UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

MINUTES

SEPTEMBER 8, 2016

HEALTH AFFAIRS COMMITTEE

AUDIT COMMITTEE

EVALUATION AND COMPENSATION COMMITTEE

DEVELOPMENT, ENDOWMENT AND INVESTMENTS COMMITTEE

ACADEMIC AND STUDENT AFFAIRS COMMITTEE

BUDGET AND FINANCE COMMITTEE

COMMITTEE OF THE WHOLE

SEPTEMBER 9, 2016
BOARD OF TRUSTEES

1	Approve:	Minutes
2	Report:	Board of Trustees Scholar
3	Approve:	Executive Committee
4	Report:	President's Report
5	Report:	Faculty Senate President's Report
6	Report:	Student Government Association President's Report

CONSENT AGENDA

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7	Approve:	USA Hospitals Credentials – May, June and July 2016
16	Approve:	Director of the Jaguar Athletic Fund, Inc.
17	Approve:	Policy on Campus Closure

HEALTH AFFAIRS COMMITTEE

	Report:	Steve Furr, Chair
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AUDIT COMMITTEE

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EVALUATION AND COMPENSATION COMMITTEE

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BUDGET AND FINANCE COMMITTEE

	Report:	Tom Corcoran, Chair
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23.A	Approve:	Salary Increase

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UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

September 9, 2016
10:30 a.m.

A meeting of the University of South Alabama Board of Trustees was duly convened by Judge Ken Simon, Chair *pro tempore*, on Friday, September 9, 2016, at 10:31 a.m. in the Board Room of the Frederick P. Whiddon Administration Building.

Members Present:	Scott Charlton, Tom Corcoran, Steve Furr, Ron Jenkins, Bettye Maye, Arlene Mitchell, Bryant Mixon, John Peek, Jimmy Shumock, Ken Simon, Sandy Stimpson, Steve Stokes and Mike Windom.
Members Absent:	Robert Bentley, Chandra Brown Stewart and Jim Yance.
Administration and Others:	Owen Bailey, Joe Busta, Nicole Carr, Richard Carter, Josh Crownover (SGA), Joel Erdmann, Monica Ezell, Mike Finan, Sam Fisher (Faculty Senate), Happy Fulford, Stan Hammack, Krista Harrell, Mike Haskins, Joan Holland, Dave Johnson, Andi Kent, Don Langham, Amelito Manganti, Christian Manganti, Divina Manganti, John Marymont, Mike Mitchell, John Smith, Carl Thomas (AASA), Jean Tucker, Margaret Sullivan, Tony Waldrop, Scott Weldon, Doug Whitmore (NAA) and Shirley Zhang.

The meeting came to order and the attendance roll was called. Chairman Simon called for consideration of **ITEM 1**, the minutes of the Board of Trustees meeting held on June 3, 2016. On motion by Ms. Mitchell, seconded by Mr. Shumock, the minutes were approved unanimously.

As to **ITEM 2**, a report on the USA Board of Trustees Scholar, Chairman Simon asked Mr. Christian Manganti, 2016-2017 scholar, and Ms. Shirley Zhang, 2015-2016 scholar, to join him and President Waldrop. Chairman Simon provided background on the academic achievements and pursuits of both students. He presented Mr. Manganti with a plaque commemorating his selection. Mr. Manganti credited his accomplishments to the support of his parents, Mr. Amelito Manganti and Mrs. Divina Manganti, who were in attendance as well. Both students shared brief remarks about their classes and answered questions.

Chairman Simon called for adoption of the revised agenda. On motion by Mr. Corcoran, seconded by Mr. Shumock, the revised agenda was adopted unanimously.

Chairman Simon called for consideration of **ITEM 3** as follows. On motion by Mr. Windom, seconded by Mr. Corcoran, the resolution was approved unanimously:

RESOLUTION
EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES

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

THEREFORE, BE IT RESOLVED, the Board approves the appointment of the following named Trustees to serve on the Executive Committee for terms concurrent with the term of the current Chair *pro tempore*:

Hon. Kenneth O. Simon
Mr. James H. Shumock
Ms. Arlene Mitchell
Mr. E. Thomas Corcoran
Dr. Steven P. Furr
Mr. John M. Peek
Mr. James A. Yance

Chairman Simon called for presentation of ITEM 4, the President's Report. President Waldrop recognized Trustee *emeritus* Mr. Don Langham, NAA President Mr. Doug Whitmore and African-American Student Association President Mr. Carl Thomas.

President Waldrop addressed enrollment highlights and records, noting a remarkable year for the University in terms of growth despite strengthened admissions standards. As photos were shown, President Waldrop and Dr. Mitchell gave information about Week of Welcome (WOW) festivities, such as Convocation, Move In Day, and Get on Board Day. Dr. Mitchell recognized the efforts of WOW Committee Co-Chairs Drs. Nicole Carr, Associate Vice President for Student Success, and Krista Harrell, Associate Dean of Students and Title IX Coordinator.

President Waldrop called on Dr. Erdmann, who talked about the overwhelming response from the community to USA Athletics' drive to help flood victims in Louisiana. He announced donations filling five trucks were delivered to Hammond, Louisiana. He said the effort was a positive exercise for the student-athletes and Athletics staff. He discussed the wins by South Alabama's football team against Mississippi State University and by USA's soccer team against number-one-ranked Florida State University, and added the starting performance of the volleyball team was the best since 1980. He reported on the recent signing of USA graduate and former Jag pitcher/outfielder Mr. Jordan Patterson by the Colorado Rockies and added Mr. Patterson was the University's 24th major league baseball recruit.

President Waldrop discussed the University's involvement in a partnership with the Community Foundation of South Alabama and the Newman's Own Foundation to develop and present a series of events on and off campus that will focus on civil rights. He said the *Empowering Change* program would be held in the fall of 2017 and added the *Common Read/Common World* book that

is recommended annually to USA freshmen during WOW activities would be featured in the series.

President Waldrop called for a report from Mr. Fulford. Mr. Fulford gave an update on the special legislative session, the failure of lottery legislation, and the passage of legislation allocating BP settlement money to Medicaid. He discussed implications of not addressing long-term Medicaid funding, such as possible attempts to draw against Special Education Trust Fund reserves. He talked about discussions underway among higher education leaders to develop strategies for protecting education funding and promoting awareness on the importance of education in Alabama, and he answered questions relating to the BP settlement money.

President Waldrop reported that the University of South Alabama had partnered with the City of Mobile to improve the streets and intersections bordering the campus with landscaping and irrigation. He thanked Mayor Stimpson and credited Mobile City Council President Gina Gregory for their support of the beautification project.

President Waldrop mentioned that Dr. Busta would soon retire and noted he would be honored for his service at a future Board meeting. He advised that a search firm had been engaged to help the University's search committee, chaired by Provost Johnson, to fill the position of Vice President for Development and Alumni Relations. He said Ms. Margaret Sullivan, Associate Director of Cancer Control and Prevention at the Mitchell Cancer Institute, had agreed to serve as Interim Vice President, and he discussed highlights of Ms. Sullivan's career at USA. Ms. Sullivan stated she was honored for the opportunity to build upon the successes Dr. Busta had achieved.

President Waldrop called for comments by Provost Johnson. Provost Johnson introduced USA's new Dean of the School of Continuing Education and Special Programs, Dr. Richard Carter. Provost Johnson shared details on Dr. Carter's professional background, including his most recent position as Executive Director of the School of Distance Learning, International Studies, and Outreach at Western Illinois University.

Chairman Simon called upon Dr. Fisher for presentation of **ITEM 5**, a report by the President of the Faculty Senate. Dr. Fisher commended the University leadership for recommending a raise for the faculty. He encouraged the Administration to regularly evaluate the need for additional faculty in order to keep up with enrollment growth and elevations in student quality. He said, overall, the morale of the faculty is good and South Alabama is moving in the right direction. He emphasized the importance of shared governance, and described the faculty's relationship with the Administration and the Board of Trustees as positive.

Chairman Simon called upon Mr. Crownover for presentation of **ITEM 6**, a report by the President of the Student Government Association (SGA). Mr. Crownover discussed meetings with counterparts at other institutions over the summer term and reiterated appreciation for the relationship shared by the students, the Administration and the Board of Trustees. He gave

information on the First Year Council, the freshman branch of the SGA. He discussed the SGA's commitment to expanding partnerships with the community. He talked about the impressive and enthusiastic freshman class he addressed during Convocation. He detailed a number of initiatives on campus the SGA would co-sponsor, including expanded access to sustainability resources, especially in the residence halls; promotion of USA's cricket club to attract national competition; promotion of Ticket Forgiveness Day; development of a campus-wide engagement hour to help students get involved; and Pizza with the President.

Chairman Simon addressed consent agenda **ITEMS 7, 16** and **17** as follows, respectively, as well as the Committee charges, noting all were unanimously recommended for Board approval by the respective committees that met on September 8 (for copies of policies and other authorized documents, refer to **APPENDIX A**). On motion by Ms. Maye, seconded by Mr. Shumock, the items were approved unanimously:

RESOLUTION
USA HOSPITALS MEDICAL STAFF APPOINTMENTS AND REAPPOINTMENTS
FOR MAY, JUNE AND JULY 2016

WHEREAS, the Medical Staff appointments and reappointments for May, June and July 2016 for the University of South Alabama Hospitals are recommended for Board approval by the Medical Executive Committees and the Executive Committee of the University of South Alabama Hospitals,

THEREFORE, BE IT RESOLVED that the Board of Trustees of the University of South Alabama approves the appointments and reappointments as submitted.

RESOLUTION
DIRECTOR OF THE JAGUAR ATHLETIC FUND, INC.

WHEREAS, pursuant to the Amended Bylaws of the Jaguar Athletic Fund, Inc. ("USAJAF"), the Board of Trustees of the University of South Alabama ("University") shall approve the USAJAF slate of Officers and Directors, and

WHEREAS, the University and the USAJAF have a history of interaction and cooperation that has served the interests of the University, and

WHEREAS, the Board of Directors of the USAJAF, through its Nominating Committee, is authorized to nominate Directors and Officers consistent with the aforesaid for consideration and approval by the Board of Trustees of the University, and

WHEREAS, the Nominating Committee of the Board of Directors and the Board of Directors of USAJAF have nominated Mr. Brian Munger for a three-year term pending the approval of the Board of Trustees of the University,

THEREFORE, BE IT RESOLVED, that the Board of Trustees of the University of South Alabama does hereby approve Mr. Brian Munger as a member of the Board of Directors of the USAJAF with a three-year term beginning September 2016 and ending September 2019.

RESOLUTION
POLICY ON CAMPUS CLOSURE

WHEREAS, hurricanes impact the Gulf Coast region and the University of South Alabama from time to time, with official hurricane season running from June 1 through November 30, and

WHEREAS, the University has put procedures in place to help keep students, staff and faculty safe in the event of a hurricane, and

WHEREAS, if a hurricane is anticipated to be severe enough to require the use of shelters, the University will officially suspend operations and evacuate its campus, at which time all events and classes will be canceled and only pre-designated essential personnel and certain University campus housing residents as discussed below will be allowed to remain on campus, and

WHEREAS, because weather authorities have the ability to project the strength and trajectory of hurricanes well in advance of landfall, the University has the information necessary to assess and act on the need for closing campus well before severe weather activity begins and far enough in advance of landfall for most of its students to travel home, and

WHEREAS, due to the distance some residential students who live on campus are required to travel to get home, those few residential students, estimated at fewer than 200 students (or approximately 10 percent of all residential students), will be allowed to remain on campus during the evacuation, and the University's department of Housing will identify and notify those campus residents regarding sheltering procedures pursuant to University policy, and

WHEREAS, as new residence halls are constructed, ICC/NSSA-compliant shelters will be included until the total shelter capacity is sufficient to meet the University's anticipated need with respect to students who will be allowed to remain on campus during a hurricane, and

WHEREAS, the University has identified certain shelters on its campus that will be utilized to house remaining residential students that meet or exceed the 2014 ICC/NSSA Standard for the Design and Construction of Storm Shelters, and

WHEREAS, until there are sufficient ICC/NSSA standard shelters available, the University will place all residential students remaining on campus in shelter locations designated as Best Available Refuge Areas (BARA) which will be opened depending on the severity of the storm and the number of residents impacted, and will be operated and staffed by the University to serve as shelters for up to 72 hours after the storm passes,

NOW, THEREFORE, BE IT RESOLVED that the University of South Alabama Board of Trustees adopts the policy that, when the University of South Alabama determines that it is necessary to close the campus and suspend classes and other campus activities and operations and that sheltering is required due to the impending hurricane, designated shelters as indicated above will be made available for the duration of the closure to those few campus residents who live too far away to travel home, as well as to the pre-designated essential personnel.

Chairman Simon called for a report from the Health Affairs Committee. Dr. Furr, Committee Chair, called on Mr. Bailey to review **ITEM 8** as follows. Noting discussion of the resolution by the Health Affairs Committee at a meeting on September 8, Mr. Bailey advised that the Affordable

Care Act requires non-profit hospitals to conduct a community health needs assessment triannually. He summarized the thorough process for data collection and the ways the document would be of value to the University, including use as a strategic planning tool to identify opportunities. On motion by Dr. Furr, seconded by Dr. Stokes, the resolution was approved unanimously:

RESOLUTION
USA HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT
AND IMPLEMENTATION STRATEGIES

WHEREAS, the Patient Protection and Affordable Care Act requires that not-for-profit hospitals conduct community health needs assessments, and

WHEREAS, USA Health has conducted the above-referenced assessment for 2016, and

WHEREAS, USA Health has developed implementation strategies based on the findings of the 2016 community health needs assessment, and

WHEREAS, the Patient Protection and Affordable Care Act further requires that health system governing bodies adopt those implementation strategies developed by the health system to meet the community needs identified through such assessment,

THEREFORE, BE IT RESOLVED, the Board of Trustees of the University of South Alabama accepts the community health needs assessment conducted by USA Health and adopts the implementation strategies developed by USA Health as a result, both of which are attached hereto and incorporated herein.

Chairman Simon called for a report from the Audit Committee. Mr. Peek, Committee Chair, said, at a Committee meeting on September 8, KPMG representatives, Ms. Ashley Willson and Ms. Eileen McGinn, were in attendance to discuss expectations for the financial audit covering fiscal year 2015-2016. He said Mr. Ken Davis discussed the independent audits of the USA Foundation Consolidated Financial Statements and the Disproportionate Share Hospital Funds Combined Financial Statements for the fiscal year ended June 30, 2016.

Chairman Simon called for a report from the Evaluation and Compensation Committee. Mr. Shumock, Committee Chair, discussed the comprehensive interview process for collecting feedback on President Waldrop's performance for 2015-2016, which involved a wide array of USA, community and government constituencies. He stated the consensus was President Waldrop's performance met or exceeded expectations. As recommended unanimously by the Committee at a meeting on September 8, he made a motion acknowledging President Waldrop's eligibility for a compensation adjustment in accordance with the salary proposal for all University employees and recommending assignment of responsibilities for administering President Waldrop's compensation to the Board Chair, **ITEM 13.** Mr. Windom seconded. Chairman Simon shared remarks of appreciation for President Waldrop's leadership. President Waldrop credited the teamwork of colleagues and said he was delighted to serve at South Alabama. Chairman Simon called for a vote and the motion was approved unanimously.

Chairman Simon called for a report from the Development, Endowment and Investments Committee. On behalf of Committee Chair Jim Yance, Capt. Jenkins, Vice Chair, stated, at a meeting on September 8, endowment results were presented. He noted a return of 6.56 percent vs. the relative index of 7.77 percent, an underperformance of 1.21 percent. He said asset allocations were consistent with endowment policy guidelines. He reported the annualized performance from inception through July 31, 2016, was 4.89 percent vs. an index of 4.03 percent, an outperformance of 0.86 percent. Chairman Simon assured the University's investment team, led by Mr. Albano, was taking proactive steps to address manager underperformance.

Capt. Jenkins advised that Dr. Stokes, *Upward & Onward* Campaign Co-Chair, reported on campaign results as of August 31, 2016, noting $93 million raised toward the goal of $150 million, 22,277 donors, and 29,208 gifts. He said the Regional Campaign Representative Committee met on August 19 to discuss a schedule of campaign receptions in 2017 and stated the next meeting of the Campaign Leadership Team would take place September 30, 2016. He read the names of the new officers and board members of the USA National Alumni Association (NAA), as was presented by Dr. Busta to the Committee. Mr. Peek stressed the importance of NAA membership.

Chairman Simon called for a report from the Academic and Student Affairs Committee. Ms. Maye, Committee Chair, said, at a meeting on September 8, the Committee heard a report from Dr. Smith on housing occupancy and plans to recommend construction of a new residence hall at the December meeting. She said Dr. Mitchell discussed a scholarship and mentoring partnership with the 100 Black Men of Greater Mobile. She stated Provost Johnson announced the promotion of Dr. Nicole Carr to the position of Associate Vice President for Student Success; introduced USA's new Director of the Innovation in Learning Center and USA Online, Dr. Raj Chaudhury; and discussed the University's philosophy and strategies relating to undergraduate admissions. She said Ms. Chronister introduced the Director of the Office of Undergraduate Research, Dr. Jack Shelley-Tremblay, as well as research student, Mr. Kevin Ingles, for a presentation to the Committee.

Ms. Maye called on Provost Johnson, who introduced College of Education Dean, Dr. Andi Kent, to talk about a new community outreach program that will provide enhanced opportunities for faculty and students, **ITEM 19**. Dr. Kent gave an overview of USA's new Literacy Center, a partnership with the Mobile County Public School System (MCPSS), which offers support to P-12 children and their families to improve reading achievement and through which the College and University can meet teaching research and service goals. She cited a Department of Education statistic that 60 percent of Alabama's children do not meet grade-level reading requirements. She introduced and gave background on the Center's new Director Ms. Joan Holland, a retired MCPSS educator; distributed a booklet demonstrating the mission of the Center; and answered questions from Trustees about avenues for promoting the Literacy Center. Brief discussion took place about the *Pathway USA* program. Chairman Simon inquired about the possibility of touring the Literacy Center.

Chairman Simon called for a report from the Budget and Finance Committee. Mr. Corcoran, Committee Chair, said, at a committee meeting on September 8, Mr. Weldon presented the quarterly financial statements for the nine months ended June 30, 2016, and noted the financial documents did not include anything unusual or unexpected. He said Mr. Weldon presented the results of the refunding of the University's Series 2008 bonds, as was authorized by the Board of Trustees in June, through which a net present value savings of just over $15 million, or 16 percent, was achieved and the University's bond ratings were reaffirmed by Moody's and Standard and Poor's.

Mr. Corcoran stated, at the Committee meeting on September 8, the Committee voted unanimously to recommend approval of **ITEM 22** as follows, which authorizes the Administration to issue a request for proposals for refunding of the University's Series 2006 bonds, thereby eliminating the related existing swaption. He stated the new bonds are anticipated to be private placement bonds and said the Administration would present a recommendation for the Board's consideration at the December meetings. On motion by Mr. Corcoran, seconded by Mr. Shumock, the resolution was approved unanimously:

RESOLUTION
EXPLORE FEASIBILITY OF SELLING REFUNDING BONDS
THROUGH A COMPETITIVE PROCESS

WHEREAS, pursuant to that certain University Facilities Revenue Trust Indenture between the University of South Alabama (the "University") and The Bank of New York Mellon Trust Company, N.A., as successor trustee thereunder (the "Trustee"), as heretofore supplemented and amended (the "Indenture"), the University has heretofore issued its $100,000,000 University Tuition Revenue Refunding and Capital Improvement Bonds, Series 2006, dated December 1, 2006 (the "Series 2006 Bonds"), all of which are presently outstanding, and

WHEREAS, the Series 2006 Bonds bear interest at fixed rates and may be redeemed and prepaid by the University anytime on or after December 1, 2016, and

WHEREAS, on January 2, 2008, the University entered a transaction (the "Swaption Transaction") with Wells Fargo Bank National Association (formerly known as "Wachovia Bank, National Association") ("Wells Fargo"), and

WHEREAS, as contemplated by the Swaption Transaction, it will be necessary for the University to refinance the 2006 Bonds with one or more series of limited obligation variable rate bonds of the University containing the same current outstanding principal amortization schedule as the Series 2006 Bonds (collectively, the "Refunding Bonds"), and

WHEREAS, it is necessary, desirable, and in the best interest of the University that the University explore the feasibility of selling the Refunding Bonds to one or more financial institutions through a competitive process, and, further, that the University call for redemption and payment on December 9, 2016, the Series 2006 Bonds,

NOW, THEREFORE, BE IT RESOLVED, the President of the University and the Vice President for Finance and Administration are hereby authorized and directed to explore the feasibility of selling the Refund-

ing Bonds to one or more financial institutions through a competitive process; provided, that the Refunding Bonds shall be subject to approval and authorization by the Board of Trustees, and

BE IT FURTHER RESOLVED that the University does hereby elect to redeem and pay, and does hereby call for redemption and payment, on December 9, 2016 (the "Redemption Date"), the Series 2006 Bonds, the redemption of the Series 2006 Bonds to be effected at and for a redemption price equal to 100% of the principal amount thereof plus accrued interest to the Redemption Date, and

FURTHER RESOLVED, the Trustee is hereby authorized and directed to cause written notice of the redemption and payment of the Series 2006 Bonds to be given in the manner and at the times and to the persons required pursuant to the Indenture, and to take all such other actions as shall be necessary or desirable in order to cause the Series 2006 Bonds to be redeemed and paid on the Redemption Date, provided such redemption notice shall be conditioned upon the closing of the Refunding Bonds and the availability of funds sufficient to pay the redemption price of the Series 2006 Bonds by the Redemption Date and, further, subject to revocation by the Trustee if such conditions have not occurred by the Redemption Date, and

FINALLY, BE IT RESOLVED that the President of the University and the Vice President for Finance and Administration are hereby authorized and directed to take or cause to be taken, in the name and on behalf of the University, all of the actions that may be necessary or desirable to effect the redemption and payment of the Series 2006 Bonds on the Redemption Date as aforesaid including, without limitation, to direct the Trustee on the proper disposition of all funds on deposit in the funds and accounts established pursuant to the Indenture and referable to the Series 2006 Bonds. The President of the University and the Vice President for Finance and Administration are further authorized and directed to execute and deliver such notices, directions, consents, agreements, certificates, instruments or other documents as shall be necessary or desirable to effectuate the transactions contemplated by this resolution.

Mr. Corcoran stated Mr. Weldon presented **ITEMS 23** at the September 8 Committee meeting, which was unanimously recommended for Board approval. He noted the proposed budget was balanced and included a state appropriation increase of 2.2 percent; a tuition increase of three percent as approved in June; and a proposed salary increase of two percent. He made a motion to approve the 2016-2017 budget as presented and Mr. Windom seconded. The resolution was approved unanimously:

RESOLUTION
UNIVERSITY TOTAL BUDGET FOR 2016-2017

BE IT RESOLVED, the University of South Alabama Board of Trustees approves the 2016-2017 University of South Alabama Budget, and

BE IT FURTHER RESOLVED, the University of South Alabama Board of Trustees approves the 2016-2017 Budget as a continuation budget for 2017-2018 in order to be in compliance with bond trust indenture requirements if the budget process cannot be completed prior to beginning the 2017-2018 fiscal year.

Mr. Corcoran introduced **ITEM 23.A** as follows, noting copies of the resolution distributed to Trustees. He said the salary recommendation calls for a two percent, across-the-board increase for eligible staff and a two percent merit increase for eligible faculty and administrative employees. He made a motion to approve the resolution and Mr. Shumock

seconded. Recalling the difficult task of communicating to employees some years prior that a raise or salary supplement could not be granted, Mr. Peek asked for the privilege to be on record as making the motion. The resolution was approved unanimously:

RESOLUTION
SALARY INCREASE

WHEREAS, the University has continued to sustain positive momentum in achieving its mission through careful management and the united efforts of its employees, and

WHEREAS, the proposed 2016-2017 fiscal year budget is a balanced budget that includes a proposed two-percent continuing salary increase that is possible because of ongoing diligent management of finances, enrollment growth, improved patient-care revenues and a modest tuition increase, and

WHEREAS, this would be a two-percent, across-the-board increase for eligible current salaried and hourly staff employees and a two-percent merit increase for all eligible faculty and administrative employees hired prior to June 1, 2016, and

WHEREAS, this salary increase would be effective October 1, 2016, for monthly paid employees, and October 2, 2016, for bi-weekly paid employees, and subject to the standard University personnel guidelines and procedures and other adjustments as approved by the President, and

WHEREAS, this salary increase would apply to all eligible employees of the University of South Alabama, including those in the University General Division and USA Health,

THEREFORE, BE IT RESOLVED, the Board of Trustees of the University of South Alabama hereby approves a two-percent, across-the-board increase as described herein, for all eligible current salaried and hourly staff employees and a two-percent merit increase for all eligible faculty and administrative employees hired prior to June 1, 2016.

Chairman Simon asked Mr. Hammack to join him and President Waldrop for the presentation of **ITEM 25** as follows. Chairman Simon read and moved for the approval of the resolution. Dr. Marymont stepped forward to add that Mr. Hammack, through his vast Medicaid expertise, had been a strong voice for the state's elderly, children, disabled and working poor. He presented Mr. Hammack with a proclamation expressing the Governor's appreciation for the positive impact made by Mr. Hammack on the lives of Alabama citizens. Upon acceptance of the framed Board resolution by Mr. Hammack, Ms. Mitchell seconded and the resolution was approved unanimously. Mr. Hammack conveyed heartfelt words about his tenure at South Alabama, calling it a gift. He acknowledged the individuals in the room with whom he had worked closely for many years. He said his roles over the years had availed opportunities to connect with a variety of groups and he pledged to visit his University friends periodically:

RESOLUTION
COMMENDATION OF MR. STANLEY K. HAMMACK

WHEREAS, the University of South Alabama seeks to honor exceptional individuals who have provided outstanding leadership and service to the University and have distinguished themselves throughout their professional careers, and

WHEREAS, Mr. Stanley K. Hammack has served the University for 41 years in a variety of leadership positions, masterfully managed the numerous challenges found in academic medicine and demonstrated his ability to capitalize on opportunities, and

WHEREAS, Mr. Hammack began his career at the University as a pharmacist at the USA Medical Center in 1975, later becoming Director of Materials Management and Assistant Administrator, and attended night classes to earn his master's degree in public administration from the University, and throughout his career has been a champion for medical education in USA's College of Medicine and numerous USA graduate medical education programs, and

WHEREAS, after the University's purchase of Doctors and Knollwood Park hospitals in 1990, Mr. Hammack served as Hospital Administrator of USA's Knollwood Park Hospital during which time he developed a long-term acute care hospital – the first of its kind in Alabama – for a unique, previously underserved patient population, and

WHEREAS, Mr. Hammack later became Hospital Administrator at USA Children's & Women's Hospital, overseeing the relocation of inpatient services for newborns, children and women from the USA Medical Center, and helping create a Medicaid maternity program, the Center for Child Development and Geri Moulton Children's Park, and

WHEREAS, in his most recent positions as Associate Vice President/CEO for the USA Hospitals and then as Vice President for USA Health Systems, Mr. Hammack has played a key leadership role in shaping health care policy throughout Alabama, and

WHEREAS, Mr. Hammack has been recognized regionally and nationally for his significant contributions in managing state funding issues and improving access for patients through his work with Alabama's Medicaid Waiver Program and Alabama's Children's Health Insurance Program, as well as for his service on local, regional and national boards, including those for America's Essential Hospitals, Blue Cross/Blue Shield of Alabama and the Business Council of Alabama, and, further, for his service on the Medicaid Advisory Commission, as chair of the Medicaid Steering Committee and for numerous leadership roles for both the Alabama and American Hospital Associations, including the American Hospital Association's influential Regional Policy Board, and

WHEREAS, he was honored by the American Hospital Association as Alabama's recipient of the AHA's Grassroots Champion Award, given in conjunction with the Alabama Hospital Association, and in 2009, he was awarded the Gold Medal of Excellence by the Alabama Hospital Association, and

WHEREAS, Mr. Hammack has provided leadership in the development of regional care organizations across the state to support better health outcomes and create a more efficient delivery system, and he led the effort to organize the University's lead role in the Gulf Coast Regional Care Organization to provide care for patients in southwest Alabama, and

WHEREAS, Mr. Hammack, with his affinity for motorcycles and travel, will soon be literally riding off into the sunset,

THEREFORE, BE IT RESOLVED, that the University of South Alabama Board of Trustees expresses its deep appreciation to Mr. Stanley K. Hammack for his many contributions to the University of South Alabama and wishing him and his wife, Brenda, the best upon his retirement.

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

Attest to:

Arlene Mitchell, Secretary

Respectfully submitted:

Kenneth O. Simon, Chair *pro tempore*

APPENDIX A

UNIVERSITY OF SOUTH ALABAMA

Committee Charge: Executive Committee

Overall Roles and Responsibilities:

The Executive Committee has the power to transact all business of the Board of Trustees in the interim between meetings of the Board and may perform all duties and transact business necessary for the well-being of the University, including, but not limited to, matters related to real estate, personnel, investments, and athletics. However, action by the full Board is required to amend the Bylaws, remove officers of the Board, select or remove the President of the University, issue bonded indebtedness on behalf of the University, or as otherwise determined by the full Board.

Responsibilities:

Specific responsibilities of the Committee include:

- Act as a Governance Committee responsible for Trustee matters, including, but not limited to, service, honorary designations, efficiency, educational development, and travel

Meetings:

With notice from the President or the Chair *pro tempore*, the Executive Committee may meet at any time.

Membership:

The Chair *pro tempore* of the Board of Trustees shall appoint an Executive Committee consisting of seven (7) members of the Board, subject to the approval of the Board, with terms concurrent with the term of the Chair *pro tempore*, who serves as Chair of the Executive Committee. The Chair *pro tempore* shall consider appointing members with backgrounds in, and knowledge of, general business and executive leadership.

UNIVERSITY OF SOUTH ALABAMA

Committee Charge: Academic and Student Affairs Committee

Overall Roles and Responsibilities:

The Academic and Student Affairs Committee shall be responsible for receiving and reviewing information relevant to issues involving academic affairs and student affairs at the University.

Responsibilities:

Specific responsibilities of the Committee include:

- Consider approval of faculty who are recommended for tenure and promotion
- Consider approval of faculty who are recommended for the status of Distinguished Professor
- Consider approval of retired faculty and administrators who are recommended for emeritus status
- Consider approval of faculty who are recommended for sabbaticals
- Consider approval of recommended rates of tuition and fees
- Consider approval of recommended housing and meal plan rates
- Consider approval of honorary doctorate degrees as recommended
- Consider approval of recommended individuals for special recognition or commendation for distinguished service or contributions to the university
- Consider approval of a recommended Quality Enhancement Plan, as required by the Southern Association of Colleges and Schools, Commission on Colleges, as part of the Institution's decennial reaffirmation of accreditation

Meetings:

The Committee shall meet upon the call of the President, the Chair *pro tempore*, or the Chair of the Committee. Meetings typically occur on the day prior to the regularly-scheduled quarterly meetings of the Board of Trustees, but may be called to take place at any time.

Membership:

Committee members and the Chair and the Vice Chair of the Committee shall be appointed by the Chair *pro tempore* for terms concurrent with the term of the Chair *pro tempore*. The Chair *pro tempore* shall consider appointing members with backgrounds in, and knowledge of, education, general business and executive leadership.

Reports:

The following reports are commonly submitted by the University Administration for consideration by the Committee:

- Memos from University President, Provost and Dean of College of Medicine, containing recommendations for tenure and promotion (submitted annually prior to June meeting)
- Memo from University President containing recommendations for Distinguished Professor (submitted as needed)

- Memo from University President containing recommendations for emeritus professor (submitted annually)
- Memo from University President containing recommendations for sabbaticals (submitted annually)
- Memo from University President, with attached schedules, recommending tuition and fee recommendations for adjustments to tuition and fees, and housing and meal plan charges (submitted annually)
- Memos from University President and Provost, recommending the awarding of honoring doctorates (submitted as warranted)
- Memo from University President containing recommendations for special recognition or commendation (submitted as warranted)
- Proposal recommending the selection of a Quality Enhancement Plan, prepared by University Committee at the direction the Provost (submitted every ten years)

UNIVERSITY OF SOUTH ALABAMA

Committee Charge: Health Affairs Committee

Overall Roles and Responsibilities:

The Health Affairs Committee is responsible for providing guidance to and receiving reports from University of South Alabama Health system and College of Medicine leadership. It will consider and make recommendations requiring Board action relating to the hospitals, ambulatory services, the Mitchell Cancer Institute and the College of Medicine.

Responsibilities:

Specific responsibilities of the Committee include:

- Recommend approval of medical staff appointments and reappointments for USA Health
- Recommend approval of University of South Alabama Medical Staff Bylaws revisions
- Recommend approval of the University of South Alabama Medical Staff Rules & Regulations revisions
- Recommend approval of major capital requests

Meetings:

The Committee shall meet upon the call of the President, the Chair *pro tempore*, or the Chair of the Committee. Meetings typically occur on the day prior to the regularly-scheduled quarterly meetings of the Board of Trustees, but may be called to take place at any time.

Membership:

Committee members and the Chair and the Vice Chair of the Committee shall be appointed by the Chair *pro tempore* for terms concurrent with the term of the Chair *pro tempore*. The Chair *pro tempore* shall consider appointing members with backgrounds in, and knowledge of, medical affairs, health care delivery and hospital systems. As provided by the Board Bylaws, the Committee includes, as non-voting *ex officio* members, the President, the Vice President for Medical Affairs, the Dean of the College of Medicine, the President of the Medical Staff of the University of South Alabama Medical Center and the Vice President for USA Health.

Reports:

The following reports are commonly submitted by the University Administration for consideration by the Committee:

- State and national healthcare policy updates
- USA Health updates
- Construction updates
- Introduction of patient stories
- Tri-annual community health needs assessment

UNIVERSITY OF SOUTH ALABAMA

Committee Charge: Budget and Finance Committee

Overall Roles and Responsibilities:

The Budget and Finance Committee shall be responsible for the review and study of budget requests; recommending comprehensive budgets; review and study of real estate transactions and matters related to facilities construction and infrastructure maintenance; and submitting such reports and recommendations to the Executive Committee of the Board and/or the full Board, as deemed necessary and appropriate.

