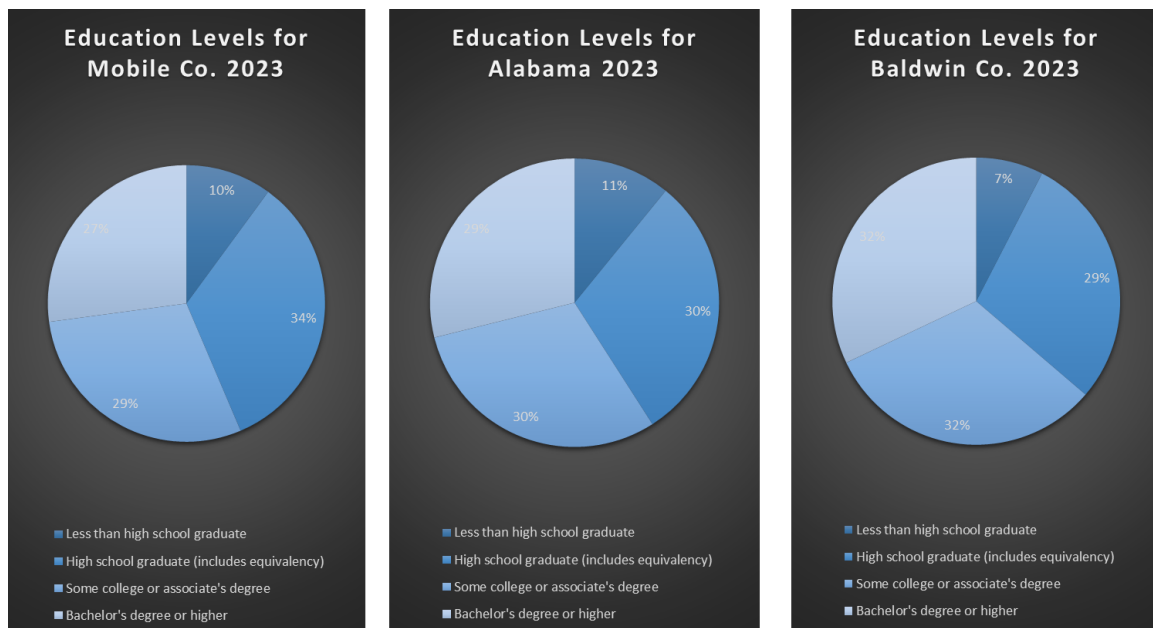
While education is known to increase the likelihood of higher income, and thus influence health in an indirect manner, education also has been tied directly to health benefits in communities. Research has shown that those with higher educational attainment are more likely to have longer lives and healthier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

An additional four years of education lead to on average:

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

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

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

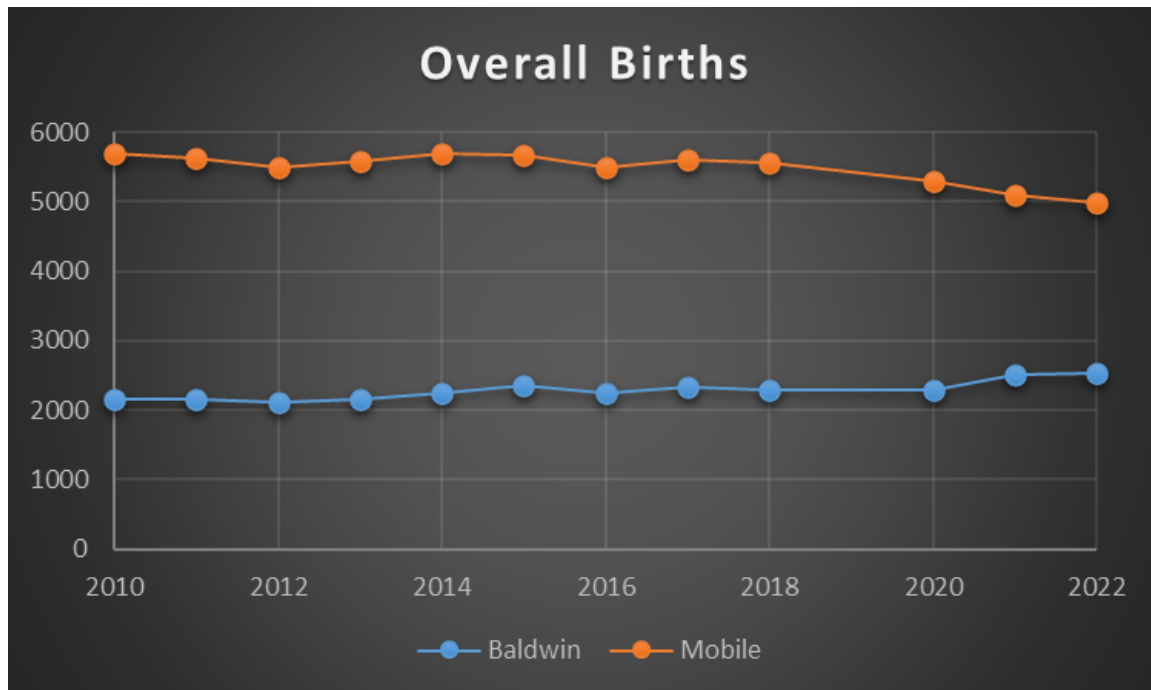


One of the most striking gaps, for both Mobile County and the state of Alabama compared to the nation, is post high school education. While Mobile County and the state have increased the proportion of high school graduates in recent decades, they continue to fall behind in those obtaining bachelors and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

Births

Previous community health needs assessments have identified the decline in both crude birth rates and fertility rates within Alabama since the 1950s. This decline extended to Mobile County, with data from 2007 to 2011 showing a significant decrease (645 fewer births between the two comparative years). Data collected from 2010 to 2022 further indicates a consistent decline in births in Mobile County. For example, in 2018, there were 5,548 births in Mobile County, but this number dropped to 4,995 in 2022.

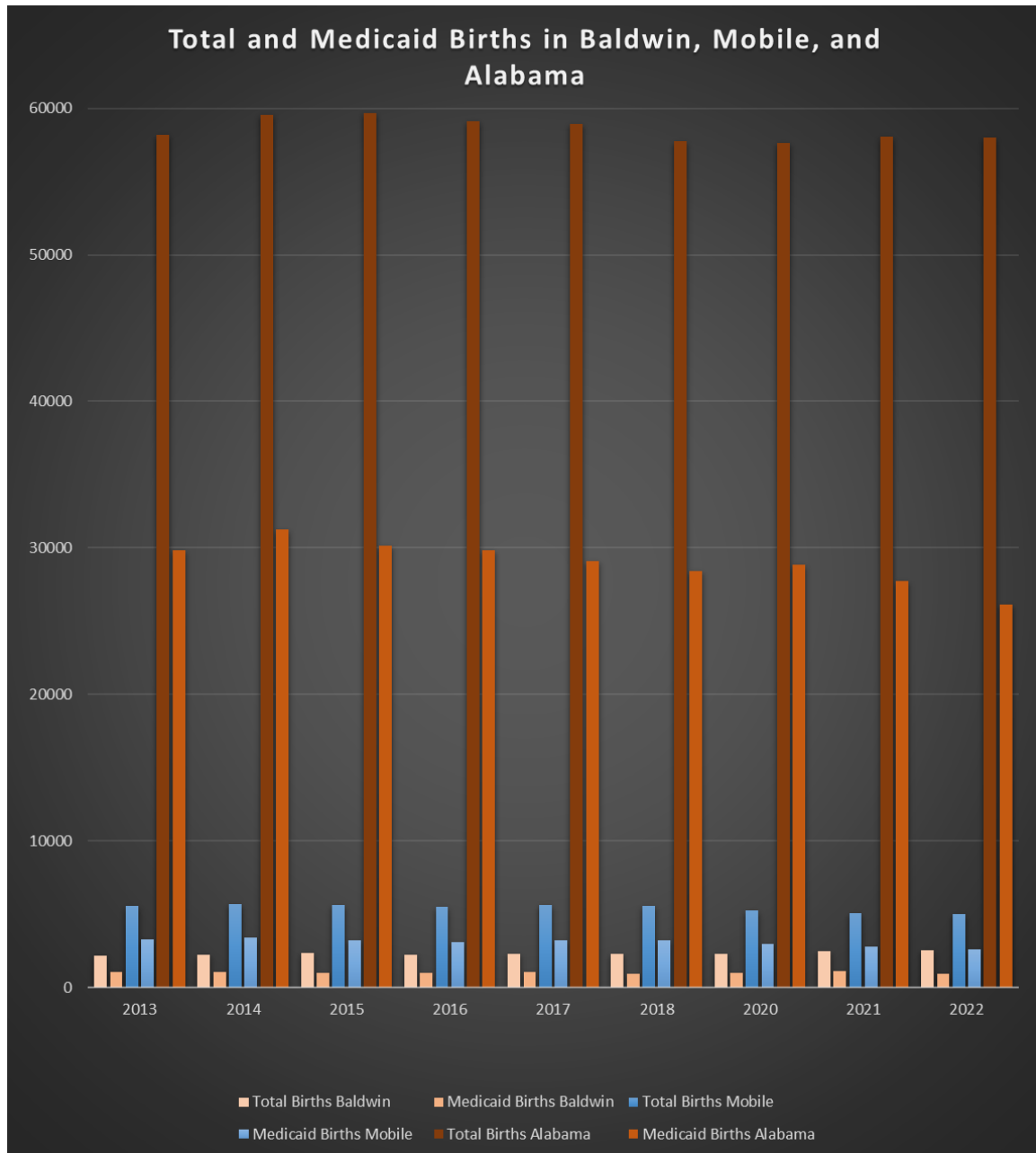
In contrast, Baldwin County has shown an upward trend in the number of births over the same period. Births in Baldwin County increased from 2,290 in 2018 to 2,525 in 2022, indicating a growing population in the area. This divergence highlights differing demographic and population dynamics between the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



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

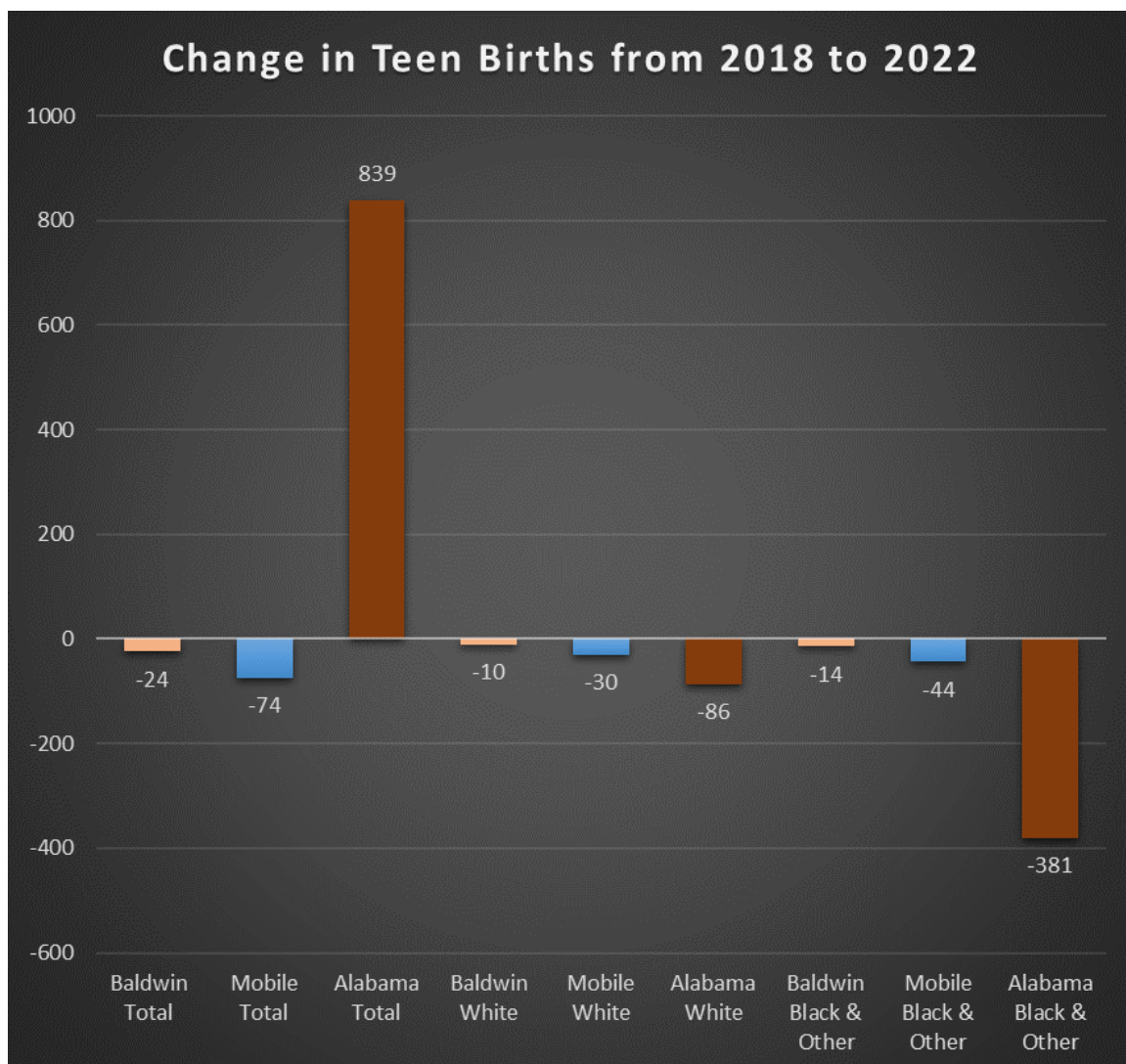
Another useful trend to observe for health outcomes is Medicaid supported births. The data presented below demonstrate the essential role Medicaid plays in supporting maternal care across Alabama, particularly in Mobile County, where reliance on public assistance is higher. The diverging trends between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

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



Births to Select Groups: Teens and Unwed Mothers

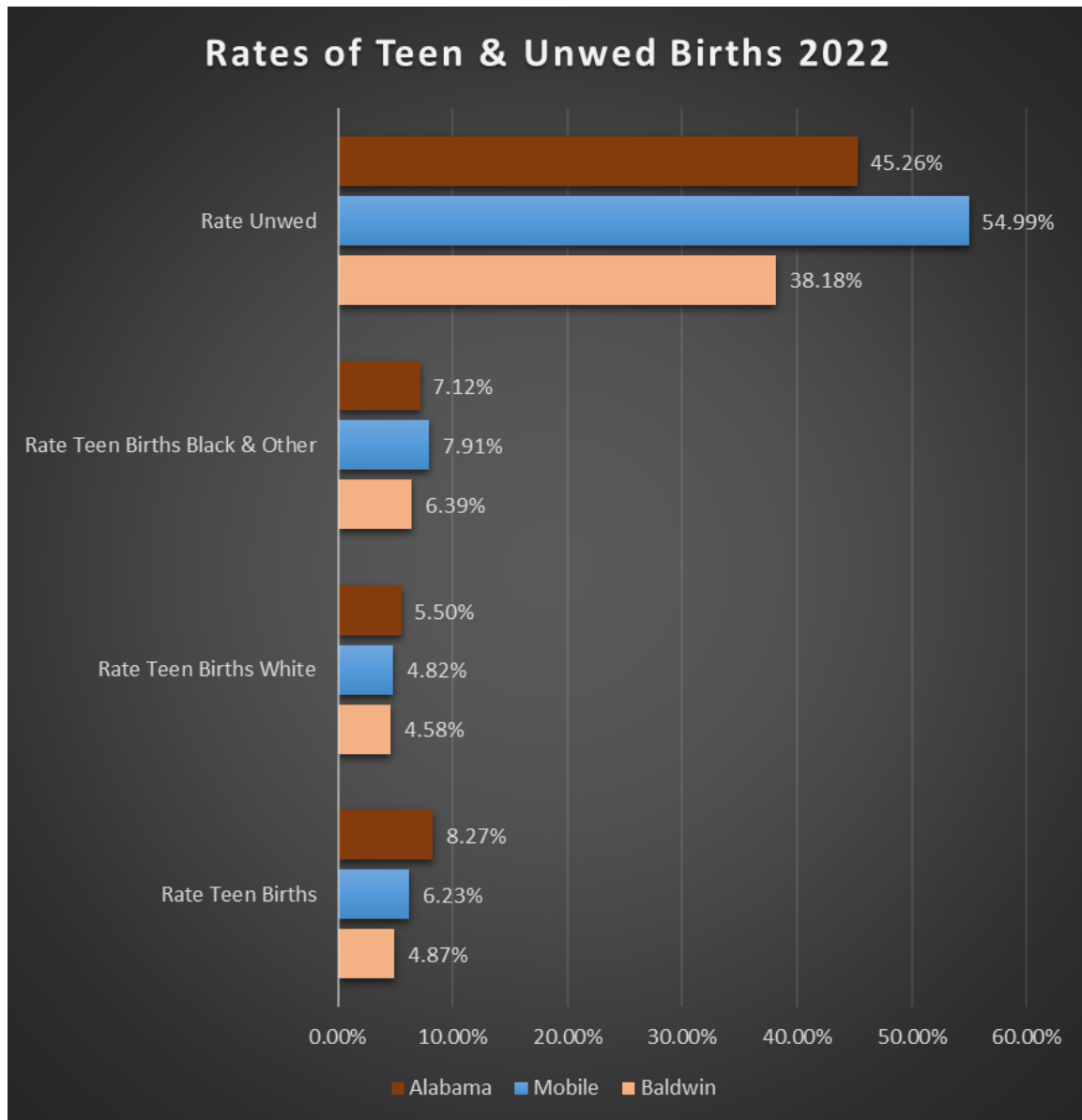
Teenage pregnancy has been a social concern since the 1960s due to the long-term negative effects for both mother and child. Research indicates that teenage pregnancy rates rose significantly between the 1950s and the 1970s, peaking at nearly 19% of births in 1975. However, teenage birth rates have been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



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

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

Unsurprisingly, data also shows that most teenage pregnancies are unwed births. According to the Department of Health and Human Services, 89% of teen births in 2014 occurred outside of marriage, a trend that persists a decade later. There also appears to be racial and ethnic differences in birth rates. Nationally, birth rates are highest among Hispanic or black teens. The figure below compares Mobile County to Alabama as a whole for birth rates to teens and unwed mothers for the year 2022.