Responsibilities:

Specific responsibilities of the Committee include:

- Recommend financial policies that are consistent with institutional priorities and serve to improve the financial health and integrity of the University
- Review and recommend an annual operating budget for the University
- Review quarterly unaudited financial reports
- Review and recommend all proposed capital debt issues to ensure that such proposed debt is appropriate and within the University's ability to service such debt
- Review the anticipated financial impact of new academic, research and other initiatives within the University
- Review the anticipated financial impact of organizational and structural changes to USA Health to ensure that such changes will not have an adverse impact on the University's financial position
- Review any other financial plans or initiatives that could potentially have adverse impacts on the University

Meetings:

The Committee shall meet upon the call of the President, the Chair *pro tempore*, or the Chair of the Committee. Meetings typically occur on the day prior to the regularly-scheduled quarterly meetings of the Board of Trustees, but may be called to take place at any time.

Membership:

Committee members and the Chair and the Vice Chair of the Committee shall be appointed by the Chair *pro tempore* for terms concurrent with the term of the Chair *pro tempore*. The Chair *pro tempore* shall consider appointing members with backgrounds in, and knowledge of, finance, accounting, auditing, general business and executive leadership.

Reports:

The following reports are commonly submitted by the University Administration for consideration by the Committee:

- Quarterly unaudited financial statements for combined and divisional University operations
- USA Financial Report
- Annual University budgets, with supporting documentation, to be presented prior to the fiscal year being presented
- Other financial reports as deemed appropriate and necessary

UNIVERSITY OF SOUTH ALABAMA

Committee Charge: Audit Committee

Overall Roles and Responsibilities:

The Audit Committee shall be responsible for the oversight and integrity of the financial statements and other financial reports; performance of the University's internal and external audit functions; selection of an external auditor; assurance that the University is performing self-assessment of operating risks and evaluations of internal controls on a regular basis; the study and review of all reports and other correspondence from external auditors; and the submission of audit reports and recommendations to the Board of Trustees. The Executive Director of Internal Audit shall be accountable to the Board of Trustees through the Audit Committee, and shall make reports to the Audit Committee as appropriate.

Responsibilities:

Specific responsibilities of the Committee include:

- Discuss with management the University's major policies with respect to risk assessment and risk management
- Review significant accounting and reporting issues at the University, including complex or unusual transactions, and highly judgmental areas
- Understand the scope of internal and external auditors' review of internal controls over financial reporting
- Review the University's annual financial statements and other documents with external auditors to determine if the information provided is complete and appropriate
- Approve the engagement of external auditors retained by the University
- Approve the annual internal audit department plan
- Discuss the overall audit results with the Executive Director of Internal Audit
- Review the effectiveness of the internal audit function on an ongoing basis
- Review the findings of any audits, examinations or reviews by regulatory agencies
- Obtain regular updates from management and University legal counsel regarding compliance matters
- Provide an open avenue of communication between Internal Audit, the external auditors, and the Board of Trustees

Meetings:

The Committee shall meet upon the call of the President, the Chair *pro tempore*, or the Chair of the Committee. Meetings typically occur on the day prior to the regularly-scheduled quarterly meetings of the Board of Trustees, but may be called to take place at any time.

Membership:

Committee members and the Chair and the Vice Chair of the Committee shall be appointed by the Chair *pro tempore* for terms concurrent with the term of the Chair *pro tempore*. The Chair *pro tempore* shall consider appointing members with backgrounds in, and knowledge of, finance, accounting, education, nonprofit administration, auditing, information technology, general business and executive leadership.

Reports:

The following reports are commonly submitted by the University Administration for consideration by the Committee:

- Annual audited financial statements
- Annual audit reports of the University's federally sponsored activity (A-133 report)
- Annual report to the Board from the University's external auditors related to internal control (management letter)
- Annual reports of agreed-upon procedures with respect to the University's intercollegiate athletic activities
- Annual reports from the State of Alabama Examiners of Public Accounts with respect to the University's compliance with state laws and regulations

UNIVERSITY OF SOUTH ALABAMA

Committee Charge: Development, Endowment and Investments Committee

Overall Roles and Responsibilities:

The Development, Endowment and Investments Committee shall be responsible for establishing policies and guidelines to oversee the University's Development and Alumni Relations programs, invest and manage the University's endowment and other investment funds, and for submitting such reports and recommendations to the Executive Committee of the Board and/or the Board of Trustees, as deemed necessary and appropriate.

Responsibilities:

Specific responsibilities of the Committee that are related to the Division of Development and Alumni Relations:

- Assess progress towards goals
- Establish and review fundraising policies
- Provide oversight to the management and operation of programs of the Division of Development and Alumni Relations
- Participate in the development process

Specific responsibilities of the Committee that are related to the University's endowment and other investment programs:

- Review endowment fund assets according to prudent standards as established in the law of the State of Alabama and in policies established and approved by the Board of Trustees
- Establish and periodically review endowment investment policy
- Review the endowment funds risk tolerance and investment horizon
- Receive reports concerning the selection of qualified investment professionals, including investment manager(s), investment consultant(s), and custodian(s)
- Review reports on the performance of the investment manager(s) to assure adherence to policy guidelines and monitor investment objective progress
- Establish policies and guidelines to ensure proper control procedures; for example, replacement of investment manager(s) due to fundamental changes in investment management process or failure to comply with established guidelines

Meetings:

The Committee shall meet upon the call of the President, the Chair *pro tempore*, or the Chair of the Committee. Meetings typically occur on the day prior to the regularly-scheduled quarterly meetings of the Board of Trustees, but may be called to take place at any time.

Membership:

Committee members and the Chair and the Vice Chair of the Committee shall be appointed by the Chair *pro tempore* for terms concurrent with the term of the Chair *pro tempore*. The Chair *pro tempore* shall consider the appointment of members with backgrounds in, and knowledge of, finance, fundraising, nonprofit administration, investment management, general business and executive leadership.

Reports:

The following reports related to the Division of Development and Alumni Relations are commonly submitted by the University Administration for consideration by the Committee:

- Annual year-end fundraising results and fundraising goals for the succeeding year
- Quarterly campaign progress reports
- Recommendations for donor appreciation and naming resolutions

The following reports related to the University's endowment and other investment programs are commonly submitted by the University Administration for consideration by the Committee:

- Quarterly performance reports
- Annual investment manager reports
- Annual evaluation of endowment and non-endowment investments policies (as required by SACS)

UNIVERSITY OF SOUTH ALABAMA

Committee Charge: Evaluation and Compensation Committee

Overall Roles and Responsibilities:

The Evaluation and Compensation Committee shall be responsible for conducting periodic performance reviews of the President and recommending to the Board an appropriate compensation package for the President.

Responsibilities:

Specific responsibilities of the Committee include:

- Establish appropriate metrics for evaluating the President based on the role and responsibilities identified for the position and identify individuals within and outside the University to be interviewed concerning the President's performance and the effectiveness of the University in meeting its strategic goals
- Conduct an annual performance review of the President based on the established metrics and present findings to the Board
- On an annual basis, recommend for approval by the Board of Trustees an appropriate compensation package for the President

Meetings:

The Committee shall meet upon the call of the President, the Chair *pro tempore*, or the Chair of the Committee. Meetings typically occur on the day prior to the regularly-scheduled quarterly meetings of the Board of Trustees, but may be called to take place at any time.

Membership:

Committee members and the Chair and the Vice Chair of the Committee shall be appointed by the Chair *pro tempore* for terms concurrent with the term of the Chair *pro tempore*. The Chair *pro tempore* shall consider appointing members with backgrounds in, and knowledge of, general business and executive leadership.

UNIVERSITY OF SOUTH ALABAMA

Committee Charge: Long-Range Planning Committee

Overall Roles and Responsibilities:

The Long-Range Planning Committee shall be responsible for long-range plan recommendations; review of new and existing academic programs; academic planning and organization; mission statement and statements of role and scope; review of planning for new facilities; and other matters which may be referred to it by the President or the Board.

Responsibilities:

Specific responsibilities of the Committee include:

- Recommend a Strategic Plan which specifies the mission, goals and objectives for the University
- Periodic review of the University's progress to attain its mission, goals and objectives as specified in the Strategic Plan
- Periodic recommendation of changes to the Strategic Plan as needed

Meetings:

The Committee shall meet upon the call of the President, the Chair *pro tempore*, or the Chair of the Committee. Meetings typically occur on the day prior to the regularly-scheduled quarterly meetings of the Board of Trustees, but may be called to take place at any time.

Membership:

Committee members and the Chair and the Vice Chair of the Committee shall be appointed by the Chair *pro tempore* for terms concurrent with the term of the Chair *pro tempore*. The Chair *pro tempore* shall consider the appointment of members with backgrounds in, and knowledge of, education, general business and executive leadership.

Reports:

The following reports are commonly submitted by the University Administration for consideration by the Committee:

- University Scorecard with data measuring progress by the University at achieving the goals and objectives established by the Strategic Plan (submitted annually)
- Proposed revisions to the strategic plan from the University's Committee on Planning Assessment and Finance (submitted annually, if needed)

2015 – 2016 COMMUNITY HEALTH NEEDS ASSESSMENT

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

USA HEALTH

USA UNIVERSITY OF SOUTH ALABAMA MEDICAL CENTER

UNIVERSITY of SOUTH ALABAMA Children's & Women's HOSPITAL

USA UNIVERSITY OF SOUTH ALABAMA MITCHELL CANCER INSTITUTE

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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 2015-2016 USA Health System Community Health Needs Assessment. This assessment was conducted between May and July, 2016. First the USA Health System and its constituent parts are described. Second, the community served by the USA Health System is defined. Next, the overall methodology of the CHNA is provided, and finally, a summary of the health needs identified in section six are presented.

USA Health System

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

USA Medical Center

The University of South Alabama Medical Center is a 406-bed acute care facility that serves as the primary teaching hospital for the University of South Alabama College of Medicine. In addition to serving Mobile County, it is the major referral center for southern Alabama, southern Mississippi, and portions of northwest Florida. Its sophisticated technology combined with the desire, dedication, and determination of an acclaimed professional staff allows patients to receive the finest medical care available.

USA Medical Center is on the front line in delivering nationally recognized quality care to the area's most critically ill patients, with the region's only Level I trauma unit and a burn center that provides care from injury to recovery. The life-saving care that stroke and congestive heart patients receive has been recognized year after year by the American Heart Association, with its quality stroke care also lauded by The Joint Commission. The Medical Center also plays a key role in the education of tomorrow's health care professionals, training hundreds of future professionals from the Colleges of Medicine, Nursing and Allied Health.

USA Children's & Women's Hospital

USA Children's & Women's Hospital is one of five freestanding hospitals in the United States devoted exclusively to the care of children and women. It offers among its specialized

services the region's most advanced neonatal intensive care and pediatric intensive care units, which provide the most specialized care to critically ill and injured newborns and children. Its specialized staff also offers a variety of innovative programs for hospitalized children teens and their families to meet their developmental, educational, social and emotional needs.

Mitchel Cancer Institute

Combining cutting-edge research with advanced care, the USA Mitchell Cancer Institute fights cancer from the laboratory bench to the patient's bedside. With $5 million in annual research funding, more than 40 clinical trials and 50,000 annual patient visits, MCI is the only academic-based cancer research and treatment facility on the upper Gulf Coast. Through a partnership with the University of Alabama at Birmingham, MCI is on track to achieve the exclusive designation of Comprehensive Cancer Center from the National Cancer Institute by 2020.

Community

The USA Health System has a far-reaching impact throughout the region including areas beyond southern Alabama in both northwestern Florida and southern Mississippi. However, the primary community served by the USA Health System is the area of Mobile County. Approximately 67 percent of the patients served by the USA Medical Center and USA Children's & Women's Hospital are from Mobile County. While this is down somewhat from approximately 80 percent in 2013, it still suggests that despite a broader regional impact, the primary community served by the USA Health System is the population of Mobile County.

Mobile County, Alabama is situated in southwest Alabama and is bordered by the following counties: Baldwin, Clark, Escambia, Monroe and Washington in Alabama and George, Greene, and Jackson in Mississippi. The population of Mobile County is 415,395 according to the 2015 Census population estimates generated July 1, 2015. Forty-eight percent of the population is male and 52.0 percent are female. The percent of the population identifying as white only is 60.2 while 34.6 percent identify as African-American only. The median age is 36.9 years old. The median household income is $43,844; 84.9 percent of the population have a high school degree or better; and 19.9 percent of the population are below the federal poverty level. Within the county there are 32 seats of government, 35,912 companies, and 180,277 housing units.[1]

CHNA Methodology

Having identified the relevant community, in this case Mobile County, Alabama, the key objective of the CHNA is to assess the health needs of that community. A two-pronged approach is used herein to assess Mobile County's health needs. First, a comprehensive

[1] County information is taken from various census sources including 2015 Population Estimates, 2010 Demographic Profile, 2010-2014 American Community Survey 5-Year Estimates, 2012 Census of Governments, and 2012 Survey of Business Owners.

demographic profile is developed using secondary data sources that provide insight into the composition and prevalent conditions within the community. Second, a telephone survey was conducted of individuals living in the defined community in order to solicit their input regarding their health needs. Having assessed the current health needs of the community, the findings of the previous USA Health System's CHNA are evaluated and then the current health needs are presented.

Summary of Key Findings

Community Demographic Profile

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

There are a number of problems faced by infants and expecting mothers. With our changing demographics (falling numbers of residents aged 0-19 while growing numbers 60+) it is essential that the community preserve and protect the new residents we could potentially gain. The assessment shows that not only are neonatal deaths and post neonatal death rates on the rise in Mobile, but that the infant death rate is climbing at an alarming rate over the past five years (7.5 to 10.2) and even higher for minority groups (reaching 14.4 for blacks in Mobile by 2014). The community survey shows that community members feel that there is not enough access to women's health care, part of which is pregnancy and childbirth.

The assessment shows that diabetes has been on the rise in Mobile over the past 5 years. The USA Health System may want to review its programs focused on diabetes education and prevention.

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

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

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

Community Input Survey

A random digit dialed telephone survey of Mobile County was conducted between April 25 and May 19, 2016. The survey interviewed both a general sample of all residents as well as a focused sample of residents from zip codes that contain a majority of USA Health System's patients. A total of 520 residents were interviewed for a margin of error of +/-4.3%. The following represent the most important findings from the community input survey.

Residents indicated that the availability of general and specialized medical care in the community was an important aspect of healthcare. This is manifested in identified needs for family doctors, specialty physicians, and emergency medical care. This need is further indicated by expressed difficulties in accessing services where either it is not possible to get an appointment soon enough, appointments are not available at peak times such as in the evening or on the weekend, or providers are not taking new patients.

Community members identified a number of harmful health conditions that they felt were a problem for Mobile County. These included in order of community priority: high blood pressure, high cholesterol, diabetes, heart disease, depression, and obesity.

There needs to be more healthcare providers and resources specifically oriented around women's healthcare.

Some community members have difficulty accessing health services. In particular, this is directly manifested by an inability to afford medical care and more indirectly indicated by either a lack of health insurance or problems with existing health insurance among residents.

There needs to be more mental healthcare facilities and providers to address depression and mental illness.

Residents identified transportation services as an important aspect of healthcare in the community.

There needs to be more dental healthcare providers to address dental needs.

When comparing the general and focused areas of Mobile County, these groups generally agreed on most issues and very few statistically significant differences were found between them. The differences that were found included focused sample residents more frequently identifying less tobacco use, more quality education, and dental problems as important healthcare issues. Focused sample residents were also more likely to identify emergency medical care and women's health as services difficult to get. Finally, focused sample residents were more likely to seek out an ER or family doctor while general sample residents were more likely to go to an urgent care facility.

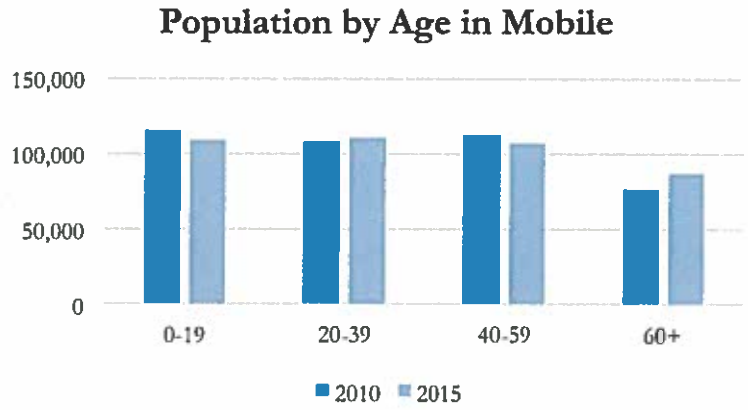
The survey instrument was designed around the instrument used to survey health providers by Mobile Infirmary; consequently, comparisons can be made between community residents and health providers. Overall there was little consensus regarding the top issues facing the community. Providers, as might be expected, were more likely to focus on broader health issues while community members often focused on more immediate concerns such as safe

neighborhoods and domestic violence. There was some agreement on the most important health issues including heart disease, mental health, and diabetes. The most striking agreement between providers and community members regarded the healthcare services most difficult to obtain in Mobile County. Providers and community members agreed in order of priority that mental health services, pharmacy services, and dental care services were three of the top four healthcare services most difficult to access.

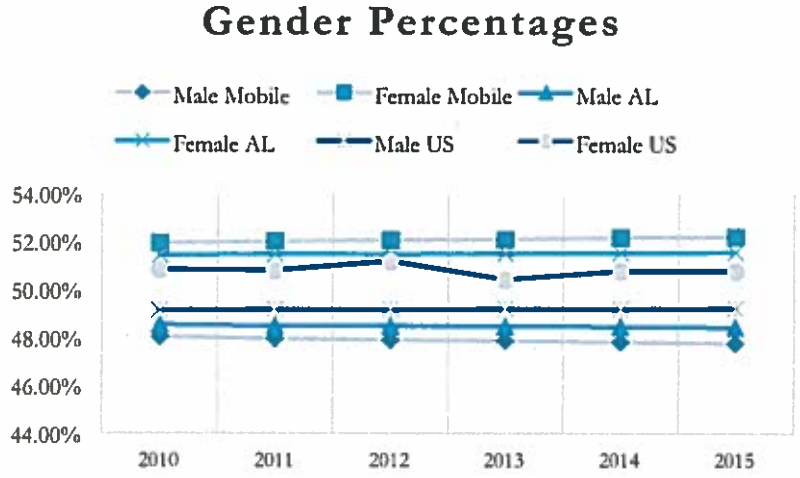
COMMUNITY DEMOGRAPHIC PROFILE - 2

Population by Age and Sex

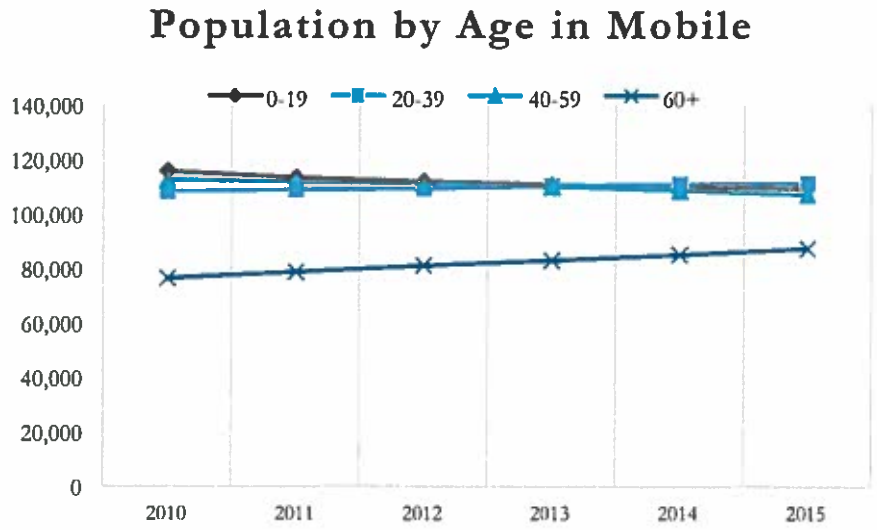
Population is an important characteristic to consider when assessing community needs, as it reflects the potential pool of patients and relative demand of the community. Population data was taken from the U.S Census Bureau. While an official census is only taken every ten years, the Census Bureau provides yearly estimates. According to this source, in 2010 the population of the county was 412,992, but has reached 415,395 by 2015. The relative population growth is bracketed by age below.



Generally, the distributions by age and sex are similar to statewide and nationwide comparisons. However, Mobile has a slightly above average number of females and below average number of male residents. In 2015 Mobile was home to 216,979 females and 198,416 males. These averages have remained largely stagnant over the time period, with some exceptions. For instance, between 2010 and 2015 Mobile gained approximately 2,361 females while only gaining 41 male residents.



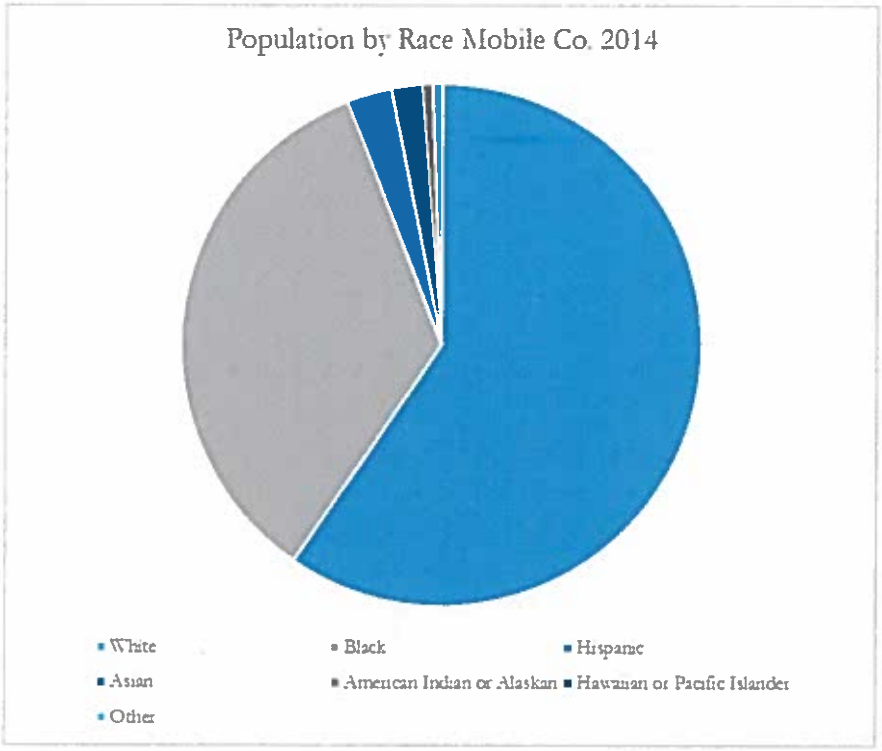
Another trend worth noting is the rise in elderly residents. As of 2015, Mobile is home to 109,388 residents aged 0-19, 111,322 residents aged 20-39, 107,227 residents aged 40-59, and 87,458 residents aged 60 and over. In comparison to 2010, this makes 60 and over the fastest growing age demographic for the county. In this same time period there has been a significant loss in the 0-19 age bracket. This is unsurprising given national trends and generational birth rates. The trend can be found below.



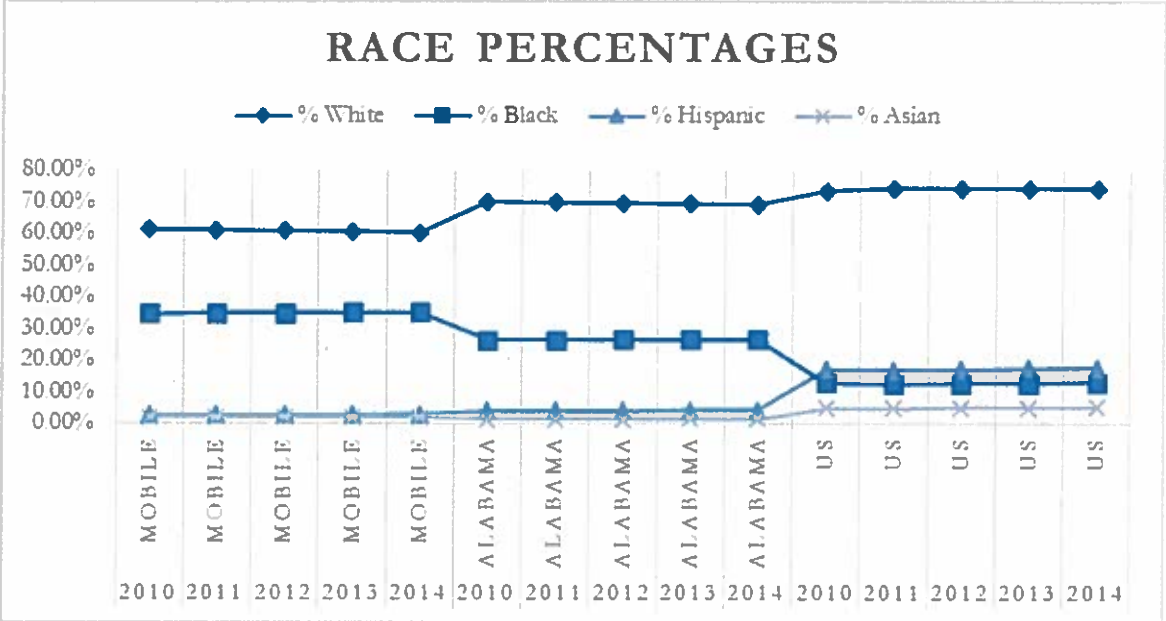
Population by Race and Ethnicity

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 regards to public health. Data was obtained by the U.S Census Bureau in 2010 with estimates through 2014 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 249,439 residents in 2014, and Black, with 144,637 residents in 2014. Hispanic is the largest listed ethnicity, with 11,520 residents in 2014. The fourth largest demographic was those self-reporting as Asian, with 7,953 resident. The demographic breakdown for 2014 is provided below.



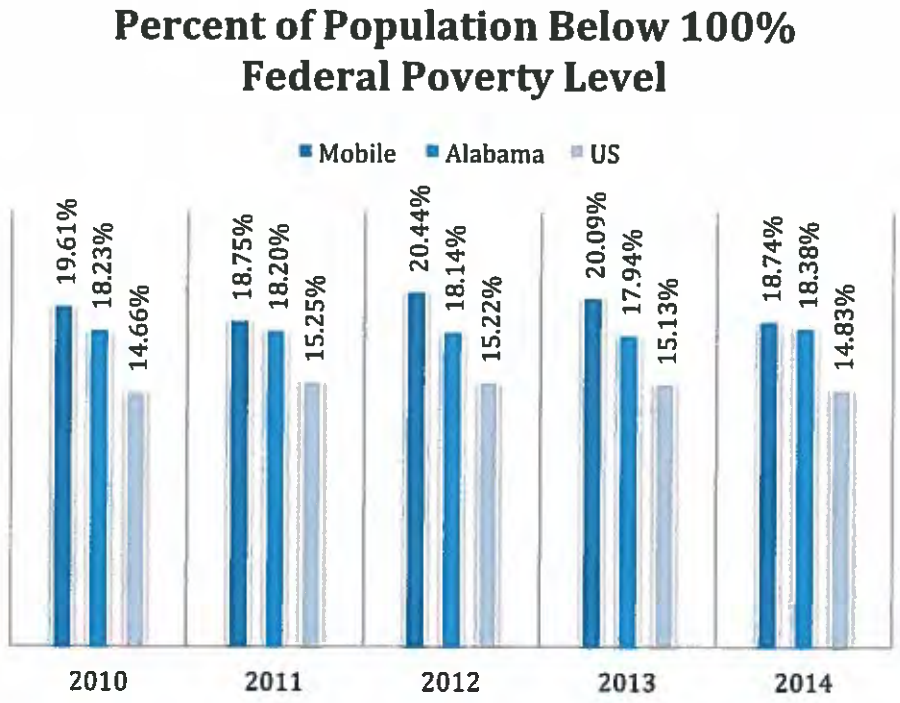
The distribution by Race and Ethnicity has remained largely the same for Mobile County over the time period. However, the distribution is substantially different than both Alabama and the United States as a whole. Compared to Alabama, Mobile has -8.83% Whites, +8.58% Blacks, -1.21%Hispanics, and +.71%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


RACE PERCENTAGES
% White
% Black
% Hispanic
% Asian
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
MOBILE
ALABAMA
US
2010 2011 2012 2013 2014

Poverty

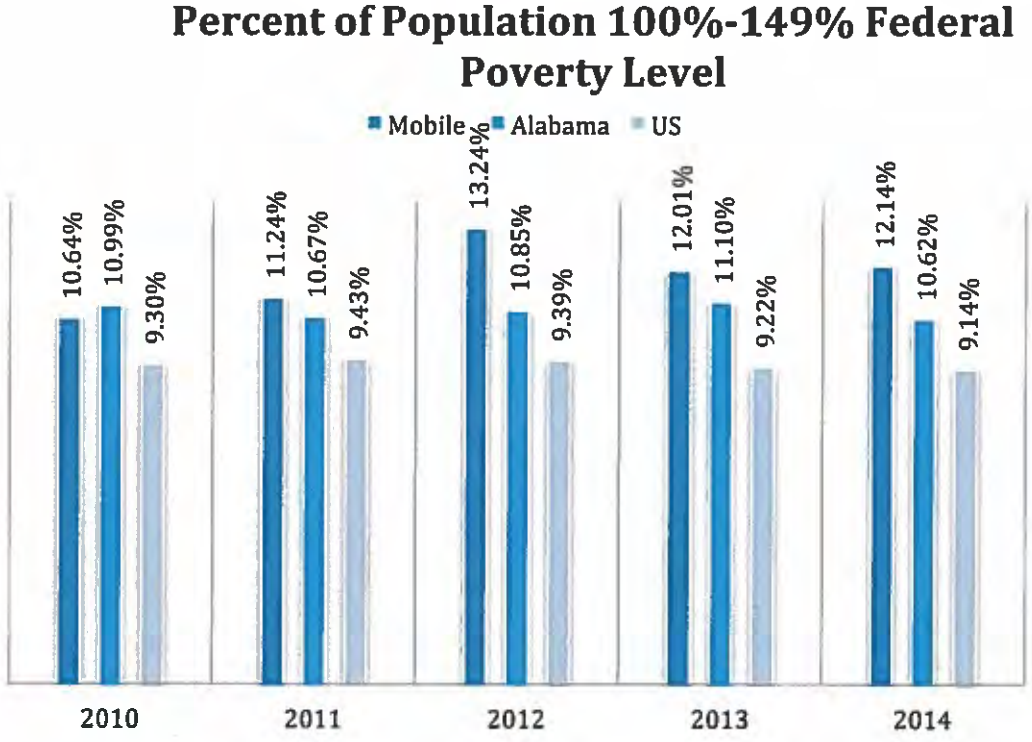
Socio-economic status is an extremely important indicator of community need, especially in regards to health. Studies have consistently demonstrated a link between wealth, poverty, and individual health. Adults in poverty are more likely to experience poor health, neglect routine doctor visits, utilize emergency services as primary care, fail to possess health insurance, and die at a younger age. Additionally, these ramifications extend to children as well. 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 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 2014 the FPL for a single person household was $11,670 and $23,840 for a family of four. Reported in the figure below is the Mobile, Alabama, and United States estimates for the percentage of residents living at or below 100% of the FPL for the years 2010 to 2014.



As can be observed, Mobile County consistently has a higher percentage of resident living at or below the FPL throughout the time series, compared to both the state of Alabama as well as the nation as a whole. While the gap between Mobile and Alabama appears to diminish in

2011 and 2014 this is not due to shrinking numbers of residents in Mobile under the FPL, but rather a worsened state for the entirety of Alabama. Further, having an income above 100% FPL does not necessarily alleviate the problems associated with poverty and health. Often times, 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.



Education

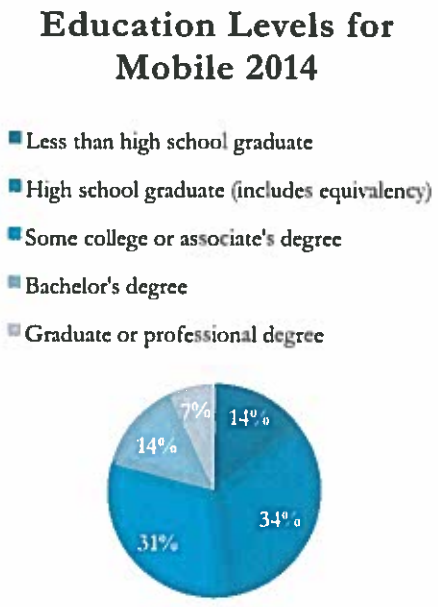
While education is known to increase the likelihood of higher income, and thus influence health in an indirect manner, education also has been tied directly to health benefits in communities. Research has shown that those with higher educational attainment are more likely to have longer lives and healthier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

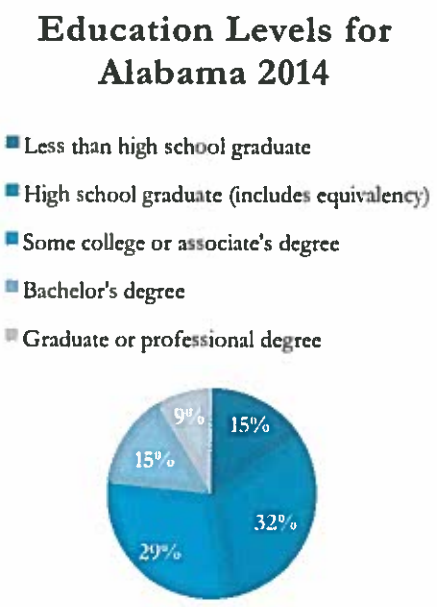
An additional four years of education lead to on average:

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

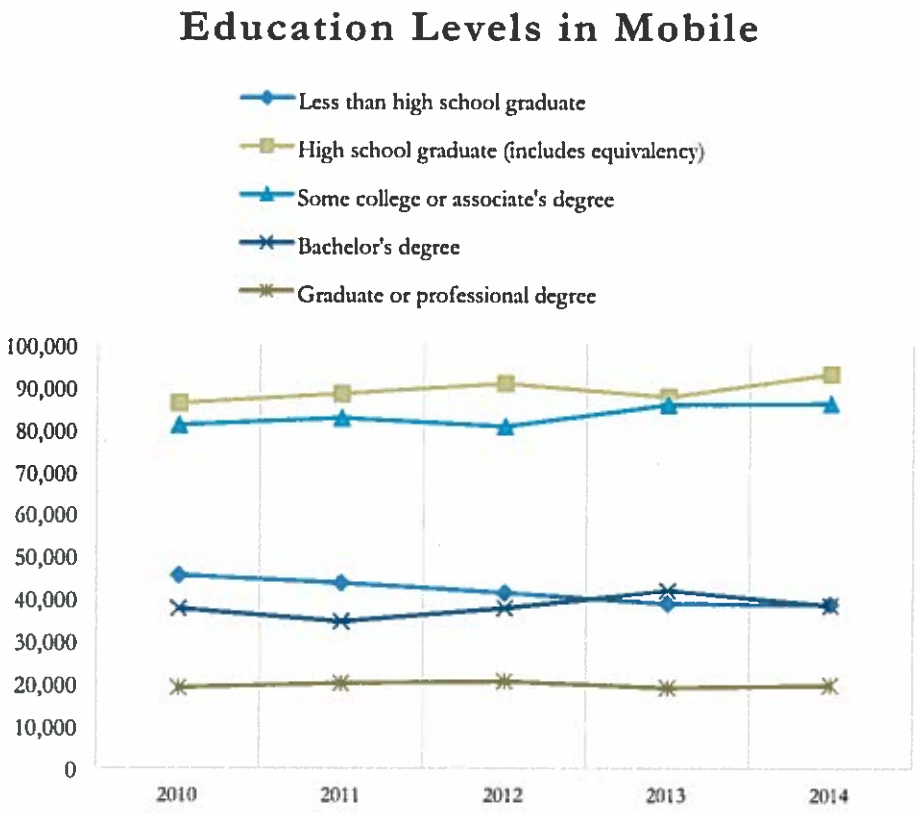
The impact of education often extends to a child's health as well. For instance, a mother with 0-11 years of education is nearly twice as likely than mothers with 16 or more years of education to experience infant mortality (8.1 versus 4.2 mortality rate in 2010). Additionally, studies have shown that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

Below is a 2014 snapshot of Mobile education levels as compared to Alabama as a whole for adults 25 and older, demonstrating that the county is on par with state level proportions. However, Mobile is behind the national average by 3% for graduate or professional degrees and 4% for Bachelor's degrees.



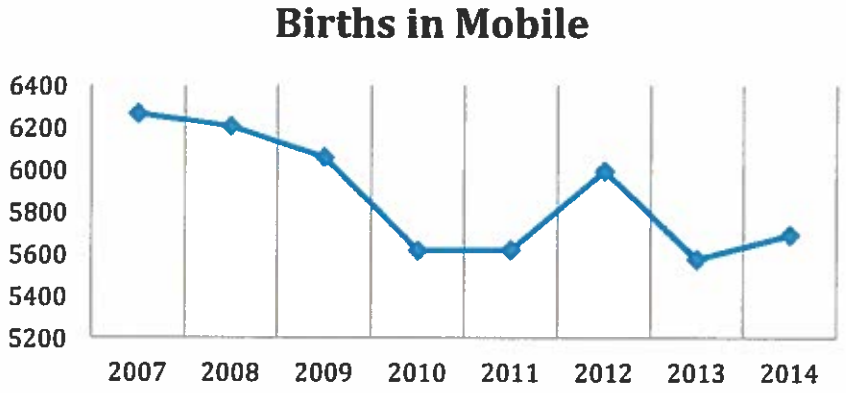


One of the most striking gaps, for both Mobile and the state of Alabama compared to the nation, is post high school education. While the county and the state have increased the proportion of high school graduates in recent decades, they continue to fall behind in those obtaining bachelors and graduate or professional degrees. This gap appears to be consistent over the past five years with the largest proportion of the population ceasing educational attainment after high school. In 2014 the resident break down was 93,045 high school graduates, 86,044 with some college followed by a gap of with 38,674 and 38,378 residents with less than high school and bachelor's degrees respectively. Finally, the smallest category consistently includes graduate or professional degrees with 19,516 residents.

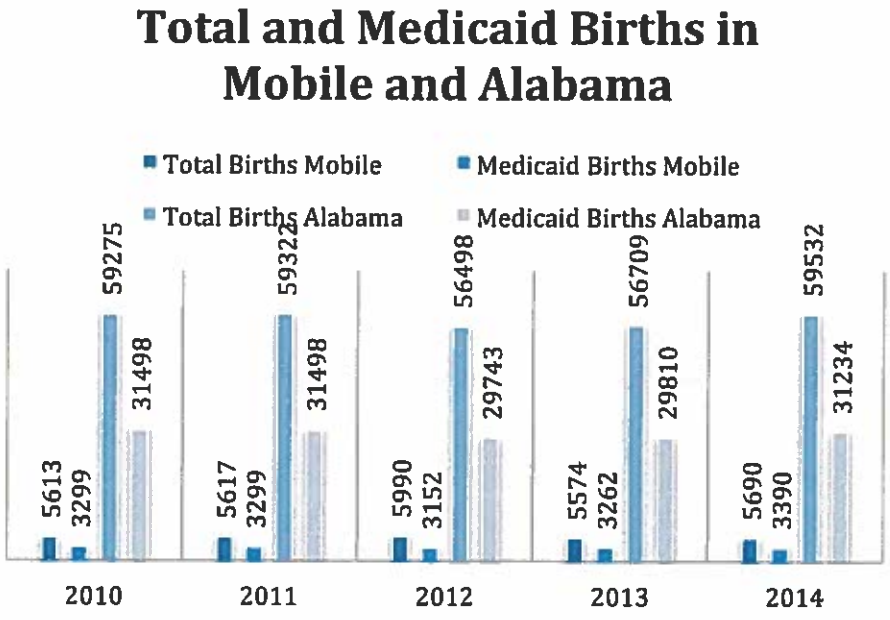


Births

Previous community health needs assessments have identified the decline in both crude birth rates and fertility rates within Alabama since the 1950s'. This decline was extended to Mobile County, with data from 2007 to 2011 showing a significant decrease (645 less births between the two comparative years). However, data collected from 2011 to 2015 has indicated that this decline appears to be leveling off. While Mobile County only had 5,690 recorded births in 2014, that number is actually only 6 births below the five year average. This trend is unsurprising when coupled with the economic conditions of the national economy beginning with the recession of 2008.

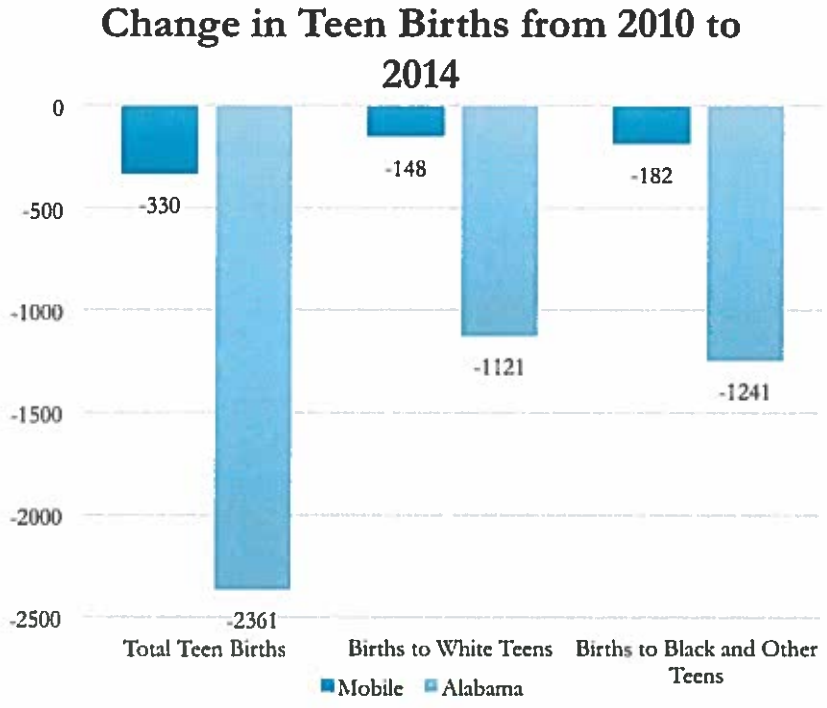


Further evidence shows that this overall trend for birth rates is not unique to Mobile County. When compared to Alabama, proportionally the rate of births are similar. Additionally, we do not observe any distinct changes in recipients of Medicaid, with consistent numbers of births across the previous five year period.

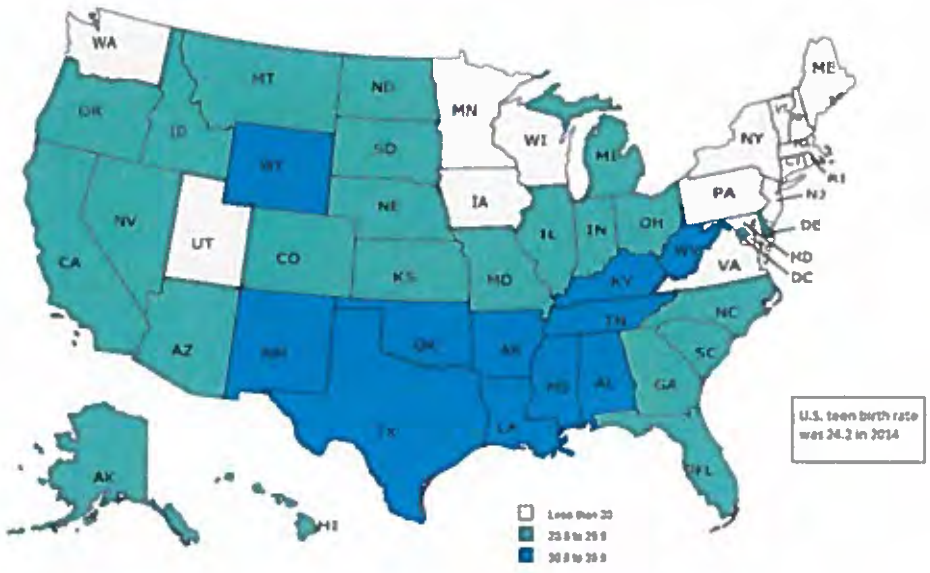


Births to Select Groups: Teens and Unwed Mothers

Teenage pregnancy has been a social concern since the 1960s due to the long-term negative effects for both mother and child. Research has shown that teenage pregnancy began to rise significantly between the 1950s and the 1970s, reaching nearly 19% of births in 1975. However, teenage birth rates have since been in a consistent decline for the past twenty years. According to the Department of Health and Human Services, 24.2 of every 1000 births in the U.S was to an adolescent between the ages of 15-19 in 2014. This marks a nine percent decline nationally from the previous year. This pattern of decline is consistent with both the state of Alabama and Mobile County, only to a lesser degree. The figure below shows the decline in teenage births in Alabama and Mobile over a five year period (2010 to 2014).



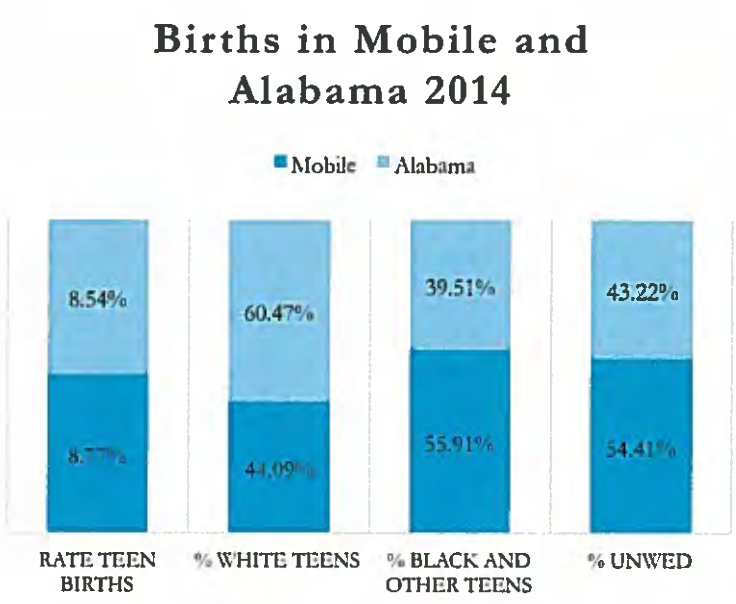
While teenage birth rates are lower than in previous decades, Alabama, and much of the south central region of the United States, has higher teenage birth rates than the vast majority of the country.



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

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

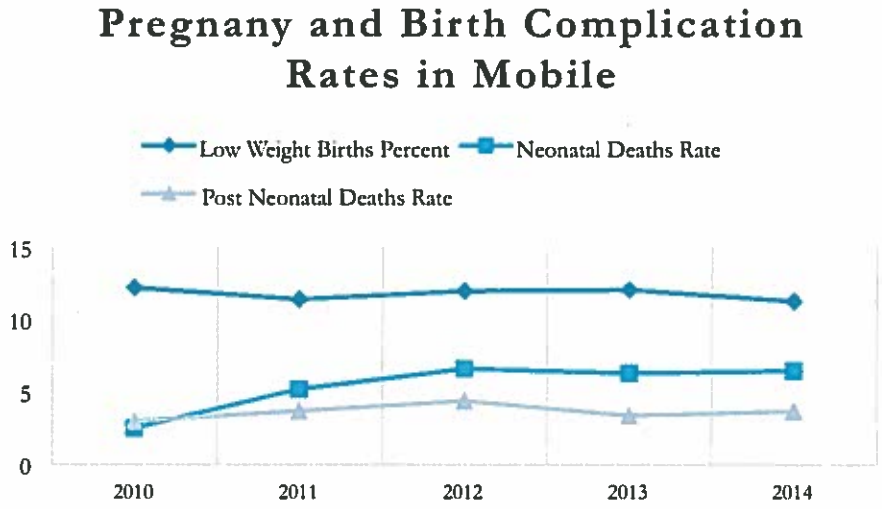
Data also shows that most teenage pregnancies are unwed births. According to the Department of Health and Human Services, 89% of teen births in 2014 occurred outside of marriage. There also appears to be racial and ethnic differences in birth rates. Nationally, births rates are highest among Hispanic or black teens. For instance, the birth rate for every 1000 adolescent births in 2014 was 34.9 for blacks and 17.3 for whites.
The figure below compares Mobile County to Alabama as a whole for birth rates to teens and unwed mothers.



As can be seen, Mobile County is slightly above average in teen births when compared to the state (8.77% as opposed to 8.54%). For Mobile, these births are disproportionately to black teenagers than to whites (55.91% versus 44.09%). When analyzing the rates of birth to unwed mothers, we observe that Mobile is significantly above average as well. 54.41 percent of births in Mobile are to unwed mothers (including all age ranges), whereas statewide the percentage is only 43.22%.

Birth Complications and Infant Mortality

Given Mobile's declining population in the 0-19 age bracket and the reduction in birth rates following the recession, it is important to explore the community health needs of pregnant mothers and infants. Provided below are the rates for low birth weight, neonatal death, and post neonatal death from 2010 to 2014.

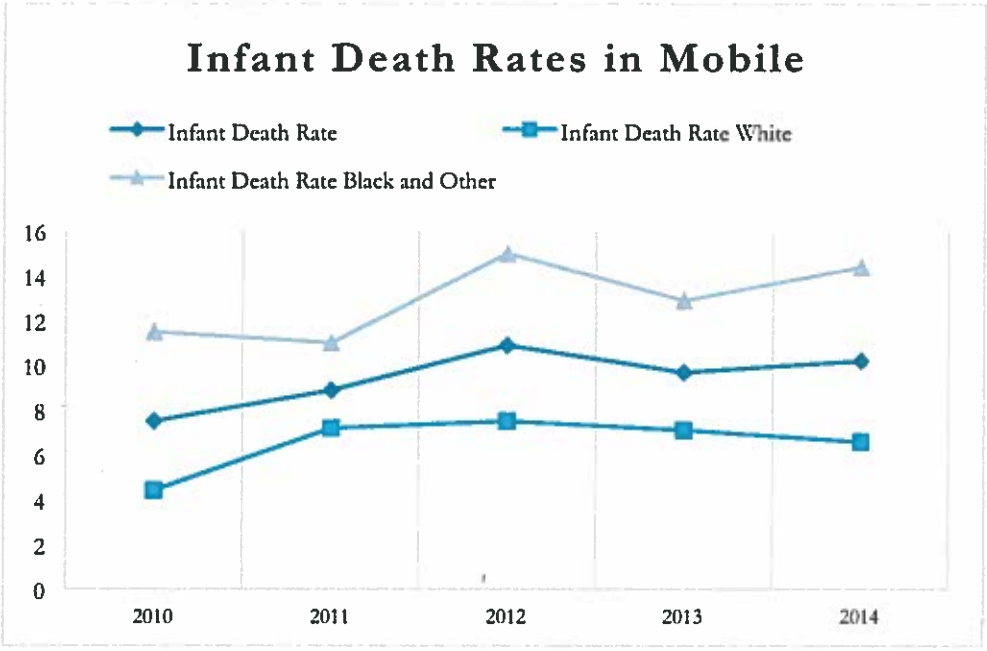


From this data it would seem that low birth weight is a consistent problem for Mobile, with the rate averaging 11.79% in the time period. The data also reveals that the rate of both neonatal deaths and post neonatal deaths are on the rise.

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

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

Unfortunately, the problems facing mothers and births in our community go beyond pregnancy complications. Mobile has had consistently rising infant death rates over the past five years. In 2010 the infant death rate for Mobile was 7.5, by 2014 that rate has risen to 10.2. For blacks, that rate is even higher, moving from 11.5 in 2010 to 14.4 in 2014. This rising trend is presented below.

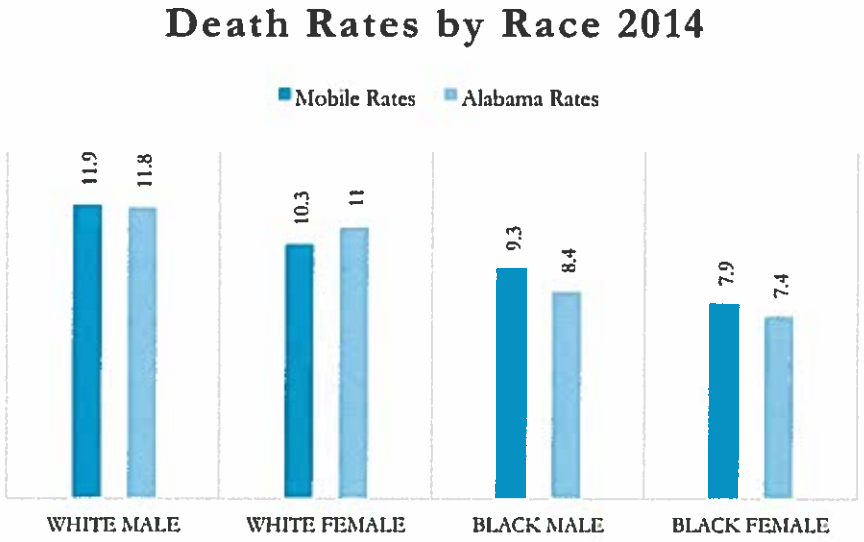

Infant Death Rates in Mobile
Infant Death Rate
Infant Death Rate White
Infant Death Rate Black and Other
16
14
12
10
8
6
4
2
0
2010
2011
2012
2013
2014

Deaths

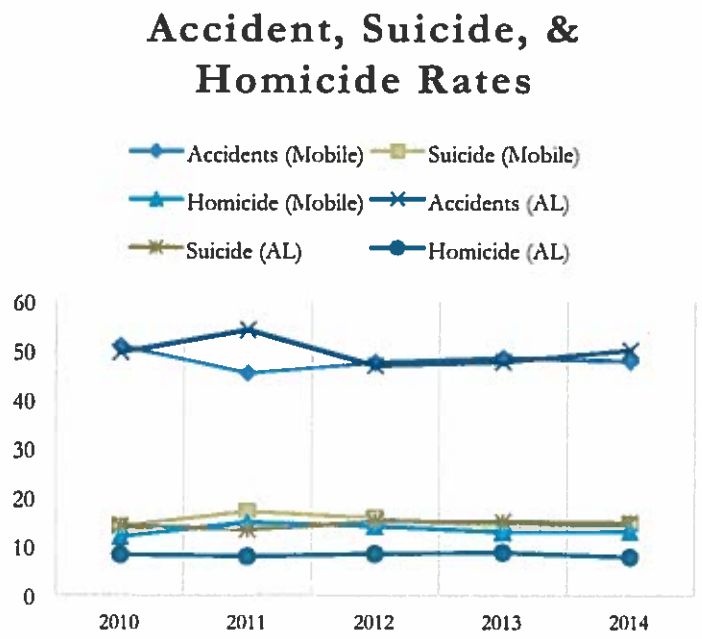
Death rates within Mobile have remained relatively consistent since the last community health needs assessment. In 2010 the death rate for all of Mobile was 9.8 and has only risen to 10.1 in 2014 (decreasing from a two year high of 10.3 in 2012 and 2013). These rates are proportionally comparable to Alabama, which had a death rate of 10.3 in 2014, also rising .3 points over the time period, from a rate of 10 in 2010.

Rates are also significantly different between sexes and race, with white male having the highest rates both within Mobile County and for the state (11.9 and 11.8 respectively in 2014) and black female as the lowest (7.9 and 7.4 respectively for 2014). On average Mobile has a lower white female death rate than the state average and a higher black male death rate.

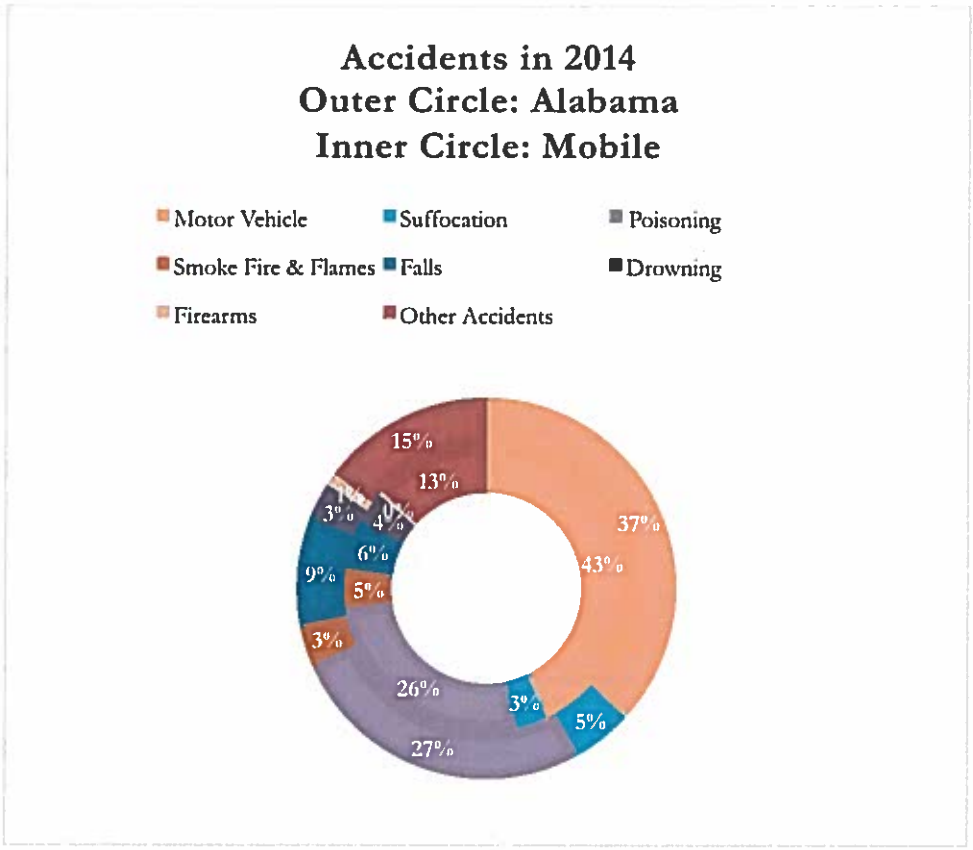
These comparisons are consistent in our five year sample between 2010 and 2014. However, the trends are not similar across all groups. Black male and female death rates both rose .6 over the time period, followed by white male rising .5. White female was the only category to fall during the time period, with a reduction of .4.



The state of Alabama tracks deaths by type, typically comparing homicides, accidents, and suicides. Of these, accidents were the highest category of death consistently. When comparing these three categories the state of Alabama consistently ranks as accidents as highest in frequency followed by suicides, with homicides showing the lowest frequency of the three. However, Mobile's homicide rate rivals that of its suicides. In fact, over the five year sample (2010-2014) Mobile's homicide rate was on average 5.2 higher than the state as a whole, while the suicide rate was only .6 greater and the accident rate was 1.7 lower.

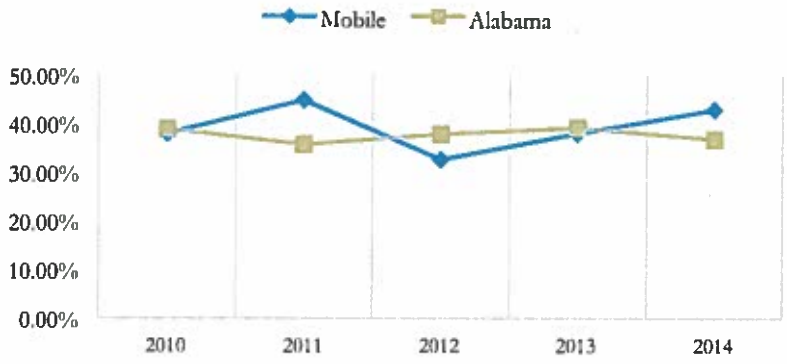


Since accidents are consistently the highest cause of death for both Mobile County and Alabama, it is important to understand the types of accidents that increase mortality.



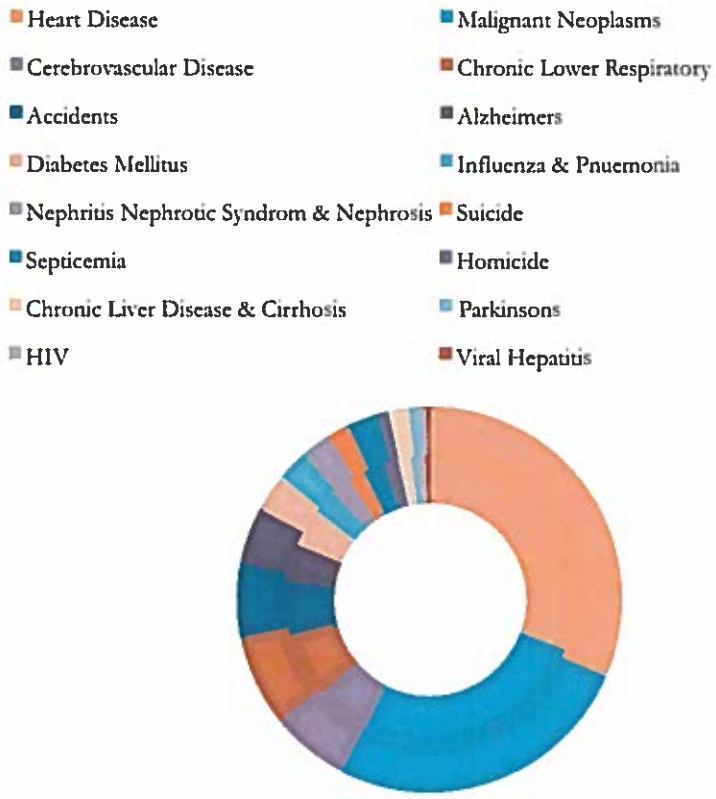
In 2014 the top three specific causes of accidental death in both Mobile and Alabama were Motor Vehicle, Poisoning, and Falls. Firearm related deaths, suffocation, and Drowning follow causing about 3-6% of deaths each. On average for the five-year period, Mobile had about 1.57% higher rate of motor vehicle accident fatalities with 2014 representing a significantly elevated year with 5% more motor vehicle accident fatalities than the Alabama average.

Motor Vehicle Accident Rates



Provided below is a 2014 snapshot of all causes of death, by number, in Mobile. A detailed discussion of diseases and cancer trends can be found in the following section.

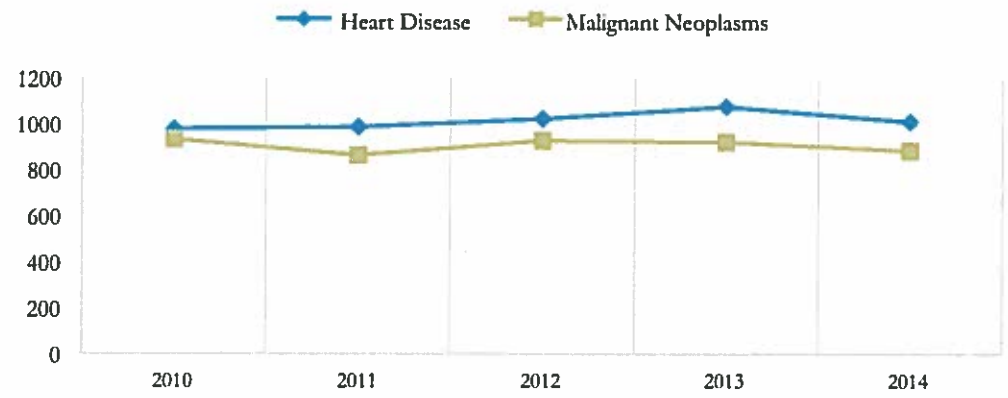
Causes of Death by Number in 2014
Outer Circle: Alabama
Inner Circle: Mobile



Deaths: Diseases and Cancers

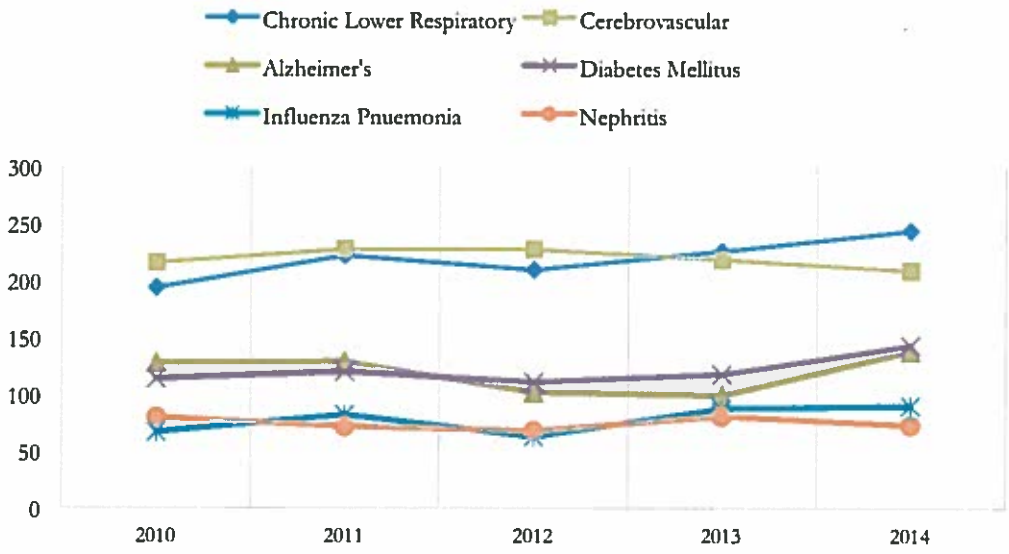
According to the Centers for Disease Control and Prevention, the top ten leading causes for death in the United States in 2014 were Heart Disease, Cancer, Chronic Lower Respiratory Diseases, Accidents, Stroke, Alzheimer's diseases, Diabetes, Influenza and Pneumonia, Nephritis (Nephrotic syndrome and Nephrosis included) and Suicide. The leading causes for Mobile County are the same, with the exception of Diabetes Mellitus and Alzheimer's, with Diabetes leading in deaths over Alzheimer's since 2012. Provided below are the trends for the top ten causes of death in Mobile from 2010 to 2014.

Top Two Diseases in Mobile



Heart disease and Malignant Neoplasms rates remain consistent over the time period.