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

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

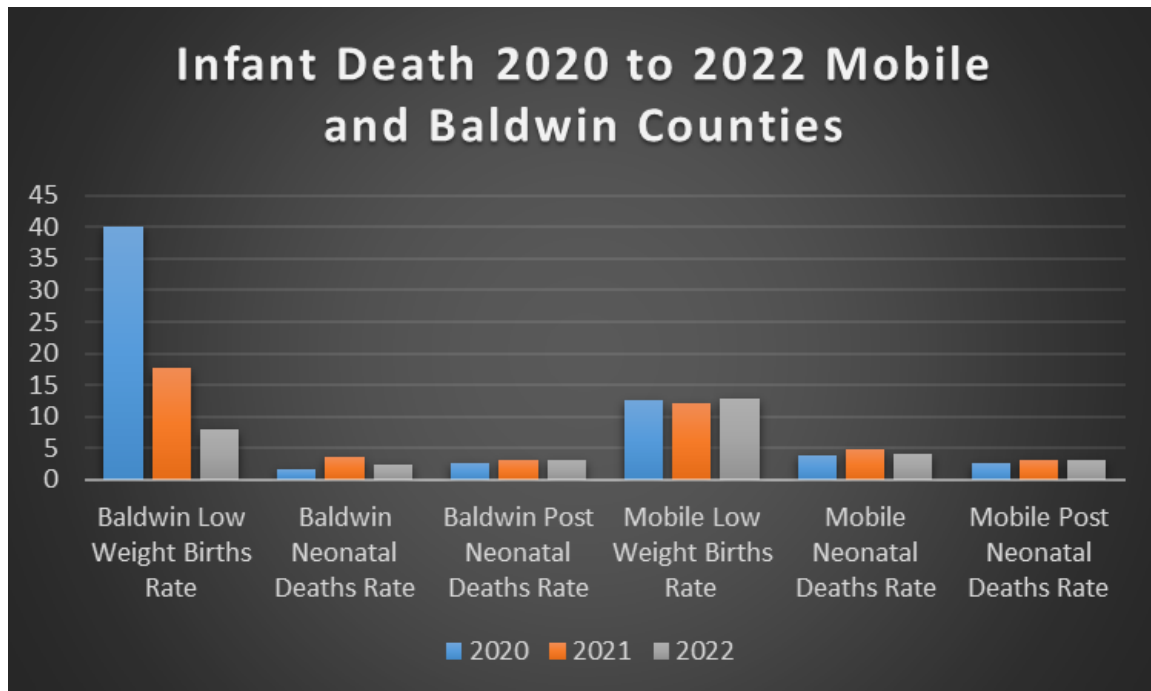
Birth Complications and Infant Mortality

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

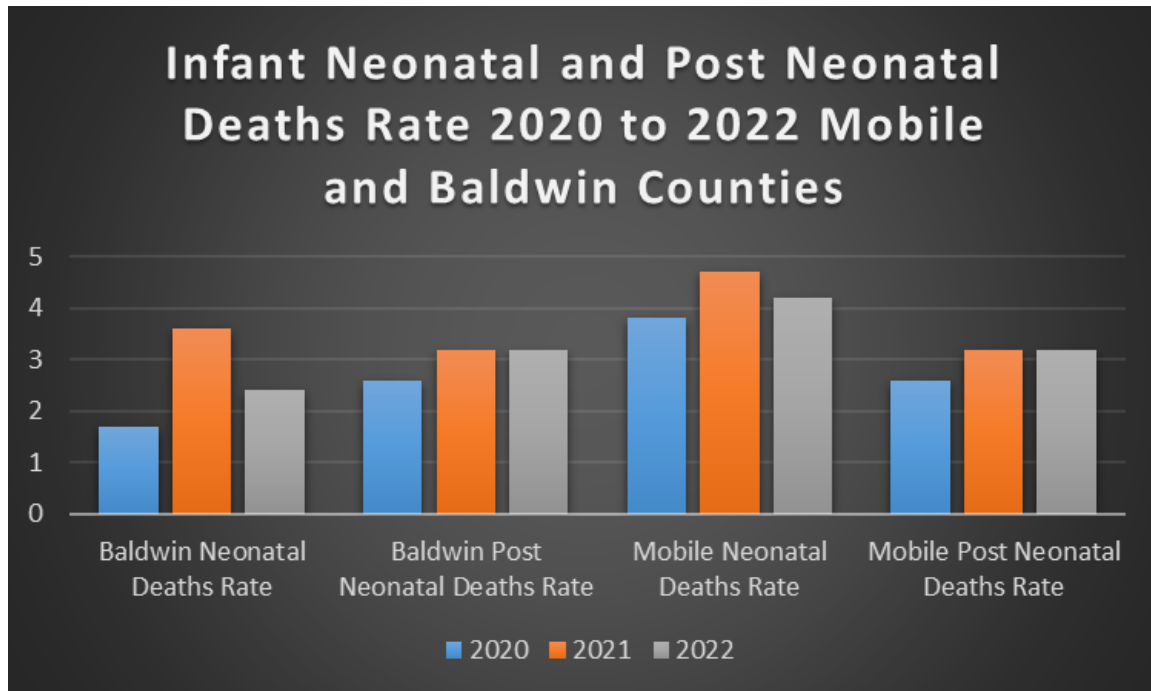
Low birth weight continues to be a consistent challenge for Mobile County, with rates remaining relatively stable over the past three years (2020-2022). In 2022, the low birth weight rate in Mobile County remained high compared to Baldwin County, which experienced a notable decline from its peak in 2020.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

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

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



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



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

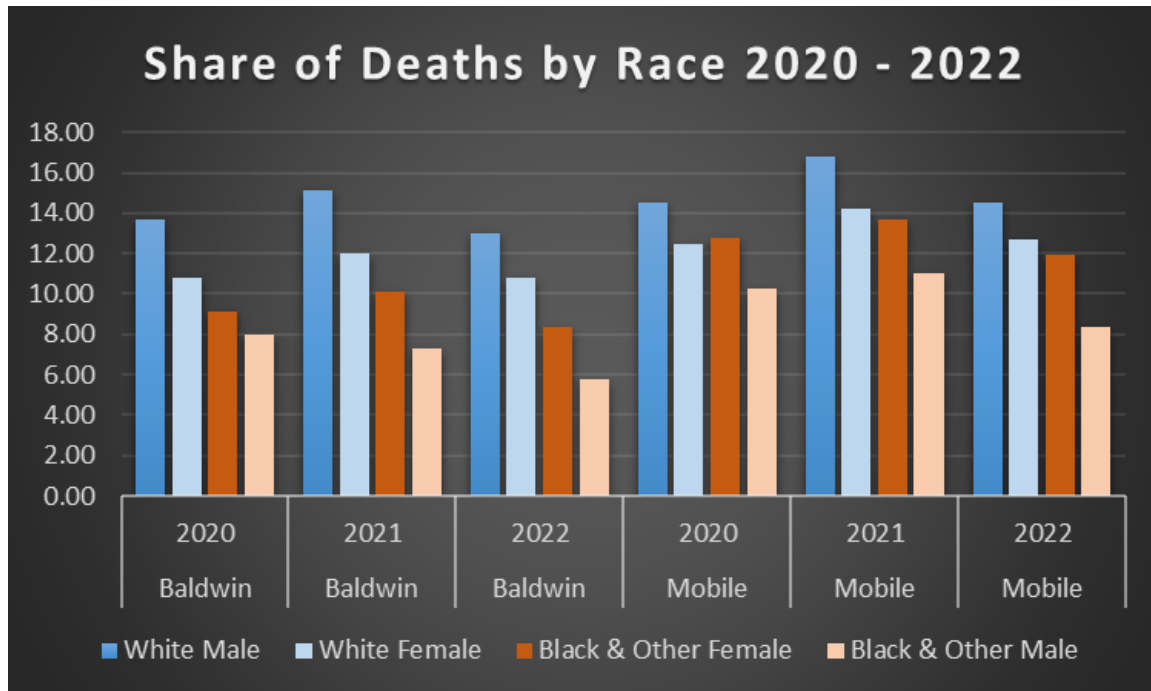
Deaths

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

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

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

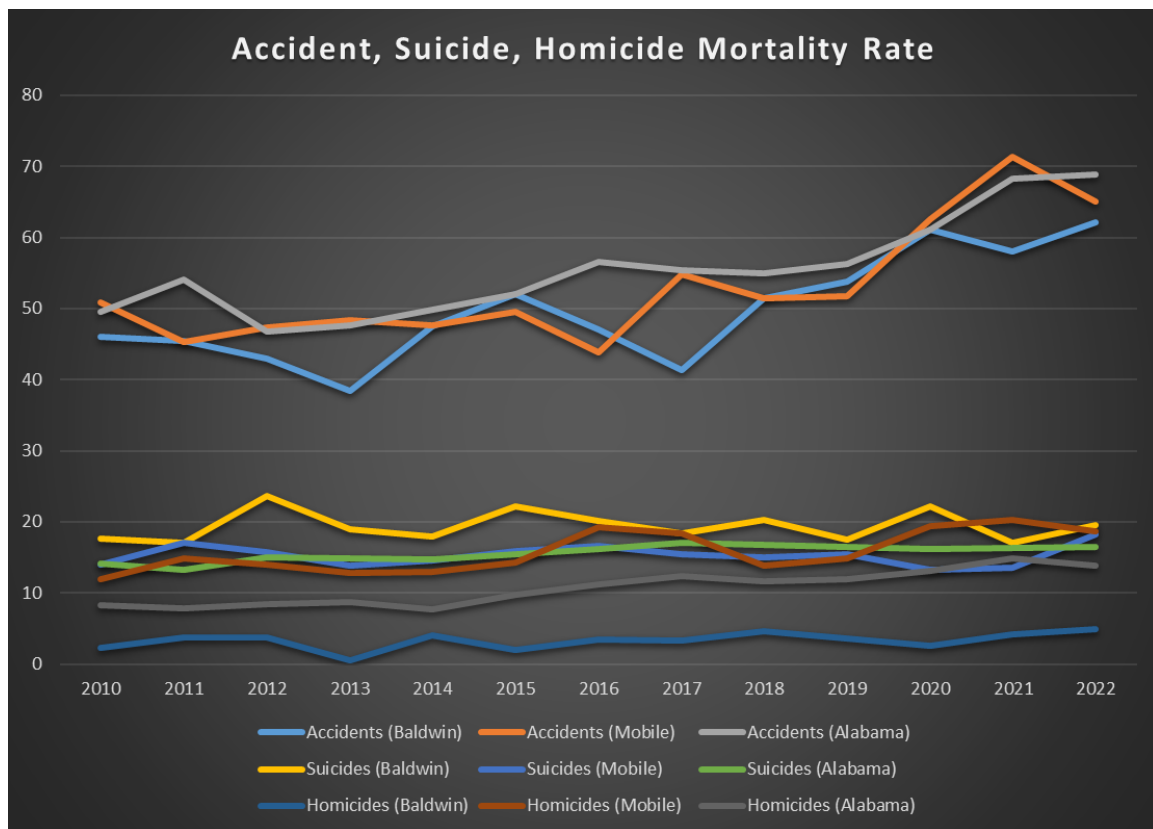
These data underscore the importance of considering both racial and gender differences in addressing health disparities and mortality trends within the region.



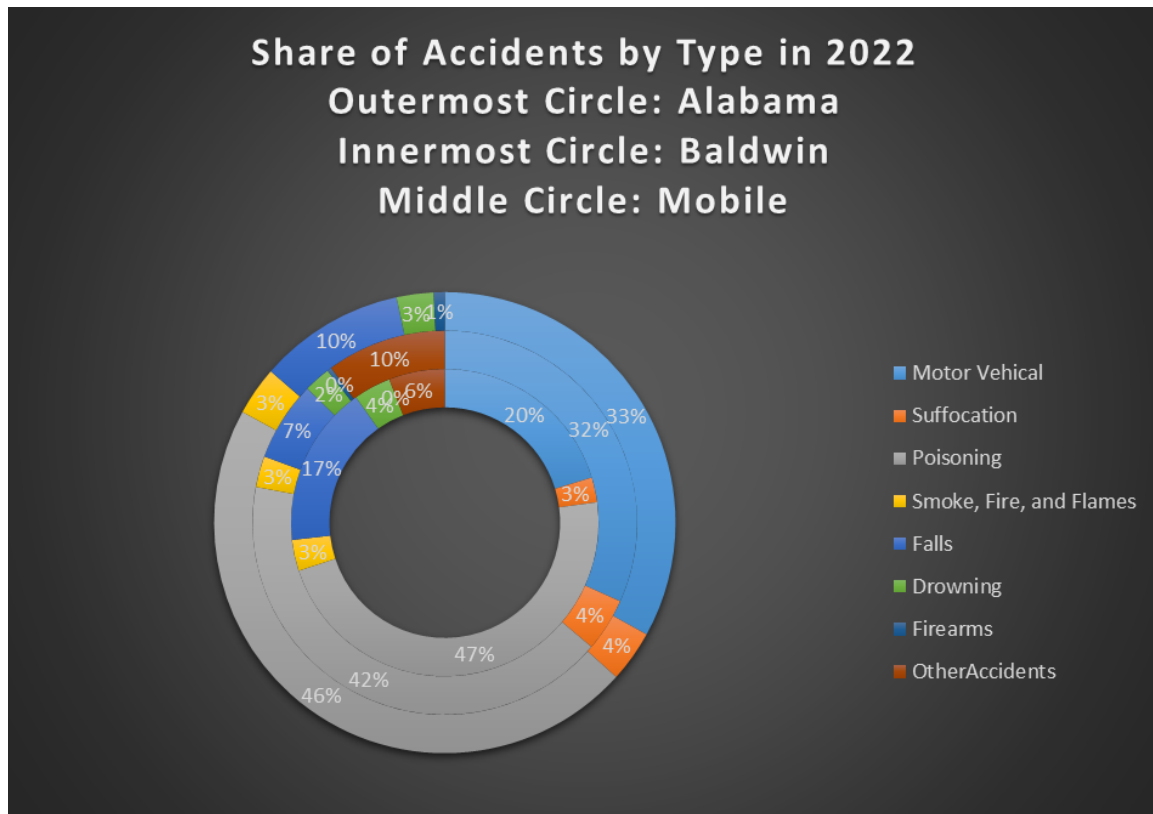
The state of Alabama consistently tracks deaths by type, categorizing them as accidents, suicides, and homicides. Among these, accidents are consistently the leading cause of death across all locations, reflecting a persistent statewide issue. This trend holds true for Mobile and Baldwin counties, though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

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

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



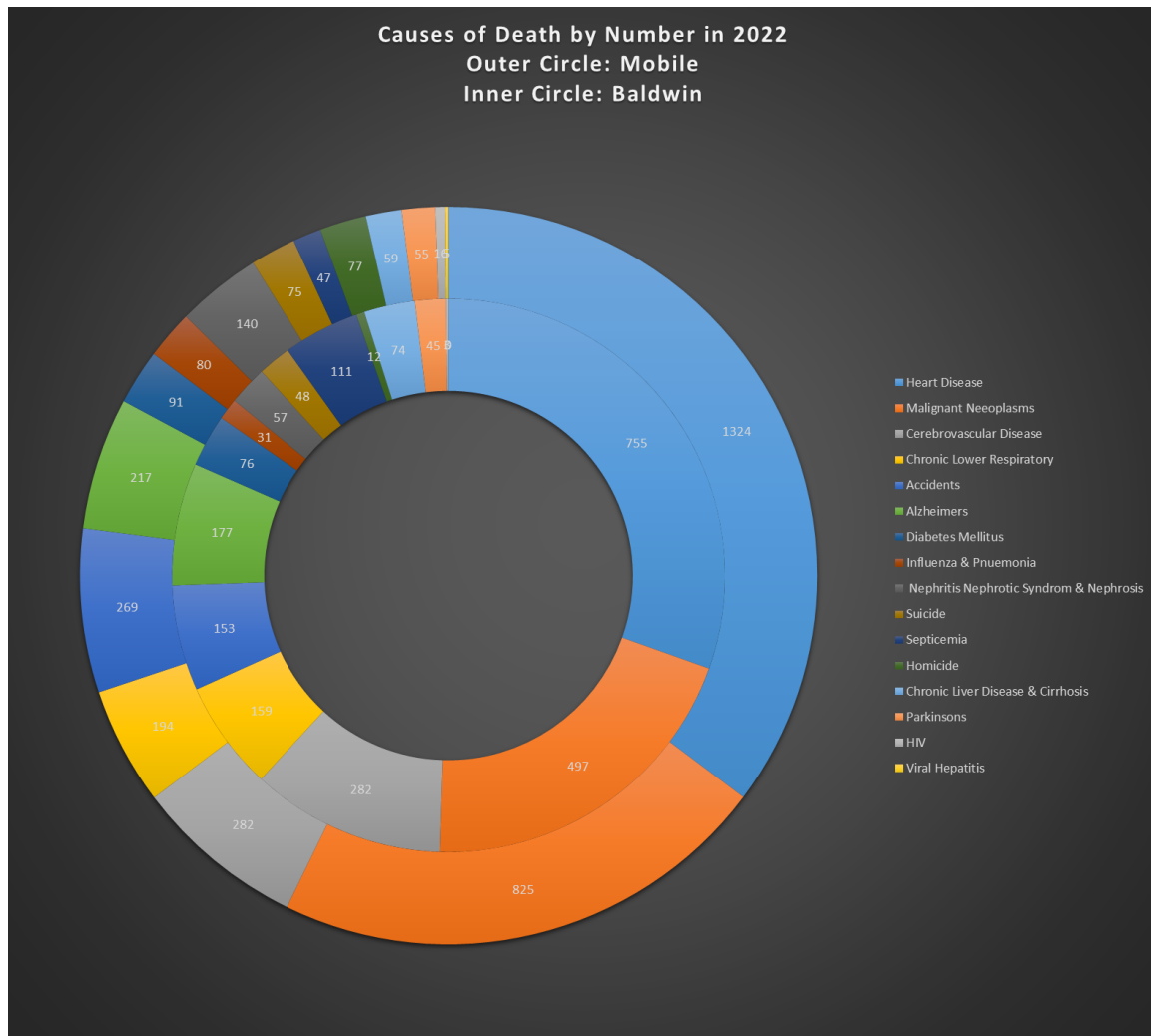
Since accidents are consistently the highest cause of death for both Mobile County, Baldwin County and the State of Alabama, it is important to note these types of accidents that increase mortality.