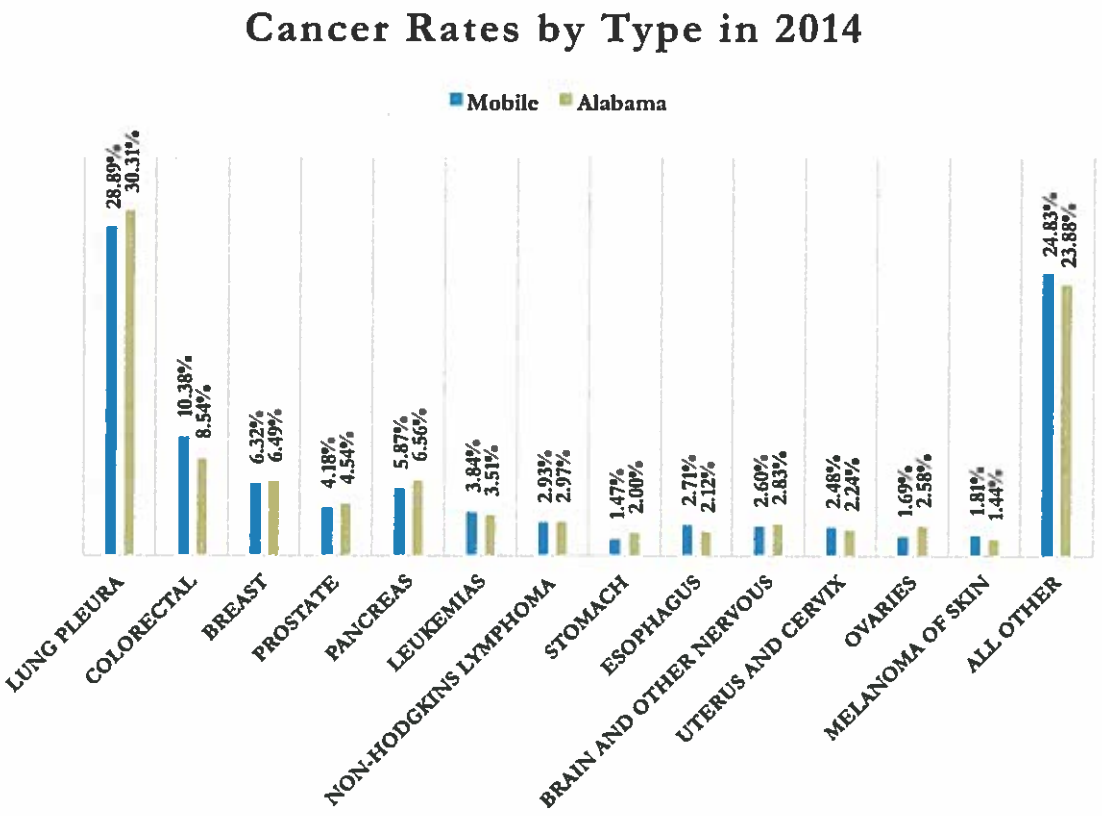
Remaining Eight Diseases in Mobile



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

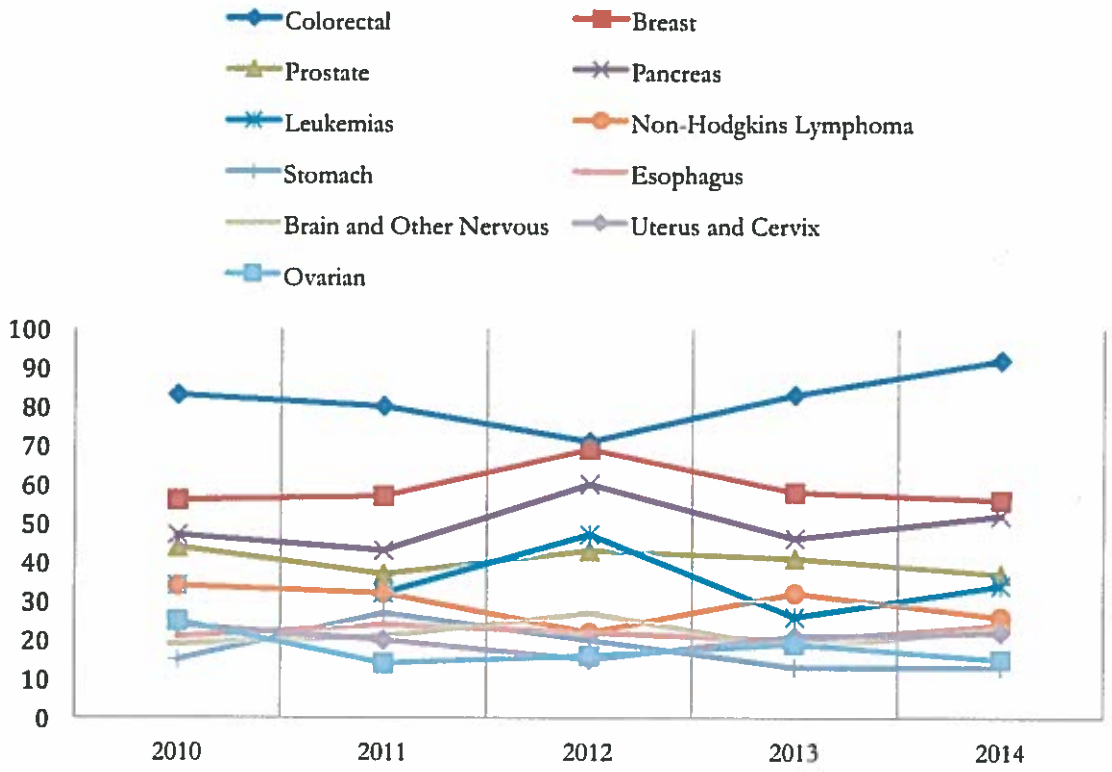
Cancer is the second leading cause of death in Mobile County, claiming the lives of approximately 906 Mobilians every year for the last five years -- roughly 22% of all deaths in Mobile and 20.8% of all deaths in Alabama.

Together, cancers of the respiratory system, including Trachea, Bronchus, Lung, and Pleura account for the vast majority of cancer related deaths. In Mobile this grouping constituted 28.89% of cancer deaths in 2014 and 30.94% of all cancer deaths from 2010-2014. These statistics are similar to that of Alabama, with 30.31% in 2014 and 30.67% of all cancer deaths from 2010-2014.



Of the other cancers of significant frequency in both Mobile, Alabama, and the U.S are colorectal and breast cancers. Colorectal cancer is the third most lethal cancer type in the United States among both men and women. Mobile and Alabama report colorectal cancer deaths at a similar mortality rate to the nation (9% across both sexes). Breast cancer mortality is much lower in Mobile and Alabama when compared to the national mortality of women (14%). Similarly, the mortality for prostate cancer is much lower in Mobile and Alabama than it is nationally (10% of men).

Cancer Deaths in Mobile



Despite this, colorectal cancer and breast cancer are still the two of the more prominent contributors to Mobile and Alabama mortality. From the five year trend provided, breast cancer has remained steady in Mobile while the incidents of colorectal cancer deaths appears to be on the rise.

Increasing age demographics as described earlier may contribute to the apparent increase in colorectal cancer frequency. With the USPTF recommended screening for colorectal cancer after 50, increase in incidence may be due to an aging population.

Colorectal death rates are also highest among blacks, a significant population in Mobile. Finally, Diabetes can contribute to the development of colorectal cancer -- and as demonstrated earlier, diabetes appears to be on the rise in both Mobile and Alabama as a whole.

COMMUNITY INPUT SURVEY - 3

Community Survey Methodology

The Community Health Needs Assessment survey was comprised of two key sampling elements: 1) the general community survey and 2) the focused community survey. Both surveys examined the key community area of Mobile County but in different ways. The general community survey was a standard random digit dialed (RDD) survey of residents of Mobile County. This survey also included cell phone respondents.[2] A total of 263 respondents were collected from Mobile County in the general community survey for a margin of error of +/- 6.0%. These respondents reflect a somewhat more general view and encompass opinions of respondents throughout all of Mobile County.

The focused community survey examined those zip codes within Mobile County where most USA Health System patients reside. In order to be included, the zip code area needed to have had at least 50 patients visiting either the USA Medical Center or USA Children's & Women's Hospital in fiscal year 2015. See Table 3.1 for a breakdown of the zip codes included and the number of patients visiting either the USA Medical Center or USA Children's & Women's hospital. The focused survey did not include cell phone respondents.[3] A total of 257 respondents were collected from Mobile County in the focused community survey for a margin of error of +/- 6.1%. These respondents are considered more focused in that they reflect the opinions of respondents in areas more likely to utilize the USA Health System.

The two groups were then combined to provide an overall estimation of residents of Mobile County. While typically one would need to weight the responses of the focused sample, an examination of the percentage of the population collected for each zip code showed such minor differences that weighting was not necessary. This combined "overall" category includes 520 respondents for a margin of error of +/- 4.3%. The response rate for the survey was 8.87% if "No Answer" responses are included in the base and 15.51% if they are excluded.

For these surveys a computer assisted telephone interviewing (CATI) system was used to conduct the interviews and collect data. The CATI system recorded information related to the call histories and call dispositions used by interviewers to document the outcome of each call attempt, as well as the surveys 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

[2] Cell phone respondents were screened for the following items: 1) were they in a safe location to be able to speak by phone, 2) were they 18 years of age or older, and 3) were they still residents of Mobile County.

[3] The county level is typically the lowest geographic unit for which cell phone numbers can be supplied. Since this sample was focused around zip codes it was not possible to include cell phone numbers.

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. In addition, 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.

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

Zip Code	*Area in Mobile County*	*USA Medical Center Count*	*USA Children's & Women's Count*	*Total*
36509	Bayou La Batre	25	59	84
36521	Chunchula	55	77	132
36522	Chunchula	78	170	248
36541	Citronelle	114	229	343
36544	Grand Bay	120	252	372
36560	Irvington	54	106	160
36571	Mt. Vernon	126	160	286
36572	Saraland	62	58	120
36575	Satsuma	152	281	433
36582	Semmes	216	514	730
36587	Theodore	115	197	312
36603	Wilmer	187	253	440
36604	Mobile	159	271	430
36606	Mobile	279	579	858
36607	Mobile	177	180	357
36608	Mobile	250	544	794
36609	Mobile	162	515	677
36610	Mobile	430	518	948
36611	Mobile	90	188	278
36612	Mobile	86	164	250
36613	Eight Mile	236	263	499
36617	Mobile	418	474	892
36618	Mobile	151	360	511
36619	Mobile	117	173	290
36693	Mobile	125	211	336
36695	Mobile	207	477	684

The survey questionnaire was based on the instrument used by Mobile Infirmary to survey community health leaders.[4] 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 D. By using a common questionnaire comparisons can later be made between the findings of both surveys.

Table 3.2: Survey Details

Area	*Date Started*	*Date Completed*	*N*	*Margin of Error*	*Cell Phone %*	*Median Length (minutes)*	*Response Rate w/ No Answers*[1]	*Response Rate w/out No Answers*[2]
General	4/25/2016	5/19/2016	263	+/-6.0	13.3%	18.00	-	-
Focused	5/9/2016	5/17/2016	257	+/-6.1	0.0%	17.29	-	-
Overall	4/25/2016	5/19/2016	520	+/-4.3	6.7%	17.42	8.87%	15.51%

[1] Calculated by dividing the number of completions by all numbers attempted except those that were out of scope
[2] Calculated the same as [1] but numbers that were never answered were also excluded from the numerator

Key Survey Findings

This section details the key elements of the survey findings and in particular identifies some the most highly rated areas of community need. To see all of the findings regarding the survey data please refer to the tables in Appendix B.

Mobile County residents are mixed on how they rate their own health. Twelve percent rate themselves in excellent health, 21 percent say very good, 41 percent say good, 20 percent say fair, and six percent say poor. When rating others though only two percent say people in Mobile are very healthy, 20 percent say healthy, 61 percent say somewhat healthy, 16 percent say unhealthy, and three percent say very unhealthy. Thus, in terms of rating one's own health there is a slight tendency toward more extreme categories both positive and negative, while perceptions of other people tend more toward the middle ground of somewhat healthy with relatively equitable splits between healthy and unhealthy.

Mobile County residents are also mixed on how they perceive the quality of healthcare services available in Mobile County. Thirty-six percent say healthcare is either excellent or very good, 35 percent also take the middle ground and say it is good, and Twenty-eight percent say it is only either fair or poor.

Most respondents have Medicare. This is not surprising given the older age of many of the respondents. Nineteen percent have employer based private insurance, 17 percent have private insurance they purchased themselves, and five percent do not have insurance. Eight percent of respondents report not having a personal doctor or health care provider. Ninety-

[4] Mobile Infirmary agreed to allow the USA Health System to utilize the survey instrument.

two percent say they have seen a doctor for a wellness exam or routine checkup in the past year but only 64 percent say the same for a dental exam or cleaning.

Respondents were asked about a series of items and how important they felt each item would be in improving the overall health in their community. The top six items rated as most important include: 1) a clean environment, 2) lower crime and safe neighborhoods, 3) family doctors and specialists, 4) less sexually transmitted diseases, 5) more quality education, and 6) good schools. The rankings for Mobile County including the overall combined sample, the general sample, and the focused sample can be seen in Table 3.3 while the full list of all items can be found in Tables B.8 and B.9 in Appendix B.

Table 3.3: Top 6 Items Respondent Thinks Would Be Important For Improving the Overall Health In Your Community - Ranked According to Overall Saying "Very Important"

	*Mobile County**	*Very Important*	*Somewhat Important*	*Neither*	*Somewhat Unimportant*	*Very Unimportant*	*Total*	*N*
Q8e. A clean environment including water, air, etc.	*O*	98.1	1.7	0.0	0.2	0.0	100.0%	519
	G	98.1	1.5	0.0	0.4	0.0	100.0%	263
	F	98.1	2.0	0.0	0.0	0.0	100.1%	256
Q8n. Lower crime and safe neighborhoods.	*O*	96.5	2.1	0.8	0.4	0.2	100.0%	518
	G	95.8	2.3	1.2	0.4	0.4	100.1%	262
	F	97.3	2.0	0.4	0.4	0.0	100.1%	256
Q8f. Family doctors and specialists.	*O*	96.4	3.3	0.2	0.0	0.2	100.1%	520
	G	94.7	4.6	0.4	0.0	0.4	100.1%	263
	F	98.1	2.0	0.0	0.0	0.0	100.1%	257
Q8p. Less sexually transmitted diseases.	*O*	95.9	3.0	1.0	0.0	0.2	100.1%	506
	G	94.9	2.8	2.0	0.0	0.4	100.1%	255
	F	96.8	3.2	0.0	0.0	0.0	100.0%	251
Q8s. More quality education.	*O*	94.8	4.4	0.2	0.4	0.2	100.0%	519
	G	91.6	7.3	0.4	0.4	0.4	100.1%	262
	F	98.1	1.6	0.0	0.4	0.0	100.1%	257
Q8j. Good schools.	*O*	94.4	4.5	0.8	0.4	0.0	100.1%	514
	G	93.0	5.4	1.2	0.4	0.0	100.0%	258
	F	95.7	3.5	0.4	0.4	0.0	100.0%	256

* The O designation refers to Mobile County Overall, the G designation refers to the Mobile County General sample, and the F designation refers to the Mobile County Focused sample. See the Community Survey Methodology section for a description of the three designations.

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

Table 3.4: Top 6 Health Issues Respondent Feels Are A Problem For Mobile County - Ranked According to Overall Saying "Very Important"

	Mobile County	*Very Important*	*Somewhat Important*	*Neither*	*Somewhat Unimportant*	*Very Unimportant*	*Total*	*N*
Q9d. Child abuse and neglect.	*O*	96.5	3.5	0.0	0.0	0.0	100.0%	513
	G	97.3	2.7	0.0	0.0	0.0	100.0%	259
	F	95.7	4.3	0.0	0.0	0.0	100.0%	254
Q9h. Drug use and abuse.	*O*	94.5	4.1	0.6	0.4	0.4	100.0%	511
	G	92.3	5.8	0.8	0.4	0.8	100.1%	258
	F	96.8	2.4	0.4	0.4	0.0	100.0%	253
Q9c. Cancers.	*O*	94.1	4.9	1.0	0.0	0.0	100.0%	512
	G	92.7	5.4	1.9	0.0	0.0	100.0%	259
	F	95.7	4.4	0.0	0.0	0.0	100.1%	253
Q9g. Domestic violence.	*O*	93.4	5.5	1.0	0.2	0.0	100.1%	514
	G	94.2	4.3	1.5	0.0	0.0	100.0%	259
	F	92.6	6.7	0.4	0.4	0.0	100.1%	255
Q9j. Heart disease and stroke.	*O*	93.0	5.8	1.0	0.0	0.2	100.0%	515
	G	91.2	7.3	1.5	0.0	0.0	100.0%	261
	F	94.9	4.3	0.4	0.0	0.4	100.0%	254
Q9s. Rape and sexual assault.	*O*	92.9	5.9	0.4	0.4	0.4	100.0%	510
	G	91.2	7.3	0.4	0.4	0.8	100.1%	260
	F	94.8	4.4	0.4	0.4	0.0	100.0%	250

Determining the prevalence of different health conditions is vital in determining community need. Respondents were asked to identify whether a doctor or other health professional had ever told them if they had any number of a series of twelve major health issues. The top six health conditions identified by respondents in Mobile County were: 1) high blood pressure, 2) high cholesterol, 3) diabetes, 4) heart disease, 5) depression, and 6) obesity. Table 3.5 shows these rankings for all three samples – overall, general, and focused – and Table B.12 in Appendix B shows the responses to all twelve health issues.

Table 3.5: Top 6 Health Conditions Among Mobile County Residents - Ranked According to Overall Saying "Yes" A Doctor or Other Health Professional Told Them They Have the Condition

	Mobile County	*Yes*	*No*	*Total*	*N*
Q10h. High blood pressure.	O	57.3	42.7	100.0%	513
	G	53.5	46.5	100.0%	260
	F	61.3	38.7	100.0%	253
Q10g. High Cholesterol.	O	43.0	57.0	100.0%	512
	G	39.6	60.4	100.0%	260
	F	46.4	53.6	100.0%	252
Q10e. Diabetes.	O	26.7	73.3	100.0%	513
	G	26.2	73.9	100.1%	260
	F	27.3	72.7	100.0%	253
Q10f. Heart Disease.	O	18.6	81.5	100.1%	512
	G	15.8	84.2	100.0%	260
	F	21.4	78.6	100.0%	252
Q10d. Depression.	O	18.1	81.9	100.0%	514
	G	16.9	83.1	100.0%	260
	F	19.3	80.7	100.0%	205
Q10j. Obesity.	O	17.2	82.8	100.0%	513
	G	17.7	82.3	100.0%	260
	F	16.7	83.3	100.0%	252

Health related services that are difficult to access are a clear problem and point to community needs. Respondents were asked to identify healthcare services that they felt were difficult to obtain in Mobile County. These responses were unprompted, that is respondents had to identify them on their own, and respondents could select as many as they felt were problems. Not counting those saying some "other" issue, Table 3.6 identifies the six healthcare services respondents feel are most difficult to access in Mobile County: 1) mental health services, 2) specialty medical care, 3) prescription and pharmacy services, 4) dental care, 5) emergency medical care, and 6) women's health. The full list of services can be found in Table B.13 in Appendix B. The "other" responses are presented in Appendix C, these responses range over a number of issues however many of them reference limitations regarding accessing specialist physicians generally and accessing particular specialists

Table 3.6: Top 6 Healthcare Services Respondent Feels Are Difficult to Get in Mobile County – Ranked According to Overall and Not Counting "Other" in Top 6

	Mobile County - Overall	*Mobile County - General*	*Mobile County - Focused*
Other	10.0	11.8	8.2
Mental health services	7.3	8.0	6.6
Specialty medical care (specialist doctors)	6.2	4.6	7.8
Prescriptions / pharmacy services	5.6	4.6	6.6
Dental care / dentures	4.4	3.0	5.8
Emergency medical care	4.2	1.9	6.6
Women's health	4.2	1.5	7.0

Approximately 14 percent of Mobile County residents indicated that they had delayed in getting needed medical care at some point in the past 12 months. Delays in seeking healthcare can lead to more severe, complicated, and costly problems. Factors contributing to such delays are again clear signals of community needs. Table 3.7 lists the top six reasons, not counting those saying "other", identified by respondents for why they delayed in getting needed medical care: 1) could not afford medical care, 2) insurance problems or a lack of insurance, 3) could not get an appointment soon enough, 4) lack of transportation, 5) provider was not taking new patients, and 6) could not get a weekend or evening appointment. The full list of reasons for delaying needed medical care can be found in Table B.15 in Appendix B. The "other" responses are presented in Appendix C; many of these responses indicate insufficient time due to other obligations.

Table 3.7: Top 6 Reasons Respondent Delayed Getting Needed Medical Care - Ranked According to Overall and Not Counting "Other" in Top 6

	Mobile County - Overall	*Mobile County - General*	*Mobile County - Focused*
Other	37.5	40.5	34.3
Could not afford medical care	31.9	29.7	34.3
Insurance problems / lack of insurance	20.8	18.9	22.9
Could not get an appointment soon enough	8.3	2.7	14.3
Lack of transportation	6.9	5.4	8.6
Provider was not taking new patients	4.2	2.7	5.7
Could not get a weekend or evening appointment	4.2	5.4	2.9

When seeking medical care for someone who is sick, Mobile County residents most often go to their family doctor (64%), the emergency room (16%), or an urgent care clinic (10%).

Respondents have a great deal of confidence that they can make and maintain lifestyle changes. Thirty-four percent are extremely confident in their ability to do so and 43 percent are very confident.

Only 10 percent of respondents indicate that they are currently using tobacco products such as cigarettes and cigars. A modest one percent report using chewing tobacco or snuff and slightly less than one percent say they use e-cigarettes or vaporizing pens. Seventy-nine percent report never having used tobacco products.

Most respondents for the survey were older. Thirty-nine percent were between the ages of 46 and 65 and 53 percent were over 65. However, given that the survey's goal is to identify healthcare needs, this upward age bias is less concerning.

Whites constituted 57 percent of those responding; African-American's constituted 39 percent.

Thirty percent of respondents possess a high school degree or GED. Twenty-seven percent have some college coursework; 22 percent have a Bachelor's or four year degree, and 13 percent have a graduate or professional degree.

Given the older age of the respondents it is not surprising that 53 percent say they are retired. Twenty-one percent are working full-time, nine percent are disabled, and six percent are unemployed.

While many respondents (22%) indicated an income of less than $15,000 annually, there was a relatively equitable distribution of respondents across all of the remaining income brackets.

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

Comparing the General and Focused Survey Areas

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

When asked how important various items would be to improving the overall health of their community, there were two statistically significant differences based on the general versus the focused samples. Those in the focused survey area were more likely (94%) than those in the general sample (88%) to say that "less tobacco use" was very important. Similarly, those in the focused survey area where more likely (98%) than those in the general sample (92%) to say that "more quality education" was very important. In both of these cases the relationships were statistically significant at the .05 level.

Among the list of health issues that respondents identified as being important problems for Mobile County, the issue related to dental problems showed differences between the general and focused samples. Those in the focused sample area (85%) were rather more likely to identify dental problems as an important issue than were those in the general sample area (75%).

Respondents from the focused sample area were somewhat more likely to identify that they had been told they had dementia or Alzheimer's (2.8%) compared to those in the general sample area (0.4%). Those from the focused sample area were also more likely to identify emergency medical care (6.6%) and women's health (7.0%) as healthcare services difficult to get in Mobile County compared to the general sample area (1.9% and 1.5% respectively).

There were a number of differences between the two areas when looking at where they go for healthcare when someone in their family is sick. Those in the focused sample area were more likely to say the ER (18%) and family doctor (69%) than were those in the general area (15% and 58% respectively). However, those in the general sample area were much more likely to go to an urgent care facility (13%) compared to those in the focused sample area (6%).

In terms of tobacco use, respondents in the general sample area were more likely to say that that they do not currently use tobacco products and had quit more than a year ago (11%) than were residents of the focused sample area (6%). Based on the table, focused sample residents more frequently indicated that they had never used tobacco products; however, this relationship was not statistically significant so it is not conclusive that focused area residents were less likely to have ever used tobacco products.

The final three statistically significant differences relate to demographic data. Focused sample respondents were more likely to be older with 59 percent saying they were 65 or older compared to only 46 percent of general sample respondents. This difference however is likely due to the fact that cell phones numbers could not be used for the focused sample area (see the survey methodology section for more explanation). In terms of race, the focused sample area had more African-Americans (48%) than the general sample area (30%) and less whites (48% compared to 65%). Finally looking at employment, respondents in the focused sample area were less likely to be employed full-time (14%) but more likely to be retired (59%) or unemployed (8%) compared to general sample respondents (27%, 49%, and 5% respectively).

Comparing Community and Provider Surveys

The community survey used herein was based on the provider survey used by Mobile Infirmary in conducting their 2016-2018 CHNA. Mobile Infirmary surveyed 41 individuals working with local health and social service organizations to identify community needs. Using a similar survey for community input allows an opportunity to compare the perceptions of community health leaders with the impressions of the community at large regarding health needs.[5] The following tables present the findings from each study for comparison.

[5] Changes to the survey included: 1) re-phrasing questions to make them appropriate for the surveyed audience and telephone interviewing, and 2) removing some questions to reduce the time required to complete the survey.

Table 3.8: Comparison of Features of a Health Community

Mobile Infirmary Provider Survey	*USA Health System Community Survey*
1. Access to health services such as a health clinic or hospital.	1. A clean environment including water, air, etc.
2. More quality education.	2. Lower crime and safe neighborhoods.
3. More quality health care options.	3. Family doctors and specialists.
4. Mental Health Services.	4. Less sexually transmitted diseases.

Based on the top four responses, as shown in Table 3.8, there is only slight correspondence between the two different groups. Providers identified access to health services and more quality health care options while the community identified family doctors and specialists. These are not exactly the same, but it does suggest a focus on health care options across both groups.

Immediately following the top four, measures relating to education seemed to be a focus of respondents. The fifth and sixth rated community items were more quality education and good schools respectively. This focus on education clearly aligns with the provider focus on more quality education. While not identified in the top six responses for providers, it is unsurprising that community identified a clean environment and safe neighborhoods as high priorities. Also, the relatively high ranking regarding STD's for the community at large may indicate a wider community problem.

Table 3.9: Comparison of Most Important Health Issues

Mobile Infirmary Provider Survey	*USA Health System Community Survey*
1. Obesity.	1. Child abuse and neglect
2. Mental health problems.	2. Drug use and abuse.
3. Heart disease and stroke.	3. Cancers.
4. Diabetes.	4. Domestic violence.

Table 3.9 presents a comparison of the most important health issues. There is little consensus amongst the top four issues identified by each group. Again, for the community respondents we see a number of what are likely more personal family issues--including child abuse, drug abuse, and domestic violence. Also, heart disease was the fifth highest ranked

option among the community and mental health, diabetes, and obesity were ranked eighth, ninth, and tenth respectively. It should also be noted that only a few percentage points separate many of these rankings; thus, while the top four items are not consistent between providers and community, there is still considerable concern regarding the provider identified issues among the community at large.

Table 3.10: Comparison of Community Health and Health Services

	Mobile Infirmary Provider Survey	*USA Health System Community Survey*
The health of my community:	Somewhat Healthy	Somewhat Healthy
Quality of health services:	Good	Good

There is complete agreement in Table 3.10 between the providers and community at large regarding the health of the community and the quality of health services available in the community. This consensus however should not be too surprising as these each represent the middle category of each questions response options. At least in terms of the community at large, it would not be uncommon for responses to cluster in the middle as it is the most cognitively easy response option.

Table 3.11: Comparison of Healthcare Services That Are Difficult to Obtain

Mobile Infirmary Provider Survey	*USA Health System Community Survey*
1. Mental health services.	1. Mental health services.
2. Preventative care.	2. Specialty medical care.
3. Prescriptions / pharmacy services.	3. Prescriptions / Pharmacy services.
4. Dental care.	4. Dental care.

There is considerable alignment among providers and the community at large regarding the healthcare services believed to be most difficult to obtain. Table 3.11 shows that both groups identify mental health services, prescription/pharmacy services, and dental care as services that are difficult to obtain. There is slight disagreement with providers suggesting preventative care is difficult to obtain while the community at large feels that specialty medical care is more difficult to acquire.

Overall, the community at large seems to place a slightly higher emphasis on more immediate issues such as safe neighborhoods. However, despite not aligning directly on

some issues, the community at large shares many of the same concerns identified by the providers. Further in terms of evaluating the health of the community and the quality of services available, both groups are in agreement. Finally, given the strong agreement among both groups regarding services that are difficult to obtain, it should be clear that mental health services, pharmacy services, and dental care are the most difficult services to obtain in Mobile County.

COMMUNITY RESOURCES - 4

Summary

Along with the five acute care hospitals, two specialty hospitals, and three federally qualified health clinics, there are numerous other community resources dedicated to providing access to healthcare services or provide services that directly impact health. This includes nursing homes, hospice care, and in home health care for those that need assistance. There are currently 19 nursing homes, 13 hospice care providers, and 12 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 4.1: Acute Care Hospitals

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

Table 4.2: Specialty Hospitals

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

Table 4.3: Federally Qualified Health Clinics

Franklin Primary Health Centers	(251) 432-4117
Mobile County Health Department Clinics	(251) 690-8158
Mostellar Medical Center	(251) 824-2174

Table 4.4: Nursing Homes

Allen Memorial Home	(251) 433-2642
Ashland Place Health & Rehabilitation	(251) 471-5431
Azalea Gardens of Mobile	(251) 479-0551
Citronelle Health & Rehabilitation Center	(251) 866-5509
Crowne Health Care of Mobile	(251) 473-8684
Crowne Health Care of Springhill	(251) 304-3013
Gordon Oaks Health & Rehab	(251) 661-7608
Grand Bay Convalescent Home, Inc.	(251) 865-6443
Gulf Coast Health & Rehabilitation	(251) 634-8002
Kindred Transitional Care and Rehab	(251) 316-0917
Little Sisters of the Poor Sacred Heart Residence	(251) 476-6335
Lynwood Nursing Home	(251) 661-5404
Mobile Nursing & Rehabilitation Center	(251) 639-1588
North Mobile Nursing & Rehabilitation Center	(251) 452-0996
Palm Gardens Health & Rehabilitation	(251) 450-2800
Sea Breeze Healthcare Center	(251) 433-5471
Springhill Manor Nursing Home	(251) 342-5623
Springhill Senior Residence	(251) 343-0909
Twin Oaks Rehabilitation & Healthcare Center	(251) 476-3420

Table 4.5: Hospice Services

Alacare	(251) 341-0707
Coastal Hospice Care	(251) 675-0012
Community Hospice of Baldwin County	Mobile County: (251) 937-7330
Covenant Care Hospice	(251) 478-8671
Gentiva Hospice	(251) 340-6387
Infirmary Hospice Care	(251) 435-7460
Kindred at Home	(251) 478-9900
Mercy Medical Home Care & Hospice	(251) 304-3135
Odyssey Health Care	(251) 478-9900
Saad's Hospice Services	(251) 343-9600
Southern Care Hospice	(251) 621-2844
Springhill Home Health and Hospice	(251) 433-8172
Veterans Affairs Outpatient Clinic	(251) 219-3900

Table 4.6: Home Health Agencies

Amedisys	(800) 239-9192
Addus Healthcare	(251) 414-5855
Alacare Home Health & Hospice	(251) 341-0707
BrightStar Care North Mobile/Baldwin Co.	(251) 405-6451
Carestaff	(251) 380-2070
Home Instead Senior Care	(251) 342-6655
Kindred at Home	(251) 478-9900
Infirmary HomeCare of Mobile	(251) 450-3300
Maxim Healthcare	(251) 470-0223
Mercy Life of Alabama	(251) 287-8427
Oxford HealthCare Services	(800) 404-3191
Saad Healthcare	(251) 343-9600

Table 4.7: Social Service Agencies

AIDS South Alabama	(251) 471-5277
AltaPointe Health Systems	(251) 450-2211
American Red Cross	(251) 544-6100
Area Agency on Aging	(251) 433-6541
Big Brothers Big Sisters of South Alabama	(251) 344-0536
Boys & Girls Club of South Alabama	(251) 432-1235
CASA Mobile	(251) 574-5277
Catholic Social Services	(251) 434-1500
Child Advocacy Center	(251) 432-1101
Child Day Care Association	(251) 441-0840
Crittendon Youth Services	(251) 639-0004
Dearborn YMCA	(251) 432-4768
Drug Education Council	(251) 478-7855
Dumas Wesley Community Center	(251) 479-0649
E.A. Roberts Alzheimer Center	(251) 435-6950
Emma's Harvest Home	(251) 478-8768
Epilepsy Foundation of Alabama	(251) 341-0170
Family Promise of Coastal Alabama	(251) 441-1991
Feeding the Gulf Coast	(251) 653-1617
Goodwill Easter Seals of the Gulf Coast	(251) 471-1581
GRMCA Early Childhood Directions	(251) 473-1060
Habitat for Humanity in Mobile County	(251) 476-7171
Home of Grace for Women	(251) 456-7807
Housing First	(251) 450-3345
The Learning Tree	(251) 649-4420
Lifelines Counseling Services	(251) 602-0909
McKemie Place	(251) 432-1122
Mission of Hope	(251) 649-0830
Mobile Community Action	(251) 457-7143
Mobile Arc	(251) 479-7409
Mulherin Custodial Home	(251) 471-1998
Oznam Charitable Pharmacy	(251) 432-4111
Penelope House Family Violence Center	(251) 342-8994
Preschool for the Sensory Impaired	(251) 433-1234
Ronald McDonald House Charities of Mobile	(251) 694-6873

Salvation Army of Coastal Alabama	(251) 438-1625
Serenity Care	(251) 478-1917
South Alabama Volunteer Lawyers Program	(251) 438-1102
St. Mary's Home	(251) 344-7733
United Cerebral Palsy of Mobile	(251) 479-4900
United Way of Southwest Alabama	(251) 433-3624
Via! Senior Citizens Services	(251) 470-5226
Victory Health Partners	(251) 460-0999
Volunteers of America	(251) 300-3500
Waterfront Rescue Mission	(251) 433-1847
Wilmer Hall Children's Home	(251) 342-4931
Wings of Life	(251) 432-5245

2012-2013 IMPLEMENTATION STRATEGIES EVALUATION - 5

Introduction

After the 2013 USA Health System Community Health Needs Assessment, a variety of implementation strategies were created in order to guide community activity and partnerships with local nonprofits, as well as means to examine actions that have been taken and progress made. The seven strategies are related to USA's and the USA Health System's impact on the community primarily through their partnerships with local nonprofits. Each strategy is identified and discussed.

Implementation Strategies

Strategy 1: A significant portion of the population is poor or near poor.
Low socioeconomic status leads directly and indirectly to lower levels of health for this segment of the population.

Opportunities for the USA Health System to directly change the level of poverty in the community is limited; however, the University of South Alabama (including its component hospitals) is one of the major economic drivers of the local economy. As such, the University makes numerous contributions to the alleviation of poverty in the community. Specifically:

- The University is one of the largest employers in the region.
- The University provides affordable access to higher education to thousands of local residents.
- The University has provided education and training to the vast majority of teachers in the local public schools.
- The University supports and participates in a broad spectrum of economic development initiatives affecting the local area.

According to the Mobile Area Chamber of Commerce, the University of South Alabama and the USA Health System are the second largest employer in the area as well as the second largest non-industry employer.