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

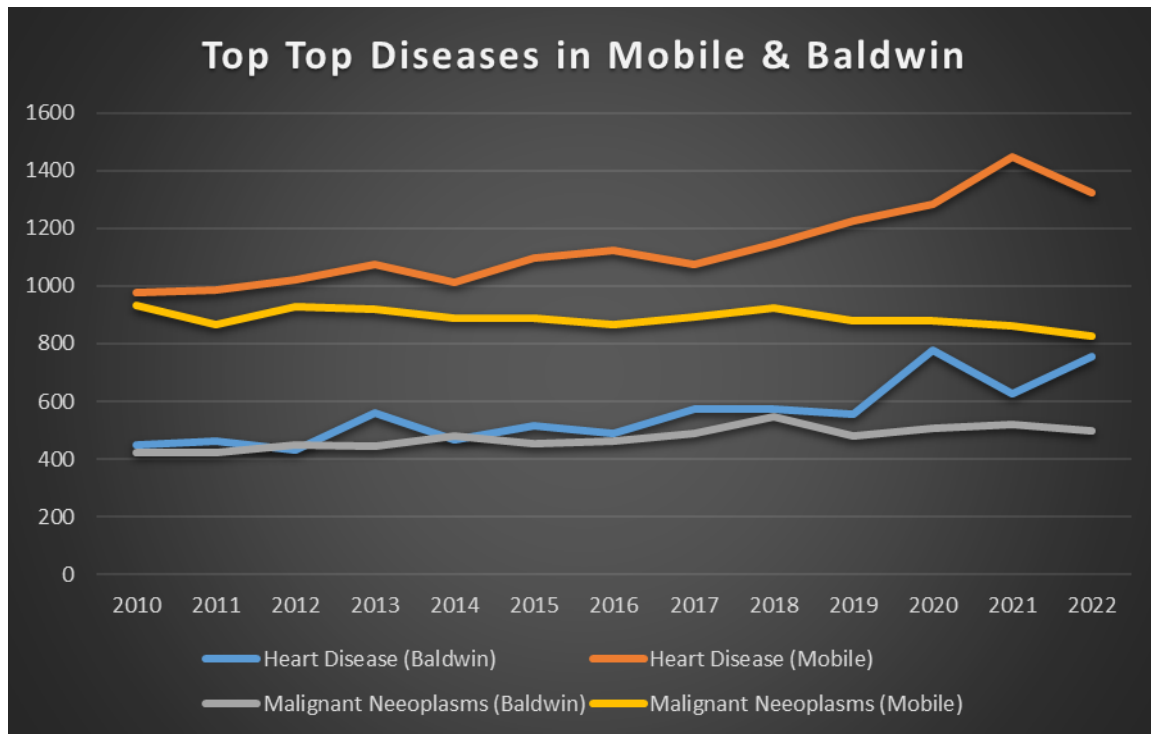
Fire-related deaths, suffocation, and drowning followed, each contributing about 3-4% of deaths in Mobile and Baldwin counties and Alabama. On average, the causes of accidental deaths in Mobile County align closely with the state's overall pattern. However, as reported in previous CHNAs, Mobile County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

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



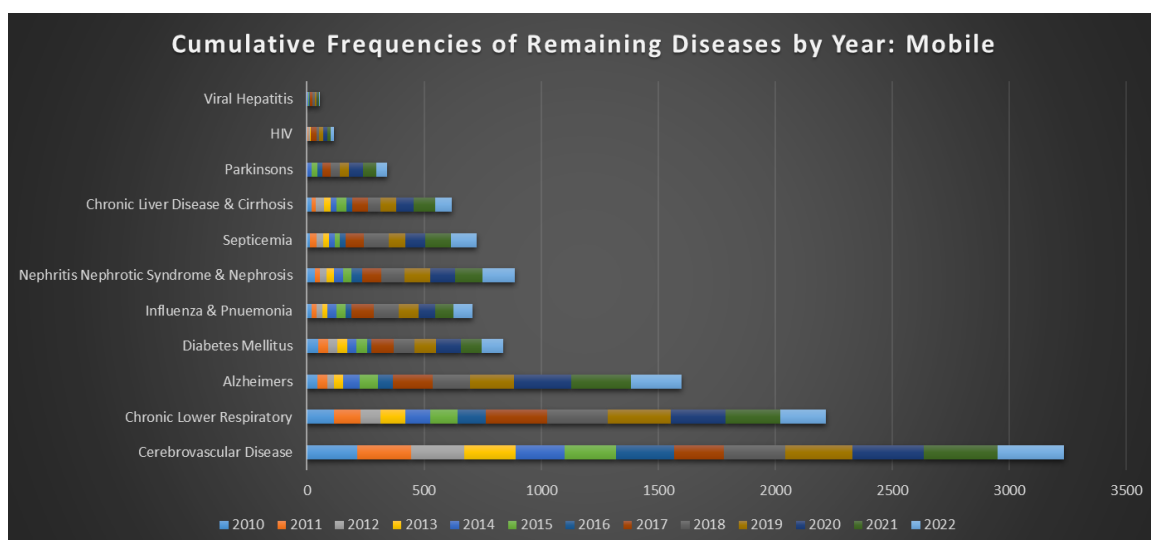
Deaths: Diseases and Cancers

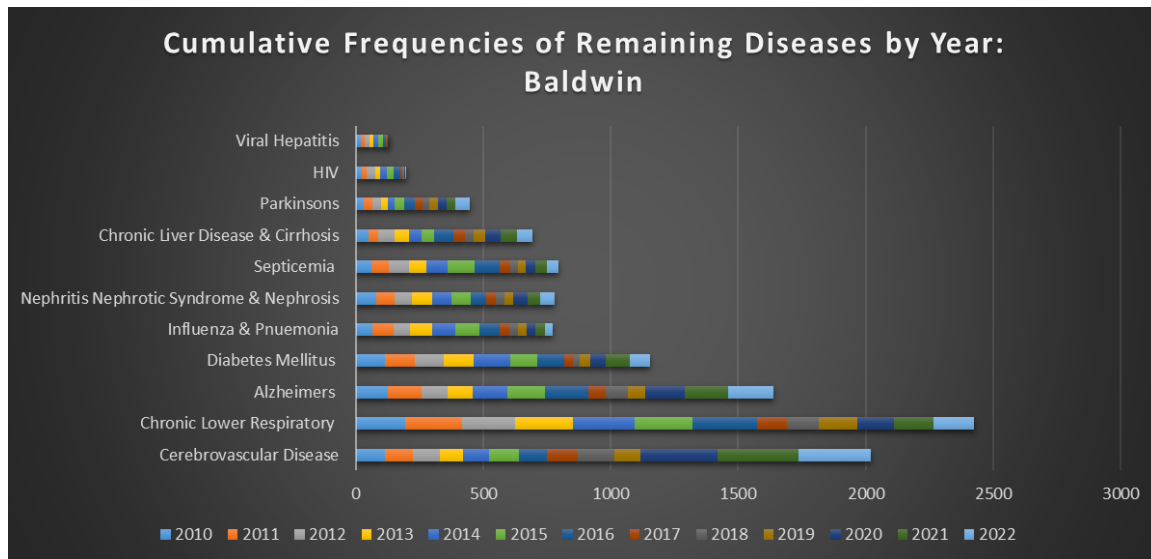
Heart disease, Cancer, Unintentional injuries, COVID-19, Stroke, Chronic lower respiratory diseases, Alzheimer's disease, Diabetes, Kidney disease, Chronic liver disease, and cirrhosis constituted for the top 10 leading causes for death in the United States in 2022. The leading causes for Mobile and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



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

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





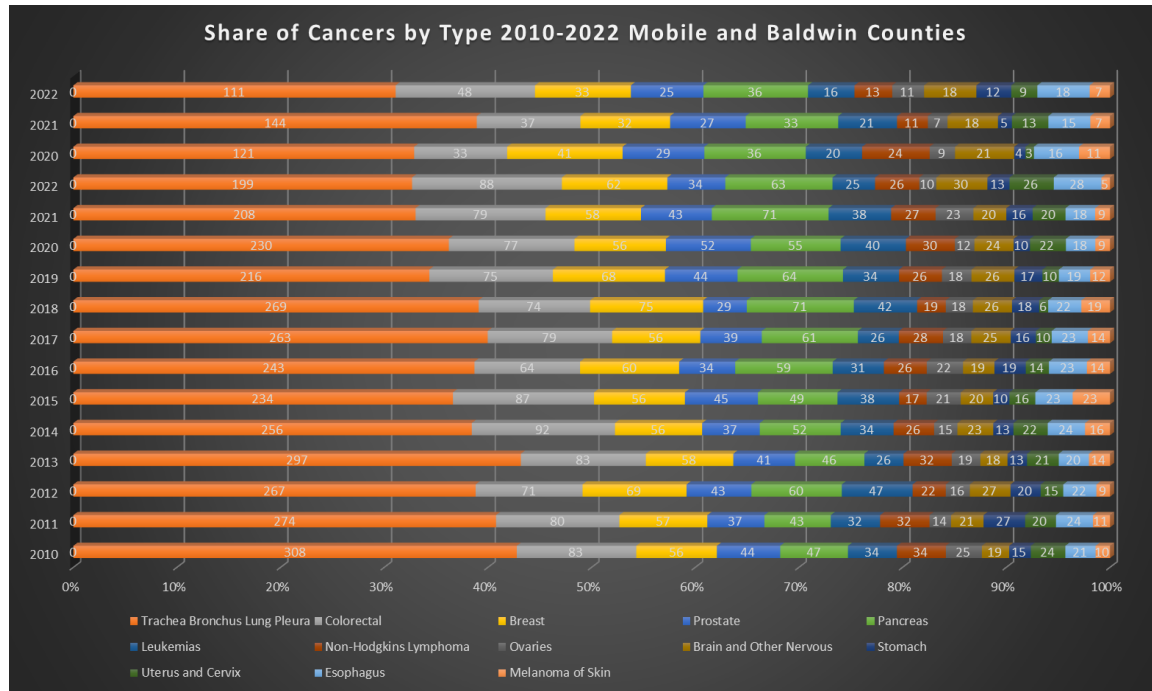
In Mobile County, the number of deaths caused by chronic lower respiratory diseases, diabetes, Alzheimer's disease, and influenza/pneumonia has continued to rise over the 2010 to 2022 period. This trend aligns with the aging population demographics discussed earlier, as these conditions are strongly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

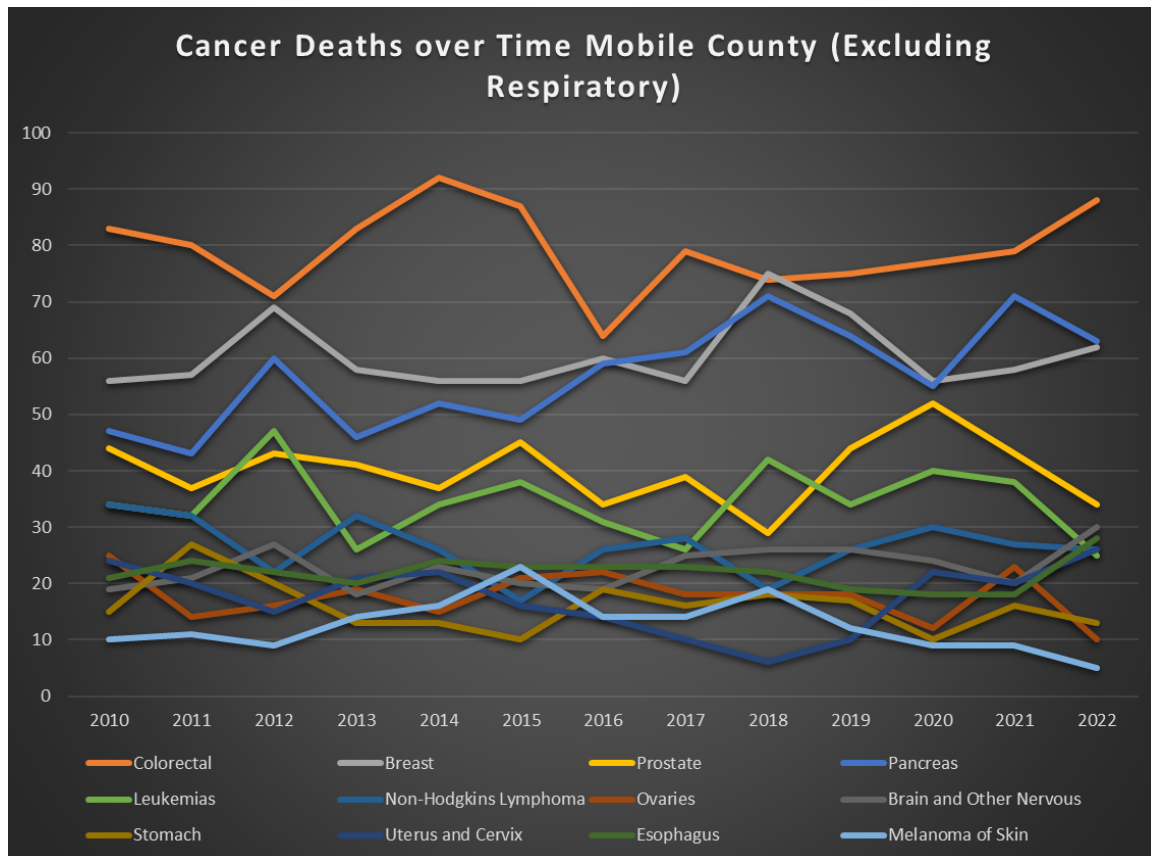
Baldwin County mirrors similar trends, with notable increases in deaths related to Alzheimer's disease, chronic lower respiratory conditions, and influenza/pneumonia. The pronounced growth in Alzheimer's-related mortality reflects the county's aging population, a demographic trend further supported by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

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

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

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





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

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

COMMUNITY SURVEY – 3

Community Survey Methodology

The Community Health Needs Assessment survey 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 443 respondents were surveyed from Mobile County and 169 respondents were surveyed from Baldwin County. The total n size for both Mobile and Baldwin counties was 612 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 Infirmary Health's community health leaders survey deployed for their 2016-2018 CHNA. Some questions were dropped to reduce the survey length while others were modified slightly to accommodate implementation by telephone. The full text of the survey can be found in Appendix E.

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	9/18/2024	11/13/2024	169	+/-7.5	26.6%	16.4	4.3%	7.6%
Mobile	9/18/2024	12/17/2024	443	+/-4.7	34.8%	17.4	4.7%	8.3%
Overall	9/18/2024	12/17/2024	612	+/-4.0	32.5%	17.0	4.6%	8.1%

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 A.

The survey results indicate that the majority of respondents in Baldwin and Mobile counties rate their health as "good" (40.5%), with notable county-level differences. Baldwin County had a higher proportion of respondents reporting "excellent" health (11.2% vs. 7.7%) but also slightly more reporting "fair" health (20.7% vs. 18.1%). Conversely, Mobile County had a greater percentage of respondents reporting "poor" health (6.6% vs. 4.1%).

The results regarding perceptions of community health in Baldwin and Mobile counties reveal that the majority of respondents (58.6% across both counties) rated their community as "somewhat healthy." Baldwin County reported a higher percentage of "unhealthy" ratings (14.5% vs. 8.4%), while Mobile County had more respondents rating their community as "healthy" (27.0% vs. 19.3%). Only a small proportion of respondents in both counties rated their communities as "very healthy" (4.2% overall) or "very unhealthy" (2.3% overall).

The survey results regarding the quality of healthcare services in Baldwin and Mobile counties show mixed perceptions. The largest proportion of respondents rated healthcare as "good" (34.2% overall), with Baldwin County reporting a higher percentage of "very good" ratings (39.1% vs. 28.2%) and fewer "poor" ratings (1.9% vs. 3.9%) compared to Mobile County. Conversely, Mobile County had a slightly higher percentage of "excellent" ratings (12.0% vs. 8.7%).

The survey results on healthcare insurance coverage in Baldwin and Mobile counties reveal that Medicare is the most common form of coverage, representing 48.5% overall, with slightly higher rates in Baldwin County (49.7% vs. 48.1% in Mobile). Private insurance through direct purchase (14.4%), and employer-based plans (18.9%) are also significant sources of coverage, showing similar rates across both counties. Medicaid accounts for 6.6% of coverage, slightly higher in Mobile (6.9% vs. 5.9%). A small percentage of respondents reported being uninsured (2.8%), with Mobile County having a slightly higher rate (3.2% vs. 1.8% in Baldwin).

Respondents in Baldwin and Mobile counties (78.0% overall) reported having only one personal doctor or healthcare provider. Mobile County had a slightly higher percentage (79.6%) compared to Baldwin County (73.8%). A smaller portion (9.0% overall) reported having more than one provider, with Baldwin County slightly higher at 10.7%. Meanwhile, 13.0% of respondents overall indicated they did not have a personal doctor, with Baldwin County (15.5%) reporting a slightly higher percentage than Mobile County (12.0%). These findings suggest that most residents in both counties have a consistent healthcare provider, with slight variations in provider access between the regions.

The survey results show that the vast majority of respondents in Baldwin and Mobile counties (91.3% overall) reported having visited a doctor for a wellness exam or routine checkup within the past 12 months. Mobile County had a slightly higher percentage (91.9%)

compared to Baldwin County (89.9%). Only 4.4% reported having a checkup 1 to 2 years ago, while 2.1% had their last checkup 2 to 5 years ago. A very small percentage (1.5%) reported not having had a checkup in 5 or more years, with Baldwin County reporting a higher proportion (3.6%) than Mobile County (0.7%). Less than 1% indicated they had never had a wellness exam. These findings highlight strong engagement in preventive healthcare, with most respondents prioritizing routine checkups.

The survey results indicate that 73.6% of respondents in Baldwin and Mobile counties had a dental exam or cleaning within the past 12 months, with Mobile County reporting a slightly higher percentage (74.3%) than Baldwin County (71.9%). An additional 11.9% had their last exam 1 to 2 years ago, and 7.8% reported it was 2 to 5 years ago. A smaller percentage (5.6%) had not visited a dentist for 5 or more years, with Baldwin County showing a higher rate (7.8%) compared to Mobile County (4.8%). Only 1.0% of respondents indicated they had never had a dental exam. These findings suggest that most residents prioritize regular dental care, although a small proportion in Baldwin County may face barriers to routine visits.

Questions 7a, 7b, and 7c asked about patient's telehealth experiences with the following results:

- 20.3% of respondents used telehealth services in the past 12 months, with slightly higher usage in Mobile County (20.9%) compared to Baldwin County (18.9%). The majority (79.7%) did not use telehealth services.
- Among telehealth users, 85.2% rated their experience as "good" or better, with 19.0% rating it "excellent" and 33.1% "very good." Mobile County respondents gave slightly higher "excellent" ratings (20.0%) compared to Baldwin (16.1%). Negative ratings ("fair" or "poor") accounted for 14.8%, with Baldwin County reporting no "poor" ratings.
- Overall, 30.3% of respondents expressed interest in telehealth (8.9% "very interested" and 21.4% "somewhat interested"), with Mobile County showing a higher level of interest (10.5% "very interested") than Baldwin County (5.2%). However, 45.9% of respondents were "not at all interested," indicating substantial hesitancy toward telehealth services, particularly in Baldwin County (49.3%).

The focus then shifted to the COVID-19 Pandemic response with interviewees asked to comment on both the City of Mobile's response and local healthcare providers' response.

- The majority of respondents (34.0%) rated the City's response as a "5" on a 7-point scale, indicating a moderately positive evaluation. Additionally, 23.0% rated it the "best possible" (7), while 2.3% rated it as the "worst possible" (1). Mobile County had slightly more "best possible" ratings (23.1%) compared to Baldwin (22.9%), though Baldwin County had more neutral scores (e.g., "4" at 16.4%).
- Local healthcare providers received higher overall ratings, with 33.6% of respondents giving the "best possible" score (7) and 28.0% rating their response as a "5." Poor

ratings were minimal, with only 1.4% selecting "1" (worst). Baldwin County respondents gave slightly more favorable ratings, with 38.0% selecting "best possible" compared to 31.9% in Mobile County.

Respondents were asked about a series of items and how important they felt each item would be in improving the overall health in their community. The top six items rated as most important include: 1) a clean environment, 2) lower crime and safe neighborhoods, 3) cancer care, 4) good schools, 5) good places to raise children, and 6) support services to help people with natural disasters: flooding, hurricanes, and tornadoes. 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 A.13, A.14 and A.15 in Appendix A.

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>	95.1	4.4	0.2	0.2	0.2	100.1%	609
	<i>B</i>	96.4	3.0	0.6	0.0	0.0	100.0%	168
	<i>M</i>	94.6	5.0	0.0	0.2	0.2	100.0%	441
Q8n. Lower crime and safe neighborhoods.	<i>O</i>	93.3	5.4	0.7	0.3	0.3	100.0%	608
	<i>B</i>	91.1	7.1	1.2	0.6	0.0	100.0%	168
	<i>M</i>	94.1	4.8	0.5	0.2	0.5	100.1%	440
Q8x. Cancer Care.	<i>O</i>	93.1	6.6	0.0	0.3	0.0	100.0%	608
	<i>B</i>	92.9	7.1	0.0	0.0	0.0	100.0%	169
	<i>M</i>	93.2	6.4	0.0	0.5	0.0	100.1%	439
Q8j. Good Schools.	<i>O</i>	92.8	6.2	0.2	0.7	0.2	100.1%	609
	<i>B</i>	95.9	3.6	0.0	0.6	0.0	100.1%	169
	<i>M</i>	91.6	7.3	0.2	0.7	0.2	100.0%	440
Q8h. Good places to raise children.	<i>O</i>	90.7	8.1	0.8	0.2	0.2	100.0%	603
	<i>B</i>	91.6	6.6	1.2	0.6	0.0	100.0%	167
	<i>M</i>	90.4	8.7	0.7	0.0	0.2	100.0%	436
Q8ac. Support services to help people with natural disasters: flooding, hurricanes, tornadoes.	<i>O</i>	90.6	8.9	0.2	0.0	0.3	100.0%	609
	<i>B</i>	91.1	8.3	0.0	0.0	0.6	100.0%	169
	<i>M</i>	90.5	9.1	0.2	0.0	0.2	100.0%	440

* 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) mental health problems, 5) rape and sexual assault, and 6) drug use and abuse. The full list of health issues is located in Appendix A in Tables A.16 and A.17.

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>	95.9	3.6	0.0	0.3	0.2	100.0%	604
	<i>B</i>	95.2	4.8	0.0	0.0	0.0	100.0%	168
	<i>M</i>	96.1	3.2	0.0	0.5	0.2	100.0%	436
Q9c. Cancers.	<i>O</i>	90.5	8.6	1.0	0.0	0.0	100.1%	608
	<i>B</i>	88.8	10.1	1.2	0.0	0.0	100.1%	439
	<i>M</i>	91.1	8.0	0.9	0.0	0.0	100.0%	169
Q9g. Domestic violence.	<i>O</i>	90.2	8.7	0.5	0.5	0.2	100.1%	609
	<i>B</i>	92.3	7.7	0.0	0.0	0.0	100.0%	169
	<i>M</i>	89.3	9.1	0.7	0.7	0.2	100.0%	430
Q9p. Mental health problems.	<i>O</i>	89.5	9.0	1.2	0.3	0.0	100.0%	609
	<i>B</i>	89.9	9.5	0.6	0.0	0.0	100.0%	169
	<i>M</i>	89.3	8.9	1.4	0.5	0.0	100.1%	440
Q9s. Rape and sexual assault.	<i>O</i>	89.0	8.7	1.3	0.7	0.3	100.0%	598
	<i>B</i>	89.9	9.5	0.6	0.0	0.0	100.0%	169
	<i>M</i>	88.6	8.4	1.6	0.9	0.5	100.0%	429
Q9h. Drug use and abuse	<i>O</i>	87.8	9.9	1.0	0.8	0.5	100.0%	607
	<i>B</i>	91.1	8.3	0.0	0.6	0.0	100.0%	169
	<i>M</i>	86.5	10.5	1.4	0.9	0.7	100.0%	438

Determining the prevalence of different health conditions is vital in determining community need. Respondents were asked to identify whether a doctor or other health professional had ever told them if they had any number of a series of twelve major health issues. The top six health conditions identified by respondents in Mobile and Baldwin counties were: 1) high blood pressure, 2) high cholesterol, 3) diabetes, 4) depression, 5) heart disease, and 6) obesity. Table 3.4 shows these rankings and Table A.12 in Appendix A 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>	59.5	40.5	100.0%	607
	<i>B</i>	56.3	43.7	100.0%	167
	<i>M</i>	60.7	39.3	100.0%	440
Q10g. High Cholesterol.	<i>O</i>	48.7	51.3	100.0%	606
	<i>B</i>	43.4	56.6	100.0%	166
	<i>M</i>	50.7	49.3	100.0%	440
Q10e. Diabetes.	<i>O</i>	25.4	74.6	100.0%	607
	<i>B</i>	23.4	76.7	100.1%	167
	<i>M</i>	26.1	73.9	100.0%	440
Q10d. Depression.	<i>O</i>	22.6	77.4	100.0%	606
	<i>B</i>	24.1	75.9	100.0%	166
	<i>M</i>	22.1	78.0	100.1%	440
Q10f. Heart disease.	<i>O</i>	21.4	78.6	100.0%	607
	<i>B</i>	19.2	80.8	100.0%	167
	<i>M</i>	22.3	77.7	100.0%	440
Q10j. Obesity.	<i>O</i>	21.1	79.0	100.1%	608
	<i>B</i>	24.6	75.5	100.1%	167
	<i>M</i>	19.7	80.3	100.0%	441

Health-related services that are difficult to access are a clear problem and point to community needs. Respondents were asked to identify healthcare services 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) none, 2) mental health services, 3) services for the elderly, 4) specialty medical care (specialist doctors), 5) Other, and 6) emergency medical care. The full list of services can be found in Table A.19 in Appendix A. The “other” responses are presented in Appendix B, these responses range over a number of issues.

Table 3.5: Top 6 healthcare services respondent feels are difficult to get in Mobile or Baldwin counties – Ranked according to overall

	<i>Overall – Mobile & Baldwin counties</i>	<i>Baldwin County</i>	<i>Mobile County</i>
None	50.3	53.9	51.3
Mental health services	24.5	19.5	26.4
Services for the elderly	11.4	6.5	13.3
Specialty medical care (specialist doctors)	11.0	5.9	12.9
Other	8.3	6.5	9.0
Emergency medical care	7.8	6.5	8.4

Sixteen percent of Mobile and Baldwin County respondents indicated that they had delayed getting needed medical care at some point in the past 12 months. Delays in seeking healthcare can lead to more severe, complicated, and costly problems. Factors contributing to such delays are again clear signals of community needs. Table 3.6 lists the top three reasons, not counting those saying “other”, identified by respondents for why they delayed in getting needed medical care: 1) could not afford medical care, 2) insurance problems or a lack of insurance, and 3) could not get an appointment soon enough. The full list of reasons for delaying needed medical care can be found in Table A.21 in Appendix A. The “other” responses are presented in Appendix B.

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

	<i>Overall – Mobile & Baldwin counties</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Could not afford medical care	23.2	16.0	25.7
Insurance problems / lack of insurance	11.6	8.0	12.9
Could not get an appointment soon enough	11.6	0.0	15.7

When seeking medical care for someone who is sick, the results indicate that the majority of respondents across Baldwin and Mobile counties typically seek healthcare from a family doctor (61.6% overall), with similar rates in both counties (Baldwin: 62.1%, Mobile: 61.4%). Urgent care clinics are the second most common choice at 22.1%, with Baldwin slightly higher at 23.1%. Emergency room visits account for 11.6% overall, slightly more frequent in Mobile County (12.0%) than Baldwin (10.7%). Usage of community health centers, free clinics, and health departments is minimal (less than 2% combined). These findings highlight a strong preference for family doctors, with urgent care clinics as a key alternative, especially when immediate care is needed.

Results show that a strong majority of respondents in Baldwin and Mobile counties feel confident in their ability to make and maintain healthy lifestyle changes. Overall, 37.0% reported being “extremely confident,” with Baldwin County slightly higher (40.0%) than Mobile County (35.8%). An additional 41.3% indicated they are “very confident,” with Mobile slightly higher (42.0%) than Baldwin (39.4%). Only a small portion of respondents expressed lower confidence, with 2.6% “not very confident” and 1.3% “not at all confident.” These findings suggest that most individuals in both counties feel capable of managing their health, though there is a slightly higher percentage of lower confidence levels in Mobile County.

The survey data indicate that most respondents in Baldwin and Mobile counties (79.4% overall) reported never using tobacco products, with similar rates in both counties (Baldwin:

78.7%, Mobile: 79.7%). The use of cigarettes or cigars was reported by 8.8% overall, slightly higher in Mobile County (9.5%) compared to Baldwin (7.1%). Vaping or e-cigarette use was low at 3.8% overall, while the use of chewing tobacco or snuff was minimal (2.0% overall). Additionally, 7.4% reported quitting tobacco use more than a year ago, with another 1.3% quitting within the last 12 months. These findings suggest that while tobacco use remains relatively low, there are slight differences in usage patterns between the two counties, with Mobile County showing slightly higher usage rates.

When asked about wait times, respondents in Baldwin and Mobile counties (44.6% overall) are willing to wait up to 7 days for a well visit with their preferred provider. Baldwin County respondents were slightly more inclined to accept this timeframe (47.3%) compared to Mobile County respondents (43.6%). A smaller percentage, 16.7% overall, were willing to wait up to 2 weeks, while only 12.4% overall indicated they would prefer an appointment within the same day. Willingness to wait longer than a month was low, with 6.7% overall indicating they were willing to wait 4 months or longer. These findings suggest that while many respondents prioritize prompt access within a week, some are more flexible, especially for routine well visits.

The results indicate that the majority of respondents (60.5% overall) are "very likely" to accept an appointment with a physician assistant (PA) if it means being seen sooner than their preferred provider. Mobile County respondents are more open to this option (63.2%) compared to Baldwin County (53.3%). Additionally, 24.8% overall reported being "somewhat likely" to do so, with Baldwin County showing a slightly higher rate (29.1%) than Mobile County (23.2%). Only 6.7% overall indicated being "very unlikely" to accept a PA appointment, with Baldwin County reporting a higher proportion (9.7%) compared to Mobile (5.5%). These results suggest a general openness to alternative providers to reduce wait times, particularly in Mobile County.

The survey results indicate that most respondents (63.2% overall) in Baldwin and Mobile counties are "very likely" to accept an appointment with a nurse practitioner (NP) if it means being seen sooner, with higher willingness in Mobile County (65.5%) compared to Baldwin County (57.0%). An additional 25.0% overall reported being "somewhat likely," with Baldwin County respondents slightly more inclined (27.9%) than Mobile County respondents (23.8%). Only 6.0% overall indicated being "very unlikely" to choose an NP appointment, with Baldwin County showing a higher proportion (7.9%) compared to Mobile (5.3%). These results suggest a broad acceptance of NPs as an option for quicker care, particularly among Mobile County respondents.

The survey results reveal that most respondents in Baldwin and Mobile counties (29.7% overall) are willing to travel up to 10 miles (approximately 20 minutes) for a well visit with their preferred provider. A significant portion (23.4%) is willing to travel up to 20 miles (approximately 35 minutes). Shorter travel distances, such as less than 5 miles or around 10 minutes, were preferred by 20.9%, while only 7.5% overall preferred distances under 5 miles. Willingness to travel longer distances (30 miles or more) was reported by a smaller percentage (9.6% for 30 miles, 5.7% for 50+ miles). These findings suggest that most respondents prioritize convenience, with some openness to moderate travel distances for healthcare access. The travel patterns appear consistent across both counties, with minimal differences.

The survey results indicate that recommendations play a significant role in the selection of primary care physicians (PCPs) in Baldwin and Mobile counties. Overall, 24.8% of respondents chose their PCP based on a family member's recommendation, with 20.6% following advice from another healthcare provider. Recommendations from friends (16.2%) and co-workers/acquaintances (6.2%) were less common. Digital and media-based sources had minimal influence, with internet reviews accounting for 2.5% and social media at just 0.8%. Notably, 2.0% chose their PCP based solely on insurance coverage, and 0.8% selected their PCP due to availability. Approximately 14.5% indicated "other" reasons, and 9.6% reported no specific selection criteria. These findings highlight the importance of personal recommendations and professional referrals in PCP selection, with limited reliance on media and advertising.

A significant portion of respondents (66.9%) are over 65 years old, with Baldwin County (69.8%) having a slightly higher percentage than Mobile (65.8%). Only 4.8% of respondents are aged 18 to 30.

The majority of respondents identified as White/Caucasian (65.7%), followed by Black/African-American (29.7%). Hispanic or Latino representation was minimal at 1.0%.

The largest group of respondents (27.5%) reported "some college" education, followed by "high school degree or GED" (24.9%). Graduate or professional degrees were held by 12.1%, with Baldwin County reporting a higher percentage (15.2%) than Mobile (11.0%).

The majority (59.5%) of respondents are retired, with Baldwin County having a slightly higher percentage (61.8%) compared to Mobile (58.7%). Full-time employment was reported by 22.9% overall.

Income levels varied, with 19.5% of respondents reporting annual incomes between \$35,000 and \$50,000. Higher-income households (more than \$100,000) comprised 16.1%, and 6.3% reported incomes below \$15,000.

The majority of respondents were female (67.7%), with a higher representation in Mobile County (68.9%) compared to Baldwin (64.5%).

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.

Please note in these instances, for a given area, a statistically significant difference just indicates that the percentages reporting between the two counties are different enough to warrant additional attention. In most cases where there are no statistically significant

differences, it means that Baldwin and Mobile counties are very similar regarding that particular item.

For example, in question 11 regarding health services that are difficult to obtain and in particular regarding item 2 dental care/dentures, there is a statistically significant difference between Mobile and Baldwin counties. In this case, 9% of Mobile County respondents said this is a problem compared to only 4% in Baldwin County. In this case, statistically, we can be 95% confident that this relationship is non-random. By comparison, in question 11 for item 3 emergency medical care, the difference between Mobile and Baldwin counties is not statistically significant. Thus, while Mobile County has 8.35% of respondents saying emergency care is hard to get, Baldwin County only has 6.51% of respondents saying emergency care is hard to get. There is a difference, but since the relationship is not statistically significant, the differences between the counties on this dimension are not as important.

The seven areas where statistically significant differences were identified are discussed below.

In looking at items that are important for a healthy community, Mobile and Baldwin County residents were in relative agreement on most of the 31 items. However, there were statistically significant differences regarding alcohol and drug use. Both counties had high percentages of those saying very important (Mobile: 80.0%, Baldwin: 79.8%), indicating broad agreement. A slightly higher proportion of respondents from Baldwin County (14.3%) rated this as "somewhat important" compared to Mobile (16.7%). Finally, Baldwin County reported more "neither" responses (6.0% compared to Mobile's 1.2%), while Mobile had slightly higher "somewhat unimportant" and "very unimportant" responses (1.2% and 0.9%, respectively). While both counties overwhelmingly agree that reducing alcohol and drug abuse is crucial for improving community health, Baldwin County respondents showed a slightly more divided view, with more neutral responses compared to Mobile County.

There were five statistically significant differences associated with question 11 regarding healthcare services that are difficult to obtain. The following describe each of the five key differences.

Dental Care/Dentures: 9.0% of Mobilians reported difficulty accessing dental care compared to 4.1% in Baldwin County. Residents of Mobile County perceive significantly greater challenges in obtaining dental care. This may point to disparities in dental service availability or affordability.

Physical Therapy/Rehabilitation: 6.3% of Mobile respondents reported difficulty compared to 2.4% in Baldwin County. Access to rehabilitation and physical therapy services is perceived as more difficult in Mobile County, indicating possible limitations in facilities or availability of specialists.

Services for the Elderly: In Mobile County, 13.3% reported difficulty accessing elderly care services compared to 6.5% in Baldwin County. Mobile County respondents report nearly double the difficulty in accessing elderly care services, suggesting a need for improved geriatric healthcare resources and support systems in the area.

Specialty Medical Care: 12.9% of Mobile respondents noted difficulty accessing specialist doctors, compared to 5.9% in Baldwin County. Mobile County respondents face greater challenges in accessing specialists, which may affect timely treatment for complex medical conditions.

Women's Health Services: Of those in Mobile County, 6.6% reported difficulty accessing women's health services, compared to 1.8% in Baldwin County. The disparity suggests a gap in women's health services in Mobile County, potentially indicating issues with availability, location, or wait times for services like gynecological care.

The statistically significant differences highlight that Mobile County residents face greater difficulties accessing multiple types of healthcare services compared to Baldwin County. The differences suggest systemic issues in Mobile County related to service availability, distribution, or patient-to-provider ratios, particularly in areas like dental care, specialty medical care, and women's health. Addressing these disparities may require targeted policy interventions, increased funding, and expanded healthcare infrastructure to improve access across these critical service areas.

Finally, the last statistically significant difference was for an item related to the question pertaining to why someone had to delay medical care during the past 12 months and specifically related to not being able to get an appointment within a specified period of time.

In Mobile County, 15.7% of respondents indicated that their delay in receiving medical care was due to an inability to get an appointment soon enough. However, for Baldwin County, 0% of respondents reported this as a reason for delay. Overall, 11.6% of respondents cited this issue, driven entirely by Mobile County responses. The data suggests that Mobile County residents experience more challenges in securing timely medical appointments, potentially due to factors such as provider shortages, appointment availability, or wait times. In contrast, Baldwin County respondents did not report this as an issue, indicating better access or fewer barriers to prompt care.

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 77 responses were collected.

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

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

Overall, a total of 290 e-mails were initially distributed on November 12, 2024. Reminder surveys were sent on November 18, November 25, and December 3, 2024. Of the 290, two e-mails were duplicates, three e-mails failed to send, and 40 e-mails bounced for 245 unique and working e-mails. Thus, with 77 responses, the CHL had a completion rate of 31.4%.

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

Table 4.1: Survey Details

<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>
11/12/2024	11/25/2024	12/03/2024	12/11/2024	77	7.9 minutes	31.4%

Key Survey Findings

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

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

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)	46	59.7
1n. Low crime / safe neighborhoods	24	31.2
1r. Mental health services	19	24.7
1s. Quality education	16	20.8
1c. Affordable housing	15	19.5
1g. Good employment opportunities	14	18.2
<i>N</i>	77	

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) drug use and abuse, 3) obesity and excess weight, 4) child abuse and neglect, 5) heart disease and stroke, and 6) homelessness. The full list of health issues is located in Appendix C in Table C.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	51	66.2
2h. Drug use / abuse	22	28.6
2r. Obesity / excess weight	18	23.4
2d. Child abuse / neglect	15	19.5
2j. Heart disease and stroke	15	19.5
2l. Homelessness	14	18.2
<i>N</i>	77	

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) homelessness, 4) excess weight, 5) not seeing a doctor or a dentist, and 6) alcohol abuse. Table 4.4 shows these rankings and Table C.3 in Appendix C 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	51.9
3f. Poor eating habits / poor nutrition	38	49.4
3d. Homelessness	28	36.4
3c. Excess weight	22	28.6
3i. Not seeing a doctor or dentist	22	28.6
3a. Alcohol abuse	17	22.1
<i>N</i>	77	

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

Health leaders were also asked to identify which healthcare services are difficult to get in either Mobile or Baldwin counties. For this question, leaders were allowed to select all that they felt applied. Table 4.5 shows the six healthcare services health leaders felt are the most difficult to access: 1) mental health services, 2) alcohol or drug abuse treatment, 3) services for the elderly, 4) preventative healthcare including routine or wellness check-ups, 5) primary medical care (a primary doctor/clinic), and 6) dental care including dentures. The full list of services can be found in Table C.4 in Appendix C.

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	57	74.0
4m. Alcohol or drug abuse treatment	24	31.2
4k. Services for the elderly	19	24.7
4h. Preventative healthcare (routine or wellness check-ups, etc.)	17	22.1
4j. Primary medical care (a primary doctor / clinic)	13	16.9
4b. Dental care including dentures	12	15.6
	<i>N</i>	77

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

When looking at the health of county residents, the majority (59.4%) rated the health of county residents as "somewhat healthy." 26.1% rated it "unhealthy," and only 8.7% considered it "healthy." No respondents rated the health as "very healthy."

In terms of the quality of healthcare services, almost half (49.3%) rated healthcare services as "good." Whereas, 23.2% rated them as "fair," while only 2.9% rated them "excellent." A small percentage (4.4%) rated services as "poor."

In assessing the types of services provided by the respondent's organization, the most common service types were healthcare (20.6%) and education (17.7%). Housing/temporary shelter (11.8%) and government services (7.4%) also made up notable portions.

In terms of client demographics, most respondents serve individuals (34.6%) and families (32.7%). A smaller percentage serves homeless populations (7.3%) and veterans (1.8%).

Related to client referral practices, the majority (72.3%) provide clients with information for external assistance. Only 14.9% send referrals directly by phone, email, or fax.

Looking at client age groups, 48.0% of respondents serve adults under 65, 40.0% serve children, and 18.7% serve seniors.

Looking next at awareness of client services from other organizations, 80.4% found it "helpful" to know what other services clients have received, with only 2.0% indicating it was "not helpful."

For client volume, 27.8% of organizations serve 20,000 or more clients annually. 18.5% serve 500 or fewer clients, reflecting a wide range in organizational capacity.

In terms of income eligibility requirements, 62.5% of organizations serve everyone without income restrictions. Only small percentages require eligibility based on federal poverty levels.

Respondents also indicated the proportion of their staff involving volunteers. 51.4% of organizations reported that volunteers make up 1–25% of their staff. 18.9% have no volunteer staff, while 13.5% reported that volunteers make up 76–100% of their staff.

Finally, respondents were asked about the types of electronic client record systems their organizations use. 40.0% use electronic medical records (EMRs) or electronic health records (EHRs). 42.5% use other systems, and 12.5% were unsure of the systems used.

Comparing the Community and the Community Health Leaders

This section compares the results of the 612 community members from Mobile and Baldwin counties with the results of the 77 community health leaders from Mobile and Baldwin counties. These comparisons should demonstrate where the community and health leaders converge and diverge in terms what constitutes a health community, what the most important health issues are, how each group views the health of the community, 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.