Table 5.1: Largest Employers in Mobile, AL

	2013	2014
Mobile County Public School System	7,280	7,400
University of South Alabama and USA Health System	5,168	5,180
Infirmary Health	5,100	5,070
Austal USA	4,000	4,202
City of Mobile	2,323	2,290

The university is classified as a largely in-state student university, with approximately 75% of the enrolled student body being considered in-state students. In Fall 2014, total enrollment was 15,805 and undergraduate enrollment was 11,479. Of these students, 60% were receiving grants or scholarship aid. Federal Pell Grants are grants from the U.S. federal government specifically for students that demonstrate financial need and have not earned their first bachelor's degree. Of full-time beginning undergraduates, 43% were receiving a Pell Grant, and 40% of all enrolled undergraduates were receiving one as well which indicates a relatively high need for educational costs assistance.

Training and education of teachers was identified as one of the ways the university impacts poverty in the community. The College of Education at USA provides 12 undergraduate programs with 12 certificate options as well as 21 graduate programs with 58 certificate options. A variety of programs are offered online, particularly for the graduate level, in order to make it easier for teachers to continue their education while continuing to work. More than 85% of the educators in the Mobile region have at least one teaching credential or degree from the College of Education.

In 2014, the University of South Alabama partnered with Mobile County, the City of Mobile, Mobile Area Chamber of Commerce and members of Partners of Growth investors to apply for southwest Alabama to become a recognized Manufacturing Community via Investing in Manufacturing Communities Partnerships. Southwest Alabama was selected to be one of 12 such Manufacturing Community and received a $100,000 grant from the U.S. Department of Commerce.

Importantly, as the health emphasis shifts to accountable care, the USA Health System will focus on identifying vulnerable, underserved, and at risk portions of their service populations. Once identified, these groups can be targeted for increased screening, prevention activities, and intensive treatment for chronic conditions.

The USA Health System has partnered with University of South Alabama College of Nursing as well as other community outreach programs such as 15th Place Wellness Center, Dumas Wesley Community Outreach, Goodwill Easter Seals, and Think First for Kids and Teens.

15th Place Wellness Center is part of Housing First Inc. and is focused on providing a one stop location for as many services and resources for the homeless as possible, including assistance to find housing. Housing First, Inc. performed the annual Point-in-Time homeless count for 2016 and reports that there are 495 homeless individuals in the City of Mobile and 96 in Mobile County. While the count is in progress, identified individuals are provided with supplies such as blankets, socks, toiletries, and first aid items. Housing First, Inc. also hold an annual event called Project Homeless Connect (PHC). Project Homeless Connect is a day of service that bring medical services, legal services, government agency representatives, faith-based organizations, Work Force Development, and other nonprofits together in order to serve the homeless population. USA provides volunteers to help with medical needs, including examinations, screenings, and medicine. The most recent PHC was hosted in January 2016 and served approximately 300 people.

Goodwill Easter Seals focuses on helping adults and children with disabilities along the Gulf Coast by providing early intervention and access to day care, parent training, and assisting with job training. Medical equipment for trauma patients is also provided.

Table 5.2: Goodwill Easter Seals Medical Equipment and Number Served

	2014	2015
Free Medical Equipment & Supplies Given Out	$125,000	1,905
Total Number Served (All Programs & Populations)	$11,208	11,524
People w/ Disability Served	$4,416	4,346
At Risk Youth Served	$618	685
Early Childhood Education Served	$931	636
Un/Underemployed Adults Served	$2,832	3,258

* 2014 was reported in dollars spent while 2015 was reported in total pieces of equipment.

Think First for Kids and Teens is education program that is designed to prevent brain, spinal cord and other traumatic injuries by identifying high risk behaviors, such as riding a bicycle with no helmet on, and highlighting the consequences of poor decision making. In order to educate children on injuries related to risky behaviors, presentations are targets to different age groups within schools and representatives attend health fairs.

Table 5.3: Think First Total Health Fairs and Students

	2013 - 2014	2014 - 2015
Health Fairs	2	2
Kindergarten – 3rd Grade Students	98	738
4th Grade – 5th Grade Students	-	196
6th Grade – 8th Grade Students	-	157
9th Grade – 12th Grade Students	-	65

Dumas Wesley Community Center provides meals and activities for senior citizens, after school meals for children, transitional housing, a food pantry, and a variety of other services in order to fulfill its mission to educate, empower, and enrich the local community. Dumas Wesley and the College of Nursing had partnered to provide blood pressure, health, and functional screening along with health education to the adult and senior population, but that partnership has since ended.

Strategy 2: There is limited access to all types of healthcare for the low income, uninsured, underinsured, and unemployed segments of the population and for the working poor. There is also limited access in some cases for persons covered by Medicaid.

The USA Health System has a long and ongoing tradition of filling the role of safety net healthcare providers for the Mobile region.

The USA Health System assists in the provision of healthcare for lower middle class families, the working poor, elderly people who are living on a fixed income and the homeless populations. Each year, almost 20,000 inpatient days of hospital care are provided to individuals without health insurance (over 14,000 days at USA Medical Center and over 5,000 days at USA Children's & Women's Hospital).

The Center for Healthy Communities works with and trains Community Health Advocates, who are individuals who actively seek to improve the health of their communities. They have strong roots within their communities and can help bridge the gaps between community members and health care professionals. The Center also runs an Education Pipe-Line Program that aims to actively involve high potential minority students from underserved communities in the sciences and research to bring awareness to health disparities.

Table 5.4: Community Health Advocate Community Events

	2013	2014	2015
Number of events	16	18	3
Number of participants	262	931	224

STARS are students that come from three local high schools and participate in intensive summer enrichment experience on USA's campus. STRIPES come back for another intensive summer enrichment experience. When they complete, they are eligible for the Shadows Program for the summer after senior year of high school. Shadows follow and learn from researchers in biomedical research fields they are interested in pursuing. Participants in the undergraduate research program participate in a summer of research which culminates in a presentation of their projects at the College of Medicine Research day. Finally, the Research Apprentice Program engages community members from underrepresented minority community in hands-on train in the research process to gain exposure to health disparities and research aimed at addressing these disparities.

Table 5.5: Education Pipe-line Program

	2013	2014	2015
STARS Program	10	10	11
STRIPES Program	13	-	9
Shadows	3	3	4
Undergraduate Research Program	2	2	3
Research Apprentice Program	8	12	10
Research Apprentice Program	8	12	10

Victory Health Partners serves under/uninsured adults that have difficulty accessing healthcare across a variety of services including medical care, medication for short term illnesses, dental care, eye care, diabetes education, and more. In 2015, approximately 16,500 individuals were assisted along the Gulf Coast, with approximately 14,500 in Mobile County alone. Victory Health sees anywhere between 75-90 new patients each month.

Our Neighborhood Healthcare Clinic was a clinic staffed by board certified nurse practitioners, registered nurses, case managers and other integrated primary healthcare providers to deliver accessible healthcare to the community with payments based on a sliding scale. The Clinic however has since been disbanded. Its services included acute illness management, laboratory testing, minor lacerations, physical exams, sinus infections, etc.

Strategy 3: Poor healthy living decisions, especially related to diet and exercise, smoking, and abuse of drugs and alcohol, have resulted in high levels of obesity, cardiovascular disease, cancer, hypertension, diabetes, chronic lower respiratory diseases and other chronic and acute health problems.

Success will depend on disseminating evidence-based community health programming to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger base of effective prevention programs.

As teaching institutions, the USA Health System has the potential to contribute to the health knowledge and awareness of low-income community residents from diverse racial and ethnic backgrounds. This can be made possible by aligning system resources with the resources in the community to create better interfaces between community-based prevention and clinical-based intervention. Examples include the USA Mitchell Cancer Institute and the USA Physicians Group offering free take-home colorectal cancer screening test; the partnership with the Alabama Department of Public Health in offering free breast and cervical cancer screenings; Stroke Awareness Education; Diabetes Education; Nutrition Assessment and Weight Loss Education; and Community Health Fairs.

The Alabama Department of Public Health provides free breast and cervical cancer screenings for women who are 40-64 years old, have an income at or below 200% of the federal poverty guidelines, or without insurance or are underinsured along with other guidelines and exceptions. The ability to provide screening services is dependent on grant funding.

Table 5.6: Alabama Department of Public Health Breast and Cervical Cancer Screenings

	July 2012 – June 2013	July 2013 – June 2014	July 2014 – June 2015
Number of women screened	15,996	16,097	15,408
Number of clinical breast exams performed	12,864	11,951	11,226
Number of mammograms	13,022	12,700	12,284
Number of Pap smears	5,805	5,533	4,903
Number of breast cancers detected	139	135	118
Number of cervical preinvasive (CIN I, II, & III) and invasive cancers detected	133	148	140

USA Mitchell Cancer Institute and the USA Physicians Group has provided an annual colorectal cancer screening initiative to USA employees and dependents, age 50 and older since 2013. They are offered the opportunity to schedule a colonoscopy or to complete a take-home Fecal Immunochemical Test (FIT) to send back to for testing. Letters are mailed to those with negative results while those with positive results receive a personal follow-up

phone call, along with assistance in scheduling a diagnostic follow-up colonoscopy with USAGI or a physician of their choosing.

Table 5.7: Take Home Colorectal Cancer Screening Tests

	2015	2016*
FIT tests distributed	146	250
FIT tests returned	112	125
Positive results	25	24
Negative results	86	101

* 2016 collection is ongoing and based on estimated numbers from late May.

Diabetes Education takes the form of a class one Wednesday each month. There is room for 25 people in each class, though classes are not typically filled. Approximately 50 people attended classes held in 2015, which is similar to previous years. Diabetes educators attended five health fairs in 2015, less than previous years due to a reduction in staff.

Nutrition Education takes place largely on an in-patient basis, with longer sessions for those patients with diabetes or other medical problems related to diet. Nutrition education is also provided to patients that will be undergoing bariatric surgery and those that are repeatedly hospitalized. A dietitian also joins in the Diabetes Education class once a month.

Strategy 4: There is a shortage in the county of primary care physicians, especially those who see low-income patients.

The USA Health System, through graduate medical education programs for physicians, and the University of South Alabama College of Medicine are primary sources of new physicians, including primary care physicians, for Mobile County.

Table 5.8: Graduates from College of Medicine

	2013	2014	2015	2016
USA College of Medicine Graduates	73	63	74	73

In addition to training board certified physicians in all of the primary care fields, USA participates in the training programs for physician extenders and allied health professionals in the local area. The physician extenders include physician assistants, nurse practitioners and clinical nurse specialists and the allied health professional include physical therapy, occupational therapy and speech-language pathology.

Table 5.9: Graduates from College of Nursing and Allied Health Professionals

	2013	2014	2015	2016
BS in Nursing	239	366	297	330
MS in Nursing	287	426	570	589
Doctor of Nursing Practice	59	95	134	100
Physician's Assistant	38	39	40	-
Occupational Therapist	30	30	30	30
Physical Therapist	32	37	32	38
Speech-Language Pathology	21	22	20	19

Strategy 5: Mental health issues, particularly depression, stress, and substance abuse affect a significant number of people in the county.

There is a shortage of mental and behavioral health workers in the county and there is also a shortage of outpatient venues in the county for providing mental and behavioral health services. Access to mental health services for low-income individuals is limited.

Table 5.10: Board Certified Practicing Psychiatrists and Psychologists

	2013	2014	2015
Psychiatrists	27	28	32
Psychologists	-	-	4

It is important to note that board certification is not necessarily needed to practice psychology. These numbers are taken from the American Board of Professional Psychology and the American Board of Psychiatry and Neurology.

The USA Health System will continue to maintain and enhance their existing partnership with AltaPointe Health Systems, Inc. (formerly Mobile Mental Health) to meet the mental health needs of the community.

Table 5.11: Patients Served by AltaPointe Health Systems, Inc.

	2013	2014	2015
Total patients	15,696	20,700	23,612
Adults	10,511	14,335	16,039
Children	5,185	6,365	7,573
Outpatient*	13,478	11,092	22,032
Residential*	560	748	795
Hospital*	1,939	1,598	2,384
NH/ALF/Other Hospitals*	2,108	2,243	1,629

* Counted as individuals instead of patients. Individuals are not patients until admitted into AltaPointe's continuum.

A portion of this ongoing relationship is the graduate medical education program in Psychiatry and the graduate psychology program's Psychological Clinic which expands the availability of mental and behavioral health services during the training period and eventually increases the number of board certified psychiatrists and psychologists practicing in the local area.

Table 5.12: Graduates from Medical Education Program in Psychiatry and Psychology Clinic

	2013	2014	2015
Graduates of Medical Education in Psychiatry	-	1	1
Graduates of Medical Education continuing (Entered Child and Adolescent Psychiatry Fellowship or continuing outside of institutions)	-	3	5
Graduates of Psychology Clinic	6	4	5

Strategy 6: Many people in the county do not have affordable access to oral health services. Currently the only oral health services provided by the USA Health System are sedation of children whose medical condition requires general anesthesia for extensive oral health procedures. When traumatic injuries require it, local oral health practitioners are called in for consultations.

The USA Health System currently partners with federally qualified health centers, such as Franklin Primary Health Center, which provides access to oral care in their clinics and with a medical and dental express van which travels to schools, health fairs, and social service agencies serving children and adults in need.

Below are patient characteristic as well as percentage of patients receiving dental care for Franklin Primary Health Center and the Mobile County Health Department, which are both health centers that serve medically underserved populations/areas in the Mobile area and are recognized by the U.S. Department of Health and Human Services.

Table 5.13: Patient Characteristics and Percent Dental Care for Franklin Primary Health Center and Mobile County Health Department

	2013	2014
Franklin Primary Health Center – 38,037 patients served		
Patients at or below 200% of poverty	98.9%	98.8%
Patients at or below 100% of poverty	80.6%	81.7%
Uninsured	56.7%	53.1%
Children uninsured	18.1%	17.0%
Dental	23.2%	22.0%
Mobile County Health Department – 41,204 patients served		
Patients at or below 200% of poverty	99.1%	99.1%
Patients at or below 100% of poverty	80.6%	80.2%
Uninsured	56.6%	52.5%
Children uninsured	19.6%	17.2%
Dental	15.8%	12.4%

Strategy 7: There is limited collaboration and coordination between healthcare providers and other social service organizations serving older adults.
This situation can have dramatic impacts on the health and well-being of these adults, especially those who are fail, disabled, or have chronic health conditions.

Collaboration and coordination of care between healthcare providers and other social service organizations are essential in the care of the older adult population.

The USA Health System will be participating in regional care organizations in Alabama to assist in the networking and coordination of healthcare for Medicaid patients.

Due to legislation passed in 2013 and 2014 (Ala. Code §§ 22-6-150 and following amendment) the state has been divided into regions and community-led, regional organizations are to coordinate health care of Medicaid patients. The Mobile area falls within Region E, which includes Alabama Healthcare Advantage South and Gulf Coast Regional Care Organization. Making up Gulf Coast Regional Care Organization are USA HealthCare Management LLC, and AltaPointe Health Care Systems. Alabama Medicaid enters into contracts with these established RCOs to provide care at an established cost.

The USA Health System has also partnered with several community organizations to assist in providing care to older adults.

Mercy Life PACE Program is a program offering all-inclusive care for the elderly including primary and specialty care, vision care, dental care, personal care services, therapy services, hot meals, transportation, and spiritual care and support. The goal of Mercy Life is to help the elderly stay in their homes instead of entering nursing homes while still having all of their needs met. PACE (Program of All-Inclusive Care for the Elderly) programs operate under the Alabama Medicaid Agency. Mercy Life is capped at caring for 175 patients each year.

Area Agency on Aging serves to assist seniors and their families by coordinating resources and services that allow seniors to maintain their independence. They maintain a Medicaid Waiver for the Elderly and Disabled Program that provides services to the elderly and disabled whose needs would otherwise require them to live in a nursing home. Such services include case management, adult day care, companion service, homemaker, personal care, respite care, home delivered meals, and skilled nursing (for HIV/AIDS only). The program is funded by the Social Security Act through the Alabama Department of Senior Services. To be eligible, applicants much be receiving full Medicaid benefits or SSI. Currently, the Area Agency on Aging has 846 clients through this program and assessed 2000 applications in the last fiscal year.

Healthy Gulf Coast Communities and the Continuum of Care Network and Patient Care Networks were also mentioned in the implementation strategies, but operational information could not be found for these services.

Summary

The 2012-2013 CHNA implementation strategies involved a strong reliance on community partners to address the health needs identified. Unfortunately in most cases these partnerships and the implementation objectives were never fully formalized and thus relied on these community organizations to merely fulfill their own separate ongoing missions. Not only did these strategies cover a wide array of community organizations but data reporting was not requested or required. Consequently, it has been difficult to gather relevant information related to these strategies.

Since 2013, some aspects of the strategies have seen steady growth and improvement while others have experienced declines. Some of the programs have ended or faced shortages (e.g. Dumas Wesley's partnership with the College of Nursing, Our Neighborhood Healthcare Clinic). Overall given the difficulty in collecting measures and the somewhat mixed results implied by the data collected, it appears that while there have not been significant gains made relative to these strategies, neither have there been significant declines in the health needs of the community related to these strategies.

One key finding from the evaluation of these implementation strategies is that in almost all cases these community organizations would like to strengthen their partnership with the

USA Health System. Community organizations specifically identified better communication between themselves and the USA Health System as a means to enhance their own missions to serve their clients. Thus the USA Health System should consider mechanisms that can enhance both their communication and overall interaction with these community organizations.

2015-2016 IMPLEMENTATION STRATEGIES - 6

Introduction

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

An important aspect of the CHNA is measuring the change in these needs and attempting to identify what impact the USA Health System has had in effecting that change. There are currently many programs in place through the USA Health System that are oriented around these and other community health needs; however, these are spread throughout the system and the data either go unreported or are scattered amongst many different departments. Further there is a considerable amount of data that could be collected on internal processes. In order to better assess USA Health System's impact for future CHNAs three things should be considered: 1) identify any areas where community needs are being addressed but data are not being collected, 2) identify mechanisms for collecting data, and 3) make arrangements for data to be centrally stored.

It should also be noted that there are limitations to measuring change and to isolating the impact of specific organizations such as the USA Health System. First, many of the health needs identified herein are related to rather broad measures of the community. When dealing with such broad measures it often requires a significant amount of change for these measures to even move slightly. Also, it often takes a considerable amount of time for actual changes to be realized in the collected measures. Thus, expectations for impact should be set at realistic levels. Second, as identified in the section on community resources, there are numerous organizations oriented around health and the community's health needs in Mobile County. Particularly when dealing with broad measures, it is difficult if not impossible to fully isolate the impact of any one organization on any change that might occur. To this end, a number of measures directly related to internal processes have been recommended. It will be important to collect these measures in the interim between CHNAs as just noting change in a demographic characteristic will say little about the unique impact of the USA Health System.

Health Needs - Community Demographic Profile

The following needs were identified from the data collected for the community demographic profile. They are ordered according to how much of an impact the USA Health System should be able to have on the need.

1 – Focus efforts on the problems faced by infants and expecting mothers. With our changing demographics (falling numbers of residents aged 0-19 while growing numbers 60+)

it is essential that the community preserve and protect the new residents we could potentially gain. The assessment shows that not only are neonatal deaths and post neonatal death rates on the rise in Mobile, but that the infant death rate is climbing at a noticeable rate over the past five years (7.5 to 10.2) and even higher for minority groups (reaching 14.4 for blacks in Mobile by 2014). The community survey shows that community members feel that there is not enough access to women's health care, part of which is pregnancy and childbirth. While the health system does participate in some notable efforts to combat this growing problem (such as participation in the Kohl's Infant Safe Sleep Program where new mothers are educated in safe sleeping habits for infants), this and related efforts should be expanded. Suggested efforts include participation in activities that encourage education for expecting mothers and new mothers-- nutrition, child care, etc., in addition to providing additional and affordable access to care where possible.

2 – Combat diabetes. The assessment shows that diabetes has been on the rise in Mobile over the past 5 years. Suggestions include providing more resources into the diabetes education programs offered through the USA Health System, participation in health nutrition programs, school lunch programs, school exercise programs. This could decrease long-term death rates and related syndromes and comorbidities such as nephrotic syndrome.

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

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

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

Health Needs - Community Input Survey

The following needs were identified from the data collected for the community input survey. They are ordered according to how much of an impact the USA Health System should be

able to have on the need. The first three needs have been identified as directly addressable needs; that is, the USA Health System is most likely to have a direct impact on satisfying these needs. Needs four through seven have been identified as indirect needs; that is, they are peripheral to USA Health System's immediate objectives. While the USA Health System and partner organizations will certainly do what is possible to address these needs, resource constraints will likely restrict efforts to address these needs such that USA Health System's impact on them will be limited.

1 – The availability of general and specialized medical care in the community. This is manifested in identified needs for family doctors, specialty physicians, and emergency medical care. This need is further indicated by expressed difficulties in accessing services where either it is not possible to get an appointment soon enough, appointments are not available at peak times such as in the evening or on the weekend, or providers are not taking new patients. Suggested efforts to address this need include continuing and improving the USA Health System's provision of general, specialized, and emergency medical care. The USA Health System provides such care at its facilities including the USA Medical Center, USA Children's & Women's Hospital and through the USA Physician's Group.

Possible Internal Measures:

- Number of physicians broken down by year and by specialty either employed, treating patients, or practicing at USA Medical Center, USA Children's & Women's Hospital, the Mitchel Cancer Institute, the USA Physicians Group.
- Number of patients seen in the emergency room by year for USA Medical Center and USA Children's and Women's Hospital.

Possible External Demographic Measures:

- Number of practicing physicians in Mobile County broken down by year and by specialty.

Possible External Community Measures:

- How much of an effect can the USA Health System have on the availability of (family doctors/specialty physicians/emergency medical care) . . . a major affect, moderate affect, neutral affect, minor affect, no affect?
- How much of an effect is the USA Health System having on the availability of (family doctors/specialty physicians/emergency medical care) . . . a major affect, moderate affect, neutral affect, minor affect, no affect?

2 – The prevalence of a number of harmful health conditions including in order of community priority: high blood pressure, high cholesterol, diabetes, heart disease, depression, and obesity. Suggested efforts to address this need include continuing, improving, and expanding the USA Health System's provision of care for these health conditions. Not only would such care include clinical procedures but the continuation and expansion of community based programs such as health fairs that provide screenings for many of these conditions.

Possible Internal Measures:

- Identify services and or treatments related to each of the health conditions and then provide the number of those services and/or treatments conducted by USA Medical Center, USA Children's & Women's Hospital, and the Mitchell Cancer Institute each year.
- Identify any programs specially oriented to treating, promoting awareness, or reducing the incidence of these conditions. If possible for each program, identify the number of individuals served and the number of activities held or sponsored.

Possible External Demographic Measures:

- Prevalence of each condition broken down according to the nation overall, Alabama overall, and Mobile County.

Possible External Community Measures:

- On a scale of 1 to 5 where 1 is doing almost nothing and 5 is doing as much as possible, how much would you say the USA Health System is doing to treat (high blood pressure/high cholesterol/diabetes/heart disease/depression/obesity) in your community?

3 – The availability of healthcare providers and resources specifically oriented around women's healthcare. As USA Children's & Women's Hospital is one of only five freestanding facilities in the nation focused on children's and women's health it is already a leader in this respect. Suggested efforts to address this need include continuing and improving the provision of care through USA Children's & Women's Hospital as well as the continuation and expansion of community programs devoted specifically to women's health.

Possible Internal Measures:

- Number of USA physicians practicing in areas specifically related to women's health.
- Identify services and treatments related specifically to women's health, e.g., mammograms and then provide the number of those services and/or treatments conducted by USA Medical Center, USA Children's & Women's Hospital, and the Mitchell Cancer Institute each year.
- Identify any programs specifically oriented to promoting women's health. If possible for each program, identify the number of individuals served and the number of activities held or sponsored.

Possible External Demographic Measures:

- Prevalence of specifically women's related health conditions broken down according to the nation overall, Alabama overall, and Mobile County.

Possible External Community Measures:

- How much of an affect is the USA Health System having on the availability of women's health . . . a major affect, moderate affect, neutral affect, minor affect, no affect?

4 – Community member's ability to access health services. In particular, this is directly manifested by an inability to afford medical care and more indirectly indicated by either a lack of health insurance or problems with existing health insurance. It is unlikely that the USA Health System will have much direct impact in this area; however, in contracting with Change Healthcare they may be able to provide some services to better facilitate patient access to care.

Possible Internal Measures:

- The USA Health System is in the process of contracting with Change Healthcare to help facilitate with patient access to disability and Medicaid. If this contracting goes forward, have Change Healthcare provide the USA Health System with numbers related to how many USA Health System clients they serve overall and how many of them are successful in acquiring disability and Medicaid services.

Possible External Demographic Measures:

- Prevalence of individuals with different types of insurance, and in particular those with no insurance broken down according to the nation overall, Alabama overall, and Mobile County.

Possible External Community Measures:

- Continue to ask the survey question about what type of healthcare insurance the respondent has.

5 – The availability of mental healthcare facilities and providers to address depression and mental illness. This is another area where the USA Health System is unlikely to have much direct impact as it is outside of the primary mission of the system. However, through the efforts of the University on a broader scale there is some impact on the community in the provision of psychiatry and psychology clinic graduates.

Possible Internal Measures:

- The number of medical education program graduates in psychiatry and psychology clinic.

Possible External Demographic Measures:

- The number of practicing psychiatrists and psychologists in Mobile County.
- The number of mental healthcare facilities operating in Mobile County and/or the southwest Alabama region.
- Prevalence of reported mental illness and depression broken down according to the nation overall, Alabama overall, and Mobile County.

Possible External Community Measures:

- Continue to include survey questions and response options related to mental health and mental health issues.

6 – The availability of transportation services. The direct provision of transportation services is outside of the mission focus of the USA Health System; however, they are experimenting with some limited transportation option with a pilot partnership with AK Transportation. If successful these efforts may eventually be expanded.

Possible Internal Measures:

- The USA Health System typically does not provide transportation services; however, there is a possibility of a pilot program with AK Transportation. This company previously operated in Atlanta, Georgia and has received approval for Medicaid payment in the Mobile area. If this initiative goes forward, AK Transportation should be required to provide information on the number of clients served and if possible broken down by whether the client was specifically transported for services at a USA Health System facility.

Possible External Demographic Measures:

- Number of public and private transportation services available in the community.
- If possible, the number of clients served by each transportation service.

Possible External Community Measures:

- Continue to include survey questions and response options related to transportation.

7 – The availability of dental healthcare providers to address dental needs in the community. Dental services are outside of the primary mission of the USA Health System. USA should be open to opportunities that may arise to aid the community in this area but at this time are unable to directly address this community need.

Possible Internal Measures:

- Not applicable.

Possible External Demographic Measures:

- Number of practicing dentists in Mobile County.
- Number of dental practices in Mobile County.

Possible External Community Measures:

- Continue to include survey questions and response options related to dental care.

APPENDIX A – DEMOGRAPHIC DATA PROFILE

Table 1a: County, State, and National Population by Age (2015) – Mobile County
Source: U.S. Census Bureau

	Mobile County	Percent of Total	Male	Female
Under 5 Years	27,589	6.64%	13,814	13,775
5 to 9 years	27,442	6.61%	13,956	13,486
10 to 14 years	26,947	6.49%	13,709	13,238
15 to 19 years	27,410	6.60%	13,856	13,554
20 to 24 years	29,202	7.03%	14,376	14,826
25 to 29 years	30,092	7.24%	14,327	15,765
30 to 34 years	26,981	6.50%	12,764	14,217
35 to 39 years	25,047	6.03%	12,054	12,993
40 to 44 years	24,620	5.93%	11,803	12,817
45 to 49 years	24,982	6.01%	11,774	13,208
50 to 54 years	28,713	6.91%	13,652	15,061
55 to 59 years	28,912	6.96%	13,709	15,203
60 to 64 years	25,419	6.12%	12,104	13,315
65 to 69 years	21,504	5.18%	9,920	11,584
70 to 74 years	15,289	3.68%	6,846	8,443
75 to 79 years	11,019	2.65%	4,648	6,371
80 to 84 years	7,268	1.75%	2,918	4,350
85 years and over	6,959	1.68%	2,186	4,773
Total	415,395	100.00%	198,416	216,979

Table 1b: County, State, and National Population by Age (2015) - Alabama
Source: U.S. Census Bureau

	Alabama	Percent of Total	Male	Female
Under 5 Years	292,973	6.03%	149,108	143,865
5 to 9 years	306,288	6.30%	155,983	150,305
10 to 14 years	309,713	6.37%	157,849	151,864
15 to 19 years	319,561	6.58%	162,214	157,347
20 to 24 years	343,621	7.07%	172,676	170,945
25 to 29 years	325,204	6.69%	160,487	164,717
30 to 34 years	307,522	6.33%	150,783	156,739
35 to 39 years	297,279	6.12%	144,701	152,578
40 to 44 years	305,217	6.28%	148,562	156,655
45 to 49 years	309,049	6.36%	150,742	158,307
50 to 54 years	340,393	7.01%	164,782	175,611
55 to 59 years	337,506	6.95%	161,967	175,539
60 to 64 years	300,491	6.18%	141,907	158,584
65 to 69 years	260,960	5.37%	121,970	138,990
70 to 74 years	189,313	3.90%	86,062	103,251
75 to 79 years	136,012	2.80%	58,693	77,319
80 to 84 years	92,438	1.90%	37,120	55,318
85 years and over	85,439	1.76%	27,578	57,861
Total	4,858,979	100.00%	2,353,184	2,505,795

Table 1c: County, State, and National Population by Age (2015) – United States
Source: U.S. Census Bureau

	United States	Percent of Total	Male	Female
Under 5 Years	19,907,281	6.19%	10,177,601	9,729,680
5 to 9 years	20,487,176	6.37%	10,459,132	10,028,044
10 to 14 years	20,622,330	6.42%	10,520,388	10,101,942
15 to 19 years	21,108,903	6.57%	10,797,867	10,311,036
20 to 24 years	22,739,313	7.07%	11,667,854	11,071,459
25 to 29 years	22,461,554	6.99%	11,409,399	11,052,155
30 to 34 years	21,675,648	6.74%	10,889,739	10,785,909
35 to 39 years	20,374,585	6.34%	10,173,424	10,201,161
40 to 44 years	20,215,198	6.29%	10,030,153	10,185,045
45 to 49 years	20,853,844	6.49%	10,334,929	10,518,915
50 to 54 years	22,334,317	6.95%	10,963,847	11,370,470
55 to 59 years	21,807,942	6.78%	10,597,567	11,210,375
60 to 64 years	19,069,877	5.93%	9,117,180	9,952,697
65 to 69 years	16,067,468	5.00%	7,596,190	8,471,278
70 to 74 years	11,483,049	3.57%	5,296,158	6,186,891
75 to 79 years	8,123,833	2.53%	3,610,906	4,512,927
80 to 84 years	5,799,341	1.80%	2,412,665	3,386,676
85 years and over	6,287,161	1.96%	2,174,298	4,112,86
Total	321,418,820	100.00%	158,229,297	159,076,660

Table 2: Population Classified by Race and Ethnicity (2014)
Source: U.S. Census Bureau

Race/Ethnicity	Mobile County	State of Alabama	United States
Total Population	414,045	4,817,678	314,107,084
White	249,439	3,327,891	231,849,713
Black	144,637	1,269,808	39,564,785
Hispanic	11,520	192,413	55,279,452
Asian	7,953	58,322	15,710,659
American Indian or Alaskan	2,801	25,181	2,565,520
Hawaiian or Pacific Islander	60	1,430	535,761
Other	2,472	58,618	14,754,895
Two or More Races	13,366	152,856	18,251,502

Table 3a: Population Classified by Race and Ethnicity (2010-2014) - Mobile County
Source: U.S. Census Bureau

Mobile County Race/Ethnicity	2010	2011	2012	2013	2014
Total Population	408,620	410,520	412,297	413,188	414,045
White	250,336	250,378	250,617	250,269	249,439
Black	140,847	141,914	143,332	143,681	144,637
Hispanic	10,046	10,450	10,544	10,789	11,520
Asian	7,393	7,519	7,742	7,850	7,953
American Indian or Alaskan	3,033	3,043	3,443	3,187	2,801
Hawaiian or Pacific Islander	99	26	43	54	60
Other	2,071	2,341	2,016	1,950	2,472
Two or More Races	9,682	10,598	10,208	12,394	13,366

Table 3b: Population Classified by Race and Ethnicity (2010-2014) - Alabama
Source: U.S. Census Bureau

Alabama Race/Ethnicity	2010	2011	2012	2013	2014
Total Population	4,712,651	4,747,424	4,777,326	4,799,277	4,817,678
White	3,293,917	3,307,557	3,321,318	3,326,188	3,327,891
Black	1,232,325	1,244,112	1,256,097	1,262,152	1,269,808
Hispanic	182,795	186,204	185,441	189,934	192,413
Asian	51,219	52,668	54,923	56,831	58,322
American Indian or Alaskan	25,814	26,399	26,166	25,278	25,181
Hawaiian or Pacific Islander	1,769	1,256	1,298	1,387	1,430
Other	46,237	49,759	50,685	55,296	58,618
Two or More Races	122,740	131,346	133,678	144,290	152,856

Table 3c: Population Classified by Race and Ethnicity (2010-2014) - United States
Source: U.S. Census Bureau

United States Race/Ethnicity	2010	2011	2012	2013	2014
Total Population	303,965,272	306,603,772	309,138,711	311,536,594	314,107,084
White	224,895,700	227,167,013	229,298,906	230,592,579	231,849,713
Black	37,978,752	38,395,857	38,825,848	39,167,010	39,564,785
Hispanic	50,740,089	51,939,916	52,961,017	53,986,412	55,279,452
Asian	14,185,493	14,497,185	14,859,795	15,231,962	15,710,659
American Indian or Alaskan	2,480,465	2,502,653	2,529,100	2,540,309	2,565,520
Hawaiian or Pacific Islander	491,673	500,592	514,402	526,347	535,761
Other	16,603,808	15,723,818	14,814,369	14,746,054	14,754,895
Two or More Races	14,658,762	15,633,308	16,592,582	17,464,666	18,251,502