Both Community and Health Leaders surveys emphasize mental health, safe neighborhoods, good education, and the need for accessible dental and healthcare services. In terms of overall differences: the Health Leaders survey focuses more on systemic healthcare gaps like preventive and primary care, while the Community survey highlights concerns related to emergency care, environmental health, and personal safety issues. These differences indicate that community members and health professionals may view healthcare and health priorities through different lenses, with one focusing on holistic wellness and accessibility, while the other prioritizes acute care and safety-related issues.

When looking at the features of a health community Table D.6, Both surveys include the importance of low crime and safe neighborhoods, the role of good schools, and the quality of educational opportunities in a healthy community. Differences emerge though as the Health Leaders survey prioritizes access to health services, while the Community survey places a higher emphasis on environmental health (e.g., clean water and air). Both surveys agree on fundamental community priorities such as safety, and education. However, there are nuanced differences in the inclusion of environmental and exogenous factors.

Table 4.6: Comparison of Features of a Healthy Community

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

When examining the most important health issues, consensus was reached on the issues of mental health, drug abuse and child abuse/neglect. However, views differed along the following lines: The Community survey highlights domestic violence, and sexual assault as key health issues, while the Health Leaders survey emphasizes obesity and diabetes. Both surveys are aligned on concerns around mental health and substance abuse but differ in how they prioritize chronic diseases versus issues related to personal safety and violence.

Table 4.7: Comparison of Most Important Health Issues

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

The modal category for both groups for evaluating the health of community members was somewhat healthy and the quality of healthcare services available was good. In both cases,

this represents the middle category of the scales and is somewhat unsurprising as it is the cognitively easiest answer for both questions.

Table 4.8: Comparison of Community Health and Health Services

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

Finally, when looking at health services that are difficult to obtain, both surveys highlight mental health issues and services for the elderly. The Health Leaders survey reports difficulty accessing primary medical care, preventive healthcare, and alcohol/drug abuse treatment, whereas the Community survey highlights challenges with specialty medical care, women's health, and primary medical care. Both surveys agree that mental health services and dental care are key areas where access is lacking. However, the Health Leaders survey focuses more on routine and preventive services, while the Community survey points to specialty care gaps in terms of both medical care and women's health.

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

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

COMMUNITY RESOURCES – 5

Summary

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

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

Community Resource List

Table 5.1 : Acute Care Hospitals

<i>Facility</i>	<i>Phone</i>
Mobile Infirmary	(251) 435-2400
North Baldwin Infirmary	(251) 937-5521
Providence Hospital	(251) 633-1000
South Baldwin Regional Medical Center	(251) 949-3400
Springhill Medical Center	(251) 344-9630
Thomas Hospital	(251) 928-2375
USA University Hospital	(251) 471-7110
USA Children's and Women's Hospital	(251) 415-1000

Table 5.2: Specialty Hospitals

<i>Facility</i>	<i>Phone</i>
BayPointe Children's Hospital	(251) 661-0153
Infirmary Long Term Acute Care Hospital	(251) 435-5822

Table 5.3: Federally Qualified Health Clinics

<i>Facility</i>	<i>Phone</i>
Aello/Buskey Women and Children Center	(251) 452-1442
Family Oriented Primary Health Care Clinic	(251) 690-8115
Franklin Primary Health Centers	(251) 432-4117
La Clinica De Baldwin	(251) 947-1083
Loxley Family Medical Center	(251) 964-4011
Maysville Medical Center	(251) 471-3747

Mostellar Medical Center	(251) 824-2174
South Baldwin Family Health Center	(251) 943-7237
The Hadley Medical Center	(251) 450-8055

Table 5.4: Nursing Homes

<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
Citronelle Health & Rehabilitation Center	(251) 866-5509
Crowne Health Care of Mobile	(251) 473-8684
Crowne Health Care of Springhill	(251) 304-3013
Diversicare of Foley	(251) 943-2781
Eastern Shore Rehabilitation and Health Center	(251) 621-4200
Fairhope Health and Rehab	(205) 783-8444
Gordon Oaks Health & Rehab	(251) 661-7608
Grand Bay Convalescent Home, Inc.	(251) 865-6443
Gulf Coast Health & Rehabilitation	(251) 634-8002
Kindred Transitional Care and Rehab	(251) 316-0917
Little Sisters of the Poor Sacred Heart Residence	(251) 476-6335
Lynwood Nursing Home	(251) 661-5404
Mobile Nursing & Rehabilitation Center	(251) 639-1588
North Mobile Nursing & Rehabilitation Center	(251) 452-0996
Crowne Health Care of North Baldwin	(251) 937-3501
Palm Gardens Health & Rehabilitation	(251) 450-2800
Sea Breeze Healthcare Center	(251) 433-5471
Springhill Manor Nursing Home	(251) 342-5623
Springhill Senior Residence	(251) 343-0909
Twin Oaks Rehabilitation & Healthcare Center	(251) 476-3420
William F. Green State Veterans Home	(251) 937-9881
WillowBrooke Court Skilled Care Center at Westminster Village	(251) 626-7007

Table 5.5: Hospice Services

<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) 478-6931
Covenant Hospice, Inc.-Daphne	(251) 626-5255
Encompass Health	(251) 661-5313
Gentiva Hospice	(251) 340-6387
Hospice South	(251) 473-3892
Infirmity Home Care	(251) 450-3300
Kindred Hospice - Daphne	(251) 621-2500
Kindred Hospice - Mobile	(251) 478-9900
Mercy Medical Home Care & Hospice – Mobile	(251) 304-3135
Mercy Medical Home Care & Hospice - Baldwin	(251) 621-4228
Saad's Hospice Services	(251) 343-9600
SouthernCare Daphne	(251) 621-2844
SouthernCare Mobile	(251) 666-2113
Springhill Home Health and Hospice	(251) 725-1268
Springhill Hospice - Baldwin County	(251) 626-5895
St. Joseph Hospice of South Alabama, LLC	(251) 675-7555
Veterans Affairs Outpatient Clinic	(251) 219-3900

Table 5.6: Home Health Agencies

<i>Facility</i>	<i>Phone</i>
Addus Healthcare	(251) 414-5855
Alacare Home Health & Hospice - Mobile	(251) 341-0707
Amedisys Home Health of Foley	(800) 763-6382
Amedisys Home Health of Mobile	(251) 380-0492
BrightStar Care North Mobile/Baldwin Co.	(251) 405-6451
Carestaff	(251) 380-2070
Comfort Care Coastal Home Health	(251) 621-4431
Home Instead Senior Care	(251) 342-6655
Infirmity HomeCare of Mobile	(866) 541-0239
Kindred at Home	(251) 316-0917
Maxim Healthcare	(251) 470-0223
Mercy Life of Alabama	(251) 287-8427
Oxford HealthCare Services	(800) 404-3191
ProHealth-Gulf Coast, LLC	(866) 330-0609
Saad Healthcare	(251) 343-9600
South Baldwin Regional Home Health	(251) 424-1045
Springhill Home Health & Hospice	(251) 433-8172
Thomas Home Health	(251) 990-9200

Table 5.7a: Social Service Agencies

<i>Facility</i>	<i>Phone</i>
Social Service Organizations	
Community Action Agency of Mobile	(251) 457-7143
Community Action Agency of South Alabama	(251) 626-2646
Community Foundation of South Alabama	(251) 438-5591
Dumas Wesley Community Center	(251) 479-0649
Goodwill Easter Seals of the Gulf Coast	(251) 471-1581
Mobile United	(251) 432-1638
Salvation Army of Coastal Alabama	(251) 438-1625
The Foley Community Service Center	(251) 380.3057
The Light of the Village	(251) 680-4613
United Way of Baldwin County	(251) 943-2110
United Way of Southwest Alabama	(251) 433-3624
Volunteers of America Southeast	(251) 300-3500
Waterfront Rescue Mission	(251) 433-1847
YMCA Dearborn	(251) 432-4768
YMCA North Mobile	(251) 679-8877
YMCA Bounds Branch	(251) 626-0888
Aging and Gerontology	
AARP Mobile	(251) 470-5235
Area Agency on Aging	(251) 433-6541
Independent Living Center	(251) 460-0301
Via! Senior Citizens Services	(251) 470-5226
Alcohol, Tobacco, and Other Drugs	
Drug Education Council	(251) 478-7855
Home of Grace for Women	(251) 456-7807
Mission of Hope	(251) 649-0830
Serenity Care	(251) 478-1917
Wings of Life	(251) 432-5245
Church Groups and Organizations	
Catholic Social Services	(251) 434-1500
Christ United Methodist Church	(251) 342-0462
Dauphin United Way Methodist Church	(251) 471-1511
Ecumenical Ministries, Inc. - Eastern Shore	(251) 928-3430
Ecumenical Ministries, Inc. - South Baldwin	(251) 943-3445
First Baptist of Church of Robertsdale	(251) 947-4362
Little Sisters of the Poor	(251) 476-6335
Mount Hebron	(251) 457-9900
Ransom Ministries	(251) 751-0044
Revelation Missionary Baptist Church	(251) 473-2555
Trinity Lutheran Church	(251) 456-7929
Trinity Family Church	(251) 423-8238

Table 5.7b: Social Service Agencies

<i>Facility</i>	<i>Phone</i>
Developmental Disabilities	
Mobile Arc	(251) 479-7409
Mulherin Custodial Home	(251) 471-1998
The Learning Tree	(251) 649-4420
Education and Youth Development	
Big Brothers Big Sisters of South Alabama	(251) 344-0536
Boys & Girls Club of South Alabama	(251) 432-1235
Child Day Care Association	(251) 441-0840
Fuse Project	(251) 265-3873
Girl Scouts of Southern Alabama	(800) 239-6636
GRMCA Early Childhood Directions	(251) 473-1060
Junior League of Mobile	(251) 471-3348
Mobile Area Education Foundation	(251) 476-0002
Preschool for the Sensory Impaired	(251) 433-1234
South Baldwin Literacy Council	(251) 943-7323
Family and Child Welfare	
Child Advocacy Center	(251) 432-1101
Court Appointed Special Advocates (CASA) Mobile	(251) 574-5277
Crittendon Youth Services	(251) 639-0004
Penelope House Family Violence Center	(251) 342-8994
St. Mary's Home	(251) 344-7733
Wilmer Hall Children's Home	(251) 342-4931
Food Pantries	
Emma's Harvest Home	(251) 478-8768
Feeding the Gulf Coast	(251) 653-1617
Prodissee Pantry (Baldwin)	(251) 626-1720
Health Care	
AIDS South Alabama	(251) 471-5277
Alabama Free Clinic - Baldwin County	(251) 937-8096
Alabama Rehabilitation Services	(251) 479-8611
American Cancer Society	(251) 344-9856
American Heart Association - Mobile	(800) 257-6941 Ext. 5397
American Red Cross	(251) 544-6100
Epilepsy Foundation of Alabama	(251) 341-0170
Franklin H.E. Savage Healthcare for the Homeless	(251) 694-0070
Lifesouth Community Blood Center	(888) 795-2707
March of Dimes – Mobile	(251) 438-1360
Oznam Charitable Pharmacy	(251) 432-4111
Ronald McDonald House Charities of Mobile	(251) 694-6873
Sickle Cell Disease Association of America (Mobile)	(251) 432-0301
United Cerebral Palsy of Mobile	(251) 479-4900
Us Too!	(251) 591-8557
Victory Health Partners	(251) 460-0999

Table 5.7c: Social Service Agencies

<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 – COMMUNITY SURVEY TABLES

Table A.1: Q1. Would you say that in general your health is . . . ?

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Excellent	8.7	11.2	7.7
Very Good	26.1	24.9	26.6
Good	40.5	39.1	41.1
Fair	18.8	20.7	18.1
Poor	5.9	4.1	6.6
<i>Total</i>	100.0%	100.0%	100.1%
<i>N</i>	612	443	169

Table A.2: Q2. 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	4.2	4.8	3.9
Healthy	24.9	19.3	27.0
Somewhat Healthy	58.6	58.6	58.6
Unhealthy	10.1	14.5	8.4
Very Unhealthy	2.3	2.8	2.1
<i>Total</i>	100.1%	100.0%	100.0%
<i>N</i>	527	145	382

Table A.3: Q3. 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	11.1	8.7	12.0
Very Good	31.2	39.1	28.2
Good	34.2	32.9	34.7
Fair	20.1	17.4	21.1
Poor	3.4	1.9	3.9
<i>Total</i>	100.0%	100.0%	99.9%
<i>N</i>	593	161	432

Table A.4: Q4. 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	14.4	14.8	14.3
Private Insurance – Employer Based	18.9	18.9	18.9
Private Insurance – Employer Based Spouse	2.5	3.0	2.3
Medicare	48.5	49.7	48.1
Medicaid	6.6	5.9	6.9
Tricare / Military Insurance	4.5	4.7	4.4
Other	1.8	1.2	2.1
No Insurance	2.8	1.8	3.2
<i>Total</i>	100.0%	100.0%	100.2%
<i>N</i>	604	169	435

Table A.5: Q5. 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	78.0	73.8	79.6
Yes, More than One	9.0	10.7	8.4
No	13.0	15.5	12.0
<i>Total</i>	100.0%	100.0%	100.0%
<i>N</i>	609	168	441

Table A.6: Q6. 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	91.3	89.9	91.9
1 to 2 years ago	4.4	3.6	4.8
2 to 5 years ago	2.1	1.8	2.3
5 or more years ago	1.5	3.6	0.7
Have never had one	0.7	1.2	0.5
<i>Total</i>	100.0%	100.1%	100.2%
<i>N</i>	611	169	442

Table A.7: Q7. 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	73.6	71.9	74.3
1 to 2 years ago	11.9	10.8	12.4
2 to 5 years ago	7.8	8.4	7.6
5 or more years ago	5.6	7.8	4.8
Have never had one	1.0	1.2	0.9
<i>Total</i>	99.9%	100.1%	100.0%
<i>N</i>	603	167	436

Table A.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	20.3	18.9	20.9
No	79.7	81.1	79.1
<i>Total</i>	100.0%	100.0%	100.0%
<i>N</i>	610	169	441

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

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Excellent	19.0	16.1	20.0
Very Good	33.1	32.3	33.3
Good	33.1	41.9	30.0
Fair	10.7	9.7	11.1
Poor	4.1	0.0	5.6
<i>Total</i>	100.0%	100.0%	100.0%
<i>N</i>	121	31	90

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

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Very Interested	8.9	5.2	10.5
Somewhat Interested	21.4	21.3	21.5
Not Very Interested	23.8	24.3	23.6
Not At All Interested	45.9	49.3	44.5
<i>Total</i>	100.0%	100.1%	100.1%
<i>N</i>	471	136	335

Table A.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	2.3	2.1	2.4
2	1.7	0.7	2.1
3	7.7	7.1	8.0
4	13.2	16.4	11.9
5	34.0	35.0	33.7
6	18.0	15.7	18.8
7 Best Possible	23.0	22.9	23.1
<i>Total</i>	99.9%	99.9%	100.0%
<i>N</i>	517	140	377

Table A.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	1.4	1.3	1.5
2	2.2	1.3	2.5
3	4.5	4.0	4.7
4	9.2	10.7	8.7
5	28.0	22.7	30.0
6	21.1	22.0	20.8
7 Best Possible	33.6	38.0	31.9
<i>Total</i>	100.0%	100.0%	100.1%
<i>N</i>	554	150	404

Table A.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 as a health clinic or hospital.	<i>O</i>	90.5	7.7	0.6	0.0	1.2	100.0%	610
	<i>B</i>	87.3	10.6	1.1	0.0	0.9	99.9%	442
	<i>M</i>	88.2	9.8	1.0	0.0	1.0	100.0%	168
Q8b. Active lifestyles including outdoor activities.	<i>O</i>	70.7	26.9	0.8	1.3	0.3	100.0%	603
	<i>B</i>	72.3	25.3	0.6	1.8	0.0	100.0%	166
	<i>M</i>	70.0	27.5	0.9	1.1	0.5	100.0%	437
Q8c. Affordable housing.	<i>O</i>	73.8	23.1	1.6	0.9	0.7	100.1%	579
	<i>B</i>	72.0	25.5	1.3	0.6	0.6	100.0%	157
	<i>M</i>	74.4	22.3	1.7	1.0	0.7	100.1%	422
Q8d. Arts and cultural events.	<i>O</i>	38.3	48.2	6.5	5.5	1.5	100.0%	585
	<i>B</i>	34.9	50.0	8.4	6.6	0.0	99.9%	166
	<i>M</i>	39.6	47.5	5.7	5.0	2.2	100.0%	419
Q8e. A clean environment including water, air, etc.	<i>O</i>	95.1	4.4	0.2	0.2	0.2	100.1%	609
	<i>B</i>	96.4	3.0	0.6	0.0	0.0	100.0%	168
	<i>M</i>	94.6	5.0	0.0	0.2	0.2	100.0%	441
Q8f. Family doctors and specialists.	<i>O</i>	90.3	8.2	1.0	0.2	0.3	100.0%	608
	<i>B</i>	92.2	6.6	1.2	0.0	0.0	100.0%	167
	<i>M</i>	89.6	8.8	0.9	0.2	0.5	100.0%	441
Q8g. Good employment opportunities.	<i>O</i>	84.2	14.0	1.4	0.2	0.3	100.1%	593
	<i>B</i>	83.4	14.7	1.2	0.6	0.0	99.9%	163
	<i>M</i>	84.4	13.7	1.4	0.0	0.5	100.0%	430
Q8h. Good places to raise children.	<i>O</i>	90.7	8.1	0.8	0.2	0.2	100.0%	603
	<i>B</i>	91.6	6.6	1.2	0.6	0.0	100.0%	167
	<i>M</i>	90.4	8.7	0.7	0.0	0.2	100.0%	436
Q8i. Good race relations.	<i>O</i>	84.6	12.8	1.7	0.7	0.3	100.1%	603
	<i>B</i>	88.1	10.1	1.8	0.0	0.0	100.0%	168
	<i>M</i>	83.2	13.8	1.6	0.9	0.5	100.0%	435
Q8j. Good schools.	<i>O</i>	92.8	6.2	0.2	0.7	0.2	100.1%	609
	<i>B</i>	95.9	3.6	0.0	0.6	0.0	100.1%	169
	<i>M</i>	91.6	7.3	0.2	0.7	0.2	100.0%	440
Q8k. Healthy food options.	<i>O</i>	85.7	12.6	1.3	0.0	0.3	99.9%	610
	<i>B</i>	86.4	11.2	2.4	0.0	0.0	100.0%	169
	<i>M</i>	85.5	13.2	0.9	0.0	0.5	100.1%	441
Q8l. Fewer homeless.	<i>O</i>	79.7	17.5	1.6	0.7	0.5	100.0%	576
	<i>B</i>	75.8	19.8	2.6	1.9	0.0	100.1%	157
	<i>M</i>	81.2	16.7	1.2	0.2	0.7	100.0%	419