Table 4: Population by Poverty Level
Source: U.S. Census Bureau

		Population Total	Below 100% FPL	100 to 149% FPL	150% and Over FPL	% at 100 FPL	% at 149 FPL	% at 150 and Over FPL
Mobile	2010	412,992	80,999	43,926	282,297	19.61%	10.64%	68.35%
	2011	413,062	77,466	46,418	275,827	18.75%	11.24%	66.78%
	2012	413,750	84,564	54,788	259,989	20.44%	13.24%	62.84%
	2013	414,121	83,185	49,716	274,731	20.09%	12.01%	66.34%
	2014	414,926	77,748	50,384	271,923	18.74%	12.14%	65.54%
Alabama	2010	4,779,736	871,120	525,242	3,215,672	18.23%	10.99%	67.28%
	2011	4,803,689	874,511	512,379	3,243,298	18.20%	10.67%	67.52%
	2012	4,822,023	874,738	523,395	3,251,925	18.14%	10.85%	67.44%
	2013	4,830,533	866,771	536,144	3,261,529	17.94%	11.10%	67.52%
	2014	4,846,411	890,580	514,690	3,265,418	18.38%	10.62%	67.38%
United States	2010	308,745,538	45,277,014	28,700,020	223,889,439	14.66%	9.30%	72.52%
	2011	311,591,917	47,515,612	29,395,446	223,222,277	15.25%	9.43%	71.64%
	2012	314,102,623	47,807,213	29,506,301	225,113,650	15.22%	9.39%	71.67%
	2013	316,427,395	47,882,335	29,178,826	227,492,884	15.13%	9.22%	71.89%
	2014	318,907,401	47,288,340	29,161,025	230,743,526	14.83%	9.14%	72.35%

Table 5: Population over 25 years by Educational Attainment
Source: U.S. Census Bureau

		Less than High School Graduate	High school Graduate (includes equivalency)	Some College or Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
Mobile	2010	45,486	86,097	80,898	37,582	18,935
	2011	43,728	88,424	34,524	82,624	20,009
	2012	41,436	90,819	80,663	37,800	20,476
	2013	38,848	87,701	85,825	41,810	18,986
	2014	38,674	93,045	86,044	38,378	19,516
Alabama	2010	562,147	984,471	913,193	438,346	252,512
	2011	549,349	979,006	939,532	445,222	264,975
	2012	516,482	1,003,391	942,164	467,847	276,214
	2013	499,356	999,753	962,882	474,863	277,654
	2014	497,977	1,028,439	963,173	475,963	284,977
United States	2010	29,898,483	57,903,353	56,197,824	35,148,428	20,578,571
	2011	29,518,935	57,861,283	57,694,281	35,852,277	21,121,347
	2012	29,179,819	57,706,852	59,244,324	36,529,875	21,675,147
	2013	28,887,721	58,084,465	60,032,528	37,286,246	22,296,892
	2014	28,587,748	58,440,600	60,821,634	38,184,668	23,021,479

Table 6: Medicaid Births
Source: Alabama Public Health

		Total Births	Medicaid Births	Percent Medicaid
Mobile	2010	5,613	3,299	58.77%
	2011	5,617	3,299	58.73%
	2012	5,990	3,152	52.62%
	2013	5,574	3,262	58.52%
	2014	5,690	3,390	59.58%
Alabama	2010	59,275	31,498	53.14%
	2011	59,322	31,498	53.10%
	2012	56,498	29,743	52.64%
	2013	56,709	29,810	52.57%
	2014	59,532	31,234	52.47%

Table 7: Births by Race
Source: Alabama Public Health

		Total Births	Births White	% Births White	Births Black and Other	% Births Black and Other
Mobile	2010	5,613	3,068	54.66%	2,545	45.34%
	2011	5,617	3,072	54.69%	2,545	45.31%
	2012	5,990	1,903	31.77%	2,530	42.24%
	2013	5,574	3,089	55.42%	2,467	44.26%
	2014	5,690	3,047	53.55%	2,643	46.45%
Alabama	2010	59,275	17,467	29.47%	14,031	23.67%
	2011	59,322	39,770	67.04%	19,552	32.96%
	2012	56,498	37,387	66.17%	19,111	33.83%
	2013	56,709	37,660	66.41%	19,049	33.59%
	2014	59,532	39,488	66.33%	20,044	33.67%

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

		Total Births	Births to Teens Total	Birth to Teens White	Birth to Teens Black and Other	Births to Teens Percentage	Unwed Birth Total	Unwed Birth Percentage
Mobile	2010	5,613	829	368	461	14.77%	2,874	51.20%
	2011	5,617	711	290	421	12.66%	2,841	50.58%
	2012	5,990	665	260	405	11.10%	2,899	48.40%
	2013	5,574	572	258	402	10.26%	2,927	52.51%
	2014	5,690	499	220	279	8.77%	3,096	54.41%
Alabama	2010	59,275	7,446	4,196	3,250	12.56%	25,127	42.39%
	2011	59,322	6,697	3,799	2,898	11.29%	24,946	42.05%
	2012	56,498	6,236	3,546	2,690	11.04%	24,854	43.99%
	2013	56,709	5,420	3,194	2,226	9.56%	24,566	43.32%
	2014	59,532	5,085	3,075	2,009	8.54%	25,728	43.22%

Table 9: Low Weight Births
Source: Alabama Public Health

		Total Births	Low Weight Births Total	Low Weight Births Percent
Mobile	2010	5,613	693	12.35%
	2011	5,617	643	11.45%
	2012	5,990	657	10.97%
	2013	5,574	673	12.07%
	2014	5,690	643	11.30%
Alabama	2010	59,275	6,183	10.43%
	2011	59,322	5,908	9.96%
	2012	56,498	5,866	10.38%
	2013	56,709	5,824	10.27%
	2014	59,532	6,024	10.12%

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

		Infant Deaths Number	Infant Deaths Rate	Neonatal Deaths Number	Neonatal Deaths Rate	Post Neonatal Deaths Number	Post Neonatal Deaths Rate
Mobile	2010	43	7.5	26	2.5	17	3
	2011	50	8.9	29	5.2	21	3.7
	2012	60	10.9	36	6.6	24	4.4
	2013	54	9.7	35	6.3	19	3.4
	2014	58	10.2	37	6.5	21	3.7
Alabama	2010	522	8.7	325	5.4	197	3.3
	2011	481	8.1	306	5.2	175	3
	2012	519	8.9	337	5.8	182	3.1
	2013	500	8.6	322	5.5	178	3.1
	2014	517	8.7	307	5.6	210	3.5

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

		Infant Deaths Number	Infant Deaths Rate	Number White	Rate White	Number Black and Other	Rate Black and Other
Mobile	2010	43	7.5	14	4.4	29	11.5
	2011	50	8.9	22	7.2	28	11
	2012	60	10.9	22	7.5	38	15
	2013	54	9.7	22	7.1	32	12.9
	2014	58	10.2	20	6.6	38	14.4
Alabama	2010	522	8.7	265	6.6	257	13
	2011	481	8.1	242	6.1	239	12.2
	2012	519	8.9	253	6.5	266	13.5
	2013	500	8.6	266	6.9	234	12
	2014	517	8.7	238	6	279	13.9

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

		Fetal Deaths Number	Induced Pregnancy Terminations Number	Induced Pregnancy Terminations Rate
Mobile	2010	1,221	818	9.7
	2011	1,207	818	9.8
	2012	1,171	739	8.8
	2013	1,180	646	7.7
	2014	1,203	649	7.7
Alabama	2010	12,901	9,029	9.4
	2011	12,730	8,522	8.9
	2012	12,480	7,970	8.3
	2013	12,373	7,423	7.7
	2014	12,591	6,848	7.1

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

		Number	Rate	White Male	White Male Rate	White Female	White Female Rate	Black Male	Black Male Rate	Black Female
Mobile	2010	4,052	9.8	1,386	11.4	1,363	10.7	667	8.7	636
	2011	4,121	10	1,399	11.4	1,402	11	696	9.3	624
	2012	4,264	10.3	1,463	11.7	1,447	11.3	699	9.2	682
	2013	4,251	10.3	1,444	11.8	1,424	11.3	725	9.5	658
	2014	4,187	10.1	1,451	11.9	1,315	10.3	716	9.3	705
Alabama	2010	47,897	10	18,371	11.4	18,353	11	5,602	7.8	5,571
	2011	48,318	10.1	18,662	11.3	18,416	10.8	5,742	8.5	5,498
	2012	49,212	10.2	18,973	11.4	18,933	11	5,743	8.5	5,563
	2013	50,140	10.4	19,682	11.8	18,761	10.9	6,053	8.9	5,644
	2014	50,127	10.3	19,566	11.8	18,942	11	5,825	8.4	5,794

Table 14: Deaths
Source: Alabama Public Health

	Mobile 2010	2011	2012	2013	2014	Alabama 2010	2011	2012	2013	2014
Heart Disease	979	986	1,023	1,076	1,012	15,681	11,882	12,002	12,453	12,438
Rate	237.1	239	241.1	259.9	243.8	320.1	247.4	248.9	257.6	256.5
Malignant Neoplasm	934	864	927	921	886	10,156	10,153	10,264	10,331	10,285
Rate	226.7	209.4	223.9	222.4	213.4	212.5	211.4	212.9	213.7	212.1
Cerebrovascular Disease	216	228	228	219	209	2,601	2,538	2,620	2,589	2,650
Rate	52.3	55.3	55.1	52.9	50.3	54.4	52.8	54.3	53.6	54.6
Chronic Lower Respiratory	194	222	210	226	244	2,845	2,892	3,006	3,040	3,046
Rate	47	53.8	50.7	54.6	58.8	59.5	60.2	62.3	62.9	62.8
Accidents	210	187	196	200	198	2,369	2,596	2,255	2,302	2,421
Rate	50.8	45.3	47.4	48.3	47.7	49.6	54.1	46.8	47.6	49.9
Alzheimer's	128	129	102	99	138	1,518	1,470	1,386	1,399	1,881
Rate	31	31.3	24.6	23.9	33.2	31.8	30.6	28.7	28.9	38.8
Diabetes Mellitus	114	120	111	118	143	1,314	1,255	1,295	1,346	1,277
Rate	27.6	29.1	26.8	28.5	34.4	27.5	26.1	26.9	27.8	26.3
Influenza and Pneumonia	67	82	63	88	90	937	939	933	1,035	1,024
Rate	16.2	19.9	15.2	21.3	21.7	19.6	19.6	19.3	21.4	21.1
Nephritis, Nephrotic Syndrome, and Nephrosis	80	72	68	81	73	1,186	1,047	1,034	1,056	1,010
Rate	19.4	17.5	16.4	19.6	17.6	24.8	21.8	21.4	21.8	20.8
Suicide	58	70	75	57	60	676	640	721	719	711
Rate	14	17	15.7	13.8	14.5	14.1	13.3	15	14.9	14.7
Septicemia	62	68	80	69	82	872	904	899	963	1,031
Rate	15	16.5	19.3	16.7	19.8	18.2	18.8	18.6	19.9	21.3
Homicide	49	61	58	53	54	391	379	403	420	375
Rate	11.9	14.8	14	12.8	13	8.2	7.9	8.4	8.7	7.7
Chronic Liver Disease and Cirrhosis	49	40	62	58	48	504	549	618	577	680
Rate	11.9	9.7	15	4	11.6	10.5	11.4	12.8	11.9	14
Parkinson's	31	34	36	25	27	341	372	384	422	449
Rate	7.5	8.2	8.7	6	6.5	7.1	7.7	8	8.7	9.3
HIV	25	18	35	19	26	150	125	146	121	127
Rate	6.1	4.4	8.5	4.6	6.3	3.1	2.6	3	2.5	2.6
Viral Hepatitis	22	15	17	17	18	104	95	100	119	128
Rate	5.3	3.6	4.1	4.1	4.3	2.2	2	2.1	2.5	2.6
Heart Disease	979	986	1,023	1,076	1,012	15,681	11,882	12,002	12,453	12,438
Rate	237.1	239	241.1	259.9	243.8	320.1	247.4	248.9	257.6	256.5

Table 15: Cancers
Source: Alabama Public Health

	Mobile 2010	2011	2012	2013	2014	Alabama 2010	2011	2012	2013	2014
All Cancer	934	864	927	921	886	10,156	10,153	10,264	10,331	10,285
Trachea, Bronchus, Lung, and Pleura	308	274	267	297	256	3,220	3,136	3,062	3,165	3,117
Colorectal	83	80	71	83	92	901	880	919	989	878
Breast	56	57	69	58	56	695	648	701	667	668
Prostate	44	37	43	41	37	542	542	460	470	467
Pancreas	47	43	60	46	52	576	638	665	621	675
Leukemias	34	32	47	26	34	659	400	432	372	361
Non-Hodgkin's Lymphoma	34	32	22	32	26	307	336	333	324	305
Stomach	15	27	20	13	13	186	171	172	190	206
Esophagus	21	24	22	20	24	233	224	248	212	218
Brain and Other Nervous	19	21	27	18	23	274	259	266	298	291
Uterus and Cervix	24	20	15	21	22	181	199	175	216	230
Ovaries	25	14	16	19	15	273	250	225	235	265
Melanoma of Skin	10	11	9	14	16	144	140	159	149	148
All Other	214	192	239	233	220	2,265	2,326	2,459	2,430	2,456

Table 16: Accidental Deaths
Source: Alabama Public Health

		All Accidents	Motor Vehicle	Suffocation	Poisoning	Smoke Fire & Flames	Falls	Drowning	Firearms	Other Accidents
Mobile	2010	210	80	13	39	14	17	11	1	45
	2011	187	84	14	40	1	20	5	0	37
	2012	196	64	13	38	5	24	14	0	44
	2013	200	76	7	55	6	20	11	1	29
	2014	198	85	7	52	9	11	7	1	26
Alabama	2010	2,369	923	137	493	115	207	99	34	455
	2011	2,596	929	129	506	87	181	69	29	795
	2012	2,255	855	124	482	82	196	93	14	493
	2013	2,302	904	123	540	85	237	69	25	412
	2014	2,421	891	122	644	84	221	75	28	356

APPENDIX B – COMMUNITY SURVEY DATA TABLES

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

		Mobile County - Overall	*Mobile County - General*	*Mobile County - Focused*
Excellent		12.3	16.0	8.6
Very Good		20.8	19.8	21.8
Good		40.8	39.9	41.6
Fair		19.8	17.1	22.6
Poor		6.4	7.2	5.5
	Total	100.1%	100.0%	100.1%
	N	520	263	257

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

		Mobile County - Overall	*Mobile County - General*	*Mobile County - Focused*
Very Healthy		1.9	2.0	1.8
Healthy		18.0	19.8	16.0
Somewhat Healthy		61.0	59.9	62.2
Unhealthy		16.1	14.6	17.8
Very Unhealthy		3.0	3.6	2.2
	Total	100.0%	99.9%	100.0%
	N	472	247	225

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

	Mobile County - Overall	*Mobile County - General*	*Mobile County - Focused*
Excellent	10.8	12.3	9.2
Very Good	25.7	24.6	26.8
Good	35.3	33.5	37.2
Fair	19.2	21.5	16.8
Poor	9.0	8.1	10.0
Total	100.0%	100.0%	100.0%
N	510	260	250

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

	Mobile County - Overall	*Mobile County - General*	*Mobile County - Focused*
Private Insurance – Direct Purchase	17.0	12.0	22.1
Private Insurance – Employer Based	19.4	21.7	17.0
Private Insurance – Employer Based Spouse	4.7	6.2	3.2
Medicare	46.2	46.5	45.9
Medicaid	3.7	3.1	4.4
Tricare / Military Insurance	2.0	2.3	1.6
Other	2.2	2.7	1.6
No Insurance	4.9	5.4	4.4
Total	100.1%	99.9%	100.2%
N	511	258	253

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

		Mobile County - Overall	*Mobile County - General*	*Mobile County - Focused*
Yes, Only One		75.5	73.8	77.3
Yes, More than One		16.6	16.7	16.5
No		7.9	9.5	6.3
	Total	100.0%	100.0%	100.1%
	N	518	263	255

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

		Mobile County - Overall	*Mobile County - General*	*Mobile County - Focused*
Within the past 12 months		91.9	90.5	93.4
1 to 2 years ago		4.6	5.7	3.5
2 to 5 years ago		2.3	2.7	2.0
5 or more years ago		0.6	0.4	0.8
Have never had one		0.6	0.8	0.4
	Total	100.0%	100.1%	100.1%
	N	519	262	257

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

	Mobile County - Overall	Mobile County - General	Mobile County - Focused
Within the past 12 months	64.3	67.4	61.0
1 to 2 years ago	15.3	15.3	15.3
2 to 5 years ago	7.3	5.4	9.2
5 or more years ago	10.0	8.8	11.2
Have never had one	3.1	3.1	3.2
Total	100.0%	100.0%	99.9%
N	510	261	249

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

	Mobile County	*Very Important*	*Somewhat Important*	*Neither*	*Somewhat Unimportant*	*Very Unimportant*	*Total*	*N*
Q8a. Access to health services such a health clinic or hospital.	*O*	92.5	7.0	0.2	0.2	0.2	100.1%	518
	G	90.9	8.4	0.0	0.4	0.4	100.1%	263
	F	94.1	5.5	0.4	0.0	0.0	100.0%	255
Q8b. Active lifestyles including outdoor activities.	*O*	84.5	13.6	0.6	1.0	0.4	100.1%	515
	G	85.2	13.7	0.4	0.8	0.0	100.1%	263
	F	83.7	13.5	0.8	1.2	0.8	100.0%	252
Q8c. Affordable housing.	*O*	81.3	15.2	1.2	1.8	0.6	100.1%	491
	G	78.6	16.9	1.2	2.4	0.8	99.9%	248
	F	84.0	13.2	1.2	1.2	0.4	100.0%	243
Q8d. Arts and cultural events.	*O*	55.6	37.8	2.4	1.8	2.5	100.1%	511
	G	55.3	36.6	3.1	2.0	3.1	100.1%	257
	F	55.9	39.0	1.6	1.6	2.0	100.1%	254
Q8e. A clean environment including water, air, etc.	*O*	98.1	1.7	0.0	0.2	0.0	100.0%	519
	G	98.1	1.5	0.0	0.4	0.0	100.0%	263
	F	98.1	2.0	0.0	0.0	0.0	100.1%	256
Q8f. Family doctors and specialists.	*O*	96.4	3.3	0.2	0.0	0.2	100.1%	520
	G	94.7	4.6	0.4	0.0	0.4	100.1%	263
	F	98.1	2.0	0.0	0.0	0.0	100.1%	257
Q8g. Good employment opportunities.	*O*	93.1	5.3	0.6	0.4	0.6	100.0%	506
	G	93.0	4.7	0.8	0.8	0.8	100.1%	257
	F	98.1	2.0	0.0	0.0	0.0	100.1%	257
Q8h. Good places to raise children.	*O*	94.0	5.2	0.6	0.2	0.0	100.0%	516
	G	93.9	5.8	0.4	0.0	0.0	100.1%	261
	F	94.1	4.7	0.8	0.4	0.0	100.0%	255
Q8i. Good race relations.	*O*	91.9	7.2	0.4	0.4	0.2	100.1%	517
	G	90.8	8.1	0.8	0.0	0.4	100.1%	261
	F	93.0	6.3	0.0	0.8	0.0	100.1%	256
Q8j. Good schools.	*O*	94.4	4.5	0.8	0.4	0.0	100.1%	514
	G	93.0	5.4	1.2	0.4	0.0	100.0%	258
	F	95.7	3.5	0.4	0.4	0.0	100.0%	256
Q8k. Healthy food options.	*O*	92.8	6.4	0.8	0.0	0.0	100.0%	517
	G	92.4	6.9	0.8	0.0	0.0	100.1%	262
	F	93.3	5.9	0.8	0.0	0.0	100.0%	255
Q8l. Fewer homeless.	*O*	87.6	9.0	1.8	1.0	0.6	100.0%	501
	G	85.6	9.6	2.8	1.2	0.8	100.0%	250
	F	89.6	8.4	0.8	0.8	0.4	100.0%	251

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

	Mobile County	Very Important	Somewhat Important	Neither	Somewhat Unimportant	Very Unimportant	Total	N
Q8m. Less alcohol and drug abuse.	O	90.2	7.5	0.8	0.8	0.8	100.1%	508
	G	88.3	8.2	1.6	0.8	1.2	100.1%	257
	F	92.0	6.8	0.0	0.8	0.4	100.0%	251
Q8n. Lower crime and safe neighborhoods.	O	96.5	2.1	0.8	0.4	0.2	100.0%	518
	G	95.8	2.3	1.2	0.4	0.4	100.1%	262
	F	97.3	2.0	0.4	0.4	0.0	100.1%	256
Q8o. Less obesity.	O	91.5	7.2	0.8	0.2	0.4	100.1%	516
	G	90.4	8.1	1.2	0.0	0.4	100.1%	261
	F	92.6	6.3	0.4	0.4	0.4	100.1%	255
Q8p. Less sexually transmitted diseases.	O	95.9	3.0	1.0	0.0	0.2	100.1%	506
	G	94.9	2.8	2.0	0.0	0.4	100.1%	255
	F	96.8	3.2	0.0	0.0	0.0	100.0%	251
Q8q. Less tobacco use.*	O	90.8	7.0	1.0	0.6	0.6	100.0%	512
	G	87.7	8.9	1.9	1.2	0.4	100.1%	260
	F	94.1	5.2	0.0	0.0	0.8	100.1%	252
Q8r. Mental health services.	O	93.4	5.6	0.4	0.6	0.0	100.0%	515
	G	92.0	6.1	0.8	1.2	0.0	100.1%	261
	F	94.9	5.1	0.0	0.0	0.0	100.0%	254
Q8s. More quality education.*	O	94.8	4.4	0.2	0.4	0.2	100.0%	519
	G	91.6	7.3	0.4	0.4	0.4	100.1%	262
	F	98.1	1.6	0.0	0.4	0.0	100.1%	257
Q8t. More quality health care options.	O	92.6	6.6	0.4	0.4	0.0	100.0%	512
	G	91.8	6.6	0.8	0.8	0.0	100.0%	257
	F	93.3	6.7	0.0	0.0	0.0	100.0%	255
Q8u. Good transportation options.	O	85.4	12.5	1.6	0.2	0.4	100.1%	512
	G	82.2	14.8	2.3	0.4	0.4	100.1%	258
	F	88.6	10.2	0.8	0.0	0.4	100.0%	254
Q8v. Religious and/or spiritual values.	O	89.3	7.2	1.9	0.8	0.8	100.0%	515
	G	88.1	7.7	2.3	0.8	1.2	100.1%	261
	F	90.6	6.7	1.6	0.8	0.4	100.1%	254
Q8w. Social support services such as food pantries and charity services.	O	87.7	11.6	0.6	0.2	0.0	100.1%	519
	G	85.9	12.6	1.1	0.4	0.0	100.0%	263
	F	89.5	10.6	0.0	0.0	0.0	100.1%	256

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

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

	Mobile County	Very Important	Somewhat Important	Neither	Somewhat Unimportant	Very Unimportant	Total	N
Q9a. Accidental injuries at places like work, home or school.	O	65.6	26.9	4.2	2.4	1.0	100.1%	506
	G	60.0	30.2	5.0	3.5	1.2	99.9%	258
	F	71.4	23.4	3.2	1.2	0.8	100.0%	248
Q9b. Aging problems like dementia and loss of mobility.	O	88.3	9.5	1.2	0.4	0.6	100.0%	514
	G	85.9	10.7	2.3	0.4	0.8	100.1%	262
	F	90.9	8.3	0.0	0.4	0.4	100.0%	252
Q9c. Cancers.	O	94.1	4.9	1.0	0.0	0.0	100.0%	512
	G	92.7	5.4	1.9	0.0	0.0	100.0%	259
	F	95.7	4.4	0.0	0.0	0.0	100.1%	253
Q9d. Child abuse and neglect.	O	96.5	3.5	0.0	0.0	0.0	100.0%	513
	G	97.3	2.7	0.0	0.0	0.0	100.0%	259
	F	95.7	4.3	0.0	0.0	0.0	100.0%	254
Q9e. Dental problems.*	O	80.0	17.8	1.6	0.4	0.2	100.0%	510
	G	74.8	22.1	2.3	0.4	0.4	100.0%	258
	F	85.3	13.5	0.8	0.4	0.0	100.0%	252
Q9f. Diabetes.	O	90.1	8.3	1.2	0.4	0.0	100.0%	516
	G	87.3	10.8	1.5	0.4	0.0	100.0%	260
	F	93.0	5.9	0.8	0.4	0.0	100.1%	256
Q9g. Domestic violence.	O	93.4	5.5	1.0	0.2	0.0	100.1%	514
	G	94.2	4.3	1.5	0.0	0.0	100.0%	259
	F	92.6	6.7	0.4	0.4	0.0	100.1%	255
Q9h. Drug use and abuse.	O	94.5	4.1	0.6	0.4	0.4	100.0%	511
	G	92.3	5.8	0.8	0.4	0.8	100.1%	258
	F	96.8	2.4	0.4	0.4	0.0	100.0%	253
Q9i. Fire-arm related injuries.	O	81.6	14.3	2.3	0.4	1.4	100.0%	512
	G	77.2	17.0	3.5	0.8	1.5	100.0%	259
	F	86.2	11.5	1.2	0.0	1.2	100.1%	253
Q9j. Heart disease and stroke.	O	93.0	5.8	1.0	0.0	0.2	100.0%	515
	G	91.2	7.3	1.5	0.0	0.0	100.0%	261
	F	94.9	4.3	0.4	0.0	0.4	100.0%	254
Q9k. HIV/AIDS.	O	88.0	9.8	1.4	0.6	0.2	100.0%	510
	G	84.9	12.0	1.9	0.8	0.4	100.0%	259
	F	91.2	7.6	0.8	0.4	0.0	100.0%	251
Q9l. Homelessness.	O	86.9	9.8	2.2	1.0	0.2	100.1%	512
	G	85.1	11.4	2.4	0.8	0.4	100.1%	255
	F	88.7	8.2	2.0	1.2	0.0	100.1%	257

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

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

	Mobile County	*Very Important*	*Somewhat Important*	*Neither*	*Somewhat Unimportant*	*Very Unimportant*	*Total*	*N*
Q9m. Homicides.	*O*	91.4	6.1	1.0	1.0	0.6	100.1%	510
	G	90.7	5.8	1.6	1.2	0.8	100.1%	258
	F	92.1	6.4	0.4	0.8	0.4	100.1%	252
Q9n. Infant death.	*O*	89.2	9.4	1.0	0.4	0.0	100.0%	502
	G	87.4	11.4	0.4	0.8	0.0	100.0%	254
	F	91.1	7.3	1.6	0.0	0.0	100.0%	248
Q9o. Infectious diseases like hepatitis and tuberculosis.	*O*	86.7	10.4	2.0	0.4	0.6	100.1%	512
	G	85.3	12.0	1.9	0.0	0.8	100.0%	259
	F	88.1	8.7	2.0	0.8	0.4	100.0%	253
Q9p. Mental health problems.	*O*	91.1	7.2	1.6	0.2	0.0	100.1%	515
	G	88.5	9.6	1.5	0.4	0.0	100.0%	260
	F	93.7	4.7	1.6	0.0	0.0	100.0%	255
Q9q. Motor vehicle crash injuries.	*O*	81.6	16.6	1.2	0.0	0.6	100.0%	517
	G	79.8	17.9	1.5	0.0	0.8	100.0%	262
	F	83.5	15.3	0.8	0.0	0.4	100.0%	255
Q9r. Obesity or excess weight.	*O*	89.4	9.1	1.2	0.4	0.0	100.1%	517
	G	87.0	10.7	1.9	0.4	0.0	100.0%	261
	F	91.8	7.4	0.4	0.4	0.0	100.0%	256
Q9s. Rape and sexual assault.	*O*	92.9	5.9	0.4	0.4	0.4	100.0%	510
	G	91.2	7.3	0.4	0.4	0.8	100.1%	260
	F	94.8	4.4	0.4	0.4	0.0	100.0%	250
Q9t. Respiratory problems and lung disease.	*O*	89.4	9.8	0.8	0.0	0.0	100.0%	508
	G	88.0	11.2	0.8	0.0	0.0	100.0%	258
	F	90.8	8.4	0.8	0.0	0.0	100.0%	250
Q9u. Sexually transmitted diseases.	*O*	87.2	10.4	1.4	0.6	0.4	100.0%	509
	G	85.1	11.4	1.6	1.2	0.8	100.1%	255
	F	89.4	9.5	1.3	0.0	0.0	100.2%	254
Q9v. Suicide.	*O*	85.9	11.6	1.6	0.6	0.4	100.1%	511
	G	83.0	13.6	1.9	0.8	0.8	100.1%	258
	F	88.9	9.5	1.2	0.4	0.0	100.0%	253
Q9w. Teenage pregnancy.	*O*	88.7	9.6	1.2	0.6	0.0	100.1%	512
	G	86.1	11.2	1.9	0.8	0.0	100.0%	258
	F	91.3	7.9	0.4	0.4	0.0	100.0%	254
Q9x. Tobacco Use.	*O*	82.8	14.7	1.2	1.0	0.4	100.1%	510
	G	79.9	15.8	1.9	1.9	0.4	99.9%	259
	F	85.7	13.6	0.4	0.0	0.4	100.1%	251

Table B.12: q10a - q10l For each health condition, please tell me if a doctor or other health care professional has ever told you that you have that condition.

	Mobile County	Yes	No	Total	N
Q10a. Asthma.	O	14.6	85.4	100.0%	513
	G	15.1	84.9	100.0%	259
	F	14.2	85.8	100.0%	254
Q10b. Chronic obstructive pulmonary disease or COPD.	O	7.4	92.6	100.0%	513
	G	7.7	92.3	100.0%	259
	F	7.1	92.9	100.0%	254
Q10c. Dementia or Alzheimer's.*	O	1.6	98.4	100.0%	511
	G	0.4	99.6	100.0%	258
	F	2.8	97.3	100.1%	253
Q10d. Depression.	O	18.1	81.9	100.0%	514
	G	16.9	83.1	100.0%	260
	F	19.3	80.7	100.0%	205
Q10e. Diabetes.	O	26.7	73.3	100.0%	513
	G	26.2	73.9	100.1%	260
	F	27.3	72.7	100.0%	253
Q10f. Heart Disease.	O	18.6	81.5	100.1%	512
	G	15.8	84.2	100.0%	260
	F	21.4	78.6	100.0%	252
Q10g. High Cholesterol.	O	43.0	57.0	100.0%	512
	G	39.6	60.4	100.0%	260
	F	46.4	53.6	100.0%	252
Q10h. High blood pressure.	O	57.3	42.7	100.0%	513
	G	53.5	46.5	100.0%	260
	F	61.3	38.7	100.0%	253
Q10i. HIV or Aids.	O	0.6	99.4	100.0%	513
	G	0.8	99.2	100.0%	260
	F	0.4	99.6	100.0%	253
Q10j. Obesity.	O	17.2	82.8	100.0%	513
	G	17.7	82.3	100.0%	260
	F	16.7	83.3	100.0%	252
Q10k. Tuberculosis.	O	1.2	98.8	100.0%	512
	G	1.5	98.5	100.0%	260
	F	0.8	99.2	100.0%	252
Q10l. Alcohol or drug addiction.	O	1.8	98.3	100.1%	513
	G	2.3	97.7	100.0%	260
	F	1.2	98.8	100.0%	253

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

Table B.13: Q11. Thinking about your experience with healthcare services in Mobile County, please tell me if there are any healthcare services which you feel are difficult to get in Mobile County? Select All That Apply[1]

	Mobile County - Overall	*Mobile County - General*	*Mobile County - Focused*
Alternative therapies (acupuncture, herbals)	0.4	0.4	0.4
Dental care / dentures	4.4	3.0	5.8
Emergency medical care**	4.2	1.9	6.6
Hospital care	4.0	2.7	5.5
Laboratory services	1.0	0.4	1.6
Mental health services	7.3	8.0	6.6
Physical therapy / rehabilitation	1.0	0.8	1.2
Preventative healthcare (routine or wellness checkups)	1.9	1.9	2.0
Prescriptions / pharmacy services	5.6	4.6	6.6
Primary medical care (primary doctor or clinic)	2.9	4.2	1.6
Services for the elderly	2.1	2.3	2.0
Specialty medical care (specialist doctors)	6.2	4.6	7.8
Alcohol or drug abuse treatment	1.2	1.1	1.2
Vision care / eye exams / glasses	1.5	1.5	1.6
Women's health**	4.2	1.5	7.0
X-rays or mammograms	1.7	0.8	2.7
Other	10.0	11.8	8.2
None	70.6	70.0	71.2
N	520	263	257

[1] May add to more than 100% since respondents could select all that apply.
** Statistically significant difference between the General Sample Area and the Focused Sample area, $p < .01$

Table B.14: Q12. In the past 12 months, have you delayed getting needed medical care for any reason?

		Mobile County - Overall	*Mobile County - General*	*Mobile County - Focused*
Yes		13.9	14.1	13.6
No		86.1	85.9	86.4
	Total	100.0%	100.0%	100.0%
	N	519	262	257

Table B.15: Q13. (Of those saying YES to Q12) Why did you delay in getting needed medical care? Select All That Apply[1]

	Mobile County - Overall	*Mobile County - General*	*Mobile County - Focused*
Could not afford medical care	31.9	29.7	34.3
Insurance problems / lack of insurance	20.8	18.9	22.9
Lack of transportation	6.9	5.4	8.6
Language barriers / could not communicate	1.4	2.7	0.0
Provider did not take my insurance	0.0	0.0	0.0
Provider was not taking new patients	4.2	2.7	5.7
Could not get an appointment soon enough	8.3	2.7	14.3
Could not get a weekend or evening appointment	4.2	5.4	2.9
Other	37.5	40.5	34.3
N	72	37	35

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

Table B.16: Q14. When you or someone in your family is sick, where do you typically go for healthcare?*

	Mobile County - Overall	*Mobile County - General*	*Mobile County - Focused*
Emergency room (hospital)	16.4	14.8	17.9
Family doctor	63.5	58.2	68.9
Any doctor	3.5	4.6	2.3
Urgent care clinic	9.6	13.3	5.8
Health department	1.0	1.1	0.8
Community health center	1.7	2.7	0.8
Free clinic	0.6	0.8	0.4
VA / Military facility	1.7	2.3	1.2
Other	2.1	2.3	2.0
I usually go without receiving healthcare	0.0	0.0	0.0
Total	100.1%	100.1%	100.1%
N	520	263	257

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

Table B.17: Q15. Thinking about yourself personally, how confident are you that you can make and maintain lifestyle changes like eating right, exercising, or not smoking . . . ?

	Mobile County - Overall	*Mobile County - General*	*Mobile County - Focused*
Extremely confident	34.2	38.0	30.2
Very confident	42.5	38.4	46.7
Somewhat confident	16.0	16.4	15.7
Not very confident	4.8	4.9	4.7
Not at all confident	2.5	2.3	2.8
Total	100.0%	100.0%	100.1%
N	518	263	255

Table B.18: Q16. Do you currently use any tobacco products such as cigarettes, cigars, chewing tobacco, snuff, vaping or e-cigarettes? Select All That Apply[1]

	Mobile County - Overall	*Mobile County - General*	*Mobile County - Focused*
Yes, cigarettes or cigars	10.4	10.3	10.5
Yes, chewing tobacco, snuff	1.4	2.3	0.4
Yes, vaping or e-cigarettes	0.8	0.8	0.8
No, quit in the last 12 months	0.8	1.1	0.4
No, quit more than a year ago*	8.5	11.0	5.8
No, never used tobacco products	79.2	76.1	82.5
N	520	263	257

[1] May add to more than 100% since respondents could select all that apply.
* Statistically significant difference between the General Sample Area and the Focused Sample area, $p < .05$

Table B.19: Q17. Age – Calculated from year respondent was born.**

	Mobile County - Overall	*Mobile County - General*	*Mobile County - Focused*
18 to 30	2.1	3.2	0.8
31 to 45	6.2	8.4	3.8
46 to 65	39.2	42.2	36.1
Over 65	52.6	46.2	59.2
Total	100.1%	100.0%	99.9%
N	487	249	238

** Statistically significant difference between the General Sample Area and the Focused Sample area, $p < .01$

Table B.20: Q18. What is your race?**

	Mobile County - Overall	Mobile County - General	Mobile County - Focused
White / Caucasian	56.5	65.0	47.9
Black / African-American	38.9	30.0	47.9
Hispanic or Latino	0.6	0.8	0.4
Asian	0.2	0.4	0.0
American Indian / Alaskan Native	0.2	0.4	0.0
Pacific Islander	0.2	0.0	0.4
Multi-racial	0.6	0.8	0.4
Other	2.9	2.7	3.1
Total	100.1%	100.1%	100.1%
N	520	263	257

** Statistically significant difference between the General Sample Area and the Focused Sample area, $p < .01$

Table B.21: Q19. What is the highest level of school you have completed or the highest degree you have received?

	Mobile County - Overall	Mobile County - General	Mobile County - Focused
Never attended school or only Kindergarten	0.6	0.8	0.4
Grades 1 through 8	1.2	0.8	1.6
Some High School (grades 9 through 11)	4.0	3.4	4.7
High School Degree or GED	29.8	27.0	32.7
Vocational / Technical School	2.7	3.4	2.0
Some College	27.3	25.5	29.2
Bachelors or 4 Year College Degree	21.9	24.7	19.1
Graduate or Professional Degree (Law Degree)	12.5	14.5	10.5
Total	100.0%	100.1%	100.2%
N	520	263	257

Table B.22: Q20. What is your current employment status?*

	Mobile County - Overall	Mobile County - General	Mobile County - Focused
Disabled / Unable to work	8.7	9.2	8.3
Employed full-time	20.8	27.1	14.2
Employed part-time	3.9	4.2	3.6
Homemaker / Housewife or househusband	3.9	3.1	4.7
Retired	53.4	48.5	58.5
Seasonal worker	0.2	0.4	0.0
Student	0.0	0.0	0.0
Self-employed	2.7	2.7	2.8
Unemployed	6.4	5.0	7.9
Total	100.0%	100.2%	100.0%
N	515	262	253

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

Table B.23: Q21. And finally, what was your total family income last year . . . ?

	Mobile County - Overall	Mobile County - General	Mobile County - Focused
Less than $15,000	21.6	17.5	26.0
$15,000 - $25,000	12.6	11.1	14.2
$25,000 - $35,000	11.4	11.5	11.3
$35,000 - $50,000	13.8	13.8	13.7
$50,000 - $75,000	17.1	16.6	17.7
$75,000 - $100,000	10.2	12.4	7.8
More than $100,000	13.3	17.1	9.3
Total	100.0%	100.0%	100.0%
N	421	217	204

Table B.24: Sex

		Mobile County - Overall	*Mobile County - General*	*Mobile County - Focused*
Male		26.0	29.7	22.2
Female		74.0	70.3	77.8
	Total	100.0%	100.0%	100.0%
	N	520	263	257

APPENDIX C - SURVEY DATA OPEN-ENDED RESPONSES

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

- Professional specialists.
- More adequate health care providers.
- Doctors need to collaborate more.
- Limitations getting healthcare services based on income.
- Arthritis.
- ADHD doctor.
- Medicare, disability.
- Domestic Abuse.
- Internal medicine specialty.
- Hospice at mercy medical.
- Specialist.
- People with no insurance get treaty poorly.
- Obesity on how to lose weight.
- Home health care.
- No insurance.
- Weight control.
- Dentist, specialty doctor.
- Specialty doctor, some general doctor.
- Neurosurgeon.
- Specialty that takes Medicaid.
- Advanced cancer treatment, and advanced heart treatment.
- Uninsured emergency care.
- Places for homeless.
- Any health care services are here, but the quality of it is bad.
- Services for Alzheimer's, services for single moms, battered women.
- Length of time waiting for specialty medical appointments.
- Affordable housing for the needy.
- Health insurance, being uninsured, getting good care.
- Rheumatologists, not enough specialty doctors.
- Cancer Treatment Centers. Shriner's.
- Home care.
- Dermatologist.
- More urgent clinics available 24/7.
- Services for people who are uninsured.
- Birth control.
- Mental health for children.

- Skin doctor.
- AARP.
- Grief counseling.
- Obesity problem; child abuse; physical fitness over 50 years of age.
- Hard to afford health services.
- Heart doctor.
- Affordable recovery programs.
- Help with dementia.
- Skin doctor.
- They only help you with one thing at a time.
- Low income homes.
- Services for those on government assistant programs.

Why did you delay in getting needed medical care?

- Didn't feel it was urgent.
- No time to wait to get Dr. appointment.
- Money.
- Did not like the idea of surgery.
- She was able to see her doctor.
- Didn't want to go.
- Other family members had issues.
- Tragedy.
- Hurting too bad to go.
- Putting off visit.
- No misunderstood she did not delay.
- Caretaker for her mother, can't find time/help.
- Just busy.
- Caregiver for mother, trying to work.
- Could not see doctor.
- Didn't think she would get the best service.
- Don't have any.
- The quality of the healthcare system. It is just bad.
- Have to drive to far to get to a doctor. Need more clinics for the elderly.
- Did not have doctor.
- Didn't know about the problem.
- Did not get mammogram because felt it was unsafe.
- Too busy at work.
- Hoping that it would get better.
- Making time for the appointment.

APPENDIX D - SURVEY INSTRUMENT

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 Mobile County."

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.

III. Survey Start

"(Once again,) this is a short survey about healthcare needs and services in Mobile County. You may refuse to answer any question, and you may stop the survey at any time. Your answers to these questions are completely anonymous."

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

1 EXCELLENT
2 VERY GOOD
3 GOOD
4 FAIR
5 POOR

8 DK
9 NA

2. (4) "Thinking about Mobile County overall, how would you rate the health of people who live in 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 Mobile County . . . excellent, very good, good, fair, or poor?"

1 EXCELLENT
2 VERY GOOD
3 GOOD
4 FAIR
5 POOR

8 DK
9 NA

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

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

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

98 DON'T KNOW
99 REF/NA

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

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

1 YES ONLY ONE
2 YES MORE THAN ONE
3 NO

8 DK
9 NA

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

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

8 DK
9 NA

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

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

8 DK
9 NA

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

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

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

8 DK
9 NA

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

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

8 DK
9 NA

C. "Affordable housing?"

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

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

8 DK
9 NA

D. "Arts and cultural events?"

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

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

8 DK
9 NA

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

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

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

8 DK
9 NA

F. "Family doctors and specialists?"

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

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

8 DK
9 NA

G. "Good employment opportunities?"

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

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

8 DK
9 NA

H. "Good places to raise children?"

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

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

8 DK
9 NA

I. "Good race relations?"

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

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

8 DK
9 NA

J. "Good schools?"

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

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

8 DK
9 NA

K. "Healthy food options?"

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

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

8 DK
9 NA

L. "Fewer homeless?"

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

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

8 DK
9 NA

M. "Less alcohol and drug abuse?"

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

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

8 DK
9 NA

N. "Lower crime and safe neighborhoods?"

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

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

8 DK
9 NA

O. "Less obesity?"

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

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

8 DK
9 NA

P. "Less sexually transmitted diseases?"

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

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

8 DK
9 NA

Q. "Less tobacco use?"

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

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

8 DK
9 NA

R. "Mental health services?"

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

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

8 DK
9 NA

S. "More quality education?"

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

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

8 DK
9 NA

T. "More quality health care options?"

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

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

8 DK
9 NA

U. "Good transportation options?"

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

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

8 DK
9 NA

V. "Religious and/or spiritual values?"

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

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

8 DK
9 NA

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

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

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

8 DK
9 NA

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

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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 for Mobile County?"

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

8 DK
9 NA

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

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

1 YES
2 NO

8 DK
9 NA

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

1 YES
2 NO

8 DK
9 NA

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

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

1 YES
2 NO

8 DK
9 NA

D. "Depression?"

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

1 YES
2 NO

8 DK
9 NA

E. "Diabetes?"

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

1 YES
2 NO

8 DK
9 NA

F. "Heart Disease?"

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

1 YES
2 NO

8 DK
9 NA

G. "High Cholesterol?"

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

1 YES
2 NO

8 DK
9 NA

H "High blood pressure?"

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

1 YES
2 NO

8 DK
9 NA

I. "HIV or Aids?"

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

1 YES
2 NO

8 DK
9 NA

J. "Obesity?"

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

1 YES
2 NO

8 DK
9 NA

K. "Tuberculosis?"

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

1 YES
2 NO

8 DK
9 NA

L. "Alcohol or drug addiction?"

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

1 YES
2 NO

8 DK
9 NA

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

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

SELECT ALL THAT APPLY

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

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

1 YES
2 NO

8 DK
9 NA

IF YES SKIPTO Q13; ELSE SKIPTO Q14

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

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

SELECT ALL THAT APPLY

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

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

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

98 DK
99 NA

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

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

8 DK
9 NA

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

IF YES, PROBE: "Anything else?"

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

SELECT ALL THAT APPLY

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

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

RECORD YEAR BORN

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

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

98 DK
99 NA

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

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

98 DK
99 NA

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

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

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

98 DK
99 NA

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

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

8 DK
9 NA

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

UNIVERSITY OF SOUTH ALABAMA
BUDGET
2016-2017

INDEX

UNIVERSITY OF SOUTH ALABAMA
2016-2017 BUDGET SUMMARY
TOTAL CURRENT FUNDS

	2016-2017 BUDGET			2015-2016 BUDGET
	UNRESTRICTED	RESTRICTED	TOTAL	
REVENUES:				
TUITION AND FEES	$ 162,229,277	$	$ 162,229,277	$ 148,897,898
STATE APPROPRIATIONS	107,284,718		107,284,718	104,976,761
FEDERAL GRANTS AND CONTRACTS	3,810,832	36,300,000	40,110,832	42,235,832
STATE AND LOCAL GRANTS AND CONTRACTS	503,938	6,900,000	7,403,938	7,703,938
PRIVATE GIFTS, GRANTS AND CONTRACTS	9,833,100	8,600,000	18,433,100	22,165,000
MOBILE RACING COMMISSION	25,000		25,000	25,000
SALES AND SERVICES OF EDUCATIONAL ACTIVITIES	8,677,750		8,677,750	4,198,750
USA HEALTH	491,136,075		491,136,075	421,614,525
MITCHELL CANCER INSTITUTE	21,034,461		21,034,461	16,172,894
AUXILIARY ENTERPRISES	29,054,025		29,054,025	28,622,966
OTHER SOURCES	7,770,467	5,600,000	13,370,467	17,882,002
TOTAL REVENUES	841,359,643	57,400,000	898,759,643	814,495,566
EXPENDITURES AND MANDATORY TRANSFERS:				
EDUCATIONAL AND GENERAL:				
INSTRUCTION	110,931,942	10,800,000	121,731,942	117,561,409
RESEARCH	5,555,174	12,100,000	17,655,174	18,968,286
PUBLIC SERVICE	9,094,064	8,600,000	17,694,064	22,245,255
ACADEMIC SUPPORT	25,441,401		25,441,401	20,804,230
STUDENT SERVICES	31,350,211	1,000,000	32,350,211	30,681,109
INSTITUTIONAL SUPPORT	25,384,638		25,384,638	30,286,440
OPERATION AND MAINTENANCE OF PLANT	31,817,457		31,817,457	29,758,371
SCHOLARSHIPS	21,950,867	27,000,000	48,950,867	46,698,867
EDUCATIONAL AND GENERAL EXPENDITURES	261,525,754	59,500,000	321,025,754	317,003,967
MANDATORY TRANSFERS FOR:				
PRINCIPAL AND INTEREST	19,535,337		19,535,337	15,336,508
LOAN FUND MATCHING GRANTS	150,000		150,000	171,239
TOTAL EDUCATIONAL AND GENERAL	281,211,091	59,500,000	340,711,091	332,511,714
USA HEALTH (INCLUDING DEBT SERVICE OF $6,110,165):	499,918,904		499,918,904	433,787,916
MITCHELL CANCER INSTITUTE (INCLUDING DEBT SERVICE OF $1,140,200):	26,896,503		26,896,503	25,108,148
AUXILIARY ENTERPRISES:				
EXPENDITURES	24,036,659		24,036,659	23,069,503
MANDATORY TRANSFERS FOR:				
PRINCIPAL AND INTEREST	4,488,061		4,488,061	4,488,061
TOTAL AUXILIARY ENTERPRISES	28,524,720		28,524,720	27,557,564
TOTAL EXPENDITURES AND MANDATORY TRANSFERS	836,551,218	59,500,000	896,051,218	818,965,342
OTHER TRANSFERS AND ADDITIONS/(DEDUCTIONS):				
RENEWALS AND REPLACEMENTS	(10,400,305)		(10,400,305)	(5,679,941)
OTHER TRANSFERS	5,591,880	2,100,000	7,691,880	10,149,717
NET INCREASE (DECREASE) IN FUND BALANCES	$ 0	$ 0	$ 0	$ 0

UNIVERSITY OF SOUTH ALABAMA
2016-2017 BUDGET SUMMARY
UNRESTRICTED CURRENT FUNDS

	OPERATIONS AND MAINTENANCE	COLLEGE OF MEDICINE	USA HEALTH	MITCHELL CANCER INSTITUTE	AUXILIARY ENTERPRISES	2016-2017 BUDGET	2015-2016 BUDGET
REVENUES:							
TUITION AND FEES	$ 149,897,277	$ 12,332,000	$	$	$	$ 162,229,277	$ 148,897,898
STATE APPROPRIATIONS	65,335,214	27,972,031	8,977,473	5,000,000		107,284,718	104,976,761
FEDERAL GRANTS AND CONTRACTS	910,832	2,900,000				3,810,832	3,835,832
STATE AND LOCAL GRANTS AND CONTRACTS	316,349	187,589				503,938	453,938
PRIVATE GIFTS, GRANTS AND CONTRACTS	2,783,100	7,050,000				9,833,100	9,715,000
MOBILE RACING COMMISSION		25,000				25,000	25,000
SALES AND SERVICES OF EDUCATIONAL ACTIVITIES	8,677,750					8,677,750	4,198,750
USA HEALTH			491,136,075			491,136,075	421,614,525
MITCHELL CANCER INSTITUTE				21,034,461		21,034,461	16,172,894
AUXILIARY ENTERPRISES - SALES AND SERVICES					29,054,025	29,054,025	28,622,966
OTHER SOURCES	6,220,467	1,550,000				7,770,467	12,182,002
TOTAL REVENUES	234,140,989	52,016,620	500,113,548	26,034,461	29,054,025	841,359,643	750,695,566
EDUCATIONAL AND GENERAL:							
INSTRUCTION	84,827,286	26,104,656				110,931,942	108,261,409
RESEARCH	3,345,174	2,210,000				5,555,174	4,868,286
PUBLIC SERVICE	3,100,000	5,994,064				9,094,064	9,445,255
ACADEMIC SUPPORT	20,012,823	5,428,578				25,441,401	20,804,230
STUDENT SERVICES	29,346,069	2,004,142				31,350,211	29,731,109
INSTITUTIONAL SUPPORT	22,324,838	3,059,800				25,384,638	30,286,440
OPERATION AND MAINTENANCE OF PLANT	25,882,520	5,934,937				31,817,457	29,358,371
SCHOLARSHIPS	20,795,867	1,155,000				21,950,867	20,448,867
EDUCATIONAL AND GENERAL EXPENDITURES	209,634,577	51,891,177				261,525,754	253,203,967
MANDATORY TRANSFERS FOR:							
PRINCIPAL AND INTEREST	19,134,894	400,443				19,535,337	15,336,508
LOAN FUND MATCHING GRANTS	150,000					150,000	171,239
TOTAL EDUCATIONAL AND GENERAL	228,919,471	52,291,620				281,211,091	268,711,714
USA HEALTH:							
EXPENDITURES AND MANDATORY TRANSFERS			499,918,904			499,918,904	433,787,916
MITCHELL CANCER INSTITUTE:							
EXPENDITURES AND MANDATORY TRANSFERS				26,896,503		26,896,503	25,108,148
AUXILIARY ENTERPRISES:							
EXPENDITURES					24,036,659	24,036,659	23,069,503
MANDATORY TRANSFERS FOR PRINCIPAL AND INTEREST					4,488,061	4,488,061	4,488,061
TOTAL AUXILIARY ENTERPRISES					28,524,720	28,524,720	27,557,564
TOTAL EXPENDITURES AND MANDATORY TRANSFERS	228,919,471	52,291,620	499,918,904	26,896,503	28,524,720	836,551,218	755,165,342
OTHER TRANSFERS AND ADDITIONS/(DEDUCTIONS):							
RENEWALS AND REPLACEMENTS	(4,100,000)		(5,771,000)		(529,305)	(10,400,305)	(5,679,941)
OTHER TRANSFERS	(1,121,518)	275,000	5,576,356	862,042		5,591,880	10,149,717
NET INCREASE (DECREASE) IN FUND BALANCES	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0

UNIVERSITY OF SOUTH ALABAMA
2016-2017 BUDGET SUMMARY
RESTRICTED CURRENT FUNDS

	OPERATIONS AND MAINTENANCE	COLLEGE OF MEDICINE	MITCHELL CANCER INSTITUTE	2016-2017 BUDGET	2015-2016 BUDGET
REVENUES:					
FEDERAL GRANTS AND CONTRACTS	$ 27,300,000	$ 6,700,000	$ 2,300,000	$ 36,300,000	$ 38,400,000
STATE AND LOCAL GRANTS AND CONTRACTS	5,200,000	1,500,000	200,000	6,900,000	7,250,000
PRIVATE GIFTS, GRANTS AND CONTRACTS	6,700,000	1,600,000	300,000	8,600,000	12,450,000
OTHER	3,900,000	1,400,000	300,000	5,600,000	5,700,000
TOTAL REVENUES	43,100,000	11,200,000	3,100,000	57,400,000	63,800,000
EXPENDITURES:					
EDUCATIONAL AND GENERAL:					
INSTRUCTION	9,200,000	1,300,000	300,000	10,800,000	9,300,000
RESEARCH	2,500,000	6,300,000	3,300,000	12,100,000	14,100,000
PUBLIC SERVICE	5,300,000	2,800,000	500,000	8,600,000	12,800,000
STUDENT SERVICES	1,000,000			1,000,000	950,000
OPERATIONS AND MAINTENANCE OF PLANT				0	400,000
SCHOLARSHIPS	26,100,000	900,000		27,000,000	26,250,000
TOTAL EXPENDITURES	44,100,000	11,300,000	4,100,000	59,500,000	63,800,000
OTHER TRANSFERS AND ADDITIONS/(DEDUCTIONS):					
OTHER TRANSFERS	1,000,000	100,000	1,000,000	2,100,000	
NET INCREASE (DECREASE) IN FUND BALANCES	$ 0	$ 0	$ 0	$ 0	$ 0

UNIVERSITY OF SOUTH ALABAMA
OPERATIONS AND MAINTENANCE
2016-2017 BUDGET
UNRESTRICTED CURRENT FUNDS

	2016-2017 BUDGET	2015-2016 BUDGET
REVENUES:		
TUITION AND FEES	$ 149,897,277	$ 137,171,718
ALLOCATION OF STATE APPROPRIATIONS	65,335,214	63,861,395
FEDERAL GRANTS AND CONTRACTS	910,832	935,832
STATE GRANTS AND CONTRACTS	316,349	266,349
PRIVATE GIFTS, GRANTS AND CONTRACTS	2,783,100	2,665,000
SALES AND SERVICES OF EDUCATIONAL ACTIVITIES	8,677,750	4,198,750
OTHER SOURCES	6,220,467	10,632,002
TOTAL REVENUES	234,140,989	219,731,046
EXPENDITURES AND MANDATORY TRANSFERS:		
EDUCATIONAL AND GENERAL:		
INSTRUCTION	84,827,286	82,541,407
RESEARCH	3,345,174	2,758,286
PUBLIC SERVICE	3,100,000	3,564,121
ACADEMIC SUPPORT	20,012,823	15,969,139
STUDENT SERVICES	29,346,069	27,790,743
INSTITUTIONAL SUPPORT	22,324,838	27,078,901
OPERATION AND MAINTENANCE OF PLANT	25,882,520	23,633,617
SCHOLARSHIPS	20,795,867	19,213,867
EDUCATIONAL AND GENERAL EXPENDITURES	209,634,577	202,550,081
MANDATORY TRANSFERS:		
PRINCIPAL AND INTEREST	19,134,894	14,936,065
LOAN FUND MATCHING GRANTS	150,000	171,239
TOTAL EXPENDITURES AND MANDATORY TRANSFERS	228,919,471	217,657,385
OTHER TRANSFERS AND ADDITIONS/(DEDUCTIONS):		
OTHER TRANSFERS	(1,121,518)	2,540,878
RENEWALS AND REPLACEMENTS	(4,100,000)	(4,614,539)
NET INCREASE (DECREASE) IN FUND BALANCES	$ 0	$ 0

UNIVERSITY OF SOUTH ALABAMA
COLLEGE OF MEDICINE
2016-2017 BUDGET
UNRESTRICTED CURRENT FUNDS

	2016-2017 BUDGET	2015-2016 BUDGET
REVENUES:		
TUITION AND FEES	$ 12,332,000	$ 11,726,180
ALLOCATION OF STATE APPROPRIATIONS	27,972,031	27,340,560
FEDERAL GRANTS AND CONTRACTS	2,900,000	2,900,000
STATE GRANTS AND CONTRACTS	187,589	187,589
PRIVATE GIFTS, GRANTS AND CONTRACTS	7,050,000	7,050,000
MOBILE RACING COMMISSION	25,000	25,000
OTHER SOURCES	1,550,000	1,550,000
TOTAL REVENUES	52,016,620	50,779,329
EXPENDITURES AND MANDATORY TRANSFERS:		
EDUCATIONAL AND GENERAL:		
INSTRUCTION	26,104,656	25,720,002
RESEARCH	2,210,000	2,110,000
PUBLIC SERVICE	5,994,064	5,881,134
ACADEMIC SUPPORT	5,428,578	4,835,091
STUDENT SERVICES	2,004,142	1,940,366
INSTITUTIONAL SUPPORT	3,059,800	3,207,539
OPERATION AND MAINTENANCE OF PLANT	5,934,937	5,724,754
SCHOLARSHIPS	1,155,000	1,235,000
EDUCATIONAL AND GENERAL EXPENDITURES	51,891,177	50,653,886
MANDATORY TRANSFERS:		
PRINCIPAL AND INTEREST	400,443	400,443
TOTAL EXPENDITURES AND MANDATORY TRANSFERS	52,291,620	51,054,329
OTHER TRANSFERS AND ADDITIONS/(DEDUCTIONS):		
OTHER TRANSFERS	275,000	275,000
NET INCREASE (DECREASE) IN FUND BALANCES	$ 0	$ 0

UNIVERSITY OF SOUTH ALABAMA
USA HEALTH
2016-2017 BUDGET
UNRESTRICTED CURRENT FUNDS

	2016-2017 BUDGET	2015-2016 BUDGET
REVENUES:		
GROSS PATIENT REVENUES	$ 780,420,154	$ 615,864,412
CONTRACTUAL ADJUSTMENTS	343,402,626	292,262,703
OTHER ADJUSTMENTS	(3,748,470)	2,364,010
OTHER MEDICAID ADJUSTMENTS		
TOTAL DEDUCTIONS FROM REVENUES	339,654,156	294,626,713
NET PATIENT REVENUES	440,765,998	321,237,699
ALLOCATION OF STATE APPROPRIATIONS	8,977,473	8,774,806
MOBILE COUNTY HOSPITAL BOARD	15,700,000	15,400,000
MOBILE COUNTY INDIGENT CARE BOARD	533,004	533,004
MEDICAID DISPROPORTIONATE SHARE	19,485,288	20,921,773
OTHER REVENUES	14,651,785	63,522,049
TOTAL REVENUES	500,113,548	430,389,331
EXPENDITURES AND MANDATORY TRANSFERS:		
EXPENDITURES:		
NURSING SERVICES	110,028,122	106,029,799
PROFESSIONAL SERVICES	108,423,040	99,978,973
GENERAL DIVISION	23,635,334	21,469,282
ADMINISTRATIVE DIVISION	70,122,527	66,932,096
MEDICAL EDUCATION	19,766,677	18,639,121
AMBULATORY CLINICS	74,913,492	48,879,014
PROVISION FOR UNCOLLECTIBLE ACCOUNTS (NET OF RECOVERIES)	86,919,547	62,413,030
TOTAL EXPENDITURES	493,808,739	424,341,315
MANDATORY TRANSFERS FOR:		
PRINCIPAL AND INTEREST	6,110,165	9,446,601
TOTAL EXPENDITURES AND MANDATORY TRANSFERS	499,918,904	433,787,916
OTHER TRANSFERS AND ADDITIONS/(DEDUCTIONS):		
RENEWALS AND REPLACEMENTS	(5,771,000)	
OTHER TRANSFERS	5,576,356	3,398,585
NET INCREASE (DECREASE) IN FUND BALANCES	$ 0	$ 0

UNIVERSITY OF SOUTH ALABAMA
MITCHELL CANCER INSTITUTE
2016-2017 BUDGET
UNRESTRICTED CURRENT FUNDS

	2016-2017 BUDGET	2015-2016 BUDGET
REVENUES:		
GROSS PATIENT REVENUES	$ 31,849,606	$ 18,969,285
ALLOCATION OF STATE APPROPRIATIONS	5,000,000	5,000,000
OTHER REVENUES	4,029,639	6,477,466
TOTAL REVENUES	40,879,245	30,446,751
LESS: CONTRACTUAL ADJUSTMENTS	14,844,784	9,273,857
NET REVENUES	26,034,461	21,172,894
EXPENDITURES AND MANDATORY TRANSFERS:		
EXPENDITURES:		
PROFESSIONAL SERVICES	8,723,818	7,692,637
ADMINISTRATIVE DIVISION	15,529,139	15,604,819
PROVISION FOR UNCOLLECTIBLE ACCOUNTS (NET OF RECOVERIES)	1,503,346	731,025
TOTAL EXPENDITURES	25,756,303	24,028,481
MANDATORY TRANSFERS:		
PRINCIPAL AND INTEREST	1,140,200	1,079,667
TOTAL EXPENDITURES AND MANDATORY TRANSFERS	26,896,503	25,108,148
OTHER TRANSFERS AND ADDITIONS/(DEDUCTIONS):		
OTHER TRANSFERS	862,042	3,935,254
NET INCREASE (DECREASE) IN FUND BALANCES	$ 0	$ 0

UNIVERSITY OF SOUTH ALABAMA
AUXILIARY ENTERPRISES
2016-2017 BUDGET
UNRESTRICTED CURRENT FUNDS

	HOUSING	FOOD SERVICES	BOOKSTORE	2016-2017 BUDGET	2015-2016 BUDGET
REVENUES:					
RENTAL INCOME	$ 9,943,936	$	$	$ 9,943,936	$ 9,737,911
SALES			10,667,000	10,667,000	10,745,000
COMMISSION INCOME		7,928,249		7,928,249	7,737,575
OTHER INCOME	267,840	120,000	127,000	514,840	402,480
TOTAL REVENUES	10,211,776	8,048,249	10,794,000	29,054,025	28,622,966
LESS: COST OF GOODS SOLD			8,028,757	8,028,757	8,084,062
NET REVENUES	10,211,776	8,048,249	2,765,243	21,025,268	20,538,904
EXPENDITURES:					
SALARIES AND WAGES	1,621,561	54,945	998,000	2,674,506	2,648,050
EMPLOYEE BENEFITS	329,347	21,978	319,800	671,125	697,020
OTHER EXPENDITURES	4,305,683	7,145,145	1,211,443	12,662,271	11,640,371
TOTAL EXPENDITURES	6,256,591	7,222,068	2,529,243	16,007,902	14,985,441
NET OPERATING INCOME	3,955,185	826,181	236,000	5,017,366	5,553,463
TRANSFERS AMONG FUNDS - ADDITIONS/(DEDUCTIONS):					
MANDATORY TRANSFERS:					
PRINCIPAL AND INTEREST	(3,801,376)	(450,685)	(236,000)	(4,488,061)	(4,488,061)
NON-MANDATORY TRANSFERS:					
RENEWALS AND REPLACEMENTS	(153,809)	(375,496)		(529,305)	(1,065,402)
TOTAL TRANSFERS	(3,955,185)	(826,181)	(236,000)	(5,017,366)	(5,553,463)
NET INCREASE (DECREASE) IN FUND BALANCES	$ 0	$ 0	$ 0	$ 0	$ 0

UNIVERSITY OF SOUTH ALABAMA
STATE APPROPRIATIONS
EDUCATION TRUST FUND

2016-2017	2015-2016
$ 107,284,718	$ 104,976,761

COMMITTEE MINUTES

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

HEALTH AFFAIRS COMMITTEE

September 8, 2016
2:00 p.m.

A meeting of the Health Affairs Committee of the University of South Alabama Board of Trustees was duly convened by Dr. Steve Furr, Chair, on Thursday, September 8, 2016, at 2:01 p.m. in the Board Room of the Frederick P. Whiddon Administration Building.

Members Present:	Scott Charlton, Steve Furr, Bettye Maye and Steve Stokes.
Members Absent:	Chandra Brown Stewart and Arlene Mitchell.
Other Trustees:	Tom Corcoran, Ron Jenkins, Bryant Mixon, John Peek, Jimmy Shumock, Ken Simon, Sandy Stimpson and Mike Windom.
Administration and Others:	Owen Bailey, Joe Busta, Lynne Chronister, Josh Crownover (SGA), Joel Erdmann, Monica Ezell, Mike Finan, Sam Fisher (Faculty Senate), Happy Fulford, Mike Haskins, David Johnson, John Marymont, Mike Mitchell, John Smith, Jean Tucker, Tony Waldrop, Scott Weldon, and Kevin West and Kelly Woodford (Faculty Senate).

The meeting came to order and attendance roll was called. Dr. Furr called for adoption of the revised agenda. On motion by Dr. Charlton, seconded by Ms. Maye, the revised agenda was unanimously adopted. Dr. Furr called for consideration of the minutes of the meeting held on June 2, 2016. On motion by Dr. Stokes, seconded by Dr. Charlton, the Committee voted unanimously to adopt the minutes.

Dr. Furr called for consideration of the Health Affairs Committee Charge. On motion by Dr. Charlton, seconded by Dr. Stokes, the Committee voted unanimously to recommend approval of the Health Affairs Committee Charge by the Board of Trustees.

Dr. Furr called on Mr. Bailey for presentation of **ITEM 7**, a resolution authorizing the USA Hospitals medical staff appointments and reappointments for May, June, and July 2016 (for copies of resolutions, policies and other authorized documents, refer to the minutes of the Board of Trustees meeting held on September 9, 2016). Mr. Bailey said the credentials had been reviewed and are recommended for approval. Dr. Furr called for a vote and the Committee voted unanimously to recommend approval by the Board of Trustees.

Dr. Furr asked Mr. Bailey to discuss **ITEM 8**, a resolution to accept the community health needs assessment conducted by USA Health and adopt the recommended implementation strategies.

Mr. Bailey stated that the Affordable Care Act mandates that non-profit hospitals must assess the health needs of the surrounding community every three years. He assured as to the thoroughness of the 120-page document and credited the individuals involved, including Dr. Thomas Shaw and his team from the Department of Political Science and Criminal Justice for facilitation of the demographic review and phone survey components of the study, as well as Ms. Denise Anderson, Director of Health System Care Management. He expressed pride in the document and offered to answer questions. On motion by Dr. Stokes, seconded by Dr. Charlton, the Committee voted unanimously to recommend approval by the Board of Trustees.