Table A.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>	79.9	16.1	2.5	0.8	0.7	100.0%	598
	<i>B</i>	79.8	14.3	6.0	0.0	0.0	100.1%	168
	<i>M</i>	80.0	16.7	1.2	1.2	0.9	100.0%	430
Q8n. Lower crime and safe neighborhoods.	<i>O</i>	93.3	5.4	0.7	0.3	0.3	100.0%	608
	<i>B</i>	91.1	7.1	1.2	0.6	0.0	100.0%	168
	<i>M</i>	94.1	4.8	0.5	0.2	0.5	100.1%	440
Q8o. Less obesity.	<i>O</i>	74.5	22.5	2.0	0.5	0.5	100.0%	600
	<i>B</i>	73.2	23.2	3.0	0.0	0.6	100.0%	168
	<i>M</i>	75.0	22.2	1.6	0.7	0.5	100.0%	432
Q8p. Less sexually transmitted diseases.	<i>O</i>	85.8	11.6	1.7	0.5	0.3	99.9%	585
	<i>B</i>	83.6	13.3	3.0	0.0	0.0	99.9%	165
	<i>M</i>	86.7	11.0	1.2	0.7	0.5	100.1%	420
Q8q. Less tobacco use.	<i>O</i>	74.4	18.2	4.2	1.7	1.5	100.0%	594
	<i>B</i>	75.2	15.8	7.3	0.6	1.2	100.1%	165
	<i>M</i>	74.1	19.1	3.0	2.1	1.6	99.9%	429
Q8r. Mental health services.	<i>O</i>	89.8	9.4	0.3	0.3	0.2	100.0%	606
	<i>B</i>	89.8	9.0	0.6	0.6	0.0	100.0%	167
	<i>M</i>	89.8	9.6	0.2	0.2	0.2	100.0%	439
Q8s. More quality education.	<i>O</i>	87.3	11.4	0.7	0.5	0.2	100.1%	608
	<i>B</i>	88.2	11.2	0.6	0.0	0.0	100.0%	169
	<i>M</i>	87.0	11.4	0.7	0.7	0.2	100.0%	439
Q8t. More quality health care options.	<i>O</i>	84.2	13.8	1.7	0.2	0.2	100.1%	607
	<i>B</i>	86.4	12.4	1.2	0.0	0.0	100.0%	169
	<i>M</i>	83.3	14.4	1.8	0.2	0.2	99.9%	438
Q8u. Good transportation options.	<i>O</i>	71.6	24.1	3.0	1.0	0.3	100.0%	606
	<i>B</i>	75.2	20.1	3.6	1.2	0.0	100.1%	169
	<i>M</i>	70.3	25.6	2.8	0.9	0.5	100.1%	437
Q8v. Religious and/or spiritual values.	<i>O</i>	74.9	18.2	4.8	1.3	0.8	100.0%	605
	<i>B</i>	73.2	19.1	6.0	1.2	0.6	100.1%	168
	<i>M</i>	75.5	17.9	4.4	1.4	0.9	100.1%	437
Q8w. Social support services such as food pantries and charity services.	<i>O</i>	74.8	21.9	1.5	1.5	0.3	100.0%	608
	<i>B</i>	73.4	23.1	1.8	1.8	0.0	100.1%	169
	<i>M</i>	75.4	21.4	1.4	1.4	0.5	100.1%	439

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

Table A.15: q8x – q8ad 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>
Q8x. Cancer Care.	<i>O</i>	93.1	6.6	0.0	0.3	0.0	100.0%	608
	<i>B</i>	92.9	7.1	0.0	0.0	0.0	100.0%	169
	<i>M</i>	93.2	6.4	0.0	0.5	0.0	100.1%	439
Q8y. Access to birth control.	<i>O</i>	75.2	20.4	2.7	0.9	0.9	100.1%	584
	<i>B</i>	76.7	19.0	3.1	0.6	0.6	100.0%	163
	<i>M</i>	74.6	20.9	2.6	1.0	1.0	100.1%	421
Q8z. Access to HPV, that is human papillomavirus vaccine, that helps prevent cancers.	<i>O</i>	81.8	14.4	2.1	0.3	1.4	100.0%	582
	<i>B</i>	75.6	19.5	3.1	0.6	1.2	100.0%	164
	<i>M</i>	84.2	12.4	1.7	0.2	1.4	99.9%	418
Q8aa. Regular access to gynecological or GYN examinations.	<i>O</i>	87.4	11.5	0.7	0.3	0.2	100.1%	602
	<i>B</i>	92.6	7.4	0.0	0.0	0.0	100.0%	163
	<i>M</i>	85.4	13.0	0.9	0.5	0.2	100.0%	439
Q8ab. Support services to assist people with extreme heat and/or cold.	<i>O</i>	76.3	22.0	0.8	0.5	0.3	99.9%	604
	<i>B</i>	75.7	22.5	0.6	0.6	0.6	100.0%	169
	<i>M</i>	76.6	21.8	0.9	0.5	0.2	100.0%	435
Q8ac. Support services to help people with natural disasters: flooding, hurricanes, tornadoes.	<i>O</i>	90.6	8.9	0.2	0.0	0.3	100.0%	609
	<i>B</i>	91.1	8.3	0.0	0.0	0.6	100.0%	169
	<i>M</i>	90.5	9.1	0.2	0.0	0.2	100.0%	440
Q8ad. Youth activities and resources, such as playgrounds, parks, and summer programs.	<i>O</i>	78.8	19.7	1.2	0.2	0.2	100.1%	608
	<i>B</i>	77.4	20.2	2.4	0.0	0.0	100.0%	168
	<i>M</i>	79.3	19.6	0.7	0.2	0.2	100.0%	440
Q8ae. Free health screenings, such as for blood pressure, skin cancer, etc.	<i>O</i>	79.6	19.2	0.5	0.5	0.2	100.0%	608
	<i>B</i>	80.4	18.5	1.2	0.0	0.0	100.1%	168
	<i>M</i>	79.3	19.6	0.2	0.7	0.2	100.0%	440

Table A.16: 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>	52.3	39.1	5.3	2.4	1.0	100.1%	591
	<i>B</i>	53.4	37.4	7.4	1.2	0.6	100.0%	163
	<i>M</i>	51.9	39.7	4.4	2.8	1.2	100.0%	428
Q9b. Aging problems like dementia and loss of mobility.	<i>O</i>	82.9	15.9	0.3	0.7	0.2	100.0%	609
	<i>B</i>	83.3	15.5	0.0	0.6	0.6	100.0%	168
	<i>M</i>	82.8	16.1	0.5	0.7	0.0	100.1%	441
Q9c. Cancers.	<i>O</i>	90.5	8.6	1.0	0.0	0.0	100.1%	608
	<i>B</i>	88.8	10.1	1.2	0.0	0.0	100.1%	439
	<i>M</i>	91.1	8.0	0.9	0.0	0.0	100.0%	169
Q9d. Child abuse and neglect.	<i>O</i>	95.9	3.6	0.0	0.3	0.2	100.0%	604
	<i>B</i>	95.2	4.8	0.0	0.0	0.0	100.0%	168
	<i>M</i>	96.1	3.2	0.0	0.5	0.2	100.0%	436
Q9e. Dental problems.	<i>O</i>	64.0	32.7	1.8	1.0	0.5	100.0%	602
	<i>B</i>	65.1	30.7	3.0	0.0	1.2	100.0%	166
	<i>M</i>	63.5	33.5	1.4	1.4	0.2	100.0%	436
Q9f. Diabetes.	<i>O</i>	81.5	16.2	2.0	0.2	0.2	100.1%	606
	<i>B</i>	80.5	16.6	3.0	0.0	0.0	100.1%	169
	<i>M</i>	81.9	16.0	1.6	0.2	0.2	99.9%	437
Q9g. Domestic violence.	<i>O</i>	90.2	8.7	0.5	0.5	0.2	100.1%	609
	<i>B</i>	92.3	7.7	0.0	0.0	0.0	100.0%	169
	<i>M</i>	89.3	9.1	0.7	0.7	0.2	100.0%	430
Q9h. Drug use and abuse.	<i>O</i>	87.8	9.9	1.0	0.8	0.5	100.0%	607
	<i>B</i>	91.1	8.3	0.0	0.6	0.0	100.0%	169
	<i>M</i>	86.5	10.5	1.4	0.9	0.7	100.0%	438
Q9i. Fire-arm related injuries.	<i>O</i>	75.9	17.5	4.2	1.0	1.4	100.0%	590
	<i>B</i>	75.9	15.7	6.0	0.6	1.8	100.0%	166
	<i>M</i>	75.9	18.2	3.5	1.2	1.2	100.0%	424
Q9j. Heart disease and stroke.	<i>O</i>	87.7	11.3	0.7	0.3	0.0	100.0%	609
	<i>B</i>	86.9	12.5	0.6	0.0	0.0	100.0%	168
	<i>M</i>	88.0	10.9	0.7	0.5	0.0	100.1%	441
Q9k. HIV/AIDS.	<i>O</i>	75.7	21.0	1.2	1.0	1.0	99.9%	585
	<i>B</i>	73.2	24.4	1.2	1.2	0.0	100.0%	164
	<i>M</i>	76.7	19.7	1.2	1.0	1.4	100.0%	421
Q9l. Homelessness.	<i>O</i>	77.4	20.1	1.7	0.7	0.2	100.1%	597
	<i>B</i>	75.6	22.0	1.2	1.2	0.0	100.0%	164
	<i>M</i>	78.1	19.4	1.9	0.5	0.2	100.1%	433

Table A.17: 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>	82.9	13.6	2.0	0.8	0.7	100.0%	602
	<i>B</i>	86.1	11.5	2.4	0.0	0.0	100.0%	165
	<i>M</i>	81.7	14.4	1.8	1.1	0.9	99.9%	437
Q9n. Infant death.	<i>O</i>	84.7	12.2	1.9	0.9	0.3	100.0%	582
	<i>B</i>	86.4	10.7	3.0	0.0	0.0	100.1%	169
	<i>M</i>	84.0	12.8	1.5	1.2	0.5	100.0%	413
Q9o. Infectious diseases like hepatitis and tuberculosis.	<i>O</i>	75.3	20.4	2.3	0.8	1.2	100.0%	599
	<i>B</i>	81.3	16.9	1.8	0.0	0.0	100.0%	166
	<i>M</i>	73.0	21.7	2.5	1.2	1.6	100.0%	433
Q9p. Mental health problems.	<i>O</i>	89.5	9.0	1.2	0.3	0.0	100.0%	609
	<i>B</i>	89.9	9.5	0.6	0.0	0.0	100.0%	169
	<i>M</i>	89.3	8.9	1.4	0.5	0.0	100.1%	440
Q9q. Motor vehicle crash injuries.	<i>O</i>	69.7	25.3	3.3	1.3	0.3	99.9%	605
	<i>B</i>	67.9	26.8	4.2	1.2	0.0	100.1%	168
	<i>M</i>	70.4	24.8	3.0	1.4	0.5	100.1%	436
Q9r. Obesity or excess weight.	<i>O</i>	70.2	26.5	2.7	0.7	0.0	100.1%	604
	<i>B</i>	68.3	28.1	2.4	1.2	0.0	100.0%	167
	<i>M</i>	70.9	25.9	2.8	0.5	0.0	100.1%	437
Q9s. Rape and sexual assault.	<i>O</i>	89.0	8.7	1.3	0.7	0.3	100.0%	598
	<i>B</i>	89.9	9.5	0.6	0.0	0.0	100.0%	169
	<i>M</i>	88.6	8.4	1.6	0.9	0.5	100.0%	429
Q9t. Respiratory problems and lung disease.	<i>O</i>	80.1	16.5	2.5	0.8	0.2	100.1%	607
	<i>B</i>	78.4	18.6	2.4	0.6	0.0	100.0%	167
	<i>M</i>	80.7	15.7	2.5	0.9	0.2	100.0%	440
Q9u. Sexually transmitted diseases.	<i>O</i>	76.9	19.0	2.0	1.9	0.3	100.1%	596
	<i>B</i>	76.5	20.5	1.8	0.6	0.6	100.0%	166
	<i>M</i>	77.0	18.4	2.1	2.3	0.2	100.0%	430
Q9v. Suicide.	<i>O</i>	85.3	12.0	1.5	1.0	0.2	100.0%	599
	<i>B</i>	85.6	12.0	1.8	0.6	0.0	100.0%	167
	<i>M</i>	85.2	12.0	1.4	1.2	0.2	100.0%	432
Q9w. Teenage pregnancy.	<i>O</i>	78.2	18.1	2.5	0.8	0.3	99.9%	601
	<i>B</i>	75.6	19.6	4.2	0.0	0.6	100.0%	168
	<i>M</i>	79.2	17.6	1.9	1.2	0.2	100.1%	433
Q9x. Tobacco Use.	<i>O</i>	65.1	27.4	4.2	1.2	2.2	100.1%	602
	<i>B</i>	62.7	28.4	4.7	1.2	3.0	100.0%	169
	<i>M</i>	66.1	27.0	3.9	1.2	1.9	100.1%	433

Table A.18: q10a – q10m 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>	15.7	84.3	100.0%	605
	<i>B</i>	16.3	83.7	100.0%	166
	<i>M</i>	15.5	84.5	100.0%	439
Q10b. Chronic obstructive pulmonary disease or COPD.	<i>O</i>	8.8	91.3	100.1%	606
	<i>B</i>	9.0	91.0	100.0%	167
	<i>M</i>	8.7	91.3	100.0%	439
Q10c. Dementia or Alzheimer's.	<i>O</i>	1.2	98.9	100.1%	607
	<i>B</i>	0.6	99.4	100.0%	166
	<i>M</i>	1.4	98.6	100.0%	441
Q10d. Depression.	<i>O</i>	21.4	78.6	100.0%	607
	<i>B</i>	19.2	80.8	100.0%	167
	<i>M</i>	22.3	77.7	100.0%	440
Q10e. Diabetes.	<i>O</i>	25.4	74.6	100.0%	607
	<i>B</i>	23.4	76.7	100.1%	167
	<i>M</i>	26.1	73.9	100.0%	440
Q10f. Heart Disease.	<i>O</i>	21.1	79.0	100.1%	608
	<i>B</i>	24.6	75.5	100.1%	167
	<i>M</i>	19.7	80.3	100.0%	441
Q10g. High Cholesterol.	<i>O</i>	48.7	51.3	100.0%	606
	<i>B</i>	43.4	56.6	100.0%	166
	<i>M</i>	50.7	49.3	100.0%	440
Q10h. High blood pressure.	<i>O</i>	59.5	40.5	100.0%	607
	<i>B</i>	56.3	43.7	100.0%	167
	<i>M</i>	60.7	39.3	100.0%	440
Q10i. HIV or Aids.	<i>O</i>	0.8	99.2	100.0%	607
	<i>B</i>	0.6	99.4	100.0%	166
	<i>M</i>	0.9	99.1	100.0%	441
Q10j. Obesity.	<i>O</i>	22.6	77.4	100.0%	606
	<i>B</i>	24.1	75.9	100.0%	166
	<i>M</i>	22.1	78.0	100.1%	440
Q10k. Tuberculosis.	<i>O</i>	1.2	98.8	100.0%	606
	<i>B</i>	0.6	99.4	100.0%	167
	<i>M</i>	1.4	98.6	100.0%	439
Q10l. Alcohol or drug addiction.	<i>O</i>	2.6	97.4	100.0%	607
	<i>B</i>	0.6	99.4	100.0%	167
	<i>M</i>	3.4	96.6	100.0%	440
Q10m. Cancer care.	<i>O</i>	19.3	80.7	100.0%	605
	<i>B</i>	22.8	77.3	100.1%	167
	<i>M</i>	18.0	82.0	100.0%	438

Table A.19: 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)	5.2	4.1	5.6
*Dental care / dentures	7.7	4.1	9.0
Emergency medical care	7.8	6.5	8.4
Hospital care	5.4	5.9	5.2
Laboratory services	4.7	3.6	5.2
Mental health services	24.5	19.5	26.4
*Physical therapy / rehabilitation	5.2	2.4	6.3
Preventative healthcare (routine or wellness checkups)	6.5	4.7	7.2
Prescriptions / pharmacy services	5.6	3.6	6.3
Primary medical care (primary doctor or clinic)	6.4	5.9	6.6
*Services for the elderly	11.4	6.5	13.3
*Specialty medical care (specialist doctors)	11.0	5.9	12.9
Alcohol or drug abuse treatment	6.4	4.1	7.2
Vision care / eye exams / glasses	5.6	3.0	6.6
*Women's health	5.2	1.8	6.6
X-rays	2.9	1.8	3.4
Mammograms	2.9	1.8	3.4
Other	8.3	6.5	9.0
None	50.3	53.9	51.3
N	612	169	443

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

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

Table A.20: 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	15.6	15.0	15.9
No	84.4	85.0	84.1
<i>Total</i>	100.0%	100.0%	100.0%
<i>N</i>	608	167	441

Table A.21: 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	23.2	16.0	25.7
Insurance problems / lack of insurance	11.6	8.0	12.9
Lack of transportation	1.1	0.0	1.4
Language barriers / could not communicate	1.1	0.0	1.4
Provider did not take my insurance	1.1	4.0	0.0
Provider was not taking new patients	1.1	0.0	1.4
*Could not get an appointment soon enough	11.6	0.0	15.7
Could not get a weekend or evening appointment	1.1	0.0	1.4
Other	1.1	0.0	1.4
<i>N</i>	95	25	70

¹ May add to more than 100% since respondents could select all that apply.* Statistically significant difference between Baldwin and Mobile counties, $p < .05$

Table A.22: 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)	11.6	10.7	12.0
Family doctor	61.6	62.1	61.4
Any doctor	0.7	1.8	0.2
Urgent care clinic	22.1	23.1	21.7
Health department	1.0	0.0	1.4
Community health center	0.3	0.0	0.5
Free clinic	0.2	0.0	0.2
VA / Military facility	1.3	1.2	1.4
Other	1.3	1.2	1.4
<i>Total</i>	100.1%	100.1%	100.2%
<i>N</i>	612	169	443

Table A.23: 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	37.0	40.0	35.8
Very confident	41.3	39.4	42.0
Somewhat confident	17.8	18.2	17.7
Not very confident	2.6	1.2	3.2
Not at all confident	1.3	1.2	1.4
<i>Total</i>	100.0%	100.0%	100.1%
<i>N</i>	606	165	441

Table A.24: 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	8.8	7.1	9.5
Yes, chewing tobacco, snuff	2.0	2.4	1.8
Yes, vaping or e-cigarettes	3.8	3.6	3.8
No, quit in the last 12 months	1.3	1.2	1.4
No, quit more than a year ago	7.4	7.7	7.2
No, never used tobacco products	79.4	78.7	79.7
<i>N</i>	610	204	406

¹ May add to more than 100% since respondents could select all that apply.**Table A.25: Q17. How long would you be willing to wait to for a well visit to see your preferred provider . . .?**

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Less than a day	12.4	11.2	12.9
Up to 7 days, or 1 week	44.6	47.3	43.6
Up to 8 to 14 days, or 2 weeks	16.7	17.2	16.5
Up to 3 weeks	4.6	3.6	5.0
Up to 4 weeks, or 1 month	8.5	8.9	8.4
Up to 2 months	2.9	1.8	3.4
Up to 3 months, or	3.6	4.7	3.2
Up to 4 months or longer	6.7	5.3	7.2
<i>Total</i>	100.0%	100.0%	100.2%
<i>N</i>	612	169	443

Table A.26: Q18. How likely would you be to accept an appointment with a PA or physician's assistant if you could see them sooner than your preferred provider?

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Very likely	60.5	53.3	63.2
Somewhat likely	24.8	29.1	23.2
Neither likely nor unlikely	3.8	4.2	3.7
Somewhat unlikely	4.2	3.6	4.4
Very unlikely	6.7	9.7	5.5
<i>Total</i>	100.0%	99.9%	100.0%
<i>N</i>	600	165	435

Table A.27: Q19. How likely would you be to accept an appointment with a NP or nurse practitioner if you could see them sooner than your preferred provider??

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Very likely	63.2	57.0	65.5
Somewhat likely	25.0	27.9	23.8
Neither likely nor unlikely	2.2	2.4	2.1
Somewhat unlikely	3.7	4.9	3.2
Very unlikely	6.0	7.9	5.3
<i>Total</i>	100.1%	100.1%	99.9%
<i>N</i>	597	165	432

Table A.28: Q20. How far would you be willing to travel for a well visit to see your preferred provider?

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Less than 5 miles	7.5	7.7	7.5
Up to 5 miles, or approximately 10 minutes	20.9	18.9	21.7
Up to 10 miles, or approximately 20 minutes	29.7	31.4	29.1
Up to 20 miles, or approximately 35 minutes	23.4	23.1	23.5
Up to 30 miles, or approximately 45 minutes	9.6	10.1	9.5
Up to 40 miles or approximately 55 minutes	3.1	3.0	3.2
Up to or greater than 50 miles, or 1 hour	5.7	5.9	5.6
<i>Total</i>	99.9%	100.1%	100.1%
<i>N</i>	612	169	443

Table A.29: Q21. How did you select your primary care physician? Select All That Apply¹

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Recommended by a family member,	24.8	24.9	24.8
Recommended by a close friend,	16.2	12.4	17.6
Recommended by a co-worker or acquaintance	6.2	8.9	5.2
Recommended by another health care provider	20.6	21.9	20.1
Saw/found them on social media	0.8	1.2	0.7
Saw/found them in Internet reviews	2.5	3.0	2.3
Saw/found them on television	0.3	0.0	0.5
Saw/found them on radio,	0.7	1.2	0.5
Saw/found them on billboards or other print media like pamphlets	0.2	0.0	0.2
It was the only provider that I was able to get an appointment with	0.8	0.0	1.1
It was the only provider that my insurance would cover	2.0	1.2	2.3
Reputation of the hospital/health system, e.g., hospital/health system rankings	5.9	5.9	5.9
Other	14.5	15.4	14.2
None	9.6	11.8	8.8
<i>N</i>	612	169	443

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

Table A.24: D1. Age – Calculated from year respondent was born.

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
18 to 30	4.8	4.4	5.0
31 to 45	8.1	6.3	8.8
46 to 65	20.2	19.5	20.4
Over 65	66.9	69.8	65.8
<i>Total</i>	100.0%	100.0%	100.0%
<i>N</i>	580	159	421

Table A.25: D5. What is your race?

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
White / Caucasian	65.7	65.7	65.7
Black / African-American	29.7	28.4	30.3
Hispanic or Latino	1.0	2.4	0.5
Asian	0.2	0.0	0.2
American Indian / Alaskan Native	0.3	0.0	0.5
Pacific Islander	0.0	0.0	0.0
Multi-racial	0.8	1.2	0.7
Other	2.3	2.4	2.3
<i>Total</i>	100.0%	100.1%	100.2%
<i>N</i>	612	169	443

Table A.26: D6. 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	0.0	0.0	0.0
Grades 1 through 8	1.0	1.2	0.9
Some High School (grades 9 through 11)	3.7	1.8	4.3
High School Degree or GED	24.9	20.0	26.7
Vocational / Technical School	5.3	6.7	4.8
Some College	27.5	29.1	26.9
Bachelors or 4 Year College Degree	25.5	26.1	25.3
Graduate or Professional Degree (Law Degree)	12.1	15.2	11.0
<i>Total</i>	100.0%	100.1%	99.9%
<i>N</i>	603	165	438

Table A.27: D7. What is your current employment status?

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Disabled / Unable to work	5.1	3.0	5.9
Employed full-time	22.9	21.8	23.3
Employed part-time	4.6	4.9	4.6
Homemaker / Housewife or househusband	2.2	1.8	2.3
Retired	59.5	61.8	58.7
Seasonal worker	0.0	0.0	0.0
Student	0.8	0.0	1.1
Self-employed	1.8	3.0	1.4
Unemployed	3.0	3.6	2.7
<i>Total</i>	99.9%	99.9%	100.0%
<i>N</i>	603	165	438

Table A.28: D8. And finally, what was your total family income last year . . . ?

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Less than \$15,000	6.3	4.1	7.2
\$15,000 - \$25,000	9.6	8.9	9.8
\$25,000 - \$35,000	16.3	14.4	17.1
\$35,000 - \$50,000	19.5	21.9	18.5
\$50,000 - \$75,000	18.5	20.6	17.6
\$75,000 - \$100,000	13.8	15.1	13.3
More than \$100,000	16.1	15.1	16.5
<i>Total</i>	100.1%	100.1%	100.0%
<i>N</i>	492	146	346

Table A.29: Sex

	<i>Overall – Baldwin & Mobile County</i>	<i>Baldwin County</i>	<i>Mobile County</i>
Male	32.4	35.5	31.2
Female	67.7	64.5	68.9
<i>Total</i>	100.1%	100.0%	100.1%
<i>N</i>	612	169	443

APPENDIX B – COMMUNITY 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?

- Skin care
- waiting
- ONE HOSPITAL HAVE ALOTS OF PEOPLE WHERE THEY BLOCK THE OTHER THE HOSPITAL
- better doctors
- Transportation
- mriptsd doctor
- need to explain medicare more clearly
- pain managerment and price of over the counter medcine are to high
- lymphedema clinic
- cancer treatment centers
- family doctors
- lung screenings
- getting city cousnel to do what is needed
- support for grief
- animal care
- customer service
- holistic
- all of these are difficult without insurance
- good doctor
- getting blood
- AIDS awareness
- mri
- tranportation
- treating older people
- Endocranologists
- dementia or althimers
- hiv and aids medcine is hard to get
- ER's
- pain medcine
- respondent believes France has a better health care system
- multiplescrollosis center
- courts don't do enough with mental health, more transportation

- financial help to help a family member
- heart care
- home visits
- more urgent cares stay open late
- ambulance services- not covered under insurance
- pediatric rheumatologist
- support services for HIV pts

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

- Lack of specialist
- will tough out colds instead of going to doctor
- other things to do
- dealing with doctors
- caregiver for mother in law
- Fear
- Specialist was booked for several months
- don't trust the doctors
- too busy
- does not want to have surgery
- not good at being an adult
- weight problem
- My wife was sick
- time and don't want to go
- death in family
- didn't feel like it
- was not sure he wanted to do it
- wasn't serious enough
- I'm overweight and feel doctors write me off.
- took a long time to respond back/conflict of scheduling
- couldn't get time off work
- wanted to wait until after thanksgiving
- son cancer
- finding a good doctor
- finding a new dentist
- out of town
- issue with doctor
- I am putting off
- was in denial
- scare of doctors
- medicine too strong
- doctor closing too early
- did not like the doctor when he was younger
- didn't want to go to the hospital
- too busy
- thought home remedy would work
- Problem with eye

- taking care of daughter with colon cancer
- illness in family
- Terrible doctor who didnot takte my issues
- noone to care for bedridden husband
- Can not find a right doctor

Q21. How did you select your primary care physician? Other, Please specify?

- gender
- VA
- works with him
- work with them
- neighbor
- can't remember
- can't remember
- kept the doctors she had
- closer
- close by and associated with her hospital
- not very full with appointments
- Walk in
- where he went to med school
- word of mouth
- insurance
- because of price
- yellow pages
- goes straight to the hospital
- proximity
- don't have one
- location
- tries one out, if he doesn't like he goes to another
- va provide there doctors
- online
- comes through husband's insurance
- Interviewed certain doctors.
- new doctor took over old PCP's practice
- dont rember
- meeting on ER visit
- traffic
- close to house/ transportation
- hospital reccomendation
- He researched and shopped around for a dr with good bedside manner, etc
- Distance of office was close to house
- no personal doctor
- close to home
- phone book

- insurance told them
- on insurance list
- can't recall, been 40 years!
- saw them in action
- don't have one
- just looked in the phone book
- knew of them because of previous involvement
- took care of him during a heart emergency
- USA army
- worked on providence and picked the doctor
- other healthcare provider left and he picked between two and is happy
- by insurance provider
- just picked themselves
- old doctor retired, selected from list given by old PCP
- live close by
- pick doctor off list given by office
- searched the internet
- picked them out after primary retired
- proximity
- the insurance changed my provider and who I could see
- proximity
- proximity
- doesn't have a primary care physician
- convenience
- took over prior dr
- researched doctors credentials on internet
- can't remember how selected
- just picked one
- can not remember
- proximity
- through their VA
- looked on insurance and seen doctor's name
- can't remember
- one of their doctors died and this other doctor took their place.
- through insurance company
- doesn't remember
- knew from work
- selected by insurance
- prev doctor retired, stated seeing NP in same practice
- don't remember

- through the military
- always been the provider
- called the office and they said to come in.

Q22. Thinking again about healthy communities, are there any other items, resources, or services that you feel are needed in your neighborhood to make it a healthier community?

- Community center- needs medic for pool/park
- no
- need more specialists
- more family doctors
- no
- no
- no
- affordable dental care, home for elder
- Transportation downtown at night, not safe for Uber, help around house, handyman, very little things for children to do in the community, addiction care
- no
- none
- don't know
- Abortion options
- no
- Better country cook meals and healthier restaurants for elderly and less fast food places.
- out door walking
- No
- More primary care that use Thomas Hospital not South Baldwin
- More sidewalks, parks, safe places to walk/run and bicycle.
- better seniors activity
- walkin area better lighting maintain parks
- Industries pollution in the neighborhood.
- no
- no
- no
- no
- transport for elderly
- none
- no
- More options and choices and more access to public recreations
- nothing
- already knew him
- No it is fairly good We are very lucky
- more specialists, PCPs, shorter waits for appts & tests

- dental
- keep a better cleaner yard
- urgent care
- no
- no
- Mental health services closer
- Safer walking areas and sidewalks.
- nothin I can think
- Have more sidewalks so people would be encouraged to walk
- MORE CHOICES MORE PRIVATE CHOICES
- Safer neighborhood
- Easier access to talking to doctors
- transportation sewer service
- dog catcher
- In general air and water improvment
- ER care
- no
- no
- no
- no
- more healty food store, farmer market for fresh fruits
- no
- no
- Better hospital care.
- Mental health services, lots of things where I live but definitely need more healthcare options and less waiting time, we have lots of social activities.
- Nothing
- better doctors
- No
- more dedicated walking areas parks
- no
- no
- no
- There not enough facilities for patients with trachea
- making sure water is safe to drink
- Mental care fails in Alabama
- no
- getting a dr. appt.
- Less smoking

- No
- no
- meals on wheel
- needing more YMCA, now 30pounds heavier.
- mental health services
- better access to primary care providers
- some type of directory to find different type of doctors
- more access to primary care
- no
- More specialists
- Im surprised that are not more food banks
- Psychiatrists and rehab centers
- Transportation
- no
- people gathering as a community
- no
- no
- Closer hospital in Mobile county rural area
- none
- movitation education finding people needs
- more doctors larger ER more hospital
- no
- no
- close all fast food rest
- more general practioner and cancer doctors
- Not really
- Another doctor
- start training children early to cook
- No
- MORE ACCEPTANCE OF VETERANS CARE AND TRICARE
- No
- no
- less fast food more
- More information to victims famileys about services for mental health and mobility.
- more drug treatment center
- smoke free environment
- drug awareness
- mental illness

- can't think of anything
- If someone is committed -prefers one doctor in charge of and who will refer back to person in charge
- better school after care program
- can't think of anything
- People are deciding not to use resources, they are available
- Im not sure,
- no
- more sidewalks
- no
- free exercising
- Mental Health answers
- access to more screenings
- ability to call 988 to request for whether or not you need medical or mental problem. request a soft landing !
- no
- closer senior citizen center /play ground
- no
- no
- no
- no
- more walking trails/bikes
- pool cleaner
- no
- more sidewalks, more outdoor activities for adults
- speed sign
- A lot of communities don't have sidewalks to get out and get the proper exercise. Not enough community recreational.
- more jobs
- no
- no at the time
- more police control
- Every thing available
- no
- Waterways in better shape, gun issues, prescription prices.
- no
- none
- walking trails and more parks
- clinics are needed
- police station

- cleaner
- eye care and dentert
- sidewalk
- transport/ moving immobilized people from the outskirts of community, Meals on Wheels doesn't deliver that far
- none
- no
- na
- Lack of doctor and dental offices
- neghiborhood garden
- clean the ditches & continue spraying mosquitoes
- more er's
- no
- none
- no
- healthier fast food options
- no
- no
- no
- fire hydrant
- more mental health
- lower prices on health so everyone can have it
- no
- no
- more options for lower income families, gyms, rec departments
- no
- Easier dental options for seniors
- meals on wheels program can be improved- shortage of drivers
- Nothjing I can think of
- We are in need a larger hospital
- Primary Care
- Primary care providers, another hospital.
- none
- no
- none
- gym
- no
- no
- no

- Public transport for people who do not get around well. Primary care is hard to get.
- more transportation besides BRAT
- no
- no
- more affordable insurance
- None
- noe
- Attitude of health care. Two friend died shortly after being examined.
- no
- Baldwin county}}}} more public transportation
- need a recreational director for pool area and more activity
- general doctors
- More Police presence in the community
- odor from waste treatment plant -- need help
- more home visits
- clean up garbage and litter on side of road
- More people that support affordable sitters and caregivers that come by the house. Hiring caregivers at a cheaper rate.
- better police protection
- My community is really good at providing health care service. Transportation, it is hard to get around when you do not have a car and they charge so much to get from point a to point b. When you live on a fixed income it is hard to find the extra money to put aside for this type of thing.
- remove copper water lines for purer drinking/ bathing water
- There can be improvements in every area need for the community
- Transportation needs attention; and it is too expensive. Less regulations on healthcare insurance and more easy explanations. Better police officer responding to accident
- none
- no
- affordable housing for low income people, education to maintain life and maintain a healthy lifestyle. Things for the children within the community for kids to do within their home city. City involvement into improving the childhood lifestyle.
- no not really, living in the same place for over 50 years.
- none
- There is too much wasted time within school on things that are not pertaining to healthcare. Too much overview on sexual orientation and not about sexual education. Leave the discussion up to the parents, and do not force anything against the parents permission. Abortion within schools and gender care is hurting the school system. Governmental abuse is too prominent in the school system. Schools keeping secrets from the parents regarding the child and the lifestyle choices that the child wants to have. Not pleased with the conversations about gender confusing. There is too much government interference. Public schools have had government boundary interference. Does not care about pronoun care, cares about wants men out of women's bathrooms and to protect the children. Abuse in medical authority.
- none
- none

- already knew them
- More doctors less people moving here We need to catch up on traffic lights
- no
- no
- more access to health equipment
- none
- need urgent care clinics and doctors in every community. Need to have long term Mental Hospitals in stead of Alta Pointe. prisons have become the Mental Health Hospital. Needs to be better medical evaluation of the Drs patients so they can prefer insulin and/or diabetic medication to patients. There are pt who are getting insulin when they should only be getting a diabetic pill and vice versa. Feel different medicines is being pushed on pts . Drs need to focus on what medicine is best for pts overall health. There should be government provided locks for weapons to help prevent unnecessary injuries. Local pharmacys need to be able to renew patients perscriptions as perscriptions expire. Need a better perscription renewal between pharmacys and doctors.
- none
- no
- more sidewalks
- none
- more help for the homeless
- more mental health services
- houseing for homeless more mental health care
- everything
- mental health services
- sidewalks
- no
- Communities need more walking trail
- have free classes for mental services eductation on taking care of your body food bank for everybody for people not recieving food stamps
- no
- no
- no
- no
- no
- no
- None come to mind, drug abuse center to help them recover and to help the youth to quit vaping and smoking weed.
- none that comes to mind
- sidewalks, traffic lights.
- screen test and mental services and heart health
- Mobile county
- none
- willing to listen

- a place to go walking/exercise
- none
- funding for after school program
- MOBILE HEALTH CLINIC TO VISIT NEIGHBORHOODS AND PARKS. MORE EDUCATION IN SCHOOL ABOUT HEALTH.
- no
- drug treatment mental health
- more elderly services
- More walking access. More curbs
- Lab services in your area. XRay services.
- none
- better food in school better riding and walking trails
- Homeless assistance.
- Mental health wise, there is a pretty bad mental health system in Alabama. Sister with epilepsy that turns into mental health crisis for the family and the services are difficult to obtain.
- Recreation Parks for kids to have to get activities to become more healthier
- more fruit stands
- support groups for autism /als, need more children psychiatry
- Sidewalk for exercises purposes.
- more thing to do for kids a rec.
- they need to be quicker in construction.
- no
- more food assess more stores
- no
- no
- mental facilities
- The only thing is free health care and mental health awareness needs to be dealt with seriously. People suffer in silence and need help available
- don't have a doctor yet
- no
- no
- mental health
- for people of low income should be provide some type of medical help more mental health care
- more food banks- there are not any close by
- people to help elderly in community
- none
- more transportation for Dr appts, better housing for homeless
- updated animal shelter
- Mental Health services
- Mobile County less vandalism

- free clinic /
- clean enviroment
- none
- sidewalks
- more hospitals
- Housing for homeless. More jobs
- no
- no
- better transportation for elder and in home visits and stop closing small hospital
- More mental health and suicide prevention services
- no
- no
- care for people with out insurance
- no
- no
- no
- More informaton about home care
- no
- no
- none
- the cost of medicine for insulin is too high and needs to be more reasonable
- assistance for elderly , custodian care, county transportation for elderly
- something for the homeless
- none
- more health services, home visits
- none
- None
- more things for the elder
- none
- More patrolling late at night aka drug exchanges
- no
- mobile cnty
- mental care
- Need a clinic closer to neighborhood
- no
- more wellnesss check
- none
- no

- no
- no
- no
- clinic/free/working people to assist working people
- more parks
- The state should adopt medicaid.
- no
- none
- no
- bike lanes monkey bars in parks
- Can't think of any
- Help people living in overgrown areas
- Education at young age would be more helpful and Mental health help to remove the stigma
- It's a matter of people being able to afford to be healthier. Being able to afford to purchase food to eat health. Make life affordable to grow our own foods. Just make life affordable again. Stop building section 8 housing for people who don't want to work. Make it harder for people to live on assistance and easier for the working class citizens. Do more drug screening for people who get public assistance
- Mental health services
- no
- access to healthy food
- more health service more health food stores more fresh vegetable
- None that I can think of
- Nearer healthy food option markets in communities so people won't have to travel so far to purchase
- Mental health services
- none
- closer to more doctors
- bike lane, people would use that for transportation if needed and do not have a car
- less crime
- more police patrols and street lights
- Lives in Mobile. Having to not pay co-pay for procedures, medicines
- healthy food option
- /more activities for elders /teens mothers for looking or caring for them as a adult mother or house mother/bug sprayer/keeping grass cut
- none
- have food donation
- Transportation options for people who do not have a car.
- mental health is needed badly
- no
- no

- maintaining and reopening the county parks being back open
- To have Police patrol areas in neighborhoods more frequently to feel more safe because of crime.
- no
- assess to grocery store/
- no
- more parks
- None at this time
- cheaper dentists
- get the drugs and dealers out
- drug clinic
- services for mental
- no
- need more transportation to medical care
- up keep of property's renter properties kept up
- no
- gave people what they need can make it a healthier community
- no
- community gardens, early reading intervention
- no
- need more specialist
- no
- police , have a lot of people speed in neighborhood
- no It is good now
- good roads
- no
- more health and services for the homeless, transportation assistance
- more options for seniors
- Traffic issues surrounding area, causing wrecks.
- a hospital
- no
- no
- could use an urgent care, doctors office
- no
- none
- no
- none
- better ability to walk in areas, sidewalks
- need more of everything elderly care more hospital care

- Medicaid expansion, this is their main problem. People do need access to contraceptives. More help towards people with disabilities like autism, mental health assistance. Be mindful of individuals with social security as well.
- no
- None
- free healthcare for all
- none
- obesity , what people consume in their daily lives and mental health
- no
- none
- none
- none
- children more play grounds
- none
- none
- no
- Fix the roads.
- none
- no
- no
- Walking trails
- no
- Emergency medical care access that is closer.
- help for the homeless in the neighborhood teen guidance
- obesity
- ER assist
- no
- no
- access to gym
- pick herself
- no
- mental health care, affordable health care insurance
- more food pantries, shelters, free health screenings
- no
- more police patrols, power is unstable and needs to go underground
- More playgrounds, and clean up, and safe neighborhood
- mental help help for older people
- affordable health insurance
- Money to fund more access to healthcare services.