Concerning a report on the activities of the Division of USA Health and the College of Medicine, **ITEM 9**, Dr. Furr called for remarks by Dr. Marymont. Dr. Marymont presented a photo of the College of Medicine Class of 2020 and shared related statistics, such as 74 students accepted out of 1,525 applicants, of which 69 students are Alabama residents, two students are out-of-state residents, and three students originate from USA's service area. He said the class' average MCAT (Medical College Admission Test) score was 30 and high school GPA was 3.75. He gave details on USA's DREAM (Diversity Recruitment and Enrichment for Admission into Medicine) program, through which disadvantaged or underrepresented college students from Alabama and neighboring states may be considered to fill 12 positions to participate in an intensive course of study over two consecutive summers to prepare for the MCAT and potentially earn a slot in the USA College of Medicine program. He discussed USA's 43rd Annual Medical Student Summer Research Day, the culmination of a nine-week program that pairs medical students with faculty members to gain hands-on research experience and an appreciation of how research contributes to the knowledge and practice of medicine. He said 47 students participated in oral or poster presentations. As photos were shown, Dr. Marymont talked about a visit by Governor Bentley to the USA Medical Center, which took place prior to the regular legislative session and during which he toured an isolation station for Ebola treatment, the Arnold Luterman Regional Burn Center and USA's Level I Trauma Center. Discussion took place on the Early Acceptance Program and student and graduate tracking.

There being no further business, the meeting was adjourned at 2:16 p.m.

Respectfully submitted:

Steven P. Furr, M.D., Chair

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

AUDIT COMMITTEE

September 8, 2016
2:16 p.m.

A meeting of the Audit Committee of the University of South Alabama Board of Trustees was duly convened by Mr. John Peek, Chair, on Thursday, September 8, 2016, at 2:16 p.m. in the Board Room of the Frederick P. Whiddon Administration Building.

Members Present:	Scott Charlton, Ron Jenkins, Bryant Mixon, John Peek, Jimmy Shumock and Sandy Stimpson.
Other Trustees:	Tom Corcoran, Steve Furr, Bettye Maye, Ken Simon, Steve Stokes and Mike Windom.
Administration and Others:	Joe Busta, Lynne Chronister, Josh Crownover (SGA), Ken Davis, Joel Erdmann, Monica Ezell, Mike Finan, Sam Fisher (Faculty Senate), Happy Fulford, Mike Haskins, David Johnson, John Marymont, Eileen McGinn (KPMG), Mike Mitchell, John Smith, Jean Tucker, Tony Waldrop, Scott Weldon, Kevin West and Kelly Woodford (Faculty Senate), and Ashley Willson (KPMG).

The meeting came to order and the attendance roll was called. Mr. Peek called for adoption of the revised agenda. On motion by Mr. Shumock, seconded by Capt. Jenkins, the revised agenda was adopted unanimously. Mr. Peek called for consideration of the minutes of the meeting held on June 2, 2016. On motion by Mr. Shumock, seconded by Capt. Jenkins, the minutes were adopted unanimously.

Mr. Peek called for consideration of the Audit Committee Charge. Dr. Charlton made a motion to approve and Mr. Shumock seconded. Mr. Peek commented on the importance for institutions to prepare for the emerging role of risk management. He called for a vote and the Committee voted unanimously to recommend approval of the Audit Committee Charge by the Board of Trustees.

Mr. Peek asked Mr. Weldon to address **ITEM 10**, the KPMG report. Mr. Weldon introduced KPMG partners Ms. Ashley Willson and Ms. Eileen McGinn. Brief remarks were made about the periodic rotation of engagement partners. With reference to KPMG materials detailing the audit planning process and key areas of attention, Ms. McGinn stated KPMG team members were busy on campus performing control evaluation procedures, the second step of a four-phase audit process. She spoke about the engagement timeline, pointing out that KPMG would deliver the financial statements by November 15. She said significant time would be spent on key components, for instance the A133 audit that examines the use of federal money, and on

programs, such as student financial aid, and research and development. She gave information on GASB 72, a new criterion of the Governmental Accounting Standards Board that relate to disclosure on the fair value of investments. She remarked on the current engagement status, reporting substantial completion of the team's interim work, no disagreements with management and full access to the Institution's books and records. As to the considerable impact GASB 68 had on institutional financial reporting, Mr. Peek asked that future discussions include perspective on far-reaching trends the University would need to anticipate. Ms. McGinn cautioned the group that GASB 75, which regards the reporting of non-pension, post-retirement benefits, should be expected in the next couple of years. Ms. Willson addressed questions about cyber security and emphasized it was a hot topic in board rooms universally. President Waldrop reminded the group that, as a result of recommendations from an outside information systems consultant and internal committees, an information technology professional had been added to the staff to manage information protection.

Mr. Peek called on Mr. Davis for presentation of **ITEM 11**, a report on the independent audit of the USA Foundation's (USAF) consolidated financial statements and the disproportionate share hospital (DSH) funds combined financial statements for the period ended June 30, 2016. Mr. Davis noted an unqualified opinion rendered by Deloitte & Touche on the USAF consolidated financial statements. He pointed out that the $157.5 million reported in timber and mineral property investments is largely timber valued at $153 million, and that the Brookley property valued at $61 million makes up most of the $69 million reported in real estate investments. He noted the income schedule shows $10.6 million in distributions to the University, which is $5.7 million more than reported for fiscal year 2015. He said this difference is due to a three percent distribution of DSH funds that began once the debt service for the Brookley property was completed in 2014. He stated the DSH funds primarily support USA Health and the clinical activities of the University. He added that an unqualified opinion was issued on the DSH funds combined financial statements.

There being no further business, the meeting was adjourned at 2:38 p.m.

Respectfully submitted:

John M. Peek, Chair

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

EVALUATION AND COMPENSATION COMMITTEE

September 8, 2016
2:38 p.m.

A meeting of the Evaluation and Compensation Committee of the University of South Alabama Board of Trustees was duly convened by Mr. Jimmy Shumock, Chair, on Thursday, September 8, 2016, at 2:38 p.m. in the Board Room of the Frederick P. Whiddon Administration Building.

Members Present:	Tom Corcoran, Steve Furr, John Peek, Jimmy Shumock and Mike Windom.
Member Absent:	Arlene Mitchell.
Other Trustees:	Scott Charlton, Ron Jenkins, Bettye Maye, Bryant Mixon, Ken Simon, Sandy Stimpson and Steve Stokes.
Administration and Others:	Joe Busta, Lynne Chronister, Josh Crownover (SGA), Joel Erdmann, Monica Ezell, Mike Finan, Sam Fisher (Faculty Senate), Happy Fulford, Mike Haskins, David Johnson, John Marymont, Mike Mitchell, John Smith, Jean Tucker, Tony Waldrop, Scott Weldon, and Kevin West and Kelly Woodford (Faculty Senate).

The meeting came to order and the attendance roll was called. Mr. Shumock called for adoption of the revised agenda. On motion by Mr. Peek, seconded by Mr. Corcoran, the revised agenda was adopted unanimously.

Mr. Shumock called for consideration of the Evaluation and Compensation Committee Charge. On motion by Mr. Windom, seconded by Mr. Corcoran, the Committee voted unanimously to recommend approval of the Evaluation and Compensation Committee Charge by the Board of Trustees.

Mr. Shumock reported on the evaluation of the University President, **ITEM 12.** He said the analysis of President Waldrop's performance over the 2015-2016 academic year was conducted with the help of Mr. Windom, Committee Vice Chair, adding that the two-month process, which included interviews with a wide range of University, community and government constituencies and culminated in a meeting with President Waldrop to relay feedback and recommendations, was worthwhile for all involved. He said the Committee would carry out such evaluations annually, as stated in the terms of the President's contract, noting that, in doing so, the Board meets an obligation to the University community. He stated the broad consensus expressed was that President Waldrop met or exceeded expectations for his position and he declared

President Waldrop was eligible for the same compensation increase contemplated for all University employees.

Mr. Windom thanked President Waldrop for the good job he was doing to move the University forward. Mr. Peek conveyed appreciation to President Waldrop for his thorough approach to leadership and willingness to make improvements. Mr. Shumock concurred, noting President Waldrop's readiness to acknowledge the constructive suggestions presented to him and to recommend others who might participate in future performance surveys.

Regarding the President's compensation, **ITEM 13**, Mr. Shumock made a motion that the Committee assign responsibility for administering President Waldrop's adjustment in compensation to the Board Chair on the basis of the evaluation results and in accordance with the salary recommendation for all University employees. Dr. Furr seconded. Citing Board discussions on differential adjustments for highly-compensated individuals when University-wide raises were granted in the past, Mr. Peek asked whether this action would impact the Board's ability to make such determinations when considering compensation matters in the future. Mr. Shumock said the Board would not be restricted and restated the President's eligibility for compensation within the parameters of the motion. The Committee voted unanimously to recommend approval by the Board of Trustees.

There being no further business, the meeting was adjourned at 2:45 p.m.

Respectfully submitted:

James H. Shumock, Chair

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

DEVELOPMENT, ENDOWMENT AND INVESTMENTS COMMITTEE

September 8, 2016
2:45 p.m.

A meeting of the Development, Endowment and Investments Committee of the University of South Alabama Board of Trustees was duly convened by Capt. Ron Jenkins, Committee Vice Chair, on behalf of Mr. Jim Yance, Chair, on Thursday, September 8, 2016, at 2:45 p.m. in the Board Room of the Frederick P. Whiddon Administration Building.

Members Present:	Tom Corcoran, Ron Jenkins, Steve Stokes and Mike Windom.
Members Absent:	Chandra Brown Stewart and Jim Yance.
Other Trustees:	Scott Charlton, Steve Furr, Bettye Maye, Bryant Mixon, John Peek, Jimmy Shumock, Ken Simon and Sandy Stimpson.
Administration and Others:	Victoria Bishop, Joe Busta, Lynne Chronister, Josh Crownover (SGA), Veena Danthuluri, Karen Edwards, Joel Erdmann, Monica Ezell, Mike Finan, Sam Fisher (Faculty Senate), Happy Fulford, Mike Haskins, Ally Heng, David Johnson, John Marymont, Jocelyn Medina, Mike Mitchell, Zane Patterson, Norman Pitman, Derek Rowan, JuWan Robinson, Ailey Shirazi, John Smith, Jean Tucker, Tony Waldrop, Scott Weldon, and Kevin West and Kelly Woodford (Faculty Senate).

The meeting came to order and the attendance roll was called. Capt. Jenkins called for adoption of the revised agenda. On motion by Dr. Stokes, seconded by Mr. Corcoran, the revised agenda was adopted unanimously. Capt. Jenkins called for consideration of the minutes of the meeting held on June 2, 2016. On motion by Mr. Corcoran, seconded by Mr. Windom, the minutes were adopted unanimously.

Capt. Jenkins called for consideration of the Development, Endowment and Investments Committee Charge. On motion by Mr. Windom, seconded by Mr. Corcoran, the Committee voted unanimously to recommend approval of the Development, Endowment and Investments Committee Charge by the Board of Trustees.

Capt. Jenkins called for presentation of **ITEM 14**, a report on endowment and investment performance. Mr. Albano noted a return of 6.56 percent for the period October 1, 2015, to July 31, 2016, a slight underperformance compared to the relative index of 7.77 percent, or a difference of 1.21 percent. He noted an endowment balance of just over $143 million. As to manager performance, he said Commonfund and Gerber/Taylor have shown modest

improvement and Mr. Pitman explained the results of each manager as measured against the respective benchmark. Mr. Albano discussed asset allocation and observed compliance with the University's investment policies. Concerning annualized performance since inception in April 2000, he reported a return of 4.89 percent vs. the index of 4.03 percent, an outperformance of 0.86 percent. For perspective, he shared three-year, five-year and ten-year results as well. He reported that, as a result of rebalancing the University's equity positions, available cash that might otherwise be reinvested in underbalanced assets would, instead, be set aside while opportunities for reentering a favorable market are evaluated. He indicated $7 million placed in intermediate investments. Mr. Windom asked about private equity investments and Mr. Albano and Mr. Pitman shared a brief summation on manager engagement, initial investments and reporting expectations.

Concerning **ITEM 15**, a report on the activities of the Division of Development and Alumni Relations, Capt. Jenkins asked for an update from Dr. Stokes, Upward & Onward Campaign Co-Chair. Dr. Stokes reviewed campaign highlights as of August 31, 2016, noting a total of $93 million raised toward the goal of $150 million, an increase of $18 million since the public announcement of the campaign and of $75 million raised in October 2015. He reported 22,227 donors and 29,208 gifts. He stated the Development staff had identified gift goals for the 2016-2017 fiscal year. He said a meeting of the Regional Campaign Representative Committee was held on August 19 to make plans for nationwide campaign receptions in 2017 and advised the next Campaign Leadership Team meeting would take place on September 30.

Capt. Jenkins called for remarks from Dr. Busta, who thanked President Waldrop for the opportunity to present the *Southerners*. He called on Ms. Karen Edwards, Director of the Office of Alumni Relations, who described the Southerners as the pride and joy of the USA National Alumni Association (NAA). She gave background on the 20-member student ambassador group and introduced the members in attendance, who shared their hometown and major: Ms. Victoria Bishop, President; Ms. Ally Heng; Ms. Veena Danthuluri; Ms. Jocelyn Medina, Secretary of Public Relations; Mr. Derek Rowan; Mr. Zane Patterson; and Mr. JuWan Robinson. She recognized Assistant Director of Alumni Relations and Advisor to the Southerners Ms. Ailey Shirazi. Dr. Busta stated the Southerners was founded in 1978 and Ms. Edwards discussed member qualifications and the process whereby candidates are selected.

Dr. Busta advised that, for the first time in years, all staff positions but one were filled. He said a campaign budget of $30,000 was under consideration as part of the overall University budget proposal for 2016-2017. He discussed the success of major gift giving in terms of exceeding goals for the number of gifts as well as the volume of dollars generated. He said hosting campaign receptions statewide and nationwide was ambitious and fruitful. He added an evaluation of this strategy by the Regional Campaign Representative Committee indicated there

is support for furthering this outreach to new regions like Dallas, Washington, D.C., and Tampa Bay/St. Petersburg. He said direct mailings and the JagLine phone program were less effective, which he attributed to the concentration on major gift giving. He added nationwide interest in phone drives has waned in recent years, a trend he anticipated should recover in the near future.

Dr. Busta gave information on a pilot fundraising initiative to employ "crowdfunding" capabilities. He said software had been acquired and an existing staff member would administer the project with the assistance of a student. He stated a slow and selective approach would be exercised over the first year to assure initial efforts are successful, after which the Development team would evaluate the return on the University's investment and make a recommendation to the President for the second year of programming.

Dr. Busta shared the names of new NAA members and officers, as well as college affiliations. He described the NAA Board as an active, diverse group of individuals. He talked about the expansion of Board membership beyond area and state boundaries and commented on the strong commitment of NAA members.

Capt. Jenkins asked Dr. Erdmann to present **ITEM 16**, a resolution to approve nominee Mr. Brian Munger for the position of Jaguar Athletic Fund (JAF) director with a three-year term beginning September 2016 (for copies of resolutions, policies and other authorized documents, refer to the minutes of the Board of Trustees meeting held on September 9, 2016). With reference to JAF bylaws provisions, Dr. Erdmann briefly discussed the vetting process for JAF directors. He said Mr. Munger would represent and help with fundraising efforts for the volleyball team. On motion by Mr. Windom, seconded by Mr. Corcoran, the Committee voted unanimously to recommend approval by the Board of Trustees.

There being no further business, the meeting was adjourned at 3:05 p.m.

Respectfully submitted:

Robert D. Jenkins III, Vice Chair

on behalf of:

James A. Vance, Chair

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

ACADEMIC AND STUDENT AFFAIRS COMMITTEE

September 8, 2016
3:05 p.m.

A meeting of the Academic and Student Affairs Committee of the University of South Alabama Board of Trustees was duly convened by Ms. Bettye Maye, Chair, on Thursday, September 8, 2016, at 3:05 p.m. in the Board Room of the Frederick P. Whiddon Administration Building.

Members Present:	Scott Charlton, Steve Furr, Bettye Maye, Bryant Mixon, John Peek and Mike Windom.
Other Trustees:	Tom Corcoran, Ron Jenkins, Jimmy Shumock, Ken Simon, Sandy Stimpson and Steve Stokes.
Administration and Others:	Joe Busta, Nicole Carr, Raj Chaudhury, Lynne Chronister, Jerod Coleman, Josh Crownover (SGA), Joel Erdmann, Monica Ezell, Mike Finan, Sam Fisher (Faculty Senate), Happy Fulford, Mike Haskins, Raymond Horace, Kevin Ingles, David Johnson, Marlon Jones (100 Black Men of Greater Mobile), John Marymont, Mike Mitchell, Broderick Morrissette, Derrick Pickett, JuWan Robinson, Jack Shelley-Tremblay, John Smith, Jean Tucker, Tony Waldrop, Scott Weldon, and Kevin West and Kelly Woodford (Faculty Senate).

The meeting came to order and the attendance roll was called. Ms. Maye called for adoption of the revised agenda. On motion by Mr. Peek, seconded by Mr. Windom, the revised agenda was adopted unanimously. Ms. Maye called for consideration of the minutes of the meeting held on June 2, 2016. On motion by Mr. Peek, seconded by Sheriff Mixon, the minutes were adopted unanimously.

Ms. Maye called for consideration of the Academic and Student Affairs Committee Charge. On motion by Mr. Windom, seconded by Sheriff Mixon, the Committee voted unanimously to recommend approval of the Academic and Student Affairs Committee Charge by the Board of Trustees.

Ms. Maye called upon Dr. Mitchell to address **ITEM 17**, a resolution to adopt a policy that ensures the availability of designated shelters for campus residents who live too far to travel home, as well as for essential personnel, when the Administration determines it necessary to close the campus and suspend classes due to hurricanes (for copies of resolutions, policies and other authorized documents, refer to the minutes of the Board of Trustees meeting held on September 9, 2016). Dr. Mitchell stated that, while the University has not had to prepare for severe storms in several years, adoption of the policy formalizes procedures that have been followed for many years. On motion by

Dr. Charlton, seconded by Mr. Peek, the Committee voted unanimously to recommend approval by the Board of Trustees.

Ms. Maye called upon Dr. Smith, who gave an update on campus housing. He advised of 100 percent occupancy in the residence halls for the 2016 fall semester and 100 beds leased from The Grove. He reminded the Committee of previous discussion on planning for a new residence hall. He said the Administration feels it is appropriate to move forward with the bid process for a 370-bed residence hall and, assuming the responses are within acceptable parameters, the University would present a recommendation for the Board's consideration in December. Dr. Furr asked about the location and Dr. Smith said a site next to New Hall, where Delta 2 once stood, has been prepared in anticipation of this construction. He gave an update on plans for the remaining four Delta halls.

Concerning **ITEM 18**, a report on the activities of the Division of Student Affairs, Ms. Maye called upon Dr. Mitchell, who discussed a partnership between the University of South Alabama and 100 Black Men of Greater Mobile that focuses on scholarship and mentorship. He introduced 100 Black Men Executive Director Mr. Marlon Jones and discussed the inspiration behind creation of the *Titus Wilson Scholarship* designed as a recruitment incentive for deserving African-American students to attend USA. He introduced Mr. Raymond Horace and Mr. Broderick Morrissette, USA's first and second Titus Wilson Scholarship recipients, and Mr. Morrissette talked briefly about his background and academic pursuits. Dr. Mitchell thanked Mr. Jones for his commitment to the partnership. Concerning the partnership's mentorship component, Dr. Mitchell talked about USA's *Collegiate 100* chapter, through which a mentor/mentee program was established and which currently has 38 members who are mentored by 25 members of 100 Black Men. He introduced mentee Mr. Derrick Pickett; mentee Mr. Jerod Coleman and his mentor Dr. Andre' Green, Associate Dean of the College of Education and Interim Director of the Center for Integrative Studies in Science, Technology, Engineering and Mathematics; and his own mentee Mr. JuWan Robinson, for whom he gave background information. Mr. Jones, Mr. Pickett and Mr. Coleman also shared brief remarks.

Ms. Maye called upon Provost Johnson to present **ITEM 19**, a report on the activities of the Division of Academic Affairs. Provost Johnson recognized Dr. Nicole Carr for her promotion to Associate Vice President for Student Success. He introduced and shared biographical information on Dr. Raj Chaudhury, USA's new Director of the Innovation in Learning Center and USA Online. He listed the programs under the direction of each.

Provost Johnson gave an update on undergraduate admissions and emphasized the University's philosophy of balancing the Institution's obligation to provide access to higher education with the ability to be increasingly selective of students who are likely to be successful. He gave an overview of the admissions changes effected since 2013 and stated a strategy of gradual implementation had helped buffer against large declines in enrollment. He remarked that, although enrollment dropped by an estimated 200 students in the freshman class each time the standards are raised, the strategy has

paid off for the University, as demonstrated by fall enrollment figures. He mentioned the *Pathway USA* partnership with community colleges, which promotes access without limitation due to socio-economic factors. He shared statistics on the Fall 2016 freshman class of 1997 students, calling it the strongest freshman class in South Alabama history. He reported the average ACT score increased to a record 23.5, almost one full point higher than reported in 2015; 25 percent of freshmen had ACT scores of 26 or higher; a record 15 percent of freshmen had ACT scores of 28 or higher; seven percent of freshmen had ACT scores of 30 or higher; and a record high school GPA of 3.48. He asserted the positive standing of USA's freshman class among the top 10 schools in Alabama relative to ability, and added, based upon objective data, only four institutions in the state had a freshman profile exceeding that of USA. He stated South Alabama is gaining momentum to close the gap. Sheriff Mixon asked Provost Johnson which four institutions were inferred and Provost Johnson listed the University of Alabama (UA), Auburn University (AU), the University of Alabama in Huntsville (UAH) and the University of Alabama at Birmingham (UAB), citing UAB's freshman class as most comparable to that of USA. Mr. Windom asked Provost Johnson to comment on the elimination of conditional admission. Provost Johnson explained that students who seek conditional admission need remediation before attempting some college-level courses, such as mathematics, and had been required to take developmental studies classes. He said, with the phasing out of South Alabama's developmental studies programs, students can make necessary corrections at a community college and, through the Pathway USA program, complete an associate's degree before being admitted to South Alabama. Mr. Peek asked about the prospect of expanding Pathway USA and Provost Johnson said interest in the program was greater than anticipated and additional partnerships with feeder schools would be considered in future years.

Ms. Maye called for remarks from Ms. Chronister. Ms. Chronister talked about USA's undergraduate research program, citing it as a critical component of the Institution's research function. She gave information on the Office of Undergraduate Research (OUR), which was created in 2014 under the leadership of USA Psychology Professor Dr. Jack Shelley-Tremblay. She said, through the OUR, 120 faculty participate in mentoring undergraduate students; 50 students received stipends for their involvement in a 10-week research program during the 2016 summer term; 107 students are registered for the Volunteer Internship Program (VIP); and up to 40 students are paid for research work via grants and contracts. She advised that the OUR would host the Alabama Academy of Sciences' annual meeting in February 2017. She introduced and gave background on USA junior Mr. Kevin Ingles representing the departments of Physics, and Mathematics and Statistics. Mr. Ingles described multiple research activities he had engaged in and talked about his academic aspirations.

Chairman Simon asked Ms. Chronister to comment on a grant received by the City of Mobile. Ms. Chronister gave information on a collaboration between the University and the Chamber of Commerce, the City of Mobile, Mobile County and numerous private organizations to create the *Innovation PortAL*, a physical incubator for start-up companies concentrating mainly on innovations

in manufacturing technologies. She credited Innovation PortAL Executive Director Ms. Hayley Van Antwerp for diligent efforts that led to a $2.9 million award from the U.S. Department of Commerce, which, with matching funds, will fund renovation of a circa-1928 building on St. Louis Street where Innovation PortAL activities, inclusive of prototyping space for industry, will be located. She said Mobile's designation as a *manufacturing community* was key to the receipt of $20 million in awards over the last two years. Mayor Stimpson shared insight on one of five TIGER (Transportation Investment Generating Economic Recovery) grants awarded to Alabama by the U. S. Department of Transportation, through which the City of Mobile will rebuild Broad Street from the GM&O Terminal building to the Brookley complex.

There being no further business, the meeting was adjourned at 3:35 p.m.

Respectfully submitted:

Bettye R. Maye

Bettye R. Maye, Chair

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

BUDGET AND FINANCE COMMITTEE

September 8, 2016
3:35 p.m.

A meeting of the Budget and Finance Committee of the University of South Alabama Board of Trustees was duly convened by Mr. Tom Corcoran, Chair, on Thursday, September 8, 2016, at 3:35 p.m. in the Board Room of the Frederick P. Whiddon Administration Building.

Members Present:	Tom Corcoran, Bryant Mixon, Sandy Stimpson and Steve Stokes.
Members Absent:	Arlene Mitchell and Jim Yance.
Other Trustees:	Scott Charlton, Steve Furr, Ron Jenkins, Bettye Maye, John Peek, Jimmy Shumock, Ken Simon and Mike Windom.
Administration and Others:	Terry Albano, Joe Busta, Lynne Chronister, Josh Crownover (SGA), Ken Davis, Phil Dotts and Josh McCoy (PFM), Joel Erdmann, Monica Ezell, Mike Finan, Sam Fisher (Faculty Senate), Happy Fulford, Mike Haskins, Pam Henderson, David Johnson, Traci Jones, John Marymont, Mike Mitchell, Randy Moon, John Smith, Jean Tucker, Tony Waldrop, Scott Weldon, and Kevin West and Kelly Woodford (Faculty Senate).

The meeting came to order and the attendance roll was called. Mr. Corcoran called for adoption of the revised agenda. On motion by Sheriff Mixon, seconded by Dr. Stokes, the revised agenda was adopted unanimously. Mr. Corcoran called for ratification of the minutes of a Committee of the Whole meeting on June 2, 2016, which was held in lieu of the Budget and Finance Committee meeting due to the absence of a quorum. On motion by Sheriff Mixon, seconded by Dr. Stokes, the minutes were approved unanimously.

Mr. Corcoran called for consideration of the Budget and Finance Committee Charge. On motion by Sheriff Mixon, seconded by Dr. Stokes, the Committee voted unanimously to recommend approval of the Budget and Finance Committee Charge by the Board of Trustees.

Mr. Corcoran called upon Mr. Weldon for presentation of **ITEM 20**, the quarterly financial statements for the nine months ended June 30, 2016. Mr. Weldon took a moment to announce the promotions of Ms. Pam Henderson to Associate Vice President for Human Resources and of Mr. Randy Moon to Associate Vice President for Facilities and Management. He stated Ms. Henderson and Mr. Moon provide creative and invaluable leadership in their respective divisions. As to the financial statements, he said the results were as expected. He contrasted

the University's net position of just over $15 million to that of $14 million reported last year at the same time. He said the Administration did not anticipate anything unusual to transpire during the fourth quarter that would impact the budget unless a shift in the financial markets should occur.

Mr. Corcoran asked Mr. Weldon to address **ITEM 21**, a report on the results of the refunding of the University's Series 2008 bonds. Mr. Weldon reminded the Board of its authorization in June to execute the refunding within specified parameters, such as a minimum three percent savings to the University. He reported the bonds were recently priced and would close in the coming week for a savings of 16.05 percent, or a net present value savings of just over $15 million. He added this would reduce the University's debt service requirements by approximately $950,000 annually over the next 22 years. He contrasted the 2.82 percent effective rate for the 2016 bonds to the five percent rate for the 2008 bonds and said the administrative costs for issuing the new bonds were approximately $300,000 less than in 2008, due primarily to reduced underwriters' discounts on the bonds. He added the University's credit ratings were affirmed by Moody's at A1 and by Standard and Poor's at A+. He recognized the individuals who were instrumental to the process, including Mr. Davis and Mr. Albano, and representing Public Financial Advisors, Inc., or PFM, Mr. Josh McCoy and Phil Dotts. Mr. Dotts shared insight on the factors affecting the successful outcome of the bond sale. Mr. Corcoran and Judge Simon credited the proactive efforts of USA's finance team.

Mr. Weldon explained **ITEM 22**, a resolution authorizing a request for proposals to issue variable-rate, private placement bonds for the purpose of refunding the University's Series 2006 bonds (for copies of resolutions, policies and other authorized documents, refer to the minutes of the Board of Trustees meeting held on September 9, 2016). With reference to the swaption discussion in June, he advised that, as predicted, Wells Fargo exercised their option to force USA into a swap arrangement on December 1. He stated the necessity of refunding the fixed-rate bonds with variable-rate bonds that are tied to the same index as the swap payment from Wells Fargo to the University in order for the movement of both transactions to coincide. He reminded the Committee that a similar transaction for refunding 2004 bonds was approved in 2014. He said preliminary conversations with banking institutions indicate the University can achieve a positive result and one that is budget neutral. He stated, once proposals are analyzed, a plan for the refunding and the financial implications would be presented to the Board in December. On motion by Sheriff Mixon, seconded by Mayor Stimpson, the Committee voted unanimously to recommend approval by the Board of Trustees.

Concerning **ITEM 23**, a resolution authorizing the University total budget for 2016-2017, as the Committee viewed a series of charts, Mr. Weldon noted the recommendation for a balanced budget included both the general University and USA Health components. He discussed key factors impacting the budget, such as a state appropriation increase of 2.2 percent; a tuition

increase of three percent, as was approved in June; a housing rate increase of 2.1 percent; and a proposed salary increase of two percent. He emphasized that the request for a permanent salary increase for faculty and staff is one of just two since the recession began in 2008. He stated employee and employer health insurance premiums would not be increased for the first time in seven years due to the strong financial position of the USA Health Plan and the cost-saving measures implemented in previous years. He itemized the significant increases in budgeted funds and budgeted expenditures and presented a 2016-2017 budget summation estimating revenues of $898.8 million, expenditures and mandatory transfers of $896 million, and miscellaneous transfers of $2.7 million. Mr. Windom observed the worth of the raise for employees in that it would not be offset by an increase in health insurance premiums. Mr. Peek asked for clarification on the use of reserves. Mr. Weldon stated, as anticipated last year, minimal funding of under $5 million from USA Health reserves would be needed primarily for the Cerner implementation only through fiscal year 2017. Ms. Jones agreed, projecting the Cerner project would break even in fiscal year 2018 and begin to produce dividends in 2019. Mr. Peek and Mr. Weldon talked briefly about enrollment projection as a factor of budget development. Dr. Furr and Ms. Jones talked briefly about meaningful use incentives gained through USA Health's current electronic health record systems. On motion by Sheriff Mixon, seconded by Mayor Stimpson, the Committee voted unanimously to recommend approval by the Board of Trustees.

Mayor Stimpson shared brief remarks about his association with Mr. Dotts through the Business Council of Alabama and through PFM's work with the City of Mobile. He said the University of South Alabama was in good hands with Mr. Dotts' services.

There being no further business, the meeting was adjourned at 4:03 p.m.

Respectfully submitted:

E. Thomas Corcoran, Chair

UNIVERSITY OF SOUTH ALABAMA
BOARD OF TRUSTEES

COMMITTEE OF THE WHOLE

September 8, 2016
4:03 p.m.

A meeting of the Committee of the Whole of the University of South Alabama Board of Trustees was duly convened by Judge Kenneth O. Simon, Chair *pro tempore*, on Thursday, September 8, 2016, at 4:03 p.m. in the Board Room of the Frederick P. Whiddon Administration Building.

Members Present:	Scott Charlton, Tom Corcoran, Steve Furr, Ron Jenkins, Bettye Maye, Bryant Mixon, John Peek, Jimmy Shumock, Ken Simon, Sandy Stimpson, Steve Stokes and Mike Windom.
Members Absent:	Robert Bentley, Chandra Brown Stewart, Arlene Mitchell and Jim Yance.
Administration and Others:	Joe Busta, Lynne Chronister, Josh Crownover (SGA), Joel Erdmann, Monica Ezell, Mike Finan, Sam Fisher (Faculty Senate), Happy Fulford, Mike Haskins, David Johnson, John Marymont, Mike Mitchell, John Smith, Jean Tucker, Tony Waldrop, Scott Weldon, and Kevin West and Kelly Woodford (Faculty Senate).

The meeting came to order and the attendance roll was called. Chairman Simon called for adoption of the revised agenda. On motion by Ms. Maye, seconded by Mr. Shumock, the revised agenda was adopted unanimously. Chairman Simon called for consideration of the minutes of the meeting held on June 2, 2016. On motion by Dr. Stokes, seconded by Mr. Corcoran, the minutes were adopted unanimously.

Chairman Simon called for consideration of the Executive Committee Charge. On motion by Mr. Shumock, seconded by Mr. Corcoran, the Committee voted unanimously to recommend approval of the Executive Committee Charge by the Board of Trustees. Chairman Simon called for consideration of the Long-Range Planning Committee Charge. On motion by Ms. Maye, seconded by Mr. Windom, the Committee voted unanimously to recommend approval of the Long-Range Planning Committee Charge by the Board of Trustees.

Chairman Simon made a motion to convene an executive session for the purposes of discussing good name and character, and pending or imminent litigation with Ms. Tucker, Senior University Attorney, **ITEM 24**. He stated Ms. Tucker had submitted the required written declaration for the minutes. Mr. Peek seconded the motion and, as noted below, the Committee voted unanimously at 4:05 p.m. to convene an executive session:

AYES:
Dr. Charlton

AYES continued:
Mr. Cocoran
Dr. Furr
Capt. Jenkins
Ms. Maye
Sheriff Mixon
Mr. Peek
Mr. Shumock
Judge Simon
Mayor Stimpson
Dr. Stokes
Mr. Windom

Chairman Simon projected the executive session would be approximately 15 minutes in duration and the Committee meeting could reconvene in an open session at approximately 4:20 p.m.

Following the executive session and there being no further business, the meeting was adjourned at 4:28 p.m.

Respectfully submitted:

Kenneth O. Simon, Chair *pro tempore*

APPENDIX A

Executive Session
University of South Alabama Board of Trustees Committee of the Whole meeting September 8, 2016.

The purposes of the executive session for the above-referenced meeting are to discuss good name and character as well as to discuss with Jean Tucker, Senior University Attorney, pending or imminent litigation.

This declaration is submitted pursuant to the requirements of the Alabama Open Meetings Act by Jean Walker Tucker, ASB number 9400K72J.