- mental health
- Better education of people living in the communities of health care services
- sidewalks
- pain management
- none
- no
- none
- more fresh food options
- more medical worker
- no
- more urgent cares
- More Health Fairs to educate communities. Free Community testing
- a gym- family to accomadate all family members
- none
- none
- none
- no
- needs a doctor in area
- None
- no
- Better responsive doctors
- closer ER in neighborhood
- Foster care services, battered women sevices, updating parks with exercise equip, senior programs.
- no
- no
- none
- Mental health facilities
- None
- more walking area
- more health places
- no
- none
- closer eye doctor
- none
- no
- no MRI machine in Creola,Al
- more playgrounds
- None she can think off

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

APPENDIX C – HEALTH LEADERS TABLES

Community Health Leaders Survey Data Tables

Table C.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)	46	59.7
1b. Active lifestyles / outdoor activities	9	11.7
1c. Affordable housing	15	19.5
1d. Arts and cultural events	1	1.3
1e. Clean environment (clean water, air, etc.)	13	16.9
1f. Family doctors and specialists	3	3.9
1g. Good employment opportunities	14	18.2
1h. Good place to raise children	4	5.2
1i. Good race relations	0	0.0
1j. Good schools	7	9.1
1k. Healthy food options	6	7.8
1l. Low numbers of homeless	1	1.3
1m. Low alcohol and drug use	3	3.9
1n. Low crime / safe neighborhoods	24	31.2
1o. Low percent of population that are obese	4	5.2
1p. Low numbers of sexually transmitted diseases (STDs)	0	0.0
1q. Low tobacco use	0	0.0
1r. Mental health services	19	24.7
1s. Quality education	16	20.8
1t. Quality hospitals and urgent / emergency services	10	13.0
1u. Good transportation options	2	2.6
1v. Religious or spiritual values	5	6.5
1w. Social support services	6	7.8
1x. Some other feature	4	5.2
<i>N</i>	77	

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

**Table C.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	2.6
2b. Aging problems (e.g., dementia, vision / hearing loss, loss of mobility)	12	15.6
2c. Cancers	13	16.9
2d. Child abuse / neglect	15	19.5
2e. Dental problems	4	5.2
2f. Diabetes	7	9.1
2g. Domestic violence	6	7.8
2h. Drug use / abuse	22	28.6
2i. Fire-arm related injuries	7	9.1
2j. Heart disease and stroke	15	19.5
2k. HIV / Aids	0	0.0
2l. Homelessness	14	18.2
2m. Homicide	4	5.2
2n. Infant Death	2	2.6
2o. Infectious diseases (e.g., hepatitis, TB, etc.)	1	1.3
2p. Mental health problems	51	66.2
2q. Motor vehicle crash injuries	2	2.6
2r. Obesity / excess weight	18	23.4
2s. Rape / sexual assault	1	1.3
2t. Respiratory / lung disease	3	3.9
2u. Sexually Transmitted Diseases (STDs)	2	2.6
2v. Suicide	2	2.6
2w. Teenage pregnancy	1	1.3
2x. Tobacco use	0	0.0
2y. Some other health issue	3	3.9
	<i>N</i>	77

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

Table C.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	17	22.1
3b. Drug abuse	40	51.9
3c. Excess weight	22	28.6
3d. Homelessness	28	36.4
3e. Lack of exercise	12	15.6
3f. Poor eating habits / poor nutrition	38	49.4
3g. Not getting shots to prevent disease	7	9.1
3h. Not using seat belts / child safety seats	2	2.6
3i. Not seeing a doctor or dentist	22	28.6
3j. Tobacco use	7	9.1
3k. Unprotected / unsafe sex	5	6.5
3l. Some other unhealthy behavior	7	9.1
<i>N</i>	77	

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

Table C.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.)	11	14.3
4b. Dental care including dentures	12	15.6
4c. Emergency medical care	2	2.6
4d. Hospital care	6	7.8
4e. Laboratory services	2	2.6
4f. Mental health services	57	74.0
4g. Physical therapy / rehabilitation	2	2.6
4h. Preventative healthcare (routine or wellness check-ups, etc.)	17	22.1
4i. Prescriptions / pharmacy services	7	9.1
4j. Primary medical care (a primary doctor / clinic)	13	16.9
4k. Services for the elderly	19	24.7
4l. Specialty medical care (specialist doctors)	10	13.0
4m. Alcohol or drug abuse treatment	24	31.2
4n. Vision care (eye exams and glasses)	4	5.2
4o. Women's health	5	6.5
4p. X-Rays or mammograms	1	1.3
4q. Cancer care	5	6.5
4r. Some other healthcare service	2	2.6
	<i>N</i>	77

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	6	8.7
Somewhat healthy	41	59.4
Unhealthy	18	26.1
Very unhealthy	3	4.4
Don't Know	1	1.5
	<i>N</i>	69
		100.1

Table C.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	2	2.9
Very good	12	17.4
Good	34	49.3
Fair	16	23.2
Poor	3	4.4
Don't Know	2	2.9
<i>N</i>	69	100.1

Table C.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	1	1.5
Business	0	0.0
Clothing / thrift store	1	1.5
Disability services	2	2.9
Education	12	17.7
Employment / job training	1	1.5
Faith based counseling	0	0.0
Financial counseling	0	0.0
Food assistance	4	5.9
Government	5	7.4
Healthcare	14	20.6
Housing / temporary shelter	8	11.8
Legal aid	0	0.0
Mental health	1	1.5
Pregnancy or adoption assistance	0	0.0
Public Service	5	7.4
Senior services	1	1.5
Utility payment assistance	2	2.9
Some other services	11	16.2
<i>N</i>	68	100.3

Table C.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	5.5
Families	18	32.7
Homeless	4	7.3
Individuals	19	34.6
Veterans	1	1.8
Other	10	18.2
<i>N</i>	55	100.1

Table C.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)	34	72.3
Phone, email, or fax a referral to another organization	7	14.9
Send an electronic referral using a shared software system (such as Bowman Systems or CareScope)	2	4.3
Other	4	8.5
<i>N</i>	47	100.0

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

	<i>Frequency</i>	<i>Percent</i>
Children	30	40.0
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 C.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	80.4
Somewhat helpful	9	17.7
Not helpful	1	2.0
Don't Know	0	0.0
<i>N</i>	51	100.1

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

	<i>Frequency</i>	<i>Percent</i>
500 or less	10	18.5
501 to 1,000	7	13.0
1,001 to 5,000	12	22.2
5,001 to 10,000	2	3.7
10,001 to 20,000	6	11.1
20,000 or more	15	27.8
Don't Know	2	3.7
<i>N</i>	54	100.0

Table C.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	4	8.3
Yes, 100% of the federal poverty level or less	3	6.3
Yes, 150% of the federal poverty level or less	2	4.2
Yes, 200% of the federal poverty level or less	2	4.2
Yes, 300% of the federal poverty level or less	2	4.2
No, we serve everyone	30	62.5
Other	3	6.3
Don't Know	2	4.2
<i>N</i>	48	100.2

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

	<i>Frequency</i>	<i>Percent</i>
0%	7	18.9
1 – 25%	19	51.4
26 – 50%	2	5.4
51 – 75%	4	10.8
76 – 100%	5	13.5
<i>N</i>	37	100.0

Table C.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)	1	2.5
VisionLink (2-1-1 or Community)	0	0.0
Social Solutions (ETO Collaborative)	1	2.5
An electronic medical record (EMR) or electronic health record (EHR)	16	40.0
Some other system	17	42.5
Don't Know	5	12.5
<i>N</i>	40	100.0

APPENDIX D – HEALTH LEADERS 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”?

- safe, accessible, affordable childcare
- Lower the death rate of black and brown mother's and children at child birth
- low rate of child abuse/neglect
- Stop building on every inch of grass that is left in Baldwin county, take care of infrastructure first so we don't end up with water shortages
- Support for families with young children whose parents grew up in abusive, neglectful, traumatic circumstances with unhealthy parental relationships

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

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

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

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

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

- Timely appointments
- hunger-nutrition

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

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

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

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

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

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

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

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

APPENDIX E – COMMUNITY SURVEY QUESTIONNAIRE

Community Health Survey Questionnaire

**2025-2028 COMMUNITY HEALTH NEEDS ASSESSMENT
INFIRMARY HEALTH/USA HEALTH SYSTEM****SCREENER***I. Introduction*

“My name is _____ and I'm calling from the University of South Alabama. We are conducting a survey about healthcare needs and services in (Baldwin/Mobile) County. This survey should take less than 15 minutes. You may refuse to answer any question you wish and you may terminate the survey at any time.”

IF LANDLINE SKIPTO II
IF CELL PHONE SKIPTO III

II. Respondent Selection

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

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

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

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

IF RESPONDENT IS DIFFERENT FROM PERSON WHO ANSWERED PHONE – “My name is _____ and I'm calling from the University Polling Group. We are conducting a survey about healthcare needs and services in (Baldwin/Mobile) County. This survey should take less than 15 minutes. You may refuse to answer any question you wish and you may terminate the survey at any time.”

SKIPTO IV

III. Cell Phone

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

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

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

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

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

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

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

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

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

EXIT TO DISPOSITION

SKIPTO IV

IV. Survey Start

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

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

- 8 DK
- 9 NA

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

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

- 8 DK
- 9 NA

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

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

- 8 DK
- 9 NA

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

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

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

- 98 DON'T KNOW
- 99 REF/NA

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

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

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

- 8 DK
- 9 NA

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

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

- 8 DK
- 9 NA

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

1 WITHIN THE PAST 12 MONTHS

2 1 TO 2 YEARS AGO

3 2 TO 5 YEARS AGO

4 5 OR MORE YEARS AGO

5 NEVER HAD ONE

8 DK

9 NA

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

1 YES

2 NO

8 DK

9 NA

IF YES SKIPTO 7B

IF NO SKIPTO 7C

SKIPTO 7D

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

1 EXCELLENT

2 VERY GOOD

3 GOOD

4 FAIR

5 POOR

8 DK

9 NA

SKIPTO 7D

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

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

- 8 DK
- 9 NA

SKIPTO 7D

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

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

- 8 DK
- 9 NA

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

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

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

- 8 DK
- 9 NA

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

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

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

- 8 DK
- 9 NA

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

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

- 8 DK
- 9 NA

C. "Affordable housing?"

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

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

- 8 DK
- 9 NA

D. "Arts and cultural events?"

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

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

- 8 DK
- 9 NA

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

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

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

- 8 DK
- 9 NA

F. "Family doctors and specialists?"

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

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

- 8 DK
- 9 NA

G. "Good employment opportunities?"

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

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

- 8 DK
- 9 NA

H. "Good places to raise children?"

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

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

- 8 DK
- 9 NA

I. "Good race relations?"

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

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

- 8 DK
- 9 NA

J. "Good schools?"

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

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

- 8 DK
- 9 NA

K. "Healthy food options?"

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

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

- 8 DK
- 9 NA

L. "Fewer homeless?"

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

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

- 8 DK
- 9 NA

M. "Less alcohol and drug abuse?"

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

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

- 8 DK
- 9 NA

N. "Lower crime and safe neighborhoods?"

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

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

- 8 DK
- 9 NA

O. "Less obesity?"

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

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

- 8 DK
- 9 NA

P. "Less sexually transmitted diseases?"

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

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

- 8 DK
- 9 NA

Q. "Less tobacco use?"

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

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

- 8 DK
- 9 NA

R. "Mental health services?"

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

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

- 8 DK
- 9 NA

S. "More quality education?"

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

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

- 8 DK
- 9 NA

T. "More quality health care options?"

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

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

- 8 DK
- 9 NA

U. "Good transportation options?"

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

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

- 8 DK
- 9 NA

V. "Religious and/or spiritual values?"

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

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

- 8 DK
- 9 NA

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

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

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

8 DK

9 NA

X. Cancer Care

Y. Access to birth control

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

AA. Regular access to gynecological or GYN examinations

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

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

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

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

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

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

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

8 DK

9 NA

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

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

8 DK
9 NA

C. "Cancers?"

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

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

8 DK
9 NA

D. "Child abuse and neglect?"

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

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

8 DK
9 NA

E. "Dental problems?"

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

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NEITHER IMPORTANT NOR UNIMPORTANT

4 SOMEWHAT UNIMPORTANT
5 VERY UNIMPORTANT

8 DK
9 NA

F. "Diabetes?"

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

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

8 DK
9 NA

G. "Domestic violence?"

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

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

8 DK
9 NA

H. "Drug use and abuse?"

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

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

- 8 DK
- 9 NA

I. "Fire-arm related injuries?"

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

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

- 8 DK
- 9 NA

J. "Heart disease and stroke?"

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

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

- 8 DK
- 9 NA

K. "HIV/AIDS?"

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

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

- 8 DK
- 9 NA

L. "Homelessness?"

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

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

- 8 DK
- 9 NA

M. "Homicides?"

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

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

- 8 DK
- 9 NA

N. "Infant death?"

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

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

- 8 DK
- 9 NA

O. "Infectious diseases like hepatitis and tuberculosis?"

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

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

- 8 DK
- 9 NA

P. "Mental health problems?"

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

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

- 8 DK
- 9 NA

Q. "Motor vehicle crash injuries?"

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

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

- 8 DK
- 9 NA

R. "Obesity or excess weight?"

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

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

- 8 DK
- 9 NA

S. "Rape and sexual assault?"

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

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

- 8 DK
- 9 NA

T. "Respiratory problems and lung disease?"

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

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

- 8 DK
- 9 NA

U. "Sexually transmitted diseases?"

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

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

- 8 DK
- 9 NA

V. "Suicide?"

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

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

- 8 DK
- 9 NA

W. "Teenage pregnancy?"

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

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

- 8 DK
- 9 NA

X. "Tobacco Use?"

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

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

- 8 DK
- 9 NA

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

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

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

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

1 YES

2 NO

8 DK

9 NA

D. “Depression?”

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

1 YES

2 NO

8 DK

9 NA

E. “Diabetes?”

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

1 YES

2 NO

8 DK

9 NA

F. “Heart Disease?”

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

1 YES

2 NO

8 DK

9 NA

G. “High Cholesterol?”

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

1 YES

2 NO

8 DK

9 NA

H “High blood pressure?”

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

1 YES

2 NO

8 DK

9 NA

I. “HIV or Aids?”

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

1 YES

2 NO

8 DK

9 NA

J. “Obesity?”

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

1 YES

2 NO

8 DK

9 NA

K. “Tuberculosis?”

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

1 YES

2 NO

8 DK

9 NA

L. “Alcohol or drug addiction?”

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

1 YES

2 NO

8 DK

9 NA

M. Cancer Care

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

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

SELECT ALL THAT APPLY

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

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

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

IF YES SKIPTO Q13; ELSE SKIPTO Q14

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

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

SELECT ALL THAT APPLY

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

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

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

98 DK

99 NA

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

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

8 DK

9 NA

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

IF YES, PROBE: "Anything else?"

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

SELECT ALL THAT APPLY

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

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

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

98 DK

99 NA

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

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

8 DK

9 NA

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

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

8 DK

9 NA

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

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

98 DK

99 NA

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

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

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

RECORD VERBATIM RESPONSE

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

DEMOGRAPHICS

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

RECORD YEAR BORN

D2. (18.) “Have you personally ever served in the United States Armed Forces, military reserves, or National Guard?”

- 1 YES
- 2 NO

- 8 DK
- 9 NA

IF YES SKIPTO Q18A; ELSE SKIPTO Q19

D3. (19.) “Are you currently serving in the Armed Forces, the military reserves, or the National Guard?”

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

- 8 DK
- 9 NA

IF ARMED FORCES SKIPTO Q18B; ELSE SKIPTO Q19

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

- 1 YES
- 2 NO

- 8 DK
- 9 NA

IF NO SKIPTO Q18C; ELSE SKIPTO Q19

D5. (40.) (18.) (21) “What is your race?”

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

- 98 DK
- 99 NA

D6. (41.) (19.) (23) “What is the highest level of school you have completed or the highest degree you have received?”

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

98 DK

99 NA

D7. (42.) (20.) (24) “What is your current employment status?”

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

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

98 DK

99 NA

D8. (43.) (21.) (25) “And finally, what was your total family income last year . . . was it less than \$15,000, \$15,001 to \$25,000, \$25,001 to \$35,000, \$35,001 to \$50,000, \$50,001 to \$75,000, \$75,001 to \$100,000 or more than \$100,000?”

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

8 DK

9 NA

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

END SURVEY

ENTER SEX OF RESPONDENT

- 1 MALE
- 2 FEMALE

ENTER YOUR INTERVIEW ID NUMBER

RECORD 4 DIGIT ID

ENTER ANY FINAL COMMENTS

APPENDIX F – HEALTH LEADERS SURVEY QUESTIONNAIRE

Community Health Leaders Survey Questionnaire

Community Health Leaders Survey

Start of Block: Introduction and informed consent

I1

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

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

This survey should take less than 10 minutes to complete, and your answers are completely confidential. There are no experimental procedures involved in this research and there should be limited to no risks or discomfort in completing the survey. The benefit of participation is being able to inform policymakers regarding your perspectives on what constitutes a health community. There are no alternative procedures in this research. All responses are completely anonymous and any results will be published in aggregate format thereby preserving anonymity. You may contact Dr. Thomas Shaw, Director of the USA Polling Group at tshaw@southalabama.edu if you have any questions regarding the survey. Your participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled, and you may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

We very much appreciate you taking the time to complete this survey. By clicking continue you are consenting to participate and will be taken to the survey. If you prefer not to participate please select that option below; it will take you to the end of the survey and remove you from our list to prevent any future reminder emails.

- ☐ I'M 18 YEARS OF AGE AND OLDER AND WISH TO CONTINUE TO SURVEY (1)
- ☐ PREFER NOT TO PARTICIPATE (2)

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

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

End of Block: Introduction and informed consent

Start of Block: Community Health 01



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

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

- ☐ Low numbers of sexually transmitted disease (STDs) (16)
- ☐ Low tobacco use (17)
- ☐ Mental health services (18)
- ☐ Quality education (19)
- ☐ Quality hospitals and urgent / emergency services (20)
- ☐ Good transportation options (21)
- ☐ Religious or spiritual values (22)
- ☐ Social support services (such as Salvation Army, food pantries, Catholic charities, Red Cross, etc.) (23)
- ☐ Some other feature (please specify) (24)

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

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

End of Block: Community Health 01

Start of Block: Community Health 02



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

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

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

- ☐ Mental health problems (16)
- ☐ Motor vehicle crash injuries (17)
- ☐ Obesity / excess weight (18)
- ☐ Rape / sexual assault (19)
- ☐ Respiratory / lung disease (20)
- ☐ Sexually Transmitted Diseases (STDs) (21)
- ☐ Suicide (22)
- ☐ Teenage pregnancy (23)
- ☐ Tobacco use (24)
- ☐ Some other health issue (please specify) (25)

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

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

End of Block: Community Health 02

Start of Block: Community Health 03



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

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

Start of Block: Community Health 04

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

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

☐

X-Rays or mammograms (16)

☐

Cancer Care

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

End of Block: Community Health 04

Start of Block: Community Health 05

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

☐

Very healthy (1)

☐

Healthy (2)

☐

Somewhat healthy (3)

☐

Unhealthy (4)

☐

Very unhealthy (5)

☐Don't know / not sure (6)

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

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

End of Block: Community Health 05

Start of Block: Screener

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

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

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

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

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

End of Block: Screener

Start of Block: Service Information

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

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

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

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

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

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

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

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

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

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

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

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

Q14 Thinking about your staff . . .

0 10 20 30 40 50 60 70 80 90 100

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



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

- ☐ CareScope (1)
 - ☐ Bowman Systems (Service Point or Community Point) (2)
 - ☐ VisionLink (2-1-1 or Community OS) (3)
 - ☐ Social Solutions (ETO Collaborative) (4)
 - ☐ An electronic medical record (EMR) or electronic health record (EHR) (5)
 - ☐ Some other system (please specify) (6)
-
- ☐ Don't know / not sure (7)
 - ☐ Not applicable (8)

End of Block: Service Information

Start of Block: Thank You

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

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

End of Block: Thank You